GMERS MEDICAL COLLEGE,
DHARPUR, PATAN.

DEPARTMENT OF ANATOMY
DEAD BODY DONATION,
BIO-DATA FORM

SERIAL NO. **Date:-**

1. NAME:
2. AGE(AS ON DEATH): BIRTH DATE:
3. DATE OF DEATH:
4. SEX:
5. RELIGION & RACE:
6. RESIDENTIAL ADDRESS:

7. EDUCATION QUALIFICATION:
8. OCCUPATION:
9. LAST POST HELD (AS ON RETIREMENT OR DEATH):
10. ADDRESS OF THE WORKING PLACE:

11. NUMBER OF FAMILY MEMBERS:
12. MARITAL STATUS : MARRIED / SINGLE:
    IF MARRIED NAME OF WIFE:

    NAME OF CHILDREN:

    IF SINGLE NAME OF NEAREST RELATIVE:
13. WHETHER SANKALP-PATRA WAS FILLED OR NOT? YES / NO
14. PARTICULARS OF ANY PREVIOUS DONATION IN FAMILY.
15. CAUSE OP DEATH (MENTIONED IN DEATH CERTIFICATE)
16. NAME AND ADDRESS OF HOSPITAL (IF ADMITTED)

17. NAME OF THE DOCTOR (WHO TREATED AT THE TIME OF DEATH)

18. HISTORY OF ILLNESS (IF ANY IN THE PAST):
19. MOTIVATOR:

SIGNATURE & NAME OF NEAREST RELATIVE:

NAME:
ADDRESS WITH TELEPHONE NO.: