PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month **Aug-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-Aug-25	AJAY KUMAR	40	M	RANJNA THAKUR	35	F	WIFE	DOA: 29/07/25 DOD: 13/08/25
2	05-Aug-25	MANJIT SINGH	52	M	HARBANS LAL	59	M	COUSION BROTHER	DOA: 02/08/25 DOD: 15/08/25
3	08-Aug-25	LAKSHAY WADHAWAN	29	M	PREM NATH	60	M	UNCLE (MAMA)	DOA: 05/08/25 DOD: 08/08/25
4	12-Aug-25	KULDEEP KAUR	40	F	SARBJEET KAUR	37	F	SISTER-IN-LAW	DOA: 08/08/25 DOD: 25/08/25
5	15-Aug-25	KAMALJIT SINGH	43	M	BALWINDER KAUR	44	F	WIFE	DOA: 12/08/25 DOD: 25/08/25
6	19-Aug-25	TARVINDER KUMAR	47	M	ANITA DHINGRA	48	F	WIFE	DOA: 16/08/25 DOD: 29/08/25
7	21-Aug-25	SANJOGITA	68	F	MAYANK BHARGAV	29	M	SON	DOA: 18/08/25 DOD: 02/09/25
8	26-Aug-25	JARNAIL SINGH	70	M	HARBANS KAUR	64	F	WIFE	DOA: 22/08/25 DOD: Still admitted
9	30-Aug-25	NIRMAL SINGH	44	M	AMANDEEP KAUR	46	F	WIFE	DOA: 27/08/25 DOD: Still admitted