



Government of West Bengal

Department of Anatomy

Murshidabad Medical College and Hospital

Gora Bazar, Berhampore, West Bengal, Pin-742101

Phone : 03482-274095 ; Fax : 03482-274094 ; Email : principal.msdmch@gmail.com

Memo No : _____

Date : _____

Photo of
Donor

PLEDGE FORM / SELF DECLARATION FORM

(CONSENT FOR BODY DONATION AFTER DEATH OF THE PERSON)

PARTICULARS / DETAILS OF THE DONOR	
Name of the donor	:
Father's / Husband's name	:
Date of Birth / Age	?
Full Address with Police Station & Mobile No.	?
Gender	:
Religion	:
Nationality	:
Occupation	:

DECLARATION BY THE DONOR

- I am mentally fit for proper and independent judgment and I would like to donate my physical body to facilitate the cultivation of modern medical sciences.
- I hereby declare that my physical body shall be used for the benefit of medical sciences after my brain death.
- 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 Department of Anatomy, Murshidabad Medical College and Hospital, Berhampore, Pin-742101, West Bengal in case of change of my name or address in due time to avoid any difficulty.
- I am willingly signing this bond in presence of witness with all the considerations / statements / facts mentioned above.

Witness present at the time of signature :

Yours sincerely,

WITNESS- 1
Name :
Address :
Mobile No :
Signature :

WITNESS- 2
Name :
Address :
Mobile No :
Signature :

Full Signature of Donor with Date
Mobile No :

Note : Please bring this duly filled-in pledge / self declaration form in duplicate with one ID proof and submit this to the office of the Deptt. of Anatomy, MMCH, Berhampore, Pin-742101.