



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,

Wish you all a very very happy, healthy & festive season. Atmosphere is pleasant almost everywhere and other way atmosphere is full of world olympics. We all have huge expectations from our participants. The same way people of our country have huge expectations from we doctors on health aspect. We all should try our best to fulfill those expectations.

Our IMA HQ is also working hard to fulfill we doctors' demands from Government. They represent so many issues ongoingly with their bureaucrats. We publish those matters in our monthly bulletin for members information & knowledge.

Our parent body committed support to Government in many community programs and our leaders do expect whole hearted contribution from IMA members.

We appeal our concerned members to participate fully in (PMSMA) Pradhan Mantri Surakshit Matritva Abhiyan. Details of this Abhiyan is given in this bulletin. Kindly go through & support.



IMA HQ has launched so many other initiatives which are really need of the hour in current situation. One such is Hospital Board of India which is really a very good option to defend our fraternity from the reach of CEA. We do give information of different initiatives in our bulletin.

Recently we have witnessed huge political change in our state. But a very good news for all of us is that our own respected leader Dr KETAN DESAI is going to take over the post of World Medical Association in October month. Which is really a matter of great proud for all of us.

At last, Rajkot IMA is hosting GIMACON 2016 this year in the month of October. They strive hard to make it grand & successful from all aspects. Don't miss to witness this mega event.

Jay Hind, Jay IMA.

Dr. Atul D. Pandya
(President, G.S.B., I.M.A.)

Dr. Jitendra N. Patel
(Hon. State Secy., G.S.B., I.M.A.)


STATE PRESIDENT-HONY. SECY. & OFFICE BEARERS TOURS/VISIT

- 24-07-2016 Dr. Atul D. Pandya, President IMA GSB visited the Jamnagar Branch.
- 27-07-2016 Dr. Atul D. Pandya, President IMA GSB visited the Botad Branch.
- 10-08-2016 Dr. Atul D. Pandya, President IMA GSB, Dr. Jitendra N. Patel, Hon. State Secretary IMA GSB, Dr. Shailendra N. Vora, Hon. Joint Secretary, IMA GSB, Dr. Nitin Vora, Dr. Anil J. Nayak, Dr. Kirti M. Patel, Chairman IMA NSSS, Dr. Yogendra S. Modi, Hon. Secretary SSS IMA GSB, Dr. Jignesh C. Shah, Vice President IMA GSB, Dr. Brijan Choksi, President AMA, Dr. Ashok D. Kanodia, Hon. Secretary AMA and Dr. Mehul J. Shah.

They visited Chief Minister, Deputy Chief Minister, Health Minister and other Ministers to greet them for excellent performance for their upcoming tenure of Govt. of Gujarat.

* * * * *

CONGRATULATIONS
❖ Dr. Kedar Mehta; Vadodara

Got selected to co-chair the session and present a research paper in the 12th International Congress on HIV/AIDS Asia-Pacific (ICAAP-12) from 12th to 14th March, 2016 at Dhaka, Bangladesh. He presented his research paper titled "Sexual behaviour among People Living with HIV / AIDS attending ART Centre, Tertiary care hospital (SSG Hospital), Western India" in front of 2500 international delegates.


NEW LIFE MEMBERS
I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/25443	Dr. Patel Jignesh Jayantibhai	Mehsana
LM/25444	Dr. Patel Ankit Bhogibhai	Himatnagar
LM/25445	Dr. Raghavani Pratik H.	Himatnagar
LM/25446	Dr. Gurjar Abhishek Shankarlal	Himatnagar
LM/25447	Dr. Garg Maheshchandra Motiram	Surat
LM/25448	Dr. Gupta Tarang Maheshchandra	Surat
LM/25449	Dr. Vaswani Naresh Dilipkumar	Rajkot
LM/25450	Dr. Thummar Ankur Chandrakant	Rajkot
LM/25451	Dr. Hirani Darshana Gopalbhai	Rajkot
LM/25452	Dr. Raval Bhavin Lalitkumar	Rajkot
LM/25453	Dr. Mehta Amita Chimanlal	Rajkot
LM/25454	Dr. Rakholia Sudhir Chunilal	Junagadh
LM/25455	Dr. Savaliya Riddhi Mansukhlal	Junagadh
LM/25456	Dr. Kumawat Kesharmal Paliram	Ankleshwar
LM/25457	Dr. Patel Bhumika Rameshbhai	Ankleshwar
LM/25458	Dr. Ladumor Mahesh Anandjibhai	Bhavnagar
LM/25459	Dr. Nakum Bhavesh Damjibhai	Bhavnagar
LM/25460	Dr. Kalsariya Rakesh Madhubhai	Bhavnagar
LM/25461	Dr. Bariya Harsh Jayantilal	Bhavnagar
LM/25462	Dr. Munshi Hirva Bhadrayubhai	Bhavnagar
LM/25463	Dr. Kukadiya Rakesh Trikambhai	Bhavnagar
LM/25464	Dr. Notani Mira Lachhman	Vadodara
LM/25465	Dr. Shah Jaimin Bhupendra	Vadodara
LM/25466	Dr. Selot Rashmi Manojbhai	Vadodara
LM/25467	Dr. Parekh Achal Bharatkumar	Vadodara
LM/25468	Dr. Shah Rachit Jagdishchandra	Vadodara



LM/25469	Dr. Patel Krupesh Shankarbhai	Vadodara
LM/25470	Dr. Patel Upasana Rameshbhai	Vadodara
LM/25471	Dr. Patel Harsh Ishvarbhai	Vadodara
LM/25472	Dr. Kumbhare Sonal Arunbhai	Vadodara
LM/25473	Dr. Bhalani Hiren Jivrajbhai	Surat
LM/25474	Dr. Verma Sanjay Govindsahay	Una(S)
LM/25475	Dr. Goswami Sajangiri Anilgiri	Amreli
LM/25476	Dr. Thacker Jignesh Jaysinh	Gandhidham
LM/25477	Dr. Thacker Manan Rajendrabhai	Gandhidham
LM/25478	Dr. Gandhi Maulik Satishbhai	Modasa
LM/25479	Dr. Makwana Kaushik Karshanbhai	Keshod
LM/25480	Dr. Tank Ankita Kanabhai	Keshod
LM/25481	Dr. Bhimappa Basappa	Keshod
LM/25482	Dr. Panchal Dipen Kanubhai	Keshod
LM/25483	Dr. Gupta Sagar Rajendrakumar	Patan
LM/25484	Dr. Tiwari Dhiraj Jagdishprasad	Surendranagar
LM/25485	Dr. Agrawal Shailesh Manubhai	Surat
LM/25486	Dr. Hathiwala Hetal Dhansukhbhai	Surat
LM/25487	Dr. Vadher Lalit Govindbhai	Upleta
LM/25488	Dr. Acharya Mayank Pramodchandra	Jamnagar
LM/25489	Dr. Sipai Anwarhussain H.	Jamnagar
LM/25490	Dr. Khan Shaila K.	Jamnagar
LM/25491	Dr. Odedara Mahendra Ukabhai	Upleta
LM/25492	Dr. Baraiya Ashok Boghabhai	Bhavnagar
LM/25493	Dr. Joshi Harsh Vijaykumar	Surat
LM/25494	Dr. Joshi Arpita Harsh	Surat
LM/25495	Dr. Shah Rinki Alokabhai	Surat
LM/25496	Dr. Goti Mahesh Jadavbhai	Surat
LM/25497	Dr. Chauhan Mehul Vijaykumar	Ahmedabad
LM/25498	Dr. Shah Jinkal Chetankumar	Ahmedabad



LM/25499	Dr. Sathwara Shilpan Rajesh	Ahmedabad
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LM/25501	Dr. Shah Saurin Rasendubhai	Ahmedabad
LM/25502	Dr. Shah Rushikesh Madhusudan	Ahmedabad
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LM/25507	Dr. Doshi Dhaval Nikhilesh	Ahmedabad
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LM/25510	Dr. Modi Tirath Maheshbhai	Ahmedabad
LM/25511	Dr. Vyas Pankaj Bharatbhai	Ahmedabad
LM/25512	Dr. Vyas Tanvi Pankajbhai	Ahmedabad
LM/25513	Dr. Mulwani Nimmi Rameshkumar	Ahmedabad
LM/25514	Dr. Mewada Tushit Bharatbhai	Ahmedabad
LM/25515	Dr. Patel Bhaumik Kirtikumar	Ahmedabad
LM/25516	Dr. Patel Drishti Bhaumik	Ahmedabad
LM/25517	Dr. Movaliya Gopal Kurjibhai	Jetpur
LM/25518	Dr. Bhesaniya Ravi Ratilal	Junagadh
LM/25519	Dr. Gaikwad Sunil Sakharam	Surat
LM/25520	Dr. Gajera Vibha Vipulbhai	Surat

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OBITUARY



We send our sympathy & condolence to the bereaved family

Dr. Vaniawala Pradeep C.	31-05-2016	Surat
Dr. Bhatt Girishchandra B.	27-06-2016	Navsari

We pray almighty God that their souls may rest in eternal peace.



BRANCH ACTIVITY

AHMEDABAD

- 16-07-2016 AMA Senior Citizen Club programme. Dr. Manish G. Shah was a speaker.
- 19-07-2016 Ladies Club programme.
- 24-07-2016 Annual Day programme. Shri Bhupendrasinh Chudasama – Minister of Education, Food and Civil Supplies, L & P Affairs was the Chief Guest.
- Mr. Tapan Mishra – Director, Space Application Centre was Guest of Honour.
- 31-07-2016 Scientific programme at Platinum Hotel.
- 11-08-2016 Ladies Club programme.

BHAVNAGAR

- 21-06-2016 International Yoga Day Celebration.
- 25-06-2016 IMA CGP Pediacon : Fever in Children by Dr Anand Ghoghawala, Role of ORS and Zinc by Dr Prakash Adeshara, Common Pediatric Dermatological Condition by Dr Shital Lania, Common Medical Errors in Paediatrics by Dr Mehul Gosai, Pannal discussion on rational use of Antibiotic in children by Dr S G Raol, Dr J R Gohil, Dr Naresh Gohel, Dr Riddish Lania.
- 01-07-2016 Doctor's day Celebration.
1. Walkathon and Cyclothon: Participated by 25 Institution and 800 participants.
 2. Blood donation camps at various 8 places during 23rd to 3rd July total unit collected were 500.
- 16-07-2016 "Patho Physiology and technique of Bariatric Surgery" by Dr Apurva Vyas.
- "Interesting Cases of Neurosurgery" by Dr Ravi Khetan.



- 20-07-2016 "Swachhata mission, IDCF and World population day theme" by Dr Bimal Buch and Dr Dhiren Amin.
- 20-07-2016 "Needle Prick Injury" by Dr Venkat Iyer.
- 28-07-2016 "World Hepatitis Day Celebration
1. HBsAg Screening of 400 Health Professionals.
 2. CME on Needle Prick Injury by Dr Venkat Iyer.
 3. Vaccination of Non reactive 400 Health Professionals with Hepatitis B Vaccine.
- 31-07-2016 Symposium on Infection Control in Healthcare Facility, Update in Biomedical Waste law and Environment Clinic attended by more than 900 healthcare professionals : Why hospital infection control by Dr Kairavi Desai, Hospital infection and MMR and IMR by Dr Guntant Kadikar, Newer Regulations of BMW Management by Dr M M Jadeja, Infection control & Prevention of it by Dr Parag Rindani, Environment Clinic by Dr. R. R. Vyas .
- Hands on Workshop on Infection Prevention by Dr Jigish Mehta.
- 03-08-2016 World Breast feeding Week celebration
- 06-08-2016 Save the girl Child and Prevention of Child Sexual Abuse.
- 13-08-2016 Organ donation day.

DEESA

- 12-05-2016 "Acute Pancreatitis" by Dr. Anand Patel.
- 27-05-2016 "Myths & facts about angiography & angioplasty, why knee replacement fails" by Dr. Gaurav Gandhi and Dr. Maharshi Bhatt.
- 15-06-2016 "Myths & facts regarding cancer" by Dr. Chirag Shah.
- 01-07-2016 "Recent advanced in GI Oncology" by Dr. K.S. Patel.
- 07-07-2016 "Role of ICU in medical practice" by Dr. Tejas Patel.



27-07-2016 "Painful shoulder & role of shoulder arthroscopy" by Dr. Prathmesh Jain.

"Recent advance in paediatric orthopaedics" by Dr. Kamlesh Devmurari.

GANDHIDHAM

From January onward arranged about 41 blood donation camps and 8 thalassemia detection camps.

