



# 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,

At the onset We wish Happy Monsoon to you and your family members. We again wish that by the time you receive this bulletin, Gujarat would have adequate rain all over the state.

As you all know, overall situation worldwide is getting more and more disturbed day by day. We all get more & more negative news from all the corners of world. It includes Financial, Social, Political, Terrorism, Education, Health & on & on & on. How can our fraternity remain spare from it?

We are facing so many key issues related to our practice like: Recent amendments in GPCB laws and its rise in registration charges almost 3 fold. Concession in electrical tariffs to big hospitals but not to really needed small size hospitals, day by day rising incidents of assault on doctors, PCPNDT act, ever burning issue of clinical establishment act, issues of medical students and resident doctors. The list is too long.

We strongly feel that though we expect many things to be understood from other side like people & government, but at the same time it's high time to introspection too. We must change our working pattern as per need of the hour. Time has gone when people were considering doctors as God. If we want to gain that position back, lot many things seem to be done from our side too



whether we accept or not. We need to work in a professional manner, we mean in a systematic way. As number of sues are rising like anything & court is working & giving their judgments only on that basis. We should be legally and on paper right. That's the need. We all have to learn this technique to save ourselves first.

Friends, IMA HQ is running one such wing which trains our members and create our establishment in such a way that we can sustain & fulfill the society's demands. That is HBI: Hospital Board of India. You may have the details of it from our IMA HQ's website. GSB office is also working on effective implementation of it over entire state.

Leaders of Gujarat IMA has already asked for time to meet Honourable Chief Minister to discuss & short out various issues of us. We need your strong support time to time.

At this juncture we request all state leaders to work on increasing our membership strength and collecting existing members data what we are asking for continuously through our bullpen and website. But we hardly have full details of less than 50% of members of such a highly educated members association. Just have a thought about it.

At last we invite creative criticism, suggestions & feedback for overall improvement of our own monthly bulletin.

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**

- 06-07-2016 Dr. Atul D. Pandya, President IMA GSB visited the Jetpur Branch and informed the members about all the activities carried out by him and whole body of IMA GSB. They gave all the details of GIMACON-2016.
- 13-07-2016 Dr. Atul D. Pandya, President IMA GSB visited the Surendranagar Branch.
- 16-07-2016 Dr. Atul D. Pandya, President IMA-GSB and Dr. Jitendra N. Patel; Hon. State Secretary IMA-GSB visited the Indian Medical Association, Surat regarding CME on Surat Chapter Initiative, (HBI) Hospital Board of India-IMA Hqs. at Surat.
- 17-07-2016 Dr. Atul D. Pandya, President IMA-GSB and Dr. Jitendra N. Patel; Hon. State Secretary IMA-GSB visited the Hospital Board of India, Vadodara Chapter (HBI VC) at Vadodara.

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Dr. Jignesh Shah, Vice President IMA GSB attended the State Supervisory Board meeting of PCPNDT Act on 4-11-2017 at Gandhinagar. The meeting was presided by Mr. Nitinbhai Patel, Health Minister, Gujarat State.

Dr. Jignesh Shah insisted in the meeting that since more than 15 years the act is Implemented, not a single case has been registered against patient or family member. He also informed in the meeting that there is no fear among patient or the family members about PCPNDCT act. The fear is among the doctors only about the act.

He also informed that there is a marked improvement in Sex ratio in Gujarat after the implementation of the act. The whole improvement is only because of support of medical fraternity. Now if we want to improve the sex ratio further, then there has to be some fear about the PCPNDT act on other side too.


**CONGRATULATIONS**
**❖ Dr. Kunur Shah, daughter of Dr. Shital Shah & Dr. Nikhilesh Shah Ahmedabad**

For getting admission in Royal College of Obstetricians and Gynaecologists.

\* \* \* \* \*

**GUJARAT STATE S.S.C. BOARD**


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 Mother's Name : MRS. SEEMA ANKUR RAVAL

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Name : PATEL NAMAN GAUTAMBHAI  
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 HANSOL, AHMEDABAD  
 Father's Name : DR GAUTAM S. PATEL  
 (M) 94248-52511 & 94296-20646  
 Mother's Name : DR VASUMATI G. PATEL (MDS)

\* \* \* \* \*

**OBITUARY**

We send our sympathy & condolence to the bereaved family

Dr. Ishwarlal M. Patel	29-03-2016	Sidhpur
Dr. Bababhai J. Dabhi	05-04-2016	Jamnagar
Dr. Nitinkumar N. Patel	15-04-2016	Patan

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


**NEW LIFE MEMBERS**
**I.M.A. GUJARAT STATE BRANCH**
**We welcome our new members**

L_M_No.	NAME	BRANCH
LM/25380	Dr. Shah Harshit Pankajkumar	Surendranagar
LM/25381	Dr. Patel Darshan Khushalchand	Morbi
LM/25382	Dr. Nanavati Dharam Shashin	Anand
LM/25383	Dr. Kathrani Amit Rajnikant	Anand
LM/25384	Dr. Sindhal Haresh Arjanbhai	Anand
LM/25385	Dr. Thakkar Dipal Chandulal	Anand
LM/25386	Dr. Gamit Manoj Natwarlal	Vadodara
LM/25387	Dr. Prajapati Ila Ambalal	Vadodara
LM/25388	Dr. Rana Bhavik Mahendrabhai	Vadodara
LM/25389	Dr. Desai Saudhan Pankajbhai	Vadodara
LM/25390	Dr. Bhalara Hitesh Amrutlal	Vadodara
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LM/25392	Dr. Patel Rajendra Babulal	Sidhpur
LM/25393	Dr. Virda Dushyant Rajabhai	Rajkot
LM/25394	Dr. Parmar Jyoti Hasmukhbahi	Rajkot
LM/25395	Dr. Dabhi Niraj Labhubhai	Rajkot
LM/25396	Dr. Sanja Satish Prabhulal	Rajkot
LM/25397	Dr. Kagathara Pratik Ishvar	Rajkot
LM/25398	Dr. Kacha Nirav Jentilal	Rajkot
LM/25399	Dr. Kadachha Bharat Laxmanbhai	Rajkot
LM/25400	Dr. Dholakiya Kunal Nalinbhai	Rajkot
LM/25401	Dr. Mandalia Pooja Rasiklal	Rajkot
LM/25402	Dr. Thakkar Nikul Rasiklal	Patan
LM/25403	Dr. Maheshwari Manish Ganesh	Palanpur
LM/25404	Dr. Hansalia Maulik Kantilal	Rajkot
LM/25405	Dr. Sirodariya Nishant R.	Rajkot
LM/25406	Dr. Mehta Mital Kaushikbhai	Rajkot
LM/25407	Dr. Makwana Aarti Miteshbhai	Rajkot
LM/25408	Dr. Ghosh Pradipta Prafullakr	Rajkot



LM/25409	Dr. Kasundra Bipin Bhagvanji	Rajkot
LM/25410	Dr. Patel Harshal Pravinbhai	Rajkot
LM/25411	Dr. Korvadiya Akash Manharbhai	Rajkot
LM/25412	Dr. Parikh Jay Kirtibhai	Rajkot
LM/25413	Dr. Rathod Suresh Punjabhai	Rajkot
LM/25414	Dr. Patel Mayur Gokalbhai	Rajkot
LM/25415	Dr. Patel Kailash Ramanbhai	Rajkot
LM/25416	Dr. Makadia Nilesh Rasiklal	Rajkot
LM/25417	Dr. Meghpara Bhumi Rameshbhai	Rajkot
LM/25418	Dr. Kansagara Kevin Ambavilal	Rajkot
LM/25419	Dr. Manek Jenil Sureshbhai	Rajkot
LM/25420	Dr. Savaliya Tarun Rameshbhai	Surat
LM/25421	Dr. Savalia Vaishali Tarunbhai	Surat
LM/25422	Dr. Patel Suresh Naranbhai	Mehsana
LM/25423	Dr. Leuva Masum Babulal	Mehsana
LM/25424	Dr. Panchal Shailesh Muljibhai	Lunwada
LM/25425	Dr. Patel Priyanka Kishanbhai	Rajkot
LM/25426	Dr. Rathod Hemant Kalidas	Valsad
LM/25427	Dr. Gondaliya Keval Jaysukhlal	Ahmedabad
LM/25428	Dr. Zala Kashyap Laxambhai	Ahmedabad
LM/25429	Dr. Trivedi Visharad Chitraketu	Ahmedabad
LM/25430	Dr. Patel Varun Nathubhai	Ahmedabad
LM/25431	Dr. Parikh Taral Prashant	Ahmedabad
LM/24432	Dr. Parikh Hetal Taral	Ahmedabad
LM/25433	Dr. Parmar Kalpesh Amrutlal	Ahmedabad
LM/25434	Dr. Patel Dhruv Pravinkumar	Ahmedabad
LM/25235	Dr. Trivedi Kinjal Yogeshbhai	Ahmedabad
LM/25436	Dr. Patel Josal Shrigopal	Ahmedabad
LM/25437	Dr. Patel Kinjal Josal	Ahmedabad
LM/25438	Dr. Patel Hardik Hirabhai	Ahmedabad
LM/25439	Dr. Patel Jigisha Hardik	Ahmedabad
LM/25440	Dr. Dhariwal Rajendra Babulal	Ahmedabad
LM/25441	Dr. Dhariwal Pinky Rajendra	Ahmedabad
LM/25442	Dr. Sing Varshali	Ahmedabad



### BRANCH ACTIVITY

#### AHMEDABAD

- 31-05-2016 "World No Tobacco Day" Be a Man – Quit Smoking  
Prog. was arranged with Samvedna Foundation & 'Arogya & Parivar' Kalyan Dept. Govt. of Gujarat Hon. Shri Shankerbhai Chaudhary – State Health Minister was the Chief Guest. Prog. was arranged at H.K. Arts College Hall.
- 11-06-2016 Ladies Club Prog. Visit to Vikram Sarabhai Antarix Exhibition.
- 18-06-2016 AMA Senior Citizen Club Prog. 'After 60 years care of Teeth'. Speaker was Dr. Mohnish Kohli.
- 28-06-2016 Ladies Club Prog. Lecture on Urine leakage problem in Ladies & demonstration of exercises for it. Speaker : Dr. Zaranaben
- 01-07-2016 Blood Donation Camp arranged . Jointly with Indian Red Cross Society and Abbott Health Care Pvt. Ltd.
- 03-07-2016 Scientific Programme on Paediatric Skin care - as per directive of IMACGP (H.Q.) at Hotel Hyatte Regency.
- 10-07-2016 AMA Women Doctor's Wing Confrence at Ahmedabad Management Association Hall

#### AMRELI

- 16-07-2016 "Chest X-rays" and Respiratory Infection" by Dr. Maulik M. Sanghavi.

#### GANDHIDHAM

- 08-04 to IMA Gandhidham Branch organized 15 Blood donation camps.
- 26-06-2016 Total 1553 bottle were collected.  
They also organized 2 thalassemia detection camps.



#### JETPUR

- 22-06-2016 "Recent Trends in management of Acute Myocardial Infarction" by Dr. Ankur Thummar.
- 24-06-2016 "Stress free living and happiness index" by Dr. Donika Ruparel
- 01-07-2016 Doctor's Day celebration by all members of IMA Jetpur with family members by various cultural programmes.
- 06-07-2016 "Vertigo Management" by Dr. Darshan Bhatt.

#### MEHSANA

- 25-06-2016 "Practical tips for management of acute ischemic stroke" by Dr. Sagar Betai.  
IMA Mehsana & Sterling Hospital, Ahmedabad organized Scientific CME with topics of "Pursuit of Happiness" by Padma Shri Award winner senior Neurophysician Dr. Sudhir Shah.
- 13-07-2016 "Role of Vitamin K Antagonists in Thromboembolic Disorder" by Dr. Kamlesh Thakkar

#### MORBI

- 07-06-2016 "Standard TB Care of India" Part-I by Dr. Hiren Tanki.  
"Standard TB Care of India" Part-II by Dr. Yogesh Patel. Total 38 doctors were present.
- 17-06-2016 "Recent updates in liver surgeries" by Dr. Jayant Jhala.  
"Recent treatment option in COPD and overview of SDB" by Dr. Kashmira Jhala. Total 30 doctors were present.
- 13-06-2016 & Adolescent health education programme at schools.
- 20-06-2016 IMA arranged a series of Adolescent health related lectures at Nalanda School. Dr. Ramesh Boda and Dr. Bhavna Jani took



lectures at those places. Total approx 600-700 boys and girls of adolescent age group took part in lectures.

18-06-2016 Free diagnostic camp for hearing defects at Apple Hospital. Dr. Hitesh Patel and Dr. Alkesh Patel had arranged the camp. Total 42 patients got benefit of that camp. Audiometry test was done in all patients totally free of cost. Hearing devices were available on discounted rate.

21-06-2016 Celebration of World Yoga Day. There was a Yog session for IMA Members and other general people at IMA Hall. Total 10 persons took part in it.

#### NAVSARI

25-06-2016 "Gastroenterology" by Dr. Ajay Mishra & Dr. Chirag Gandhi. Total 50 doctors have attended the CME.

#### RAJKOT

13 tp 18/16 "Yoga Shibir"& International Yoga Day celebration.

14-06-2016 Indian Medical Association Rajkot and BDA- PDU Medical College, Rajkot organized Voluntary Blood Donation Camp on the occasion of "World Blood Donor Day" for the benefit of poor and needy patient of PDU Hospital Rajkot. This blood donation camp was also part of celebration of Doctors Day which is on 1st July 2016.

26-03-2016 Indian Medical Association Rajkot & Indian Association of Paediatrician Rajkot successfully hosted CME on Pediatric Skin Diseases & Oral Rehydration Therapy as per guidelines of IMACGP headquarters @ Hotel Platinum. The CME was all success with all local renowned speakers- Paediatricians & Dermatologist along with panel discussion for the same.



### 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/06848	Dr. Kothari Suresh R.	Ahmedabad
LM/06849	Dr. Kothari Lalita S.	Ahmedabad
LM/18330	Dr. Kuswaha Manoranjan Sinh R.	Ahmedabad
LM/16231	Dr. Patel Dharmesh Girishbhai	Ahmedabad
LM/13411	Dr. Patel Shila Yogeshkumar	Ahmedabad
LM/19669	Dr. Patel Suhagkumar Zaverbhai	Ahmedabad
LM/18388	Dr. Patel Sunil Chhabildas	Ahmedabad
LM/13362	Dr. Sandesara Jayesh H.	Ahmedabad
LM/04883	Dr. Shah Dipika J	Ahmedabad
LM/11462	Dr. Shah Manish Rashmikant	Ahmedabad
LM/11463	Dr. Shah Dipti Manish	Ahmedabad
LM/10481	Dr. Verma Ashish P.	Ahmedabad
LM/23370	Dr. Guwaliwala Chirag Rajesh	Ankleshwar
LM/22372	Dr. K.Krishnakumar	Bhavnagar
LM/23241	Dr. Desai Anish Jadavji	Jasdan
LM/19195	Dr. Patel Jignesh Bahecharbhai	Khedbrahma
LM/05704	Dr. Maniar T.C.	Mahuva
LM/22145	Dr. Bhil Rohit Chakurbhai	Nakhtrana
LM/21386	Dr. Dhameliya Rakesh Laljibhai	Palitana
LM/19658	Dr. Rathod Sanjay Ramchandra	Patan
LM/20403	Dr. Maru Nikunj Dayalal	Rajkot
LM/00298	Dr. Vadera J.B.	Savarkundla
LM/14647	Dr. Patel Anil Ranchhodbhai	Surat
LM/17555	Dr. Mori Sandip Govindbhai	Tharad
LM/08819	Dr. Bhatt Yogesh Chimanbhai	Vadodara
LM/08820	Dr. Bhatt Hitesha Yogeshbhai	Vadodara
LM/00156	Dr. Desai Jitendra C.	Vadodara
LM/09644	Dr. Shah Upendra Jayantilal	Vadodara
LM/01625	Dr. Shah Vadibhai K.	Vadodara
LM/03227	Dr. Upadhyay B.V.	Vadodara
LM/20193	Dr. Sharma Ritesh Harishbhai	Vapi



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

Nanpura - Surat : Mothers - Calcium : 500, Iron : 3000 tablets were distributed & Vitamin A solution given to 42 children.

