

A democracy of hope.

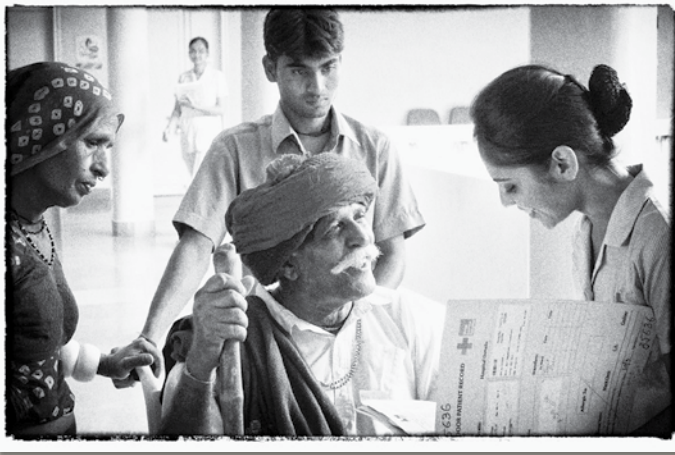


Annual Report

2013 - 14



Charutar  
Arogya Mandal



The freedom to receive care and compassion for all illnesses.

The freedom to not be turned away.

The freedom to receive world-class healthcare that's offered without discrimination.

The freedom to receive treatment, even without the means to pay for it.

The freedom to hope.



Charutar Arogya Mandal was established 35 years ago as a venture of hope, to offer comprehensive, compassionate healthcare to everyone and anyone who needed it.

Over the last three and a half decades, millions have walked through the doors of Shree Krishna Hospital, looking for a cure to some of the worst diseases of our time. Without exception, every one of them received world class care. Without exception, every one of them paid only what they could.

It's our commitment towards seeing the humanity in people, rather than their bank accounts, that makes this possible. These are our people; and our lifesaving equipment and expert care gives them, and us, hope.



“My child is lucky to have taken birth here and so we have named him Harikishen, as a token of gratitude to Shree Krishna Hospital.”

---

Mangalbai Ramabhai Parmar, Anklav  
Harikishen’s father.



“We brought Angel to Shree Krishna Hospital with leukaemia when she was just 2½ years old. She’s now 10 and attends Balwadi. The only thing she suffers from is too much homework.”

---

Ritu Parmar, Borsad  
Angel’s Mother.

“Our son Hitesh had a hole in his heart. Many hospitals turned us away as a hopeless case. But Shree Krishna Hospital’s Cardiac Centre cured him. The doctors, the staff and facilities here are God’s blessing to many like us.”

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Parshottambhai Veljibhai Patel, Umreth  
Hitesh’s father.



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## The Structure that Reflects our Vision



The structure of the Charutar Arogya Mandal is a reflection of its commitment to professionalism on the one hand and accountability to the community, including its myriad donors, on the other. Registered as a trust and a society, its properties are vested in the Board of Trustees comprising the late Shri Baboobhai Z Patel and Shri JM Rawal. Its policies are decided by the Governing Body headed by the Mandal's Chairman, Dr. Amrita Patel,

who is also the executive head of the Mandal. The Governing Body functions under the purview of the Governing Council, which is a wider body with representation from donors, sister institutions and members of the Mandal, in addition to the members of the Governing Body. The President of the Mandal, Shri Hasmukhbhai Shah, chairs the Council meetings. The Council, in turn, reports to the General Body, in which the members of the Mandal participate. The total number of members as on March 2014 was 1807.

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## Progressing towards self-reliance



To manage a self-sustaining medical institution is not easy. It is even more difficult when the purpose for which it was created is to serve the community, as it can do so only by continuing to stand true to the very community's expectations it is meant to serve at all times, and at the same time, adhere to the values a truly community-based organisation ought to.

The Mandal has, right from its inception, had to face tremendous challenges; challenges that have at times threatened its very existence. These challenges have varied over time; in the earlier years they were related more to the management of finances – ranging from raising funds to create and sustain infrastructure to managing funds more professionally, but the challenge today has more to do with the

values it has always held dear – honesty and integrity.

This does not mean that finances are no longer a matter of concern to the Mandal. Indeed, one of the aspects relating to upholding its values relates to ensuring practices that are not only fair and transparent, as in the case of its admissions, but also completely above board, as in the case of its course fee.

The consequence of being upright, however, is a constant struggle to make two ends meet. While on the one hand, it must continue to provide its services to patients in the most affording manner possible, providing relief to those who cannot afford treatment, it must also manage its entire cost of education from the fee it collects. It must also continue

to remain a medical institution current with the profession of medicine, bringing in facilities, technology and resources that add value to its services.

The first step towards self-reliance, therefore, has to do with making itself financially self-sustaining. The Mandal has, over the years, attempted to achieve this by instituting several systems that today ensure that while costs are contained to the extent possible through both purchasing and consumption efficiencies, that income is also raised by incorporating new services and better patient intake. The Mandal recognizes that contributions from the community is an integral and important part of its efforts to be self-sustaining and has, therefore, worked towards making its fundraising activities more professional.

The result of these efforts is that the income it earns from the patient care services and educational courses is adequate to meet the cost related to both. However, the concessional treatment it is required to offer to patients who are unable to pay, about ₹7 crore, which it would like to refer to as its social cost, continues to place severe pressure on its financial resources. While the fundraising efforts have now been strengthened, the focus in the future would remain firmly on creating better systems and resources.

The Mandal, however, also believes that financial stability and self-sustenance alone

are not enough. What is required is a robust internal governance system that would ensure that the momentum it has generated in achieving quality and excellence in all its focus areas — patient care, medical education, research and community extension — is sustained and, indeed, made a part of the institutional culture. It has, therefore, put in place a governance structure to provide rigour in managing these focus areas. The salient aspect of the governing structure is its overarching belief that while management professionals must manage the resources of the institution, it is the medical professionals who must manage the practices governing the profession of medicine. What has, therefore, been put in place is a structure comprising 13 groups of medical professionals, over 40 in all, who now develop and implement policies covering these four areas. The

governance structure also aims at ensuring accountability and continuous growth by creating Boards of Management for each of these areas which have, in addition to the Mandal's own stakeholders; Chairman, Dean, Chairmen of concerned groups and experts in the relevant domains. Efforts have been made to see that at least 4 experts from these four areas, eminent personalities all, are included in each Board, which is expected to meet at least twice a year.

As time passes, and as the roots of the systems and practices that mark the Mandal's business model as well as its governance structure grow deeper, we believe what would emerge is a shining example of what a medical institution should be. This is going to be a long journey and we have a long way to go. But we believe we can get there. And we will.



## Medical Education



The educational institutions of the Charutar Arogya Mandal have been making efforts to incorporate the very essence of medicine - care with compassion and competence in the academic environment. The academic activities at the Mandal thus go beyond the boundaries of classroom education. They bring innovations in the methods of teaching, explore horizons for the overall growth and rich exposure of students, develop capabilities of the faculty tapping their full potential, streamline the efforts in theoretical and clinical training which would further the capacity of the students passing out from these institutions and, last but not least, bring the students in proximity to the community to sensitise them about the realities of rural India. At the same time, steps have

also been taken to include topics that expose students to medical professionalism. The effort, in general, is to make the entire medical education more skill-based, innovative and all-encompassing.

The year was marked with the implementation of a unique governing system for medical education. Functional groups have been created covering all the elements of education - curriculum design and development, assessment, clinical training, student support and professional development, and equipping their policy-making role with an implementation group - academic administration. These groups are chaired by senior medical faculty and have as their members 2 or 3 other faculties. While these groups

have presently focused their energies on the activities of the medical college, it is expected that with the passage of time, these groups would also start addressing the requirements of allied courses run by the Mandal; physiotherapy, nursing and medical technology. The governance structure has been further strengthened with a Board of Management which has, in addition to the Dean and the Chairmen of the functional groups, experts from the field of medical education. It is expected that the Board of Management not only brings together a pool of expertise in medical education to guide new and ongoing educational initiatives, but would also ensure accountability of the functional groups.

### **SOME HIGHLIGHTS OF THE MANDAL'S EDUCATIONAL INSTITUTIONS:**

#### **Pramukhswami Medical College**

■ A National Consultation on Professionalism in Health Profession Education was organised in April, 2013. The consultation was inaugurated by Shri Keshav Desiraju, Secretary, Ministry of Health and Family Welfare, Government of India and was attended by 50 experts from India and abroad who addressed various aspects of professionalism. This consultation was a part of the platform created by the Mandal in 2011 for an ongoing debate on the reforms required in health profession education. The focus during this consultation was on professionalism in the

healthcare sector in view of the steep decline in the values witnessed in the practice of medicine and the consequent erosion of the faith and trust that the community has placed in medical professionals. The consultative group agreed on a definition of 'professionalism' in the Indian context and suggested that the design of assessment of professionalism should support the development of professionalism.

■ A Memorandum of Understanding was signed with the University of Massachusetts, USA for collaboration in education and research. As a part of this arrangement, \$50,000 was received to initiate a research project - Understanding Predictors of



Maternal and Child Health in India, which aims at tracking the status of 220 pregnant mothers till they deliver, to understand better the factors that lead to better delivery outcomes. A proposal for developing a curriculum on Humanities in medical education is also under consideration.

■ An International Symposium and National Conference was organised by the Department of Pharmacology with the theme “India: Towards achieving global standards of Pharmacovigilance” in November 2013 with support of National Coordinating Centre, Indian Pharmacopeia Commission, Ghaziabad; Indian Council of Medical Science (ICMR); Medical Council of India (MCI) and Council Of Scientific & Industrial Research (CSIR). The event was inaugurated by Shri P. K Taneja, Principal Secretary and Commissioner, Government of Gujarat. 124 delegates from various states attended the conference.

### **K M Patel Institute of Physiotherapy**

■ The teaching programme of the institute received NAAC accreditation with Grade B and CGPA of 2.84 in the 4 point scale. With this, KMPIP became India’s first Physiotherapy Institute to have undergone NAAC inspection and secure accreditation with distinction.



The activities of the functional groups during the year, encompassing the courses run by the Pramukhswami Medical College are as follows:

### **Curriculum Design & Development**

The first task of this group was to streamline the Under Graduate curriculum and introduce an Integrated Teaching Module. The group has been able to bring about a more coordinated effort in developing the academic calendar for various years of undergraduate training. While eight integrated modules involving the departments of Microbiology, Pathology,

Pharmacology, and other clinical departments were prepared for II MBBS, in the year gone by, three more Integrated Modules were designed involving the departments of Medicine, Paediatrics, Community Medicine and Radiology for III MBBS and three Integrated modules were designed involving the departments of Medicine, Surgery, Paediatrics, Pathology, Gynaecology and Orthopaedics for IV MBBS.

The second task was to plan and implement foundation courses in all the four years of MBBS, internship and also during the first year of post-graduation. This envisaged a better understanding of the subjects covered, and

laying down a foundation for rounding off the academic knowledge of students with the professional requirements of the practice of Medicine.

The third task involved introducing peer review of teaching learning sessions. Feedback helps persons in recognising their strengths and weaknesses that could be improved upon. The team conducting the peer review consisted of a member from the Curriculum Design & Development group, head of the concerned department and a senior faculty from the relevant branch.

### **Clinical training**

One of the vital components of the undergraduate training programme is clinical training provided to students to strengthen their clinical skills. To provide students a more hands-on exposure in patient management, the group introduced a clerkship model wherein students are expected to acquire skills like basic clinical procedures, communication with patients and other para-medical team members, teamwork etc. Students are encouraged to participate directly in patient care under the guidance of a team of doctors. To improve upon the practical learning, clinical skill training is also provided on mannequins.

### **Assessment**

The Group focused its efforts on evaluating and modifying the assessment pattern with the

aim of giving equal weightage to skills and theoretical knowledge. To evaluate the existing pattern before contemplating any change, information on the current status of assessment was sought from all the departments which included number, timing, weightage in University exams, and type of questions to assess for knowledge, skills and attitude. This was followed up by preparing a consensus document detailing all aspects of issues related to current assessment pattern for implementation across departments involved in the 1st year MBBS programme. In this exercise, the departments were encouraged to lay greater

emphasis on the skill component and include it in practical evaluations.

To train the faculty in assessment techniques, the Professional Development group organised a workshop in which 15 teachers of pre and para clinical subjects participated. They were trained to frame questions such as long answer questions, short notes and short answer questions.

### **Professional Development**

The Professional Development group deployed numerous exercises for increasing and optimally utilising the capabilities and potential of faculty members.



Following are the major highlights of the Group's activities:

- The faculty participated in national and international workshops/conferences related to health profession education. Currently, there are nine faculty members from the College who are FAIMER fellows and one is pursuing FAIMER-KELE Masters in Health Profession Education.
- Almost all the faculty members participated in the basic course workshop in Medical Education Technology.
- Based on the inputs received from weekly meetings of the Chairmen of Education groups, faculty development workshops on mentoring and written assessment were conducted during the year.
- Institutional support mechanisms for Continuing Professional Development (CPD): The Group revised the institutional policy in January 2014 for participation in CPD activity and for study leave and processed 127 requests for CPD activities and two applications for study leave.
- Documentation of CPD activities: A web-based documentation system of CPD activities was made operational in September 2013 which underwent revision in January 2014.

### **Student Support**

Student-centred activities carry considerable significance to the Mandal considering its mission

to prepare competent healthcare professionals sensitive to the needs of the community. The Group, therefore, focused its activities around developing the sensitivity and character of students.

A student council was formed during the year with the aim of encouraging involvement of students in various co-curricular activities. Committees were also formed to facilitate various activities, which include Sports Committee, Cultural Committee, Literary Committee, Generosity Committee, Volunteer Committee, PSMC Alumni Committee and Mess Committee.

The committees coordinated significant events for students, which include:

- Supporting the running of Annapurna – the student canteen: For the students staying in the hostels, having meals at the newly renovated canteen, Annapurna, has now been made mandatory. In order to ensure that students have a say in the menu and food being served at Annapurna, the Mess Committee is consulted before any changes are made and any suggestions received from them are incorporated.
- Horizon 2013: Horizon is a state level socio-cultural festival of the College. While





the students of medicine, physiotherapy and dental colleges across the states participate, the management of the event is by the students of the College. As in the previous year, this time also, HORIZON was celebrated with the theme "Save the Girl Child" from 26th to 29th September 2013. The event went vibrant with activities like Marathon for a Cause, a fashion show, Laughter Night, garba and dances, games and an electrifying live concert by popular playback singer Toshi Saabri.

■ **Sports Events:** A total of eight teams of boys and girls were deputed to an inter-college sports tournament organised by the Sardar Patel University between July and October 2013. More than 20 teams representing different colleges participated in which participants from our college won prizes in Badminton (boys & girls), Table Tennis (boys), Kho-kho (boys) and Chess (boys). In the HM Patel Night Cricket tournament, the students and employees of the Mandal and alumni participated on a common platform from 6th to 13th December. This was also the first time that the participation of girls was seen.

A basketball court, prepared as per national standards, and inputs of students was made available.

From 14th to 16th February 2014, 50 students from the II MBBS course went for a nature exploring camp as a 3-day excursion to the Polo forest

organised by the Vidyanagar Nature Club.

■ **Literary Committee:** The interest of students in reading led to the revival of a book club with a new identity 'Akshara – the book club'. To enrich the learning phase of life with a larger perspective, a weekly informal rendezvous has been started under the banner of "Vichar Goshthi" from December 2013. The objective of this meet is to exchange ideas and thoughts on literary works.

■ **Promotion of Voluntary Blood Donation:** Students have expanded their role and concern for the betterment of needy patients as well. As a part of the voluntary blood donation drive, students from various batches of the MBBS course were sensitised and with their consent, their names were added to the contact list for blood donation requirements in future. During the felicitation programme on National Voluntary Blood Donation day organised by the AD Gorwala Blood Bank on 1st October 2013, students presented a skit with a motivating message to increase blood donation.

The Group also conducted a batch-wise feedback session of students and interns during the year to be more effective and inclusive in the activities they pursue.

#### **Academic administration**

To streamline the student database, a student information software was procured in

which information related to PG admission, UG NRI admission, hostel enrollment, feedback, student & faculty logins, communication with students and parents, etc. is maintained. The Group also facilitated the preparation and implementation of an academic calendar for the undergraduate course and helped in developing a centralised system to record the marks awarded to students by teachers during the internal examinations in various subjects.

Some of the other activities related to the medical college during the year were:

**The MCI Regional Centre** Pramukhswami Medical College, which has been functioning as an MCI Regional Centre in Medical Education Technologies, was recognised to conduct an advanced course in medical education based on the audit of its performance in conducting the basic course.

The Regional Centre at PSMC conducted 19 workshops which was attended by 472 participants and 64 workshops at allocated colleges where 1645 medical faculty participated. This made it possible for the Centre to reach the milestone of imparting training to one thousand medical teachers, the best performance among eighteen such Regional Centres in India.



### **Pramukhswami Medical College Alumni Association (PAA)**

With consistent efforts of the PAA coordinators to increase registrations within the country and abroad, the alumni membership reached 930 during the year.

The existing members of PAA, who are also experts in their field from India and abroad contributed to the institution's growth by delivering academic talks and providing motivational guidance to students.

PAA has also been active in supporting student-centric events taking place in the institution. During the year, PAA sponsored trophies in events like MEDOLYMPICS 2013, the HM Patel Night Tournament and the HM Patel Cricket Tournament, to motivate participants. It has also made a contribution to the student book club, 'AKSHARA'.

### **Scholarships**

The college continued its initiative to provide an equal opportunity to deserving candidates for pursuing education in medicine by offering its management quota seats on scholarship. The college admitted ten students to the MBBS course who were high on merit but came from financially weak backgrounds. The selection of these students whose education is supported jointly by the Sir Jamsetji Tata Trust and Charutar Arogya Mandal, was done after they cleared a four-tier verification process. These students were additionally provided with books, aprons, instruments and mess fees with the help of Shanti Charitable Trust.

The first batch of students who were supported by TATA-CAM scholarships graduated during the year. While some of these graduates would be serving the Mandal in accordance with the requirements of their bond,

others have opted for higher studies with a commitment to serve the Mandal once they complete their studies.

The college also awarded for the first time the Dr. Somjee Fellowship to 3 interns from among the students admitted under the TATA-CAM scholarship scheme. The fellowship is given to students on the basis of their overall performance in the MBBS course including academic, co-curricular and non-curricular activities.

Activities related to other educational institutions during the year were as follows:

### **KM PATEL INSTITUTE OF PHYSIOTHERAPY:**

■ The undergraduate curriculum, which was last updated in 2006, underwent a major revision, based on feedback from experts and other medical faculty, external examiners, students, and senior faculty members.

■ A Speciality Clinical Posting has been introduced in the curriculum of the PG students, which aims at sharpening their assessment, diagnostic and management skills and developing a multi-disciplinary concept for high quality patient care. Students were posted to various clinical areas, including Obstetrics & Gynaecology, Oncology, Chest Medicine, Neurology, Orthopaedics and at the Student Activity Centre.

■ The Institute also initiated a new practice of conducting Rural Outreach Programmes on every 15th of each month in ten villages adopted by the Institute to increase awareness regarding Physiotherapy at the community level. Eight such camps were conducted in various villages which benefitted 474 patients with musculoskeletal, neurological, cardiopulmonary conditions and lifestyle diseases.

■ The Institute took over the functions of the ortho-workshop and now all the appliances used for various musculoskeletal and neurological disorders are moulded and fabricated under the guidance of physiotherapists and occupational therapists.

■ During the year, the Institute provided its services to about 32,000 outdoor patients and over 23,000 indoor patients. A number of equipments were added including a Body Composition Analyzer, a Heart Rate Monitor, a Pulse Oxymeter, a Perineometer, an Aesthesiometer and a Computerised Mechanical Treadmill.

■ The Institute also expanded its patient care services beyond the boundaries of the hospital. It collaborated with the Student Activity Centre for physical screening and assessment of members of its gymnasium. The institute has, on the request of a local manufacturing unit, started providing services to their employees for prevention of occupational hazards by arranging special Neck, Back and Knee clinics on a weekly basis.

■ The Institute also actively participated in community awareness programmes like International Women's Health Day by giving a health talk on

“Back pain – Causative factors” and “Role of Physiotherapy in its Prevention and Cure” on 28th May 2013 at Napad; in a multi-disciplinary camp at Gamdi on 7th August 2013; and also in an Ortho-Prosthetic Camp organised by the Rotary Club on 21st and 22nd September 2013 at Borsad.

■ The Institute organised a regional symposium on “Alternative Therapies: Holistic Approach towards Well-Being” on 16th December focusing on core areas of Pranic Healing, Yoga, Reiki, Acupuncture, naturopathy, etc. which was attended by 105 delegates.





■ “World Physiotherapy Day” was celebrated on 7th September with the theme “Physiotherapy for Preventive and Promotive Health”. A radio talk on “Prevention and Management for lower back ache” was delivered by Dr. Harihara Prakash and Dr. Daxa Mishra on the Sardar Patel University’s Community Radio station. “World Disability Day” was observed on 14th December 2013 with an attempt to celebrate the feeling of oneness with differently-abled persons. International Women’s Day was celebrated on 8th March 2014 by organising a health check-up programme for women at Big Bazaar, Anand. A talk on “Health and Fitness in

Women” was delivered as a part of this activity.

■ The annual function of the Institute, “Physio Pulse”, was celebrated with the theme “Ability beyond Disability” from 4th – 6th February 2014. This socio-cultural event culminated in a grand celebration with the introduction of a Gold Medal to recognise students having an impressive overall academic performance. The Chief Guest to this event was a specially-abled participant of a dance reality show on television, Dance India Dance.

■ The institute played an active role by providing physiotherapy services at district and state level in semi-final and

final events for all the under-16 and above-16 sports in the state government organised “KHEL MAHAKUMBH 2013”, a sports event during the month of November and December 2013.

### **GH PATEL SCHOOL OF NURSING:**

Various educational visits were organised to the Central Diagnostic Laboratories at the hospital, Amul Dairy, Nimeta Water Purification Plant for the first year students. A special cookery practical was organised to teach students the preparations of various therapeutic diets. The 3rd year students were sensitised to the needs of persons requiring nursing care with visits to places like Karamsad Old Age Home, Aanganwadi and Elecon Group of Companies. To hone the skill base of students, a quiz competition on “Basic Principles of Nursing” and general knowledge was organised on July 19, 2013. A special retreat was organised for students on 29 and 30th November on the theme “Awakening the students for the vision and value of life”, in which 89 students participated.

Various co-curricular activities took place to help bring about the holistic development of the students. The sports day celebrations with indoor and outdoor competitions was organised on 30th and 31st January 2014. A Vocational Guidance Programme was organised for interns on 25th February 2014, where topics such as Scope of Nursing within

the country and internationally, interviews – preparations and techniques to face them, professionalism etc. were discussed.

The faculty of the school also ensured that their role went beyond the typical classroom activities. Two faculty and 18 students participated in “Students Nurses Association Biennial Conference” organised by the Trained Nurses Association of India (TNAI) at Surat from 13th to 17th November 2014. Faculty members also participated in Medolympics 2013 and won prizes.

