



**Dr. M. K. Shah Medical College and Research Centre  
and  
Smt. S.M.S. Multi-Speciality Hospital  
(Run by Sumandeep Vidyapeeth, Ahmedabad Campus)**



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**DEPARTMENT OF ANATOMY**

**DR. M K SHAH MEDICAL COLLEGE AND RESEARCH CENTRE, AHMEDABAD**

**INFORMATION FOR THE PROSPECTIVE DONORS OF BODY AFTER DEATH**

1. The Dr M K Shah Medical College and Research Centre, accepts donation of body after death for teaching and scientific advancement.
2. The WILL FORM duly completed by the donor should be returned to the office of Head of the Department of Anatomy for registration. Registration Card will be returned after registering the individual.
3. A self-attested copy of any one Identity Proof (Aadhar, PAN Card, Driving License, Voter Card or Government approved Identity Proof) of the prospective donor may be provided along with the WILL FORM.
4. Two recent passport size photographs of the donor should be attached to the Will Form.
5. After the death of the donor, the information should be conveyed to Department of Anatomy. The telephone numbers are indicating below:

**+91-79-23979000 / +91-7573949408 / +91-7573949409**

Monday-Friday: (9:30 AM 5:00 PM)

Saturday: (9:30 AM-1:00 PM)

6. The dead body with a death certificate, from a competent medical personal, should be handed over by the next of kin, to the Department of Anatomy.
7. Body After accident, medico-legal case or any other form of unnatural death will not be used for teaching and scientific advancement. HIV, Infective hepatitis, gas gangrene, tetanus infected and putrefied bodies are not accepted.
8. The information of death should be sent as early as possible so that the Department of Anatomy can make necessary arrangements to obtain the Donation.



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**APPROVED TEXT OF WILL FOR DONATION OF HUMAN BODIES TO THE  
DR. M K SHAH MEDICAL COLLEGE AND RESEARCH CENTRE, AHMEDABAD  
FOR RESEARCH AND SCIENTIFIC PURPOSES**

**WILL**

I, \_\_\_\_\_ son/daughter/wife of

\_\_\_\_\_ Resident of (full postal address) \_\_\_\_\_

Hereby make this as my last Will regarding the disposal of my dead body after my death, thereby revoking all other Wills and Codicils heretofore made by me context hereto.

WHEREAS I am of sound mind and do so of my own free accord will and act, and

WHEREAS I am desirous of donating my body after my death for the good cause of humanity and progress of Medical Sciences.

AND WHEREAS I have expressed my desire of donating my dead body after death to my next of kins and other members of my family and they have no objection to such donation of my dead body after my death for the said cause.

I hereby, by this Will, bequeath my body after death to DR. M K SHAH MEDICAL COLLEGE AND RESEARCH CENTRE, AHMEDABAD absolutely with full powers to use it or dispose it as they like, and appoint the Dean/ Executive Director of the said Institute as the Executor.

In witness thereof, I have signed this Will hereunder on this \_\_\_\_\_ day of (month) \_\_\_\_\_ Year \_\_\_\_\_ as the Testator in the presence of next of kin as the Witness.

Signed by the above named Testator in my presence on the same day and each of us has in Presence of the Testator signed his name hereunder as attesting witness.	(SIGNATURE OF THE DONOR) Phone No.
<b>Witness - 1</b> <b>Signature:</b> _____ <b>Name:</b> _____ <b>Relationship:</b> _____ <b>Address:</b> _____ <b>Phone No.</b> _____	<b>Witness - 2</b> <b>Signature:</b> _____ <b>Name:</b> _____ <b>Relationship:</b> _____ <b>Address:</b> _____ <b>Phone No.</b> _____