



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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

Office : A.M.A. House, 2nd Floor, Opp. H. K. College, Ashram Road, Ahmedabad-380 009.

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GUJARAT MEDICAL JOURNAL

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**STATE PRESIDENT
AND
HON. STATE SECRETARY'S
MESSAGE**



Dear members

Season's Greetings!

Indian Medical Association, the largest association in the world, is the sole representation of the modern medicine and has enormous strength across the country. Staying focused on the country's healthcare mission, remaining steadfast in the pursuit of excellence and always doing the right thing for the nation & the people is moto of Indian Medical Association. The pandemic has seen the might of IMA & modern medicine. While the world was under mass quarantine, IMA doctors were busy in delivering their duties, against all odds. Doctors delivered their professional expertise in fearless manner. Pandemic marked the importance of modern medicine & doctors beyond doubt. IMA doctors delivered their services in community clinics, covid specific facilities, covid ICUs, HDUs. Doctors working in non-covid facilities too were exposed to covid. IMA lost its more than 730 expert doctors while fighting with covid.

We, the professionals of the modern medicine, believe in the scientific, evidence based & safe healthcare. The history is witness to the contributions of modern medicine through the mighty Indian Medical Association in our country. IMA always has propagated the preventive medicine & importance of vaccines in building the immunity for people. This time, it is against the dreaded covid-19 pandemic. IMA has delivered its expertise through its members across the country during last 10 months. We also extended our professional expertise to the administration during the active phase of pandemic.

While the world is trying its best to find the vaccine against the covid-19, our own Indian expertise, scientists & professionals have brought in our own vaccine for the people of this country. And this is the proud moment for all of



us. Indian Medical Association congratulates & lauds the efforts of our scientists & professionals. IMA congratulates the Government of India for working out the covid vaccine on fast track.

**Really, India has proved,
"Make in India"
&
आत्मनिर्भर भारत ।**

Unfortunately, it is witnessed that numerous myths are making rounds on social media against this crucial covid vaccination, its safety, efficacy etc. These myths are creating unreasonable queries amongst people. More than covid, these rumours are proving harmful. People are getting misled by these myths. Obviously, as the modern medicine professional body, it is the natural responsibility on our shoulders to fight with the menace of the misinformation against covid vaccine. And there stands no chance for any delay in rolling out this important covid vaccination drive. Country & people must understand the true facts & advantages of the covid vaccination.

Being the professional body of modern medicine, Indian Medical Association accepts this challenge of putting the covid vaccination drive on track. The world & our country have waited long for this vaccine. It is the master work by our scientists to prepare this vaccine in such a short time for our own people. We hold public awareness as our natural responsibility. It is only modern medicine which has stood for the preventive medicine & vaccines in the past. IMA stands with the Government of India with its every might in this important mission. Each IMA professional across the country will deliver its help in the covid vaccination drive, in public awareness.

Vaccines are for building the immunity in human body. They develop immunity & decrease the chances of contracting the illness. These basic facts should be brought in public awareness. IMA shall demote the misinformation floating against the vaccine & conduct public education & awareness campaigns across the country.

Indian Medical Association has appealed its all members across the country to go ahead for covid vaccination. IMA believes in leading by example. We will stand as the role model for people of this country. IMA will lead this drive across the country in unison with the government.



IMA believes in TEAM concept and acknowledge the dedicated services of our team members Nurses, ward boys, paramedical staff and we promote entire health team to come forward and get the vaccine free in the first phase itself. We as the responsible organization have established a Pharmacovigilance cell at IMA HQ, New Delhi, to monitor and provide appropriate helps for the adverse events, if any. All our infrastructure facilities will be made available for the set up of Covid vaccination centres in the successive phases.

Let us prove the might of Indian Medical Association. Let us make this vaccination drive, a success story to be written in golden words for the generation next. Let us make our people aware of the importance of covid vaccine & importance of preventive medicine. We appeal to all IMA members to design the mechanisms to promote the vaccine. We also suggest to reach out to maximum public forums, media, social media etc to increase the awareness about the vaccine.

IMA reiterates its stand to be in support of covid vaccination drive.

As we all know that more than 730 Modern Medicine Doctors (Allopathic) have sacrificed their lives in the service of the nation and to serve suffering humans in the COVID 19 Pandemic. Many left behind families and Children who require HELP for Sustenance, Education and Upbringing. As our Indian Medical Association, Gujarat State Branch (IMA GSB) Is very well known for always stand behind each and every call given by IMA (H.Q.). Our members have donated generously in all noble causes like Earthquake in Latur and Gujarat, Tsunami in costal states of India and many other. Now it's Time again to HELP families of our own members who are not with us. As we have helped members who sacrificed their lives at local branches and State level too. but, It is time to help our members families at national level. so, we request you individually to donate/ contribute liberally for the families and children of our own ima members from all over India.

Indian Medical Association is on the Mission for Mankind.

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.)



IMA COVID MARTYRS FUND

Following Doctor's / NGO have donated generously towards **IMA COVID MARTYRS FUND** Payment already received by IMA HQ, New Delhi

No.	Name	Branch	Rs.
291.	Dr. Sapan Pandya	Ahmedabad	25000
292.	Dr. Urmil Girishbhai Shah	Ahmedabad	21000
293.	Dr. Alay Sureshbhai Banker	Ahmedabad	20000
294.	Dr. Dilip Dinkarra Dave	Ahmedabad	11000
295.	Dr. Gurudatt Bavnilal Thakkar	Ahmedabad	11000
296.	Dr. Paresh Ratilal Mehta	Ahmedabad	11000
297.	Dr. Rakesh Chandrakantbhai Shah	Ahmedabad	11000
298.	Dr. Shalini Pandya	Ahmedabad	11000
299.	Dr. Vijay J. Bhavsar	Ahmedabad	11000
300.	Kankaria Maninagar Nagarik Sahakari Bank	Ahmedabad	5001
301.	Dr. Ankit Pravin Bhavsar	Ahmedabad	5000
302.	Dr. Devang Prahladbhai Thakker	Ahmedabad	5000
303.	Dr. Dharmendra Mahenerabhai Dodiya	Ahmedabad	5000
304.	Dr. Kalpeshkumar K Prajapati	Ahmedabad	5000
305.	Dr. Prashant N. Mukadam	Ahmedabad	5000
306.	Dr. Tejas Parikh	Ahmedabad	5000
307.	Dr. Vasant	----	5000
308.	Dr. Vishal R. Shah	Ahmedabad	2000
309.	Dr. Ramniklal Balubhai Chauhan	----	1000
310.	Dr. L.R. Gohil	Bharuch	10995.28
311.	Dr. Niraj Arvindbhai Joshi	Bhavnagar	10000
312.	Dr. Sanjaykumar Ratikant Thakur	Bhavnagar	5000
313.	Dr. Deepak Tulsidas Suthar	Bhuj	11000
314.	Dr. Bhupendra shah	Himatnagar	11000
315.	Dr. Dinesh Patel	Himatnagar	11000
316.	Dr. Dinesh Prajapati	Himatnagar	11000
317.	Dr. Jayraj Bhatt	Himatnagar	11000
318.	Dr. M B Soni	Himatnagar	11000
319.	Dr. Natubhai Patel	Himatnagar	11000
320.	Dr. A R Patel	Himatnagar	5000
321.	Dr. Amit Pathak	Himatnagar	5000
322.	Dr. Ashvin Patel	Himatnagar	5000



323.	Dr. Bipin Patel	Himatnagar	5000
324.	Dr. Dipak Leuva	Himatnagar	5000
325.	Dr. Hitesh Patel	Himatnagar	5000
326.	Dr. I J Patel	Himatnagar	5000
327.	Dr. Kaushik Shah	Himatnagar	5000
328.	Dr. Mahendra Parmar/ Dr. AA Memon	Himatnagar	5000
329.	Dr. Mehul Patel	Himatnagar	5000
330.	Dr. Navin Modi	Himatnagar	5000
331.	Dr. Pranay Gadhvi	Himatnagar	5000
332.	Dr. Pravin Patel	Himatnagar	5000
333.	Dr. Bhavik Shah	Himatnagar	3000
334.	Dr. Ashvin Nayak	Himatnagar	2500
335.	Dr. Atul Nayak	Himatnagar	2500
336.	Dr. Bharat Shah	Himatnagar	2500
337.	Dr. Brijesh Modi	Himatnagar	2500
338.	Dr. Jagdish Nayak	Himatnagar	2500
339.	Dr. Jigar Patel	Himatnagar	2500
340.	Dr. Kavesh Patel	Himatnagar	2500
341.	Dr. Ketan Patel	Himatnagar	2500
342.	Dr. Mukesh Modi	Himatnagar	2500
343.	Dr. Nitin Rami	Himatnagar	2500
344.	Dr. Pinakin Patel	Himatnagar	2500
345.	Dr. Prakash Joshi	Himatnagar	2500
346.	Dr. Rahiyan Memon	Himatnagar	2500
347.	Dr. Ronak Modi	Himatnagar	2500
348.	Dr. Shailesh Patel	Himatnagar	2500
349.	Dr. Varis Ali	Himatnagar	2000
350.	Dr. Gunjan Patel	Himatnagar	1500
351.	Dr. Hemant Patel	Himatnagar	1000
352.	Dr. Kiran Patel	Himatnagar	1000
353.	Dr. Rakesh Patel	Himatnagar	1000
354.	Dr. Avankumar Dineshchandra Doshi	Idar	11000
355.	Dr. Prashant C. Sorathiya	Jamnagar	2100
356.	Dr. Kinjal D. Rami	Jamnagar	7001
357.	Dr. Nandlal Narayan Sonagara	Jamnagar	5000
358.	Dr. Devanshu Shukla	Jamnagar	11000
359.	Dr. Naresh B. Patel	Mehsana	10000



360.	Dr. Praful R. Desai	Navsari	11000
361.	Dr. Kanubhai R. Vora	Palanpur	5000
362.	Dr. Saroj Bala / Ashvin Vaghasiya	Rajkot	5000
363.	Dr. Ashvin Vaghani	Surat	11000
364.	Dr. Bharat Sutariya	Surat	11000
365.	Dr. Parul Vadgama	Surat	11000
366.	Dr. Jayant Shah	Surat	10000
367.	Dr. C.D. Lalwani	Surat	5000
368.	Dr. Darpana Trivedi	Surat	5000
369.	Dr. Hareesh Vastrapara	Surat	5000
370.	Dr. Hiren Makwana	Surat	5000
371.	Dr. K.N. Sheladiya	Surat	5000
372.	Dr. Mukul Choksi	Surat	5000
373.	Dr. Mukur Petrolwala	Surat	5000
374.	Dr. Paresch Munshi	Surat	5000
375.	Dr. Rajnikant Patel	Surat	5000
376.	Dr. Ritesh Sukhramwala	Surat	5000
377.	Dr. Salim Anwerali Hirani	Surat	5000
378.	Dr. Sandeep Kansal	Surat	5000
379.	Dr. Vimal B. Jariwala	Surat	5000

* * * * *

N.B. :

(1) Those who have committed are requested to transfer the fund amount.

(2) If you have paid already then please intimate to IMA GSB office with details -

Name, Payment Receipt & PAN No.

E-mail : imagsb@gmail.com

Whatsapp : 98250 62381



IMA COVID MARTYRS FUND

AN APPEL

Dear Friends and All IMA Members,

As we all know that more than 730 Modern Medicine Doctors (Allopathic) have sacrificed their lives in the service of the nation and to serve suffering humans in the COVID-19 Pandemic...

Many left behind families and Children who require HELP for Sustenance, Education and Upbringing..

As our Indian Medical Association, Gujarat State Branch (IMA GSB) is very well known for always stand behind each and every Call given by IMA (H.Q.)

Our members have donated generously in all noble causes like Earthquake in Latur and Gujarat, Tsunami in costal states of India and many other...