Rander - Surat : Mothers - Iron : 1500 tablets & Calcium : 2000 tablets were distributed & Vitamin A.

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

### JUNE-2016

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	826	409	1235
(2)	Behrampura (Sardarnagar Ward)	2081	504	2585
(3)	Bapunagar (Potalia Ward)	1774	511	2285
(4)	Dariyapur (Isanpur Ward)	1027	202	1229
(5)	Gomtipur (Saijpur Ward)	2005	588	2593
(6)	Khokhra (Amraiwadi Ward)	2432	478	2910
(7)	New Mental (Kubernagar Ward)	655	122	777
(8)	Raikhad (Stadium Ward)	377	197	574
(9)	Wadaj (Junawadaj Ward)	1010	315	1325
(10)	Khambhat	—	—	—
(11)	Junagadh	----	----	----
(12)	Rander-Surat	----	----	----
(13)	Nanpura-Surat	----	----	----
(14)	Rajkot	528	793	1321



### JUNE - 2016

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	18	—	48	10500	375
(2)	Behrampura (Sardarnagar Ward)	08	—	54	6300	1305
(3)	Bapunagar (Potalia Ward)	27	—	40	13140	296
(4)	Dariyapur (Isanpur Ward)	30	—	50	28775	1147
(5)	Gomtipur (Saijpur Ward)	25	—	36	56150	1884
(6)	Khokhra (Amraiwadi Ward)	44	01	79	14600	249
(7)	New Mental (Kubernagar Ward)	12	---	12	17250	545
(8)	Raikhad (Stadium Ward)	28	---	52	12320	1249
(9)	Wadaj (Junawadaj Ward)	06	—	68	12500	1890
(10)	Junagadh	19	—	30	3800	241
(11)	Rander-Surat	11	—	20	1200	76P
(12)	Nanpura-Surat	22	—	35	960	75P
(13)	Rajkot	13	01	61	390	284



## MOLECULE OF THE MONTH

### Artificial sweeteners

Artificial sweeteners are increasingly popular as an alternative to sugar. Increased incidence of obesity, diabetes, and metabolic syndrome, coupled with heightened consumer awareness, has led to a steady paradigm shift toward the use of low-calorie artificial sweeteners. These artificial sweeteners, also called nonnutritive sweeteners (NNS)/low calorie sweeteners/intense sweeteners. They provide more intense sweetness and no or a few calories per gram and are used in beverages, dietary products, drugs, and even mouthwashes. The United States Food and Drug Administration (US-FDA) authority has approved six NNS (saccharine, aspartame, sucralose, neotame, acesulfame-K, and stevia) for use in humans and has classified them under generally recognized as safe (GRAS) category. Since their discovery, the safety of artificial sweeteners has been controversial. Artificial sweeteners provide the sweetness of sugar without the calories. As public health attention has turned to reversing the obesity epidemic, more individuals of all ages are choosing to use these products. These choices may be beneficial for those who cannot tolerate sugar in their diet (e.g., diabetics). The FDA has established an acceptable daily intake limit (expressed in mg/kg body weight) for each NNS, and this, value is usually set at 1/100 of the no observed adverse effect level (maximum level at which no adverse effects were seen in animal studies). They are believed to suppress hunger and appetite, leading to beneficial effect on body weight and cardiometabolic profile and are consumed by both lean and obese alike. A huge number of diabetic patients too opt for these “sugar-free” sweeteners as a substitute for sugar in their diet.

Most NNSs are not metabolized in the body and so, are generally considered safe for consumption. However, there are prevailing concerns over toxicity of “nonmetabolized” compounds in preclinical models. This has raised alarms whether NNS use in humans can



exacerbate metabolic disorders due to dysbiosis and raise the risk for progression to diabetes and obesity. Hence, a reassessment of the massive and widespread use of NNS is indeed the need of the hour.

Artificial sweeteners are widely used every day in a variety of food, cosmetic, and dietary products and so, eliminating their daily use is virtually an uphill task. Diabetics should be advised to consume NNS in minimal amounts as new evidence suggests that long-term use might be harmful in this population subset. Carbohydrate intake should be measured by them to achieve a good glycemic control. NNS as such have shown little effect on glycemic response in diabetic patients although some NNS-containing products might contain energy and carbohydrate from other sources and should be borne in mind while prescribing. Evidence states that NNS consumption (dietary products and snacks) between meals may offer optimal benefit in this population subset and may reduce total caloric intake, whereas consumption with meals might lead to compensation by increased intake of meal-related calories.

However, their use should be accompanied with caution in certain high-risk individuals such as pregnant and lactating women, diabetics, migraine, and epilepsy patients, and children. Children are especially important because they have higher food and beverage intake per kilogram of their body weight. A pediatric epidemiological study has found a positive correlation between intake of NNS-containing beverage and weight gain; however, conclusive data are still lacking. The use of NNS in epileptic patients is controversial since preclinical studies show a lowering of seizure threshold, whereas some clinical studies exhibit a minor anticonvulsant activity. Nevertheless, they must be used with caution in people with low seizure threshold. A Danish study done in 59,334 pregnant women found that intake of artificially sweetened beverage was associated with an increased risk of preterm delivery. Studies done by Sedová et al., on early life exposure to sucrose-rich diet in rats resulted in higher adiposity and increased liver triglycerides in the





offspring. Artificial sweetener use has been associated with triggering migraine in susceptible individuals. Another important and recently highlighted subset is that of diabetic patients routinely relying on these sweeteners to cut down on calories; however, recent evidence hints that this practice might actually be deleterious in the long-run. There is widespread marketing of NNS by the manufacturers who label them safe for consumption, despite often lacking scientific data. Thus, an evidence-based approach needs to be adopted by the prescribing physicians and dieticians when advising the use of these sweeteners to the patients. Artificial NNS when consumed in daily acceptable limit can help in limiting carbohydrate and energy intake as a tool to manage weight or blood glucose. American Dietetic Association states that NNS should not be used in children <2 years of age and minimal or totally restricted during pregnancy and lactation, even though the FDA has declared the use as not unsafe. Due to lack of large-scale studies at present, NNS-containing products should be used in moderation or not at all used in epilepsy and migraine patients.

Many of their purported beneficial effects remain invalidated in large scale clinical studies, and some recent evidence also questions these previously established benefits. It is imperative that health-care providers judiciously assess the overall individual benefits and risks of NNS use to a consumer before recommending their use. Different population subsets incorporate NNS-containing products into their diet with different goals and the same should be borne in mind while recommending a holistic dietary plan to the consumer. It is duty of the health-care providers to be aware of the latest evidence-based dietary guidelines and to inform the consumers regarding the potential risks associated with NNS use.

**Dr Prakruti Patel**

**Dr Anuradha Gandhi**

**Dr Chetna Desai**

**Coordinators, B. J. Medical College, Ahmedabad**



### Report of EVE-Women's Conference - 2016

EVE-WOMEN'S CONFERENCE -2016 was organised on 10th July-2016 by WOMAN DOCTORS WING of Ahmedabad Medical Association under the aegis of GSB-IMA. It was most successful and well attended-approx. 550 ladies-Doctors and Non-Doctors attended this conference at J.B.Auditorium, Ahd. Management Assoc. The Chief Guest of the conference were DR. JAYSHREEBEN MEHTA-M.S. FRCS., -MCI-PRESIDENT. and Guest of Honour were Dr. Bhavnaben Josphipura, - First Lady Mayor of Rajkot City, and a Social Worker.

Very eminent Speakers gave their talk on different Topics. Dr. Bharat Dave - spine specialist-talked about Back pain and its causes and myths, Dr. Tiven Marwah - Endocrinologist-talked about Hypothyroidism, Dr. Reena Sharma - Rheumatologist talked about arthritis and other bone pains, Dr. Dushyant Mandlik-Cancer Surgeon talked about History of Cancer and how to prevent it at an early stage, Dr. Sameer Dani-Cardiologist talked about new risk factors for heart disease in women..Dr. Jyotsnaben Yagnik-Retd. Judge talked about different laws for women for Sexual Harassment. Flamingo travels gave tips for deciding holiday destination. All in all - It was a very interesting and informative conference.

**Dr. Mona Desai** M.D.(PED)  
Chairperson, WDW of AMA

**Dr. Mariam Mansuri** M.S.(OPHTH)  
Hon. Sec., WDW of AMA

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### **India is yaws, maternal/ neonatal tetanus/ Polio / Guinea Worm/ Small Pox free. This is the strength of Modern Medicine.**

1. In May 2016 WHO certified India yaws-free. India is the first country under the 2012 WHO neglected tropical diseases (NTD) roadmap to eliminate yaws, a disease known to affect the most underserved population. It is said 'where the road ends, yaws begins'.
2. Until a few decades ago the country reported 150 000 to 200 000 neonatal tetanus cases annually. After India's success in MNTE (maternal and neonatal tetanus elimination), Indonesia was validated for the same on 18 May this year. With this the entire WHO South-East Asia Region has achieved elimination of maternal and neonatal tetanus. WHO SEAR is the second WHO region, after European Region, to achieve MNTE. Indonesia and Timor-Leste are now the only remaining countries with yaws transmission in the WHO South-East Asia Region.
3. India is already Polio free
4. Guinea Worm disease free in February 2000
5. Smallpox free



## Presumptive Taxation: Medical Professionals can use New Section — Section 44 ADA for their Income Tax Purpose

After Section 44 AD of the Income Tax Act starting 1st April 2017, Section 44 ADA has been inserted namely:

44ADA. (I) Notwithstanding anything contained in sections 28 to 43C, in the case of an assessee, being a resident in India, who is engaged in a profession referred to in sub-section (1) of section 44AA ( it includes medical profession) and whose total gross receipts do not exceed fifty lakh rupees in a previous year, a sum equal to 50% of the total gross receipts of the assessee in the previous year on account of such profession or, as the case may be, a sum higher than the aforesaid sum claimed to have been earned by the assessee, shall be deemed to be the profits and gains of such profession chargeable to tax under the head "Profits and gains of business or profession".

IMA's View Point:

- The Section is for simplification of taxation for professionals.
- It will reduce compliance burden on small professionals and will felicitate ease of doing profession.
- It will also bring parity between small businessmen who enjoy Presumptive Taxation under section 44 AD. It will be applicable to individual doctors, their HUF and their partnership firm (for example Husband & Wife partnership). It will not be applicable to limited liability partnership.
- Under this Assessment, doctors need not maintain the books required to be kept under Section 44 AA and doctors need not get the accounts audited under Section 44 AB.



- All deductions from Section 30 to 38 including depreciation and unabsorbed depreciation and allowances shall be deemed as allowed and written down value of depreciable assets shall be re-computed deducting depreciation which is deemed as allowed.
- Kindly note that as a new section is introduced from 2017, Assessment Year 2017-18 and advance tax in the financial year 2016-17 may have to be calculated accordingly.
- This scheme may not be advisable for the professionals having some net profit ratio, who pay interest on borrowings, has significant depreciation available.
- Unlike businessman who are permitted under Section 44 AD to pay the whole of advance tax by March 2015, the same concession is not available to doctors and they will have to pay all 4 instalments of advance tax.
- Also, there is no provision in Section 44 ADA permitting the professional firms to deduct interest/remuneration paid to partners from the presumptive income offered.

Example: if a doctor is earning less than 50 lacs per annum (most of the doctors will come in this bracket) than 25 lacs will be given to them as mandatory allowable expenses with no need for keeping records. Out of the next 25 lacs, they can claim 2-2.5 lacs on various investments and allowable adjustments and to the rest income tax will be applicable.

Roughly for an income of Rs. 50 lacs, Rs. 5 lacs will be the income tax which in totality comes out to be approx. 10% of the gross income.

When we professionals are ready to give 20-30% of our gross income fee to the corporate sector who provides us the space to have the OPD, paying 10% tax is a peanut and resultant no income tax worries.



### Clinical establishment act update (Part 1)

In the 8th Meeting of National Council for Clinical Establishment Chaired by Shri Jagdish Prasad, DGHS, IMA submitted a list of issues and objections related to Clinical Establishment Acts and Rules and persuaded the Council to discuss these issues separately in a special meeting under the Chairmanship of DGHS. Which followed and IMA has been able to make following points/recommendations.

1. IMA has demanded that the District Appropriate Authority must be headed by a medical person. DGHS informed the IMA members that as District Collector is the administrative head of the District, the change may not be necessary. ( not agreed)
2. Exclusion of the police officer from the District Registering Committee has been agreed by the inter-ministerial Committee
3. It was recommended that single doctor clinical establishment (Husband & Wife should be taken as one unit/QAE own Account Entrepreneur) who are providing only consultation services, may be exempted from the purview of Clinical Establishment Act. The IMA argued that single doctors are already covered under the Medical Council of India Act and are regulated by the Medical Council of India or State Medical Council.
4. Allowing Medical Establishment which has entry level accreditation or above under NABH, need only registration under the Act and should automatically be registered under CEA without any other formalities has been referred to Ministry for decision whether this is permissible under the Act.
5. IMA raised objections to the other conditions of registration as included in Rule 9 of Central Govt. Rules, 2012. It was agreed that these conditions may be reviewed by DGHS and suggestions in this regard sent to Ministry for further action.



### IMA Warning: Use of smartphone in the night with one eye

Looking at your smartphone with one eye while lying in bed at night could affect the vision.

New England Journal of Medicine, details cases of the two women, ages 22 and 40, who experienced "transient smartphone blindness" for months from constantly checking their phones in the dark. IMA warns that one should make sure to use both eyes when looking at your smartphone screen in the dark

The women complained of recurring episodes of temporary vision loss for up to 15 minutes. Both women typically looked at their smartphones with only one eye while resting on their side in bed in the dark — their other eye was covered by the pillow.

So they have one eye adapted to the light because it's looking at the phone and the other eye was adapted to the dark. When they put their phone down, they couldn't see with the phone eye.

That's because it takes many minutes to catch up to the other eye that's adapted to the dark.

If not known one may end up in investigating for TIA.

\* \* \* \* \*

#### DISCLAIMER

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### Another medical mishap: wrong foot operated

It's a never event: Never events are situations where deficiency of service and or negligence is presumed and no trial of expert's evidence is necessary. Following are examples rectified by various court judgements.

- a. Removal of the wrong limb or performance of an operation on the wrong patient
- b. ".....The issues arising in the complaints in such cases can be speedily disposed of by the procedure that is being followed by the Consumer Disputes Redressal Agencies and there is no reason why complaints regarding deficiency in service in such cases should not be adjudicated by the Agencies under the Act."

#### References

1. IMA vs VP Shantha 1995 (6) SCC 651 (37)
2. SC/4119 of 1999 and 3126 of 2000, 14.05.2009, Nizam Institute of Medical Sciences vs. Prasanth S. Dhananka and Ors: B.N. Agrawal, Harjit Singh Bedi and G. S. Singhvi, JJ.

#### IMA Recommendations

1. Definition: Near misses -- when surgeons started to operate on the wrong site or patient
2. Operations on the wrong site or the wrong patient should never happen
3. Surgeons shall mark the surgical site before going to the operating room.
4. One should also mark the site should not be touched.
5. Reasons for the errors include similar sounding names, failure to check patient names on medical records and reversing the sides of X-rays and scans placed on viewing boxes in the operating room.
6. In the operating room before starting surgery, all members of the surgical team should confirm that they have the correct patient, surgical site and procedure.



7. The operating room team should take "a timeout" to check medical records and X-rays, discuss among themselves what they are about to do, and corroborate information with the patient.

The Universal IMA Protocol based on JCI recommendations for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery

Conduct a pre-procedure verification process

1. Address missing information or discrepancies before starting the procedure.
2. Verify the correct procedure, for the correct patient, at the correct site.
3. Try to involve the patient in the verification process.
4. Identify the items that must be available for the procedure.
5. Use a standardized list to verify the availability of items for the procedure.
6. At a minimum, these items include: relevant documentation (history and physical, signed consent form, preanesthesia assessment); labeled diagnostic and radiology test results that are properly displayed and any required blood products, implants, devices, special equipment
7. Match the items that are to be available in the procedure area to the patient.

