



I.M.A.G.S.B. NEWS BULLETIN

GUJARAT MEDICAL JOURNAL
INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

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STATE PRESIDENT AND HON. STATE SECRETARY'S MESSAGE



Dear Members

Seasons greetings!

It is painful to note that in spite of the extraordinary efforts of the Government and the modern medical fraternity altruistic services, pandemic second wave surge is touching record heights. India has recorded the highest number of new Covid cases across the country with more than one lakh new cases, the highest daily increase recorded in the country since the beginning of the pandemic. Indian Medical Association and entire 3.5 lakh modern medical fraternities stood proactively with our Government in the path breaking vaccine drive initiative and played an active role in mitigating vaccine hesitancy among the front line workers and public. The guidelines enforced for test, trace and treat concept promulgated by the ministry of health was actively implemented across the country to break the chain. However due to the emergent complacent, mass gatherings without masks, noncompliance of COVID appropriate behaviors' and the deterrent mutations in the virus, had surpassed our efforts to emerge as a fast spreading second wave. Stern implementation and execution of certain pre-emptive efforts will prove the key to contain the fast spreading pandemic. Zero tolerance against the noncompliance of COVID appropriate behaviours, augmentation of infrastructure beds and oxygen availability, moral support and enthusiastic engagements of frontline health workers, ensuring adequate health care protective gears support and strict adherence to the evidence based treatment protocols are the key factors needed at this moment.



Vaccination against COVID stands as single evidence based resource for us to restrict the cases by raising the personal immune response and pave way for herd immunity to decrease the severity of the disease.

We have covered total 7.91 crore of population with covid vaccination till date, out of which 6.86 crores have received their first inoculation & 1.05 crore with second dose. At present we are vaccinating the population above 45 years. In view of the rapid spread of the second wave of the disease, we suggest that the vaccination strategy needs to be geared up with immediate effect on war foot. We request following suggestions in the Covid Vaccination Drive.

- All citizens above 18 years of age shall be permitted to receive COVID vaccination.
- Walk in COVID vaccination should be available for all, free of cost at their nearest possible place.
- Private sector family clinics also shall be included actively in the vaccination drive along with private hospitals. Availability of vaccination with all doctors & family physicians will have positive impact on the vaccination drive.
- District level vaccine task force team shall be constituted with public, private participation to enforce mass vaccination and monitoring and mitigating the adverse drug events and build confidence. IMA is willing to actively take part in it.
- Vaccination certificate shall be made a mandatory certificate for entering in to public places and receive products under public distribution system.
- As there is acute spurt of this disease as an measure to immediate break the chain, limited period continuous restriction shall be implemented especially for all the non-essential areas like cinema, cultural and religious events, sports, etc.



Early diagnosis on the pretext of contact or presumptive symptoms and immediate consultation with the Doctor or Hospital is the need for early recovery in Covid- 19, is the lesson that we have learnt in the past one year. The drug Remedisivir given in the first week, when there is an exponential raise of Viral markers, with moderate to severe symptoms does yield a total benefit for the patients for the recovery path.

IMA invokes public to adhere to Appropriate use of masks as it is equal to receive a vaccine. IMA also request people to venture out only when it is absolute necessary and adopt physical distance and hand washing at all situations.

IMA compliment the Government of India Health ministry for expediting the approval of Russian Sputnik V vaccine to enhancing mass vaccination and also ensuring the availability of the multiple drugs including Injection Remedisivir in the country by stopping export and capping the price.

IMA is conducting periodic appraisal and hand holding for our health care professionals to the evidenced based treatment protocol to be executed on affordable and accessible way and assure the public not to get panic and make use of the infrastructure at the earliest symptoms of disease and help us in the containment, surveillance, testing, tracing, vaccination and treatment.

Jay IMA

Long live IMA

Dr. Devendra R. Patel
(President, G.S.B.,I.M.A.)

Dr. Kamlesh B. Saini
(Hon. State Secy., G.S.B.,I.M.A.)



ATTENTION PLEASE !!!

IMA LOCAL BRANCHES

Election Notice of I.M.A. G.S.B. for the post of State President (Vadodara Zone) and Seven Vice Presidents (One from each zone) has been posted to the Local Branch Secretaries.

RULES AND BYE-LAWS OF THE LOCAL BRANCHES :

- (A) A Local Branch shall make its own Constitution to govern itself taking the Constitution of I.M.A. H.Q. and of the State Branch as the guideline. The Constitution, Rules and Bye-Laws of a Local Branch shall not infringe or contravene the provisions of Memorandum of Association Rules and Bye-Laws of I.M.A. Headquarters and / or of the State Branch.
- (B) The Constitution, Rules and Bye-Laws so framed by a Local Branch and submitted to the State Branch, shall be forwarded to the Headquarters for approval and ratification with the remarks of the State Branch thereon if any, and it should be implemented only when it has been approved and ratified by the Working Committee of the IMA H.Q.
- (C) Till such time as the Constitution of a Local Branch has been approved by the Headquarters, the said Local Branch shall follow Model set of Rules and Bye-Laws and guidelines prescribed by the headquarters and the State Branch for a Local Branch.
- (D) The Rules and Bye-Laws of the Indian Medical Association Headquarters shall apply in any matter not covered by the Rules and Bye-Laws of the State Branch or of a Local Branch already ratified by the Working Committee.



ATTENTION PLEASE !!!

IMA MEMBERS

Election Notice of I.M.A. G.S.B. for the post of State President (Vadodara Zone) and Seven Vice Presidents (One from each zone) has been posted to the Local Branch Secretaries.

ELIGIBILITY OF OFFICE BEARERS :

- (A) State President shall be a Life Member of Association.
- (B) Vice President shall be from the same zone for which they have been proposed.
- (C) Hon. State Secretary, Hon. Jt. Secretary, Hon. Asst. Secretary and Hon. Treasurer candidates shall be from amongst the State H/Q.
- (D) Candidates for Zonal Posts shall be from amongst the eligible members of Local Branches from the same zone for which they have been proposed.
- (E) Eligibility of local branches for nominating the candidate for election of the State Branch.
 - 1) The local branch shall be an active branch not suspended or defunct.
 - 2) It shall have cleared its S.F.C. for the year by 15th April.
- (F) 1) **He/She must be a life member of I.M.A.**
 2) **He/She must have seven years continuous membership of I.M.A.**
 3) **He/She should have served G.S.B. I.M.A. as a Working Committee member for at least 3 years.**

In case of non receipt of valid nomination, any other life member can be considered for that particular post.

For further information, please contact your Local Branch Secretary.



INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

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HON. STATE SECRETARY :
DR. KAMLESH B. SAINI
Ahmedabad
Mobile : 96019 49252

Ref No. Date: 22-3-2021

To,
Smt. Jayanti Ravi
Principle Secretary
Health & Family Welfare Department
Govt. of Gujarat
Gandhinagar

Sub: To provide a copy of Proposed CEA Act.

Respected Madam,

Greetings from IMA Gujarat State Branch.

IMA GSB has more than 29000 members of Modern Medicine Doctors & has 114 local branches across the State.

IMA GSB is always with the Govt. & at forefront to fight against COVID PANDEMIC. Many of our members are infected and even about 60 members have lost their lives against Covid-19.

From media reports, we came to know that the Govt. of Gujarat is going to implicate the Clinical Establishment Act in Gujarat. If the Clinical Establishment Act is imposed then the Medical Services will be very costly and common people suffer a lot. As we are representing the Association of Modern Medicine practitioner of Gujarat, you are requested to give us a copy of Proposed Act to represent our points of view.

