

By speed post

1st September 2021

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

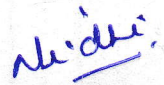
Dear Sir,

Subject : Monthly Report of Kidney 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 **AUGUST - 2021**.

Kindly acknowledge receipt thereof.

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


Dr. Nidhi Saxena
Additional Medical Superintendent

Encl: as above



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 : AUGUST - 2021

Serial number	Date of Transplant mm/dd/yy	RECIPIENT			DONOR				Cadaver Yes / No
		Name & address	Age & Sex	CR No. / IP No. / Regn. No.	Diagnosis or indication of transplant	LIVE		If unrelated live donor whether approved by Authorisation Committee	
						Name & address	Age & Sex		
_____ NIL _____									

Nidhi

Authorised Signatory with name & Designation

Dr. Nidhi Saxena

Additional Medical Superintendent

MAX SUPER SPECIALITY HOSPITAL

(a unit of Balaji Medical & Diagnostic Research Centre)

108-A, Indraprastha Extension

Patparganj, Delhi-110 092