Mark the procedure site

1. Mark the site when there is more than one possible location for the procedure and when performing the procedure in a different location could harm the patient.
2. The site does not need to be marked for bilateral structures. Examples: tonsils, ovaries
3. For spinal procedures: Mark the general spinal region on the skin.

Special intraoperative imaging techniques may be used to locate and mark the exact vertebral level.



4. Mark the site before the procedure is performed. Try to involve the patient in the site marking process.
5. The site is marked by the doctor who is ultimately accountable for the procedure and will be present when the procedure is performed.
6. In limited circumstances, site marking may be delegated to some medical residents
7. The mark is unambiguous and is used consistently throughout the organization.
8. The mark is made at or near the procedure site.
9. The mark is sufficiently permanent to be visible after skin preparation and draping.
10. Adhesive markers are not the sole means of marking the site.
11. For patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (see examples below): Use your organization's written, alternative process to ensure that the correct site is operated on. Examples of situations that involve alternative processes: mucosal surfaces or perineum, minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice, interventional procedure cases for which the catheter or instrument insertion site is not predetermined [Examples: cardiac catheterization, pacemaker insertion], teeth and premature infants, for whom the mark may cause a permanent tattoo.

#### Perform a time-out

1. The procedure is not started until all questions or concerns are resolved.
2. Conduct a time-out immediately before starting the invasive procedure or making the incision.
3. A designated member of the team starts the time-out.
4. The time-out is standardized.



5. The time-out involves the immediate members of the procedure team: the individual performing the procedure, anesthesia providers, circulating nurse, operating room technician, and other active participants who will be participating in the procedure from the beginning.
6. All relevant members of the procedure team actively communicate during the time-out.
7. During the time-out, the team members agree, at a minimum, on the following: correct patient identity, correct site, procedure to be done
8. When the same patient has two or more procedures: If the person performing the procedure changes, another time-out needs to be performed before starting each procedure.
9. Document the completion of the time-out. The organization determines the amount and type of documentation.

[Source JCI]

**Dr K. K. Aggarwal**

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### Haryana : Doctor gets patient Arrested for Sex Selection

In a first of its kind case, an IVF Expert, Dr Anurag Bishnoi has helped in arrest of a man who had gone to the doctor seeking sex selection, intending birth of a male child through IVF.

The incident goes back to Saturday, when one Krishnu Aryan Bholam, a resident from Delhi approached Dr Anurag Bishnoi, at his IVF clinic in Hisar, with an intent of having male child implantation.

"He expressed his desire to have the male baby through modern technique of PGD. He seems to have got to know about pre-implantation genetic diagnosis (PGD) through which sex selection can be done through internet," Dr Anurag Bishnoi, who owns Hisar's IVF clinic, told TOI. Alarm bells raised inside the doctor's head when the patient further starting talking about Thailand where PGD is available. Showing a quick presence of mind, Dr Bishnoi immediately informed the police about the incident.

Krishna was then arrested from the spot and later confessed to his crimes to the police. "He is a 49-year-old man having two daughters, aged 19 years and 14 years. During interrogation, he admitted to have forced the medico. We had produced him before the court that has remanded him to judicial custody," said the SHO of the area.

Applauding the efforts of Dr Bishnoi in setting up a precedence of sorts, Dr Kamla Singh. DGHS said. ""This is a very good initiative and such efforts made by doctors add to the deterrents put in place by government.'



### Safe Noise Points

1. Noise has a lot of ill effects on our health and it is the leading cause for permanent deafness.
2. Noise is a silent killer and affects all systems specially central nervous, cardiovascular, endocrine and immune systems.
3. Decibel(dB) is the unit of sound intensity. Zero dB is the minimum hearing capacity of a healthy person in Noise free environment. Every 10 dB is 10 times more powerful.
4. Exposure to sounds above 80 dB for even shorter periods have serious effects on our health.
5. Traffic sounds are a major source of noise in Indian cities (90 to 120 dB).
6. Use of loudspeakers in public places after 10 pm and before 6 am is illegal .
7. DJs and cinemas have a noise level of 110 to 120 dB and limit your exposure to less than 2 hours in a week. Please note that even this much period is harmful to young children and pregnant ladies.
8. Staying away for intervals of 5 to 10 minutes from very noisy situations reduces the ill effects of noise to a great extent.
9. Use of ear plugs or muffler is highly recommended in very noisy situations. it will reduce the sound exposure by 15 to 20 dB.
10. Participate actively in the IMA Safe Sound Initiative for a better, healthy in India.



NEWS CLIP

**Blood transfusion without consent is assault**

Jhangeer B Gai

Sumita (name changed) was hospitalized for delivery. She was subjected to various tests, including HIV, which came negative. During labour, Sumita developed complications due to which she was advised caesarean section delivery. Her husband was asked to arrange for blood which was transfused. A Caesarian section was performed, and a healthy male child was born. Both mother and child were discharged a week later. After a few days, Sumita was hospitalized again as she was suffering from fever and dizziness. She was treated for typhoid and discharged. She then kept on developing one ailment after another: boils on her skin, mouth sores, urine and stool infection, jaundice and a herpes. Her local doctor, being aware of her medical history, advised her to get a blood test for HIV. It was found to be contaminated blood transfusion. She was referred to JJ Hospital where she tested positive for HIV and HIV-1 and was suffering from tuberculosis and herpes. Meanwhile, being unaware of her HIV-positive status, Sumita continued breast feeding her newly born child, who too tested HIV positive. She filed a complaint before the Maharashtra State Commission, stating that she was HIV negative prior to delivery but had acquired the virus due to contaminated blood being transfused. Her child too had acquired the virus, but due to her own health problems, she was unable to take care of him. The blood bank and the hospital contested the complaint on various grounds, and the complaint was dismissed. Sumita challenged this order in appeal. The National Commission observed that the blood bank's records were perfunctory but there was no evidence to conclude that the blood was contaminated. The Commission observed that the crux of the dispute was whether consent of the patient was necessary before

CONSUMER AS KING



The National Commission concluded that when a patient is medically fit to give consent, the doctor was duty bound to obtain it. Yet the doctor, in this case, had failed to obtain valid consent and had transfused HIV-infected blood

medical intervention, but a voluntary informed decision by the patient, whether or not to opt for a particular medical procedure. So the doctor has a duty to furnish adequate information to enable the patient to make a balanced judgement and decide whether he should submit himself to the particular treatment or not.

There may be implied consent for transfusion. The Commission analysed the form signed by the patient and observed that the patient's signature had been obtained on a blank consent, agreeing to any kind of treatment. A declaration was also obtained from the patient stating that complete information had been given about the operation, without even mentioning the nature of the surgery. There was nothing to show any communication between the doctor and the patient regarding blood transfusion and its potential hazards. So the commission concluded that the so-called consent did not constitute "informed consent" in its real sense.

The doctor defended his action by saying that he had no other option except to give transfusion. The Commission rejected this defence, holding that this would nullify the doctor's obligation on the patient's right to weigh the pros and cons and take a decision. The right to treatment also includes the right to refuse treatment, regardless of what may be considered medically advisable. Even the guidelines of the Royal College of Obstetrics and Gynaecologists recognize a woman's right to refuse blood transfusion. The Commission noted that when the patient was medically fit to give consent, the doctor was duty bound to obtain it. Yet the doctor had failed to obtain valid consent and had given transfusion with authority. The Commission held that there was deficiency in service. Accordingly, by its order of March 28, delivered by Justice DK Jais for the bench along with M Shrivastha, the commission held the treating doctor liable to pay Sumita an amount of Rs 15 lakh with 6% interest, divided in monthly instalments of Rs 12,000 for the rest of her life. Additionally, compensation of Rs 2 lakh and costs of Rs 30,000 were also awarded.

Conclusion: Failure to obtain informed consent constitutes medical negligence. (The author is a consumer activist and has won the Govt. of India's National Youth Award for Consumer Protection. His email is jhangeerlegalcolumns@outlook.in)

**Court: Docs can't assure 100% cure**

by Harish V Malr in New Delhi

HOSPITALS and doctors cannot be dragged to courts and asked to pay compensation merely because a patient was not cured 100 per cent after treatment or a surgery, the National Consumer Disputes Redressal Commission has ruled.

The only question which is to be considered is if the doctor has performed his duties to the best of his abilities and with due care and caution, said the forum.

"In the very nature of the medical profession, skills differ from doctor to doctor and more than one alternative course of treatment is available, all administered. Merely because the doctor chooses one course of action in preference to the other one strategy, he would not be liable. The course of action chosen by him was amenable to the medical profession," a bench headed by Justice D.K. Jais said.

The Commission made the observation while upholding a decision of the Gujarat State Consumer Commission which refused to order compensation to a woman for the death of her husband. The woman's husband had undergone a prostatectomy for prostate cancer, but died of the same. The Commission observed that the doctor had not performed his duties to the best of his ability.

The only question which is to be considered is if the doctor has performed his duties to the best of his ability, the Commission ruled.



THE VERDICT

"Negligence cannot be attributed to the doctor, so long as he is performing his duties to the best of his ability and with due care and caution."

**અંગદાનની 24 ડોક્ટરોની પ્રતિજ્ઞા**

ભરતર ભટ્ટા | અમરકાં

કિડની, આંખ અને લિવર જેવાં અંગોનું દાન કરવાને એક સાથે પાંચ વ્યક્તિને નવજીવન આપી શકાય છે. ત્યારે સમાજમાં ઓર્ગન ડોનેશનને વેગ આપવા માટે સાબરમતી મેડિકલ એસો. નાં 24 જેટલાં ડોક્ટરોએ પ્રતિજ્ઞા લીધી છે.

વર્ષ દરમિયાન ઓર્ગન ડોનેશનની અવરનેસ કેલાવા આસોસિએશન સાથે જોડાયેલાં 450 જેટલાં ડોક્ટરો સહયોગ આપશે. ગાંધીનગરમાં સંસ્થાના નવા પ્રમુખ તરીકે ડૉ. મનન શાહની વરણી કરી હતી. ડૉ. મનન શાહે પ્રમુખ પદનાં શપથ લેવાની સાથે 24 ડોક્ટરોએ ઓર્ગન ડોનેશનની અવરનેસ કેલાવાવાનાં શપથ લીધા હતા.



સેવાચક્ર

ડૉ. વીરાભાઈ કાતરિયા

દરિદ્ર સેવા એ જ નારાયણસેવા જેમનો જીવનમંત્ર છે



આંખના દર્દીઓની તપાસ કરવા ડૉ. કાતરિયા

તમે એક કર્તાવ્યજિજ્ઞ, સેવાભાવી, દરિદ્રની સેવા કરતો ચિકિત્સક જોયો છે ? ન જોયો હોય તો મોરબીની સરકારી આંખની હોસ્પિટલમાં પહોંચી જશો. છેલ્લાં 30-30 વર્ષથી આ ડોક્ટર સવારે 7 વાગ્યાથી સાંજના 7 વાગ્યા સુધી દર્દીઓની સેવા કરે છે. નામ છે તેમનું ડૉ. વીરાભાઈ કાતરિયા. સાદગી તેમના વ્યક્તિત્વમાં છે. સેવા તેમના ચારિત્ર્યમાં છે. કદાચ એટલે જ મહુવાના ધૂળિયા ગામમાં જન્મેલા વીરાભાઈ મોરબીની આંખની હોસ્પિટલમાં 'દેવદૂત' નામે ઓળખાય છે. દર્દીઓ તેમને ડોક્ટર રૂપી ભગવાન ગણે છે. આની પાછળનું કારણ તેમનો 30-30 વર્ષનો સેવાચક્ર છે.

તબીબી વ્યવસાય સેવા માટેનો છે, પૈસા કમાવવાનો નહીં એવા દૃઢ નિર્ધાર અને લક્ષ્ય સાથે ડૉ. કાતરિયા આજીવ વધના રથના પ્રથમ પોસ્ટરિંગ જ મોરબીમાં થયું. બસ ત્યાંથી દોની ને આજની પરી ! ડૉ. કાતરિયાએ આંખના સર્જન તરીકે સફળતાનાં શિખરો સર કરવાનું શરૂ કર્યું તે આજ દિન સુધી પોતે પોતાના જ વિક્રમો તોડતા ગયા છે. એકલા હાથે એક આંખના તબીબ કેટલી હદે અશક્ય લાગે તેટલી કામગીરી કરી શકે તેનું ઉત્કૃષ્ટ ઉદાહરણ ડૉ. કાતરિયા પૂરું પાડી રહ્યા છે.

વર્ષ 1978ની આજ દિન સુધી તેમની દિનચર્યા આશ્ચર્યમાં મુકી દે તેવી ક્રમિક છે.

રોજ સવારના 9.15 વાગ્યે હોસ્પિટલમાં પહોંચી 1.00 વાગ્યા સુધી દાખલ દર્દીઓના ટ્રેસિંગ કરી, દર્દીઓને સાંત્વના આપી નવા દર્દીઓ તપાસવા ઓ.પી.ડી.માં બેસી જાય, સરેરાશ રોજ 1.00થી 1.2.15 સુધી સરેરાશ 300 જેટલા નવા દર્દીઓ અને 100 જેટલા જૂના દર્દીઓને તપાસવા, દવા આપવી, આંખના ચરમા કાઢી આપી ચરમા આપવા અને ઓપરેશન માટે દાખલ કરવા, વચ્ચે 15 મિનિટમાં ઓપરેશન થિયેટરમાં જ બપોરનું લંચ લઈ, જુદે જુદે 12.30 કલાકે ઓપરેશન કરે તે સાંજના 4.00 વાગ્યા સુધી રોજના સરેરાશ 40-50 ઓપરેશનો, મોનિયા, અમર વેલ વગેરે વગેરે. વધી સાંજે પાછા

4.00 વાગ્યાથી ઓ.પી.ડી. શરૂ કરે તે સાંજના 9.00 સુધી દર્દીઓને તપાસવાનું કામ કરે. આ કામ બીજે ક્યાંપ નહીં પણ એક સરકારી હોસ્પિટલમાં થાય છે, તે માનવામાં આવશે ? પણ હા. મોરબીની સરકારી હોસ્પિટલના કમ્પાઉન્ડમાં આવેલી સરકારી આંખની હોસ્પિટલમાં રૂબરૂ જોઈ આવો. ડૉ. કાતરિયાની મહાનતાનો યોગ થયા અંદાજ આવશે !

હવેશા ખાદીના સડકે કપડામાં સાદાઈથી નદન સામાન્ય માનવી જેવું જીવન જીવતા ડૉ. વીરાભાઈએ 'દરિદ્રસેવા એ જ નારાયણસેવા'નો જીવનમંત્ર બનાવી દીધો છે. ડૉ. કાતરિયાનો આ મહાપક્ષ આજની તારીખે પણ ચાલુ છે. ડૉ. વીરાભાઈએ અન્યાર સુધીમાં સમગ્ર ગુજરાતમાં 900 કરતાં વધારે આંખના દર્દીઓ માટે કેમ્પ કર્યાં છે. 2.50 લાખ કરતાં વધુ આંખના દર્દીઓ તપાસ્યા છે. તેમને સાજા કર્યાં છે. મહાત્મની વાત એ છે કે ડૉ. વીરાભાઈ શિબિર કર્યાં પછી ત્યાં

આવેલા દર્દીઓને ભૂરી જતા નથી. શિબિરના અઠવાડિયા પછી દર્દીઓની ફેર તપાસ કરવાની વ્યવસ્થા પણ કરે છે. વ્યવસ્થા એટલે એવી કે ડૉ. વીરાભાઈને અઠવાડિયા પછી જાને ક્યાં શિબિર યોજવા હોય ત્યાં જાય અને કોલોનિય કરે. દર્દીઓને મોરબીના દવાખાને ધક્કો ન ભવાવે. જાને જ કઈ આવે. આ ઉપરાંત જો અંતરિયાળ વિસ્તારમાં આંખનો શિબિર હોય તો તેમનાં શ્રીમતી રેખાબેન કાતરિયા સ્મૃતિ ટ્રસ્ટ દ્વારા પણ વ્યવસ્થા ઊભી કરવામાં આવે. આંખના દર્દીઓને મોરબી હોસ્પિટલ લઈ આવવામાં આવે અને તપાસ કરી યોગ્ય ઈલાજ કરી પાછા તેમને તેમના ઘર સુધી મુકી આવે અને આ બધું જ મક્કમાં...