Anticipating your positive response.

Thanking you

Yours sincerely,

Dr. Devendra R. Patel
President

Dr. Kamlesh B. Saini
Hon. State Secretary



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Ref No. તારીખ: 05-04-2021

પ્રતિ,
શ્રી. વિજયભાઈ રૂપાણી
મુખ્યમંત્રી શ્રી,
ગુજરાત સરકાર, અંધીનગર

વિષય: અત્યારે ક્ષતમાં ચાલી રહેલી વૈદિક મહામારી Covid-19 ને control કરવા માટેના સુચનો માનનીય મુખ્યમંત્રી શ્રી,
અત્યારે ક્ષતમાં ચાલી રહેલી વૈદિક મહામારી Covid-19 ની સામેની લડત એ ખુબ મોટી challenge છે. ભારતમાં આ રોગથી સંક્રમિત દર્દીઓની સંખ્યામાં ૧.૨૬ કરોડથી વધુ અને મૃત્યુ થયેલ દર્દીઓની સંખ્યા ૧.૬૫ લાખથી વધારે છે. ગુજરાતમાં પણ ૩ લાખથી વધારે લોકો સંક્રમિત થયા છે. અને લગભગ ૪૫૦૦ થી વધુ લોકોના મૃત્યુ થયા છે. કોરોના દર્દીઓની સારવાર કરતા અનેક તબીબો અને સ્વાસ્થ્યકર્મીઓ સંક્રમિત થયા છે. અને તેમાંના કેટલાક લોકોના કુખદ અવસાન પણ થયેલ છે.

I.M.A. ની State Branch, Local Branch અને તેના સભ્યો લોકોમાં જાગૃકતા લાવવા આ રોગોનો પ્રસાર અટકાવવા વિવિધ મિડીયામાં Public Awareness નાં કાર્યક્રમો અને સરકારીને અનેક ભલામણો કરતા રહ્યા છે. સામાજિક જવાબદારીના ભાગરૂપે અમે આપશ્રીને અમારા સુચનો પરત્વે ધ્યાન દોરવા માંગીએ છીએ :

- * સરકારી, અર્ધસરકારી, ખાનગી ઓડીસ તથા અન્ય વ્યવસાયના સમયમા ફેરફાર કરવા.
- * શક્ય બને ત્યા સુધી work from home ની સુવિધા લાગુ કરવી.
- * જરૂરી હોય તેટલા ચોક્કા staff થી કામ ચલાવવું.
- * Shopping Mall, નાનાં complex, ફૂકાનો નાં working hours ઘટાડવા.
- * મંદીર, સિનેમા હોલ, કલબ વિ. સ્થાનો પર નિયંત્રણ.
- * રાજકીય, ધાર્મિક, સામાજિક કે કોઈ પણ પ્રકારના મેળાવડા ની મંજૂરી ન આપવી.
- * Hospital તથા દવાખાનામાં ફર્ટ emergency સેવાઓ ચાલુ રાખવી ને routine કે planned work/operation ન કરવા.
- * Fever clinics ચાલુ કરવા.
- * Vaccine drive ને ઝડપી તથા અસરકારક બનાવવી. જરૂર પડે તો ખાનગી દવાખાના/hospital ની મદદ લેવી.
- * Micro containment area/ward મા સઘન રસીકરણ થાય તેવું આયોજન કરવું.
- * Hospitals માં beds ની જરૂરીયાત જણાય તો ખાનગી Hospitals/Nursing Homes ને Covid protocol પ્રમાણે સારવાર કરવાની મંજૂરી આપવી.

ગુજરાતના સમગ્ર તબીબો રાતદિવસ દર્દીઓની સેવા માટે પ્રતિબદ્ધ છે. ત્યારે આ સુચનો લાગુ કરવા અમે સરકારશ્રીને યોગ્ય કાર્યવાહી કરવા વિનંતી કરીએ છીએ.

ડૉ. કે.વે.એન. પટેલ
પ્રમુખ

ડૉ. કમલેશ સૈની
માનદૂમંત્રી





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તારીખ: ૧૭-૦૪-૨૦૨૧

રેફ નં.

પત્ર.

શ્રી. વિજયભાઈ રૂપાણી

મુખ્યમંત્રી શ્રી.

ગુજરાત સરકાર, ગાંધીનગર.

વિષય: અત્યારે હાલમાં ચાલી રહેલી વેલિક મહામારી Covid-19 ને control કરવા પડી રહેલી

મુશ્કેલીને નિવારવા માટેના સુચનો

માનનીય મુખ્યમંત્રી શ્રી.

ઇન્ડિયન મેડીકલ એસોસિએશન ની ગુજરાત સ્ટેટ બ્રાંચ કોરોના રોગચાળાની શરૂઆતથી તમામ પ્રયત્નો

સાથે શ્રમ કરી રહ્યા છે અને આ કટોકટીમાં એસોસિએશનના સભ્યો 24x7 સેવાઓ આપી રહ્યા છે. અમે

ગુજરાત સરકાર સાથે ખભા મીલાવીને નાગરિકોને બચાવવા માટે પ્રયત્નશીલ છીએ.

કોરોના દર્દીનો સારવાર કરતા અનેક તબીબો અને સ્વાસ્થ્યકર્મીઓ સંક્રમિત થયા છે. અને તેમાંના કેટલાક

લોહોના દુખદ અવસાન પણ થયેલ છે. સાહેબ, છેલ્લા ૩ થી ૪ અઠવાડિયામાં આપણા રાજ્યમાં કોરોના ચેપના

નવા કેસોમાં અત્યંત વધારો થયો છે અને Medical Emergency જેવી પરિસ્થિતિનું નિર્માણ થયું છે.

ઓક્સિજનની ઉપલબ્ધતાના અભાવને કારણે આપણા નાગરિકોને મરતા જોવા એ અમારા માટે ખુબ જ

દુખદાયક છે. અમે એક જવાબદાર સંગઠન તરીકે આ કટોકટીની સ્થિતિમાં તમારું ધ્યાન દોરીને અને થોડા

સુચનો કરવા માંગીએ છીએ:

૧) તાલુકા/સીટી/જિલ્લા ટીક Nodal officer ની નિમણૂક કરવી કે જે દરેક Hospital સાથે coordinate કરી

ઓક્સિજનનો સપ્લાય સરળતાથી સંચાલિત કરી શકે.

૨) ઓક્સિજનની વધારે જરૂરિયાતવાળી બધી મોટી હોસ્પિટલોને પ્રવાહી ઓક્સિજન ટેન્કો સ્થાપિત કરવાની

મંજૂરી અને મદદ આપવી જોઈએ જેથી તેઓ દર્દીઓ માટે પૂરતા પ્રમાણમાં ઓક્સિજનનો સંગ્રહ કરી શકે.

૩) ઓક્સિજનની માંગમાં ઘણો વધારો થયો હોવાથી ઓક્સિજનની કિંમતો આકાશને સ્પર્શી રહી છે જેની પર

નિયંત્રણમાં રાખવું જરૂરી છે અને ગરીબ અને જરૂરિયાતમંદોને મુશ્કેલી ન પડે તે માટે પ્રાઇસ કેપ મિકેનિઝમ

લાગુ કરવી જોઈએ.

