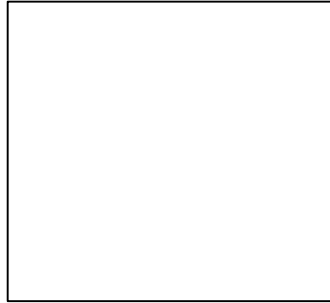


**WILL FORM FOR DONATION OF BODY**

Where as I \_\_\_\_\_  
S/O, W/O, D/o \_\_\_\_\_  
Resident of village/town \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
District \_\_\_\_\_ Presently working  
\_\_\_\_\_ want to make my last will in



respect of my body. I hereby declare as under:-

- ? This Will does not cover my last Will in respect of my body.
- ? This Will does not cover my moveable or immovable property
- ? This Will is my first and last Will regarding the disposal of my body
- ? That I had offered to the PGI, Chandigarh that after my death, my body would be at the disposal of the institute and now, as that ther should be no dispute regarding it and my heirs may not have any objections regarding the disposal of my body. I hereby declare that after my death, my body shall be placed at the disposal of the institute and the institute shall be at liberty to deal with or dispose off my body in any manner it takes and my heirs and my relatives shall not have any objection to such manner of disposal of my body.
- ? 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 available to the institute within the shortest time.
- ? 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 dead body at the disposal of the institute shall be better than consigning the dead body to flames. This is my earnest desire that this Will executed by me is noted upon by all heirs without any reservation. My heirs have no claim of any kind over my dead body.

Executed at \_\_\_\_\_ today the \_\_\_\_\_ in the presence of witnesses who have signed in my presence

Signature of Donor \_\_\_\_\_ Dated \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/state/Pin \_\_\_\_\_

**Witness (1)**

Signature of \_\_\_\_\_ Dated \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/state/Pin \_\_\_\_\_

**Witness: (2)**

Signature of \_\_\_\_\_ Dated \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/state/Pin \_\_\_\_\_