



Memo No.:

Date:

PLEDGE FORM / SELF DECLARATION FORM
(Consent for Body Donation after death of the person)

PARTICULARS / DETAILS OF THE DONOR

Photo
of the
Donor

Name of the Donor :
Father's / Husband's Name :
Date of Birth / Age : Gender :
Religion : Nationality :
Occupation : Mobile No. :
Govt. ID Card Number : Type of Govt. ID:
Full Address with Police Station :

DECLARATION BY THE DONOR

- I am mentally fit for proper and independent judgement 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 and spontaneously without being forcibly subjected to do so under fear, pressure or other hostile circumstances.
- I promise to inform the Department of Anatomy, Maharaja Jitendra Narayan Medical College & Hospital, Cooch Behar, PIN – 736101, West Bengal in case of change my name or address in due time to avoid any difficulty.
- I am willingly signing this bond in presence of witness with all the consideration/statements/facts mentioned above.

Witness present at the time of signature:

Full Signature of the Donor with Date

Witness 1

Witness 2

Signature:

Signature:

Name:

Name:

Date:

Date:

Mobile:

Mobile:

Address:

Address:

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 Dept. of Anatomy, Maharaja Jitendra Narayan Medical College & Hospital, Cooch Behar, PIN – 736101.