Charutar Arogya Mandal

Annual Report
2011-12
Cover image:
Left: Rahim getting treated for cancer at our hospital
Centre: Angel, 10-year-old being treated for cancer at our hospital
Right: Caring dialogue between a geriatric patient and a nurse
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Gratitude
Charutar Arogya Mandal's structure is a reflection of its commitment to professionalism on one hand and accountability to the community, including its many donors, on the other. Registered as a trust and a society, its properties are vested in the Board of Trustees, comprising Shri Baboobhaji 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 representations 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 2012 was 1,824.

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Dr Amrita Patel
Progressing Towards Excellence

There is no human endeavour nobler than the quest to improve oneself each day, each moment. While this is true of individuals, it is equally true of institutions. Healthcare institutions, above all others, have an even greater responsibility to make an effort to improve the standard of performance with each passing day. That is the institution’s mark of quality. That is its mark of excellence.

For Charutar Arogya Mandal, excellence is not only a core value; it is a part of life. This current year, the Mandal’s focus was centred around two efforts: laying the foundation for professionalism – yet another dimension of excellence in its people, and attempting to inculcate best practices in its culture. The best practices determined for improvement in quality were in five identified areas – Clinical Practice, Documentation, Behaviour, Facility Management and Cost.

At the start of the year, Councils consisting of staff drawn from different cadres were formed to create momentum and ingrain these best practices in everyday life. The Councils, all headed by medical professionals, have made considerable efforts to introduce interventions that will help these practices be accepted in the institution.

The Behaviour Council went on to institute an award – Behaviour Idol, to highlight the efforts of those who provide exemplary service to clients. The Documentation Council worked towards standardising various forms used in the Hospital, which led, in turn, to elimination of a number of forms, saving time and resources. The Clinical Practices Council worked on introducing clinical protocol. The Cost Council focused on optimising the use of water and electricity. The Facility Management Council, on the other hand, while developing checklists for maintaining various services and facilities in the Hospital, also gave its attention to a utility that is more often than not neglected in public institutions, yet is of utmost importance – washrooms. To encourage the support staff to maintain the highest level of hygiene and cleanliness, the council devised a competition that would reward the best kept washroom.

The results of these efforts have been significant. There has been considerable improvement on a number of services. The use of mobiles has been restricted in meetings, patient consultations and ward rounds. There is greater appreciation for the need to maintain patient confidentiality. The new forms are easier to fill in and more uniform. Clinical protocols have led to standardised rational and affordable care for the procedures for which they have been adopted. Cost consciousness has improved; there are fewer breakdowns and regular preventive maintenance.

As important as these
improvements are, these are perhaps overshadowed by the most important improvement of all; the improvement in the capability of the staff to provide quality care. The Councils will, of course, continue to work in the future with newer interventions. While some of these interventions will work well, and some not so much, what will be established is a culture of quality. One that will always go on.

Towards the end of the year, work also began on yet another dimension of excellence – professionalism.

The Annual Retreat focused on this theme, and in preparation multi-source feedback was taken from patients, students, co-workers, internal clients for senior leadership departments (including administrative departments) and vertical heads, using validated survey forms. In all, over 1,500 people provided their valued feedback. The Retreat itself was preceded by preparation sessions wherein participants were presented with various aspects of professionalism on different days, generic qualities of a professional, medical professionalism, teaching professionalism and professional behaviour. These sessions enabled self-assessment in respect to various dimensions of work, patient care, teaching, peer relations and service to internal clients.

At the Retreat, participants were provided with an analysis of the individual feedback received from various stakeholders, together with their self-assessment for comparison. The feedback and the self-assessment were used to enlist areas of improvement by each participant for themselves. Similarly, the aggregate feedback from stakeholders was used to identify areas of improvement for the institution as a whole. These areas of improvement, for each individual who participated at the Retreat or the institution, will form the basis of future staff development efforts.

These efforts focused on the Mandal’s staff form the core of its philosophy: There is no development greater than the development of Man. And in developing its staff, the Mandal sees a powerful instrument in accomplishing its mission. An instrument that will not only make the lives of the staff richer and more meaningful, but simultaneously improve the quality of life of those whom they come into contact with – patients, students and colleagues.
Medical Education

In an era where crass commercialisation has even victimised a profession as noble as medicine, Charutar Arogya Mandal continues to stand steadfast and tall. Recognising the challenges its teaching institutions face in imbibing the qualities and values a medical professional should have, either as a treating physician or as an academician; this year was dedicated to laying emphasis on teaching medical professionalism.

The Mandal which ensures the status of being one of India’s premier medical colleges affirms the quality of students it produces. The Institution puts in great efforts, introducing innovative ways of teaching, to make sure that the learning process not only ensures good quality students who will act as ambassadors of the Mandal, to carry out its vision and values, but also in making them better human beings.

Various initiatives were undertaken during the year to take these efforts forward. Revision of the curriculum and the assessment pattern was carried out almost through the year. While the Medical College is perhaps the first in India to carry out horizontal integration in its curriculum, the exercise undertaken was to incorporate vertical integration as well. Curriculum maps were designed for each year and learning objectives for each topic are being developed. This will not only enable students to understand subjects and topics in an easy, structured manner, but will also reduce stress during assessment and evaluation due to better clarity of the subjects.

The curriculum also constitutes foundation courses during the year for a particular duration to help students develop their soft skills – communication, knowledge on ethics, professionalism, morality, patient’s rights and responsibilities and values that a medical professional should adhere to.

In recognition of the work done at the medical institution and its commitment to seek excellence and practice innovation in the field, many of our senior faculty members are now being invited to National Fora held by the Medical Council of India and the Ministry of Education, where issues related to implementation of the Vision 2020 framed by MCI are being discussed. A member of our faculty has also been nominated as a member of the core group on foundation courses by the Medical Council and as a member in the MCI National Team for the Curriculum Implementation Support Programme.

The last year has also seen the educational institutes prepare for accreditation. The KM Patel Institute of Physiotherapy has completed its SSR and submitted it to NAAC, and is now awaiting the pre-assessment. The Pramukhswami Medical College is also in the process of completing its SSR and there are plans to submit it in the near future. The GH Patel School of Nursing has added B.Sc. in Nursing, which has received recognition from the University. An approval of postgraduate seats in Diploma and Degree in various subjects have been granted to the HM Patel Institute of Postgraduate Studies, bringing the total number of approved seats to 69. To add to this, there are DNB courses being planned in specialty subjects such as Cardiology, Nephrology, Radiation Oncology, etc. in the coming months.

Brief descriptions of other proposed activities to be taken up at the Mandal’s educational institutions during the year are below.
PRAMUKHSWAMI MEDICAL COLLEGE

Set up 25 years ago to prepare medical resources for the rural areas, the Institute is now one of India’s finest medical colleges, producing some of the best medical practitioners in the country. It entered into its Silver Jubilee year in September 2011.

To mark the commencement of the Silver Jubilee year, the Mandal and the PSMC Alumni Association organised a scintillating two-day Silver Jubilee function on December 24-25, 2011. On 24th December, there was a grand cultural evening where the staff, alumni, their families and students participated together. The formal inaugural ceremony was organised on the college ground, with Hon’ble Chief Minister of Gujarat, Shri Narendra Modi as the Chief Guest for the event. The Hon’ble Health Minister of Gujarat, Shri Jay Narayan Vyas honoured the occasion. Former deans, senior teaching and non-teaching staff and alumni who have made significant contributions in the medical field were felicitated by our honoured guests with the Mandal’s angavastram and a memento. 1,500 people attended the celebration, including board members, donors, dignitaries, Government officials, staff and students. The event also provided an opportunity for the alumni to interact with their teachers, students and more importantly to pay homage to their alma mater.

All in all, it was a celebration of 25 years of hard work and dedication towards producing 1,981 medical professionals of the highest calibre, creating an environment to help retain the glory of the medical profession, and creating resources to care for and serve humanity and the community.

Curriculum Design and Development

In continuation to the curriculum planning initiated last year, a two-day mini-retreat was held on May 27-28, 2011 for the heads of the departments and senior faculty members. At the retreat, the present curriculum was reviewed in light of the curriculum that is followed at institutes of repute, such as Mayo, CMC Vellore, etc. It was agreed to develop a system-wise, competency based curriculum, and for smooth and effective implementation, core committees consisting of faculty from pre-clinical, para-clinical and clinical departments were formed for each system.
The contents, pedagogy and assessment of each system were decided with inputs from all members, with the clinicians playing a lead role. It also ensured continuity over the four years, through vertical integration. This was seen as a mode to provide more structured learning to students, with focus on skill-training. It will also provide a concrete basis for rationality in the assessment system.

The curriculum map for 1st, 2nd, 3rd and 4th year MBBS was also prepared, giving a bird’s-eye view on the topics to be taught, the duration, number of lectures, schedule of vacation and examinations. This will form an important part of the student manual as it will help students prepare themselves better.

An integral part of the curriculum design was the Foundation Courses. Development of ethical values and making an individual a true professional is important. Which is why, a lot of emphasis was given to this segment through a structured, dedicated programme on certain behaviour aspects, even though this is normally not included in conventional MBBS courses. Initiated only for 1st year MBBS students, from now onwards, it will be extended to 2nd, 3rd and 4th years as well.

A series of pre-defined and validated sessions were taken for the respective batches of students to help them get a better understanding of the whole MBBS programme, alternate health systems in the country, professional attitudes, patient safety, family practices, stress and time management, and use of information technology in medical science, to name a few. Efforts were made to rope in faculty from outside the institution for some of these sessions as well. Considering the dearth of true professionals in the market, special emphasis is also being given to Continuous Professional Development of the students and the faculty members.

The curriculum of postgraduate studies was streamlined by broadly defining year-wise outcomes with parameters of skills, knowledge, and attitudes, including teaching medical professionalism. The idea was to take up similar exercises to review the curriculum, as has been done for the undergraduates.

**Assessment**

It was recognised that to reduce the stress and apprehensions related to exams it was important to simplify the assessment and evaluation pattern. After reviewing the existing pattern of internal examinations, guidelines were prepared to bring uniformity in the internal examinations for all four years, including standardisation in the number of examinations conducted, relative weightage of types of questions, i.e. must-know, good-to-know, nice-to-know. The weightage of different types of questions in terms of multiple choice questions, short answer questions, and long answer questions for different internal exams, along with marks distribution was also discussed. The basis of the distribution of the marks in the practical examination was finalised. Time frames for field visits, case-based learning, clinical postings, seminars, viva, etc. were decided.

This planning is to offer a structured and standard pattern for assessment. Inclusion of day-to-day assessment to improve the academic performance of undergraduates was considered.

An attempt was made to bring in some level of uniformity in the assessment pattern for postgraduate studies as well. This was done by first reviewing previous years’ university question papers of various departments in terms of the number and type of questions, marks distribution and overall quality. The structure of the paper with weightages of different questions, including the area of curriculum was...
standardised. Regular internal assessment of PG students through papers and practicals is being conducted, along with performance appraisal for providing feedback to students at the end of each academic year; a system which is very unique to our PG programme, since it’s being conducted by only a few institutions in the country.