08-04-2016 to Blood Donation Camp. Total 1553 bottles of blood were

01-07-2016 collected.

08-04-2016 Thalassaemia Camp. Total 103 sample were collected.

26-06-2016 Thalassaemia Camp. Total 170 sample were collected.

JAMNAGAR

05-05-2016 "WHO HIV new ART Guidelines" by Dr. B.B. Rewari.

09-05-2016 IMA Jamnagar contribution to SAINIK KALYAN NIDHI. The cheque of Rs. 21,000-00 was given to Collector Shri of Jamnagar.

29-05-2016 Health Cup Cricket Tournament at Dhanvantri Ground. In all 8 teams from various associations participated and Jamnagar had its representation by 2 teams. The match was won by team 1 of IMA Jamnagar.

05-06-2016 "Women's Safety seminar" IMA Jamnagar organized a free seminar on female safety measures. A talk was given to details various safety measures which can be taken by females in their self protection. The beneficiaries were lady police of Jamnagar. There was a free distribution of Safety Kit to all the Lady Police. The kit contained a Chilli Spray, a whistle and a booklet on safety measures.



16-06-2016 "Cardiology and Nephrology"

"Pregnancy and hypertension" by Dr. Shrenik Doshi.

"Urinary Tract Infection" by Dr. Hasit Patel.

"Panel discussion on Pregnancy and hypertension" and "UTI and its management profile in pregnancy" by Dr. Gayatri Thaker, Dr. Neeta Sata, Dr. Heenaben Patel and Dr. Neha Acharya.

21-06-2016 IMA Jamnagar organized a Yoga camp for all doctors to celebrate the international yoga day. Dr. Subhash Patel explained the benefits of yoga in living a healthy lifestyle.

01-07-2016 "Doctors Day" IMA Jamnagar organized a general get together to celebrate doctors day and discussed the problems faced by the doctors and the possible solution.

24-07-2016 CME on "Pediatric Skin Care and Other Diseases of Children" was held.

25-07-2016 Seminar on Female problems - Hormonal disturbances and female safety measures.

30-07-2016 An academic session for the IMA members on Heart, fitness and oral cancer.

KALOL

15-07-2016 "Approach to community acquired Pneumonia" by Dr. Amrish Patel.

"Sleep disorder - A silent killer" by Dr. Gopal Raval.

25-07-2016 "APD Clinical Challenges" by Dr. Sudhanshu Patwari.

"Ophthalmic Manifestations of various disease" by Dr. Purva Patwari.

09-08-2016 "CBD injuries" by Dr. Lakshman S. Khiria.

"Pelvic Organ Prolapse" by Dr. Rajesh K. Shukla.

**MEHSANA**

- 20-07-2016 "Approach to acute abdomen & Laproscopic Surgeries" by Dr. Manish Gandhi.
- "Interventional Radiology in Clinical Practice" by Dr. Rozil Gandhi.
- 15-08-2016 IMA Mehsana branch has organized Freedom Theme Songs Dance Performances by Kids of IMA Members.
- 17-08-2016 IMA Mehsana Branch Doctors Directory vimochan by Chief Guest Dr. Yogendra S. Modi (President Elect, IMA GSB) & Guest of Honour Dr. Bipin M. Patel at Rotary Club.
- "Legal issues in clinical practice" by Dr. M.C. Patel.
- "Criminal Liability in clinical practice" by Dr. Gitendra Sharma.

NADIAD

- 03-07-2016 Fitness cycling and Walking Events We had started our cycling and walking at 06.00 AM from Cycle Route : Kidney Hospital – Civil –Shivam Farm – Uttarsanda Main Raod, - Fatepura – Dr. Chetan Farm and Back to Kidney Hospital.
- 06-07-2016 "CME Robotic Surgery: Are we ready for Prime Time?" by Dr. Arvind Ganpule.
- "CME on Urinary tract infection in clinical practice: by Dr. Shishir Gang.

NAVSARI

- 20-07-2016 "Monsoon Disease" by Dr. P.N. Kannar & Dr. S.G. Jain have taken lectures. Total 52 doctors have attended the CME.
- 06-08-2016 "CPR" by Dr. Anuj Clerk. He taught & demonstrated how to do CPR. Total 55 doctors have attended the CME & Workshop.

**RAJKOT**

- 01-07-2016 Rajkot Medical Students Wing & Indian Society of Anesthesiologist Rajkot with IMA Rajkot organized "Cardiopulmonary Resuscitation(CPR) Training" at K K Sheth Physiotherapy College, Rajkot. More than 250 attendants including students, faculty & administrative staff witnessed wonderful power point presentation and hands on training.
- 15-07-2016 "Income Declaration Scheme 2016" Jointly organized by Income Tax Department, Rajkot and Indian Medical Association Rajkot.
- 17-07-2016 Financial CME for NRI Taxation.
- 19-20/07/16 Dr. S. S. Agrawal IMA National resident had his short visit to Rajkot with all office bearers of IMA and other invited dignitaries at Rajkot.
- 31-07-2016 CIMS IMA – Rajkot CON 2016 – Multi Specialty Conference organized by CIMS Hospital, Ahmedabad and Indian Medical Association, Rajkot.

THANGADH

- 14-08-2016 Medical camp organized 260 patients were examined and treatment given.

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DISCLAIMER

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

Respected Members,

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 July- 2016 in addition to their routine work. These are as under :

Nanpura - Surat : Mothers -Iron 1000 tablets were distributed & Vitamin A solution given to 40 children.

Rander - Surat : Mothers - Iron : 1500 tablets & Calcium : 1000 tablets were distributed.

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

JULY - 2016

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1478	925	2403
(2)	Behrampura (Sardarnagar Ward)	2809	760	3569
(3)	Bapunagar (Potalia Ward)	2665	787	3452
(4)	Dariyapur (Isanpur Ward)	1632	364	1996
(5)	Gomtipur (Saijpur Ward)	3167	1240	4407
(6)	Khokhra (Amraiwadi Ward)	3307	727	4034
(7)	New Mental (Kubernagar Ward)	1147	217	1364
(8)	Raikhad (Stadium Ward)	556	326	882
(9)	Wadaj (Junawadaj Ward)	1586	271	1857
(10)	Junagadh	---	---	---
(11)	Rander-Surat	---	---	---
(12)	Nanpura-Surat	---	---	---
(13)	Rajkot	628	780	1408



JULY - 2016

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	20	---	53	10050	435
(2)	Behrampura (Sardarnagar Ward)	15	03	188	8200	1321
(3)	Bapunagar (Potalia Ward)	33	---	49	12940	291
(4)	Dariyapur (Isanpur Ward)	20	---	31	29450	1164
(5)	Gomtipur (Saijpur Ward)	29	---	41	56400	1894
(6)	Khokhra (Amraiwadi Ward)	31	01	66	12450	272
(7)	New Mental (Kubernagar Ward)	35	---	64	17790	565
(8)	Raikhad (Stadium Ward)	24	---	41	13540	1390
(9)	Wadaj (Junawadaj Ward)	15	---	82	11000	1915
(10)	Junagadh	16	03	45	5000	241
(11)	Rander-Surat	27	---	42	750	71
(12)	Nanpura-Surat	21	---	106	1140	65
(13)	Rajkot	32	---	78	300	288



I.M.A. NATIONAL SOCIAL SECURITY SCHEME DFC No. 21

Following members have not paid their DFC No.21 amount.

NSSS NO.	NAME OF MEMBER	CITY
378	Dr. Wadhawani Vijay Shewaram	Adipur (Kutch)
8621	Dr. Gurdasani Vishwabandhu Dinabandhu	Adipur (Kutch)
15275	Dr. Patel Zalak Yash	Ahmedabad
247	Dr. Pithwa Vikram Manilal	Ahmedabad
2351	Dr. Patel Bharat Jayantilal	Ahmedabad
2743	Dr. Prajapati Hasmukhbhai F.	Ahmedabad
3485	Dr. Shrimali Rajnikant Kanjibhai	Ahmedabad
3609	Dr. Shah Rajesh Chandulal	Ahmedabad
5507	Dr. Sharma Rakesh Shashikant	Ahmedabad
7386	Dr. Naik Rajnikant Ramlal	Ahmedabad
8443	Dr. Shah Rajesh Babubhai	Ahmedabad
8952	Dr. Patel Prerana Bhupendrakumar	Ahmedabad
10523	Dr. Dharmeshkumar P. Nirmal	Ahmedabad
10981	Dr. Shah Dhiren Shantilal	Ahmedabad
10982	Dr. Bhavsar Niren Shankerbhai	Ahmedabad
13632	Dr. Jain Priyanka Sanjeev	Ahmedabad
13792	Dr. Nirvan Ashokkumar Bhagvandas	Ahmedabad
14157	Dr. Shah Rima Bharatbhai	Ahmedabad
14610	Dr. Gautam Vinod Chandanlal	Ahmedabad
14909	Dr. Shah Birwa Biren	Ahmedabad
15094	Dr. Solanki Shwetang Maheshkumar	Ahmedabad
15391	Dr. Chauhan Dharmesh Karshanbhai	Ahmedabad
15754	Dr. Changlani Kishor Sevakram	Ahmedabad
1845	Dr. Malla Ibrahim Isab	Anand
11070	Dr. Rathod Rajeshkumar Pranlal	Anand
11216	Dr. Mulla Faruq Ibrahimbhai	Anand
11530	Dr. Patel Sandeep Ishwarbhai	Anand
13853	Dr. Patel Nimesh Himmatbhai	Anand
15369	Dr. Vala Ajaykumar Kantibhai	Anand
1967	Dr. Mistry Mahesh Mohanlal	Ankleshwar



13809	Dr. Oza Niranjana Umashanker	Bardoli
385	Dr. Harpale Sandhya Sumersing	Baroda
737	Dr. Pandit Sanjay Shripad	Baroda
3141	Dr. Chokshi Tushar M.	Baroda
3418	Dr. Tripathi Sanjay Vipinbhai	Baroda
3734	Dr. Vaidya Nikhil Panalal	Baroda
3780	Dr. Shah Jagdish Vallabhdas	Baroda
4064	Dr. Vaidya Parul Nikhil	Baroda
4365	Dr. Parikh Narendra Shantilal	Baroda
4366	Dr. Parikh Divya Narendra	Baroda
5268	Dr. Shah Reena Utpal	Baroda
5593	Dr. Chawla Kamaldeep Yashpal	Baroda
6286	Dr. Mori Ajitkumar Bhagwanbhai	Baroda
8098	Dr. Parekh Dipak Chimanbhai	Baroda
10408	Dr. Upadhyay Rajendrakumar Rasiklal	Baroda
12760	Dr. Shah Tushar Mukundrai	Baroda
12828	Dr. Patel Pratik Prakashbhai	Baroda
14290	Dr. Kodnani Harish Udham	Baroda
15415	Dr. Patidar Sukhdeo Shobharam	Baroda
1386	Dr. Patel Rajnikant Purushottamdas	Bharuch
2587	Dr. Khan Inkisar Anis	Bharuch
2676	Dr. Pitalia Mayank Ramniklal	Bharuch
3547	Dr. Jasani Kiritkumar Kurjibhai	Bharuch
5713	Dr. Khan Zahida Inkisar	Bharuch
6258	Dr. Hansoti Shehnaz Mohdiqbal	Bharuch
8567	Dr. Vasava Jayantilal Sonjibhai	Bharuch
3167	Dr. Doshi Shilpa Mitul	Bhavnagar
3168	Dr. Doshi Mitul Yashwant	Bhavnagar
8880	Dr. Gadhiya Bharat Haribhai	Bhavnagar
14211	Dr. Vala Siddharajsinh Dharmendrasinh	Bhavnagar
14212	Dr. Jadeja Krupa Ravindrakumar	Bhavnagar
15056	Dr. Pateliya Bhupatbhai Parshotambhai	Bhavnagar
15717	Dr. Sevak Mehul Premjibhai	Bhuj -Kutch
15718	Dr. Shah Monil Bharat Bhai	Bhuj Kutch
8929	Dr. Morabiya Roopali Shashikant	Bhuj-Kutchh



