

**KIDNEY HOSPITAL & LIFELINE MEDICAL INSTITUTIONS**  
**PMF TRUST**  
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**REPORT FOR KIDNEY TRANSPLANTATION FOR THE MONTH OF JANUARY - 2016**

**No. of Cases: NIL**

S.NO	RECIPIENT'S NAME	AGE	DONOR'S NAME	AGE	DATE OF ADMISSION	DATE OF DISCHARGED	DATE OF SURGERY
NIL							