



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

**GUJARAT MEDICAL JOURNAL
INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH**

Estd. On 2-3-1945

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



Dear Members,
Season's Greetings.

Violence on doctors and Health Care establishments has touched a new low with the mass lynching of Dr. Deben Dutta on 31st August 2019 in Teova Tea estate in Jorhat, Assam. Indian Medical Association has been bringing to the attention of the Government, media and the people regarding this uncivil trend in our country. 21 states and 1 union territory have enacted a law against violence in Health Care establishments. Earlier this year the entire medical profession of India withdrew non essential services for 24 hours on 17th June 2019 against violence perpetrated on Dr Paribaha Mukharjee in Kolkatta. Subsequently Union Ministry of Health initiated proceedings involving IMA in drafting a Central Law under the concurrent list. The unfortunate incident in Assam underlines the urgent need to expedite this process for deterrence. IMA requests the Government of India to bring out the law as an ordinance in this regard immediately.

Violence on doctors and hospitals is a complex phenomenon and will require multidimensional institutional response. A law for deterrence alone might not have the desired impact. IMA also requests your esteemed Government to declare Hospitals as safe zones with structured security. It is also our considered opinion that inadequacies of infrastructure and Human Resources in Public Sector and out of pocket expenditure in Private Sector are the root causes of violence. High expectations, lack of understanding of limitations, patient load, lack of professional counseling are all contributory factors. Such determinants of violence also have to be addressed comprehensively. As a matter of fact IMA has been engaging the Central Government on this issue through an Inter Ministerial Committee right from 2015.



Safety and security of the hospitals have to be ensured in the interest of the patients. It is not possible to provide quality treatment to public in an atmosphere of fear and violence. Violence in the hospitals will only increase the sufferings of patients.

We are staunch supporter of ISRO and all those institutions who promote science, we are also disheartened the way our efforts of ISRO didn't yielded the desired results. But as a son of science we know that science don't believe in failures, it only believes in solutions. We can remember the very famous quote of Thomas Alba Edison when someone asked him that even after repeated attempts you failed to make a bulb, then he said " I have not failed. I've just found 10,000 ways that won't work" and the rest is history, today his invention has modified the fundamentals of nature and it's difficult to tell the difference between day and night because of him. So today ISRO found one of the ways which won't work.

Being a doctor, apart from consoling our science partners it's also our duty to create awareness among common public that science is an emerging phenomenon, it's neither absolute nor finite, it always have humanitarian intentions to ease the lives of humans but it does not guarantee 100% success. We must learn to accept the limitations of science while enjoying its vast majority of benefits.

Most of us saw our PM addressing ISRO scientists after Chandrayan 2 missed landing and it was an exemplary show of his leadership qualities...he was awake till midnight and addressed those disappointed scientists at the time of need...

He shook hands with each scientist and at the end he hugged Mr Sivan and all were in tears.. what a priceless moment!!! We are lucky to have such a leader!!

We are really proud of ISRO and our PM..

At the same moment a thought disturbed our mind..

After 10 yrs of efforts by more than 700+ scientists vikram cudnt walk on moon surface none the less orbitor is doing its job.. great..

After all disappointment is a feeling..

It is a human expression for failure..

All of us witnessed it on ISRO scientists today..



This is the same feeling for an operating team when we lose a major case in postop/ intraop even after working hrs n hrs meticulously...

This is the same disappointment for a neonatologist when he loses a case of premature baby after 5 wks of nursing..

Its not different for neurologist when he loses a case of status epilepticus after all the care..

It is same for a physician in PUO..

It is same for an intensivist on a regular basis and we think it is much more for an anaesthetist for on table death..

This is what we are crying all these days that these are all not failures..

When a task of 650 cr budget .. 700+ scientis.. 10+ yrs can go wrong at penultimate moment...

The so called failures can also happen in medical field..

Medical field is much more complex than space science....

We don't expect applause for our daring decisions to handle complex cases...

We just expect an element of trust.... if not from law makers at least from our patients.

People of this country need to learn from Chandrayaan failure. That was Physics and Biology is even more unpredictable. As we stand behind our space scientists so we need to stand behind the doctors. Not every failure is a negligence, it could be just unpredictable Biology.

We congratulate IMA Vadodara Branch for successfully organised PPS Educational Zonal Seminar at Vadodara.

On behalf of GSB IMA & Organizing Team of GIMACON-2019, We request all of you to get registered in maximum numbers & make forth coming GIMACON-2019 at Daman a grand success.

Long live IMA.

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

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



NATIONAL WESTERN ZONE REGIONAL LEADERS MEET

National Western Zone Regional Leaders Meet on 31st August 2019 & 1st September 2019 at "The Orchid Hotel" 70-C, Nehru Road Near Mumbai Domestic Airport, Vile Parle East, Mumbai, Maharashtra - 400099.

Following members from our state attended the meeting.

- | | |
|-----------------------------|------------|
| 1. Dr. Jitendra B. Patel | Ahmedabad |
| 2. Dr. Yogendra S. Modi | Ahmedabad |
| 3. Dr. Kamlesh B. Saini | Ahmedabad |
| 4. Dr. Bipin M. Patel | Ahmedabad |
| 5. Dr. Mahendra Chaudhary | Bardoli |
| 6. Dr. Rajiv D. Vyas | Bardoli |
| 7. Dr. M.R. Kanani | Bhavnagar |
| 8. Dr. M.M. Jadeja | Bhavnagar |
| 9. Dr. V.T. Parmar | Bhavnagar |
| 10. Dr. Bhupendra M. Shah | Himatnagar |
| 11. Dr. Jayesh Sheth | Mahuva |
| 12. Dr. Praful R. Desai | Navsari |
| 13. Dr. Bharat Kakadia | Rajkot |
| 14. Dr. Chetan Lalseta | Rajkot |
| 15. Dr. Rashmikant Upadhyay | Rajkot |
| 16. Dr. Vinod C. Shah | Surat |
| 17. Dr. Pragnesh C. Joshi | Surat |
| 18. Dr. Chandresh Jardosh | Surat |
| 19. Dr. Parul Vadgama | Surat |
| 20. Dr. Vinod C. Noticewala | Surat |
| 21. Dr. Girish Modi | Surat |
| 22. Dr. Madhusudan Umarji | Surat |
| 23. Dr. Chetan N. Patel | Vadodara |
| 24. Dr. Sanjay Dave | Vadodara |



NMC Act 2019

Plan of action

Strategy and focus : "No" to sections 32, 50 and 51

1) Awareness campaign : SUNO BHARAT (for six weeks)

- to reach out to members - 1000 Branch meetings. catch words : Quackery, crosspathy.
- to reach out to patients and public - 1000 Public/hospital meetings or open forums
slogans : sab ka vikas sab ka avaas , Quality care for all.
- Social media interventions
- Editorial and write ups in news papers
- Resident editors of news papers to be met by local branch leaders/ state and national leaders
- Campaign among opinion makers
- Wide spread awareness regarding alternative suggestions for rural health
- IMA Hqs: National office bearers to campaign in states.
- State branches to campaign in districts and sub districts.

2) Consolidation of the medical profession

- Connect with all medical colleges- reach out to medical students- programme for parent local branches- Coordination role for state branches.
- Coordinate the Residents under JDN /consultation with RDAs/State branches to reach out to Resident Doctors Associations - National Convention of JDN, Coordination and information sharing.
- Consolidation of Government Doctors' Associations - coordination by IMA Hq and state branches.
- FOMA - (a) IMA Hq- Central coordination (b) State branches to reach out to state level chapters for formation of FOMA at state level.

3) D Day : Date and format to be decided. D Day around 3rd month.

4) Charter of demands

- Deletion of sections 32, 50, 51
- Amendments to other deleterious clauses.

(plan of action developed in the workshop on NMC 2019 at Trivandrum on 24-08-2019)



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

- 27-08-2019 Dr. Kamlesh B. Saini, Hon. State Secretary, GSB IMA attended meeting of State Coordination Committee with regard to Leprosy Case Detection - Special Activity Plan in September 2019, at Gandhinagar.
- 14-09-2019 Dr. Bipin M. Patel, Managing Director, PPS GSB IMA and Dr. Parth M. Desai, Legal Director, PPS GSB IMA attended PPS Zonal Educative Seminar at Vadodara.

* * * * *

CONGRATULATION



- ❖ **Dr. Parimal Desai;** **Ahmedabad**
For receiving TWO of the most prestigious ICL Awards, **EVO Visian ICL*500 Award, EVO Toric Visian ICL*500 Award** in Paris at STAAR Surgical International EVO Visian ICL Expert Summit, Paris, France

* * * * *

OBITUARY

We send our sympathy & condolence to the bereaved family

- | | | |
|------------------------------|------------|-----------|
| Dr. Karkathala Bhagvandas K. | 27-03-2019 | Ahmedabad |
| Dr. Tamaichi Kantilal S. | 22-07-2019 | Ahmedabad |
| Dr. Chablani Rajaram J. | 17-08-2019 | Ahmedabad |

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



THE WORLD MEDICAL ASSOCIATION, INC.
L'ASSOCIATION MEDICALE MONDIALE, INC
ASOCIACION MEDICA MUNDIAL, INC



Open letter to the attention of:

Shri Narendra Modi ji
Hon'ble Prime Minister of India
Prime Minister's Office
South Block, Raisina Hill
New Delhi-110011
Email Id: pmoffice@gov.in pmooffice@gov.in

Dr. Harsh Vardhan
Hon'ble Union Minister for Health and Family Welfare
Nirman Bhawan,
New Delhi-110011.
Email Id: drhrshvardhan@gmail.com dr.harshvardhan@sansad.nic.in hfm@gov.in

3 September 2019

Dear Sirs,

I am writing to you on behalf of the World Medical Association (WMA), the global federation of National Medical Associations representing millions of physicians worldwide. Acting on behalf of patients and physicians, the WMA endeavours to achieve the highest possible standards of medical care, ethics, education and health-related human rights for all people. As such, the WMA plays a key role in promoting good practice, medical ethics and medical accountability internationally. The Association supports doctors at risk worldwide.

We learned the recent dramatic death of Dr Deven Dutta, a senior doctor of 73 years-old, for allegedly being absent from duty and blamed him for the death of a temporary worker. This news is a matter of great concerns to us, reflecting the increasing trend of violence against health professionals in India.

Health professionals are threatened and attacked, sometimes even when they provide life-saving emergency care. They can be the deliberate targets of violence and used as scapegoat, such as in the case of Dr Dutta. Such violence affects profoundly health professionals in the discharge of their duty as well as their physical and moral integrity, with unavoidable consequences on the provision of health care and patients' safety. Furthermore, the proliferation of such violence tends to make these acts a common occurrence, instilling mistrust against health professionals.

The WMA has been particularly active on these matters over the last decade and stands firm behind its medical associations' members to protest against any form of violence. We supported the initiative of the Indian Medical Association last February to hold a „conclave“ to protest against violence against physicians and health personnel.

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INDIAN MEDICAL ASSOCIATION (HQs.)

(Registered under the Societies Act XXI of 1860)
Mutually Affiliated with the British & Nepal Medical Associations

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IMA National Family Welfare Scheme
Chairman
Dr. K. Vijayakumar (Tamil Nadu)
Honorary Secretary
Dr. V. Sasidharan Pillai (Kerala)

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Honorary Secretary General
Dr. R. V. Asokan
(M): 9847061563
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September 1, 2019

To,
Shri Narendra Modi ji
Hon'ble Prime Minister of India
Prime Minister's Office
South Block, Raisina Hill
New Delhi-110011

Sub.: IMA HQs. strongly condemns the brutal murder of Dr Deben Dutta, Medical Officer of Teova Tea estate in Jorhat, Assam and requests your intervention for investigation.

Respected Sir,

Dr. Deben Dutta, Medical Officer of Teova Tea estate in Jorhat, Assam has been brutally murdered. The 75 years old senior doctor had retired after a lifetime service in tea estates. He had chosen to continue to serve the workers. The brutality of his murder allegedly by the relatives of the deceased patient is a new low in violence on Doctors and Hospitals.

The medical profession of the nation is aghast at the level of violence prevailing in the community against Doctors. It defies reason. In June this year the entire medical profession had risen as one across the nation seeking justice and security. Government of India is seized of legislating a Central Law against violence in Healthcare institutions. Even such a heavy deterrence may not work in such an atmosphere of mob violence.

IMA requests your kind intervention for immediate arrest and diligent prosecution of everyone involved in the crime.

IMA also demands comprehensive response from the Union Government to eliminate violence in hospitals.

Expecting positive action from Government of India.

With most kind regards,

Dr. Santanu Sen
National President

Dr. R. V. Asokan
Honorary Secretary General

Doctors for Doctors and Community at Large
All communications intended for headquarters office should be addressed to the Honorary Secretary General



COLLEGE OF GENERAL PRACTITIONERS; G.S.B. I.M.A.

NOTICE

Dear Member,

Annual General Body Meeting of the members of I.M.A. College of General Practitioners, Gujarat State Faculty will be held at Daman during I.M.A. G.S.B. Annual Conference (GIMACON-2019).

Venue : THE DELTIN, Varkund,
Nani Daman, Daman 396210.
Date : 12th October, 2019, Saturday
Time : 9.00 a.m.

AGENDA

1. To pass the minutes of previous Annual General Body Meeting.
2. Any business arising out of it.
3. To approve Annual Report of the College of G. P. 2018-2019.
4. To approve Annual Budget for 2019-2020.
5. To elect three (3) members on the Faculty Board.
6. Any other business with the permission of chair.

Dr. Kirit C. Gadhavi
Director

* * * * *

Dr. Vasant B. Patel
Hon. Secretary

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

NOTICE

Dear Member,

Annual General Body Meeting of the members of Professional Protection Scheme will be held at Daman at the time of Annual Conference of I.M.A. G.S.B. to consider the following Agenda. (GIMACON-2019)

Venue : THE DELTIN, Varkund,
Nani Daman, Daman 396210.
Date : 12th October, 2019, Saturday
Time : 9.30 a.m.

Dr. Bipin M. Patel
Managing Director

* * * * *

SOCIAL SECURITY SCHEME; G.S.B. I.M.A.

NOTICE

Dear Member,

Annual General Body Meeting of the members of Social Security Scheme will be held at Daman at the time of Annual Conference of I.M.A. G.S.B. to consider the following Agenda. (GIMACON-2019)

enue : THE DELTIN, Varkund,
Nani Daman, Daman 396210.
Date : 12th October, 2019, Saturday
Time : 10.00 a.m.

Dr. Jitendra B. Patel
Hony. Secretary



FAMILY WELFARE SCHEME; G.S.B. I.M.A.

NOTICE

Dear Member,

Annual General Body Meeting of the members of Family Welfare Scheme will be held at Daman at the time of Annual Conference of I.M.A. G.S.B. to consider the following Agenda. (GIMACON-2019)

venue : THE DELTIN, Varkund,
Nani Daman, Daman 396210.
Date : 12th October, 2019, Saturday
Time : 10.30 a.m.