Now it's Time again to HELP families of our own members who are not with us...

As we have helped members who sacrificed their lives at local branches and State level too.. but.. it is time to help our members families at National Level...

So we request you individually to donate/ contribute liberally for the families and children of our own ima members from all over India ..

Please contribute liberally online in favour of -

"IMA COVID MARTYRS FUND"

A/C-90672010079247

IFSC-SYNB0009067

Bank- CANARA BANK

Branch- C R Building

MICR-110025073

SWIFT- SYNBINBB126



Please send your transaction copy/screenshot, name, address with PAN Number for 80 G certificate to IMA GSB Office or

Email-imagsb@gmail.com



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

- 08-12-2020 Dr. Devendra R. Patel, President, IMA GSB attended State Task Force for Immunization (STFI) meetign for COVID-19 vaccination at Gandhinagar.
- 14-12-2020 Dr. Devendra R. Patel, President, IMA GSB attended BMACON inauguration by video conference.
- 05-01-2021 Dr. Kamlesh B. Saini, Hon. State Secretary, IMA GSB attended State TB Forum meeting at Gandhinagar.
- 09/10-01-21 Dr. Devendra R. Patel, President, IMA GSB and Dr. Kamlesh B. Saini, Hon. State Secretary, IMA GSB attended meeting of 1st State Presidents and State Secretary at New Delhi.

* * * * *

CONGRATULATIONS



IMA Prof. Shridhar Sharma Oration Award (IMA HQs)

Awarded to

Dr. Pragnesh C. Joshi (Surat)

95th Annual National Conference, Chennai
on 28th December-2020

* * * * *

- ❖ **Dr Nirmalbhair Choraria ; Surat**
Being appointed post of president of AHPI Gujarat State. (Association of Health care providers India)
- ❖ **Binita, Daughter of Dr. Mukesh Dholakiya: Mahuva**
For securing 16th rank in Neurosurgery branch, All India NEET SS 2020.


NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH
We welcome our new members

L_M_No.	NAME	BRANCH
LM/29765	Dr. Ramani Nitin Vinodbhai	Rajkot
LM/29766	Dr. Vaghashiya Parth Hareshbhai	Rajkot
LM/29767	Dr. Parmar Umesh Prabhubhai	Bhavnagar
LM/29768	Dr. Malviya Manasvini Dahyabhai	Bhavnagar
LM/29769	Dr. Gohil Devang Ashwinbhai	Bhavnagar
LM/29770	Dr. Pithadiya Dhara Jagdishbhai	Bhavnagar
LM/29771	Dr. Patel Hiren Champaklal	Palanpur
LM/29772	Dr. Soni Pavan Ranjukumar	Palanpur
LM/29773	Dr. Syed Avais Altaf	Palanpur
LM/29774	Dr. Bhatu Jaydeepkumar Jadavbhai	Junagadh
LM/29775	Dr. Maheshwari Nirav Rajendrakumar	Nadiad
LM/29776	Dr. Desai Paresh Krushnabhai	Mehsana
LM/29777	Dr. Makwana Neha Natvarlal	Mehsana
LM/29778	Dr. Pandey Anand Satyadev	Navsari
LM/29779	Dr. Patel Hiren Prakashbhai	Anand
LM/29780	Dr. Patel Arti Dineshbhai	Anand
LM/29781	Dr. Shah Ravi Kiritkumar	Anand
LM/29782	Dr. Patel Dipa Shreyaskumar	Anand
LM/29783	Dr. Badi Imran Abdulsattar	Anand
LM/29784	Dr. Koradia Kamal Vallabhbhai	Talaja
LM/29785	Dr. Shah Dhruvin Jashvantkumar	Surat
LM/29786	Dr. Patel Mitul Jamubhai	Surat
LM/29787	Dr. Mundra Ankit Ishwarchand	Surat
LM/29788	Dr. Solanki Rinkal Narendrasinh	Surat
LM/29789	Dr. Khamar Poojan Jagdishbhai	Mehsana



LM/29790	Dr. Patel Vikas Vinodchandra	Vadodara
LM/29791	Dr. Patel Jigar Kantibhai	Vadodara
LM/29792	Dr. Shah Roshni Sanjaykumar	Vadodara
LM/29793	Dr. Dave Bhavin Shaileshkumar	Vadodara
LM/29794	Dr. Dave Khyati Bhavin	Vadodara
LM/29795	Dr. Parikh Ankur Ramprakash	Vadodara
LM/29796	Dr. Naik Krishna Kamleshkumar	Vadodara
LM/29797	Dr. Sapre Chinmaye Mukundbhai	Vadodara
LM/29798	Dr. Chakurkar Renuka Raghvendra	Vadodara
LM/29799	Dr. Solanki Bhavesh Harshadbhai	Bhavnagar
LM/29800	Dr. Golakiya Hitesh Keshavlal	Bhavnagar
LM/29801	Dr. Chauhan Shailesh Ganpatbhai	Bhavnagar
LM/29802	Dr. Kapadiya Bhavin Devarajbhai	Junagadh
LM/29803	Dr. Gajera Nirali Jamanbhai	Junagadh
LM/29804	Dr. Ajudiya Jatin Girdharbhai	Jamnagar
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LM/29806	Dr. Shah Palak Smit	Borsad
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LM/29808	Dr. Patel Nainesh Makhanbhai	Bharuch
LM/29809	Dr. Buha Mahesh Mavajibhai	Surat
LM/29810	Dr. Didhat Nisha Balubhai	Surat
LM/29811	Dr. Zalavadiya Nitin Parbatbhai	Surat
LM/29812	Dr. Ranpariya Mayuri Rajeshkumar	Surat
LM/29813	Dr. Ghelani Abhishek Govindbhai	Surat
LM/29814	Dr. Joshi Harsh Ashvinbhai	Surat
LM/29815	Dr. Mansuri Samiya M.Yusuf	Patan
LM/29816	Dr. Trivedi Parth Bharatkumar	Gandhinagar
LM/29817	Dr. Prajapati Ajay Govindbhai	Gandhinagar
LM/29818	Dr. Gurjar Dipalben Nitinkumar	Gandhinagar
LM/29819	Dr. Mathukiya Sanket Chetanbhai	Gandhinagar



LM/29820	Dr. Patel Nisarg Bharatbhai	Patan
LM/29821	Dr. Soni Rajesh Ramswarupbhai	Tharad
LM/29822	Dr. Chaudhari Dhruv Vinodbhai	Bayad
LM/29823	Dr. Gajera Hiren Bavchandbhai	Surat
LM/29824	Dr. Undhad Ashwin Meghabhai	Surat
LM/29825	Dr. Undhad Rimpal Ashwinkumar	Surat
LM/29826	Dr. Purohit Jinesh Bharatkumar	Surat
LM/29827	Dr. Ladumor Jignesh Lakhabhai	Surat
LM/29828	Dr. Bhide Siddhi Sandeepbhai	Godhra
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LM/29830	Dr. Patel Grishma Jayeshkumar	Ahmedabad
LM/29831	Dr. Shah Aalap Miteshbhai	Ahmedabad
LM/29832	Dr. Raval Dhiren Narmadashankar	Ahmedabad
LM/29833	Dr. Bhalla Simran Ramniksingh	Ahmedabad
LM/29834	Dr. Akhunji Wasea Sahil	Ahmedabad
LM/29835	Dr. Dadhaniya Nikunj Vallabhdas	Ahmedabad
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LM/29837	Dr. Shah Ankit Nayanbhai	Ahmedabad
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LM/29844	Dr. Patel Anshul Alpeshkumar	Ahmedabad
LM/29845	Dr. Patel Nishtha Anshul	Ahmedabad
LM/29846	Dr. Kotadia Bhargav Jitendrakumar	Ahmedabad
LM/29847	Dr. Kotadia Kanisha Bhargav	Ahmedabad
LM/29848	Dr. Jain Sangeet Sureshbhai	Ahmedabad



LM/29849	Dr. Shah Deep Manishbhai	Ahmedabad
LM/29850	Dr. Gandhi Chaiti Jayeshbhai	Ahmedabad
LM/29851	Dr. Thanki Chintan Narendrabhai	Ahmedabad
LM/29852	Dr. Patel Krishna Anilkumar	Ahmedabad
LM/29853	Dr. Shah Mansi Mohitbhai	Ahmedabad
LM/29854	Dr. Pathak Ketul Kanubhai	Ahmedabad
LM/29855	Dr. Parikh Nehi Parimalbhai	Ahmedabad
LM/29856	Dr. Vanzara Saurabh Sureshbhai	Ahmedabad
LM/29857	Dr. Vanzara Ankita Saurabhbhai	Ahmedabad
LM/29858	Dr. Patel Kalpesh Chandulal	Ahmedabad
LM/29859	Dr. Patel Nikhil Jagdishbhai	Ahmedabad
LM/29860	Dr. Patel Rakshaben Nikhilkumar	Ahmedabad
LM/29861	Dr. Mashru Parth Dharmeshbhai	Ahmedabad
LM/29862	Dr. Mistry Rutviz Rajendrabhai	Ahmedabad
LM/29863	Dr. Modh Rutu Niranjankumar	Ahmedabad
LM/29864	Dr. Modi Pratik Arvindbhai	Ahmedabad
LM/29865	Dr. Singh Pallavi Anupkumar	Ahmedabad
LM/29866	Dr. Jangid Kapil Sanvermal	Ahmedabad
LM/29867	Dr. Chauhan Hina Dashrathbhai	Ahmedabad
LM/29868	Dr. Shah Rushabh Ajaybhai	Ahmedabad
LM/29869	Dr. Panchal Anoli Arunbhai	Ahmedabad
LM/29870	Dr. Patel Utkarsh Arvindbhai	Ahmedabad
LM/29871	Dr. Dubey Abha Shriniwas	Ahmedabad
LM/29872	Dr. Modi Vijal Bhadrakbhai	Ahmedabad
LM/29873	Dr. Sompura Yaksh Shaileshkumar	Ahmedabad
LM/29874	Dr. Patel Bhavin Jayantibhai	Ahmedabad
LM/29875	Dr. Shah Vaishal Sanjaybhai	Ahmedabad
LM/29876	Dr. Patel Jil Pinakinbhai	Ahmedabad
LM/29877	Dr. Senjaliya Ankita Rameshbhai	Ahmedabad



OBITUARY

We send our sympathy & condolence to the bereaved family



Dr. Rajendrakumar B. Nagda

(04-02-1950 - 21-11-2020)

Age : 70 year

Qualification : M.B.B.S.

Name of Branch : Ahmedabad

* * * * *

Dr. Mehta Pravinchandra V.	14-10-2020	Jamnagar
Dr. Jasani Jaysukhlal C.	20-10-2020	Junagadh
Dr. Usha Mahendra Nanavati	08-11-2020	Ahmedabad
Dr. Patel Natvarlal K.	18-11-2020	Ahmedabad
Dr. Nagda Rajendrakumar B.	21-11-2020	Ahmedabad
Dr. Tolia Jagdish H.	25-11-2020	Morbi
Dr. Shah Kanubhai P.	02-12-2020	Ahmedabad
Dr. Bayad Sidhik I.	04-12-2020	Bhuj
Dr. Agrawal Rajendrababu K.	05-12-2020	Ahmedabad
Dr. Kotadia Manharlal K.	15-12-2020	Petlad
Dr. Mehta Pratap N.	16-12-2020	Ahmedabad
Dr. Shah Jasvant K.	23-12-2020	Khambhat
Dr. Patel Ramaben N.	23-12-2020	Mehsana
Dr. Vora Nagindas H.	29-12-2020	Ahmedabad
Dr. Santdasani Hassaram D.	30-12-2020	Sidhpur

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



OBITUARY

IMA-GSB Members (Corona Warriors) Who Lost Fight against COVID-19



Dr. Anand Sushilkumar P.
Date : 11-12-2020
(Ahmedabad)



Dr. I. K. Ramnani
Date : 12-12-2020
(Ahmedabad)



Dr. Bolia B. S.
Date : 29-12-2020
(Kandla)



Dr. Kantilal V. Shah
Date : 01-01-2021
(Modasa)

* * * * *

BRANCH ACTIVITY

MORBI

- 01-12-2020 World AIDS day, distributed AIDS awanress pamphlets to patients in various hospital
- 17-12-2020 CME with CDHO regarding Covid Vaccination to health care worker.
- 24-12-2020 to 31-12-2020 Free treatment camp for 1 wk and given free of cost treatment to all patients by Dr. Vaishali Saradava.

