

Team IMA 2014-16



Dr K K Aggarwal
Recipient of Padma Shri, Vishwa Hindi
Samman, National Science Communication
Award and Dr B C Roy National Award
Limca Book of Record Holder
President Elect and Honorary
Secretary General IMA

IMA One Voice
[1 Voice 4 Policy Change]

Dr Ketan Desai
Dr Ajay Kumar
Dr Vinay Aggarwal

Objectives

- Welfare of the community
- To make accessible (within reach) timely (including emergencies), available (24x7), acceptable (safety first, quality, culturally), affordable, accountable , patient centric universal health care (promotive, preventive, curative, rehabilitative, palliative) to all (equality, equity, non discriminatory) which is scientifically, morally, ethically and legally correct and transparent.

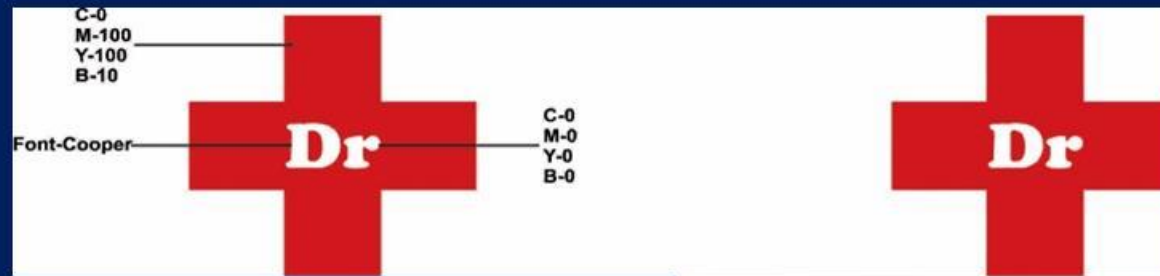
In order to achieve them

1. To sensitize state and central government frame community oriented policies
2. To update member's knowledge and skills

- Welfare of the members

To timely guide and protect them professional hazards and legal implications.

Medical Profession Emblem



आईएमओ गान

सर्वोपरि है हमारा कर्म
दया, चिकित्सा, धर्म
हममें है प्रेम की झलक
हम हैं आईएमओ चिकित्सक

देश, राज्य, प्रान्त, शहर का
नाम करे रोशन
जन गन को स्वस्थ बनाना
है यही मिशन

ज्ञान की रहे जो प्यास
वाणी में मिठास
निर्धन, निर्बल जनों के
जीवन की आस

गीतकार— डॉ० आरती लालचन्दानी,
संगीतकार— डॉ० देवाशीष देवराय

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Page 1 of 1

To,
DEY & KUMHAR CO.
T-42, LGF, BHOGAL ROAD, BHOGAL JANGPURA, NEW DELHI-110014 (INDIA).

RECEIPT NO : 1566351
FILING DATE : 08/08/2016 11:52:51
BRANCH : DELHI
NAME :
USER : PRIY

ATTORNEY : 18708 e-mail: info@deyandkumar.com

S. NO.	Form	Type	Application No.	Class	No of Application	Ref No.	Party Type	Party Code	Party Name	Amount(Rs.)
1	TM-42	Copy Right	79788	0	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	5000
2	TM-42	Copy Right	79788	0	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	5000
3	TM-1	APPLICATION	3329975	16	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	4000
4	TM-1	APPLICATION	3329976	35	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	4000
5	TM-1	APPLICATION	3329977	44	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	4000
6	TM-1	APPLICATION	3329978	16	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	4000
7	TM-1	APPLICATION	3329979	35	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	4000
8	TM-1	APPLICATION	3329980	44	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	4000
9	TM-1	APPLICATION	3329981	16	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	4000
10	TM-1	APPLICATION	3329982	35	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	4000
11	TM-1	APPLICATION	3329983	44	1	-	PROPRIETOR	1844973	INDIAN MEDICAL ASSOCIATION	4000

Amount in Words : Forty Six Thousand Only

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Draft	563658	30/07/2016	SYNDICATE BANK	4000
Draft	536357	30/07/2016	SYNDICATE BANK	4000
Draft	563651	30/07/2016	SYNDICATE BANK	4000
Draft	563652	30/07/2016	SYNDICATE BANK	4000
Draft	563653	30/07/2016	SYNDICATE BANK	4000
Draft	563654	30/07/2016	SYNDICATE BANK	4000
Draft	563655	30/07/2016	SYNDICATE BANK	4000
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Draft	563657	30/07/2016	SYNDICATE BANK	4000

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8/8/2016

IMA Anthem

https://www.youtube.com/watch?v=HEx_ct0LK0o

<https://www.youtube.com/watch?v=jZWaGYRMVs>

<https://www.youtube.com/watch?v=jZWaGYRMVs>

<https://www.youtube.com/watch?v=jZWaGYRMVs>

Government and IMA

1. State Government: IMA working groups

Haryana,

UP

Punjab

Delhi

UP Surface Transport

2. Working group in the center

पत्र संख्या-96(जी-1)सोसु/2016-59सोसु/2016	
प्रेषक, परिवहन आयुक्त, उत्तर प्रदेश।	
सेवा में,	
1. मुख्य सहायक, मोटोरीय वापटीय राजमार्ग प्राधिकरण-3/248, विधान सभा, सोमती नगर, लखनऊ।	2. अध्यक्ष, इण्डियन सेडिकल एसोसिएशन, लखनऊ।
3. निदेशक, आईआईटी, कानपुर।	4. क्षेत्रीय प्रबन्धक, नेशनल इन्फ्रस्ट्रक्चर कंपनी, सीध गड-3, पाल्डीय काम्पलेक्स, न्यू हैदराबाद, लखनऊ।
5. क्षेत्रीय प्रबन्धक, गुवाइटेड इन्फ्रस्ट्रक्चर कंपनी सी-879/सी, सीध नगर सीराहा, निकट-हीरोट पीलीटेडिन्क, महानगर, लखनऊ।	6. क्षेत्रीय प्रबन्धक, ओरियण्टल इन्फ्रस्ट्रक्चर कंपनी, 8, वाल्मीकि मार्ग, केशवग, आपीसर्वा कारोगी, लखनऊ।
7. क्षेत्रीय प्रबन्धक, रिवाइन्स जनरल इन्फ्रस्ट्रक्चर कंपनी लिमिटेड, ए-ब्लॉक, सूरज सीध काम्पलेक्स, जीपडिग रोड, लखनऊ।	
लखनऊ: दिनांक: 31 मई, 2016	
सदक सुख्या सीध विषय- "उत्तर प्रदेश राज्य सदक सुख्या परिषद" की बैठक आहुत किने जाने की संबंध में।	
महोदय, कुपवा उपरोक्त विषयक उप सचिव, उडडोडडडन, परिवहन अनुभाग-3 की पत्र संख्या-1456/30-3-16, दिनांक 31 मई, 2016 (अध्यापति संलग्न) का सदर घटन करने का कष्ट करे, जिससे डोड अवगत करवा गया है कि दिनांक 03.06.2016 को अपरान्त 1.30 बजे की डाल बहादुर सार्वी भवन की भूतल पर स्थित सभाकक्ष में "उत्तर प्रदेश राज्य सदक सुख्या परिषद" की माड मुल्य मंत्री जी अध्यक्षता में आहुत बैठक की तैयारी हेतु दिनांक 01.06.2016 को रात में 6.00 बजे प्रमुख सचिव, परिवहन महोदय की अध्यक्षता में तैयारी बैठक आहुत की गयी है, जिसमें सभी सम्बन्धित सदस्यगणों को प्रस्तावित कार्य सुची सहित प्रतिभाग किने जाने की अपेक्षा की गयी है। अतः आपसे अनुरोध है कि दिनांक 01.06.2016 को रात में 6.00 बजे प्रमुख सचिव, परिवहन विभाग, उत्तर प्रदेश शासन की अध्यक्षता में आहुत तैयारी बैठक में यथा-समय प्रस्तावित कार्य सुची सहित प्रतिभाग करने का कष्ट करे। उल्लेखनीय है कि माड मुल्यमंत्री जी अध्यक्षता में दिनांक 03.06.2016 को "उत्तर प्रदेश राज्य सदक सुख्या परिषद" की उक्त आहुत बैठक के सम्बन्ध में डुर कार्यालय की पत्र संख्या-952सोसु/2016-59सोसु/16, दिनांक 31.05.2016 द्वारा सुचित किया जा चुका है। संलग्नक: यथोक्त।	
भवदीय, (समाचार) अपर परिवहन आयुक्त(सोसु)/आईटी उत्तर प्रदेश।	

Government Needs IMA: H1N1 Flu Vaccine Crisis

<http://mohfw.nic.in/showfile.php?lid=3080>: Seasonal Influenza A H1N1 Action Taken by Ministry of Health and Family Welfare

“MOHFW has recommended vaccination for health care workers. A joint Statement issued by Indian Medical Association and subject experts have reiterated the stand taken by MOHFW that vaccination for public is not advocated as a public health strategy at this juncture to mitigate the impact of the current outbreak.”

IMA MOH Joint Statement

Health Ministry Takes the Help of IMA for a Joint Press Release During Flu Epidemic to Take Away Panic from the Society Regarding the Need for Flu Vaccine Ministry of Health and Family Welfare, Directorate General of Health Services, (Emergency Medical Relief)

Advisory for General Public on Vaccination with Seasonal Influenza A (H1N1) Vaccine.

We are in the middle of an outbreak of seasonal influenza a H1N1. Government has recommended influenza vaccine for high-risk group of health care workers working in close proximity to influenza patients. This includes Health care workers working in casualty/emergency department of identified hospitals treating influenza cases; those identified to work in screening centers set up for categorization of patients, etc. as they are liable to constant exposure to the virus.

The vaccine is not recommended for the general public, at this juncture, as a public health strategy and the government is keeping a close watch on the situation. Public is encouraged to take precautions for prevention such as frequent washing of hands, covering up your coughs and sneezes with tissue paper staying away from crowded places and from those showing symptoms of influenza, avoiding contact greetings are all appropriate measures. If one is having symptoms of influenza, he should immediately attend the nearest health facility for early diagnosis and treatment.

Patients on reaching hospital should be provided three layered surgical mask to prevent spread of infection to others. Three layered surgical mask or N-95 respirator masks are not required for the patient's relatives.

Dr Neeraj Jain, Dr KK Aggarwal, Dr JC Suri

IMA in Government Advertisements



Government of India
Pura course. Pakka kaag.

Revised National Tuberculosis Control Programme

REACH, TREAT, CURE TB

World Tuberculosis Day

24th March 2015



Shri Narendra Modi
Hon'ble Prime Minister

Shri J. P. Nadda
Hon'ble Union Minister
Health & Family Welfare

Shri Shripad Naik
Hon'ble Minister of State
Health & Family Welfare

- Two weeks of cough could be TB
- TB is curable with regular & complete treatment
- Free diagnosis of TB at over 13000 centres
- Free diagnosis of drug resistant TB at 62 laboratories
- Free treatment available at all public health facilities
- Involvement of around 350 Medical Colleges and over 2000 NGO collaborations
- Indian Medical Association and other professional bodies actively involved

Visit your nearest health facility for diagnosis and treatment

Key highlights of Revised National Tuberculosis Control Programme, see far

- 86 million persons tested for TB
- 19 million patients treated
- 3.4 million lives saved
- 86,000 drug resistant TB patients treated

Central Tuberculosis Division, Directorate General of Health Services, Ministry of Health and Family Welfare
www.tbcontrol.nic.in | www.mohfw.nic.in | www.pibindia.gov.in | www.mg.gov.in



Government of India
TB Free India

Revised National Tuberculosis Control Programme

Call to Action for TB Free India

Launch by
Shri Jagat Prakash Nadda
Hon'ble Union Minister for Health & Family Welfare
on 23 April 2015



Pledge Commitment for TB Free India

Shri Jagat Prakash Nadda
Hon'ble Union Minister
Health & Family Welfare

Shri Shripad Naik
Hon'ble Minister of State
Health & Family Welfare






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Key highlights of Revised National Tuberculosis Control Programme, see far

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Central Tuberculosis Division, Directorate General of Health Services, Ministry of Health and Family Welfare
www.tbcontrol.nic.in | www.mohfw.nic.in | www.pibindia.gov.in | www.mg.gov.in



Government of India

करें का भुगतान ना करना
आपके स्वास्थ्य के लिए
हानिकारक
हो सकता है।

NOT PAYING TAXES CAN BE INJURIOUS TO YOUR HEALTH



Shri Narendra Modi
Hon'ble Prime Minister

Shri J. P. Nadda
Hon'ble Union Minister
Health & Family Welfare

Shri Shripad Naik
Hon'ble Minister of State
Health & Family Welfare

Pay your Indirect Taxes timely & correctly.

