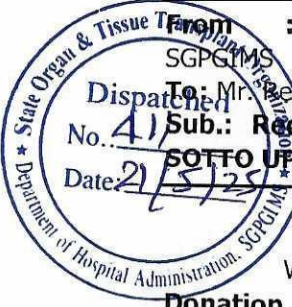




State Organ & Tissue Transplant Organization – Uttar Pradesh
Department of Hospital Administration
Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow – U. P.

Letter No.: SGPGI/HA/SOTTO – 04/411/2025

Date: 21-05-2025



Sub.: Request for Incorporation of Body Donation Form in the "Pledge Now" Section of SOTTO UP Webpage, reg.

With regard to the subject mentioned above we formally request the integration of a **Body Donation Form** into the "**Pledge Now**" section of the SOTTO UP (State Organ and Tissue Transplant Organization, Uttar Pradesh) webpage <https://sottoupdoha.in/pledge.php>. The inclusion of this form will significantly enhance our outreach and facilitate individuals who wish to pledge their bodies for donation, thereby supporting medical education and research.

Details of the Request:

- **Form Attachment:** The Body Donation Form is attached herewith as **Annexure-I** for your reference and this form has to be uploaded.
- **Screenshot Reference:** For your convenience, a screenshot of the pledge page is also attached to assist in identifying the optimal placement for the form.

In the light of above, review the attached documents and take the necessary steps to incorporate the Body Donation Form in the "Pledge Now" section at the earliest possible convenience. Should you require any further information or technical support, please feel free to contact us. We appreciate your cooperation and look forward to your positive response.

(Dr. R. Harsvardhan)
Joint Director In Charge, SOTTO – U. P.
Prof. & HoD, Hospital Administration
SGPGIMS, Lucknow

Enclosure: As mentioned vide supra

Distribution: For compliance

- Dr. Kris Agarwal, SR I/c, SOTTO – U. P., Deptt. of Hospital Administration, SGPGIMS

Copy: For kind information

- Sri Partha Sarthi Sen Sharma, IAS, Principal Secretary, Deptt. of Medical Education & Training, Govt. of U. P., Annexy Building, Hazratganj, Lucknow – 226001
- Prof. R. K. Dhiman, Director, SGPGIMS
- Smt. Kinjal Singh, Directorate General of Medical Education & Training (DGME), Govt. of U. P., Jawahar Bhawan, 6th Floor, Ashok Marg, Lucknow – 226001



State Organ & Tissue Transplant Organization – Uttar Pradesh
Department of Hospital Administration
Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow – U. P.

- Dr. R. Harsvardhan, Joint Director, SOTTO – U. P. & HoD, Hospital Administration, SGPGIMS
- O/o Joint Director Incharge, SOTTO – U. P., Deptt. of Hospital Administration, SGPGIMS
- O/o HoD, Hospital Administration, SGPGIMS
- O/o SOTTO – U. P., Deptt. of Hospital Administration, SGPGIMS
- Guard File, Dispatch Section, Deptt. of Hospital Administration, SGPGIMS

(Dr. R. Harsvardhan)

Joint Director in Charge, SOTTO – U. P.
Prof & HoD, Hospital Administration
SGPGIMS, Lucknow



State Organ & Tissue Transplant Organization – Uttar Pradesh
Department of Hospital Administration
Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow – U. P.

देहदान हेतु किंग जॉर्ज मेडिकल यूनिवर्सिटी (KGMU) द्वारा स्वीकृत प्रक्रिया

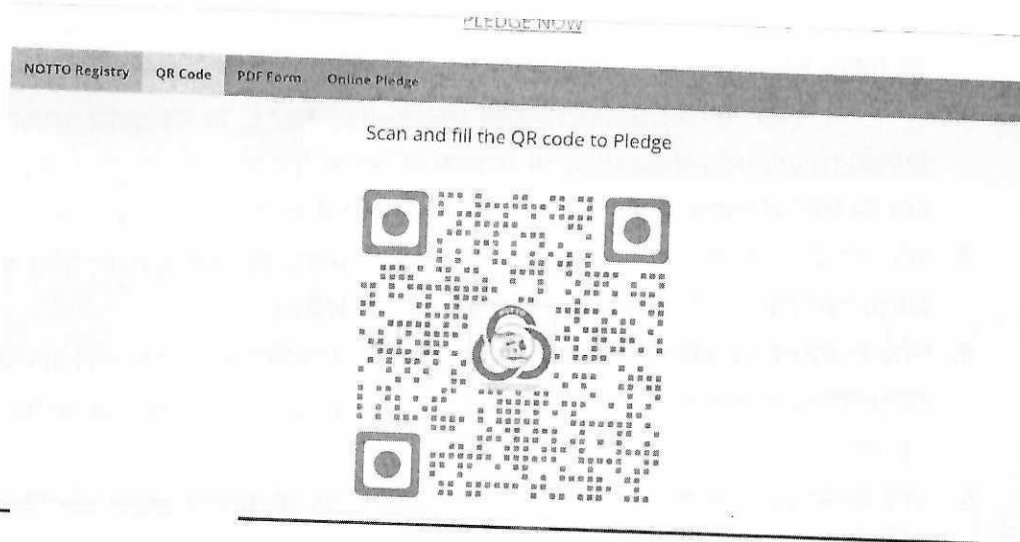
1. देहदान का निर्णय करने वाले व्यक्तियों को एक देहदान फॉर्म (Body Donation Form) दो प्रतियों में भरना होता है जो विभाग में निःशुल्क उपलब्ध है और किसी कार्य दिवस में प्रातः 11:00 बजे से अपराह्न 4:00 बजे के बीच स्वयं या किसी प्रतिनिधि द्वारा, विभाग से लिया जा सकता है।
2. विभाग में न आ पाने की स्थिति में, फोन **0522-2257671**, या पत्र द्वारा अथवा ई-मेल (anatomykgmu@yahoo.com) के माध्यम से अपना पूरा पता एवं अनुरोध लिखकर देह दान का फॉर्म मँगवाया जा सकता है। ई-मेल की स्थिति में फॉर्म ई-मेल पर भेज दिया जाएगा।
3. फॉर्म की **दोनों प्रतियाँ** पूर्णतः भरकर, अपनी पासपोर्ट साइज की फोटो लगाकर फॉर्म को डाक द्वारा/पत्रवाहक द्वारा विभाग के पते पर भेजा जाना चाहिए।
4. फॉर्म के आधार पर आपका पंजीकरण करके फोटो को सत्यापित करके एक प्रति आपको डाक द्वारा/पत्रवाहक द्वारा वापस भेज दी जाएगी। फॉर्म की एक प्रति विभाग में सुरक्षित रखी जाएगी।
5. आप अपना फॉर्म किसी ऐसे व्यक्ति के पास सुरक्षित रखें जो आपकी इच्छा और निर्णय का सम्मान करते हुए मृत्यु उपरांत तुरंत (1-2 घंटे के अंदर) फोन द्वारा विभागाध्यक्ष, शरीर रचना विभाग (**Anatomy Department**) को सूचित कर सके।
6. विभाग आपके स्थान पर शीघ्र एक वाहन भेजकर आपके मूल्यवान शरीर को तुरंत विभाग ले आएगा। इसका कोई व्यय भार आपके परिवार जन पर नहीं पड़ेगा।
7. आपकी मृत्यु का एक प्रमाण पत्र चिकित्सक/अस्पताल द्वारा विभाग को आपके परिजनों द्वारा उपलब्ध कराना होगा।

