



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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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National President's Desk

MY APPEAL



Season's Greetings

Appeal to all Local Branch Presidents / Hon.

Secretaries.

- (1) **PROACTIVE EFFORTS FOR MEMBERSHIP DRIVE.**
(Handsome Discount of Rs 3000/- is available for membership of IMA upto 30-06-2014.)
- (2) **ACTIVE IMPLEMENTATION OF "AAO GAON CHALEN" PROGRAMME BY ALL BRANCHES.**
- (3) **BLOOD DONATION CAMP BY ALL BRANCHES ON DOCTOR'S DAY - 1st JULY 2014.**
(Doctors day celebration on 29th June, 2014 this year by organising BLOOD DONATION CAMP throughout the country)
- (4) **ACTIVE EFFORTS FOR STRENGTHENING OF YOUNG DOCTOR'S WING.**
- (5) **STRONG BONDING WITH SPECIALITY ORGANISATIONS.**
- (6) **"WELCOME THE GIRL CHILD..." DRIVE.**

KINDLY COMPLY POSITIVELY.

Jitendra B. Patel

Dr. JITENDRA B. PATEL
NATIONAL PRESIDENT, IMA



President's Speech at IMA young doctor's convention



Good morning to all of you.

It gives me immense pleasure to be in front of you.

Today medical practice is far more challenging than it was before due to many factors like change in doctor-patient relationship, equation, rules and regulations of government, more and more corporate hospitals are coming up, development of many new subspecialties, rising cost of land and construction for starting new hospitals and so on.

At this juncture I would like to say that Indian Medical Association can guide you and help you in many ways.

Let me say something regarding IMA, though it will be covered in detail I will be brief in it.

Friends, Indian Medical Association is the only representative, national voluntary organisation of Doctors of Modern Scientific System of Medicine, which looks after the interest of doctors as well as the well-being of the community at large.

The founding fathers way back in 1928, while struggling for liberation of the Motherland from British rule simultaneously felt the need of a national organisation of the medical profession. Before that, some members of the profession – a selected few – were members of the British Medical Association, which had opened branches in India to cater to the local needs. These stalwarts, ultimately succeeded in formation of Indian Medical Association and reached an agreement with the British Medical Association that they will have no branch in India, and got mutually affiliated, which relationship continues till today.

Indian Medical Association in the year 1946 helped in organisation of the World body, namely, World Medical Association, and thus became its founder member. As an organisation it has been, and continues to play an important role in its deliberations. It hosted the III World Conference on Medical Education under the joint auspices of W.M.A. and I.M.A. in New Delhi in 1966.

Today, I.M.A. is a well-established organisation with its Headquarters at Delhi and State / Terr. Branches in 29 States and Union Territories. It has over 2,50,000 doctors as its members through more than 1650 active local branches spread all over the country.



IMA is running various schemes which are very useful, our speaker will tell you detail of it.

Objectives of IMA are,

- To promote and advance medical and allied sciences in all their different branches and to promote the improvement of public health and medical education in India
- To maintain the honour and dignity and to uphold the interest of the medical profession and to promote co-operation amongst the members
- To work for the abolition of compartmentalism in medical education, medical services and registration in the country and this to achieve equality among all members of the profession.

Friends, let me tell you one incidence of my life,

One day I was taking a walk with two friends and was in deep thought. They were chatting, but I was not paying attention to what they were saying. Then suddenly I said

"You know guys; I am pretty disappointed with the adult world."

One of them asked me why and I explained that when I was going to campus I expected a lot of change and difference in the behaviour of the people around me. After all, they were adults. I always thought being an "adult" was a lot different from being a kid. However I felt after being on campus for a few months that the adult world was not what I had expected.

I did not know it then, but over the years I have come to see that the reason people don't change is simply that they do not dare to be different.

Being different means:- Not being afraid to challenge the norm.- Being willing to take a chance.- Asking why.- Making your own track, not just following the well-trodden path.- Charting your own course and destiny.- Being the person that you were meant to be.

I believe that everyone is born unique. But through the years we work very hard to be like everyone else. We conform to society's so-called "common-sense." Unfortunately it is just that – "common sense." That does not mean its "good sense."

If I were to take just the people in this room, it is likely that most of you have spent anything from 15 to 20 years getting an education so you can get the jobs. Doesn't it strike you as irresponsible that one can spend so much time getting an education and yet so many people don't make any deliberate effort to develop their greatest asset – themselves!

Most people think once they have a qualification that's it. They have arrived. Is it any wonder they don't grow? They are stagnant.



Most of us won't even read unless there's an exam in sight. But you know what? Everyday of your life is an exam. Everyday you either pass or fail the test of life. Everyday is an opportunity to grow beyond your present barriers and circumstances. Everyday is a chance to become a better person.

As you all know every year 31, May is celebrated as "NO TOBACCO DAY", I urge all presidents and secretaries of local branch of IMA to organise different programme related to prohibition of tobacco in young generation.

Friends let me share one poem with you.

Roe toh bahut hai

Thoda hanske bhi dekhe

Gum ko toh bahut bhoga hai

Thodi kushi ka mazaa bhi lekar dekhen

Manzil ko pane ke sapne toh bahut dekhe hai

Do kadam badane ki himmat toh karke dekhe

Un khwabon ko aankhon mai toh khub sajaya hai

Ab pura karne ki mehnat bhi karke dekhen

Duniya ne toh bahut chalaya hume

Ab ise hum chalakarak dekhen

Dokhe toh bahut khae hain

Par ab kisi ka vishwas bankar dekhen

Rote hue dekhkar kisi ko

Afsos toh bahut jataya hai

Aansun pochne ka magari beda utakar toh dekhen

Har voh baat joh khwab hai ab tak..

Use haqiqat banakar toh dekhen...

I am happy that Ahmedabad medical association has organised this convention and will continue in future to organise such type of events which are helpful to you.

Jay Hind,

Long live IMA.

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



HON. STATE SECRETARY'S MESSAGE



Dear Members,

Wish you all a very very happy new sarkar. At the outset, On behalf of GSB, IMA, I congratulate 2 of our members DR KIRIT SOLANKI, Ahmedabad (West) & DR K. C. PATEL (Valsad) for getting elected in LOKSABHA 2014 with handsome margin. I also wish them for bright & successful tenure as parliamentarian & for their contribution towards society as a whole. I would like to congratulate all our responsible citizens too for actively participating in the biggest ever festival we have witnessed & celebrated throughout the country. We have also got single largest unit as majority, so we all can expect at least stable govt which has real power to look into the needs of our citizens & policy matters. There would be a huge expectation from newly installed govt. But let me make it clear that its not the responsibility of govt machinery only to make successful implementation of all policies. Its the duty of all citizens too, to support whole heartedly & honestly in achieving positive outcome.

Isn't it applicable to all other organisations which are running in the same manner? And of course, ours is one such organisation where active participation & support is equally necessary in producing desired results.

Our National president is striving hard to uplift the image of our fraternity as well as individual doctors by representing our issues & contributions towards society at appropriate bodies. Its our duty to support fully in fulfilling his endeavour which he has planned & declared well in advance. We are also publishing it in our news bulletin since long. Now its our turn to reciprocate from our side to contribute. At this juncture let me request & be little straight that responsibilities & rights go hand in hand. Particularly we doctors are strong & wise enough while asking for our rights, but when it comes to look at our responsibilities, we are not performing upto the mark. We have valid & justified reasons for not participating actively in common cause. Of course at individual level, we all perform powerfully but for common cause???



Anyway, let me put the famous phrase of Swami Shree Vivekanandji, "Awake, Arise & Stop not till the Goal is Reached." I would like to request all members to make BLOOD DONATION event a huge success which we are going to celebrate during last week of june, preferably 29th june 2014. Details are given elsewhere in this issue.

I also request all of you to make maximum non members as members of IMA as there is sizeable discount of Rs 3000/- valid upto 30-6-2014.

We have kept members data update form on our website. Kindly go through it & make others also aware of it if you are leading at your local branch. As we have full details of very few members with us so it is the need of hour to communicate effectively all members in urgent matters & for that we should have all details which includes mobile no & e mail address minimum.

Once again, invitation to any interested member to have your active participation in actively running some interesting column.

Thanking you,

Yours Truly,

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

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For Kind Attention Please

We would like to add following section in our News Bulletin like.....

1. Sport Update
2. Politics Update
3. Humour
4. Movie Update
5. Finance Update
6. Recent advances in Medical Science
7. Use of Information Technology in Medicine.
8. Any other interesting matter which increase readership of our bulletin.

Members who are interested to write on any of the following should

contact : **Dr. Jitendra Patel**, Hon. State Secretary, IMA-GSB on

E-mail : drjitendrapatel11@yahoo.com M. : 098253 25200



Membership Drive

Dear members,

We would like to draw your attention that there is handsome discount of Rs3000/- is available for membership of IMA upto 30-06-2014. We request you to take advantage of this scheme & make maximum eligible non members as members of IMA.

* * * * *

Blood Donation Camp

Dear members,

As our National President has appealed, we are celebrating Doctors day this year by organising BLOOD DONATION CAMP throughout the country on 29th June, sunday or before that to show our commitment to society. We request all branches of Gujrat state to organize such camps at your city or town level. We expect collection of 25000 bottles from Gujarat. So you all are requested to participate actively & also make other organisations part of it. Keep in touch with state office bearers for guidance.

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Member's Information

Dear Members,

As you all know that in today's world, we all need quick & easy communication & data transfer from one to other place. And for that we should have precise destination address. We at GSB IMA have full details of very few members with us. So I request you all to fill up your full details on members information form which we have kept on our website www.imagsb.com. Also pass on this information during your each programme & continuously insist all members until we have information of all members. Expecting your huge support as this is very crucial for our effective communication with all members.

Thank you,

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



YOUNG DOCTORS CONVENTION By AHMEDABAD MEDICAL ASSOCIATION

For the first time a convention of young doctor was hosted by Ahmedabad Medical Association on 11th May at AMA house, Ashram Road.

More than 300 young doctors from various institutes have attended this convention. They were mainly residents of various medical colleges of Ahmedabad.

The primary aim of this convention is to attract these young doctors towards IMA and make them aware about the various activities of IMA.

Chief Guest

DR. JITUBHAI B. PATEL

National President of IMA

* * *

Guest of Honor

DR. BIPIN PATEL

President, IMA Gujarat State Branch

Along with this, during in this convention various issues pertaining to young doctors were discussed like

- Universal treatment precautions for doctors : Dr. Bhavesh Jarwani
- Medico legal: Responsibilities and Rights of a doctor: Dr. Pragnesh Vachharajani
- About IMA : Dr. Ashok Kanodia
- For the first time IMA has provided a platform to the young doctors and management of respective institutes to discuss some common day to day problems faced by young doctor. There was healthy hour long discussion. Dr. Pankaj Patel, Dean of N.H.L. Medical College, Dr. Bharat Shah, Dean of B. J. Medical College and Dr. Rajal Thakar,



Associate Professor of Gynecologist, N.H.L. Medical College participated in the discussion which was coordinated by Dr. Mehul Shah-past president of Ahmedabad Medical Association. Student leaders from JDA and other also were part of discussion.

- Communication Skills and Anger Management: Dr. Bhavesh Patel, who talked about handling patients, doctor relationship etc.

Following dignitaries also graced the function with their esteemed presence.

- | | |
|-------------------------|-------------------------------|
| - Dr. Jitendra N. Patel | Hon. State Secretary, IMA GSB |
| - Dr. Kirtibhai Patel | Dean, GCS Medical College |
| - Dr. Yogendra Modi | Supdt., L.G. Hospital |
| - Dr. Mahendra Desai | Past President, IMA GSB |
| - Dr. Devendra Patel | Finance Sec., IMA GSB |

This kind of convention was well appreciated by young doctors and they were of the opinion that such kind of programme should be held on regular basis.

Dr. Pragnesh Vachharajani - Dr. Mehul Shelat Dr. Vidyut Desai - Dr. Kamlesh Saini

Ahmedabad Medical Association

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DISCLAIMER

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

- 20/04/2014 Dr. Jitendra N. Patel; Hon. State Secretary, I.M.A. G.S.B. attended Managing Committee meeting of Health Scheme I.M.A. G.S.B., at Ahmedabad
- 27/04/2014 Dr. Bipin M. Patel; President, I.M.A. G.S.B. Dr. Navneet K. Patel, Chairman, Health Scheme and Dr. Ashok D. Kanodia, Convenor, Family Planning Centre attended Installation Ceremony at Jamnagar.
- 27/04/2014 Dr. Bipin M. Patel; President & IMA-GSB Office Bearers visited at Rajkot Branch
- 04/05/2014 Dr. Bipin M. Patel; President, I.M.A. G.S.B. attended N.W. G. meeting at New Delhi.

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I.M.A. NATIONAL SOCIAL SECURITY SCHEME

DFC No.19 was circulated to all the members.

Last date of payment was 15/05/2014.

Those members who have not yet paid the same, send the amount with penalty ₹ 100/- **before 30/06/2014** by cheque

Dr. Kirti M. Patel

Chairman

Dr. Yogendra S. Modi

Hon. Secretary

* * * * *

SOCIAL SECURITY SCHEME GSB-IMA

DFC (Death Fraternity Contribution) No.39 was circulated to all the members. **Last date of payment was 30/04/2014.**

Those members who have not yet paid the same, send the amount with penalty ₹ 100/- **before 10/06/2014** by cheque.

Dr. Jitendra B. Patel

Hon. Secretary

Dr. Kirit A. Gandhi

Hon. Jt. Secretary

Dr. Yogendra S. Modi

Hon. Treasurer



HEALTH SCHEME I.M.A. G.S.B.

- AFAC Notice No. 16 will be collected from 1-6-2014 to 30-6-2014.
- Please send your Cheque/D.D. according to the column "Total Amount Payable".

• AFAC CAN BE PAYABLE BY :

- (1) Local Cheque payable at Ahmedabad at Ahmedabad Office **OR**
- (2) Demand draft payable at Ahmedabad at Ahmedabad Office **OR**
- (3) Deposit your Local cheque at nearest **Axis Bank** during banking hours **OR**
- (4) Drop your local cheque at nearest **Axis Bank's ATM** in cheque drop box.

