



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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

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STATE PRESIDENT'S MESSAGE



Dear Friends,

When this IMA GSB Bulletin reaches to you Diwali Festival Celebration must have started. On behalf of Gujarat State Branch IMA, I sincerely greet you and your family **A Very Happy Diwali and Happy New Year.** May this new year bring prosperity to your life.

Diwali also known as Deepavali, the Festival of Lights. This Festival spiritually signifies the victory of light over

darkness, knowledge over ignorance, good over evil and hope over despair.

I want to start my message with Sanskrit Shlok :

न त्वहं कामये राज्यं, न स्वर्गम् नापुनर्भवम् ।
कामये दुःखतप्तानाम्, प्राणीनामार्तिनाशनम् ॥

First of all, I sincerely congratulate **Dr. Atul Pandya and his team and also to Organizing Chairman Dr. Bharat Kakadia, Organizing Secretary Dr. Chetan Lalseta and President Dr. Dilip Patel, IMA Rajkot Branch** for organizing such an **Excellent and Memorable GIMACON 2016** with very good feast of Academic Scientific Sessions and Medico- Social Seminars.

I am immensely honoured and humbled as our IMA family has unanimously elected me as President of IMA Gujarat State Branch for the year 2016-2017. I must acknowledge with thanks for this honour conferred upon me. I am thankful to Ahmedabad Medical Association for nominating my candidature. I shall do my best to be worthy to your aspirations. It is my duty to pay respect to the luminaries and academicians who have been striving to strengthen our Indian Medical Association. I am aware that it brings lots of responsibilities on me as I need to fulfil expectations of our members.

It is our proud privilege that, **Our Own Member of Gujarat State Branch IMA and Past President of IMA (HQ) and MCI Respected Dr. Ketanbhai Desai** is recently installed as a **President of World Medical Association. It is a great Honour for Indian Medical Association.** It is a big achievement as an Indian and we should be proud for his abilities.



As we all are well aware of the fact that Gujarat State Branch IMA has contributed tremendously at National and International level. Gujarat State Branch IMA has shown phenomenal progress during last 10 Years and it is one of the most vibrant association at national level. **This has been achieved because of dedicated efforts of Our Past National President Dr. Ketanbhai Desai and Dr. Jitubhai Patel.**

I am also very lucky to get the constant guidance and inspirations from our Past Presidents of Gujarat State Branch IMA **Dr. Mahendrabhai Desai, Dr. Kirtibhai Patel, Dr. Anil Nayak, Dr. Bharatbhai Trivedi, Dr. Bipinbhai Patel, Dr. Shailendra Vora – National Vice President IMA HQ, Past Hon. State Secretary Dr. Jitendra N. Patel** and ofcourse from **Dr. Atul Pandya of Rajkot** for his untiring efforts and from all the **Past Presidents of Gujarat State Branch, IMA.**

Now, let me come directly to the points which I feel that is a need of the day and IMA should work on it and I would like to initiate few things during my presidential tenure.

1. Membership Drive :

I urge each and every member to motivate the doctors who are still not a member of IMA. My first and foremost task is **To reach as many as IMA Members.** To increase the IMA membership and recognition of IMA member in the society for that we have to put tremendous efforts. All our Different Schemes at National and State Level are doing very well but our aim is get All the eligible members should join these schemes and make them more versatile. We are also starting Hospital Protection Scheme and Family Welfare Scheme Gujarat State Branch IMA.

2. Affordable Health Care :

IMA believes in building partnership in Healthcare and promise to provide affordable, accessible and quality healthcare with sincerity, integrity and honesty.

3. Aao Gaon Chalen Project :

As you all know this project was started by **Our Visionary Leader Dr. Ketanbhai Desai.** This project is completing 12 years and we want to make it more strengthen and a well structured and uniform. I urge all the branches of Gujarat to adopt a village and implement this project by starting free medical camps.



Now I want to say something more,

Doctors fear losing their Autonomy. They fear that crucial health care decisions will be dictated by the government, or administrators, or health insurance companies. They fear that someone else will tell them how to practice medicine... someone who never sits next to a patient and give treatment.

I want to highlight today's the most burning problem of Medical Fraternity as below

Niti Aayog has recently put the proposed National Medical Commission Bill - 2016 on the public domain and had invited observations and comments from the stake holders. Over 9000 stake holders sent their comments and observations on the said Bill.

In a stake holder's meeting, IMA has come out with the following points and IMA feels that if the said bill is passed by the government in the forthcoming winter session, it will not be in the interest of the society.

1. There is nothing new in the proposed bill, instead the Niti Aayog should have asked for suggestions to amend the existing IMC act 1956 and its subsequent amendments.
2. In the present bill the representative character, which is a must for any regulatory body, a fine balance between the elected and nominated members, has been completely given go by. In fact in the proposed bill, there is total exclusion of elected members. It will have 100% nominated members.
3. The present MCI under the IMC act has representations from all State Medical Councils, health science universities and registered medical practitioners. The same will be lost with the new bill.

To oppose this NMC Bill we will observe and will have a Satyagraha on coming 16th November, as per the guidelines of IMA (HQ).

Gujarat State Branch Indian Medical Association is having more than 25600 members and 115 branches. To put it simply, that the **IMA has collective voice – the Voice of IMA** – had the power to make a difference. This platform is powerful. It was powerful since many years and today also it is very powerful.

We want to strengthen the **YOUNG DOCTOR'S WING**. This will help us to motivate the young doctors to join IMA.

It is our duty to continue the **WELCOME "GIRL CHILD"** drive started by our beloved **Past National President Dr. Jitubhai Patel**.



So Friends,

"Settings the Goals is the first step in turning the Invisible into the Visible."

Our team has set the Goals. At the end of the year our collective efforts will give visible results.

We Doctors of Gujarat are always keen to serve IMA and the Society, be it CME, conferences, workshops, medical camps, awareness programmes, rallies, serving society in any odd situation or any type of natural calamities. In short IMA has its enormous contribution to society in one way or other. Much more to be done in this direction is to shorten the gap between patient and doctors and I sincerely wish that we will do such social services as a team work.

I wish doctors are given the appropriate honour in the society and Doctor-Patient relationship is getting strengthened in view of social services rendered by doctor fraternity. For this we, the doctors will have to keep the hunger for medical knowledge, updating our skills and pass on the medical knowledge to the society for prevention of disease and better health.

I humbly appeal to my senior colleagues to keep on guiding me and my team. Their suggestions will be very useful to us.

Once again, with sense of great affection and solidarity, I along with **Immediate Past President Dr. Atul Pandya, Six Vice Presidents, Hon. State Secretary Dr. Kamlesh Saini, and all the Office Bearers of GSB IMA** will try to deliver the best of our ability to you and society at large. We must appreciate the services rendered by our **Past Hon. State Secretary Dr. Jitendra N. Patel**.

I would like to end my speech by saying,

"Success is not a destination, it is a Journey".

To gather We will achieve.

Have a wonderful stay at Rajkot and have a pleasant evening ahead.

I want to say that

We are Proud to be an Indian Doctor.

सर्वे भवन्तु सुखिनः । सर्वे सन्तु निरामया ॥

Jai IMA. Jai Hind.

Dr. Yogendra S. Modi
(President, G.S.B., I.M.A.)



HON. STATE SECRETARY'S MESSAGE



Dear Members,

First of all my warm wishes to all of you for the festivals of Diwali & coming New Year.

I am thankful to all of you, all State Council Members, all seniors & my mentors at IMA GSB for electing me as Hon. Secretary of this prestigious Association and putting trust on me. Now its my responsibility to prove myself up to gold standard

which is set by our previous respected State Hon. Secretaries.

On behalf of all members, I would like to congratulate our visionary beloved leader Dr. Ketanbhai Desai who is going to be installed as a First Indian President of World Medical Association (WMA) at Taiwan on 21st October, 2016. He is a person with strong will power & dedication. We are sure that under his able leadership & valuable guidance, Our medical fraternity will achieve new hight of success.

I would like to congratulate immediate past President Dr. Atul D. Pandya for successfully completing his tenure. I also congratulate IMA Rajkot Branch for excellent organization of GIMACON-2016. My best wishes to newly elected President Dr. Yogendra S. Modi for his upcoming tenure. We are lucky that we have dynamic, enthusiastic, committed, visionary & very efficient person as our state President.

I request all the leader of IMA & members to participate in Satyagrah and to organize various activity to Protest & Stop the NMC Bill on 16th November. This is a right time to show our unity & strength in favour of saving the value of medical ethics.

I also request all members to spare atleast half an hour for monthly bulletin. You will come to know, about our activity as well as through different advertisement, you may come to know many newer things coming to world.

At the end, we need your constant support, guidance & feedback for successful administration of our beloved association.

Jai Hind , Jai IMA

Dr. Kamlesh B. Saini

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



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

- 25-09-2016 Dr. Jitendra N. Patel, Hon. State Secretary IMA GSB attended Installation Ceremony of Mehsana Branch.
- 02-10-2016 Dr. Atul D. Pandya, President IMA GSB and Dr. Jitendra N. Patel, Hon. State Secretary IMA GSB attended Leadership Meeting regarding the Proposed NMC Bill 2016 at New Delhi.
- 02-10-2016 Dr. Jitendra N. Patel, Hon. State Secretary IMA GSB attended Installation Ceremony of Navsari Branch.
- 20-10-2016 Dr. Jitendra N. Patel attended the meeting for Future Health of Gujarat Government at Gandhinagar under Chairmanship of Hon'ble Chief Minister Shri Vijay Rupani.

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CONGRATULATIONS

- ❖ **Dr. Bipin M. Patel;** **Ahmedabad**
Being elected as President of Indian Society of Anesthesiology, West Zone for the year 2016-2017.
- ❖ **Dr. Tarlika P. Doctor,** **Gandhinagar**
Being elected as Secretary of Indian Society of Anesthesiology, West Zone for the year 2016-2017.
- ❖ **Dr. Bhavna Raval,** **Ahmedabad**
Being elected as Treasurer of Indian Society of Anesthesiology, West Zone for the year 2016-2017.



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Sub.: Organisation of Educative Zonal Seminar by

Local Branch and Financial Assistance by P.P.S. GSB-IMA.

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

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

The subject of such Educational Programme shall be in relation to

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

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

Dr. Bipin M. Patel
Managing Director



NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
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LM/25579	Dr. Khatri Hardik Dilipkumar	Bhavnagar
LM/25580	Dr. Darji Apurva Pradipkumar	Bhavnagar
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OBITUARY

We send our sympathy & condolence to the bereaved family



Dr. Vyas Bhupendra D.

(14/11/1939 - 06/08/2016)

Age : 77 Years

Qualification : M.B.B.S.

Name of Branch : Surat

* * * * *



Dr. Ghevaria Devraj L.

(25/12/1941 - 21/08/2016)

Age : 75 Years

Qualification : M.S. Surgeon

Name of Branch : Surat

* * * * *



Dr. Santvani Manhar A.

(25/04/1957 - 05/10/2016)

Age : 59 Years

Qualification : M.B.B.S. M.D

Name of Branch : Jamnagar

- Past Vice President : I.M.A. G.S.B. (West Zone)
- Past Hon. Zonal Jt. Secretary : I.M.A.G.S.B. (West Zone)

* * * * *

Dr. Mansuri Mohammed Iqbal 18-07-2016 Ahmedabad

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



BRANCH ACTIVITY

AMRELI

- 17-09-2016 "Current scenario of oncosurgery" by Dr. Jignesh Meva.
 "Cancer – Hopeless End of Endless Hope" by Dr. Pranav Bhatt.
 "Management of Leukemia" by Dr. Amit Jetani.