Dr. Jitendra B. Patel
Hony. Secretary

* * * * *

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.



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

NOTICE OF GENERAL BODY MEETING

Dear Member,

The General Body Meeting of our scheme will be held on 12/ 10/ 2019, 11.00 a.m. at (GIMACON - 2019) at THE DELTIN, Varkund, Nani Daman, Daman – 396 210.

AGENDA

1. To confirm and pass the minutes of the previous meeting.
2. Messages received for inability to attend meeting if any.
3. To consider and pass activity report of the scheme.
4. To pass the Audited Accounts for the year 2018-2019.
5. To pass the estimated Budget for the year 2020-2021.
6. To discuss the letters received in the office.
7. Discussion about continuing "Allocated AFAC" to members.
8. To appoint the Auditor & To Fix his Remunerations.
9. Any other business with the permission of chair.

Thanking you,

Dr. Abhay S. Dikshit
Hon. Secretary

Yours Sincerely,

Dr. Navnit K. Patel
Chairman


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

L_M_No.	NAME	BRANCH
LM/28764	Dr. Chavda Sanjay Gokalbhai	Surendranagar-Wadhwan
LM/28765	Dr. Gupta Chetanprakash Rajkumar	Palanpur
LM/28766	Dr. Desai Amrut Bhomabhai	Anand
LM/28767	Dr. Patel Nirali Maheshkumar	Surat
LM/28768	Dr. Patel Nikita Zeenabhai	Surat
LM/28769	Dr. Khandhar Rakesh Parsotambhai	Jamnagar
LM/28770	Dr. Parmar Bharat Kacharabhai	Una-Diu
LM/28771	Dr. Trivedi Aakash Vinodchandra	Surat
LM/28772	Dr. Bhoot Alka Hasmukhbhai	Surat
LM/28773	Dr. Mehta Chintan Nileshbhai	Rajkot
LM/28774	Dr. Bhatt Kamal Jitendrabhai	Rajkot
LM/28775	Dr. Upadhyay Janaki Vijaykumar	Rajkot
LM/28776	Dr. Patel Ripal Samirbhai	Ahmedabad
LM/28777	Dr. Darji Jaydip Dineshbhai	Ahmedabad
LM/28778	Dr. Thakker Kaushal Vinaykumar	Ahmedabad
LM/28779	Dr. Mistry Trusha Janakbhai	Ahmedabad
LM/28780	Dr. Sabalpara Monica Arvindbhai	Ahmedabad
LM/28781	Dr. Mishra Suchita Krishnakumar	Ahmedabad
LM/28782	Dr. Shah Dirgh Harshadbhai	Ahmedabad
LM/28783	Dr. Shah Urmil Maheshbhai	Ahmedabad
LM/28784	Dr. Shah Neha Urmil	Ahmedabad
LM/28785	Dr. Pandya Aashay Rajeshbhai	Ahmedabad
LM/28786	Dr. Pandya Pooja Aashay	Ahmedabad
LM/28787	Dr. Patel Harsh Hareshkumar	Ahmedabad
LM/28788	Dr. Shah Ayush Pramodbhai	Ahmedabad
LM/28789	Dr. Shah Ridham Yomenbhai	Ahmedabad
LM/28790	Dr. Shah Sakshi Ridham	Ahmedabad
LM/28791	Dr. Gohil Yagnesh Girdharbhai	Ahmedabad



LM/28792	Dr. Vaghela Mehulsinh Bharatsinh	Ahmedabad
LM/28793	Dr. Patel Chintan Kirtikumar	Ahmedabad
LM/28794	Dr. Patel Ankur Kantibhai	Ahmedabad
LM/28795	Dr. Desai Kavina Hem	Ahmedabad
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LM/28797	Dr. Patoliya Akash Chandulal	Junagadh
LM/28798	Dr. Patel Asha Avacharbhai	Junagadh
LM/28799	Dr. Vavalia Dhaval Prafulbhai	Surat
LM/28800	Dr. Awadia Sahil Shamsuddin	Surat
LM/28801	Dr. Vasava Dinesh Shanabhai	Bharuch
LM/28802	Dr. Gupta Vivek Damodardas	Vadodara
LM/28803	Dr. Padhi Bikramaditya Kirati	Vadodara
LM/28804	Dr. Joshi Harshal Kamleshbhai	Vadodara
LM/28805	Dr. Bambhanian Radhika Tusharkant	Vadodara
LM/28806	Dr. Alizayagam Najarali Hasan	Palanpur
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LM/28816	Dr. Zanzmera Vatsal Niranjanbhai	Surat
LM/28817	Dr. Jikadra Pratibha Vinubhai	Surat
LM/28818	Dr. Shah Shibani Atulbhai	Ahmedabad
LM/28819	Dr. Desai Gopal Kanjibhai	Ahmedabad
LM/28820	Dr. Modi Ashish Arvindkumar	Ahmedabad
LM/28821	Dr. Patel Bhaumik Rameshbhai	Ahmedabad
LM/28822	Dr. Patel Yashpal Gangarambhai	Ahmedabad
LM/28823	Dr. Patel Vaibhav Natvarlal	Ahmedabad
LM/28824	Dr. Patel Binal Vaibhav	Ahmedabad



LM/28825	Dr. Patel Ravi Govindbhai	Ahmedabad
LM/28826	Dr. Patel Pooja Ravi	Ahmedabad
LM/28827	Dr. Patel Soham Ambalal	Ahmedabad
LM/28828	Dr. Saraiya Sadhana Kantilal	Anand
LM/28829	Dr. Patel Parthav Baldevbhai	Ahmedabad
LM/28830	Dr. Reshamwala Nidhi Shrenikbhai	Ahmedabad
LM/28831	Dr. Suthar Saurabh Bhanuprasad	Ahmedabad
LM/28832	Dr. Sharma Aman Ashokbhai	Ahmedabad
LM/28833	Dr. Rajvansh Kruti Rasiklal	Ahmedabad
LM/28834	Dr. Patel Jenis Bansibhai	Ahmedabad
LM/28835	Dr. Akvaliya Lucjraj Bhagvanjibhai	Rajkot
LM/28836	Dr. Malam Ramesh Punabhai	Rajkot
LM/28837	Dr. Malam Ankita Rameshkumar	Rajkot
LM/28838	Dr. Durgia Harsh Thakur	Rajkot
LM/28839	Dr. Anandani Garima Murlidhar	Rajkot
LM/28840	Dr. Gajjar Munira Chinubhai	Gandhidham
LM/28841	Dr. Parmar Jayesh Prabhubhai	Botad
LM/28842	Dr. Suthar Jalpa Vinodkumar	Botad

* * * * *

BRANCH ACTIVITY

AMRELI

07-09-2019 "An approach to the patient with Lymphoma" by Dr. Gauttam Makadia.

ANAND

10-07-2019 "Inguinal Hernia" by Dr. G.M. Mannari.

24-07-2019 "Drug Interaction" by Dr. Bharat Gajjar.

09-08-2019 Blood Donation Camp. Total 263 bottles blood were collected.

11-08-2019 Aao Gaon Chale inauguration and adoption ceremony of Zankhariya Village and Health Check camp.

14-08-2019 "Obesity" by Dr. Hemant Antani.



BHAVNAGAR

07-08-2019 Organ Donation awareness for females. Sessions about organ donation in association with Jagruti Charitable Trust held at IMA Hall. Talk about organs and blood donation given by Dr Chinmay Shah.

08-08-2019 Organ donation awareness for medical students.

09-08-2019 Organ donation awareness at Naimisharanya College.

12-08-2019 Organ donation awareness at Sahajanand Physiotherapy College.

13-08-2019 Organ donation awareness at Swami Vivekanand Homeopathy College.

Organ donation awareness at Nandkunvarba Mahila College.

14-08-2019 Organ donation awareness lecture for Ayurvedic Doctors association

Organ donation awareness lecture for innerwheel club ladies

15-08-2019 Flag hoisting & delivered speech at Daxinamurti School & Vishudhdhanand School.

30-08-2019 Organ donation awareness to 1st year MBBS students of Govt. Medical College, by Dr. Rajendra Kabariya.

GANDHIDHAM

04-08-2019 Blood Donation Camp. Total 351 units were collected
to
18-08-2019

GODHRA

01-07-2019 Doctor Day Celebration.

28-07-2019 "What we can do poetry / bonsai" by Dr. Kanaklata.

**KALOL**

28-08-2019 "Approach to Peripheral Neuropathy" by Dr. Bhagyadan Patel.

"Laboratory Tests: Do's and Don't" by Dr. Vijay Prajapati.
Total 25 doctors were attended.

MEHSANA

28-08-2019 "Present guidelines for acute stroke treatment" by Dr. Mukesh Sharma.

"Management of chest injury" by Dr. Sanjay Shah.

"Galaxy Quiz" by Dr. Nihar Patel.

* * * * *

A.M.A. & G.S.B., I.M.A. GUEST HOUSE

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

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

These Centres performed various activities during the month of August-2019 in addition to their routine work. These are as under :

01-08-2019 to 31-08-2019 Intra domestic house to house survey by the centers of Ahmedabad

Rander - Surat : Mothers 2000 Iron Tablet, Calcium Tablet 2000 & Children 25 Vitamin A solution were distributed

Nanpur - Surat : Mothers 1150 Iron Tablet, Calcium Tablet 490 & Children 40 Vitamin A solution were distributed

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

AUGUST - 2019

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1716	525	2241
(2)	Behrampura (Sardarnagar Ward)	3129	408	3537
(3)	Bapunagar (Potalia Ward)	3488	472	3960
(4)	Dariyapur (Isanpur Ward)	3446	433	3879
(5)	Gomtipur (Saijpur Ward)	5220	626	5842
(6)	Khokhra (Amraiwadi Ward)	4633	536	5169
(7)	New Mental (Kubernagar Ward)	2824	343	3167
(8)	Raikhad (Stadium Ward)	1353	685	2038
(9)	Wadaj (Junawadaj Ward)	1112	380	1492
(10)	Junagadh	—	—	—
(11)	Rander-Surat	----	----	----
(12)	Nanpura-Surat	----	----	----
(13)	Rajkot	1079	810	1889



AUGUST - 2019

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	28	—	61	18150	423
(2)	Behrampura (Sardarnagar Ward)	09	—	46	10340	1365
(3)	Bapunagar (Potalia Ward)	21	—	33	581	257
(4)	Dariyapur (Isanpur Ward)	41	—	52	11125	328
(5)	Gomtipur (Saijpur Ward)	28	—	61	18150	423
(6)	Khokhra (Amraiwadi Ward)	31	—	43	4470	265
(7)	New Mental (Kubernagar Ward)	11	—	47	15900	583
(8)	Raikhad (Stadium Ward)	32	—	45	11355	610
(9)	Wadaj (Junawadaj Ward)	02	—	17	13000	2427
(10)	Junagadh	09	—	50	4000	240
(11)	Rander-Surat	06	—	31	1200	89
(12)	Nanpura-Surat	12	—	27	1540	60
(13)	Rajkot	08	—	26	580	289



માન. નાયબ મુખ્યમંત્રીશ્રીના
અંગત મદદનીશ



સત્યમેવ જયતે

ક્રમાંક : નાણાં/મા.મ./આ.પ.ક./ત.શિ./ન.,ક./પા.ચો.

૨૨/૩૮૮/૨૬
નાયબ મુખ્ય મંત્રીશ્રી,
નાણાં, માર્ગ અને મકાન,
આરોગ્ય અને પરિવાર કલ્યાણ, તબીબી
શિક્ષણ, નર્મદા, કલ્પસર, પાટનગર યોજનાનું
કાર્યાલય

ગુજરાત સરકાર
સ્વર્ણિમ સંકુલ-૧, બીજો માળ, સરદાર ભવન,
સચિવાલય, ગાંધીનગર-૩૮૨ ૦૧૯.

તારીખ 28 AUG 2019

પ્રતિ,

ડો.એસ.એસ.વૈશ્ય,

પ્રમુખશ્રી, ઈન્ડિયન મેડીકલ એસોસિએશન,

ગુજરાત સ્ટેટ બ્રાન્ચ, બીજો માળ,

એ.એમ.એ. હાઉસ, એચ.કે.કોલેજની સામે,

આશ્રમ રોડ, અમદાવાદ

વિષય : જે.જે. હોસ્પિટલ થરાદમા કેટલાક લોકો દ્વારા હુમલો અને તોડફોડ
કરવામાં આવેલ હોઈ, આ અંગે જનહિતમાં યોગ્ય પગલા લેવા બાબત.

શ્રીમાન,

ઉપરોક્ત વિષય પરત્વે જણાવવાનું કે, ઉક્ત બાબતની આપશ્રીની રજુઆત
પરત્વે જરૂરી કાર્યવાહી કરવા, અંગત સચિવશ્રી, માન.રા.ક.મંત્રીશ્રી, ગૃહ, ગાંધીનગરને
તા.૨૬.૦૭.૧૯ના પત્રથી, માન. નાયબ મુખ્યમંત્રીશ્રી (નાણાં, મા.મ., આ.પ.ક.,
ત.શિ., ન., ક., પા.ચો.,) દ્વારા મોકલી આપવામાં આવેલ.

જે પરત્વે, અધિક અંગત સચિવશ્રી, માન.રા.ક.મંત્રીશ્રી, ગૃહ, ગાંધીનગર
દ્વારા તા.૦૮.૦૮.૧૯ ના પત્રથી પાઠવેલ પ્રત્યુત્તરની નકલ આ સાથે જાણ અર્થે
સામેલ છે. જે આપશ્રીને વિદિત થાય.

બિડાણ : ઉપર મુજબ

આપનો વિશ્વાસુ,

(અશ્વિન ભટ્ટ)

અંગત મદદનીશ



Guideline for Management of Crimean Congo Hemorrhagic Fever 2013

1. History

The disease was first characterized in the Crimea in 1944 and given the name Crimean hemorrhagic fever. Later on, it was recognized as the cause of illness in Congo in 1969, thus resulting in the current name of the disease. Crimean-Congo hemorrhagic fever is found in Eastern Europe, particularly in the former Soviet Union. It is also distributed throughout the Mediterranean, in northwestern China, central Asia, southern Europe, Africa, the Middle East, and the Indian subcontinent.