Member who joins the scheme will get the benefit of the following diseases after completion of one year membership

1. **Coronary Heart Disease Group:** Angioplasty, by-pass surgery & valvular heart diseases surgery, permanent pace-maker implant.
2. **Kidney Disease Group:** Haemodialysis, Renal Transplant.
3. **Cancer Group** [All Cancers, except carcinoma in SITU]
4. **Brain Tumors Group**
5. **Joint Replacement Group:** Surgery for only Total Knee and Total Hip Joints only : Members above 40 years of age at the time of joining the scheme, can get the above benefit after 7 years of joining the scheme.
6. **Brain Haemorrhage confirmed by CT Brain or MRI.**

Dr. Navnit Patel

Chairman

Dr. Abhay Dikshit

Hon. Secretary



NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/23412	Dr. Bhardwaj Aniket Pallavbhai	Godhra
LM/23413	Dr. Patel Jeet Hemantkumar	Bhavnagar
LM/23414	Dr. Patel Haresh Vishnubhai	Surat
LM/23415	Dr. Sheikh Mohammed Iliyabhai	Surat
LM/23416	Dr. Patel Harshal Rameshchandra	Surat
LM/23417	Dr. Chanchad Bharat Bhimjibhai	Surat
LM/23418	Dr. Solanki Kashmira Vinaybhai	Surat
LM/23419	Dr. Solanki Sanjay Khodidas	Amreli
LM/23420	Dr. Soni Dhrumant Ashokkumar	Lunawada
LM/23421	Dr. Halani Jagdish Dhanjibhai	Bhujkutch
LM/23422	Dr. Desai Sejal Bhaveshkumar	Surat
LM/23423	Dr. Parmar Jignesh Kanjibhai	Jamnagar
LM/23424	Dr. Shingala Hitesh Kantilal	Jamnagar
LM/23425	Dr. Mahant Hardik Narhariprasad	Jamnagar
LM/23426	Dr. Shah Tejas Jitendrakumar	Jamnagar
LM/23427	Dr. Baria Dipika Parsingbhai	Jamnagar
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LM/23432	Dr. Dholakia Bharti Atmaram	Jamnagar
LM/23433	Dr. Bhatt Renish Bhupendrabhai	Jamnagar
LM/23434	Dr. Patel Arpita Narsinhbhai	Himatnagar
LM/23435	Dr. Tank Jignesh Mohanbhai	Bhavnagar
LM/23436	Dr. Rathod Raghuraj Jamsangbhai	Amreli
LM/23437	Dr. Sadadiwala Divyesh H.	Anand
LM/23438	Dr. Gohil Sneha Kaushikkumar	Anand



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CONGRATULATIONS

Felicitations of Teachers & Students' Achievers, B. J. Medical College, Ahmedabad.

Sr. No.	Name & Designation	Participation
1	Dr. M. M. Prabhakar Medical Superintendent, CHA & Paraplegia Hospital	For Accreditation of Civil Hospital, Ahmedabad
2	Dr. R.K. Patel Director UN Mehta Inst. Of Cardiology	School Health Programme & free treatment to poor and needy patients
3	Dr. H.P. Bhalodia Professor Orthopaedics	Pioneer in knee joint replacement
4	Dr. M. M. Vegad Prof. Microbiology	
5	Dr. C. A. Pensi Prof. & HOD Anatomy	Excellent Academic work
6	Dr. Ashaben Shah Prof. & HOD Medicine	Paper Presentation in International conference & Editor of BJ Kines
7	Dr. Meera K. Desai Prof. & HOD Pharmacology	Coordinator of 'Medical Education Unit' Coordinator of Institutional Ethics Committee & Pharmacovigilance Programme of India
8	Dr. Bipin Patel Prof. GCRI President of IMA	Welfare of poor cancer patients at GCRI
9	Dr. Geeta Kedia Prof. & HOD Community Medicine	Nodal Officer FETP Programme
10	Dr. K. M. Mehariya Prof. & HOD Paediatrics	Academic & Social Work for poor patients
11	Dr. Manish Chakarbarty Prof. & HOD Biochemistry	Excellent work as hostel warden



12	Dr. M. D. Gajjar Prof. & HOD IHBT	1st accredited blood bank to the public sector, Developed Model blood bank as per central government standards
13	Dr. Rajesh Vishwakarma Prof. & HOD ENT	Introduced cochlear and hearing implant
14	Dr. Rajnish Patel, Prof. Dr. J. C. Makwana, Asso. Prof. Surgery Anaesthesia	Excellent work in GMTA Excellent work in GMTA
15	Dr. R. N. Solanki Prof. TB & Chest	Working with WHO for drug resistant TB in India & South Asian Countries
16	Dr. Kamini Audich Prof M. & J. Inst. Of Ophthalmology	Outstanding work in Squint
17	Dr. Sumeeta Soni Associate Prof. Microbiology	NABL Technical Assessor Microbiology WHO LAT Assessor by NCDc, New Delhi
18	Dr. Sanjay Dhotre Associate Prof Pathology	Best Teaching
19	Dr. Shivani Patel Associate Prof. Medicine	Best Teaching & Editor BJ Kines
20	Dr. Veenit Mishra Prof. IKD & RC	High Risk Pregnancy
21	Dr. Dinesh Rathod Asstt. Prof. Comm. Medicine	NSS Programme Officer Red Ribbon Club — Coordinator Prashaman — Coordinator & Advisory Committee Interns Training

Toppers in Gujarat University Examination

Ist MBBS	July-2013	Dhruti Pandya
IIInd MBBS	January-2014	Akanksha Agrawal
IIIrd MBBS Part-I	January-2014	Minhaz Karkhanawala
IIIrd MBBS Part-II	January-2014	Jay Kharsadiya

Highest Attendance

Ist MBBS	July-2013	Gohel Darshan U.
IIInd MBBS	January-2014	Kamodia Jinal S.
IIIrd MBBS Part-I	January-2014	Urvi Viramgami
IIIrd MBBS Part-II	January-2014	Darshina Patel



CONGRATULATIONS

- ❖ **Mr. Alap Sharadbhai Patel son of Dr. Sharadbhai M. Patel**
(Professor of Surgery, Shri Shardaben General Hospital & N.H.L. Medical College, Ahmedabad)
For getting Gold Medal in M.Tech (CEDT) in March-2014 from Indian Institute of Science, Bangalore.
- ❖ **Dr. Dilip Gadhavi; Ahmedabad**
Being elected as President of Ahmedabad Obstetrics & Gynaecological Society for the year 2014-2015
- ❖ **Dr. Vinod Arora; Ahmedabad**
Being elected as Hon. Secretary of Ahmedabad Obstetrics & Gynaecological Society for the year 2014-2015

* * * * *

OBITUARY

We send our sympathy & condolence to the bereaved family



Dr. Shantilal J. Desai

(20/01/1931 - 12/05/2014)

Age : 83 years

Qualification : M.B.B.S.

Name of Branch : Daman

* * * * *

Dr. Gandhi Sureshchandra P. 17-02-2014 Lunawada

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

* * * * *

COMMUNITY SERVICE

BHARUCH

- 02/02/2014 Mega Diagnostic Camp with Rotary Club of Bharuch. More than 5000 patients examined & screened for further treatment.



MORBI

- 20/04/2014 Free Multi diagnostic camp has been organized by Late Dr. Prashant Merja foundation. Total 400 patients had been benefitted free medicines were distributed to patients
- 27/04/2014 Respiratory update 2014. To create awareness about respiratory diseases, Dr. Hareesh Shah, Dr. Anand Patel, Dr. Divyang Bhimani, Dr. Varun Patel and Dr. Mukesh Patel has delivered lecture on various respiratory diseases.

* * * * *

BRANCH ACTIVITY

AHMEDABAD

- 03-05-2014 AMA Senior Citizen Club Programme
- 11-05-2014 Young Doctors Convention
- 14-05-2014 General Body Meeting

BHARUCH

- 02/01/2014 "New Trends in Neurosurgery" by Dr. Suresh Naik
"Stroke & IV Thrombolysis" by Dr. Anant Vaishnav
- 23/01/2014 "Stereotactic surgery" by Dr. Nimesh Patel
"Frozen shoulder" by Dr. Jaimin Jesalpura
- 13/02/2014 "Feet! Full! Fake!" by Dr. Bhavin Upadhyah
"Disorders of Cranio vertebral junction" by Dr. Sandeep Mavani
- 20/02/2014 "Oncology Update" by Dr. Vibha Naik
"Plastic Surgery – An over view" by Dr. Himanshu Naik
- 06/03/2014 "Interesting cases in Nephrology" by Dr. Archit Patel
"Interesting cases in pulmonary Medicine" by Dr. Hiren Parikh
- 20/03/2014 "Laser in Urology" by Dr. Hiren Shah
"Drugs & Kidney" by Dr. Dhanesh Vaidya



- 13/04/2014 "Mx of intermittent claudication" by Dr. Snehal Dixit
 "TRUP in saline" by Dr. Parimal Dhriya
 "Spectrum of Pediatric Orthopedic Diseases" by
 Dr. Chirag Balvani
 "Decompressive Craniotomy in VC stroke" by
 Dr. Kirit Shah
 "Overview in chemotherapy" by Dr. Tanveer Maksood
 "Recent Updates in wound management" by
 Dr. I. A. Khan

MORBI

- 11/04/2014 "Lymphadaenopathy" by Dr. S.S. Alurkar
 "Breast Lump" by Dr. R.M. Bhut

PALITANA

- 25/04/2014 "IVF & Sanogacy" by Dr. Gaurav Chavda

Answers**Chhota Sudoku**

1	5	3
19	19	
4	9	2
28	25	
7	8	6

7 BR OK EN Words

- 1 EDIT
- 2 PHONE
- 3 CLOCK
- 4 ALARM
- 5 TIMER
- 6 PHOTOS
- 7 STOP WATCH

Sudoku

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

KEN KEN PUZZLE

¹ 1	³ 3	⁹⁺ 4	⁵ 5	² 2
⁵⁺ 3	² 2	¹ 1	⁴ 4	⁹⁺ 5
⁶⁺ 2	⁹⁺ 4	⁵ 5	³⁺ 1	³ 3
⁴ 4	⁵ 5	⁵⁺ 3	² 2	¹ 1
⁶⁺ 5	¹ 1	² 2	³ 3	⁴ 4

**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/00451	Dr. Desai Snehlata R.	Ahmedabad
LM/18601	Dr. Jeeyani Naynesh M	Ahmedabad
LM/18602	Dr. Jeeyani Hetal N	Ahmedabad
LM/05344	Dr. Pancholi Usha Hariprasad	Ahmedabad
LM/11233	Dr. Pandya Bharatkumar P	Ahmedabad
LM/07124	Dr. Pandya K. H.	Ahmedabad
LM/14318	Dr. Sadhu Nayankumar C.	Ahmedabad
LM/19493	Dr. Shah Jignesh Dilipkumar	Ahmedabad
LM/09114	Dr. Shah Rajesh A	Ahmedabad
LM/04873	Dr. Shukla Harendra N.	Ahmedabad
LM/10545	Dr. Soni Parag S	Ahmedabad
LM/22191	Dr. Thakkar Lokesh Hiralal	Ahmedabad
LM/00593	Dr. Savalia B D	Amreli
LM/23171	Dr. Patel Satish Maganbhai	Bhavnagar
LM/07751	Dr. Vasani Mahesh R.	Bhavnagar
LM/10030	Dr. Viradia Pravin D.	Bhavnagar
LM/22236	Dr. Patel Ankit Kalidas	Gandhinagar
LM/08952	Dr. Patel Ramanbhai I.	Gandhinagar
LM/03870	Dr. Bakrolwala T.A.	Lunawada
LM/03864	Dr. Chaudhari B.L.	Mehsana
LM/22381	Dr. Maradia Ritesh Ramniklal	Rajkot
LM/05429	Dr. Chauhan Devyaniben Jayraj	Surat
LM/14295	Dr. Pandya Amibabu R.	Surat
LM/18480	Dr. Chanpura Rajan A	Vadodara
LM/18481	Dr. Chanpura Vaishali R	Vadodara
LM/03074	Dr. Harpale Sandhya S.	Vadodara
LM/02795	Dr. Mahapatra Bikram D.	Vadodara
LM/14725	Dr. Patidar Nipa M.	Vadodara
LM/21452	Dr. Shah Bhumitbhai Hasmukhlal	Vadodara
LM/20761	Dr. Patel Snehal Ramanbhai	Valsad
LM/20762	Dr. Patel Hetalben Snehal	Valsad



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 April-2014 in addition to their routine work. These are as under :

06-04-2014 to 08-04-2014 : Migratory Polio by the centers of Ahmedabad

01-04-2014 to 30-04-2014 : Intra domestic house to house survey by the centers of Ahmedabad

Nanpura - Surat : Vitamin 'A' Solution - 40 Children, Iron : 2000 tablets Calcium -2000 tablets were distributed.

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

APRIL-2014

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	719	374	1093
(2)	Behrampura (Sardarnagar Ward)	900	216	1116
(3)	Bapunagar (Potalia Ward)	1401	574	1975
(4)	Dariyapur (Isanpur Ward)	737	212	949
(5)	Gomtipur (Saijpur Ward)	1404	414	1818
(6)	Khokhra (Amraiwadi Ward)	1801	482	2283
(7)	New Mental (Kubernagar Ward)	409	95	504
(8)	Raikhad (Stadium Ward)	393	786	1179
(9)	Wadaj (Junawadaj Ward)	795	205	1000
(10)	Khambhat	—	—	—
(11)	Junagadh	----	----	----
(12)	Rander-Surat	----	----	----
(13)	Nanpur-Surat	----	----	----
(14)	Rajkot	524	218	742

(34)



APRIL-2014

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms	Ocpills
(1)	Ambawadi (Jamalpur Ward)	17	—	46	16890	517 P
(2)	Behrampura (Sardarnagar Ward)	14	---	42	4100	1280
(3)	Bapunagar (Potalia Ward)	29	---	27	17250	409 P
(4)	Dariyapur (Isanpur Ward)	20	—	30	5925	202 P
(5)	Gomtipur (Saijpur Ward)	18	---	28	14225	536
(6)	Khokhra (Amraiwadi Ward)	22	---	48	6000	109
(7)	New Mental (Kubernagar Ward)	09	---	12	8850	265 P
(8)	Raikhad (Stadium Ward)	28	—	40	4104	650 P
(9)	Wadaj (Junawadaj Ward)	04	01	18	10500	1400
(10)	Khambhat	---	—	10	06	---
(11)	Junagadh	08	—	25	----	245
(12)	Rander-Surat	11	—	63	2000	15 P
(13)	Nanpura-Surat	21	—	47	2250	50 P
(14)	Rajkot	05	01	45		110

(35)



IMA-GFATM-RNTCP-PPM-RCC-Project

Annual Workshop

Unit-I

**Dt. : 16-03-2014,
Sunday**

NOVOTEL HOTELS, Ahmedabad.