विभाग द्वारा आपके मूल्यवान शरीर की प्राप्ति का एक प्रमाण पत्र दिया जाएगा जिसके आधार पर संबंधित नगर पालिका/नगर निगम द्वारा आपके परिजन मृत्यु प्रमाण पत्र प्राप्त कर सकेंगे।



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SOTTO – U. P. Website Pledge now[Page](#)



DEPARTMENT OF ANATOMY

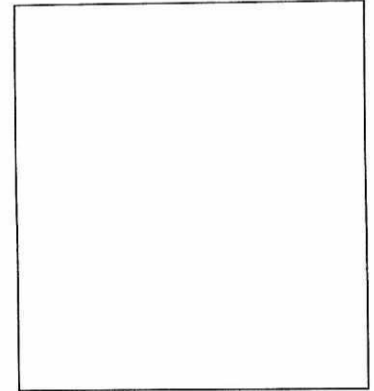
K.G. Medical University, U.P.

Lucknow.

Body Donation

(Declaration of Bequest)

(To whom it may concern)



It is wished that my **MORTAL REMAINS** (Body after dearth) be made available to the Department of Anatomy, K.G. Medical University, U.P. Lucknow, to be used in whatsoever way it shall be deemed most beneficial for the advancement of medical education and research.

Dated:

Signed

The following information will be of considerable value:-

NAME IN FULL : _____

FATHER'S NAME: _____

HUSBAND'S NAME: _____

GUARDIAN'S NAME: _____

DATE OF BIRTH: _____ AGE _____ YEARS _____ MONTHS _____

Occupation: _____

Permanent Address: _____

Present Address: _____

_____ Pincode _____

PHONE NUMBER

City Code _____ Number _____

E-MAIL ADDRESS:

CELL PHONE NUMBER:

MARKS OF IDENTIFICATION:

1. _____

2. _____

DISEASES PRESENTLY KNOWN:

1. _____

2. _____

3. _____

MISSING BODY PARTS:

1. _____

2. _____

PARTICULARS OF THE NEAREST RELATION WHO IS LIKELY TO DISPOSE MY MORTAL REMAINS AND WHO IS AWARE OF MY WISH TO DONATE MY BODY AFTER DEATH TO THE ANATOMY DEPARTMENT OF THE K.G. MEDICAL UNIVERSITY, U.P., LUCKNOW AND WITH WHOM A COPY OF THE BODY DONATION FORM IS KEPT.

FULL NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER:

City Code: _____ Number _____

E-MAIL ADDRESS: _____

FAX NUMBER: _____

CELL PHONE NUMBER: _____

In case of natural death, the information should be sent at the earliest (within 1-2 hours of death) as per the following guidelines:-

On the working days between 9:00 am to 4:00 pm

Head of the Department ,

Department of Anatomy

K.G.Medical University, U.P.

Lucknow- 226003 UP

Phone (Department) 0522-2257671

On all holidays, or time other than 9:00am to 4:00pm and when the university is closed for special reasons, one may contact at the following address.

Dr. Punita Manik
Professor and Head,
Department of Anatomy
K.G.Medical University, U.P.
Lucknow

Mr. S.K.Pandey
Department of Anatomy
K.G.Medical University, U.P.
Lucknow
Mob: 9452238388

Witness: 1. Signature

2. Signature

(Family Member)

Full Name

Full Name

S/o,D/o, W/o

S/o,D/o, W/o

Address

Address

Dear Shri/Smt./ Km. _____ your will
(Desire to donate your body after death) has been most gratefully registered in the
department at serial no. _____. In any future
correspondence kindly do mention this serial number.

Head of the Department

Department of Anatomy
K.G. Medical University, U.P.
Lucknow-226003