#### **SHRI L P PATEL INSTITUTE OF MEDICAL LABORATORY TECHNOLOGY:**

The Institute continued to offer various undergraduate and postgraduate courses and PhD in allied health science and technology. A total of 112 students enrolled in these courses during the year 2013-14.

An awareness programme on “Youth - a vulnerable group” was conducted under the auspices of “Red Ribbon Club”, supported by the Gujarat State AIDS Control Society, Ahmedabad on 26th February 2014. The programme was attended by 58 students studying in different courses.

Thirty students from the Institute participated in an excursion – a forest camp at Ratnamahal Wildlife Sanctuary from 3rd-5th January 2014.

#### **LIBRARY:**

During the year, 129 print copies of journals worth ₹39.09 lakhs, 287 new books worth ₹3.29 lakhs and more than 870 e-journals with two database clinical key and springer-link worth ₹28.86 lakhs were procured.

A software with barcoding for issue and return of book, journals, etc. was introduced making it easier to keep track of the 13,990 books, 1462 e-books, 11,095 printed back volumes of journals, 103 online

back volumes, 36 dissertations, 163 audio cassettes, 240 VCDs, 971 CD/DVDs and 4,649 slides in the library.

Three training sessions on online use of journals were undertaken in conjunction with the Central Research Services. The library introduced facilities such as newspaper clippings, new users’ library orientation, displaying newly arrived books and journals, reprography, document scanning and printing, internet facility and refreshments during the year.





## Patient Care

The patient care activities at the Mandal's institutions focus on bringing modern and professional healthcare to the rural community as affordably as is possible. While this has, on the one hand, meant that the Mandal keeps adding rapidly growing medical technology for the benefit of patients, on the other, it has meant constant upgradation of the competencies of its professionals. Most importantly, though, it has to ensure that the services it provides stand the test of the highest quality standards.

The Mandal considers quality in healthcare from four standpoints which comprise: rationality, efficiency, affordability and most importantly, humaneness. In order to shape its vision of quality healthcare, the governance structure now put in

place for patient care services have four groups addressing each of these aspects. Chaired by senior physicians, these groups have begun engaging the staff in various activities that have sharpened the focus on these aspects. The Quality Improvement Group, the implementation arm for these four groups, ensures adherence to quality norms.

### **MAJOR HIGHLIGHTS OF THE PATIENT CARE ACTIVITIES:**

■ Shree Krishna Hospital's A D Gorwala Blood Bank organised a Cyclothon from Sabarmati Ashram, Ahmedabad to Sardar Patel Memorial, Karamsad, marking National Voluntary Blood Donation Day, on October 1st. The event was supported by the Gujarat State Aids Control Society. The rally flagged by Shri Sudershan Iyengar, Vice

Chancellor, Gujarat Vidyapeeth, Ahmedabad was organised to create awareness for the need for voluntary blood donation in view of the increasing demand and shortage in supply.

- An operation theatre block for speciality surgeries such as joint replacements, neurosurgeries and uro-surgeries was created by renovating and upgrading facilities of one of the operation theatres.

- In order that the hospital moves towards Electronic Health Records for the patients it serves, a Patient ID Card was introduced. The card is mandatory for all new registrations and would enable the hospital to maintain a unique identification for each patient, thereby enabling tracking their health status on each of their visits.

- With the focus on quality, significant work was done to improve many safety-related issues; fire safety equipment were installed and staff trained in fire safety procedure, a disaster plan was formulated and implemented and a risk assessment was carried out for patient care and non-patient care areas.

Since the formation of the functional groups in July, 2013, each group has taken a number of steps towards serving their mandate. The activities carried out by various groups were as follows:

**Humane Care Group:**

- *Introducing Meditative relaxation sessions:*

As a therapeutic relaxation exercise for patients, staff and students posted in different wards, these enable one to “look within” and feel a healing space within oneself. A group of interested and motivated staff members, nurses, students and physiotherapy interns was formed to help in the process. Guidance about contents and scheme of the session was obtained from experts in this field. The sessions were started from 1st November, 2013 in several patient care areas - in male and female medical wards, Gynaec ward, Oncology OPD, and the Management Centre.

The Institute of Physiotherapy played a major role in taking the initiative forward. Feedback from patients and students indicated that the sessions were effective in creating a soothing atmosphere of silence and relaxation. It was reported that the patients and students look forward to participate in the sessions.

- *Code Krishna:* This is an initiative aimed to express respect and care for terminally ill patients and their relatives, and to offer a truly touching and healing experience in their most difficult moments. A few moments’ silence is observed at the bedside of every patient collapsing in ICUs or any ward of the hospital by all





members of the team involved in the treatment of the patient, namely consultants, residents, interns, nurses, counsellors and all the attendants along with the relatives of the deceased. A flower is also placed on the body of the deceased as a symbol of homage. This practice which started in November 2013 in the Medical ICU is set to be implemented in all other critical care wards.

- *Training and Sensitisation of staff members and students about humane dimensions of care:* While the nursing staff was sensitised about the humane dimension of care during all the Value Vision group meetings, topics addressing humane dimensions were incorporated in foundation courses for the undergraduate and postgraduate students also.

**Rational Care Group:**

As a means towards rational practices, development of protocols was encouraged for the various clinical departments. During the year, 17 protocols were developed by various departments.

- Major changes were brought about in processes followed in the Operation Theatre to make them more rational and effective.

- Steps were taken to make the practices followed by the staff working in high-risk areas safer. Self-declaration of HbsAg vaccination status from all the employees has also been initiated.

- Audit of several clinical practices and procedures was carried out and necessary corrective actions emerging from

the process were incorporated.

**Efficient Care Group:**

The drive to make the hospital services paperless with greater computerisation and automation, the following initiatives were taken:

- Issuing photo ID cards to all outdoor patients
- Making lab and imaging requisitions online
- Retrieval of lab reports and radiological images online
- Making discharge summary online

A number of steps were introduced to make hospital services prompt and hassle-free for patients by reducing waiting time included:

- Introducing a Queue Management System for the outdoor services offered by the Department of Medicine, which receives over 200 patients every day.

- Making the process for determining eligibility of patients for various schemes such as Krupa and Chiranjeevi shorter and more effective.

- A new system to ensure that patients of fasting blood sugar do not have to come through outdoor services as was required earlier.

- Formulating guidelines for moving of various high-value equipment across various facilities within the hospital to



minimise damages. Operational instructions were also prepared for the users to optimize use of these equipment by creating a pool.

**Affordable Care Group:**

The Group has been working on reducing cost of treatment for patients by addressing purchase procedures and the efficiency with which material and equipment are used.

Some of the measures taken to improve purchasing efficiencies included:

- Ensuring optimum cash discounts, credit periods, deferred payments, etc. in the purchase of equipment and instruments.
- Rationalising the purchase procedure for medicines to make them more cost-effective.
- Supplying orthopaedic implants through hospital formulary thereby standardising quality and cost.

Measures related to bringing about consumption efficiencies (including those done together with other groups) were:

- Recommending optimum number of investigations
- Stringent adherence to antibiotic policies
- Optimal use of consumables and minimisation of wastage (sensitisation of nursing staff and residents, audits of used material, etc.)
- Fixing of quantity of consumables for routine procedures
- Regular preventive maintenance of instruments

In addition, the Group also assisted in introducing a periodical review of fixed costs viz. electricity, manpower cost, maintenance cost and suggested various measures to reduce these costs.

**Quality Improvement Group:**

- One of the chronic problems that the hospital was facing was the ad hoc manner in which payments were being received from indoor patients for services. This frequently resulted in a large amount becoming payable closer to discharge, which made it difficult for patients to pay and at times, in defaults in payment. These issues were streamlined with better co-ordination between the team handling payments and concessions.
- The Group assisted in a number of efforts of the other groups including rationalising the practices followed in operation theatres, monitoring hospital-acquired infections, medical audits, addressing sentinel events, conducting mock drills to test the preparedness of staff for various exigencies, etc.
- The Group worked with the Department of Radio-diagnosis to make their services more efficient and responsive



to user needs by addressing issues such as scheduling of appointments and quality of reports.

- The Group was also involved in regular interactions with the Maintenance Group with regard to the inventory, preventive maintenance and calibration plans of biomedical equipment.

- Training sessions were held with residents and nursing staff to create awareness about the NABH standards.

- A handbook providing an overview of patient care policies and procedures was prepared and distributed across the organisation.

Accreditations: The following assessments were carried out for various services:

- Re-assessment of the Central Labs by NABL based on ISO 15189:2012 standards in February 2014 for the labs

- Re-assessment by NABH for the Blood Bank in April 2013

Some of the other activities related to patient care were:

### **Laboratory Services**

The Central Diagnostic Laboratory (CDL) continued to be responsible for investigations related to Clinical Biochemistry, Clinical Pathology, Haematology & Immuno-haematology, Microbiology & Serology and Surgical Pathology & Cytology. The hospital's patient management burden to a

large extent depends upon the diagnostic services and the NABL-accredited laboratory ensured efficient service with quality standards. Workshops and in-house trainings were conducted during the year to ensure that all CDL team members are well trained and keep abreast of recent developments.

The CDL underwent re-assessment in February 2014, making this its sixth year of accreditation.

### **Blood Bank**

The Blood Bank, which is an integral component of the CDL, conducted regular awareness and motivation programmes, lectures, workshops, etc. at the community level. During the year, 102 blood donation motivation programmes and 93 blood donation camps were organised at various places of Anand district. Overall, the blood bank collected 8051 units compared to 6364 in the previous year.

### **Radiology Services**

During the year, various initiatives were undertaken which has made the Radiology services of the hospital one of the most efficient in the state. The Imaging Centre successfully underwent its final assessment for National Accreditation Board for Hospital and HealthCare Providers (Medical Imaging Services), the first hospital based centre in the country to have done so. The accreditation process led to introduction of several protocols of patient care,

with safety at the core of all the services delivered.

During the year, nearly 1,30,000 radiological investigations were performed including 19,150 ultrasound and Doppler examinations and 6052 imaging studies (CT Scan and MRI) in addition to a total of 1308 USG Biopsy and CT Biopsy. The regular X-ray and Mammography examinations stood at 72,572 and 3000 respectively. 400 special procedures were performed during the year.

### **Pharmacy**

The hospital pharmacy is a very vital component in the operations of the hospital and therefore, there is a large onus on those managing the facility to keep it properly stocked and its inventory properly managed, especially since the volumes with which they deal are very high. During the year the focus was especially on ensuring reduction in turnaround time for patients at the pharmacy retail counter, introduction of e-prescriptions and starting a doorstep delivery service to wards to free attendants at wards for patient care activities. An upgraded software was implemented for better inventory control.

### **Manibhai Shivabhai Patel Cancer Centre**

During the year, the Centre provided outdoor consultations to 15500 patients compared to 12600 patients the previous year. The number of patients that underwent Radiation Therapy was around 775, compared to around 700 the previous

year, while the patients who underwent Chemotherapy was 4000 during the year compared to 3300 in the previous year. While the Centre has introduced innovative procedures such as using radiosurgery for curing Trigeminal Neuralgia and intracavitary implant for carcinoma of the cervix, some of the special achievements in patient treatment during the year were:

- The Centre treated patients of prostate cancer, with stereotactic body Radiotherapy, in which treatment of each patient was completed within 12 sittings, compared to 35-41 cycles which were required to be taken, thereby limiting and minimising the toxicity radiotherapy.

- The Centre started simultaneous integrated boost technique of radiotherapy in patients with Breast Conservative Surgery wherein there is no need of separate electron boost or painful brachytherapy (interstitial implant) procedure.

- The Centre is the first in Gujarat to start Total Skin Electron Treatment (extended field radiotherapy) in mycosis fungoid (extensive Cutaneous T Cell lymphoma) with success.

The Centre also celebrated the ninth New Hopes New Dreams event – as a part of its traditional celebration on its anniversary on August 27, where cancer survivors and fighters come and share their stories of

courage with cancer patients and relatives.

### **Bhanubhai & Madhuben Patel Cardiac Centre**

During the year, the Centre registered 6900 patients, compared to 5000 in the previous year. In indoor services, 700 cath lab procedures and 122 paediatric cardiac surgeries were performed in addition to 121 adult surgeries. The number of patients admitted and treated

in the CCU this year was 702 as compared to 490 in the previous year. 70 angiographies were also performed.

The Centre organised 36 camps during the year at the Cardiac Centre and various districts of Gujarat and Rajasthan to offer services for preventive and curative cardiology bringing the services of the centre closer to the community.



## Research



The Mandal's emphasis on research stems from its belief that not only does research promote a better academic environment within the institution, it also enables broadening the horizons of both the faculty and the students. The spirit of enquiry, the fundamental requirement of research, has been missing from most Indian medical institutions. The Mandal's efforts have, therefore, focused on enabling the faculty and students to undertake more research activities.

The recently formed Research Group spearheads the creation of an environment conducive for research, while the Central Research Services, a dedicated group of professionals, set up by the Mandal assists these efforts and implements the

policies formulated by the Research Group.

### **MAJOR HIGHLIGHTS OF THE RESEARCH ACTIVITIES:**

■ With the stress being laid on Undergraduate and Postgraduate research, the quality of research among students saw considerable improvement. In December 2013, Ms. Ameer Amin, II MBBS, presented her research work through an Oral Presentation at Excellence in Paediatrics conference held at Doha, Qatar, which received an Award. This was followed by presentations at the Global Health Summit of Association of American Physicians of Indian Origin, held in Ahmedabad where Shikha Kothari, III MBBS Part 2 and Shruti Kamat, III MBBS Part 1 received second and third prizes respectively.

- In February 2014, Dr. Rutvij Shah, an Intern, along with his co-authors published an article in ISRN (Improvement Science Research Network) Family Medicine, a peer reviewed International Journal indexed in Pubmed. He is the first undergraduate student of the Mandal to get a paper published in a Pubmed-indexed journal.

- Five publications of a total list of 20 original articles published this year are an outcome of dissertations of postgraduate students. A total of 22 postgraduate students or fellows were also coauthors in the 37 PubMed indexed papers (Original Article, Review and Case Reports) that were published during the year.

**The activities of the Research Group during the year:**

- Three policies; Publication Policy, Principal Investigator Policy and Collaborative Research Policy, were formulated to streamline the research effort and output.

- The background work for launching a health sciences journal was initiated.

**The following activities were carried out by the Research Group together with the Central Research Services:**

- Training programmes for Postgraduate Students were held on 'Developing a Research Question' on 6-7 September 2013, 'Research Methodology & Data Management' on 8-10 October, 2013 and Research Questions on 23rd, 24th and 26th December, 2013.

- A workshop to create awareness about research in medicine was held for the undergraduate students on 15-17 November 2013.

- Twenty five proposals prepared by undergraduate students were submitted to the Indian Council for Medical Research (ICMR) of which six were selected. Five students, whose proposals were not selected, continued conducting their research work. One

of them has completed her research and has been selected for a poster presentation at the European Academy of Paediatric Societies to be held at Barcelona, Spain in October 2014. Another student who has continued the project has successfully registered his clinical trials on the ICMR website.

- Research collaboration with the University of Massachusetts on a project titled 'Understanding Predictors of Maternal and Child Health in India' was undertaken. The Research project tracked 220 pregnant mothers and their children over a period of 6 months after delivery.

- Proposals submitted to the Indian Council for Medical Research (ICMR):

- Maternal Health in Tribal Areas
- Postpartum Depression
- Child Health in Tribal Areas
- IYCF Proposal
- Childhood Injuries



The following is the list of completed and ongoing research projects:

<b>Research Projects – Completed</b>		
No.	Title of Research Proposal	Principal Investigator
1	CRS & PSM Cardiovascular drug fun cricket: A learning experience.	Dr. Anuradha Joshi
2	Obstetrics and Gynecology Study of profile of critically ill obstetric patients with special reference to multiorgan failure and requirement of mechanical ventilation and – a retrospective observational study of 200 patients.	Dr. Smruti Vaishnav, Dr. Bhalendu Vaishnav
3	PAEDIATRICS Randomized control trial on effect of oral Sucrose in decreasing pain response in Neonates while doing Echocardiography.	Dr. Somashekhar Nimbalkar, Dr. Nirav Potana, Dr. Dipen Patel, Dr. Archana Nimbalkar
4	Hand hygiene practices in Neonatal Intensive Care Unit (NICU).	Dr. Somashekhar Nimbalkar, Ms. Rutvi Shah, Mr. Satvik Bansal, Dr. Dipen Patel
5	PHARMACOLOGY Study of drug utilization pattern and assessment of rational behind supplementation of Vitamin B12 & Folic acid in Dementia Patients.	Ms. Mansi P Patel, Mrs. Jalpa Suthar, Dr. Anuradha Joshi
6	PHYSIOTHERAPY Prevalence of Depression, Anxiety and Stress among physiotherapy students.	Dr. R.Harihara Prakash, Dr. Parth Patel, Ms. Jaya Lalwani
7	CHEST MEDICINE Diagnostic yield of fiberoptic bronchoscopy at our institute.	Dr. Nimit Khara, Dr. Rajiv Paliwal

### Ongoing Research Projects

No.	Title of Research Proposal	Principal Investigator
1	ANATOMY Determination of sex from the dry calcanei and tali of Indian population.	Dr. Sumati, Dr. Jaba Rajguru, Dr. Rohini Routal
2	Variations of brachial plexus in adult human cadavers.	Dr. Jaba Rajguru, Dr. Sumati
3	ANAESTHESIA Study of patients' knowledge about anaesthesia and anaesthiologist at a rural tertiary care hospital.	Dr. Birva Khara, Dr. Krutika Rupera
4	Comparative study of effect of intravenous dexmedetomidine vs. midazolam on bupivacaine spinal anaesthesia in lower limb surgeries.	Dr. Birva Khara, Dr. Krutika Rupera
5	Assessment of early post operative cognitive dysfunction.	Dr. Hemlata V. Kamat, Ms. Shruti Kamat
6	Indian airway audit project 2013 (IAP 2013)	Dr. Hemlata Kamat, Dr. Raveendra U.S, Dr. Sripada G. Mehandale, Dr. Apeksh Patwa, Dr. Amit Shah
7	CRS & PSM Prevalence of Attention Deficit Hyperactive Disorder (ADHD) in pre-school children (normal) in Anand, Gujarat.	Dr. Deepak Ganjiwale, Dr. Bharti Sharma, Dr. Brajesh Mishra, Dr. Hardik Parekh, Dr. Jaishree Ganjiwale

No.	Title of Research Proposal	Principal Investigator
8	ENT Tripod suspension technique: a novel approach to fracture nasal bone reduction and stabilization.	Dr. Girish Mishra, Dr. Sujai Joshi, Dr. Nimesh Patel
9	Clinico-etiological profile of adult primary epistaxis.	Dr. Yojana Sharma, Dr. Sohil Vadiya
10	Role of intratympanic Dexamethasone and diluted Lignocaine in the treatment of Tinnitus.	Dr. Sohil Vadiya, Dr. Parth Amin
11	MEDICINE Post exposure prophylaxis for HIV & Hepatitis B: Our experience of eleven years in a rural based tertiary care teaching Hospital India.	Dr. Sanket Sheth, Dr. Alpa Leuva, Dr. Jyoti Mannari
12	Study of prevalence of uncontrolled seizures in patients with juvenile myoclonic epilepsy and its responsible factors in a rural based neurology clinic in Western India.	Dr. Devangi Desai, Dr. Soaham Desai
13	IMPACT AF: An International Multicenter clustered randomized controlled trial to improve treatment with Anticoagulants in patients with atrial fibrillation.	Dr. Soaham Desai, Dr. Sunil Karna
14	ORTHOPEDECS A Study to assess the functional outcome and pain in knee joint in post total knee arthroplasty.	Dr. Pathik.C.Vala, Dr. Mihir Dholakia
15	PAEDIATRICS An audit of neonatal resuscitation practices at a tertiary level care providing hospital.	Dr. Somashekhar Nimbalkar, Dr. Dipen Patel, Dr. Archana Nimbalkar
16	Undergraduate MBBS students' perception on 'Research training and its need' – a qualitative study.	Dr. Somashekhar Nimbalkar, Jayshree Ganjiwale, Rajendra Deshai, Ajay Phatak, Shikha Kothari
17	Sharing the experience of effects of N-acetylcysteine in children with hepatic encephalopathy other than acetaminophen poisoning.	Dr. Krutika Tandon, Dr. Prachi Bichpuria, Dr. Vandan H. Kumar
18	PHYSIOLOGY ABC of research: a learning programme for first year medical undergraduates at Pramukhswami Medical College, Karamsad.	Dr. Wasim Sheikh, Dr. Minal Patel, Dr. Hasmukh Shah, Dr. Archana Nimbalkar, Dr. SK Singh
19	ABC of research: a learning programme for first year medical undergraduates at Pramukhswami Medical College, Karamsad.	Dr. Wasim Sheikh, Dr. Minal Patel, Dr. Hasmukh Shah, Dr. Archana Nimbalkar, Dr. SK Singh
20	PHYSIOTHERAPY Validation of Mini BESTest scale in stroke patients; old title: Concurrent validity of Mini BESTest scale in stroke patients.	Dr. R.Harihara Prakash, Dr. Trupti Parikh, Ms. Anisha Pathan
21	Effect of direct application of vibratory stimuli to hemiplegic limb in post stroke patients.	Dr. R. Harihara Prakash, Dr. Vyoma Dani, Mr. Jay Patel
22	Occupational therapy rehabilitation for upper limb functioning using interactive computer gaming.	Dr. Deepak Ganjiwale, Dr. Sanket Parekh, Ms. Jayshree Ganjiwale
23	Knowledge, attitude and behaviour towards leprosy in the community.	Dr. Vinod Ravaliya, Dr. Trupati Parikh, Ms. Swathy Chandramouli, Mr. P.M. Parmar

No.	Title of Research Proposal	Principal Investigator
24	To study the effect of tactile kinesthetic stimulation on weight gain in low birth weight neonates receiving kangaroo mother care.	Dr. Swati Patel, Dr. Trupati Parikh, Dr. Daxa Mishra
25	Occupational therapy rehabilitation for upper limb functioning using interactive computer gaming.	Dr. Deepak Ganjiwale, Dr. Sanket Parekh, Dr. Swati H. Patel, Dr. Sailesh Shah, Ms. Jaishree Ganjiwale
26	PSYCHIATRY Effect of maternal stress and infant characteristics on maternal stress in the Neonatal Intensive Care Unit.	Dr. Jagdish R. Vankar, Dr. Dipen Patel, Dr. Somashekhar Nimbalkar, Dr. Anusha Prabhakaran
27	Psychological Impact of Internet Addiction in Medical and Para Medical Students.	Dr. Himanshu Sharma, Dr. Bharti Sharma
28	Burden, perceived stigma and coping style of caregivers of patients with Schizophrenia and Bipolar Mood Disorder.	Dr. Himanshu Sharma, Dr. Bharti Sharma
29	COMMUNITY MEDICINE Demographic and non-communicable disease profile of 26 programme villages of extension programmes department.	Dr. Shyamsundar Raithatha, Dr. Dinesh kumar, Ms. Shanti Gupta, Mr. Ravi Raj
30	CHEST MEDICINE COPD: Assessment of patients' knowledge about their disease.	Dr. Nimit Khara, Dr. Rajiv Paliwal
31	RADIOLOGY Prediction of Loco-Regional Control with Perfusion CT scans in Squamous Cell Carcinoma of Upper Aerodigestive Tract on Organ Preservation Protocol Treatment.	Dr. Diva Shah, Dr. Viral Patel
32	SKIN & V.D. Xanthelasma Palpebram – a clinical and biochemical study and its association with arcus cornea.	Dr. Pragya Nair, Dr. Chaitali Patel, Ms. Jaishree Ganjiwale
33	SURGERY Missed opportunities of diagnosis of malnutrition and nutritional rehabilitation in the Paediatric patients admitted in surgery ward of tertiary health care center, Shri Krishna Hospital, Gujarat.	Dr. Shirish Srivastava, Ms. Pooja Dave, Dr. Harshil Patel, Dr. Somashekhar Nimbalkar, Mr. Ajay Phatak

## COMPLETED CLINICAL TRIALS

### Cardiology

- A Study to derive normative distribution of CIMT and to determine its correlation with cardiovascular Risk factors in asymptomatic nationwide Indian population. (SCORE India)”

### Oncology

- A phase II/III Open label Multicentric Randomized trial to determine the safety and

efficacy of Non-Pegylated Liposomal Doxorubicin (Nudoxa) at two different dose levels as compared to doxorubicin in patients with metastatic breast cancer.