Unit-II

**Dt. : 22nd & 23rd, March 2014,
(Sat. & Sun.)**

SUGATI BEACH RESORT, Diu.

* * * * *

Following branches have organized DTPs on Tuberculosis.

Sr.	Name of Branch	Date
1.	Ahmedabad	16-02-2014
2.	Deesa	19-02-2014
3.	Ahmedabad	20-02-2014
4.	Himatnagar	25-02-2014
5.	Bhavnagar	06-04-2014
6.	Mehsana	08-04-2014
7.	Siddhpur	09-04-2014
8.	Lunawada	20-04-2014
9.	Ahmedabad	13-05-2014
10.	Jasdan	13-05-2014

Following branches have organized CME on Tuberculosis.

Sr.	Name of Branch	Date
1.	Bhavnagar	05-04-2014
2.	Ankleshwar	09-05-2014
3.	Jetpur	14-05-2014
4.	Morbi	15-05-2014
5.	Unjha	17-05-2014
6.	Vadodara	18-05-2014



CONGRATULATIONS

Top 10 Tuberculosis Notifiers in Gujarat State - April 2014

Sr. No.	Name of the Doctor/ Clinic/Laboratory Address/Branch/City	Number of Notifica- tions	I.M.A. District Co-ordinators	D.T.O./ City T.B. Officer
1.	Stavya Spine Hospital and Research Institute Ahmedabad	228	Dr. Jitendra Shah	Dr. R. M. Leuva
2.	Parinbanu TB Clinic Hirabaug, Surat	91	Dr. Vinod C. Shah	Dr K. N. Sheladia
3.	Sundram Surgical Hospital Jhalod, Dahod	67	Dr. Alpesh Amin	Dr. P. R. Suthar
4.	Gayatri Medical Hospital Deesa, Banaskantha	41	Dr. Sunil Acharya	Dr. B. B. Solanki
5.	Action Research in Community Health Rajpipla, Narmada	33	Dr. Umakant C. Sheth	Dr. S. A. Arya
6.	Ashirvad Hospital Idar, Sabarkantha	27	Dr. Bhupendra Shah	Dr. A. K. Patel
7.	Harsh X-Ray Clinic Dahegam, Gandhinagar	25	Dr. Pradip Bhavsar	Dr. M. H. Solanki
8. (a)	Dr. Praful Shah Savarkundla, Amreli	20	Dr. Haresh Yadav	Dr. C. J. Butani
8. (b)	Shah Clinic Palitana, Bhavnagar	20	Dr. Bharat Trivedi	Dr. V. V. Sampat
10. (a)	Sparsh Chest Disease Center Ahmedabad	19	Dr. Jitendra Shah	Dr. R. M. Leuva
10. (b)	Dr I. P. Bhatiya Surendranagar	19	Dr. Dharmesh B. Acharya	Dr. P. K. Parmar



Report of terror in GSVM Medical College, Kanpur & Role of IMA

Here is a brief summary of the events of 28th Feb. 2014 in the GSVM Medical College, Kanpur and thereafter the Court proceedings and relief given by the High Court Allahabad, Lucknow Bench till date—A tale of terror unleashed at night on innocent Medical College Students leaving scars and handicap for life. It is a tale of gross violation of Human Rights by those very people whose sole important job is to protect it.

On 28th Feb 2014 at about 7.00 PM Mr Irfan Solanki, MLA of Samajwadi Party got into a scuffle with two medical students outside the GSVM Medical College Campus near the Medical College Gate. They and other medical students who gathered to help them were mercilessly beaten by the MLA, his gunner, goons and bodyguards.

Then the MLA called SSP Mr Yashaswi Yadav who came with heavy police force and few trucks of PAC along with 500 SP workers and charged inside the Medical College Campus after breaking the main gate. Once inside he brutalized the Students, Teachers, Principal, Professors, Wardens and Proctor of the College. Then he ordered the PAC, RAF and QRT to enter the hostel, charge inside and bash up the students, break their backs with lathi charge and fire at them.

The police with the SSP leading them dragged the students from each room, beat them, destroyed their books, valuables, laptops, mobiles, bikes and cars, fired at them from close range and pushed them from 1st, 2nd floor and terrace all the time abusing them in the filthiest slang. They even urinated on their books!! Most of the students were peacefully studying at the time for their exams. This continued till 2 A.M. at night leaving more than 600 students injured. Even 2 juvenile/adolescents who had come to see their elder brothers in the hostel were not spared and mercilessly beaten dragged and dumped in jail without medicines, food or water.



Then 60 students were missing next morning, 40 taken away by police to unknown places (? Thanas). When teachers and parents went to search for them to the SSP's house and asked about them the SSP abused them and even the DM did not know about their whereabouts and seemed helpless.

After 48 hours parents came to know there were 26 students in different Thanas without clothes, food, medicines. The police were ordered by SSP to beat them without any consideration or hesitation. They were treated most inhumanly like even stripping them. One Professor, HOD Community Medicine Dr RP Sharma and one handicapped boy were freed from far-off Thana (Kotwali) after 24 hours and reported absconded with lodging of false FIRs against them in serious CrPC.

24 students were shifted to jail after 48 hours from different Thanas. Their medico legal examination done at CHC Kalyanpur before arrest stated that they were serious with head injury and fatal problems and advised CT MRI, also they were advised to be admitted to Emergency. Yet they were sent directly to jail barracks and not even kept in Jail Dispensary. Many of the injured and jailed medical students were physically handicapped. 2 were juvenile who by law could not be jailed or even FIR lodged against them.

Very serious FIRs like 7 Criminal Act were lodged against all the 24 students and even Prof RP Sharma, HOD Comm Med. They were released after 6 days on 6th March 2014 after Dr Arati Lalchandani pleaded with one Kanpur Minister Mr Shiv Kumar Beria, who was moved by the narration of the episode, to get them released otherwise some of them would die in jail.

They were very serious on release and many even collapsed at the feet of Dr Lalchandani. They were admitted directly to ICU of GSVM Medical College and one in Regency Hospital, Kanpur who needed highly specialized care. The medical examination of all 24 students showed that they were very serious and on the verge of fatality. In ICU, CT, MRI, endoscopy, ultrasound and other tests revealed that they had



internal injuries and fractures. It was an extreme case of human rights violation by the SSP Kanpur Mr Yashaswi Yadav.

ROLE OF IMA

The IMA President Dr Arati Lalchandani who is also the Director, Professor and Head of PG Department of Medicine and also the President of Teachers Association of GSVM Medical College, Kanpur was called on her mobile several times by the Principal GSVM Medical College and the students on the night of 28th Feb. 2014 that the police had entered the campus and were beating them and firing at them, pushing them from the top floors. Dr Arati called 100 number as well as the SSP, and local police station Swaroop Nagar but no one responded. Then she called the ADGPs at Lucknow and all the important persons but most of them replied that the SSP was very close to the CM, headstrong and arrogant and would not listen to them. Moreover they could not contact him on wireless or mobile.

At night many students jumped over the boundary wall and gates of the medical college and though seriously injured they escaped to their relatives or railway station and even some spent the night on the pavements. About 8 students sought shelter in the home of Dr Arati Lalchandani. They all had run with torn clothes without chappals and bleeding from various sites.

Right upto the next morning the whole city was totally disturbed and on reading about the previous night events in the Newspapers the whole city was shocked.

The IMA immediately arranged for food, water, tea and snacks for all the students, all IMA members and even the media people. About 250 media people had also collected in support of the medicos because when the police had entered the campus they were ordered by SSP to beat up to media people take away their cameras and throw them outside. Even the media people had fractures, bruises, wounds and one photographer had received head injuries and lacerations of the ear.



For full six days the IMA Kanpur provided all the necessities to the medical college inmates.

The National Headquarter IMA and the UPIMA, and all the IMA branches of Uttar Pradesh responded to the call of Kanpur IMA with lightning speed and within 24 hours all the doctors of Uttar Pradesh and India had joined Kanpur in expressing solidarity to fight against the Goondaism of police and administration.

Personal messages and regular communication was exchanged with the Secretary General IMA HQ and many others from outside Kanpur who offered physical, moral, financial and logistic support.

Within a couple of days acting with exceptional promptness and zeal the President IMA Headquarter **Dr Jitendra B. Patel**, Secretary General IMA HQ **Dr N. Saini**, others reached Kanpur and addressed the doctors in the Medical College each delivering very strong unforgettable very encouraging and brilliant speeches. This gave us lot of courage to fight the war with intimidating enemies.

IMA also put in a petition to the NHRC and got a probe ordered for violation of human rights.

The office bearers of IMA (HQ) met the Chief Justice of Supreme Court. They also met the President of India Mr Pranab Mukherjee with an album of events and he promised to do something concrete for the medicos.

There were widespread rallies, strikes, protests all over India very well stage-managed by the IMA Head Quarter. There was a great impact all over the country of these protests especially those at KGMC Lucknow, New Delhi and Meerut.

The media i.e. electronic media, print media and web media provided us with photos, prints, videos in hard and soft form which gave us plenty of evidence of the atrocities, the police, MLA and his goons and all others involved so that we could flash it through all available multimedia resources. The media people also equipped us



with modern audio visual and multimedia paraphernalia so that we could efficiently put up our case to the nation. People from the neighboring apartments, multistory buildings and even passers-by provided us with evidence from their mobile phone gallery.

More than one lakh bills, posters, howlers, handouts, pamphlets were distributed in the city to project our stand.

About 30,000 students of the coaching mandi joined us to protect the medicos. A head count of five kilometer long rally was taken out each day in the campus which attracted International Media attention. Even Ms Margot Cohen of Yahoo covered the event.

On the fifth evening the High Court Allahabad, Lucknow Bench took Suo Moto cognizance of the events and ordered a probe.

Since then a fast track judicial enquiry is going on with a double bench at the High Court. An SIT is conducting enquiry in the GSVM campus in the presence of two faculty members.

All in all a very fair and fast paced enquiry with regular fair and favorable orders are being passed by the honorable high court which is bringing us very close to the deliverance of full justice in the matter.

Kanpur IMA and GSVM Medical College whole heartedly thanks all the doctors of the Nation especially very strong IMA Headquarters and UP IMA for the excellent way they have organized and guided the whole movement to victory for doctors.



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

"P. P. S. House", Beside Sakar-V Building, Nr. Mithakhali Railway Crossing,
Off Ashram Road, Navrangpura, Ahmedabad-380009.
Tele. No. : 079-2658 89 29

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

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

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

The subject of such Educational Programme shall be in relation to

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

If any branch wishes to have such Zonal Seminar then please, apply to the P.P.S. Office through branch Secretary before 30th June.

Dr. Dilip C. Vaidya
Managing Director



The Pre-conception and Pre natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

रजिस्ट्री सं० डी० एल०-33004/99

REGD. NO. D. L.-33004/99

भारत का राजपत्र The Gazette of India

असाधारण

EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (i)

PART II—Section 3—Sub-section (i)

प्राधिकार से प्रकाशित

PUBLISHED BY AUTHORITY

सं. 54]

नई दिल्ली, मंगलवार, फरवरी 4, 2014/माघ 15, 1935

No. 54]

NEW DELHI, TUESDAY, FEBRUARY 4, 2014/MAGHA 15, 1935

स्वास्थ्य और परिवार कल्याण मंत्रालय
अधिसूचना

नई दिल्ली, 31 जनवरी, 2014

सा. का. नि. 77. (अ).—केन्द्रीय सरकार, गर्भधारणपूर्व और प्रसवपूर्व निदान-तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 (1994 का 57), की धारा 32 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, गर्भधारणपूर्व और प्रसवपूर्व निदान-तकनीक (लिंग चयन प्रतिषेध) नियम, 1996 का और संशोधन करने के लिए निम्नलिखित नियम बनाती है, अर्थात्:—

1. (1) इन नियमों का संक्षिप्त नाम गर्भधारणपूर्व और प्रसवपूर्व निदान-तकनीक (लिंग चयन प्रतिषेध) नियम, 2014 है।

(2) ये राजपत्र में उनके प्रकाशन की तारीख को प्रवृत्त होंगे।

2. गर्भधारणपूर्व और प्रसवपूर्व निदान-तकनीक (लिंग चयन प्रतिषेध) नियम के प्रारूप च के स्थान पर निम्नलिखित प्रारूप रखा जाएगा, अर्थात्:—

[धारा 4 (3) का परंतुक, नियम 9 (4) और नियम 10 (1क) देखें]

आनुवंशिक क्लिनिक/अल्ट्रासाउंड क्लिनिक/इमेजिंग केन्द्र द्वारा प्रसव पूर्व जांच की दशा में अभिलेख रखे जाने का प्रारूप

469 GI/2014

(1)



2

THE GAZETTE OF INDIA : EXTRAORDINARY

[PART II—Sec. 3(i)]

भाग क : सभी नैदानिक प्रक्रियाओं/जांच के लिए भरे जाने के लिए

1. आनुवंशिक क्लिनिक/अल्ट्रासाउंड क्लिनिक/इमेजिंग केन्द्र का नाम और पूरा पता
2. रजिस्ट्रीकरण संख्या (गर्भधारणपूर्व और प्रसवपूर्व निदान-तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 के अधीन)

3. रोगी का नाम आयु

4. कुल जीवित संतानों की संख्या

(क) जीवित पुत्रों की संख्या, प्रत्येक की आयु (वर्ष या मास में)

