

Department of Anatomy Hassan Institute of Medical Sciences, Hassan-573201



(Autonomous Institution of Government of Karnataka) Sree Jaya Chamarajendra Hospital campus

www.hims-hassan.org/; tele:08172-231699/231599

Acknowledgement

From Dr. Prakash B S Professor & HOD, Department of Anatomy HIMS, Hassan; mob;9448762573	Date :
То,	- - -
Dear Sir / Madam	
Ref No: Voluntary body Donation registration	ion No./ Anat / 20, Dtd :
donate your body after demise, to the department Hassan. We gratefully acknowledge your sense of convolvement in the field will boost teaching and reaccept the donation. We pray the almighty to give you for all the good in life. If any further information is needed by you	dra Hospital, Hassan; 08172-250330 dra Hospital, Hassan; 9448330600 HIMS, Hassan; 9448762573
The following forms to be filled & submitted • Form I — Donor Application form	
 Form II – Details of Donor Form III – Consent & No Objection of Submit the duly filled forms by hand / by post to Dr Anatomy, HIMS, Hassan, keep one copy for your 	Prakash B S, Prof & HOD; Department of
Thanking you	Regards

Prof & HOD, Dept. of Anatomy Hassan Institute of Medical Sciences, Hassan



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Information regarding Body donation

The body (cadaver) starts decomposing 6-8hrs after death. 24 hrs after death, body will be of limited use for medical education & research as decomposition has taken place. Hence family member/close relatives/legal heirs/ friends are requested to bring the body (cadaver) to **Anatomy** department within 8-10hrs.

We inject chemicals & prevent/ stop decomposition & preserve the body for research.

The institution accepts only voluntarily donated bodies, without any pre-conditions. We reject body donations with any preconditions set.

Body (cadaver) can be brought & handed over to the department of **anatomy** during working hours 9.00am- 4.00pm, after working hours of 4.00pm to 9.00 am & on Sundays, holidays, body can be brought & handed over to **Mortuary**, Forensic Medicine attached to Sree Jaya Chamarajendra, Hospital or District surgeon or Casualty Medical officer, Sree Jaya Chamarajendra Hospital

Documents to be brought along with the body (Cadaver)

- 1. Death certificate by Registered Medical Practitioner is mandatory
- 2. Consent & No Objection certificate form by family member/ close relatives/ legal heirs/ friends.
- 3. Recent passport size photograph
- 4. Xerox copy of Photo ID proof; Voter ID/Driving Licence/ Adhar Card/ Ration card

If the Donor has registered for Eye donation, please inform the concerned authorities for **eye donation** immediately after death or within 2-4hrs after death for **enucleation**. Later the body (cadaver) has to be hand over to **Anatomy** department.

Other donations for noble cause & save life of others.

During life time; Food, Blood, Kidney donations can be done.

After Brain death & before actual death (cardiac death); Liver, Heart, skin & eye donation.

After death (cardiac death); Eye & Body donation

By donating body for Medical education & research which is used by many upcoming doctors, being useful & helpful even after death for science & community.

Note; Government of Karnataka has permitted Body donations for use of Medical education & research under Karnataka Anatomy Act (amendment) 1957 & 1998

Dr. Prakash B S
9448762573
Professor & HOD,
Department of Anatomy
Hassan Institute of Medical Sciences, Hassan;



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Form - 1 Donor Application Form

Registration Nos		(be allotted by the institute)	dated;
	pal / HOD- Anatomy. of Medical Sciences,		
I (Mr/ Mrs/	Miss) born on(Please strik	agedYears
	body after my death (if med	ically acceptable) to the department	
propose to donate reducation and researce organ to other patients.	ny body voluntarily. I undearch and I have no objection ients. I am not seeking an	is donor application form, I amortstand that my body will be usen whatsoever for this utility including y gains, monetary or the mediation is permitted under Anatom	ed for the purpose of medical luding transplantation of any ical college on offering this
I have made institution till date.	e no declarations to the effe	ct of donation of my dead body	to any other agency/Medical
I have informed my near Kith and kin relatives regarding this. Their No Objection Certification for the same is enclosed together with the details. The members of my family and any of my relatives do not have right what so ever to claim my body after my death. There will be no religious, social or legal objection to this proposal. I have given instruction to them that after my death they should hand over my dead body (as soon as any religious ceremonies are over) to the department of Anatomy , HIMS, Hassan.			
Thanking you		Your'	's Sincerely
Witness;			re of the donor)
1) Signature, Name a	nd address, Relationship with	Donor, phone nos	
2) Signature, Name a	nd address, Relationship with	Donor, phone nos	
			!



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Form II

Details of the Donor

strat	tion Nos (to be allotted by the institute) dated;
1	Name of the donor	
2	Sex: Male /Female	
3	Age & date of birth	
4	ID marks (two)	1. 2.
5	Martial status :	Married/Unmarried/widow/Divorcee
6	Education	
7	Employment details Employee / Unemployed / House wife / Retired / Own business.	
8	No. of dependents & their details: Wife / Husband Sons Daughters Father Mother	
9	Source of body donation information	
10	Designation and office address with phone No	
11	Present residential address with phone No	
12	Permanent residential address if it is different from the present address	

Please provide two recent passport & stamp size photographs

Donors Signature:



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Form III

Consent & No Objection Certificate

	Date :
This certificate is to be issued by on	e or more of the following: near relation of the deceased (as may be
applicable): Sons / Daughters / Husband / w	vife / Legal Guardian.
I / we the undersigned individu	als solemnly affirm and declare as under:
I / we have no objection whate	ever for this donation.
-	donors with and agree to inform the Head , Department of
·	the department of Anatomy , Hassan Institute of Medical
Sciences, Hassan.	
Registration Nos	(to be allotted by the institute) dated;
Please mention Name, address, relationship	of each of the signatories with donor, phone & fax numbers
Signature	Signature
Signature	Signature
Signature	Signature
Signature	Signature
Signature	Signature
Date;	Place;