



DEPARTMENT OF ANATOMY

LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE & GENERAL HOSPITAL
SION, MUMBAI -- 400 022.

Date : _____

To,

Mr./Mrs./Smt. _____

Sub.: Regarding the donation of body after death.

Dear Sir/Madam,

Thank you very much for your letter dated _____ regarding 'DEHADAN' i.e. Body donation. The Department of Anatomy is very grateful for your kind and magnanimous wish to donate your body after death. We assure you that we will respect your wish and will do full justice. Kindly note that your Registration Number is

- 1) Donated body will be accepted in Department of Anatomy, Lokmanya Tilak Municipal Medical College & General Hospital, Sion, Mumbai 400 022 on Week days between 10.00 a.m. to 3.30 p.m. & on Saturdays between 10.00 a.m. to 12.00 p.m.
- 2) On holidays and after 3.30 p.m. on weekdays and after 12.00 p.m. on Saturdays the body will be accepted by A.M.O. /C.O./C.S.R. on duty in Accident and Emergency Department (EMS) & permitted to be kept in cold storage of mortuary. Next working day the body has to be brought by the relative to the Anatomy Department with Duplicate Receipt.
- 3) The body should reach the Medical College Department within 6 to 7 hours of death.
- 4) The dead body should be brought by a close relative of the deceased.
- 5) Eye donation may be carried out at the place of death, as it needs to be done within 2 hours after death.
- 6) The skin donation is possible after the body is received in donation.
- 7) While donating the Dead body, please submit the following documents.
 - A) Xerox copy of Death Certificate.
 - B) Covering letter with full name and address of sender.
 - C) Quote the above registration number given by Anatomy Department if possible.

In case of emergency, please contact:

Casualty Medical Officer, L.T.M.G.Hosp., Sion, Mumbai-22, Tel.: 24063300

Dr. S.S. Hattangdi, Prof. & Head, Dept. of Anatomy, L.T.M.M.C., Sion, Mumbai-22.

Tel. : (Off.) 24063209 Mob. 9869538807.

Name of the Doctor	Telephone
Dr. S.S. Hattangdi	Office 24063209 Mob. 9869538807
DR. Swati S. Patel	Office 24063208 Mob. 9819803401
DR. Rucha R. Kulkarni	Office 24063213 Mob. 9930090262
DR. Madhuri A. Mahendrakar	Office 24063212 Mob. 9869263662
DR. Jayaben S. Charania	Office 24063210 Mob.09870711314
DR. Deepak Khedekar	Office 24063214 Mob.9224449950
DR. Ravikiran Gole	Office 24063214 Mob.9220850669

We pray for your long & healthy life.

WITH BEST WISHES.

Yours Sincerely,

Professor and Head,
Department of Anatomy,
L.T.M.M.C. & L.T.M.G.H.,
Sion, Mumbai-22.

Note: For any correspondence quote your above Registration Number.

DEPARTMENT OF ANATOMY,
L.T.M.M.C. & L.T.M.G.H., SION, MUMBAI-22.

Date:

Dear Sir/Madam,

Sending _____

for HIV, HBsAg and HCV tests.

Thanking you.

Signature:-
Designation:-

Room No.-421