- Pivotal study in breast cancer patients investigating efficacy and safety of LA-EP2006 and Neulasta®

- A multicentre, randomised, double-blind, placebo-controlled,

dose-finding phase II clinical study to evaluate the efficacy of two different doses of MT-102 administered over a sixteen week period in subjects with cachexia related to stage III and IV non-small cell lung cancer and colorectal cancer.

- Adjuvant Axitinib Treatment of Renal Cancer: A Randomized Double-blind Phase 3 Study of Adjuvant Axitinib vs. Placebo



in Subjects at High Risk of Recurrent RCC.

- Carboplatin versus Placebo Plus Paclitaxel and Carboplatin as First Line Treatment for Subjects with Advanced Non-Small Cell Lung Cancer”

- Bioequivalence of Bmab-200 with Herceptin®: Comparative PK, Efficacy, Safety and Immunogenicity evaluation of Bmab-200 versus Herceptin®, both in combination with Docetaxel in patients with Her2+ Metastatic Breast Cancer: A Double Blind, Randomised, Active Control, Parallel assignment, Comparative Phase III, Clinical Trial

#### **Other Departments**

- A randomized, double-blind, double-dummy, 4-week treatment, parallel-group study to evaluate the efficacy and safety of two doses of mometasone furoate delivered via Concept1 or Twisthaler® in adult and adolescent patients with persistent asthma.

- INSPIRE (A large multicentre prospective study to determine etiologies, clinical practice patterns and outcomes of strokes in India.)

- A Multicentric, Open-label, Randomized, Comparative, Non-inferiority Phase III Clinical Trial to Determine The Safety & Efficacy of Recombinant Human Erythropoietin (rHuEPO) Injection Manufactured By Beijing Four Rings Biopharmaceuticals Co. Ltd., China With Eprex

(r-HuEPO) of Johnson & Johnson Ltd., Mumbai In Treatment of Anemia Associated With Chronic Renal Failure.

#### **ONGOING CLINICAL TRIALS**

##### **Cardiology**

- A multicenter, randomized, double-blind, parallel group, active-controlled study to evaluate the efficacy and safety of LCZ696 compared to enalapril on morbidity and mortality in patients with chronic heart failure and reduced ejection fraction.

- Efficacy and Safety of Bolus Injection of a Novel Thrombolytic Agent (SMRX-11) in Patients with Acute ST-segment Elevation Myocardial Infarction (STEMI): A Phase II Open -Label, Dose-Escalation, Multicenter, Angiographic Trial.”

##### **Oncology**

- A randomized, open-label Phase III trial of afatinib versus Erlotinib in patients with advanced squamous cell carcinoma of the lung as second-line therapy following first-line platinum-based chemotherapy.

- “A Randomised, Multi-centre, Double-blind, Parallel Group Study to Compare the Pharmacokinetics, Pharmacodynamics, Safety and Efficacy of Two Anti-CD20 Monoclonal Antibodies in Combination with CHOP in Patients with CD20-Positive Diffuse Large B-cell Lymphoma”

- A two-part, placebo-controlled, study of the

safety and efficacy of Sativex oromucosal spray (Sativex®; Nabiximols) as adjunctive therapy in relieving uncontrolled persistent chronic pain in patients with advanced cancer, who have inadequate analgesia even with optimized chronic opioid therapy.

- A multicenter, non-comparative, open-label extension study to assess the long term safety of Sativex oromucosal spray (Sativex®; Nabiximols) as adjunctive therapy in patients with uncontrolled persistent chronic cancer related pain.

- A phase IIIb, multi-center, open-label, expanded access study of EVERolimus (RAD001) in combination with EXemestane in post-menopausal women with Estrogen receptor positive, human epidermal growth factor receptor 2 negative locally advanced or metastatic breast cancer

- A randomised, double-blind, placebo-controlled, phase III study to evaluate the efficacy and safety of afatinib (BIBW 2992) as adjuvant therapy after chemo-radiotherapy in primary unresected patients with stage III, IVa, or IVb loco-regionally advanced head and neck squamous cell carcinoma.

## Community Extension



The Mandal has always striven to take its medical services beyond its campus. This has taken the form of diagnostic camps, collaborations with other institutions to visit their medical facilities, managing extension centres for outdoor and indoor services and finally, and more directly, engage with the rural community through its field-based programmes. It strongly believes that if medical services are to reach the most needy, even if they are unable to afford it, it is possible to do so through developing a system of placing trained professionals, with the requisite resources and facilities, at primary, secondary and tertiary care levels and, in

the long term, aims to create a model for this to be achieved.

As with other focus areas of the Mandal, community extension is also part of its overall governance mechanism, with the Public Health Initiatives group taking responsibility for developing policies, networking with other institutions and advocacy. The Department of Extension Programmes is responsible for implementation of these policy measures and handles two core functions; managing the extension health centres located at different villages and implementing community-based health programmes.

## **MAJOR ACTIVITIES CARRIED OUT:**

In line with the Mandal's philosophy of extending quality healthcare equitably to our rural areas, department has been managing operations and functions of five extension health centres located at Bhadran, Petlad, Agas, Anand Agricultural University (AAU) and Sevaliya. While all the centres essentially provide outpatient services, Sevalia also has indoor facilities. A total of 54 deliveries, 27 major Gynaecological operations and 27 other minor surgeries were conducted at the Sevaliya Centre - Sonaba Hospital & Sadaba Nursing Home.

There was a significant increase in the number of patients at Sonaba Hospital and Sadaba Nursing Home, a trust hospital at Sevaliya, which the Mandal has been managing. This was a result of upgradation and renovation of the facilities at the hospital, with the help of a generous donation from Shri Rajen Kilachand, Chairman of Dodsai Group. The renovated facility was inaugurated by Shri Nitin Patel, Minister of Finance, Health, Medical Education and Family Welfare on 12th July 2014 at a function attended by stakeholders, donors, doctors from the periphery, government officials and trustees of the Sevaliya Arogya Mandal. This centre is a step forward in

pursuing the Mandal's vision of establishing secondary level centres closer to the community in need.

The newly created facility has a capacity of 36 beds which can be expanded to 50. It also houses facilities of Digital X-Ray, Ultrasound, Laboratory, Trauma Centre, Intensive Care Unit, Neonatal Stabilization Unit, Operation Theatre with Laparoscopic set-up, Labour Room, Dental and Physiotherapy units. A blood storage unit is also planned to meet the requirements of Obstetric patients during emergencies. This is particularly essential considering the significant prevalence of anaemia among women in the area. The centre has full time healthcare givers which include a Gynaecologist, two medical officers, a dentist, a physiotherapist, an assistant medical officer and a dedicated team of paramedical staff. It also has consultants for General Medicine, Orthopedics, Skin & VD, General Surgery, Ophthalmology, etc. visiting on a weekly basis. It is connected to the Shree Krishna Hospital at Karamsad for referrals requiring a higher level of medical care. A telemedicine facility is also in place to ensure regular connectivity with consultants at the Shree Krishna Hospital through video conferencing. The centre extends treatment

at concessional rates to BPL families under the RSBY insurance scheme under which a patient can avail indoor benefit up to a limit of ₹30,000 per annum. Along with this Shree Krishna Hospital's social security scheme KRUPA which provides for free indoor treatment worth Regular ₹5,000 per annum on payment of a sum of ₹99 is also extended in the area. A new scheme named Matru Krupa was introduced in the month of January 2014 with the aim of providing healthcare coverage to mothers and children delivered at the centre. The scheme has been introduced with financial assistance from a local donor, under which a token amount of ₹20 is collected for both the mother and her child, for which each of them receive Krupa coverage of ₹5,000 for the first year. The contribution from the donor takes care of the remaining amount to be paid for providing the coverage.

During the year camps were organised at the Agas, Sevaliya, AAU & Bhadran extension centres. Over 1200 people took benefit of these camps.

## **EXTENSION PROGRAMME:**

The Mandal has been implementing various community-based programmes for the last few years in 26 villages adopted for developing them as models for providing

basic health services at community level. This year, in January, ten more villages around the Sevaliya Extension Centre were included. Village Health Workers in these villages were identified and trained to conduct house-hold surveys, promote KRUPA and educate women and adolescent girls in menstrual hygiene.

The Village Health Workers have been trained to deal with common medical ailments and sell a selected set of medicines. During the year, 8,000 patients with different ailments were managed by them. These

included: 2,376 for fever, 1,695 for cold, 2,105 for cough, 243 for diarrhoea and vomiting, 57 for white discharge, 161 for worms, 551 for skin problems, 285 for ear problems, 172 for breathing problems and 355 for other health issues.

#### **CANCER PREVENTION AND CARE PROGRAMME:**

With financial support from Sir Dorabji Tata Trust, the Mandal continued its fight against cancer with a project that aims to learn from the lessons of implementing its earlier programme on Cancer Awareness, Education and Early

Detection and to implement it more effectively in around 90 villages through its village health workers. Sir Dorabji Tata Trust has extended financial support of Rs 1.50 crores over a period of 3 years for the programme. It aims to reduce the burden of cancer in the village by addressing risk factors for cancer, screening for cancer and providing home based palliative care to terminally ill cancer patients.



## Support Services



The Support Services form the backbone of the Mandal. The groups forming these services aim at catering to the requirements of the core functions of the institution viz. patient care, teaching, research and community extension, so that the departments and staff members engaged in these functions are provided support in carrying out their responsibilities efficiently and effectively.

To determine the extent to which each department was performing in the key areas assigned to them, a new system that defined their Key Result Areas and the expectation of performance against these areas together with its measurement criteria, was developed and introduced. It is expected that this exercise would not only create a better focus for their work, but would

also work to provide direction and determine priorities.

Major highlights of the work of the support groups during the year:

### **ACCOUNTS**

A new billing counter on the first floor of the hospital building was made operational for the convenience of patients and expedient billing.

### **BUSINESS DEVELOPMENT:**

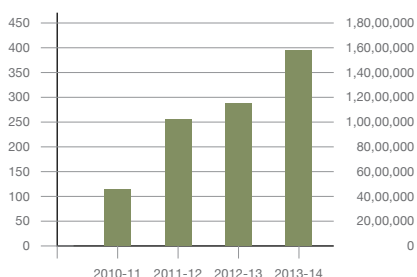
The hospital promotion services are segregated into two sections: Institutional Services and the Hospital Services.

### **Institutional Services (IS):**

The IS group now handles two significant portfolios; Tie-ups with Insurance companies and management of the Cashless services along with execution of

Government schemes, Medical Tourism and Krupa – the hospital’s own social security programme. The hospital has links with 30 leading Insurance companies / Third Party Agencies (TPAs) through which cashless medical services were provided to 396 clients, with treatment charges amounting to ₹ 171.24 lakh.

**Growth in cashless business:**



**Medical Tourism:**

The hospital received numerous enquiries out of which patients, mainly from the Middle East, availed various super-speciality services like Oncology, Cardiology, Joint Replacements & Orthopedics, Ophthalmology, General Surgery etc.

**Krupa Arogya Suraksha:**

To mark the completion of 10 years since Krupa was launched, an additional scheme – ‘Krupa Parivar’, offering comprehensive healthcare for a family of four through a single membership amount of ₹499/year, which extends hospital inpatient care for the family of ₹15,000 – was launched.

At the end of the year, Krupa enjoyed an active membership base of 45838, while Krupa Parivar, achieved a family membership of 293 families.

During the year, 2,194 members received benefits for indoor treatment and 42,765 members benefited from out-patient services.

**Government Collaborations:**

*Chiranjeevi:* 254 women from BPL families were given obstetrics treatment in the hospital, at an average cost of ₹ 10,701.

*Balsakha:* 223 infants of BPL mothers who delivered at our hospital were given essential newborn care for an average cost of ₹8,895.

*Mukhyamantri Amrutam Yojana (MAA):* MAA is a medical care scheme launched during the year by the state government to improve access of BPL families to quality medical and surgical treatment for critical conditions. Our hospital has partnered with the state government to provide services of Interventional Cardiology, Cardiovascular & Cardiothoracic surgeries, Medical Oncology and Radiation Oncology to patients of BPL families. During the year, the hospital extended scheme benefits to 394 patients of which 141 were treated for cardiac conditions and 253 for cancer. The average hospital treatment cost for these patients was ₹52,800.

As a part of the scheme, community-based diagnostic camps in the Community Health Centres of the district were organised every month for BPL beneficiaries. More than 400 patients participated in these camps.

**Hospital Services**

The group is involved in promoting the hospital’s existing and new services. In-house camps, community based camps, health day awareness celebrations, etc. are tools used to increase the utilisation of the hospital services.

During the year, in-house camps focusing on conditions of Hernia repair, Cholecystectomy, Hysterectomy and Cardiology were organised. In which more than 160 patients from across the district participated.

The group also organised 25 ophthalmology and three multi-speciality camps in villages across the district, through which treatment benefits were given to more than 3,000 patients in the hospital. Expanding its territory beyond Gujarat, the group also organized multi-speciality camps to promote the hospital’s general and super-speciality services in Barwani, Dhar & Khargon areas of Madhya Pradesh. Another multi-speciality camp was organised in Jambusar village of Bharuch district. More than 2,000 patients benefited from these camps.

The group displayed Shree Krishna Hospital’s commitment to the well-being of the community as a whole by celebrating significant health awareness days; 7th April 2013 saw the celebration of “World Health Day”, where customised health check-up packages were offered at concessional rates; 29th October 2013, celebrated

world over as “World Stroke Day”, was celebrated by organising a “Stroke Awareness Talk” by our neurologist on the state TV channel.

The group also re-designed some of the health check-up plans and introduced three new ones.

#### **DIETARY SERVICES:**

The department is responsible for providing meals to all the indoor patients of the hospital adhering to strict nutritional and hygiene parameters. The department ensures that individual specific requirements are taken care of as it plays a vital role in the overall treatment of patients. Diet planning and counseling for patients coming on outdoor basis is also an integral function of the department. This year, full time diet counseling services

were also extended to the Cardiac Centre. The department managed nearly 4,000 references coming from various departments of the hospital.

The department also provided internships to nine students for a duration of one to three months during the year on a chargeable basis.

The department celebrated breast-feeding week from 1st to 7th August by providing lactogenic food to lactating mothers in the hospital. Over 150 patients were benefited.

#### **FUND RAISING:**

To address the large and constantly rising need of funds to provide for treatment of indigent patients, the group was involved in a number of fundraising activities:

■ Charity Concert: A charity show featuring Shankar-Ehsaan-Loy was organised on 26th January 2014. The event was attended by nearly 5,000 supporters.

■ I-Charity: An agreement was signed between Mandal and I-Charity, an online donation platform, in February with the understanding to provide satisfactory feedback to the donors of hospital and revitalise their faith in us.

■ Sir Ratan Tata Trust (SRTT): Through its Individual Grants Programme (IGP) - SRTT supported 39 patients with funds amounting to ₹25.12 lakh.

■ Sir Dorabji Tata Trust (SDTT): sponsored treatment of 20 children with cardiac and cancer



ailments by providing financial support of ₹9.35 lakh.

■ The Mandal was accredited by Credibility Alliance, which is a consortium of voluntary organisations committed to enhancing the accountability and transparency in the voluntary sector through good governance

■ *Bhojan Daan*: The group continued the pursuit of its relationship with grain traders and received a donation of 2,000 kgs of rice and 3,000 kgs of wheat.

■ *GiveIndia*: With the help of this online donation platform, this year the Mandal received a donation of nearly ₹27 lakh to support needy patients for cancer, cataract, complicated deliveries, ICU care to premature or low birth weight infants and for Bhojan Daan.

■ *Donation Boxes*: Donation boxes displaying appeals for needy patients coming to the hospital have been placed at seven strategic locations in Anand such as multiplexes and restaurants.

■ *Newspaper Appeals*: Print media over the years has proved to be a dependable medium of raising funds for needy patients. This year, 34 patient appeals were placed in various publication which resulted in a number of generous donors coming forward.

### **HOSPITALITY, FOOD & BEVERAGES:**

The Food and Beverages group of the Mandal continued to manage all the food outlets situated on the campus, which includes *Surabhi* – a facility for patients relatives and staff, Mother Dairy Parlour, Activity Diet Café and the hospital kitchen. During the year, many interventions were made to maintain cost efficiencies, optimum utilisation of manpower and maintaining highest standards of hygiene and sanitation. Protocols were prepared and checklists followed to ensure highest standard of food handling and food safety as per HACCP guidelines, which are globally recognised and accepted standards.

During the year, a facility named *Annapurna* was added for the students staying in the hostels at the campus. During the first year of operation, nearly 350 students enrolled themselves with this facility.

During the year, the department was restructured and renamed the Hospitality Group. In addition to food and beverages, it was made responsible for housekeeping and guest relations.

### **HUMAN RESOURCES:**

The group was involved with the following activities:

■ *Balanced Score Card (BSC)*: The group continued to work towards strengthening this tool for performance management for the patient care and teaching

cadre. The BSC for teaching staff of PSMC is in an advance stage of development, the launch of which is anticipated in the first quarter of the next financial year. In addition, an individual score-card was developed for teaching faculty which would indicate individual employee score to the department's performance while incorporating the performance appraisal scores.

■ *Training and Development*: The department aided the activities of the Professional Development group for participation of staff members in various professional development trainings, workshops, programs, etc. For the employees of assistant and clerical cadres engaged in patient care and management support, special behaviour intervention programmes were organised with the help of external faculty specialising in this field with an aim to improve the work culture and individual performance. With inputs from the Quality Improvement Group special training relating to patient care and patient safety were facilitated for those staff members who are directly involved in patient care. Continuous Professional Development: The department developed an online mechanism, the Personal Professional Portfolio (PPP) - an instrument to capture personal and professional developmental activities taken up by employees. The information can be viewed as a complete professional resume.





■ *Value Vision Council:* Core values i.e. Honesty & Integrity, Commitment, Excellence and five other values identified to supplement the impact of core values; Mutual Respect, Trustworthiness, Teamwork, Discipline and Accountability, were reinforced amongst the employees by means of various exercises. Each month one of the values was taken up as “Value of the month” and discussions and sharing of views with the theme were taken up across cadres by a group comprising resource persons. This was followed by inviting nominations in respect of those demonstrating those values. The entries received underwent a thorough screening after which Value Ambassadors for the month from each cadre were declared.

**MAINTENANCE:**

The group is responsible for maintaining the Electrical, Mechanical, Refrigeration and Bio-medical equipment as per NABH/NABL standards. Various department personnel were trained for safe operations and maintenance of equipment handled by them. During the year, the group handled more than 11,000 service requests related to break-downs and other issues.

**The group’s ongoing projects include:**

- The Privilege Centre and the Bone Marrow Transplant Unit
- PSMC & Chummary — replacement and augmentation of electrical panels
- MICU — renovation and installation of VRF system.

**MATERIALS MANAGEMENT:**

The department continued to handle an integrated set of functions including Stores, Materials Planning & Control and Purchases. To maintain a systematic flow and control of materials in tune with the requirements laid down by users and minimising the stock-outs of critical items, the following jobs were executed:

- Released 10,300 purchase orders for procurement of nearly 70,000 items
- Finalised 100 Annual Rate/ Maintenance Contracts

**PERSONNEL AND ADMINISTRATION:**

The department aims to facilitate the employees by implementing satisfactory service systems, good governance, effectively addressing and resolving employee issues, applying fair

and uniform policies to their satisfaction.

This year the department worked actively to streamline various activities in accordance with NABH guidelines with respect to fire fighting requirements, safety and emergency evacuation trainings for the staff and updated all the personnel records.

### PROJECTS:

The group is involved in several activities — new construction, renovation and civil repairs. During the year, the Sevaliya Extension Centre's renovation work was completed.

The department also persevered in its efforts to conserve natural resources. By way of percolating rain water through various systems in the ground and increasing the water table, the result of which was visible in the saving of more water for consumption in comparison to previous year.

### SYSTEMS:

The important projects for the year, apart from routine service requests include:

- Introduction of Wireless Internet Access Service at PSMC, Nursing School, UG Girls and Boys Hostel, Shree Krishna Hospital and Academic Block with 50 extensive testing points at key locations in the campus.

- The Picture Archiving and Communication System (PACS) streamlining and upgrading of IT infrastructure at wards and ICUs

facilitated enhanced viewing of radiology images across hospital on respective computers.

- Development of a template for sending significant and critical information related to patient care to the treating consultants on their mobiles. This simplified access facility played an important role in increasing the efficiency and efficacy of patient care in the hospital.

- LAN connectivity extended to *Annapurna* – the renovated UG mess and development of an online booking application for availing hospitality services at the door step to all LAN holders. With this, new billing modules were developed

and deployed at *Surbhi* and *Annapurna*.

- The department also played a vital role in laying down the base IT infrastructure for the renovated Sevaliya Centre. An in-house developed web-based HMS (Hospital Management System) solution with Krupa / RSBY schemes and indoor patient management facility was deployed at Sevaliya Centre in July 2013 and the new paediatric cardiology and oncology centre at Ahmedabad in December 2013. These centres are now connected with CAM network helping us save cost on bandwidth, increase in internet speed, enhanced productivity and enabled end-to-end security.