2. Epidemiology

Crimean-Congo Hemorrhagic fever (CCHF) is a viral hemorrhagic fever caused by Nairovirus. The disease is endemic in many countries in Africa, Europe and Middle East. In India's neighborhood, Pakistan reports 50-60 cases annually.⁽¹⁾

CCHF outbreaks constitute a threat to public health because of its epidemic potential, its high case fatality ratio (10-40%), its potential for nosocomial (hospital acquired) infection outbreaks and the difficulties in treatment and prevention.⁽²⁾

2.1 Agent

The causative organism is a Nairovirus, a RNA virus belonging to Bunyaviridae family.⁽³⁾ It is one among the four viral families known to cause Viral Hemorrhagic Fever (VHF) disease in humans, the other three being Arenaviridae (Lassa fever), Filoviridae (Marburg and Ebola) and Flaviviridae (Yellow Fever, Dengue). The most severe hemorrhagic manifestation from VHF follows infection with the Crimean Congo hemorrhagic fever virus. Further this virus can be used as a bio terrorism agent.⁽⁴⁾

2.2 Host factors, Vectors and Reservoirs

Human beings are the only known host of CCHF virus in which disease is manifested⁽⁵⁾. The CCHF virus may infect a wide range of domestic and wild animals. Animals become infected with CCHF from the bite of infected ticks. Domestic ruminant animals, such as cattle, sheep and goats, who act as amplifying host, are viraemic (virus circulating in the bloodstream) for around one week after becoming infected. It does not cause disease in ruminants. Some migratory birds and ostriches are susceptible to infection.⁽⁶⁾

A number of ticks are capable of becoming infected with CCHF virus, but the most efficient and common vectors for CCHF appear to be members of the Hyalomma genus (argasid or ixodid ticks). Once infected, the tick remains infected through its developmental stages, and the mature tick may transmit the infection to large vertebrates, such as livestock.^(2,4)

2.3 Environmental factors

Ecological changes, poverty, social instability, poor health services, and absence of standard infection control practices have contributed to increased transmission of the CCHF virus.



3. Mode of Transmission

Humans who become infected may acquire the infection from tick bites or from direct contact with blood or other infected body fluids and tissues from infected animals or humans⁽⁵⁾.

4. Population at Risk

In endemic countries, majority of cases have occurred in those involved with the livestock industry, such as agricultural workers, slaughterhouse workers and veterinarians⁽⁶⁾. Health care workers attending on suspect/ probable/ confirmed CCHF cases and not following contact precautions are at high risk of getting infection.

Hospital acquired infection outbreaks (Nosocomial spread) has been reported in many countries^(2,7,8)

5. Incubation Period

The incubation period is 2-7 days. The length of the incubation period for the illness appears to depend on the mode of acquisition of the virus. Following infection via tick bite, the incubation period is usually 1 to 3 days, with a maximum of 9 days. The incubation period following contact with infected blood or tissues is usually 5 to 6 days, with a documented maximum of 13 days^(2,5).

6. Clinical features

The **pre hemorrhagic period** is characterized by the

- Sudden onset of fever (39–41°C) (On an average, fever persists for 4–5 days)
- Headache
- Myalgia
- Dizziness
- Nausea, vomiting, diarrhoea
- Abdominal pain
- Neck pain
- Prostration
- Photophobia
- Hyperemia of the face, neck, and chest
- Congested sclera
- Conjunctivitis

The pre hemorrhagic period lasts an average of 3 days (range: 1–7 days).



The **hemorrhagic period** is short (usually 2–3 days). It develops rapidly, and usually begins between the third to 7th day of disease. There is no relation between the temperature of the feverish patient and onset of hemorrhage.

Hemorrhagic manifestations:

It ranges from petechiae to large hematomas appearing on the mucous membranes and skin. Bleeding from other sites, including the vagina, gingival bleeding, and cerebral hemorrhage have been reported. The most common bleeding sites are the nose, gastrointestinal system (haemetemesis, melena, and intra-abdominal), uterus (menometrorrhagia) and urinary tract (haematuria).⁽⁵⁾

The severely ill may develop disseminated intravascular coagulation (DIC), hepatorenal and pulmonary failure. The mortality rate from CCHF is approximately 30%, with death occurring in the second week of illness. In those patients who recover, improvement generally begins on the ninth or tenth day after the onset of illness^(2,5,9, and 10).

The **convalescence period** begins in survivors about 10–20 days after the onset of illness.

In the convalescent period

- Labile pulse
- Tachycardia
- Temporary or complete loss of hair
- Polyneuritis
- Difficulty in breathing
- Xerostomia
- Poor vision
- Loss of hearing
- Loss of memory

7. Differential diagnosis

The following diseases are to be considered in differential diagnosis, pending lab confirmation: Malaria, Leptospirosis, Rickettsial diseases, Meningococemia, Dengue Hemorrhagic Fever, Haemolytic Uremic Syndrome, and Thrombocytopenic Purpura.

8. Laboratory Diagnosis

Samples: Serum, Plasma or tissue sample (liver, spleen, bone marrow, kidney, Lung and brain) for sample collection protocol refer to **Annexure-I**

Bio Safety Requirements

Diagnosis of suspected CCHF is performed in specially-equipped, high bio safety level laboratories (BSL 3 + or 4)



Serology

- IgM and IgG antibodies may be detected in serum by enzyme-linked immunoassay (the "ELISA" or "EIA" methods) from about day six of illness. IgM remains detectable for up to four months, and IgG levels decline but remain detectable for up to five years.
- Patients with fatal disease do not usually develop a measurable antibody response and in these individuals, as well as in patients in the first few days of illness, diagnosis is achieved by virus detection in blood or tissue samples.

Antigen Detection

Viral antigens may sometimes be shown in tissue samples using immunofluorescence or EIA.

Molecular Technique

In the first few days of illness, the polymerase chain reaction (PCR), is used for detecting the viral genome.

Virus Isolation

The virus can be isolated from blood or tissue specimens in the first five days of illness, and grown in cell culture. It should always be carried out in maximum bio containment laboratory i.e. BSL-4

Biochemical Findings

Thrombocytopenia appears to be a consistent feature of CCHF infection. Patients may have leucopenia and raised levels of aspartate aminotransferase, alanine aminotransferase, lactate dehydrogenase, and creatinine phosphokinase. Coagulation tests such as prothrombin time and activated partial thromboplastin time are prolonged. The level of fibrinogen might be decreased, and fibrin degradation products could be increased. Laboratory tests, including complete blood count, and biochemical tests returns to normal levels within approximately 5–9 days among surviving patients (5)

9. Case Definition:

9.1 Suspect case

- A patient with abrupt onset of high fever >38.5°C and one of the following symptoms: severe headache, myalgia, nausea, vomiting, and/or diarrhoea

AND

- History of tick bite within 14 days prior to the onset of symptoms

OR



- History of contact with tissues, blood, or other biological fluids from a possibly infected animal (e.g., abattoir workers, livestock owners, veterinarians) within 14 days prior the onset of symptoms

OR

- Healthcare workers in healthcare facilities, with a history of exposure to a suspect, probable, or laboratory-confirmed CCHF case, within 14 days prior to the onset of symptoms

9.2 Probable case

A probable CCHF case is defined as a suspected CCHF case fulfilling in addition the following criteria:

- Thrombocytopenia < 50,000/cmm

AND

- Two of the following hemorrhagic manifestations: hematoma at an injection site, petechiae, purpuric rash, rhinorrhagia, hematemesis, hemoptysis, gastrointestinal haemorrhage, gingival haemorrhage, or any other hemorrhagic manifestation in the absence of any known precipitating factor for hemorrhagic manifestation

9.3 Confirmed case

A confirmed CCHF case is defined as a case that fulfils the criteria for probable CCHF and in addition is laboratory-confirmed with one of the following assays:

Detection by ELISA or IFA of specific IgM antibodies against CCHF virus or a 4-fold increase in specific IgG antibodies against CCHF virus in two specimens collected in the acute and convalescence phases

- Detection by RT-PCR of CCHF virus genome in a clinical specimen confirmed by sequencing of the PCR product
- CCHF virus isolation

10. Triage

Patients are divided into 3 categories:

Category-A

Those that have relatively mild disease (fever < 38.5°C, No systemic bleeding, Alanine Transaminase (SGPT) levels < 150 IU, Platelet count > 50,000). These patients improve spontaneously in about day 10 of illness. Patient can be managed with supporting therapy and regular monitoring for worsening of symptoms. These patients do not require Ribavirin.



Category-B

Those who are in the first 5 days of illness and are severely ill with high grade fever (> 38.5°C), local and systemic bleeding manifestations, having Alanine Transaminase (SGPT) levels of 150 IU or more, aspartate aminotransferase (SGOT) of 200 IU or more, platelets (< 50,000) or Activated Partial Thromboplastin Time (APTT) of 60 seconds or more. Even if the patients still look comparatively well at this stage these clinical path values are markers of poor prognosis if recorded during the first 5 days of illness and persons in this group should be treated as soon as possible with ribavirin. Those who are recognized and treated early enough respond remarkably well to ribavirin.⁽¹¹⁾

Category C

Patients first seen/recognized as CCHF after day 5 and are in comatose/terminal state with DIC and multi organ failure. Treatment with ribavirin is indicated but the prognosis is very poor.

Category B&C patients, even if they subsequently test negative, should receive the full course of ribavirin.

Flow Chart for triage is at **Annexure-II**

11. Pre-hospital Care

Supportive care is based on the patient's physiologic condition. Because most patients requiring pre-hospital evaluation and transport are in the early stages of the disease, universal precautions should be adequate. In patients with respiratory symptoms (e.g., cough, rhinitis), use face shields and high-efficiency particulate air (HEPA) filter masks (2). The ambulance should be disinfected after patient transportation with bleach/ sodium hypochlorite solution.

12. Care in Hospital Settings

12.1 Supportive therapy

General supportive therapy is the mainstay of patient management in CCHF. Intensive monitoring to guide volume and blood component replacement is required.

Supportive care includes fluid management by Intravenous crystalloids, oxygen, cardiac monitoring and administer blood and blood products as clinically indicated.

Avoid intramuscular injections and the use of aspirin or other anticoagulants. Minimize invasive procedures because of the risk associated with viral transmission from sharp objects. (2, 5)



12.2 Pharmaceutical Interventions

Antiviral

There is currently no specific antiviral therapy for CCHF. However, ribavirin has been shown to inhibit in-vitro viral replication in Vero cells and reduced the mean time to death in a suckling mouse model of CCHF. Additionally, several case reports have been published that suggest oral or intravenous ribavirin is effective for treating CCHF infections.

Ribavirin

Ribavirin is a member of the nucleoside anti metabolite drugs that interfere with duplication of viral genetic material. This is the only antiviral known to have some effect on the viruses causing VHF.

Dosage regimen (for adults) (11)

Administration	Loading dose	d1-4	d5-10
IV	17 mg/kg * (max 1000 mg/ dose)	17 mg/kg (max 1000 / per dose) q 6h	8 mg/kg (max 500 mg/dose) q 8h
Oral	2000 mg	1000 mg q 6h	500 mg q 6h

* If there appears to be a delay in beginning the treatment a loading dose of 30 mg / kg [IV] (max 2 Gms) might be necessary as the loading dose.

Box-1 : Treatment Protocol for adults with CCHF Disease

- 2 gm loading dose
- 4 gm/ day in 4 divided doses(6 hourly)for 4 days
- 2gm/day in 4 divided doses for 6 days

Dosage recommended for children

Administration	Loading dose	d1-4	d5-10
IV	17 mg/kg	17 mg/kg q 6h	8 mg/kg q 8h
Oral	30 mg/kg	15 mg/kg q 6h	7 mg/kg q 6h



The optimal route of administration of ribavirin is by mouth. During the course of CCHF patients have nausea, vomiting, gut bleeding, haematemesis and malena and hence potentially poor uptake of oral Ribavirin. Given the potential need for parenteral drug administration, an IV formulation is also available. The oral preparation is preferably taken with food. Blood Count needs to be monitored at least weekly. The safety of oral ribavirin has been examined in approximately 5,000-10,000 patients with VHFs in controlled and uncontrolled clinical trials. Ribavirin was generally well tolerated.

12.3 Adverse effects

The most common side effect of Ribavirin is mild to moderate Haemolytic anaemia which is reversible. Anaemia associated with ribavirin therapy is often asymptomatic and can be managed by monitoring blood count and serum biochemistry. Ribavirin administered as an intravenous bolus has been reported to induce rigors; consequently, it is recommended that the drug be administered as an infusion over 10-15 minutes. There have been reports of pancytopenia and pancreatitis associated with use of intravenous ribavirin.

12.4 Contra-indications and precautions

Ribavirin is contraindicated for treatment in pregnant women. Ribavirin has demonstrated significant teratogenic and embryocidal potential in all animal species in which adequate studies have been conducted. It can be given to pregnant women only if the benefit of ribavirin therapy appears to outweigh any fetal risk. Given the high risk of CCHF-related mortality both for pregnant women and foetuses, ribavirin still may be recommended.

Ribavirin is contraindicated in patients with chronic anaemia and haemoglobin levels below 8 g/dl, and in patients with severe renal impairment (creatinine clearance <30 ml/min). The drug may accumulate in patients with impaired renal function. These patients should be carefully monitored during therapy with ribavirin for signs and symptoms of toxicity, such as anaemia.

Ribavirin is also contraindicated in individuals who show hypersensitivity to the drug or its components.

12.5 Other drugs / Critical care support

- In case of hypotension and hemodynamic instability patient should be managed on standard guidelines for the treatment of shock which includes resuscitation, fluid supplements (crystalloids/ colloids) and ionotropic support.
- In suspected secondary bacterial infection patient should be treated on standard guidelines / practice for community acquired/ nosocomial infections.
- Proton pump inhibitors can be considered on case to case basis.
- There is no definite role of steroids for managing this illness per se.



- Correction of coagulation abnormalities (only if present) with the use of PRP/SDP; FFP, cryoprecipitate, as per indications.
- Platelet transfusion may be considered if there is significant bleeding with thrombocytopenia.
- Paracetamol for fever, avoid other NSAID
- Ventilatory/ renal support may be provided as per standard guidelines.

13. Chemoprophylaxis

Prophylactic administration of oral Ribavirin to contacts (refer to **Annexure-III**) of CCHF patients is NOT recommended. Symptomatic contacts can be given therapeutic dose as mentioned above. Consider full therapeutic dose of Ribavirin for Health Care Workers with severe exposure (Needle stick injury, direct contact with blood /body fluids). For person with mild exposure observe and closely monitor HCW for any symptoms.

14. Non Pharmaceutical Interventions

When patients with CCHF are admitted to hospital, there is a risk of nosocomial spread of infection. In the past, serious outbreaks have occurred in this way and it is imperative that adequate infection control measures be observed.

- Place patients in an isolation room.
- A negative pressure room is not necessary during early stages of the disease but may be necessary if patients have prominent cough, vomiting, diarrhoea, or haemorrhage.
- Prevent nonessential staff and visitors from entering the room.
- All staff entering the room should wear personal protective equipments.
- Hand washing / Hand sanitization before and after clinical examination/ conducting procedures on the patient.
- Persons coming within 3 feet of the patient should wear face shields or surgical masks with eye protection (including side shields). Use HEPA filter masks if patients have prominent respiratory, GI, or hemorrhagic symptoms.
- Specimens of blood or tissues taken for diagnostic purposes should be collected and handled using universal precautions. Sharps (needles and other penetrating surgical instruments) and body wastes should be safely disposed of using appropriate decontamination procedures.
- If large amounts of blood or other body fluids are present in the environment, use leg and shoe coverings.
- Before exiting the room, discard all used protective barriers and clean shoes with a hospital disinfectant or solution of household bleach. If possible, use an anteroom for putting on and removing protective barriers and for storing supplies.



