

Department of Health and Family Welfare
Government of West Bengal

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Particulars of Donor:

1. Name :
2. Age :
3. Sex (M/F) :
4. Occupation :

I am mentally fit capable of proper and independent judgement and I would like to donate my physical body/eyes/vital organ to facilitate the cultivation of modern medical sciences.

I hereby declare that my physical body/eyes shall be used for the benefit of medical sciences after my brain death only.

I also state that I give this consent to donate my body in state of full consciousness & spontaneously without being forcibly subjected to do so under fear, pressure or other hostile circumstances.

I promise to inform the Dept. of Health & Family Welfare, in case of any change of my name or address in due time to avoid any difficulty.

I willingly sign this bond on the following:

1. Day :
2. Date :
3. Month :
4. Year :

(Full Signature of the Donor)

Address : 1. Present

2. Permanent

Witness present at the time of signature:

- | | |
|----------------------------|----------------------------|
| A.1. Name | B.1. Name |
| 2. Relationship with donor | 2. Relationship with donor |
| 3. Address | 3. Address |
| 4. Signature | 4. Signature |

N.B. Copy to be forwarded to:

Officer-in-Charge, Department of Health & Family Welfare,
Govt. of West Bengal, Kolkata.