૪) ઓક્સિજનના ડીલરો અને ઉત્પાદકોની સમસ્યાઓ પર પણ ધ્યાન આપવું જોઈએ અને ઓક્સિજન

સપ્લાય કરતા વાહનોને એમ્બ્યુલન્સની જેમ પ્રાધાન્ય માળવું જોઈએ જેથી લોજિસ્ટિક્સ સરળ બને.

૫) ૮ થી ૧૦ દિવસનો ઓક્સિજનનો જથ્થો બનામત રાખવો જોઈએ જેથી આપણને સૌને અણપાયથી

સંજોગો સામે લડવાની ખાતરી મળી રહે. આ માટે જો જરૂર પડે તો પાડોશી રાજ્યો સાથે સંપર્ક કરી ત્યાંથી

ઓક્સિજન મંગાવી શકીએ.

૬) આ ઉપરાંત કોરોનાની સારવારમાં વપરાતી દવાઓ અને અન્ય સંસાધનો ના ભાવ પર Capping કરીને

હોસ્પિટલોને અને લોકોને સરળતાથી ઉપલબ્ધ થાય તેવા પ્રયત્નો કરવા.

આશા છે કે તમે વર્તમાન કટોકટીની ગંભીરતાને સમજી ચોચા કરાવવાથી કરશે કે જેથી આ મહામારી સામે

પુરી તાકાતથી લડીને તેની પર કાબુ મેળવી શકાય.

S. Patel

ડૉ. દેવેન્દ્ર પટેલ

પ્રમુખ

ડૉ. કમલેશ સૈની

માનદમંત્રી



NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/30051	Dr. Patel Maulikkumar Rasikbhai	Mehsana
LM/30052	Dr. Bhojak Ratna Dhanesh	Mehsana
LM/30053	Dr. Patel Sachinkumar M.	Palanpur
LM/30054	Dr. Parmar Rajkumar Dipakkumar	Palanpur
LM/30055	Dr. Vasava Pritiben Kanubhai	Palanpur
LM/30056	Dr. Rajput Heenaben Nanjibhai	Unjha
LM/30057	Dr. Thakkar Ravi Jagdishbhai	Surendranagar-Wadhwan
LM/30058	Dr. Thakkar Kajal Mukeshbhai	Surendranagar-Wadhwan
LM/30059	Dr. Bhatt Parth Upendrakumar	Nadiad
LM/30060	Dr. Batra Roshan Surendrakumar	Nadiad
LM/30061	Dr. Batra Monika Rohan	Nadiad
LM/30062	Dr. Modi Ankur Dhirajlal	Surendranagar-Wadhwan
LM/30063	Dr. Kansogara Dhruvil Chunilal	Junagadh
LM/30064	Dr. Prajapati Parimalkumar S.	Ankleshwar
LM/30065	Dr. Lad Priyankaben Hitendrabhai	Ankleshwar
LM/30066	Dr. Patel Hasitkumar Manubhai	Vijapur
LM/30067	Dr. Parmar Prashant Rajendrakumar	Surat
LM/30068	Dr. Vaidya Yashkumar Vijaybhai	Surat
LM/30069	Dr. Singh Nisha S.	Surat
LM/30070	Dr. Kalsariya Mayurkumar Lakhbhai	Surat
LM/30071	Dr. Arnik Dhirajkumar Purohit	Mehsana
LM/30072	Dr. Chaudhari Mehul Rameshbhai	Bardoli
LM/30073	Dr. Chaudhari Jay Vilasbhai	Bardoli



LM/30074	Dr. Shah Chandranan Dipakkumar	Bardoli
LM/30075	Dr. Shah Vedanshi C.	Bardoli
LM/30076	Dr. Talsaniya Krunal Anilbhai	Bhavnagar
LM/30077	Dr. Khodifad Ankitbhai Parsottambhai	Bhavnagar
LM/30078	Dr. Dave Bhargav Dineshbhai	Chhotaudepur
LM/30079	Dr. Sonigire Chetan Hiralal	Surat
LM/30080	Dr. Vaghariya Kalpesh Nanjibhai	Amreli
LM/30081	Dr. Bhatt Purvesh Mukeshbhai	Amreli
LM/30082	Dr. Sadhu Dipali Aryindkumar	Amreli
LM/30083	Dr. Akbari Amit Dineshkumar	Rajkot
LM/30084	Dr. Kalewad Pallavi Subhash	Rajkot
LM/30085	Dr. Ghelani Gunjankumar Mukeshbhai	Amreli
LM/30086	Dr. Baravadiya Dhara Parsottombhai	Amreli
LM/30087	Dr. Thakkar Shailee Vinod	Vadodara
LM/30088	Dr. Patel Arpit Chandubhai	Vadodara
LM/30089	Dr. Meghnathi Udaygiri H.	Vadodara
LM/30090	Dr. Zinzuvadiya Vishal Kishorbhai	Vadodara
LM/30091	Dr. Jaiswal Gauravkumar J.	Vadodara
LM/30092	Dr. Nakum Bhavin Lakjibhai	Vadodara
LM/30093	Dr. Parmar Jigna Khushalbhai	Vadodara
LM/30094	Dr. Gadhavi Bhavna Udesinh	Vadodara
LM/30095	Dr. Nakum Foram Prabhulal	Vadodara
LM/30096	Dr. Lad Nirali Jitendrabhai	Vadodara
LM/30097	Dr. Buch Mohit Harshikesh	Vadodara
LM/30098	Dr. Sheth Kaushal Vinodray	Vadodara
LM/30099	Dr. Solanki Jigneshkumar Harmukhlal	Vadodara
LM/30100	Dr. Shah Hiral Mukeshkumar	Vadodara



LM/30101	Dr. Shah Ruchi Arpit	Vadodara
LM/30102	Dr. Shakya Sumit Ramkrishna	Vadodara
LM/30103	Dr. Jhala Heer Yogendrasinh	Vadodara
LM/30104	Dr. Thakkar Pinkal Hiralal	Vadodara
LM/30105	Dr. Wadhvani Chandni Dilip	Vadodara
LM/30106	Dr. Vanpariya Nikurij Kirankumar	Vadodara
LM/30107	Dr. Chauhan Khushbu Pravinkumar	Vadodara
LM/30108	Dr. Radadiya Tejas Dhirubhai	Vadodara
LM/30109	Dr. Vagharia Aartiben A.	Vadodara
LM/30110	Dr. Patel Ravikumar Mukeshbhai	Vadodara
LM/30111	Dr. Patel Richaben Dineshchandra	Vadodara
LM/30112	Dr. Ninama Govind Laxmanbhai	Vadodara
LM/30113	Dr. Balat Monica Chhaganlal	Vadodara
LM/30114	Dr. Vaidya Vedang Dhananjaybhai	Vadodara
LM/30115	Dr. Anupama Kumari	Vadodara
LM/30116	Dr. Handa Aakashkumar K.	Dahod
LM/30117	Dr. Patel Priyankakumari T.	Dahod
LM/30118	Dr. Patel Rajatkumar Nareshbhai	Ahmedabad
LM/30119	Dr. Trivedi Stuti Nitin	Ahmedabad
LM/30120	Dr. Patel Nirav Rasiklal	Ahmedabad
LM/30121	Dr. Patel Anu Nirav	Ahmedabad
LM/30122	Dr. Kubavat Rutvir Harishchandra	Ahmedabad
LM/30123	Dr. Vaishnav Priyanjali M	Ahmedabad
LM/30124	Dr. Thakkar Swati Dhiren	Ahmedabad
LM/30125	Dr. Panagar Kunj Rashmin	Ahmedabad
LM/30126	Dr. Brahmhatt Jit Harshbhai	Ahmedabad
LM/30127	Dr. Singhal Rorpesh Rameshchandra	Ahmedabad