# Human Resource Development



## ACADEMIC EVENTS ORGANIZED BY EDUCATIONAL INSTITUTIONS OF THE MANDAL

TITLE OF PROGRAM	DATE	RESOURCE PERSONS
<b>INSTITUTIONAL</b>		
National Consultation on Professionalism in Health Profession Education	Apr 1-3, 2013	Dr. Himanshu Pandya Dr. Utpala Kharod Mr. Sandeep Desai Dr. C Haritha Dr. Bhalendu Vaishnav Dr. Barna Ganguly Dr. Monica Gupta Dr. Praveen Singh Dr. Suman Singh Dr. Swapnil Agrawal Dr. Nitin Raithatha Dr. Jagdish Vankar
<b>MCI REGIONAL CENTRE</b>		
Eleventh Basic Course Workshop in MET	Apr 14-16, 2013	Internal-14
Twelfth Basic Course Workshop in MET	Sept 16-19, 2013	Internal-11
Thirteenth Basic Course Workshop in MET	Dec 09-12, 2013	Internal-12
Fifth Orientation Workshop	Feb 17, 2014	Internal-5
Fourteenth Basic Course Workshop in MET	Feb 18-20 2014	Internal-14
Basic Course Workshop in MET at CU Shah Medical College, Surendranagar	Apr 16-18, 2013	Dr. Uday S Singh

Basic Course Workshop in MET at Mahatma Gandhi Medical College, Jaipur, Rajasthan	May 04-06, 2013	Dr. Uday S Singh
Basic Course Workshop in MET at M P Shah Medical College, Jamnagar	Jun 26-28, 2013	Dr. Suman Singh
Basic Course Workshop in MET at Medical College, Baroda	Jul 09-12, 2013	Dr. Suman Singh
Basic Course Workshop in MET at Govt. Medical College, Surat	Jul 30-Aug 01, 2013	Dr. Praveen Singh
Basic Course Workshop in MET at SMS Medical College, Jaipur, Rajasthan	Aug 05-07, 2013	Dr. Suman Singh
Basic Course Workshop in MET at SMIMER, Surat	Aug 21-24, 2013	Dr. Uday S Singh
Basic Course Workshop in MET at PDU Medical College, Rajkot	Sep 03-05, 2013	Dr. Suman Singh
Basic Course Workshop in MET at SBKS Medical College, Piparia	Sep 04-07, 2013	Dr. Praveen Singh
Basic Course Workshop in MET at Medical College, Baroda	Sep 11-14, 2013	Dr. Himanshu Pandya
Basic Course Workshop in MET at G R Medical College, Gwalior, Madhya Pradesh	Sep 12-14, 2013	Dr. Uday S Singh
Basic Course Workshop in MET at CU Shah Medical College, Surendranagar	Oct 09-11, 2013	Dr. Uday S Singh
Basic Course Workshop in MET at NIMS Medical College, Jaipur, Rajasthan	Dec 17-19, 2013	Dr. Suman Singh
Basic Course Workshop in MET at JLN Medical College, Ajmer, Rajasthan	Dec 19-21, 2013	Dr. Praveen Singh
Basic Course Workshop in MET at PDU Medical College, Rajkot	Jan 02-04, 2014	Dr. Praveen Singh
Basic Course Workshop in MET at S N Medical College, Jodhpur, Rajasthan	Jan 13-15, 2014	Dr. Himanshu Pandya
Basic Course Workshop in MET at Mahatma Gandhi Medical College, Jaipur, Rajasthan	Feb 21-23, 2014	Dr. Himanshu Pandya
Basic Course Workshop in MET at SMIMER, Surat	Mar 03-06, 2014	Dr. Praveen Singh
Basic Course Workshop in MET at PDU Medical College, Rajkot	Mar 19-21, 2014	Dr. Uday S Singh
Basic Course Workshop in MET at Medical College, Baroda	Mar 24-27, 2014	Dr. Suman Singh
Basic Course Workshop in MET at M P Shah Medical College, Jamnagar	Mar 29-31, 2014	Dr. Himanshu Pandya
<b>PHARMACOLOGY</b>		
13th Annual conference & international symposium, India (SOPICON – 2013)	Nov 22-23, 2013	Dr. Ruth Savagae Dr. Clara Marr Dr. K C Singhal Dr. Nirmala Rege Dr. Shantanu Tripathi Dr. Arun Bhatt Dr. R N Acharya Dr. V. Kalaiselvan Dr. Sushma Baxi Dr. Pradip Vaid Dr. Zia Ur Rahman
<b>MICROBIOLOGY</b>		
Infection Control Certificate Course	Aug – Nov, 2013	Dr. Suman Singh, Dr. Chirag Modi, Mr. Chirag Patel, Ms. Purvi Shah, Dr. Sunil Trivedi, Dr. Yagnesh Pandya, Dr. Sanket Seth, Dr. Hemlata Kamat, Dr. Rupal Patel
Internal Counselor Program on NABH standards Conducted by Quality Council of India.	Nov 29 – Dec 1, 2013	Dr. Chirag Modi

PAEDIATRICS		
Neonatal Sepsis Day	Oct 11, 2013	Dr. Ashish Mehta, Dr. Mohit Sahni, Dr. Somashekhar Nimbalkar, Dr. Ravi Parikh
Neonatal Ventilation Study Day	Aug 25, 2013	Dr. Dipen Patel Dr. Ashish Mehta, Dr. Mohit Sahni, Dr. Somashekhar Nimbalkar, Dr. Ravi Parikh, Dr. Amit Chitaliya
Advanced Neonatal Resuscitation Program	Jul 14, 2013	Dr. Somashekhar Nimbalkar, Dr. Dipen Patel, Dr. Amit Kungwani, Dr. Suman Rao, Dr. Biraj Thakker, Dr. Vijay Patel
Paediatric Advanced Life Support Course	Nov 30 -Dec 1, 2013 Mar 1-2, 2014	Dr. Dipen Patel, Dr. Dinesh Patel, Dr. Somashekhar Nimbalkar, Dr. Mahesh Patel, Dr. Akash Patel Dr. Mitul Kalathia,
Acute Care for Practicing Pediatricians	Dec 12, 2013	Dr. Somashekhar Nimbalkar, Dr. Mahesh Mohite
Basic Newborn Care and Resuscitation Program	Apr 15-16, 2013	Dr. Dipen Patel, Dr. Ankur Sethi, Dr. Vijay Patel

#### CONTRIBUTIONS OF FACULTY OF INSTITUTIONS OF THE MANDAL AT WORKSHOPS/CMEs/ CONFERENCES

Title of Program	Date	Title of Presentation	Faculty & Role
<b>NATIONAL</b>			
<b>ANAESTHESIOLOGY</b>			
4th Annual National conference of All India Difficult Airway Association	Nov 8 , 2013	Supraglottic airway and l gel - lecture and video presentation	Dr. Hemlata Kamat, Faculty
6th National conference of Paediatric Anaesthesia (IAPA)	Feb 21-23, 2014	Nirous oxide going out of fashion- Pro	Dr. Hemlata Kamat, Resource Person
National Seminar on Towards transformation of higher education	Mar 21, 2014	Feasibility of clinical clerkship in undergraduate medical students- A Pilot study	Dr. Hemlata Kamat, Paper Presenter
Advanced trauma life support (ATLS)	Sept 5-7, 2013	Acted as facilitator	Dr. Madhavi Chaudhari Resource Person
<b>BIOCHEMISTRY</b>			
National Seminar on 'Nutrigenomics: A promising Tool for combating chronic diseases'	Feb 3, 2014	Diet & chronic diseases current perspectives	Dr. N Haridas, Speaker
<b>CENTRAL RESEARCH SERVICES</b>			
'Research in Statistical Science: Past, Present and Future'	Feb 21, 2014	Method comparison (agreement) studies: Myths and Rationale	Mr. Ajay G Phatak, Presenter
"Research in Statistical science: Past, Present and Future"	Feb 21, 2014	Screening for refractive error in a school in Karamsad	Ms. Jaishree Ganjiwale, Presenter

Title of Program	Date	Title of Presentation	Faculty & Role
<b>COMMUNITY MEDICINE</b>			
40th Annual National Conference of IAPSM & Joint State Conference of IPHA & IAPSM	Jan 22, 2014	To develop and pilot testing of New Assessment Tool for Clinico-social Case Study-Assessment of 29 Residents	Dr. Manisha Gohel, Speaker
National Seminar on Statistics	Mar 22, 2014	Screening for refractive error in a school in Karamsad	Ms. Jaishree Ganjiwale, Speaker
40th Annual National Conference of IAPSM & joint state conference of IPHA & IAPSM	Jan 22-24, 2013	Scientific Session Oral	Dr. Dinesh Bhandari, Chair Scientific Session
National Consultative Meet	Feb 1, 2014	Emerging issues in Youth & Adolescents” at Maulana Azad Medical College, New Delhi.	Dr. Manisha Gohel, Expert
<b>FORENSIC MEDICINE</b>			
Certificate Course in Public Health and Hospital Management for Nursing & Allied Health Professionals & PGD in Public Health & Hospital Management for Nursing and Allied Health Professionals	Mar 19, 2014	1. Consumer Protection Act in Relevance to Medical Practitioners 2. Medical Negligence - Hospital's Responsibility 3. Modern Medicine vs AYUSH Practitioners: Medico-legal Issues	Dr. Swapnil Agarwal, Panelist
Short term Training Workshop for Factory Medical Officers	Jun 23, 2013	Medicolegal aspect with reference to Factory Medical Officer	Dr. Swapnil Agarwal, Resource Person
<b>K M PATEL INSTITUTE OF PHYSIOTHERAPY</b>			
OTICON 2014 (All India Occupational Therapy Conference)	Feb 8, 2014	Wire splinting used in different hand injuries condition	Dr. Deepak Ganjiwale, Presenter
National IAP Conference, Indore	Feb 16, 2014	Physioga – Meditation-Medicine: A scientific analysis	Dr. R. Harihara Prakash, Author
<b>MEDICINE</b>			
MEU and Faculty Development	Oct 4, 2013	Conference on Network of Indian Medical Council	Dr. Himanshu Pandya, Paper Presenter
Orientation Meeting of Conveners of MCI	Feb 3, 2014	Nodal Centers to launch advanced course	
Facilitator for Sessions	Apr 1, 2013	National Consultation for Professionalism	Dr. Himanshu Pandya, Moderator
National Conference in Health Profession Education 2013	Sep 25, 2013	Faculty Evaluation	Dr. Himanshu Pandya, Expert
National Seminar on 'Quality Footprints: Sustainable Development of Higher Education Institutions'	Dec 3, 2013	Quality Footprints in Higher Education: Integral Perspective	Dr. Bhalendu S Vaishnav, Speaker
<b>OBSTETRICS &amp; GYNAECOLOGY</b>			
Midterm SOGOG CME	Aug 4, 2013	Management of malaria in pregnancy	Dr. Smruti Vaishnav, Guest Speaker
SOGOG 2013	Dec 6, 2013	A Rare Case Of Transvaginal eversion of small bowel following trauma in post menopausal female	Dr. Rakhee Patel, Poster Presenter
<b>ORTHOPAEDICS</b>			
A Trauma Introduction Programme	Aug 11, 2013	Tension Band Principles, Relative Stability.	Dr. Vivek Patel, Faculty

Title of Program	Date	Title of Presentation	Faculty & Role
<b>PAEDIATRICS</b>			
Advanced Neonatal Resuscitation Program	Apr 14, 2013	Preterm Resuscitation	Dr. Somashekhar Nimbalkar, Faculty
Basics in Research Methodology	Apr 17, 2013	Formulating a research question, Planning Research and Dissertation (Role of Guide and Student).	
Advanced Neonatal Resuscitation Program	May 19, 2013	Indian Adaptation	
Neonatal Ventilation Study Day	Aug 25, 2013	1- Monitoring and development care in ventilated baby and 2 - conducted a session on Ideal respiratory support in the delivery suite and transfer	
Navajat Shishu Suraksha Karyakram	Jun 9&16, 2013	Neonatal Resuscitation	
Advanced Neonatal Resuscitation Program	Jul 14, 2013	Preterm Resuscitation	
Companion – CME	Sep 22, 2013	Shock in Children and Neonatal Meningitis	
Pediatric Advanced Life Support Course	Oct 5-6, 2013	Rhythm Disturbances in Children	
IAP NEOCON 2013	Oct 19-20, 2013	Delivered lecture on “Framing Antibiotic Policy” in the workshop on “Good NICU Practices”	
Neonatal Sepsis Study Day	Nov 10, 2013	Delivered lecture on Neonatal Sepsis and Panelist for discussion on Lumbar Puncture in Neonates	
Neonatal Resuscitation Program	Dec 12, 2013	Preterm Resuscitation	
NEOCON 2013	Dec 15, 2013	Acute Renal Failure in the Neonate	
Training the Trainers of NRP	Dec 16, 2013	Neonatal Resuscitation	
Acute Care for the Practicing Pediatrician	Dec 22, 2013	Delivered lectures on Acute cardiac Failure and conducted sessions on Radiology/ Antibiotic Selection.	
Train the trainers of NRP	Jan 6-8, 2014	Indian Adaptation	
Facility Based Newborn Care workshop	Jan 27-30, 2014	Various Topics	
Pediatric Advanced Life Support Course	Mar 1-2, 2014	Post Arrest Stabilization	
Neonatal Resuscitation Program	Mar 30, 2014	Preterm Resuscitation	
NEOCON 2013	Dec 13, 2013	Respiratory CME	Dr. Somashekhar Nimbalkar, Chairperson
NEOCON 2013	Dec 14, 2013	Four Oral Presentations	Dr. Somashekhar Nimbalkar, Oral Presenter
Neonatal Resuscitation Program	Jan 19, 2014	Neonatal Resuscitation	Dr. Somashekhar Nimbalkar, Lead Instructor
Neonatal Resuscitation Program	Jan 19, 2014	Neonatal Resuscitation	Dr. Somashekhar Nimbalkar, Lead Instructor

Title of Program	Date	Title of Presentation	Faculty & Role
Companion – CME	Jul 28, 2013	How Do I Approach a Pyrexia of Unknown Origin, Complicated Dengue	Dr. Somashekhar Nimbalkar, Dr. Dipen Patel, Faculty
PHARMACOLOGY			
Towards transformation of Higher Education	Mar 21-22, 2014	An Innovative Teaching method: Autobiography of Drugs	Dr. Anuradha Joshi, Oral Presenter
PATHOLOGY			
IndoUS Flow Cytometry Workshop at Medanta Hospital, Gurgaon, Haryana	Oct 18, 2013	Correlation Between Clinico-Pathological, Hematological, Histopathological & Immunophenotyping Findings - A Retrospective Study	Dr. Menka Shah, Poster Presenter
"31st Annual Conference of Gujarat Association of Pathologists & Microbiologists", Mt. Abu.	Dec 1, 2013	Re-Emergence of Visceral Leishmaniasis In Anand-A Rare Case Report	Dr. Menka Shah, Poster Presenter
	Dec 1, 2013	Spindle Cell Carcinoma, Sarcomatoid Variant In Oral Cavity - A Rare Case Report	
	Dec 13, 2013	'Synovial Sarcoma in the parotid gland'	
TRANSMEDCON National Conference of Indian Society of Transfusion Medicine	Sep 2013	'Accreditation not Legislation is the need of the hour'	Dr. Monica Gupta Faculty
CYTOCON-National Conference on Indian Society of Cytology	Oct 5, 2013	"Role of Audit as an Quality Indicator Tool in Cytopathology"	Dr. Monica Gupta Presenter
TRANSCON - National Conference of Indian Society of Transfusion Medicine	Oct 16, 2013	Introduction to Donor Adverse Reactions	Dr. Monica Gupta Presenter
PHYSIOLOGY			
APPICON -2013 59th Annual Conference of Physiologists and Pharmacologists of India	Nov 29, 2013	Arterial Blood Pressure is Inversely Associated with Vascular Reactivity to Sympathetic Stress in Gujarati Indian Adolescents	Dr. Wasim A. Shaikh, Poster Presenter
		Anatomy, Physiology and Biochemistry of Happiness; How sustained Happiness can be achieved?	Dr. S.K. Singh, Speaker
		Immediate effect of Meditation on Blood pressure profile of Medical Students	Dr. Has Mukh Shah, Poster presenter
		Short-term effect of Isotonic Handgrip Exercise On Cardiovascular Autonomic Functions in Healthy Young Adolescents	Dr. Nilesh Patel, Poster presenter



Title of Program	Date	Title of Presentation	Faculty & Role
<b>RADIOLOGY</b>			
11th National Conference of Indian Society of Pediatric Radiology (ISPR)	Oct 6, 2013	MRI Confirmation and Usefulness of MRI Sequences in Children with Spinal Anomalies	Dr. Deepakkumar V Mehta, Paper Presenter
67th annual conference of Indian Radiological and Imaging Association	Jan 23, 2014	Imaging of rare scalp soft tissue lesions: a pictorial essay	
Dr. Harnamsingh Midterm C.M.E. of Indian College of Radiology & Imaging	Aug 3, 2013	1. Pictorial essay of malignant tumour of hip bone 2. Pictorial essay of MRI features of synovitis in hip joint	
<b>SKIN &amp; VD</b>			
CUTICON	Jan 2 -3, 2014	Patch Testing In Suspected Allergic Contact Dermatitis By Indian Standard Series: A Prospective Study	Dr. Rita Vora, Guided Paper
		Transepidermal Elimination Of Lepromatous Bacilli In A Case Of Histoid Leprosy	Dr. Rita Vora, Guided Poster
		Lupus Vulgaris With Bizarre Presentation.	Dr. Rita Vora, Guided Poster
		Rare Is Rare, But Its Still There: de Novo Histoid Hansens:3 Cases In 3 Months	Dr. Rita Vora, Presenter
		Plexiform neurofibromas : Von Recklinghausen's disease Type 1: Two case reports	Dr. Rita Vora, Guided Poster
		Acrokeratosis verruciformis of Hopf: a case report	Dr. Pragya Nair, Guided poster
		Pagets disease of the nipple with lymphoedema after lumpectomy : A case report	Dr. Pragya Nair, Guided Poster
Dermazone West 2013	Oct 16 -18, 2013	Paper: Study of dermatoscopic features in various scalp disorders"	Dr. Rita Vora, Guided Paper Presenter
		Rare Is Rare; But Still It's There: Histoid Hansen	
		Lupus Vulgaris : A Rare Presentation	
		Different modalities of treatment in Palmoplantar Psoriasis	Dr. Rita Vora Panelist
		The Ugly Truth Of Unsupervised Overuse Of Steroids	Dr. Rita Vora, Guided poster

Title of Program	Date	Title of Presentation	Faculty & Role
<b>INTERNATIONAL</b>			
<b>CENTRAL RESEARCH SERVICES</b>			
31st Annual Conference of Indian Society for Medical Statistics	Oct 24, 2013	Quality of life and coping strategies of caregivers of children with physical and mental disabilities	Ms. Jaishree Ganjiwale, Co-author
Excellence in Pediatrics, Doha, Qatar	Dec 5, 2013	Missed Opportunities in Neonatal Pain management at a level III Neonatal Intensive Care Unit in Gujarat,	Mr. Ajay G Phatak, Co-author
		Stress Levels and Professional Quality of Life of Neonatal nurses in Gujarat: A statewide evaluation	
International Conference on 'Role of Statistics in the advancement of Science and Technology'	Dec 16, 2013	'Revisiting Agreement studies: Case of infrared Thermometry'	Mr. Ajay G Phatak, Author & Presenter
Singapore Rehabilitation Conference 2014	Mar 27-29, 2014	Association between the Quality of life of stroke patients with care givers' QOL and mental health	Ms. Jaishree Ganjiwale, Co-author
<b>K M PATEL INSTITUTE OF PHYSIOTHERAPY</b>			
'Conphyics 2013'	Oct 18, 2013	Scientific session on "Innovation in Physiotherapy"	Dr. Harihara Prakash Resource Person
"Neurodevelopmental technique combined with Vojta technique"	Sep 29-Oct 3, 2013	Conducted the Hands on workshop	
Singapore Rehabilitation Conference	Mar 27-29, 2014	Quality of life and mental health of caregivers and its association with functional independence of the patients with stroke visiting KMPIIP, Shree Krishna hospital – Karamsad, Anand	Dr. Deepak Ganjiwale, Dr. Shweta Parikh, Authors
"Evidence Based Seminar"	Oct 18, 2013	Facilitated the event as a Judge	Dr. Daxa Mishra (Resource Person)
IACPCON 2013, Annual conference of Indian Academy of cerebral palsy	Dec 20-22, 2013	Facilitator of Scientific Committee	Dr. Deepak Ganjiwale (Resource Person)
<b>MEDICINE</b>			
Global Health Education: Opportunities And Obstacles	Jan 2, 2014	Guest Lecture	Dr. Himanshu Pandya, Paper Presenter
Impact of Educational Intervention on Quality of discharge Summaries		AAPI Global Health Care Summit	
International Conference on Non-communicable Diseases	Jan 18, 2014	'Is Glycosylated Hb an ideal marker for monitoring DM?'	Dr. Jyoti Mannari, Panelist
<b>MICROBIOLOGY</b>			
International Conference on medical education, 2013, Health professions education: Aspiring for excellence	Oct 5, 2013	Introduction of infection control module in undergraduate medical students: experience at a rural medical college	Dr. Suman Singh, Presenter

Title of Program	Date	Title of Presentation	Faculty & Role
<b>ORTHOPAEDICS</b>			
23rd Hand Review Course, Singapore Hand Society, Singapore	Jan 22, 2014	Corticosteroid injection for treatment of trigger finger: systematic review and a meta-analysis of randomized control trials (RCTs)	Dr. Abhijeet A. Salunke, Oral Presenter
<b>PAEDIATRICS</b>			
27th Congress of International Pediatric Association	Aug 26, 2013	Physiological Parameters In Mothers Providing Skin To Skin Care To Neonates	Dr. Dipen V Patel, Co- author
XIII Annual conference and International symposium of Society of Pharmacovigilance, India	Nov 23, 2013	Study of prescribed dose calculation in patients of Pediatric age group	Dr. Nikhil M Kharod, Paper Presenter
Global Health and Engineering	May 10, 2013	Technology interfaces with culture	Dr. Somashekhar Nimbalkar, Faculty for Panel Discussion
Global Health Summit of the American Association of Physicians of Indian Origin	Jan 2-5, 2014	Community Research to Guide Action - Learning's from US-India Collaboration: RAHI – a Global Imperative?	Dr. Somashekhar Nimbalkar, Faculty
Joint International Conference 2014		Postpartum Depression	
		Design of and NICU! Solve your problems, right from beginning	
Pediatric Academic Societies Annual Meeting	May 3-7, 2013	Six Posters	Dr. Somashekhar Nimbalkar, Poster Presenter
International Congress of Pediatrics	Aug 24-29, 2013	Eight Posters	
Excellence in Pediatrics Conference	Dec 5-7, 2013	Two Oral Presentations	Dr. Somashekhar Nimbalkar, Oral Presenter
<b>PATHOLOGY</b>			
International Forum on Quality and Safety in Health Care, ICC Excel, London	Apr 16-19, 2013	'Continuous Quality Improvement at the Blood Bank of a Rural Tertiary Care Hospital in India'	Dr. Monica Gupta, Poster Presenter
<b>PSYCHIATRY</b>			
8th AAPI Global Healthcare Summit	Jan 2, 2014	Perceived Stress And Professional Quality Of Life In NICU Nurses in Gujarat. A Statewide Evaluation	Dr. Jagdishchandra R Vankar, Co-Author
Excellence In Pediatrics Conference, QNCC, Qatar, Doha	Dec 7, 2013	Perceived Stress And Professional Quality Of Life In Nurses Working In Neonatal Intensive Care Units in Gujarat. A statewide evaluation	
<b>PHARMACOLOGY</b>			
13th Annual Conference & International Symposium, SOPICON, India	Nov 22, 2013	Reporting of adverse drug reactions by 2nd year medical students in tertiary care teaching hospital	Dr. Alpa P Gor, Co- author
Current perspectives in drug discovery, development and therapy	Feb 27, 2014	Novel treatment strategies in Neurodegenerative disorders	