Key highlights of Revised National Tuberculosis Control Programme, see far

- 86 million persons tested for TB
- 19 million patients treated
- 3.4 million lives saved
- 86,000 drug resistant TB patients treated

Central Board of Excise & Customs
www.cbec.gov.in

11th December 2015

JIMA on MOH Website: http://nvbdcp.gov.in/Doc/jima_december2015.pdf

nvbdcp.gov.in

Government of India

National Vector Borne Disease Control Programme
Directorate General of Health Services
Ministry of Health & Family Welfare

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NVBDCP Officers
RTI Act 2005
Press Release
Last Updated: 4 April, 2016

Priority Areas of National Malaria Control Programme

india.gov.in
The national portal of India

Directorate of National Vector Borne Disease Control Programme (NVBDCP) is the central nodal agency for the prevention and control of vector borne diseases i.e. Malaria, Dengue, Lymphatic Filariasis, Kala-azar, Japanese Encephalitis and Chikungunya in India. It is one of the Technical Departments of Directorate General of Health Services, Government of India.

"Hon'ble Minister for Health & Family Welfare Sh. J.P. Nadda ji launching the "National Framework"

Notice Board

- > Training Module for MTS
- > MOFRS Orders | MOFRS MACP | Regular MACP-12-2012
- > Artemisinin-based Combination Therapy
- > NICD Brief Note on Cooler
- > Decentralization of procurement
- > All the States/UTs are informed that monthly reports for malaria are to be submitted in H4 format only from January 2011 onwards. The reports on MF4 (previous format) will not be accepted.
- > The monthly report should be sent to Dte. of NVBDCP by 10th of every month at nvbdcp.sher@gmail.com, gsnvbdcp@gmail.com, mnenvbdcp@gmail.com
- > Reporting Formats for Malaria (M1-M4) & ASHA
- > Reporting Formats for Vector Control (VC1-VC6)
- > Grant In Aid(GIA) 2013-14,14-15,15-16
- > Advisories issued in 2014
- > Environmental Codes of Practice (ECOP)
- > Checklist for IRS - Kala-azar 2014
- > OFFICE ORDER

Current Update

- > Director's Desk
- > WORLD BANK PROJECT
- > GFATM
- > Guidelines on Diagnosis & Treatment of Malaria-2013
- > National Drug Policy on Malaria - 2013
- > Annual Report 2011-12, 2014-15
- > Urban Malaria Scheme(UMS)
- > Health Bulletin for ASHA
- > Checklist for Monitoring & Supervision - NVBDCP
- > SOE 2010-11/Uspent Balance Proforma
- > MTS Participants List-Andhra Pd.
- > Guidelines for Programme Implementation of MOH&FW & NVBDCP
- > Technical Specifications of Drugs & Commodities under NVBDCP
- > List of De-centralized Items (Drug/ Insect/Larvi. etc.) under NVBDCP
- > Contact List of SPO, RD, DHS
- > Seniority List upto Feb. 2013
- > List of Nodal Officers
- > Dengue Clinical Management Guideline-2014
- > Dengue upsurge in Delhi 2015

News & Highlights (Archive)

- > Operational Guidelines on Kala-Azar in India 2015
- > JIMA - Vector Borne Diseases Special
- > National Guidelines for Zika Virus Disease
- > Press Release -LLIN Distribution in Tripura

IDSP

- Disease Outbreak Alert Reported
- Media Alert - IDSP/NCCD

Related Websites

- MOH&FW
- NICD
- IDSP
- ISMOCD

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Archives

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mohfw.nic.in/index1.php?lang=1&level=1&sublinkid=5794&id=3704

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ENG 05:54 21-04-2016

Loksabha Site Mentions about IMA Camp

The screenshot shows the Lok Sabha website interface. At the top, it displays the Airtel logo, the time 6:04 PM, and the website URL loksabha.nic.in. Below this is the Parliament of India logo and the text 'LOK SABHA HOUSE OF THE PEOPLE'. A search bar and a 'Within Website' link are also visible. The main header features a large image of the Lok Sabha building. Below the header, there is a navigation menu with links to Home, Members, Business, Questions, Debates, Papers List, Legislation, Committee, Lok TV, and Rajya Sabha. A calendar for June 2016 is shown on the left. The central section is titled 'LOK SABHA' and contains a paragraph about the composition of the House. To the right of this text is a profile of Smt. Sumitra Mahajan, Speaker of Lok Sabha. Below the profile is a map of India with the text 'FIND YOUR REPRESENTATIVE'. The bottom section includes a 'Today's Debater' box, a 'Bill Search' box, and a 'Committee Meetings' box. A large photo of the inauguration event is featured, showing Smt. Sumitra Mahajan and Shri J. P. Nadda. To the right of the photo is a 'Read more...' link. Below the photo is a 'Party-wise Representation of Members' section with a pie chart showing the distribution of members by party. The bottom of the page features a 'PHOTO GALLERY' section with links to Portraits, Paintings/Photos, and Statues & Photos. There is also a 'VIRTUAL TOUR' section with a link to 'Virtual Video Tour of Lok Sabha'. The footer contains various logos, including Lok Sabha, data.gov.in, webcast.gov.in, and the Incredible India logo.

Lok Sabha Speaker Smt. Sumitra Mahajan at the inauguration of Swasthya Jaanch Shivir and Health Exhibition for Members of Parliament in Parliament House Annexe on 30 November 2015. Also seen in the photograph is Shri J. P. Nadda, Union Minister of Health and Family Welfare; and Shri Arjun Ram Meghwal, Chairperson, House Committee, Lok Sabha.



WHO Site mentions IMA

The National Vector Borne Disease Control Programme also launched a partnership with the Indian Medical Association. Now, more than 250 000 Indian doctors are mandated to follow common guidelines for preventing, diagnosing and treating malaria. <http://www.who.int/features/2015/india-programme-end-malaria/en/>

The screenshot shows a web browser window displaying a WHO article. The address bar shows the URL: www.who.int/features/2015/india-programme-end-malaria/en/. The page content includes a 'Sign up for WHO updates' button, a search bar with 'indian' entered, and a main text area with the following sections:

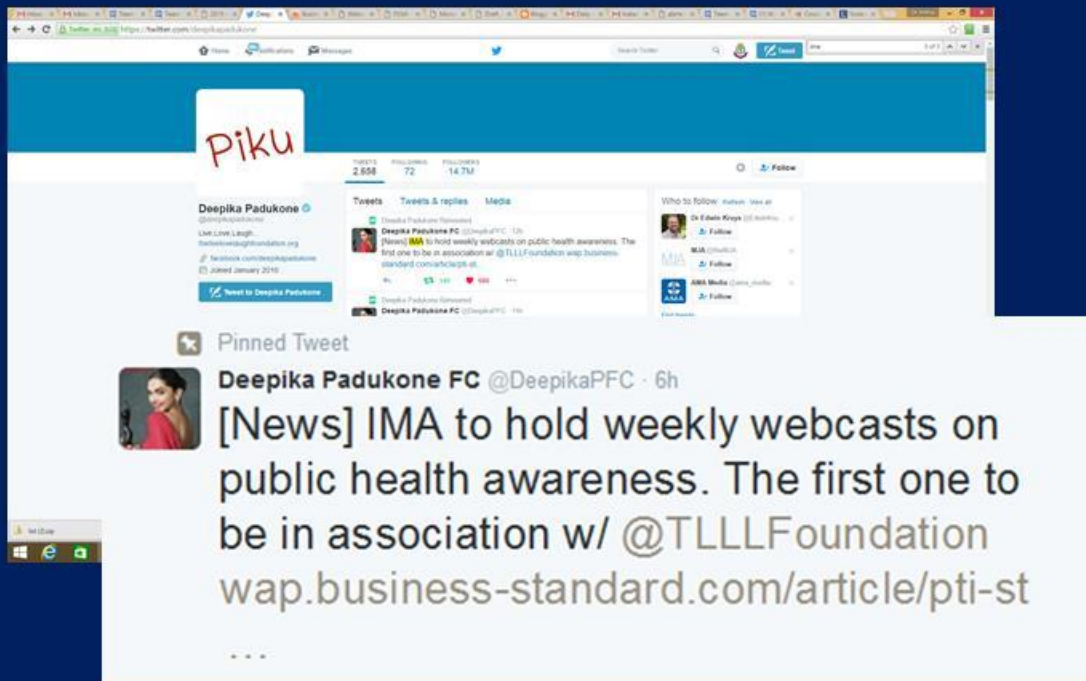
- ASHA receive performance-based incentives for conducting home visits, tracking fever cases and submitting blood slides to the community health centres, among other assigned tasks. And, their work is helping control the disease.**
- Shifting efforts toward elimination**
Outside of ASHA's work, strong anti-malaria campaigns, increased availability of and accessibility to rapid diagnostic tests and use of artemisinin-based combination therapies are helping contain the spread of malaria.
- To reach pre-elimination, all states in India will need to have annual parasite incidence (API) of less than 1 per 1000 and all districts within the state will also need to be less than 1. Currently, 74% of India's more than 650 districts have achieved an API of less than 1.
- "The country has committed to eliminate malaria so we're now re-orienting our efforts to focus on elimination," says Saurabh Jain, National Professional Officer at WHO India. "Our focus areas will remain the same, while our approaches will change as we are working to strengthen treatment and surveillance in the areas with the highest disease burden."
- Strong financial support, increased surveillance, more health workers, and further programme integration in all levels of the health system will be needed for the country to reach elimination.
- A regional commitment**
The country's commitment to regional malaria elimination is timely. Emerging multi-drug resistance in the Greater Mekong subregion is threatening the substantial progress made toward elimination. At present, no alternative antimalarial medicine is available with the same level of efficacy as artemisinin-based combination therapies. India is monitoring resistance and working to change the main drug used in the country.
- India has endorsed the goal of an Asia-Pacific free of malaria by 2030 and is participating in the work of the Asia Pacific Leaders Malaria Alliance.
- The National Vector Borne Disease Control Programme also launched a partnership with the Indian Medical Association. Now, more than 250 000 Indian doctors are mandated to follow common guidelines for preventing, diagnosing and treating malaria.

The footer of the page includes the WHO logo, a '© WHO 2016' copyright notice, and a navigation menu with links to Sitemap, Home, Health topics, Data, Media centre, Publications, Countries, Programmes and projects, Governance, About WHO, Help and Services, Contacts, FAQs, Employment, Feedback, Privacy, E-mail scams, and WHO Regional Offices (African Region, Region of the Americas, South-East Asia Region, European Region, Eastern Mediterranean Region, Western Pacific Region).

Deepika Padukone Tweets About IMA

Deepika Padukone FC @DeepikaPFC 12h12 hours ago

[News] IMA to hold weekly webcasts on public health awareness. The first one to be in association w/ @TLLFoundation http://wap.business-standard.com/article/pti-stories/ima-hcfi-to-conduct-weekly-webcasts-on-varied-health-issues-116051701550_1.html ...



