

1st October 2020

o/e

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 **SEPTEMBER - 2020**.

Kindly acknowledge receipt thereof.

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


Dr. Mohita Chandra
Medical Superintendent

Encl: as above

Delhi Organ Transplant Cell
Room No. 531, D-Block
G.B. Pant Institute of Post Graduate
Medical Education and Research,
New Delhi-110002

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 : .SEPTEMBER 2020

Serial number	Date of Transplant	RECIPIENT				DONOR					
		Name & address	Age & Sex	CR No. / IP No. / Regn. No.	Diagnosis or indication of transplant	LIVE					
						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	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	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