- Hospital clothing, bed sheets and other linen used in patient care should be treated as infectious and autoclaved and incinerated.
- All used materials such as syringes, gloves, canulla, tubing etc used for patient care should be collected in autoclavable bag, autoclaved and incinerated.
- All instruments, equipments etc should be decontaminated/ autoclaved before re use.
- Surfaces should be decontaminated with liquid bleach.
- CCHFV can be inactivated by disinfectant including 1% hypochlorite and 2% gluteraldehyde.
- Avoid spills, needle pricks, injury and accidents during case management.
- Healthcare workers who have had contact with tissue or blood from patients with suspected, probable or confirmed CCHF should be followed up with daily temperature and symptom monitoring for at least 14 days after the putative exposure.
- Hospital waste management practices should be as per standard guidelines.
- Infection control practice is to be supervised by Hospital infection control committee
- The patient and attendants need to be examined for ticks using universal precautions. Application of acaricidal agents is recommended if there is evidence of tick infestation.

■ Dead body disposal :

- Use rubber gloves or double surgical gloves for handling dead body. The persons handling the dead body in hospitals should also wear mask/ PPE.
- Spray dead body with 1:10 liquid bleach. Wrap with a winding sheet. Spray the winding sheet with bleach solution.
- Place the wrapped and bleached body in plastic bag. Seal with adhesive tape and transport
- Disinfect ambulance / transport vehicle.

■ Risk Communication

Hospital setting provides an enabling environment for risk communication. OPD may be used as a venue for educating patients on animal-human-vector interface and simple measures for disease prevention such as personal hygiene, hand washing, daily bath, keeping domestic animals clean and free from ticks, general health and sanitation measures in house and within the surroundings and self reporting of symptomatic cases.



15. Prevention and Control of CCHF

1. Intensive tick control measures have to be taken by spraying acericide drug on all animals in affected and neighborhood villages.
2. All animals should be covered under effective supervision of Animal Husbandry department.
3. Insecticide have to be sprayed intensively in all breaks on floor and walls in cattle shades
4. Treatment and spraying with drug has to be repeated after One month.
5. To contain the spread of the disease the admission of the patients should be in identified hospitals only.
6. Health care staff in the hospitals should be educated with emphasis on protective measures.
7. Surveillance among Hospital contacts should be strengthened at hospital setting.
8. Biomedical waste management at the hospitals should be strengthened.
9. Strengthening of health education about causation, transmission and prevention of disease.
10. State wide sero-surveillance in animals to identify prevalence of disease in Gujarat.

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Annexure I

Information about sending the samples for suspected hemorrhagic fever to NIV Pune

Please read the precautions carefully before contact with the suspected patient and sampling. Universal Precautions need to be followed in all patient care/management activities. The safest method of transporting samples is using triple layer container. However, in the areas where obtaining such container is difficult the samples can be sent as follows :

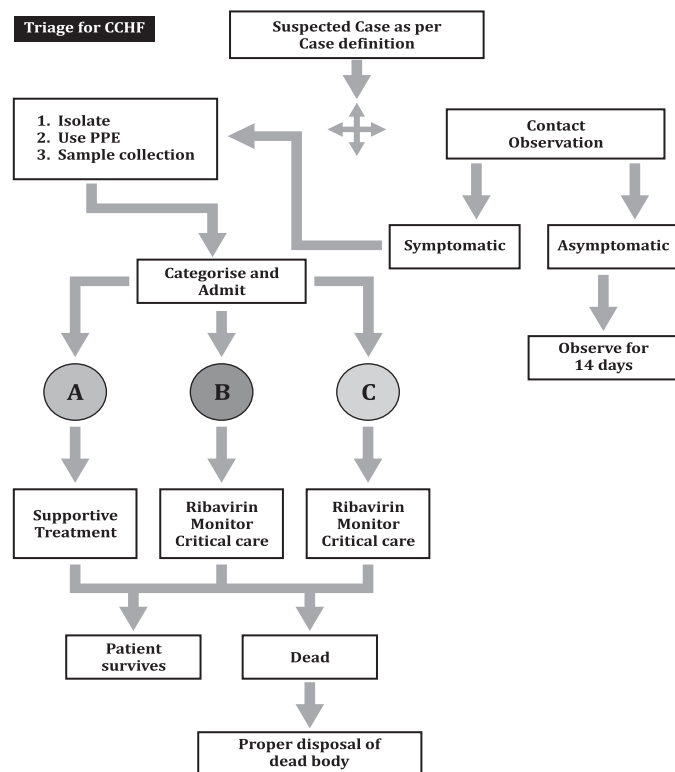
1. The case sheets with complete information about the samples should be completely filled in Case report Form (separate sheet) and provided along with the samples.
2. The blood sample [Serum or plasma or blood in EDTA] should be kept in screw cap plastic vials, with proper label.
3. The sample containing vials should be kept in good quality plastic bags which should either be sealed by heat or tied with rubber bands so that inside material, if leaks, should not come out of the bag.
4. This plastic bag should be placed in another plastic container which should be sealed with adhesive tape. This container should then be placed in another plastic bag sealed with rubber bands and be placed in a thermocol or vaccine container containing ice.
5. If plastic container is not available then good quality of double plastic bags can be used.
6. The case sheets with complete information should be placed in a plastic bag or envelop and be pasted outside of the thermocol or vaccine container.
7. Person handling the sample should wear gloves and a gown, to avoid direct contact with the infectious material. After completing the packing of samples, person should thoroughly wash hand with soap and water.
8. Before despatching the container, Bleach can be used for disinfection. A 1:100 dilution of bleach or 5% Lysol solution should be used to clean the outer surfaces of the container.
9. Before dispatching or sending the samples to NIV Pune, please inform NIV Pune on the following numbers: Telephone: 02026006390, 02026006100, Fax: 020-25870640.
10. Any query related to clinical and epidemiological aspects can be communicated on email: outbreak@niv.co.in AND director@niv.co.in

NB: Cold chain should be maintained during transportation of the samples.

For more details on current international regulations for the transport of infectious substances and patient specimens by all modes of transport, both nationally and internationally, please refer "Guidance on regulations for the Transport of Infectious Substances"; Communicable Disease Surveillance and Response, WHO/CDS/CSR/LYO/2005.22, September 2005.



Annexure II



Annexure-III

Definition, monitoring of contacts and Laboratory testing for contacts of CCHF cases

Definition of "contact"	<ul style="list-style-type: none"> • Contacts include: family, neighborhood and health care facility contact
Monitoring contacts	<ul style="list-style-type: none"> • All contacts should be self monitored for twice daily for any clinical symptoms (such as fever, muscular pain or bleeding) 14 days (maximum) from the day of last contact with the patient or other source of infection. • In case of onset of any symptom, he/ she should immediately report to the nearest health facility.
Testing blood for CCHF	<ul style="list-style-type: none"> • Appropriate laboratory testing is recommended in persons meeting the case definition.



Why IMA is opposing NMC Bill 2019

1. Legalizes Quackery:

Section 32 provides for licensing persons connected with modern scientific medical profession to practise medicine independently in primary and preventive healthcare.

He may prescribe medicine in secondary and tertiary care hospitals under a person of **same** qualification. This means that "such" a person who is "connected" to modern medicine can:

- (I) Practise as a General Practitioner anywhere in India both urban and rural. He will be independent.
- (II) He can be employed in emergencies, critical care, neonatal ICVs, Labour rooms operation theatres, ICUs inpatient wards and OPDs under similarly qualified persons providing cheap labour for the corporate hospitals.

2. Promotes a crosspathy:

Section 50 provides for joint sitting of NMC with Central Council of Homeopathy and Central Council of Indian Medicine to approve specific educational modules or programmes that will be introduced in the undergraduate course and the postgraduate course across medical systems promoting medical pluralism.

Ultimately the idea is to produce in thousands '**Hybrid doctors**' for the future generations of India. The quality of care available in India today will be lost for generations of Indians.

3. Outsourcing Bridge Courses to the States:

Section 51 enables the State Governments to accord recognition to **Bridge Courses** to alternative system practitioners to practise Modern Medicine.

Reading section 32 with section 50 and 51 enables one to understand the dimension of the catastrophe awaiting the nation.

4. National EXIT Exam:

Section 15 The major concern of the medical students remains the National EXIT Test. Final MBBS, Licentiate exam and NEET PG are being rolled into one. National EXITTest will consist ofTheory and



Clinicals which will award the degree and also the license for practice. The Theory will be of MCQ pattern and will be conducted by an All India Authority. It is not clear how a degree could be awarded by an university on an examination conducted by another authority. This contravenes the provisions of **Universities Act, 1904** and the Indian Degrees Act, 1916.

5. Regulation of fees in Private Medical Colleges:

Section 10.1.i. NMC will only frame only guidelines for 50% of seats in private medical colleges. Union Health Minister has explained that the rest of the 50% will be through signing of MoUs by State Governments with individual private medical colleges. There exists an ambiguity on the issue of fees allowing potential areas for corruption. What would be the fare of statutory fee fixing committees in the states is also not clear.

6. Quality of Medical Education:

Section 29.3 Medical colleges may be approved **without** hospitals being attached to them during approval.

Section 28.7 says that inspection of the medical colleges may be conducted by the board. This discretionary power provides for the ambit of profound corruption.

The Bill purportedly brought to improve medical education does not provide for mandatory availability of infrastructure or its inspection. This would lead to massive downfall of the quality of medical education only. Medical colleges will go the way the engineering colleges have gone.

7. Autonomy of States:

Section 46 makes it mandatory for the State Governments to abide by the directive of Central Government.

Section 10 d and f provide for mandatory compliance of State Medical Councils.

Courtesy IMA HQs



70th REPORT : 2018-2019

Dear Members

It is my great pleasure, pride and privilege to present the Annual Report of our association for the year 2018-2019

Main activity of our association is continuing medical education. We try to give latest scientific information to doctors to refresh and update the scientific knowledge and treat their patients with newer drugs & modality in modern medicine.

We enroll more life members and other projects sponsored by Government from time to time.

We pay due attention to implement National health programmes proposed by Govt. of India in wider interest of our citizens at large.

Our association has keen desire to solve the problems of Stop NMC, No to Next, In-service Doctors, implementation of Biological Waste Management, Assaults on Doctors, registration of private hospital & nursing home.

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Dr. Jitubhai is Addressing Leadership meet of West Zone at Mumbai.





Board of Directors Meeting at PPS House



Rally against Assault on Doctors Morbi Branch



P.P.S. Zonal Educative Seminar Vadodra Branch





Felicitation of Hon'ble Shri Amit Shah, Home Minister of India Daman Branch



CME Kalol Branch



CME Idar Branch



CME Mehsana Branch





CME Veraval Branch



CME Surendranagar & Wadhwan Branch



(64)



MEMBERSHIP

Year	Life Member of L.M.	Total No. Membership	Total
2018-2019	769	27771	28540

Total : 115 Branch

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DR. P. R. TRIVEDI ORATION

Dr. Shah Navneet Natvarlal (Ahmedabad) has been selected for the oration to deliver during GIMACON-2018 at Himatnagar on "Banting And Best To Artificial Pancreas – A Century In Diabetes"

Dr. Yogendra S. Modi (Ahmedabad) has been selected for the oration to deliver during GIMACON-2019 at Daman on "PAST, PRESENT & FUTURE OF SURGERY".

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

- 04-11-2018 Dr. S. S. Vaishya, President, GSB-IMA attended Rangoli Programme was Organised combined by IMA Surat and Family Physician Association at Surat
- 15-11-2018 Dr. Bipin M. Patel; Managing Director, PPS GSB IMA attended meeting of School Health check-up at Gandhinagar.
- 15-11-2018 Dr. Bipin M. Patel; Managing Director, PPS GSB IMA attended meeting of State TB Forum at Gandhinagar.
- 20-12-2018 Dr. Kamlesh B. Saini, Hon. State Secretary, GSB IMA attended meeting STFI at Gandhinagar.
- 21-12-2018 Dr. Bipin M. Patel, Managing Director, PPS GSB IMA attended Video Conference with all State principal Secretaries / MD-NHM and STOs at Gandhinagar.
- 20-01-2019 Dr. Pragnesh Joshi, Dr. Bipin M. Patel, Dr. Kamlesh B. Saini & Dr. Mona P. Desai attended meeting of State Leaders and office Bearers of IMA and its Schemes & Wings at IMA New Delhi (HQs)

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- 16-06-2019 Dr. Bipin M. Patel, Managing Director, PPS GSB IMA attended IMA Medicolegal Cell Standing Committee meeting at IMA House, New Delhi (HQs)
- 18-07-2019 Dr. Bipin M. Patel, Managing Director, PPS GSB IMA attended Training Advisory Committee meeting at Gandhinagar.
- 18-07-2019 Dr. Bipin M. Patel, Managing Director, PPS GSB IMA attended Aids Control meeting at Gandhinagar.
- 20-07-2019 Dr. Kamlesh B. Saini, Hon. State Secretary, GSB IMA and Dr. Bipin M. Patel, Managing Director, PPS GSB IMA attended PPS Zonal Seminar at Bhavnagar.
- 25-07-2019 Dr. Jitendra N. Patel, Hon. Joint Director, P.P.S. G.S.B. I.M.A. and C.W.C Member attended IMA HQs. "Burn NMC Bill, 2019" agitation at IMA HQs.

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GUJARAT STATE BRANCH ELECTION

The following members have been declared elected as President & Seven Vice Presidents of our State Branch for the year 2019-2020.

- 1. PRESIDENT** DR. Chandresh S. Jardosh SURAT
- 2. VICE-PRESIDENTS**
- | | | |
|-------------------|------------------------|------------|
| 1. Ahmedabad Zone | Dr. Jaswantsinh Darbar | Ahmedabad |
| 2. Central Zone | Dr. Jitesh Desai | Anand |
| 3. South Zone | Dr. Bhaskar Mahajan | Ankleshwar |
| 4. Surat Zone | Dr. Vinod Noticewala | Surat |
| 5. Vadodara Zone | Dr. Vinod Mehta | Vadodara |
| 6. West Zone | Dr. Naresh Joshi | Gandhidham |
| 7. Rajkot Zone | Dr. Hiren Kothari | Rajkot |

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70th GUJARAT STATE ANNUAL MEDICAL CONFERENCE

The 70th Gujarat State Annual Medical Conference was hosted by I.M.A. Himatnagar Branch. The hospitality including food, accommodation and transport was unparalleled. The Scientific programme, the pre-conference C.M.E. and Medi-Quiz were both informative and entertaining. In all nearly 500 delegates participated in the conference. The honour of task of organizing such a well organized conference was very well shouldered by the organizing chairman & secretary

**TROPHY & MEDALS AWARDED BY GSB IMA**

List showing the names of the members for the State Trophy/Prizes to be awarded at the time of Inaugural Function of 70th Gujarat Annual Medical Conference (GIMACON'2018) to be held on 27/10/2018 at 5-00 p.m. at HIMATNAGAR.