8155	Dr. Damor Kalsing Ramsingbhai	Dahod
8959	Dr. Dalroti Burhani Jainuddin	Dahod
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9979	Dr. Shrimali Jayantilal Jethala	Godhra
6670	Dr. Sadhu Hasmukhkumar Jairamdas	Halol
14434	Dr. Trivedi Shulin Priyakant	Halol-Di.Panchmahal
14435	Dr. Trivedi Rajshree Shulin	Halol-Di.Panchmahal
4452	Dr. Patel Vinubhai Jitubhai	Idar
2421	Dr. Thakrar Rajendra Amritlal	Jamnagar
2422	Dr. Thakrar Kala Rajendra	Jamnagar
14752	Dr. Solanki Jayeshkumar Rambhai	Jamnagar
1273	Dr. Ruparelia Ramesh Dinkarlal	Jetpur
3961	Dr. Patel Pravinchandra S.	Jetpur
15869	Dr. Joriya Hitesh V	Juagadh
2846	Dr. Vithlani Chandrakant Babulal	Junagadh
11133	Dr. Solanki Tansukh Govindbhai	Junagadh
13626	Dr. Kapupara Dhiren Vallabhbbhai	Junagadh
15839	Dr. Sisodiya Jitendrakumar Amarabhai	Junagadh
15868	Dr. Kanzariya Jignaben Vallabhbbhai	Junagadh
12689	Dr. Meena Jitendra Gangadhar	Kheralu- Dis.Mehsana
12690	Dr. Meena Shimla Jitendra	Kheralu-Dis-Mehsana
2080	Dr. Patel Jayesh Kumar Kantilal	Mahsana
544	Dr. Hindocha Jayantilal Bhimjibhai	Mahuva
8465	Dr. Ladumor Dhanji Chakurbhai	Mahuva
15077	Dr. Thanth Ashok Shamjibhai	Mahuva
129	Dr. Patel Uttambhai Hiralal	Mehsana



130	Dr. Patel Bharatbhai Babaldas	Mehsana
1362	Dr. Shah Gitesh Narendrabahi	Mehsana
2084	Dr. Patel Rameshbhai Trikamlal	Mehsana
3217	Dr. Sanyal Mayanbhai M.	Mehsana
12092	Dr. Prajapati Dineshbhai Somabhai	Mehsana
12667	Dr. Amin Dinesh Jivanlal	Mehsana
12097	Dr. Patel Hardik Nathalal	Modasa
2168	Dr. Chikhaliya Vasudev Becharbhai	Morbi
12519	Dr. Sutariya Shailesh Ramanlal	Palanpur
14674	Dr. Patel Ravi Bhikahbhai	Palanpur
15538	Dr. Choudhary Dipak Ghemarbhai	Palanpur
14673	Dr. Patel Ajitkumar Bhikhalal	Palanpur
4071	Dr. Shah Pravinchandra Trikamlal	Patan
4334	Dr. Shah Rashmikant Thakarsibhai	Patan
13293	Dr. Pankaj Kumar	Patna
5920	Dr. Dalsaniya Vipul Dayalal	Porbandar
8970	Dr. Modha Vipul Nanalal	Porbandar
12776	Dr. Pratima Kumari	Rahpar-Kutch
257	Dr. Ghetiya Sharda Vinodrai	Rajkot
258	Dr. Ghetiya Vinodrai Hirjibhai	Rajkot
13803	Dr. Kachhadia Mehul Bipin	Rajkot
15529	Dr. Sapovadia Avani Vasantbhai	Rajkot
7783	Dr. Shah Paresh Mukundlal	Rajpipla
628	Dr. Hajirawala Mita Nimishbhai	Surat
2387	Dr. Patel Mansukh Mohanbhai	Surat
2582	Dr. Patel Ganeshbhai Hirabhai	Surat
6549	Dr. Garasia Sanjivkumar Thakorlal	Surat
8887	Dr. Wadekar Hindkumar Kantilal	Surat
8888	Dr. Wadekar Purnima Hindkumar	Surat
10990	Dr. Apte Rita Sanjay	Surat
11058	Dr. Apte Sanjay Satchidanand	Surat
11517	Dr. Chauhan Prashant Arvindbhai	Surat
11584	Dr. Vasoya Sanjay Jayantilal	Surat
11599	Dr. Trivedi Sunilbhai Rameshchandra	Surat



11657	Dr. Patel Rajesh Haribhai	Surat
11732	Dr. Desai Shefali Pranav	Surat
11733	Dr. Desai Pranav Suresh	Surat
12575	Dr. Avaiya Shambhubhai Popatbhai	Surat
13885	Dr. Bhuva Pravinbhai Ramjibhai	Surat
14154	Dr. Vaghani Prakash Chhaganbhai	Surat
14749	Dr. Padsala Suresh Gordhanbhai	Surat
15582	Dr. Vaghani Ashvinbhai Kanjibhai	Surat
15761	Dr. Vadgama Parul	Surat
15806	Dr. Desai Rajendra Bharatbhai	Surat
7522	Dr. Parmar Alpeshkumar Ratilal	Surat Dist.
6248	Dr. Acharya Jayesh Ganpataram	Surendranagar
12787	Dr. Jain Sanyogita Anil Kumar	Surendranagar
12788	Dr. Jain Anil Kumar Gulab Chandra	Surendranagar
259	Dr. Pandya Amul Satish	Vadodara
1900	Dr. Rosy Mathai	Vadodara
7449	Dr. Macwan Arther Francisbhai	Vadodara
13220	Dr. Rathod Lalitkumar Kuberbhai	Vadodara
2187	Dr. Desai Devang Gunvantrai	Valsad
9467	Dr. Joshi Prarthana Rameshbhai	Valsad
9468	Dr. Shah Amitkumar Arvindkumar	Valsad
14573	Dr. Patel Amrutlal Shankardas	Vijapur-Tal.
1722	Dr. Patel Mahendra Kumar Maganlal	Visnagar
3552	Dr. Zaveri Jyotindra Natwarlal	Visnagar
14115	Dr. Patel Vipul Natvarlal	Visnagar

If we will not receive the payment on or before 15-9-2016 their membership will be terminated from scheme.

For any query contact office No. 079-26585430 between 2-00 p.m. to 6-30 p.m.

Dr. Yogendra S. Modi
Hony. Secretary

Dr. Kirti M. Patel
Chairman



Community Service on 9th of every month

Hon'ble Prime Minister has urged all doctors to examine pregnant women free of cost, on 9th of every month, and suggested that they give 12 days in 12 months to the noble cause.

The recently introduced "Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides the platform for collaboration between the public and private health sector with the aim of ensuring quality antenatal care to over 3 crore pregnant women every year.

The PMSMA has been designed to provide complete and quality ANC to women in the 2nd/3rd Trimesters of pregnancy on the 9th day of every month. Essentially, these services are to be provided by the Medical Officers and (ObGyn/MBBS) specialist.

Public Health facilities where such trained manpower is not available, State Governments have been asked to collaborate with the specialists/doctors from the private sector and engage the services from Private Practitioners (ObGyn/MBBS) on voluntary basis for the PMSMA.

Facilities can also be provided at private clinics and institutions volunteering to provide free ANC services' under the PMSMA.

One ultrasound has been recommended for all pregnant women during the 2nd/3rd trimester of pregnancy. If required, States have been asked to arrange for USG services in a public private partnership mode.

If each and every pregnant woman in India is examined by a doctor and appropriately investigated at least once during the PMSMA, the Abhiyan can play a critical and crucial role in reducing the number of maternal deaths in our country.

Indian Medical Association has pledged its support to this movement and will join hands with the State Governments to make this movement a phenomenal success. We request all leaders to propagate this among your members

Thanking you and with regards

Yours sincerely

Dr. S. S. Agarwal

Dr. K. K. Aggarwal

Dr. Atul D. Pandya

Dr. Jitendra N. Patel



SOCIAL SECURITY SCHEME DFC No. 41

Following members have not paid their DFC No.41 amount.

SSS NO.	NAME OF MEMBER	CITY
11134	Dr. Khadiya Balwantdan Pabaji	Adipur (Kutch)
7527	Dr. Shah Nilesh Hasmukhlal	Ahmedabad
8008	Dr. Patel Dinesh Amrutlal	Ahmedabad
8034	Dr. Nath Shriram Vaidia	Ahmedabad
8035	Dr. Nath Lakshmi Shriram	Ahmedabad
8257	Dr. Prajapati Hasmukhbhai Fakirbhai	Ahmedabad
8769	Dr. Patwari Anish Surendrabhai	Ahmedabad
9218	Dr. Sadhwani Janakkumar Arjunbhai	Ahmedabad
9434	Dr. T. Ayappan R.Thangavel	Ahmedabad
9635	Dr. Gupta Niru Anilkumar	Ahmedabad
10192	Dr. Gajjar Amritlal Virjibhai	Ahmedabad
11401	Dr. Kubavat Kirit Narottamdas	Ahmedabad
11582	Dr. Shah Rajesh Babubhai	Ahmedabad
11674	Dr. Vasavada Jasmin Chandrashekhar	Ahmedabad
11942	Dr. Banker Mohal Mayankkumar	Ahmedabad
12037	Dr. Patel Mukeshkumar Bahecharbhai	Ahmedabad
12377	Dr. Chawla Jasmit Singh Harkishan Singh	Ahmedabad
12439	Dr. Jani Falguni Samidh	Ahmedabad
12810	Dr. Bhavsar Neel Mahendra	Ahmedabad
12932	Dr. Pothiwala Rasesh Atulbhai	Ahmedabad
13245	Dr. Kapadiya Bhavin Bimbisar	Ahmedabad
13247	Dr. Patel Suhagkumar Zaverbhai	Ahmedabad
13539	Dr. Gandhi Nirav Shankarlal	Ahmedabad
13558	Dr. Shah Rima Bharatbhai	Ahmedabad
13821	Dr. Shah Birwa Biren	Ahmedabad
13914	Dr. Patel Zalak Yash	Ahmedabad
13963	Dr. Chauhan Dharmesh Karshanbhai	Ahmedabad
14015	Dr. Pandav Namrata Kantibhai	Ahmedabad
10450	Dr. Patel Nishant Bipinbhai	Anand
12573	Dr. Rathod Rajeshkumar Pranlal	Anand
12589	Dr. Mulla Faruq Ibrahimbhai	Anand



7799	Dr. Hansoti Shehnaz Mohmediqbal	Bharuch
8761	Dr. Vasava Jayantilal Sonjibhai	Bharuch
8479	Dr. Doshi Mitul Yaswant	Bhavnagar
8480	Dr. Doshi Shilpa Mitul	Bhavnagar
13569	Dr. Vala Siddharajsinh Dharmendrasinh	Bhavnagar
13637	Dr. Pateliya Bhupatbhai Parshotambhai	Bhavnagar
14069	Dr. Shah Monil Bharatbhai	Bhuj
14070	Dr. Sevak Mehul Premjibhai	Bhuj
10138	Dr. Khojani Riaz Abdulbhai	Bhuj-Kutch
10139	Dr. Khojani Khwahish Riaz	Bhuj-Kutch
11992	Dr. Kuswaha Manoranjansinh Ramanuj Sing	Chandkheda
13839	Dr. Vala Ajaykumar Kantibhai	Chikhodara
8724	Dr. Patel Tusharbhai Morarbhai	Deesa
11052	Dr. Patel Jignesh Manilal	Deesa
8136	Dr. Dawar Jawansingh Dariyavsingh	Dist-Pms
11418	Dr. Balani Deepak Hareshkumar	Gandhidham
11143	Dr. Goswami Devendrapuri Popatpuri	Gandhinagar
11187	Dr. Chauhan Minaben Babulal	Gandhinagar
11594	Dr. Talpada Motibhai Dahyabhai	Gandhinagar
8312	Dr. Rakholia Rasila Govindbhai	Gondal
8313	Dr. Bokarvadia Mahesh Bavnjibhai	Gondal
9821	Dr. Bhagat Nirmalkumar Deonarayan	Gondal
8125	Dr. Trivedi Rajshree Shulinkumar	Halol
11030	Dr. Patel Vijay Kashiram	Halol
9654	Dr. Sadhu Hasmukh Jairamdas	Halol (Pms)
10364	Dr. Solanki Dilip Harisinh	Halol (Pms)
8126	Dr. Trivedi Shulinkumar Priyakant	Halol Dist-Pms
10156	Dr. Nayak Jagdishkumar Kantilal	Himatnagar
13866	Dr. Chaudhary Sanjaykumar Galababhai	Jagana
8357	Dr. Chudasama Kirti Babulal	Jamnagar
13317	Dr. Kapupara Dhiren Vallabhbhai	Junagadh
9291	Dr. Makwana Poonambhai Khanabhai	Kankaraj
9437	Dr. Paliwal Rajiv Prelmal	Karamsad
13425	Dr. Solanki Kinjalkumar Kodarbhai	Khedbrahma
13031	Dr. Meena Shimla Jitendrakumar	Kheralu
13032	Dr. Meena Jitendrakumar Gangadhar	Kheralu