DAMAN

- 05-08-2016 Regarding Cardiac workshop organised by Damam Medical association.
- 13-08-2016 Regarding Tuberculosis.
- 16-09-2016 Regarding Ophthalmology for General Practice., Industrial Eye Injury.
- 25-09-2016 Mega health Camp organised by Medical Association Damam branch
- 25-09-2016 Mega Health Camp Organized by Indian Medical Association Damam Branch.

GANDHIDHAM

- 16-09-2016 "Spine Surgery Updates" by Dr. Amish Sanghavi. Approximate 30 members were present.

GANDHINAGAR

- 11-06-2016 "Uro-Oncology Update" by Dr. Rupesh Shah.
 "Nephrology Update" by Dr. Manthan Kansara.
- 25-06-2016 CME on New Emerging Diseases (CCHF, Chandipuram, Dengue and Swine Flu Update").
- 28 & 29-07-16 Scientific Research and Presentation by Dr. Jayesh Solanki at 3rd International Conference of public Health at Colombo, Srilanka.
- 30-07-2016 "Stone management" by Dr. Janak Desai.
 "Management of Prostate Cancer" by Dr. Kaustabh Patel.



- 24-09-2016 "Reumatology Basics" by Dr. Vishnu Sharma.
Regular twice weekly Cricket by IMA Gandhinagar Team as a part of NCD Prevention and Health Promotion of NCD.

JAMNAGAR

- 02-08-2016 IMA Jamnagar organized a lecture on income tax disclosure under guidance of IT Commissioner.
- 03-08-2016 Health Checkup Support. IMA Jamnagar joined the government initiative of providing health check up camps to CHCs of Jamnagar. The Paediatricians, Gynaecologist and Physicians were invited and they rendered their services. The vehicle, Medicines and other supports were provided by the government.
- 04-08-2016 Beti Bachao Beti Padhao Rally. IMA Jamnagar organized a car and scooter rally commencing from MPSMC and going upto DDO office, Jilla Panchayat, Jamnagar. The rally witnessed enthusiastic participation of all doctors of IMA esp Gynecologists and Paediatricians.
- 28-08-2016 IMA Jamnagar organized a cultural celebration which comprised of various competitions like painting, healthy cooking, best out of waste, handicraft, embroidery etc.
- 18-09-2016 IMA Jamnagar organized a Felicitation day in which all the kids of IMA Family were given certificate & gift for their academic excellence. The mega project of Gold Medal Distribution was conducted in which of Shri M.P. Shah Govt. Medical College, Jamnagar (toppers of UG & PG in individual subjects and overall toppers) were felicitated with gold medal.

JETPUR

- 20-07-2016 "Coronary Artery Disease in Indians" by Dr. Dinesh Raj.
- 28-09-2016 "Unexplored Facts in Sexology" by Dr. G.B. Banugaria.
- 06-10-2016 "Empagliflozin, Tackling CV and Renal risk in Type-2 Diabetes" by Dr. Pratap Jethawani.



MEHSANA

- 20-09-2016 IMA Mehsana Branch- Executive board members for Year 2015-2016 had last executive meeting with Incoming President & Incoming Secretary for discussion of IMA Annual Function with Installation Ceremony for 2016- 2017 & followed by Dinner by Hon. Secretary at Navjivan Hotel, Mehsana.
- 25-09-2016 IMA Mehsana Branch Organized Annual Function with family members with Very Interesting Speech with Topic- "Lagna Pachhi Prem Chalyo Jaay Chhe?" by Dr. Mrugesh Vaishnav at Dudhsagar Dairy Hall, Mehsana.
- IMA Mehsana Branch felicitated for great achievement in various fields-academic, sports, adventure, politics & special achievement to the Various IMA Members & Family Members (Spouse & Children) for Year 2015- 2016 for making IMA Mehsana feeling proud on IMA Mehsana Annual Function at Dudhsagar Dairy Hall, Mehsana.
- IMA Mehsana Branch organized Annual Function with Family members for Installation Ceremony for Newly Selected team for the year 2016-2017 under the leadership of incoming President & Incoming Secretary.
- 28-09-2016 "ICU Safe for my Patients?" by Dr. Raj Rawal.
- 12-10-2016 "Oral Hygiene" by Dr. Mittal A. Patel.
- "I Believe, what I see, Neurology case review" by Dr. Pranav Joshi.
- 15-10-2016 IMA Mehsana Branch organized Sharadostav Garba of Highness Hotel, Mehsana.

MORBI

- 04-09-2016 Free Diagnostic Camp and drug distribution camp at Nani Vavdi. Approx 200 people got benefit.
- 01-09-16 to 07-09-16 National Nutrition week with distribution of SUKHADI to malnourished patients in pediatric opds.



- 11-09-2016 Infertility camp at Krishna Multispeciality Hospital. Approx 40 couple got benefit.
- 25-09-2016 Installation Programme: Installation Programme for new IMA office bearers team selection was held at Navyug Sankul Auditorium on 25-09-2016. Programme was followed by dinner.

NAVSARI

- 25-09-2016 "Gastroenterology" by Dr. Praful R. Desai. Total 60 Doctors have attended the CME.

RAJKOT

- 15-07-2016 "Income Declaration Scheme 2016" Jointly organized by Income Tax Department, Rajkot and Indian Medical Association Rajkot.
- 18-09-2016 Indian Medical Association Rajkot and Wockhardt Hospitals, Rajkot jointly organized unique CME on "STROKE UPDATE 2016". We were fortunate enough to have Stalwart Speakers updating us on STROKE.

SAVARKUNDLA

- 04-09-2016 "Cardiogenic Shock" by Dr. Siddharth Mukharji.
- 28-09-2016 "Liver function Test in Pediatric" by Dr. Kaushik Barot.

THANGADH

- 25-09-2016 IMA Thangadh Chotila branch arranged camp at Chorvira village. About 430 patients were examined and treated by Honorary consultants.

VADODARA

- 11-09-2016 "Clinical Pearls in Hypertension" by Dr. V.C. Chauhan.
- "CAD detection" by Dr. Niraj Bhalani.

**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/18113	Dr. Gupta Himanshu C.	Ahmedabad
LM/03996	Dr. Jani Bhalchandra S.	Ahmedabad
LM/24359	Dr. Dodia Hardik Mansukhlal	Amreli
LM/21520	Dr. Padhiar Paras Umeshbhai	Anjar-Kutch
LM/00387	Dr. Kaneria T.B.	Bhanvad-Jamjodh
LM/11953	Dr. Upadhyaya Sanjay Madhubhai	Bhujkutch
LM/11954	Dr. Dave Jigna Sanjaybhai	Bhujkutch
LM/03421	Dr. Himani Umed Ibrahim	Botad
LM/17775	Dr. Naik Archana Sadeepbhai	Dadra-Nagar
LM/08583	Dr. Sharma Pradeep Govindlal	Deesa
LM/23272	Dr. Bhimani Rajesh Girdharbhai	Dhanera
LM/00305	Dr. Makda K.I.	Dhoraji
LM/23474	Dr. Nayak Mithilesh Kiritkumar	Gandhinagar
LM/02881	Dr. Patel Vipinbhai V.	Godhra
LM/18619	Dr. Virani Bhavesh Kanjibhai	Jasdan
LM/25424	Dr. Panchal Shailesh Muljibhai	Lunwada
LM/21207	Dr. Prajapati Kaushik Dahyalal	Mehsana
LM/07264	Dr. Patel Manhar M.	Miyagam-Karjan
LM/07260	Dr. Shah Shailendra N.	Miyagam-Karjan
LM/07261	Dr. Shah A.S.	Miyagam-Karjan
LM/24981	Dr. Patel Chirag Rasiklal	Modasa
LM/21659	Dr. Trivedi Chinmay Hareshbhai	Morbi
LM/25315	Dr. Vaghela Amit Shambhubhai	Palanpur
LM/14221	Dr. Bhadesia Hares Shantilal	Rajkot
LM/19380	Dr. Chaklashiya Pankaj H.	Surat
LM/01349	Dr. Patel Jivanbhai C.	Surat
LM/12917	Dr. Srivastav Vipul S.	Surat
LM/03079	Dr. Dandekar Ashwin A.	Vadodara
LM/20723	Dr. Kapadia Bhautik Kantilal	Vadodara
LM/20724	Dr. Doshi Sejalben Manankumar	Vadodara
LM/05639	Dr. Patel Arvind B.	Vadodara



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. : 2658 89 29 E-mail : ppsgsbima1@yahoo.in

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

Sub. : ANNUAL REPORT : 2015 -2016

The office has received back the Annual Report of the following members with postal remarks as 'left' or 'Not Known'. The concerned members are requested to notify immediately change of their addresses.

Sr. No.	P.P.S. No.	NAME	BRANCH / CITY
1	2027	Dr. Purohit Kalpanaben Bharatkumar	Ahmedabad
2	13724	Dr. Kamani Hardika Saurabh	Ahmedabad
3	1749	Dr. Memon Hidayatullah Alimohammad	Ahmedabad
4	1774	Dr. Pandya Rajendra Vasantlal	Ahmedabad
5	8520	Dr. Patavat Mohmed Fattu	Ahmedabad
6	11892	Dr. Patel Maulesh Shankarbhai	Ahmedabad
7	7980	Dr. Shah Atulkumar Jethalal	Ahmedabad
8	9134	Dr. Shah Shaila Atulkumar	Ahmedabad
9	13499	Dr. Singh Gursimrat Paul Gulpalsingh	Ahmedabad
10	13500	Dr. Singh Shwetamberi Gursimrat Paul	Ahmedabad
11	10684	Dr. Tilva Vipulkumar Naranbhai	Ahmedabad
12	10810	Dr. Brahmhatt Ashish Dinkarrav	Anand
13	4177	Dr. Vaid Pradip Pravinchndra	Anand
14	5797	Dr. Khojani Riaz Abdulbhai	Bhuj-Kutch
15	5796	Dr. Khojani Khwahish Riaz	Bhuj Kutch
16	1652	Dr. Johnson Samuel	Gandhidham
17	11956	Dr. Patel Nilesh Jayantibhai	Gandhinagar
18	5321	Dr. Patel Bharat Nagardas	Himatnagar
19	9458	Dr. Parmar Kaushik Anantray	Jamnagar
20	4974	Dr. Kotecha Tejal Pranav	Jamnagar



21	10496	Dr. Virani Bhavesh Kanjibhai	Jasdan
22	2771	Dr. Aghera Jadav Jeram	Junagadh
23	2922	Dr. Joshi Narayan Narbheram	Mangrol
24	2767	Dr. Shah Malaben Bharatbhai	Nadiad
25	13217	Dr. Swami Yogesh Rishded Swami	Palanpur B.K.
26	9922	Dr. Barasara Nareshkumar Bhanjibhai	Rajkot
27	1684	Dr. Buddhdev Pravin Kalyanjibhai	Rajkot
28	12272	Dr. Arora Hitesh Amirchand	Surat
29	7494	Dr. Dumasia Dhanjishaw Dinshaw	Surat
30	11678	Dr. Ghoghari Mahendrakumar Vallab.	Surat
31	8304	Dr. Jagiwalal Kriankumar Sunderlal	Surat
32	13604	Dr. Nagoria Ronak Ravikumar	Surat
33	13659	Dr. Patel Dhavalkumar Hasmmukhlal	Surat
34	11574	Dr. Patel Rajendra Umraosing	Surat
35	5287	Dr. Rajagopalan Krishnamachari	Surat
36	4993	Dr. Sakhia Jagdish Jadavbhai	Surat
37	8850	Dr. Salkar(Palit)Archana Krishnendu	Surat
38	4906	Dr. Shah Anil Dineshchandra	Surat
39	9184	Dr. Shrivastava Rakeshkumar Prembahadur	Surat
40	9415	Dr. Shrivastava Anjani Rakesh	Surat
41	12813	Dr. Vaishnav Abhik Pravinbhai	Surat
42	1524	Dr. Patel Jagdish Narsinhbhai	Vadodara
43	2255	Dr. Prajapati Nagin Paragji	Valsad

