

Appendix 'L'

'Body Parts Donation Form'

**Name** \_\_\_\_\_ **Mr.**  
**/Ms.** ..... **Application**  
**No.** ..... **hereby voluntarily declared that I wish to donate my**  
**body parts after my death.**

Place: \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_ Name \_\_\_\_\_

Form No. \_\_\_\_\_