Clinical Training

A log-book for interns focusing on skill learning has been designed and implemented. For undergraduate students, a clinical record book is maintained, that contains the learning objectives for each clinical-posting at various departments. Taking feedback from interns at their farewell on the structure of the UG Program, the skills and knowledge gained and the teaching-learning process undertaken, as well as an overall view of the college has become a ritual.

Similarly this year, the log-book of PG students was reviewed and revised after inviting suggestions from all concerned departments, with a focus on assessment of skill acquisition, personal attributes, participation in departmental academic activities, teaching skills and dissertation work.

Overall Performance of Regional Centre

Within a period of a year and four months since its launch, the centre has trained 258 and 525 faculty at the regional centre and allocated colleges, respectively. The regional centre at the college has become the best performer amongst seventeen regional centres, training 25% of all faculty trained in the country across colleges.

Student Liaison

Joyfest Festival

2nd year MBBS students participated in Joyfest Festival, organised by the NGO Yuva Unstoppable, Vallabh Vidyanagar and held between September 26 and 29, 2011. Refreshments were distributed to children and workers at construction sites as well as to the patients at Shree Krishna Hospital to spread joy and give them moral support.

PSMC students organised Horizon, a grand cultural programme, between June 13 and 16, 2011 at PSMC, Karamsad. All medical colleges across Gujarat participated in the event.
Pramukhswami Medical College Alumni Association (PAA)

Since its inception in January 2010, the total membership of the Alumni has reached 600. PAA took an active part in the Silver Jubilee celebration of the College, and also announced a Best Student Award from this year onwards.

The Association developed their own monthly newsletter and distributed it to students, the alumni and other healthcare professionals. Regular guest lectures are being organised and delivered by the alumni. Dr Kintur Sanghvi, an eminent cardiologist practicing in USA, and Dr Tapan Parikh, working at the Department of Public health, Epidemiology and Biostatistics in USA, visited the college and delivered guest lectures to the students.

The Pramukhswami Medical College Alumni Association marked its second anniversary by launching its website on January 31, 2012.

Scholarships

Undergraduate Students

The Mandal has always believed in equality, be it caring for and treating patients who come to the hospital or providing services to the community at the doorsteps. The same holds true for meritorious students who stop dreaming to become medical professionals because of the rising cost of medical education. The Mandal considers it its moral responsibility to help such meritorious students fulfil their dream. The college has dedicated 10 seats of the Management Quota for scholarships, becoming the only institution in the country to have such a unique scholarship programme. Since the last four years, the Institute provides scholarships to meritorious students from economically weaker sections of the society every year. The scholarship provides students with the opportunity to pursue a career in medicine, which otherwise would have been unachievable. At the same time, the Institute also tries to instil trust and traditional values in the lives of these students.

The TATA-CAM scholarship, started in 2008 for 10 Management Quota seats to admit students to the MBBS course, has now entered its fourth year. The scholarship allows
students to pursue medicine for an annual fee of just ₹ 5,000, which is perhaps even less than the fees charged by the Government Medical College, and the current annual fee of ₹ 4 lakhs. The selection process of these students is unique. It is not only based on the strict criteria of annual family income below ₹ 3 lakhs, but is also based on an individual scrutiny of each applicant and home visits conducted by our faculty and managerial staff members to assess the economic condition of the students. Since inception, the Institute has provided scholarships worth ₹ 3.95 crores under this scheme. Trustees of the Shanti Charitable Trust, Dr Ilaben V Shah (practicing paediatrician, USA) and Dr Vinod K Shah, MD (Professor of Medicine, George Town University Medical Center, USA) have given these students additional support in the form of books, aprons, dissection and bone sets, boarding and lodging charges. The additional financial support given to the 30 TATA-CAM scholars till 2011-12 amounts to ₹ 13.8 lakhs. Besides, four final year MBBS students are benefitting from a 50% scholarship on their annual tuition fee as a part of yet another scholarship provided earlier.

The interest of ₹ 31,000 received and above the ₹ 5 lakhs donated as corpus in memory of Late Shri Dayabhai Chhaganbhai Patel in the year 2000, was utilised in declaring awards in the co-curricular activities and in the National Inter-Medical College Physiology Quiz competition.

**Postgraduate Students**

The Mandal has been providing merit-cum-need based scholarships ranging from 50% to 75% of the total fees to meritorious students. Since its inception in 2004, 24 students have benefited from this scholarship, with the total exceeding ₹ 2.5 crores. In 2011-12, five students benefited from an assistance of ₹ 22.75 lakhs.

From 2011-12, the Mandal implemented a unique scheme where an interest-free loan to the extent of 25-75% of the tuition fee was provided to deserving PG students based on an application and screening process, along with service conditions and repayment period.

**KM Patel Institute of Physiotherapy**

This year, students of the eighth batch of Bachelors of Physiotherapy and third batch of Masters of Physiotherapy passed out with 100% results. The curriculum, practical training, teaching methodology and the assessment pattern were designed in such a way that the students were prepared for holistic development. A new concept of internal improvement exams was introduced and the exams are being conducted for undergraduate student which give the students an opportunity to upgrade their internal marks. Students who have scored less in internal exams have benefitted from this system, saving one year of their academics.

The Institute celebrated many important days this year, including World Physiotherapy Day, Cerebral Palsy Day, World Polio Day, World COPD Day, World Disability Day, Physio Pulse 2012 and International Women’s Day. In July, the allotment of NSS unit of 100 students was announced, making the Institute perhaps the first Physiotherapy Institute in the state to do so. As part of the NSS activity, a special seven-day camp was also organised in a backward village of Anand district.

The Institute also provides its services at the extension centres of the hospital on Saturdays, treating nearly 1000 patients during the year.

**Curriculum Design & Development**

The postgraduate curriculum is undergoing changes which have been proposed by the faculty of Physiotherapy of the University. The proposed changes have been sent to the Board of Studies for a formal approval. The undergraduate curriculum has been reviewed and updated based on the feedback obtained from the various departments of the
Hospital, the College and external examiners of the BPT University examination, to bring it at par with national and international trends.

Assessment

A standard process for periodic evaluation through monthly tests, OPD/Ward ending examination for the students is in place. This enables easy identification of students who are slow at learning for whom remedial classes can be scheduled. This contributes towards increasing the competence of students.

Clinical Training

Clinical training is an ongoing process throughout the course. It helps strengthen the practical implementation of knowledge that the students gain from the classroom. A total of 25,222 patients were treated on an outdoor basis, 15,550 as indoor patients and 298 in emergencies. The Institute has implemented various protocol based assessments of the patients and treatment formats in each department to improve the impact and efficacy of the therapy and the therapist. A new Sensory Integration Unit has been set up to treat children with cognitive and developmental deficiencies, and patients with sensory perception problems.

A special ante-natal care programme by the hospital gives a special impetus to the role of physiotherapists during pregnancy; a different perspective of therapeutic intervention is learned through these classes.

Community Extension

To provide healthcare services at the doorstep of the community is what our Founder Chairman envisioned. The Hospital does its bit; the Institute of Physiotherapy has also gone beyond the boundaries of the campus with an aim to reach the most underprivileged section in need of medical aid. There have been visits to 10 villages by the students and faculty, participation in a hypertension camp and nutrition week celebrations. Physiotherapy camps at selected villages of the district have also been organised to help develop community orientation approach in students.
Student Liaison

The Institute organises various in-house and external activities for undergraduate and postgraduate students to ensure wide exposure and training to budding professionals. The Institute also organises regular lectures by eminent external faculties on various subjects of concern, or current issues in the field. Lectures on Musculoskeletal Examination, Research Methodology, Practice Pattern of Physical Therapists abroad – The use of various techniques, etc. were organised for the Institute’s undergraduate and postgraduate students.

Apart from these, events of non-academic nature have also been a part of the KMIPP students’ calendar, which included a 5-day long Art of Living workshop, participation in Evolve Meetings, quiz contests, sports and elocution competitions, and participation in the socio-cultural event of the university – Volcano. The students also enthusiastically celebrated the Red Ribbon Club Programme – to spread awareness on the prevention of HIV/AIDS, focusing on the youth, in association with the students of the medical college and the nursing school. Various inter-college poster competitions and role plays were also organised as a part of this programme.

Faculty Development

A state level CME on Preventive Cardiology and Recent Trends in Cardio-Respiratory Physiotherapy was organised by the Institute in which delegates from all over the state participated. The faculty regularly make weekly presentations on scientific papers which are critically evaluated. They also enrolled for BLS (Basic Life Support) and ACLS (Advanced Cardiovascular Life Support) programmes.

GH PATEL SCHOOL OF NURSING

The GH Patel School of Nursing continues to make efforts to strive for providing the most qualitative and effective academic and practical training to nurses. Various trainings and workshops have been organised for students to train and sensitise them about the patients’ crucial conditions. 25 students attended an in-house workshop on ‘The Role of Electroconvulsive Therapy in...
Increasing the access and equity’. On March 21, report submitted to Nursing School and Gujarat Committee (HREC), studies were conducted and of Nursing, Ahmedabad. A special training on Psychiatry. 19 students attended an outstation Psychiatry, organised by the Department of Psychiatry. 19 students attended an outstation workshop on ‘Legal Ethical Issues in Nursing – Right or Wrong, Reverence for Life’ at JG College of Nursing, Ahmedabad. A special training on Neonatal Care was organised for the 3rd year students with the help of faculty of departments of paediatrics and neonatology. Four students from the school visited two other nursing institutions to study the pattern of curriculum for the internship period as a part of their internship research activity.

Students and faculty participated in the programme’s activities, like poster making and theme based role plays.

LP PATEL INSTITUTE OF MEDICAL TECHNOLOGY

The tutors of the school have been constantly motivating and supporting research activities as well. As a result, four proposals from 19 intern students’ research were approved by Human Research Ethics Committee (HREC), studies were conducted and report submitted to Nursing School and Gujarat Nursing Council.

The school also celebrated International Nurses Day on May 12, 2011 with the theme ‘Closing the gap – Increasing the access and equity’. On March 21, 2012, the School along with Pramukhswami Medical College and KM Patel Institute of Physiotherapy celebrated the RRC programme.

The Institute established in the year 1981 is affiliated to the Sardar Patel University. It was set up with the objective of preparing healthcare professionals of highest calibre in various diagnostic and therapeutic technologies used for patient care, with a strong foundation of relevant pre-and para-clinical subjects. This will help enable efficient use or assistance when using advanced medical technologies. It will also fill the gap of trained para-medical assistants in the field.

Courses in Medical Technology

There are a number of courses run by the Institute, namely B.Sc. in Medical Technology in various specialisations such as Radiotherapy, Imaging, Clinical Laboratory, Respiratory Therapy and OT & Anaesthesia. The one-year diploma course in Medical Laboratory Technology (DMLT) has
been the most popular course, with 15 students successfully completing the course in May 2011 and 33 enrolling for it in 2011-12. The Institute has already started the two-year M.Sc. in Medical Technology in Clinical Laboratory Technology (CLT) in June 2006. A total of 17 students have pursued M.Sc. (CLT) in 2011-12.

During the year 2011-12, the Institute has also been granted permission by the Sardar Patel University to start the following new courses:

**Ph.D. in Medical Technology:**

Three PG teachers, Dr Sunil Trivedi, Dr Menka Shah and Dr N Haridas, have been recognised as Ph.D. Guides in Clinical Laboratory Technology by Sardar Patel University, and have opened up avenues for further study and research for M.Sc. (CLT) students. Six students have already been registered for a Ph.D. under them during 2011; 2 joined as full time Research Scholars.

