सत्यमेव जयते

अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर
प्लॉट नंबर 2, सेक्टर -20, मिहान, नागपुर-441108
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR
Plot No – 2, Sector – 20, MIHAN, Nagpur– 441108
DEPARTMENT OF ANATOMY

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WILL FOR DONATION OF HUMAN BODY (SELF)

(For Education and Research Purpose)

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 in 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 my 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 **All-India Institute of Medical Sciences, Nagpur**, absolutely with full powers to use it or dispose it off as they like, and appoint the 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 (es).

(Signature of the donor/the testator)

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 here under as attesting witness (es)

(Signature of next kith and kin)

Relationship: …… **Name ……**

Contact no. ……

Witness :

1. Signature _____
Name _____ Relationship_____
Address_____

2. Signature _____
Name_____ Relationship_____
Address_____

(For official use: Regd as Donor with Regn. No ...../ .....)