

I AM A  
BODY  
DONOR

# DONOR CARD

"I would like to help someone  
even after my death"

Govt. Thiruvannamalai Medical  
College & Hospital - 606 604

Reg No :

Date :

I request that after my death my whole body  
can be used for student's study & research purpose

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Full Name \_\_\_\_\_

(Block Capital)

**In the event of my death if possible contact**

Name : \_\_\_\_\_ Tell : \_\_\_\_\_

DEAN,  
Govt. Thiruvannamalai  
Medical college & Hospital