WMA Tweets about IMA

World Medical Assoc @medwma 9h9 hours ago

eMedinewsS, India's first national daily electronic medical newspaper, reports that the WMA has deplored.....

http://issue.emedinews.in/archive/2_5_16.html

<http://www.emedinexus.com/user/postdetail/211085>

Interactive Fellowship Meet with IMA & Doctors Parliamentarians, 9th August, 2016, Parliament Annexe, New Delhi

Doctors Parliamentarians Regularly Interacts with IMA

- Dr. Sanjay Jaiswal
<https://www.youtube.com/watch?v=sqHQf0IS6Y8>
- Dr SS Agarwal
<https://www.youtube.com/watch?v=Fqq1elGydAl>
- Dr K K Aggarwal
<https://www.youtube.com/watch?v=nJcNyRdiJTts>
- Dr. Narsaiah Boora Goud
<https://www.youtube.com/watch?v=guuRPzSiwUw>
- Dr V Maitreya
<https://www.youtube.com/watch?v=UGmHyJb0k2k>
- Dr K Kamaraj
<https://www.youtube.com/watch?v=ZLKGzn9jaHc>
- Dr Pritam Munde
https://www.youtube.com/watch?v=NU78XLrb_kU
- Dr. Narsaiah Boora Goud
<https://www.youtube.com/watch?v=guuRPzSiwUw>



IMA Leadership is our strength

<https://youtu.be/1-NPkkmZOTw>, https://youtu.be/WjUO_tZNh-Q



IMA Likely to be in Limca Book of Records

Under medical science category for having trained all 7204 Operational PCR staff in Delhi in Single Rescuer Hands Only CPR 10. Training conducted from 7th July-10th August 2015 in Delhi (Sept. 24th 2015)



IMA Gets Dr B C Roy National Awards Back

2008

Eminent Medical Person: Dr Mammen Chandy

Eminent Medical Teacher: Dr Rajeshwar Dayal, Dr Rohit V Bhatt, Dr Jagdish Chand Sharma

Best talents in encouraging the development of specialties in different branches in Medicine: Dr Neelam Mohan, Dr Mohan Kameshwaran, Dr Harsha Jauhari

Outstanding services in the field of Socio-Medical Relief: Dr Ashok Thakur, Dr Gopal Badlani, Dr Yash Gulati

2009

Medical man-cum-Satesman: Dr KH Sancheti

Eminent Medical Person: Dr Nikhil C Munshi

Eminent Medical Teacher: Dr Atul Kumar, Dr Renu Saxena, Dr Kanan A Yelikar

Best talents in encouraging the development of specialties in different branches in Medicine: Dr AK Kriplani, Dr GV Rao, Dr HS Bhanushali

Outstanding services in the field of Socio-Medical Relief: Dr Motilal Singh, Dr CN Purandare

Oration: Dr CV Harinarayan

2010

Eminent Medical Teacher: Dr Tejinder Singh, Dr OP Kalra, Dr Amrenderjit Kanwar

Best talents in encouraging the development of specialties in different branches in Medicine: Dr Subhash Gupta, Dr Rajendra Prasad

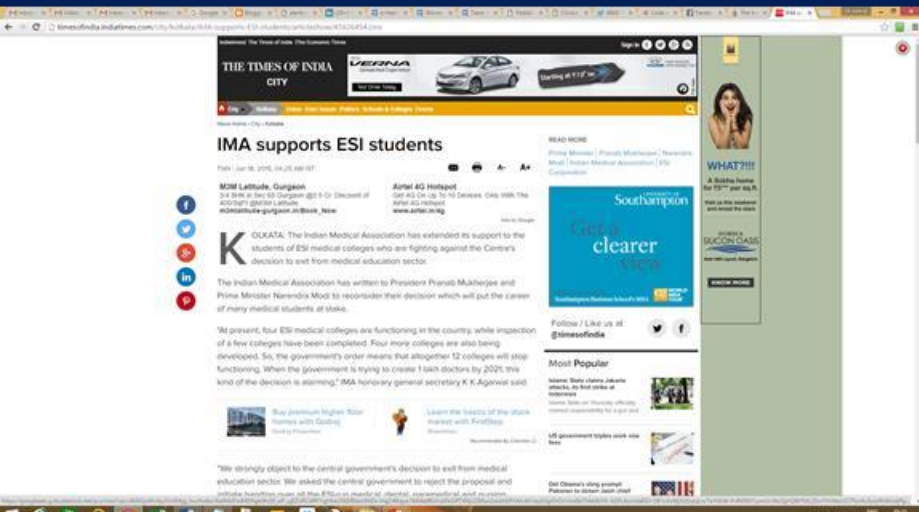
Outstanding services in the field of Socio-Medical Relief: Dr Glory Alexander



IMA did not allow ESI Medical Colleges to Shut Down

IMA successfully raised the issue of sudden decision of the ESI to close all ESI **Medical Colleges** with Parliamentary Health Committee, PMO and Press.

The colleges are now being run by ESI.



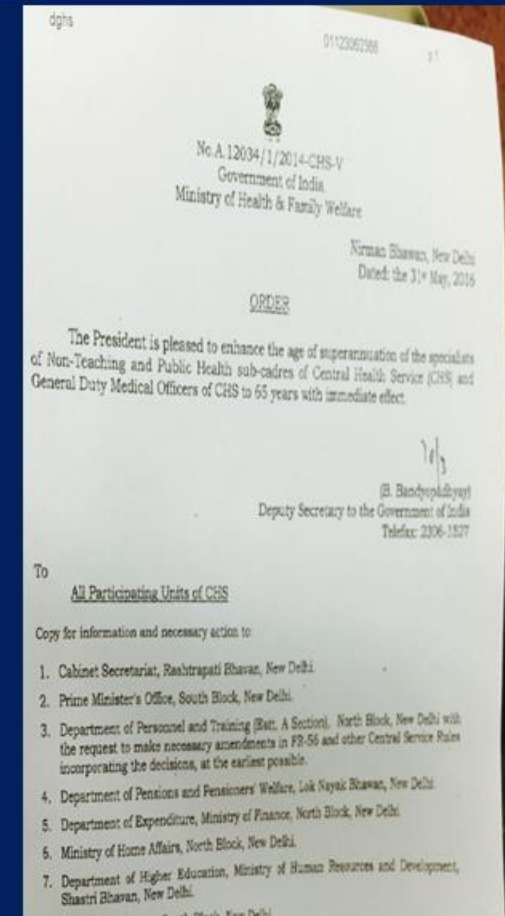
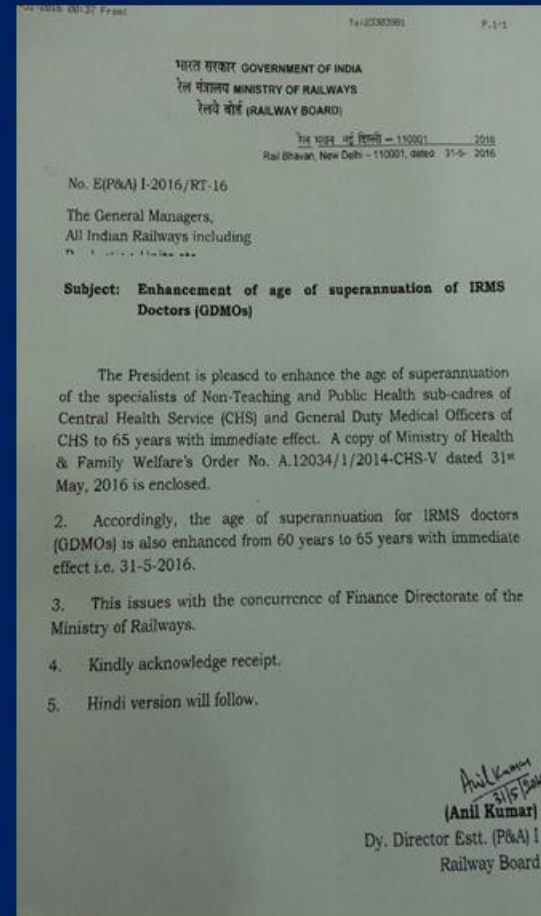
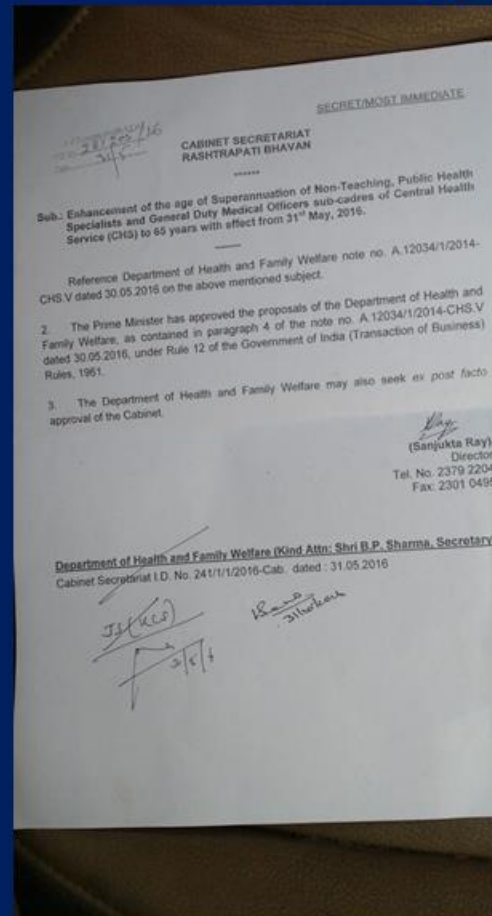
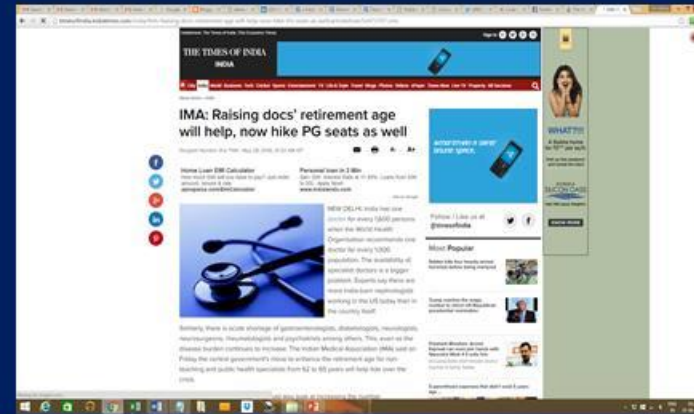
IMA Fights to Raise Retirement age to 65

26th May: PM announced that the retirement age for central and state government doctors will be increased to 65 years.

31st May: GOI MOH issued order which is restricted to Medical Officers serving CHS & does not cover the Medical Officers serving in Other Central Government Departments/PSUs like ISRO, Department of Atomic Energy, NTPC, NPCIL, SAIL etc.

This is just similar to what happened with the Order for DACP Scheme of Promotion for Medical Officers of Central Government, 2008. DACP Scheme is not implemented till date for Medical Officers of Departments/PSUs like ISRO, Department of Atomic Energy, NTPC, NPCIL, SAIL etc.

3rd June: IMA wrote to PM. Railways, Coal Ministry implemented it



Uniform age of retirement 65: DACP Circular

Shri Narendra Modi, Hon'ble Prime Minister of India, South Block, Raisina Hill, New Delhi-110 001,
pmoffice@gov.in

Respected Sir, Greetings from Indian Medical Association!

Indian Medical Association welcomes the announcement of extending the age of superannuation of all the doctors in Central and State Govts. to 65 years. IMA also appreciates the prompt action taken by the Govt. in notifying this on 31st May for the benefit of the doctors retiring on 31st May.

The Ministry of Railways also responded with similar promptness by notifying it on 31st May 2016 to extend the benefits to the doctors working in Railways.