PALANPUR

- 18-11-2020 Public awareness against Covid-19.
- 27-11-2020 Flag march for Corona awareness and preventive measure.



PROFESSIONAL PROTECTION SCHEME; G.S.B. I.M.A.

“P. P. S. House”, Beside Sakar-V Building, Nr. Mithakhali Railway Crossing,
Off Ashram Road, Navrangpura, Ahmedabad-380009.

Tele No. : 079-2658 8929 E-mail : ppsgsbima1@yahoo.in
Website : www.ppsgsbima.com

Sub.: Organisation of Educative Zonal Seminar by Local Branch and Financial Assistance by P.P.S. GSB-IMA.

Professional Protection Scheme has arranged successfully Educational Seminars since many years. The last one was held at Ahmedabad Branch.

Looking to the success of these Seminars in educating and awakening our members in prevention and defence of litigations arising as a result of professional negligence or deficiency of service, PPS has decided to have two such Zonal Educative Seminars in each zone of Gujarat State Branch of I.M.A.

The subject of such Educational Programme shall be in relation to

1. Consumer Protection Act
2. Professional Negligence and Deficiency in service
3. Prevention and Defence of such litigation and other related Topics
4. Laws Governing the Medical Practice.

If any branch wishes to have such Zonal Seminar then please, apply to the P.P.S. Office through branch Secretary before 31st March.

Dr. Bipin M. Patel
Managing Director



PROFESSIONAL PROTECTION SCHEME; G.S.B. I.M.A.

“P. P. S. House”, Beside Sakar-V Building, Nr. Mithakhali Railway Crossing,
Off Ashram Road, Navrangpura, Ahmedabad-380009.

Tele No. : 079-2658 8929 E-mail : ppsgsbima1@yahoo.in
Website : www.ppsgsbima.com

Attention Please !! - ALL THE MEMBERS OF P.P.S.

<u>Coverage</u> :	1 Crore Rupees AOA (Any one Accident)
From 01-04-2021	1 Crore Rupees AOY (Any one Year)

Dear Member,

Professional Protection Scheme has already sent a notice alongwith a Renewal Application form for renewing the membership before 31st March, 2021 for the year 2021-2022 "By Registered Post January 2021 to all the members.

We request you to draw kind attention towards the constitution of P.P.S.G.S.B.I.M.A.

Clause 10/B :- A member who does not pay the annual membership fee in advance – before 31st March (before the expiry of the indemnity cover) shall be discontinued without any notice.

Clause 10/C :- However if a discontinued member wants to revive his/her membership within one month of the expiry of the indemnity cover he/she shall pay annual membership fee only, but the indemnity covered shall be provided from the day of revival of the membership.”

Clause 10/D :- After one month if a member wants to rejoin the scheme, he/she shall be treated as a new member and he/she shall have to pay admission fees as well as annual membership fees.”

The member who has not sent the Renewal Application form duly filled in alongwith required amount is requested to send it immediately.

For Online : **Renewal**
Please visit our
Website : www.ppsgsbima.com

Dr. Bipin M. Patel
Managing Director



PROFESSIONAL PROTECTION SCHEME; G.S.B. I.M.A.

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Website : www.ppsgsbima.com

(Reported by Dr. Bipin M. Patel, Managing Director, P.P.S.)

Sub. : Renewal Notice : 2021-2022

The Office has received back the Renewal Notices of the following members with postal remarks as 'left' or 'Not Known'. The concerned members are requested to notify immediately change of their addresses to the P.P.S. Office.

Sr. No.	P.P.S. No.	Name	Branch/ City
1.	11093	Dr. Prajapati Jyotsana	Adipur Kutch
2.	15205	Dr. Akhani Dhavalkumar Dineshkumar	Ahmedabad
3.	7967	Dr. Ambani Hemaxi Hemang	Ahmedabad
4.	15861	Dr. Ankola Ekta Hareshkumar	Ahmedabad
5.	13552	Dr. Ashar Rucha Pravinchandra	Ahmedabad
6.	6475	Dr. Bansal Usha Vive	Ahmedabad
7.	13123	Dr. Barot Lipi Ashokbhai	Ahmedabad
8.	14925	Dr. Bhatt Darshankumar Madhavray	Ahmedabad
9.	836	Dr. Bhatt Harshadkumar Ratilal	Ahmedabad
10.	11228	Dr. Bhavsar Ankit Pravinkumar	Ahmedabad
11.	4237	Dr. Butani Lal Balubhai	Ahmedabad
12.	15253	Dr. Chandrana Uttam Hasmukhbhai	Ahmedabad
13.	13995	Dr. Chaudhari Vipulkumar Dineshbhai	Ahmedabad
14.	14169	Dr. Choudhary Bhoora Ram Amar Ram	Ahmedabad
15.	15862	Dr. Dadhania Jaykumar Maganlal	Ahmedabad
16.	2249	Dr. Dalal Sunil Bhagwatbhai	Ahmedabad
17.	11393	Dr. Damor Rohitkumar Mohansinh	Ahmedabad
18.	15709	Dr. Damore Karnik Babubhai	Ahmedabad
19.	13813	Dr. Desai Ronak Narendrakumar	Ahmedabad
20.	4013	Dr. Desai Sarvang Madhukarbhai	Ahmedabad
21.	387	Dr. Doctor Niranjana Natverlal	Ahmedabad
22.	15337	Dr. Doshi Dharmil Chandreshbhai	Ahmedabad
23.	12876	Dr. Gaadhe Parul Ravindra	Ahmedabad
24.	13237	Dr. Gaadhe Ravindra Laxmanbhai	Ahmedabad
25.	13793	Dr. Ghoghara Suja Khimjibhai	Ahmedabad
26.	15243	Dr. Gohel Puni Dhansukhbhai	Ahmedabad



27.	14500	Dr. Gumber Manoi Ramsharan	Ahmedabad
28.	7597	Dr. Gupta Krishan Gopal Ramprakash	Ahmedabad
29.	7599	Dr. Gupta Sushma Krishan Gopal	Ahmedabad
30.	16210	Dr. Jadeja Dhruvkumar Jayendrasinh	Ahmedabad
31.	5587	Dr. Joshi Harkant Gunvantrai	Ahmedabad
32.	644	Dr. Kamdar (mrs) Hemlata Praful	Ahmedabad
33.	14399	Dr. Katariya Ankitkumar Devayatbhai	Ahmedabad
34.	6606	Dr. Khatri Hiren Himmatlal	Ahmedabad
35.	1393	Dr. Kothari Mukesh Danjibhai	Ahmedabad
36.	14304	Dr. Kukerja Ajit Naniksinh	Ahmedabad
37.	2009	Dr. Madan Premkumar Lekhraj	Ahmedabad
38.	15079	Dr. Maheshwari Karankumar Prakash	Ahmedabad
39.	10886	Dr. Makani Sandeep Hareshkumar	Ahmedabad
40.	11846	Dr. Makwana Yashpalsinh Keshavlal	Ahmedabad
41.	9801	Dr. Mankad Mit Binishbhai	Ahmedabad
42.	11477	Dr. Mehta Arpit Dilipkumar	Ahmedabad
43.	14448	Dr. Modi Akshesh Pravinkumar	Ahmedabad
44.	14359	Dr. Mohite Ninad Pradip	Ahmedabad
45.	8804	Dr. Mortakhilkumar Gopaldas	Ahmedabad
46.	4934	Dr. Naik Bipin Ranjitrai	Ahmedabad
47.	14004	Dr. Panchal Gaurav Rameshkumar	Ahmedabad
48.	11138	Dr. Panchal Keyur Dhirendrakumar	Ahmedabad
49.	14964	Dr. Panchal Kishan Rajendrakumar	Ahmedabad
50.	10016	Dr. Panchal Swati Devendrabhai	Ahmedabad
51.	2185	Dr. Pandya Chandrak Karanlal	Ahmedabad
52.	14656	Dr. Parekh Akash Rajeshbhai	Ahmedabad
53.	1248	Dr. Parekh Prakashchandra Keshavlal	Ahmedabad
54.	12744	Dr. Parikh Devendra Ghanshyam	Ahmedabad
55.	12745	Dr. Parikh Kusuma Devendra	Ahmedabad
56.	11820	Dr. Parikh Purvi Mitul	Ahmedabad
57.	7465	Dr. Patel Akash Narayanbhai	Ahmedabad
58.	12416	Dr. Patel Brijesh Amrutlal	Ahmedabad
59.	2565	Dr. Patel Harshida Kirtibhai	Ahmedabad
60.	12920	Dr. Patel Hiren Fujjibhai	Ahmedabad
61.	13848	Dr. Patel Kalpan Purushottambhai	Ahmedabad
62.	8946	Dr. Patel Kanaiyalal Chandulal	Ahmedabad
63.	1711	Dr. Patel Kanaiyalal Dhanabhai	Ahmedabad
64.	13387	Dr. Patel Maharshikumar Chaturbhai	Ahmedabad
65.	14089	Dr. Patel Mauliktulsiahai	Ahmedabad



66.	2412	Dr. Patel Nandkumar Nathalal	Ahmedabad
67.	4230	Dr. Patel Navinchandra Ambalal	Ahmedabad
68.	3177	Dr. Patel Prahlabhai Narayandas	Ahmedabad
69.	15447	Dr. Patel Priyadatt Dineshkumar	Ahmedabad
70.	1997	Dr. Patel Ramesh Punjalal	Ahmedabad
71.	11317	Dr. Patel Rinku Tarak	Ahmedabad
72.	13214	Dr. Patel Samir Ramchandra	Ahmedabad
73.	924	Dr. Patel Shantilal Gordhanbhai	Ahmedabad
74.	15446	Dr. Patel Shreya Priyadatt	Ahmedabad
75.	12919	Dr. Patel Snehal Hiren	Ahmedabad
76.	9233	Dr. Patel Srujal Mulchandbhai	Ahmedabad
77.	11318	Dr. Patel Tarak Narayandas	Ahmedabad
78.	15683	Dr. Thakar Kiritkumar Bhaishanker	Ahmedabad
79.	14358	Dr. Prajapat Moolchand Chhawarlal	Ahmedabad
80.	2818	Dr. Prajapati Jayesh Aambalal	Ahmedabad
81.	10645	Dr. Prajapati Mukeshkumar Jayantibhai	Ahmedabad
82.	13349	Dr. Prajapati Sanjaykumar Jivabhai	Ahmedabad
83.	8075	Dr. Purohit Apurv Dineshkumar	Ahmedabad
84.	8376	Dr. Radadiya Rajnikant Chhaganbhai	Ahmedabad
85.	15840	Dr. Ramanuj Avadhesh Manharlal	Ahmedabad
86.	14067	Dr. Rana Viral Girishbhai	Ahmedabad
87.	13007	Dr. Raval Ameer Hirenbhai	Ahmedabad
88.	5055	Dr. Shah Alpesh Rasiklal	Ahmedabad
89.	4006	Dr. Shah Archana Paras	Ahmedabad
90.	5337	Dr. Shah Bhardresh Shankerlal	Ahmedabad
91.	9367	Dr. Shah Dipalkumar Mahendrabhai	Ahmedabad
92.	3240	Dr. Shah Ketan Shantilal	Ahmedabad
93.	15913	Dr. Shah Kinalben Kelpeshkumar	Ahmedabad
94.	5669	Dr. Shah Nikunj Vinaykant	Ahmedabad
95.	8300	Dr. Shah Pratik Meheshkumar	Ahmedabad
96.	395	Dr. Shah Pravin Keshavlal	Ahmedabad
97.	11133	Dr. Shah Rushabh Girishkumar	Ahmedabad
98.	5489	Dr. Shah Shalin Dipinkumar	Ahmedabad
99.	12712	Dr. Shah Vidhi Shripal Kumar	Ahmedabad
100.	14913	Dr. Sharma Tushar Rajendra	Ahmedabad
101.	4588	Dr. Sheth Keyur Mahendrakumar	Ahmedabad
102.	4691	Dr. Sheth Trupti Keyur	Ahmedabad
103.	11072	Dr. Surati Keyur Narendrabhai	Ahmedabad
104.	8990	Dr. Surati Pranavbhai Narendrakumar	Ahmedabad