**M.Sc. – Medical Technology (Perfusion Technology):**

This postgraduate course in Perfusion Technology provides B.Sc. students with an opportunity to pursue careers as perfusion technologists or perfusionists. During an open heart surgery, the cardiopulmonary bypass (or heart-lung) machine maintains the patient's life by taking over the functions of the heart and lungs. Perfusionists are highly skilled professionals who operate life-support equipment such as heart-lung machines. The course will be conducted at Bhanubhai and Madhuben Patel Cardiac Centre and will commence in June 2012.

**Postgraduate Diploma in Clinical Dietetics:**

The course is specifically structured to prepare competent clinical dieticians to work efficiently in hospitals and healthcare settings. Students will be trained in diet counselling, planning and preparation of therapeutic diets, etc. The course will be conducted by the Dietary Department of Shree Krishna Hospital, Karamsad, which is managed by qualified clinical dieticians and staff well trained in healthy, hygienic and therapeutic food preparation, distribution to admitted patients and other related services. Students with B.Sc. Home Science (Food & Nutrition or Food Science & Quality Control) or B.Sc. (Nursing) are eligible for this course, which is expected to start from June 2012.

**Academic activities:**

The Institute rigorously follows an academic calendar for teaching schedules, continuous internal evaluations and vacations. Students are given sufficient hands-on practice for laboratory investigations in special practice-postings, in addition to their regular lectures, practical and rotational hospital / laboratory postings. Students are also encouraged to prepare and present seminars and attend guest lectures. All PG dissertations are carried out after due approval of the Human Research Ethics Committee as per institutional protocol. The overall result of Medical Technology students in 2010-11 was a high 93.9%.

**Co-curricular activities:**

An AIDS awareness programme and a poster competition were conducted under the auspices of the "Red Ribbon Club", supported by Gujarat State AIDS Control Society, Ahmedabad on March 15, 2012. Dr Sunil Trivedi and Dr Rupal Patel presented informative talks while the students of DMLT presented a role-play. The programme was attended by all Medical Technology course students.

**Library**

During the year, 116 print copies of journals worth ₹ 28 lakhs, 246 new books worth ₹ 3.27 lakhs and 577 e-journals worth ₹ 1.62 lakhs were procured. The library operates from 8 am to 2 am from Mondays to Fridays, and 8 am to 12 am on Saturdays, while the reading room is open 24 hours. Hi-tech software with barcoding for issue and return of book, journals, etc. makes it easy for keeping track of the 13,310 books, 8,475 e-books, 10,165 printed back volumes of journals, 103 online back volumes, 255 dissertations, 163 audio cassettes, 240 VCDs, 930 CD/DVDs and 4,649 slides in the library. Five training sessions on online use of journals were undertaken in conjunction with the Central Research Services.
From the start, the hospital services have been guided by the motto provided by the founder chairman: 'Solace for the Suffering.' Though there has been a significant improvement in the number of patients being served by the Mandal’s institutions, efforts in recent years have been to ensure that the care being provided is efficient, rational and affordable. Most importantly however, is that the care bears the stamp of an unmatchable humane experience. To enable these expectations to become a reality, intense focus is applied to issues related to protocols, quality, systems and costs.

The activities carried out by various institutions and services within the institutions in the year gone by as detailed in following paragraphs would provide a glimpse of these efforts:

**SHREE KRISHNA HOSPITAL**

**Outdoor Services**

The outdoor service of any healthcare facility is the core of the Hospital’s operations, as it involves the first contact between the patient and consultant.

We have been, therefore, making persistent efforts to make the outpatient services hassle-free, convenient and as personalised as possible. The only measure to assess the success in the services provided is an increase in the number of patients availing the services. The efforts taken to improve outdoor services have resulted in an increase of nearly 7% in OPD consultations as compared to last year, with 3,19,737 patients being treated, of which 3,13,601 availed regular OPD consultation and 6,136 benefited from privilege services.

With a view to create online registration, data storage and computerise the out-patient services, Patient Identity Cards have been introduced. These cards will be linked with the profile of each individual patient with a photograph and will serve as a single compact tool for storing and accessing patients’ personal and medical information across the hospital. New patients coming for outdoor consultations need to furnish his/her basic details and contact information with a hospital ID number which will maintain all the information of their visits and other vital medical information.

During the year, an innovative initiative was taken by the employees of CAM with a volunteer introduced at the entrance of the hospital, called 'Tamaro Mitra, Tamari Sevama,' literally meaning 'your friend, at your service.' It is a voluntary initiative to provide assistance and guidance to patients coming to the hospital and to help them reach their respective departments in the hospital without getting lost in a large set-up. Employees from all cadres and departments volunteered in this initiative. The affirmation of the commitment of the employees in providing an unmatchable humane experience was demonstrated every time patients or their relatives compliment them while they were warmly welcomed on entering the hospital with a wheelchair and assistance. On the other hand, employees who volunteered for this programme without the expectation of any material gain have gained immense satisfaction by doing a job not part of their job profiles and by earning something that is far exceeding their salary.

Considering the increase in the number of patients availing super-specialty services, a new section has been opened in the hospital with a waiting area. Over 18 consultants of various specialties provide services on various days through the week.
The specialties involve neuro-surgery, neuro-medicine, urology, endoscopy, nephrology, gastroenterology, arthroscopy, vascular surgery, and newly introduced services like the pain clinic and diabetology. Throughout the year, more than 8,747 patients availed these super specialty services.

**Indoor Services**

The hospital is in the process of applying for National Accreditation Board for Hospitals & Healthcare Providers (NABH). The systems of managing operations of indoor facilities were also updated as per NABH requirements. The major contribution for implementation of protocol-based treatment, improvement in practices and strengthening of documentation was also looked into by the Quality Councils for Clinical Practice and Documentation, who met almost fortnightly. These Councils ensured implementation of the best practices as decided by them across the hospital, with indoor services being a major area of attention. Better record-keeping was focused upon, for which a system of maintaining online admission register was introduced. Various checklists were also introduced and are now maintained regularly for equipment maintenance, laundry, cleaning schedules, crash cart with expiry medicines and daily inventory. For better waste management and as a measure of infection control, the system of colour coding has been adopted. This means segregating waste materials at ward levels and discarding them in bags of different colours. Protocols were developed by major departments and treatments were provided strictly as per protocol. Deviations were documented and audits were conducted regularly to ensure implementation. To facilitate and hasten the discharge process, computers and printers have been provided in each ward to prepare discharge summaries. Drug sheets, which need to be put in patient files, have been implemented, which contains at-a-glance view of all the medicines which the patient has been put on, details of the mode of administration, dosage, frequency, start time and end time. This comprehensive sheet has been particularly helpful in managing patients who are under the care of more than one specialty.

The indoor services provided are of two types: Privilege and General. The difference is only in the comfort and personalised care offered. The quality of treatment and care remains uncompromised at all places. A system to obtain continuous feedback from patients and their relatives has been put in place through a systematic patient satisfaction survey conducted by the quality assurance group, from which vital areas of improvement are identified, and grievances are addressed and responded to through a personalised letter.

The Obstetric and Gynaecology ward was renovated during the year, much to the satisfaction of the patients, for improving the services provided.

Over 27,310 patients availed of indoor services this year compared to the 27,163 last year.
Operation Theatre (OT)

OTs are the backbone of critical care services in a tertiary care hospital, as they have to be prepared for both planned and unplanned surgeries. Emergency services, especially cases pertaining to multiple specialties, need to be quickly addressed. Hence, it is crucial to maintain the OTs efficiently, promptly and with high standards of infection control processes. The other challenge is to do all this and yet keep the costs within limits, even with the increasing usage of high-end equipment. The Quality Council for Cost’s major responsibility lies in maintaining the affordability of the procedures performed at the hospital, for which the Council has undertaken various measures:

- Individual switches for running the air conditioners (ACs) at the OT, optimising the use of equipments and ACs, sparing use of high-end equipment during peak hours when the rate per unit of electricity consumption is high, and standardising the usage of consumables for each surgery to keep costs controlled have also been addressed. Best practices and punctuality, as advised by the Behaviour Council group, are being followed by ensuring that planned surgeries start at their scheduled time and that the OT list is prepared a day prior to the procedure. This has helped improve the efficiency of the consultants as well as the OTs, resulting in fewer cancellations, rescheduling and offering patients more comfort. Considering the rise in surgical super specialty services, a set of modern, high-end urology surgery equipment was purchased. The increased quantum of Arthroscopy surgeries (knee and hip replacement surgery) triggered the plans of setting up a separate modular OT dedicated solely to joint replacement. The Hospital is pursuing negotiations with experts to install a climate control system in this OT, which will be first of its kind between Ahmedabad and Vadodara.

- A high-definition camera for facilitating laparoscopic work and an image intensifier were procured for the OTs. The main OT area also extended the use of Ultrasound machines in the emergency OT at Trauma to facilitate various anaesthesia procedures, ensuring better patient safety.

- The sub stores at the OTs, which stock consumables required for surgeries, continue to provide services round-the-clock. This system has its own benefits. First and foremost, convenience for patients as they can easily access all the items required, whenever the need arises. Apart from this, it has also helped reduce the burden on the system caused due to heavy returns of material, and to the OTs in maintaining heavy stock of consumables.

- During the year, a total of 7,785 surgeries were performed, of which 212 were Supra Major, 3,646 Major and 3,927 were Minor surgical interventions.

Trauma and Emergency Care (TEC)

The TEC catered to more than 1,100 emergency cases a month, totalling a daily average of 35 cases. Being the most crucial area
of the hospital, it is not only important to ensure that the Centre is well-equipped with almost all the facilities that the best tertiary care facility between Ahmedabad and Baroda should have (close to the National Highway and Expressway), but the medical and paramedical staff who man the Centre should also be highly skilled in terms of patient management, especially during emergencies. To ensure this, continuous training is imparted to the staff, mock drills are conducted and protocol and checklist based system are some of the few things undertaken.

The Centre has proved itself capable in the past, while attending to mass casualties arising out of natural calamities, riots or accidents on the highway. However, to treat such incidents even more effectively, mass casualty management triage protocols and procedures are followed and are tested from time to time.

The Trauma Centre also receives a large number of obstetrics and gynaecology emergencies. 12,461 patients were brought to the Centre during the year. To respect the privacy and dignity of such patients, a dedicated section was created with all the necessary equipment, including an obstetric operation table.

The Centre added a new Sonosite Ultrasound machine which is useful in managing patients for anaesthesia, critical care, cardiology, cardiovascular disease management, emergency medicine, musculo-skeletal injuries, gynaecological conditions, vascular and general surgeries. The machine can easily be brought to the patient’s bedside, reducing discomfort to patients and lessening the time required to transfer the patient to different sections for investigations.

A radio talk was delivered by the Head of the Trauma Services to create awareness among the general public about various first aid modalities, myths related to it and do’s and don’t of first aid. This was broadcasted through the Community Radio Station, managed by Sardar Patel University.