Title of Program	Date	Title of Presentation	Faculty & Role
PRIM & R, Advanced Ethical Research Conference	6-8 Nov, 2013	Informed consent document & process : An exploratory analysis	Dr. Barna Ganguly, Presenter
13th Annual conference & international symposium, India (SOPICON – 2013)	Nov 22-23, 2013	Study of adverse drug events of antiepileptic drugs in a tertiary care teaching rural hospital	Dr. Bharatkumar M Gajjar, Co-author
		Assessment of adverse drug reaction forms submitted by medical students as part of their practical training in Pharmacovigilance	Dr. Bharatkumar M Gajjar
		Impingement of promotional drug literature of prescription drugs in pharmacovigilance	Dr. Bharatkumar M Gajjar, Co-author
		Safety issues related to over the counter drugs	Dr. Bharatkumar M Gajjar
		Our activities - experience - in Pharmacovigilance	Dr. Bharatkumar M Gajjar, Speaker
		Study of prescribed dose calculation in pediatric age group	Dr. Barna Ganguly, Co- Author
		Study of Knowledge, attitude & practice of self medication in final prof. Students	Dr. Anuradha Joshi, Co- Author
		Reporting of adverse Drug reactions by 2nd year medical students in tertiary care teaching Hospital	Dr. Alpa P Gor, Co- Author
		A Survey on knowledge and perception of pharmacy students of Anand District towards, pharmacovigilance and ADR reporting	Dr. Nazima Mirza, Co- Author
A Tribute to Thalidomide Victims”	Dr. Anuradha Joshi, Presenter		
Current perspectives in drug discovery, development and therapy	Feb 27, 2014	Novel treatment strategies in Neurodegenerative disorders	Dr. Alpa P Gor, Co- Author
International conference for Medical Education AMEE 2013	Aug 27, 2013	Evaluation of session in Pharmacology (Autobiography of drugs – a Learning Experience)	Dr. Anuradha Joshi, Author & Presenter
RAPCOPINC conference, CHARUSAT	Feb 28, 2014	Drug Utilization Pattern in Dementia Patients in Western India	Dr. Anuradha Joshi, Co- Author
<b>PSYCHIATRY</b>			
8th AAPI Global Healthcare Summit	Jan 2, 2014	Perceived Stress and Professional Quality of Life in NICU Nurses in Gujarat, a Statewide Evaluation	Dr. Jagdishchandra R Vankar, Co-author

Title of Program	Date	Title of Presentation	Faculty & Role	
Excellence In Pediatrics Conference, QNCC, Qatar, Doha	Dec 7, 2013	Perceived Stress and Professional Quality of Life in Nurses Working In Neonatal Intensive Care Units in Gujarat. A statewide evaluation	Dr. Jagdishchandra R Vankar, Co-author	
<b>SKIN &amp; VD</b>				
International conference of Dermatology at Jaipur	Nov 15, 2013	“Rhinosporidiosis”	Dr. Rita Vora Faculty	
		Leprosy Reemerging – Uncommon presentation where only microscope helps” at International conference of Dermatopathology	Dr. Rita Vora, Paper Presenter	
		Lupus Vulgaris with Bizarre Presentation	Dr. Rita Vora, Guided Paper Presentation	
		Rare Is Rare; But It's Still There; Histoid Hansen		
International Conference of World Congress of Dermatology, 2013	Dec 4, 2013	Clinico- epidemiological Study of STI at rural based Tertiary care centre: a 5-year study	Dr. Rita Vora, Co- author	
		Prevalence of HIV infection in Herpes Zoster with clinical comparison in HIV infected and non HIV infected patients		
		A clinico-epidemiological Study of Vitiligo in a rural set up of Gujarat		
International Pharmacovigilance Conference, Anand	Nov 22, 2013	Adverse Cutaneous Drug Reactions due to Antiepileptics	Dr. Rita Vora, Guided Paper	
		Fixed Drug Reactions		
			Fluconazole Induced Fixed Drug Reaction	Dr. Rita Vora, Co- author
			Nevirapine Induced DRESS	Dr. Rita Vora
			Adverse cutaneous Drug Reactions due to Antimicrobials	Dr. Rita Vora, Guided paper
			India: Towards achieving global standards	Dr. Rita Vora, Chaired session

**PARTICIPATION OF FACULTY OF INSTITUTIONS OF MANDAL AT WORKSHOPS/CMES/ CONFERENCES**

TITLE OF PROGRAM	DATE & PLACE	FACULTY
<b>NATIONAL</b>		
<b>ANAESTHESIOLOGY</b>		
Nutrigenomics: A Promising tool for Combating Chronic Diseases	Feb 8-9, 2014, Anand	Dr. Alpa M Patel
46th Annual Conference of Gujarat state branch of Indian Society of Anesthesiologists	Oct 19-20, 2013, Baroda	Dr. Vaibhavi Hajariwala
Pharmacovigilance conference 13th Annual Conference & International Symposium Society of Pharmacovigilance of India) SOPICON 2013	Nov 22-24, 2013 Anand	Dr. Hemlata Kamat
Fibreoptic and Videolaryngoscopic Intubations (Training Of Trainers Course) by All India Difficult Airway Association	Jul 14-16, 2013, Goraj	
USG Guided Procedures & Difficult Airway Workshop & Conference RAJISACON	Oct 27-29, 2013, Udaipur	Dr. Ushma Parikh
Advanced trauma life support (ATLS)	May 29-31, 2013, Ahmedabad	Dr. Madhavi Chaudhari
<b>ANATOMY</b>		
61st National Anatomical Conference	Nov 23-30, 2013, Chandigarh	Dr. Sumati
Training in Cytogenetics	Jan 27 -31, 2014, Anand	Dr. Vipra Shah Dr. Binita Purohit
<b>BIOCHEMISTRY</b>		
40th National Conference of Association of Clinical Biochemists of India	Dec 3-6, 2013, New Delhi	Dr. Amit Trivedi
21st AMBICON (Association of Medical Biochemists of India Conference)	Nov 15-17, 2013, Ludhiana	Dr. Simbita Marwah
<b>CHEST MEDICINE</b>		
Workshop on Allergy Testing and Immunotherapy & Annual Conference of the Indian College of Allergy Asthma and Applied Immunology (ICCAICON) 2013	Dec 13-14, 2013, Jaipur	Dr. Rajiv P Paliwal
RNTCP zonal task force workshop & Respiratory Update	Aug 22-23, 2013, Goa	Dr. S N Patel, Dr. Rajiv Paliwal Dr. Nimit Khara
'Updates on Risk Factors in COPD' organized at International Conference on Insights and Management of COPD (ICONIC 2014)	Feb 1, 2014, Pune	Dr. Rajiv Paliwal
ATS COPD Certification Course 2013	Nov 1, 2013, Karamsad	Dr. Nimit V Khara
<b>COMMUNITY MEDICINE</b>		
Emerging issues -Youth & Adolescent Health: Reproductive Health & HIV/AIDS, Gender and Sexuality	Feb 1, 2014, New Delhi	Dr. Manisha K Gohel Ms. Jaishree Ganjiwale
An expert group member to participate in a field visit to Korba and Raipur to assist National Certification Committee for Polio Eradication (NCCPE)	Nov 24-30, 2013 Korba and Raipur	Dr. Uday Shankar Singh
National Seminar on Research Opportunities in Medical Colleges and Role of Medical Faculties as Researchers	Jan 17, 2014, Rajkot	Dr. Uday Shankar Singh Dr. Deepak Kumar Sharma
National Protocol Finalization Workshop for Polio Eradication	Nov 8, 2013, New Delhi	Dr. Uday Shankar Singh
Research Methodology	Apr 7, 2013, Nadiad	Dr. Dinesh Kumar Dr. Deepak Kumar Sharma, Dr. Shyamsundar J Raithatha
National Certification Committee for Polio Eradication (NCCPE) field visit Orientation for Expert Group members	Aug 11, 2013, New Delhi	Dr. Uday Shankar Singh

TITLE OF PROGRAM	DATE & PLACE	FACULTY
40th Annual National Conference of IAPSM & joint state conference of IPHA & IAPSM	Jan 22-24, 2013, Nagpur	Dr. Dinesh Bhandari
National workshop on research methodology & scientific writing	Oct 11, 2014, Karamsad	Dr. Rajanikant Solanki
<b>DENTISTRY</b>		
Intraoral maxillofacial prosthetics	Sep 21, 2013, Piparia	Dr. Aalap Prajapati
43rd Gujarat State Annual Dental Conference	Nov 30 –Dec 1, 2013, Baroda	
<b>ENT</b>		
Workshop on Head & Neck surgery & oncology	Nov 24, 2013, Mumbai	Dr. Girish Mishra
13th National Conference of FHNO (Foundation for Head & Neck Oncology)	Sept 27-29, 2013, Jaipur	Dr. Yojana Sharma
Live surgical workshop on otology (workshop)	Jan 19-20, 2014, Ahmedabad	
Workshop on Head & Neck surgery & oncology	Jan 1, 2014, Ahmedabad	
<b>FORENSIC MEDICINE</b>		
7th Clinical Research Methodology Course	Aug 3-4, 2013, Mumbai	Dr. Swapnil Agarwal
Post Graduate Diploma in Hospital Administration, IGNOU	Mar 24-29, 2014, Ahmedabad	Dr. Sanjay Gupta
<b>K M PATEL INSTITUTE OF PHYSIOTHERAPY</b>		
Basic Life Support	May 16, 2013, Ahmedabad	Dr. Trupti Parikh
Orientation and Basic workshop on Medical Education Technologies	Feb 17-20, 2014, Karamsad	Dr. R. Harihara Prakash Dr. Shweta Parikh
OTICON 14-conference	Feb 7–9, 2014, Bhubaneswar	Dr. Deepak Ganjiwale
Sports injuries, Screening of various Adult & Pediatric Neurological disorders and its management	Apr, 2013, New Delhi	Dr. R. Harihara Prakash
IACPCON 2013, annual conference of Indian Academy of Cerebral Palsy	Dec 20-22, 2013, Ahmedabad	Dr. Deepak Ganjiwale
“Neural mobilization”	Mar 28-29, 2014, Belgaum	Dr. R. Harihara Prakash
<b>MEDICINE</b>		
1, FMPC 2013 ( Family Medicine & Primary Care) Conference 2013	Apr 20-21, 2013, New Delhi	Dr. Sanket Sheth
<b>OBSTETRICS &amp; GYNAECOLOGY</b>		
Mid year CME of SOGOG & AOGS	Aug 3-4, 2013, Udaipur	Dr. Smruti Vaishnav
1st International conference for Critical Care in Obstetrics	Jul 20-21, 2013, Pune	Dr. Nitin Raithatha
NABH POI workshops	May 3-5, 2013; Oct 25-27, 2013; Nov 29-30,2013 Delhi; Sevagram Vardha;Karamsad	
National conference of Family Medicine & Primary care	Apr 20-21, 2013, Delhi	
SOGOG 2013	Dec 7-8, 2013, Baroda	Dr. Nitin Raithatha Dr. Maitri Patel Dr. Chetna Vyas Dr. Rakhee Patel
IAN Donald Diploma course in Basic Ultra Sonography	Dec 29, 2013, Ahmedabad	Dr. Chetna Vyas
AOGS & SOGOG current practice scenario Mid term conference	Jan 25-26, 2014, Ahmedabad	Dr. Nipa Modi

TITLE OF PROGRAM	DATE & PLACE	FACULTY
<b>ORTHOPAEDICS</b>		
AO Trauma Course advances in Operative Fracture Management	Jun 14-16, 2013, Jaipur	Dr. Saranjeet Singh
Socket Science in Hip Replacement	Mar 24-25, 2013, Chennai	
GOACON 2014	Feb 8-9, 2014, Ahmedabad	
<b>PAEDIATRICS</b>		
Designing a model of training doctors in their workplace and environment	May 5-12, 2013, Bihar	Dr. Nikhil M Kharod
Pedicon 2014 (51st Annual National Conference of Indian Academy of Pediatrics)	Jan 9-12, 2014, Indore	Dr. Nikhil M Kharod, Dr. Krutika R Tandon
11th National Conference of Pediatric Rheumatology Society	Aug 24-25, 2013, Ahmedabad	Dr. Krutika Tandon
6th Refresher Course in PICU	Aug 15-17, 2013, Chennai	
11th National CME of Pediatric Infectious Diseases	Jun 8-9, 2013, Rajkot	
Acute Care for Practicing Pediatricians	Dec 22, 2013, Karamsad	Dr. Dipen Patel
<b>PATHOLOGY</b>		
37th Annual Conference of GAPM	Nov 30 - Dec 1, 2013, Mt. Abu	Dr. Menka Shah Dr. Sanjay Chaudhari, Dr. Jyoti Sapre
Dialogues In Uro-Oncology: Uropathology Summit	May 31 - Jun 1, 2013, Nadiad	Dr. Menka Shah Dr. Monica Gupta Dr. Munira F Jhabuawala
Workshop on Immunohematology	Dec 9, 2013, Bengaluru	Dr. Monica Gupta
Workshop on Liquid Base Cytology	Jun 10, 2013, Puduchery	
CME on Grey Zones in Cytopathology	Feb 1, 2014, Mumbai	Dr. Kirti Rathod
Workshop On Thin Pap Liquid Based Cytology	Feb 2, 2014, Mumbai	
<b>PHYSIOLOGY</b>		
National Seminar on "NUTRIGENOMICS: A Promising tool for combating chronic diseases"	Feb 3, 2014 Vallabh Vidyanagar	Dr. Minal Patel
<b>PHARMACOLOGY</b>		
Pharmacovigilance and Clinical Trial in Developing Countries: The challenges and opportunities	Jul 7, 2013, Modasa	Dr. Barna Ganguly
Ethical consideration in Biomedical Research and ethical review Process	Aug 1-2, 2013, Gandhinagar	
Dissemination Workshop of ICMR funded study on "Critical evaluation of negative studies published in Indian Medical Journals"	Jan 18, 2014, Ahmedabad	Dr. Bharatkumar M Gajjar
46th Annual Conference of Indian Pharmacological Society	Dec 16-18, 2013, Bengaluru	Dr. Anuradha Joshi
Good clinical practice in clinical research	Sep 14, 2013, Anand	Dr. Nazima Mirza Dr. Alpa P Gor
<b>PSYCHIATRY</b>		
66th Annual National Conference of Indian Psychiatric Society	Jan 16-19, 2014, Pune	Dr. Anusha M C Prabhakaran, Dr. Jagdishchandra R Vankar
ANCIAPP-2013 (14th Annual Conference of Private Psychiatrists)	Nov 22-24, 2013, Ahmedabad	Dr. Himanshu Sharma
67th NTTC, JIPMER, Puducherry	Sep 12-21, 2013, Puduchery	Dr. Anusha M C Prabhakaran
7th Annual Short Course in Clinical Research Methodology	Aug 3-4, 2013, Mumbai	Dr. Jagdishchandra R Vankar



TITLE OF PROGRAM	DATE & PLACE	FACULTY
<b>RADIOLOGY</b>		
67th Annual Conference of Indian Radiological and Imaging Association (I.R.I.A.)	Jan 23-26, 2014, Agra	Dr. Deepakkumar V Mehta
3rd Annual Cardiac Imaging Conference	Nov 15-17, 2013, Mumbai	
Colour Doppler and Small Parts Ultrasound	June 8-9, 2013, Mehsana	
First Live & Hands-on Course & Fellowship Program of "Peripheral Vascular Interventions"	Apr 20-21, 2013, Indore	
Dr. Harnam Singh Mid-Term C.M.E. of Indian College of Radiology & Imaging (I.C.R.I.)	Aug 3-4, 2013, Ahmedabad	Dr. C. Raychaudhari
11th Annual conference of Indian Society of Paediatric Radiology (I.S.PR.)	Oct 5-6, 2013, Ahmedabad	
Indian Society of Pediatric Radiology	May 10-Jun 10, 2013 Ahmedabad	
5th Orientation workshop for MEU Co-ordinators and 14th Basic Workshop in MET	Feb 17-20, 2014, Karamsad	
CT FEST OCT. 2013 3rd edition of MSBIRIA's annual CT program	Oct 1, 2013, Mumbai	Dr. Diva Shah
<b>SURGERY</b>		
Association of Surgeons of India National Conference - ASICON 2013	Dec 26, 2013, Ahmedabad	Dr. Shirish Srivastava Dr. Jitesh Desai
IAGES	Feb 2014, Chennai	Dr. Jitesh Desai, Dr. Apurva Patel
FMAS(Fellow in Minimal Access Surgery)	Sep 18-20, 2014, Surat	Dr. Jignesh Rathod
<b>G H PATEL SCHOOL OF NURSING</b>		
17th Annual National Conference 2013	Nov 25-27, 2013, Changa	Shri Shailesh G Panchal
25th SNA National conference 2013	Nov 13-17, 2013, Surat	Ms. Nila Darji Ms. Priti Parmar
<b>OPHTHALMOLOGY</b>		
OSCE (Objectively Structured Clinical Examination) Seminar	Mar 21, 2014, Anand	Dr. Chaitali Patel
VISTA-Gujarat Ophthalmological Society Conference	Sep 13-15, 2013, Rajkot	
<b>SKIN &amp; VD</b>		
Dermazone West 2013	Oct 16-18, 2013, Mumbai	Dr. Rita Vora
CUTICON	Jan 2-3, 2014, Rajkot	Dr. Pragya Nair
<b>INTERNATIONAL</b>		
<b>CENTRAL RESEARCH SERVICES</b>		
"Role of Statistics in the advancement of Science and Technology"	Dec 16-18, 2013, Pune	Mr. Ajay G. Phatak
Course on advanced statistics	Mar 17-21, 2014, Chennai	Ms. Jaishree Ganjiwale
<b>CHEST MEDICINE</b>		
Joint International Conference	Jan 13, 2014, Ahmedabad	Dr. Nimit V Khara
Annual Congress of European Respiratory Society ERS 2013	Sep 8-11, 2013 Barcelona, Spain	Dr. Rajiv P Paliwal
<b>COMMUNITY MEDICINE</b>		
31st Annual Conference of Indian Society for Medical Statistics (ISMS)	Oct 24-26, 2013, Vellore	Ms. Jaishree Ganjiwale
<b>MEDICINE</b>		
Global Health Education: Opportunities and Obstacles	Jan 2-4, 2014, Ahmedabad	Dr. Himanshu Pandya
Module 1: Assessment The FAIMER- Keele Certificate in Health Professions Education: Accreditation and Assessment	Apr 8 – Sep 1, 2013	

TITLE OF PROGRAM	DATE & PLACE	FACULTY
<b>OBSTETRICS &amp; GYNAECOLOGY</b>		
1st international conference for Critical Care in Obstetrics	Jul 20-21, 2013, Pune	Dr. Nitin Raithatha
<b>MICROBIOLOGY</b>		
Workshop on "ASPIRE" in INTERNATIONAL Conference on medical education,2013, Health professions education: Aspiring for excellence,organized by RIPHA International University, Islamabad, Pakistan.	Oct 4-6, 2013 Mauritius	Dr. Suman P Singh
<b>ORTHOPAEDICS</b>		
Asia Pacific Current Evidence in Artheroplasty Symposium	May 31-Jun 1, 2013, Malaysia	Dr. Saranjeet Singh Dr. Vivek Patel
Ao advances in operative fracture management	Apr 25-27,2013, Cochin	Dr. Vivek Patel
International Congress Of Indian Arthroscopy Soc.	Sep 19-22, 2013, Mumbai	
Joint International Conference	Jan 11,2014, Ahmedabad	
<b>OPHTHALMOLOGY</b>		
COLLOQUIUM Phacoemulsification workshop	Dec 7-8, 2013, Ahmedabad	Dr. Harsha Jani
Retina Conference	Mar 20, 2014	Dr. Devendra Saxena
<b>PHARMACOLOGY</b>		
Current Perspectives in Drug Discovery Development and Therapy RAPOPINIC-2014	Feb 27-28, 2014, Changa	Dr. Alpa P Gor
<b>PHYSIOLOGY</b>		
GSMC-FAIMER Regional Institute Fellowship	Jun 3-9, 2013, Mumbai	Dr. Wasim A. Shaikh
<b>K M PATEL INSTITUTE OF PHYSIOTHERAPY</b>		
Workshop on Mulligan concept	Dec 9-12; 17- 20,2014 Ahmedabad	Dr. Daxa Mishra, Dr. Vyoma Dani Dr. Trupti Parikh Dr. Shlesha Shah
Singapore Rehabilitation Conference 2014	Mar 27- 29, 2014, Singapore	Dr. Deepak Ganjiwale
<b>PSYCHIATRY</b>		
Intensive Short-Term Dynamic Psychotherapy	Jan 24-26, 2014, Ahmedabad	Dr. Himanshu Sharma, Dr. Anusha M C Prabhakaran
<b>PAEDIATRICS</b>		
PICU Procedure & Simulation Workshop at 20th Indian Society of Critical Care Medicine & 8th Asia-pacific Critical Care Conference	Mar 17-18, 2014, Jaipur	Dr. Krutika R Tandon
Pediatric Academic Societies Annual Meeting	May 3-7, 2013 Washington, USA	Dr. Somashekhar Nimbalkar
International Congress of Pediatrics	Aug 24- 29, 2013 Melbourne, Australia	
Excellence in Pediatrics Conference	Dec 5-7, 2013, Doha, Qatar	
Global Health Summit of the American Association of Physicians of Indian Origin	Jan 2- 4, 2013, Ahmedabad	
<b>PHARMACOLOGY</b>		
Current Perspectives in Drug Discovery Development and Therapy RAPOPINIC-2014	Feb 27-28, 2014, Changa	Dr. Alpa P Gor
<b>SKIN &amp; VD</b>		
Rhinosporidiosis at International Conference of Dermatopathology 2013	Nov 15-17, 2013, Jaipur	Dr. Rita Vora
International Conference of World Congress of Dermatology, 2013	Apr 12, 2013, Delhi	
<b>SURGERY</b>		
15th International Live GI Workshop	Feb 28 -Mar 2, 2014, Hyderabad	Dr. Shirish Srivastava

## PUBLICATIONS IN PUBMED INDEXED JOURNALS

### Original Articles:

1. Patel D, Nimbalkar A, Sethi A, Kungwani A, Nimbalkar S. Blood Culture Isolates in Neonatal Sepsis and their Sensitivity in Anand District of India. *Indian Journal of Pediatr.* 2014 Aug;81(8):785-90. Epub 2014 Jan 11.
2. Kahn GD, Thacker D, Nimbalkar S, Santosham M. High Cost Is the Primary Barrier Reported by Physicians Who Prescribe Vaccines Not Included in India's Universal Immunization Program. *J Trop Pediatr.* 2014 Aug;60(4):287-91. Epub 2014 Feb 24. This was a collaborative work with Johns Hopkins Bloomberg School of Public Health and was supported by the Bill and Melinda Gates Foundation [OPP1016946 to M.S.].
3. Nimbalkar SM, Patel VK, Patel DV, Nimbalkar AS, Sethi A, Phatak A. Effect of early skin-to-skin contact following normal delivery on incidence of hypothermia in neonates more than 1800g: randomized control trial. *J Perinatol.* 2014 May;34(5):364-8. Epub 2014 Feb 20. This study researched low cost and feasible management of hypothermia in resource poor settings. Due to the significance of the research the paper was accepted and published in the 'Nature Group of Journals' with impact factor 2.25.
4. Marwah SA, Shah H, Chauhan K, Trivedi A, Haridas N. Comparison of Mass Versus Activity of Creatine Kinase MB and Its Utility in the Early Diagnosis of Re-infarction. *Indian J Clin Biochem.* 2014 Apr;29(2):161-6. Epub 2013 May 15. This study was the outcome of MD dissertation by a postgraduate student of Biochemistry, and is significant because it was accepted for publication before she completed her postgraduation.
5. Desai S, Shukla G, Goyal V, Srivastava A, Srivastava MV, Tripathi M, Singh M, Shivanand K, Sagar R, Gupta A, Saratchandra P, Garg A, Bal CS, Behari M. Changes in psychiatric comorbidity during early postsurgical period in patients operated for medically refractory epilepsy – a MINI-based follow-up study. *Epilepsy Behav.* 2014 Mar;32:29-33.
6. Nimbalkar AS, Dongara AR, Phatak AG, Nimbalkar SM. Knowledge and attitudes regarding neonatal pain among nursing staff of pediatric department: an Indian experience. *Pain Manag Nurs.* 2014 Mar;15(1):69-75. Published in a journal with impact factor 1.7.
7. Sethi A, Nimbalkar A, Patel D, Kungwani A, Nimbalkar S. Point of care ultrasonography for position of tip of endotracheal tube in neonates. *Indian Pediatr.* 2014 Feb;51(2):119-21. A similar study was conducted at AIIMS, New Delhi about a year and half after we presented this study at Pediatric Academic Societies in Boston in May 2012.
8. Bose N, Patel H, Kamat H. Evaluation of ultrasound for central venous access in ICU by an experienced trainee. *Indian J Crit Care Med.* 2014 Jan;18(1):26-32. Publication is the outcome of a MD thesis.
9. Shukla VV, Nimbalkar SM, Phatak AG, Ganjiwale JD. Critical Analysis of PIM2 Score applicability in a Tertiary Care PICU in Western India. *Int J Pediatr.* 2014;2014:703942. Publication is the outcome of MD thesis.