However, Employees State Insurance Corporation (ESIC) under Ministry of Labour, Govt. of India where the doctors are working on equivalent terms and conditions as that of CHS have not yet extended the benefit to the doctors working under them.

Since the Notification dated 31st May 2016 (copy attached) by MoHFW, Govt. of India mentions about Central Health Services only, it is not clear whether the doctors working under different Central Govt. Departments and PSUs like ISRO, NTPC, NPCIL, SAIL etc. are also covered under this notification.

In the past, it has happened when DACP Scheme of Promotion of Medical Officers of Central Govt. 2008 (copy attached) was announced and the same has not been implemented till date for medical officers of ISRO, NTPC, NPCIL, SAIL etc

Indian Medical Association is of the opinion that medical profession has to be treated differently from other professions and therefore, the service conditions, pay and other benefits should be uniform across the country.

It is understandable that the health is a State subject, however, the privileges of doctors at a national level should be uniform and similar benefits to be extended to the medical officers working in different States.

It is therefore, requested that necessary instructions may kindly be issued so that:

1. The announcement of Hon'ble Prime Minister on extension of age of superannuation of doctors to 65 years is to be honoured by all Govt. Departments, Central/State.

2. Uniformity of Service Conditions and Pay Parity for doctors in all Central/State Govt. Deptt. which should cover the pay to interns, residents & service doctors.

With regards, Yours sincerely, Dr K K Aggarwal, Padma Shri & Dr B C Roy National Awardee, Honorary Secretary General

F.No. A.45012/2/2008-CHS.V
Government of India
Ministry of Health & Family Welfare
CHS Division

Nirman Bhawan, New Delhi
Dated: 29th October, 2008

OFFICE MEMORANDUM

Subject: Extension of Dynamic Assured Career Progression (DACP) Scheme upto Senior Administrative Grade (SAG) level in respect of Medical and Dental Doctors in the Central Government.

The matter for granting more incentives to the Medical/Dental Doctors in the Central Government has been under consideration of the Government of India for quite some time. The Government, while accepting the recommendations of 6th Pay Commission, has resolved in para 12 of the Resolution No. 1/1/2008-IC dated 29th August, 2008 that the Dynamic ACP Scheme for Doctors will be extended upto the Senior Administrative Grade (Grade pay of Rs. 10000 in PB-4) to all Medical Doctors, whether belonging to Organized Services, or holding isolated posts. Accordingly, the President is pleased to extend the scheme of DACP upto SAG level (Grade Pay of Rs. 10,000 in Pay Band-4, Rs. 37400-67000) to all Medical/Dental Doctors in the Central Government, whether belonging to Organised Service or holding isolated Posts.

2. The number of years of regular service required for upgradation to various grades upto SAG Level under the DACP Scheme will be as under:-

A. General Duty Medical/Dental Doctors appointed directly in the Grade Pay of Rs 5400 in Pay Band-3

Promotions under DACP Scheme		No. of years of regular service required for promotion
From	To	
Grade Pay Rs 5400 in PB-3	Grade Pay Rs.6600 in PB-3	4 years in Grade Pay of Rs 5400 in PB-3 including service rendered in the pre-revised scale of Rs.8000-13500.
Grade Pay Rs.6600 in PB-3	Grade Pay Rs.7600 in PB-3	5 years in Grade Pay of Rs 6600 in PB-3 including service rendered in the pre-revised scale of Rs.10000-15200.
Grade Pay Rs.7600 in PB-3	Grade Pay Rs.8700 in PB-4	4 years in Grade Pay of Rs 7600 in PB-3 including service rendered in the pre-revised scale of Rs.12000-16300.

Grade Pay Rs.8700 in PB-4	Grade Pay Rs 10000 in PB-4	7 years in Grade Pay of Rs 8700 in PB-4 including service rendered in the pre-revised scale of Rs.14300-18300 or 30 years of regular service.
---------------------------	----------------------------	---

B. Specialists Doctors appointed directly in Grade Pay of Rs 6600 in Pay Band-3

Promotions under DACP Scheme		No. of years of regular service required for promotion
From	To	
Grade Pay Rs.6600 in PB-3	Grade Pay Rs.7600 in PB-3	2 years in Grade Pay of Rs 6600 in PB-3 including service rendered in the pre-revised scale of Rs. 10000-15200.
Grade Pay Rs.7600 in PB-3	Grade Pay Rs.8700 in PB-4	4 years in Grade Pay of Rs 7600 in PB-3 including service rendered in the pre-revised scale of Rs. 12000-16300.
Grade Pay Rs.8700 in PB-4	Grade Pay Rs 10000 in PB-4	7 years in Grade Pay of Rs 8700 in PB-4 including service rendered in the pre-revised scale of Rs. 14300-18300.

3. All Ministries/Departments concerned will implement the DACP Scheme as outlined above in respect of Medical/Dental Doctors under their control.

4. Detailed instructions regarding various sub-scales of Central Health Service and Dental Doctors under the Ministry of Health and Family Welfare will be issued by this Ministry separately.

5. These orders will take effect from the date of their issue.

6. This issues with the concurrence of Ministry of Finance, Department of Expenditure, IC U.O. No. A.2/21/2008-IC dated 30.9.2008.

(JAWAN KUMAR)
UNDER SECRETARY TO THE GOVERNMENT OF INDIA

All Ministries/Departments of Govt of India

IMA is Fighting to get Indian Medical Services

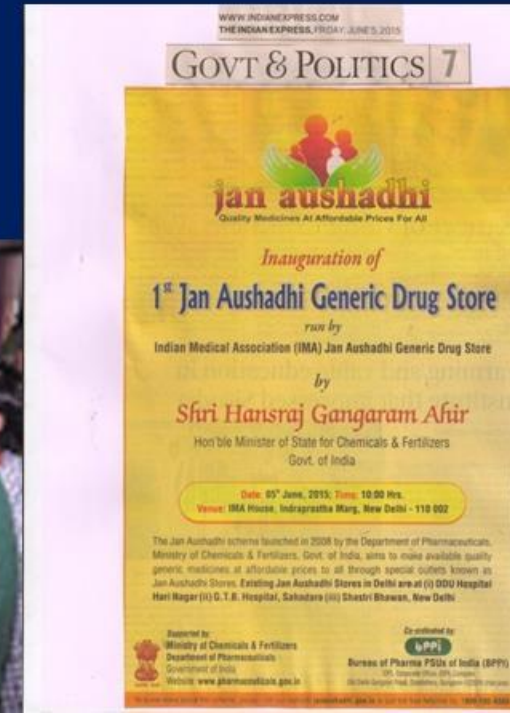
Government mulling feasibility of constituting Indian Medical Service

The government is considering the desirability and feasibility of constituting Indian Medical Service, according to Union Health Minister J P Nadda. As per the advice of the department of personnel and in order to explore the desirability and feasibility of constituting Indian Medical Service, the matter was referred to the Cadre Review Committee and the report of the committee has been received, Nadda informed the Lok Sabha.

IMA is fighting for low cost quality drugs

IMA Jan Aushadhi Kendra: Centre, Rajasthan

Shri Hansraj Gangaram Ahir, Hon'ble Minister of State of Chemicals and Fertilizers on 5th June, 2015.



IMA PvPi Alerts

S.No	Suspected Drugs	Indication	Adverse Reactions
1	Phenytoin	Generalized tonic-clonic seizures; partial seizures; status epilepticus	Angioedema
2	Phenytoin	Generalized tonic-clonic seizures; partial seizures; status epilepticus	Osteoporosis
3	Nicorandil	Angina Pectoris, Vasodilator	Risk of ulcer complication
4	Olanzapine	Schizophrenia, acute mania episodes in bipolar disorder	Hyponatraemia
5	Crizotinib	Locally advanced or metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)	Risk of cardiac failure
6	Sunitinib & Pazopanib		Cardiac Dysfunction
7	Ambroxol		Anaphylactic Reactions, SJS/ TEN, Soars including Erythema Multiforme
8	Rabies Vaccine		Erythema Multiforme/ Stevens-Johnson syndrome
9	Sodium Valproate		Slurred Speech
10	Meropenem		Ludwig Angina (Cellulitis)
11	Ticagrelor		Monoparesis
12	Roflumilast	Reduce the risk of Chronic Obstructive Pulmonary Diseases exacerbations.	Gynecomastia
13	Clozapine	Management of Schizophrenia patients.	Neutropenia
14	Disulfiram	Alcohol-Abuse Deterrent	Erythroderma
15	Peginterferon alpha-2a	Chronic active Hepatitis B & C	Vasculitis
16	Piperacillin & Tazobacam	In the treatment of lower RTI/UTI/intra-abdominal infections, skin and skin structure infections, bacterial septicemia polymicrobial infection	Vision abnormal
17	Mometasone Furoate, Topical	Steroid responsive dermatitis, eczema, or atopic dermatitis	Hypertrichosis/Hirsutism, Skin depigmentation

IMA Pharmaco-vigilance Programme

IMA PvPI Nodal Centre at IMA

All IMA members can now report adverse reactions to drugs, vaccines, medical devices, blood products and herbal products @ IMA PvPI helpline 9717776514

imapvpi.nodalcentre@gmail.com

Monday to Friday 9:00 AM to 5.30 PM

PHARMACOVIGILANCE PROGRAMME OF INDIA (PvPI)

IMA accelerates clinician services to PvPI

The Indian Medical Association (IMA) and IPC agreed to strive together to enhance the ADRs reporting. Since clinicians are having wider spectrum in patient care, both the organizations have taken this conventional step. While signing formal MoU, Dr. S. S. Agarwal, President, IMA and Dr. G. N. Singh, Secretary-cum-Scientific Director, IPC expressed their mutual commitment for the noble cause. While speaking on the occasion Dr. K. K. Aggarwal said that IMA shall accelerate the process of clinicians, ADRs reporting to PvPI. He further mentioned that PvPI resource materials and general information shall be communicated to more than 2.5 lakhs registered physicians of the organization. The following step will be taken to accelerate the clinicians' participation in PvPI:-

- 1) To provide regular training and advocacy on pharmacovigilance.
- 2) To identify IMA- nodal centres as patient safety monitoring centres.
- 3) To declare "National Patient Safety Day".
- 4) To familiarize the channels of ADR reporting



IMA PvPI patient safety monitoring cell is being set at IMA-HQ, New Delhi.

