

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

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

Month

**Mar-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	01-Mar-23	DEVINDER SINGH	42	M	NEERAJ VERMA	32	F	WIFE	DOA: 25/02/23 DOD: 11/03/23
2	03-Mar-23	RAJENDER SINGH TAKHT	36	M	JOGINDER SINGH	59	M	FATHER	DOA: 27/02/23 DOD: 15/03/23
3	07-Mar-23	SUMANPREET KAUR	23	F	AMARJIT KAUR	50	F	MOTHER	DOA: 04/03/23 DOD: 16/03/23
4	08-Mar-23	MANDEEP KUMAR	37	M	JASVIR KAUR	63	F	MOTHER	DOA: 06/03/23 DOD: 18/03/23
5	11-Mar-23	GURMUKH RAM	59	M	SURINDER KAUR	55	F	WIFE	DOA: 08/03/23 DOD: 22/03/23
6	16-Mar-23	AMRITPAL SINGH	21	M	ANITA VERMA	49	F	SWAP Tx	DOA: 03/03/23 DOD: 31/03/23
7	16-Mar-23	SANJAY KUMAR	52	M	NIRMALJEET KAUR	48	F	SWAP Tx	DOA: 03/03/23 DOD: 25/03/23
8	20-Mar-23	JORAWAR SINGH	61	M	BALBIR KAUR	53	F	WIFE	DOA: 13/03/23 DOD: 28/03/23
9	25-Mar-23	NAVEEN KUMAR	37	M	BIRBAL KAUNDAL	63	M	FATHER	DOA: 22/03/23 DOD: 05/04/23
10	28-Mar-23	SANTOKH SINGH	53	M	RAJWINDER KAUR	45	F	WIFE	DOA: 23/03/23 DOD: 07/04/23
11	31-Mar-23	PALWINDER SINGH	54	M	RAJVINDER KAUR	49	F	WIFE	DOA: 27/03/23 DOD: 10/04/23