

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Apr-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-Apr-25	WAKAR AHMED	48	M	NASAR AHMED	50	M	BROTHER	DOA: 29/03/25 DOD: 10/04/25
2	08-Apr-25	RAVI KANT	59	M	MADHU SHARMA	52	F	WIFE	DOA: 04/04/25 DOD: 18/04/25
3	09-Apr-25	SUKHDIP SINGH GORAYA	38	M	KIRANDEEP KAUR	31	F	WIFE	DOA: 05/04/25 DOD: 21/04/25
4	22-Apr-25	KARAM SINGH	50	M	NARINDER KAUR	41	F	WIFE	DOA: 19/04/25 DOD: Still Admit
5	23-Apr-25	DARSHAN SINGH	52	M	GURWINDER KAUR	50	F	WIFE	DOA: 19/04/25 DOD: Still Admit
6	26-Apr-25	HARKOMAL KAUR	19	F	AMANDEEP KAUR	44	F	MOTHER	DOA: 23/04/25 DOD: Still Admit
7	29-Apr-25	KOMAL	30	F	RAJINDER SINGH	60	M	FATHER	DOA: 26/04/25 DOD: Still Admit