

2nd February 2019

Office of Secretary (H&FW)

Dairy No.

Dated... ..

Handwritten signature
4/2/19

dc

Secretary (Health)
Govt of NCT of Delhi
Health & Family Welfare Deptt
Delhi Secretariat
9th Level "A" Wing
I.P. Estate
New Delhi-110 002

Sub : **Monthly Returns – F.No.S.12015/04/p2013-MG**
Max Super Speciality Hospital (a unit of Balaji Medical & Diagnostic Research
Centre) 108-A, Indraprastha Extension, Patparganj, Delhi-110 092

Dear Sir / Madam,

Monthly return with respect to Renal Transplant carried out in our hospital during
the month of **JANUARY - 2019** is enclosed in the prescribed format.

Please acknowledge receipt thereof.

Thanking you,

Yours faithfully,

For MAX SUPER SPECIALITY HOSPITAL
(A unit of Balaji Medical & Diagnostic Research Centre)

Handwritten signature
Dr. Amiya Kumar Verma
Deputy Medical Superintendent

Encl: As above

Copy to:-

The Chief Medical Officer (MG)
Directorate General of Health Services
(M.G.-II Section)
Nirman Bhavan
New Delhi-110 001

.....along with a copy of report.



Name of the Hospital : Max Super Speciality Hospital (a unit of Balaji Medical & Diagnostic Research Centre)
 108-A, Indraprastha Extension, Patparganj, Delhi - 110 092
 Name of Organ : Kidney
 Month : JANUARY - 2019

Serial number	Date of Transplant	RECIPIENT				DONOR				
		Name & address	Age & Sex	CR No. / IP No. / Regn. No.	Diagnosis or indication of transplant	Name & address	Age & Sex	CR No. / IP No. / Regn. No.	Relation with patient	If unrelated live donor whether approved by Authorisation Committee
NIL										

Authorised Signatory with name & Designation
Dr. Amiya Kumar Verma
 Deputy Medical Superintendent
 Max Super Speciality Hospital
 (A unit of Balaji Medical & Diagnostic Research Centre)
 108-A, Indraprastha Extension, Patparganj, Delhi-110092