

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

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

Month

**Feb-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	04-Feb-25	KARAN JEET SINGH	51	M	SEEMA MANHAS	47	F	WIFE	DOA: 01/02/25 DOD: 14/02/25
2	12-Feb-25	SUBA SINGH	66	M	VEER KAUR	67	F	SISTER	DOA: 07/02/25 DOD: 24/02/25
3	25-Feb-25	SEHAJPREET SINGH	14	M	JASWINDER KAUR	44	F	MOTHER	DOA: 22/02/25 DOD: 06/03/25