11614	Dr. Ladumor Dhanji Chakurbhai	Mahuva
13633	Dr. Thanth Ashok Shamjibhai	Mahuva
11407	Dr. Patel Dharmesh Prahladbhai	Mehsana
12843	Dr. Prajapati Dineshbhai Somabhai	Mehsana
14008	Dr. Patel Nihar Vishnubhai	Mehsana
12434	Dr. Aghera Hema Laljibhai	Morbi
12435	Dr. Babaria Jayeshkumar Labhubhai	Morbi
10768	Dr. Soni Anjana Shailesh	Nadiad
12662	Dr. Patel Vijaybhai Vinodrai	Navsari
12663	Dr. Patel Divyaben Vijaybhai	Navsari
10922	Dr. Parikh Pareshkumar Chandrakantbhai	Palanpur
11813	Dr. Joshi Piyushkumar Raghubhai	Palanpur
12325	Dr. Gadhvi Madhusudan Hinglajdan	Palanpur
13724	Dr. Patel Ravi Bhikhabhai	Palanpur
13725	Dr. Patel Ajitkumar Bhikhalal	Palanpur
14000	Dr. Choudhary Dipak Ghemarabhai	Palanpur
11044	Dr. Modha Vipul Nanalal	Porbandar
14116	Dr. Prajapati Vinodkumar Hargovanbhai	Radhanpur
13071	Dr. Kumari Pratima Rahulprasad	Rahpar (Kutch)
12724	Dr. Jadav Mittal Niraj	Rajkot
12725	Dr. Jadav Niraj Jivrajbhai	Rajkot
13276	Dr. Patel Bipin Purushottam	Rajkot
13404	Dr. Kachhadia Mehul Bipin	Rajkot
11974	Dr. Panchal Ambrishkumar Ratibhai	Sabarkantha
8031	Dr. Babaria Lalitkumar Laljibhai	Surat
8675	Dr. Patel Pareshbhai Ganeshbhai	Surat
9407	Dr. Patel Dineshkumar Pitambardas	Surat
9413	Dr. Khimania Bhaskar Chunilal	Surat
9935	Dr. Pancholi Mehul Ashwinkumar	Surat
10517	Dr. Barnwal Rajeshkumar Bachulal	Surat
11371	Dr. Koyani Mayur Vastabhai	Surat
11372	Dr. Koyani Daxa Mayurbhai	Surat
11414	Dr. Pancholi Mruga Ashwinbhai	Surat
11957	Dr. Jain Alpana Manish	Surat
11958	Dr. Jain Manish Gyan Chandra	Surat
11970	Dr. Patel (Dudhat) Kishor Viththalbhai	Surat



12061	Dr. Dhameliya Arvind Bachubhai	Surat
12275	Dr. Trivedi Sangita Samir	Surat
12670	Dr. Trivedi Sunilbhai Rameshchandra	Surat
13315	Dr. Modi Foram Mineshkumar	Surat
13546	Dr. Vaghani Prakash Chhaganbhai	Surat
13591	Dr. Prajapati Manish Durlabhbhai	Surat
13757	Dr. Dhaduk Shyamkumar Arvindbhai	Surat
13758	Dr. Dhaduk Shetal Shyamkumar	Surat
13992	Dr. Vakharia Mehul Anilkumar	Surat
14104	Dr. Desai Rajendra Bharatbhai	Surat
12627	Dr. Kapadia Odhavaji Bhagavanbhai	Talaja
9191	Dr. Gupte Atul Prabhakar	Vadodara
9492	Dr. Acharya Keyur Surendrabhai	Vadodara
9733	Dr. Khandelwal Pankaj Govindprasad	Vadodara
10714	Dr. Mathew Anitha Davis	Vadodara
11111	Dr. Macwan Arther Francisbhai	Vadodara
12032	Dr. Shah Lopamudra Anantkumar	Vadodara
12239	Dr. Agrawal Vivek Rameshchandra	Vadodara
12240	Dr. Agrawal Ruchira Vivek	Vadodara
12332	Dr. Upadhyay Rajendrakumar Rasiklal	Vadodara
13080	Dr. Patel Pratik Prakashbhai	Vadodara
13428	Dr. Mehta Sachin Prafulchandra	Vadodara
13429	Dr. Mehta (Jain) Shilpa Sachin	Vadodara
13835	Dr. Patil Anil Purushottam	Vadodara
10112	Dr. Oza Dineshkumar Ishvarbhai	Visnagar
13522	Dr. Agrawal Jawaharlal Ramanlal	Zalod

If we will not receive the payment on or before 10-9-2016 their membership will be terminated from scheme.

For any query contact office No. 079-26580690 between 2-00 p.m. to 6-00 p.m.

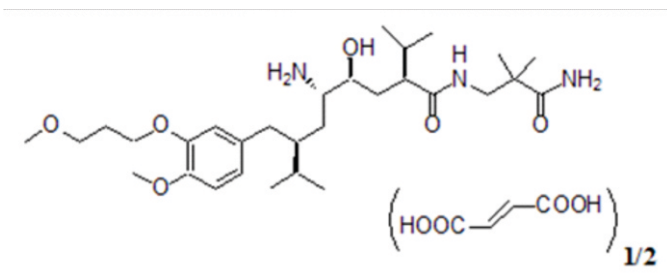
Dr. Jitendra B. Patel
Hony. Secretary

Dr. Yogendra S. Modi
Hony. Treasurer



MOLECULE OF THE MONTH

Aliskiren



Mechanism of Action

Aliskiren is a direct renin inhibitor, decreasing plasma renin activity (PRA) and inhibit conversion of angiotensinogen to angiotensin I, which is in turn converted by angiotensin-converting enzyme (ACE) to angiotensin II.

Pharmacokinetics

Aliskiren is rapidly absorbed following oral administration, with maximum plasma concentrations reached within 1-3 hours. High fat meals decrease absorption substantially. Aliskiren is poorly absorbed (bioavailability about 2.5%) with an approximate accumulation half life of 24 hours. Following oral administration, peak plasma concentrations of aliskiren are reached within 1 – 3 hours. When taken with a high fat meal, mean AUC and Cmax of aliskiren are decreased by 71% and 85% respectively. It is moderately protein bound (47-51%).

Steady state blood levels are reached in about 7-8 days.

Metabolism and Elimination

It is mainly eliminated unmetabolized by biliary route and less than 1% appears in the urine as parent drug and to a very less extent metabolized by through oxidative metabolism by cytochrome P450 (CYP) 3A4



Indication:

The treatment of hypertension, to lower blood pressure. Aliskiren inhibits plasma renin activity (PRA) by up to 80% following both single and multiple oral-dose administration.

It synergistically reduce blood pressure when combined with drugs that increase renin activity like diuretics, ACE inhibitors, or Angiotensin receptor blockers.

Dosage schedule :

Available as 150 mg and 300 mg tablets

Starting dose: 150 mg once daily titrate up to 300 mg / day

Precaution:

- Avoid concomitant use with ARBs or ACEI in patients with renal impairment (GFR<60 mL/min)
- Hypotension in volume and/or salt depleted patients
- Impaired renal function: Monitor serum creatinine periodically.
- Hyperkalemia: Monitor potassium levels periodically
- Boxed Warning: Fetal Toxicity
- Pregnancy (Category D) : Use of drugs that act on the renin-angiotensin system during the second and third trimesters of pregnancy reduces fetal renal function and increases fetal and neonatal morbidity and death. Resulting oligohydramnios can be associated with fetal lung hypoplasia and skeletal deformations. Potential neonatal adverse effects include skull hypoplasia, anuria, hypotension, renal failure, and death.



- Lactation: Little scientific reports are available
- Pediatric Use : Safety and effectiveness of aliskiren in pediatric patients <18 years have not been established.
- Renal impairment : Safety and effectiveness in patients with severe renal impairment (CrCL <30 ml/min) have not been established
- Renal Impairment/Hyperkalemia/Hypotension / in combination with ARBs or ACEI : increased risk of renal impairment, hyperkalemia, and hypotension

Adverse effects:

Rash, elevated uric acid, gout and renal stones

Angioedema, Gastrointestinal (Diarrhea), Increases in creatine kinase (>300%) were recorded in about 1%

Postmarketing Experience: Hypersensitivity: angioedema requiring airway management and hospitalization, Peripheral edema, Severe cutaneous adverse reactions, including Stevens Johnson syndrome and toxic epidermal necrolysis

Drug interactions:

Cyclosporine/ Itraconazole/ Non-Steroidal Anti-Inflammatory Agents(NSAIDS):

So co-administration should be avoided

Dr Prakruti Patel

Dr Anuradha Gandhi

Dr Chetna Desai

Co ordinators, B. J. Medical College, Ahmedabad



ATTENTION PLEASE !!

The office has received back News bulletins of the following members from Postal department with note as "Left", "Insufficient address" etc. The concerned member / friends are requested to inform the office immediately with change of address, L.M. No. & Local Branch.

L_M_No.	NAME	BRANCH
LM/12767	Dr. Bhupatkar Mamta H.	Ahmedabad
LM/20426	Dr. Brahmhatt Ashish D.	Ahmedabad
LM/23119	Dr. Jethava Rajkumar Kishorbhai	Ahmedabad
LM/08324	Dr. Patel Kanubhai Shambhubhai	Ahmedabad
LM/04989	Dr. Shah Anil K.	Ahmedabad
LM/00847	Dr. Shah Kirit C.	Ahmedabad
LM/20732	Dr. Singh Gursimratpaul G.	Ahmedabad
LM/20733	Dr. Singh Shwetambari G.	Ahmedabad
LM/03172	Dr. Patel Kartik R.	Anand
LM/12809	Dr. Patel Mehul Babubhai	Anand
LM/12810	Dr. Trivedi Neha Jashvantrai	Anand
LM/02407	Dr. Patel Satish C.	Bharuch
LM/12803	Dr. Damor Dinesh Mohansingh	Bhiloda
LM/03829	Dr. Patel Natubhai J.	Chhotaudepur
LM/06470	Dr. Parmar Anil B.	Dadra-Nagar
LM/21734	Dr. Gamara Paresh Nathubhai	Jetpur
LM/06937	Dr. Majmudar Harisiddh K.	Khambhat
LM/06037	Dr. Parmar M.U.	Limbdi
LM/09473	Dr. Joshi Narayan N.	Mangrol
LM/05733	Dr. Amin Narendra Kantilal	Mansa
LM/02871	Dr. Bhatt Nalin H.	Mansa
LM/06891	Dr. Joshi Natvarlal Ramjibhai	Mehsana
LM/00916	Dr. Shah M J	Mehsana
LM/22721	Dr. Raval Sanjay Bhikhabhai	Nadiad
LM/20585/	Dr. Prasad Madanje S.	Nakhtrana
LM/20586	Dr. Prasad Nupur M.	Nakhtrana
LM/02107	Dr. Patel Vinubhai H.	Petlad
LM/13538	Dr. Patel Samir Amrutbhai	Prantij
LM/12367	Dr. Barasara Naresh Bhanjibhai	Rajkot
LM/08772	Dr. Bhatt Jaiprakash G	Rajkot
LM/08773	Dr. Bhatt Amita J	Rajkot
LM/09429	Dr. Khoont Nisha Jagdishbhai	Rajkot
LM/20958	Dr. Italiya Anil Rajabhai	Surat
LM/06821	Dr. Acharya Dharmesh B.	Surendranagar
LM/18010	Dr. Thakkar Jayesh Ratilal	Surendranagar
LM/04305	Dr. Pandya Madhusudan M.	Talaja
LM/25309	Dr. Zinzala Vipul Kababhai	Talaja



Informed Consent From Relatives & Not From Patient Cost Doctor 5 lakhs

Informed Consent taken from relatives and not from the patient herself, who was otherwise in a position to give consent, cost Drs. Rs.5 lakhs.

The National Commission in its recent judgment dated 4th July, has given the important verdict in the case of SURESH CHANDRA MYTLE & ANR V/s. NEW INDIA INSURANCE CO. LTD. & 4 ORS. Please see the following link

<http://cms.nic.in/ncdrcusersWeb/GetJudgement.do...>

The Facts in short :

1. Late Smt. Raj Rani Mittal – 71 years, mother of the complainants was advised to undergo colonoscopy for her complaints of constipation etc.
2. It was alleged that the colonoscopy of Mrs Raj Rani Mittal should have been performed under sedation whereas it was performed without sedation, which resulted in her developing acute pain and that, in turn, led to complications resulting in increased heart rate which led to her death.
3. Smt. Raj Rani was unwilling to continue with the said procedure but despite that, the doctor decided to continue with the same.

