

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Jan-25

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	14-Jan-25	JASPREET SINGH	28	M	IQBAL SINGH	54	M	FATHER	DOA: 11/01/25 DOD: 27/01/25
2	22-Jan-25	BALJINDER SINGH	56	M	MANJIT KAUR	51	F	WIFE	DOA: 20/01/25 DOD: 31/01/25
3	28-Jan-25	MANPREET SINGH	38	M	BALBIR SINGH	71	M	FATHER	DOA: 25/01/25 DOD: 06/02/25