

Ref. No.11584/ME II(2)/2012

Directorate of Medical Education
Chennai -10. Dated: 15.02.2012

Sub: Committee Meeting –Human Organ Transplant- Authorization
for Renal / Liver Transplantation to be held on **17.02.2012** –
Intimated

The Authorization Committee Meeting for **Liver / Renal Transplantation** will be held in the **Office of the Director of Medical Education, Chennai, on 17.02.2012 by 2.00 p.m.**

The Patients, Donors and dependent/Spouse mentioned below are requested to appear before the Committee Meeting along with the following documents.

1. Photo Identity Document
2. Passport size photographs of the Patient, Donor and donor spouse
3. Original Documents sustaining the Residential Proof
4. Translator to accompany if the Patient and Donor are unable to converse in
Tamil or English.
5. Donor's Spouse/Guardian should be present.
6. Original documents in respect of all the entire Xerox enclosed in the application.
7. For the patients & donors from outside this STATE/ OTHER COUNTRIES,
a TRANSLATOR must accompany with them. The translator should be well versed In English and Tamil so as to communicate with the officials of the Authorisation Committee.

Sl. No	Name of the Patient	Name of the Donor	Donor's spouse/Dependent
1.	K.Murugaiyan	M.Sheela	K.Elambal
2.	K.Jegan	E.Kumar	P.Tamilselvi
3.	Kumaresan	S.Samanthi	S.Chinnapiyan

C.Vamsadhara
Chairman
Authorization Committee and
Director of Medical Education,

To
The Dean,
Rajiv Gandhi Government General Hospital,
Chennai – 600 003.

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Sl. No	Name of the Patient	Name of the Donor	Donor's spouse/Dependent
1.	Bhagwan Das Agarwal	Lalita Agarwal	Rajesh Mittal Agarwal

C.Vamsadhara
Chairman
Authorization Committee and
Director of Medical Education,

To
Medical Director,
Kovai Medical Center and Hospital Ltd.,
Post Box No.3209, Avanashi Road,
Coimbatore 641 014.

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Sl. No	Name of the Patient	Name of the Donor	Donor's spouse/Dependent
1.	Mosammet Morsheda Begum	All Mamum	All Hasan

C.Vamsadhara
Chairman
Authorization Committee and
Director of Medical Education,

To
Medical Superintendent
Global Hospital & Health City.,
439, Cheran Nagar,
Perumbakkam,
Chennai-100.

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Sl. No	Name of the Patient	Name of the Donor	Donor's spouse/Dependent
1.	Ravichandran	Kumarakkal	Balraj

C.Vamsadhara
Chairman
Authorization Committee and
Director of Medical Education,

To
Medical Director,
PSG Hospitals,
Avinashi Road,
Peelamedu,
Coimbatore-641 004

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1.	Mugundhan	K.Dhandapani	Jayalakshmi

C.Vamsadhara
Chairman
Authorization Committee and
Director of Medical Education,

To
Medical Superintendent
Coimbatore Kidney Centre
738 B, Puliakulam Road,
Near Lakshmi Mills,
Coimbatore – 641 045.

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1.	Sivanthi Rajendran	Paunthai	Venkatesan

C.Vamsadhara
Chairman
Authorization Committee and
Director of Medical Education,

To
Medical Superintendent
Chennai Kaliappa Hospital
52, second Main Road,
Raja Annamalai Puram
Chennai- 600 028.

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Sl. No	Name of the Patient	Name of the Donor	Donor's spouse/Dependent
1.	V.Rama Subba Reddy	S.Lakshmi Devi	S.Chandrasekar

C.Vamsadhara
Chairman
Authorization Committee and
Director of Medical Education,

To
Medical Superintendent
(Nephrology Department)
Miot Hospitals,
4/112, Mount Poonamallee Road,
Manapakkam,
Chennai – 600 089.

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Sl. No	Name of the Patient	Name of the Donor	Donor's spouse/Dependent
1.	M.G.Ragavan	R.Radhika	T.Raji
2.	Sasikala	F.Kuppu	Francis

C.Vamsadhara
Chairman
Authorization Committee and
Director of Medical Education,

To
Medical Superintendent
Aswene Soundara Hospital & Research Centre,
24, Kasthuri Rangan Road,
Teynampet,
Chennai-600 018.

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Sl. No	Name of the Patient	Name of the Donor	Donor's spouse/Dependent
1.	Y.Arulanandammal	H.Revathi	B.Haridoss
2.	Ben Akpan Ekwere	Sunday Ekwere	Caroline Oyebanji

C.Vamsadhara
Chairman
Authorization Committee and
Director of Medical Education,

To
Medical Superintendent
Malar Hospital
52, 1st Main Road,
Gandhi Nagar,
Adyar,
Chennai- 600 023.

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Sl. No	Name of the Patient	Name of the Donor	Donor's spouse/Dependent
1.	K.Balasubramani	I.Darthy	R.Immanuvel

C.Vamsadhara
Chairman
Authorization Committee and
Director of Medical Education,

To
Medical Superintendent
M.R. Hospitals- Chennai
20, Govindan Street,
Ayavoo Colony,
Aminijikarai,
Chennai – 600 029.