ઉત્તમ આદર્શ પ્રસ્થાપિત કરનારા ડૉ. કાતરિયાએ એકલા હાથે અન્યાર સુધીમાં 15 લાખથી વધુ આંખના દર્દીઓને તપાસ્યા છે. 1.00 લાખ મોનિયામાં ઓપરેશનો એકલા હાથે કરવાનો રેકોર્ડ કર્યો છે. 2,00,000થી વધુ કુલ આંખનાં ઓપરેશનો કરી ચુક્યા છે. હવેપણ જ તેમણે એક જ વર્ષની અંદર 15000થી વધુ મોનિયામાં ઓપરેશનો કર્યાં છે એ કદાચ વિચ રેકોર્ડ હશે. સામાન્યતઃ એક આંખના સર્જન દ્વારા એક વર્ષમાં 300 ઓપરેશનો અંબેક્ષિત છે, જે સામાન્ય ડૉ. કાતરિયા કમશઃ વધના આજે એક વર્ષમાં 15000 ઓપરેશનો પહોંચ્યા છે. પોતાની આ કાર્યવૃત્તિ પર ડૉ. કાતરિયા કહે છે કે ભગવાને મને હુન્નર આપ્યું છે સેવા કરવાનું અને હું સેવા કરી રહ્યો છું.





# Attacks on docs: Fraternity seeks remedy, calls meet

## Outcome To Be Shared With Centre, State For Proper Action

Durgesh Nandan Jha  
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New Delhi: Taking note of the increasing incidence of violence against doctors, the Delhi Medical Council (DMC) has called a meeting of all medical bodies on Friday in the state to deliberate upon actions to prevent this trend. The outcome of this meeting will be shared with the state and central government, DMC president Dr Arun Gupta told TOI.

He said that minor scuffles in the emergency ward are common in most hospitals and there have been at least two incidences in the recent past; at Ambedkar hospital in Rohini on July 3, and at Chacha Nehru Baal Chikitsalaya (CNBC) in Geeta Colony on June 14, where the doctors were chased or beaten. "The action against perpetrators of such offence, we feel, is often insufficient and delayed," the DMC president said.

The resident doctors of AIIMS held a candle light

### THREAT TO LIFE-SAVERS

Jul 3 | Relatives of a patient who died of severe wounds sustained in a road accident damage the Ambedkar hospital casualty section and chase doctors and security staff

Jun 14 | After an infant dies allegedly due to medical negligence, relatives beat up doctors inside the critical care unit at Chacha Nehru Baal Chikitsalaya in east Delhi

Mar 20 | A senior doctor's nose is broken and a junior resident doctor is hurt in the abdomen in violence triggered by the death of a patient

### REASONS FOR VIOLENCE

Delay in treatment, lack of communication, no triaging facility in casualty area, security staff not trained to manage attendants who are in distress

### WHAT EXPERTS SUGGEST

Government should start a campaign against the targeting of doctors and also put in place a grievance redressal mechanism  
Hospitals should file FIRs against those involved in attacks  
Waiting time should be reduced. In casualty and ICU, senior doctors should be available 24x7  
Doctors should develop soft skills to calm patients and their relatives in difficult situations

march on the campus on July 1, Doctors' Day to raise awareness about the issue of violence against doctors.

Dr Gupta stressed upon the need for a mass campaign

by the government to make the citizens aware about not taking the law in their hands. Violence against doctors is not a ban only in India. The Lancet recently published

similar cases from Spain, China and Iraq, among other countries. In fact, in 2009, Spain decided to celebrate April 20 as National Day Against Aggression in Healthcare to draw attention to the problem. Within three years, authorities claimed, violence against doctors went down 16%.

Dr Pankaj Solanki, resident doctor at Ambedkar hospital who also heads FORDA, said doctors are often blamed for perceived medical negligence or if there is delay in treatment.

At AIIMS, a senior doctor said, the emergency ward is always overcrowded.

"There is space for only 30 trolleys in the emergency ward but at any given time, you can find more than 50-60 of them lying around. In some cases, two patients have to share the trolley. Patients still feel satisfied if they are being attended to. In some cases, the attendants try to create a ruckus to get attention," he said.

# ભરૂચની હીલિંગ ટચ હોસ્પિટલના તબીબને તમાચા મારનારા ૭ આરોપી સામે કાર્યવાહી

ભરૂચ, તા. ૧૦  
બે દિવસ પહેલાં ભરૂચની હીલિંગ ટચ હોસ્પિટલના ચાર્ટર્ડ કેર વિભાગના તબીબ ડૉ. નિમેષ કાછ્લાણીને જાતિવિપક્ક અપમાન કરી સાત તમાચા ઝીંકી દેનાર



(તસવીર : વિક્રેશ ડાંગરવાલા)

સાત જેટલા આરોપીઓને પોલીસે ઝડપી પાડી તેમની વિરુદ્ધ એટ્રોસિટી એક્ટ હેઠળ કાર્યવાહી હાથ ધરી છે. એ-ટિવિઝન પોલીસે તમાચા મારનારા અને ભરૂચના કાનુગાવાડના રહીશ જાવિદ હુશૈન મંજુર મોહમદ ગુલામ કાદિર શેખ, આબીદ હુશૈન મંજુર

મોહમદ ગુલામ કાદિર શેખ, ફેઝાબાન યુસુફખાન ઈબ્રાહીમખાન પદાણ, મહમદમુનીર અબ્દુલ રજાક ગુલામ હુસૈન મન્સુરી, ફહીમ અગ્રજ તલત અહમદ ગુલામ મહમદ કાપડીયા, મહમદ એયાજ કમાલુદીન ગુલામ મોહુદીન સૈયદ રહે. મરીયમ પાર્ક-વડોદરા, મોહમદ ઈમર કમાલુદીન સૈયદ મરીયમ પાર્ક વડોદરાની ધરપકડ કરી છે. આ સાતેય શખ્સોએ આર.કે. આલેલ કાસ્ટામાં ચાર્ટર્ડકેર હોસ્પિટલના તબીબ ડૉ. નિમેષ કાછ્લાણીને સેપ્ટેમ્બરમાં ઝીંકી જઈ જાતિવિપક્ક અપમાન કરી સાત તમાચા મારી જાનથી મારી નાંખવાની ધમકી આપી હતી. અને ઉલ્લેખનીય છે કે, ભરૂચના કાનુગાવાડમાં રહેતા મુજાકિરખાનની



11 2016 : The Times of India (Ahmedabad)

# Women docs given booster shot of well-being

## Eve Women's Conference Organized By AMA Women Doctors' Wing

TIMES NEWS NETWORK

Ahmedabad: From early heart disease to osteoporosis, and from myths related to hypothyroidism to benefits of early cancer diagnosis, hundreds of women doctors in the city got a complete low-down on health at the 'Eve Women's Conference' organized by the Women Doctor's Wing (WDW) of Ahmedabad Medical Association on Sunday.

President of WDW, Dr Mona Desai, said that the conference aims to give women doctors an edge when it comes to managing their health, issues at workplace, and life in general.

Former special court judge Jyotsna Yagnik (of the Na-



The conference aimed to give women doctors an edge when it came to managing health, workplace issues, and life in general

roda Patia trial) spoke in detail on how women should tackle sexual harassment at workplace.

"The law is there, but women too should ensure that they raise a voice - loud and strong - to ensure justice

against any harassment," said Yagnik. She said that men tend to shift the blame for serious offences like rape on women, holding that in fact the victim invited trouble by dressing improperly, or otherwise.

"There is no law which stipulates how women should dress. But there are surely laws which specify men are not supposed to ogle and harass women. Society needs to drive this point home to men," said Yagnik.

Dr Bharat Dave, a leading spine surgeon, told women doctors to imbibe and propagate the concept of building a 'bone bank' where exercises with weights are done to ensure maximum calcium absorption by bones.

# તાતી ઇમરતી મહિલામાં લાઇફ સ્ટાઇલ ડિસીઝનું પ્રમાણ વધ્યું છે



અમદાવાદ : ૦૬ જુલાઈ ૨૦૧૬

સેસાપ્ટીમાં મહિલાઓને લઈને હવે સિતારીયો બદલાયો છે. મહિલાઓ હવે ઘરની બહાર નિકળીને જીવન કરતી થઈ છે. પરંતુ મહિલાઓ જોખની સાથે પોતાની પર્સનલ લાઈફને પણ એટલો જ સમય આપવો પડે છે. પરંતુ તેના કારણે મહિલાઓની લાઈફમાં સ્ટ્રેસનું પ્રમાણ વધ્યું છે. આ તમામ બાબતો પર જાણિતિ આલે અને તેના મતમાંથી થાય તે માટે સિટીની ગ્રેકર વુમન લિંગ દ્વારા રચવારે એક સેમિનારનું આયોજન કરાયું છે. જેમાં

ગુજરાતમાંથી વિવિધ પ્રોફેશન સાથે જોડાયેલી ૫૦૦ કરતા વધારે મહિલાઓ જોડાશે. અન્યારના સમયે નાની ઇમરતી મહિલાઓમાં લાઈફ સ્ટાઈલ ડિસીઝમાં પણ વધારો થયો છે. સેમિનાર વિશે ચેર પર્સન મોના દેસાઈએ જણાવ્યું હતું કે, આપણે ત્યાં આજે પણ એવી બાબતો છે જે આપણને વિચારતા કરે છે. જેમ કે સમજામું અજાણે પણ દોષ પ્રથા સાવ નાબૂદ થઈ નથી. આવા પ્રશ્નોની સાથે પ્રોફેશનલ મહિલાને થતા પ્રોબ્લેમ અને તેના સોલ્યુશન વિશે અમે સ્વર્્યા વિચારણા કરીશું.

## વર્કિંગ વુમનમાં આ ડિસિસ વધારે જોવા મળે છે

- મેનલ સ્ટ્રેસનું પ્રમાણ વધારે
- ઠાંડા બાદ પ્રેકર
- એક્ટીવિઝનમાં અભેદતા
- નાની ઇમરતી બંધ પ્રોબ્લેમ

At some places applicant has made harsh speeches

# Women's meet to focus on health issues



The conference will comprise various awareness sessions

dna correspondent @ahmedabad

The women doctors' wing of Ahmedabad Medical Association (AMA) announced details of Eve- Women's Conference 2016 in the city on Friday 10 at Ahmedabad Management Association and is open for all.

Some of the formal sessions we are trying to spread awareness and through the conference, we are trying to spread awareness about problems faced by urban women.

"We feel that many issues of the urban women are not being addressed. The conference is our attempt as women doctors to talk about such issues. Women today have come out of their houses and are working but they still have to work at home. Stress and related troubles have increased and through the conference, we are trying to spread awareness."

The one-day conference will take place on July 10 at Ahmedabad Management Association and is open for all. Some of the formal sessions will include-myths and facts about low back pain by Dr Bharat Dave, hypothyroidism by Dr Tiven Marwaha, close encounters with cancer by Dr Dushyant Mandlik and arthritis and myths by Dr Reena Sharma.





# મૃત્યુના કલાકોમાં જ મૃતદેહ સડી જાય છે પણ વાળ મહિનાઓ સુધી જીવંત રહે છે કાઈમ સીન પરથી મળેલો માત્ર એક વાળ પણ ગુનાનો ભેદ ઉકેલી શકે

» મર્ડર, રેપના ગુનામાં કાઈમ સીન પરથી મળેલા વાળ પોલીસ માટે મહત્વનો પુરાવો

» હેર એનાલિસિસ પરથી ઈજાના પ્રકાર, વ્યક્તિના વ્યવસાય-બ્લડગ્રૂપ પણ જાણી શકાય

» ગુનાના ભેદભરમ ઉકેલવા ફોરેન્સિક સાયન્સમાં હેર એકામિનેશનનો પણ મહત્વનો રોલ

સુરત, તા. 10

કાઈમ સીન પરથી મળેલો નાનો અમથો સુરાળ પણ પોલીસને ગુનેગાર સુધી પહોંચાડી દે છે. એટલે જ તો ઘટના બન્યા બાદ કાઈમ સીનને કોર્ડન કરી પોલીસ ઊંચાણપૂર્વક ઈન્વેસ્ટિગેશન કરે છે. અહીં પોલીસની સાથે એકએસએલ (ફોરેન્સિક સાયન્સ લેબોરેટરી)ની ટીમ પણ સ્થળ નિરીક્ષણ કરી જરૂરી સેમ્પલો એનાલિસિસ માટે લેતી હોય છે. વળી, રીલ લાઈફની જેમ રિયલ લાઈફમાં પણ પોલીસ સ્થળ પરથી કે મુનકની બોરી પરથી વિવિધ સેમ્પલોની સાથેસાથે વાળને પણ એક એવિડન્સ તરીકે કોથળીમાં પેક કરી એકએસએલમાં ચકાસણી માટે મોકલી આપતી નજરે પડે છે. લોકોને એવું લાગતું હશે કે વાળને પોલીસ પુરાવા તરીકે રજૂ કરતી હશે પણ જાણીને નવાઈ લાગશે કે એક વાળ પણ ગુનાનો ભેદ ઉકેલી શકે છે.

ફોરેન્સિક સાયન્સમાં હેર એકામિનેશન પણ ગુના પરથી પડદા ઊંચકવામાં મહત્વનો રોલ ભજવે છે. મુનકના શરીર પરથી કે કાઈમ સીન પરથી મળેલા વાળનું એકએસએલમાં એનાલિસિસ થાય છે અને તે હેર સ્ટ્રીકી પરથી પોલીસને બ્લોડ-કેસમાં તપાસમાં ચોક્કસ દિશા સાથે પરિણામ પણ મળે છે. હેર એનાલિસિસ પરથી વાળ કઈ વ્યક્તિનો છે તે તો જાણી શકાય છે પણ સાથોસાથ મર્ડર કરી રહે તે શું છે, ઈજા કયા હથિયારથી થઈ છે, વ્યક્તિને કયું ઝેર પીધું છે વગેરે માહિતીનો પણ ખુલાસો થાય છે. અને આશ્ચર્યની વાત એ છે કે વાળ પરથી વ્યક્તિનું બ્લડ ગ્રૂપ, ઉંમર તથા તે કયા પ્રકારના વ્યવસાય સાથે સંકળાયેલો છે તે પણ જાણી શકાય છે. વળી વાળ કેટલા મળ્યા છે તે મહત્વનું નથી પણ વાળ કેવી હાલતમાં મળ્યા છે તે મહત્વનું છે.

## વાળ છ મહિનાથી પણ વધુ સમય સચવાઈ રહે છે

માનવ શરીરમાં વાળ અને હાડકાં જ એવા છે કે જે વ્યક્તિના મૃત્યુ બાદ પણ વાળ સમય સુધી સચવાયેલા રહે છે. એટલે કે મૃત્યુના કલાકોમાં જ માનવ શરીર સડવા (ડી કંપોઝ) લાગે છે જ્યારે વાળ છ મહિના સુધી જીવંત રહે છે. ફોરેન્સિક સાયન્સ મુજબ છ મહિનાથી પણ વધુ સમય વાળ સચવાઈ રહે છે. જો એક વાળ પણ પોલીસને મળ્યો હોય તો તે પોલીસને ગુનેગાર સુધી પહોંચાડી દે છે.