The Centre received and treated 12,461 casualties during the year, of which 1,757 were brought by the EMRI ambulance services. This indicates the faith people have started developing in the emergency care that is provided at the Hospital, which is indeed a matter of pride.

**Intensive Care Units (ICU)**

The Hospital believes the increase or decrease in the number of patients availing treatment or approaching the hospital for intensive care is directly related to the community’s level of trust. So far as the patients are concerned, all that matters is prompt service and the reputation of the facility. When it comes to critical care, money is never the cause of concern; the life of the patient takes precedence over everything else. This is why the responsibility of maintaining affordability lies with the Hospital. The cost of critical care cannot be reduced as far as treatment costs are concerned as it involves high-grade antibiotics, ventilators and other lifesaving equipment, which is usually quite expensive. But with the implementation of Infection Control Practices, secondary infections which are hospital acquired can be prevented, indirectly helping reduce cost. Adhering to Hospital Acquired Infection Control Committee protocols ensure much higher patient safety in critical care areas like ICUs and OTs. With the intervention of the Documentation Council, documentation has been strengthened and many important documents like ICU daily sheet,
Bacteriological Sensitivity Chart, Investigation Chart, Shifting notes and ICU admission medical record have been introduced to facilitate a higher quality of patient management.

With one-to-one interaction and counselling of the intensivists with the relatives of the patients, an apparent change has been reported in the number of Discharge Against Medical Advise (DAMA) cases, with a reduction of 40%.

The paediatric ward was renovated and air-conditioning was installed. A Central Suction Station has been installed at the Medical ICU and New Multi Para Monitors have been installed in all ICUs, thereby helping monitor patients better. The ICUs now follow the Code Blue protocol, an indication of the emergency arising within the hospital premises that requires Cardio-Pulmonary Resuscitation. A mock drill was conducted to ensure the sensitivity and preparedness of the critical care staff. A Code Blue Committee was also formed to concentrate on measures necessary for the protocol, ensuring prompt response to emergencies and preventing loss of lives. The neonatal ICU witnessed a rise of 14.6% patients in the last year, including referrals from external settings.

**Laboratory Services**

The Central Diagnostic Laboratory is responsible for investigations related to Biochemistry, Pathology, Histopathology and Microbiology. The Hospital’s patient management burden to a large extent depends on the diagnostic services and the NABL accredited laboratory ensures efficient services with quality standards. Various departments of CDL witnessed a growth in workload by 13.4% in Biochemistry, nearly 8% in Pathology, about 8% in Microbiology and above 9% in Histopathology. There was an overall growth of 8.8% in CDL services. The CDL underwent a successful reassessment of NABL in January 2012, making this its fourth year of accreditation.

**Blood Bank**

The AD Gorwala Blood Bank is an integral part of the CDL. The Bank carried out 73 blood donation camps across villages in the district, collecting more than 4,000 units of the blood. A growing loyalty of blood donors was witnessed. People who have immense faith in the activities of the Blood Bank and have now become regular blood donors and/or motivators. They also play the role of ambassadors.
in the community, motivating people to join this noble endeavour. The Blood Bank organised 52 special motivation programmes for donors in the villages around the area.

The Blood Bank also celebrated National Voluntary Blood Donation Day on October 01, 2011 in two educational institutes of Vallabh Vidyanagar. A special meet for blood donation camp organisers was held at Pipav on February 05, where an awareness campaign for blood donation was carried out with the students. Villagers and camp organisers rallied, spreading awareness on blood donation. The organisers were felicitated as an expression of gratitude for their selfless services on taking forward this worthy cause.

Radiology Services

The department not only caters to the radiology needs of the hospital, but also for private practitioners. Plans to install the new PACS system in the department are in place. This will enable digitalisation and storage of all radiology images, and give the added advantage for computerisation of OPDs and use of computers in indoor facilities, enabling viewing of the images anywhere across the hospital. This will further help reduce the time lapse between when the images are taken, reported and when the consultant sees the image or report, enhancing efficiency in providing treatment. There is also a plan to install a 128 slice CT Scan Machine, further increasing efficiency of scans and helping add other diagnostic, therapeutic and interventional routine and specialised procedures related to cancer and cardiac which are to be performed. Other procedures are multi organ perfusion, dental scans, virtual endoscopy, adaptive statistical interactive reconstruction, 4-D gating, dedicated CT fluoroscopy, etc. Quotations for the same have been invited. With the addition of these facilities, chances are that the Radiology Centre could boast of being one of the most well-equipped centres in the State.

During the year, nearly 96,922 radiological investigations were performed including 19,073 ultrasound and doppler examinations and 5,940 imaging studies (CT Scan and MRI).

Pharmacy

The Pharmacy is one of the services provided by the hospital which yields the highest revenue, contributing to 44% of the total revenue. During the year, a total of ₹ 15.65 crore was generated, amounting to 17% increase compared to the previous year. On an average, 1,154 transactions take place at the pharmacy retail counter per day. For the convenience of patients, counters were increased during the renovation of the pharmacy and the functions have been centralised by merging the out-patient and in-patient counter. A new pharmacy retail counter was made functional near the gynaecology ward for gynaecology, obstetrics and NICU in-patients. Medicines and surgical items recommended by both departments are now available from this counter. A hydraulic lift has been installed from the main counter to the retail outlet to help save time. Prescriptions from indoor services and the pharmacy requisition system for store requests has been made online, ensuring materials are procured quicker. Services of the Pharmacy to periphery centres has been regulated and streamlined.
During the year, 10,021 patients registered at the centre out of which 1,313 were new patients, of which 537 patients underwent radiation therapy, and around 2,423 patients underwent chemotherapy. About 34% of patients had head and neck cancer, 12% breast cancer and 7% gynaec cancer. Other patients were diagnosed with other common cancers such as lung cancer, brain tumours, cancer in children and cancer of the digestive tract.

The cumulative average growth rate (CAGR) of the Centre in terms of the total number of patients registered and those availing radiation therapy over a period of the last 5 years is 8.9% and 14.2% respectively.

With the increase in patients requiring radiation, the complexities of cancer and recognising the need for higher technology to ensure better precision and higher treatment affectivity, the Mandal decided to invest in a second Linear Accelerator. This state-of-the-art device was inaugurated on the Centre’s seventh anniversary on August 27, 2011. It offers new capabilities and treatment options, available for the first time in the country. It will also make several new features, available for the first time in Asia, possible: 4-D imaging for moving cancers and Advanced IGRT, like seed matching, multiple ROI, IMRT, VMAT, SRT and SBRT. The Centre also started a new Stereotactic Radio Surgery Programme during the year, a technique in which a large, focused dose of radiation is given to a defined area to destroy tumours, especially when the tumour is a smaller one.

The Centre celebrated its seventh New Hope, New Dreams, a unique programme which has become a traditional celebration on its anniversary, where cancer survivors come and share their stories of courage. Four CMEs were also organised by the Centre at Dahod, Bharuch, Nadiad and the HM Patel Centre at Vidyanagar.

**Bhanubhai and Madhuben Patel Cardiac Centre**

The Centre celebrated its third anniversary on October 8, 2011. In three years, the Centre has not only grown at a significant pace of 30% every year, but has also grown to deal with the most complex cases with efficiency, treating cases which most centres across the country have denied. Setting exceptional benchmarks and by word-of-mouth, the work the Centre has performed to not only reach all corners of the state but beyond it as well.

Apart from cardiac procedures like CABG, angioplasties, open-heart surgeries, ASD device closure, PDA device closure, percutaneous device closure of intra-cardiac shunts (a non-surgical procedure for ASD and PDA closure), cardiac resynchronisation therapy (a technological solution to chronic heart failure), etc., the consultants have gained expertise in attending to complex and rare procedures such as cardiac cath with fontan and AV valve repair, performed on a patient of 10 years of age, and ASO surgery on a 1-month-old child. These are procedures not many centres in
the country would undertake. During the year, the Centre registered over 4,373 patients, compared to the 3,700 the previous year on outdoor basis, of which 1,067 were admitted for further treatment. In indoor services, around 600 Cath lab procedures, 76 adult surgeries and 95 paediatric cardiac surgeries were performed. The CCU admissions during the year were almost 500.

The Centre organised 13 camps during the year: four at Rajkot, three at Bhavnagar, two at Petlad and Jamnagar, and two at the Centre itself, all of which received an overwhelming response.

**KRUPA AROGYA SURAKSHA**

Krupa – a social security scheme continues to make efforts to educate the community about the need for healthcare cover, to help reduce the financial burden that arises out of illness and the need for hospitalisation. It promotes membership to ensure healthcare shields to rural communities in Anand and Kheda districts. Promotion involves community awareness, institutional tie-ups, and presentations at various schools, colleges, industries institutions and personal visits.

The team also makes efforts to generate donations, to sponsor memberships of those below the poverty line. To the absolutely underprivileged, the scheme was offered at a concession. ₹ 1,15,456 was collected as contribution from individuals and companies towards the scheme during the year.

The benefit of the efforts made to enrol people in the scheme resulted in 27,515 new members and over 43% renewals, bringing the active membership base to 46,385. During the year, 3,443 members availed indoor hospitalisation benefit and 42,589 members benefited from out-patient services.

The scheme, an innovation in itself, was also submitted for an Award for Excellence announced by FICCI in the 'Best initiatives to address issues faced by healthcare in India' category.
COLLABORATION WITH THE GOVERNMENT

It has always been the Mandal’s belief, and the very purpose of its existence, to provide modern and professional healthcare services to the less privileged in the community as they deserve the same facilities as everyone else. The Mandal has, therefore, always been an active participant in schemes introduced by the Government for this section of society, despite the fact that it incurs heavy financial losses as the amount reimbursed by the Government is usually inadequate to compensate the cost of treatment for most of these patients.

Chiranjeevi

This scheme was designed to maximise institutional deliveries. During the year, 230 women from BPL (Below Poverty Line) families delivered babies at Shree Krishna Hospital, with the hospital bearing the brunt of being the only tertiary care centre in the vicinity. Most of the patients received were complicated cases of delivery, and were referred to the Hospital by private doctors, making the average cost of treatment ₹ 9,000 per antenatal mother, against the reimbursement of ₹ 1,545 from the State Government.

Balsakha

Divided into Balsakha 1 and Balskha 2, the scheme is primarily to assist in the treatment of newborns delivered by BPL mothers who require monitoring and intensive care due to low birth weight or other ailments. 237 newborn babies were provided necessary care at the Hospital, with an average expenditure of ₹ 7,800 for treatment per child, against the State Government’s reimbursement of ₹ 1,600 under the scheme Balsakha 1. 103 newborn babies, many of whom were referred from outside, received prolonged intensive care at the Hospital, averaging ₹ 20,250 per newborn, against the State Government’s reimbursement of ₹ 1,450.

RASHTRIYA SWASTHYA BIMA YOJNA

This scheme introduced by the Central Government is meant for the BPL community. Under the scheme, the designated insurance company provides a joint cover for the whole family for hospitalisation up to ₹ 30,000. This year the Hospital extended the scheme benefits to 1,293 such patients who required various medical treatments. The Hospital received critical cases like burns, snake bites, road traffic accidents and cancer, requiring minor to major medical and surgical interventions. All these cases were attended to with utmost care and diligence to meet with the Mandal’s core purpose of providing modern and professional healthcare to the rural community.

