

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

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

Month

**Oct-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-Oct-23	KULDEEP SINGH	44	M	MANJIT KAUR	66	F	MOTHER	DOA: 23/09/23 DOD: 13/10/23
2	10-Oct-23	AJAB SINGH	66	M	SIMRANJEET SINGH	34	M	SON	DOA: 06/10/23 DOD: 23/10/23
3	11-Oct-23	KARAN DEEP	28	M	CHANCHAL KUMARI	57	F	MOTHER	DOA: 09/10/23 DOD: 24/10/23
4	14-Oct-23	KEWAL SINGH	56	M	RANO BAI	52	F	SISTER	DOA: 11/10/23 DOD: 27/10/23
5	17-Oct-23	SUDEEP DHILLON	60	F	AMARJEET SINGH RIAR	61	M	HUSBAND	DOA: 14/10/23 DOD: 30/10/23
6	20-Oct-23	HEMIT KUMAR	50	M	RITU SHARMA	36	F	WIFE	DOA: 17/10/23 DOD: 30/10/23
7	24-Oct-23	NAVDEEP KAUR	35	F	JASMAIL SINGH	57	M	FATHER	DOA: 20/10/23 DOD: 03/11/23
8	26-Oct-23	LAKHBIR KAUR	53	F	JASKARAN SINGH	54	M	SON	DOA: 19/10/23 DOD: 08/11/23