* * * * *

DISCLAIMER

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

Respected Members,

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

These Centres performed various activities during the month of September- 2016 in addition to their routine work. These are as under :

01-09-2016 to 30-09-2016	Intra domestic house to house survey by the centers of Ahmedabad.
25-09-2016 to 27-09-2016	Migratory Polio by the centers of Ahmedabad.
17-09-2016	Medical Camp, Ambawadi (Jamalpur) Patient : 357 Medical Camp at Bapunagar (Potalia)
01-09-2016	Medical Camp Dariyapur (Isanpur) Patient : 730

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

September - 2016

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	2185	1075	3260
(2)	Behrampura (Sardarnagar Ward)	3037	895	3932
(3)	Bapunagar (Potalia Ward)	2468	628	3096
(4)	Dariyapur (Isanpur Ward)	1734	368	2102
(5)	Gomtipur (Saijpur Ward)	3051	673	3724
(6)	Khokhra (Amraiwadi Ward)	3640	779	4419
(7)	New Mental (Kubernagar Ward)	1371	280	1651
(8)	Raikhad (Stadium Ward)	844	2110	2954
(9)	Wadaj (Junawadaj Ward)	1472	278	1750
(10)	Junagadh	---	---	---
(11)	Rander-Surat	---	---	---
(12)	Nanpura-Surat	---	---	---
(13)	Rajkot	1236	823	2058



September - 2016

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	21	---	59	11040	567
(2)	Behrampura (Sardarnagar Ward)	14	---	56	9750	1307
(3)	Bapunagar (Potalia Ward)	31	---	50	12620	278
(4)	Dariyapur (Isanpur Ward)	17	---	25	15000	1191
(5)	Gomtipur (Saijpur Ward)	21	---	28	52125	1900
(6)	Khokhra (Amraiwadi Ward)	25	---	46	12050	272
(7)	New Mental (Kubernagar Ward)	15	01	21	19290	599
(8)	Raikhad (Stadium Ward)	36	---	51	16080	1674
(9)	Wadaj (Junawadaj Ward)	06	---	63	14500	1925
(10)	Junagadh	13	01	---	4300	240
(11)	Rander-Surat	26	---	51	3610	136
(12)	Nanpura-Surat	28	---	43	860	115
(13)	Rajkot	12	---	84	370	2825



IMA OPPOSES PROPOSED UNDEMOCRATIC NATIONAL MEDICAL COMMISSION BILL 2016

IMA has gone through the proposed National Medical Commission Bill, 2016 and is of the opinion that the proposed Bill is not community friendly and should be discarded in toto for the following reasons:

- (1) There is nothing new in the proposed bill. All the functions enumerated therein are already being carried out by Medical Council of India presently under the aegis and provisions of present IMC Act which the proposed bill seeks to repeal. This is nothing else but “old wine in new bottle.”
- (2) The representative character of Medical Council of India and the fine balance between elected and nominated members has been completely given go bye in the process. In fact in the proposed bill there is total exclusion of elected members thereby making a mockery of democratic process.
- (3) If implemented, there will be no autonomy. Every action will be controlled by the Ministry of Health, Govt. of India.
- (4) If implemented, non MBBS doctors can be the decision makers, and non MBBS doctors can get registered in NMR & start practising modern medicine.
- (5) There are other professional Councils under Health & FW department like Dental Council of India, Nursing Council of India, Pharmacy Council of India or under other departments like Bar Council of India. However proposed bill is brought for abolishing Medical Council of India only. There is no proposal in respect of other Councils or even a whisper about such a move. There is no legitimate reason for giving such step motherly treatment to Medical Council of India.
- (6) There is no way, the proposed Bill can have control over the State Medical Councils who are independent bodies enacted under such Laws.



- (7) The proposed Bill is against the Delhi High court Order. The Associations cannot be under the ambit of the Council.
- (8) It looks like the present NMC Bill is being developed to facilitate back-door entry under NMR of Ayush people with bridge courses or Registered Medical Practitioners without MBBS under the disguise of community health courses.
- (9) The Outsourcing of Inspection to Search Committee, may end up with corruption.
- (10) There is hardly any elected representation of the medical profession, State Medical Council or Universities.
- (11) The University representatives are only in the Advisory capacity without any power.
- (12) Total powers are given to the President of the Council who again will have to work under the mercy of the Ministry and can be removed on frivolous account.
- (13) There is no justification for starting an EXIT examination after doing MBBS.
- (14) The Proposed Bill also has provision to allow people who fail in the EXIT Exam to still practice.
- (15) The Proposed Council has a proposal for medical colleges allowing 60% of medical seats to have its own fee, it will add to the corruption. The private medical college fee needs proper regulations.
- (16) Non medical members in the proposed Bill bodies will add to more problems than solutions.
- (17) Any Council has to run independently, autonomous and in a democratic way and not as extension of MoHFW. The council must have elected representatives from the Medical profession.

Dr. Yogendra S. Modi
(President, G.S.B., I.M.A.)

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



IMA Satyagraha

Dear Colleague,

16th November 2015 was IMA Satyagraha Day which was postponed on the intervention of Hon'ble Health Minister, Shri J P Nadda Ji on the assurance that our main 5 demands will be solved within six weeks:

These demands were: -

1. To stop violence on doctors and hospitals across the country by bringing in Central Hospital Protection Law.
2. Urgent amendments in the PC & PNDDT Act to ensure that strict penalties are imposed only on actual act of sex determination or female feticide and not for clerical errors like maintenance of registers etc.
3. Exemption of Single doctor clinics from Clinical Establishments (registration and regulation) Act and registration of NABH entry level hospitals without inspection.
4. Suitable amendments in Consumer Protection Act for capping the compensation amount.
5. Enforcing the law that modern medicine drugs would be prescribed only by modern medicine doctors. No bridge courses to Ayush or others.

Not only has the Government not acted on its promises, but also has brought the NMC bill to bring the medical profession to its knees. The Government not only sat on our demands for a year but also is challenging our existence.

In addition the Government of India is bringing National Medical Commission Bill 2016. It ushers in all the black issues IMA has been fighting so far.

1. It abolishes Medical Council of India and along with that the section 16.1.b of MCI Act which says that the basic qualification to practise modern medicine is MBBS.
2. It introduces schedule IV to allow Ayurveda Vaidya, Homeopaths, Unani etc. to get registration in Modern Medicine.



3. It brings non medical people like advocates, chartered accountants and social activists in the day to day governance of medical colleges and medical profession.
4. All the members are nominated by Central Government.
5. It takes away the voting right of every doctor in India to elect their medical council.
6. While it allows Ayurvedics and Homeopaths to practice modern medicine, it requires legitimate MBBS students to take an exit exam to practise.
7. It allows private medical colleges to charge at free will nullifying whatever solace NEET brought.

It is clear that this black law takes away all the privileges of doctors. If this anti people legislation is allowed to become a law, it will not only be an injustice to future generation of doctors, but it will also be treason against the people of India. The ulterior motive of this bill is to bring in indigenous medicine in a big way by diluting and controlling modern medicine: All by the back door and deceit. It becomes a bounden duty of IMA to stop the National Medical Commission Bill.

So IMA declares 'IMA Satyagraha' on 16th Nov 2016. This will see action across the nation in every district of the country. 'IMA Satyagraha' will fight the National Medical Council Bill and also carry forward the five point agitation of 2015.

IMA Satyagraha

16/11/2016

IMA HQ: will arrange Dharna in Jantar Mantar where all the national leaders will participate. All members of IMA in and around Delhi NCR will join.

States: State Branches shall arrange dharna in all district headquarters. Time: 10.00 am to 1.00 p.m. Memoranda to the Prime Minister will be submitted to the District collector to be forwarded to the Central Government.

On the run up to action on 16/11/2016 the following will be carried out:

1. Press statements from IMA hq and all state branches.



2. Protest through sending emails to the Prime Minister from members and local and state branches.
3. Emergency SWC or action committee meetings in all states.
4. Creation of an action fund in all states.
5. 30% of the action fund collected shall be forwarded to IMA HQ.
6. IMA Hq will coordinate with all speciality organisations.
7. Liaison with the local MPs of the State & Local Branches.
8. Liaison with the Union ministers, MPs and national political parties will be carried out by IMA HQ.
9. The state branches should immediately start liason work with state Governments, MLAs and political parties at state level.
10. Coordination of medical students is being done by IMA Hq. Students are expected to participate in large numbers on 16.11.16. Local branches with medical colleges should provide logistical support to the students. State branches should organise and support state level student movement.
11. Feedback to IMA HQs on preparations and D Day reporting on 16.11.16 will be appreciated.
12. IMA HQs will organise dedicated series of Webcast on IMA Demands.
13. Standard slogans and poster designing will be forwarded by IMA Hq.

IMA Satyagraha

Empower IMA

Thanking you

Dr S S Agarwal

National President

Dr K K Aggarwal

National President

(Elect)-2017

Dr Ravi Wankhedkar

National President

(Elect)-2018



Medical body threatens to launch satyagrah against 'undemocratic' NMC Bill

The Indian Medical Association (IMA) has opposed the National Medical Commission (NMC) bill, terming it as “undemocratic.” It has demanded that the NMC Bill should be discarded in its totality or else it will launch a satyagrah from November 16.

Dubbing it as “old wine in new bottle,” IMA said there was nothing new in the proposed Bill. The representative character of MCI and the fine balance between elected and nominated members was missing in the NMC Bill, totally excluding the elected members and thus it is a “mockery of democratic process”, it said.

According to IMA general secretary Dr K K Agarwal, there will be no autonomy in the proposed commission, which will be replacing MCI. “It looks like the NMC Bill is being developed to facilitate back-door entry of AYUSH (ayurveda, yoga and naturopathy, unani, siddha and homeopathy) people with bridge courses or Registered Medical Practitioners without MBBS under the disguise of community health courses,” he said.

Dr Agarwal added that the Bill sought to have a nominated body in the name of National Medical Commission to replace MCI. “But MCI is a regulatory and independent body while NMC is intended to be a nominated body which cannot be an autonomous body,” he said. Supporting IMA stand, Dr. Bipin Patel, past honorary secretary of IMA Gujarat state branch, said his association would support the national body's stand on NMC Bill.

“There is barely any elected representation of the medical profession, state medical councils or universities, and the university representatives are only in the advisory capacity without any powers,” Patel said. Any council has to run independently and not as extension of the Ministry of Health and Family Welfare. The Commission must have elected representatives from the medical profession, he said. Dr Agarwal said the IMA would write to the PM and seek the government's intervention to stall the proposed Bill. “If the government does not intervene in this matter, we will launch a satyagrah on November 16,” he said.



MOLECULE OF THE MONTH Pitavastatin

Pitavastatin is a novel statin that induces plaque regression and is non-inferior to atorvastatin and, on some measures, superior to simvastatin and to pravastatin in the elderly. Pitavastatin addresses non-LDL-C risk factors, including producing reproducible and sustained increases in HDL-C levels. Pitavastatin molecule undergo very little metabolism by CYP3A4 and, therefore, unlike some other statins, does not interact with CYP3A4 substrates. Pitavastatin is well tolerated. As such, pitavastatin shows distinctive pharmacokinetic and clinical profiles that should help a greater proportion of dyslipidemic patients attain their treatment goals.