Drs. stand :

1. Drs. denied the charges of negligence. the patient was diabetic and having High B.P. All the due care was taken and when the condition of the patient deteriorated, she was attended by a team of doctors and was shifted to CCU.
2. Informed consent from the relatives of the patient was taken by them before starting the colonoscopy of the deceased.

Held :

1. The National Commission released the Drs. from the charges of Medical Negligence.
2. On the crucial point of colonoscopy with or without Sedation, after going through the medical record and literature, it observed that the



colonoscopy may be done under sedation as well as without sedation, depending primarily on the choice of the patient coupled with certain other factors and no expert evidence or medical literature has been produced before us to show that the colonoscopy should not at all be performed without sedation.

3. The decision whether to undergo colonoscopy under sedation or without sedation rests primarily with the patient.
4. However, the national commission held Drs responsible for not taking proper informed consent for the patient, relying upon the landmark judgment of Hon. Apex court in the case of Samira Kohli Vs. Dr Prabha Manchanda & Anr. AIR (2008) SC 1385,
5. The Drs. failed to explain as to why the consent was taken from relatives of Patient and not by patient herself because the patient was a competent adult and no medical emergency was involved (As observed in Samira Kohli's Case)
6. In the present case, the patient or her relatives were not explained pros and cons of the colonoscopy to be performed with or without sedation and as a result, they did not get an opportunity to take an informed decision in this regard.
7. Had a choice been given to her or even to her family members they would have opted for colonoscopy under sedation, so as to avoid pain which the patient necessarily has to suffer in a case of colonoscopy without sedation.

The Apex Court has clearly held that the Doctor should disclose to the patient before every treatment/ surgery (a) nature and procedure of the treatment and its purpose, benefits and effect; (b) alternatives if any available; (c) an outline of the substantial risks; and (d) adverse consequences of refusing treatment, but not no need to explain remote or theoretical risks involved.

As the common adage goes, A stitch in time saves nine, proper informed consent was taken by spending time initially, can save Drs from a great amount of mental, physical, monetary pain and agony.



Health Care Data Privacy and Security Act, 2016

Dear All

The government is planning to bring a new act Health Care Data Privacy and Security Act, 2016. Any violation by doctors again will lead to jail.

We already have provisions for privacy, secrecy and confidentiality in MCI, under professional misconduct and punishments.

Then why legal provisions and hefty fine under a new legislation. It looks all ethics regulations in MCI are getting converted into individual laws with legal provisions. IMA raised its points in the said meeting where IOMNA was an invitee (not a regular member of the committee unfortunately)

2.2 Patience, Delicacy and Secrecy: Patience and delicacy should characterise the physician. Confidences concerning individual or domestic life entrusted by patients to a physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the laws of the State. Sometimes, however, a physician must determine whether his duty to society requires him to employ knowledge, obtained through confidence as a physician, to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the physician should act as he would wish another to act toward one of his own family in like circumstances.

7.14 The registered medical practitioner shall not disclose the secrets of a patient that have been learnt in the exercise of his / her profession except –

1. In a court of law under orders of the Presiding Judge;
2. In circumstances where there is a serious and identified risk to a specific person and / or community; and
3. Notifiable diseases.

In case of communicable / notifiable diseases, concerned public health authorities should be informed immediately.

7. MISCONDUCT : The following acts of commission or omission on the part



of a physician shall constitute professional misconduct rendering him/her liable for disciplinary action

7.1 Violation of the Regulations: If he/she commits any violation of these Regulations.

Declaration g: I will respect the secrets which are confined in me.

IMA View: When provisions of PCPNDT act, CEA and health data privacy are there in MCI ethics regulations why bring another act under health ministry and bring doctors under penal punishment.

If cleared and passed by the government following will be the sequences

1. Name of the act: Health Care Data Privacy and Security Act, 2016.
2. Under 39 and breach of the Act will be punishable. The breach may be if the health data stored or transmitted by the doctor is not anonymized or De-identified as per the norms of this Act; or if the doctor unauthorizedly use the Health Data for the purposes other than mentioned under this Act or uses the Health Data for the Commercial Purposes/ Commercial gain or causes any damage, destroys or deletes or affects it injuriously by any means or tampers any health data existing in any digital form.
3. Serious Health Data Breach means breach pertaining to the same individual for the second or repeated times or number of individuals potentially affected or sensitive information or vulnerable or disadvantaged people or deliberate or reckless conduct.
4. Penalty (40): Imprisonment of up to two years and fine which shall be not less than one lakh rupees; or both.
5. For serious health data breach: Imprisonment of 2-4 years and fine of more than 5 lacs.
6. Any person or Health Information Exchange, which is required under this Act or any rules made thereunder to furnish any information or document or books or returns or reports etc., to National eHealth Authority or such other designated Authority, by Central Government, if does not report, shall be liable to a penalty of minimum one lakh of rupees and rupees ten thousand for each day during which such failure continues (41)



IMA News

Health may soon be declared a fundamental right of every individual, similar to education, if the draft National Health Policy proposed by the ministry goes through. Pending for nearly two years, the draft is expected to be sent to the Cabinet early next month, official sources said.

"We have already circulated a Cabinet note. It should be placed before the Cabinet in another week or 10 days," a senior health ministry official told TOI. The ministry had held several rounds of discussions with stakeholders, including states and other government departments, and consensus had been built on its proposals, he added.

Among various proposals, the draft policy advocates a National Health Rights Act, which will make "denial of health" an offence. It proposes that the Centre, in coordination with states, should use the legal clause available under the Clinical Establishments Bill and ensure health as a fundamental right. Besides, it suggests raising public health expenditure to 2.5 per cent of GDP from the current 1.2 per cent.

The draft addresses issues of making available universal health coverage, reducing maternal and infant mortality, as well as making free drugs and diagnostics available at least in public healthcare facilities in the country. It suggests that the Centre must amend laws to align them with the current healthcare scenario.

For instance, it proposes review of the Mental Health Bill, the Medical Termination of Pregnancy Act, the surrogacy law and the food and drug safety law. The health ministry had placed the draft policy in public domain for comments in January last year. Though stakeholders were asked to comment on the policy by February 28, 2015, it got stuck following criticism that it was too long and did not provide any mechanism to implement the agenda set in it.

"Once it gets Cabinet approval, we will come out with an implementation framework which will suggest mechanisms, guidelines and protocols to implement the agenda set in the policy," a ministry official said.



IMA News

The Government has received the representation from IMA An Inter-Ministerial committee has been constituted under the chairmanship of Additional Secretary (Health) comprising representative from ministry of Law and Justice .Department of Consumer Affairs, Ministry of Home Affairs, Medical council of India (MCI) and three representative from IMA to examine the issues raised by IMA.

The term's of reference of the Inter-Ministerial Committee were as under:-

- (1) Frequent instances of assault on doctors and clinical establishments across the country and the need for a central Legislation for providing protection to the same.
- (2) Urgent amendments in the PC & PNDT Act to ensure that strict penalty's are imposed only on actual act of sex determination for female feticide and not for clerical errors in the maintenance of register etc .The IMA is also of the view that registration should be of ultrasound machine and not of doctors not doing pelvic ultrasound .
- (3) Single doctors establishment should be exempted from the purview of the clinical establishment Act and the need for pre-registration inspection many not be there for those clinical establishment which already have entry level NABH accreditation and above.
- (4) Suitable amendments should be made in the consumer Protection Act for capping the compensation amount as the current compensation practice . apart from being very high at times was also tilted in favour of the persons with income.
- (5) The non MBBS and non BDS doctor should not be allowed to prescribed medicine under modern system and the other stream practitioners like AYUSH doctors etc. should not be allowed to practice through bridge courses and through government orders.....

The committee has submitted its report to Loksabha.....



INDIAN MEDICAL ASSOCIATION, NASHIK BRANCH

IMA HOUSE, SHALIMAR CHOWK, SHIVAJI ROAD, NASHIK

"NATIONALSPORTS 2016"

(5th October to 9th October 2016)

Dear Colleagues,

After The Overwhelming response and grand Success of recently conducted "Maharashtra Sports 2016". We IMA Nasik branch have gathered the courage to go one step further and conduct the first ever national IMA Sports meet to be held **from 5th Oct. to 9th Oct. 2016**

So friends, from all over INDIA, here is golden opportunity to Show your hidden sporting skills in a sport of your choice.

October being the most pleasant time to visit Nasik, nearby holy cities like Trimbakeshwar, Shirdi and also International wining destinations like Sula and other Vineyards, would just same as icing on the Cake.

So what are you waiting for? Brace yourself, tighten up your belt and be part of

"Khelo IMA"

REGISTRATION

Online Registration through IMA Nashik website only : www.imanashik.org

President : **Dr. Anirudha Bhandarkar**

Secretary : **Dr. Prashant Deore**

Indian Medical Association, Nashik Branch :

IMA House, Shalimar Chowk, Shivaji Road, Nashik - 422 001. Maharashtra.

Ph. : (0253) 2504887. Website : www.imanashik.com

SCHEDULE OF NATIONAL SPORTS

CRICKET : 5th Oct to 9th Oct.

Time : 9.00 a.m. to 4.00 p.m.

Venue - Golf ground, Mahatma Nagar,
Sandeep foundation & NCA.

TABLE TENNIS : 5th to 9th October

Time : Evening 3.00 to 9.00 p.m.

Venue - Meenatai Thakare Stadium (Vibhagiya
Krida Sankul), Opp. KKW Engineering College,
Mumbai - Agra Road, Nashik.

SWIMMIN : 6th Oct.

Time : 3.00 p.m. to 6.00 p.m.

Venue - Veer Savarkar Swimming pool,
Opp. Golf ground, Trimbak Road, Nashik.

MARATHON - 21 KM / 10 KM

8th Oct. Time : 6.30 a.m. to 10.00 a.m.

Venue - will be informed.

PRIZE DISTRIBUTION 9th Oct. -

Time : 4 p.m.

Venue Meenatai Thakare Stadium, Opp. KKW
Engg. College, Mumbai - Agra Road, Nashik.

LAWN TENNIS, BADMINTON

5th Oct to 9th Oct Time : 9.00 a.m. to 4.00 p.m.

Venue - Meenatai Thakare Stadium (Vibhagiya
Krida Sankul), Opp. KKW Engineering College,
Mumbai - Agra Road, Nashik.

CARROM & CHESS 5th Oct and 6th

October. Time : 3.00 pm to 9.00 pm

Venue - Meenatai Thakare Stadium (Vibhagiya
Krida Sankul), Opp. KKW Engineering College,
Mumbai - Agra Road, Nashik.

ATHLETICS 7th Oct. Time : 7.00 am to 10.00

am morning, Finals - 3.30 pm to 6.00 pm

Venue - Meenatai Thakare Stadium (Vibhagiya
Krida Sankul), Opp. KKW Engineering College,
Mumbai - Agra Road, Nashik.

INAUGURATION AND BANQUET

8th Oct. Evening. 6.00 pm onwards,

Venue - Hotel Green View, Trimbak Road,
Nashik.



Amendments to Maternity Benefit Act, 1961

The Union Cabinet, chaired by the Prime Minister Shri Narendra Modi, has given its ex-post facto approval for amendments to the Maternity Benefit Act, 1961 by introducing the Maternity Benefit (Amendment) Bill, 2016 in Parliament.

The maternity benefit Act 1961 protects the employment of women during the time of her maternity and entitles her of a 'maternity benefit' - i.e. full paid absence from work - to take care for her child. The act is applicable to all establishments employing 10 or more persons. The amendments will help 1.8 million (approx.) women workforce in organised sector.

The amendments to Maternity Benefit Act, 1961 are as follows:

- Increase Maternity Benefit from 12 weeks to 26 weeks for two surviving children and 12 weeks for more than two children.
- 12 weeks Maternity Benefit to a 'Commissioning mother' and 'Adoptingmother'. Facilitate 'Work from home'.
- Mandatory provision of Creche in respect of establishment having 50 or more employees.

Justification:

- Maternal care to the Child during early childhood - crucial for growth and development of the child.
- The 44th, 45th and 46th Indian Labour Conference recommended enhancement of Maternity Benefits to 24 weeks.
- Ministry of Women & Child Development proposed to enhance Maternity Benefit to 8 months.
- In Tripartite consultations, all stake holders, in general supported the amendment proposal.



