

BHARATI VIDYAPEETH DEEMED TO BE UNIVERSITY MEDICAL COLLEGE
KATRAJ DHANKAWADI, PUNE – 411 043.
DEPARTMENT OF ANATOMY

WILL FORM FOR BODY DONATION

To
The Pricipal
BVDU Medical College,
Dhankawadi, Pune – 411043

Date:

I Shri/Smt. _____ son/daughter
of _____, resident of

_____, willingly
give this in writing that I wish to donate my body after my death to Bharati Vidyapeeth deemed
University, Medical College and Research institute, Dhankawadi, Pune – 411043.

I do not have any objection in my donated body being used for educational and research purpose
which includes dissection by the medical institute. I further do not have any objection if some of
my body parts are preserved in the department for educational purpose.

I have informed my near relatives about my wish to donate my body after death.

Name and Signature

Above will form is signed in the presence of:

1. Nearest relative (Next to kin)

Name:

Address:

Mobile no:

Signature

2. Witness

Name:

Address:

Mobile no:

Signature