LM/30128	Dr. Aggarwal Akanksha	Ahmedabad
LM/30129	Dr. Parmar Gaurangkumar Jayeshbhai	Ahmedabad
LM/30130	Dr. Vikani Rushika Kantilal	Ahmedabad
LM/30131	Dr. Patel Manan Bharatkumar	Ahmedabad
LM/30132	Dr. Rathod Mihirsinh Kanaksinh	Ahmedabad
LM/30133	Dr. Rathod Poojaba M.	Ahmedabad
LM/30134	Dr. Giri Mimiksha Mahendra	Ahmedabad
LM/30135	Dr. Patel Rachitkumar Dashrathbhai	Ahmedabad
LM/30136	Dr. Vyas Pooja Narendrabhai	Ahmedabad
LM/30137	Dr. Pancholi Deval Mahesh	Ahmedabad
LM/30138	Dr. Gosai Niyati Ashwingiri	Ahmedabad
LM/30139	Dr. Doshi Shrut Atulkumar	Ahmedabad
LM/30140	Dr. Priyadarshi Nirav Shailesh	Ahmedabad
LM/30141	Dr. Patel Chintan Baldevbhai	Ahmedabad
LM/30142	Dr. Pane Birva	Ahmedabad
LM/30143	Dr. Shah Varshesh Kiranbhai	Ahmedabad
LM/30144	Dr. Shah Dharati Varshesh	Ahmedabad
LM/30145	Dr. Shah Akash Mahendra	Ahmedabad
LM/30146	Dr. Jain Sanidhi Sunilkunar	Ahmedabad
LM/30147	Dr. Patel Umesh Kanubhai	Ahmedabad
LM/30148	Dr. Chauhan Vibhuti Premjibhai	Ahmedabad

* * * * *

DISCLAIMER

Opinions in the various articles are those of the authors and do not reflect the views of Indian Medical Association, Gujarat State Branch. The appearance of advertisement is not a guarantee or endorsement of the product or the claims made for the product by the manufacturer.



Report of The “Nutrition Enhancement Inauguration Program and Nutrition Kit Distribution Ceremony” was held at the Samvedana Trust, Virampur with the support of Aao Gaon Chalen Project Indian Medical Association - Gujarat State Branch and Gandhian Society, New Jersey

The “Nutrition Enhancement Inauguration Program and Nutrition Kit Distribution Ceremony” was held at the Samvedana Trust, Virampur with the support of Indian Medical Association - Gujarat State Branch and Gandhian Society, New Jersey on 20/03/2021 at 11:30 AM in presence of Banaskantha Collector Shri Anand Patel as Chief Guest, Banaskantha District Development Officer Shri Ajay Dahiya as Special Guest, President (IMA-GSB) Dr. Devendra Patel, National Convener, (Aao Gaon Chale IMA Project) Dr. Anil Nayak, Trustee Shri Hasmukhbhai Patel, Former National President of IMA and Founder of Samvedana Trust Dr. Jitubhai Patel, Director Samvedana Trust Shilpaben Vaishnav, ICDS Program Officer Smt. Yashwantiben Chavda, Women and Child Development Officer Smt. Sulochana Patel, Samvedana Managing Trustee Shankarbhai Patel, Jyoti Hospital Visnagar founder Dr. Mihirbhai Joshi, Dr. Jyantibhai Patel, Dr. Dahyabhai Patel, Mamlatdar Amirgadh, Taluka Development Officer Amirgadh, Samvedana Trust Staff, UNICEF Project Staff, ICDS Staff.

The program began with a prayer and a welcome song. This was followed by Dip Pragatya and giving flowers and Momentos to the guests. The institute was introduced by Shri Hasmukhbhai Patel, Trustee of Samvedana Trust. The guests addressed the gathering and distributed nutritious ladu, sanitary pads and soap kits to severely malnourished adolescents, pregnant women and midwives of Amirgarh taluka by Hon'ble Collector Shri Anand Patel and District Development Officer and guests, Dr. Jitubhai Patel, Dr. Anil Nayak, Dr. Devendra Patel, Dr. Bipin Patel, Dr. Kamlesh Saini, Dr. K.C. Gadhavi.

The generous donation contributed by USA based Dr. Hemantbhai Patel for this project was specifically mentioned by Dr. Jitubhai Patel in this event. After Shilpaben Vaishnav's vote of thanks and the program was concluded



Family Planning Centre, I.M.A. Gujarat State Branch

Indian Medical Association, Gujarat State Branch runs 9 Urban Health Centers in the different wards of Ahmedabad City.

These Centres performed various activities during the month of March 2021 in addition to their routine work. These are as under :

01-03-2021 to 31-03-2021 : Intra domestic house to house survey
(COVID-19) by the centers of Ahmedabad

Rander - Surat : Mothers : 1000 Iron Tablet,
Childrens : 40 Vitamin A Solution were distributed

Nanpur - Surat : Mothers : 980 Iron Tablet,
Childrens : 60 Vitamin A Solution were distributed

The total number of patients registered in the OPD & Family planning activities of Various Centers are as Follows :

MARCH 2021

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	469	210	679
(2)	Behrampura (Sardarnagar Ward)	1534	280	1814
(3)	Bapunagar (Potalia Ward)	1374	127	1501
(4)	Dariyapur (Isanpur Ward)	1002	141	1143
(5)	Gomtipur (Saijpur Ward)	5110	400	5510
(6)	Khokhra (Amraiwadi Ward)	1381	—	1381
(7)	New Mental (Kubernagar Ward)	679	17	696
(8)	Raikhad (Stadium Ward)	351	144	495
(9)	Wadaj (Junawadaj Ward)	776	320	1096
(10)	Junagadh	—	—	—
(11)	Rander-Surat	----	----	----
(12)	Nanpura-Surat	----	----	----
(13)	Rajkot	977	233	1210



MARCH 2021

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	19	—	32	19260	635
(2)	Behrampura (Sardarnagar Ward)	14	—	52	8070	1586
(3)	Bapunagar (Potalia Ward)	13	—	22	13317	225
(4)	Dariyapur (Isanpur Ward)	51	—	60	19075	1408
(5)	Gomtipur (Saijpur Ward)	11	01	34	11650	593
(6)	Khokhra (Amraiwadi Ward)	49	—	47	3550	291
(7)	New Mental (Kubernagar Ward)	11	—	51	15630	530
(8)	Raikhad (Stadium Ward)	45	—	78	20340	1278
(9)	Wadaj (Junawadaj Ward)	09	—	19	16000	2656
(10)	Junagadh	23	—	96	—	213
(11)	Rander-Surat	08	—	13	1200	36
(12)	Nanpura-Surat	14	—	57	1920	50
(13)	Rajkot	12	—	70	4800	288



INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad -380009
PHONE : (079) 265 87 370 Email: imagsb@gmail.com

Dear Branch Secretary

Date: 2-2-2021

I hope that this circular finds you in the best of health and spirit. In continuation of my circular A-11/HFC/LM/2021-2022, further tabulated information is given below for the revision of fees effective from 1/4/2021. Herewith I am sending the copy of I.M.A. H/Q fee schedule regarding revised fees.

Local branch share to be collected extra as per individual branch decision/resolution. Kindly note that fees at Old Rates will be accepted up to 31-3-2021 only at State Office. Thereafter the new revised rates will be applicable.

