

2nd March 2020

Dr. Dharmendra Gupta
Nodal Officer
Delhi Organ Transplant Cell
Room No.531, D-Block
G.B. Pant Institute of Post Graduate Medical Education &
Research (formerly G.B. Pant Hospital)
New Delhi – 110 002

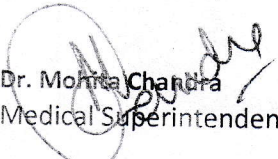
Dear Sir,

Subject : Monthly Report of Renal Transplantation in our Hospital –
Max Super Speciality Hospital (a unit of Balaji Medical & Diagnostic
Research Centre), 108-A, I.P. Extn., Patparganj, Delhi-110 092

Attached herewith monthly Report in the prescribed format, with respect to Renal
Transplant carried out in our Hospital for the month of **FEBRUARY - 2020**.

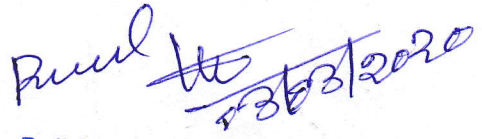
Kindly acknowledge receipt thereof.

Yours faithfully,
For MAX SUPER SPECIALITY HOSPITAL
(a unit of Balaji Medical & Diagnostic Research Centre)


Dr. Monica Chandra
Medical Superintendent

Encl: as above



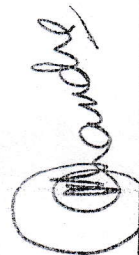

Delhi Organ Transplant Cell
Room No. 531, D-Block
G. B. Pant Institute of Post Graduate
Medical Education & Research, New Delhi

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 : FEBRUARY 2020

Serial number	Date of Transplant	RECIPIENT			DONOR				Cadaver Yes / No	
		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
	mm/dd/yy									
_____ NIL _____										



Authorised Signatory with name & Designation

Dr. Mohita Chandra
Medical Superintendent
Max Super Speciality Hospital
(A unit of Balaji Medical & Diagnostic Research Centre)
108-A, I. P. Extn., Patparganj, Delhi-110 092