Mechanism of Action Pitavastatin competitively inhibits HMG-CoA reductase, which is a rate-determining enzyme involved with biosynthesis of cholesterol, in a manner of competition with the substrate so that it inhibits cholesterol synthesis in the liver. As a result, the expression of LDL-receptors followed by the uptake of LDL from blood to liver is accelerated and then the plasma TC decreases. Further, the sustained inhibition of cholesterol synthesis in the liver decreases levels of very low density lipoproteins.

Pharmacokinetics

Pitavastatin peak plasma concentrations are achieved about 1 hour after oral administration.

The absolute bioavailability of pitavastatin oral solution is 51 %. High fat meal (50% fat content) decreases pitavastatin C_{max} by 43% but does not significantly reduce pitavastatin AUC. The C_{max} and AUC of pitavastatin did not differ following evening or morning drug administration.

Pitavastatin is more than 99% protein bound in human plasma, mainly to albumin and alpha I-acid glycoprotein, and the mean volume of distribution is approximately 148 L.

Pitavastatin is marginally metabolized by CYP2C9 and to a lesser extent by CYP2C8. The major metabolite in human plasma is the lactone which is formed via an ester-type pitavastatin glucuronide conjugate by uridine 5'-diphosphate (UDP) glucuronosyl transferase (UGT1A3 and UGT2B7).



The mean plasma elimination half-life is approximately 12 hours.

Indication:

Pitavastatin is indicated as an adjunctive therapy to diet to reduce elevated total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C), apolipoprotein B (Apo B), triglycerides (TG), and to increase HDL-C in adult patients with primary hyperlipidemia or mixed dyslipidemia.

Dosage schedule :

The dose range is 1 to 4 mg orally once daily at any time of the day with or without food. The recommended starting dose is 2 mg and the maximum dose is 4 mg. The starting dose and maintenance doses should be individualized according to patient characteristics, such as goal of therapy and response

Precaution:

- Hypersensitivity reactions including rash, pruritus, and urticaria
- Hepatic impairment including raised transaminase level
- Pregnant and lactating women and pediatric patients

Adverse effects:

- Backpain myalgia, arthralgia, headache, influenza, constipation or diarrhea
- myopathy and rhabdomyolysis with acute renal failure secondary to myoglobinuria
- Increases in serum transaminases

Drug interactions:

Co-administration with warfarin, cyclosporine, erythromycin, rifampicin, gemfibrozile, fenofibrate (↑ AUC & ↑ C_{max}, increases serum level of pitavastatin), enalapril, digoxin, grapefruit juice (↑ AUC & ↓ C_{max}), itraconazole (↓ AUC & ↓ C_{max}). Co-administration with fibrates – increase risk of myopathy.

Pitavastatin is approved by CDSCO on 23.10.2012

Dr Prakruti Patel

Dr Anuradha Gandhi

Dr Chetna Desai

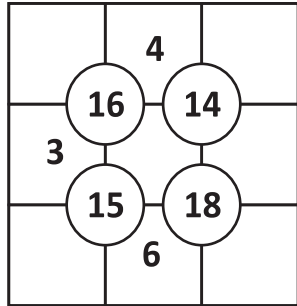
Co ordinators, B. J. Medical College, Ahmedabad



Games Corner

Dr. Chandresh Jardosh
Surat

Chhota Sudoku



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

7 BR OK EN Words

By using following keys, join the broken words & find out the 7 different words related to weather

DB	CR	IR	OU	FA
DA	ZLE	CO	DR	
IZ	CL	DEW	ISP	
ST	OL	MP	UR	

Key	Words
3 Letters	1
4 Letters	3
5 Letters	1
7 Letters	1
10 Letters	1

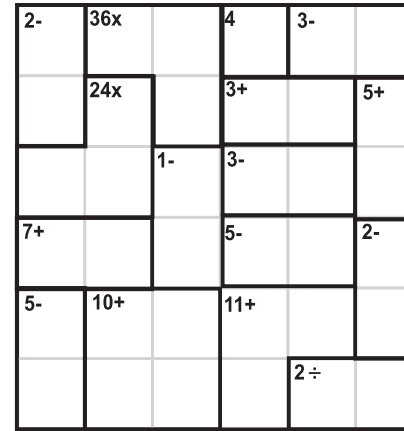
Sudoku

4		8				1	9	
1			7				4	
				1			6	
3			6	2				
			8		9			
				4	7			5
	8		1					
	9			8				7
	3	4				8		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 Write down 1 to 6 in each row and each column in such a way they come only once, in each row and column.
- 2 The heavily-outlined groups of squares in each grid are called "cages." In the upper-left corner of each cage, there is a "target number" and maths operation (+, -, x, ÷).
- 3 Fill in each square of a cage with a number. The numbers in a cage must combine—in any order, using only that cage's maths operation—to form that cage's target number.
- 4 The number written in the cage of one square, will be the answer for the cage.
- 5 Important: You may not repeat a number in any row or column. You can repeat a number within a cage, as long as those repeated numbers are not in the same row or column.

FOR EXAMPLE

3+	1	2
6x	1	2 3

* * * * *

Attention Advertisers

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



NEWS CLIP

રાજકોટમાં ૨૬ વર્ષ બાદ આઈ.એમ.એ. દ્વારા યોજાશે “જીમાકોન” કોન્ફરન્સ

ઈન્ડિયન મેડિકલ એસો.નાં ગુજરાત પ્રેસિડન્ટ ડો. અનુભવ પંડ્યા, ડો. અમિત હપાણી, ડો. ભરત કાકડીયા, ડો. કિરીટ દેવાણી, ડો. કીરવાડીયા, ડો. જાદવ, ડો. લાલસેતા, ડો. દિલીપ પરેલ, ‘અબાક’ મીડિયાની શુભેચ્છા મુલાકાતે: દેશ-વિદેશના તબીબી તા.૧૫ અને ૧૬ તંદુરસ્ત સમાજની રચના માટે માર્ગદર્શન આપશે



પેનોરમિક ટી. અનુભવ પંડ્યા, ડો. અમિત હપાણી, ડો. ભરત કાકડીયા, ડો. કિરીટ દેવાણી, ડો. કીરવાડીયા, ડો. જાદવ, ડો. લાલસેતા, ડો. દિલીપ પરેલ, ‘અબાક’ મીડિયાની શુભેચ્છા મુલાકાતે: દેશ-વિદેશના તબીબી તા.૧૫ અને ૧૬ તંદુરસ્ત સમાજની રચના માટે માર્ગદર્શન આપશે

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દેશ-પરદેશની આજકાલ

રાજકોટના આંગણે ૨૬ વર્ષ બાદ આઈએમએ દ્વારા રાજ્યકક્ષાની જીમાકોન-૨૦૧૬ કોન્ફરન્સનું આયોજન

તા. ૧૫-૧૬ ઓક્ટોબર દેશ-વિદેશના નિષ્પાત તબીબો દ્વારા જીવનશૈલી સંબંધી રોગ અને સારવાર વિશે માર્ગદર્શન આપશે: સૌરાષ્ટ્ર માટે ગૌરવ: રાજકોટ આઈએમએઆઈના સભ્યો ‘આજકાલ’ની શુભેચ્છા મુલાકાતે



રાજકોટના આંગણે ૨૬ વર્ષ બાદ આઈએમએ દ્વારા રાજ્યકક્ષાની જીમાકોન-૨૦૧૬ કોન્ફરન્સનું આયોજન... ડો. અનુભવ પંડ્યા, ડો. અમિત હપાણી, ડો. ભરત કાકડીયા, ડો. કિરીટ દેવાણી, ડો. કીરવાડીયા, ડો. જાદવ, ડો. લાલસેતા, ડો. દિલીપ પરેલ, ‘અબાક’ મીડિયાની શુભેચ્છા મુલાકાતે: દેશ-વિદેશના તબીબી તા.૧૫ અને ૧૬ તંદુરસ્ત સમાજની રચના માટે માર્ગદર્શન આપશે

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રોગ ન થાય તે માટે IMA દ્વારા દિશાસૂચક કોન્ફરન્સ

આઈએમએઆઈના સભ્યો કોન્ફરન્સનું આયોજનમાં સહભાગી થઈને રાજ્યકક્ષાની જીમાકોન-૨૦૧૬ કોન્ફરન્સનું આયોજન... ડો. અનુભવ પંડ્યા, ડો. અમિત હપાણી, ડો. ભરત કાકડીયા, ડો. કિરીટ દેવાણી, ડો. કીરવાડીયા, ડો. જાદવ, ડો. લાલસેતા, ડો. દિલીપ પરેલ, ‘અબાક’ મીડિયાની શુભેચ્છા મુલાકાતે: દેશ-વિદેશના તબીબી તા.૧૫ અને ૧૬ તંદુરસ્ત સમાજની રચના માટે માર્ગદર્શન આપશે



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સુરતના ડોક્ટરને રાષ્ટ્રીય એવોર્ડ મળ્યો



સુરત | સુરતના ફેમીલી ફિઝિશિયન્સ ડો. વિનોદ શાહ અને ડૉ. ચંદ્રેશ જરદોશી કરેલ સામાજિક અને લોકોપયોગી કાર્ય બદલ નાઈઝીરીયાના રાજા હીઝ રોયલ મેજેસ્ટી રીચાર્ડ ઓગબોનના હસ્તે ઈન્ડિયન એક્સલેન્સ એવોર્ડ તથા ટ્રોફી મેળવી સુરત તબીબી આલમનું ગૌરવ વધાર્યું છે.

Medical body threatens to launch satyagrah against 'undemocratic' NMC Bill. EXPRESS NEWS SERVICE. THE INDIAN Medical Association (IMA) has opposed the National Medical Commission (NMC) bill, terming it as 'undemocratic'.

Be a Member of ACADEMY OF MEDICAL SPECIALITY, C.G.P. I.M.A. G.S.B., HEALTH SCHEME, SOCIAL SECURITY SCHEME, NATIONAL SOCIAL SECURITY SCHEME, PROFESSIONAL PROTECTION SCHEME.



Where is the equity and equality? Why only we the medical professionals have to follow it?

Hon'ble Prime Minister of India, Shri Narendra Modi, in his public address at Saharanpur on 26th May, 2016, announced extension of retirement age of Government Doctors from 60- 65 years to meet the shortfall of Doctors in Government Hospitals.

Subsequently, Government of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi issued an Office Order No.A.12034/1/2014-CHS-V dated 31st May, 2016, stating that the President is pleased to enhance the age of superannuation of the specialists of Non-Teaching and Public Health sub-cadres of Central Health Service (CHS) and General Duty Medical Officers of CHS to 65 years with immediate effect.

In consequent of the above, Railways, CAPF as well as doctors working in Provincial Medical & Health Services in Assam and Delhi also issued similar orders.

From the intent of Prime Minister's address, it is clear that the spirit behind the address and the decision was that the step has been taken to cover the shortage of the doctors in the country. Today, India needs two times doctors, three times nurses and four times paramedics. Medical Council of India also has taken a decision to allow opening of a medical college linked to every district hospitals in the country.

Unfortunately, in India everything is decided by full stop or coma on the bureaucratic system. It was expected that the age of retirement of doctors from 60 to 65 years will be automatic but the same is not true.

For example, the doctors working in CPSEs, in spite of their representation for clarification are still out of the ambit of Prime Minister's decision. Over 150 Central Public Sector Enterprises (CPSEs) are directly under the administrative control of Government of India through their respective ministries. Therefore, it was expected that the PMs decision will automatically be implementable on them also. Non exclusion of Prime Minister's decision will effect approximately 3,000 doctors of CPSEs who manage over 10,000 beds spread all over the country.



We at Indian Medical Association feel that this announcement by Hon'ble Prime Minister of India should be automatically be applicable pan India to doctors working in Centre, State, CPSEs, Private Hospitals or any other area. Shortage of doctors in universal and not segment wise.