ડૉ. વિનેશ શાહ (ફોરેન્સિક એક્સપર્ટ)

## ફોરેન કન્વેન્શનમાં અનેક ગુના ઉકેલાયા છે

કાઈમ સીન પરથી મળતા વાળ પોલીસને એક પછી એક કડી આપી ગુનાનો ભેદ ઉકેલવામાં મદદરૂપ થાય છે. ઇન્ડિયા કરતા ફોરેન કન્વેન્શનમાં હેર એનાલિસિસ પરથી અનેક ગુના ડિટેક્ટ થયા છે. જે પૈકી લોસ એન્જલસમાં વર્ષ ૧૯૭૭માં બનેલા અતિ ચર્ચાસ્પદ કેસમાં આ સાયન્સે મહત્વનો રોલ ભજવ્યો હતો. એક બાર માલિક પોતાના બારમાં રાત્રિ દરમિયાન એકલા જ બેઠા હતા. આ દરમિયાન ૨-૩ જણા બારમાં ઘુસી ગયા હતા અને બાર માલિક સાથે ઝપાઝપી કર્યા બાદ ઉપરાછાપી ૨૦ ઘા ઝીંકી દેવા સાથે માથામાં પણ બોયડ પદાર્થથી એટેક કરી મર્ડર કરી દેવાયું હતું. આ ઘટનામાં પોલીસને કોથ સાક્ષી કે પુરાવા મળ્યા ન હતા. જોકે, બ્લાઇન્ડ લાગતા આ કેસમાં મુતકના હાથની મુઠ્ઠીમાંથી વાળ મળી આવ્યા હતા. પોલીસને જેના પર શંકા હતી તેના વાળ સાથે મુતકના વાળનું ડીએનએ મેચ કરાવાયું હતું અને વાળ મેચ થઈ જતા ગુનો ડિટેક્ટ થઈ ગયો હતો.

ડૉ. ગોરાંગ પટેલ- એસોસિએટ પ્રોફેસર (જીએમઈઆરએસ)

## સાયન્ટિફિક પુરાવા તરીકે વાળ ગ્રાહ્ય

કાઈમ સીન પરથી વિવિધ એવિડન્સની સાથે વાળ પણ પોલીસ એકત્ર કરે છે. વળી, કાઈમ સીન પરથી મળેલા વાળ સાયન્ટિફિક એવિડન્સ તરીકે ગ્રાહ્ય છે. દેશમાં રેપ, મર્ડર સહિતના એવા અનેક ગુના છે કે જેમાં વાળને સાયન્ટિફિક પુરાવા તરીકે રજૂ કરી કેસ રટ્ટોંગ બન્યો હોય અને ગુનેગારને કડક સજા મળી હોય.

પી.એચ.બેંસાણિયા (એસીપી- કાઈમ બ્રાંચ)

## હેર એનાલિસિસથી શું જાણી શકાય?

- વાળ છે કે કોઈ ફાઇબર? માણસનો છે કે પ્રાણીનો?
- વાળ માણસનો હોય તો મેલ કે ફિમેલનો? ઉંમર કેટલી?
- માણસ કઈ પ્રજાતિનો છે? (એશિયન, યુરોપિયન વગેરે)
- ડાહ કે કોઈ ગિલધિંગ કરાવેલ છે કેમ?
- વાળ મુળિયા સુધી મળે તો વ્યક્તિનું બ્લડ ગ્રૂપ જાણી શકાય
- કયો ઘંઘો કરે છે તે જાણી શકાય ( જેમ કે ડાય-કેમિકલ ઇન્ડસ્ટ્રીઝવાળાના વાળ ભુરાશ પડતા અને કોપર ઇન્ડસ્ટ્રીઝમાં કાર કરનારાના લીલાશ પડતા હોય છે)
- શરીરના કયા ભાગના વાળ છે તે જાણી શકાય (માથા, છાતી, ગુપ્તભાગ વગેરે)
- કુદરતી રીતે વાળ બચ્યા છે કે બળજબરીથી વાળ કાઢેલ છે તે (જેમ કે મારામારીના કે ઝપાઝપીના કેસમાં વાળ ઉખડી આવતા હોય છે)
- ગુનામાં વપરાયેલા સાધન (સખૂ, છરો, તલવાર) પરથી વાળ મળે તો તે પણ પુરાવા તરીકે રજૂ કરી શકાય છે
- મૃત્યુનું કારણ જાણી શકાય (તીક્ષ્ણ હથિયારથી હુમલો થયો છે, ઝેરી પીવાથી કે સળગી જવાથી)
- પોઈઝનિંગના કેસમાં ઝેરી દવાનો પ્રકાર પણ નક્કી કરી શકાય (જેમ કે આર્સેનિક, થેલિયમ)



Jul 13 2016 : Mirror (Ahmedabad)

# Petition seeks halt on admissions to Mumbai-based CPS

Indian Medical Association submits petition to HC to stop admissions to 'deregognised' institute; application added to pending plea seeking cancellation of state affiliation

Mumbai, Sun 13 Jul 2016 11:00 AM

The Indian Medical Association has filed an application before the Gujarat High Court seeking to put a halt on admissions to the post-graduate diploma course in Mumbai's College of Physicians and Surgeons (CPS). The IMA plea is an addition to a pending petition seeking cancellation of affiliation granted to CPS by the Gujarat government.

The Mumbai-based institute was derecognised by the Medical Council of India (MCI) earlier this year while the Maharashtra government also took action against the institute that has gained notoriety for alleged corruption in admissions to the post-graduate diploma courses.

The plea is likely to come up for hearing on August 20.

"It has come to knowledge that CPS, Mumbai, has started admission procedure and counselling is also being scheduled. The admission procedure has been started in direct contravention to the provisions of Indian Medical Council Act, 1956 and if the same is permitted to continue then the students will be misguided and they will seek admission in this institute which is not recognised by Medical Council of India for Post-Graduate Medicine Courses," stated the plea filed by the IMA.

The petition also pointed out that students graduating from private colleges are likely



The plea is likely to come up for hearing on August 20

to be unskilled doctors that may be hazardous to the health of the common man. "Most of the hospitals have inadequate in manpower and clinical materials. There is no system to ensure proper education training to doctors studying for their diploma to be conferred by the College of Physicians & Surgeons, Mumbai. Hence, in such situations it would be very difficult for students who seek admissions in the current admission procedure," the plea added.

As per the petition, the state granted recognition to CPS to ensure back door entry to students who failed to secure admissions to post-graduate and diploma courses in recognised colleges. It is noted that the Medical Council of India (MCI), an apex body of medical education, had withdrawn approval to the college. The state govern-

# મુંબઈની કોલેજને રાજ્ય સરકારે માન્યતા આપી હતી MCIની માન્ય ન હોય તેવી કોલેજમાં પ્રવેશ રોકવા હાઈકોર્ટમાં પિટિશન આ અંગે 20મીએ સરકાર જવાબ રજૂ કરશે

લીજ જસ્ટિસની ખંડપીઠે કેસની વધુ સુનાવણી આગામી 20મી જુલાઈ પર મુલતવી રાખી છે.

ઈન્ડિયન મેડિકલ એસોસિએશન દ્વારા એડ્વોકેટ સી.જે. ગોગદા અને વિકાસ નાયર મારફત કરાયેલી રિટમાં એવી રજૂઆત કરવામાં આવી હતીકે, અગાઉ આ મામલે એસોસિએશને રિટ કરી છે. જોકે અહીં ફિજિશિયન એન્ડ સર્જનને રિટની સુનાવણી આગામી 20મી જુલાઈ પર મુલતવી છે. દરમિયાન ઈન્ડિયન મેડિકલ એસોસિએશનની માન્યતા નહીં ધરાવતા મુંબઈના

સી.પી.એસ. (કોલેજ ઓફ ફિઝિશિયન એન્ડ સર્જન, મુંબઈ) દ્વારા પ્રવેશ પ્રક્રિયા શરૂ કરવામાં આવી છે. જે અંગેની જાહેરખબર પણ આપવામાં આવી છે. માન્યતા સિવાયની આ સંસ્થામાં પોસ્ટ-ગ્રેજ્યુએશન માટે પ્રવેશ આપવામાં આવે તો વિદ્યાર્થીઓને મુશ્કેલી ઊભી થાય તેમ છે. જો આવી માન્યતા સિવાયની મેડિકલ કોલેજ તેમજ બહાર પાડશે તો તે બિનકુશળ હોવાને કારણે આરોગ્યને મોટું નુકસાન થાય તેમ છે.



# પોરબંદરના ડોક્ટરો આધુનિક ટેકનોલોજીની દર્દીની સેવા માટે સુસજ્જ

પોરબંદરની પ્રતિષ્ઠા પ્રવાસન વિકાસથી વધી શકે છે: જિલ્લા કલેક્ટર: ડોક્ટરો કે નિમીતે ઈન્ડિયન મેડીકલ એસો. ની ઉજવણીને સફળતા



પોરબંદર ઈન્ડિયન મેડીકલ એસો. ઉપરમ બેંચમાં ડોક્ટરો કે પ્રવાસન વિકાસ પ્રતિષ્ઠા વિષયક કાર્યક્રમ દરમિયાન જિલ્લા કલેક્ટર નિમીત્તે પદ્મ, જ્ઞાન અભિષેકી વેન મહાશય, ડી.વાય.એસ.પી. મહાશય, જિલ્લા માહાશય અધિકારી મોડે સહિત ડોક્ટરો અને આયોજનોની તસ્વીર. (તસ્વીર : જિલ્લા બેંચ)

**આચરણ અધિકારી**  
પોરબંદર

“ડોક્ટરો પરિષદ” મહાનગરમાં યોજાયેલા ઉપરમ બેંચમાં ડોક્ટરો કે પ્રવાસન વિકાસ પ્રતિષ્ઠા વિષયક કાર્યક્રમ દરમિયાન જિલ્લા કલેક્ટર નિમીત્તે પદ્મ, જ્ઞાન અભિષેકી વેન મહાશય, ડી.વાય.એસ.પી. મહાશય, જિલ્લા માહાશય અધિકારી મોડે સહિત ડોક્ટરો અને આયોજનોની તસ્વીર. (તસ્વીર : જિલ્લા બેંચ)

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**પોરબંદર તરીકે**

## તબીબોમાં ફરજની સાથે માનવતા અને સેવાનો સમન્વય જરૂરી : જિ. કલેક્ટર

ઈન્ડિયન મેડીકલ એસો. દ્વારા ડોક્ટરો કે ની ઉજવણી કરાઈ ‘હેપ્પી ડોક્ટર ડે’ કાર્યક્રમ યોજાયો

પોરબંદરમાં ઈન્ડિયન મેડીકલ એસોસિએશન દ્વારા ‘હેપ્પી ડોક્ટર ડે’ કાર્યક્રમનું આયોજન કરવામાં આવ્યું હતું. આ કાર્યક્રમમાં જિલ્લા કલેક્ટર દિનેશ પટેલ, પ્રાંત અધિકારી ચેતન ગણાયા, ડી.વાય. એસ.પી. મહાશય, જિલ્લા આરોગ્ય અધિકારી મોડ વગેરે ઉપસ્થિત રહ્યા હતા. આ તહે જિલ્લા કલેક્ટરે પોતાના વક્તવ્યમાં એવું જણાવ્યું હતું કે, શહેરમાં આવેલી વિવિધ સ્પેશિયલિટી ડોક્ટરોએ પોતાની સેવા દર્દીઓને સારી રીતે પરી પાડી

પણ જિલ્લા કલેક્ટર દિનેશ પટેલે મેડીકલ એસોસિએશનના પ્રમુખ ડો. ઉર્વીશ મલકાણે એવું જણાવ્યું હતું કે, પોરબંદરમાં હવે મેડીકલ સેને સારી સુવિધાઓ ઉપલબ્ધ થઈ છે જેને કારણે પોરબંદરના દર્દીઓને

હવે અન્ય શહેરોમાં જવું પડતું નથી જે પોરબંદરના આરોગ્યસેને એક વિશિષ્ટ ઉપલબ્ધી કહી શકાય. તો ડી.વાય.એસ.પી. મહાશયે તબીબો કેવી કપરી પરિસ્થિતિમાં કામ કરે છે તે અંગેનો ઉલ્લેખ કર્યો હતો અને આરોગ્યસેને તબીબોની જે નિષ્ણાપૂર્વકની ફરજ છે તેને પણ ભિરદાવી હતી. પ્રાંત અધિકારી ચેતન ગણાયાએ આ તકે એવું જણાવ્યું હતું કે, ખરેખર ડોક્ટર ડેની ઉજવણી દર્દીઓ દ્વારા કરવી જોઈએ તેવું પણ હવેથી શૈલીમાં તેઓએ જણાવ્યું હતું તેમજ પોરબંદરના તબીબોની માનવતાને પણ આવકારી

હતી. આ કાર્યક્રમ દરમિયાન વર્ષોથી તબીબ તરીકે ફરજ બજાવતા ડો. ગોંધી સહિતના તબીબોની સેવાને પણ આવરવામાં આવી હતી. આ કાર્યક્રમ દરમિયાન ડો. મનોજ શ્રોપીએ કાર્યશૈલીમાં પોતાના કેટલાક મંતવ્ય તબીબો સેનેને લઈને રજૂ કર્યા હતા તો ઈન્ડિયન મેડીકલ એસોસિએશનના ઉપપ્રમુખ ડો. જ્ઞાનાર્દન શ્રોપીએ સંસ્કૃતના શ્લોક સાથે આરોગ્ય સેવાને લઈને કેટલાક ઉદાહરણો પોતાની આગવી શૈલીમાં રજૂ કર્યા હતા. કાર્યક્રમના અંતમાં ડો. હીરા જી. કોડીયાદરે આભારવિધી વ્યક્ત કરી હતી.

# INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

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

PHONE & FAX: (079) 265 87 370 Email: imagsb@gmail.com

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/2016-2017, further tabulated information is given below for the revision of fees effective from 1/4/2016. Herewith I am sending the copy of I.M.A. H/Q fee schedule regarding revised fees.

### ORDINARY MEMBERSHIP FEES

CATEGORY	HFC	GMJ	GSB	ADM.FEE	TOTAL TO BE SENT TO GSB,IMA
Annual Single:	391-00	25-00	10-00	20-00	446-00
Annual Couple:	586-00	38-00	20-00	30-00	674-00

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 31/03/2015 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	8095-00	760-00	{ 20-00 }	Rs. 7335-00
Couple	12050-00	1200-00	{ 30.00 }	Rs. 10850-00

Kindly send fees of old annual member, which should reach this office before 30/4/2016. Membership Fees by a 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

Kindly send annual membership fees before 30/4/2016 so as to avoid deletion. The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41<sup>st</sup> State Council at Nadiad on 12/05/1989.

Yours Sincerely

(Dr. Jitendra N. Patel)  
Hon. State Secretary



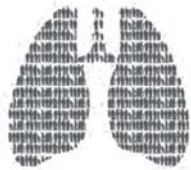
# END TB

TB is one of the world's top health challenges :

MORE THAN **2.4 BILLION** PEOPLE, equal to a **ONE THIRD** of the world's population are infected with TB



## EACH YEAR



**9.6 MILLION** NEW CASES



**1.5 MILLION** DEATHS

## EACH DAY

**26,000** NEW CASES

**4,100** DEATHS

**9,000** MISSED

Despite our best efforts...