For these patients, the Hospital extended treatment worth ₹ 1,74,86,829, with an average cost of ₹ 13,524 per patient.
AD Gorwala Blood Bank
A three-bedded fully-equipped mobile blood donation van was purchased for outdoor blood donation camps.

Department of Radiology
128 Slice 64 Detector Row CT scanner and a High End Colour Doppler Machine with 3D facility were acquired.

Dialysis Centre
A haemodialysis machine was purchased.

Department of ENT
ABR unit, USB LITE, 1 Channel was purchased.

Trauma and Emergency Centre
A state-of-the-art ambulance, “ICU on Wheels”, with facilities of defibrillator and ventilator, was purchased.

CSSD Department
A steam steriliser was purchased.
Research

Research has been identified as a thrust area by Charutar Arogya Mandal right from its inception. The Central Research Services (CRS) were established to foster pertinent and methodical research in the institutions of Charutar Arogya Mandal (CAM) in April 2009. Since then the CRS has expanded in leaps and bounds.

After a situation analysis, CRS focused on three areas, viz.
- Teaching (empowering people in research methods and biostatistics)
- Epidemiological research
- Community oriented primary care

CRS started the journey silently but because of the hard work and persistent efforts, credibility of the Central Research Services as a ‘Sincere’, ‘Authentic’ and ‘Honest’ research organisation is well established. Because of this credibility, the Central Research Services has been recognised as a Scientific & Industrial Research Organisation (SIRO) by the Government of India. CRS also collaborated with organisations of international repute like Indian Immunologicals Ltd., Johns Hopkins, Boston University, European Union, etc. and working hard to further these collaborations to strengthen public health and extension programmes activities to provide simple and feasible solutions to complex health problems. For the first time, we have conducted an industry funded Nutritional Clinical Trail which was developed and conducted entirely by our own investigators.

The research methods workshops conducted by CRS are quite popular amongst students and faculty of various medical colleges across the state. Participants enjoyed the way in which the concepts were explained with a pinch of humour.

**COMPLETED RESEARCH PROJECTS**

**Biochemistry**

- "Acute weight gain with olanzapine in schizophrenic patients", Dr Hitesh Shah
- "Role of leptine" and "Microalbuminuria Vs carotid IMT in Diabetic patients", Dr Hitesh Shah

**Community Medicine**

- To study the overall health status of people aged more than 60 years, based on Comprehensive Geriatric Assessment (CGA) scale in Anand District – Dr Uday Shankar Singh, Principal Investigator
- "Knowledge, attitude and awareness about tobacco consumption in medical students of Pramukhwami Medical College" 2011 – Dr Manisha K Göhél, Guide
Forensic Medicine

- “Estimation of stature from interacromial length – A cross sectional pilot study”, 2011 – Dr Swapnil Agrawal
- “Estimation of stature from inter anterior superior iliac spinal length – A cross sectional pilot study”, 2012 – Dr Swapnil Agrawal

Microbiology

- “Neonatal Nosocomial Bloodstream Infections: A Prospective Study”, Shri Chirag Patel
- “Studies on various aspects of laboratory diagnosis of Tuberculosis with special emphasis on Multi-Drug Resistant Tuberculosis”, Dr Mudita Paliwal
- “Detection of Brucella Genome in Seropositive Human Cases - a Preliminary Study” as a part of ICMR STS project, 2011 – Dr Suman Singh
- “Identification, Characterisation and Antifungal Susceptibility of Yeast isolated from different clinical specimen in Shree Krishna Hospital – a tertiary care health centre”, Dr Suman Singh
- “A study of profile of infections in Diabetic patients attending Shree Krishna Hospital – a tertiary care health centre”, Dr Suman Singh
- “Clinical outcome and risk factors related to ESBL producing strains of E. coli and Klebsiella spp infection among hospitalised patients”, Dr Suman Singh
- “Study of Metallo-Beta-Lactamase production in clinical isolates of Pseudomonas aeruginosa and Acinetobacter baumann”, Dr Yagnesh Pandya

Skin and Veneral Diseases

- “Clinico-therapeutic study of Vitiligo patients”, Dr Rita Vora
- “Psychiatric morbidity and risk taking behaviour in STDs”, Dr Rita Vora
- “Skin disorders in schoolgoing children”, Dr Rita Vora
- “Skin disorder in paediatric age group, one year study”, Dr Rita Vora

POSTER PRESENTATIONS

Obstetric and Gynecology

- Dr Smruti Vaishnav presented a poster at National Conference of API on “A profile of 200 critically ill obstetrics patients requiring mechanical ventilation” on 14th January, 2012

Skin and Veneral Diseases

- Dr Rita Vora presented a poster titled “Congenital Syphilis, Still A Reality: A Case Report” and won the first prize in the poster competition at the 37th IADVL state conference held at Daman from 23rd - 25th December, 2011
Dr Pragya Nair presented a poster titled “Mucocutaenous manifestation in HIV positive patients at a rural tertiary care hospital in Karamsad, Gujarat, India” at 12th IUSTI World Congress, New Delhi from 2nd-5th November, 2011


ONGOING RESEARCH PROJECTS

Community Medicine

Educational intervention “Simplifying teaching statistics to medical undergraduates”, a FAIMER study, 2011 – Jaishree Ganjiwale, Principal Investigator

“Development of assessment tool for assessment of Community Medicine resident in Clinicosocial Case study” 2011-2014 – Dr Manisha K Gohel, Co-Principal Investigator

Forensic Medicine

“Age related changes in mechanical injuries - An antemortem study”, Dr Swapnil Agrawal

“Is our data to give medico-legal opinion of age 18 & 21 years obsolete?”, Dr Swapnil Agrawal

“Estimation of stature from inter anterior superior iliac spinal length – A cross sectional postmortem study”, Dr Swapnil Agrawal

“Study of morbidity and mortality in poisoning – A retrospective study” – Dr Swapnil Agrawal

“A five-year retrospective study of epidemiology of cases of unexplained natural death brought for postmortem examination, with special reference to cause of death”, Dr Swapnil Agrawal

Medicine

“Accidental exposure to blood or other potentially infectious material in a healthcare setting: An analysis of our seven years’ experience at a rural-based tertiary care teaching hospital”, Dr Sanket Sheth

Microbiology

“Hepatitis B Immunisation status of healthcare workers”, Dr Rupal Patel

“Prevalence of human brucellosis among high risk, symptomatic cases in Gujarat”, Dr Suman Singh

“Fecal carriage of drug resistant organisms in health checkup participants”, Dr Suman Singh

“The study of ventilator associated pneumonia (VAP) in medical and surgical intensive care unit using quantitative culture methods”, Dr Suman Singh

Nursing

“A study to explore the attitude towards health among nursing students after passing the first year of nursing course at Shri G H Patel School of Nursing”, 2012 – Raksha Girish Parmar

“A study to assess the dietary knowledge and practice of rural mothers having pre-scholar and school-going children at Karamsad village”, 2012 – Raksha Girish Parmar

Physiotherapy

“Health-related fitness among physiotherapy students”, Dr Vinod K Ravalia

“Study to assess the cardiovascular system status among pre & post menopausal women”, Dr Jigarkumar Nayankumar Mehta

“Survey of awareness and practice regarding role of physical activity in patients with Type II diabetes”, Dr Jigarkumar Nayankumar Mehta

“Assessment of cardio-respiratory endurance in children with Down’s syndrome in pediatric age group”, Dr Ashish V Gupta

“Establishing the reference value of six-minute walk distance in healthy adults of Gujarat”, Dr Vyoma Bharat Dani

“Establishing the reference value of Functional Reach Test in healthy adults of Gujarat”, Dr Vyoma Bharat Dani
"Establishing the reference value of Timed Up and Go Test in healthy adults of Gujarat", Dr Vyoma Bharat Dani

Psychiatry

"A study of suicide intent, stressful life events and personality disorders in suicide attempters in a tertiary care hospital", Dr Nimisha Desai

Skin and Veneral Diseases

"Prevalence of HIV in Herpes Zoster patient", Dr Rita Vora

"Pattern of sexually transmitted infections in a tertiary care centre: A five year trend", Dr Rita Vora

"Impact of acne on Quality Of Life (QOL) in Teenagers and Adolescents", Dr Pragy Nair

CLINICAL TRIALS COMPLETED

Cardiac

A randomised, double-blind, placebo-controlled, event-driven multi-centre study to evaluate the efficacy and safety of Rivaroxaban in subjects with a recent Acute Coronary Syndrome INT-2

Medicine

A multicentric, prospective, randomised, double-blind study to evaluate the safety and efficacy of 2mg and 4mg of ZYH1 compared to placebo in hyper triglyceridermia with Type II diabetes not controlled with

Oncology

"A Pharmacokinetics Study of Docetaxel New Formulation by 1-Hour Intravenous Infusion in patients with Advanced Malignant Solid Tumors (Monotherapy Dose Escalation of Docetaxel, with two-way crossover of Docetaxel and Taxotere at the final Dose Level)"

A multi-centre, randomised, open label, two-period, two-treatment, two-way crossover, bioequivalence study comparing Capecitabine Tablets USP 500 mg (manufactured by Dr Reddy's Laboratories, India) to the reference listed drug Xeloda' (Capecitabine) Tablets 500 mg (Manufactured by Roche Pharma AG

Emil-Barell-Str. 1D-79639 Grenzach-Wyhlen Germany) in Locally Advanced Breast Cancer or Metastatic Breast Cancer or Colorectal Cancer patients under fed condition"

Multicentric Bioequivalence study comparing single dose of Capecitabine 500 mg tablets x 4 of Cipla Limited (India) with single dose of Xeloda(r) 500 mg tablets x 4 (each containing 500 mg of Capecitabine) of Roche Ltd., UK, in 72 patients with colon, colorectal or breast cancer under fed conditions

A two-way crossover experimental evaluation of relative Bioavailabilities of two formulations of Temozolomide 250 mg Capsules in adult human male or female patients under fasting conditions

An open label, balanced, randomised, two-period, two-treatment, two-sequence, two-way crossover study to evaluate safety and Pharmacokinetic Comparison of intravenous infusion of Paclitaxel Lipid Suspension and Taxol in patients with Metastatic Breast Cancer

Paediatric

A double-blind randomised placebo-controlled trial in school-going children to evaluate the impact of a micronutrient fortified nutritional powder on physical performance measures

Psychiatry

A multi-centre, randomised, double-blind, parallel group, placebo-controlled, phase III, efficacy and safety study of 3 fixed dose groups of TC-5214 (S-mecamylamine) as an adjunct to an antidepressant in patients with Major Depressive Disorder who exhibit an inadequate response to antidepressant therapy

ONGOING CLINICAL TRIALS

Cardiac

A multi-centre, randomised, double-blind, placebo-controlled study to evaluate cardiovascular outcomes following treatment with alogliptin in addition to standard of care in subjects with Type-2 Diabetes and Acute Coronary Syndrome. A comparison of prasugrel and clopidogrel in acute coronary syndrome subject to unstable angina/non-ST-Elevation Myocardial Infarction who are managed medically (taby).
A multi-centre, randomised, 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.

A randomised, double-blind, triple-dummy trial to compare otamixaban to unfractionated eparin+Eptibatide, in patient with unstable angina / Non ST segment Elevation Myocardial Infarction Schedule to undergo an early invasive strategy.