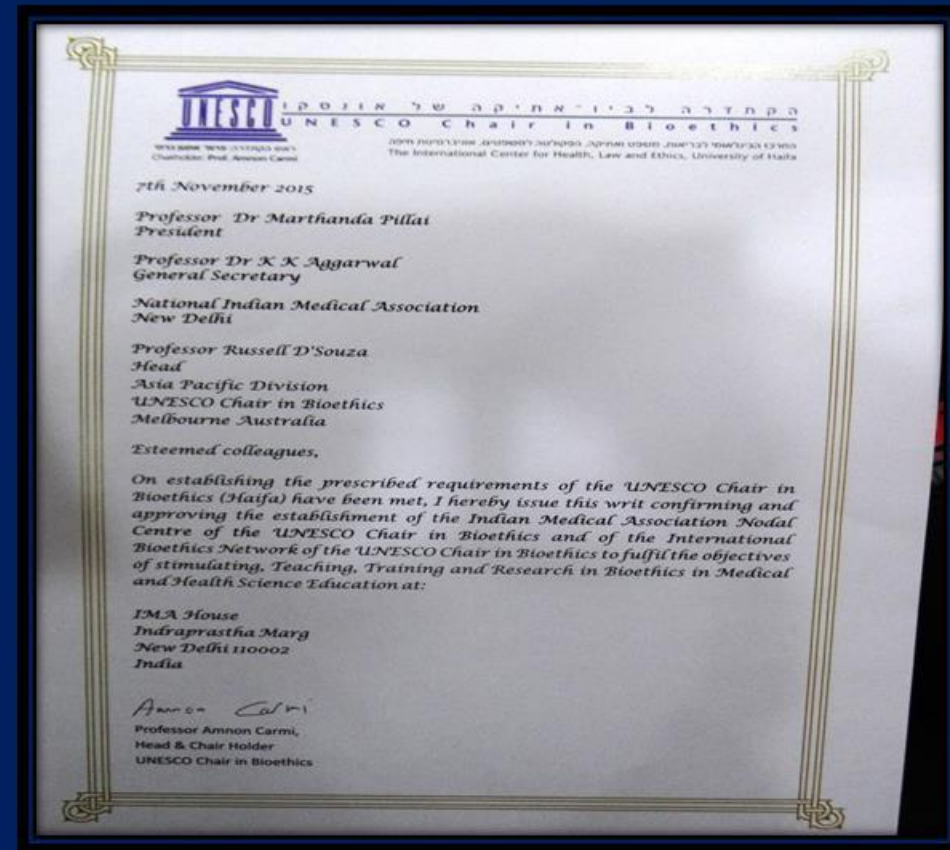
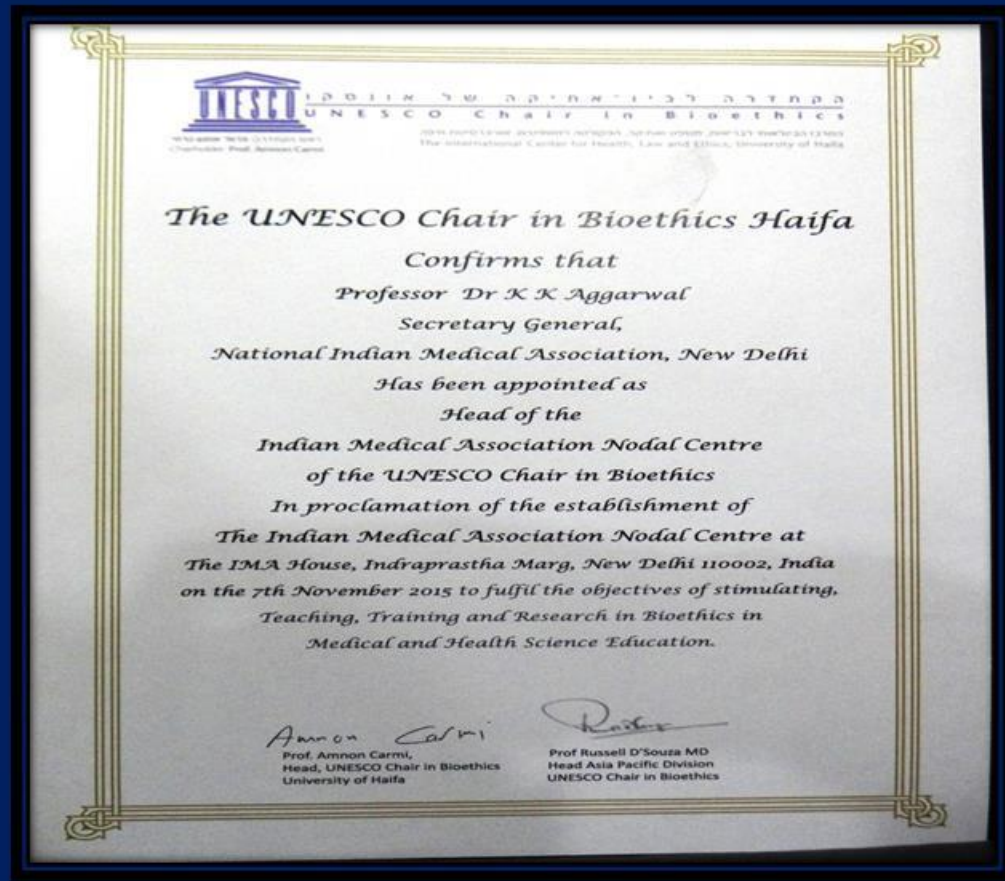
This cell aims to mobilize physicians about ADRs reporting.

Received ADRs will be forwarded to NCC-PvPI for assessment.

The cell is equipped with skilled manpower, dedicated helpline number for ADR reporting and other logistics.

Dr. G. N. Singh, DCG(I), CDSCO & Secretary-cum-Scientific Director, IPC (Right) and Dr. S. S. Agarwal, President, IMA (Left) signing and exchanging the Letter of Intent.

IMA UNESCO CHAIRS IN BIOETHICS: National and States



IMA Social Advertisements

Online at www.cisindian.com

Centre for Sight & Indian Medical Association
wishes you a **Happy Doctors Day**.
Together, we focus on caring for the eyes
that cared for us.

Aging affects our eyes in various ways. A few common diseases are Cataract, Diabetic retinopathy, Age-related macular degeneration (ARMD) and Glaucoma.

Know them. Manage them

How much I love it when I can't see!

Cataract can make things you see blurry and difficult. Diabetic retinopathy can affect

the blood vessels in your retina (back of the eye) making it difficult to see things clearly. Age-related macular degeneration can affect the central part of your retina, making it difficult to see things clearly. Diabetic retinopathy can affect the blood vessels in your retina, making it difficult to see things clearly.

What's the treatment for cataract?

Cataract surgery is the most common eye surgery.

What about glaucoma?

Do not wait for the disease to worsen. Cataract surgery is performed as soon as it begins to affect your daily activities. Eye doctors can provide advice, monitor and treat glaucoma. Early diagnosis and treatment can help prevent vision loss and preserve your sight.

What is the treatment for diabetic retinopathy?

Diabetic retinopathy is a long-term disease. It can be managed by controlling blood sugar, blood pressure, and cholesterol. Eye doctors can provide advice, monitor and treat diabetic retinopathy. Early diagnosis and treatment can help prevent vision loss and preserve your sight.

For more information, visit our website at www.cisindian.com or call 1-800-368-8822. We are here to help you with your eye health. We are here to help you with your eye health. We are here to help you with your eye health.

A regular eye examination is essential to your good vision and eye health. It can help you detect and treat eye diseases early. It can help you detect and treat eye diseases early. It can help you detect and treat eye diseases early.

**FREE EYE CHECK-UP
FOR SENIOR CITIZENS***

BOOK YOURS TODAY BY CALLING
1-800-368-8822
*Must be 65 years of age or older.
*Must be a resident of the United States.
*Must be a resident of the United States.

Issued in public interest
A joint initiative of
IMA & Centre for Sight

© 2010 Centre for Sight & Indian Medical Association. All rights reserved. Printed in India. For more information, visit our website at www.cisindian.com or call 1-800-368-8822. We are here to help you with your eye health. We are here to help you with your eye health. We are here to help you with your eye health.

THE TIMES OF INDIA, NEW DELHI
WEDNESDAY, JULY 1, 2015

INDIAN MEDICAL ASSOCIATION

SWACHH BHARAT
SWASTH BHARAT

HAPPY DOCTOR'S DAY

Facts on Safe Drinking Water

1. Drinking contaminated water causes approximately 8,42,000 deaths per year (WHO 2014).
2. Safe drinking water in schools significantly reduces absence of students.
3. Ice is not safe unless made from adequately boiled or treated water.
4. Chlorination kills bacteria & viruses, but does not remove dissolved impurities.
5. Depending on the pH and the concentration of chlorine, harmful chemicals such as monochloramine, dichloramine and trichloramine may be formed in the chlorine treated water supply.
6. Municipal water is decontaminated at the source, but by the time it reaches the household it may get polluted again.
7. Only chlorination is not a 100% safe measure to purify water as Giardia cysts are resistant to it.
8. Washing hands with soap and safe water, improved water quality and garbage disposal are community measures for diarrhoea reduction.
9. Boiling is the best community way of drinking water when no other effective treatment is available. But water should be boiling for at least 1 min.
10. Issue of 'Occurrence of High Arsenic Content in Ground Water' is well established as per the expert committee report presented in the Lok Sabha.
11. According to a recent report produced in the parliament, nearly 30% of all sewage waste in urban areas goes untreated into the rivers.
12. Heating or boiling your water alone will not remove dissolved impurities like Arsenic, Lead, Pesticides, etc.
13. RO Purifiers besides removing bacteria & virus also removes dissolved impurities like Arsenic, Fluoride, Pesticides, etc.

Invested in public interest by

KENT
Mineral RO
Water Purifiers

HOUSE of PURITY

SAFETY WATER SYSTEM



IHA
Rise & Shine

More touch. More eye contact.
More time together. More falling in love.
Breastfeeding is so much more!

 **Breastfeeding within one hour of delivery**, ensures that the baby receives the "first milk" which has maximum protective factors!

 **Prolonged skin-to-skin contact** improves infant-mother interaction, bonding and attachment essential for emotional and social development!

 **Babies who are fed nothing but breastmilk from birth through their first 6 months of life get the best start!**

 **IHA recommends, at six months start with homemade complementary food like mashed rice, dal, khichdi, fruits and vegetables (in addition to breastmilk)**

 **Exclusive breastfeeding provides babies the perfect nutrition and everything they need for healthy growth and brain development!**

To receive free information booklet on breastfeeding, please SMS your complete postal address to 09223800012

*Sponsored in public interest by Indian Medical Association
Supported by Johnson & Johnson Private Limited*



Breastfeeding is so much more!

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SOCIAL ADVERTISEMENTS

- 1st July, 2015: Safe water and safe Eye (Kent RO and Center for Sight)
- 15th August, 2015 “Azadi from Arsnic” [Kent RO system]
- 18th August: Johnsons & Johnsons released 14 advs in Time of India on Breastfeeding.
- 1st July 2016: safe eye




[illegible]



IMA
Satyagraha




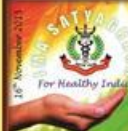
Allow doctors to treat patients irrespective of **patient's income** –
If compensation is not capped, we can't do this.




Writing prescription drugs by anyone other than with an MBBS degree is **injurious to peoples' health.**



Please allow doctors to treat poor and rich **EQUALLY.**



More patients will die, if doctors are not provided **protection** DURING DUTY HOURS.



IMA Reports Chikungunya

1. IMA was the first one to report Chikungunya cases in Delhi
2. IMA also was the first one to report Chikungunya Encephalitis in Delhi

- Beware of Chikungunya Encephalitis: IMA
- Severe encephalitis related to chikungunya infection has been reported in Delhi
- Chikungunya virus (CHIKV) disease can cause CHIKV-associated encephalitis. One can detect CHIKV RNA or anti-CHIKV immunoglobulin M in cerebrospinal fluid.
- In a U-shaped distribution, children younger than 1 year and adults age 65 or older have the highest incidence of CHIKV-associated encephalitis.
- The overall case fatality rate for CHIKV-associated encephalitis is 16.6%, and the 3-year rate of neurologic sequelae range from 30% to 45%. The risk for death or neurologic sequelae is significantly higher in adults than in children (53% vs. 18%).
- CHIKV is an alphavirus transmitted by *Aedes* species mosquitoes. Symptomatic CHIKV infections typically result in a self-limited systemic febrile illness associated with rash and arthralgia. However, cases of severe disease, including meningoencephalitis and death, have also been reported.
- CHIKV may present similarly to numerous other infectious causes of systemic febrile illness in the tropics, including malaria, dengue, and other arthropod-borne infections.
- Central India Institute of Medical Sciences, Nagpur in May 2006, during a large Chikungunya virus infection (CHIKV) described various neurological syndromes: Encephalitis, myelopathy, peripheral neuropathy, myeloneuropathy, and myopathy.
- Of the 300 patients with CHIKV infection seen during the study period, June-December 2006, 49 (16.3%) [M : F: 42:7] had neurological complications.
- The neurological complications included Encephalitis (27, 55%), myelopathy (7, 14%), peripheral neuropathy (7, 14%), myeloneuropathy (7, 14%), and myopathy (1, 2%).
- Reverse Transcriptase polymerase chain reaction (RT-PCR) and real-time PCR was positive in the CSF in 16% and 18%, respectively.
- It suggest neurotropic nature of the virus. The outcome of the neurological complications is likely to be good.
- Literature reports a cumulative incidence rate of 8.6 per 100,000 people.