LIFE MEMBERSHIP FEES

CATEGORY	TOTAL FEES	BR.SHAHRE	ADM.FEES INCLUDING GSB. IMA	TO BE SENT TO GSB. IMA
Single	10915 -00	810-00	{20-00}	Rs. 10105-00
Couple	16154-00	1250-00	{30.00}	Rs. 14904-00

Membership Fees by a Cheque / D.D. drawn in favour of “G.S.B. I.M.A”.

I.M.A. COLLEGE OF GENERAL PRACTITIONERS

College of G.P Life Membership Membership Fees along with Life Subscription of Family Medicine DD in favour of “IMACGPHQ” Payable at Chennai and send to us	Rs. 2000-00
--	-------------

The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41st State Council at Nadiad on 12/05/1989.

Yours Sincerely

(Dr. Kamlesh B. Saini)
Hon. State Secretary



List of awards under verification of sub-national claims for progress towards TB free status

Category 1: TB free Districts/ States/UTs (>80% reduction in TB incidence from 2015 baseline)

- State/UT level : UT of Lakshadweep
- District level : Budgam District, UT of Jammu & Kashmir

Category 2: Gold Medal (>60% reduction in TB incidence from 2015 baseline)

- State/UT level : Nil
- District level : Diu District, UT of DNH & DD

Category 3: Silver Medal (>40% reduction in TB incidence from 2015 baseline)

- State/UT level : Nil
- District level :
 - Lahul-Spiti District of Himachal Pradesh
 - Kolhapur District of Maharashtra
 - Parel (Ward) of Mumbai District, Maharashtra
 - West Tripura District of Tripura

Category 4: Bronze Medal (>20% reduction in TB incidence from 2015 baseline)

- State/UT level :
 - State of Kerala
 - UT of Puducherry
- District level :

1) Srikakulam District, Andhra Pradesh	17) Nashik District, Maharashtra
2) East Kameng District, Arunachal Pradesh	18) Ratnagiri District, Maharashtra
3) East Siang District, Arunachal Pradesh	19) Satara District, Maharashtra
4) Dadra Nagar Haveli District, DNH&DND	20) Sindhudurg District, Maharashtra
5) Daman District, DNH&DND	21) Ghatkopar (Ward) of Mumbai District, Maharashtra
6) Botad District, Gujarat	22) Grant Road (Ward) of Mumbai District, Maharashtra
7) Devbhumi Dwarka District, Gujarat	23) Prabhadevi (Ward) of Mumbai District, Maharashtra
8) Mehsana District, Gujarat	24) Fatehgarh Sahib District, Punjab
9) Porbandar District, Gujarat	25) Kapurthala District, Punjab
10) Rajkot District, Gujarat	26) Nawanshahr District, Punjab
11) Hamirpur District, Himachal Pradesh	27) Thiruvannamalai District, Tamilnadu
12) Kangra District, Himachal Pradesh	28) Bhadadri Kothagudam District, Telangana
13) Kinnaur District, Himachal Pradesh	29) Nizamabad District, Telangana
14) Una District, Himachal Pradesh	
15) Udhampur District, Jammu	
16) Betul District, Madhya Pradesh	




भारत का राजपत्र
The Gazette of India

CG-DL-E-26032021-226130

असाधारण
EXTRAORDINARY
 भाग II — खण्ड 1
PART II — Section 1
 प्राधिकार से प्रकाशित
PUBLISHED BY AUTHORITY

सं० 10] नई दिल्ली, बुधवार, मार्च 25, 2021/चैत्र 4, 1943 (शक)
 No. 10] NEW DELHI, THURSDAY, MARCH 25, 2021/CHAITRA 4, 1943 (SAKA)

इस भाग में भिन्न पृष्ठ संख्या दी जाती है जिससे कि यह अलग संकलन के रूप में रखा जा सके।
 Separate paging is given to this Part in order that it may be filed as a separate compilation.

MINISTRY OF LAW AND JUSTICE
(Legislative Department)

New Delhi, the 25th March, 2021/Chaitra 4, 1943 (Saka)

The following Act of Parliament received the assent of the President on the 25th March, 2021, and is hereby published for general information:—

THE MEDICAL TERMINATION OF PREGNANCY (AMENDMENT)
ACT, 2021

No. 8 OF 2021

[25th March, 2021.]

An Act further to amend the Medical Termination of Pregnancy Act, 1971.

BE it enacted by Parliament in the Seventy-second Year of the Republic of India as follows:—

1. (1) This Act may be called the Medical Termination of Pregnancy (Amendment) Act, 2021.

Short title and commencement.

(2) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

34 of 1971.

2. In the Medical Termination of Pregnancy Act, 1971 (hereinafter referred to as the principal Act), in section 2,—

Amendment of section 2.



(i) after clause (a), the following clause shall be inserted, namely:—

'(aa) "Medical Board" means the Medical Board constituted under sub-section (2C) of section 3 of the Act;'

(ii) after clause (d), the following clause shall be inserted, namely:—

'(e) "termination of pregnancy" means a procedure to terminate a pregnancy by using medical or surgical methods.'

Amendment of section 3.

3. In section 3 of the principal Act, for sub-section (2), the following sub-sections shall be substituted, namely:—

"(2) Subject to the provisions of sub-section (4), a pregnancy may be terminated by a registered medical practitioner,—

(a) where the length of the pregnancy does not exceed twenty weeks, if such medical practitioner is, or

(b) where the length of the pregnancy exceeds twenty weeks but does not exceed twenty-four weeks in case of such category of woman as may be prescribed by rules made under this Act, if not less than two registered medical practitioners are,

of the opinion, formed in good faith, that—

(i) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or

(ii) there is a substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality.

Explanation 1.—For the purposes of clause (a), where any pregnancy occurs as a result of failure of any device or method used by any woman or her partner for the purpose of limiting the number of children or preventing pregnancy, the anguish caused by such pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman.

Explanation 2.—For the purposes of clauses (a) and (b), where any pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.

(2A) The norms for the registered medical practitioner whose opinion is required for termination of pregnancy at different gestational age shall be such as may be prescribed by rules made under this Act.

(2B) The provisions of sub-section (2) relating to the length of the pregnancy shall not apply to the termination of pregnancy by the medical practitioner where such termination is necessitated by the diagnosis of any of the substantial foetal abnormalities diagnosed by a Medical Board.

(2C) Every State Government or Union territory, as the case may be, shall, by notification in the Official Gazette, constitute a Board to be called a Medical Board for the purposes of this Act to exercise such powers and functions as may be prescribed by rules made under this Act.

(2D) The Medical Board shall consist of the following, namely:—

(a) a Gynaecologist;

(b) a Paediatrician;

(c) a Radiologist or Sonologist; and



(d) such other number of members as may be notified in the Official Gazette by the State Government or Union territory, as the case may be."

4. After section 5 of the principal Act, the following section shall be inserted, namely:—

Insertion of new section 5A.

"5A. (1) No registered medical practitioner shall reveal the name and other particulars of a woman whose pregnancy has been terminated under this Act except to a person authorised by any law for the time being in force.

Protection of privacy of a woman.

(2) Whoever contravenes the provisions of sub-section (1) shall be punishable with imprisonment which may extend to one year, or with fine, or with both."

5. In section 6 of the principal Act, in sub-section (2), after clause (a), the following clauses shall be inserted, namely:—

Amendment of section 6.

