

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

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

Month

**Feb-24**

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-24	JAGDISH KUMAR	53	M	RENU	54	F	WIFE	DOA: 26/01/24 DOD: 13/02/24
2	08-Feb-24	SURESH KUMAR	56	M	VARUN RAINA	38	M	BROTHER-IN-LAW	DOA: 03/02/24 DOD: 24/02/24
3	10-Feb-24	ROZIEE AKHTAR	34	F	CHASFEEDIA BEGUM	37	F	SISTER	DOA: 06/02/24 DOD: 19/02/24
4	13-Feb-24	SANKUTDEEP KUMAR	38	M	RANO DEVI	59	F	MOTHER	DOA: 06/02/24 DOD: 28/02/24
5	16-Feb-24	GURLAL SINGH	46	M	NARINDER KAUR	50	F	SISTER	DOA: 13/02/24 DOD: 24/02/24
6	20-Feb-24	MUNINDER SINGH	33	M	RAJEVINDER KAUR	62	F	MOTHER	DOA: 16/02/24 DOD: 29/02/24
7	22-Feb-24	SONIA	50	F	RAM LUBHAYA	56	M	HUSBAND	DOA: 19/02/24 DOD: 29/02/24 (REFERRED)