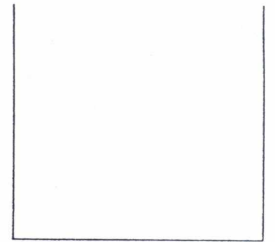


WILL



I.....son/daughter/wife of Shri.....
.....resident of (give full address).....
.....hereby bequeath and devise to the Anatomy
Department/Govt. Medical College Hospital, Sector-32, Chandigarh at the
time of my death, my dead body for study and dissection of my parts under
their care and hereby declare that no person including my heir,
representative, relative etc. will be entitled to object, for any reason
whatsoever, to the removal of my dead body after my death by the authorized
Medical personnel whom the said Hospital/College authorities may authorize
for the said purpose. Immediately after my death,
Shri/Smt/Kumari..... (give relation)
whose signature is given below shall be responsible for informing the
hospital authorities for removal of my dead body. In witness whereof I have
signed this will on.....day of

(Date) (Month & year)

Signature in full of the
Testator

Dated:

Place:

Signed by the above named testator in our presence at the same time and
each of us has in the presence of the testator signed his name hereunder as
an attesting witness:

Name of the witness	Signature	Full Address
1.		
2.		

Signature of the person responsible for informing the hospital of donor's
death.

Signature and Name:

Address

Notes: (1) Please fill two forms and give one to your nearest relative or to the executor of your will and the second form should be sent to the Director Principal / or Head of the Anatomy Deptt., Govt. Medical College & Hospital, Block-E, Sector-32-B, Chandigarh.

- (2) The Director Principal or Head of Anatomy Deptt., Govt. Medical College & Hospital, Block-E, Sector-32-B, Chandigarh may be informed on the following telephone nos.:

Director Principal	Head, Dept. of Anatomy
2676037	2665545-49
Medical Superintendent	2665253-59
2665253	(Ext.5161)

PLEASE GIVE YOUR BRIEF MEDICAL HISTORY:-