(ख) जीवित पुत्रियों की संख्या, प्रत्येक की आयु (वर्ष या मास में)

5. पति/पत्नी/पिता/माता का नाम

6. रोगी का पूरा पता, दूरभाष संख्या सहित, यदि कोई हो,

7. (क) चिकित्सक (चिकित्सक का पूरा नाम और पता/ आनुवंशिक परामर्शदाता केन्द्र) द्वारा निर्दिष्ट (निर्देश स्लीपों को प्रारूप च के साथ सावधानीपूर्वक परिरक्षित रखना है)

(ख) स्त्री रोग विशेषज्ञ/ विकिरणविज्ञानी/ रजिस्ट्रीकृत चिकित्सा व्यवसायी जो नैदानिक प्रक्रियाएं कर रहे हैं, द्वारा स्व-निर्देश

(रोगी के निर्देश टिप्पण को मामले के कागज-पत्रों को प्रारूप च के साथ सावधानीपूर्वक परिरक्षित किया जाना है)

(स्व-निर्देश से किसी ग्राहक द्वारा क्लिनिक में आना और जांच के लिए अनुरोध करना या गर्भवती महिला के नातेदारों) द्वारा जांच के लिए अनुरोध करना अभिप्रेत नहीं है)

8. पिछले रजोधर्म की अवधि या गर्भधारण के सप्ताह



भाग ख : केवल गैर-आक्रामक नैदानिक प्रक्रिया/जांच के लिए भरा जाना है

9. प्रक्रिया को करने वाले चिकित्सक का नाम

10. नैदानिक प्रक्रिया के लिए उपदर्शन

(निर्देश स्लिप या स्व-निर्देश टिप्पण में किए गए अनुरोध के संदर्भ में विनिर्दिष्ट करें।)

(अल्ट्रासोनोग्राफी प्रसवपूर्व निदान केवल तभी किया जाना चाहिए जब उपदर्शित किया गया हो। निम्नलिखित अल्ट्रासाउंड के लिए गर्भधारण के दौरान उपदर्शकों की प्रतिनिधित्वकारी सूची है) (अल्ट्रासाउंड के लिए उपयुक्त उपदर्शक के सामने सही का निशान लगाएं)

- i. अंतः गर्भाशय और/या अस्थानीय गर्भधारण और व्यवहार्यता का पता लगाने के लिए
- ii. गर्भधारण आयु का आकलन (तिथिकरण)
- iii. भ्रूणों की संख्या का पता लगाना और उनकी क्रमबद्धता
- iv. इनसीटू आई.यू.सी.डी. के साथ संभावित गर्भावस्था या गर्भनिरोधों की असफलता के परिणामस्वरूप संभावित गर्भधारण/असफल गर्भ के चिकित्सीय समापन
- v. योनि रक्तस्राव/रिसाव
- vi. गर्भपात के मामलों में अनुवर्ती प्रक्रिया
- vii. ग्रीवा नालिका का आकलन और आंतरिक ऑस का व्यास
- viii. गर्भाशय के आकार और मासिक धर्म की अवधि में भिन्नता
- ix. एडनेक्सल या गर्भाशय रोग-निदान की कोई संभावना/अनियमितता
- x. गुणसूत्र अनियमितताओं का पता लगाना, भ्रूण संरचना त्रुटियां और अन्य अनियमितताएं तथा उनका अनुवर्ती प्रक्रिया
- xi. भ्रूण और उसकी स्थिति का मूल्यांकन
- xii. लिकर अमनी का निर्धारण
- xiii. समयपूर्व प्रसव पीड़ा/समयपूर्व शिल्ली का टूटना
- xiv. प्लेसेंटल प्रास्थिति, मोटाई ग्रेडिंग और अनियमितताओं (प्लेसेंटा प्रिविया, रेट्रोप्लेसेंटल रक्तस्राव, अनियमित अवलंबन, आदि) का मूल्यांकन
- xv. नाभि-रज्जु का मूल्यांकन - प्रस्तुतीकरण, सन्निवेश, नुककल एनसर्कलमेंट, वाहिकाओं की संख्या और दूनात की उपस्थिति
- xvi. पूर्व के शल्यजन्य निशानों का मूल्यांकन



xvii. भ्रूण की वृद्धि, भ्रूण के वजन और भ्रूण की कुशलता के मानकों का मूल्यांकन

xviii. रंजक प्रवाह मापन और डूप्लेक्स डॉपलर अध्ययन

xix. गर्भधारण का चिकित्सीय समापन, बाह्य सिफैलिक वर्सन आदि जैसी पराध्वनिनिदेशित प्रक्रियाएं और उनका अनुवर्ती प्रक्रिया

xx. क्रमबद्ध अंकुर का नमूनाकरण (सीवीएस) उल्लेखन, भ्रूण रक्त नमूनाकरण, भ्रूण चर्म वायोप्सी, अमनीयो इन्फ्यूजन, इंटरयूटेराइन इन्फ्यूजन, संटों आदि का अवस्थिकरण जैसे डायग्नोस्टिक और उपचारात्मक इन्वेसिव मध्यक्षेपों से अनुलग्नक

xxi. इन्ट्रापार्टम घटनाओं का अवलोकन

xxii. गर्भावस्था को जटिल बनाने वाली चिकित्सा/शल्यक्रिया स्थितियां

xxiii. मान्यताप्राप्त संस्थाओं में अनुसंधान/वैज्ञानिक अध्ययन।

11. की गई प्रक्रियाएं (गैर-आक्रामक) (समुचित प्रक्रिया पर सही का निशान लगाएं)

i. अल्ट्रासाउंड

(महत्वपूर्ण टिप्पण: अल्ट्रासाउंड का परामर्श भ्रूण का लिंग उपदर्शित करने/परामर्श देने के लिए नहीं दिया जाता है सिवाय डचेन मांसपेशी कूपोषण, अतिरक्तस्राव ए एवं बी आदि

ii. कोई अन्य (विनिर्दिष्ट करें)

12. वह तारीख जब गर्भवती महिला/व्यक्ति की घोषणा अभिप्राप्त की गई थी

13. वह तारीख जब प्रक्रियाएं की गई

14. की गई गैर-आक्रामक प्रक्रियाओं का परिणाम (किए गए अल्ट्रासाउंड सहित जांच की संक्षिप्त रिपोर्ट)

15. प्रसवपूर्व नैदानिक प्रक्रियाओं के परिणाम को सूचित किया गया

16. नैदानिक प्रक्रियाओं/जांच में पता लगाई गई अनियमितता के आधार पर गर्भ के चिकित्सीय समापन के लिए कोई उपदर्शन

तारीख :

स्त्री रोग विशेषज्ञ/विकिरण विज्ञानी/रजिस्ट्रीकृत चिकित्सा व्यवसायी जो नैदानिक प्रक्रियाओं को कर रहा है, का नाम, हस्ताक्षर और रजिस्ट्रीकरण संख्या सहित मुहर

स्थान :

भाग ग : केवल आक्रामक प्रक्रियाएं/जांच करने के लिए भरा जाना है

17. प्रक्रियाओं को करने वाले चिकित्सक का नाम

18. कुटुंब में आनुवंशिक/आयुर्विज्ञान रोगों का वृत्तान्त (विनिर्दिष्ट करें)



निदान का आधार (निदान के उचित आधार पर सही का निशान लगाएं)

- | | |
|----------------------|---|
| (क) क्लिनिकल | (ख) जैव रसायनिक |
| (ग) कोशिका आनुवंशिकी | (घ) अन्य (उदाहरणार्थ विकिरण चिकित्सा विज्ञान, अल्ट्रासोनोग्राफी आदि - विनिर्दिष्ट करें) |

19. नैदानिक प्रक्रिया के लिए उपदर्शन (उपयुक्त उपदर्शन पर सही का निशान लगाएं)

- | | |
|--------------------------------------|----------------------------------|
| (क) निम्नलिखित सहित पूर्ववर्ती संतान | (ii) उपापचयी विकार |
| (i) गुणसूत्री विकार | (iii) जन्मजात विषमता |
| (iii) मानसिक निःशक्तता | (iv) यौन संबंधी विकार |
| (v) हीमोग्लोबिनोपैथी | (vi) कोई अन्य (विनिर्दिष्ट करें) |
| (vii) एकल जीन विकार | |

ख. अधिक मातृआयु (35 वर्ष)

ग. माता/पिता/ सहोदर भाई या बहन को आनुवंशिक रोग (विनिर्दिष्ट करें)

घ. अन्य (विनिर्दिष्ट करें)

20. वह तारीख जिसको गर्भधारणपूर्व और प्रसवपूर्व निदान तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 में विहित प्ररूप छ में गर्भवती महिला/व्यक्ति की सहमति अभिप्राप्त की गई है

21. की गई आक्रामक प्रक्रियाएं (समुचित पर सही का निशान लगाएं)

- | | |
|--------------------------------|------------------------------|
| i. एमिनियोसेंटेसिस | ii. कोरिओनिक विल्ली एसपिरेशन |
| iii. भ्रूण बायोप्सी | iv. कोरडोसेंटेसिस |
| v. कोई अन्य (विनिर्दिष्ट करें) | |

22. आक्रामक प्रक्रिया की कोई जटिलताएं (विनिर्दिष्ट करें)

23. सिफारिश की गई अन्य जांच (कृपया वर्णन करें, यदि लागू हो)

- | | |
|--------------------------------|----------------------------------|
| i. गुणसूत्रीय अध्ययन | ii. जैव रसायनिक अध्ययन |
| iii. आणविक अध्ययन | iv. पूर्व प्रत्यारोपण लिंग निदान |
| v. कोई अन्य (विनिर्दिष्ट करें) | |

24. की गई प्रक्रियाओं/ जांचों का परिणाम (की गई आक्रामक जांच/प्रक्रियाओं की संक्षिप्त रिपोर्ट)

25. वह तारीख जब प्रक्रियाएं की गई

26. प्रसवपूर्व नैदानिक प्रक्रियाओं के परिणाम को..... सूचित किया गया

27. नैदानिक प्रक्रियाओं/जांच में पता लगाई गई किसी अनियमितता के आधार पर गर्भ के चिकित्सीय समापन का कोई उपदर्शन

तारीख :

स्त्री रोग विशेषज्ञ/विकिरण विज्ञानी/ रजिस्ट्रीकृत चिकित्सा व्यवसायी जो नैदानिक प्रक्रियाओं को कर रहा है, का नाम, हस्ताक्षर और रजिस्ट्रीकरण संख्या सहित मुहर

स्थान:



भाग घ : घोषणा

उस व्यक्ति द्वारा की जाने वाली घोषणा जिसकी प्रसवपूर्व नैदानिक जांच/ प्रक्रिया की जा रही है

मैं श्रीमती/श्री घोषणा करती हूँ/करता हूँ कि नैदानिक जांच/ प्रक्रिया करवाने से मैं अपने भ्रूण का लिंग नहीं जानना चाहती/चाहता हूँ

तारीख :

प्रसवपूर्व नैदानिक जांच/ प्रक्रिया करवाने वाले व्यक्ति का हस्ताक्षर/ अंगूठा निशान

अंगूठा निशान की दशा में:

नाम..... द्वारा पहचान आयु लिंग ...

संबंध (यदि कोई हो) पता दूरभाष संख्या सहित

अभिप्रमाणित करने वाले व्यक्ति के हस्ताक्षर तारीख

प्रसवपूर्व नैदानिक जांच/ प्रक्रिया करने वाले चिकित्सक/व्यक्ति की घोषणा

मैं (अल्ट्रासोनोग्राफी/ छायाचित्रण करने वाले व्यक्ति का नाम) घोषणा करता/करती हूँ कि श्रीमती/श्री (गर्भवती महिला या उस व्यक्ति जिसका प्रसवपूर्व नैदानिक प्रक्रिया/ जांच की जा रही है का नाम), का मैंने भ्रूण के लिंग की ना तो जांच की है ना ही उसका किसी व्यक्ति को किसी रीति में प्रकटन किया है।

तारीख :

हस्ताक्षर

स्त्री रोग विशेषज्ञ/विकिरण विज्ञानी/रजिस्ट्रीकृत चिकित्सा व्यवसायी जो नैदानिक प्रक्रियाओं को कर रहा है, का नाम (बड़े अक्षरों में) और रजिस्ट्रीकरण संख्या सहित मुहर

[फा.सं. वी.11011/6/2013-पीएनडीटी]

डा. राकेश कुमार, संयुक्त सचिव

टिप्पण : मूल अधिसूचना भारत के राजपत्र में सा.का.नि. 1(अ), तारीख 1 जनवरी, 1996 को प्रकाशित की गई थी और अधिसूचना सं. सा.का.नि. 109(अ) तारीख 14 फरवरी, 2003; सा.का.नि. 426(अ) तारीख 31 मई, 2011; सा.का.नि. 80(अ) तारीख 7 फरवरी, 2012; सा.का.नि. 418(अ) तारीख 4 जून, 2012 और सा.का.नि. 13 (अ) तारीख 9 जनवरी, 2014 द्वारा संशोधित की गई थी।



MINISTRY OF HEALTH AND FAMILY WELFARE
NOTIFICATION

New Delhi, the 31st January, 2014

G.S.R. 77 (E).—In exercise of the powers conferred by Section 32 of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994), the Central Government hereby makes the following rules further to amend the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, namely :—

1. (1) These rules may be called the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Amendment Rules, 2014.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. In the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, for Form F, the following Form shall be substituted:

[See Proviso to Section 4(3), rule 9(4) and rule 10(1A)]

FORM FOR MAINTENANCE OF RECORD IN CASE OF PRENATAL DIAGNOSTIC TEST /PROCEDURE
BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE

Section A: To be filled in for all Diagnostic Procedures/Tests

1. Name and complete address of Genetic Clinic/Ultrasound Clinic/Imaging centre: _____
2. Registration No. (Under PC& PNDT Act, 1994) _____
3. Patient's name _____ Age _____
4. Total Number of living children : _____
(a) Number of living Sons with age of each living son (in years or months): _____
(b) Number of living Daughters with age of each living daughter (in years or months): _____
5. Husband's /Wife's/ Father's / Mother's Name : _____
6. Full postal address of the patient with Contact Number, if any _____
7. (a) Referred by (Full name and address of Doctor(s)/ Genetic Counseling Centre): _____
(Referral slips to be preserved carefully with Form F)
- (b) Self-Referral by Gynaecologist/Radiologist/Registered Medical Practitioner conducting the diagnostic procedures: _____
(Referral note with indications and case papers of the patient to be preserved with Form F)
(Self-referral does not mean a client coming to a clinic and requesting for the test or the relative/s requesting for the test of a pregnant woman)
8. Last menstrual period or weeks of pregnancy : _____

