

DETAILS OF DECISION OF AUTHORISATION COMMITTEE

| SN | Receipient | | | Donor | | | Hospital | Date Application | Decision of Committee | | Remarks |
|----|------------------|---------|--------------|------------------|---------|--------------|----------|------------------|-----------------------|------|---------|
| | Name/father name | Address | City(State) | Name/father name | Address | City(State) | | | Decision of Committee | Date | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |