

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

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

Month

**Oct-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	01-Oct-24	BISHAN DASS	59	M	BABU RAM	44	M	BROTHER	DOA: 28/09/24 DOD: 12/10/24
2	08-Oct-24	MALKEET SINGH	37	M	SIMRANJIT KAUR	41	F	WIFE	DOA: 02/10/24 DOD: 17/10/24
3	12-Oct-24	RANBIR SINGH	18	M	JASWINDER KAUR	44	F	MOTHER	DOA: 08/10/24 DOD: 21/10/24
4	19-Oct-24	HARDEEP SINGH	39	M	MALKIAT SINGH	39	M	BROTHER	DOA: 16/10/24 DOD: 29/10/24
5	29-Oct-24	RAKESH KUMAR	38	M	BALWINDER KAUR	61	F	MOTHER	DOA: 26/10/24 DOD: 08/11/24