Section B: To be filled in for performing non-invasive diagnostic Procedures/ Tests only

9. Name of the doctor performing the procedure/s : _____

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10. Indication/s for diagnosis procedure _____ (specify with reference to the request made in the referral slip or in a self-referral note)
(Ultrasonography prenatal diagnosis during pregnancy should only be performed when indicated. The following is the representative list of indications for ultrasound during pregnancy. (Put a "Tick" against the appropriate indication/s for ultrasound)
 - i. To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.
 - ii. Estimation of gestational age (dating).
 - iii. Detection of number of fetuses and their chorionicity.
 - iv. Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure/MTP failure.
 - v. Vaginal bleeding/leaking.
 - vi. Follow-up of cases of abortion.
 - vii. Assessment of cervical canal and diameter of internal os.
 - viii. Discrepancy between uterine size and period of amenorrhea.
 - ix. Any suspected adnexal or uterine pathology/abnormality.
 - x. Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.
 - xi. To evaluate fetal presentation and position.
 - xii. Assessment of liquor amnii.
 - xiii. Preterm labor / preterm premature rupture of membranes.
 - xiv. Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retro placental hemorrhage, abnormal adherence etc.).
 - xv. Evaluation of umbilical cord – presentation, insertion, nuchal encirclement, number of vessels and presence of true knot.
 - xvi. Evaluation of previous Caesarean Section scars.
 - xvii. Evaluation of fetal growth parameters, fetal weight and fetal well being.
 - xviii. Color flow mapping and duplex Doppler studies.
 - xix. Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow-up.
 - xx. Adjunct to diagnostic and therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocenteses, fetal blood sampling, fetal skin biopsy, amnio-infusion, intrauterine infusion, placement of shunts etc.
 - xxi. Observation of intra-partum events.
 - xxii. Medical/surgical conditions complicating pregnancy.
 - xxiii. Research/scientific studies in recognized institutions.
11. Procedures carried out (Non-Invasive) (Put a "Tick" on the appropriate procedure)
 - i. Ultrasound
(Important Note: Ultrasound is not indicated/advised/performed to determine the sex of fetus except for diagnosis of sex-linked diseases such as Duchene Muscular Dystrophy, Hemophilia A & B etc.)
 - ii. Any other (specify) _____
12. Date on which declaration of pregnant woman/ person was obtained : _____



13. Date on which procedures carried out: _____
14. Result of the non-invasive procedure carried out (report in brief of the test including ultrasound carried out) _____
15. The result of pre-natal diagnostic procedures was conveyed to _____ on _____
16. Any indication for MTP as per the abnormality detected in the diagnostic procedures/ tests _____

Date: _____ Name, Signature and Registration Number with Seal of the
Gynaecologist/Radiologist/Registered Medical Practitioner
performing Diagnostic Procedure/s

Place: _____

SECTION C: To be filled for performing invasive Procedures/ Tests only

17. Name of the doctor/s performing the procedure/s: _____
18. History of genetic/medical disease in the family (specify): _____ Basis of
diagnosis ("Tick" on appropriate basis of diagnosis):
(a) Clinical (b) Bio-chemical
(c) Cytogenetic (d) other (e.g. radiological, ultrasonography etc.-specify)
19. Indication/s for the diagnosis procedure ("Tick" on appropriate indication/s):
A. Previous child/children with:
(i) Chromosomal disorders (ii) Metabolic disorders
(iii) Congenital anomaly (iv) Mental Disability
(v) Haemoglobinopathy (vi) Sex linked disorders
(vii) Single gene disorder (viii) Any other (specify)
B. Advanced maternal age (35 years)
C. Mother/father/sibling has genetic disease (specify)
D. Other (specify) _____
20. Date on which consent of pregnant woman / person was obtained in Form G prescribed in PC&PNDT Act, 1994: _____
21. Invasive procedures carried out ("Tick" on appropriate indication/s)
i. Amniocentesis ii. Chorionic Villi aspiration
iii. Fetal biopsy iv. Cordocentesis
v. Any other (specify) _____
22. Any complication/s of invasive procedure (specify) _____
23. Additional tests recommended (Please mention if applicable)
(i) Chromosomal studies (ii) Biochemical studies
(iii) Molecular studies (iv) Pre-implantation gender diagnosis
(v) Any other (specify) _____
24. Result of the Procedures/ Tests carried out (report in brief of the invasive tests/ procedures carried out) _____
25. Date on which procedures carried out: _____
26. The result of pre-natal diagnostic procedures was conveyed to _____ on _____



27. Any indication for MTP as per the abnormality detected in the diagnostic procedures/ tests _____

Date: _____ Name, Signature and Registration Number with Seal of the
Place: _____ Gynaecologist/Radiologist/Registered Medical Practitioner
performing Diagnostic Procedure/s

SECTION D: Declaration

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST/ PROCEDURE

I, Mrs./Mr. _____ declare that by undergoing
_____ Prenatal Diagnostic Test/ Procedure. I do not want to know the sex of my foetus.

Date: _____ Signature/Thumb impression of the person undergoing
the Prenatal Diagnostic Test/ Procedure

In Case of thumb Impression:

Identified by (Name) _____ Age: _____ Sex: _____
Relation (if any): _____ Address & Contact No.: _____

Signature of a person attesting thumb impression: _____ Date: _____

DECLARATION OF DOCTOR/PERSON CONDUCTING PRE NATAL DIAGNOSTIC PROCEDURE/TEST

I, _____ (name of the person conducting ultrasonography/image scanning) declare that while conducting ultrasonography/image scanning on Ms./ Mr. _____ (name of the pregnant woman or the person undergoing pre natal diagnostic procedure/ test), I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Date: _____ Signature: _____

Name in Capitals, Registration Number with Seal of the
Gynaecologist/Radiologist/Registered Medical Practitioner
Conducting Diagnostic procedure

[F No. V.11011/6/2013-PNDT]

Dr RAKESH KUMAR, Jr. Secy.

Note : The principal notification was published in the Gazette of India, vide G.S.R 1 (E), dated the 1st January, 1996 and amended vide notification numbers G.S.R 109 (E), dated the 14th February, 2003; G.S.R 426 (E), dated the 31st May, 2011; G.S.R 80 (E), dated the 7th February, 2012; G.S.R 418 (E), dated the 4th June, 2012 and G.S.R 13(E), dated the 9th January, 2014.



Press Conference regarding to Health Agenda-2014

દિવ્ય ભાસ્કર

sunday અમદાવાદ | 20 એપ્રિલ, 2014

મતદાન કરશે તેને ઓપીડીમાં 25 ટકા ડિસ્કાઉન્ટ : IMA
અમદાવાદ : ઈન્ડિયન મેડિકલ એસોસિએશન (આઈએમએ) દ્વારા લોકસભાની ચૂંટણી દરમિયાન લોકો પોતાના મતાધિકારનો ઉપયોગ કરે તે માટે પ્રોત્સાહક ઝુંબેશ શરૂ કરવામાં આવી છે. જેમાં એસોસિએશન સાથે જોડાયેલા ગુજરાતભરના તમામ તબીબો મતદાન કરનાર દર્દીઓની સારવારમાં ઓછામાં ઓછું 25 ટકા ડિસ્કાઉન્ટ અચૂક આપશે. આ વિશે વધુ માહિતી આપતા આઈએમએના રાષ્ટ્રીય અધ્યક્ષ ડૉ. જીતેન્દ્રભાઈ પટેલે જણાવ્યું કે, મતદાનના દિવસે મતદાન કરી આવનાર દર્દી કે તેના સગાં જો દવા લેવા આવે ત્યારે તેમણે મતદાન કર્યું છે તેવું આંગળી પરનું નિશાન ડોક્ટરને બતાવવાનું રહેશે.

SUNDAY TIMES OF INDIA, AHMEDABAD APRIL 20, 2014

Vote and get 25% discount from doctors

TIMES NEWS NETWORK

Ahmedabad: The Indian Medical Association (IMA) reiterated on Saturday that as an incentive, doctors associated with IMA will offer 25% discount in consultation fee to patients who have cast

FOR BOOSTING THE TURNOUT

their votes.

President of IMA, Gujarat, Jitendra Patel said that a health agenda and vision has also been declared which envisages basic health facilities for every citizen of India.

“Seventy per cent of the health expenses go on medication. Government should make available 200 essential medicines to every citizen,” said Dr Patel.

વડે નવગુજરાત સમય | અમદાવાદ | રવિવાર | ૨૦ એપ્રિલ, ૨૦૧૪

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મત આપનારને સપ્તાહ સુધી કન્સલ્ટેશન ફીમાં ૨૫ ટકા સુધી ડિસ્કાઉન્ટની IMAની જાહેરાત

મતદારોને પ્રોત્સાહિત કરવા અનોખી ઝુંબેશ નવગુજરાત સમય > અમદાવાદ

ગુજરાતમાં આગામી ૩૦ એપ્રિલના રોજ યોજનારી લોકસભાની ચૂંટણીમાં લોકો વધુ પ્રમાણમાં મતદાન કરે તે મુદ્દાને ધ્યાને રાખી ઈન્ડિયન મેડિકલ એસોસિએશન(આઈએમએ) દ્વારા અનોખી ઝુંબેશ શરૂ કરવામાં આવી છે. જેમાં મતદાન કરનારને એક સપ્તાહ સુધી કન્સલ્ટેશન ફીમાં ૨૫ ટકા સુધી ડિસ્કાઉન્ટ આપવાની જાહેરાત કરવામાં આવી છે. આ ઉપરાંત તેમણે આઈએમએ હેલ્થ એજન્ડા અને વિઝન ૨૦૧૪ મુક્યું છે. જેમાં વિવિધ મુદ્દે રજૂઆત કરવામાં આવી છે. આઈએમએ દ્વારા લોકો વધુ પ્રમાણમાં મતદાન કરે તે માટે પ્રોત્સાહન માટે ૨૫ ટકા ડિસ્કાઉન્ટની સ્કીમ મુકી છે. આ સાથે જ તેમણે હેલ્થ એજન્ડા અને વિઝન ૨૦૧૪ મુજબ કેટલીક મહત્વની આરોગ્યલક્ષી બાબતો પર પણ ધ્યાન કેન્દ્રીત કર્યું છે. જેમાં તેમણે એવી રજૂઆત કરી છે કે, પ્રત્યેક નાગરિકને મૂળભૂત અધિકાર તરીકે આરોગ્યની સુવિધા મળવી જોઈએ, તમામ લોકોને આવશ્યક દવાઓ અને તપાસ સુવિધા મફત મળવી જોઈએ. વિવિધ બ્રાન્ડનાં ખર્ચ તફાવત ન હોવો જોઈએ, મેડિકલ એજ્યુકેશનનો મહત્તમ ગાળો છ વર્ષ હોવો જોઈએ, મેડિસિનની અન્ય શાખામાં પ્રોત્સાહન આપવું જોઈએ સહિતની રજૂઆત કરવામાં આવી છે.

ગ્રામીણ વિસ્તારમાં વધુ તબીબો નિયુક્ત કરવા જોઈએ તથા સ્કૂલમાં હેલ્થ એજ્યુકેશનને પ્રોત્સાહન મળવું જોઈએ સહિતના મુદ્દા આવરી લેવામાં આવ્યા છે. આ ઉપરાંત રોડ સલામતી, ગ્રાહક સુરક્ષા, સિનેમામાં હેલ્થ વિતરણ, ફરજિયાત હેલ્થ ઈન્સ્યોરન્સ, મહિલા આરોગ્ય, સેક્સ એજ્યુકેશન વગેરે મામલે પણ કેટલાક સૂચનો કરવામાં આવ્યા છે.

નોંધનીય છે કે, મતદાર જાગૃતિ માટે અનેક સંસ્થાઓ વિવિધ અભિયાનો ચલાવી રહી છે, તો કેટલાક લોકો અને વ્યાપારી એકમો સ્વૈચ્છિક ધોરણે પણ મતદાનને પ્રોત્સાહન આપવા માટે વિવિધ સ્કીમ મુકી રહ્યા છે.



પ્રભાત

તા. ૨૦-૪-૨૦૧૪ રવિવાર

ઈન્ડિયન મેડિકલ એસોસિએશનની હેલ્થ એજન્ડા અને વિઝનની જાહેરાત

ઈન્ડિયન મેડિકલ એસોસિએશન (આઈએમએ)એ લોકસભાની ચૂંટણીમાં મતાધિકારનો ઉપયોગ કરવા પ્રોત્સાહન આપવા ઝુંબેશ શરૂ કરી છે. જે મુજબ મતદાન કરીને આવેલા દર્દીઓને ચૂંટણી પછીના એક સપ્તાહ સુધી કન્સલ્ટેશન ફીમાં લઘુત્તમ ૨૫ ટકા ડિસ્કાઉન્ટ આપવાની જાહેરાત કરવાની સાથે વર્ષ ૨૦૧૪ માટે આઈએમએ હેલ્થ એજન્ડા અને વિઝનની જાહેરાત કરી છે.

ભારતના પ્રત્યેક નાગરિકને મૂળભૂત અધિકાર તરીકે આરોગ્યની સુવિધા મળવી જોઈએ, કેન્દ્ર સરકારમાં નવો સેલ રચવો જોઈએ, તમામ લોકોને આવશ્યક દવાઓ અને તપાસ સુવિધા મફત ઉપલબ્ધ થવી જોઈએ, વિવિધ બ્રાન્ડનાં ખર્ચ તફાવત ન હોવો જોઈએ, સ્વદેશી બનાવટના ઉપકરણો અને ડિવાઈસ મેન્યુફેક્ચરિંગને પ્રોત્સાહન આપવું જોઈએ.

