MAX HEALTHCARE

BY HAND

2nd June 2020

Office of Pr. Secretary (H&FW)
Date 4/6/2020

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 12015/04/2013-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 **MAY - 2020** 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)

Dr. Mohita Chandra
Medical Superintendent

Encl: As above

Copy to:-
The Chief Medical Officer (MG) .....along with a copy of report.
Directorate General of Health Services
(M.G.-II Section)
Nirman Bhavan
New Delhi-110 001

प्राप्त किया
RECEIVED
- 4 JUN 2020
FTB No. .....

Name of the Hospital : Max Super Speciality Hospital (a unit of Balaji Medical & Diagnostic Research Centre)
108-A, Indraprashta Extension, Patparganj, Delhi - 110 092

Name of Organ : Kidney

Month : MAY - 2020

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

Authorised Signatory with name & Designation

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

Encl: As above