

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

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

Month

**Mar-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      | 01-Mar-25       | JANAK RAJ SHARMA      | 59  | M   | ANJU DUBEY        | 57  | F   | WIFE                             | DOA: 26/02/25<br>DOD: 25/03/25 |
| 2      | 11-Mar-25       | BALKARN SINGH         | 30  | M   | GURPAL KAUR       | 58  | F   | MOTHER                           | DOA: 07/03/25<br>DOD: 21/03/25 |
| 3      | 21-Mar-25       | RAJINDER SINGH        | 48  | M   | HARJIT KAUR       | 46  | F   | WIFE                             | DOA: 19/03/25<br>DOD: 31/03/25 |
| 4      | 26-Mar-25       | JAGDISH CHANDER       | 39  | M   | REENA RANI        | 38  | F   | WIFE                             | DOA: 22/03/25<br>DOD: 05/04/25 |
| 5      | 28-Mar-25       | ANKUSH KUMAR          | 32  | M   | LALITA DEVI       | 54  | F   | MOTHER                           | DOA: 27/03/25<br>DOD: 07/04/25 |