મેડિકલ એજ્યુકેશન કોર્સનો ગાળો મહત્તમ છ વર્ષ હોવો જોઈએ. કોર્સમાં મુખ્ય વિષયો માટે ત્રણ વર્ષ અને સ્પેશ્યાલિટી માટે ત્રણ વર્ષ હોવા જોઈએ. સુપર સ્પેશ્યાલિટી કોર્સ માટે સાત વર્ષ હોવા જોઈએ. આ ૬-૭ વર્ષમાંથી એક વર્ષનો કોર્સ ગ્રામીણ પોસ્ટીંગ માટે ફાળવવો જોઈએ.

મેડિકલ કોર્સ માટે કોમન એન્ટરન્સ હોવી જોઈએ અને ફીનું માળખું પારદર્શક હોવું જોઈએ.

ક્લિનિકલ રોટેશન પ્રથમ વર્ષથી જ શરૂ કરી દેવું જોઈએ. વિદ્યાર્થીઓને હોસ્પિટલમાં પહેલાં જ ટિવલથી ક્લિનિકલ મેડિસીનથી અવગત કરાવવા જોઈએ. એમસીઆઈએ એ સુનિશ્ચિત કરવું જોઈએ કે પૂરતા પ્રમાણમાં ટીચીંગ સ્ટાફ ઉપલબ્ધ હોય. અન્ટરગ્રેજ્યુએટ અને પોસ્ટ ગ્રેજ્યુએટ વિદ્યાર્થીઓ માટે ઓનલાઈન ટીચિંગ કોર્સ વિકસાવવો જોઈએ.

મેડિસિનની પ્રત્યેક શાખાની સ્પેટીસ ધવી જોઈએ અને સ્પેશ્યાલિટીને અપગ્રેડ કરવી જોઈએ. એક સિસ્ટમની તાલીમ લીધો હોય તે ડોક્ટરે અન્ય સિસ્ટમની દવા પ્રિસ્ક્રાઈબ ન કરવી જોઈએ. મેડિસિનની વૈકલ્પિક સિસ્ટમના ડોક્ટરોએ એલોપેથીક દવા ન પ્રિસ્ક્રાઈબ કરવી જોઈએ.

ગ્રામીણ વિસ્તારોમાં વધુને વધુ ડોક્ટરોને નિયુક્ત કરવા જોઈએ. ગ્રામીણ સેવા ફરજિયાત કરવાને બદલે જુનિયર ડોક્ટરોને પીજી કોર્સમાં માર્કસના નિશ્ચિત ટકાનો વધારો જેવાં પ્રોત્સાહન આપવા જોઈએ. ગામડાંમાં પ્રેક્ટીસ કરતાં

ડોક્ટરોની આવક ટેક્સની હોવી જોઈએ. ગામડાંમાં પોસ્ટેડ સરકારી ડોક્ટરોને વધારાનું ગ્રામીણ ભથ્થું આપવું જોઈએ. ગામડાંમાં પોસ્ટેડ નર્સ પ્રેક્ટીશનર તરીકે કામ કરવું જોઈએ અને ડોક્ટરનાં સુપરવિઝન હેઠળ પાયાની સુવિધા આપવી જોઈએ. આઈએમએના આગાં ગાંવે ચલે પ્રોજેક્ટનો અમલ કરવો જોઈએ.

બાળકોને હાઈજીન (સ્વચ્છતા) અંગે શિક્ષણ આપવું જોઈએ કારણ કે પર્સનલ હાઈજીન જાળવવાની આદતના અભાવે મોટા ભાગના બાળકોને ઈન્ફેક્શન ધાય છે. શાળામાં જાતિય શક્તિ આપવાનું શરૂ કરવું જોઈએ. શાળાઓમાં વિદ્યાર્થીઓ માટે ફરજિયાત મેડીકલ ચેક-અપ પ્રોગ્રામ હોવો જોઈએ. પ્રવેશ વખતે ફરજિયાત બ્લડ પ્રેશર ચેક અપ થવું જોઈએ. તમામ વિદ્યાર્થીઓને ડી વોર્મિંગ ટેબ્લેટ્સ આપવી જોઈએ. શાળાઓમાં પરંપરાગત વેદિક જ્ઞાન અને યોગના તાલીમ આપવી જોઈએ. શાળાઓમાં ફરજિયાત આઈડેન્ટિફીકેશન હોવું જોઈએ. શાળામાં અને આજુબાજુ જકડુ પર પ્રતિબંધ હોવો જોઈએ. જીવલેણ ધટના અટકાવવા

ઈલેક્ટ્રીકલ સેફ્ટીની સાવચેતી રાખવી જોઈએ. મહિલા આરોગ્ય, લગ્ન અને જાતિય શક્તિ અંગે એએમએનું માનવું હોવું છે લગ્ન પહેલાં મેડીકલ ચેક-અપને પ્રોત્સાહન આપવું જોઈએ અને આ માટે સેન્ટર્સ સ્થાપવા જોઈએ. ડોક્ટરોને સેક્સ એજ્યુકેશનની તાલીમ આપવી જોઈએ. ગે બિહેવીયરને ફોજદારી ગુનો ન ગણવો જોઈએ. વૃદ્ધોની પૂરતી કાળજી રાખવી જોઈએ. ૮૦થી ઉપરની વય ધરાવતી વ્યક્તિઓને મફત સારવાર અને વીમા સહિતના વિશેષાધિકાર આપવા જોઈએ. ડોક્ટરોને મફત લીમો અને મેડીકલ સારવાર પૂરી પાડવી જોઈએ કારણ કે આ વ્યવસાય સૌથી વધુ જોખમ ધરાવે છે. ડોક્ટરોને બિનનફારક દરે દવાઓ અને સાપનો આપવા જોઈએ. સિંગલ ડોક્ટર એસ્ટાબ્લિશમેન્ટ્સ ક્લિનિકલ એ સ્ટાબ્લિશમેન્ટ એક્ટમાંથી મુક્ત હોવી જોઈએ. આઈએએસ કે આઈપીએસની જેમ ઈન્ડિયન મેડીકલ સર્વિસની સ્થાપના કરવી જોઈએ. દેશની અંદર અને બહાર મેડીકલ ટુરિઝમને પ્રોત્સાહન આપવું એ સરકારની પ્રાથમિકતા હોવી જોઈએ.

રવિવાર તા. ૨૦-૪-૨૦૧૪ GUJARAT TODAY

મતદાનની જાગૃતિ લાવવા આઈએમએની ઝુંબેશ

અમદાવાદ, તા. ૧૯ આમીજ વિસ્તારોમાં વધુને વધુ ડોક્ટરોને નિયુક્ત કરવા જોઈએ અને ગ્રામીણ સેવા ફરજિયાત કરવાને બદલે જુનિયર ડોક્ટરોને પીજી કોર્સમાં માર્કસના નિશ્ચિત ટકાનો વધારો જેવા પ્રોત્સાહન આપવા જોઈએ. તેવા હેતુ એજન્ડા અને વિઝનની જાહેરાત ઈન્ડિયન મેડિકલ એસોસિએશન કરી છે. ઉપરાંત ચૂંટણીમાં મતાધિકારનો ઉપયોગ કરવા પ્રોત્સાહન ઝુંબેશ શરૂ કરી છે. જેમાં મતદાન કરીને આવેલા દર્દીઓને ચૂંટણી પછીના એક સપ્તાહ સુધી ડોક્ટરો કન્સલ્ટેશન ફીમાં ૨૫ ટકા ડિસ્કાઉન્ટ આપશે. તેમ પાસકાર પરિષદમાં આઈએમએના રાષ્ટ્રીય પ્રમુખ ડૉ. જીતેન્દ્ર પટેલે જણાવ્યું હતું.



12 જાન્યુઆરી ૧૨ રવિવાર, ૨૦-૪-૨૦૧૪, અમદાવાદ

મતદાન કરનાર દર્દીને એક સમાહ સુધી કન્સલ્ટેશન ફીમાં ૨૫ ટકા રાહત

અમદાવાદ, રાજીવરામ ફીમાં ડિસ્કાઉન્ટ આપવાનો ઈનિયમ મેડિકલ એસોસિએશન દ્વારા નિર્ધારિત છે. ગુજરાતમાં તા. ૩૦ એપ્રિલના રોજ મતદાન પોષ્ટો, લોકસભા ચૂંટણીમાં મતદાન વખતે એટલે કે મતદારો વ્યવસ્થિત કરે તે શ્રેણીમાં લોકસભા ચૂંટણીમાં મતદારોમાં વધુ જાગૃતિ લાવવા નવતર ઝુંબેશ મહાન કર્મ પછીના સમાહમાં દર્દીઓને કન્સલ્ટેશન ફીમાં ૨૫ ટકા ડિસ્કાઉન્ટ આપવામાં આવશે. આ ડિસ્કાઉન્ટ વધુમાં વધુ કરવા. ૨૦૧૧ના વર્ષમાં પોષ્ટોફર સેલી ચૂંટણી માટે મતદારોમાં જાગૃતિ લાવવાના હેતુથી દેશભરમાં મતદારોને મતદાન પછીના સમાહમાં કન્સલ્ટેશન ફીમાં ડિસ્કાઉન્ટ આપવાનો ઈનિયમ મેડિકલ એસોસિએશન દ્વારા નિર્ધારિત છે. આ નિર્ધારના ભાગરૂપે ઉત્તરદેશ, બિહાર વગેરે સ્થળે ચૂંટણીઓ યોજાઈ છે. આ સાથે ઈન્ડિયન મેડિકલ એસોસિએશન, હેલ્થ એજન્ડા અને વિજન ૨૦૧૪ રજૂ કર્યું છે. જેમાં નાગરિકોને આરોગ્ય સુવિધા પૂરી પાડવા પગલાં લેવા, લોકોને આવશ્યક દવાઓ અને સપ્લાય સુવિધા વિનામૂલ્યે પ્રાપ્ત થાય, રાજકર્મ સ્તરી પૂરી પાડવા, હેલ્થ બજેટ વધારવા, મેડિકલ એજ્યુકેશનનો ગણો છ વર્ષ કરવા, આયોજનોમાં તબીબોને નિયુક્ત કરવા અને મોબાઇલ આરોગ્ય સેવા આપવાનો હેતુ અને તબીબોને સાચા રીતે સંબોધવાનો હેતુ અને દેશભરમાં અદી લાવવાનો હેતુ છે. આ સાથે ઈન્ડિયન મેડિકલ એસોસિએશન, હેલ્થ એજન્ડા અને વિજન ૨૦૧૪ રજૂ કર્યું છે. જેમાં નાગરિકોને આરોગ્ય સુવિધા પૂરી પાડવા પગલાં લેવા, લોકોને આવશ્યક દવાઓ અને સપ્લાય સુવિધા વિનામૂલ્યે પ્રાપ્ત થાય, રાજકર્મ સ્તરી પૂરી પાડવા, હેલ્થ બજેટ વધારવા, મેડિકલ એજ્યુકેશનનો ગણો છ વર્ષ કરવા, આયોજનોમાં તબીબોને નિયુક્ત કરવા અને મોબાઇલ આરોગ્ય સેવા આપવાનો હેતુ અને તબીબોને સાચા રીતે સંબોધવાનો હેતુ અને દેશભરમાં અદી લાવવાનો હેતુ છે.

અમદાવાદ એક્સપ્રેસ

મતદાન કરનાર દર્દીઓને ડોક્ટરો આપશે ૨૫ ટકા ડિસ્કાઉન્ટ!

અમદાવાદ, તા. ૧૨ ઈન્ડિયન મેડિકલ એસોસિએશન (આઈએમએ) દ્વારા લોકસભાની ચૂંટણી દરમિયાન લોકો પોતાના મતાધિકારનો ઉપયોગ કરે તે માટે પ્રોત્સાહક ઝુંબેશ શરૂ કરવામાં આવી છે. જેમાં એસોસિએશન દ્વારા પોતાની સામાજિક જવાબદારીના ભાગરૂપે શરૂ કરેલા આ અભિયાન હેઠળ એસોસિએશન સાથે જોડાયેલા ગુજરાતભરના તમામ તબીબો મતદાન કરનાર દર્દીઓની સારવારમાં ઓછું ૨૫ ટકા ડિસ્કાઉન્ટ અનુક્ર આપશે. વધુમાં ડિસ્કાઉન્ટની પણ જાહેરાત કરાય તેવી શક્યતા છે. આ વિશે વધુ માહિતી આપતા આઈએમએના રાષ્ટ્રીય અધ્યક્ષ ડૉ. જી.તેન્દ્રસિંહ પટેલે જણાવ્યું કે, મતદાનના દિવસે મતદાન કરી આવનાર દર્દી કે તેના સગા જો દવા લેવા આવે ત્યારે તેમણે મતદાન કર્યું છે તેવું આંગળી પરનું નિશાન ડોક્ટરને બતાવવાનું રહેશે. જેના પગલે ડોક્ટરો દર્દીની સારવાર માટે એક સમાહ સુધી દર્દીને ૨૫ ટકા ડિસ્કાઉન્ટ આપશે. વધુમાં શહેરના પૂર્વ વિસ્તારના કેટલાક ડોક્ટરોએ પણ જાહેરાત કરી છે જેમાં મતદાન કરનાર દર્દીને તેઓ મતદાન બાદ ત્રણ દિવસ સુધી ૫૦ ટકા ડિસ્કાઉન્ટની જાહેરાત કરી છે તેમ નોંધવું. ડૉ. શાનેન્દ્રસિંહે જણાવ્યું હતું, વધુમાં મેડિકલ એસોસિએશન દ્વારા વિજન ૨૦૧૪ના ભાગરૂપે ૨૯ જુનને રવિવારના રોજ રાષ્ટ્રીય સ્તરે રત્નદાન કરી છે જેમાં મતદાન કરવામાં આવ્યું છે જેમાં દેશભરમાંથી ૨ લાખથી વધુ બોટલ રત્ન એક્ટર કરવાનું આયોજન છે. આ ઉપરાંત એસોસિએશન સાથે જોડાયેલા ડોક્ટરો દ્વારા વેલકમ થી ગર્લ ચાઇલ્ડ અભિયાન પણ શરૂ કરવામાં આવનાર છે.