A prospective multi-centre registry to investigate safety and effectiveness of M’Sure (Sirolimus Eluting Coronary Stent).

A study to derive normative distribution of CIMT and determine its correlation with cardiovascular risk factors in asymptomatic nationwide Indian population.

**Chest Medicine**

A phase III, multi-centre, randomised, double-blind, controlled study to evaluate the efficacy and safety of peramivir administered intravenously in addition to standard of care compared to standard of care alone in adults and adolescents who are hospitalised due to serious influenza.

Genetic association study of polymorphisms related to chronic obstructive pulmonary disease and its measures, in North Indians.

**Neurology**

The efficacy of nitric oxide in stroke (ENOS) trial.

A large multi-centre prospective study to determine etiologies, clinical practice patterns and outcomes of strokes in India.

**Oncology**

Single-Dose Fed Bioequivalence Study of Capcitabine Tablets (500 mg; Mylan) to Xeloda Tablets (500 mg; Genentech) in Adult Cancer Patients with Metastatic Breast Cancer, Duke’s C Colon Cancer or Metastatic Colorectal Cancer.

Comparative PK, efficacy, safety and Immunogenicity evaluation of the ofBmab–200 versus Herceptin’ both in the combination with Docetaxel in the patients with HER2+

Metastatic Breast Cancer: A double blind, randomised, active-controlled, parallel assignment, comparative phase III clinical trail along with a post trial open label extension phase.

"A prospective, comparative, randomised multicenteric Phase III study of Rituximab in patients with NHL.”

A phase III, multi-centre, randomised, double-blind, unbalanced (3:1) active-controlled study to assess the safety and describe the efficacy of netupitant and palonosetron for the prevention of chemotherapy-induced nausea and vomiting in repeated chemotherapy cycles.

Efficacy and safety of paclitaxel nano-dispersion concentrate for injection (PICN) in subjects with metastatic breast cancer: A randomised, open label, active-controlled, comparative, parallel group, and multicentric study.

A phase III randomised, placebo-controlled, clinical trial to study the safety and efficacy of V212 in adult patients with solid tumour or hematologic malignancy.

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.

A randomised, placebo-controlled phase 2B study of tamibarotene plus paclitaxel and carboplatin versus placebo plus paclitaxel and carboplatin as first line treatment for subjects with advanced non-small cell lung cancer.

A phase II/III open label multi-centre randomised 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.
The Extension Programme Group was set up to initiate activities which required reaching out to the community and providing care and services at their doorstep. The Group’s actions reflect the vision of our Founder Chairman, ensuring that the services provided by the Hospital do not remain confined to the Hospital itself, but are extended to rural parts of our society. The Mandal is involved with a number of community based projects and is planning a community focused healthcare model which will not only ease their access to quality healthcare, but also improve overall standards of healthcare. The following major programmes were initiated during the year:

**Three-tier Community Based Model**

During the year, the Mandal’s primary focus was to create a three-tier community based model. The idea was to develop community based primary care models in 27 villages, and link them to one of the four closest Satellite Centres: Petlad, Bhadran, Agas and Sevalia. These Satellite Centres will be equipped and developed to serve as Secondary Centres, where referrals from the 27 villages will be made. Shree Krishna Hospital will function more as a tertiary care centre, where only critical cases need to be referred. The overall objective is to create a sustainable three-tier model for healthcare that can be easily replicable. While there is a plan already in place to renovate and develop the Sevalia Centre, the three other centres are being simultaneously looked at to explore such interventions there as well. The activities at the 27 villages include providing basic medicine at subsidised rates to the villagers, antenatal care and awareness on various health issues, including cancer.

**Cancer Awareness, Early Detection and Treatment Programme**

Charutar Arogya Mandal has been involved in a community based Cancer Awareness, Early Detection and Treatment Programme since 1999. The Programme was implemented in collaboration with the Tribhuvandas Foundation, Anand, in villages of Anand and Kheda districts of Gujarat. The objectives of the programme were to make the community aware of the risks and clinical features of common cancers in the region, viz. oral, breast and cervical cancer. It was also undertaken to sensitise the community on the hazards of tobacco consumption, help in the process of de-addiction and facilitate early diagnosis and treatment. During the year, the programme was implemented in almost 700 villages. The programme is in the process of revision and a new, more holistic one is being designed, one which will include all areas of cancer prevention and control, ranging from developing a cancer registry to palliative care. The implementation of the new Programme is expected to begin from next year.
<table>
<thead>
<tr>
<th>Particulars</th>
<th>Coverage during the year 2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of villages covered</td>
<td>702</td>
</tr>
<tr>
<td>No. of household visits</td>
<td>1,66,907</td>
</tr>
<tr>
<td>No. of beneficiaries contacted</td>
<td>7,67,887</td>
</tr>
<tr>
<td>Women</td>
<td>3,66,597</td>
</tr>
<tr>
<td>Men</td>
<td>4,01,290</td>
</tr>
<tr>
<td>No. of persons covered through health education meetings</td>
<td>3,43,141</td>
</tr>
<tr>
<td>No. of persons supported for de-addiction</td>
<td>2,208</td>
</tr>
<tr>
<td>Women</td>
<td>1,202</td>
</tr>
<tr>
<td>Men</td>
<td>1,006</td>
</tr>
<tr>
<td>No. of persons identified as at risk of cancer (oral, breast and cervical) among those surveyed</td>
<td>5,00,336</td>
</tr>
<tr>
<td>No. of persons identified as at high risk of cancer (oral, breast and cervical) among those surveyed</td>
<td>2,543</td>
</tr>
<tr>
<td>No. of new patients started treatment of cancer at Shree Krishna Hospital</td>
<td>45</td>
</tr>
</tbody>
</table>

**Resource Centre for Tobacco Control (RCTC)**

As a part of a joint initiative by the World Health Organisation (WHO) and the Ministry of Health and Family Welfare (MoHFW), Shree Krishna Hospital was identified as a Resource Centre for Tobacco Control (RCTC) for its capacity building initiatives in this area. However, with the discontinuation of financial support that was provided, the project ended in the year 2011-12.

**Diagnostic Camps**

There were several camps organised by the department during the year, the details of which are mentioned below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Speciality</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 25 - 27, 2011</td>
<td>Sonaba Hospital, Sevaliya</td>
<td>Gynaecology</td>
<td>108</td>
</tr>
<tr>
<td>October 21, 2011</td>
<td>Ravli Village</td>
<td>Chikungunya</td>
<td>155</td>
</tr>
<tr>
<td>March 24, 2012</td>
<td>Vachiyel Village</td>
<td>TB</td>
<td>55</td>
</tr>
<tr>
<td>March 24, 2012</td>
<td>Bhadran English Medium School</td>
<td>Health Checkup</td>
<td>90</td>
</tr>
</tbody>
</table>

**Extension Centres of the Hospital**

From 2011-12 onwards, operations and functions of the Extension Centres, managed by the Mandal, are being run by the Extension Programmes Group. The performance, in terms of the number of patients availing the services at each of the Centre, is mentioned below:

<table>
<thead>
<tr>
<th>Centre Name</th>
<th>Total Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anand Agriculture University Campus</td>
<td>10,049</td>
</tr>
<tr>
<td>Bhadran</td>
<td>7,291</td>
</tr>
<tr>
<td>Sonaba Hospital, Sevaliya</td>
<td>8,308</td>
</tr>
</tbody>
</table>
Annual Report  
2011 - 12

<table>
<thead>
<tr>
<th>Centre Name</th>
<th>Total Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agas</td>
<td>14,273</td>
</tr>
<tr>
<td>Municipal Hospital, Petlad</td>
<td>9,593</td>
</tr>
</tbody>
</table>

Celebration of Important Days:

As a part of extension activity, a few days were celebrated during the year to emphasise their importance:

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Particulars</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 10, 2011</td>
<td>Academic Centre, SKH</td>
<td>Celebration of World No Tobacco Day</td>
</tr>
<tr>
<td>August 2, 2011</td>
<td>Agas Village</td>
<td>Celebration of World Breast Feeding Week</td>
</tr>
<tr>
<td>August 3, 2011</td>
<td>Boria Village</td>
<td>Celebration of World Breast Feeding Week</td>
</tr>
</tbody>
</table>

Training of Voluntary Health Workers (VHW)

VHWs are people who work in field, whose services are utilised for creating awareness. They are also the first people representing the Hospital to come in contact with the community. With them lies a greater opportunity to detect fatal diseases at an early stage. Therefore, it is crucial to train and empower them with the basic knowledge needed to assess and detect conditions that require immediate specialised medical attention. A number of training programmes were organised for skill development of the VHWs to equip them better. Details of the training organised and conducted are below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Particulars</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 9, 2011</td>
<td>Academic Centre, SKH</td>
<td>Cancer and Diabetes</td>
<td>17</td>
</tr>
<tr>
<td>August 31, 2011</td>
<td>Management Centre, SKH</td>
<td>Newborn Care Survey</td>
<td>6</td>
</tr>
<tr>
<td>September 16, 2011</td>
<td>Academic Centre, SKH</td>
<td>Krupa, Janni Krupa, Anaemia</td>
<td>24</td>
</tr>
<tr>
<td>December 13, 2011</td>
<td>Academic Centre, SKH</td>
<td>Cold, Cough, Scabies, Ringworm, First Aid</td>
<td>19</td>
</tr>
<tr>
<td>March 29, 2012</td>
<td>Academic Centre, SKH</td>
<td>De-addiction, Reproductive and STI – Prevention and Control, Demonstration of the local ayurvedic and herbal practices by the VHWs and expert comments by the facilitator</td>
<td>24</td>
</tr>
</tbody>
</table>
Support Services

Support Services are crucial to the running of a Hospital, as they provide all the necessary arms and amenities to the frontline workers of the Mandal, clinicians and teaching faculty members, to carry out their routine activities. Through continuous professional development programmes, regular feedback and motivation, efforts are being made to ensure that Support Services are highly professional and staff-friendly, within optimum response time.

ACCOUNTS

A review of the Financial Accounting System, implemented with the help of the Systems Group, was initiated to identify the areas of improvement. The system is to be revamped to record all entries in real-time, and to do away with the procedure of journal entries, for recording entries into the books of accounts. This will allow online financial status as well as save on time and costs. The Management Information System is also under review, to provide purposeful, up-to-date information to facilitate effective and expeditious decision-making. Efforts have been taken to avoid unnecessary printing and to save paper.

The Mandal continues to enjoy exemption under Sections 80-G for all donations and 35 AC of the Income Tax Act for the donations received specifically for the Cancer and Cardiac patients, entitled 100% tax exemption.

The Mandal has also continued to provide concessional treatment to poor and needy patients. During the year, concessions to the tune of ₹ 7.44 crores were provided, while ₹ 84.84 lakhs was received as donations for free or concessional treatments provided to the underprivileged.

PERSONNEL AND ADMINISTRATION

During the year, the Attendance System was linked with the Payroll System, facilitating the expeditious processing of monthly pay bills. Leave balances are also depicted in the pay slips for the information and convenience of employees. Efforts are on to bring uniformity in various policies and increase the level of employee satisfaction. Officials retiring on superannuation are given their retirement benefits, payable by the Mandal, on the very day of their retirement, something that has truly been appreciated by the staff.