- DR. P. R. TRIVEDI ORATION TROPHY 2017-2018.
DR. NAVNEET N. SHAH
SUBJECT: "BANTING AND BEST TO ARTIFICIAL PANCREAS – A CENTURY IN DIABETES"
- DR. P. R. TRIVEDI ROTATING TROPHY
I.M.A. BHAVNAGAR BRANCH
- DR. P. R. TRIVEDI FOUNDATION AWARD (BRANCH)
I.M.A. VADODARA BRANCH
- DR. P. R. TRIVEDI FOUNDATION AWARD (INDIVIDUAL)
DR. JAYESH SANARIYA (MORBI)
- DR. SOBHABEN A. SHAH ROTATING TROPHY (G.P.)
DR. NAZIABANU RATHOD (HIMATNAGAR)
- DR. J. R. JAJU TROPHY
I.M.A. JETPUR BRANCH
- DR. K. J. NATHWANI SOCIO MEDICAL AWARD
DR. NAVIN MODI (HIMATNAGAR)
- DR. A. P. SHUKLA COMMUNITY ACTIVITY AWARD
I.M.A. SURAT BRANCH
- MEMBERSHIP DRIVE TROPHY

1	TO	25	I.M.A.	DEVGADHBARIA BRANCH
26	TO	100	I.M.A.	UPLETA BRANCH
101	TO	250	I.M.A.	BILIMORA BRANCH
251	AND	ABOVE	I.M.A.	JAMNAGARBRANCH
- PRIZE PAPER ESSAY COMPETITION. DR. KANTI N. PATEL (VALSAD)
SUBJECT: "ROLE OF ROBOTIC SURGERY IN MEDICAL FIELD".
- BEST ARTICLE IN GMJ: DR. HETA RAJYAGURU (MEHSANA)
SUBJECT: "Pre-Operative concerns of a patient in a Rural Setup: RURAL SETUP: An Indian Perspective".
- MEDALS TO M.B.,B.S. STUDENTS 2017-2018.

GUJARAT UNIVERSITY	
SAURASHTRA UNIVERSITY	
M.S. UNIVERSITY	KUM. SIMRAN JATIN THAKKAR
SOUTH GUJARAT UNIVERSITY	DIGHIYA SAVINAY RAMJI
- DR. K. J. GANATRA ROTATING TROPHY FOR OPHTHALMOLOGIST
DR. KANTIBHAI M. PATEL (MODASA)
- DR. DAMYANTIBEN K. GANATRA ROTATING TROPHY FOR GYNEC & OBST.
DR. SANJAY S. PATEL (AHMEDABAD)



15. DR. B. T. TRIVEDI BEST COMMUNITY SERVICE AWARD FOR BRANCH.
I.M.A. RAJKOT BRANCH
16. DR. Y. T. PATEL BEST RURAL COMMUNITY SERVICE AWARD FOR BRANCH.
I.M.A. MORBI BRANCH
17. DR. V.G.KARIA BEST CLINIC AWARD (G.P)
DR. KIRITBHAI PATEL (GANDHINAGAR)
18. DR. KEYUR PARIKH SENIOR CITIZENS FOUNDATION OR PROJECT
I.M.A. AHMEDABAD BRANCH
19. RITA PARIKH WIDOWS FOUNDATION OR PROJECT
I.M.A. NAVSARI BRANCH
20. LATE DR. MOTIBHAI D. CHAUDHARI AWARD FOR FINAL M.B.B.S. STUDENT (ALL
UNIVERSITY OF GUJARAT)
GUJARAT UNIVERSITY
SAURASHTRA UNIVERSITY
M.S. UNIVERSITY
SOUTH GUJARAT UNIVERSITY
MAHARAJA KRIHNSNAKUMARSINHJI }
BHAVNAGAR UNIVERSITY }
SARDAR PATEL UNIVERSITY
SUMANDEEP UNIVERSITY
HEMCHANDRACHARYA NORTH GUJ. UNI.
KUTCHH UNIVERSITY
21. LATE PADMASHREE DR. V. C. PATEL SCIENTIFIC LECTURE
DR. SUKUMAR MEHTA (AHMEDABAD) STERLING HOSPITAL, CARDIO THORACIC
SURGEON.
22. MEMENTO TO OUTGOING PRESIDENT DR. BHUPENDRA M. SHAH, HIMATNAGAR.
23. MEMENTO TO ORGANIZING SECRETARY GIMAICON-2017 IMA AHMEDABAD BRANCH.
DR. JAYESH P. SACHDE, ORGANIZING SECRETARY.

(Dr. Kamlesh B. Saini)

Hon. State Secretary, G.S.B. I.M.A.

* * * * *

94th ALL INDIA MEDICAL CONFERENCE.

94th All India Medical Conference IMA-NATCON-2019 will be held on
27th & 28th December, 2019 at Kolkata.



GUJARAT MEDICAL JOURNAL

(Report : by Dr. K. R. Sanghavi; Hon. Editor,
Dr. Harshad C. Patel; Hon. Jt. Editor; Dr. B. I. Patel; Hon. Secretary)

In this year of our tenure, we could publish two issues of Gujarat Medical Journal (GMJ). The last issue was published on 31st July. We are happy that now very regularly we are publishing GMJ.

You all know now, that GMJ is indexed in Index Copernicus International" (ICI), and all the issues of GMJ since 2015 can be viewed on; <https://journals.indexcopernicus.com/search/details?id=43553>

Obviously the Gujarat Medical Journal should look for impact factor which is the next big thing for any scientific journal. To achieve this we need to put in a lot of efforts. We would like to request all the research minded doctors in Gujarat who are into research and publications to seriously consider GMJ for their manuscripts. We are also making all efforts to make our journal website at par with any leading medical journal. We hope to bring in many more value added features to our journal within a reasonable period of time.

Here, I want to tell our members about the procedure that we are adopting in selection of an article for GMJ. We ask the author to send the article on CD, and three physical copies, of which one copy bears name, addresses, etc., of authors but two other copies, don't have any name or address of authors, they contain only the material of the article. On receiving this our office clerk puts code number on it. Articles are known from their code number only. GMJ editor is given the copy which doesn't have the name, etc. of the author. And editor then sends the said article for review to a retired professor or HOD or having that level of expertise in the subject (whom we call "referee" or "reviewer"). So the reviewer also doesn't know about the author. This procedure is adopted since years.

We would like to mention here, the determined and committed efforts made by our enthusiastic and dynamic Past President Dr. Yogendra Modi and Hon. Secretary of IMA GSB Dr. Kamlesh Saini along with our ex-editor Dr. Amitbhai P. Shah and Dr. Urvesh Shah (GCS medical college Ahmedabad) for helping us in maintaining our indexation status with Index Copernicus International. Dr. Urvesh Shah's painstaking efforts in up loading all the issues of GMJ on Index Copernicus website made them available there.

Our sincere thanks to GSB President Dr. S.S. Vaishya and Hon. Secretary Dr. Kamlesh Saini for encouragement and suggestions and giving us free hand in publication of GMJ. We are also grateful to GSB Past Presidents Dr Kirtibhai Patel, Dr. Jitubhai Patel and Dr. Mahendrabhai Desai for their guidance and help.

Thanks

With regards,

Dr. K. R. Sanghavi
(Hon. Editor)

Dr. B. I. Patel
(Hon. Secretary)

Dr. Harshad C. Patel
(Hon. Jt. Editor)



COLLEGE OF GENERAL PRACTITIONER IMA-GSB

(Reported by Dr. Kirit C. Gadhavi; Director,
Dr. Vasant Patel; Hon. Secretary and
Dr. Balkrishna Rathod, Hon. Joint Secretary)

We have great pleasure in presenting annual report before you for the year 2018-2019.

Year 2018-2019 Total - 1994

Vadodara branch of Indian Medical Association had successfully organised CME programme in collaboration with the College of G.P. G.S.B. I.M.A. on 17-3-2019 at Hotel Grande Mercure Surya Palace, Vadodara.

The CME programme was well attended by 44 doctors. Total 10 lectures were taken by Speciality / Consultant. All registered members were present in the day of CME (100%).

Ahmedabad Medical Association branch of IMA arranged CME programme with College of G.P. G.S.B. I.M.A. on 2-6-2019 at our premises.

Dr. Devendra R. Patel; Treasurer GSB IMA and Dr. B.N. Rathod, Hon. Joint Secretary, CGP GSB IMA inaugurated the programme.

Three eminent speakers Dr. Ramankumar, Dr. Jayendra Kapadia and Dr. Jaswant Darbar gave information about change in modern practice and technology for Family Physician & group practice.

The programme was well attended by 100 Doctors.

Dr. Kirit C. Gadhavi
Director

Dr. Vasant Patel
Hon. Secretary



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

(Reported by Dr. Navnit K. Patel; Chairman, Dr. Abhay S. Dikshit; Hon. Secretary,
Dr. Bharat J. Shah; Vice Chairman, Dr. Uday Patel; Treasurer)

We are privileged to present this report of the Health Scheme, IMA GSB. As you are aware that the basic motto of our scheme is to assist financially to the member at the occasion of his / her and spouse illness for prescribed disease group.

Actual Members upto 31-3-2019	4496
Beneficiary Members from 1-4-2018 to 31-3-2019	102
Amount given as benefit to 102 beneficiary members from 1-4-2018 to 31-3-2019	1,73,20,779/-

* * * * *

ACADEMY OF MEDICAL SPECIALITIES IMA-GSB

(Reported by Dr. Vidyut J. Desai; Chairman Dr. Dilip B. Gadhavi; Convenor)

We have great pleasure in presenting Annual Report for the year 2018-2019 before you.

Gujarat State Chapter has total Life Member 332
(Total Nos. of Fellows (FIAMS) 61)

- A.M.S. Gujarat State Chapter has one branch chapter, that is Vadodara branch chapter.

- The life membership fees for A.M.S. is Rs. 1,000/-

(One Thousand only) Members of I.M.A. processing.

- (i) Post Graduate qualification approved by Medical Council of India or
- (ii) Any Postgraduate qualification awarded by as National, foreign institution or Academics as approved by the Governing Council of Academy.
- (iii) Family Physician having F.C.G.P. shall be eligible for enrollment.

- FELLOWSHIP OF IMA AMS :

Life Members of AMS can apply with prescribed proforma with Bio-data along with the requisite fee for Fellowship Rs. 5,000/- (Five Thousand only) by D.D. payable at Academy of Medical Speciality payable at Hyderabad for which information will be given in GSB News Bulletin subsequently.

- Different Certificate Courses arranged by IMA AMS (HQs) already informed in bulletin and many members have taken advantage.



FAMILY WELFARE PLANNING CENTRE ACTIVITY (URBAN PRIMARY HEALTH CENTRES)

Respected Members,

Gujarat State Branch, Indian Medical Association runs 'Urban Primary Health Centres' in different wards of Ahmedabad and such centres also in Rajkot, Rander, Junagadh & Surat.

The Centres in Ahmedabad City work according to NUHM (National Urban Health Mission) project under the guidance and supervision of Family Welfare Officer & Nodal officer Ahmedabad Municipal Corporation. The activities mentioned below are done in all these centres on regular basis.

- ❖ A daily medical O.P.D. in morning and afternoon session. The table below shows the number of cases seen in the O.P.D., centre wise.

Name of the Centre & its Ward	New Cases	Old Cases	Total
(1) Ambawadi (Jamalpur)	14035	6691	20726
(2) Behrampura (Sardarnagar)	22255	4290	26545
(3) Bapunagar (Potalia)	28563	6515	35078
(4) Dariapur (Isanpur)	20316	3980	24296
(5) Gomtipur (Saijpur)	28233	6543	34776
(6) Khokhra (Amraiwadi)	31850	6785	38635
(7) New Mental (Meghaninagar)	16298	3288	19586
(8) Raikhad (Stadium)	9296	5170	14466
(9) Vadaj (Juna Vadaj)	7943	3597	11540

- ❖ Immunisation facilities in the Centers on Monday - Wednesday - Friday
- ❖ Outreach sessions for immunization in the slums where vaccines are given to mothers & children.
- ❖ Observing "Mamta-Day" in Slums where-in registration of antenatal mothers, vaccination with Inj., T.T., providing them with IFA tablets and Calcium Tablets and necessary advice is given, mothers meeting & Adolescent Care is also given.
- ❖ High risk mothers are timely referred and advised for institutional deliveries under "Chiranjivi Yojna". Benefits of Janani Suraksha Yojna, Kasturba Poshan Sahay Yojna, JSSK, etc. are given to the beneficiaries, through these centres.
- ❖ 'Vitamin A' supplementation is given to children along with deworming, biannually in the month of February & August.
- ❖ Treatment for Sexually transmitted Diseases and suspected cases of leprosy, TB and Cancer are referred.
- ❖ Family Planning Services, which includes copper-T insertion; distribution of condoms & oral contraceptive pills.
- ❖ Beneficiaries for Tubal ligation & Vasectomy are provided free of cost operations.



- ❖ Basic laboratory facilities are also provided in these centres like Haemoglobin estimation, Blood grouping, Random Blood sugar, Hb Electrophoresis for diagnosing Thalessemia, Urine Albumin, Sugar, HIV Test and Blood Test for Malaria Parasite detection.
- ❖ Intra domestic house to house survey done during the year 2018 - 2019 twice a month covering the whole area under UPHC
- ❖ Pulse-Polio Immunization rounds for migratory population were done during the following periods.
(1) 5-8-2018 to 7-8-2018 (2) 18-11-2018 to 20-11-2018
- ❖ Under "School Health Programme" from 3 months all the students from standard 1st to 12th of the schools of AMC and private were examined. Also the children of Balwadi, Aaganwadi, and Children not going to schools were examined.
- ❖ Pulse-Polio (National Immunisation Day) Programme was done in 2 rounds.
(1) 10-3-2019 to 13-3-2019 (2) 3-2-2019 to 5-2-2019
- ❖ Medical Camps were conducted in different slum areas of wards
- ❖ Urban Health Centres are striving hard to implement various Government schemes for the benefit of public at large.
(I) April-2018 (II) May-2018 (III) June-2018 (IV) July-2018
- ❖ HBNC Training Asha at Centres.
- ❖ Vita Round : Aug-2018 & Feb.-2019
- ❖ Formation & meetings for MAS (Mahila Aarogya Samiti)
- ❖ Formation & Rogi Kalyan Samiti
- ❖ Programme regarding Malnutrition of 0-5 year Children.

PULSE POLIO IMMUNIZATION

Pulse Polio programme were organised & implemented as per the instructions from Govt. Our members and all Family Planning Centres participated in this programme to make it hundred percent successful..

