

**PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN**

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

Month

**Oct-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-Oct-25	JAGTAR SINGH	63	M	KULWINDER KAUR	62	F	SISTER	DOA: 29/09/25 DOD: 13/10/25
2	09-Oct-25	SAGEER AHMED	38	M	ABDUL GHANI	54	M	MATERNAL UNCLE	DOA: 06/10/25 DOD: 21/10/25
3	11-Oct-25	GURJANT SINGH	35	M	NEELAM DEVI	42	F	SWAP Tx	DOA: 09/10/25 DOD: 20/10/25
4	11-Oct-25	RAJNISH KUMAR	42	M	RAMANJOT KAUR	31	F	SWAP Tx	DOA: 03/10/25 DOD: 21/10/25
5	21-Oct-25	RAJINDER SINGH	35	M	KASHMIR SINGH	58	M	FATHER	DOA: 18/10/25 DOD: 31/10/25