

**PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN**

Hospital Name: **KIDNEY HOSPITAL & LIFELINE MEDICAL INSTITUTIONS, JALANDHAR 144001 (PB)**

Month **Feb-23**

Name of Organ: **KIDNEY**

S. No.	Date of Surgery	Name of the Recipient	Age	Sex	Name of the Donor	Age	Sex	Relation of Recipient with Donor	Remarks
1	02-Feb-23	GURPREET SINGH	33	M	SALAKAN SINGH	47	M	UNCLE	DOA: 30/01/23 DOD: 12/02/23
2	14-Feb-23	DEEPAK KUMAR	37	M	BABITA PATHANIA	45	F	SISTER	DOA: 09/02/23 DOD: 15/02/23 (Expired)
3	16-Feb-23	RITA XAVIOR	45	F	RIKBA MALIK	39	F	SISTER	DOA: 13/02/23 DOD: 27/02/23
4	22-Feb-23	PANKAJ	23	M	SUMAN DEVI	47	F	MOTHER	DOA: 18/02/23 DOD: 06/03/23
5	28-Feb-23	JASWINDER KUMAR	28	M	KASHMIR KAUR	53	F	MOTHER	DOA: 24/02/23 DOD: 10/03/23