



SKIN BANK

L.T.M. Medical College & Hospital
Sion , Mumbai 400 022.

DONOR DECLARATION FORM

I

Wish to donate MY SKIN after my death.

My address is

.....

Tel email

Date Signature

To my family

I

Have donated my Skin to

The Skin Bank Department of Surgery

L.T.M. MEDICAL COLLEGE & HOSPITAL

SION, MUMBAI- 400 022.

Phone (22) 407 6381 Ext. 248 /440.

This is for your information and appropriate action

Date : Signature