Legal query

The Hon'ble Supreme Court of India in a case titled as “Dr. Balram Prasad versus Dr. Kunal Saha & Others has awarded an amount of Eleven Crore Rupees as compensation for medical negligence in a case (Rs.6, 08, 00,550/- plus 6% interest). In the said matter, the Hon'ble Supreme Court has evolved a new formula for the calculation of loss of income of the deceased to be paid as compensation by the doctors.

The formula is:

Formulas: [70 minus age at death x annual income plus 30% inflation minus 1/3rd as personal expenses]

Further, in the said matter, the Hon'ble Supreme Court has also held that:

“122. We acknowledge the fact that Dr. Balram Prasad was a junior doctor who might have acted on the direction of the senior doctors who undertook the treatment of the claimant's wife in AMRI-Hospital. However, we cannot lose sight of the fact that the appellant Dr. Balram Prasad was an independent medical practitioner with a post graduate degree. He still stood as a second fiddle and perpetuated the negligence in giving treatment to the claimant's wife. This Court in Malay Kumar Ganguly's case found him to be negligent in treating the claimant's wife in spite of being the attending physician of the Hospital. But since he is a junior doctor whose contribution to the negligence is far less than the senior doctors involved, therefore this Court directs him to pay a compensation of Rs. 5 lakhs to the claimant. We hope that this compensation acts as a reminder and deterrent to him against being casual and passive in treating his patients in his formative years of medical profession.”

Thus, from the above it is opined that while granting compensation, the Hon'ble Consumer Court shall look into the income of the doctor and also the number of practice of the said doctor.



JIMA released by Dr. Ketanbhai Desai and Dr. Jitubhai Patel



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IMA Meeting - Pune



State working committee meeting



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Meeting with Chief Minister



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Meeting with Health Minister



IMA State Leadership Review meeting - Jaipur



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Blood Donation Camp - Anand Branch





Annual Day Celebration - Ahmedabad Medical Association



* * * * *

Doctor's Day Celebration - Rajkot Branch



CME - Mehsana Branch



* * * * *

CME - Navsari Branch





IMA GSB President's Visit - Botad Branch



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Symposium - Bhavnagar Branch



Unveiling of directory - Mehsana Branch



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Diagnostic Camp - Thangadh Chotila Branch





CME on Paediatric skin care and common Paediatric conditions - Jamnagar Branch



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RIM-ZIM 2016 - Deesa Branch





Medical Error is Third Biggest Cause of Death in US: BMJ

To Err is Human, for a Doctor to Apologize is Uncommon

Medical error is 3rd leading cause of death in US after heart disease and cancer, according to findings published in BMJ.

But accurate, transparent information about errors is not captured on death certificates. Death certificates depend on International Classification of Diseases (ICD) codes for cause of death, so causes such as human and system errors are not recorded on them. According to WHO, 117 countries used ICD system.

The report examined four studies that analyzed medical death rate data from 2000 to 2008. Then, using hospital admission rates from 2013, they extrapolated that, based on 35,416,020 hospitalizations, 251,454 deaths stemmed from a medical error. That number of deaths translates to 9.5% of all deaths each year in the US — and puts medical error above the previous third-leading cause, respiratory disease.

In 2013, 611,105 people died of heart disease, 584,881 died of cancer and 149,205 died of chronic respiratory disease. The new estimates are considerably higher than those in the 1999 Institute of Medicine report *To Err is Human*."

The statistics of errors may be more if we include doctors' offices and ambulatory care centers.

IMASTAND

1. Make errors more visible so their effects can be understood.
2. Hold discussions in open room rather than in closed door forums like department's morbidity and mortality conference.
3. Change death certificates to include not just the cause of death, but an extra field asking whether a preventable complication stemming from the patient's care contributed to the death.
4. All hospitals should carry out a rapid and efficient independent investigation into deaths to determine whether error played a role. A root cause analysis approach would help while offering the protection of anonymity, they say.



5. Standardized data collection and reporting
6. Human error is inevitable. But one can better design safer systems mitigating its frequency, visibility, and consequences.
7. Most errors aren't caused by bad doctors but by systemic failures and should 'not be addressed with punishment or legal action.
8. No suspension of license or penal provisions for any error.
9. Sensitization of medical councils and consumer forum regarding this

STATUS OF LEGAL CASES

The following is the status of the pending cases:

1. The Surrogacy Writ Petition titled as "Jayashree Wad versus UOI & Others" pending before the Hon'ble Supreme Court was listed for hearing on 27.04.2016. Mr. Rahul Gupta, Advocate appeared in the said case on behalf of IMA. In the said case, an impleadment application has been filed on behalf of IMA. The Hon'ble Supreme Court of India has held that all the matters relating to surrogacy will be heard once the Assisted Reproductive Technology (Regulation) Bill, 2014 is enacted as an act of Parliament with or without modification, as may be.
2. The matter titled as "MCI versus Dr. Meenakshi Gautam" pending before Delhi High Court was listed for hearing on 28.04.2016. Mr. Rahul Gupta, Advocate appeared in the said case on behalf of IMA. In the said case, an impleadment application has been filed on behalf of IMA and notice has been issued on the said impleadment application by the Hon'ble Court on the last date of hearing i.e. 14.03.2016. The next date of hearing of the said case is 11.05.2016.
3. The matter titled as "Pfizer Limited versus UOI" relating to FDC was listed for hearing on 28.04.2016 before the Hon'ble High Court of Delhi. Mr. Rahul Gupta, Advocate appeared in the said case on behalf of IMA. In the said case, an impleadment application has been filed on behalf of IMA. The next date of hearing is 05.05.2016.
4. The matter titled as "Indian Radiological and Imaging Association versus UOI & Anr., SLP (C) 11046/2016" was listed for hearing on



- 29.04.2016. The Hon'ble Supreme Court of India has only issued notice to the other party in the said case. An impleadment application on behalf of IMA has to be filed in the said case.
5. The matter titled as "Karnataka Beedi Industry versus UOI" was listed for hearing on 04.05.2016. Mr. Rahul Gupta, Advocate appeared in the said case on behalf of IMA. In the said case, an impleadment application has been filed on behalf of IMA. The Hon'ble Supreme Court of India has been pleased to transfer all the pending petitions relating to 2014 Rules before the Hon'ble Karnataka High Court. Also, the Hon'ble Supreme Court has not granted any stay on the 2014 rules.
 6. The matter titled as "Baharul Islam & Others versus IMA Assam Branch & Others, SLP No. 32592 -32593/2015" pending before Hon'ble Supreme Court is listed for hearing on 06.05.2016. An impleadment application on behalf of IMA Hq. has been filed in the said case. On last date of hearing i.e. 08.03.2016, the Hon'ble Supreme Court was pleased to list the impleadment application of IMA Hq. along with the main case on next date of hearing.

Courtesy : IMA NEWS

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Formula of 20 to understand the severity of dengue

Get concerned

- Rise in pulse by 20
- Fall in upper blood pressure by 20 mmHg
- Pulse pressure is lower than 20
- Rapid rise in Hematocrit by 20% and rapid fall in platelet count to less than 20,000
- More than 20 petechiae in the tourniquet test

Intervention

Give 20 ml/kg fluid stat



Do's and Don'ts of Prescription Writing

Introduction

All of us write prescription daily. How many of us follow the guidelines? How many of us are aware of the fact that there are specifications for the size of paper to be used. Every prescription should be certain patient details along with the doctor's information too. Regarding medicines, the guideline says that they should be prescribed preferably by generic name. The dosage form, strength, instructions and total quantity of medicines and total duration should be legibly written. In case of computer generated prescriptions the doctor should sign as close as possible to the last drug mentioned.

Minimum size of the proscription blank should be 14 x 21 cm (A5 Size)

Prescription Format

Doctor's (Prescriber's Full Name) ^{D1}

Qualification (eg.M.B.B.S., M.D.) ^{D2}

Reg. No. (specify alphabets specify pathy) Reg. No.^{D3}

Full Address, ^{D4} Contacts : (telephone no, email etc) ^{D5}

Prescription Serial Number ^{D9} Date:..... ^{D6}

Patient's full Name ^{P1}

Patient's Address and Phone number ^{P2}

Sex ^{P3} Age ^{P4} Weight ^{P5}

Rx ^{D10}

1) Name of Medicine ^{M1} , As far as possible, generic name in capital letters. Strength ^{M2} , dosage form ^{M3} dosage instruction^{M4}, duration & total quantity^{M5}

2).....

"Or any other chapter generic medicine as per choice of patient."

Doctor's signature & date ^{D7}
Doctors stamp ^{D8}

Dispensed By :

Name and Address of Medical Store,

Date of dispensing :

If entire prescription is not dispensed, specify name or number of medicine and quantity dispensed. Name and Address of Medical Store,

Date of dispensing:



A Guide to the Prescription Format

Sr. No.	Particulars	Requirements & Necessities
D1	Doctors full name	It is statutory requirement to mention name of the prescriber on case or credit memo of the drugs under Rule 65(3) and it is also necessary to authenticate prescription.
D2	Doctors's Qualification	To know the competency and genuineness of prescribe, the prescription should bear Doctor's primary qualification such as MBBS/BAMS followed by subsequent qualification, for eg MBBS,MD.
D3	Registration No.	Prescription shall bear the registration number of doctor's registration with their respective council. The registration number should be prefixed with letters indicating the council in which doctor has registered her/his name. For example: Allo. (Allopathic), Intgrtd. (Integrated Medicine), Homeo. (Homeopathic), Dental (Dentist), Vet. (Veterinary), etc.
D4	Address of doctor	It is statutory requirement to mention the address of the prescribe on the cash or credit memo of the drugs under. Rule 65 (3) and the patient and pharmacist should know where the prescriber is practicing and, therefore, prescription shall bear complete address of clinic / hospital where the prescriber is practicing.
D5	Contacts	The prescription shall have telephone number (Landline / Mobile) and e-mail of prescriber. These details will help patient as well as pharmacist to contact doctor, if required.
D6	Date of prescription	As per the Rule 65 (10) prescription shall be dated. The date of prescription is also essential to know the validity of prescription and to avoid misuse of such prescription.
D7	Doctor's Signature & Date	As per the Rule 65(10) prescription shall be signed by the person issuing it with her/his usual signature and, therefore, the prescription shall have full signature of prescriber with date.
D8	Doctor's Stamp	To authenticate prescription and also to avoid misuse of blank prescription and to protect patient from quacks and un-qualified doctors, the prescription should have doctor's rubber stamp containing his full name, qualifications and registration number below his signature.
D9	Prescription Serial Number	For traceability and purposes of record the prescriptions must be serially numbered.
D10	Rx-superscription	As a matter of practice the prescription may bear Rx-superscription.



- P1 Patient's full name As per Rule 65 (10), prescription shall specify the name and address of the, person for whose treatment it is given.
- P2 Patient's full address As per Rule 65 (10), prescription shall specify the name and address of the person for whose treatment it is given. It is also essential for follow up of patient, or to get in touch with patient in case of dispensing or prescribing errors and also essential for recall of medicines, if required. Therefore, the prescription shall bear patients full address.
- P3 Patient's sex As certain drugs are gender specific, sex of the patients should be mentioned on prescription.
- P4 Patient's age The drug dosages may differ with age of patient and, therefore, prescription must bear patient's age.
- P5 Patient's weight The drug dosages may vary with weight of the patient, therefore, prescription may bear patients weight.
- M1 Name of the Medicine a) The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulation, 2002 under Indian Medical Council Act 1956 under Code of Medical Ethics at 1.5 prescribes as "Every physician should as far as possible prescribe drugs with Generic names and he/she shall ensure that there is a rational prescription and rational use of drug". The name of medicine should be by generic name in capital letters in legible manner.
b) If the prescriber is not sure about generic name he shall add following instructions on the prescription above her/his signature. "Or any other cheaper generic medicine as per choice of patient."
- M2 Strength of drug Prescription shall invariably bear strength of the medicine. Eg. PARACETAMOL TABLETS 500 mg., Amoxicillin Capsules 250 mg.
- M3 Dosage form Prescription shall bear a proper dosage form of medicine prescribed. ego Tablets, Capsules Syrups, Creams etc.
- M4 Dosing instruction Prescriptions shall bear proper dosing instructions that could be easily understood by patient.
- M5 Total quantity of medicine and duration of medication Prescription shall specify duration of the treatment and total quantity of the medicine for that duration. eg. Medicine 1 -1 tab x 2 times a day for 7 days=14 tabs



General guidelines for Doctors / Prescriber

- Changes in prescription: If any changes are warranted in prescription please issue fresh prescription.
- Do not use prescription pad with the name of medical store, Doctors should not use prescription pads, with pre-printed messages, like "Available at XYZ Medical Stores".
- Do not print names of more than one doctor on the prescription. One should avoid having names of two or more doctors on the same prescription pad (even if it is a husband and wife team).
- Do not use prescription pad of another doctor. A doctor should not use another doctor's prescription pad, even with her / his consent. Conversely a doctor should not allow other doctor to use her / his prescription pad.
- Precaution about computer generated prescription. If the doctor types or generates her / his full recognizable dated signature in ink. She / he must sign as close as possible to the last drug listed in the prescription.
- Prescription of certain medicines by specialist. Certain medicines can be supplied on the prescription by specific specialist only. For example, Sildenafil Citrate can Venerologist. Letrozole can be prescribed by a Cancer specialist only.
- Recognize the services of Pharmacist:- As per internationally recognized practice, especially followed in the developed world, doctors should recognize importance of services of pharmacist as they are required to supervise sale of medicines under the law and also responsible for counseling the patients. The pharmacist is trained to recognize therapeutic incompatibility, absorption incompatibility, etc of medicines in addition to various facets of pharmacological effects of medicine. In view of the above, the doctors should consider her / him as resource person and his / her view should be considered with due regard to her / his knowledge

Dr. Jyoti Chauhan

M.S., FICMCH, Sagar (M.P.).