10 JAI HIND : Ahmedabad SUNDAY, 20 APRIL 2014

મતદાન કરીને આવેલા દર્દીઓને કન્સલ્ટેશન ફીમાં ૨૫ ટકા રાહત

અમદાવાદ, તા. ૧૨ ઈન્ડિયન મેડિકલ એસો. દ્વારા લોકસભાની ચૂંટણીમાં મતાધિકારનો ઉપયોગ કરવા પ્રોત્સાહન આપવા ખાસ ઝુંબેશ શરૂ કરાઈ છે. જેમાં મતદાન કરીને આવેલા દર્દીઓને ચૂંટણી પછી એક સમાહ સુધી કન્સલ્ટેશન ફીમાં ૨૫ ટકા ડિસ્કાઉન્ટ આપશે. આ સાથે એસો.ને વર્ષ ૨૦૧૪ માટે હેલ્થ એજન્ડા અને વિજનની પણ જાહેરાત કરાઈ હતી. આ અંગે આઈએમએના રાષ્ટ્રીય પ્રમુખ ડૉ. જી.તેન્દ્રસિંહ પટેલે પરિષદ સંબોધતા જણાવ્યું હતું કે, આગામી લોકસભાની ચૂંટણીમાં વધુ મતદાન થાય તેવા ઉદ્દેશ્યથી એસો. દ્વારા ખાસ ઝુંબેશ શરૂ કરાઈ છે જેમાં મતદાન કરીને આવેલા દર્દીઓને ૨૫ ટકા ડિસ્કાઉન્ટ આપવામાં આવશે. આ સાથે તેમણે વર્ષ ૨૦૧૪ માટે હેલ્થ એજન્ડા અને વિજનની જાહેરાત કરી હતી. આ ઉપરાંત તેમણે રોડ સલામતી ગ્રાહક સુરક્ષા, મહિલા આરોગ્ય, ફરજિયાત હેલ્થ ઈન્સ્યોરન્સ અને ડોક્ટરો માટે કલ્યાણકારી યોજના વગેરે અંગે પણ સૂચનો કર્યાં હતાં.

The Sunday EXPRESS. GUJARAT 3 APRIL 20, 2014

Doctors offer 25% off on consultation fee for voters

EXPRESS NEWS SERVICE AHMEDABAD | APRIL 19

tendra Patel, told reporters here on Saturday, "This offer will also be valid for the relatives of the patients," he said. Patel said that the discount would be varying from state to state depending on the percentage fixed by the state IMA branches, like it would be 50 per cent in Jharkhand and 35 per cent in Uttar Pradesh. He also released the "Health Agenda and Vision for 2014" on the occasion, besides the IMA plan to collect two lakh units of blood by July 1 to mark birth anniversary of Dr B C Roy, first minister in India from medical profession.

THE Indian Medical Association (IMA) has come up with an initiative to encourage voters to exercise their franchise in the upcoming Lok Sabha polls. The association has urged the members to offer a 25 per cent discount on the consultation fee to all those who display inked finger to prove that they had participated in the polling. The offer would be available for a week after the election date, which is April 30 in Gujarat. President of the IMA, Dr Ji-



લોકમિત્ર, ૨૧ એપ્રિલ ૨૦૧૪, સોમવાર ૩

ગુજરાત વૈભવ 12 આઈએમએ ને વર્ષ 2014 કે લિફે હેલ્થ એજન્ડા એવં વિજન ઘોષિત કિયા



અમદાવાદ, ઈન્ડિયન મેડિકલ એસોસિએશન (આઈએમએ) ને લોકસભાની ચૂંટણીમાં મતાધિકારનો ઉપયોગ કરવા પ્રોત્સાહન આપવા ખાસ ઝુંબેશ શરૂ કરાઈ છે. જેમાં મતદાન કરીને આવેલા દર્દીઓને ચૂંટણી પછી એક સમાહ સુધી કન્સલ્ટેશન ફીમાં ૨૫ ટકા ડિસ્કાઉન્ટ આપવામાં આવશે. આ સાથે એસો.ને વર્ષ ૨૦૧૪ માટે હેલ્થ એજન્ડા અને વિજનની પણ જાહેરાત કરાઈ હતી. આ ઉપરાંત તેમણે રોડ સલામતી ગ્રાહક સુરક્ષા, મહિલા આરોગ્ય, ફરજિયાત હેલ્થ ઈન્સ્યોરન્સ અને ડોક્ટરો માટે કલ્યાણકારી યોજના વગેરે અંગે પણ સૂચનો કર્યાં હતાં.

અમદાવાદ, ઈન્ડિયન મેડિકલ એસોસિએશન (આઈએમએ) ને લોકસભાની ચૂંટણીમાં મતાધિકારનો ઉપયોગ કરવા પ્રોત્સાહન આપવા ખાસ ઝુંબેશ શરૂ કરાઈ છે. જેમાં મતદાન કરીને આવેલા દર્દીઓને ચૂંટણી પછી એક સમાહ સુધી કન્સલ્ટેશન ફીમાં ૨૫ ટકા ડિસ્કાઉન્ટ આપવામાં આવશે. આ સાથે એસો.ને વર્ષ ૨૦૧૪ માટે હેલ્થ એજન્ડા અને વિજનની પણ જાહેરાત કરાઈ હતી. આ ઉપરાંત તેમણે રોડ સલામતી ગ્રાહક સુરક્ષા, મહિલા આરોગ્ય, ફરજિયાત હેલ્થ ઈન્સ્યોરન્સ અને ડોક્ટરો માટે કલ્યાણકારી યોજના વગેરે અંગે પણ સૂચનો કર્યાં હતાં.

અમદાવાદ | સોમવાર 21 એપ્રિલ 2014

પત્રિકા 4 અમદાવાદ, રવિવાર, 20 એપ્રિલ 2014

મતદાન કરતે પર 7 દિન તક ફીસ મેં મિલેગી છૂટ આઈએમએ કા હેલ્થ એજન્ડા ઘોષિત

અમદાવાદ, ઈન્ડિયન મેડિકલ એસોસિએશન (આઈએમએ) ને લોકસભાની ચૂંટણીમાં મતાધિકારનો ઉપયોગ કરવા પ્રોત્સાહન આપવા ખાસ ઝુંબેશ શરૂ કરાઈ છે. જેમાં મતદાન કરીને આવેલા દર્દીઓને ચૂંટણી પછી એક સમાહ સુધી કન્સલ્ટેશન ફીમાં ૨૫ ટકા ડિસ્કાઉન્ટ આપવામાં આવશે. આ સાથે એસો.ને વર્ષ ૨૦૧૪ માટે હેલ્થ એજન્ડા અને વિજનની પણ જાહેરાત કરાઈ હતી. આ ઉપરાંત તેમણે રોડ સલામતી ગ્રાહક સુરક્ષા, મહિલા આરોગ્ય, ફરજિયાત હેલ્થ ઈન્સ્યોરન્સ અને ડોક્ટરો માટે કલ્યાણકારી યોજના વગેરે અંગે પણ સૂચનો કર્યાં હતાં.

અલ્પવિરામ - અલ્પવચન 3 21-4-2014, સોમવાર

ઈન્ડિયન મેડિકલ એસોસિએશન ને વર્ષ 2014 કે લિફે હેલ્થ એજન્ડા એવં વિજન ઘોષિત કિયા



અમદાવાદ | સોમવાર 21 એપ્રિલ 2014

અમદાવાદ | સોમવાર 21 એપ્રિલ 2014

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WORLD MEDICAL ASSOCIATION COUNCIL MEETING TOKYO, JAPAN





IMA YOUNG DOCTOR'S CONVENTION AHMEDABAD



(60)



IMA YOUNG DOCTOR'S CONVENTION AHMEDABAD



(61)



IMA-GSB OFFICE BEARERS VISITED RAJKOT BRANCH



* * * * *

INSTALLATION CEREMONY OF NEW TEAM JAMNAGAR BRANCH



(62)



DIAGNOSTIC MEDIA CAMP AHMEDABAD MEDICAL ASSOCIATION



FELICITATION OF DR. BIPIN M. PATEL B.J. MEDICAL COLLEGE, AHMEDABAD.



(63)

**CONGRATULATIONS & BEST WISHES****OUR OWN MEMBERS OF PARLIAMENT**

IMA Gujarat State Branch Congratulate our members for being elected in LOKSABHA 2014 with handsome margin. We all wish them for bright & successful tenure as parliamentarian



DR. KIRIT P. SOLANKI
M.S., F.I.C.S
AHMEDABAD WEST (B.J.P.)

* * * * *



DR. K. C. PATEL
M.B.B.S.
VALSAD (B.J.P.)



World No Tobacco Day - 31 May 2014



Raise taxes on tobacco

The global tobacco epidemic kills nearly 6 million people each year, of which more than 600 000 are non-smokers dying from breathing second-hand smoke. Unless we act, the epidemic will kill more than 8 million people every year by 2030. More than 80% of these preventable deaths will be among people living in low-and middle-income countries.

For World No Tobacco Day 2014, WHO and partners call on countries to raise taxes on tobacco.

Reduce tobacco consumption, save lives

Under the WHO Framework Convention on Tobacco Control (WHO FCTC), countries should implement tax and price policies on tobacco products as a way to reduce tobacco consumption. Research shows that higher taxes are especially effective in reducing tobacco use among lower-income groups and in preventing young people from starting to smoke. A tax increase that increases tobacco prices by 10% decreases tobacco consumption by about 4% in high-income countries and by up to 8% in most low- and middle-income countries.

Furthermore, increasing excise taxes on tobacco is considered to be the most cost-effective tobacco control measure. The World Health Report 2010 indicated that a 50% increase in tobacco excise taxes would generate a little more than US\$ 1.4 billion in additional funds in 22 low-income countries. If allocated to health, government health spending in these countries could increase by up to 50%.



Goals

The ultimate goal of World No Tobacco Day is to contribute to protecting present and future generations not only from the devastating health consequences due to tobacco, but also from the social, environmental and economic scourges of tobacco use and exposure to tobacco smoke.

Specific goals of the 2014 campaign are that:

- governments increase taxes on tobacco to levels that reduce tobacco consumption;
- individuals and civil society organizations encourage their governments to increase taxes on tobacco to levels that reduce consumption.

Every year, on 31 May, WHO and partners everywhere mark World No Tobacco Day, highlighting the health risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption. Tobacco use is the single most preventable cause of death globally and is currently responsible for 10% of adult deaths worldwide.

30 April 2014 -- Every year, on 31 May, WHO and partners mark World No Tobacco Day, highlighting the health risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption. Tobacco kills nearly 6 million people each year, of which more than 600 000 are non-smokers dying from breathing second-hand smoke. For World No Tobacco Day 2014, we are calling on countries to raise taxes on tobacco.

- Read more about the 2014 campaign
- World No Tobacco Day poster

Tobacco control economics Background





Tobacco use is the leading preventable cause of death. Each year, it kills more than 5 million people. It is on track to kill more than 8 million by 2030, by which time approximately 80% of the deaths would occur in low- and middle-income countries.

The costs of tobacco use are measured in its enormous toll of disease, suffering and family distress. Economies also suffer from increased health-care costs and decreased productivity.

Today, we have a greater understanding of how to reduce the economic and health costs of this deadly epidemic. Such demand reduction policies as higher taxes and comprehensive bans on tobacco marketing and smoking in public places are among the principal cost-effective means to reduce tobacco use and its consequent harms to health and economic development.

"Health, and not economic arguments, are the reason for controlling tobacco, but economic arguments are raised as an obstacle to tobacco control policies," said former WHO Director-General Dr Gro Harlem Brundtland. Indeed, governments have raised concerns that tobacco control measures would have negative economic consequences, specifically by way of: (i) lower tax revenues via reduced demand and increased illicit activities; (ii) decreasing employment in the manufacturing, farming and retail sectors; and (iii) impoverishing smokers with higher prices. Existing evidence from developed countries and emerging data from developing countries show that the economic fears deterring policymakers from taking action are largely unfounded (World Bank, 1999). Despite those fears, approximately 170 countries have shown strong commitment to tobacco control by becoming Parties to the WHO Framework Convention for Tobacco Control and implementing its provisions.

Taxes, revenues and illicit trade

Challenges in implementing effective tobacco control measures still exist and need to be addressed immediately. For example, while tobacco taxes are known to be the most cost-effective tobacco control measure, countries encounter several challenges when a tax increase is at stake. Many countries have a complicated tax structure or a weak tax administration. Consequently, most are unable to monitor and analyze the market in order to increase their taxes, ensure compliance and achieve the main objectives of tax increases:



sustainable higher revenues and higher tobacco prices (WHO technical manual on tobacco tax administration, 2010). Furthermore, it is difficult to document the level of illicit trade and production, especially without having monitored the market and conducting appropriate analyses. As a result, without analytical evidence, the arguments for tax-induced illicit trade are often used against tax increase proposals. Increasing taxes should not be concentrated only on cigarettes, the most commonly used tobacco product. All forms of tobacco should be taxed. New tobacco products are evolving in different shapes and types, as well as tobacco products that have existed for many years in some countries (e.g. India), thus bringing further challenges to tax administrations (WHO technical manual on tobacco tax administration, 2010).

Although tobacco and tobacco products generate tax revenues from domestic consumption and trade, the revenues from import duties have been falling globally due to trade liberalization and increasing regional and bilateral trade agreements. Consequently, the importance of excise taxes on tobacco products becomes greater from a revenue perspective as well as that of public health.

Tobacco control and employment in agriculture and manufacturing sector



WHO/Clements

There are many families engaged in tobacco leaf production, and tobacco manufacturers have historically been large employers in the economy. However, as the manufacturers are adopting state-of-the-art technology, the demand for labour in manufacturing has been diminishing. Farmers, on the



other hand, face more challenges due to increasing costs of production and declining global prices for tobacco. Indeed, as there are new countries entering into the global supply market, and as yields have improved with new production techniques, global prices for tobacco leaves have been decreasing, encouraging countries to support farmers in diversifying or looking for alternative crops.