10. Bansal SC, Nimbalkar AS, Patel DV, Sethi AR, Phatak AG, Nimbalkar SM. Current Neonatal Resuscitation Practices among Paediatricians in Gujarat, India. *Int J Pediatr.* 2014;2014:676374.
11. Nimbalkar S, Raithatha S, Shah R, Panchal DA. A Qualitative Study of Psychosocial Problems among Parents of Children with Cerebral Palsy Attending Two Tertiary Care Hospitals in Western India. *ISRN Family Med.* 2014 Feb 20;2014:769619. First Publication in a Pubmed indexed journal by a MBBS student.
12. Raithatha SJ, Shankar SU, Dinesh K. Self-Care Practices among Diabetic Patients in Anand District of Gujarat. *ISRN Family Med.* 2014 Feb 11;2014:743791. Publication is the outcome of a thesis.
13. Sethi A, Patel D, Nimbalkar A, Phatak A, Nimbalkar S. Comparison of forehead infrared thermometry with axillary digital thermometry in neonates. *Indian Pediatr.* 2013 Dec;50(12):1153-4.
14. Gorman T, Dropkin J, Kamen J, Nimbalkar S, Zuckerman N, Lowe T, Szeinuk J, Milek D, Piligian G, Freund A. Controlling health hazards to hospital workers. *New Solut.* 2013;23 Suppl:1-167. Publication is the outcome of an international collaboration initiated by #Dr. Nayanjeet Chaudhury. The publication is a recommended resource by the Occupational Safety & Health Administration of the U.S. Department of Labor
15. Gupta S, Phatak A, Panchal D. Court room exposure to medical students: a practical approach to legal procedures in Indian scenario. *J Forensic Leg Med.* 2013 Aug;20(6):767-9. Published in an international journal with impact factor >1 and the outcome of FAIMER fellowship project.
16. Nimbalkar AS, Dongara AR, Ganjiwale JD, Nimbalkar SM. Pain in children: knowledge and perceptions of the nursing staff at a rural tertiary care teaching hospital in India. *Indian J Pediatr.* 2013 Jun;80(6):470-5.
17. Nimbalkar S, Sinojia A, Dongara A. Reduction of neonatal pain following administration of 25% lingual dextrose: a randomized control trial. *J Trop Pediatr.* 2013 Jun;59(3):223-5. Publication is the outcome of a thesis.
18. Mishra G, Sharma Y, Mehta K, Patel G. Efficacy of Distortion Product Oto-Acoustic Emission (OAE)/ Auditory Brainstem Evoked Response (ABR) Protocols in Universal Neonatal Hearing Screening and Detecting Hearing Loss in Children <2 Years of Age. *Indian J Otolaryngol Head Neck Surg.* 2013 Apr;65(2):105-10.
19. Nimbalkar AS, Shukla VV, Phatak AG, Nimbalkar SM. Newborn care practices and health seeking behavior in urban slums and villages of Anand, Gujarat. *Indian Pediatr.* 2013 Apr;50(4):408-10. This study won an award when it was presented at the National conference of Indian Academy of Pediatrics in January 2012.
20. Shankar V, Haritha C, Patel VB, Prajapathi JD, Mathews PK, Sunith GJ, Shinde P, Chaudhari LN, Meshram M, Joseph J; et al. Deglutition-Induced Real-Time Directional Displacements in Head-and-Neck Cancer Patients — Dynamic Volume Shuttle Imaging Analysis. *Pract Radiat Oncol.* 2013 Apr-Jun;3(2 Suppl 1):S6.
21. Singh SK, Shaikh WA, Shah HD. National Inter-Medical College Physiology Quiz Competition

(NIPQC): An Interesting and Exciting Teaching-Learning Tool. Indian J Physiol Pharmacol. 2013 Oct-Dec;57(4):454-5.

22. Verma V, Singh SK. Influence of Lean Body Mass Index versus that of Fat mass Index on Blood Pressure of Gujarati School going Adolescents. Indian J Physiol Pharmacol. 2014 Jan-Mar;58(1):39-44.
23. Dr.N.Haridas. "Biochemistry Made Easy- A Problem Based Approach" A book published by Jaypee Brothers Medical Publishers (p) Ltd; new Delhi. The book has been well received by the students and faculty alike.

#### **CASE REPORTS:**

1. Nimbalkar SM, Patel VK, Patel DV, Sethi AR. Tracheal Agenesis with Tracheo-oesophageal Fistula. J Clin Diagn Res. 2014 Feb;8(2):171-2.
2. Desai SD, Shah DS. Atypical Wernicke's syndrome sans encephalopathy with acute bilateral vision loss due to post-chiasmatic optic tract edema. Ann Indian Acad #Neurol. 2014 Jan;17(1):103-5.
3. Pilani A, Vora R, Anjaneyan G. Granuloma inguinale mimicking as squamous cell carcinoma of penis. Indian J Sex Transm Dis. 2014 Jan;35(1):56-8.
4. Mishra A, Dave N, Mehta M. Fulminant guillain-barré syndrome with myocarditis. J Family Med Prim Care. 2014 Jan;3(1):84-5.
5. Vora RV, Pilani AP, Mehta MJ, Chaudhari A, Patel N. De-novo histoid Hansen cases. J Glob Infect Dis. 2014 Jan;6(1):19-22.
6. Desai SD, Vora R, Bharani S. Garcia-Hafner-Happle syndrome: A case report and review of a rare sub-type of epidermal nevus syndrome. J Pediatr Neurosci. 2014 Jan;9(1):66-9.
7. Shah S, Saxena D. Bilateral papilledema: A case of cerebral venous sinus thrombosis. Oman J Ophthalmol. 2014 Jan;7(1):33-4
8. Mishra G, Sharma Y, Padhya C, Parikh B, Gupta M. Endolymphatic duct papillary tumour: captured undercover of complicated chronic otitis media. Indian J Otolaryngol Head Neck Surg. 2013 Dec;65(Suppl 3):662-4.
9. Anjaneyan G, Vora R. Lupus pernio without systemic involvement. Indian Dermatol Online J. 2013 Oct;4(4):314-7.
10. Modi K, Patel K, Chavali KH, Gupta SK, Agarwal SS. Cardiac laceration without any external chest injury in an otherwise healthy myocardium - a case series. J Forensic Leg Med. 2013 Oct;20(7):852-4.
11. Mishra A, Dave N. Neem oil poisoning: Case report of an adult with toxic encephalopathy. Indian J Crit Care Med. 2013 Sep;17(5):321-2.
12. Nair PA. Acrokeratosis verruciformis of hopf along lines of blaschko. Indian J Dermatol. 2013 Sep;58(5):406.
13. Mishra A, Pandya HV, Dave N, Mehta M. Multi-organ Dysfunction Syndrome with Dual

Organophosphate Pesticides Poisoning. *Toxicol Int.* 2013 Sep;20(3):275-7.

14. Nimbalkar SM, Patel DV. Near fatal case of amlodipine poisoning in an infant. *Indian J Pediatr.* 2013 Jun;80(6):513-5.
15. Desai SD, Patel D, Bharani S, Kharod N. Opercular syndrome: A case report and review. *J Pediatr Neurosci.* 2013 May;8(2):123-5.
16. Nair PA, Bodiwala NA, Patel SA, Patel KB. A rare case of cutaneous actinomycosis. *Indian Dermatol Online J.* 2013 Apr;4(2):157-8.
17. Nair PA, Chaudhary AH, Mehta MJ. Actinic keratosis underlying cutaneous horn at an unusual site-a case report. *Ecancermedicalscience.* 2013 Nov 26;7:376. eCollection 2013.
18. Gupta R, Vora RV Congenital syphilis, still a reality. *Indian J Sex Transm Dis.* 2013 Jan;34(1):50-2.
19. Nair PA, Rathod KM, Chaudhary AH, Pilani AP. Sweat gland adenocarcinoma of scalp. *Int J Trichology.* 2013 Oct;5(4):208-10.
20. Diwan N, Gohil S, Nair PA. Primary idiopathic pseudopelade of brocq: five case reports. *Int J Trichology.* 2014 Jan;6(1):27-30.
21. Gulia A, Puri A, Salunke A, Desai S, Jambhekar NA. Iatrogenic implantation of giant cell tumor at bone graft donor site and clinical recommendations to prevent "a rare avoidable complication". *Eur J Orthop Surg Traumatol.* 2013 Aug;23(6):715-8.
22. Vishwanathan K, Hearnden A, Talwalkar S, Hayton M, Murali SR, Trail IA. Reproducibility of radiographic classification of scapholunate advanced collapse (SLAC) and scaphoid nonunion advanced collapse (SNAC) wrist. *J Hand Surg Eur Vol.* 2013 Sep;38(7):780-7.

# Achievements

This year also saw many faculties and students bring laurels to the Institution with their exemplary performances and professional pursuits. The prestige of the Institute is epitomised with the following achievements:

## REPRESENTATION OF FACULTY AT VARIOUS FORUMS IN MCI:

- Dr. Shirish Srivastava, Professor & HOD, Dept of Surgery and Faculty Dean became member of MCI Committee for Teacher Eligibility Qualification (TEQ).
- Dr. Himanshu Pandya, Professor, became member of National Faculty for Advance Course under National Faculty Development Program of Medical Council of India.
- Dr. Praveen Singh, Professor, Dept of Anatomy, became member of finalisation of Undergraduate Curriculum Committee of MCI.

## DEPARTMENT OF ENT:

- Dr. Girish Mishra, Professor & HOD of ENT has been elected as the President of Association of Otolaryngologists of India (AOI) Gujarat State Branch, in the AOI state conference 2013 held at Rajkot in January 2014.
- Second year resident Dr. Rahul Agrawal was awarded second prize in resident award paper presentation category for

the topic 'Shoulder function - pre & post neck dissection' at the AOI state conference held at Rajkot in January 2014.

## DEPARTMENT OF MEDICINE:

- Dr. Jyoti Mannari was invited as a panelist at the International conference of Non-communicable Diseases at Manipal on January 18, 2014 for the topic 'Is Glycosylated Hb an ideal marker for monitoring of DM?' and as a judge for poster presentation.
- Postgraduate students, Dr. Aniket & Dr. Neeti, received third prize in poster competition at CIMS, Ahmedabad held by AAPI - CIMS joint international conference held at Tagore Hall, Ahmedabad on January 10, 2014.
- Second year resident, Dr. Karishma Manwani, won the first prize for the poster competition held at APGCON 2014 in Baroda on February 15, 2014.
- Second year resident, Dr. Wasim Raj Ayyab, won the second prize for the paper presentation at the same conference in Baroda with guidance from Dr. Bhalendu Vaishnav, Professor of Medicine.

## DEPARTMENT OF RADIO DIAGNOSIS:

- Best Research Paper was awarded to Dr. Deepak Mehta, Associate Professor for the oral scientific research paper titled 'MRI Confirmation and usefulness of various MRI sequences in Children with

spinal Anomalies' in the 11th Annual Conference of India Society of Paediatric Radiology at Ahmedabad.

- PG Residents Dr. Dhara Joshi, Dr. Mousam Shah and Dr. Bhunit Shah won second prize in the State level C.M.E. of 'Gastro-Intestinal Imaging'.

## DEPARTMENT OF PHARMACOLOGY:

- PSMC has been approved for reporting of 'Adverse Drug Reactions' under the 'Pharmacovigilance Programme of India' run by the Indian Pharmacopoeia Commission, Ghaziabad, India.

## UG STUDENTS:

Shika Kothari and Shruti Kamat, 3rd Part II MBBS students won second and third prize worth ₹50,000 and ₹25,000 respectively in the American Association of Physicians of Indian Origin (AAPI) Global Summit conference held from 2-5 January 2014 at Ahmedabad in the Research category.



## The Team

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#### **Medical Record**

Shri Raju Bhavsar

#### **Corporate Communication**

Ms. Aparna Jani  
Ms. Hetal Dave  
Shri V M Bhandari

#### **Central Research Services**

Shri Ajay Phatak  
Shri Chirag Patel  
Shri Hardik Bhalodiya

#### **College Administration**

Shri P Daniel Ashokkumar  
Shri Alkesh M Patel



## Deh Daan

### **Amod**

Kashibhai Shivabhai Patel

### **Anand**

Chandubhai Motibhai Patel  
Hansaben Chimanbhai Patel

### **Bhadaran**

Babubhai Somabhai Patel

### **Borsad**

Ravjibhai Kashibhai Patel

### **Sandesar**

Jashodaben Ravjibhai Patel

## Donors for the year 2013-14



### ₹1 crore and above

- Bhavini Dineshchandra Patel
- Charutar Health Foundation, UK

### ₹25 lakh and above

- B M Patel
- M/s Give Foundation, Mumbai
- Seth Navinchandra Mafatlal
- Foundation Trust
- Sumitraben Mahendrasinh Raj
- Sir Ratan Tata Trust, Mumbai

### ₹15 lakh and above

- Maheshbhai M. Amin
- M/s Mangalya Ceramics
- Lotus Trust, Mumbai

### ₹10 lakh and above

- APPL Foundation
- Darshanaben M. Raj (B M Patel)
- M/s Deepak Nitrite Limited
- Dr. Natwerlal Shivabhai Patel
- Savitaben & Hirubhai Patel Memorial Foundation

### ₹5 lakh and above

- M/s Buildquick Infrastructure Pvt. Ltd.

- M/s GMM Pfaudler Limited
- Krishnakant Patel
- Kushal Vinodkumar Bhatt
- M/s Patel Infrastructure Pvt. Ltd.
- Rajnikant Ashabhai Patel - HUF
- Shree Kasturbhai Lalbhai Vatsalya Nidhi Charitable Trust
- Sonu Nigam

### ₹2 lakh and above

- M/s EIMCO Elecon (India) Ltd.
- India Development Coalition of America
- M/s Mahindra Intertrade Limited

### ₹1 lakh and above

- M/s Alembic Pharmaceuticals Limited
- M/s Arvindbhai Becharadas Jewellers Pvt. Ltd.
- Babubhai Kishabhai Patel
- Dr. Babubhai Rambhai Patel
- Bhaveshkumar Madhubhai Patel
- Cherag Patel
- M/s Cipriani Harrison Valve Pvt. Ltd.
- M/s Downtown Motors Pvt. Ltd
- M/s Excel Crop Care Limited
- Haresh Jamnadas Nimavat

- M/s The H. M. Patel English Medium School's Complex
- M/s Indian Immunologicals Ltd.
- M/s Integrated Cleanroom Technologies Ltd.
- M/s IPCO Staff Welfare, Nadiad
- Janki Charitable Trust
- Dr. Jitesh Desai
- M/s MARGEN Impex Ltd.
- M/s Micro Inks Limited
- Dr. Mehulbhai Suryakantbhai Patel
- Madhusudan Shantilal Vaishnav
- M/s Natraj Cement Prestressed Works
- M/s Power Build Limited.
- M/s Vallabh Vidyanagar Nagarpalika
- Narayanbhai Narsinhbhai Patel
- Nisha Da Cunha
- Nitin J. Shah
- Parulben Nikhilbhai Dhruva
- Prathmeshbhai Mohanbhai Patel
- Dr. Ranjana N. Shah
- Sardar Patel Trust SAATHII, Chennai
- Shree Vir Vitthalbhai Patel Dardi Sahayak Charitable Trust
- Dr. Sushil Kumar Singh
- The Kalupur Commercial Co-operative Bank Limited
- Union Bank of India
- Urvashi Mitulbhai Patel
- Usha Katrak

**₹50,000 and above**

- Anilbhai Darji
- Aspee Charitable Trust
- Bank Of Baroda
- Bhupendrabhai Shankarlal Shah
- Central Bank Of India
- Chandravadan Shantilal Shah - HUF
- M/s Creative Engineers
- Indiraben Vinubhai Patel
- Jayeshkumar Jashbhai Patel
- M/s Jagaji Construction Company
- M/s Jashmikar Worldwide Travel Private Ltd.
- M/s Kaira Can Company Ltd.
- M/s Larsen & Turbo Limited
- M/s Laxmi Protein Products Pvt. Ltd.
- M/s Manibhai Zaverbhai Patel & Co. Cold Storage
- M/s N. K. Associates
- M/s Narmada Cars Pvt. Ltd.
- M/s P. S. Construction Co.

- M/s Rinku Commercial Carrier Pvt. Ltd.
- M/s Sun Pharmaceutical Industries Ltd.
- M/s Swiss Glasscoat Equipments Ltd.
- M/s Vulcan Industrial Engg. Co. Ltd.
- Pranav Suryakant Patel
- Prof Ila Jayantilal Patel
- Rajendrabhai Dahyabhai Patel
- Rameshbhai Himatlal Shah
- Ravjibhai Ashabhai Patel
- Shaileshbhai Shankerlal Shah
- Sharad C. Patel
- Sharmishthaben S. Patel
- Shri Jalaram Satsang Seva Mandal Trust
- Shri Nikhil Valjibhai Patel
- Sureka Public Charity Trust
- Trupti D. Kataria
- Tushar Jayantibhai Patel
- Virendrakumar C. Patel

**₹ 25,000 and above**

- Anand Raniga
- Anjaleeben Kiranbhai Patel
- Arvindbhai Vithalbhai Patel
- Dr. Barna Ganguly
- Bhavikaben Akshayakumar Shelat
- Canara Bank
- Chandrakantbhai Dahyabhai Patel
- Darpanbhai C. Patel
- Daxaben Naginbhai Patel
- Dharmesh J. Patel
- Dipakbhai Vinodbhai Patel
- Dr. Dipen Kiranray Patel
- Girishbhai J. Patel
- Hansaben Ghanshyambhai Patel
- Hemalben Charchillkumar Shah, Ahmedabsahdri
- Kartik Pandya
- Dr. Monica Gupta
- M/s Atlas Cable Industries
- M/s Big Lion Entertainment Pvt. Ltd.
- M/s Bitscape Infotech Pvt. Ltd.
- M/s Design Consortium
- M/s DIMCO Lubritorium
- M/s ECO Tech Designs Pvt Ltd
- M/s ELNICO
- M/s FEI Cargo Ltd.
- M/s Fine Cast (Guj.) Pvt. Ltd.
- M/s G. D. Enterprise
- M/s Gemu India Representative Office

- M/s Gujarat Sathi Prakashan Pvt. Ltd.
- M/s Jain Biologicals Pvt. Ltd.
- M/s Keen Builders Private Ltd.
- M/s Neelkanth Varni Jewellers
- M/s Nisol MGF Company Pvt. Ltd.
- M/s Nova Udyog
- M/s Paritosh Residency Pvt Ltd
- M/s Patel Filters Infrastructure
- M/s Patel Social Group
- M/s Pep & Joss, Prop . Pareshkumar Rambhai Seth
- M/s Raghuvir Builders
- M/s Ravi Pharmaceuticals Pvt.Ltd
- M/s Ravikiran Ceramic Pvt. Ltd.
- M/s Raxak Inte.& Security Protection Pvt. Ltd.
- M/s Shiv and Company
- M/s Shiv Associates
- M/s Shreeji Maternity And Surgical Nursing Ho
- M/s Techno Designs
- M/s Unique Forgings (India) Pvt. Ltd.
- M/s Vijay Bath Private Ltd.
- M/s Woodpeckers
- Mahendrabhai Harmanbhai Patel
- Mayank, London
- Mayankbhai Madhukarbhai Patel
- Mitulbhai J Patel
- Narendrabhai Jashbhai Patel
- Navinchandra Chhotabhai Patel, Dharmaj
- Dr. Neelofar M. Sayed
- Pradipkumar Navanilal Shah
- Purnimaben Abhijitbhai Patel
- Rajendrakumar Manharlal Shah
- Ratilalbhai Chhotalalbhai Patel
- Rikeshbhai Chitraketubhai Patel
- Shambhubhai Vinubhai Patel
- Sharmishthaben N. Patel
- Shefaliben Aatushkumar Amin
- Dr. Shirish H. Srivastava
- Sudhaben Navinchandra Patel, Dharmaj
- Sumita Naishad Patel
- Sumitraben Amin
- Suryakantbhai Chhotalalbhai Patel
- Uday Patel
- Upendrabhai Manilal Shah
- Dr. Utpala N. Kharod
- Dr. Vivek Patel

# Independent auditors' report to the members of Charutar Arogya Mandal

## Report on the Financial Statements

We have audited accompanying financial statements of Charutar Arogya Mandal ("The Trust"), which comprise the Balance Sheet as at March 31, 2014, the Statement of Income and Expenditure and the Cash Flow for the year then ended and a summary of the significant accounting policies and other explanatory information.

