

## Affidavit

Where as I, \_\_\_\_\_s/o\_\_\_\_\_resident  
of \_\_\_\_\_want to make my last Will in  
respect of my body/Organ. I hereby declare as under

This Will does not cover my moveable or immoveable property.

This Will is my last Will regarding the disposal of my body.

1. That after my death I had offered to donate my body/Organ to the  
BPS GMC for Women Khanpur Kalan Sonapat Haryana.

2. That after my death, my body/Organ would be at the disposal of  
the Institute and now, as that there would be no dispute regarding it  
and my heirs may not have any objections regarding the disposal of  
my body/Organ.

3. I hereby declare that after my death, my body/Organ shall be  
placed at the disposal of the Institute and the Institute shall be at  
liberty to deal with or dispose of my body/Organ in any manner it  
takes and my heirs and my relatives shall not have any objection to  
such manner of disposal of my body/Organ.

4. If my death takes place at place other than the Institute, my heirs  
shall be responsible for informing the Institute about my death and  
making my body/Organ available to the Institute within the shortest  
time.

5. This Will I have made at my free will and without any pressure of any kind and because I have got first belief that putting of body/Organ at the disposal of the Institute shall be better than consigning the dead body/Organ to flames. This is my earnest desire that this Will executed by me is noted upon by all heirs without any reservation. My heirs will have no claim of any kind over my dead body/Organ.

Executed at ----- today the ----- in the presence of witnesses who have signed in my presence.

Witness:

- 1.
- 2.



# ORGAN DONATION / APPLICATION FORM

Please Paste  
Your  
Photograph

Name\_\_\_\_\_

Father/Husband Name\_\_\_\_\_

Age (Date of Birth)\_\_\_\_\_

Gender\_\_\_\_\_

Occupation\_\_\_\_\_

Contact Address\_\_\_\_\_

\_\_\_\_\_

Phone\_\_\_\_\_ Email ID \_\_\_\_\_

Dear Sir,

I desire that, after my death my Organ will be donated for the purpose of transplantation to another patient who need required organ. The affidavit regarding this, No objection certificates from the near relatives and 2 Extra passport size photos are enclosed here with.

Yours Sincerely,

Dated: -

(Donor's signature)

## NO OBJECTION FROM CLOSE RELATIVES

We the undersigned have no objection to donate the organ of Shri / Smt. \_\_\_\_\_  
\_\_\_\_\_ S/O \_\_\_\_\_  
resident of \_\_\_\_\_ aged \_\_\_\_\_  
after his / her death for educational purpose to Dept of Anatomy, BPS GMC for  
Women Khanpur Kalan Sonapat Haryana

	Name	Relation	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

## **Step by Step Procedure for Organ Donation**

1. Prospective Donor will give an Application to the Director (For wording of Application please see Organ Donation Form)
2. Prospective Donor will have to give one affidavit regarding this and No objection certificates from the near relatives along with two passport size photos.