105.	4090	Dr. Thakkar Navin Narsinhbhai	Ahmedabad
106.	4325	Dr. Vaishnav Mrugesh Dharnidhar	Ahmedabad
107.	8031	Dr. Vimal Rangarajan	Ahmedabad
108.	14047	Dr. Vora Hetal Dharmesh	Ahmedabad
109.	3652	Dr. Vyas Alpna Nirav	Ahmedabad
110.	3647	Dr. Vyas Nirav Virendrakumar	Ahmedabad
111.	14010	Dr. Vyas Tanmay Sunilkumar	Ahmedabad
112.	10856	Dr. Thakkar Minal Sunil	Amnagar
113.	12879	Dr. Bhuvu Kaushik Vallabhbhai	Amreli
114.	7083	Dr. Chotalia Kishori Dhirajlal	Amreli
115.	10181	Dr. Shah Hiteshkumar Bhugilal	Amreli
116.	10810	Dr. Brahmhatt Ashish Dinkarrav	Anand
117.	4038	Dr. Patel Dipakkumar Bhailalbhai	Anand
118.	14149	Dr. Sindhal Hareh Arjunbhai	Anand
119.	14147	Dr. Thakkar Dipak Chandulal	Anand
120.	15822	Dr. Vahora Nargisben Mahemudbhai	Anand
121.	15645	Dr. Gojaria Swetaben Chandulal	Ankleshwar
122.	1260	Dr. Panchal Mahendra Gordhanbhai	Ankleshwar
123.	424	Dr. Shah Narendra Gokaldas	Ankleshwar
124.	3555	Dr. Bhsesana Navaz Cyrus	Baroda
125.	9142	Dr. Saxena Atul Kumar	Baroda
126.	5552	Dr. Jadav Jeevanlal Motibhai	Bharuch
127.	11883	Dr. Sagar Ameeta Prashantbhai	Bharuch
128.	11882	Dr. Sagar Prashant Laxmanbhai	Bharuch
129.	1716	Dr. Andharia Satish Shantilal	Bhavnagar
130.	15878	Dr. Chondigara Nilesh Jaysukhbhai	Bhavnagar
131.	5530	Dr. Dankhara Dinesh Ranchhodbhai	Bhavnagar
132.	9206	Dr. Gajjar Bhupendrabhai Govindlal	Bhavnagar
133.	13786	Dr. Gheewala Pratikkumar Dilipbhai	Bhavnagar
134.	9169	Dr. Ghelani Rupal Manojbhai	Bhavnagar
135.	3362	Dr. Vaishnav Nilkanthrai Markandrai	Bhavnagar
136.	16068	Dr. Waghela Upendrasinh Girvatsinh	Bhuj - Kutch
137.	3336	Dr. Patel Rajesh Ratibhai	Dakor
138.	16226	Dr. Limbachiya Vikashkumar Laxmanbhai	Dehgam
139.	13189	Dr. Goel Megha Ramakant	Diu
140.	1720	Dr. Dubal Jagdish Ashwanikumar	Gandhidham
141.	13536	Dr. Amravatkar Arun Mukundray	Gandhinagar
142.	15587	Dr. Chaudhari Ankit Somabhai	Gandhinagar
143.	11721	Dr. Desai Sanket Pinakinbhai	Gandhinagar



144.	13636	Dr. Patel Ashishkumar Babubhai	Gandhinagar
145.	14577	Dr. Patel Niravkumar Jagdishchandra	Gandhinagar
146.	1050	Dr. Wakhariya Chandrakant Chimanlal	Gandhinagar
147.	15775	Dr. Pokar Nileshkumar Remeshbhai	Himmatnagar
148.	9309	Dr. Ganatra Jaydeeprajnikant	Jamnagar
149.	9373	Dr. Gantra Mauli Jaydeep	Jamnagar
150.	9147	Dr. Noyda Alimanimd Osman	Jamnagar
151.	10970	Dr. Pankhaniya Rajesh Naranbhai	Jamnagar
152.	4058	Dr. Parmar Dipakkumar Somanlal	Jamnagar
153.	10857	Dr. Thakkar Sunil Rajnikant	Jamnagar
154.	977	Dr. Doshi Deepak Umiashanker	Jetpur
155.	13480	Dr. Pandya Gajrang Bhupendrabhai	Junagadh
156.	15068	Dr. Sakhareliya Tushar Hareshbhai	Junagadh
157.	15539	Dr. Manasi Rajendra	Junagadh
158.	15540	Dr. Sodhatar Maulik Harsukhlal	Junagadh
159.	89	Dr. Joshi Subhash Hirjibhai	Kalol
160.	9826	Dr. Bhavsar Parag Chandrakant	Mehsana
161.	15104	Dr. Chaudhari Nareshkumar Cheljibhai	Mehsana
162.	3107	Dr. Khandelwal Mahesh Radheshyam	Mehsana
163.	15357	Dr. Vesetian Deep Harishkumar	Mehsana
164.	3441	Dr. Patel Dharmishthaben Hiteshbhai	Nadiad
165.	2767	Dr. Shah Malaben Bharatbhai	Nadiad
166.	16265	Dr. Suthar Kushal Nileshbhai	Nadiad
167.	16066	Dr. Morbiya Yogesh Babulal	Palanpur
168.	10705	Dr. Modi Pravinkumar Amritlal	Palej
169.	1036	Dr. Dandhariya Vishnudas Maniram	Petlad
170.	12738	Dr. Patel Payal Maheshbhai	Petlad
171.	12756	Dr. Patel Viralkumar Mahendrabhai	Petlad
172.	9026	Dr. Patel Jatin Ghanshyambhai	Rajkot
173.	8599	Dr. Pipaliya Ketan Jadavbhai	Rajkot
174.	12686	Dr. Bhatt Jay Satish	Surat
175.	12687	Dr. Bhatt Kalyani Jay	Surat
176.	10971	Dr. Bhutwala Bhavin Chandrakant	Surat
177.	6142	Dr. Desai Dayanidhi Navalram	Surat
178.	13859	Dr. Dudhwala Utkal Sureshkumar	Surat
179.	15432	Dr. Gadhavi Mohnish Vijaybhai	Surat
180.	13445	Dr. Gohil Jitendra Balubhai	Surat



181.	11770	Dr. Jariwala Chitrang Hemant	Surat
182.	11769	Dr. Jariwala Meghna Chitrang	Surat
183.	15585	Dr. Malaviya Mansukh Punabhai	Surat
184.	11858	Dr. Nandurkar Satyam Diwakar	Surat
185.	1488	Dr. Parikh Nainesh Harnishkant	Surat
186.	11949	Dr. Parmar Nishit Vijaykumar	Surat
187.	1782	Dr. Passwala Rajendra Jamiyatlal	Surat
188.	7743	Dr. Patel Bhagvatiben Bhavin	Surat
189.	12148	Dr. Prajapati Manish Durlabhbhai	Surat
190.	11895	Dr. Prajapati Rajesh Bhikhabhai	Surat
191.	11797	Dr. Prasad Dinesh Gangabalchand	Surat
192.	11796	Dr. Prasad Sarita Dinesh Parasad	Surat
193.	15622	Dr. Rakholiya Gautamkumar Harjeebhai	Surat
194.	12485	Dr. Rathod Bhadrash Narendrakumar	Surat
195.	8364	Dr. Shah Kirit Chhanalal	Surat
196.	9122	Dr. Shah Neepa Manharlal	Surat
197.	9981	Dr. Shah Samir Maganlal	Surat
198.	14500	Dr. Shaikh Sadik Imdadhusen	Surat
199.	9184	Dr. Sharivastava Rakeshkumar P.	Surat
200.	9415	Dr. Shrivastava Anjani Rakesh	Surat
201.	14371	Dr. Solanki Sandipkumar Rajnikant	Surat
202.	8478	Dr. Suthar Harish Arvindbhai	Surat
203.	10791	Dr. Tamaskan Rohit Moreshwar	Surat
204.	14569	Dr. Vadher Samir Has Mukhbhai	Surat
205.	14570	Dr. Vadhera Seema Samir	Surat
206.	12813	Dr. Vaishnav Abhik Pravinbhai	Surat
207.	13060	Dr. Champavneriya Shailesh D.	Surendra Nagar
208.	13960	Dr. Gami Gambhirsing C.	Surendra Nagar
209.	166	Dr. Patel Jyantilal S.	Unjha
210.	3621	Dr. Bhatt Ashok Jayantilal	Vadodara
211.	5769	Dr. Biniwale Samit Narendra	Vadodara
212.	11692	Dr. Brahmhatt Hemant Ramanlal	Vadodara
213.	13867	Dr. Buamiya Pinal Raj	Vadodara
214.	13866	Dr. Bumiya Raj Girishkumar	Vadodara
215.	4815	Dr. Dave Malhar Himanshu	Vadodara
216.	13795	Dr. Desai Arpan Pradipkumar	Vadodara
217.	14844	Dr. Gohil Krunal Kaushik Kumar	Vadodara



218.	10801	Dr. Jaiswal Jitendra Jayantilal	Vadodara
219.	11586	Dr. Makwana Bhavesh P.	Vadodara
220.	6691	Dr. Naik Pradeep Revadas	Vadodara
221.	12769	Dr. Pagi Shailesh Laxmanbhai	Vadodara
222.	11064	Dr. Pandya Chirag Bhupenidra	Vadodara
223.	7746	Dr. Parmar Ketan Hiralal	Vadodara
224.	13754	Dr. Patel Riddhi Manharbhai	Vadodara
225.	3464	Dr. Patel Vineshkumar Baldevbhai	Vadodara
226.	12190	Dr. Shah Bhupendra Ramanlal	Vadodara
227.	13927	Dr. Shah Darshankumar Harendrabhai	Vadodara
228.	7579	Dr. Shah Dharmishtha Nanubhai	Vadodara
229.	13708	Dr. Shah Ishita Darshankumar	Vadodara
230.	3515	Dr. Thakkar Nihalchand Hundaldas	Vadodara
231.	15315	Dr. Thekdi Vikal Dipakkumar	Vadodara
232.	759	Dr. Shah Chandravadan Chhotalal	Vapi

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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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IMA NATCON 2020 Tamilnadu





All India State Presidents, Secretaries & National Office bearer Meet, IMA HQ, New Delhi



* * * * *

Blankets Distribution by AMA in memory of Late Dr. Ashok Kanodia on his death anniversary at Pashupatinath Temple, Odhav



