

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Aug-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-Aug-24	JATIN KUMAR	23	M	KULDIP KUMAR	62	M	FATHER	DOA: 01/08/24 DOD: 12/08/24
2	06-Aug-24	DALVEER SINGH	45	M	JASBIR KAUR	41	F	SISTER	DOA: 02/08/24 DOD: 16/08/24
3	08-Aug-24	DILPREET SINGH	18	M	INDERJIT KAUR	41	F	MOTHER	DOA: 05/08/24 DOD: 17/08/24
4	10-Aug-24	KABAL SINGH	54	M	MOHINDER SINGH	56	M	BROTHER	DOA: 08/08/24 DOD: 20/08/24
5	13-Aug-24	ATUL KUMAR	36	M	BABLI DEVI	53	F	MOTHER-IN-LAW	DOA: 05/08/24 DOD: 24/08/24
6	16-Aug-24	PARMJIT SINGH	62	M	HARJINDER KAUR	63	F	WIFE	DOA: 12/08/24 DOD: 26/08/24
7	20-Aug-24	SUKHWINDER SINGH	33	M	SUKHWINDER KAUR	33	F	WIFE	DOA: 17/08/24 DOD: 30/08/24
8	27-Aug-24	AMANDEEP SINGH	47	M	HARJIT SINGH	44	M	BROTHER	DOA: 23/08/24 DOD:
9	29-Aug-24	NIRMAL SINGH	39	M	GURMEET KAUR	68	F	MOTHER	DOA: 26/08/24 DOD: