.

**DEPARTMENT OF ANATOMY**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

**SIJUA, DUMUDUMA, BHUBANESWAR, ODISHA – 751019**

Paste

The

Photograph

**BODY DONATION**

(Declaration of Bequest)

(To whom it may concern)

It is wished that my MORTAL REMAINS (Body after death) be made available to the department of Anatomy, All India Institute of Medical Sciences, Bhubaneswar, to be used in whatsoever way it shall be deemed most beneficial for the advancement of medical education and research.

 **Dated**: **Signature:**