

1st April 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/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 **MARCH - 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)
Directorate General of Health Services
(M.G.-II Section)
Nirman Bhavan
New Delhi-110 001

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

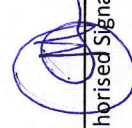
Name of the Hospital : Max Super Speciality Hospital (a unit of Balaji Medical & Diagnostic Research Centre)

108-A, Indraprastha Extension, Patparganj, Delhi - 110 092

Name of Organ : Kidney

Month : MARCH- 2020

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	Cadaver Yes / No
	mm/dd/yy										
N I L											


 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