## Management's Responsibility for the Financial Statements

The Trust's Management is responsible for the preparation of these financial statements that give a true and fair view of the financial position, financial performance of the Trust in accordance with the Accounting Standards, as applicable to the Trust and in accordance with the accounting principles generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

## Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and the disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Trust's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of the accounting estimates made by the Management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Basis of Qualified Opinion

The amount of Gratuity and Leave Encashment payable as on March 31, 2014, as computed by the Actuary, aggregate to ₹1,851.25 lacs (₹1,921.33 lacs as at March 31, 2013 as computed by Management of Trust) against which a provision of ₹1,000.58 lacs (₹1,000.58 lacs as at March 31, 2013) and the balance amount of ₹850.67 lacs (₹920.75 lacs as at March 31, 2013) has not been provided for in the books of account.

## Qualified Opinion

In our opinion and to the best of our information and according to the explanations given to us, except for the effect of the matter described in the Basis for Qualified Opinion paragraph, the aforesaid

financial statements give a true and fair view in conformity with the accounting principles generally accepted in India:

- (a) in the case of the Balance Sheet, of the state of affairs of the Trust as at March 31, 2014;
- (b) in the case of the Statement of Income and Expenditure, of the excess of expenditure over income for the year ended on that date.
- (c) in the case of the Cash Flow Statement, of the cash flows for the year ended on that date.

**Emphasis of Matter**

We draw your attention to note 5 of schedule T regarding the liability, if any towards Value Added Tax on sale of medicines for which the amount has not been ascertained by the management and no provision has been made for the reason stated in the said note.

Our opinion is not qualified in respect of this matter.

**Report on Other Legal and Regulatory Requirements**

As required by The Bombay Public Charitable Trust Act, 1950 applicable to the State of Gujarat and on the basis of such checks as we considered necessary and appropriate and according to information and explanations given to us during the course of audit, we enclose in the Annexure, a statement on the matters specified therein.

**For DELOITTE HASKINS & SELLS**  
Chartered Accountants  
(Firm Registration No.117365W)

**Gaurav J. Shah**  
Partner  
(Membership No. 35701)

Place : Ahmedabad  
Date : 28<sup>th</sup> August, 2014



### **Annexure to the Auditors' Report**

(Referred to under 'Report on Other Legal and Regulatory Requirements' section of our report of even date)

- a) The accounts are maintained regularly and in accordance with the provisions of the Bombay Public Charitable Trust Act, 1950 and the Rules thereunder.
- b) The receipts and disbursements are properly shown in the accounts.
- c) The cash balance and vouchers in the custody of the Accountant on the date of audit were in agreement with the accounts.
- d) All the books, deeds, accounts, vouchers and other documents of records required by us, were produced before us.
- e) During the year, the Trust did not hold any inventories of movables.
- f) The Senior General Manager (Accounts) appeared before us and furnished the necessary information required by us.
- g) No property or funds of the Trust were applied for any object or purpose other than for the objects of the Trust.
- h) The amounts which are outstanding as at March 31, 2014, for more than one year from the due date of scheduled repayment are ₹408, 818/- No amounts have been written off during the year.
- i) During the year, tenders were invited where the repairs and construction expenditure exceeded ₹5,000.
- j) No money of the Trust has been invested contrary to the provision of Section 35.
- k) There has not been alienation of immovable property contrary to the provisions of section 36 which have come to our notice.

**For DELOITTE HASKINS & SELLS**  
Chartered Accountants  
(Firm Registration No.117365W)

**Gaurav J. Shah**  
Partner  
(Membership No. 35701)

Place : Ahmedabad  
Date : 28<sup>th</sup> August, 2014

# Balance sheet as at 31st march, 2014

(Regn.No. F / 119 / Anand)

( ₹ in lacs)

Particulars	Schedule	As at 31.03.2014	As at 31.03.2013
<b>SOURCES OF FUNDS :</b>			
<b>Corpus and Funds</b>			
Corpus fund	A	2,609.50	2,568.20
Medical relief, Infrastructure development and other funds	B	3,248.71	2,783.36
Donations from the community / institutions	C	6,157.75	5,767.08
Research fund	D	50.68	73.63
FCRA fund	E	470.16	284.12
Cancer prevention and care programme	F	53.01	-
<b>Income &amp; Expenditure Account :</b>	G	(10,387.12)	(9,636.93)
<b>Secured Loans</b>	H	2492.11	2,752.50
<b>TOTAL</b>		<b>4,694.80</b>	<b>4,591.96</b>

## APPLICATION OF FUNDS :

### Infrastructure and Investments

Fixed Assets	I	4,878.04	4,387.69
Investments	J	2,860.25	2,783.99

### Current Assets

Inventories (As valued & Certified by the Management)		484.92	370.61
Receivables	K	156.82	134.81
Interest accrued		8.21	28.49
Deposits and advances	L	269.62	262.93
Cash & bank balances	M	47.10	16.31
		<u>966.67</u>	<u>813.15</u>

### Less : Liabilities & Provisions

	N	4,010.16	3,392.87
<b>Net Working Capital</b>		<b>(3,043.49)</b>	<b>(2,579.72)</b>
<b>TOTAL</b>		<b>4,694.80</b>	<b>4,591.96</b>

Significant Accounting Policies

S

Notes on Accounts

T

As per our separate report  
of even date attached herewith

On behalf of the Charutar Arogya Mandal

**For Deloitte Haskins & Sells**  
Chartered Accountants

**Dr. Amrita Patel**  
Chairman

**J. M. Rawal**  
Trustee

**Nitin Desai**  
Trustee

**Gaurav J. Shah**  
Partner

**P. N. Ganju**  
Sr. General Manager  
(Accounts)

**Sandeep Desai**  
Chief Executive  
Officer

**Jagrut Bhatt**  
Hon. Secretary

**Ahmedabad**  
Date: 28<sup>th</sup> August, 2014

**Karamsad**  
Date: 28<sup>th</sup> August, 2014

# Income and expenditure account for the year ended 31st march, 2014

(Regn.No. F / 119 / Anand)

(₹ in lacs)

Particulars	Schedule	2013-14	2012-13
<b>INCOME</b>			
<b>Medical Care</b>			
Treatment Income (Net)	O	4,868.59	4,164.51
Grants		36.61	14.12
Donations from Community		176.09	103.56
Other Income	P	57.52	51.88
		<u>5,138.81</u>	<u>4,334.07</u>
<b>Medical Education</b>			
Tuition Fees (Net)		3,851.46	3,288.96
Other Income	P	96.65	124.89
		<u>3,948.11</u>	<u>3,413.85</u>
<b>Other Income</b>			
Donations from Community		72.95	93.55
Other Income	P	334.21	300.40
		<u>407.16</u>	<u>393.95</u>
<b>TOTAL</b>		<b>9,494.08</b>	<b>8,141.87</b>
<b>EXPENDITURE</b>			
<b>Medical Care</b>			
Manpower		2,220.62	2,067.51
Cost of Material Consumed		2,136.35	1,791.93
Blood bank expenses		1.18	19.93
Administrative and other overheads	Q	1,116.28	1,115.58
Depreciation		540.49	524.20
		<u>6,014.92</u>	<u>5,519.15</u>
<b>Medical Education</b>			
Manpower		3,543.84	3,031.78
Administrative and other overheads	Q	374.67	341.10
Depreciation		54.46	56.57
		<u>3,972.97</u>	<u>3,429.45</u>
<b>Other Expenditure</b>			
Manpower		82.96	75.22
Cost of Material Consumed		76.06	88.67
Administrative and other overheads	Q	106.50	142.96
Research Expenses	R	58.86	46.35
Depreciation		56.97	58.28
		<u>381.35</u>	<u>411.48</u>
<b>TOTAL</b>		<b>10,369.24</b>	<b>9,360.08</b>
<b>(Deficit) for the year</b>		<b>(875.16)</b>	<b>(1,218.21)</b>
Interest transferred from Corpus Fund & HM Patel Centenary Corpus Fund		124.97	116.51
<b>(Deficit) Carried To Balance Sheet</b>		<b>(750.19)</b>	<b>(1,101.70)</b>

As per our separate report of even date attached herewith

On behalf of the Charutar Arogya Mandal

**For Deloitte Haskins & Sells**  
Chartered Accountants

**Dr. Amrita Patel**  
Chairman

**J. M. Rawal**  
Trustee

**Nitin Desai**  
Trustee

**Gaurav J. Shah**  
Partner

**P. N. Ganju**  
Sr. General Manager  
(Accounts)

**Sandeep Desai**  
Chief Executive  
Officer

**Jagrut Bhatt**  
Hon. Secretary

**Ahmedabad**  
Date: 28<sup>th</sup> August, 2014

**Karamsad**  
Date: 28<sup>th</sup> August, 2014

# Cash flow statement for the year ended 31st march, 2014

	( ₹ in lacs)	
	2013-14	2012-13
<b>A. CASH FLOW FROM OPERATING ACTIVITIES:</b>		
Net (Deficit)	(750.19)	(1,101.70)
Adjustments for:		
Depreciation	654.49	641.87
Profit on Sale of Assets	(1.09)	(0.50)
Income From Investment	(6.44)	(19.91)
Interest on amount receivable from Registrar, Gujarat High Court	-	(23.89)
Provision for doubt debts / Expenses no longer required	(50.00)	(180.40)
	<u>596.96</u>	<u>417.17</u>
(Deficit) before working capital changes	(153.23)	(684.53)
Adjustment for change in :		
Receivables	53.52	1,515.33
Inventory	(114.31)	(42.96)
Payables	617.29	(743.42)
	<u>556.50</u>	<u>728.95</u>
Cash generated from / ( used in ) from operations	403.27	44.42
Tax Refund / (Paid) (Taxes deducted at sources)	(11.94)	(8.05)
<b>Cash flow generated from / (used in) operating activities (A)</b>	<b><u>391.33</u></b>	<b><u>36.37</u></b>
<b>B. CASH FLOW FROM INVESTING ACTIVITIES :</b>		
Purchase of Fixed Assets	(1,153.01)	(770.71)
Sale of Fixed assets	9.26	1.58
Income From Investment	6.44	19.91
Interest on amount receivable from Registrar, Gujarat High Court	-	23.89
Investment in Fixed Deposits	-	271.63
<b>Net cash (used in) investing activities (B)</b>	<b><u>(1,137.31)</u></b>	<b><u>(453.70)</u></b>
<b>C. CASH FLOW FROM FINANCING ACTIVITIES :</b>		
Funds received	1,113.42	745.66
Repayment of Term Loan	(229.76)	(40.54)
Proceeds from Long term borrowings	214.34	179.21
Proceeds from Short term borrowings	(244.97)	(60.13)
Cash generated from Finance Activities (C)	<u>853.03</u>	<u>824.20</u>
Net increase in Cash & Cash Equivalents (A+B+C)	107.05	406.87
Cash & Cash Equivalents at beginning of year	2,799.30	2,392.43
Cash & Cash Equivalents at the end of the year	<u>2,906.35</u>	<u>2,799.30</u>

**Notes to Cashflow Statement :**

	( ₹ in lacs)	
	<b>2013-14</b>	<b>2012-13</b>
1 Cash and cash equivalents include :		
Cash on hand	5.22	8.20
With Scheduled Banks:		
In fixed deposits	2,859.25	2,782.99
Cheques on Hand	6.94	2.43
Saving accounts	34.94	5.68
	<u>2,901.13</u>	<u>2,791.10</u>
	<u>2,906.35</u>	<u>2,799.30</u>

- 2 Fixed deposits with bank includes deposits of ₹ 2,418.25 lacss (P.Y. ₹ 2,435.99 lacss) pledged as securities.
- 3 The Cash Flow statement has been prepared under the ' Indirect Method ' set out in Accounting Standard – 3 “Cash Flow Statement”.
- 4 Figures in bracket represent outflows.

As per our separate report  
of even date attached herewith

On behalf of the Charutar Arogya Mandal

**For Deloitte Haskins & Sells**  
Chartered Accountants

**Dr. Amrita Patel**  
Chairman

**J. M. Rawal**  
Trustee

**Nitin Desai**  
Trustee

**Gaurav J. Shah**  
Partner

**P. N. Ganju**  
Sr. General Manager  
(Accounts)

**Sandeep Desai**  
Chief Executive  
Officer

**Jagrut Bhatt**  
Hon. Secretary

**Ahmedabad**  
Date: 28<sup>th</sup> August, 2014

**Karamsad**  
Date: 28<sup>th</sup> August, 2014

# Receipt & payment account for the period from 01.04.2013 to 31.03.2014

		( ₹ in lacs)	
Receipt	Amount	Payment	Amount
Opening Balance as on 01.04.13		Overdraft from OBC Bank	216.46
Cash & Bank Balance	16.31	Repayment of Term Loan From OBC	15.42
Donation for Corpus Fund	41.30	Overdraft from BOB Bank	40.11
Medical Relief and other Fund	465.35	Manpower Expense	5,779.02
Donation from Community	390.67	Medicines Expense	51.42
FCRA Fund	186.04	Other Expenditure Related to Treatment	2,213.59
Cancer prevention and care programme	53.01	Increase in Inventories	114.31
Overdraft from Yes Bank	11.60	Administrative and Other Overheads	1,070.85
Revenue Donation	249.04	Research Fund	22.95
Tuition Fees Income	4,429.16	Increase in Debtors	72.01
Treatment Income	4,868.59	Electricity Expense	240.05
Grant	36.61	Financial Charges	310.03
Interest Income	151.69	Investment made during the year	76.26
Research Income	112.29	Research Expenses	72.30
Rent of Quarters and Hostels	123.91	Deposits Made during the year	6.69
Sale of Assets	9.26	Purchase of Assets during the Year	1,153.01
Miscellaneous Income	356.75		
		Closing Balance as on 31.03.14	
		Cash & Bank Balance	47.10
	<b>11,501.58</b>		<b>11,501.58</b>

Examined as per audited accounts  
and found to be correct.

On behalf of the Charutar Arogya Mandal

**For Deloitte Haskins & Sells**  
Chartered Accountants

**P. N. Ganju**  
Sr. General Manager  
(Accounts)

**Sandeep Desai**  
Chief Executive  
Officer

**Gaurav J. Shah**  
Partner

**Ahmedabad**  
Date: 28<sup>th</sup> August, 2014

**Karamsad**  
Date: 28<sup>th</sup> August, 2014

# Schedules to financial statements

## SCHEDULE A : CORPUS FUNDS

Particulars	( ₹ in lacs)	
	As at 31.03.2014	As at 31.03.2013
<b>(i) CORPUS FUND</b>		
Balance as per last Balance Sheet	1,214.35	1,308.35
Add : Received during the year	1.22	2.41
Interest earned during the year	117.26	121.01
Less : Regrouped as FCRA Fund (Refer Schedule E ) (Refer note 4)	-	127.49
Interest transferred to Income & Expenditure Account	88.32	89.93
	1,244.51	1,214.35
<b>(ii) H M PATEL CENTENARY CORPUS FUND</b>		
Balance as per last Balance Sheet	381.12	367.80
Add : Received during the year	-	4.76
Interest earned during the year	37.37	34.22
Less : Interest transferred to Income & Expenditure Account	28.03	25.66
	390.46	381.12
<b>(iii) JTT - CAM CORPUS FUND (For Scholarship)</b>		
Balance as per last Balance Sheet	972.73	966.32
Add : Interest earned during the year	95.42	89.30
Less : Utilised during the year	93.62	82.89
	974.53	972.73
<b>TOTAL</b>	<b>2,609.50</b>	<b>2,568.20</b>

## SCHEDULE B : MEDICAL RELIEF, INFRASTRUCTURE DEVELOPMENT AND OTHER FUNDS

Particulars	( ₹ in lacs)	
	As at 31.03.2014	As at 31.03.2013
Balance as per last Balance Sheet	2,783.36	2,321.64
Add : Received during the year	115.04	69.58
Interest earned during the year	4.19	1.71
Transferred from Tuition Fee	561.28	563.63
Less : Utilised during the year	215.16	173.20
<b>TOTAL</b>	<b>3,248.71</b>	<b>2,783.36</b>

**SCHEDULE C : DONATIONS FROM THE COMMUNITY / INSTITUTIONS**

(For various facilities )

( ₹ in lacs)

<b>Particulars</b>	<b>As at</b>	<b>As at</b>
	<b>31.03.2014</b>	<b>31.03.2013</b>
Balance as per last Balance Sheet	5,767.08	5,696.54
Add : Received during the year	492.87	182.98
Transferred from Research Fund (Refer Schedule D)	2.34	14.69
Less : Utilised during the year	104.54	0.76
Regrouped as FCRA Fund (Refer Schedule E) (Refer note 4)	-	126.37
<b>TOTAL</b>	<b>6,157.75</b>	<b>5,767.08</b>

**SCHEDULE D : RESEARCH FUND**

( ₹ in lacs)

<b>Particulars</b>	<b>As at</b>	<b>As at</b>
	<b>31.03.2014</b>	<b>31.03.2013</b>
Balance as per last Balance Sheet	73.63	70.07
Add : Received during the year	111.38	114.56
Less : Transferred to Income & Expenditure A/c to the extent utilised during the year	131.99	96.31
Transferred to Donation from the community/institution (Refer Schedule C)	2.34	4.69
<b>TOTAL</b>	<b>50.68</b>	<b>73.63</b>

**SCHEDULE E : FCRA FUND**

( ₹ in lacs)

<b>Particulars</b>	<b>As at</b>	<b>As at</b>
	<b>31.03.2014</b>	<b>31.03.2013</b>
Balance as per last Balance Sheet	284.12	-
Add : Regrouped from Corpus funds (Refer Schedule A)	-	127.49
Regrouped from Donation from the community/institutions (Refer Schedule C)	-	126.37
Received during the year	189.04	29.70
Interest earned during the year	12.77	2.47
	485.93	286.03
Less : Interest transferred to Income & Expenditure Account	8.62	0.92
Utilised during the year	7.15	0.99
<b>TOTAL</b>	<b>470.16</b>	<b>284.12</b>

**DETAILS OF FCRA UTILISATION**

Fixed Assets	323.75	142.86
Investments	146.23	140.49
Bank Balance	0.07	0.77
Receivables	0.11	-
	<b>470.16</b>	<b>284.12</b>



**SCHEDULE F : CANCER PREVENTION AND CARE PROGRAMME**

(₹ in lacs)

Particulars	As at	As at
	31.03.2014	31.03.2013
Balance as per last Balance Sheet	-	-
Add : Received during the year	55.56	-
Interest earned during the year	0.30	-
	<u>55.86</u>	<u>-</u>
Less : Utilised during the year	2.85	-
<b>TOTAL</b>	<b>53.01</b>	<b>-</b>

**SCHEDULE G : INCOME & EXPENDITURE ACCOUNT**

(₹ in lacs)

Particulars	As at	As at
	31.03.2014	31.03.2013
Balance as per last Balance Sheet	(9,636.93)	(8,535.23)
Add : Deficit for the year	(750.19)	(1,101.70)
<b>TOTAL</b>	<b>(10,387.12)</b>	<b>(9,636.93)</b>

**SCHEDULE H : SECURED LOANS**

(₹ in lacs)

Particulars	As at	As at
	31.03.2014	31.03.2013
<b>(i) Term Loans from Banks</b>		
For Purchase of Equipments :	884.06	1,113.82
(Against hypothecation of equipments )		
From Yes Bank Limited	239.63	25.29
(Against hypothecation of equipments)		
	<u>1,123.69</u>	<u>1,139.11</u>
<b>(ii) Overdraft Facility from Banks :</b>		
From Oriental Bank of Commerce	1,047.01	1,263.47
[Against Fixed Deposits of ₹ 1,580.25 lacs (P.Y. ₹ 1,561.51 lacs) pledged as security]		
From Bank of Baroda	196.17	236.28
[(Against Fixed Deposits of ₹ 300.00 lacs (P.Y. ₹ 300.00 lacs) pledged as security]		
From Yes Bank Ltd.	125.24	113.64
[(Against Fixed Deposits of ₹ 205.00 lacs (P.Y. ₹ 199.98 lacs ) pledged as security]		
	<u>1,368.42</u>	<u>1,613.39</u>
<b>TOTAL</b>	<b>2,492.11</b>	<b>2,752.50</b>

**SCHEDULE I : FIXED ASSETS**

(₹ in lacs)

Particulars	At Cost as on 01.04.2013	Additions during the Year	Sales / Adjustments	Total as on 31.03.2014	Depreciation Provided		Net Value As on 31.03.2014	Net Value As on 31.03.2013
					Provided Upto 31.03.2013	on Sales / Adjustments For the Year		
LAND (Freehold)	4.69	-	-	4.69	-	-	4.69	4.69
BUILDINGS	2,189.81	22.81	-	2,212.62	1,305.10	88.81	818.71	884.71
EQUIPMENTS	5,849.37	492.35	18.54	6,323.18	2,991.34	12.82	2,865.79	2,858.03
FURNITURE & DEAD STOCK	538.59	44.34	0.39	582.54	253.37	0.34	297.69	285.22
ELECTRICALS								
INSTALLATIONS & FITTINGS	134.65	10.70	0.01	145.34	64.87	0.01	72.65	69.78
VEHICLES	90.68	-	18.89	71.79	38.88	16.51	42.01	51.80
COMPUTERS	229.96	60.96	2.29	288.63	207.93	2.27	43.23	22.03
SOLAR WATER SYSTEM	15.48	-	-	15.48	15.47	-	-	0.01
<b>WORK-IN-PROGRESS</b>								
EQUIPMENTS / FURNITURE ( PENDING INSTALLATION)	29.56	17.86	29.56	17.86	-	-	17.86	29.56
BUILDING (PRIVILEGE BLOCK)	104.85	572.59	-	677.44	-	-	677.44	104.85
CAPITAL ADVANCES	77.01	37.97	77.01	37.97	-	-	37.97	77.01
<b>TOTAL</b>	<b>9,264.65</b>	<b>1,259.58</b>	<b>146.69</b>	<b>10,377.54</b>	<b>4,876.96</b>	<b>31.95</b>	<b>4,878.04</b>	<b>4,387.69</b>
<b>PREVIOUS YEAR'S TOTAL</b>	<b>8,520.83</b>	<b>1,138.55</b>	<b>394.73</b>	<b>9,264.65</b>	<b>4,259.46</b>	<b>24.37</b>	<b>4,387.69</b>	

**SCHEDULE J : INVESTMENTS**

(₹ in lacs)