SCHOOL HEALTH CHECKUP

All the Nine Family Planning Centres in Ahmedabad and all over Gujarat had carried out School Health Checkup & Aanganwadi Checkup programme commencing from 2017-2018



STATEMENT SHOWING ESTIMATED BUDGET (MAINTENANCE AND INCENTIVES) OF THE 13 URBAN FAMILY WELFARE CENTRES RUN BY THE CONVENER F.P. COMMITTEE

I.M.A. GUJARAT STATE BRANCH OF THE YEAR 2019-2020

SR. NO.	CENTRES NAME	MAINTENANCE
1	Ambawadi	3635042
2	Behrampura	3810477
3	Bapunagar	2950712
4	Dariyapur	5741496
5	Gomtipur	4043180
6	Khokhara	3909781
7	New-Mental	3741002
8	Raikhad	6379371
9	Wadaj	5060722
10	Nanpura - Surat	1962777
11	Rander-Surat	1597381
12	Junagadh	1952631
13	Rajkot	4009781

STATEMENT SHOWING THE DETAILS OF 13 CENTRES RUN BY FAMILY PLANNING COMMITTEE, INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH, FAMILY PLANNING PERFORMANCE FOR THE YEAR 2018-2019

SR. NO.	CENTRES NAME	STERILISATION	COPPER-T	OCP (Users)	CONDOMS (Users)
1	AMBAWADI	248	573	6837p	150400
2	BEHRAMPURA	103	494	16174	113920
3	BAPUNAGAR	240	433	3128u	7087u
4	DARIYAPUR	515	545	632u	2000u
5	GOMTIPUR	338	471	4055	133287
6	KHOKHARA	493	594	2967	144550
7	NEW-MENTAL	299	464	4493	112460
8	RAIKHAD	441	594	9330p	160057
9	WADAJ	96	355	27345	152000
10	NANPURA-SURAT	255	472	790u	255u
11	RANDER - SURAT	297	465	80u	190u
12	JUNAGADH	221	476	224u	792u
13	RAJKOT	324	706	252	39400



STATEMENT SHOWING THE DETAILS OF CONSOLIDATED ACCOUNTS OF HEAD OFFICE THE GENERAL TRAIL BALANCE OF FAMILY PLANNING CENTRES RUN BY I.M.A. GUJARAT STATE BRANCH, AHMEDABAD AS ON 1st April-2018 to 31st March 2019

Liabilitiesas	Amount	Assetsas	Amount
Ambawadi	992966.65	Bank : Saving a/c	13029346.92
Behrampura	1034678.17	Bank : Current a/c	43324.24
Bapunagar	823323.24	Khambhat	159968.96
Dariyapur	1030871.98	Gondal	500.33
Gomtipur	1549867.97	Cash on hand	2394.91
Khokhara	1037276.61		
New-mental	849726.51		
Raikhad	1472773.53		
Wadaj	1564354.57		
Nanpura Surat	845695.03		
Rander Surat	407958.88		
Junagadh	423811.47		
Rajkot	1079100.56		
Lokshikshan	58400.00		
Bapunagar House Rent	79.10		
Medicine Sale	95.51		
Dr. M.S. Trivedi	149.08		
Bank Charge	2536.00		
Chimanlal & Co.	274.50		
Mahendra R. Shashtri	19522.00		
Anandi Parikh	42074.00		
TOTAL	13235535.36	TOTAL	13235535.36

Dr. Devendra R. Patel
Treasurer

Dr. Pankaj K. Sheth
Convenor



SOCIAL SECURITY SCHEME

GUJARAT STATE BRANCH, I.M.A

OFFICE : "A.M.A. House", 3rd Floor, Opp. H. K. College,
Ashram Road, AHMEDABAD - 380 009.

Phone : 079-265 80 690

OFFICE BEARERS

Chairman
Dr. S. S. Vaishya

Ex-officio (Sec. G.S.B.)
Dr. Kamlesh B. Saini

Hon. Secretary
Dr. Jitendra B. Patel

Hon. Jt. Secretary
Dr. Kirit A. Gandhi

Hon. Treasurer
Dr. Yogendra S. Modi

Imm. Past President
Dr. Bhupendra M. Shah

BOARD OF TRUSTEES

- | | | |
|-----|----------------------|-----------|
| (1) | Dr. Shailendra Vora | Ahmedabad |
| (2) | Dr. V. T. Parmar | Bhavnagar |
| (3) | Dr. Mayank J. Bhatt | Vadodara |
| (4) | Dr. K. M. Gandhi | Godhra |
| (5) | Dr. Lalbhai M. Patel | Mehsana |
| (6) | Dr. Bhupesh Chawda | Surat |

ZONAL REPRESENTATIVES

- | | | |
|-----|------------------------|----------------|
| (1) | Dr. Devendra Patel | Ahmedabad Zone |
| (2) | Dr. Siddharth Nayak | Vadodara Zone |
| (3) | Dr. Mahadev Dalwadii | Surat Zone |
| (4) | Dr. K. J. Ganatra | Kutch Zone |
| (5) | Dr. Amit Hapani | Rajkot Zone |
| (6) | Dr. Paras Shah | West Zone |
| (6) | Dr. Jayshriben Patel | Central Zone |
| (7) | Dr. Mahendra Chaudhary | South Zone |



SOCIAL SECURITY SCHEME

GUJARAT STATE BRANCH, I.M.A

OFFICE : "A.M.A. House", 3rd Floor, Opp. H. K. College,
Ashram Road, AHMEDABAD - 380 009.

Phone : 079-265 80 690

NOTICE

Date : 01.09.2019

Dear Member,

Annual General Body Meeting of the members of Social Security Scheme will be held at Daman at the time of Annual Conference of I.M.A.G.S.B. to consider the following Agenda.

Venue :- THE DELTIN, Varkund, Nani Daman
Daman - 396210

Date :- 12th October, 2019

Time :- 10.00 A.M.

AGENDA

- To confirm the minutes of last Annual General Body Meeting held at Himatnagar 27th October 2018.
- To pass the condolence resolution of the sad demise of the following members.

Sr. No.	Name	SSS No	Branch
1.	Dr. Nagarwadia Ajay Navnitlal	2336	Surat
2.	Dr. Mehta Maheshchandra Vrajlal	2198	Bhavnagar
3.	Dr. Joshi Balwantraj Mohanlal	912	Bhavnagar
4.	Dr. Wadekar Hindkumar Kantilal	2235	Surat
5.	Dr. Purohit Mansukhlal Jatashankar	1036	Porbandar
6.	Dr. Shah Bipinchandra Chunilal	53	Ahmedabad
7.	Dr. Parikh Narendrakumar Kantilal	4849	Ahmedabad
8.	Dr. Shah Atmarambhai Sakalcahnd	4987	Surat
9.	Dr. Parikh Babalal Natvarlal	270	Ahmedabad
10.	Dr. Bhagat Girish Trikambhai	733	Vadodara
11.	Dr. Desai Narendrakumar Kanjibhai	7822	Una
12.	Dr. Gor Nautam Umiyashankar	982	Bhuj-Kutch
13.	Dr. Jhala Krishnakumarsinh G.	1122	Ahmedabad
14.	Dr. Panchal Arvindkumar Shankerlal	171	Ahmedabad
15.	Dr. Shah Hemendra Sobhagchand	209	Ahmedabad
16.	Dr. Patel Karsanbhai Nathubhai	2272	Surat
17.	Dr. Joshi Dineshkumar Krishnakant	1922	Bharuch



18.	Dr. Shah Ghanshyambhai Krishnaprasad	2747	Nadiad
19.	Dr. Shah Maulesh Girishchandra	2524	Ahmedabad
20.	Dr. Vyasa Arunkumar Balmukunddas	4059	Gandhinagar
21.	Dr. Relia Arvindlal Amrutlal	1994	Surat
22.	Dr. Bhatti Ratansing Nagjibhai	2020	Gandhidham
23.	Dr. Patel Trikambhai Kacharabhai	2872	Vijapur
24.	Dr. Vora Jashvantray Ramniklal	4872	Bhavnagar
25.	Dr. Shah Akhilesh Kanubhai	5892	Umreth
26.	Dr. Naik Kamal Mahendra	5072	Ahmedabad
27.	Dr. Mehta Harshad Pranlal	1300	Ahmedabad
28.	Dr. Sheth Navinbhai Chandulal	1518	Modasa
29.	Dr. Gandhi Mahendra Damodardas	1091	Bhavnagar
30.	Dr. Parikh Kailas Piyush	189	Ahmedabad
31.	Dr. Shah Babulal Chothalal	523	Ahmedabad
32.	Dr. Shah Mabubhai Somchand	3901	Rajkot
33.	Dr. Gandhi Jayantilal Balubhai	1960	Surat
34.	Dr. Shah Prafulbhai Shantilal	1085	Savarkundla
35.	Dr. Vajir Nikhilesh Harihar	1896	Surat
36.	Dr. Shah Hasmmukhlal Chhaganlal	3722	Vadodara
37.	Dr. Desai Parikshitray Bhaskarrao	11	Ahmedabad
38.	Dr. Rasiwala Taiyebimulla Musabhai	3133	Bharuch
39.	Dr. Shah Vrajmohan Vithaldas	377	Modasa
40.	Dr. Shah Jitendra Bhailal	366	Vadodara
41.	Dr. Shah Shailesh Chandulal	2410	Surat
42.	Dr. Gor Kirit Durgeshbhai	1342	Ahmedabad
43.	Dr. Amin Baldevbhai Chimanal	137	Ahmedabad
44.	Dr. Shah Kiritkumar Fulchanddas	542	Ahmedabad
45.	Dr. Raval Naranbhai Chhaganlal	5311	Ahmedabad
46.	Dr. Adeshra Suketu Ramesh	6702	Himmatnagar
47.	Dr. Shah Alkesh Indravadan	8657	Nadiad
48.	Dr. Shah Indravada Chandulal	285	Ahmedabad
49.	Dr. Parikh Girdharlal Jamnadas	4294	Godhra
50.	Dr. Haliyal Gopalkrishna Laxmanrao	4959	Valsad
51.	Dr. Trivedi Ketan Anantray	8079	Ahmedabad
52.	Dr. Patel Navnit Vithalbhai	1252	Ahmedabad
53.	Dr. Solanki Shamji Velji	4969	Jamnagar
54.	Dr. Trivedi Bipin Bhanubhai	1040	Mandvi-kutch
55.	Dr. Sanjanwala Prabodhchandra H	1806	Valsad
56.	Dr. Jadia Shirish Sanmukhlal	2734	Nadiad
57.	Dr. Desai Arvindlal Thakorlal	1980	Surat
58.	Dr. Agrawal Balkrishna Mangilal	6219	Palanpur
59.	Dr. Shah Divyesh Shirishchandra	13267	Vyara
60.	Dr. Mehta Krishnakant Venilal	3215	surat
61.	Dr. Sheth Subhashchandra V.	705	Kalol
62.	Dr. Parmar Jagdishchandra Nagindas	1265	Ahmedabad
63.	Dr. Trivedi Shantilal Bhanushanker	4178	Ahmedabad
64.	Dr. Shah Kishorchandra Kanaiyalal	1528	Kapadwanj
65.	Dr. Vyas Shankerlal Anopram	2818	Modasa
66.	Dr. Bavishi Anil Khushaldas	5	Ahmedabad
67.	Dr. Agravat Mahipatram Vithaldas	1184	Porbandar
68.	Dr. Bachani Ashokkumar Devidasbhai	8261	Dahod
69.	Dr. Shah Bansilal Ambalal	52	Ahmedabad
70.	Dr. Shah Girish Harilal	58	Ahmedabad



71.	Dr. Parmar Damjibhai Devsibhai	9751	Jamnagar
72.	Dr. Shah Narendrakumar Natvarlal	3474	Ahmedabad
73.	Dr. Trivedi Dushyant Chhotalal	253	Ahmedabad
74.	Dr. Aghera Vithalbhai Hansrajibhai	2145	Rajkot
75.	Dr. Patel Kantilal Punjalal	2537	Ahmedabad
76.	Dr. Patel Lavjibhai Kedarbhai	1663	Kapadwanj
77.	Dr. Patel Bhailalbhai Punambhai	792	vadodara
78.	Dr. Tamichi Kantilal Sardarbhai	2564	Ahmedabad
79.	Dr. Chablani Rajaram Tanomal	10221	Ahmedabad
80.	Dr. Patel Bharat Nagardas	7944	Himatnagar

3. To adopt Annual Report for the year 2018-2019.
4. To adopt the Audited Report & Annual Accounts for the year 01.04.2018 to 31.03.2019.

5. To elect the following office bearers for the year 2019-2020

(A) Hon. Jt. Secretary :- From Head Quarter Zone. (Ahmedabad Zone)

(B) Board of Trustees :- (i) This year one trustee from Central Zone to be elected by the General Body Meeting of the scheme.

(ii) One trustee from Surat Zone to be elected by the State Council.

(C) Zonal Representatives :-

One from each zone & one from Kutch shall be elected by the General Body Meeting of the scheme.

The nominations for the posts of 5-(A), (B) and (C) are invited from the members of the scheme on their letter pad along with full name, signature and S.S.S.No. of the proposer and seconder. It should reach to the S.S.S.office on or before 7th October,2019 during office hours.

If the office does not receive any nomination by 7th October,2019, then Nomination will be invited on the floor of General Body Meeting for that Particular post.

6. To consider and approve Budget Estimated for the year 2019-2020.
7. To Appoint Auditors & to fix their remuneration.
8. To transact any other business brought forward with the permission of the chair.

NOTES

The members are requested to notify immediately change in their addresses, if any, at the S.S.S. office 3rd Floor, A.M.A. House, Opp. H. K. College, Ashram Road, Ahmedabad – 380 009.

The members are requested to bring their copies of the Annual Report with them to the Annual General body Meeting.

Sincerely yours,

(Dr. Jitendra B. Patel)
Hon. Secretary S.S.S.

(Dr. Yogendra S. Modi)
Hon. Treasurer S.S.S.

(Dr. Kirit A. Gandhi)
Hon. Jt. Secretary S.S.S.



ANNUAL REPORT

On behalf of Managing Committee, it is our great pleasure & privilege to present the Annual Report for the year 01.04.2018 to 31.03.2019.