...there is an **unacceptable low rate** of decline in incidence each year



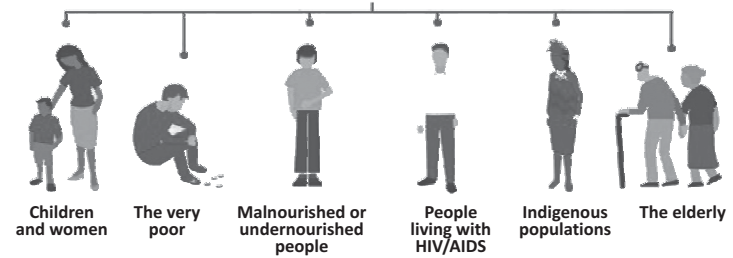
People are either **not diagnosed** or **not treated**



The proportion of **missed case** remains the **Same** each year



## Among those missed are those most vulnerable



Many of those missed will either die, follow some unknown treatment but most will continue to infect others

Yearly

**AROUND 500,000** people will develop multidrug-resistant TB (MDR-TB)

There is slow progress in tackling MDR-TB



MDR-TB cases is diagnosed



patients were started on MDR-TB treatment last year



MDR-TB cases is successfully treated



Each dollar invested in TB yields **US \$85** in return

## TOGETHER WE MUST

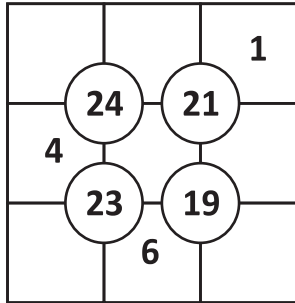
- ✓ Increase and provide access to diagnosis treatment and care for everyone
- ✓ Focus on empowering and serving the most vulnerable
- ✓ Create innovative, effective and sustainable solutions and tools



# Games Corner

Dr. Chandresh Jardosh  
Surat

## Chhota Sudoku



"Place the numbers 1 to 9 in the spaces so that the number in each circle is equal to the sum of the four surrounding spaces."

## 7 BR OK EN Words

By using following keys, join the broken words & find out the 7 different animals words

NS	CAT	GO	AR	DU
DO	CKS	HE	CO	
WS	DE	ATS	GS	

Key	Words
3 Letters	1
4 Letters	4
5 Letters	2

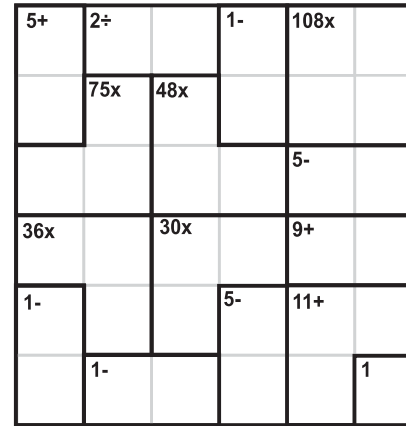
## Sudoku

	7	4	6	8		5	
		6	2	3			
8						4	
	5					6	7
4		1		6		3	
	3					1	
	4						1
				9	3	5	
6			2	5	4	9	

The objective of sudoku is to enter a digit from 1 through 9 in each cell, in such a way that:  
Each horizontal row contains each digit exactly once  
Each vertical column contains each digit exactly once  
Each 3 by 3 square contains each digit exactly once

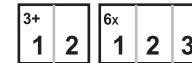


## KEN KEN PUZZLE



- 1 Write down 1 to 6 in each row and each column in such a way they come only once, in each row and column.
- 2 The heavily-outlined groups of squares in each grid are called "cages." In the upper-left corner of each cage, there is a "target number" and maths operation (+, -, x, ÷).
- 3 Fill in each square of a cage with a number. The numbers in a cage must combine—in any order, using only that cage's maths operation—to form that cage's target number.
- 4 The number written in the cage of one square, will be the answer for the cage.
- 5 Important: You may not repeat a number in any row or column. You can repeat a number within a cage, as long as those repeated numbers are not in the same row or column.

FOR EXAMPLE

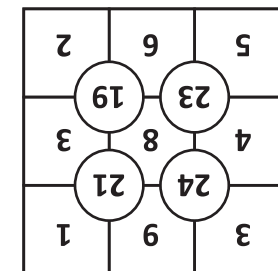


## KEN KEN PUZZLE

7	6	3	1	2	5	4	9	8
1	8	2	4	9	3	5	7	6
9	4	5	8	7	6	2	3	1
6	3	7	9	4	2	8	1	5
4	9	1	5	6	8	3	2	7
2	5	8	3	1	7	9	6	4
8	2	9	7	5	1	6	4	3
5	1	6	2	3	4	7	8	9
3	7	4	6	8	9	1	5	2

## Sudoku

## 7 BR OK EN Words



## Chhota Sudoku

## Answers

- 1 CAT
- 2 DEAR
- 3 COWS
- 4 DOGS
- 5 HENS
- 6 DUCKS
- 7 GOATS



**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**



### Meeting with Principal Commissioner Income Tax Department for Income Declaration Scheme



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### Blood Donation Camp - Ahmedabad Branch



### IMA GSB President's Visit - Jetpur Branch



\* \* \* \* \*

### Blood Donation Camp - Bilimora Branch





### Blood Donation Camp - Rajkot Branch



\* \* \* \* \*

### CME - Navsari Branch



### CME - Mehsana Branch



\* \* \* \* \*

### CME - Morbi Branch





**IMA GSB President's Visit - Surendranagar Branch**



\* \* \* \* \*

**IMA CGP CME - Rajkot Branch**



**Felicitation of Union Minister Dr. Harshwardhan - Bhavnagar Branch**



\* \* \* \* \*

**CME - Wankaner Branch**







**'EVE' - Women's Conference**



**'EVE' - Women's Conference**



\* \* \* \* \*

**HBI IMA Surat Chapter Initiative CME Surat Branch**





**Diagnostic Camp - Surat Branch**



\* \* \* \* \*

**Blood Donation Camp - Mahuva Camp**



**IMA CGP CME - Ahmedabad Branch**



\* \* \* \* \*

**Felicitation of National President Dr. S. S. Agarwal - Rajkot Branch**





## Good Debt vs. Bad Debt: How to know the difference?

As most of my clients are doctors and I have been dealing with doctors as a financial planner for a quite long time, I have understood that doctors, most of the times are confused on whether they should borrow money or use their own money for purchase of assets, instruments etc. So I thought of writing this topic here and I recommend all of you to read this article thoroughly.

Most of the doctors have taken loans in their lives for one or other objectives but When I speak with them on whether one should borrow or not and whether debt is good or bad, I find that most of doctors are on either extremes, some believe that one should always borrow money for their needs whereas others believe that as far as possible one should not borrow and live within his means. Both these approaches are not correct all the times. One should try to bring a balance in his approach towards using borrowed money. Whether the debt is good or bad depends on many factors like the objective of debt, tax benefits on interest etc and cannot be determined on the basis on any one factor. Also there is no single answer that can be applied to everyone. The answer of this question changes from person to person and situation to situation. This article is an effort to bring clarity when a debt can be considered good and when it can be considered bad.

**Borrowed money comes at additional cost:** First of all we need to understand one thing that borrowed money comes at cost. When you borrow money you have to repay along with interest. This interest increases the cost of asset or objective for which it was borrowed.

**When you borrow you consume your future income in present:** Another point that you should understand is when you borrow and consume it for any purpose, you have to repay along with interest cost in future. So here you are consuming your future income in present.

Debt can be considered good or bad on following aspects.



When it is taken to buy an Asset: Money can be borrowed to buy an asset. In such a situation it can be further classified in Appreciating Assets and Depreciating assets. Let us understand both the cases.

**Appreciating Assets:** Appreciating assets are the assets, the value of which will appreciate over a period of time. When loan is taken to buy any kind of property like home, land etc these are the assets for which value will generally appreciate. Please remember that in these assets also value can go down but mostly value will appreciate. Now such properties can be bought for self consumption like for residential purpose, business purpose or they can be bought for just investment purpose. Here I have given below my conclusion on both.

**Properties for self consumption:** When an asset is bought for self consumption like residential property or premises to run business the Debt (Loan) created to buy that property is good or bad should not be measured on appreciation of the property because it is for self consumption. Such property is taken for self consumption and that is why it is a good debt. But one should keep in mind that he is not over spending on that asset with borrowed money. For example if I need a 3 BHK flat and I buy a 5 BHK and spend a lot on decorating it with the borrowed money than it is not a good debt. This is because this type of property is bought for self consumption so how much it appreciates is not important but when you overspend on it, you have to pay significant cost for that borrowed money.

**Properties bought for investment Purpose:** When an appreciating asset like land, house etc are bought for investment purpose with borrowed money, it is good debt if it fetches you more post tax returns than post tax interest that you pay for the same. What I mean to say is that when you borrow money to



buy a property for investment purpose, you are basically investing in real estate with borrowed capital so you have to earn more than your interest cost. While calculating your interest cost, you also have to consider tax benefit earned on that interest. So you have to give net effect of interest and similarly while calculating market value or sales value of your assets you have to consider tax to be paid on that.

If you are able to generate more post tax returns then it is a good debt otherwise it is not a good debt. But the problem here is it is difficult to guess returns at the time of buying such investment assets with borrowed capital. So in such a case you should be very conservative while taking such buying decisions. You should try to buy such assets at low valuations as far as possible.

**Depreciating Assets:** It is general belief that loans taken to buy depreciating assets are not good debts but this belief is not a true belief all the times. If a depreciating asset is bought to increase your working efficiency then it is a good debt. For example if you are buying a car or instruments for hospital with borrowed money, they are depreciating assets but they are going to increase your efficiency so it is not a bad debt.

In such case debt is bad when it is taken for depreciating assets which are luxury assets like if you need a car and you can easily do with a basic car which may cost you Rs.5 to 8 lakhs but you buy a luxury car of Rs. 15 lakhs then money borrowed for such luxury car is a Bad Debt according to me because here you are enjoying luxury at borrowed money.

**Consumer Loans:** Consumer loans are loans which are taken mostly for personal or family use. Like loans taken for buying small items of home use or travelling etc. ideally these loans increase your overall expenditure so they are not Good Debt but still if you get it at a lower or zero interest they are Good Debt.

Why should I borrow if I have my own resources to buy Appreciating assets, depreciating assets or consumer durables?

A question that comes from many readers is that why should I borrow for appreciating assets, depreciating assets or for consumer durables if I have my own resources. The answer is if you can earn more post tax returns on your own money than interest that you have to pay while borrowing that



money than logically you should borrow rather than spending your own money. But while calculating interest to be paid please consider post tax interest if you are getting any tax advantage on that. Most of the investors forget to give tax impact on this.

Most of the people become emotional on this and believe that Debt is always bad and should use their own money when they have but this is not a rational decision so I would suggest you to use borrowed money in such cases.

How much should one borrow?

One more important aspect of borrowing is how much one should borrow; I mean what should be the maximum limit of borrowing for an individual. For this there is not standardised answer but ideally one should not borrow more than 50% of his total value of assets. For should not be more than 30% or your post tax income and you should be able to meet this repayment comfortably so that in case if due to any circumstances your income falls you should be able to meet your monthly liabilities and expenses example, if my total assets ( Property, Financial assets, gold etc.) are Rs. 1 crore then I should not borrow beyond 50 lakhs. One more aspect one should consider while deciding this point is that total of monthly repayment of your loans easily.

Good Debt or Bad Deb is a Relative matter than absolute: whether your Debt is good or Bad is a relative matter and cannot be judged absolutely on few factors. By relative I want to say that it is customized to once own circumstances like whether he gets tax benefit or not, he can earn better returns on his own money when he takes loan for something rather than investing his own money or not, so never try to take this decision just on the basis of a single factor that whether you are borrowing for appreciating asset or not, or whether you will get tax benefit on interest or not.

To conclude with borrowed capital is always at a cost so be very careful and calculative while using it and never take decisions on one or two factors alone. While deciding on loans, be rational and leave your biases and do the analysis on natural basis.

**Prakash Lohana**, CFP<sup>CM</sup>, CPFA  
(Vadodara)

**Feedback / Comments : [imagsb@gmail.com](mailto:imagsb@gmail.com)**



### GUEST HOUSE OF IMA LIST

State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
<b>Anadhra Pradesh</b>	<b>Bhimavaram Branch,</b> IMA Building, Mothupallivari Street, Bhimavaram West Godawari - 534201	<b>Dr. M Venketramna</b> (M) 9491014817 Mr. I.S. Prasad Fax : 08816- 234231	1 AC double bedded Room @ Rs. 500/- per day yes
	<b>Hyderebad Branch,</b> IMA Building, Near Esamia Bazar, Hyderabad	<b>Dr. Raju Ch. Srinivas</b> M : 09490172569 TEL:- (040) 24656378 FAX : (040) 24738197 E:- hydcityvima@yahoo.co.uk	Single A/C. RS. 400/- Double A/C - Rs. 600/- ( 12 Rooms ) Double A/C. RS. 500/- ( 8 Rooms ) No.
	<b>Kakinada Branch, IMA Road,</b> Kakinada, East Godavari Mehabudabad- 506101 , Warangal	<b>Dr. Y K Chaturvedi</b> (M) 9848162300, 0884-2361323 E:- imakakinada@yahoo.com	2 AC Suits @ Rs. 800/- per Day ( for doctors @ 500/- per day)
	<b>Nellor Branch, Saraswathi Nagar, Opp. Ratan School, Nellore : 5240003</b>	<b>Dr. Y Krishna Mohan Rao,</b> 0861- 2329420	
	<b>Tirupathi Branch,29,</b> Housing Board Colony, Alipiri Barpeta - 781315	0877-3959546	
<b>Assam</b>	<b>Barpeta Road Branch</b> Tourist lauge Baretta Road, Barpeta - 781315	<b>Dr. Kankan Goswami</b> M : 9435025239	5 non AC Rooms @ Rs. 400/- per room ( per day )
	<b>Tezpur Branch I</b> MA House, Tezpur- 784001	<b>Dr. H K Borah,</b> M : 9435081697	4 A/c. Rooms @ Rs. 750 /- per room
	<b>Tinsukia Branch</b> chinarapatti, Nr. SBI Main Br. Tinsukia - 786125	<b>Dr. Phanindra Saikia,</b> M : 09435134550	2 non AC double bedded rooms @ Rs. 250 per Rooms
<b>Bihar</b>	<b>Patna Branch, IMA Building</b> Dr. A k nsinha Path South East of Gandhi Maidan: Patna - 800004.	<b>Dr. Manvendra :</b> M : ( Dr. Thakur ) 9334114657, Tel : 0612-2321542 Fax : 0612-2321542 Email : info@imabihar.org	6 non A/C. Rooms @ rs. 150/- & 3 Rooms ( AC will be installed shortly )
	<b>Samastipur Branch ,</b> Satish Chander Sarkar Bhawan, Opp. KHE inter college, Kashipur, Samastipur - 848101	M : 09431245533 ( Dr. D S singh : 06274-224094 )	4 double non AC Rooms @ Rs. 250/- per person
<b>Chandigarh</b>	<b>Chandigarh Branch</b> IMA house., sector - 35, chandigarh	<b>Mr. Ramswarup</b> Tel >; 0172-2602595 ; Fax : 0172-2602595 Email : singh_zora@yahoo.co.in	A/C room Rs. 600/- Cooler Rs. 350/- Noon A/C. RS. 350
<b>Delhi</b>	IMA H.Q.s. IMA House Indraprastha Marg. Delhi - 110002	TEL.: 011-23370009,8819, 8680, 0473, 0492,8424, Fax 23379470, 23370375 Email:- imabuilding@gmail.com	A.C. Super Delux - Rs. 2080/- per day for two persons. A.C. Delux - Rs. 787/- per Day per person in shared dormitory