Late Dr. Ashok Kanodia on his Death Anniversary Blood Donation Camp



Ahmedabad Medical Association



KD Hospital at Gurukul Residency



Maninagar Medical Association



Seminar on Fire Safety and Emergency Management

Morbi Branch



* * * * *

Medical Camp Deesa Branch
**INDIAN MEDICAL ASSOCIATION**

GUJARAT STATE BRANCH

A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad -380009

PHONE : (079) 265 87 370 Email: imgsb@gmail.com

Date: 16-2-2020

Dear Branch Secretary

I hope that this circular finds you in the best of health and spirit. In continuation of my circular A-11/HFC/LM/2020-2021, further tabulated information is given below for the revision of fees effective from 1/4/2020. 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 31-3-2020 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	10865 -00	800-00	{20-00}	Rs. 10065-00
Couple	16104-00	1240-00	{30.00}	Rs. 14864-00

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

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



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 December 2020 in addition to their routine work. These are as under :

01-12-2020 to 31-12-2020 : 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 : 390 Iron Tablet,
Childrens : 20 Vitamin A Solution were distributed

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

DECEMBER 2020

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	658	257	915
(2)	Behrampura (Sardarnagar Ward)	1074	306	1380
(3)	Bapunagar (Potalia Ward)	848	137	985
(4)	Dariyapur (Isanpur Ward)	714	136	850
(5)	Gomtipur (Saijpur Ward)	1594	300	1894
(6)	Khokhra (Amraiwadi Ward)	910	-	910
(7)	New Mental (Kubernagar Ward)	329	06	335
(8)	Raikhad (Stadium Ward)	306	115	421
(9)	Wadaj (Junawadaj Ward)	775	145	920
(10)	Junagadh	—	—	—
(11)	Rander-Surat	----	----	----
(12)	Nanpura-Surat	----	----	----
(13)	Rajkot	953	298	1251



DECEMBER 2020

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	32	—	47	19440	510
(2)	Behrampura (Sardarnagar Ward)	—	—	25	9100	1525
(3)	Bapunagar (Potalia Ward)	04	—	15	13340	226
(4)	Dariyapur (Isanpur Ward)	50	—	55	7725	575
(5)	Gomtipur (Saijpur Ward)	10	—	28	10570	563
(6)	Khokhra (Amraiwadi Ward)	16	—	40	3800	288
(7)	New Mental (Kubernagar Ward)	16	—	46	10400	441
(8)	Raikhad (Stadium Ward)	35	—	47	23160	1158
(9)	Wadaj (Junawadaj Ward)	03	—	14	14000	2615
(10)	Junagadh	55	—	32	6000	212
(11)	Rander-Surat	17	—	16	720	15
(12)	Nanpura-Surat	12	—	332	960	30
(13)	Rajkot	25	—	50	8000	270



Amreli

NEWS CLIP

સૌથી પહેલા વેક્સિન લઈ શહેરના ડોક્ટરો લોકોને આપી રહ્યા છે પ્રેરણા આઈએમએના અધ્યક્ષ ડો. ગજેરાએ પણ પ્રથમ દિવસે વેક્સિન લગાવી

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અમરેલી જિલ્લામાં કોરોના સામે રક્ષકરણનો ગઠઠકાલથી જ આરંભ થઈ ચૂક્યો છે. શરૂઆતના તબક્કે કેટલાક લોકોમાં વેક્સિન લગાવવા સામે અસમજસ જોવા મળી રહી છે તેવા સમયે શહેરના જાણીતા તબીબોએ આગળ આવી સૌપ્રથમ વેક્સિન લગાવી લોકોને પ્રેરણા પૂરી પાડી છે.

દિવસે જ કોરોના વેક્સિન લીધી હતી. તેઓ પુલ્ક અગાઉ કોરોના સંક્રમિત થયા હતા. તેમણે જણાવ્યું હતું કે કોરોના સામેની લડાઈમાં દેશ છતાં એ મહત્વનું તબક્કું છે. એને તે માટે કોઈ જ પ્રકારની અસમજસ વગર વેક્સિન લેવી જોઈએ. વેક્સિનેશન થકી જ આપણે આ મહામારીને નાથી શકીશું. ભૂતકાળમાં પણ અનેક મહામારીને આપણે વેક્સિનેશન થકી જ નાબુદ કરી શક્યા છીએ. આવી જ રીતે અમરેલીના જાણીતા રેડીયોલોજિસ્ટ ડો. હર્ષદ

રાહોરે પણ ગઈકાલે પ્રથમ દિવસે જ વેક્સીન લગાવી હતી. શહેરના જાણીતા સ્ત્રીરોગ નિષ્ણાત ડો. પીયુષ ગોસાઈ ઉપરાંત અમરેલી સિવિલ હોસ્પિટલના ડો. હરેશ વેક્સિનની કોઈ આદઅસર થશે કે કેમ તેવી આશંકા અનેક લોકોમાં જોવા મળી રહી છે. પરંતુ શહેરના જાણીતા તબીબોએ પ્રથમ રાઉન્ડમાં પ્રથમ દિવસે જ વેક્સિન લગાવીને આ અંગે કોઈ મૂંઝવણમાં ન રહેવા લોકોને પ્રેરણા પૂરી પાડી હતી.



ડોક્ટર હર્ષદ રાહોરે, હરેશ વાહને લીધી વેક્સિન. ડોક્ટર વિપુલ, પ્રમુખ મજાસેન હર્ષદ વેક્સિન લેવામાં આવ્યા છે.

જ દેહલ અપડેટ તા. ૧૬-૧૨-૨૦૨૦

આરોગ્યનું ખીચડીકરણ

આપણ સૌને જાણ છે તેમ, સરકાર દ્વારા આયુર્વેદ પ્રેક્ટિશનર સર્ટિફીકેટ કરી શકે છે તેવો નિર્ણય બહાર પડાયો છે. આ નિર્ણયના વિરોધમાં એલોપથી ડોક્ટર્સ ઉભા છે. આવી કપરી સ્થિતિમાં આવા લેવાતા નિર્ણયો થી ભારતના સ્વાસ્થ્ય સાથે ચેરં કરતો નિર્ણય વર્તાય છે. આમાં ખ્યાન રાખવા જેવી બાબત એમ કે કોઈ પણ એલોપથી ડોક્ટર આયુર્વેદ ની બિલાહ નથી. આયુર્વેદ તે ભારત નું આગવું અને પોતાનું શાસ્ત્ર છે. જેનો જન્મ અહીંયા થયો છે અને ઘણા વર્ષો પહેલા જ્યારે વેદ વિકસિત શરૂઆતના તબક્કામાં હતી ત્યારે પૂરતી સારવાર પૂરી પાડી છે. જે કે આમાં યાદ આપવા જેવું છે કે મોડર્ન મેડિસિનનું ચરણ શરૂ થતાં આયુર્વેદ પદ્ધતિઓને આગળ વધારવા માં ક્યાંક ને ક્યાંક હાઇજન હોવા થી નવા જન્મેલા રોગો નો ઉલાજ આયુર્વેદ થી બની શકે એમ શક્ય નથી. કંઈક

એક સર્જરી ભલે શુશ્રુત હોય પણ હવે હાલના સમય ગાળા માં યોગ્ય જરીબુટીઓ, રસાયણો વગેરે થી હાલના કપરા રોગો નું નિર્ધનણ થાય છે. એલોપથી માં સર્જરી કરવા માટે યક્તિને પોતાના જીવનના ૧૦ જેટલા વર્ષો અર્પિત કરી દેવા પડે છે. ત્યારે જઈને એને હાથ માં ઓપરેશન અભાય છે. દરેક વાજ, ઈન્ફોર્મેન્સ સૌ નો પૂરતો અભ્યાસ કરવો પડે છે. પ.પ વર્ષ માં આપેલ નથી. એલોપથી માં અમુક રસાયણો જેમ કે મેરક્યુરી, આર્સેનિક વગેરે શરીર માટે નુકસાનકારક જણાય છે ત્યાં એજ રસાયણો નો ઉપયોગ આયુર્વેદ માં કરવામાં આવે છે. આમ કરવાથી લોકોના સ્વાસ્થ્ય સાથે ચેરં થતા હોય એમ વર્તાય છે. "Half knowledge is more dangerous" અર્થુર શાન વધારે બીજું એ પણ કે શક્તિયાના પહેલા

મિતલી મકવાણા સ્ટુડન્ટ - એમ.બી.બી.એસ. હોય તો તો આ સાવ વ્યાજબી વાત નથી લાગતી કારણ કે આ દવાઓ વિશે વિગતવાર માહિતી જે તે કોર્સ માં આપેલ નથી. એલોપથી માં આર્સેનિક વગેરે શરીર માટે નુકસાનકારક જણાય છે ત્યાં એજ રસાયણો નો ઉપયોગ આયુર્વેદ માં કરવામાં આવે છે. આમ કરવાથી લોકોના સ્વાસ્થ્ય સાથે ચેરં થતા હોય એમ વર્તાય છે. "Half knowledge is more dangerous" અર્થુર શાન વધારે બીજું એ પણ કે શક્તિયાના પહેલા

જ મુળ થી સમજણ સ્વીકાર્ય વગર આમ શક્તિયા માટે નો નિર્ણય યોગ્ય નથી. એ પણ એ તબક્કે જ્યાં જેટલી કિયાઓ કરી શકવાની છૂટ અપાય છે તેમાંથી ઘણી સુપરેસ્પેશિયલિટી નો ગણાય છે અને સ્પર્ધાત્મક પરીક્ષા લેવાય છે. સૌએલોપથી ડોક્ટર્સ આયુર્વેદ નું ભલું ઈચ્છે છે અને એમની પ્રગતિને સ્વીકારે છે પરંતુ એમના બે ભિન્ન વિષયો ને મેળવીને જેમણી બનાવાની સરકાર એ નિર્ણય કર્યો છે તેનો અમ સર્વ તરફ થી વિરોધ છે. આ સાથે માગણી કરવાની સીકે કે રાષ્ટ્ર ની જાતમાં ૮૦ થી ૮૦ ટકા લોકોને વચ્ચે નો કરડ સમજી શકે

એમ નથી અને આયુર્વેદ તબીબોને પણ એમ.એસ. સર્ટિફીકેટ આપવું જે એલોપથી માં વપરાય છે એના કરલે પ્રક્રી વધારે જટિલ થાય છે જ્યારે આપણે લોકોને પોતાની સારવાર પસંદ કરવાની સત્તા આપીએ છીએ. અમારી વિનંતી છે કે રાષ્ટ્રના સ્વાસ્થ્ય સાથે આમ કરવુ યોગ્ય નથી સાથે સાથે આ સ્તરી જટિલ સારવાર સર્ટિફીકેટ યોગ્ય સ્પર્ધાત્મક પરીક્ષાઓ અને તલીમ સાથે સાથે નેરમાર્ગે દરેકા એવા બિરુદ ન આપવા જેવી તબીબો ની ખવેરવી થોને. સ્વસ્થ ભારત તરફ ડા મારીએ...



Keshod



કેશોદમાં ઈન્ડિયન મેડિકલ એસોસિએશનના પ્રમુખને રક્ષી આપવા માટેની વેક્સિન તૈયાર થવાની તૈયારીમાં છે અને વેક્સિનને દેશભરમાં લોકો સુધી પહોંચાડવા માટે ચોક્કસ માળખાની અને વ્યવસ્થાની જરૂર પડશે તેવા સંજોગમાં ઈન્ડિયન મેડિકલ એસોસિએશન (IMA) વડાપ્રધાનને પત્ર લખી સેવાની દરખાસ્ત કરી છે. એસોસિએશન જણાવ્યું હતું કે દેશભરમાં પચસેલાં ત્રણ લાખથી વધારે અપુનિક ચિકિત્સા પદ્ધતિમાં તજજ્ઞ ડોક્ટર્સ કોરોના વેક્સિનના વિતરણ માટે મહત્ત સેવા આપવા તૈયાર છે. નોંધપાત્ર છે કે એસોસિએશનની ૨૮ રાજ્ય શાખા અને ૧૭૫૦ જિલ્લા શાખાઓ કોરોનાની વેક્સિનના વિતરણના માર્ગે મહત્તપૂર્ણ બની શકે તેમ છે.