Total members as on 01.04.2018 14346
New members enrolled during the year 112

Total members as on 31.03.2019 14458

Deceased members during the year (Schedule- 13) 81
Total deceased members (1199)
Terminated members during the year- D.F.C. No. 43 67
Total terminated members (655)
Total retired members – 31.03.2019 7292

Retirement Member's List

(1)	01.01.2000 To 31.03.2001	250
	<u>D.F.C. No. 25</u>	
(2)	01.04.2001 To 31.01.2002	84
	<u>D.F.C. No. 26</u>	
(3)	01.02.2002 To 31.01.2003	120
	<u>D.F.C. No. 27</u>	
(4)	01.02.2003 To 30.09.2003	98
	<u>D.F.C. No. 28</u>	
(5)	01.10.2003 To 31.07.2004	155
	<u>D.F.C. No. 29</u>	
(6)	01.08.2004 To 09.07.2005	382
	<u>D.F.C. No. 30</u>	
(7)	10.07.2005 To 15.04.2006	513
	<u>D.F.C. No. 31</u>	
(8)	16.04.2006 To 31.01.2007	799
	<u>D.F.C. No. 32</u>	
(9)	01.02.2007 To 29.02.2008	775
	<u>D.F.C. NO. 33</u>	
(10)	01.03.2008 To 28.02.2009	646
	<u>D.F.C. NO. 34</u>	
(11)	01.03.2009 To 28.02.2010	468
	<u>D.F.C. No. 35</u>	
(12)	01.03.2010 To 28.02.2011	356
	<u>D.F.C. No. 36</u>	
(13)	01.03.2011 To 13.03.2012	444
	<u>D.F.C. No. 37</u>	
(14)	14.03.2012 To 13.03.2013	409
	<u>D.F.C. No. 38</u>	



(15)	14.03.2013 To 15.03.2014	596
	<u>D.F.C. No. 39</u>	
(16)	16.03.2014 To 19.03.2015	286
	<u>D.F.C. No. 40</u>	
(17)	20.03.2015 To 15.03.2016	356
	<u>D.F.C. No. 41</u>	
(18)	16.03.2016 To 15.03.2017	336
	<u>D.F.C. No. 42</u>	
(19)	16.03.2017 To 15.03.2018	346
	<u>D.F.C. No. 43</u>	
(20)	16.03.2018 To 15.03.2019	404
	<u>D.F.C. No. 44</u>	

List of Terminated member for non-payment of D.F.C. No. 43

Sr. No.	SSS No.	Name	Branch
1	9640	Dr. Trivedi DilipkumarLalshanker	Ahmedabad
2	9858	Dr. Sharma Rakesh Shashikant	Ahmedabad
3	9935	Dr. PancholiMehulAshwinkumar	Surat
4	10071	Dr. PatelDaminiKeyur	Surat
5	10528	Dr. Patel HitendraManubhai	Vadodara
6	11023	Dr. Patel Bhaveshkumar Ramchandra	Ahmedabad
7	11039	Dr. Patel Kaushik Ambalal	Vadodara
8	11074	Dr. Changlani Kishor Sevakram	Ahmedabad
9	11218	Dr. Gosai Arvindbharthi Rameshbharthi	Ahmedabad
10	11266	Dr. Pandya Harsha Maunesh	Ahmedabad
11	11414	Dr. Pancholi Mruga Ashwinbhai	Surat
12	11418	Dr. Balani Deepak Hareshkumar	Gandhidham
13	11422	Dr. Shah Aadesh Arunkumar	Surat
14	11880	Dr. Patel Sandeep Kanubhai	Ahmedabad
15	12042	Dr. Thakkar Bhaskar Babubhai	Ahmedabad
16	12064	Dr. Hada Vanrajsinh Motisinh	Ahmedabad
17	12319	Dr. Akholkar Mukesh Jashbhai	Ahmedabad
18	12569	Dr. Kagathara Happykumar Devkaranbhai	Dhrol
19	12757	Dr. Patel Arvind Gandalal	Surat
20	12788	Dr. Patel Sandeep Ishwarbhai	Anand
21	12797	Dr. Shah Shilpa Ketan	Vapi
22	12798	Dr. Shah Ketan Natvarlal	Vapi
23	12843	Dr. Prajapati Dineshbhai Somabhai	Mehsana
24	12933	Dr. Patel Hitesh Dahyabhai	Ahmedabad
25	13064	Dr. Goyal Renu Saurabh	Ahmedabad
26	13065	Dr. Goyal Saurabh M.	Ahmedabad
27	13111	Dr. Anavadia Jagruti Kalyanbhai	Navsari
28	13237	Dr. Patel Dev Pankajbhai	Vadodara
29	13352	Dr. Vadher Jitendrasinh Arjanbhai	Porbandar
30	13397	Dr. Shah Kushal Nikhilkumar	Ahmedabad
31	13526	Dr. Rakholia Jayesh Parshottambhai	Vadodara
32	13527	Dr. Rakholia Bela Jayesh	Vadodara
33	13557	Dr. Sanghadiya Rakesh Nareshbhai	Ahmedabad
34	13558	Dr. Shah Rima Bharatbhai	Ahmedabad
35	13666	Dr. Kansara Manoj Dhirajlal	Surat
36	13668	Dr. Kataria Pinky Manoj	Nadiad



37	13669	Dr. Kataria Manoj Jayramdas	Nadiad
38	13688	Dr. Joshi Vishal Rameshchandra	Bhuj Kutch
39	13725	Dr. Patel Ajitkumar Bhikhalal	Palanpur
40	13748	Dr. Bhalgamiya Chetan Prabhudas	Ahmedabad
41	13771	Dr. Gandhi Nishith Pramodchandra	Himatnagar
42	13781	Dr. Patel Sushilkumar Ambalal	Ahmedabad
43	13796	Dr. Chavda Hiral Ranchhodbhai	Jamnagar
44	13797	Dr. Porecha Milind Mahendrabhai	Jamnagar
45	13864	Dr. Vandra Rajesh Jivarajbhai	Surat
46	13963	Dr. Chauhan Dharmesh Karshanbhai	Ahmedabad
47	14133	Dr. Polara Yashinali Karimbhai	Palanpur
48	14144	Dr. Shah Jayunkumar Maheshchandra	Ahmedabad
49	14170	Dr. Rajpara Dhaval Hareesh	Ahmedabad
50	14211	Dr. Suthar Ashif Yusufbhai	Palanpur
51	14212	Dr. Suthar Mahetaben Ashif	Palanpur
52	14254	Dr. Patel Nileshkumar Arvindbhai	Palanpur
53	14262	Dr. Oza Nisarg Kishorkumar	Vadodara
54	14282	Dr. Raval Abhishek Achaleshkumar	Gandhinagar
55	14294	Dr. Mevada Janakkumar Bachubhai	Patan
56	14350	Dr. Gupta Rahul Rajivkumar	Vadodara
57	14368	Dr. Parikh Bindi Vijesh	Vadodara
58	14371	Dr. Gidhwani Rakesh Nanakram	Ahmedabad
59	14374	Dr. Doshi Jinal Nilesh	Vadodara
60	14382	Dr. Bhandari Jainish Kailesh	Vadodara
61	14436	Dr. Chaudhari Krunalkumar Jitubhai	Ahmedabad
62	14438	Dr. Christian Donalad Shailendra	Ahmedabad
63	14446	Dr. Goti Mahesh Pravinbhai	Surat
64	14469	Dr. Dholakia Chintan Vinodkumar	Rajkot
65	14497	Dr. Chauhan Hirva Punjalal	Ahmedabad
66	14498	Dr. Rathi Narendrakumar Inderjeet	Ahmedabad
67	14529	Dr. Patel Sunilkumar Ramanbhai	Bilimora

We express our thanks to Dr. S. S. Vaishya, President, G.S.B. I.M.A. Dr. Bhupendra Shah, Imm. Past Chairman and Dr. Kamlesh B. Saini, Hon. State Secretary and Dr. Kirtibhai M. Patel, Chairman N. S. S. Dr. Mahendra B. Desai, Past M.D. P.P.S. G.S.B. I.M.A. We express our gratitude for the Co-operation, guidance and support from Board of Trustees, Members of Managing Committee & and office bearers of Gujarat State Branch I.M.A. and all the members of the scheme.

We are pleased to place on record appreciation of sincere and devoted service rendered by the staff of the scheme.

on behalf of Managing Committee,

Dr. Jitendra B. Patel
Hon. Secretary

Dr. Yogendra S. Modi
Hon. Treasurer

Dr. Kirit A. Gandhi
Hon. Jt. Secretary



VIJAY M. SHAH & CO.
Chartered Accountants

315, ATMA HOUSE, Opp: Old Reserve Bank,
Ashram Road, Ahmedabad – 380 009
Phone: 079-26583235, Fax: 079-40069235
E-mail: vijaymshahanco@gmail.com

AUDITOR'S REPORT

Name of the Public Trust : Social Security Scheme - Gujarat State Branch, I.M.A

Admn.Office Address : AMA House, 3rd Floor, Opp. H.K. College, Ashram Road,
Ahmedabad-380009

Registration Number : F/55/ Ahmedabad

We have audited the accounts of the above named trust for the year ended on March 31, 2019 and beg to report that:

1. The accounts are maintained regularly and in accordance with the provisions of the Act & Rules.
2. Receipts and disbursement are properly and correctly shown in the accounts.
3. Cash balance and vouchers in the custody of the authorized person on the date of audit are in the agreement with accounts.
4. All Books, deeds, accounts vouchers and other documents and records required by us were produced before us.
5. There are no immovable assets.
6. The accountant of the scheme Mrs. Neeta appeared before us and furnished the necessary information required by us.
7. No property or funds of the trust were applied for any object or purpose other than the objects or purposes of the trust.
8. The amount outstanding for more than one year are Rs. NIL and the amount written off is Rs. NIL
9. There are no repairs or construction.
10. No money of the Public Trust has been invested contrary to the provisions of section 35

Place: Ahmedabad

Date : 24-07-19



FOR VIJAY M. SHAH & CO.,
Chartered Accountants
FRN # 111417W

(C.A. Chirag S Doshi)
Partner
Membership # 157649



SOCIAL SECURITY SCHEME, GUJARAT STATE BRANCH-I.M.A. BALANCE SHEET AS AT 31-03-2019

Particulars	Sche- dule	31.03.19	31.03.18
Funds & Liabilities			
Corpus Fund		11,43,36,967	10,52,15,027
Opening Balance		-2390	0
Less: Paid to Voluntary Retired Member		96,49,060	91,21,940
Add: Transferred from DFC Receivable		12,39,83,637	11,43,36,967
Sub Total		1,01,01,648	97,46,648
Capital Reserve Fund - Admission Fee		2,00,000	3,55,000
Opening Balance		1,03,01,648	1,01,01,648
Add: Received from new members enrolled during the year			
Sub Total		37,95,516	36,89,601
Advance AFC Deposit		2,28,67,370	2,27,53,820
Opening Balance - AFC (Indl. Members deposit)		3,26,811	3,26,811
Add: Amount received during the year		3,69,837	3,69,837
Less: Amount paid back to retired members		3,70,212	3,70,212
Sub Total		3,70,422	3,70,422
Advance Fraternity Contribution Fund	1	3,75,600	3,75,600
Opening Balance		3,78,600	3,78,600
Add: Surplus during the year		39,54,216	40,15,836
Less: Retired Members Deposit		17,000	0
Income Expenditure Account		76,831	0
Opening Balance		4,39,41,990	4,89,61,837
Add: Surplus during the year		-94,90,974	-50,19,847
Sub Total		3,44,51,016	4,39,41,990
Total		20,16,38,716	20,10,31,344

For **Vijay M. Shah & Co.**, This is the Balance Sheet referred to in our report of even date
Chartered Accountants
FRN # 111417W

C.A. Vijay M. Shah
Proprietor M. # 017775
Place: Ahmedabad
Date: 24.07.19

Vijay M. Shah
(Dr. S. S. Vaishya)
(Hon. Chairman)

For **Social Security Scheme G.S.B. I.M.A.**

Jitendra B. Patel
(Dr. Jitendra B. Patel)
(Hon Secretary)

Yogendra S. Modi
(Dr. Yogendra S. Modi)
(Hon Treasurer)



SOCIAL SECURITY SCHEME, GUJARAT STATE BRANCH-I.M.A. Income & Expenditure Account for the year 01-04-2018 to 31-03-2019

Particulars	Sche- dule	31.03.19	31.03.18
Income			
Interest Income			
Savings Account Interest	5	1,80,920	4,06,249
FDR Interest	5	1,05,31,558	1,17,96,604
Sub Total	5	1,07,12,478	1,22,02,853
Annual Subscription		5,711	5,955
Late Fees & Misc. Income		23,045	23,275
Penalty received		1,52,375	1,64,862
Death Fund Contribution Exps A/c		3,67,890	0
Total		1,12,61,499	1,23,96,945

For **Vijay M. Shah & Co.**,
Chartered Accountants
FRN 111417W

C.A. Chirag S Doshi
Partner M. # 157649
Place: Ahmedabad
Date: 24.07.2019

For **Social Security Scheme G.S.B. I.M.A.**

Jitendra B. Patel
(Dr. Jitendra B. Patel)
(Hon Secretary)

Yogendra S. Modi
(Dr. Yogendra S. Modi)
(Hon Treasurer)

Particulars	Sche- dule	31.03.19	31.03.18
Expense			
20 years completed members's DFC payment		1,92,34,140	1,62,42,660
Terminated Members DFC Not receivable Written Off		3,43,217	1,93,499
Establishment Exp.			
Advocate Exps.		12,500	10,000
AC Machine Repairing Exp		0	3,068
Salary & Bonus		6,84,080	6,12,680
Audit Fees		21,240	18,000
Bank Charges		91,042	13,574
Computer Exp.		9,638	11,320
Electric Charges		21,560	22,750
Meeting Exp.		7,221	4,980
Municipal Tax Exp.		20,139	17,667
Office Exp.		10,835	14,852
Income Tax legal exps.		0	15,000
Office Tea & Refreshment		19,540	22,062
Office Maintenance Exps		25,700	44,700
Postage & Telegram		1,69,976	91,596
Printing & Stationery		40,010	36,788
Internet & Telephone Exp.		20,054	23,201
TDS Expenses		7,500	11,810
Travelling Exp.		12,600	6,000
Xerox Exp.		1,482	595
Sub Total		11,75,116	9,80,633
Deficit Transferred to Balance Sheet		-94,90,974	-50,19,847
Total		1,12,61,499	1,23,96,945



SOCIAL SECURITY SCHEME, GUJARAT STATE BRANCH-I.M.A.

