



## **PUNJAB HEALTH SYSTEMS CORPORATION**

State Institute of Health and Family Welfare Complex

Phase-VI, Near Civil Hospital, Sahibzada Ajit Singh Nagar, PUNJAB

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Ref.: PHSC/DPF/17/1897-1968

Dated: 12-06-2017

**IMPORTANT**

To

**All the Civil Surgeons**  
In the State of Punjab.

**Medical Superintendent**  
MKH Patiala and C.H. Jalandhar

**All the Deputy Medical Commissioners**  
In the State of Punjab.

**SUBJECT: TRANSPORTATION OF DEAD BODIES IN DIGNIFIED MANNER.**

The Department has taken cognizance of the scenario where it has been assessed that no mortuary vans in the hospitals are available to transport the dead body to the residence of the deceased. It was also assessed that some private operators provide such services. To provide transportation of the dead bodies in dignified manner, following instructions should be followed in future by all the hospitals.

- Ar*
- i) The doctors ordering the release of dead body from the hospitals will deliberate with the relatives / attendants of the dead person to know whether they have any/adequate arrangement for transportation of dead body. A form (copy enclosed) will be got filled from the attendants to assess and keep in record whether the relatives / attendants of the deceased have adequate arrangement for transporting the dead body. This will be applicable also to the victim/patient who has been brought dead in the hospital (In that case, proper entry has to be made in the hospital record).
  - ii) In case the relatives / attendants of the dead person inform that they don't have adequate arrangements then financial assistance up to Rs. 500 be given to the family for making arrangement for carrying the dead body from the outside (private operator). The amount should be sanctioned on the basis of the form filled by attendants as mentioned above.

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- iii) In all the cases, the hospital concerned will provide a new white sheet free of cost for rapping the dead body with the sheet and necessary bandages will also be provided to tie-up the dead body. This will also be applicable to unclaimed dead bodies brought by the police for postmortem.
- iv) All the expenses on above i.e. financial assistance as well as the cost of bed sheet will be met from the user charges of the hospital. If in any circumstances, hospitals don't have adequate user charges, the funds will be provided from the Emergency Revolving Fund of the PHSC on reimbursement basis but immediately expenses have to be made by the hospitals.

2. In general the hospital authorities will give full support to the relatives / attendants of the dead person. The hospital authorities should also explore the possibility by giving Ad in the local newspapers or through DC of the concerned district to tie-up with any dedicated NGO who can give firm commitment to help the hospitals for this Noble cause.

3. These instructions will be applicable with immediate effect.

4. These instructions should be brought to the notice of all the SMOs/Hospital Incharge for strict compliance.

5. This issues with the approval of the Principal Secretary Health & Family Welfare.

Place: Mohali

Date:

Encls:- As above.

Cc to:

- i) PS to PSHFW for the kind information of the PSHFW.
- ii) All the Deputy Commissioners in the State of Punjab for information.
- ii) Director Health & Family Welfare, Punjab, for information.
- iii) Director Health Services (FW), Punjab, for information.
- iv) Director PHSC for information.

(Varun Roojam) IAS  
Managing Director

DIRECTOR (P&F)

CONSENT FORM TO BE FILLED BEFORE RELEASE OF DEAD BODY

1	Name of the Deceased	
2	Age (Male / Female)	
3	IPD File No.	
4	OPD / Emergency Registration No. (In case brought dead)	
5	Date / Time of Release of body	
6	Name of the Attendant / Relative	
7	Relation with the Deceased	
8	Copy of Proof of Identity (DL/Aadhaar)	
9	Telephone No. of the Attendant / Deceased (Mobile/Landline)	
10	Whether the Attendant / Relative have adequate arrangement of Transportation of Dead Body. Write down Yes or No.	
11	Signature / Thumb Impression of the Attendant / Relative	
12	Signature/Thumb Impression of Witness with address:	

**Signature of Medical Officer**

Name of the Medical Officer \_\_\_\_\_

Date & Time : \_\_\_\_\_

**Note:**

*If the answer to Sr. No. 10 is No, then take proper receipt on the form that Rs. 500/- has been paid.*