

**Qtrly Report: October'17 to December'17**

**Organ - Kidney**

<b>HOSPITAL ID NO.</b>	<b>COMMITTEE</b>	<b>DATE OF SURGERY</b>	<b>PERMISSION NO. &amp; DATE</b>
Recipient ID - IP/17/009644 Donor ID - IP/17/009640	Directorate of Medical Education, Swasthya Bhawan, W.Bengal	13.11.2017	CE/916-2001/M/1730 1(4) Dt: 13.10.17
Recipient ID - IP/17/010918 Donor ID - IP/17/010920	Directorate of Medical Education, Swasthya Bhawan, W.Bengal	21.12.2017	CE/916-2001/M/1950 1(4) Dt: 17.11.17