RTA Fund by road transport ministry

- Proposed amendments to the Motor Vehicles Act
- Provision for a fund that will ensure free treatment of grievously injured victims till they stabilise and for paying compensation to representatives of persons killed or seriously hurt in hit and run motor crashes.
- The amendment bill introduced in Lok Sabha on Tuesday August 4th
- Fund creation: Cess or tax, any grant or loan made by the central government or any other source of finance as may be prescribed by the government.
- The fund shall be constituted for the purpose of providing compulsory insurance cover to all road users
- Government to come out with the maximum liability amount that shall be paid in each case.
- People who have medical or life insurance cover, the payment made by government shall be deducted from the claim they receive from the insurance companies.
- The central government shall launch a scheme for cashless treatment of victims of the road crashes during the golden hour (first hour of crashes).

IRDA Mandates Entry Level Accreditation

- Insurance Regulatory and Development Authority of India, in their change of guidelines, has mandated that all healthcare providers must meet the pre-accreditation entry-level standards laid down by the National Accreditation Board of Hospitals and Healthcare Providers, within the next two years.

https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2909&flag=1

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CHAPTER IV

Standards and benchmarks for hospitals in the provider network

Insurers and TPAs, wherever applicable, shall ensure that Network Providers or Hospitals which meet with the definition of Hospital provided in Clause 16 of Chapter I of these Guidelines shall meet with the following minimum requirements:

- a. They shall be registered in the Hospital Registry ROHINI maintained by Insurance Information Bureau (IIB) [<https://rohini.iib.gov.in/>]. All existing Network Providers shall complete the registration within ninety days of the date of notification of these guidelines.
(**Explanatory note:** Insurers and TPAs must endeavour to get hospitals involved in reimbursement claims to also register in the Hospital Registry ROHINI)
- b. All such providers offering cashless services for allopathic treatment shall meet with the pre-accreditation entry level standards laid down by National Accreditation Board for Hospitals (NABH) or such other standards or requirements as may be specified by the Authority from time to time within a period of two years from the date of notification of these Guidelines.
(**Explanatory Note:** Network Providers are to visit NABH website for details regarding procedure for obtaining the necessary accreditation)
- c. The providers shall comply with the minimum standard clauses in the agreement amongst Insurers, Network Providers and TPAs applicable to providers listed in Annexure 22 of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 and as amended from time to time.
- d. Providers shall be bound by the Provider Services Cashless facility admission procedure laid down in Schedule A of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 and as amended from time to time.

Amendments to the Maternity Benefit Act, 1961

- The Union Cabinet has cleared amendments to the Maternity Benefit Act, 1961
- Maternity Benefit (Amendment) Bill, 2016 in Parliament.
- The maternity benefit Act 1961 protects the employment of women during the time of her maternity and entitles her of a 'maternity benefit' - i.e. full paid absence from work - to take care for her child. The act is applicable to all establishments employing 10 or more persons.
- The amendments will help 1.8 million (approx.) women workforce in organised sector.

Amendments

1. Increase Maternity Benefit from 12 weeks to 26 weeks for two surviving children and 12 weeks for more than two children.
2. 12 weeks Maternity Benefit to a 'Commissioning mother' and 'Adopting mother'.
3. Facilitate 'Work from home'.
4. Mandatory provision of Creche in respect of establishment having 50 or more employees.

Justification:

- Maternal care to the Child during early childhood - crucial for growth and development of the child.
- The 44th, 45th and 46th Indian Labour Conference recommended enhancement of Maternity Benefits to 24 weeks.
- Ministry of Women & Child Development proposed to enhance Maternity Benefit to 8 months.

New Initiatives

- IMA Costing Department: What is not unethical, What can be billed ethically
- Infection Control committee: National/ States, Antibiotic policy, When not to use antibiotics
- Independent Ethics Committee: IMA research clearances, Thesis writing, Statistical analysis
- Equipment Protection Cell
- Health Games
- Membership privileges: Shirdi Hotel: 25% discounts/ Car Purchase: 10,000 discount

Community

- IMA Elderly Care Initiative: Resolution: In a national office bearers and all state presidents and secretaries meeting chaired by Dr A Marthanda Pillai IMA National President it was decided that all IMA members in the country will be requested to give 10% discount to all citizens above the age of 65.
- IMA Welcome the Girl Child Initiative: Resolution: In a national office bearers and all state presidents and secretaries meeting chaired by Dr A Marthanda Pillai IMA National President it was decided that all IMA members in the country will be requested to give 10% discount to all girl child births in the country.

No Tobacco Pledge



IMA Kayakalp

- A medical establishment should be eco-friendly & ensure high level of cleanliness, sanitation and hygiene within and outside the premises.
- Premises free of mosquito breeding.
- Strictly follow the guidelines for biomedical waste management. [New Biomedical Waste Management Rules, 2016 in March]
- Segregate all waste at source.
- Implement and promote hand hygiene practices.
- Formulate infection prevention and control policy for your clinic. All staff should be trained to follow standard infection control precautions.
- Hospital-acquired infection rate should be minimum.
- Promote cough etiquette & respiratory hygiene. Masks should be used in areas such as reception, labs. Doctors should use N95 masks when they see patient with cough. People within 6-10 feet of a patient on droplet precautions should wear a mask.
- Have a properly designed and functioning airborne infection isolation rooms for patients with droplet nuclei infections which provide negative air pressure in the room and a minimum 6-12 air changes per hour and direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA filter before returning to circulation. All persons entering the isolation room must wear a respiratory mask with a filtering capacity of 95% that allows a tight seal.
- Promote rational use of antibiotics to prevent/check antibiotic resistance.
- Make your clinic a silent zone. Permissible noise level in silent zone is 50 dB in daytime (6am to 9 pm) and 40 dB in night time (9pm to 6am).
- Control air pollution: Ensure proper ventilation to improve indoor air quality; use air filters and get your HVAC (heating, ventilation and air conditioning systems) checked regularly. Avoid using split ACs. Doors to all patient rooms should remain closed. Make your clinic 'No Smoking zone'.
- Follow food and water hygiene: heat it, boil it, cook it, peel it or forget it

IMA Hour: Every Friday 4 PM - 5 PM, IMA started the concept of community service under IMA Swacch Bharat Swastha Bharat initiative. All members participate in cleanliness drive.

Yoga Day



IMA Helplines

- IMA Tobacco mCessation Initiative: Missed call 01122901701 or register through <http://www.nhp.gov.in/quittobacco/> registration.
- IMA PvPI nodal center: Report adverse reactions to drugs, vaccines, medical devices, blood products and herbal products @ 9717776514
- 1098 Help line for violence against sexual offences in children
- Tobacco quit Line: 1800112356

IMA Social Advertisements

[illegible]

THE TIMES OF INDIA, NEW DELHI
WEDNESDAY, JULY 1, 2015

INDIAN MEDICAL ASSOCIATION

SWACHH BHARAT
SWASTH BHARAT

HAPPY DOCTOR'S DAY

Facts on Safe Drinking Water

1. Drinking contaminated water causes approximately 8,42,000 deaths per year (WHO 2014).
2. Safe drinking water in schools significantly reduces absence of students.
3. Ice is not safe unless made from adequately boiled or treated water.
4. Chlorination kills bacteria & viruses, but does not remove dissolved impurities.
5. Depending on the pH and the concentration of chlorine, harmful chemicals such as monochloramine, dichloramine and trichloramine may be formed in the chlorine treated water supply.
6. Municipal water is decontaminated at the source, but by the time it reaches the household it may get polluted again.
7. Only chlorination is not a 100% safe measure to purify water as Giardia cysts are resistant to it.
8. Washing hands with soap and safe water, improved water quality and excreta disposal are community measures for diarrhoea reduction.
9. Boiling is the best community way of drinking water when no other effective treatment is available. But water should be rolling boiled for at least 1 min.
10. Issue of "Occurrence of High Arsenic Content in Ground Water" is well established as per the expert committee report presented in the Lok Sabha.
11. According to a recent report produced in the parliament, nearly 2/3rd of all sewage waste in urban areas goes untreated into the rivers.
12. Heating or boiling your water alone will not remove dissolved impurities like Arsenic, Lead, Pesticides, etc.
13. RO Purifiers besides removing bacteria & virus also removes dissolved impurities like Arsenic, Fluoride, Pesticides, etc.

Issued in public interest by:

KENT
Mineral RO[®]
Water Purifiers

HOUSE OF PURITY

1.675 | House of Purity




THE TIMES OF INDIA, NEW DELHI SATURDAY, AUGUST 8, 2015

23 AUGUST 2015

Johnsen Johnsen



More touch. More eye contact.
More time together. More falling in love.
Breastfeeding is so much more!



Breastfeeding within one hour of delivery, ensures that the baby receives the 'first milk' which has maximum protective factors!



Prolonged skin-to-skin contact impresses infant-mother interaction, bonding and attachment essential for emotional and social development!



Babies who are fed nothing but breastmilk from birth through their first 6 months of life get the best start!



IMA recommends, at six months start with homemade complementary food like mashed rice, dal, khichdi, fruits and vegetables (in addition to breastmilk)



Exclusive breastfeeding provides babies the perfect nutrition and everything they need for healthy growth and brain development

To receive free information booklet on breastfeeding, please SMS your complete postal address to 09223800012

Issued in public interest by Indian Medical Association
Supported by Johnsen & Johnsen Private Limited



Breast feeding is so much more!

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SOCIAL ADVERTISEMENTS

- On 1st July, 2015, IMA social advertisement was released on safe water and cataract surgeries. The advertisements were released by Kent RO and Center for Sight.
- On 15th August, 2015 “Azadi from Arsenic”. The advertisement was released by Kent RO system.
- On 18th August in association with Johnsons & Johnsons. Fourteen releases were released in Time of India on Breastfeeding.
- Health Ministry and IMA joint press statement during flu epidemic to take away panic from the society regarding the need for flu vaccine.

IMA days

- De-worming Day: 10th February
- World Kidney Day: 10th March
- World TB Day: 23rd March
- IMA Telemedicine Day: 23rd March
- IMA Safe Sound Day: 3rd March
- IMA Health Day: 7th April
- Sexual violence against children day: 19th November
- IMA Doctors Day: 1st July (Free consult, Campaign 950), Blood donation camps

Doctors' Day: 1st July

- Doctors' Day is celebrated in India on 1st July every year to earmark the Birth & Death anniversary of Bharat Ratna Awardee, **Dr. Bidhan Chandra Roy** (Dr B C Roy).
- Dr. B C Roy was born in 1882 in Patna, Bihar and after doing his medical graduation in Kolkata and MRCP and FRCS at London, he started his career as Physician in Patna in 1911.
- He taught in Patna Medical College and in Carmichael Medical College.
- He was a true freedom fighter and joined Mahatma Gandhi in Civil Disobedience Movement. In the field of politics, he became a leader of the Indian National Congress and later Chief Minister of West Bengal.
- He left us on July 1st, 1962 but his soul is still there in the collective consciousness of the medical profession of our country.
- In 1976, he was conferred Bharat Ratna and Dr B C Roy National Sward were constituted in his name the same year.
- The demand for the Doctors' Day originated in Kolkata by Kidderpore Branch in 1989 under the Presidentship of Dr. Santanu Banerjee and Dr. Pradip Kumar Chatterjee as the Secretary.
- Later state working committee of IMA Bengal and the IMA Bengal State Council in 1989 resolved to declare 1st July as Doctors' day under the Presidentship of Dr. Ashok Chaudhuri.
- The forwarded resolution was considered by IMA Central Working Committee held on 24th & 25th April 1991 under the then National President, Dr. Ram Janma Singh and IMA declared 1st July as Doctors' Day starting from 1st July 1991.
- IMA persuaded the Government of India to accept it as National Doctors' day and 1st July 1992 became the historical Doctors' day when it was accepted and recognised by the Govt. of India.