ઈન્ડિયન મેડિકલ એસોસિએશનને વડા પ્રધાનને પત્ર લખી સેવાની દરખાસ્ત કરી દેશના ત્રણ લાખ ડોક્ટર્સ કોરોના વેક્સિનના વિતરણ માટે મહત્ત સેવા આપવા માટે તૈયાર એસોસિએશનની ૨૮ રાજ્ય શાખા અને દેશભરની ૧૭૫૦ જિલ્લા શાખાઓ મહત્તપૂર્ણ બની શકે તેમ છે.

કેશોદમાં ઈન્ડિયન મેડિકલ એસોસિએશનના પ્રમુખને રક્ષી આપવા માટેની વેક્સિન તૈયાર થવાની તૈયારીમાં છે અને વેક્સિનને દેશભરમાં લોકો સુધી પહોંચાડવા માટે ચોક્કસ માળખાની અને વ્યવસ્થાની જરૂર પડશે તેવા સંજોગમાં ઈન્ડિયન મેડિકલ એસોસિએશન (IMA) વડાપ્રધાનને પત્ર લખી સેવાની દરખાસ્ત કરી છે. એસોસિએશન જણાવ્યું હતું કે દેશભરમાં પચસેલાં ત્રણ લાખથી વધારે અપુનિક ચિકિત્સા પદ્ધતિમાં તજજ્ઞ ડોક્ટર્સ કોરોના વેક્સિનના વિતરણ માટે મહત્ત સેવા આપવા તૈયાર છે. નોંધપાત્ર છે કે એસોસિએશનની ૨૮ રાજ્ય શાખા અને ૧૭૫૦ જિલ્લા શાખાઓ કોરોનાની વેક્સિનના વિતરણના માર્ગે મહત્તપૂર્ણ બની શકે તેમ છે.

એસોસિએશનને જણાવ્યું હતું કે તેમના મોટાભાગના સભ્ય ડોક્ટર્સ પાસે તેમની પ્રોપ્રિયેટલ પ્રેક્ટીસ માટે નાનકીના નાનકડી દુકાની હોય છે. IMAના સભ્યો દ્વારા વિવિધતા વિવિધ ગામો અને શહેરોમાં નાનકી અને મધ્યમ કદની મોટી સંખ્યામાં હોસ્પિટલો અને રિમોટ વિસ્તારોમાં પહોડો પ્રેક્ટિશરોના પણ ઉપલબ્ધ થવા સુધી છે. વડાપ્રધાન સાથે ડોક્ટર્સ પાસે પોલિયો અને તેના જેવા સરકારી હલકા કાર્યક્રમોમાં પણ ભાગ લીધો છે. આ લોકો માટે વેકેશન ઈલેવેલો અને સમગ્ર દેશમાં કોરોનાની સારવારને સ્વીકૃત કરી અને મહત્ત પાતાની સેવા ઝીકર કરે છે. તેમ એસોસિએશનને જણાવ્યું હતું નોંધપાત્ર છે કે કોરોના વેક્સિનને મોટા ઘેળન ઈન્ડિયામાં ડિસ્ટ્રોબેન્સ સાથે ઉપલબ્ધ કરાવવી પડશે.

IMA offers govt services of its members for vaccination

New Delhi: The Indian Medical Association (IMA) has offered the services of its over three lakh members in the COVID-19 inoculation programme of the government, once a vaccine is available, and appealed to Prime Minister Narendra Modi to effectively use its trained manpower for this noble cause. In a letter to the prime minister on Sunday, the IMA said all its members will offer their services voluntarily and free of charge. The vaccines will have to be provided according to cold chain conditions along with disposable. This will be a force amplifier for the vaccination programme and substantially increase the number of outlets available for people, the doctor's body said. The IMA members have throughout remained engaged in treating COVID-19 patients all over the country as frontline warriors without caring for their own safety and the interest of their families and are now coming forward to humbly urge to your good self for taking its services for administering the COVID-19 vaccine all over the country, it said. The IMA offers the services of more than 3 lakhs of its members who are quali-

fied modern medicine doctors, in the COVID-19 vaccination programme of the Government," the letter stated. Asserting that the IMA has 1,750 branches spread over all the districts of the country, the doctors' body said an effective top-down members. Such practitioners are available even in remote, hilly districts. Moreover many of them have taken part in the pulse polio vaccination drive and many such government welfare programs as well, it said. "The IMA will work with the government with full zeal and strength at all levels to implement the programme on a war footing so as to reach each and every citizen of the country at the earliest. "We hereby appeal to your good self and the government, to effectively utilize this trained technical manpower of the IMA in this noble cause thereby serving the entire community in the country in line with our culture and ethos of Vasudhaiva Kutumbakam," the letter said.

A health worker collects swab sample from a woman in Jammu on Monday

Recently a quarter of the 414 ayurveda units have 100 seats. Nearly two-thirds (84%) of UG ayurveda seats are in colleges with 60 seats or less, which need to have just a 60-bedded teaching hospital with 80% occupancy or about 24 beds occupied. Of the 60 beds, beds that must be kept aside for shalakyas tantra and alyas tantra (surgeries) are just 25. In comparison, in all MBBS colleges have at least 300 MBBS seats and for that they need a 60-bed teaching hospital with 75% occupancy (75 beds) and 120 beds kept aside for general surgery. This students who join the post-graduation in ayurveda in ayurveda would have fewer opportunities to be treated in surgery. Post-graduates in the surgical disciplines like Pancha tantra and shalakyas tantra are taught in 10 ayurveda colleges with stipulations of just surgical equipments and a few private ones which have teaching hospitals with over 300 beds and high bed occupancy (80% or more). Below that, three-fourths of ayurveda colleges are primarily rural and a large number have been merged in conventional hospitals more of them would be opened. The world

Allopathy & ayurveda: A study in difference

Table comparing Allopathy and Ayurveda across various metrics like beds, staff, and facilities. Includes a bar chart showing 'Beds for surgery' and 'Beds for ob-gyn plus paediatrics'.

IMA strike hits OPD services of many private and state-run facilities were hit across the National Capital Region (NCR) and several cities across the country as doctors lent support to the Indian Medical Association's nationwide strike against the Centre's move to allow post-graduate ayurveda practitioners to be trained in performing surgical procedures, report PulsePolio and Aamabhabhi Shikha. The IMA said more 1.5 lakh doctors across the country withdrew OPD as well as non-emergency and non-Covid services during the 12-hour strike on Monday. Gurgaon, nearly 1,000 doctors associated with the IMA carried out a protest in 25 hospitals, including Medanta, Arternis, Columbia Asia and Paras. Only emergency services and intensive care units remained operational. Many doctors reported difficulties in performing their duties. Some doctors TOI spoke to said the Centre's move would be detrimental to the health of the public at large and to the ancient science of Ayurveda as well. (With inputs from Ranchi, Bhubaneswar, Goa, Patna and Bhopal)



**Medical Negligence - Principle of 'Res Ipsa Loquitur'
Will Apply If Patient Suffers A Complication Not
Contemplated Normally : Kerala High Court**

IN THE HIGH COURT OF KERALA AT ERNAKULAM PRESENT
THE HONOURABLE MR.JUSTICE S.V.BHATTI
&

THE HONOURABLE MR. JUSTICE BECHU KURIAN THOMAS
FRIDAY, THE 18TH DAY OF DECEMBER 2020 / 27TH AGRAHAYANA, 1942
RFA.No.131 OF 2020

AGAINST THE DECREE AND JUDGMENT IN OS No.1111/2011 OF PRINCIPAL
SUB COURT,THIRUVANANTHAPURAM

APPELLANTS/DEFENDANTS:

- 1 M/S PRS HOSPITAL KILLIPALAM,
THIRUVANANTHAPURAM-695002,
REPRESENTED BY ITS ADMINISTRATIVE
OFFICER (GENERAL MANAGER)
- 2 DR. N.GOPAKUMAR,CONSULTANT UROLOGIST,
UROLOGY DEPARTMENT, PRS HOSPITAL,
KILLIPALAM,THIRUVANANTHAPURAM-695002.
BY ADVS.
SRI.C.R.SYAMKUMAR
SRI.P.A.MOHAMMED SHAH
SRI.SOORAJ T.ELENJICKAL
SRI.K.ARJUN VENUGOPAL
SMT.HELEN P.A.
SRI.SHAHIR SHOWKATH ALI

RESPONDENT/PLAINTIFF:

P.ANIL KUMAR
S/O.PRABHAKARAN,RADHA MANDIRAM,
MANNUMKARA, MYLAKKARA P.O.,
KATTAKKADA,THIRUVANANTHAPURAM-695572.
R1 BY ADV. SRI.ANOOP BHASKAR
R1 BY ADV. SRI.GERRY DOUGLES S.
R1 BY ADV. KUM.AMMU MANOHARAN NARAYANAN

THIS REGULAR FIRST APPEAL HAVING BEEN FINALLY HEARD ON 24-11-
2020, THE COURT ON 18-12 2020 DELIVERED THE FOLLOWING:

"C.R."



JUDGMENT

Dated this the 18th day of December, 2020

Bechu Kurian Thomas, J.

An otherwise healthy young man of 29 years, rode his motorbike to a hospital to undergo minor surgery/procedure for the removal of kidney stones. Two days later and half an hour into the surgery, tragedy struck and the operation was aborted. The young man was brought out from the operation theater as a paraplegic and his speech, lost. A suit for damages alleging medical negligence filed by the young man was decreed in part. The hospital and the doctor have preferred this appeal.

2. The counsel for both sides agreed that since the incident occurred in 2005 and the suit was actually of the year 2008, delayed consideration can result in further agony for both sides. We acceded to their request for early consideration of the case, taking note of the situation and the circumstances of the parties. For easier comprehension, the parties are referred to as they were arrayed in the trial court.

3. The events that led to this appeal are briefly narrated as below:

3.1 Plaintiff developed severe pain in the abdomen and on reference to the 2nd defendant, who is a super-specialist in Urology, the plaintiff was diagnosed as having secondary calculi in the right kidney and was advised to undergo keyhole surgery to remove the calculi. Plaintiff was admitted to the hospital on 25.9.2005 and the operation commenced under general anesthesia on 27.9.2005. Within 30 minutes of commencement of the surgery, the operation was halted and the plaintiff was brought out of the theater with oxygen support and catheter inserted.

3.2 Post operation, plaintiff noticed that he became crippled and unable to move. Subsequently, he was referred to Sree Chithira Tirunal Institute of Medical Sciences, where, spinal subdural clots were detected. He suffered permanent damage to his lower limbs. Plaintiff alleged that illness and disability occurred due to the injury sustained on the spinal cord during the keyhole surgery performed by the 2nd defendant in the most callous, negligent, and irresponsible manner. Plaintiff being in the prime of his youth, the negligent conduct of the 2nd defendant destroyed his future and he claimed compensation to the tune of Rs.60 lakhs, under different heads.



4. The defendants in their joint written statement, denied the allegations and pointed out that the plaintiff's averments were all cooked up, solely for gaining an undue financial advantage. It was further stated that after carrying out all the required investigations, the plaintiff was diagnosed with multiple secondary calculi with right hydronephrosis with obstruction at the pelvic-ureteric junction. The two options were discussed with the plaintiff and his relatives, who finally opted for the Percutaneous Nephrolithotripsy (PCNL) with Endopyelotomy. The defendants averred that after consulting the Cardiologist and after controlling hypertension, the plaintiff was taken for surgery under general anesthesia. While the track dilation was done with coaxial metal dilators, the plaintiff developed cardiac problems and the procedure had to be abandoned. As advised by the Chief Cardiologist, ECG was taken and the patient was put on ventilators and given proper treatment. Though he was moving both his upper limbs, his lower limbs could not be moved. In short, defendants denied that the disability of the plaintiff was caused due to the injury sustained on the spinal cord. The allegation that the incident occurred due to the negligence of the 2nd defendant was denied and on the other hand, according to the defendants, the problems arose either because of a pre existing aneurysm rupture or because of cardiac arrest, that occurred while the plaintiff was inside the operation theater and in either case, there was no negligence on the part of the 2nd defendant while performing the operation and that the operation was abandoned to treat the unexpected complication that arose to the plaintiff.

