PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month **Jul-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-Jul-25	JASBIR SINGH	56	M	KULWANT KAUR	49	F	WIFE	DOA: 28/06/25 DOD: 11/07/25
2	08-Jul-25	GURPREET SINGH	29	M	GURLAL SINGH	27	M	BROTHER	DOA: 05/07/25 DOD: 25/07/25
3	12-Jul-25	BALJINDER SINGH	22	M	SARBJIT SINGH	52	M	FATHER	DOA: 10/07/25 DOD: 23/07/25
4	15-Jul-25	KARAM MASIH	53	M	MANU MASIH	67	M	BROTHER	DOA: 11/07/25 DOD: 26/07/25
5	22-Jul-25	GURMAIL SINGH	40	M	KAMALJIT KAUR	39	F	WIFE	DOA: 18/07/25 DOD: 31/07/25
6	25-Jul-25	AVINASH RANA	32	M	SUSHMA DEVI	53	F	MOTHER	DOA: 22/07/25 DOD: Still admitted
7	30-Jul-25	PARGAT SINGH	38	M	HARJEET KAUR	58	F	MOTHER	DOA: 28/07/25 DOD: Still admitted