

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Mar-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	06-Mar-24	JASWINDER SINGH	34	M	REETA RANI	29	F	SISTER	DOA: 01/03/24 DOD: 15/03/24
2	09-Mar-24	SUKHPREET KAUR	31	F	RUPINDER KAUR	52	F	MOTHER	DOA: 05/03/24 DOD: 20/03/24
3	12-Mar-24	GURWANT SINGH	36	M	RAJWANT KAUR	55	F	MOTHER	DOA: 09/03/24 DOD: 25/03/24
4	15-Mar-24	PARVINDER KUMAR	42	M	NEETU KUMARI	39	F	WIFE	DOA: 11/03/24 DOD: 25/03/24
5	19-Mar-24	VARINDER SANDHU	49	F	PARWINDER KAUR	32	F	SISTER-IN-LAW	DOA: 16/03/24 DOD: 28/03/24
6	22-Mar-24	RAKESH KUMAR	26	M	REKHA DEVI	30	F	SISTER	DOA: 20/03/24 DOD: 01/04/24
7	30-Mar-24	KULDEEP SINGH	58	M	JASMEEN KAUR	20	F	DAUGHTER	DOA: 25/03/24 DOD: 09/04/24