"(aa) the category of woman under clause (b) of sub-section (2) of section 3;

(ab) the norms for the registered medical practitioner whose opinion is required for termination of pregnancy at different gestational age under sub-section (2A) of section 3;

(ac) the powers and functions of the Medical Board under sub-section (2C) of section 3."

DR. G. NARAYANARAJU,
Secretary to the Govt. of India.



NEWS CLIP

કેન્દ્રના ૪૫ વ્હસ કર્મચારીઓને રસી લેવા સરકારનો આદેશ દેશમાં ૧૮ વર્ષથી વધુ વયના તમામને કોરોના રસી આપવા IMAની માગ

દેશમાં મર્યાદિત સમય માટે લોકડાઉન લાદવા પીએમ મોદીને પત્ર

ભારતમાં એવાં પીએમની ધારણા કરતા ઓછાં વયના સંગઠન ઈન્ડિયન મેડિકલ એસોસિએશનને વડા પ્રધાન નરેન્દ્ર મોદીને પત્ર લખી દેશના તમામ પુખ્ત નાગરિકને કોરોનાની રસી આપવાની માગ કરી છે. આઈએમએએ પત્રમાં લખ્યું છે કે દેશમાં પુખ્ત નાગરિકને કોરોના રસી લેવા પર કોઈ પ્રકારનાં નિયંત્રણ લેવા જોઈએ નહીં અને લોક ઈન બેઝિસ પર કોરોનાની રસી ઉપલબ્ધ કરાવવી જોઈએ. જાહેર સ્થળોના ઉપયોગ અને જાહેર વિતરણ વ્યવસ્થા અંતર્ગત રેશન મેળવવા માટે કોરોનાની રસી લીધાના પ્રમાણપત્ર ફરિયાદ કરવા જોઈએ. સિનેમા ગૃહ, સાંસ્કૃતિક અને ધાર્મિક સમારોહ, રમતગમત સહિતની ઘનશાવલચક પ્રવૃત્તિઓ બંધ કરી દેવી જોઈએ. પ્રાથમિક સ્તરના કોરોના રસીકરણના અભિયાનમાં પોડવા જોઈએ. અધિકાર અને પ્રાથમિક સ્તરના ભાગીદારોમાં વિસ્તાર સ્તરે વેક્સિન ટાસ્ક ફોર્સની રચના કરવી જોઈએ.

ઈન્ડિયન મેડિકલ એસોસિએશનનાં સૂચનો

1. દેશના દરેક પુખ્ત નાગરિકને લોક ઈન બેઝિસ પર કોરોનાની રસી ઉપલબ્ધ કરાવવી જોઈએ.
2. જાહેર સ્થળોના ઉપયોગ અને જાહેર વિતરણ વ્યવસ્થા અંતર્ગત રેશન મેળવવા માટે કોરોનાની રસી લીધાના પ્રમાણપત્ર ફરિયાદ કરવા જોઈએ.
3. સિનેમા ગૃહ, સાંસ્કૃતિક અને ધાર્મિક સમારોહ, રમતગમત સહિતની ઘનશાવલચક પ્રવૃત્તિઓ બંધ કરી દેવી જોઈએ.
4. પ્રાથમિક સ્તરના કોરોના રસીકરણના અભિયાનમાં પોડવા જોઈએ.
5. અધિકાર અને પ્રાથમિક સ્તરના ભાગીદારોમાં વિસ્તાર સ્તરે વેક્સિન ટાસ્ક ફોર્સની રચના કરવી જોઈએ.

પણ રાખવામાં આવી છે. તે ઉપરાંત સુરક્ષાને ધ્યાનમાં રાખીને ક્યા રસ્તે કાકલો આવશે તે અને પણ કોઈ ખુલાસો કરવામાં આવ્યો નથી.

દેશમાં ૧૮ વર્ષથી

પત્રમાં આઈએમએએ જણાવ્યું હતું કે, ઈન્ડિયન મેડિકલ એસોસિએશન અને તેની સાથે સંકળાયેલા ૩.૫ લાખથી વધુ ડોક્ટર કોરોના રસીકરણમાં સરકારની સાથે છે અને જનતામાંથી કોરોના રસી અંગેનો ભય દૂર કરવા સક્રિય ભૂમિકા ભજવી રહ્યા છે. જેકે માસ્ક વગર મોટી સંખ્યામાં એકઠાં થતાં લોકો, કોરોના પ્રોટોકોલના ઉલ્લંઘન અને વાઈરસમાં થઈ રહેલા મ્યુટેશનને આપણા પ્રયાસોને નિષ્ફળ બનાવ્યાં છે. કોરોનાનો સેકન્ડ વેવ ઝડપથી પ્રસરી રહ્યો છે.

બીજાતરફ કેન્દ્ર સરકારે તેના ૪૫ વર્ષથી વધુ વયના કર્મચારીઓને કોરોનાની રસી લેવાનો આદેશ આપ્યો છે. સરકાર દ્વારા જારી કરાયેલા નિવેદનમાં જણાવવામાં આવ્યું છે કે કેન્દ્ર સરકારના ૪૫થી વધુ વયના તમામ કર્મચારીનો કોરોનાની રસી લઈ લેવાની સલાહ આપવામાં આવે છે જેથી કોરોના વાઈરસના પ્રસારને અટકાવી શકાય.

દેશમાં એક ૧૧ દિવસમાં રેકોર્ડ ૪૩ લાખથી વધુ કોરોના રસીના ડોઝ સપ્લાય : કેન્દ્રીય આરોગ્ય મંત્રાલયના આંકડા અનુસાર છેલ્લા ૨૪ કલાકમાં રેકોર્ડ ૪૩,૦૦,૯૯૯ કોરોના રસીના ડોઝ અપાયા હતા. આ સાથે દેશમાં કોરોના રસીના ૮,૩૧,૧૦,૯૨૯ ડોઝ આપી દેવાયા છે. ૨૪ કલાકમાં ૩૯,૦૦,૫૦૫ નાગરિકોએ કોરોના રસીનો પ્રથમ ડોઝ લીધો હતો. જ્યારે ૪,૦૦,૪૯૧ નાગરિકને કોરોના રસીનો બીજો ડોઝ અપાયો હતો.

કોરોનાની રસી

પરંતુ તેના પ્રસાર માટેનું માધ્યમ કયું છે તેની ઓળખ હજુ સુધી થઈ શકી નથી. તેમજ જણાવ્યું હતું કે, કોરોના સંક્રમિત લોકોના સંપર્કમાં આવેલા સંખ્યાબંધ ચિકિત્સક, શિક્ષક, વિશ્વાસી, સિદ્ધ, વાહ કોરોનાથી સંક્રમિત થઈ ચૂક્યાં છે. કોરોના વાઈરસની અન્ય પ્રાણીઓમાં થતી અસરનો હાલ અભ્યાસ ચાલી રહ્યો છે. તેથી કોરોના સંક્રમિત લોકોને તેમના પાલતુ પ્રાણીઓથી દૂર રહેવાની સલાહ આપવામાં આવે છે.