World Environment Day 2016

IMA celebrate environment day at IMA House, ITO, New Delhi on Sunday, 5th June 2016.



9th IMA Community Service Day

Modi Ji also appealed to the doctors to give one a month, 9th, and treat pregnant women from economically backward classes for free.

IMA issued a circular to its doctors to provide free consultation to pregnant ladies from economically weaker sections of the society, across the country on 9th of every month.

Health Picnic at National Zoological Park

IMA & HCFI

Health picnic at National Zoological Park

Sunday, 22nd May 2016.

Staff with their families.

Health messages on the placards



DENGwar

- Dengue is arboviral mosquito-borne acute viral febrile (fever is must) illness (1 week duration) requiring only oral (IV if persistent vomiting) hydration (urine output every four hours) and admissions only in 1% life threatening cases or platelet transfusion (single donor raises 35K) only if active bleeding with platelet count < 10,000
- DENGwar (Low and small) : Is community participated war against eggs, larvae or tiny adult day biter female aedes mosquito present indoor (lower areas) or outdoor which breeds in small quantity of water (one drop, bottle caps)
- DENGwar: War against indoor (fresh water, even minute amount, bottle caps, potato chips discarded bags, cement tanks, plastic containers 50% in non-seasons, cisterns (non-mud storage), AC, window or door screens, insecticide-treated mosquito net when napping) or outdoor (early morning fogging when pupa hatch for aedes, late night for malaria) eggs (100-200 per lay, rub clean, in dry state live > 1 year), larvae (to adults in 7 days at 30-32 degree temp, normal 12 days) or adult aedes mosquito (span 30 days in season 15 in summer; dusk or dawn biter, three meals a day, fly 50 meters)
- Severe dengue is diagnosed when there is rise in pulse by more than 20; fall of upper blood pressure by more than 20; difference between lower and upper blood pressure less than 20, presence of more than 20 haemorrhagic spots on the arm after a tourniquet test, sudden fall of platelet count by more than 20 thousand and acute rise in haematocrit by 20%. The person needs immediate medical attention with atleast 20 ml fluid per kg stat.



Sports as Awareness Module



Campaign 950: Child sex (0-6 years) ratio

1. Child Sex Ratio is defined as the number of females (0-6 years) per thousand males in age group 0-6 years.
2. WHO: Biologically normal child sex ratio ranges from 943-980 females per every 1000 males.'
3. In 1994 (later amended in 2003) PCPNDT act was introduced and determination of sex of foetus or its advertisement were made a punishable offence. In the act pregnant woman is considered innocent unless proved otherwise. The liability is only on the treating medical doctors, husband or relatives of the women and anyone advertising sex selection in any form.
4. IMA supports PCPNDT Act in its letter and spirit but is against the booking of doctor with a criminal offence for clerical errors or mistakes.
1991 (945), 2001 (927), 2011 (918)
5. MCI Ethics regulations 7.6 makes sex determination an offence and a professional misconduct. "7.6 Sex Determination Tests: On no account sex determination test shall be undertaken with the intent to terminate the life of a female foetus developing in her mother's womb, unless there are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act, 1971. Any act of termination of pregnancy of normal female foetus amounting to female feticide shall be regarded as professional misconduct on the part of the physician leading to penal erasure besides rendering him liable to criminal proceedings as per the provisions of this Act."
6. PCPNDT alone not the answer: Ever since PCPNTD Act has been implemented the sex ratio proportion has not changed and the need is for a wider debate on the issues including a debate on social angles.
7. Track every pregnancy between 12-20 weeks

REPORT ON ASSESSMENT OF ESSAY COMPETITION ON CHILD SEX RATIO 950

Scrutiny Committee: Dr. V. K. Monga, Dean, IMACGP, Dr. Ramesh Kumar Datta, Hony. Joint Secretary, IMA, Dr. Manjul Mehta, Hony. Asstt. Secretary, IMA and Dr. N. V. Kamat, Principal Advisor, IMA

28th June, 2016

Number of entries

1. From Sri Venkateswara Medical College, Tirupati - 193
2. Hard copies received by post from different Medical Colleges - 10
3. Entries received through email 33

Awards Dr Nidhi Pathak, PG Student, Community Medicine, Jawaharlal Medical College, Belagavi and Ms. S.Pratibha, Roll No. 161, Sri Venkateswara Medical College, Tirupati

IMA Polio Switch Dates: 25th April

- April 11th: bOPV would be available in private market but it is not to be opened or used before 25th April.
- April 25: IMA Polio Switch Day, when tOPV would be completely withdrawn and replaced by bOPV in both routine immunization and polio campaigns.
- 9th May: IMA National Validation Day when India would be declared free of tOPV.



tOPV to bOPV
THE SWITCH
ON 25th APRIL 2016

Polio has been a deadly disease, but it is being eradicated. The last case of polio was reported in January 2011, and India was declared polio-free by the World Health Organization on 27 August 2014. The world is now looking for the next major health challenge to fight.

As you know, the last case was a child in India. In being careful, all cases of polio have been eliminated. Since 2011, India has been free of polio. As part of the year-long, all-India campaign to ensure the world's remaining polio cases are eliminated, you are switching from tOPV to bOPV on April 25, 2016.

The global commitment made in 2011 to eradicate polio by April 2016, to make the Indian child free of polio by April 2016, when India will be completely polio-free and replaced by bOPV in both routine and polio campaigns. This tOPV to bOPV switch is the final step in the eradication of polio.

Before the SWITCH

- The switch to bOPV is a SWITCH to a "safer" vaccine.
- tOPV was used in India for many years, but it was not safe. It was a live virus vaccine, which means that you could catch the virus from your child, and the virus could be passed on to others.
- bOPV is a safer vaccine. It is made from inactivated virus, so you cannot catch it.

On & after the SWITCH

- tOPV was used in India for many years, but it was not safe. It was a live virus vaccine, which means that you could catch the virus from your child, and the virus could be passed on to others.
- bOPV is a safer vaccine. It is made from inactivated virus, so you cannot catch it.

Your role as a medical practitioner in the SWITCH

As a medical doctor, you have played a key role in the eradication of polio. You are now switching to bOPV. This is a key step in the eradication of polio. You are now switching to bOPV. This is a key step in the eradication of polio.

Ministry of Health and Family Welfare, Government of India | World Health Organization | UNICEF | Rotary



tOPV to bOPV
THE SWITCH
ON 25th APRIL 2016

Have you supported the SWITCH to your child's tOPV?

It was the first time you did it. You have supported the SWITCH to your child's tOPV. It was the first time you did it. You have supported the SWITCH to your child's tOPV.

The World Health Organization is now switching to bOPV. It is the last case of polio. It is the last case of polio. It is the last case of polio.

After the SWITCH

- tOPV was used in India for many years, but it was not safe. It was a live virus vaccine, which means that you could catch the virus from your child, and the virus could be passed on to others.
- bOPV is a safer vaccine. It is made from inactivated virus, so you cannot catch it.

Your role as a medical practitioner after the SWITCH

As a medical doctor, you have played a key role in the eradication of polio. You are now switching to bOPV. This is a key step in the eradication of polio. You are now switching to bOPV. This is a key step in the eradication of polio.

Ministry of Health and Family Welfare, Government of India | World Health Organization | UNICEF | Rotary



tOPV to bOPV
स्विच
फैक्टशीट
25 अप्रैल 2016

पॉलीओ मुक्त भारत • पॉलीओ मुक्त विश्व

Ministry of Health and Family Welfare, Government of India | World Health Organization | UNICEF | Rotary



tOPV to bOPV
स्विच
फैक्टशीट
25 अप्रैल 2016

अक्सर पूछे जाने वाले सवाल
कोल्ड चेन संवाक और एनएम के लिए

पॉलीओ मुक्त भारत • पॉलीओ मुक्त विश्व

Ministry of Health and Family Welfare, Government of India | World Health Organization | UNICEF | Rotary



tOPV to bOPV
THE SWITCH
ON 25th APRIL 2016

Frequently Asked Questions
for Cold Chain Handlers and Auxiliary Nursing Midwives (ANMs)

पॉलीओ मुक्त भारत • पॉलीओ मुक्त विश्व

Ministry of Health and Family Welfare, Government of India | World Health Organization | UNICEF | Rotary



tOPV to bOPV
THE SWITCH
FACTSHEET
ON 25th APRIL 2016

पॉलीओ मुक्त भारत • पॉलीओ मुक्त विश्व

Ministry of Health and Family Welfare, Government of India | World Health Organization | UNICEF | Rotary

Safe Sound Initiative

IMA NSS (National Initiative for safe sound)

- Noise Pollution, constant exposure to loud noise (> 85 dB) is common and can lead to higher frequency sensorineural hearing loss.
- Zero dB is the quietest audible sound and each 10dB increment will double the sound intensity
- The higher the decibels, the shorter the amount of time one can be exposed to the sound before hearing loss occurs [8 hours at 85 dB, 4 hours at 88 dB, 2 hours at 91 dB, or just 15 minutes at 100 dB].
- A whisper is 30 dB, conversational speech is 60 dB, and someone shouting at you from an arm's length away is 85 dB.
- Exposure to noise greater than 120-125 dB can cause hearing loss or pain in the ears.
- The permissible work limit for noise is 8 hours for 90 dB, 4 hours for 95 dB and 2 hours for 100 dB.
- Get concerned if you have difficulty talking or hearing during routine conversation done to back round sound or if sound hurts the ears or ears are ringing after hearing the sound.
- Permissible noise: Industrial area 75 dB in day time and 70 dB in night time; Commercial area 65 dB in day time and 55 dB in night time; Residential area 55 dB in day time and 45 dB in night time and silence zone 50 dB in day time and 40 dB in night time. [Day time shall mean from 6am to 10 pm and night time shall mean from 10 pm to 6am.]
- Silence zone are areas up to 100 metres around hospitals, educational institutions and courts.
- One can complain to the authorities if the noise levels exceed more than 10dB than the allowable limit.
- Headphones, which do not screen out background noise encourage users to turn the volume up to levels that may put their hearing at risk of long term damage.
- Use ear protection if exposed to sounds of 85 dB or higher
- Noise-induced hearing loss usually happens slowly, with no pain.

3rd March IMA national safe Sound Day

Rule of thumbs

- No more than 90 minutes at the 80% volume, No more than 5 minutes at the 100% volume, No more than 1 minute at 110 decibels. No limit at 50% of the volume.
- If you cannot understand someone talking to you in a normal speaking voice when they are an arm's length away: it is too loud.
- MP3 players including iPods can be turned up to a maximum of around 103 dB using standard iPod earphones.
- Never expose a child to a sound above 120 decibels.

Safe Sound 10 Points

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

Prevention of diabetic blindness

DIABETES
VARIABLY
AFFECTS
BOTH
EYES
TEST YOUR
EYES
SOON



INITIATIVE



IMA, AIOS PDB (PREVENTION OF DIABETIC BLINDNESS) PROJECT Diabetes Detection and Diabetic Retinopathy Screening Clinics

Doctor's Day (July 1st) and Week (1-7 Jul 2016)

Organized by: IMA/AIOS branch

Venue :

Time : 9 am to 1 pm (01.07.2016-07.07.2016)

Diabetic blindness is preventable Get your eye examined for diabetic eye disease



As Clouds cover the Sun cause darkness on the Earth, similarly, Diabetes can bring blindness in your Life.

What is Diabetes?

When the sugar level in blood is high, it causes damage to the blood vessels and capillaries, affecting all major organs of the body. In Diabetes, you feel more hunger, thirst, urination and weakness.

Who can have Diabetes?