It is important that equity, equality and justice should prevail in any health care decision.

Infact there is no retirement age for doctors. All doctors after retirement from government sector enter into practice and carry on their active work till they are physically or mentally incapable of doing the same.

The retirement age can only be for the purpose of administration but not clinical practice. One may be allowed to retire from an administrative post but allowed to continue to serve in clinical areas.

Will someone from amongst us take up this cause in the interest of the medical profession ?

* * * * *

Sexual offences against children: IMA Stand

1. IMA has zero tolerant policy against those health care providers committing sexual Violence, sex selective abortions and unethical practices
2. Sexual violence against children, a crime, whether evident or suspected, is common, preventable, punishable, acute medico legal emergency
3. Educators are duty bound to address sexual violence against children, a crime, which is common, preventable and needs to be addressed with a timely appropriate intervention.
4. Sexual violence against children should be reported ethically, sensitively, non-sensationally and within the legal framework.
5. As far as possible IEC material should not depict children in distress
6. 1098 is child help line
7. 19th November is IMA violence against children awareness day



How To Deal With Abusive Visitors

Every clinic has their share of unhappy patients.

Patients get upset for many reasons. They may not be getting better or the treatment is costing much more than they thought they would or they feel that the doctor's not paying enough attention to them; or that they have to wait too long; or that the staff is unfriendly.

This is quite natural. After all, no one likes being sick, and no one enjoys spending money in a doctor's clinic. The outcome of any treatment is uncertain, and when you are sick, your head and your heart often don't work properly. Every little incident can upset you, and you often need to vent. While you may want to scream at the doctor, you are too scared to do this; and in any case, the doctor is not easily accessible.

This is why angry patients will often use the clinic staff as their punching bag. The staff is often at the receiving end of the patient's ire, no matter what the underlying reason for his anger may be.

This can be hard for the poor clinic staff, because they have to put up with a lot of emotional abuse for no fault of theirs. Even worse, often the doctor will also take the patient's side because he doesn't want to upset his paying patients. It can be extremely hard to listen to a lot of rubbish from an angry patient when you are not at fault.

We doctors need to learn to empathise with our clinic staff because they have an extremely difficult role to play. We need to support them and teach them that when a patient starts shouting at them, they need to keep their cool and not treat this as a personal insult. An angry patient needs to release his bile, and the clinic staff is the easiest target, which is why they often will be at the receiving end of verbal abuse. Yes, it's not fair on them, but they need to learn not to take any of these insults personally. It's hard to have to listen to the emotional tirade of an abusive patient, but just because a patient is throwing a temper tantrum, there's no need for them to lose their temper - this will just escalate the problem, and make matters worse. If the staff listens to them patiently, most patients will come to their senses, and will apologise when they realise how badly behaved they have been.

When confronted by an irate patient, your staff need to behave in an extra mature fashion. They should feel sorry for the poor patient, who is unhappy and scared, and is expressing his emotions in an immature fashion. When a child throws a temper tantrum, a parent doesn't respond by having a temper tantrum himself. He understands his child's emotional distress, takes a deep breathe, cools down, and tries to get the child to see reason.

This is exactly what the clinic staff needs to learn to do when a patient is angry. It's not easy, but it's a skill which can be learned, and the doctor can help them to do this. Your staff needs to have the confidence that you will back them up

- Dr. Aniruddha Malpani



MCI Gazette notifies prescription clause in ethics regulation

MCI gazette notification: "Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs,"

The notification was issued to amend the Indian Medical Council (Professional Conduct, Etiquette, and Ethics) Regulation 2002. Approved for publication on September 21, this is an upgrade of the previous notification that says doctors should write generic names of the drugs they prescribe.

MEDICAL COUNCIL OF INDIA NOTIFICATION New Delhi, the 21st Sept., 2016
No.MCI-211(2)/2016(Ethics)/ 131118.-

In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India with the previous sanction of the Central Government, hereby makes the following Regulations to amend the "Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002: -
Short Title and Commencement:-

- (i) These Regulations may be called the "Indian Medical Council (Professional Conduct, Etiquette and Ethics) (Amendment) Regulations, 2016 – Part – I".
- ii) They shall come into force from the date of their publication in the Office Gazette.
2. In the "Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002", the following additions/modifications/deletions/substitutions, shall be, as indicated therein:-
3. In Chapter 1-B-Duties and responsibilities of the Physician in general, Clause-1.5 under the heading – Use of Generic names of drugs, the following shall be substituted :-

"Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs"

IMA Views

1. It's 'should' and not shall. So it is an advisory
2. Drugs with generic name means chemical name should be written
3. It does not bar from writing the brand name in addition
4. Even Jan Aushidhi project of the government, the word Jan Aushidhi is a brand
5. Capital letter will reduce prescription errors
6. Legibly means electronic prescriptions are not compulsory
7. Preferably means attempts should be made.
8. Rational use is scientific and evidence based.



All Gujarat Inter IMA Tournament

IMA, Mehsana is organizing an **ALL GUJARAT INTER IMA VOLLEYBALL TOURNAMENT** on **25th and 26th February, 2017**. This will give us a chance to know new people and meet old friends. It will be two days of pure dhammal and entertainment and a banquet night of dance and dine.

We invite your team to participate in this great event.

So, Join us for the big ball game.

Your participation will highly be appreciated.

Regards,

VOLLEYBALL TOURNAMENT

1. Registration fees will be Rs. 5000/- per team.
2. This tournament will be played according to international rules.
3. Every participant will have to submit his photo.
4. He should be a member of IMA and submit his IMA Registration Number.
5. Any number of teams may represent a particular IMA Branch.
6. A member can represent only one team.
7. Referee's decision will be final.
8. This tournament will be played with a standard Nivea Volleyball.
9. Each match will be a best of three except semifinals and finals, which will be best of five games.
10. If a team does not come within 15 minutes of the fixed time, the other team will be given a walk over.
11. Last date of submission of form is **10th February, 2017**.
12. The tournament will be played from **25th February, 2017 4.00 p.m. to 25th February, 2017, 12.00 a.m.**

Organizing Chairman :

Dr. Mukesh M. Chaudhari

Upasana Kidney Hospital,
Dairy Road, Mahesana-380002.
Mob. : 98250 61266

Organizing Secretary :

Dr. Rajesh H. Patel

Sanjeevani Otho. Hospital,
Radhanpur Road, Mehsana-380002.
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Dr. Dhiren R. Mehta
Ahmedabad Zone



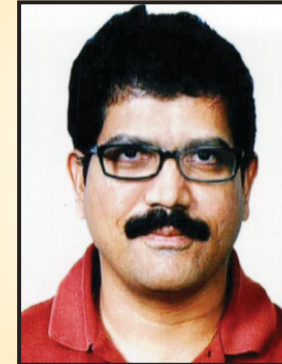
Dr. Deepak Mehta
West Zone



Dr. Mukund B. Patel
Central Zone



Dr. Paresh Majmudar
Vadodara Zone



Dr. Brijesh Patel
Surat Zone



Dr. Bhaskar Mahajan
South Zone



Dr. Vidyut Desai
Chairman A.M.S.



Dr. Kirit C. Gadhavi
Director C.G.P.

CME - Navsari Branch



* * * * *

Navratri Garba - Bhavnagar Branch



**Presidential Installation Ceremony of Gujarat State Branch
Indian Medical Association at GIMACON -2016 TGB Seasons, Rajkot**



Annual Function - Mehsana Branch



* * * * *

Mega Health Camp - Daman Branch





Mental Health Day

Bechara Mein: I want to be a mental care provider but...?

When we did our MBBS we were not taught any subject like mental health or mental wellbeing. Psychiatry was taught in a few lectures. During our internship psychiatry was less than a week posting with no psychiatrist in the faculty. During our MD medicine psychiatry was just touch and go subject.

But still we were taught that health is not mere absence of disease but a state of physical and mental well-being.

As per WHO 1 in 4 persons will suffer from mental disorder in their life time and 10% of us at any given time suffer from mental disease.

About 800000 people commit suicide worldwide every year, of these 135,000 (17%) are in India. Every 40 seconds a life is lost through suicide worldwide, suicide rate in India is 11.5 % per lakh and every 3 seconds a person attempts to die. Suicide is one of the top three causes of death among the young in the age group of 15-35 years.

A large percentage of them try to seek help from friends or doctors just before they commit suicide.

But we are helpless as a doctor

- (1) We are being told that depression is no more a stigma or a social issue. That depression is treatable and a manageable disease and it needs to be diagnosed early. Then why it is not covered under insurance cover.
- (2) Our patients do not want to disclose 'depression' when getting admitted so that their claim does not get rejected. Often we are socially bound not to divulge the depression history when we fill mediclaim form even though we know it is unethical and we can be prosecuted under Indian Penal Code 191 and 193 or our license to practice can get cancelled under MCI ethics regulation 7.7
- (3) Once we admit such patients we cannot prescribe them anti depression drugs on the file for the same reason. We cannot call psychiatrists or councillors as their billing will reflect that the patient had a mental problem



- (4) We all know suicidal ideation is a medical emergency and such patient needs emergent admission. But we often end up in not admitting them for fear of insurance rejection.
- (5) Government runs social campaigns and special free clinics for substance abuse disorders, smoking cessation clinics then why can't they allow the treatment under insurance reimbursement. Government can charge extra premium to those who smoke, drink or take drugs.
- (6) Smoking cessation, obesity reduction, alcohol cessation, drugs deaddiction all should be covered under insurance.
- (7) The proposed new mental care health bill may have some answers in clause (4) every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness. Also under the new bill suicide has been treated as a form of severe stress which will not be punishable under 309 of IPC. But till the bill is passed in Lok Sabha we all are worried in handling suicidal attempt cases. Under Section 309 in The Indian Penal Code whoever attempts to commit suicide and does any act towards the commission of such offence, shall he punished with simple imprisonment for a term which may extend to one year [or with fine, or with both]. Though one can be let off with simple fine but once the case is made MLC and police called, the patient and the family is always in a difficulty. Such patients are at risk for future suicidal attempts and hence needs tender and immediate care and counselling.
- (8) Same problem we face while dealing with substance abusers. Under Narcotic Drugs and Psychotropic Substances Act, 1985, section 27 there is punishment for illegal possession of any narcotic drug or psychotropic substance or consumption of such drug or substance. All substance abusers invariably will be in possession of such drugs. Do we call the police when a substance abuser comes for counselling?
- (9) But it is also true that under section 39 of the act there are powers with the courts to release certain offenders on probation for de-toxification or de-addiction from a pre-defined institution and to report back



within a year that they have been de-addicted. But COURT means that we need to inform the police in the first case.

- (10) There are less than 6500 psychiatrists in the country with over 150 million mental health patients. Billing by Psychiatrist is not reimbursable under any claim. The answer is to mandate mental health as a subject in family practice. MCI has already mandated 10% credit hours in mental health and IMA has mandated mental health aspects in every medical education class.
- (11) Amongst professionals number one suicides are amongst doctors. Over one lac doctors as per the statistics also need mental counselling. The numbers of psychiatrists are not enough even to manage them.
- (12) We are supposed to take mental history in every patient. As per a finance ministry document average time available with a patient is four minutes. In these four minutes we are required to wash our hands twice, greet and acknowledge our patient, brief about our credentials, take detailed history incorporating mental health maintaining privacy and confidentiality, read all the documents, make up our mind and explain investigations and line of management and counsel about rehab, side effects, warning signals and future plan. It's impossible in today's era.
- (13) In Bhagavad in the first chapter Krishna only listened to Arjuna when he was in acute depression? Do we have so much time to listen? Will our patents be able to pay us for the extra time spent? May be we need to have mental health counsellors, dieticians and pharmacist as our employees in our practice.
- (14) Due to paucity of time and in search of giving instant relief we end up in prescribing short acting benzodiazepines like alorazepam to patients making it number of addiction drug in the country.
- (15) Should we call depression a depression? We have changed names of all stigma related terms then why not depression. We can call it as a mood disorder.