Greater emphasis was laid on the cleanliness of the institution by closely monitoring sanitary services. Fire and security services were also strengthened for improvement in quality of services for patients as well as students.

BUSINESS DEVELOPMENT

Business Development Group is working to create awareness about the activities by the various institutions among the community. While this, on one hand, helps increase the awareness of those who could be served by the hospital, on the other hand, it helps the hospital in receiving feedback of its services and introduce new services as per the felt needs of the community.
The group is divided into two sub-groups: the Institutional Group, which deals with corporate tie-ups, medical tourism, collaboration with insurance providers and TPAs; and the Retail Group, which focuses more on individuals by promoting the Hospital’s general and specialised services, Cardiac and Cancer Centre and developing new services. Systematic focused attention to market all these areas are underway and efforts are being put in to promote them.

The activities done by each group during the year are as follows:

**Institutional Services:**

**Cashless and TPA Tie-ups**

The tie-ups for Cashless and TPAs were initiated last year to optimise the use of the Hospital services and to help medical insurance policy holders to avail the benefits at the state-of-the-art medical facility. During the year, almost 70 people benefited from this arrangement. Five corporate institutions have tied up for this arrangement with the Hospital and agreements have been made with 11 third-party administrators and insurance companies for cashless facility.

**Medical Tourism**

To expand horizons for providing state-of-the-art medical facilities, the Mandal initiated its first collaboration with the Government of Babylon in 2010 for treating patients from Iraq, when an Iraqi student who came to study at a college in Vallabhbh Vidyanagar under the student exchange programme visited the Hospital and was impressed with its services and rates. During the year, 113 patients, mainly from the Middle East, were treated. Cumulatively, the hospital has treated over 300 international patients.

Annually, the Hospital receives almost 500-600 queries from various countries for medical treatment. Keeping in mind the emergency that accompanies every request, care is taken to ensure that responses are sent within 24 hours. During the year, the Department received almost 750 queries, out of which 109 patients were treated at the Hospital. A majority of these patients were treated for complaints in cardiology, neurology, joint replacements and orthopaedics surgery, cancers, radiation oncology and onco-surgeries.

With an objective to make their visit smooth and hassle-free, all logistic arrangements, right from the time they plan their visits are made by us. This includes pick-up and drop-off from the airport, accommodation facilities for relatives on the Hospital campus, language translators, providing assistance in police registration and verification, visa, currency exchange, etc.
Retail Services

The group is responsible for promoting and publicising the Hospital’s existing facilities and services and developing new services.

The group coordinated and organised eight Cardiac Camps and a Cancer Camp. In total, around 713 patients benefited from these camps. A three-day Diagnostic Camp was organised in the Barwani district of Madhya Pradesh in January, 2012 in collaboration with Ashagram Trust. 973 registered and 855 visited the Camp. 131 patients were referred to the Hospital for further treatment.

CMEs, workshops and academic events are other activities that the Department regularly looks into. A unique programme introduced during the year was Janani Krupa. The Hospital’s Department of Obstetrics & Gynaecology has been successfully handling serious emergencies referred by private practitioners, and there was felt a need to recognise itself as the region’s best maternity facility. Since deliveries are the most visible expression of the work the Department does, it was felt that developing and publicising an antenatal package, that is not only comprehensive and affordable, but also has elements of a humane experience that no other facility can provide, thereby enhancing the Department’s image considerably. Janani Krupa involves antenatal care, right from the time of conception until delivery of the baby, catering to all the needs of the would-be mother. The scheme has treated 58 mothers till date.

Dietary Services

The dietary services of the hospital not only fulfil the therapeutic dietary needs of patients but also ensure hygienic and nutritious food, as suggested by clinical dieticians. First, nutritional screening of every patient is conducted and then the type and quantity of diet provided is based on that. On an outdoor basis, 1,982 patients were assessed and counselled on their dietary needs. Diet charts, food habits and information on their culture and lifestyle are provided. The kitchen operations, manned by trained hospitality management staff, were further streamlined by establishing accountability and regular feedback. The Group celebrated Breast Feeding Week from 1st August, 2011 to 7th
August, 2011. During this week, the dieticians went to villages Boriya and Agas to create awareness on importance of breast feeding. A puppet show was organised, pamphlets were distributed and interactive sessions were held to disseminate vital information on colostrum, lactation, etc.

The group celebrated Nutrition Week from 1st-7th September, 2011. During this week, common people were given nutritional counselling regarding obesity by calculating their BMI along with advising for healthy lifestyle. For this, the Group collaborated with the Department of Physiotherapy. Posters were exhibited to bring public awareness on different diseases and conditions such as those related to kidney, heart, liver, etc. A presentation was made showing the benefits of different fruits and vegetables including an orientation talk about hospital’s dietary services. Various games were also organised for patients and hospital staff members.

**FUND RAISING**

Throughout the year, this Group continued its efforts in raising funds for the underprivileged that require financial aid. The Mandal strongly follows a rule: To not deny treatment to even a single patient, especially if it is due to lack of funds. Last year the amount of concessions provided was ₹ 7.44 crores, which was over and above the donations received. The Hospital continued to incur heavy losses in doing so, which is why the task of the Group becomes all the more difficult and important. In 2011-12, donation received through personal approach and media communications amounts to ₹ 2.90 crore.

Activities undertaken by the Patient Support Group in 2011-12 included:

A charity event, ‘Shreya Ghoshal – Live in Concert’, in aid of poor cancer patients, organised on November 12, 2011 to raise funds for the treatment of underprivileged cancer patients. The concert, attended by eminent citizens of the town, among others, helped raise ₹ 1 crore, which was placed in the HM Patel Centenary Fund. The interest earned will be utilised for the treatment of poor cancer patients.

The Group embarked upon a new initiative,
whereby prospective traders in and around Anand and Nadiad were approached to donate food grain to the Hospital’s kitchen. The Hospital received tur dal, rice, sugar and wheat as donation, which met two months’ requirement of the kitchen.

The Hospital has also been listed on the following web links and is eligible to receive on line funds:

**GiveIndia Foundation**
http://www.giveindia.org/m-1061-charutar-arogya-mandal.aspx

**Samhita**
http://www.samhita.org/ngos/charutararogyamandal/smallngo_projects/list

**GuideStar India**
http://www.guidestarindia.org/Summary.aspx?CCReg=780

In December 2011, the Ministry of Finance, Government of India, renewed the 35AC certificate for a period of 3 years, staring April 2012. This is the second renewal received by the Hospital. The Hospital can continue to receive funds for Cardiac and Cancer related projects and the donor is entitled to receive a 100% Income Tax exemption.

**HUMAN RESOURCES**

The Group is engaged in recruiting, developing and retaining skilled manpower. It has been a constant endeavour to frame and implement employee friendly policies to strengthen employee satisfaction levels. As an Employee Oriented Initiative, a benefit in the form of paid leave with travel assistance has been being introduced for Associate Professors and above in the teaching cadres and Managers and above in the management cadre. The basic objective is to give employees a chance to take a break from their routine. This enables them to rejuvenate and improve their efficiency at work. Exclusive sick leave was introduced over and above casual leave, to take care of serious illness warranting hospitalisation.

Several training initiatives were undertaken by the group during the year, including collaboration with the Institute of Rural Management, Anand to conduct various training interventions on 'Enhancing Effectiveness'. Mr Vivek Randeria, of Ahmedabad-based Hunch Consultants, a Corporate Trainer and Organisational Development Consultant, conducted a training on Employee Engagement & Productivity. The Brahmakumaris Anand Chapter has deputed able and sensitive trainers to undertake various Behavioural interventions. The Group was engaged in various Behavioural Interventions, based on tasks assigned by the quality council for Behaviour.

The Group has established links and been empanelled by Tata Dhan Academy (an Institute promoted by the Dhan Foundation with the support of Ratan Tata Trust) to conduct campus recruitments. Our objective is to source young, community oriented postgraduates, trained in development management with relevant attitude, skill, knowledge and ethics, to work in the health sector. The Group also established links and conducted Campus Recruitment of nurses from various institutes in a 50 kms radius of CAM. The Value Vision Council undertakes initiatives to further the adherence and propagation of these values, which are critical for propelling the organisation towards achieving its vision. These activities are coordinated by the HR group. The Value Vision council has evolved two indicators, which are to be configured annually to function as
a pointer, or at least delineate a trend, whether we are moving ahead in adherence of the values. To begin with, the department level index and organisation level index are being determined. Further, the Council has arrived at five more attributes, in addition to the Core Values. As an organisation, these are essential for inculcating and nurturing in order to move forward on the road to implement our vision and mission. These attributes are Team Work, Discipline, Accountability, Transparency and Trustworthiness.

**Balanced Score Card**

The Group has worked on Balanced Score Card, a rational tool for the assessment of continuous performance management and the two vital functional areas: patient care and teaching. This was developed by the Mandal to streamline various processes, systems and activities and help achieve its vision.

**MAINTENANCE**

This Group plays a key role in patient care as it deals with maintaining and upkeep of equipment as small as an ECG machine or BP instrument to high-end equipment like a CT scan, MRI, Cath, Linear Accelerator, etc. The Department received and serviced over 10,000 requests during the year. To ensure smooth functioning and maintenance of equipment, the Department maintains a daily checklist and a maintenance schedule. The Department also offers training in the safe handling of equipment to avoid breakages due to mishandling.

They were also responsible for annual maintenance contracts for the high-end equipment amounting to ₹ 1.8 crores.

**MANAGEMENT AUDIT**

The Mandal adopted a more recent concept of Management Audit in place of the Internal Audit System. The new Group, with its clear perspective, completed 15 months, providing inputs resulting from audits done in various areas.

During the year, the Group concentrated on streamlining the billing process of the Hospital. For operational convenience, they suggested useful modifications in the Treatment Estimate Sheet and the Concession Request Form. The major task undertaken was of physical verification of fixed assets in Shree Krishna Hospital’s premises and providing guidelines to users for the movement of assets.

New ways of documenting ongoing work and effective ways of monitoring progress and status were also suggested to the Maintenance, Projects, Accounts and Business Development Groups.

**MATERIALS MANAGEMENT**

This Department is responsible for the procurement and supply of the right kind and correct quantity and quality of material from the right sources at the right time. The Department placed over 9,500 purchase orders for 55,000 items during the year, an increase of 75% over the previous year, amounting to ₹ 3,695 lakhs.

On the recommendation of the clinicians, the Department revised the formulary and added new medicines, bringing the Pharmacy stock to 2,000 medicines. Extensive efforts were made to incorporate effective negotiations by reducing the cost of purchase of materials, amounting to ₹ 34 lakhs, especially in purchase of medicines. The Department was also engaged in finalising Annual Maintenance Contracts or Rate Contracts. Almost 100 such contracts were finalised in the year, amounting to approximately ₹ 100 lakhs.

**PROJECTS**

The Group undertakes projects related to new civil constructions, maintenance, renovations and repairs. Apart
from this, continuous efforts on water conservation are made, ranging from immediate repair of water leaks, construction of new water percolation tanks on the campus to recharging the underground water table. The efforts made towards preventing wastage of water have helped maintain an optimal level of water consumption on campus. The team recently completed planning the construction of huge underground water storage tanks, as fire safety measures in accordance with NABH protocols.