Irrespective of age, overweight, Blood Pressure more than 140/90, Family History of Diabetes, Sedentary Life, High Cholesterol are the risk factors for Diabetes.

Tests for Diabetes

After age of 45 years, everyone should get Blood Sugar checked once every 3 years. If your report shows Risk > 6.5% Fasting Blood Sugar > 125mg/dL Post Prandial Blood Sugar > 200mg/dL, then you have Diabetes.



Prevention of Blindness :

- Get your retina checked by eye specialist upon detection of Diabetes.
- If retina is normal, get checked every 2 years, or as per doctor's advice.
- If retinopathy is at high risk, get LASER treatment done (even if eye sight is normal).

If you miss this chance, your eyes might get badly affected.

Care in Diabetes :

- Proper Diet : Distribute total food calories during the day. Avoid heavy meals.
- Exercise : Fresh Green & leafy Vegetables, Dairy, Pulse, Cereals, Fruit intake. Fresh Fruit (Orange, Pomegranate, Guava, Watermelon, Papaya, Apple).
- Smoking : Smoking & Alcohol : Avoid Smoking, Stop Drinking Alcohol.
- Stress : Manage stress, Relaxation, Meditation, Yoga, Tai Chi, Breathing Exercises, etc.



- Get sunlight exposure for Vitamin D.
- Avoid tobacco in any form.
- Exercise at least 150 minutes per week.
- Take proper treatment and monitor Diabetes, B.P., Cholesterol under doctor's guidance.

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For more information and help, download free app **DiabRet** in your android smart phone.

Blood Donation



Blood Donation Abbott Vascular

BLOOD DONATION DRIVE @ ABBOTT VASCULAR , JULY 01, 2016



Adopt a girl child



The screenshot shows a web browser window with multiple tabs open. The active tab is the New Indian Express website, displaying an article titled "IMA Launches 'Welcome the Girl Child' Campaign". The article is dated Wednesday, June 23, 2016, and is categorized under "Nation". The main text of the article discusses the Indian Medical Association's (IMA) efforts to improve the skewed sex ratio in India by launching a campaign to support girl children. It mentions initiatives like scholarships, health check-ups, and awareness programs. A video player is embedded in the article, showing a loading spinner. To the right of the article, there is a section titled "MORE FROM THIS SECTION" with several related news items, each accompanied by a small thumbnail image. The browser's address bar shows the URL: www.newindianexpress.com/nation/IMA-Launches-Welcome-the-Girl-Child-Campaign/2016/04/23/article3394811.ece. The Windows taskbar at the bottom shows various application icons and the system clock indicating 05:44 on 01-06-2016.

Home Top News **Nation** World States Cities Business Columns Cricket Sport Entertainment Magazine The Sunday Standard E-Paper
Auto Lifestyle Indulge Health Travel Tech Editorial Photos Videos Eder Social Stream Deals Mobile Prices Coupon

THE NEW
INDIAN EXPRESS

Wednesday, June 23, 2016

Ask Prabhu
Editorial Director
Your tomorrow depends
on the question you ask today
Columns: Power and Politics

Home > Nation

IMA Launches 'Welcome the Girl Child' Campaign

By PTI | Published: 23rd April 2016 12:24 AM. Last Updated: 23rd April 2016 12:24 AM

Email 0

NEW DELHI: As part of its efforts to improve the skewed sex ratio in the country and curb female foeticide, the Indian Medical Association (IMA) has launched a flagship campaign 'Welcome the Girl Child' and has asked all its 2.5 lakh members to support it.

The IMA recently issued a circular wherein it announced several initiatives and urged its members across 1,700 branches to take part.

The initiatives include supporting a girl child by announcing a scholarship of Rs 500 per month for her educational and skill development activities, opening a fixed deposit of Rs 1.5 lakh and depositing the interest in the girls account till she becomes 18. The principal amount can be taken back after that.

Members have been urged to organise a skill development programme for girls. Another initiative is 'Support a Girl Child' for free heart surgery, if the parents cannot afford where members can refer to headquarters for help.

They were urged to adopt girls' schools and give health lectures and conduct health check-up camps, distribute iron folic supplement to the girl child in schools and 'Create awareness about the Child Sexual Abuse Sutra to Girl Child'.

The programme recommends waiving off of consultancy fee on birth of a girl child and helping those who cannot afford get treatment.

IMA urged its members to participate in 'Campaign 950' to bring the child sex ratio to 950 girls per 1000 boys and expose black sheep in the medical fraternity indulging in female foeticide.

MORE FROM THIS SECTION

- Melbourn's first budget offers edu, entrepreneurship boost to women
- This year, RS nominations a tightrope walk
- New bill puts placement agencies on the spot
- Haryana submits quota stir report to court
- Woman gangraped inside moving car in Kolkata

Natural Calamities

- Nepal: 45 Lac worth medicines to Nepal Medical Association
- Kollam Disaster 10th April, > 100 died. Kerala IMA filed PIL against fire works in public places.
- Earth Quake on 10th April, 4 PM: 6.8 scale. Guidelines issued
- February, Haryana, Reservation agitation, damage to doctors property. Compensation given by state government.



Aaon Gaon Chalen



Sexual violence against children

- Sexual violence against children, evident or suspect, is common, preventable, punishable acute medico legal emergency
- Educators are duty bound to address sexual violence against children, a common, preventable and punishable offence, with a timely appropriate intervention.
- Sexual violence against children should be reported ethically, sensitively, non-sensationally and within the legal framework without depicting children in distress

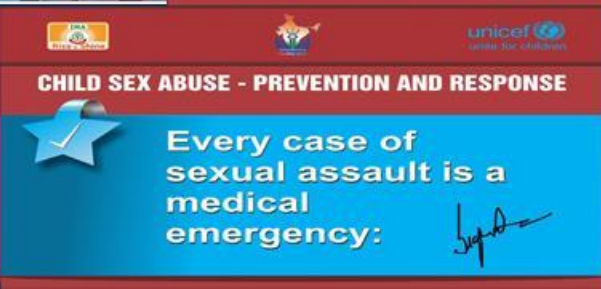
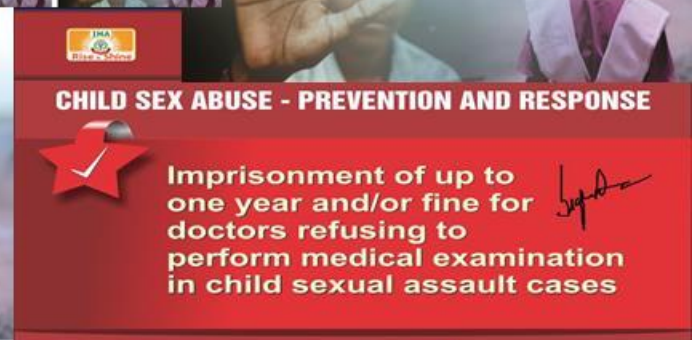
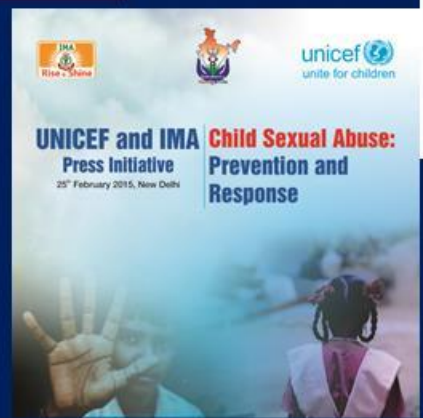
UNICEF CSA Project



UNICEF and IMA Press Initiative Child Sexual Abuse: Prevention and Response

25th February 2015, New Delhi

CHILD SEX ABUSE - PREVENTION AND RESPONSE	CHILD SEX ABUSE - PREVENTION AND RESPONSE
No police or magisterial requisition required to examine or provide emergency medical care to a child sexual abuse survivor	In India, 4.5% of girls of girls aged 15-19 have been subjected to sexual abuse (NFHS-3). Boys are comparatively less vulnerable.
Legal duty of doctor in a case of child sexual assault : provide medical care, collect forensic evidence, report offence, give testimony in court	What is Child Sexual Abuse (CSA)? Any sexual activity with a child below 18 years, including penetrative sexual assault, non penetrative sexual assault, sexual harassment and use of a child for pornography. Any sexual activity with a child is a crime (POCSO, 2012)
Informed consent required from survivor or guardian (where child is below 12 years) before medical examination; informed refusal recorded if consent is not received	What can I do as a medical professional to ensure a child is protected? - Doctors are in a unique position to protect children. They can Educate parents on child safety and safe and unsafe touch, teach children to protect themselves, provide care and treatment to survivors, social/psychological / legal guidance, enable justice process with accurate forensic medical exam and testimony in court.
Imprisonment of up to one year and/or fine for doctors refusing to perform medical examination in child sexual assault cases (Section 166B of the IPC)	Reporting: It is mandated by law that any adult aware of a child being sexually assaulted and/or at risk of being sexually assaulted has to report to the nearest police station/Special Juvenile Police Unit (POCSO, 2012)
Clinics and hospitals should prominently display Childline number (1098) for cases of known or suspected child abuse or neglect to be reported.	Every case of sexual assault is a medical emergency : Free treatment mandatory by government and private medical facilities



IMA Sunday: Sunshine Day

IMA Moonlight Late Night CMEs

Conduct CMEs in sunshine.

Arrange walks.

Over 80% doctors are Vitamin D Deficient.

Exposure to 40% of your body is needed for 40 minutes, 490 days in a year to get enough vitamin D.

TB

CPR 10

- 25 lives saved by Delhi Police after they learnt CPR from IMA
- Weekly class

Sameer Malik Heart Care Foundation Fund

- 52 heart surgeries



Free drugs

- Free drug bank at head quarters

Population day

Aao School Chalen

Income Tax Awareness

CPR CAMP HELD AT IMA , COMMUNITY HALL ON 23/07/2016

- Around 12 people participated and learnt the technique of CPR 10. A CPR presentation was also shown to the participants



Minutes of the Meeting of Special Committee regarding evaluation and standardization of PCR MPV's First-Aid Kit.

Following members were present:-

S.No.	Name	Mobile No.	Email ID
1.	Dr K K Aggrwal, Hony. Secretary General, IMA	9811090206	drkk@ijcp.com , hsgima@gmail.com , emedinews@gmail.com
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4.	Dr N V Kamath, Principal Advisor, IMA	9810446260	imaprincipaladvisor@gmail.com , kamatnv@rediffmail.com , imarisenshine@gmail.com
5.	Dr R P Vashist, Principal Advisor, IMA	9212222456	rpashist@gmail.com
6.	Dr Ajay Behl, LNJP	9868303551,	
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- Scoop Stretcher: is the right type of Stretcher
- Triangular Bandage: One
- Scissors: One, should be of medium size with flat surface on one side. It should be able to cut cloths. The scissor in the kit needs to be changed as it is pointed from both the sides.
- Soframycin Ointment and Dettol : may be change to Betadine Solution and Betadine Ointment
- Bandages; should be of 2 sizes of 4' and 6' and should be 2+2 of each size per van.
- Pain Relief Spray: one; present pain relief spray is OK
- Cotton Roll; It should be of bigger size and one full cotton roll should be available in a Van. Smaller pieces of cotton roll will not be the right thing
- Adhesive Tape: should be 4' or 6' micropore

- Gloves; should be free of size none sterile. They are available in numbers and not in pairs.
- Fatti for Arms and legs Fracture: Present Fatti are not suitable and it should be long enough to take care of fracture of arm and leg and it should be in the van not in the First Aid Box.
- Surgical Mask; Minimum 5 non sterilize Present mask is OK
- Apron:- One, should be front open.
- Band-Aid: minimum 5
- Safety Pins; Medium size 5
- Cervical Collar: 1
- Twizer; One
- Water Bottle: One (in Van)
- Foldable Umbrella: One (in Van)
- Torch: One (with one spare battery)
- Sanitizer: One (in Van)

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