

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Aug-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-Aug-23	HUKAM SINGH BAJWA	49	M	KAMALDEEP KAUR BAJWA	48	F	WIFE	DOA: 29/07/23 DOD: 11/08/23
2	09-Aug-23	KULWINDER SINGH	36	M	KAMLESH RANI	57	F	MOTHER	DOA: 04/08/23 DOD: 19/08/23
3	12-Aug-23	AMANDEEP SINGH HANS	31	M	JASVIR KAUR	60	F	MOTHER	DOA: 09/08/23 DOD: 25/08/23
4	18-Aug-23	PRAN SHARMA	48	M	ANU SHARMA	45	F	WIFE	DOA: 17/08/23 DOD: 29/08/23
5	24-Aug-23	DHRUVI GUPTA	33	F	VIVEK GUPTA	33	M	HUSBAND	DOA: 21/08/23 DOD: 05/09/23