PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month **Sep-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	02-Sep-25	RAJEEV KUMAR	39	M	SUDESH KUMARI	61	F	MOTHER	DOA: 31/08/25 DOD: 12/09/25
2	09-Sep-25	HARINDER SINGH	35	M	GURMEET KAUR	55	F	MOTHER	DOA: 06/09/25 DOD: 20/09/25
3	11-Sep-25	SHAHID MANHAS	10	M	SALMA AKHTER	39	F	MOTHER	DOA: 08/09/25 DOD: 24/09/25 (REFER)
4	16-Sep-25	SANDEEP KAUR	35	F	HARBANS SINGH	64	M	FATHER	DOA: 13/09/25 DOD: 26/09/25
5	18-Sep-25	JATINDER KAUSHAL	42	M	SHOBHA RANI	44	F	WIFE	DOA: 15/09/25 DOD: 29/09/25
6	25-Sep-25	SUREKHA RANI	51	F	NEELAM RANI	51	F	SISTER	DOA: 22/09/25 DOD: 04/10/25
7	27-Sep-25	WILLIAM MASIH	41	M	VEENA GULAB	41	F	SISTER	DOA: 26/09/25 DOD: Still admitted
8	30-Sep-25	NIKHAL BALI	32	M	NIHAL BALI	27	M	BROTHER	DOA: 27/09/25 DOD: Still admitted