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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.



IMA Certified Solo Clinic Draft for Comments and Suggestions

IMA is against clinic being registered under Clinical Establishment Act. But clinics still need to follow a certain code of conduct as self-regulation.

A meeting on ideal IMA clinic was organised under the banner of IMA HQs and IMA CGP and chaired by IMA National President on April 23, 2016. Representatives from Delhi, Haryana and UP were present. Dr VK Monga Dean

IMA CGP and Dr Rakesh Gupta, President, Delhi Medical Association were on the dais. The 50 standards that a clinic must have are being reproduced on subsequent pages. These are being circulated for comments and modifications, before they become IMA policy.

Part 2 will have clinic with procedures.

Part 3 will have clinics with one emergency bed.

Dr K K Aggarwal, Hony Secy Gen, IMA

IMA Certified Solo Clinic: Draft for Comments and Suggestions

1. Clinic means a medical facility run by a single or groups of doctors providing only outpatient services without any facility for procedures or observation bed.
2. All the doctors working in that clinic should be life members of IMA.
3. The clinic should be of a size of 80 sq. feet or above .
4. The clinic floor shall be washable.
5. The clinic should have easy availability of wash rooms for use by patients.
6. The clinic should be well-ventilated and well-lit.
7. The clinic should have provisions for safe drinking water.
8. The clinic should have a sufficient waiting area.
9. The clinic shall have provisions for a Reception and appropriate place for keeping files and medical records (receipts, registration) or shall have a computerized system for medical records.
10. Copies of all records and statistics should be kept for 3 years.



11. The clinic should have a provision for notification of all notifiable diseases.
12. The clinic must enlist services available along with their charges.
13. The State Medical Registration Certificate should be displayed at a prominent place.
14. The IMA Oath declaration should be on display.
15. Drugs prescribed by a physician or bought from the market for a patient should explicitly state proprietary formula as well as generic name of the drug.
16. The clinic must display patients' rights and their responsibilities as defined by IMA.
17. The clinic must have an IMA specified First Aid Box.
18. The Clinic must adhere to Biomedical Waste Guidelines.
19. The clinic must have the following equipment: Stethoscope, disposable nonmercury thermometer, nonmercury BP instrument, weighing machine, measuring tape, working torch light, oxygen cylinder, nebulizer with or without compressor, suction machine (automatic or local), peak expiratory flow meter, glucometer, ambu bag, wheel chair, comfortable couch, defibrillator (optional) and sPO2 mpnitor.
20. All the equipment must be under Annual Maintenance Contract and calibrated regularly.
21. The following emergency drugs should always be available: Injection Adrenalin; Inj. Hydrocortisone; Inj. Atropine; Inj Pheniramine; Inj. Phenergan; Inj. Deriphylline; Inj. Furosemide; Inj. Metoclopramide; Inj. Dexamethasone; Inj. Diazepam; Inj. Dicyclomine Hydrochloride; Inj. 5% dextrose infusion and Inj. Normal saline.
22. The following medicines shall be available in the clinic: Water-soluble aspirin for acute heart attack; clopidogrel 300 mg for acute heart attack; paracetamol 500 mg for pain or fever, ORS for acute diarrhea, Glucose for acute hypoglycemia and sorbitrate sublingual for acute cardiac chest pain.
23. All doctors must have their indemnity insurance.
24. Proper hygiene (hand wash, respiratory, cough etiquettes, food and water hygiene) must be maintained in the clinic.



25. The IMA State/Branch IMA Grievance Cell can be contacted for any complaint against the clinic or against the patient.
26. The clinic may appoint a qualified Counselor, Nurse and Lab Attendant.
27. A copy of the Medical Council (Professional Conduct Etiquette Ethics) regulations shall be available in the clinic and doctors shall follow these guidelines in letter and spirit.
28. The clinic shall not refuse any First Aid treatment in an emergency as per available services even if the patient cannot afford.
29. The clinic shall refer and guide nonemergent poor patients who cannot afford treatment.
30. The clinic should have provisions for separate weekly public education classes (which can be chargeable).
31. The doctor shall attend minimum 5 CMEs credit classes organized by local IMA.
32. The doctor shall not charge consultation fee from a fellow doctor or his/her spouse or children.
33. A doctor shall not issue any medical certificate more than 15 days at a time and shall not issue any medical certificate in absentia.
34. While examining any lady patient, the doctor must have a female attendant.
35. The doctor must report all adverse events related to drugs, devices, blood, vaccines or herbs to IMA PvPI number at 9717776514.
36. Doctor shall dispense or prescribe only quality safe and cheaper drugs.
37. Doctor must report every case of suspected sexual violence against children to 1098.
38. All the staff working in clinic must be trained in CPR 10.
39. The doctor shall have provision for handling 3rd gender.
40. The doctor shall not indulge in sex selective abortions and will inform IMA if anyone is indulging in it.
41. The doctor will practice ethically and follow all principles of bioethics.



42. The clinic sign board will have the name of the doctor, registration number, IMA logo, Modern Medicine Emblem, timings and type of practice.
43. All clinics will provide free consultations on 1st July IMA Doctor's Day.
44. All clinics shall participate in IMA health days and display IMA certified posters.
45. All clinics must be free of mosquito breeding.
46. All doctors shall promote breastfeeding
47. All doctors may consider opening an online clinic.
48. All doctors shall follow all medicolegal formalities in required cases.
49. All clinics must have special provisions for girl child (0-18 years).
50. The clinic shall follow all infection control guidelines.

Courtesy : IMA NEWS



**Be a Member
of**

- **ACADEMY OF MEDICAL SPECIALITY**
- **C.G.P. I.M.A. G.S.B.**
- **HEALTH SCHEME**
- **SOCIAL SECURITY SCHEME**
- **NATIONAL SOCIAL SECURITY SCHEME**
- **PROFESSIONAL PROTECTION SCHEME**



Information

KIND ATTENTION

Please refer following points which are related to GPCB BMW authorization and Water consent for hospitals/dispensary/clinics.

1. Recently GPCB had revised charges for GPCB BMW authorization as attached circular of GPCB. It is 300% rise compare to existing fees.

Example:

**Existing fees for 1-50 beds is Rs. 2000 for three year.
For Non Bedded HCUs Rs. 1000 for three year**

**New Fees for 1-50 beds is Rs. 10000 for five year.
For Non Bedded HCUs Rs. 5000 for life time.**

2. GPCB had made compulsory water consent (under water act 1974) for bedded hospitals-See attached circular. BMW authorization fees are decided but a water consent fee is still not decided by the board.
3. Till today water consent was not compulsory for 1-100 bedded health care unit, above 100 beds water consent was compulsory and many hospitals having more than 100 beds had already obtained consent under water act but for 1-100 beds it was not compulsory.
4. If in past years water consent was not compulsory for 1-100 bedded hospital, so why it compulsory now?



ગુજરાત પ્રદૂષણ નિયંત્રણ બોર્ડ

વડી કચેરી, પર્યાવરણ ભવન, સેક્ટર-૧૦-એ,
ગાંધીનગર-૩૮૨૦૧૦

પરિપત્ર

વિષય:- જૈવિક તબીબી કચરા વ્યવસ્થાપન નિયમો ૨૦૧૬ હેઠળ ઓથોરાઇઝેશન અરજીની પ્રોસેસિંગ ફી બાબત.

વંચાણે લીધા:

- (૧) ભારત સરકાર દ્વારા તા.૨૦/૦૭/૧૯૯૮ના જાહેરનામાં ક્રમાંક: એસ.ઓ.૬૩૦(૯) દ્વારા જાહેર કરવામાં આવેલ જૈવિક તબીબી કચરા નિયમો-૧૯૯૮.
- (૨) જૈવિક તબીબી કચરા નિયમો-૧૯૯૮ હેઠળ ઓથોરાઇઝેશન અરજીની પ્રોસેસિંગ ફી બાબતે વન અને પર્યાવરણ વિભાગ, ગુજરાત સરકારને ઠરાવ ક્રમાંક: ઇએનવી/૧૦૯૮/જીઓઆઇ-૮૭/૫૨/પાઈ-૨/૧૦/પી-૧ તા.૧૪/૧૨/૧૯૯૯.
- (૩) ભારત સરકાર દ્વારા તા.૨૮/૦૩/૨૦૧૬ના જાહેરનામાં ક્રમાંક: જી.એસ.આર.૩૪૩(૯) દ્વારા જાહેર કરવામાં આવેલ જૈવિક તબીબી કચરા વ્યવસ્થાપન નિયમો ૨૦૧૬.
- (૪) જૈવિક તબીબી કચરા વ્યવસ્થાપન નિયમો ૨૦૧૬ હેઠળ ઓથોરાઇઝેશન અરજીની પ્રોસેસિંગ ફી બાબતે બોર્ડની તા.૦૪/૦૫/૨૦૧૬ના રોજ મળેલ ૨૧૧મી બેઠકમાં કરવામાં આવેલ ઠરાવ.

ભારત સરકારના પર્યાવરણ, વન અને ક્લાઇમેટ ચેઇન્જ મંત્રાલય દ્વારા જૈવિક તબીબી કચરા નિયમો ૧૯૯૮ની જગ્યાએ જૈવિક તબીબી કચરા નિયમો ૨૦૧૬ જાહેર કરવામાં આવેલ છે. તેના નિયમ-૧૦ (દ)ની જોગવાઈ મુજબ

- (૧) પથારી ન ધરાવતી તબીબી સંસ્થાઓએ નિયમ (૧૦) (૧) મુજબ ફક્ત એક જ વખત ઓથોરાઇઝેશનની અરજી કરવાની રહે છે.
- (૨) પથારી ધરાવતી તબીબી સંસ્થાઓ નિયમ (૧૦) (૧) મુજબ વોટર એક્ટની જોગવાઈ હેઠળ પણ માનવી લેવાયેલ છે તેથી તેઓને ઓથોરાઇઝેશનની અરજી સાથે પાણી પ્રદૂષણ અધિનિયમ-૭૪ હેઠળ કન્સેન્ટની અરજી પણ સાથે કરવાનું ફરજિયાત કરવામાં આવેલ છે. જૈવિક તબીબી કચરા નિયમો - ૧૬ ની જોગવાઈનું પાલન થાય તે માટે રાજ્યની પથારી ધરાવતી તબીબી સંસ્થાઓને જૈવિક નિયમો હેઠળ ઓથોરાઇઝેશનની અરજી અને પાણી પ્રદૂષણ અધિનિયમ-૭૪ હેઠળ કન્સેન્ટની અરજી એક સાથે કરવાની રહે છે.

જૈવિક તબીબી કચરા નિયમો-૧૯૯૮ની જોગવાઈઓ ધ્યાને લઈ વન અને પર્યાવરણ વિભાગ, ગુજરાત સરકાર દ્વારા ઠરાવ ક્રમાંક: ઇએનવી/૧૦૯૮/જીઓઆઇ-૮૭/૫૨/પાઈ-૨/૧૦/પી-૧ તા.૧૪/૧૨/૧૯૯૯થી ઓથોરાઇઝેશન ફીના નીચે મુજબના દર ઠરાવવામાં આવેલ હતા.