IMA Policy on Online Clinics

1. IMA supports the expanded role of telemedicine in the form of an online clinic as a method of healthcare delivery.
2. Online clinic is a reasonable alternative for patients who lack regular access to trusted medical practitioners in their geographical area.
3. In an established and ongoing relationship, online clinic can be the most efficient and beneficial way between a patient and doctor to stay connected with each other.
4. In patients with established relationship, it is lawful to communicate with them online using an authentic IT platform through text, audio or video.
5. A valid patient-doctor relationship must be established for a professionally responsible online clinic service to take place. A telemedicine encounter itself can establish a patient-physician relationship through real-time audio-visual technology.
6. It is easy to open an online clinic. For example on the Lybrate platform, official digital partner of IMA, one can open clinic as www.lybrate.com A name of the doctor>
7. Episodic, direct-to-patient online clinic services can be used as an intermittent alternative to a patient's primary care physician when necessary to meet the patient's immediate acute care needs.
8. In emergencies this can be a boon. For example in the middle of the night one can differentiate between Bell's palsy and paralysis and avoid an admission. One can see the ECG and decide treatment for acute heart attack or decide the severity of an asthmatic attack.
9. Outstation patients with established relationship can consult their doctors online. For example, to get the doses of medicine and injectables like insulin or warfarin adjusted.
10. Using the online platform, one can give second opinion on reports. For example, commenting on X-ray films, CT scans, MRI, Echo reports, pathology lab report is possible. Also, one can make comments on the summary of patients. But all this with a rider that the opinion is given without actually seeing and examining a patient.
11. A doctor can have specific time for his online clinic.
12. Online clinic allows one to charge fee from the patient and earn ethically.
13. Online secured platform ensure security and confidentiality of the protected health information.
14. Doctors can register their patients on the platform and send periodic and daily health tip.
15. Doctors can also answer patients' queries in an open platform or on a private platform.
16. Doctors can also inform patients about their vacations or any new technology to their practice.



Sepsis is a medical emergency

1. 72% of patients with sepsis, a fast-moving deadly illness, are seen by doctors in recent past representing missed opportunities to catch it early or prevent it.
2. Common conditions leading to sepsis are pneumonia and infections of the urinary tract, skin and gut
3. There is no specific test for sepsis and symptoms can vary, which means it is often missed. There is no standard definition also.
4. Preventive Flu, meningococcal & pneumonia vaccines and washing hands can help
5. As per CDC over 258,000 Americans die of sepsis annually more than deaths from heart attack.
6. Sepsis is most common among older people, the very young and those with compromised immune systems
7. The condition can rapidly advance to septic shock
8. In 2011, sepsis was the No. 2 reason for readmissions, following congestive heart failure. [BMJ]
9. When sepsis is caught early, prognosis is very good, but mortality climbs to 25 to 30 percent for severe sepsis and 40 to 70 percent if septic shock occurs.
10. "Early" can mean within a matter of hours.
11. In septic shock chances for survival decrease 7.6 percent for every hour that it goes untreated.
12. Warning signals are fever, elevated heart rate, elevated respiration, low blood pressure and mental confusion that worsens within a few hours
13. Once in sepsis address low blood pressure by administering fluids or by IV drugs to constrict blood vessels and raise blood pressure.
14. Start broad-spectrum antibiotics till cultures are available
15. Outcome depends on fluids, blood pressure, antibiotics, source control and underlying health status.



Sudden Cardiac Arrest

- Sudden cardiac arrest is the number one killer in India taking an estimated 25 lakh lives annually (industry estimates)
- Approximately 4280 out of every one lakh people die every year from SC-A in India alone (http://www.businessstandard.com/article/press-releases/sudden-cardiac-arrest-claiming-about-4-280-lives-from-every-1-lakh-of-population-annually-109072000082_1.html)

Percentage of people who die before reaching the hospital -

- In developed countries like US, where AEDs are installed in all public places and emergency response is extremely quick, less than 12% survive a sudden cardiac arrest outside the hospital.
- In countries like India, with such poor infrastructure, survival is less than 1%
- According to the data revealed by the Delhi Economical Survey, 150 to 250 deaths happen in the city every single day. Out of these 25-45 deaths occur suddenly.

Percentage who could have been saved with AED (Seattle)

- Communities with comprehensive AED programs that include C.P.R. and AED training for rescuers have achieved survival rates of nearly 40% for cardiac arrest victims

Definition of public places

- EMS, Police, Fire Stations, Schools and Government offices, Train Stations, Airport, Bus stations, Faith Based and Recreation; Nursing Homes & Assisted Living Centers, Hospitals, Clinics, Recreation Centers like Movie theatres, shopping malls, multiplexes, gyms, places of worship, etc.

ACC/AHA guidelines for public places need for AEDs

- There are no guidelines of public places, but below shows the places in the order of occurrence of SCA
- International airport, County jail, barge shopping mall, Public sports venue, Large industrial site, Golf course, Shelter, Ferries/train terminal, Health club/gym, Community/senior center



Malaria

Sri Linka has been declared Malaria free and Delhi Sees two deaths since July. It's still a matter of concern for India

Malaria is caused by Plasmodium parasites that are spread to people through the bites of infected Anopheles mosquito vectors. Of the 5 parasite species that cause malaria in humans, Plasmodium falciparum is the most deadly.

Globally over 3.2 billion people are at risk of malaria. In 2015, there were an estimated 214 million malaria cases and some 438 000 malaria deaths.

Malaria is a public health problem in India. 561 cases died in 2014, 440 in 2013 and 519 in 2012.

ICMR and IMA should do post mortem analysis of all 561 cases to learn lessons.

About 95% population in the country resides in malaria endemic areas and 80% of malaria reported in the country is confined to areas consisting 20% of population residing in tribal, hilly, difficult and inaccessible areas.

Young children, pregnant women are most vulnerable. Under 5 are particularly susceptible to infection, illness and death. More than two thirds (70%) of all malaria deaths occur in this age group.

Increased malaria prevention and control measures are dramatically reducing the malaria burden in many places. Early diagnosis and treatment of malaria reduces disease and prevents deaths. It also contributes to reducing malaria transmission.

Access to diagnostic testing and treatment should be seen not only as a component of malaria control but as a fundamental right of all populations at risk. Artemisinin-based combination therapies remain effective in almost all settings, as long as the partner drug in the combination is locally effective.

Long-lasting insecticidal nets provide personal protection against mosquito bites. They can be used as protection for people most at risk of malaria, such as young children and pregnant women. The nets are effective for 2-3 years, depending on the model and conditions of use.

The full potential of indoor residual spraying is obtained when at least 80% of houses in targeted areas are sprayed. Indoor spraying with insecticides kills the



mosquito vector and is effective for 3–6 months, depending on the insecticide used and the type of surface on which it is sprayed.

For pregnant women WHO recommends intermittent preventive treatment at each scheduled antenatal visit after the first trimester.

The mosquito bite between dusk and dawn. WHO recommends protection for all people at risk of malaria with effective malaria vector control. Two forms of vector control – insecticide-treated mosquito nets and indoor residual spraying – are effective in a wide range of circumstances

Long-lasting insecticidal nets (LLINs) are the preferred form of insecticide-treated mosquito nets (ITNs) for public health programmes. In most settings, WHO recommends LLIN coverage for all people at risk of malaria. The most cost-effective way to achieve this is by providing LLINs free of charge, to ensure equal access for all. In parallel, effective behaviour change communication strategies are required to ensure that all people at risk of malaria sleep under a LLIN every night, and that the net is properly maintained.

For pregnant women WHO recommends intermittent preventive treatment with sulfadoxine-pyrimethamine, at each scheduled antenatal visit after the first trimester. In 2012, WHO recommended Seasonal Malaria Chemoprevention as an additional malaria prevention strategy. The strategy involves the administration of monthly courses of amodiaquine plus sulfadoxine-pyrimethamine to all children under 5 years of age during the high transmission season.

Much of the success in controlling malaria is due to vector control. Vector control is highly dependent on the use of pyrethroids, which are the only class of insecticides currently recommended for ITNs or LLINs.

Malaria-endemic areas of sub-Saharan Africa and India are causing significant concern due to high levels of malaria transmission and widespread reports of insecticide resistance. The use of 2 different insecticides in a mosquito net offers an opportunity to mitigate the risk of the development and spread of insecticide resistance.

WHO recommends that all cases of suspected malaria be confirmed using parasite-based diagnostic testing (either microscopy or rapid diagnostic test) before administering treatment. Results of parasitological confirmation can be available in 30 minutes or less.



Where was the mistake? NCDRC asks Chennai hospital to pay Rs 10L compensation

The apex consumer commission has awarded a compensation of Rs 10 lac against Madras Medical Mission hospital to be given the kin of Dr J S Paul who died of brain damage by holding it that the patient was not being monitored while in ICU in post CABG state.

"I have no hesitation in holding that late Dr Paul was not continuously connected to a pulse oximeter (used for measuring blood oxygen) though his saturation levels were being monitored and recorded on hourly basis. "To this extent, the hospital was negligent in rendering services to the patient, during his stay in the ICU of the hospital," commission's presiding member Justice V K Jain said. "The Madras Medical Mission is directed to pay compensation quantified at Rs 10,00,000 to complainants along with the cost of litigation quantified at Rs 25,000," he added.

On July 11, 2007, Paul had undergone a coronary artery bypass graft surgery at the hospital and was shifted to ICU later. He was not connected to a pulse oximeter. Dr Paul remained in comatose state and on life support system with irreversible brain damage from July 15, 2007, and was declared dead on July 28.

Hospital version: It was one of the most well-equipped and well-manned ICUs in the country and there was bedside monitoring by nurses and physicians were available round-the- clock to monitor the patients. The pulse oximeter saturations, arterial blood gases and other hemodynamic parameters are continuously monitored in the ICU and documented.

Where was the mistake?

Commission: The hospital had not submitted any evidence to substantiate its claims.

Lessons learnt

Whatever you think, say it

Whatever you say, do it

Whatever you do, document it

Whatever you document preserve it

Whatever you preserve put it on record in any proceeding



Should it be challenged?

Yes. The decision should be challenged

1. Study the case file in detail. Conduct an internal death audit and an enquiry committee with external experts.
2. Take opinions from ICU, ICCU experts reports (Pan India or International)
3. Submit literature support. Prima facia it looks a case of post op stroke and not peripheral anoxia. Take experts opinion weather it was anoxia or cerebral damage due to stroke. Cerebral injury is a frequent complication of cardiac surgery and has been associated with high mortality, morbidity, hospital costs, and an increased likelihood of admission to a secondary care facility after hospital discharge, and impaired quality of life. There are a variety of manifestations of perioperative cerebral injury including ischemic (or, less commonly, hemorrhagic) stroke that occurs in 1.5% to 5.2% of patients, encephalopathy affecting 8.4% to 32% of patients, and neurocognitive dysfunction affecting 20% to 30% of patients one month after surgery.
4. Study informed consent weather post op complications including stroke were mentioned. Look for pre op evidence of carotid atherosclerosis (Carotid Doppler)
5. In ICU you have 1: 1 nurse and doctors on duty round the clock. If Sao2 falls below 90, other hypoxia signs will be evident. Its persistent hypoxia which is dangerous

* * * * *

Answers

Chhota Sudoku

8	4	7
16	14	
3	1	2
15	18	
5	6	9

7 BR OK EN Words

- 1 DEW
- 2 COOL
- 3 DAMP
- 4 FAIR
- 5 CRISP
- 6 DRIZZLE
- 7 CLOUDBURST

Sudoku

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

KEN KEN PUZZLE

3 ²⁻	6 ^{36x}	1	4	5	2
5	3 ^{24x}	6	1	2	4 ⁵⁺
4	2	5 ¹⁻	3	6	1
2 ⁷⁺	5	4	6 ⁵⁻	1	3 ²⁻
6 ⁵⁻	1 ¹⁰⁺	3	2 ¹¹⁺	4	5
1	4	2	5	3 ²⁻	6



HEALTH SCHEME

GUJARAT STATE BRANCH, INDIAN MEDICAL ASSOCIATION

2nd Floor, A.M.A. House, Opp. H.K.Arts College, Ashram Road,
Ahmedabad – 380009. Phone – 079-26585430

Eligibility

- The life member of IMA GSB can become the member of the scheme.
- The membership fee is according to the age.
- The cut-off age limit to become the member of the scheme is 55 years.
- Most beneficial point is the spouse of the member can also become the member of the scheme by paying only Rs. 50/- .
- After the death of the member of the scheme, the spouse of the member can continue as a member of the scheme by paying regular AFAC.