5. Plaintiff examined himself as PW1 through an Advocate Commissioner, along with four other witnesses as PWs 2 to 5 and marked Ext.A1 to Ext.A9(a) to Ext.A9(cd) while the defendants examined the 2nd defendant as DW1 and marked Ext.B1 and Ext.B2. PW4 and PW5 were expert witnesses who were examined pursuant to summons issued for their evidence.

6. The issues raised for consideration by the trial Court included whether any injury was caused to the plaintiff, if so, who was negligent, and also as to the quantum and the person liable to pay the compensation, if any.

7. The Sub Court, Thiruvananthapuram by judgment dated 27.07.2019 decreed the suit holding that the facts, circumstances and the evidence adduced proved that negligence on the part of the 2nd defendant was the cause of paraparesis sustained to the plaintiff, that the 1st defendant was vicariously liable for the negligent act of the 2nd defendant that the defendants were liable to compensate the plaintiff to the extent of Rs. 20,40,000/- with interest at 6% per



annum from the date of suit till realization, along with costs, after exonerating the plaintiff from paying the court fee. Rs.40,323/- was awarded as treatment expenses, Rs. 10,00,000/-towards loss of future earning and Rs. 10,00,000/-towards pain and suffering, and the total was rounded off to Rs. 20,40,000/-. Aggrieved by the judgment and decree, the defendants have preferred this appeal.

8. We have heard the learned counsel for the appellants Sri. C.R.Shyamkumar and the learned counsel for the plaintiff Sri. Anoop Bhaskar.

9. Adv. C.R.Shyamkumar submitted at the outset itself and quite fairly too, that the appellants are not disputing the quantum of compensation awarded in the judgment under appeal and that they are questioning only the findings on negligence recorded by the trial court in the judgment under appeal.

10. Adv. Sri. C. R. Shyamkumar questioned the correctness of the impugned judgment by submitting that the trial court had traveled beyond the pleadings to enter the finding of negligence of the 2nd defendant and also that the plaintiff had miserably failed to prove negligence on the part of the 2nd defendant for the incapacity the plaintiff suffered, post operation. He further contended that reliance upon the principle of *res ipsa loquitur* was misplaced and undue reliance by the trial court upon the said principle caused prejudice to the appellants. It was also argued that the surgery performed or attempted to be performed and the injury alleged to have been caused on the spinal-cord as pointed out by the plaintiff, had no rationale or anatomical connection to infer negligence. He further argued that the procedure alleged to have been done by the 2nd defendant would not under any circumstances cause any injury as deep as to harm the spinal cord and there was absolutely no evidence whatsoever to show that the 2nd appellant was negligent. The learned counsel for the appellants further argued that the refusal by the court below to accept Ext.B1, as admissible evidence after marking it without any objection, has caused prejudice to the defendants' evidence. The decisions in **Mohammed Sageer V. Prakash Thomas** (2005 (2) KLT 400), **Kalyan Singh Chouhan V. C.P. Joshi** [(2011) 11 SCC 786] were relied upon for the proposition regarding pleadings, while the decisions in **R.V.E. Venkatachala Gounder V. Arulmigu Viswesaraswami & V.P. Temple and Another** [(2003) 8 SCC 752], **Mohammed Aynuddin Alias Miyam v. State of A.P.** [(2000) 7 SCC 72] and **Gourikutty V. Raghavan** (2001 (3) KLT 332) were referred for the proposition canvassed on the consideration of medical negligence.



11. On the other hand, Adv. Sri. Anoop Bhaskar contradicted the arguments of the appellants and submitted that this is a classic instance of the maxim *res ipsa loquitur* to be applied and the trial court was perfectly justified in applying the said maxim to the instant case. He further argued that the uncertain and wavering defense case showed that the defendants were trying to build up a case, especially after PW4 was examined. According to the learned counsel for the plaintiff, in the written statement, the defendants did not have a case of any cardiac arrest having occurred during the operation. He further submitted that the defendants during cross-examination had admitted the case of the plaintiff. The learned counsel for the plaintiff further submitted that Ext.B1, though marked through the cross-examination of PW1, its admissibility was rightly rejected by the Sub Court. It was pointed out that the production of a photocopy of the medical records of the plaintiff, that too, just before the evidence commenced, made the said document, not only inadmissible in evidence but also unreliable. It was contended that a document marked during the cross-examination of the opposite party can be utilized only to contradict the witness. The statutory requirement of laying down the foundation for producing secondary evidence was not done in the instant case and the failure to lay foundation rendered Ext.B1 unreliable and inadmissible in law. The learned counsel further relied upon the decisions in **Gourikutty V. Raghavan** (2001 (3) KLT 332), **V. Kishan Rao V. Nikhil Super Speciality Hospital and Another** [(2010) 5 SCC 513], and **H. Siddiqui (dead) by Lrs. V. A. Ramalingam** [(2011) 4 SCC 240].

12. In view of the submissions as above, the points that arise for consideration are:

- (i) Whether the plaintiff pleaded the material facts to constitute negligence?
- (ii) Whether Ext.B1 is admissible in evidence?
- (iii) Whether the defendants were negligent during the surgery resulting in injury to the plaintiff and whether the plaintiff is entitled to claim damages;
- (iv) Whether the damages awarded by the Subordinate Judges Court, Thiruvananthapuram, require interference, If so to what extent?

13. It is the admitted case of all parties to the instant lis that the plaintiff was a healthy person, who drove his motorbike to the hospital two days before the operation, and within half an hour of commencement of the operation, the



doctors were compelled to abandon the operation. Plaintiff was under general anesthesia inside the operation theater. He was brought out of the operation theater within half-an-hour, with loss of mobility of limbs and his ability of speech absent. He could move out of the hospital only after three months of treatment, that too with the help of support. It is not in dispute that the plaintiff has become crippled for life and his condition is referred to in medical terms as *posterior paresis*.

Point No:1

14. Order 6 rule 2 of the Code of Civil Procedure, 1908, states that every pleading shall contain, and contain only, a statement in a concise form of the material facts on which the party pleading, relies for his claim or defense, as the case may be, but not the evidence by which they are to be proved. As observed by Courts, far too often, pleadings are to be interpreted not with formalistic rigour but with the full awareness of the legal literacy levels of the litigants and also the nature of the case.

15. A perusal of paragraph 6 to 9 of the plaint shows that the plaintiff has averred that he was given anesthesia and taken to the operation theater and within thirty minutes, he was taken out after abandoning the operation and that he developed *posterior paresis* and became crippled for life. It was averred that the injury sustained by the plaintiff on his spinal-cord during keyhole surgery performed on him by the 2nd defendant was in a most callous, negligent, and irresponsible manner, as a result of which, the plaintiff had paraplegia from D4 level. It is further pleaded that the plaintiff was at his prime of youth and as a result of the negligent and callous keyhole surgery done on him, he became disabled and bedridden and that the 2nd defendant is responsible for the negligence.

16. The purpose of pleadings is to intimate the opposite party about the nature of the case that is set up against him. As held by the Supreme Court in **Shyam Narayan Prasad V. Krishna Prasad and Others** [(2018) 7 SCC 646], pleadings are meant to give to each side, an intimation of the case of the other, so that, it may be met, to enable courts to determine what is really at issue between the parties. In the case of medical negligence alleged to have occurred under anesthesia and inside the operation theater, the injured may be able to specify in his pleadings only the material fact of nature of injury caused. Detailed or specific acts of negligence are not within the domain of the plaintiff's knowledge, since admittedly the plaintiff was under general anesthesia.



17. Further, the pleading that due to the negligence of the defendant's, the injury was caused to the plaintiff along with the other averments in the plaint constitute sufficient material pleading, in cases where legal presumptions also get attracted. At this juncture, we bear in mind Order 6 rule 13 of the CPC, which entitles that the parties need not plead any matter of fact, which the law presumes in his favour, or as to which the burden of proof lies upon the other side. In view of the above, we find that the plaintiff had put the defendants to notice about the case set by him. The plaintiff had not traveled beyond the pleadings, as argued by the learned counsel for the appellants, and on the contrary, he had pleaded in a concise form, the material facts which he relied upon for his claim.

18. The decision relied upon by the defendants in **Mohammed Sageer V. Prakash Thomas** (2005 (2) KLT 400) has no application to the instant case. In the aforecited decision, the tenant claimed express consent for subletting the tenanted premises while in evidence he claimed implied consent. It was in such instance the court held that the claim was never made earlier and the tenant cannot travel beyond the pleadings. The decision in **Kalyan Singh Chowhan V. C.P. John** [(2011) 11 SCC 786] though, a case arising under the election laws, the proposition stated therein cannot be disputed. Suffice to state, we are of the view that, the pleadings in the plaint, in the instant case, constitute sufficient material pleading, to put the defendants in the knowledge of the case of the plaintiff. The point is answered accordingly.

Point No. (ii)

19. Ext.B1 is a photocopy of the alleged treatment record of the plaintiff, which was marked by the defendants, during the cross-examination of PW1. Ext.B1(a) is a photocopy of the consent letter given by the plaintiff before the operation, which bears his signature. The manner in which Exts.B1 and B1(a) were marked through PW1 is as follows:

"ആശുപത്രിയിൽ വെച്ച് test ക്കും മറ്റും നടത്തുന്നതിന് ഉള്ള സമ്മതം കൊടുത്തിട്ടുണ്ടെ (Q). ഞാൻ കൊടുത്തിട്ടുണ്ടെ (A). Sindhu അനിക്കുമാർ ഭാര്യയാണ്. അജികുമാർ എന്റെ സഹോദരനാണ് (A). അനിക്കുമാർ എന്ന് എഴുതി ഒപ്പിട്ടിരിക്കുന്നത് ഞാനാണ്. Case-sheet of PRS hospital relating to Anil Kumar P marked as exhibit B1 (reverse of page 14 containing signature of Anil Kumar marked as B1(A)".



20. Ext.B1 was produced, according to the plaintiff, not along with the written statement, but just before the commencement of evidence and sufficient foundation had not been laid for marking such a photocopy. It was pointed out that a document produced by the 2nd defendant and marked through the plaintiff, during cross-examination, can be utilized only to contradict the witness, in this case PW1, and not for utilizing it for the benefit of the 2nd defendant.

21. Chapter V of the Indian Evidence Act, 1872, deals with documentary evidence. Section 61 states that the contents of a document may be proved either by primary or by secondary evidence. Primary evidence as per Section 62 means the document itself, while secondary evidence as per Section 63 includes copies made from the original by mechanical processes which in themselves ensure the accuracy of the copy and copies compared with such copies or even copies made from or compared with the original. Under Section 64, documents are to be proved by primary evidence except in the sub-clauses specified in Section 65.

22. Evidence given by the witnesses do not whisper anything about the original of Ext.B1. The foundation for accepting Ext.B1 as secondary evidence has not been laid. It has not been stated by DW1 that the original has been destroyed or lost or that he could not produce the original before the court. In the absence of such a statement, Ext.B1 is inadmissible in evidence as secondary evidence and the said document and its contents cannot be looked into at all.

