

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Jun-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	07-Jun-24	GURINDER SINGH PALRA	28	M	PUSHPA DEVI	58	F	MOTHER	DOA: 05/06/24 DOD: 21/06/24
2	08-Jun-24	PANKAJ SHARMA	28	M	ASHA DEVI	56	F	MOTHER	DOA: 01/06/24 DOD: 20/06/24
3	11-Jun-24	VINOD KUMAR	35	M	RAJBIR KAUR	34	F	WIFE	DOA: 08/06/24 DOD: 21/06/24
4	21-Jun-24	DALPREET SINGH	33	M	MOHINDER KAUR	73	F	MOTHER	DOA: 17/06/24 DOD: 04/07/24
5	27-Jun-24	JAGPREET SINGH	25	M	MANJIT KAUR	51	F	AUNTY (BHUA)	DOA: 24/06/24 DOD: 08/07/24
6	28-Jun-24	PAWAN KUMAR	48	M	DALJEET KAUR	43	F	WIFE	DOA: 25/06/24 DOD: 11/07/24