Aims & Objects

To provide financial assistance to the members and his / her spouse on the unfortunate events of hospitalization for management of the following diseases.

(1) Coronary Heart Disease GROUP :

- * By-pass surgery
- * Angioplasty required for the treatment of coronary heart disease
- * Valvular heart disease surgery
- * Permanent Pace Maker implant

(2) Kidney Disease GROUP :

- * Haemodialysis
- * Renal transplant
- * Renal Angioplasty

(3) Cancer Disease GROUP:

- * Surgical, Radiotherapy and Chemotherapy required for the treatment of all the cancers

EXCEPT

- * Non-aggressive cancers like Carcinoma in-situ
- * Locally active basal cell carcinoma



(4) Brain Tumors GROUP:

Surgical, Radiotherapy and Chemotherapy required for the treatment of Brain Tumors.

(5) Brain Haemorrhage GROUP:

Confirmed by CT Brain or MRI cerebral Angioplasty.

(6) Joint Replacement GROUP:

Surgery for Total Knee and Total Hip Joints.

N.B. : Member above the age of 40 years at the time of joining the scheme will get the benefit after completion of 7 years of joining the scheme.

- **No financial assistance for medical management.**

Medical reimbursement :

Members will be given reimbursement depending upon

[A] Approved (recognized) Hospitals

- Multispecialty Hospital having NABH / NABL certificate and minimum 50 beds, endorsed by the branch President / Branch Secretary.
- Members will be given re-imburement of 75% of total amount of bill or fund collection from the members contribution up to maximum Rs.50/- per case which ever is less.

(B) Non approved (Non-Recognised) Hospitals

- Within the Jurisdiction of I.M.A.G.S.B.
- In no circumstances non-approved establishment outside jurisdiction of I.M.A.G.S.B.
- Members will be given re-imburement of 50% of total amount of bill or fund collection from the members contribution up to maximum limit of Rs.25/- per case whichever is less.
- The managing committee is empowered to add or alter or delete the names on the list of institutes for management. The institutions/establishments /hospitals must be multi-specialty/ having minimum 50 beds/ Certified by NABH or NABL. Such an institution/establishment/hospital can apply with the brochure showing all the details and the endorsement letter of the



**LIST OF HOSPITALS APPROVED FOR TREATMENT
FOR HEALTH SCHEME BENEFIT.**

APPROVED HOSPITAL – (ALL INDIA)

- * All Govt.Hospitals of India
- * Apollo Group of Hospitals of India
- * HCG Group of Hospitals of India

APPROVED HOSPITAL (OUTSIDE GUJARAT)

- | | |
|---|-----------|
| * Southern Railway H.Q.Hospital, Preambudur | Chennai |
| * Bombay Hospital | Mumbai |
| * Breach Candy Hospital | Mumbai |
| * Harikishan Hospital | Mumbai |
| * Hinduja Hospital | Mumbai |
| * Jaslok Hospital | Mumbai |
| * K.E.M. Hospital | Mumbai |
| * Lilavati Hospital | Mumbai |
| * Tata Memorial Hospital | Mumbai |
| * A.I.M.S. New Delhi | New Delhi |
| * Escorts Medical Health Centre | New Delhi |
| * G.B.Pant Hospital | New Delhi |
| * Rajiv Gandhi Cancer Institute & Research Centre | New Delhi |
| * Christian Medical College & Hospital | Vellore |

APPROVED HOSPITAL (ALL OVER GUJARAT)

- * Municipal Corporation Hospitals of Gujarat
- * CIMS Hospital ofGujarat
- * Shalby Hospital of Gujarat
- * Sterling Hospitals of Gujarat
- * Wockhardt Hospitals of Gujarat
- * ZydusHospital ofGujarat

APPROVED HOSPITAL OF GUJARAT (CITY WISE)

- | | |
|--|-----------|
| * AarnaSuperspeciality Hospitals | Ahmedabad |
| * Anand Surgical Hospital Pvt. Ltd. | Ahmedabad |
| * APEX Hospital | Ahmedabad |
| * BAPS YogijiMaharaj Hospital | Ahmedabad |
| * C.L.General Hospital | Ahmedabad |
| * Dr.Jivraj Mehta Hospital | Ahmedabad |
| * Krishna Heart Hospital | Ahmedabad |
| * Life Care Institute of Medical Sciences & Research | Ahmedabad |
| * Nidhi Hospital | Ahmedabad |



- | | |
|---|--------------|
| * Parekh's Hospital | Ahmedabad |
| * S.A.L.Hospital& Medical Institute. | Ahmedabad |
| * Siddhi Vinayak Hospital | Ahmedabad |
| * M M P J KutchiLeuva Patel Hospital | Bhuj – Kutch |
| * Sunshine Hospital | Bharuch |
| * Sterling RamkrishnaSpeciality Hospital | Gandhidham |
| * Lions Hospital | Mehsana |
| * DOMM Institute of Cardiology | Nadiad |
| * D.Z.Patel(Ramol/London) Cardiology
Center and Mahagujarat Medical Society. | Nadiad |
| * Muljibhai Institute. | Nadiad |
| * Subhadraben N. Shah Cancer Hospital | Nadiad |
| * Aash Hospital | Surat |
| * Apple Hospital | Surat |
| * Care Hospital | Surat |
| * Nirmal Hospital | Surat |
| * P PSavani Hospital | Surat |
| * Pramukh Swami Hospital | Surat |
| * Sheikh D.V.ShroffAshakta Ashram Hospital | Surat |
| * Shree MahavirGen.Hospital(Sagrampura) | Surat |
| * Shree Mahavir Cardiac Hospital | Surat |
| * Sunshine Hospital | Surat |
| * SuratGen.HospitalBalaji Road | Surat |
| * Unique Hospital | Surat |
| * Banker's Heart Institute | Vadodara |
| * Baroda Heart Institute & Research Centre. | Vadodara |
| * Bhailal Amin Gen.Hospital | Vadodara |
| * NarhariArogaya Kendra | Vadodara |
| * PremdasJalaram Hospital | Vadodara |
| * Sunshine Hospital | Vadodara |
| * Unity Hospital | Vadodara |
| * Welcare Hospital | Vadodara |
| * HarilalJechandDoshi Medical Research Foundation | Rajkot |
| * NavalbenManilalViraniGenereal Hospital | Rajkot |
| * R.R.KothariPolydiagnostic Hospital & Research Centre | Rajkot |
| * SatyaSaibaba Hospital | Rajkot |
| * Anandbava Trust Dialysis Centre. | Jamnagar |
| * Samarpan Hospital | Jamnagar |
| * Oswal Hospital | Jamnagar |



- The member can get the benefit from the scheme over & above their MEDICAL INSURANCE ,
- For reimbursement, the claimant has to submit original & xerox copy of all the documents (countersigned by the Hospital superintendent.). After verifying, the original file will be returned back.
- Along with the claim file the claimant should submit the copy of certificate of Health Scheme, forwarding letter from the branch Secretary/President and summary of the expenses.
- Charges of engaging a special nurse or attendant will not be reimbursed.
- Expenses incurred on travel or ambulance will not be reimbursed.
- No Reimbursement of expenses incurred by the members on treatment outside INDIA.
- After availing the benefit of the scheme for any one particular disease GROUP, the same member will not get the benefit for the same disease GROUP for next 2 years.
- Member/Spouse will get benefit after completion of one year of joining the scheme.
- All P G students who are member of Health Scheme and posted outside Gujarat can claim for any of the disease which our scheme covers. All the claims will be settled as non-approved hospital bases if not from approved hospital, provided prior information is given to Health Scheme or Dean of the Medical College .

NO CLAIM BONUS :

The surplus amount should be distributed to the members every year :

- 80 % of surplus amount will be distributed to the members who have completed 5 years of membership and who have not taken any claim benefit (either for himself / herself or for his / her spouse) in five years.
- “No Claim Bonus” shall be given in AFAC notice. It will be named “ Allocated AFAC”.

**All the members are requested to send their
E-mail address & Whatsapp Mobile number**



Supreme court has clearly stated that only lawyers, doctors and architects if staying in their residential flat can conduct professional activities in that flat using 25% of FAR (floor area ratio). No other commercial activity can be allowed in a residential flat. Hence, coaching classes, play schools and day care centres operating in residential areas have to close and go to the commercial spaces earmarked for commercial activity. Here is the Supreme Court judgment.

NON-REPORTABLE

IN THE SUPREME COURT OF INDIA
CIVIL APPELLATE JURISDICTION

**I.A. No. 4 OF 2012
IN
CIVIL APPEAL NO. 10535 OF 2011**

Chairman & Chief Executive Officer, NOIDA & Anr. ...	...	Appellants
Versus		
Mange Ram Sharma (D) through LRs. & Anr. ...	...	Respondents
And		
Dr. Anupama Bisaria & Ors. ...	...	Applicants

ALONG WITH

**I.A. No. 5 OF 2012
IN
CIVIL APPEAL NO. 10535 OF 2011**

Chairman & Chief Executive Officer, NOIDA & Anr. ...	...	Appellants
Versus		
Mange Ram Sharma (D) through LRs. & Anr.	Respondents
And		



Dr. A.C. Bisaria & Ors.	Applicants
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ALONG WITH

**I.A. No.6 OF 2012
IN
CIVIL APPEAL NO.10535 OF 2011**

Chairman & Chief Executive Officer, NOIDA & Anr.	Appellants
Versus		
Mange Ram Sharma (D) through LRs. & Anr. ...	...	Respondents
And		
M/s. Shivalik Medical Centre P. Limited through its Director, Dr. Ravi Mohta. & Ors. ...	...	Applicants

ALONG WITH

**I.A. No. 48 of 2012
IN
CIVIL APPEAL NO. 6962 OF 2005**

R.K. Mittal & Ors. ...	...	Appellants
Versus		
State of U.P. & Ors. ...	...	Respondents
And		
Dr. Birendra Kumar		



Tripathi & Anr. ... Applicants

ALONG WITH

**I.A. No. 50 of 2012
IN
CIVIL APPEAL NO. 6962 OF 2005**

R.K. Mittal & Ors. ... Appellants

Versus

State of U.P. & Ors. ... Respondents

And

Dr. Rashmi Gupta & Ors. ... Applicants

ALONG WITH

**I.A. No. 53 of 2012
IN
CIVIL APPEAL NO. 6962 OF 2005**

R.K. Mittal & Ors. ... Appellants

Versus

State of U.P. & Ors. ... Respondents

And

Dr. Atul Kaushik & Anr. ... Applicants

ORDER



1. By judgment and order dated 5/12/2011, this Court disposed of Civil Appeal No.10535 of 2011 and issued following directions:

- (1) *That banking or nursing homes or any other commercial activity is not permitted in Sector 19 and for that matter, in any sector, in the development area earmarked for "residential use".*
- (2) *That the 21 banks and the nursing homes, which are operating in Sector 19 or any other residential sector, shall close their activity forthwith, stop misuse and put the premises to residential use alone, within two months from the date of pronouncement of this judgment.*
- (3) *That lessees of the plots shall ensure that the occupant banks, nursing homes, companies or persons carrying on any commercial activity in the residential sector should stop such activity and shift the same to the appropriate sectors i.e. commercial, commercial pockets in industrial/institutional area and specified pockets for commercial use within the residential sector, strictly earmarked for that activity in the development plan, the Regulations and provisions of the Act.*
- (4) *That the Development Authority shall consider the request for allotment of alternative spaces to the banks and the persons carrying on other commercial activities, with priority and expeditiousness.*



- (5) *That the doctors, lawyers and architects can use 30% of the area on the ground floor in their premises in residential sector for running their clinics/offices.*
- (6) *That for such use, the lawyers, architects and doctors shall be liable to pay such charges as may be determined by the Development Authority in accordance with law and after granting an opportunity of being heard. The affected parties would be at liberty to raise objections before the Development Authority that no charges are payable for such users as per the law in force.*
- (7) *In the event the lessee or the occupant fails to stop the offending activity and/or shift to alternate premises within the time granted in this judgment, the Development Authority shall seal the premises and proceed to cancel the lease deed without any further delay, where it has not already cancelled the lease deed.*
- (8) *Wherever the Development Authority has already passed the orders canceling the lease deeds, such orders shall be kept in abeyance for a period of two months from today. In the event the misuse is not stopped within a period of two months in terms of this judgment, then besides sealing of the premises, these orders of cancellation shall stand automatically revived and would come into force without further reference to any court. In the event the misuse is completely stopped in all respects, the orders passed by the authorities shall stand quashed and the property would stand restored to the lessees.*
- (9) *These orders shall apply to all cases, where the order of termination of lease has been passed by the Development Authority irrespective of whether the same has been quashed and/or writs of the lessees dismissed by any court of competent jurisdiction and even if such judgment is in appeal before this Court.*
- (10) *The orders in terms of this judgment shall be passed by an officer not below the rank of Commissioner. This order shall be passed after giving an opportunity to the parties of being*



heard by such officer. This direction shall relate only to the determination of charges, if any, payable by the lessee or occupant for the period when the commercial activity was being carried on in the premises in question."

2. On 23/1/2012, it was pointed out to us that 30% of the ground floor area permitted to be used under Direction (5) above is contrary to the bye-laws and master plan of NOIDA. It was urged before us that the expression 'ground floor' used in the same clause may be clarified as 'any floor' because somebody may be having a two-storeyed house and may himself be living on the first floor only. In the circumstances, we modified Direction (5) quoted above and clarified that 25% of the permissible FAR is allowed to be used for their professional purposes by doctors, lawyers and architects. We also modified paragraphs 54 and 55 of our judgment as follows:

"That the doctors, lawyers and architects can use 25 per cent of the permissible FAR of any floor in their premises in the residential sector but only for running their personal office or personal clinic in its restricted sense as clarified in the judgment."



3. By the said order dated 23/1/2012, we have issued the following further directions:

- (i) *The NOIDA Authorities shall, within one week from today, issue a final notice to all the owners of the residences requiring them to stop use of the premises for banking or any other commercial activity and requiring them to shift from the residential areas.*
- (ii) *The NOIDA Authority shall also issue an advertisement stating therein the premises which can be offered to the banks as per the policy of the NOIDA Authority. This policy shall clearly state the terms and conditions for allotment and the manner in which the allotment of the alternative site/land would be made to the banks and/or other commercial activities in appropriate sectors i.e. commercial, institutional or industrial-commercial. We make it clear that such policy should be fair and transparent.*
- (iii) *Within one week thereafter the banks and other persons carrying on the commercial activities shall respond to the advertisement given by the NOIDA Authority or the circular issued by them. Their allotment should be finalized immediately thereafter.*
- (iv) *The entire process should be completed within six weeks from today. After six weeks the NOIDA Authority shall be entitled to cancel the lease deed as well as take other permissible steps in accordance with law to prevent commercial users in the residential sectors. We also make it clear that the NOIDA Authority will*



be at liberty to consider the request of the nursing homes, clinics or other commercial activities carrying on the residential areas for allotment of an alternative site in accordance with its policy, if any. The NOIDA Authority shall be entitled to fix present day rates or impose such other terms and conditions as is considered appropriate by them. This we leave to the discretion of the authorities concerned.

- (v) *Any branches that have opened in NOIDA after the pronouncement of the judgment of this Court shall not be entitled to any of the benefits of the judgment and this order.*
- (vi) *We make it clear that the directions contained in this order should be complied with by all concerned and within the time stipulated. In the event of default, this court shall be compelled to take proceedings under the Contempt of Courts Act, 1971 against the erring or defaulting officers/officials."*

4. In the abovementioned applications, some applications have been filed by the doctors, who were running nursing homes in the residential areas with a prayer that they should be provided alternate land/premises by NOIDA, as it has been done in the case of banks as per the judgment of this court. It is averred in these applications that Dr. Rashmi Gupta and others were running nursing homes in the residential areas with differing capacity, which have now been closed. They are



prepared to pay the reasonable cost of land/premises which the NOIDA may now allot to them for running their nursing homes. There are other applications also with similar prayers. As we had heard the applicants as intervenors/impleaders, their applications for intervention do not survive for consideration any further.

5. As far as formulation of Scheme by the NOIDA for allotting the land/premises to such applicants is concerned, the stand of the NOIDA is that it had already taken out a Scheme especially for nursing homes. However, no applicant applied for allotment of such land and thus, the NOIDA had not allotted any plot to the persons running nursing homes in the residential areas.

6. The NOIDA Master Plan, 2031, in Chapter 7, deals with Use Zones and Use Premises Designated. Under Serial No.87 of Chapter 7.30, while referring to Clause 5.22, it has been stated that a premises having medical facilities for indoor and outdoor patients having upto 30 beds is a nursing home and



would be managed by a doctor on commercial basis. A clinic is stated to be a premises with facilities for treatment of outdoor patients by a doctor. In case of a polyclinic, it shall be managed by a group of doctors.

7. After hearing learned counsel appearing for different parties, we are of the view that NOIDA can be directed to make a provision under this policy for allotment of land/premises to nursing homes and invite applications for allotment of land for the same. The NOIDA has given precedence, under their previous Schemes for allotment, to such applicants who are running nursing homes of more than 10 beds and less than 30 beds and the same would apply under this direction. They shall be given land/premises at reasonable rates as may be determined by the competent authority in NOIDA. This exercise of inviting applications and allotting such land/premises should be completed within three months from today. The applicants have stated that their nursing homes have already been closed, but we make it absolutely clear that no nursing home shall run from a residential area henceforth.



8. Coming to the applications made by individual doctors, we direct that individual doctors would not be entitled to any benefit under the Scheme that the NODIA will declare under this order. A clinic simplicitor can be run by a doctor within such area as already specified, of his or her residence. This clinic would mean one as per the bye-laws. To put the matters beyond ambiguity, we clarify that the doctor can have his clinic with a table, a bed to examine the patient and such facilities which may be necessary to provide first aid. A dentist may have a dental chair in his clinic. Under this head, neither a polyclinic nor a nursing home can be run in the residential area.

JUDGMENT

9. We also direct that no doctor would be permitted to run a polyclinic or a nursing home in the garb of a clinic. Therefore, the question of keeping the patients in the clinic overnight would not arise. The purpose of permitting a clinic is strictly in accordance with the directions of this court as already issued as well as the bye-laws. The doctors will be permitted



to run a clinic to provide personal service to the outdoor patients and nothing more. The doctors would be permitted to conduct professional practice, by the resident doctor alone, within the scope of the directions already issued by this court.

10. We have heard the applicants, at length. There is no occasion for this court to review/alter its judgment dated 5/12/2011 and further order dated 23/1/2012. Consequently, the applications for intervention and impleadment do not survive.

.....J.
(SWATANTER KUMAR)

JUDGMENT.....J.
(RANJANA PRAKASH DESAI)

NEW DELHI,
MAY 4, 2012.



GUEST HOUSE OF IMA LIST

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



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
Gujarat	AHMEDABAD Branch 2nd Floor, AMA House Opp. H k college Ashram road, Ahmedabad - 380 009	Dr. Kamlesh B. Saini (M) 096019 49252 Ph. : 079-26587370 Email:- imagsb@gmail.com	5 AC Rooms @Rs. 1100/- 1 AC room @Rs. 800/- extra bed @ Rs. 100/-
Karnataka	Karnataka Branch , IMA House, Nr. IMA Circle, A V Road - bangalore - 560018	Mr. Puttuswamy , Hon State Secretary : 9008828303; 080-26800409 : 080-26703255 Email : imakbs@bsnl.in	10 non A/C Single Bed Rooms @ Rs. 250/-, 6 non AC Double Bedded Rooms @ rs. 400/- 1 A C Deluxe @ Rs. 700/- , 1 Suite @ Rs. 800/- extra Bed : 150/- yes
	Tumkur Branch IMA House, Town Hall Circle , Tumkur - 572101	Dr. Prashant (M) 9632222233 , 0816-2254938	1 Single Bed Rooms @ rs. 200/- 1 Double Bedded @ rs. 300/-
	Shimoga Branch Mc. Gann Hospital Compound, Shimoga	Hon. Secretary : 9448421951 08182-224622 : doc_vishwanath@hotmail.com	
	Chitradurga Branch opp. Dist. Hospital chitradurga - 577501	Hon Secretary : 9972328698 08194-228485	single Bed Rs. 50/- Double Bed rs. 100
	Arsikere Branch , IMA House , B/h. Sai natha Temple, J C Hospital Compound Arsikere - 573103	(M) : 9448997377 hareeshkv@yahoo.com Chanckeku@gmail.com	single Bed Rs. 100 /-
Kerala	Thiruvananthapuram Branch , IMA State Headquarters, Ananyara. Thiruvananthapuram - 695029	DR.J R Nair :- 9447154066 TEL. 0471-2741144, Fax :- (0471) 2741155, Email:- imakbs@yahoo.co.in	AC Double bedded room @Rs. 1200/- for non IMA Member & IMA Member from other state and Rs. 800/- for IMA Members. 4 bedded Rooms Rs. 1600 for IMA Members and Rs. 2400 for Non IMA Members and RS. 2400 for IMA Members from other states.
	Kottarakara Branch , Ima House, Bubby Kottarakara Road P.O. Kotarakaro, Dist. Kollam	DR. Radhamony M: 9447801337 Tel : 0474-2454066, 2060777: Fax 0474-2454066, rradhymoney@yahoo.co.in	Can be arragned In some other private hotel
Maharashtra	Mumbai Branch IMA CHOWK, 16 keshav rao ""Khadye Marghaji Ali Mumbai - 4000034	Mrs. Jyotsna , Tel :- (022) 23543255, Fax : (022) 23545510 ima_mumbai@rediffmail.com ; mumbai@mtnl.net.in	Rs. 500/- (1 room) No.
	Mumbai West Branch , J R Mhtr Marg JVPD Scheme, behind Chandan Cinema juhu, Mumbai 400049	Ms. Aparna : Tel :- 022-26206517, 65235579, 26254368, imamumbaiwest@yahoo.com	2 Rooms Rs. @ Rs. 1275/- + 10.30 %, 2 Rooms @ Rs. 1200/- + 10.30 % No.



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



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



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