<b>Particulars</b>	<b>As at 31.03.2014</b>	<b>As at 31.03.2013</b>
<b>In Fixed Deposits</b>		
Considered Good		
With Scheduled Banks	2,859.25	2,782.99
[Includes FDR's aggregating to ₹ 2,418.25 lacs (P.Y. ₹ 2,435.99 lacs) pledged as securities]		
With Charotar Gramodhhar Sahakari Mandal Limited	1.00	1.00
	<u>2,860.25</u>	<u>2,783.99</u>
Considered Doubtful		
With Charotar Nagrik Sahakari Bank Limited (In Liquidation)	7.49	7.49
Less : Provision made	7.49	7.49
	<u>-</u>	<u>-</u>
<b>TOTAL</b>	<b>2,860.25</b>	<b>2,783.99</b>

**SCHEDULE K : RECEIVABLES**

(₹ in lacs)

<b>Particulars</b>	<b>As at 31.03.2014</b>	<b>As at 31.03.2013</b>
Considered good	156.82	134.81
Considered doubtful	230.40	180.40
	<u>387.22</u>	<u>315.21</u>
Less : Provision for doubtful debts	230.40	180.40
<b>TOTAL</b>	<b>156.82</b>	<b>134.81</b>

**SCHEDULE L : DEPOSITS AND ADVANCES**

(₹ in lacs)

<b>Particulars</b>	<b>As at 31.03.2014</b>	<b>As at 31.03.2013</b>
Deposits	52.79	46.54
Employee advances	0.84	0.33
Prepaid expenses	41.76	33.64
Advances	88.93	85.18
Tax deducted at source	85.30	97.24
<b>TOTAL</b>	<b>269.62</b>	<b>262.93</b>

**SCHEDULE M : CASH AND BANK BALANCES**

( ₹ in lacs)

<b>Particulars</b>	<b>As at 31.03.2014</b>	<b>As at 31.03.2013</b>
Cash on hand	5.22	8.20
Cheques on hand	6.94	2.43
Balances with scheduled banks:(in the name of Mandal and its Institutions )		
In current account	0.01	0.01
In savings accounts	34.93	5.67
<b>TOTAL</b>	<b>47.10</b>	<b>16.31</b>

**SCHEDULE N : LIABILITIES & PROVISIONS**

( ₹ in lacs)

<b>Particulars</b>	<b>As at 31.03.2014</b>	<b>As at 31.03.2013</b>
<b>(i) Liabilities</b>		
Current liabilities	755.05	603.97
Advance tuition fees	1,675.79	1,098.28
Sundry creditors	567.00	618.42
	<u>2,997.84</u>	<u>2,320.67</u>
<b>(ii) Provision</b>		
Property tax	-	61.99
Dearness allowance	11.74	9.63
Gratuity & Leave encashment	1,000.58	1,000.58
	<u>1,012.32</u>	<u>1,072.20</u>
<b>TOTAL</b>	<b>4,010.16</b>	<b>3,392.87</b>

**SCHEDULE O : TREATMENT INCOME**

( ₹ in lacs)

<b>Particulars</b>	<b>2013-14</b>	<b>2012-13</b>
Income From :		
Health care	3,327.95	2,873.75
Pharmacy	2,126.46	1,717.15
Blood Bank	119.97	67.17
	<u>5,574.38</u>	<u>4,658.07</u>
Less : Concession on treatment	705.79	493.56
<b>Net Treatment Income</b>	<b>4,868.59</b>	<b>4,164.51</b>

**SCHEDULE P : OTHER INCOME**

(₹ in lacs)

Particulars	2013-2014	2012-13
<b>(i) From Medical Care:</b>		
Income from Investments	0.13	1.07
Miscellaneous Income	56.35	50.58
Profit on sale of assets	1.04	0.23
	<u>57.52</u>	<u>51.88</u>
<b>(ii) From Medical Education:</b>		
Income from Investments	0.21	0.30
Interest on amount received from Registrar, Gujarat High Court	-	23.89
Miscellaneous Income	96.25	100.45
Other fees	0.19	0.19
Profit on sale of assets	-	0.06
	<u>96.65</u>	<u>124.89</u>
<b>(iii) Other Income:</b>		
Income from Investments	6.10	18.54
Miscellaneous Income	88.22	84.95
Income from canteen	115.93	110.96
Profit / (loss) on sale of assets	0.05	0.21
Rent from Quarters and Hostels	123.91	85.74
	<u>334.21</u>	<u>300.40</u>
<b>TOTAL</b>	<b>488.38</b>	<b>477.17</b>

**SCHEDULE Q : ADMINISTRATIVE AND OTHER OVERHEADS**

(₹ in lacs)

Particulars	2013-2014	2012-13
<b>(i) For Medical Care</b>		
Administrative Expenses	260.29	280.83
Electricity	172.89	157.00
Provision for doubtful debts for Shree Krishna Arogya Trust	50.00	180.40
Interest on overdraft and term Loan	232.94	179.73
Repair & Maintenance	400.16	317.62
	<u>1,116.28</u>	<u>1,115.58</u>
<b>(ii) For Medical Education</b>		
Administrative Expenses	140.94	125.32
Education training expenses	76.97	66.59
Electricity	49.41	60.75
Interest on overdraft	77.09	62.04
Repair & Maintenance	30.26	26.40
	<u>374.67</u>	<u>341.10</u>

Particulars	( ₹ in lacs)	
	2013-14	2012-13
<b>(iii) For Other Expenses</b>		
Administrative Expenses	52.79	101.27
Electricity	17.75	8.38
Repair & Maintenance	35.96	33.31
	106.50	142.96
<b>TOTAL</b>	<b>1,597.45</b>	<b>1,599.64</b>

#### **SCHEDULE R : RESEARCH EXPENSES**

Particulars	( ₹ in lacs)	
	2013-14	2012-13
Manpower	84.79	55.42
Administrative Expenses	11.43	16.17
Repair & Maintenance	0.06	0.24
Research Expenses	72.30	1.93
Depreciation	2.57	2.83
	171.15	76.59
Less : Recoveries and others	112.29	30.24
<b>Net Research Expenses</b>	<b>58.86</b>	<b>46.35</b>

#### **SCHEDULE S : SIGNIFICANT ACCOUNTING POLICIES**

##### **1. Basis of preparation of Financial Statements**

- a. The financial statements have been prepared under the historic cost convention on accrual basis in accordance with the generally accepted accounting principles in India, except otherwise stated.
- b. Government grant is accounted when received.
- c. Funds:
  - i. Corpus Fund: Funds received for general purpose and as decided by the management are credited to Corpus Fund Account. Interest earned on investment of Corpus Fund is credited to the said fund account and 75% of the interest credited is transferred to Income & Expenditure Account.
  - ii. H M Patel Centenary Corpus Fund: Funds received for meeting the cost of indigent Cancer patients and interest earned thereon are credited to H M Patel Centenary Corpus Fund Account and 75% of the interest credited is transferred to Income & Expenditure Account.
  - iii. JTT - CAM Corpus Fund: Funds received from Jamsetji Tata Trust for scholarship to MBBS students and interest earned thereon is credited to Jamsetji Tata Trust - CAM Corpus Fund Account. 50% of the scholarships paid are charged to the Fund.
- d. Donations received from communities/institutions for specific purpose are credited to respective earmarked funds and for other than specific purpose are credited to Income & Expenditure Account.

## **2. Use of Estimates**

The preparation of financial statements requires estimates and assumptions to be made that affect the reported amount of assets and liabilities on date of the financial statement and the reported amount of revenues and expenses during the reporting period. Difference between the actual result and estimates are recognised in the period in which the results are known/materialised.

## **3. Revenue Recognition**

- a. Income from treatment service is recognised as and when services are rendered.
- b. Pharmacy income is recognised as and when the medicines are sold to the patients.
- c. Tuition fee is accounted for on accrual basis. Differential amount of fees between NRI category and Non-NRI category is credited to Infrastructure Development Fund, after adjusting 50% of the scholarship expenses.

## **4. Fixed Assets**

Fixed assets are stated at cost.

## **5. Depreciation**

Depreciation on fixed assets is provided on the written down value basis at the rates as per the provisions of Income Tax Act 1961. Assets valuing up to ₹5,000/- are depreciated in the year of purchase.

## **6. Investments**

Investments are carried at cost and provision is made to recognise any diminution in value, other than that of temporary nature.

## **7. Inventories**

Inventories are valued at lower of cost or net realisable value. Inventories include medicines, medical and surgical items, stores, housekeeping materials and other consumables. The cost of medicines is the actual purchase cost and in case of other items the cost is determined on first in first out basis.

## **8. Retirement Benefits**

- a. Contributions to Provident Fund and Super Annuation Fund are charged to Income & Expenditure Account.
- b. Gratuity Liability is determined on the basis of number of years of completed service and the last drawn salary as on 31st March, 2014, on actuarial basis as estimated by an independent actuary
- c. Liability for Leave Encashment benefit is determined on the basis of accumulated leave balance and the last drawn salary as on 31st March, 2014, on actuarial basis as estimated by an independent actuary

## **9. Library Books**

Expenditure on Library Books are charged to Income & Expenditure Account.

## SCHEDULE T : NOTES TO ACCOUNTS

### 1. Information about the Trust

Charutar Arogya Mandal (the 'Mandal') is a Public Charitable Trust, registered under the Bombay Public Trust Act, 1950 (Reg. no. F / 119 / Anand) and the Societies Act, 1860 (Reg. No. GUJ/ 91/ Anand). The Mandal provides quality medical education and healthcare to the rural community equitably with commitment, excellence, and honesty and at affordable cost to their utmost satisfaction.

Mandal is granted registration under section 12 A (a) of the Income Tax Act, 1961 and its income is exempt under section 11 of the Income Tax Act, 1961. Mandal is also registered with DIT (exemptions) Gujarat u/s 80 G (5) and section 35AC of the Income Tax Act, 1961 (Notification dated July 31, 2014, valid upto March 31, 2017). Mandal also has exemption under section 10(23c) (vi) and (via) of the Income Tax Act, 1961

### 2. Contingent Liabilities

Particulars	( ₹ in lacs)	
	As at 31.03.2014	As at 31.03.2013
In respect of		
a. Claim against Mandal by the District Collector, Anand, towards demand of premium on value of Land which is pending with State Government.	4.77	4.77
b. Claim against Mandal by Madhya Gujarat Vij Co. towards the electricity charges due to new tariff and pending with Gujarat High court (including ₹6.06 lacs paid under protest)	24.23	24.23
c. Claim against Mandal by a PG student towards applicability of fee structure (including ₹13.25 lacs paid under protest)	13.25	13.25
d. Bank Guarantees given to the Medical Council of India, New Delhi, for undertaking various PG courses and Central pollution Control Board, Delhi for Environment protection [against pledge of FDRs. amounting to ₹11.00 lacs (previous year ₹10.44 lacs)]	175.00	175.00
e. Claim against the Mandal towards affiliation fees for PG courses by the S. P. University and pending with Gujarat High Court (including ₹10.00 lacs paid under protest)	86.97	86.97
f. Claims against Mandal not acknowledged as debt and pending with different Authorities	Amount not ascertainable	Amount not ascertainable



<b>3. Employee benefits</b>		(₹ in lacs)	
<b>Particulars</b>	<b>As at 31.03.2014</b>	<b>As at 31.03.2013</b>	
<b>a. Gratuity</b>			
Liability as per actuary (previous year as computed by the management)	1,120.56	1,167.23	
Provision made in the books of accounts	638.39	638.39	
<b>Amount not provided for</b>	<b>482.17</b>	<b>528.84</b>	
<b>b. Leave encashment</b>			
Liability as per actuary (previous year as computed by the management)	730.69	754.10	
Provision made in the books of accounts	362.19	362.19	
<b>Amount not provided for</b>	<b>368.50</b>	<b>391.91</b>	

#### 4. FCRA Fund

As per the rules under Foreign Contributions Regulations Act (FCRA), the Accounts for foreign contributions are required to be maintained separately and shown distinctly in the Accounts. Accordingly the funds generated from foreign contributions have been regrouped from Corpus fund to FCRA Fund and shown separately under schedule "E".

#### 5. Gujarat Value Added Tax

The Mandal was exempted from the registration as a 'Dealer' under the Gujarat Sales Tax Act, 1969. From the year 2006-07, the Gujarat Value Added Tax Act, 2003, (GVAT Act) in place of the Gujarat Sales Tax Act, 1969 has come in to force. In response to the Mandal's application seeking determination of liability for registration under the GVAT Act, the Gujarat Value Added Tax Tribunal, Ahmedabad, vide its order dated June 16, 2009, confirmed the determination order dated October 27, 2008 passed by the Joint Commissioner, Commercial Tax, Gujarat State, Ahmedabad, holding the Mandal as a 'dealer' within the meaning of section 2(10) of the GVAT Act. This matter has been contested by the Mandal in the Gujarat High Court. The Gujarat High Court has granted interim relief for payment of VAT during pendency of the appeal. The liability, if any, of VAT on medicines for the years from 2006-07 to 2013-14 has not been ascertained and the same will be determined on the final outcome of the matter.

6. Balances in the accounts of sundry debtors, advances and creditors are subject to confirmation by the parties. Necessary adjustments, if any, will be made when the accounts are reconciled / settled.

7. Figures for the previous year have been regrouped or rearranged, wherever required to make them comparable with those of the current year.

On behalf of the Charutar Arogya Mandal			
<b>For Deloitte Haskins &amp; Sells</b> Chartered Accountants	<b>Dr Amrita Patel</b> Chairman	<b>J. M. Rawal</b> Trustee	<b>Nitin Desai</b> Trustee
<b>Gaurav J. Shah</b> Partner	<b>P. N. Ganju</b> Sr. General Manager (Accounts)	<b>Sandeep Desai</b> Chief Executive Officer	<b>Jagrut Bhatt</b> Hon. Secretary
<b>Ahmedabad</b> Date: August 28, 2014	<b>Karamsad</b> Date: August 28, 2014		

# Credibility alliance norms compliance report

## IDENTITY

- Charutar Arogya Mandal is a public charitable trust, registered under the Bombay Public Trust Act 1950 (Regd.No.F/119/Anand) and the Societies Act, 1860 (Regd.No. GUJ/91/Anand)
- MOA and AoA are available on request
- Mandal is registered under section 12 A(a) of the Income Tax Act 1961 and its income is exempt under section 11 of the Income Tax Act 1961. Mandal is also registered with DIT (exemptions) Gujarat u/s 80G(5) and section 35AC of the Income Tax Act 1961 (Notification dated July 31, 2014, valid upto March 31, 2017).
- Mandal is registered under section 6(1)(a) of the Foreign Contribution (regulation) Act 1976 (Regd. No. 042040053).

Visitors are welcome to the addresses given on the “[www.charutarhealth.org](http://www.charutarhealth.org)” link on our website

Name & Address of Main Bankers: Oriental Bank of Commerce,  
Gokal Nagar, Karamsad 388 325.

Name & Address of Auditors: Deloitte Haskins & Sells,  
Chartered Accountants,  
3rd Floor, Heritage, Nr. Gujarat Vidhyapith,  
Off Ashram Road, Ahmedabad 380 014.

## VISION AND IMPACT

### Mission

To provide modern and professional healthcare to the rural community equitably with commitment, excellence, honesty and integrity.

### Vision

We would offer to our patients, comprehensive and personalised healthcare with commitment and compassion at an affordable cost, to their utmost satisfaction, while keeping ourselves abreast of the state-of-the-art technology.

### Impact

The efforts made in fulfilling our mission have had a great impact in the lives of the rural population in the vicinity of the Mandal. Seven extension centres are operated by the Mandal in the adjoining villages, enabling the hospital to take its services closer to the community. Cancer awareness programme in 27 villages has enabled early detection of the disease and thereby its treatment.

## GOVERNANCE

Details of members of the Governing Body as at March 31, 2014.

Name	Age	Sex	Position on Board	Occupation competence	Area of attended	Meetings
Dr Amrita Patel	71	F	Chairman	Retired professional	Management & operation	2/3
Shri Jagrutt H Bhatt	59	M	Hon. Secretary	Industrialist	Management	3/3
Dr Utpala Kharod	56	F	Dean (Ex-officio)	Service	Doctor	3/3
Dr Chhotubhai L Patel	79	M	Member	Agricultural and social service	Academician	2/3
Shri Natubhai M Patel	84	M	Member	Social Service	Management	2/3
Shri Ashokbhai J Patel	70	M	Member	Industrialist	Management	1/3
Shri Thakorbhai C Patel	76	M	Member	Social service	Management	3/3
Shri Harshadbhai S Patel	79	M	Member	Business	Management	1/3
Shri Prayasvinbhai B Patel	56	M	Member	Industrialist	Management	0/3
Shri Vikrambhai C Patel	68	M	Member	Social Service	Management	3/3
Mrs. Dakshaben N Shah	69	F	Member	Social Service	Management	1/3
Mrs. Arunaben Lakhani	75	F	Member	Social Service	Management	1/1

- The Governing Body met three times during the year 2013-14 on August 30, 2013, January 28, 2014 and March 27, 2014. Minutes of the meetings are documented and circulated.
- A rotation policy exists and is practiced.
- The Governing Body approves programmes, budgets, annual activity reports and audited financial statements. The Governing Body ensures the organisation's compliance with laws and regulations.

## ACCOUNTABILITY AND TRANSPARENCY

- No remuneration, sitting fees or any other form of compensation has been paid since inception of the Mandal to any member of the Governing Body / Trustee except to Dr Utpala Kharod Dean, PSMC, who is an employee of the Mandal and ex-officio member of the Governing Body.

Following reimbursements have been made to the members of the Governing Body:

- Traveling expenses (to attend the meetings of the Governing Body): Nil
- No other reimbursements have been made to any member of the Governing Body / Trustee.
- CEO's remuneration: ₹2.50 lacs p.m.
- Remuneration of 3 highest paid staff members: ₹6.00 lacs p.m; ₹3.75 lacs p.m; and ₹ 3.70 lacs p.m.
- Remuneration of the lowest paid staff member: ₹3,500/- p.m.

■ Staff details as at March 31, 2014 :

Gender	Full time	Part time	Consultants	Volunteers (Unpaid)
Male	638	28	34	Nil
Female	665	1	19	Nil

All members of the Governing Body / Trustees are “volunteers” giving their time pro bono. They are not included in the details above.

■ Distribution of staff according to salary levels as at March 31, 2014 :

Slab of gross salary including benefits paid to staff	Male	Female	Total
Less than ₹5000/-	28	32	60
₹ 5,000/- to ₹10,000/-	193	198	391
₹10000/- to ₹25,000/-	225	234	459
₹25,000/- to ₹50,000/-	124	147	271
₹50,000/- to ₹1,00,000/-	69	32	101
Above ₹1,00,000/-	61	42	103
<b>Total</b>	<b>700</b>	<b>685</b>	<b>1385</b>

The staff table includes the salaries of both staff as well as paid consultants in the respective categories for the year ending March 31, 2014.

- Total cost of national travel by all personnel (including volunteers) & members of the governing body: ₹ 44.15 lacs.
- Total cost of international travel by all personnel (including volunteers) & members of the governing body :

( ₹ in lacs)

No.	Name	Designation	Destination	Purpose	Gross expense	Sponsored
1	Dr Monica Gupta	Professor Gr- I	London	International Forum for Safety and Quality in Healthcare Conference	1.83	NA
2	Dr Somashekhar Nimbalkar	Professor Gr- I	Washington	Pediatric Academic Societies Meeting	2.87	NA
3	Dr Chiramana Haritha	Medical Oncologist / Associate Professor	USA	2013 55 <sup>th</sup> ASTRO Annual Meeting Georgia World Congress Center Atlanta	2.79	NA
4	Dr VRKG Shankar	Radiation Oncologist / Assistant Professor	USA	2013 55 <sup>th</sup> ASTRO Annual Meeting Georgia World Congress Center Atlanta	3.33	NA

(₹ in lacs)

No.	Name	Designation	Destination	Purpose	Gross expense	Sponsored
5	Sh Prashantkumar G. Shinde	Medical Physicist & Medical Radiological Safety Officer	USA	American Society of Therapeutic Radiology and Oncology 2013 Conference	1.31	NA
6	Sh Lalit N. Chaudhari	Medical Physicist & Medical Radiological Safety Officer	USA	American Society of Therapeutic Radiology and Oncology 2013 Conference	1.31	NA
7	Dr Anuradha Joshi	Associate Professor	Europe	2 <sup>nd</sup> International Conference on Faculty Development in Health Profession International (AMEE)	1.78	NA
8	Dr Suman P Singh	Professor Gr- I	Mauritius	International Conference on Medical Education 2013	1.21	NA
9	Dr Barna Ganguly	Professor Gr- I	Boston	Public Responsibility in Medicine and Research 2013 Advancing Ethical Research Conference	1.46	NA
10	Dr Deepak Ganjiwale	Occupation AI Therapist	Singapore	Rehabilitation Conference 2014	0.80	NA
				<b>Total</b>	<b>18.69</b>	

# Gratitude

- The people of Charutar who generously contributed in so many ways.
- The people of Karamsad, and particularly, the Karamsad Municipal Nagarpalika for their continuing support.
- The Tribhuvandas Foundation for their continued assistance.
- The Charutar Vidya Mandal and the Charotar Gramoddhar Sahkari Mandal Ltd, for their help and support.
- The Kaira District Cooperative Milk Producers' Union for their support and help.
- The Vitthal Udyognagar Industries for their support.
- The Government of Gujarat and the Sardar Patel University who have offered unstinted support.
- The Santram Mandir, Karamsad for providing free meals to relatives of patients coming from far away.
- Sir Ratan Tata Trust, Mumbai and Sir Dorabji Tata Trust, Mumbai for their generous assistance to the Cancer Project and treatment of poor patients.
- Sir Jamshedji Tata Trust for their generous assistance to provide scholarships to meritorious but economically challenged students for the MBBS courses.
- Dr. Somjee Family for starting a Somjee Fellowship given to the interns admitted under the TATA-CAM Scholarship
- Shanti Charitable Trust for supporting the MBBS scholarship students with hostel stay, mess fees, books, aprons and instrument sets
- Elecon Group of companies for their generous support in creating the state-of-the-art Cardiac Centre
- The Petlad Municipality for entrusting us with the responsibility of managing their centre at Petlad.
- Ardi Gram Panchayat for making available a community hall in their village for a Clinic.
- Public Training Research Centre at Khambhat, The Bhadrans Arogya Trust, Agas Health Centre, Petlad
- Nagarpalika Hospital, Sonaba Hospital & Sadaba Nursing Home, Sevaliya and Ardi Rural Health Training Centre for making available their premises to run our Health Centres.
- The National Dairy Development Board for their assistance in many of our projects.
- The honorary consultants and volunteers who have worked selflessly to provide much needed support.
- The dedicated team of doctors and support staff who have worked to provide round-the-clock services.
- Numerous donors who have been so generous in supporting our projects and activities.
- The countless individuals and institutions who have supported the Charutar Arogya Mandal activities in so many ways and without whose help and encouragement, the Mandal would not have been able to make the progress achieved during the year.

# Support Shree Krishna Hospital

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