

FORM-III

CONSENT / NO OBJECTION CERTIFICATE

Date :

This certificate is to be issued by one or more of the following ; Near relations of the deceased (as may be applicable) : Sons / Daughters/ Husband/ wife / Legal Guardian

I / We the undersigned individuals solemnly affirm and declare as under ;

I / We have no objection whatsoever for this donation.

I / We declare to abide by the donor's wish and agree to inform the Head, Department of Anatomy and transfer to the Department of Anatomy, RR Medical College, Bangalore

Donor's Registration No.....
(to be allotted by the institution)

Date :

Place :

Signatures

Name and address of each of the signatories together with phone and fax number. Mention the relation to the donor.

RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL

Kambipura, Kengeri, Mysore Road, Bangalore - 560 074

Phone : 65661805