

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Jun-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	03-Jun-25	GARO DEVI	35	F	ASHOK KUMAR	43	M	HUSBAND	DOA: 30/05/25 DOD: 12/06/25
2	07-Jun-25	LOVEPREET SINGH	25	M	AMARJEET SINGH	48	M	FATHER	DOA: 05/06/25 DOD: 23/06/25
3	10-Jun-25	GURJANT SINGH	29	M	BALJIT KAUR	49	F	MOTHER	DOA: 30/05/25 DOD: 19/06/25
4	17-Jun-25	SUMESH BHARDWAJ	48	M	SUNYANA BHARDWAJ	43	F	WIFE	DOA: 14/06/25 DOD: 04/07/25
5	20-Jun-25	LOVEPREET SINGH	25	M	CHARANJIT KAUR	50	F	MOTHER	DOA: 17/06/25 DOD: 30/06/25
6	24-Jun-25	JASPREET KAUR	46	F	BASHARAT HUSSAIN SHAH	53	M	SWAP Tx	DOA: 19/06/25 DOD: 07/07/25
7	24-Jun-25	BASHIR HUSSAIN SHAH	53	M	SUKHWINDER SINGH	45	M	SWAP Tx	DOA: 19/06/25 DOD: 03/07/25
8	27-Jun-25	RAJVEER KAUR	35	F	GURDEV KAUR	63	F	MOTHER	DOA: 23/06/25 DOD: 07/07/25