

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

May-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	03-May-23	ROSHAN LAL SHARMA	36	M	RUBY SHARMA	34	F	WIFE	DOA: 01/05/23 DOD: 15/05/23
2	09-May-23	MOHAMMED MUSTAK	50	M	MOHAMMAD LIYAKAT MIYA	79	M	FATHER	DOA: 06/05/23 DOD: 20/05/23
3	10-May-23	NACKSHATAR SINGH	45	M	GURSHARAN PREET KAUR	41	F	WIFE	DOA: 03/05/23 DOD: 20/05/23
4	13-May-23	AMANDEEP KAUR	32	F	AMRIK KAUR	52	F	MOTHER	DOA: 10/05/23 DOD: 23/05/23
5	16-May-23	AJAY SINGH	48	M	SANGITA DEVI	43	F	WIFE	DOA: 13/05/23 DOD: 26/05/23
6	18-May-23	DALJIT SINGH	59	M	PINKY	38	F	DAUGHTER	DOA: 16/05/23 DOD: 29/05/23
7	23-May-23	BHIM SEN	29	M	HARJINDER KUMAR	53	F	MATERNAL UNCLE (MAMA)	DOA: 19/05/23 DOD: 03/06/23
8	26-May-23	ASHA	34	F	MADHU BALA	45	F	SISTER	DOA: 20/05/23 DOD: 05/06/23
9	27-May-23	ABDUL RAHIM	66	M	SHARIFA BI	57	F	WIFE	DOA: 23/05/23 DOD: 06/06/23