

PERFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN										(Kidney)
Appropriate Authority Reg. on 30-12-2016					Name of Hospital- Satguru Partap Singh Hospitals					
Month -		Mar-18						State- Punjab		
S.No	TYPE	DATE OF TRANSPLANT	NAME	ADDRESS	NATIONALITY	AGE & SEX	CR No	Basic Diagnosis of Recipient	Donor relation with Recipient	Authorization Authority Approval Date & No.
				←————— NIL —————→						