ડીસા મેડિકલ રિલીફ ટ્રસ્ટ અને આઈએમએ દ્વારા સંયુક્ત મેડિકલ ચેકઅપ કેમ્પનું આયોજન કરાયું



ડીસા : ડીસામાં ડીએમઆરટી અને આઈએમએ ની ટીમ દ્વારા અને ગુજરાત સરકાર ના તાલુકા આરોગ્ય કચેરી ડીસાની સહાયથી કોરોના રેપિડ એન્ટિજેન પરીક્ષણ તેમજ મેડિકલ ચેકઅપ કેમ્પનું આયોજન ડો.હરદુસુખ શાહ આઈએમએ ભવન આપોલ ખાતે રાખવા આવ્યું હતું આ કેમ્પમાં આપોલ સરપંચ ભરતભાઈ ઘુંજ અને ડીએમઆરટી તેમજ આઈએમએ ના સાથે ઉપસ્થિત રહી આરોગ્ય કચેરીની ટીમ સાથે ગ્રામજનો ને કોવિડ 19 માટે રસીકરણ કરવામાં આવ્યું હતું તેમજ ડોક્ટરોની ટીમ દ્વારા કેમ્પમાં આવેલ લાભાર્થીઓના બ્લડ સુગર, એસપીઓ ટુ, બીપી, તેમજ તાવ નું ચેકઅપ પણ કરવામાં આવ્યું હતું આ મેડિકલ ચેકઅપ કેમ્પમાં ડો.હિરેન પટેલ, ડો.હેતલબેન ગોહિલ, ડો મોનાબેન ગાંધી અને ડો દેવલ શાહ ઉપસ્થિત રહ્યા હતા.



TELEPHONE NUMBERS

A.M.A.....	2658 8775
A.M.A. (Fax).....	2658 7498
G.S.B.	2658 7370
S.S.S.	2658 0690
P.P.S.....	2658 8929
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* * * * *

Attention Advertisers

- * You are requested to send your matter for advertisement in I.M.A.G.S.B. New Bulletin before **15th of Every month.**
- * Your advertisement matter has to be **ready to print format or at least matter** has to be in printed form.
- * In case of hand written matter, publisher will not be responsible for any kind of printing error.



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Aao Gaon Chalen Community Service Project, IMA Gujarat State Branch



CME Morbi Branch



* * * * *

CONGRATULATION !!

Following member of GSB IMA has been nominated for the following post of Various Committee / Wing of IMA HQs.

IMA Standing Committee for Coordination Between State Medical Councils, Convener



Dr. Anil Nayak
(Mehsana)



Blood Donation Camp Gandhidham Branch



* * * * *

Beti Bachao, Beti Padhao Kalol (NG) Branch



Cricket Tournament



Morbi Branch



Navsari Branch

* * * * *

Annual Sports Day Vapi Branch





Health Checkup Camp Ahmedabad Branch



* * * * *

Health Checkup Camp Morbi Branch



(47)



CME Deesa Branch



* * * * *

CME Morbi Branch



(48)



Extra No. 13



REGISTERED No. L2/RNP/G/GNR/84
 વાર્ષિક લેવાજમનો દર રૂ. ૩૦૦૦/-



The Gujarat Government Gazette

EXTRAORDINARY
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Separate paging is given to this Part in order that it may be filed as a Separate Compilation.

PART IV

Acts of Gujarat Legislature and Ordinances promulgated and Regulations made by the Governor.

The following Act of the Gujarat Legislature, having been assented to by the Governor on the 10th April, 2012 is hereby published for general information.

C. J. GOTHI,
 Secretary to the Government of Gujarat,
 Legislative and Parliamentary Affairs Department

GUJARAT ACT NO. 13 OF 2012

(First published, after having received the assent of the Governor, in the "*Gujarat Government Gazette*", on the 11th April, 2012).

AN ACT

to prohibit violence against medicare service persons and damage or loss of property in medicare service institutions and for the matters connected therewith and incidental thereto.

WHEREAS the acts of violence of causing injury of danger to life of medicare service persons and damage or loss of property of medicare services institutions have been on increase in the State causing unrest in medicare service persons find professional resulting in hindrance of such service in the State.



[PART-IV] GUJARAT GOVERNMENT GAZETTE, EX., 11-04-2012

AND WHEREAS it has become necessary to prohibit such violence against medicare service persons and prevention of damage or loss of property of medicare service institutions from such violent activities in the public interest.

It is hereby enacted in the Sixty-third Year of the Republic of India. as follows :-

Short title, extent and Commence ment.

1. (1) This Act may be called the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012.
- (2) It extends to the whole of State of Gujarat.
- (3) It shall come into force on such date as the State Government may, by notification in the *Official Gazette*, appoint.

Definitions.

2. In this Act, unless the context otherwise requires,-
 - (a) "damage" means impairment of the usefulness or value of the property or causing harm to such property;
 - (b) "hospital and medical records" means all such documents or record accumulated or maintained by hospital authority or any medical authority ranging from records of historic interest to any acknowledgments;
 - (c) "medicare service institution" means all institutions providing medicare service to people under any recognize system of medicine which are under the control of the State Government, Central Government or local bodies etc. including any private hospital having facilities for treatment of sick and used for their reception or stay; any private



maternity home where women are usually received and accommodated for the purpose of confinement and ante-natal and post-natal care in connection with the child birth or anything connected there with; and any private nursing home used or intended to be used for the reception and accommodation of persons suffering from any sickness, injury or infirmity whether of body of mind, and providing of treatment or pursuing or both of them and includes a maternity home or convalescent home or mobile medicare unit;

(d) “medicare service persons” in relation to a medicare service Institution shall include :

(i) Registered Medical Practitioners (including a person having provisional registration) working in a medicare service institution;

(ii) Nurses registered under the Gujarat Nurses, Midwives and Health Visitors Act. 1968.

(iii) Auxiliary Nurse and Mid-wife;

(iv) Trained Dai,

(v) Medical student;

(vi) Nursing student;

(vii) para medical staff and other staff or employee directly or indirectly employed by a medicare service institution for providing required services;

(e) “medical student” means a student who is undergoing training or studies in medical profession;



(f) “mobile medical unit” means and ambulance or any vehicle equipped with medical equipment, used for providing medicare service;

(g) “nursing student” means a student who is undergoing training or studies in nursing profession;

(h) “Offender” means any person who either by himself or as a member or as a leader of a group of persons or organisation commits or attempts to commits or abets or incites the commission of violence under this Act.

(i) “para medical staff” means a person who assists the medicare service person in providing medicare service;

21 of 2000 (j) “property” means any property, movable or immovable including tangible or intangible (subject to the provisions of Information Technology Act. 2000), or hospital and medical records or medical equipment or medical machinery or any such property as owned by or in possession of, or under the control of any medicare personnel or medicare service institution;

(k) “violence” means an act or activity causing harm or which may cause any harm. injury or endangering the life or intimidation, obstruction or hindrance to any medicare service person in discharge of duty in a medicare service institution or patient or causing damage or loss to the property in a medicare service institution.