23. Other than page 14 in Ext. B1, no other page contains the signature of the plaintiff. The only document in Ext.B1 that could have been marked through the plaintiff was Ext.B1(a) since that alone contained the signature of the plaintiff. Plaintiff has no knowledge of the contents of Ext.B1, nor can he vouchsafe the truth of the facts stated in Ext.B1. By the mere marking of a document, the person bound to prove that document, cannot be absolved of the burden to prove it. Marking of a document is different from proof of the contents of a document. In this context, it is necessary to refer to the decision in **Sait Tarajee Khimchand and Others V. Yelamarti Satyam Alias Sattayya and Others** [(1972) 4 SCC 562], where the Supreme Court held that mere marking of a document does not dispense with the proof of a document. Similarly, in **Ramji Dayawala and Sons (P) Ltd. V. Invest Import** [(1981) 1 SCC 80], it was held that the truth or otherwise, of the facts or contents of a document, ought to be proved by admissible evidence. i.e. by the evidence of those persons who can vouchsafe for the truth of the facts in issue.



Thus, the mere marking of Ext.B1 does not enable the court to look into the contents of the said document, unless the said document is admissible in evidence.

24. The mode in which proof of documents can be given as mentioned earlier, is by primary or secondary evidence. When the primary evidence is not available or in cases where the original document is not produced at any time, in order to establish the right to adduce secondary evidence, a proper foundation is required to be laid. When the original of a document is not produced nor any factual foundation laid for giving secondary evidence, it is not permissible for the court to allow a party to adduce secondary evidence.

25. In the decision in **H. Siddiqui (dead) by Lrs. V. A. Ramalingam** [(2011) 4 SCC 240], it was held as follows:

“10. Provisions of S.65 of the Act 1872 provide for permitting the parties to adduce secondary evidence. However, such a course is subject to a large number of limitations. In a case where original documents are not produced at any time, nor, any factual foundation has been laid for giving secondary evidence, it is not permissible for the court to allow a party to adduce secondary evidence. Thus, secondary evidence relating to the contents of a document is inadmissible, until the non production of the original is accounted for, so as to bring it within one or other of the cases provided for in the section. The secondary evidence must be authenticated by foundational evidence that the alleged copy is in fact a true copy of the original. Mere admission of a document in evidence does not amount to its proof. Therefore, the documentary evidence is required to be proved in accordance with law. The court has an obligation to decide the question of admissibility of a document in secondary evidence before making endorsement thereon.”

26. There are four stages before a Court of law can rely upon a document. They are (i) marking of a document, (ii) admissibility of a document, (iii) proof of contents of the document, and (iv) evaluation of the document. Reliance upon a document can be made by the court only if all the above four stages are complied with or satisfied. By the mere marking of a document, it does not become



admissible in evidence. Further, the marking of a document and being admissible in evidence, will still not render the contents of a document as 'proved'. When a document, admissible in evidence, is marked, still to be relied upon by the courts, its contents will have to be proved. For the contents of a document to have a probative value, the person who wrote the contents or is aware of the contents and its veracity must be invited to give evidence about it. It is thereafter the last stage i.e. evaluation takes place. Evaluation of the document is a judicial exercise. Unless all these stages are done, a court of law cannot rely upon any document produced or marked before it.

27. In the instant case, except for marking Ext.B1 during the cross-examination of the plaintiff, no foundation has been laid by the defendants to produce secondary evidence. The decisions in **R.V.E. Venkatachala Gounder v. Arulmigu Viswesaraswami & V. P.Temple and Another** [(2003) 8 SCC 752] and **Malaykumar Ganguly v. Dr. Sukumar Mukherjee and Others** [(2009) 9 SCC 221], are also relevant in this context. Ext.B1 is not only inadmissible in evidence, its contents are also not of any probative value. The finding of the learned Sub Judge, that Ext.B1 is inadmissible in evidence, is correct and justified in the circumstances and therefore, warrants no interference. Hence the point held accordingly.

Point No. (iii).

28. While appreciating the arguments of Adv. C.R.Shyam Kumar that there was absolutely no evidence to prove that the 2nd defendant was negligent, one must step into the shoes of the plaintiff to have a proper assessment. Only then we will be able to appreciate the argument regarding lack of evidence. As a patient, when one lies on the operation table, that too under general anesthesia, it is impossible for the patient to comprehend what happens around him. When the patient is under general anesthesia, he is unaware of the processes that are being carried out. Admittedly, the plaintiff was being operated upon under general anesthesia. It was not possible for the plaintiff to specify the nature of acts done or performed on him, that could be depicted as negligent. Plaintiff, as a patient undergoing a procedure, can never claim knowledge of the niceties of the procedure and actual omissions, if any, by the professional, whom he relied upon for treatment.

29. An admittedly healthy man, who drove his bike to the hospital and 'walks' into the operation theater, is administered general anesthesia to carry out



surgery for removal of kidney stones, is later, taken out of the operation theater as a paraplegic, will the maxim *res ipsa loquitur* get attracted on the above facts? If the maxim applies, what would be the effect?

30. Before we consider the applicability of the aforesaid maxim, it may be worthwhile to remind ourselves about the principle of the maxim '*res ipsa loquitur*'. As is common knowledge, the maxim means "the thing speaks for itself". It is a rule of evidence. It is a maxim that can be relied upon by a party to a litigation, who has no knowledge or insufficient knowledge about how the incident occurred, to rely upon the incident and the attendant circumstances, as evidence of what that party intends to prove. The maxim imposes a burden upon the defendant, who has knowledge about what happened, from avoiding his responsibility, simply by choosing not to give any evidence regarding the negligent act. In other words, a person, who may not be in a position to explain the reason for a certain state of affairs, cannot be compelled by law to explain those reasons, if he proves the existence of those state of affairs, and instead, can compel that person within whose realm of knowledge lies the reason for the state of affairs. In the event of an explanation not forthcoming from the person who has the knowledge, then the law comes to the aid of the person who suffered the state of affairs and makes certain presumptions to that person's advantage.

31. In the case of medical negligence, the principle of *res ipsa loquitur* is applicable, if the patient suffers a complication not contemplated normally. In such a case, the plaintiff is not required to prove anything more than the complication as having occurred. The *res* proves itself. The onus shifts to the defendant who has to discharge it by adducing evidence. In the decision in **V. Kishan Rao v. Nikhil Super Speciality Hospital and Another** [(2010) 5 SCC 513], it has been held in paragraph 48 as follows:

"In the treaties on Medical Negligence by Michael Jones, the learned author has explained the principle of *res ipsa loquitur* as essentially an evidential principle and the learned author opined that the said principle is intended to assist a claimant who, for no fault of his own, is unable to adduce evidence as to how the accident occurred. The principle has been explained in the case of *Scott v. London & St. Katherine Docks Co.* [reported in (1865 (3) H&C 596)], by Chief Justice Erle in the



following manner"... where the thing is shown to be under the management of the defendant or the servants, and accident such as in the ordinary course of things does not happen if those who have the management use proper care, it affords reasonable evidence, in the absence of explanation by the defendants, that the accident arose from want of care".

32. In the above decision, the Supreme Court referred to the illustrations given by the learned author Michael Jones, which were based upon decided cases. The illustrations were referred to in paragraph 49 of the aforesaid judgment, of which, three are similar to the present case. Those three illustrations are extracted below:

- “(i) Where, following an operation under general anesthetic, a patient in the recovery ward sustained brain damage caused by hypoxia for a period of four to five minutes. [See *Coyne vs. Wigan Health Authority*, [(1991) 2 Med.LR 301, (QBD)].
- (ii) Where, following a routine appendicectomy under general anesthetic, an otherwise fit and healthy girl suffered a fit and went into a permanent coma, [see *Lindsay vs. Mid-Western Health Board* [(1993) 2 IR 147] at p.181].
- (iii) Where an infection following surgery in a 'well-staffed and modern hospital' remained undiagnosed until the patient sustained crippling injury [see *Hajgato v. London Health Association* [(1982) 36 OR 2d 669] at p.682]”

33. The decision in **Gourikutty v. Raghavan**, reported in (2001 (3) KLT 332) can also be of useful reference to the facts of this case.

34. Ext. A1 discharge certificate issued by defendant no.1 shows that plaintiff was admitted on 25-09-2005 and was discharged only on 22-12-2005. Though Ext. A1 was prepared at the time of discharge of the plaintiff from the hospital, still, it mentions that right PCNL and Endopyelotomy under general anesthesia was planned on 27-09-2005, the patient was put to a prone position, pelvicalicine was opacified with contrast injected through the ureteric catheter, sub costal mid posterior calyceal puncture and track dilation done and amplatzer sheath introduced over the dilators. During the process, the patient developed a



cardiac problem, and the procedure was abandoned and he was shifted immediately to ICCU and that both his lower limbs were not moving. Ext. A2 CT scan report dated 28-09-2005 at the Sree Uthradom Thirunal Hospital shows that cerebral oedema is present on the next day. Ext.A4 MRI of the brain shows findings that can represent hypoxic ischaemic encephalopathy. It also shows compression of D4-D6 level suggestive of subdural haemorrhage. Ext. A5 certificate issued by the Medical Board constituted by the Government of Kerala shows that the plaintiff suffers from a permanent disability of 50%.

35. From the above discussed documentary evidence, coupled with the oral evidence of PW1 to PW3 and even that of DW1 and the pleadings in the case, it can be safely concluded that the plaintiff had sustained serious injuries during the operation performed by the 2nd defendant at the 1st defendant hospital. the maxim res ipsa loquitor applies in the instant case. In the list of cases, referred to as illustrations in **V. Kishan Rao's** case (supra) it would not be out of place to add the present case as an illustration as follows:

"a healthy young man undergoing an operation for kidney stone removal under general anesthesia sustains paralysis and becomes crippled for life".

36. The explanation offered by defendant no. 2 falls way short of a plausible or valid explanation. In fact, other than some vague suggestions, no specific explanation was given by DW1 as to the cause of injury. Defendants failed to prove the cause of the injury sustained by the plaintiff. Even though he deposed that the cardiologist of the Hospital and two other Doctors had seen the plaintiff when the injury occurred, none of them were examined as witnesses or even cited as witnesses. Even the anesthetist who was inside the operation theater throughout was not examined. These are all direct witnesses who were not examined. The absence of any independent oral evidence of the happenings inside the operation theater, failure to produce the original of Ext. B1, the failure to examine anyone associated with the preparation of Ext.B1 or who can vouchsafe the veracity of the contents of Ext. B1, all results in the defendants failing to prove that there was no negligence in the surgery performed on 27-09-2005. Even the vague and indirect reference to a possible lack of oxygen supply to the brain and its cause has not been explained by the defendants. They have miserably failed to discharge their onus or explain the cause of the injury.



37. In this context, it may be of relevance to refer to Ext. B1 (a) which is the photocopy of the consent given by the plaintiff for the surgery. Even though the said document has many of the flaws that could be attributed to Ext.B1, still, since the signature in Ext.B1(a) is admitted, the same is looked into for the limited purpose of identifying the possible mishaps which were in contemplation for which consent was given. In none of the possible outcomes referred to in Ext.B1(a), is there a complication referred to or mentioned, of the nature that occurred to the plaintiff. The disability now suffered by the plaintiff is not seen referred to as an expected complication from a procedure of this nature. This also indicates that it is not a normal complication that has occurred to the plaintiff. Thus by the application of the principle of res ipsa loquitor, the defendants alone could have answered or explained the allegation of negligence. In the nature of the evidence adduced, the defendants have failed to prove the absence of negligence. The findings of the learned Sub Judge regarding the negligence of the defendants was perfectly justified in the facts and circumstances of the case and calls for no interference in this appeal. Hence the point is held in favour of the plaintiff and against the defendants.

Point No. (iv)

38. As mentioned in the earlier part of this Judgment, the learned Counsel for the appellant had fairly submitted that the appellants are not challenging the quantum of damages awarded. Having stated so, in the absence of any challenge against the quantum of damages awarded, we affirm the judgment dated 27.07.2019 in O.S. No.1111 of 2011 of the Principal Subordinate Judge's Court, Thiruvananthapuram.

The appeal is therefore dismissed with costs.

Sd/

S.V.BHATTI JUDGE Sd/ BECHU KURIAN THOMAS JUDGE

vps



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