Schedules forming part of Annual Accounts

Schedule - 1 (Advance Fraternity Contribution Fund)

Particulars	31.03.19	31.03.18
Opening Balance - AFC (Incl. Members deposit)	2,27,53,820	2,29,03,669
Add :Recd from new members enrolled during the year	3,45,900	5,34,000
Less :AFC returned back to expired members	7,350	9,400
Less :AFC transfer to DFC for terminated members	2,01,000	1,47,000
Less :Uncleared Cheque reversed entry Passed	24,000	0
Less :AFC returned back to members who completed 20 years of membership	0	5,27,449
Total :	2,28,67,370	2,27,53,820

Schedule - 2 (Investments)

Sr. No.	Particulars	31.03.19	31.03.18
1.	FDR - Bank of India	3,50,00,000	4,65,00,000
2.	FDR - Bank of Baroda	7,35,00,000	5,20,00,000
3.	FDR - Bank of Maharashtra	2,74,12,723	3,24,12,723
4.	FDR - Central Bank of India	90,00,000	50,00,000
5.	FDR - Punjab National Bank	2,00,00,000	3,00,00,000
	TOTAL	16,49,12,723	16,59,12,723

Schedule - 3 (Balance with Bank)

Particulars	31.03.19	31.03.18
Bank of India A/c # 200210110008499	11,93,481	1,52,215
Bank of India A/c # 200210110000869	8,28,242	85,648
Bank of India A/c # 200210110011550 DFC # 41	0	48,514
Bank of India A/c # 200210110011854 DFC # 42	0	55,595
Bank of India A/c # 200210110012210 DFC # 43	5,55,843	10,001
BOB A/c # 033301000280897 - DFC # 44	1,00,000	0
Punjab National Bank S/B A/c # 92881	4,64,614	25,63,232
	31,42,180	29,15,205



Schedule - 4 (Death Fraternity Contribution Receivable)

Particulars	31.03.19	31.03.18
Opening Balance	3,17,07,794	2,51,72,564
Add :DFC paid to nominee of deceased members.	3,37,07,730	3,06,66,204
Add : DFC not paid to the nominee of deceased members	0	7,54,200
Add :DFC tr. to Corpus Fund	96,49,060	93,51,160
Less : Amount received during the year	2,24,24,000	1,77,99,995
Less : Amount of 20yrs retired members DFC adjusted	1,92,34,140	1,62,42,840
Less : Amount written off of terminated members	3,43,217	1,93,499
Total :	3,30,63,227	3,17,07,794

Schedule - 5 (Interest & Dividend Income)

Particulars	31.03.19	31.03.18
Savings Account Interest		
Bank of India A/c # 8499	11,696	75,163
Bank of India A/c # 869	10,211	2,202
Bank of India A/c # 200210110011550-DFC # 41	0	3,413
Bank of India A/c # 200210110011854-DFC # 42	1,938	34,178
Bank of India A/c # 200210110012210-DFC # 43	32,273	0
Punjab National Bank A/c # 9288	1,24,802	2,91,293
Total :	1,80,920	4,06,249
FDR Interest		
Bank of India	35,38,650	32,86,538
Punjab National Bank	16,84,447	23,60,329
Bank of Maharashtra	18,90,976	22,72,088
Central Bank of India	5,19,750	0
Bank of Baroda	28,97,735	38,77,649
Total :	1,05,31,558	1,17,96,604



SOCIAL SECURITY SCHEME GUJARAT STATE BRANCH, I.M.A.

Notes forming part of accounts for the year ended 31-03-19

A. Significant Accounting Policies.

1. AS 1 – Disclosure of Accounting Policies

The Books of account has been maintained on the basis of cash method of accounting.

2. AS-4 Contingencies Liability & Event Occurring After Balance Sheet Date :

In the opinion of the Chairman of the Scheme, there are no events occurred after Balance Sheet date which have material effect either on the Balance Sheet or on Income & Expenditure account of the Scheme.

3. AS-6 Depreciation Accounting :

Depreciation on fixed assets has not been provided.

4. AS-10 Accounting For Fixed Assets :

Fixed assets are stated at cost.

5. AS 13 - Investment

Investments are stated at the cost of acquisition. All investments of the scheme are in companies / corporation approved by charity Commissioner.


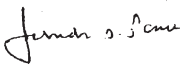
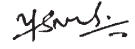
B. Other Notes

- 1 Amounts received as membership subscription from each member enrolled during the year has been taken to Corpus Fund.
- 2 Age-wise amounts received as admission fee from each member enrolled during the year has been transferred to Capital Reserve Fund Account fully.
- 3 Amounts received as Advance Fraternity Contribution from each member enrolled during the year, has been shown as liabilities since the amount received is in advance and is to be adjusted at Rs. 30/- per death per member.
- 4 Previous year figures have been regrouped and rearranged, wherever necessary to make them comparable with those of current year.
- 5 Following accounts are subject to reconciliation and adjustment. It's effect on Income & Expenditure accounts and balance sheet, if any will be accounted in future as and when accounts are reconciled.
 - a. Individual members deposit under the head Advance Fraternity Contribution fund.
 - b. Interest payable under the head Accrued interest on AFC Deposit.
 - c. DFC due from members under the head Death Fraternity Contribution receivable.
- 6 The amount has been rounded up in Rupees.

As per our separate report of even date attached.

For **Vijay M. Shah & Co.,**
Chartered Accountants
FRN # 111417W
C.A. Chirag S Doshi
Partner M. No. # 157649
Place: Ahmedabad
Date: 24-07-2019

For Social Security Scheme G.S.B. I.M.A.


(Dr. S. S. Vaishya)
 (Hon. Chairman)
 
(Dr. Jitendra B. Patel)
 (Hon Secretary)
 
(Dr. Yogendra S. Modi)
 (Hon Treasurer)



SOCIAL SECURITY SCHEME, GUJARAT STATE BRANCH I.M.A. BUDGETED PROPOSAL FOR THE ACCOUNTING YEAR 2019 - 2020

INCOME	Rs. Budgeted 1-4-2018 to 31-3-2019	Rs. Actual 1-4-2018 to 31-3-2019	Rs. Budgeted 1-4-2019 to 31-3-2020	EXPENDITURE	Rs. Budgeted 1-4-2018 to 31-3-2019	Rs. Actual 1-4-2018 to 31-3-2019	Rs. Budgeted 1-4-2019 to 31-3-2020
	Annual Subs.	10,000	5,711		10,000	Advocate Exps.	5,000
Interest on S.B. A/C.	5,00,000	1,80,920	5,00,000	AC Machine Repairing Exps.	10,000	0	10,000
Int. On F.D. With Bank & Govt. —				Audit fees	15,000	21,240	25,000
Company	1,75,00,000	1,05,31,558	1,75,00,000	Bank Commission/ Charges	10,000	91,042	1,00,000
Misc. Income (including —	2,00,000	1,75,420	2,00,000	Computer Exps.	12,000	9,638	15,000
late fee & pay Bank Com				Computer Programm exps.	30,000	0	30,000
on F.D., Duplicate Cer.				Electrical Exps.	30,000	21,560	40,000
				Internet and Telephone Exps.	20,000	20,054	30,000
				Meeting Exps.	20,000	7,221	20,000
				Municipal Tax Exps.	25,000	20,139	30,000
				Office Exps.	10,000	10,385	20,000
				Office Tea/Refreshment Exps.	15,000	19,540	30,000
				Postage & Telegram Exps.	1,20,000	1,69,976	2,00,000
				Printing & Stationery Exps.	1,25,000	40,010	1,25,000
				Salary Exp.(Including Bonus, Leave,incentive) .	5,00,000	6,84,080	7,00,000
				Travelling Exps.	30,000	12,600	30,000
				Xerox Exps.	3,000	1,482	3,000
				20 Yrs. Reti. Dr. Exps.	1,25,00,000	1,92,34,140	2,00,00,000



**SOCIAL SECURITY SCHEME
GUJARAT STATE BRANCH, I.M.A.**

SCHEDULE - 13 01.04.2018 TO 31.03.2019

SR. NO.	NAME	SSS NO.	BRANCH	AGE	AMOUNT
1	Dr. Ranglani Madhu Rajeshbhai	9539	Bhavnagar	46	377,700
2	Dr. Shah Nayan Hemendrakumar	8478	Surat	56	378,690
3	Dr. Barad Chhatrasinh Vajesinh	10610	Ahmedabad	60	377,540
4	Dr. Purohit Chandrika Shirish	4439	Vadodara	87	371,592
5	Dr.Doshi Hasmukhray Jamnadas	8527	Godhra	77	382,230
6	Dr.Shah Maheshchandra Jethalal	1808	Vadodara	84	379,932
7	Dr.Sinha Rudraprasad Bihari	5950	Surat	75	379,152
8	Dr.Dihora Rina Ramesh	13347	Surat	37	377,740
9	Dr.Shah Rameshchandra Vadilal	1483	Ahmedabad	72	379,902
10	Dr.Doctor Sidhdharth Navinchandra	4904	Ahmedabad	82	379,602
11	Dr. Thakore Pradyot Ramniklal	176	Ahmedabad	89	379,926
12	Dr.Viradia Gordhanbhai Devrajbhai	6487	Ahmedabad	75	379,092
13	Dr.Vaidya Bankimchandra Bhikhubhai	1764	Navsari	82	380,052
14	Dr.Desai Sushilaben Mahendra	3412	Ahmedabad	81	380,142
15	Dr.Kotak Chelaram Tarachand	4248	Ahmedabad	70	380,067
16	Dr.Patel Leelaben Bhupendra	709	Vadodara	83	379,896
17	Dr.Patel Arvinbhai Motibhai	4007	Nadiad	68	377,937
18	Dr.Shah Kirit Mohanlal	124	Ahmedabad	78	380,166
19	Dr.Kadam Subhash Pandurangrao	3763	Vadodara	79	379,827
20	Dr.Patel Bhupendra Nathalal	4966	Mehsana	64	379,782
21	Dr.Ghoda Prasannakumar Harshadrai	2027	Junagadh	87	380,127
22	Dr.Patel Narendrakumar Chandulal	4960	Ahmedabad	73	380,562
23	Dr.Patel Hasmukhlal Kantilal	4358	Bhavnagar	76	378,957
24	Dr.Shah Dipika Jitendra	817	Ahmedabad	73	379,332
25	Dr.Sanghavi Vasantkumar Manilal	4769	Jamnagar	85	380,172
26	Dr.Bidaye Sudha Vilas	1759	Vadodara	79	380,832
27	Dr.Shah Kanaiyalal Kodarlal	729	Godhra	85	380,847
28	Dr.Gangdani Mohammedshafi M.	2282	Surat	75	380,952
29	Dr. Tijoriwala Nikunjilata Chhaganlal	3122	Surat	91	378,222
30	Dr.Karbhari Mahendra Jesingbhai	321	Ahmedabad	81	381,186
31	Dr.Shah Kiritkumar Thakorlal	1786	Ankleshwar	72	380,172
32	Dr.Pandya Manharlal Manilal	2224	Surat	90	379,302
33	Dr.Rajyaguru Pravin Labhshankar	1160	Rajkot	76	377,607
34	Dr.Fernandez Keith Gova	10524	Ahmedabad	60	381,480
35	Dr.Trivedi Ashok Ramniklal	1307	Ahmedabad	78	380,682
36	Dr.Bhavsar Dhulidas Jagjivandas	2894	Unjha	84	380,817
37	Dr.Patel Hiren Chelabhai	4694	Palanpur	67	380,652
38	Dr.Nagarwadia Ajay Navnitlal	2336	Surat	74	380,592
39	Dr.Mehta Maheshchandra Vrajlal	2198	Bhavnagar	80	380,922
40	Dr.Joshi Balwantraj Mohanlal	912	Bhavnagar	85	381,036
41	Dr.Wadekar Hindkumar Kantilal	2235	Surat	69	379,872
42	Dr.Purohit Mansukhlal Jatashanker	1036	Porbandar	84	380,997
43	Dr.Shah Bipinchandra Chunilal	53	Ahmedabad	83	381,066
44	Dr.Parikh Narendrakumar Kantilal	4849	Ahmedabad	65	380,742



**SOCIAL SECURITY SCHEME
GUJARAT STATE BRANCH, I.M.A.**

SCHEDULE - 13 01.04.2018 TO 31.03.2019

SR. NO.	NAME	SSS NO.	BRANCH	AGE	AMOUNT
45	Dr.Shah Atmarambhai Sakarchand	4987	Surat	78	380,712
46	Dr.Bhagat Girish Trikambhai	733	Vadodara	92	380,907
47	Dr.Parikh Babalal Natvarlal	270	Ahmedabad	79	380,877
48	Dr.Desai Narendrakumar kanjibhai	7822	Una	69	380,010
49	Dr.Jhala Krishnakumarsinh G	1122	Jamjodhpur	83	378,537
50	Dr.Gor Nautam Umiyashanker	982	Bhuj Kutch	76	380,856
51	Dr.Panchal Arvindkumar Shankerlal	171	Ahmedabad	84	380,826
52	Dr.Baxi Ashokkumar Jagmohandas	950	Bhavnagar	84	380,826
53	Dr.Shah Hemendra Sobhagchand	209	Ahmedabad	75	380,976
54	Dr.Patel Karsanbhai Nathubhai	2272	Surat	77	380,862
55	Dr.Joshi Dineshkumar Krishnakant	1922	Bharuch	71	380,937
56	Dr.Shah Ghanshyambhai Krishnaprasad	2747	Nadiad	92	380,802
57	Dr.Shah Maulesh Girishchandra	2524	Ahmedabad	60	380,877
58	Dr.Vyasa Arunkumar Balmukunddas	4059	Gandhinagar	79	380,457
59	Dr.Relia Arvindlal Anrutlal	1994	Surat	77	380,817
60	Dr.Bhatti Ratansing Nagjibhai	2020	Gandhidham	76	380,727
61	Dr.Patel Trikambhai Kacharabhai	2872	Vijapur	68	380,712
62	Dr.Vora Jashvantray Ramniklal	4872	Bhavnagar	83	380,652
63	Dr.shah Akhilesh Kanubhai	5892	Umreth	64	380,442
64	Dr.Naik Kamal Mahendra	5072	Ahmedabad	80	380,382
65	Dr.Mehta Harshad Pranlal	1300	Ahmedabad	83	380,742
66	Dr.Sheth Navinbhai Chandulal	1518	Modasa	73	378,732
67	Dr.Gandhi Mahendra Damodardas	1091	Bhavnagar	87	376,707
68	Dr.Parikh Kailas Piyush	189	Ahmedabad	81	378,726
69	Dr.Shah Babulal Chothalal	523	Ahmedabad	84	378,447
70	Dr.Shah Mabubhai Somchand	3901	Rajkot	87	378,567
71	Dr.Gandhi Jayantilal Balubhai	1960	Surat	81	378,147
72	Dr.Shah Prafulbhai Shantilal	1085	Savarkundla	87	378,717
73	Dr.Vajir Nikhilesh Harihar	1896	Surat	67	377,787
74	Dr.Shah Hasmukhlal Chhaganlal	3722	Vadodara	78	378,507
75	Dr.Desai Parikshitray Bhaskarrao	11	Ahmedabad	86	378,666
76	Dr.Rasiwala Taiyebimulla Musabhai	3133	Bharuch	91	378,492
77	Dr.Shah Vrajmohan Vithaldas	377	Modasa	73	378,666
78	Dr.Shah Jitendra Bhailal	366	Vadodara	78	378,576
79	Dr.Shah Shailesh Chandulal	2410	Surat	62	378,162
80	Dr.Gor Kirit Durgeshbhai	1342	Ahmedabad	81	377,532
81	Dr.Amin Baldevbhai Chimanlal	137	Ahmedabad	94	378,816
82	Dr.Shah Kiritkumar Fulchanddas	542	Ahmedabad	73	378,582
83	Dr.Raval Naranbhai Chhaganlal	5311	Ahmedabad	80	378,402
84	Dr.Adeshra Suketu Ramesh	6702	Himmatnagar	58	378,042
85	Dr.Shah Alkesh Indravadan	8657	Nadiad	54	379,840
86	Dr.Shah Indravadan Chandulal	285	Ahmedabad	91	378,717
87	Dr.Parikh Girdharlal Jamnadas	4294	Godhra	87	378,177
88	Dr.Haliyal Gopalkrishna Laxmanrao	4959	Valsad	74	378,222