PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month **May-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	06-May-25	MALKEET SINGH	55	M	RANJEET KAUR	57	F	WIFE	DOA: 02/05/25 DOD: 15/05/25
2	08-May-25	MANGBIR SINGH	29	M	KARAMBIR KAUR	39	F	SISTER	DOA: 06/05/25 DOD: 17/05/25
3	13-May-25	NARESH KUMAR	27	M	PONAM	30	F	WIFE	DOA: 09/05/25 DOD: 22/05/25
4	20-May-25	GURSAHIB SINGH	45	M	KASHMIR KAUR	60	F	MOTHER	DOA: 16/05/25 DOD: 29/05/25
5	23-May-25	HARSH THAKUR	23	M	JYOTI	42	F	MOTHER	DOA: 20/05/25 DOD: 02/06/25
6	27-May-25	MANOHAR LAL	58	M	JYOTI SHARMA	52	F	WIFE	DOA: 26/05/25 DOD: 12/06/25