[PART-IV] GUJARAT GOVERNMENT GAZETTE, EX., 11-04-2012

3. No person shall indulge in any act of violence against medicare service person or damage or loss to property in medicare service institution. **Prohibition of violence**
4. Any offender who commits any act or attempts to commit or abets or incites the commission of any act of violence in contravention of section 3, shall be punished with imprisonment for a term which may extend to three years or with fine which may extend to fifty thousand rupees or with both. **Penalty**
5. Any offence committed under this Act shall be cognizable and non-bailable. **Cognizance of offence.**
6. (1) In addition to the punishment specified in section 4, the offender shall also be liable to pay compensation, within such time limit as the Court may prescribe, on terms of penalty of twice the market price of such medical equipment damaged and loss caused to the property, as may be determined by the Court. **Liability to pay compensation for damage or loss caused to property.**
- (2) If the offender does not pay the compensations under sub-section(1) the said sum shall be recovered under the provisions of the Gujarat Land Revenue Code, 1879 as an arrear of land revenue.
7. (1) The State Government may, by notification in the *Official Gazette*, make rules for carrying out the purposes of this Act. **Power to make rules.**
- (2) All rules made under this section shall be laid, for not less than thirty days, before the State Legislature as soon as may be after they are made and shall be subject to rescission by the State Legislature or to such modification as the State Legislature may make during the session **Bom. V of 1879**



[PART-IV] GUJARAT GOVERNMENT GAZETTE, EX., 11-04-2012

- in which they are so laid or the session in which they are so laid or the session immediately following.
- (3) Any rescission or modification so made by the State Legislature shall be published in the *Official Gazette*, and shall thereupon take effect.
8. (1) The Government or any person authorised by the Government by general of special order in this behalf, may either before or after the institution of the proceedings, compound an offence punishable by or under this Act. **Compounding of offence.**
- (2) Where an offence has been compounded, the offender, if in custody shall be discharged and no further proceedings shall be taken against him in respect of the offence compounded.
9. No suit, prosecution or other legal proceeding shall lie against the Government or any person or official authorised by the Government or the Head of a medicare service institution or his authorised representative for anything which is in good faith done or intended to be done under this Act. **Protection of action taken in good faith.**
10. The provisions of this Act shall be in addition to and now in derogation of the provisions of any other law for the time being in force. **Act not in derogation of any other law.**



Extra No. 137



REGISTERED NO. L2/RNP/G/GNR/84
 વાર્ષિક લવાજમનો દર રૂ. ૩૦૦૦/-

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EXTRAORDINARY
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Separate paging is given to this part in order that it may be filed as a Separate Compilation.

PART IV-A

Rules and Orders (Other than those published in Part I, I-A and I-I) made by the Government of Gujarat under the Central Acts.

HEALTH AND FAMILY WELFARE DEPARTMENT

Notificaton

Sachivalaya, Gandhinagar. 20th September, 2012

GUJARAT MEDICARE SERVICE PERSON AND MEDICARE SERVICE INSTITUTIONS (PREVENTION OF VIOLENCE AND DAMAGE OR LOSS OF PROPERTY) ACT, 2012.

GP No.16, HSP-132012-1908-A - In exercise of the powers conferred by sub-section (3) of section I of the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act. 2012, the Government of Gujarat hereby appoints the 21st September, 2012 as the date on which the said Act shall come in to the force.

By order and in the name of the Governor of Gujarat,

KAMLESH SHAH,
 Under Secretary to Government.



Extra No. 500



REGISTERED No. L 2/RNP/G/GNR-84
 વાર્ષિક લવાજમનો દર રૂ. ૩૦૦૦/-

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PART IV - B

Rules and Orders (Other than those published in Parts I, I-A, and I-L) made by the Government of Gujarat under the Gujarat Acts

HEALTH AND FAMILY WELFARE DEPARTMENT

Notification

Sachivalaya, Gandhinagar, 29th December, 2012

Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012.

GP No.18, HSP-132012-1908-A :- In exercise of the powers conferred by section 8 of the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012 (Guj 13 of 2012), the Government of Gujarat hereby authorizes the Chief District Medical Officer or in case where Chief District Medical Officer (CDMO) post is not in existence, Superintendent of Hospital as a compounding Officer for the jurisdiction of the concerned district.

By order and in the name of the Governor of Gujarat,

MAHESH SONI,
 Deputy Secretary to Government.



HEALTH AND FAMILY WELFARE DEPARTMENT

Notification

Sachivalaya, Gandhinagar, 29th December, 2012

Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012.

GP No.19, HSP - 132012-1908 - A :- In exercise of the powers conferred by section 7 of the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012 (Guj 13 of 2012), the Government of Gujarat hereby makes the following rules, namely :-

1. These rules may be called the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Rules, 2012.
2. In these rules, unless the context otherwise requires, -
 - (a) "Act" means the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012, (Guj 13 of 2012);
 - (b) "Complaint" means any allegation made orally or in writing by any person to the Competent Authority;
 - (c) "Competent Authority" means Head of the Medicare Service Institution;
 - (d) "Form" means a Form appended to these rules;
 - (e) "section" means a section of the Act;
 - (f) Words and expression used and not defined in these rules but defined in the Act shall have, the meanings respectively assigned to them in the Act.
3. Any person, who has reason to believe that an act of violence to Medicare Service Persons working in Medicare Service Institution and damage or loss of property has been, or is being, or is likely to be committed in Medicare Service Institution may give complaint about it to the Competent Authority having jurisdiction in the area.
4. On receipt of a complaint of an act of violence to Medicare Service persons working in the Medicare Service Institution and damage or loss of Property to Medicare Service Institution, the Competent Authority shall prepare a report in "Form 1" and submit the same to the District Magistrate and forward a copy



thereof to the police officer in charge of the police station having the jurisdiction under which the offence is committed.

5. In a case where the competent Authority receives reliable information through email, or a telephone call or from an aggrieved person or from a person who has reason to believe that an act of violence to Medicare Service persons working in the Medicare Service Institution and damage or loss of property to Medicare Service Institution has been or, is being, or is likely to be committed and in such emergency situation, the Competent Authority, shall seek immediate assistance of the police authority of the concerned police station who shall accompany the competent authority, to the place of incident and record the details of incident and present the same to the District Magistrate without any delay for seeking appropriate order under the Act.
6. The Chief District Medical Officer (CDMO) shall act as a Compounding officer for the jurisdiction of the concerned district wherewith the offence, is committed. If the post of CDMO is not in existence in that case Superintendent of Hospital shall be Compounding Officer for this purpose.
7. The Commissioner of Health, Medical Services and Medical Education, Gujarat State shall monitor the cases under the Act and send quarterly report to the Health and Family Welfare Department of the State Government.

Note : (1) Whenever information provided in this Form disclose an offence under the Indian Penal code or any other Law, the police officer shall inform the aggrieved person that he can initiate criminal proceedings by lodging a First Information Report under the Code of Criminal Procedure, 1973 (2 of 1973).

(2) In case of physical injury or pain reported by the aggrieved person, immediate medical assistance including medical examination shall be provided to the person.

Place :-

(Signature of Competent authority)

Date :-

Name :

Address :-

(Seal)

By order and in the name of the Governor of Gujarat,

MAHESH SONI,
Deputy Secretary to Government.

**“FORM - I “**

(See rule 4)

Report on Incident of an act of violence and damage or loss of property.

1.	Details of the complainant or aggrieved person
	• Name of the complainant or aggrieved person :-
	• Age :-
	• Present Address :-
	• Permanent address :-
	• Phone number
2.	Details of person for whom complaint is made, (In case where an aggrieved person is not in a position to make complaint) ;
	• Name :-
	• Age :-
	• Relationship, if any, with the aggrieved person :-
	• Address :-
	• Phone Number :-
3.	Details of Incident
	• Date on which incident occurred :-
	• Place of incident :-
	• Name of persons involved in violence and damage or loss to property :-
	• Nature of violence :-
	• Details of damage or loss to property :-
	• Approximate cost of damage or loss incurred to property :-
4.	List of Document attached
5.	(a) Police Assistance, if any, needed by the complainant or aggrieved persons :- (b) Assistance for initiating criminal proceedings and legal aid needed
6.	Instruction for the police assisting in registration of a violence and damage or loss report
	(Signature of Complainant / aggrieved person)