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
<b>Gujarat</b>	<b>AHMEDABAD Branch</b> 2nd Floor, AMA House Opp. H k college Ashram road, Ahmedabad - 380 009	<b>Dr. Jitendra N. Patel</b> (M) 09825325200, Tel/Fax.: 079-26587370 Email.: imagsb@youtele.com imagsb@gmail.com	<b>5 AC Rooms @Rs. 1100/-</b> <b>1 AC room @Rs. 800/-</b> <b>extra bed @ Rs. 100/-</b>
<b>Karnataka</b>	<b>Karnataka Branch,</b> IMA House, Nr. IMA Circle, A V Road - bangalore - 560018	<b>Mr. Puttuswamy,</b> Hon State Secretary : 9008828303; 080-26800409 : 080-26703255 Email : imaksb@bsnl.in	10 non A/C Single Bed Rooms @ Rs. 250/- , 6 non AC Double Bedded Rooms @ rs. 400/- 1 A C Deluxe @ Rs. 700/- , 1 Suite @ Rs. 800/- extra Bed : 150/- yes
	<b>Tumkur Branch</b> IMA House, Town Hall Circle , Tumkur - 572101	<b>Dr. Prashant</b> ( M ) 9632222233 , 0816-2254938	1 Single Bed Rooms @ rs. 200/- 1 Double Bedded @ rs. 300/-
	<b>Shimoga Branch</b> Mc. Gann Hospital Compound, Shimoga	Hon. Secretary : 9448421951 08182-224622 : doc_vishwanath@hotmail.com	
	<b>Chitradurga Branch</b> opp. Dist. Hospital chitradurga - 577501	Hon Secretary : 9972328698 08194-228485	single Bed Rs. 50/- Double Bed rs. 100
	<b>Arsikere Branch, IMA House ,</b> B/h. Sai natha Temple, J C Hospital Compound Arsikere - 573103	( M ) : 9448997377 hareeshkv@yahoo.com Chancheku@gmail.com	single Bed Rs. 100 /-
<b>Kerala</b>	<b>Thiruvananthapuram</b> Branch, IMA State Headquaters, Ananyara. Thiruvananthapuram - 695029	<b>DR.J R Nair :-</b> 9447154066 TEL. 0471-2741144, Fax :- (0471) 2741155, Email:- imaksb@yahoo.co.in	AC Double bedded room @Rs. 1200/- for non IMA Member & IMA Member from other state and Rs. 800/- for IMA Members. 4 bedded Rooms Rs. 1600 for IMA Members and Rs. 2400 for Non IMA Members and Rs. 2400 for IMA Members from other states.
	<b>Kottarakara Branch,</b> Ima House, Bubby Kottarakara Road P.O. Kotarakaro, Dist. Kollam	<b>DR. Radhamony</b> M: 9447801337 Tel : 0474-2454066, 2060777: Fax 0474-2454066, rradhymoney@yahoo.co.in	Can be arragned In some other private hotel
<b>Maharashtra</b>	<b>Mumbai Branch IMA CHOWK,</b> 16 keshav rao ""Khadye Marghaji Ali Mumbai - 4000034	<b>Mrs. Jyotsna,</b> Tel :- (022) 23543255, Fax : (022) 23545510 ima_mumbai@rediffmail.com; mumbai@mtnl.net.in	Rs. 500/- ( 1 room) No.
	<b>Mumbai West Branch,</b> J R Mhtr Marg JVPD Scheme, behind Chandan Cinema juhu, Mumbai 400049	<b>Ms. Aparna :</b> Tel :- 022-26206517, 65235579, 26254368, imamumbaiwest@yahoo.com	2 Rooms Rs. @ Rs. 1275/- + 10.30 % , 2 Rooms @ Rs. 1200/- + 10.30 % No.



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
	<b>Nagpur</b> Branch, IMA house North Ambbazari Road, Nagpur - 440010	Te; :- (0712) 2550777. 2522421 Fax :- 0712-2550777 E :- imacon2007@gmail.com	AC RS. 340/- NO.
<b>MP</b>	<b>Indore</b> Branch, IMA Bhawan, Dr S K Mukharji IMA, Parisar M.O.G. Lines Indore - 452002	<b>Dr. Shekhar D Rao.</b> ( M ) 09826060629. Tel : 0731-2787988, E :- imasecretaryindore@gmail.com	Non A C Double bedded room @ Rs. 650 /- No.
	<b>Jabalpur</b> Branch , IMA House , wright town, jabalpur - 482001	<b>Dr. L S Bais</b> : 9425159767, Tel .:- 0761-2404940, 4005715, Fax: 4005715	1 double bedded ! Hour bedded room @ RS. 150/- /Bed / day no.
	<b>Ratlam</b> Branch, Subhedara IMA House Rajendra ngr. Ratlam	<b>Dr. Ghate</b> : 9425103800: 07412-231737 Email : pkghate@yahoo.com	6 Single bedded @ Rs. 200/- day No.
	<b>Gwalior</b> Branch IMA House - 32 Gndhi Enclave Behind Hotel Sita, Manor, Gwalior	<b>Dr. Ashwini Bhatnagar</b> : 9827062860 Email : ima_gwaliro@yahoo.in	1 AC double bed @ Rs. 500/-
<b>Orissa</b>	<b>Berhampur</b> IMA Berhampur M K C G Medical College Campus Berhampur - 760004, Orissa	Hony Secretary M: 9643706627 Tel : (0680) 2283848 E - kkpl1000@hotmail.com	All AC Rooms with color TV & Geyser Facility. Room 301, 302 & 303 RS. :- 400/ Room 304 & 305 RS. :- 500/-
	<b>Bhubaneswar</b> BHUBANESWAR IMA INSTITUTE, 656 & 781 GANGA NAGAR UNIT - 6 Bhubandeswar, Orissa	<b>Dr. Sarojo Kumar Sahu</b> ( for Hall Mob :- 9437002424 <b>Mr. Umakanta</b> ( For Room ) ph:- 0674-239008 Mob : 9237014514 imabahubaneswar@gmail.com sahudrasaroj@yahoo.co.in	* Auditorium 250 Capacity * Executive Conf Room of 50 Capacity six Rooms 1. Two A/C Double Rooms . 2. Two A/C Three Bed Rooms 3. One A/C Four Bed Room All are A/C. Fixed with LCD, Round the Clock water and Electricity Backup Tariff ranging from Rs. 800/- to Rs. 1400/- per day Only 1 km from Bhuneswar Airport And 3 km From Railway Station
	IMA State Hqr., <b>Cuttack</b> IMA House, Medical Road, Ranihat, Cuttack - 753007, Orissa	Office Tel. : (0671) 2121225 /2413060 Mob. : 8763349498 Email : imaorissa@gmail.com	All AC Rooms with LCD TV, Geyser Facility. round the clock water and Electricity backup Facility 1 suite : 1,000/- 3 Double bed Rooms : 500 /- 1 Triple bed Rooms : 750 /- Conference Hall 100 Capacity Rs. 3000/- ( For 6 hour only ) Meals shall be provided on request from local market



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
<b>Rajasthan</b>	<b>Ajmer</b> Branch, Informat of L.N. Hospital, Ajmer	<b>Dr. H.S. DUA</b> (M) 9414300220, Mr. Lajpat Raj ( M ) 9782946739	2 Rooms @ Rs. 600/- ( for 24 Hours ) ( cooler )
	<b>Kota</b> Branch, MBS Hosptial Campus ; Nayapura, Kota	M : 0941479558 Rs. 600/- for 24 Hours ( 2 Rooms )	1 AC double bedded Room @ Rs. 600/- , 1 non AC room @ 400/-
<b>Tamil Nadu</b>	<b>State HQ</b> Branch, Sindur Gardens, 423 Kilpauk Garden Road, Kilpauk, <b>Chennai -10</b>	<b>Dr. N. Muthurajan</b> (M) 9444224754, 0944733792, Mr. Mani - 044 - 26443055, Fax :- 22395004, E :- imatamilnadu@yahoo.co.in	Pallar ( AC Single bedded ) RS. 500/- ( without bath attached ) Kaveri - Double Bedded: Rs. 600/- Nilgiris - Triple bedded: Rs. 900/-
	<b>IMA TN State HQs. Building</b> Doctors colony, Via. Bharathi Nr. 1st Main Road, off. Mudichur rd, Tamba ram West, Chennai - 45	<b>Dr. Balasubramanian,</b> M: 094440070465, <b>Dr. Karunanidhi</b> M - 09444261385, Office 044-29000324, 29000325, Email :- egpima@gmail.com	7 AC deluxe Room @ Rs. 800/- per day
	<b>TN State PPLSSS Chetpet Building,</b> H. NO 11 & 12, Sankara Heritage Apts, Super Tank Road, Chetpet, Chennai - 31	<b>Dr. K. Thangamuthu</b> M - 9443151164, Tel :- 044-28361866 Email:- pplsssofimatn@gmail.com	5 AC Double bedded Room: @ Rs. 1000/- IMA PPLSSSS Member 900/- Single - 700 (IMA PPLSSS Member - 600
	<b>IMA PPLSSS - Tenyampet</b> Old No. 501, New NO. 626, Opp. To State Bus Terminal, Anna Salai (Mount Road ) , Teynampet , Chennai - 6000018	<b>Dr. K. Thangamuthu</b> M - 9443151164, Tel :- 044-28361866 Email:- pplsssofimatn@gmail.com	11 Double Bedded Rooms . Rs. 1500/- per day per room
	<b>Salem</b> Branch, 12, Sardha College Road, New Fivr Road, Salme - 6360004	<b>Mr. Parameswaran</b> 9789517833, Tel.: 0427-2448033	3 Double bedded@ Rs. 500/- yes
<b>UP</b>	<b>Allahbad</b> Branch, 29, Stanley Road, Allahbad	TEL : 0532-26000909, 2607513, Email :- ama@sancharnet.in	
	<b>Banaras</b> Branch, I MA house, IMA Building, C-7/31, Chetganj, Varansai - 221001	<b>Dr. Alok C Bhardwaj,</b> <b>Mr. Madhu Pathak,</b> Tel.:- 0542-2403194, Fax :- 0542-2403194	3 AC double bedded Rooms @ Rs. 600/ 1 Dormitory of 6 Beds @ Rs. 100/- per bed per day
	<b>Bereilly</b> Branch IMA Bhawan 110, Civil Lines, Bareilly	<b>Mr. Sunil Karan</b> ( M ) 9410498049, Tel.: 0581-2511716, 2511259	4 AC Rooms double @ rs. 1000/- per days + 10.30 Tax, No.
	<b>Lucknow</b> Branch, IMA Bhawan, No. 1, River Bank Colony, Lucknow	<b>Dr. A M Khan</b> : 9415409188, 415409188, Mr. Anil Yadav, Tel : 0522-2626440: Fax : 0522-2626440	2 AC Double Bedded Rooms @ 500/-1 big Rooms @ Rs. 600 / (for IMA members 400/- ) no.



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
West Bengal	<b>IMA Bengal State Branch,</b> IMA House, 1, 1/3 <b>Dr. Biresh Guha</b> Street, Kolkata - 700 017	<b>Dr. Amitabha Bhattacharya</b> M: 9339768287 Tel.: 033-22810758, 22873252 Fax : 033-22810758, 22893729 E : imabengalstate@yahoo.co.in	1 AC Dormatary for 6, NO.
	<b>IMA HQs. At KOLKATA,</b> <b>JIMA</b> Building 53, Creek Row, Kolkata 700014	<b>Mr. A S Das</b> Tel : 033-222257010,22360573 extn. 26, Fax - 22366437 M:- 9432960446 Email :- j_ima@vsnl.net	AC Rooms : Single bed Deluxe ( 1 ): 750/- day - delux double bedded ( 1 ) : 650/- bed / day double bedded ( 1 ) : 550/- bed/day - Triple Bedded ( 4 ) : 550- /bed / day Non AC, - Dormitory ( 5 beds ) -350/- / bed/ day incl. bed tea@breakfast
	<b>Krishnanagar Branch 9 ,</b> Church Road, Krishnanagar, Nadia.	<b>Dr. A+C43 K Basu Malik</b> ( M ) 9434105232 <b>Mr. Akhoy Biswas</b> (M) 9434335297	2 AC double Bedded Rooms @ Rs. 250/- per bed per day
	<b>Malda Branch,</b> R K Mission Road, Malda - 732101	Hony. Secretary : 943.4040368 <b>Mr. Brindavan Rao</b>	1 double bedded non AC Rooms @ Rs. 250/- per day
Uttaranchal	<b>Dehradun Branch 47,</b> Ballapur Road, Dehradun.	<b>Dr. Umang Sahai</b> M - 9359873284 <b>Dr. D.D. Choudhary</b> M - 9897296200 <b>Dr. Bhim S Pandhi</b> M - 9837070913	1 A C double bedded room



**Gimacon**  
(Hosted by Indian Medical Association, Rajkot Branch)

**68<sup>th</sup>**

**Annual Conference of**  
IMA Gujarat State Branch  
15<sup>th</sup> - 16<sup>th</sup> October 2016 at Rajkot

**Dr. Atul Pandya**  
President IMA GSB

**Dr. Jitendra Patel**  
Hon. Secretary IMA GSB

Venue : Hotel Seasons (TGB), Avadh Road, Kalavad Road, RAJKOT.

### REGISTRATION FORM

Please fill in **CAPITAL LETTERS ONLY**

IMA Branch \_\_\_\_\_ Membership No. : \_\_\_\_\_

GMC/MCI Registration No. : \_\_\_\_\_

Name : \_\_\_\_\_

Last Name

First Name

Middle Name

Speciality : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pincode : \_\_\_\_\_ Mobile : \_\_\_\_\_

Tel. No. : STD Code : \_\_\_\_\_ (C) \_\_\_\_\_ (R) \_\_\_\_\_

E-mail : \_\_\_\_\_



### Hotel Accomodation Requirement : YES NO

No. of Rooms : \_\_\_\_\_

Accompanying  
Persons

Name

Age

Sex

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Particulars	Till		After 15th - 16th August 2016
	15th - 16th August 2016	15th - 16th August 2016	
Reception Committee (Passes to be given to spouse for Banquet only)	4,500/-	5,000/-	
Delegates Fees	2,500/-	3,000/-	
Accompanying : Below 5 yrs no registration	2,500/-	3,000/-	
Non IMA / Corporate Member	6,000/-	8,000/-	
PG Students (IMA Membership required)	1,500/-	2,000/-	
Medical Students	1,200/-	1,500/-	

Payment Details

Please find enclosed Cash / DD / Cheque for Rupees \_\_\_\_\_

Bank Name & Branch : \_\_\_\_\_ DD No. \_\_\_\_\_ Date \_\_\_\_\_

Send DD / At par Cheque payable at RAJKOT in favour of "GIMACON 2016"

Office use only

Receipt No. \_\_\_\_\_

Date \_\_\_\_\_

**Conference Secretarial :**

**Dr. Chetan Lalseta**  
(Org. Secretary)  
Shraddha Hospital,  
2nd Floor, Indira Circle Chowk,  
Rajkot-05. Tel : 0281-2585481,098251 99585  
email : secretarygimacon2016@gmail.com

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**: Host :**  
Indian Medical Association, Rajkot.





## ડૉક્ટરોની વ્યથા

સમગ્ર સમાજ, દેશ અને પ્રત્યેક નાગરિકને સ્વાસ્થ્યની જોગવાઈ કરતા, સતત લોકોના સ્વાસ્થ્યનો ખ્યાલ રાખતા તબિબોની થોડી વ્યથા વિશે આજ થોડું જાણી લઈએ.

- જ્યારે ઘણા બધા માણસો રોડ, વાહન, અકસ્માતમાં ગુજરી જાય છે, તો શું આપણે RTO ઉપર પોલિસ કેસ અથવા ધરપકડ કરીએ છીએ ?
- જ્યારે ઘણી બધી વ્યક્તિઓ પ્રદૂષિત હવા, પ્રદૂષિત પાણી અને પ્રદૂષિત વાતાવરણને લીધે મૃત્યુ પામે છે ત્યારે આપણે તેના ઉપર કેસ કરવો ?
- જ્યારે આ સમયના વધતા જતા ગુનાઓ, ગુનાખોરી, ગુંડા તત્વોની પરેશાની હોવા છતાં શું આપણે પોલીસ ઓફિસરોની ધરપકડ કરીએ છીએ ?
- જ્યારે ઘણી વખત બેંકમાં લૂંટ થાય, ATM માં ચોરી થાય ત્યારે શું આપણે બેંક મેનેજર ઉપર કેસ કરીએ છીએ ?
- જ્યારે નીચલી કોર્ટના જજમેન્ટ, ચૂકાદાઓને હાઈકોર્ટમાં લઈ જવામાં આવે ત્યારે શું આપણે જજ સાહેબોને અરેસ્ટ કરીએ છીએ ?
- ઘણી બધી ગર્વમેન્ટ સ્કૂલના વિદ્યાર્થીઓ પરીક્ષાઓમાં ફેઈલ થાય ત્યારે શું આપણે શિક્ષકોને જેલમાં મોકલીએ છીએ ?
- જ્યારે રાજકારણીઓએ આપેલા વચનો ખોટા સાબિત થાય, પૂરા ન થાય તો શું આપણે તેઓશ્રીને અરેસ્ટ કરવાના ?
- જ્યારે ઘણી બધી ફિલ્મો પલ્લિકને અનુકૂળ ન આવે ત્યારે શું આપણે ફિલ્મ નિર્માતાને આપણે અરેસ્ટ કરવાના ?
- જ્યારે ઘણા બધા લોકો, ડેન્ગ્યુ, મેલેરિયા જેવા રોગોથી મૃત્યુ પામે ત્યારે શું આપણે મ્યુનિસિપાલિટીના ઓફિસરને અરેસ્ટ કરવાના ?..... તો મારા દેશના સુશિક્ષિત નાગરિકો આપણે એ વાત કેમ ન સમજી શકીએ કે દરેક ડિગ્રી પ્રાપ્ત ડૉક્ટર તેને કન્સલ્ટ કરતા તમામદર્દીઓને જીવતદાન આપી જ શકે ? મેડિકલ સાયન્સનો અભ્યાસ કોઈ પણ વ્યક્તિને તેંદુરસ્ત રાખવા માટે, મૃત્યુથી દૂર સ્વસ્થ રાખવા માટે કરવામાં આવે છે. ઘણા બધા ‘ગુગલ’ પ્રેમીઓ સસ્તા, ભળતા રિપોર્ટલ અને સસ્તી ભળતી દવાઓ વિશે ક્વોલિફાઈડ ડૉક્ટરોને સમજાવે ત્યારે, ખરેખર દુઃખ થાય. આવા દર્દીઓને મેડિકલ સાયન્સની બૂક્સ આપી દેવી જોઈએ. જેથી તેઓ પોતે પોતાનું નિદાન કરીને દવા પણ નક્કી કરી લે.



