

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Jul-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-Jul-24	BHARAT BHUSHAN	31	M	CHARANJIT KAUR	24	F	WIFE	DOA: 28/06/24 DOD: 12/07/24
2	09-Jul-24	LOVEPREET SINGH	28	M	RANJIT KAUR	51	F	MOTHER	DOA: 06/07/24 DOD: 22/07/24
3	12-Jul-24	SIMRAN KAUR	26	F	WANJAR SINGH	53	M	FATHER	DOA: 09/07/24 DOD: 26/07/24
4	16-Jul-24	HARWINDER SINGH	33	M	SAVINDER SINGH	56	M	FATHER	DOA: 13/07/24 DOD: 26/07/24
5	19-Jul-24	SATNAM SINGH	47	M	PARWINDER KAUR	43	F	WIFE	DOA: 15/07/24 DOD: 30/07/24
6	25-Jul-24	GURMEET SINGH	44	M	RAVINDER KAUR	40	F	SISTER	DOA: 22/07/24 DOD: 05/08/24
7	26-Jul-24	ADOM KENNETH	25	M	KRAH IGNATUS	20	M	BORTHER	DOA: 22/07/24 DOD: 05/08/24
8	30-Jul-24	PALJINDER SINGH	48	M	KULWINDER KAUR	43	F	WIFE	DOA: 26/07/24 DOD: 09/08/24