ક્રમ	વિગત	ફીનો દર
૧	૫૦૦ અને તેનાથી વધુ પથારીઓ ધરાવતી હેલ્થ કેર ફેસિલિટી	૫૦૦૦
૨	૨૦૦ અને તેનાથી વધુ પરંતુ ૫૦૦થી ઓછી પથારીઓ ધરાવતી હેલ્થ કેર ફેસિલિટી	૪૦૦૦
૩	૫૦ અને તેનાથી વધુ પરંતુ ૨૦૦થી ઓછી પથારીઓ ધરાવતી હેલ્થ કેર ફેસિલિટી	૩૦૦૦
૪	૫૦થી ઓછી પથારીઓ ધરાવતી હેલ્થ કેર ફેસિલિટી	૨૦૦૦
૫	જૈવિક તબીબી કચરા ઉત્પાદન, એકત્રિત, વહન, ગુપ્તીકરણ, નિકાલ કે જાળવણી કરતી અને ઉપરમાં જામાલિખત ન હોય તેવી હેલ્થ કેર ફેસિલિટી	૧૦૦૦

નં: જીપીસીબી/ બી.એમ.ડબલ્યુ.સી-૧૩૧/ ૩૬/૧૧/૨૧/૬/૧૬



ભારત સરકાર દ્વારા જૈવિક તબીબી કચરા નિયમો-૧૯૯૮ને રદ કરી તા.૨૮/૦૩/૨૦૧૬ના જાહેરનામાં ક્રમાંક: જી.એસ.આર ૩૪૩(૭) દ્વારા જૈવિક તબીબી કચરા વ્યવસ્થાપન નિયમો ૨૦૧૬ જાહેર કરવામાં આવેલ છે અને તેનો વ્યાપ પણ વધારેલ છે જેને ધ્યાને લઈ તા.૦૪/૦૫/૨૦૧૬ના રોજ મળેલ બોર્ડની ૨૧૧મી બેઠકમાં આ નિયમો હેઠળ ઓથોરાઇઝેશન ફીના નીચે મુજબના દર સર્વાનુમતે કરાવવામાં આવેલ છે.

ક્રમ	વિગત
૧	પથારી ન ધરાવતી હેલ્થ કેર ફેસિલિટીઓને કાયમી ઓથોરાઇઝેશન માટેની ફી રૂ.૫૦૦૦/- (પાંચ હજાર)
૨	૧ થી ૫૦ પથારી ધરાવતી હેલ્થ કેર ફેસિલિટીઓને પાણી પ્રદૂષણ અધિનિયમ- ૧૯૭૪ની જોગવાઈ મુજબ પાણીના વપરાશ પ્રમાણની પાંચ વર્ષની કન્સેન્ટ ફી ઉપરાંત પાંચ વર્ષના જૈવિક તબીબી કચરાના નિયમો-૨૦૧૬ હેઠળ મેળવવાના ઓથોરાઇઝેશન માટેની ફી પ્રતિ વર્ષ રૂ. ૨૦૦૦/- (બે હજાર) લેખે પાંચ વર્ષ માટેની ફી રૂ.૧૦,૦૦૦/- (દશ હજાર)
૩	૫૧ થી ૨૦૦ પથારી ધરાવતી હેલ્થ કેર ફેસિલિટીઓને પાણી પ્રદૂષણ અધિનિયમ- ૧૯૭૪ની જોગવાઈ મુજબ પાણીના વપરાશ પ્રમાણની પાંચ વર્ષની કન્સેન્ટ ફી ઉપરાંત પાંચ વર્ષના જૈવિક તબીબી કચરાના નિયમો-૨૦૧૬ હેઠળ મેળવવાના ઓથોરાઇઝેશન માટેની ફી પ્રતિ વર્ષ રૂ. ૫૦૦૦/- (પાંચ હજાર) લેખે પાંચ વર્ષ માટેની ફી રૂ.૨૫,૦૦૦/- (પચીસ હજાર)
૪	૨૦૧ થી ૫૦૦ પથારી ધરાવતી હેલ્થ કેર ફેસિલિટીઓને પાણી પ્રદૂષણ અધિનિયમ- ૧૯૭૪ની જોગવાઈ મુજબ પાણીના વપરાશ પ્રમાણની ફી ઉપરાંત પાંચ વર્ષના ઓથોરાઇઝેશન માટેની ફી પ્રતિ વર્ષ રૂ. ૧૦,૦૦૦/- (દસ હજાર) લેખે પાંચ વર્ષ માટેની ફી રૂ.૫૦,૦૦૦/- (પચાસ હજાર)
૫	૫૦૦ થી વધુ પથારી ધરાવતી હેલ્થ કેર ફેસિલિટીઓને પાણી પ્રદૂષણ અધિનિયમ- ૧૯૭૪ની જોગવાઈ મુજબ પાણીના વપરાશ પ્રમાણની પાંચ વર્ષની કન્સેન્ટ ફી ઉપરાંત પાંચ વર્ષના જૈવિક તબીબી કચરાના નિયમો-૨૦૧૬ હેઠળ મેળવવાના ઓથોરાઇઝેશન માટેની ફી પ્રતિ વર્ષ રૂ. ૨૦,૦૦૦/- (વીસ હજાર) લેખે પાંચ વર્ષ માટેની ફી રૂ.૧,૦૦,૦૦૦/- (એક લાખ)

ઉપર દર્શાવ્યા મુજબની ફીની રકમ ઓથોરાઇઝેશન મેળવવા માટેની અરજી કરનાર પાસેથી વસુલ લેવા સંબંધકર્તા સર્વેને આથી જણાવવામાં આવે છે.

(દા.કે. શ. સ. સ.)
સહાય સચિવ

નં: જીપીસીબી/ બી.એમ.ડબલ્યુ.સી-૧૩૧/૩૪૧૧/૨૪. 2:9 JUN 2016

નકલ રવાના:-

- (૧) તમામ પ્રાદેશિક કચેરી, ગુ.પ્ર.નિ.બોર્ડને જાણ તેમજ જરૂરી કાર્યવાહી અર્થે.
- (૨) તમામ યુનિટ હેડશ્રી : જરૂરી જાણ તથા યોગ્ય કાર્યવાહી અર્થે.
- (૩) આઈટી શાખા, એલાપીએન પર મુકવા અર્થે
- (૪) માન અધ્યક્ષશ્રી/ સહાય સચિવશ્રીના ઁંગત સચિવને જાણ અર્થે

નં: જીપીસીબી/ બી.એમ.ડબલ્યુ.સી-૧૩૧/

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A BRIEF HISTORY OF THE INDIAN RUPEE

The origin of the word "rupee" is found in the Sanskrit rupa "shaped; stamped, impressed; coin" and also from the Sanskrit word "rupya" meaning silver.

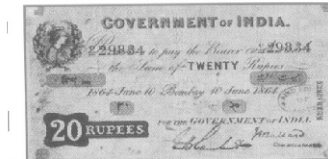
The silver coin remained in use during the Mughal period, and later during the British rule.



The Coinage Act of 1835 provided for uniform coinage throughout the country. It was only in 1858 when the British Crown gained control of the one hundred Princely states, and subsequently ended the Mughal Empire, that the coin's native images were replaced by portraits of the Monarch of Great Britain to indicate British Supremacy.



In 1867, the Victoria Portrait series of bank notes was issued in honour of Queen Victoria and later many emperors followed suit.



After gaining its independence in 1947 and becoming a republic in 1950, India's modern Rupee reverted back to the design of the signature Rupee coin. The symbol chosen for the paper currency was the Lion Capital at Sarnath which replaced the George VI series of bank notes



In 1996, the Mahatma Gandhi Series of Paper notes was introduced.





INDEPENDENT DAY - QUIZ

- Who is the author of the National Anthem of India?
 - Rabindranath Tagore
 - Bankim Chandra Chatterjee
 - Subhash Chandra Bose
 - Sardar Vallabhbhai Patel
- What does the blue wheel that appears in the Indian national flag stand for?
 - The wheel of religion
 - The wheel of law of justice
 - The wheel of Krishna
 - The wheel of fortune
- Who gave the slogan "Swaraj is my birthright and I shall have it"?
 - Mahatma Gandhi
 - Lal Bahadur Shastri
 - Bal Gangadhar Tilak
 - Jawaharlal Nehru
- Who was the first President of Independent India?
 - Dr. Rajendra Prasad
 - Mahatma Gandhi
 - Jawaharlal Nehru
 - Dr. S Radhakrishnan
- Who was the Lal in Lal, Bal, Pal?
 - Lal Bahadur Shastri
 - Lala Laipat Rai
 - Jawaharlal Nehru
 - Motilal Nehru
- The first Indian National Army was founded by
 - Sardar Vallabhai Patel
 - Capt Mohan Singh
 - Subhash Chandra Bose
 - Bhagat Singh
- Who is known as the Nightingale of India?
 - Sarojini Naidu
 - Lata Mangeshkar
 - Annie Besant
 - Aruna Asaf Ali
- Who gave the slogan "Give me blood and I shall give you freedom"?
 - Sardar Vallabhai Patel
 - Chandrashekhar Azad
 - Ramprasad Bismil
 - Subhash Chandra Bose
- The famous movement launched by Mahatma Gandhi to break salt law was
 - Quit India Movement
 - Non-Cooperation Movement
 - Indian National Movement
 - Civil Disobedience Movement
- Where does the Prime Minister of India hoist the flag on 15th August?
 - At India Gate
 - At Red Fort
 - At Parliament
 - At Gateway Of India
- When did the Constitution of India come into the force?
 - 26th November, 1949
 - 15th August, 1950
 - 26th January, 1950
 - 21st January, 1950
- Who did rule the India for 150 years?
 - Dutch
 - French
 - English
 - America
- Who was the last Mughal Emperor?
 - Bahadur Shah Zafar
 - Lal Bahadur Shastri
 - Bahadur Shah
 - Aurangzeb
- When did India get freedom?
 - 15th August 1947
 - 14th August 1949
 - 26th Hanuary 1950
 - 2nd October 1948



- Who advocated the policy of abolishing princely states in free India?
 - Sardar Vallabhai Patel
 - Jawaharlal Nehru
 - C. Rajgopalachari
 - Mahatma Gandhi
- "Be proud that you are an Indian, proudly claim I am an Indian, every Indian is my brother." Who had said these words?
 - Mahatma Gandhi
 - Lala Lajpat Rai
 - Swami Vivekananda
 - Jawaharlal Nehru
- With reference to Indian Freedom Struggle, who of the following was the lady representative of India at the Second Round Table Conference?
 - Sucheta Hriplani
 - Aruna Asaf Ali
 - Vijayalakshmi Pandit
 - Sarojini Naidu
- The first movement launched against the British in India was:
 - Swadeshi Movement
 - Khilafat Movement
 - Quit India Movement
 - Non-Cooperation Movement
- Who was called by British rulers as 'the leader of Indian unrest'?
 - Mahatma Gandhi
 - Bal Gangadhar Tilak
 - Subhash Chandra Bose
 - Gopal Krishna Gokhale
- The first woman President of the Indian National Congress was:
 - Annie Besant
 - Sarojini Naidu
 - Vijayalakshmi Pandit
 - Kasturba Gandhi
- Who was the founder of Muslim League in India?
 - Nawab Salimulla
 - M.A. Jinnah
 - Sir Syed Ahmad Khan
 - None of the above
- "If a God were to tolerate untouchability I would not recognise him as God at all". These words were spoken by:
 - Mahatma Gandhi
 - Bal Gangadhar Tilak
 - Swami Vivekananda
 - Gopal Krishna Gokhale
- When Gandhiji was arrested during Salt Satyagraha who took his place as the leader of movement?
 - Abdul Kalam Azad
 - Abbas Tyabji
 - Sardar Vallabhai Patel
 - Jawaharlal Nehru
- In which of the following movements BandeMataram was adopted as a slogan for agitation:
 - Quit India movement in 1942
 - Non-Cooperation movement in 1922
 - Partition of Bengal in 1905
 - Revolt of 1857
- From where did Mahatma Gandhi start his historic Dandi March?
 - Sabarmati Ashram
 - ChauriChaura
 - Dandi
 - Champaran

1. (A) 2. (B) 3. (C) 4. (A) 5. (B) 6. (B) 7. (A) 8. (D) 9. (D) 10. (B) 11. (C) 12. (C) 13. (A) 14. (A) 15. (B) 16. (C) 17. (D) 18. (A) 19. (B) 20. (A) 21. (B) 22. (A) 23. (B) 24. (C) 25. (A)

Answers :