આવા કટોકટી ભર્યા સમયમાં આજે આપણે અમુક બાબતોની સ્પષ્ટતા કરી લઈએ. ભારતીય લોકોની કોઈપણ તથ્ય વિનાની ડૉક્ટરો પાસેની અપેક્ષાઓ વિશે જોઈએ તો :-

- (૧) મેડિકલ સાયન્સની મર્યાદાઓ સમજવી જરૂરી છે. કેમકે ડૉક્ટરોના સગાઓ, વ્હાલાઓ અને ખુદ ડૉક્ટરો પણ મૃત્યુ, બિમારીથી બચી શકતા નથી.
- (૨) કોઈ પણ દવાઓ, દવાઓના કેમિકલ, દવાઓના ડોઝ કોઈ સામાન્ય ગણિતની વાત નથી. દવાઓ વિશેની સમજ હજુ પણ વૈજ્ઞાનિકો માટે કોયડાઓથી ભરપૂર છે.
- (૩) ભારતમાં હેલ્થની તકેદારી બાબતે હજુ પણ ૭૫% જવાબદારી પ્રાઈવેટ સેક્ટરો પાસે કે જેના માટે ગર્વનમેન્ટ ઘણા બધા પ્રયત્નો પૂર્વક સાર્વજનિક બનાવી રહી છે.
- (૪) જે લોકો સખત અભ્યાસ પછી ડૉક્ટરો બનેલા છે, જેઓ Brilliant કહી શકાય તેવા લોકો તેમની ક્ષમતા મુજબ ‘ફી’ લઈ શકવા જોઈએ જેમકે iitans અને iimians ના પગારધોરણ ઘણા ઊંચા હોય છે.
- (૫) વધુમાં, સમાજમાં સામાન્ય રીતે જોતા અન્ય સિસ્ટમ કરતા મેડિકલ ફિલ્ડ ઓછું કરપ્ટેડ છે. નવા મેરીટના આધારે એડમિશન અને અભ્યાસ કરાવવામાં આવે છે.

આવી તો ઘણી બધી વિગતો ચર્ચા શકાય છે. પણ આવાસંજોગોમાં હું તમામસામાન્ય જનતાને અપીલ કરવા માગું છું કે તમે તમારા ડૉક્ટરનું માન, સન્માન જાળવો. જેમ સરહદ ઉપર સૈનિકો આપણી રક્ષા કરે છે તેમ ડૉક્ટર મિત્રો આપણા સ્વાસ્થ્યની રક્ષા કરે છે. તો આ તકે આપણે સૈનિકો અને ડૉક્ટરોનું સન્માન જાળવવું ખૂબ જ જરૂરી છે.

જ્યારે બધા વ્યવસાય કરી રહ્યા છે અને બધા કાંઈ ધર્માદો નથી કરી રહ્યા, ત્યારે માત્ર ડૉક્ટરો પાસેથી જ “ધર્માદા” ની અપેક્ષા રાખવી કેટલી યોગ્ય છે ?

હું ડૉક્ટરોની ફરજની વિરુદ્ધની વાત નથી કરતો પણ-

૧. આર્કિટેકની ફી
૨. હેર કટીંગ સલૂનની ફી
૩. વકીલ મિત્રોની ફી
૪. ઈન્ટિરીયર ડિઝાઈનરોની ફી

તો, ડૉક્ટરોની ફી માટે આટલું બધું દુઃખ શાને ?

આ તકે, ડૉક્ટરો બનવું, લોકોના સ્વાસ્થ્યને સુધારવું એ ઈશ્વરીય કાર્ય કરતા ડૉક્ટરો મિત્રો માટે સામાન્ય લોકો માન, સન્માન અને આદર કેળવે એવી અપીલ સાથે વિરમું છું.

ડો. મલય ફિચરિયા

ફેમિલિ ફિઝિશિયન, રાજકોટ.



## UTILITY PAGES

### EMERGENCY

Emergency - Medical, police, Fire .....	108
Police .....	100
Fire .....	101
Ambulance .....	102

### POLICE

Police Control Room .....	25630100
Police Commissioner .....	25633636
P.R.O. To Commissioner.....	25633333
Navrangpura.....	26563711
Saherkotda .....	22111632

### POLICE STATIONS

Amraiwadi .....	22770280
Khadia .....	22142828
Bapunagar .....	22700585
Danilimda .....	25320153
Dariapur .....	22160906
Ellisbridge.....	26578202
Ghatlodia.....	27489127
Gomtipur .....	22941921
Haveli .....	25392647
Kagdapith.....	25454446
Kalupur .....	22167530
Karanj .....	25507580
Madhavpura .....	25632100
Maninagar .....	25460089
Meghaninagar.....	22681555
Naranpura .....	27472043
Naroda .....	22821480
Navrangpura.....	26440698
Odhav .....	22871091
Rakhial.....	22743609
Sabarmati.....	27517887
Saherkotda .....	22927072
Sardarnagar .....	22864345
Satellite.....	26860333
Shahibaug .....	22868025
Shahpur .....	25600545
Sola Police Station .....	27664590
Vatva .....	25710074

Vatva G1DC .....	25830004
Vejalpur .....	26810614
Women's Police Station.....	25507967

### FIRE STATIONS

Gomtipur .....	22776996
Jamalpur .....	25397959
Jashodanagar .....	32981439
Manianagar .....	25470221
Naroda .....	22200715
Odhav .....	22875434
Panchkuva .....	22120388
Sabarmati.....	27507302
Chief Fire Officer HQ .....	22148466

### TELEPHONE SERVICES

General Inquiry .....	197
Morning Alarm.....	116 + Time
Fault Repair .....	.....Exchange Code + 2198
BSNL Customer Service Centre (Land Line) .....	1500
BSNL Customer Service Centre (Mobile).....	9426024365
BSNL Phonogram / (India/International).....	1585
BSNL Trunk Booking .....	1580
BSNL Trunk Booking International .....	1586
BSNL - Railwaypura .....	22124660
Air Tel - Ashram Road .....	40072668/ .....9898954321
Hutch Ltd. - Navrangpura .....	9825098250
Idea Cellular Ltd. - Stadium .....	9824012345
Reliance Infocomm Ltd .....	30337777
Tata Teleservices Ltd - Ellisbridge .....	92270001 21
<b>AMBULANCE SERVICES</b> Ambulance - Danapith .....	22148465



Ambulance - AMC Danapith .....	22148468
Emergency Medical Council of Ahmedabad [EMS] - Ellisbridge.....	1056
Mission Life India -Drive In .....	26854849
Mission Life India - 24 Hrs .....	9825006000
Navdeep Emergency Service Income Tax - Day.....	27543333
- Night .....	9825029977
Sadvichar Parivar Civil Hospital .....	22680450

### EYE BANKS / HOSPITALS

Asopalav Eye Hospital -Shahibaug .....	22865537
CH.Nagri Eye Bank -Ellis bridge.....	26466724
C.S.Samaria Red Cross Int.Eye Bank Thaltej.....	1053 & 27450633
Hargovandas Prabhudas Sadvicriar ParivarEye Hospital -Naroda.....	22811476
Lions Karnavati Shantaben Vishnubhai Patel Eye Hospital -Ognaj .....	952717244052
M and J Inst. of Ophthalmology Eye Bank-Civil Hospital .....	22680314

### CIVIC SERVICE CENTRE

East Zone .....	32982474
Lal Darwaja.....	32091243
Law Garden .....	32981247
Maninagar .....	32981246
North Zone .....	32982471
West Zone .....	32981242

### AMC CONTROL ROOM (FOR COMPLAINTS)

Main .....	25353858/25353717
West Zone .....	27550910

North Zone .....	22801182
East Zone.....	22970422-24
New West Zone Bodakdev .....	32981396
Central Zone .....	25353717

### TELEVISION

Aaj Tak -Panchvati .....	26405253
CNBC -S G Road .....	40040825
Doordarshan -Thaltej .....	26853025
ETV Gujarati -Bodakdev .....	26871210
NDTV -C G Road .....	9825030011
Set India Ltd (Sony TV) Stadium .....	26565908/9825329091
Star News -S G Road .....	26872529
Zee News -Satellite .....	26922717
TV 9 .....	26810999

### PRINT

Business Standard Ltd -Ellisbridge .....	26577772
Chitralakha Group -Parimal Garden .....	26461711
Divya Bhaskar -S G Highway .....	39888850
Gujarat Samachar -Khanpur .....	30410000
Hindustan Times -Navrangpura .....	26560037
India Today -Panchvati .....	26569156/26560393
Indian Express -Bodakdev .....	26872481
Jaihind Press -Navrangpura .....	26587053
Jansatta -Bodakdev .....	26873995
Mumbai Samachar -Panchvati .....	26421783
Press Information Bureau -Bhadra .....	25507217
Press Trust of India Ltd. -Navrangpura .....	26430507
Rajasthan Patrika C.G. Road .....	30611565



Sambhav-Bodakdev.....26873914  
The Sandesh Ltd.  
-Bodakdev .....40004000  
The Times of India Fadia  
Chambers .....26553300/26582527  
The Times of India  
- Sakar 1 .....26554455  
The Times of India  
- Vejalpur.....26761495  
Young Leader  
-Khanpur .....25502999

**RADIO**

All India Radio  
- Income Tax .....27542672  
My FM-S G Highway .....26927943  
Radio City  
- S G Highway .....66119911  
Radio Mirchi - Vejalpur.....66001100  
Radio One.....67010013

**MEDICAL COLLEGE**

BJ.Medical College  
- Asarwa .....22680074  
College of Nursing  
-Asarwa .....22681406  
Suresh Brahm Kumar  
Bhatt College  
of Physiotherapy.....26583435  
Smt. N.H.L. Municipal Medical College  
Ellisbridge.....26576275  
Institute of Kidney  
Diseases and Research Centre  
Asarwa .....22685601  
U N Mehta Institute of Cardiology  
and Research Centre  
-Asarwa.....22682395

**ENTERTAINMENT HALLS**

Dinesh Hall  
- Ashram Road.....26582123  
Tagore Hall - Paldi .....26575741  
Thakorbhai Desai Hall  
- Law Garden .....26400651  
Town hall - Ellisbridge.....26582092

**AIRLINES**

Airport Authority of  
India .....22867261  
Air India Domestic City  
Office Ashram Road .....26585633/44  
Laldarwaja .....25503061/2/3  
Airport.....22869233/44  
Airport  
Tele-Check-in .....22850376  
Cargo .....22869236  
International  
Airport.....22867237/5211/9238  
Cargo .....22862976/29292100/03  
Jet Airways  
Ashram Road.....27543304 to 10  
Airport.....22866540/240  
Cargo .....22861407/8533  
TeleCheck-in .....22866540/240  
Jet Lite/Sahara .....1800223020  
...../22858003  
Spice Jet .....18001803333/  
.....09871803333

**TOURIST INFORMATION CENTRE**

Goa Tourism .....0832-2438750  
Gujarat Tourism.....26589172  
Himachal Tourism .....27544800  
Kerala Tourism .....18004254747  
M P State Tourism .....26462977  
Rajasthan Tourism .....26565187  
Uttaranchal Tourism.....26564245

**TELEPHONE NUMBERS**

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

**P.P.S.**.....**2658 8929**  
**N.S.S.S.**.....**2658 5430**  
**PHY.ASSO**.....**2657 4763**  
**A.O.G.S.** .....**2658 6426**

**TOLL FREE NUMBER****Airlines**

Indian Airlines - 1800 180 1407  
Jet Airways - 1800 22 5522  
Spice Jet - 1800 180 3333  
Air India - 1800 22 7722  
Kingfisher - 1800 180 0101

**Banks**

ABN AMRO - 1800 11 2224  
Canara Bank - 1800 44 6000  
Citibank - 1800 44 2265  
Corporation Bank - 1800 443 555  
Development Credit Bank -

1800 22 5769  
HDFC Bank - 1800 227 227  
ICICI Bank - 1800 333 499  
ICICI Bank NRI - 1800 22 4848  
IDBI Bank - 1800 11 6999  
Indian Bank - 1800 425 1400  
ING Vysya - 1800 44 9900  
Kotak Mahindra Bank - 1800 22 6022  
Lord Krishna Bank - 1800 11 2300  
Punjab National Bank - 1800 122 222  
State Bank of India - 1800 44 1955  
Syndicate Bank - 1800 44 6655

**Automobiles**

Mahindra Scorpio - 1800 22 6006  
Maruti - 1800 111 515  
Tata Motors - 1800 22 5552  
Windshield Experts - 1800 11 3636

**Computers/IT**

Adrenalin - 1800 444 445  
AMD - 1800 425 6664  
Apple Computers - 1800 444 683  
Canon - 1800 333 366  
Cisco Systems - 1800 221 777  
Compaq - HP - 1800 444 999  
Data One Broadband - 1800 424 1800  
Dell - 1800 444 026  
Epson - 1800 44 0011  
eSys - 3970 0011  
Genesis Tally Academy - 1800 444 888

HCL - 1800 180 8080  
IBM - 1800 443 333  
Lexmark - 1800 22 4477  
Marshal's Point - 1800 33 4488  
Microsoft - 1800 111 100  
Microsoft Virus Update - 1901 333 334  
Seagate - 1800 180 1104  
Symantec - 1800 44 5533  
TVS Electronics - 1800 444 566  
WeP Peripherals - 1800 44 6446  
Wipro - 1800 333 312  
Xerox - 1800 180 1225  
Zenith - 1800 222 004

**Indian Railway** General Enquiry 139  
**Indian Railway** Central Enquiry 139  
**Indian Railway** Reservation 139  
**Indian Railway** Railway Reservation  
Enquiry 1345,1335,1330  
**Indian Railway** Centralised Railway  
Enquiry 1330/1/2/3/4/ 5/6/7/8/9

**Couriers/Packers & Movers**

ABT Courier - 1800 44 8585  
AFL Wizz - 1800 22 9696  
Agarwal Packers & Movers -  
1800 11 4321  
Associated Packers P Ltd -  
1800 21 4560  
DHL - 1800 111 345  
FedEx - 1800 22 6161  
Goel Packers & Movers - 1800 11 3456  
UPS - 1800 22 7171

**Home Appliances**

Aiwa/Sony - 1800 11 1188  
Anchor Switches - 1800 22 7979  
Blue Star - 1800 22 2200  
Bose Audio - 1800 11 2673  
Bru Coffee Vending Machines -  
1800 44 7171  
Daikin Air Conditioners - 1800 444 222