Taxes and the poor



One of the concerns that governments raise is the regressive nature of taxes on poor smokers. As the tax increases, the share of tobacco expenditure on household income also increases, creating an extra burden on a family budget, and especially on poorer smokers. This argument holds for all goods and services. For tobacco products that are harmful to health, the regressivity counter-argument can be made by looking at the benefits and costs of a tax increase beyond the impact on family income. Evidence suggests that the poor are more sensitive to price increases, so as a result it is expected that as the tax increases, the majority of them will more likely reduce or quit smoking. In respect to poor smokers, their families and the society at large, the benefits of quitting are enormous because there will be lower health costs and more resources for other essential goods such as food and education. Moreover, governments could allocate the extra revenues generated by higher tobacco taxes to social programmes that benefit the poor such as affordable and accessible health services, health insurance and smoking cessation programmes (WHO technical manual on tobacco tax administration, 2010).

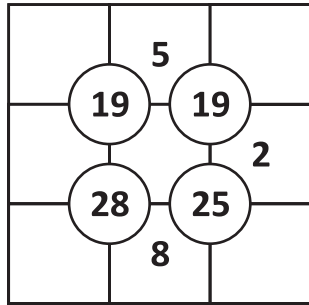
In order to address the economic arguments used against tobacco control, it is necessary to strengthen the evidence and the technical and analytical skills of government officials, academia and civil society. This will help move forward the tobacco control agenda and improve both the economy and public health.



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 words generally seen in any mobile phone.

Key	Words
4 Letters	1
5 Letters	4
6 Letters	1
9 Letters	1

AL	OT	TI	OCK	ONE
ST	ED	TCH	OS	
PH	MER	IT	WA	
CL	OP	ARM	PH	

Sudoku

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

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	3	9+		2
5+		1	4	9+
6+	9+	5	3+	
		5+		
6+			3	4

1 write down 1 to 5 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 a math 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 math operation—to form that cage's target number.

FOR EXAMPLE

3+	1	2	
6x	1	2	3

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.

Answer Page No. 32



BLOOD DONATION

BLOOD Facts

Blood makes up about 7% of your body's weight.

Blood fights against infection and helps heal wounds, keeping you healthy.

A newborn baby has about one cup of blood in his or her body.

White blood cells are the body's primary defense against infection.

Granulocytes, a type of white blood cell, roll along blood vessel walls to search and destroy bacteria.

Red blood cells carry oxygen to the body's organs and tissue.

There are about one billion red blood cells in two to three drops of blood.

Red blood cells live about 120 days in the circulatory system.

Platelets help blood to clot and give those with leukemia and other cancers a chance to live.

Apheresis is a special kind of blood donation that allows a donor to give specific blood components, such as platelets.

If all blood donors give 2 to 4 times a year, it would help prevent all blood shortages.

The fear of Blood is called Hemophobia or Hematophobia. Common symptoms of this fear are nausea, fear of dying, sweating, dry mouth, etc. It only takes a realization to overcome it.

If you donate Blood you gain 278ml but if you do not donate you lose 128 ml.

Tips on Blood Donating

Please have a good meal at least 3 hours before donating blood.

Please accept the snacks offered to you after the donation, it is vital you have them. You are recommended to have a good meal later.

Please avoid smoking on the day before donating. You can smoke 3 hours after donation.

You will not be eligible to donate blood if you have consumed alcohol 48 hours before donation.

Misconception about Donating Blood

You won't feel drained or tired if you continue to drink fluids and have a good meal.

You can resume your normal activities after donating blood, though you are asked



to refrain from exercise or heavy weight lifting for twelve hours after donation.

Donating blood will not leave you low of blood; in fact you will still have surplus blood after the donation.

If you choose to consume alcohol, you can on the next day.

While donating blood you will not feel any pain.

You will not faint or feel uncomfortable after donating blood. This is a common misconception.

You will not get AIDS if you donate blood.

Patients are just like donors - most of them have common blood types. Because your blood type is common, the demand for that type is greater than for rare types. So, even if your blood type is common there is still a requirement.

Blood donors donate blood and do not sell it.

BLOOD & BLOOD COMPONENTS

DOES YOUR PATIENT REALLY NEED FRESH WHOLE BLOOD ?

YES, IT'S TRUE! We frequently ask for fresh whole blood. But it is not the right choice. First most important is that blood is very precious & second is a scarce resource, so it must not be used if there is an adequate substitute available, like packed red cells, platelets, Fresh frozen plasma etc.

Following information may be helpful while giving order of blood:-

- The safety of the recipient of blood or its component makes it necessary to ensure that the donated blood is free from the hazard of transmitting diseases like AIDS, HEPATITIS B & C, and SYPHILLIS (VDRL) OR MALARIA. These tests are time consuming. So it is rarely possible for a unit of blood to reach a patient's bedside in less than six hours after collection. (Usually, we take 24 to 48 hours to comply these).
- The intervening period of more than six hours between collection and transfusion is sufficient for disappearance of all "liable" coagulation factors (Factors V, VII and VIII).
- Since blood is refrigerated at 2 to 6 °C (in case of component separation we first separate the component and then the blood stored to this temperature and components at their respective temp i.e. plasma at -40°C and platelet at 22°C) during this time gap, blood platelets become "non-viable" and are useless for recipient.



- All viable coagulation factors are available separately in “Fresh Frozen Plasma” (FFP). This product can be given (in a “group-specific” manner) to your patient if these are what you think your patient is need.
- Viable platelets are available as “Single Donor platelets (SDP)”, or platelets concentrate (Random Donor platelets) (PLC). These can be given after cross matching. (some clinician give ABO grouping-specific platelets without cross matching, while others give platelets of any ABO blood group to any recipient.)
- Infusing “Whole Blood” to correct anaemia expose the patient to the dangers of (a) allergic/ anaphylactic reactions to unwanted proteins; and (b) overloading the circulation.

HOW TO ORGANIZE BLOOD DONATION CAMP ?

Aim : To do good work in society and help the needy on behalf of Doctors Day 2014.

Purpose : Shortage of Blood in all Blood banks and lack of motivation in society about Blood donation.

Procedure : **1) Contacts Blood Bank** for fixing date (1st July, Doctor Day – for convenience nearing Sunday i.e. 26th June or 4th July ± 1 week) and venue.

Fixing of Blood Bank if your Organisor has any in mind they should inform us about blood bank and if required we will arrange for you any nearest govt. blood bank according to availability.

2) Organising Group : With IMA Members you should contact in general AMC members and also other groups like Rotary Club, Lions Club, Youth Club, Local Doctors Association, Railway Union, Medical Stores, Chemist Association, Non-political social organization, Religious, corporate groups and other NGOs as a supportive group to bring donors, sponsors and volunteers to work during the camp.

3) Fixing Venue : Fixing Common public place for Blood Donation Camps like Hall, Railway Station, Hospital, School/College etc. (Having area of approx. 1500 sq. ft.)

4) Eligible Donors : Age 18-60 years, weight – more than 45 kg, male or female.

- a) History taking of the Pateints is very important.
- b) Pregnant lady not permitted.



- c) Hb level not less then 11.5 gms
- d) Heart diseases patients & certain medical conditions like T.B>, Cancer, Thallasemia, HIV etc.

5) Motivation :

- a) By sending SMS. Doing personnel phone calls to the eligible donors.
- b) Print Banner (approx 5–10 nos.) & Hand Bills (1000-5000 nos.) for promotion having footings of those who sponsor.

6) Preparation in the Venue : During day of camp preparation in the Venue should be completed atleast in one hour in advance (approx. 8.00 am.) by keeping the following things ready.

- Clean flooring, (carpet sos if required)
- Arrange 6 to 10 cots. (inquire if Blood Bank brings the cot, otherwise arrange yourself)
- 4-6 Tables (for registration, Hb estimation, Blood Collection etc.)
- 30 - 40 chairs (variable for the Blood Bank people, donors, etc.)
- 4-5 fans (having nice air flow)
- Ensure Electricity is there or might have to arrange generator.
- Arrangement of Tea, coffee, biscuits for donors, organisor, volunteers
- Break fast for the team of Blood bank (10-15) and volunteers, doctors (e.g. Poha, Vada-Pav, Samosa etc.)
- For details, see the worklist, contact convener, coordinator

7) Promotion of Donor : Promotion of Donor by giving some incentive like Batch, Certificate, Trophy, motivational Gift like Tree plant, flower, book, etc.

8) Food : Lunch for Blood bank team after completion of camp. However some snacks in between.

Slogans on Blood donation

With appropriate visuals, posters and stickers may be prepared with these slogans. In hoardings and TV spots these slogans may also be used:

1. A bottle of blood saved my life. Was it yours?
2. My son is back home because you donated blood.



3. Ma is coming back home because you gave blood.
4. Blood donation is a friendly gesture.
5. Blood owners should be blood donors.
6. Blood is meant for circulation. Donate Blood.
7. Blood Donors bring Sunshine.
8. Keep blood bank shelves full. You may need blood someday.
9. Someone is needing blood somewhere.
10. Life of some patients is resting on a fraction of hope in quest of your gift of love.
11. A life in the surgeon's hand may be yours. Donate blood for tomorrow.
12. Observe your birthday by donating blood.
13. Wouldn't you have given blood if this child was yours?
14. Donate blood - Gift life.
15. Give mankind the greatest gift. Donate blood when Blood Bank comes to your place.
16. A few drops of your blood can help a life to bloom.
17. At 18 you grow up.
At 18 you drive.
At 18 you give blood to keep someone alive.
18. Give the gift that keeps on living. Donate blood.
19. We need you to save life.
20. You don't have to have a medical degree to save a life. Just a fair degree of humanity.
21. Give Blood. Save Life.
22. Blessed are the young who can donate blood.
23. Blood donation will cost you nothing but it will save a life !
24. Patients need your gift of love to fight against mortal sickness.
25. Your donation of blood today may be an investment for your future.
26. Share blood - Share life.
27. It is a joy to give blood.
28. Tears of a mother cannot save her Child. But your blood can.
29. Be a blood donor and save a life.
30. Donation of blood means a few minutes to you but a lifetime for somebody else.
31. People can get along without teeth or hair but not without blood.



32. Donation of blood is harmless and safe.
33. Safe blood starts with me.
34. You can donate blood 168 times between the age of 18 - 60 years.
35. Your refusal to donate blood may cost a life of your near and dear one.
36. A life is waiting for a bag of blood from you.
37. Remember, today you can give your blood. Tomorrow your near and dear one may need it.
38. Every tomorrow needs a blood donor today.
39. Many things in this world can wait but transfusion of blood to a dying patient cannot.
40. Calling blood donors to save life. Can you hear?
41. Give a gift of love. Your own blood.
42. Vote for life with your Blood.
43. Be a Life Guard. Give Blood to save life.
44. Have you donated Blood? If not — do it Now.
45. Give the gift of Blood, the gift of life.
46. For every 1000 who can donate blood only four do! What about you! Give Blood and gift a life.
47. Blood is meant to circulate. Pass it around.
48. Five minutes of your time + 350 ml. of your blood = One life saved.
49. The finest gesture one can make is to save life by donating blood.
50. Blood donors bring a ray of hope.
51. Blood for human comes from human beings only.
52. Blood Bank cannot get blood from stone.
53. Blood Donation would not hurt you, but it would save a life.
54. Thank you. Blood Donor. Be a regular Blood Donor.
55. Blood has no substitute as yet.
56. Anybody having a heart to respond can donate blood to save life.
57. Blood donation - a Gift of Love.
58. Do not shed blood. Donate Blood.
59. You can be a life saver without knowing swimming.
60. Have a heart. Give Blood.
61. Donate blood so that others may live.
62. Donation of blood makes a difference between life and death.



63. It is time to roll up your sleeve to offer your gift of love.
64. Share a little, care a little - Donate Blood.
65. You too can have the joy of saving a man's life by donating blood.
66. Do you have a blood donor friend to stand by you in time of your need?
67. You too can take up the job of saving a life by just donating your blood.
68. Do you make friendship with blood donors?
69. Let us be blood brothers.
70. Let blood bind us together in friendship for ever.
71. The colour of human blood is red all over the world. Anywhere you can donate your blood.
72. Donating blood is a social responsibility
73. The blood is red gold in time of saving a life.
74. Blessed are the young who can give back life with their blood— Donate blood, save a life.
75. To the young and healthy it's no loss. To sick it's hope of life. Donate blood to give back life.
76. Donate blood to save the dying.
77. Care, share and live by donating blood.
78. Among flowers — the Rose. Among Human beings — the blood donor.
79. Life is precious. Save a life by donating a little bit of your blood.
80. Blood donation is safe. It will cost you nothing but a few moments of your time.
81. Heart beat goes on - when you give blood.
82. Blood is for the people by the blood donors.
83. Help them. Help others, make your blood donation.
84. You cannot manufacture blood in factory. It has to be donated by human being.
85. Safe blood starts with voluntary blood donors.
86. Light up a lamp of life by donating blood.
87. Share the joy of life, give the life of a child by donating blood.
88. I am proud, there is blood donor in my family.
89. The blood donor of today may be recipient of tomorrow.
90. Voluntary blood donors are the key to safe blood.
91. Many people pray for mountains to be moved when all they need is to climb. Donate blood for your near and dear one.
92. Excuses never save a life. Blood donation does.



93. Smile and give, some one will smile and live.
94. Someone lives when someone gives. There is no substitute of human blood.
95. The finest gesture one can make is to save life by donating blood.
96. Drive carefully — otherwise you might need me — I am a blood donor.
97. Share the happiness of glory. There is a feeling of joy when you give the gift of blood.

हर क्षण, जिवन बचाने के लिये किसी न किसी को रक्त की जरूरत पडती है।
वे जिवन किसी का भी हो सकता है। जैसे...

- कोई बडी और लंबी बिमारी से पिडीत बालक
- गर्भवती स्त्री
- दुर्घटना से पिडीत व्यक्ती (रोड या कंपनी)
- हृदय विकार पिडीत पिता
- रक्ताक्षय से झुंझती बालिका
- मलेरीया या डेंग्यु से पीडीत बच्चा

रक्तदान किजीये
ईनसानियत बरकरार रखीये।

रक्तदान : राष्ट्र के नाम

हम **ब्ली**
भारत में

96 से 60 उमर के
45 किलो से ज्यादा वजन
की कोई भी व्यक्ती
रक्तदान कर सकती है।