**SYSTEMS**

Through persistent efforts made by the Group, the financial accounting system and payroll modules of the Hospital’s Information Management System are working successfully with the web-based Linux platform. It functions with an automated interface and seamless integration with patient billing system, purchases, student’s fees and MIS modules.

For registration of outdoor patients, unique, barcoded, patient identity cards were introduced. Till date, 16,425 cards have been given to patients who availed of general services, and at the Cardiac and Cancer Centres. For updation and immediate access to repositories, a special method was developed in view of NABH and NABL requirements. The existing Lab module was integrated with WHONET - software developed by the WHO.

The in-patient and out-patient pharmacy retail counters were merged into a centralised pharmacy with multiple counters, systems facilitated with appropriate Re-order level (ROL). Store requests and an indenting system have also gone online, resulting in less documentary errors, reducing paperwork and effectively saving man-hours.

**QUALITY ASSURANCE GROUP**

The Quality Assurance Group (QAG) is primarily responsible for coordinating and facilitating the activities of the various Quality Councils that have been established for ensuring quality in all aspects of hospital and college management. They are as follows:

- **Behaviour Council:** The Behaviour Council is responsible for ensuring best practices in communication, gestures, punctuality, etiquette, etc. For motivating the employees of the Mandal in these areas it has launched an award of Behaviour Idol. Every year, three employees who consistently demonstrate a set of best behavioural practices are awarded the title of ‘Behaviour Idol’ and are honoured with a gift of ₹ 10,000, ₹ 6,000 and ₹ 4,000 for first, second and third position respectively.

- **Cost-Council:** The focus of Cost Council is on preventing wastage, CUG plan, having a re-look at purchase patterns, etc. It works primarily on standardisation of consumables for different procedure and preparation of packages for the standard procedures. At the same time it also focuses on rational use of electricity, water, telephones and intranet. About ₹ 33 lakhs have been saved due to changes in medicine procurement and negotiations with suppliers, after the council came into existence.

- **Clinical Practices:** Its main focus is on protocol based treatment including hygiene aspects. The PG students are supervised by consultants. Provisional diagnosis, allergy and drug reactions are written on all out-patient cases before sending for investigations. Treatment/Investigation cost options are discussed with patients on paper. A case not diagnosed in 48 hours / Diagnosis Dilemma is discussed by all in the department. Accordingly, 20 clinical protocols have been prepared for various conditions and four medical audits have been conducted.

- **Documentation:** It focuses on real-time documentation. The open medical records are audited by QAG. Its best practices include preparation and adherence to authentic checklist, online requisition, legible writing, verification and signing of all files/notes at each round by consultant with date and time.

- **Facility Management:** Its emphasis is on equipment maintenance by ensuring checklist compliance. Weekly preventive checks are conducted for major equipments. The visiting hours are also to be complied with. Facility Management also aims at cleanliness of washrooms and surfaces. In order to ensure this, a ‘Best Washroom Competition’ was organised this year. Regular on-the-job trainings to paramedical staff for operational efficiency are also conducted.

QAG also coordinated the surveillance visit of AD Gorwala Blood Bank by NABH and re-assessment
of Central Diagnostic Laboratory by NABL. Non-conformance in Blood bank audit was at 12 and that in case of CDL audit was at a record low of only 4. Application has also been filed for accreditation of Radio-diagnosis Department to NABH in January, 2012 with preparation of quality manual. The pre-assessment is expected in April, 2012.

QAG is also preparing the hospital for NABH accreditation, thereby undertaking preparation of all policy documents, standard operating procedures, various trainings, including those for safety, basic life support, introduction of quality indicators and regular monitoring, etc. 22 internal audits were conducted for various departments during the year.

For handling of complaints and gauging satisfaction, regular feedbacks are taken from health checkup clients, indoor patients and also extended to outdoor patients. During the year, 76 complaints were handled and followed through. The Overall Patient satisfaction score remained at 87% and 88% for general category and privilege category patients respectively. Twice safety inspection round of entire building and campus was conducted during the year.

QAG has also established ‘Incident Reporting System’ through which any safety related incident occurring in the Hospital are recorded and reported for necessary analysis and corrective/preventive action. A total of 35 incidents of various nature have been reported till date.

QAG is also involved in patient related surveys, preparation for the annual retreat and its data analysis.
In keeping with our emphasis on continual improvement, especially in the context of teaching and research, following developmental activities have taken place:

**Workshops/Seminars Attended:**

**ANATOMY**

**State**

- Dr. Sanjaykumar Devchandbhai Kanani participated in a state level workshop on 'Cross Sectional Anatomy' at Smt. N.H.L. Municipal Medical College, Ahmedabad on 22nd January, 2012.


- Dr. Sanjaykumar Devchandbhai Kanani participated in a National conference of Anatomical Society of India at Sri Aurobindo Medical College & Post Graduate Institute, Indore on 27th–29th December, 2011.

- Dr. Praveen Singh participated in a Faculty Development Program, 'A Step Towards True Mentorship' conducted by Sri Aurobindo, Chair of Integral Studies as part of Life Enrichment Course at Sardar Patel University on 20th-21st January, 2012.
Dr Praveen Singh was a faculty in the Orientation workshop for MEU Co-ordinators & Basic Medical Education workshop at Regional Center, MCI at Pramukhswami Medical College, Karamsad from 16th-19th February, 2011, 13th-16th April, 2011, 28th-30th September 2011, 12th-14th December 2011 and 20th-23rd February 2012.

Dr Praveen Singh participated as a Resource Faculty in ‘National Consultations on Reforms in Medical College’ at Pramukhswami Medical College, Karamsad from 1st-3rd April, 2011.

Dr Praveen Singh acted as MCI observer and faculty in the basic medical education workshop at Government Medical College, Bhavnagar from 22nd-24th July, 2011.

Dr Praveen Singh participated as a Resource Faculty in the ‘Basic Medical Education Workshop’ under the guidelines by MCI at Government Medical College, Surat from 3rd-5th October, 2011; at Medical College, Baroda from 22nd-24th November, 2011; at SBKS Medical Institute & Research Centre, Piparia from 23rd-25th November, 2011; at Government Medical College, Jamnagar from 20th-22nd December, 2011; and at Government Medical College, Bhavnagar from 9th-11th January, 2012.

National

Dr Praveen Singh participated and presented a scientific paper in poster-oral format in the National Conference on Health Profession’s Education titled “Group Discussion as a teaching learning method in Anatomy: perception of medical students” at Christian Medical College, Vellore on 16th-17th September, 2011.

Dr Praveen Singh participated in a Quiz on ‘Evidence Based Medicine’ conducted by South Asian Cochrane Network Centre held during National Conference on Health Professions Education (NCHPE 2011) at Christian Medical College, Vellore on 17th September, 2011.

Dr Praveen Singh participated in a Quiz on ‘Evidence Based Medicine’ conducted by South Asian Cochrane Network Centre held during National Conference on Health Professions Education (NCHPE 2011) at Christian Medical College, Vellore on 17th September, 2011.

Dr Praveen Singh participated and chaired a Scientific Session on MORPHOLOGY in the National Conference of Anatomical Society of India at Sri Aurobindo Medical College and Post Graduate Institute, Indore from 27th-29th December, 2011.

Dr Praveen Singh participated in the National Workshop on ‘Competency Based Assessment’ in the National Conference on Health Professionals’ Education (NCHPE 2011) at Christian Medical College, Vellore from 14th-15th September, 2011.

Dr Praveen Singh participated in the National Workshop on ‘Leadership and organisation’ in the National Conference on Health Professionals’ Education (NCHPE 2011) at Christian Medical College, Vellore from 14th-15th September, 2011.

Dr Praveen Singh successfully completed an Online Distance Education course on “theme: Self-Review & Accreditation; module: Non-Regulatory Approaches to Quality Assurance of Medical Education” by Open University Centre for Education in Medicine (OUCEM), World Federation on Medical Education, United Kingdom from 10th October, 2011 to 16th December, 2011.

Dr Praveen Singh participated in the National CME on ‘GENESIS’ in the National Conference of Anatomical Society of India at Sri Aurobindo Medical College and Post Graduate Institute, Indore on 26th December, 2011.

Dr Praveen Singh was invited to participate as the Director and Faculty of FAIMER Regional Institutes (DAFFRI) Seminar at Christian Medical College, Vellore from 12th-13th September, 2011.

Dr Praveen Singh was invited to participate as Guest Faculty in the ‘Basic Medical Education Workshop’ under the guidelines by MCI at the National Institute of Medical Sciences (NIMS Medical College), Jaipur from 3rd-5th November 2011.

Dr Praveen Singh acted as a Faculty at CMCL FAIMER (Foundation for Advancement of International Medical Education and Research) Regional Institute for the FAIMER, CMC, Ludhiana to take residential sessions for FAIMER Fellows, on 5th-9th February, 2012.

Dr Praveen Singh acted as M.C.I. Observer and Resource Faculty in the ‘Basic Medical Education Workshop’ at G.R. Medical College, Gwalior from 1st to 3rd March, 2012.
BIOCHEMISTRY

State

- Dr. Hitesh Shah attended a National Workshop and CME on Quality Improvement Plan organised by Central Diagnostic Laboratory and A.D. Gorwala Blood Bank, Shree Krishna Hospital and P.S.M.C. Karamsad from 23rd-25th September, 2011.
- Dr Hitesh Shah attended a National Symposium on Expanding Horizon of Biochemistry at Pramukhswami Medical College, Karamsad on 7th January, 2012.

National

- Dr Hitesh Shah attended the Annual Conference of Association of Clinical Biochemists of India held at the Department of Biochemistry, G.R. Medical College, Gwalior from 2nd-6th December, 2011.

COMMUNITY MEDICINE

State

- Ms Jaishree Ganjiwale presented a paper on “Simplifying teaching statistics to medical undergraduates” as a poster in the Joint Annual Conference of Indian Association of Preventive and Social Medicine-Gujarat Chapter (19th) and Indian Public Health Association Gujarat Chapter (1st) organised by Indian Institute of Public Health – Gandhinagar on 17th March 2012.
- Dr Manisha Gohel participated in an International Conference on ‘Evidence Based Education System’ at Sumandeep Vidyapeeth at Waghodia, Gujarat, on 28th & 29th March 2011.
- Dr Manisha Gohel participated in a Refresher workshop on Life Enrichment Course on 3rd October, 2011 at Sardar Patel University organised by Sri Aurbindo, Chair of Integral Studies.
- Dr Manisha Gohel delivered sessions on ‘HIV/AIDS awareness’ under RRC programme in community in 2011 and 2012.
- Dr Rajanikant Solanki participated in a Medical Education Technology (MET) Workshop at PSMC, Karamsad from 28-30th September, 2011.
- Dr Rajanikant Solanki served as a resource person for ‘ICTC Team Training’ for Medical officer, Staff nurse, Counselor and Laboratory technicians held at PSMC, Karamsad from 11-13th Jan, 2011 and 28-30th April, 2011.
- Dr Uday Shankar Singh participated as a resource Faculty in an orientation workshop for MEU co-ordinators on ‘Basic Course workshop in Medical Education Technologies’ organised by the MCI - Regional Centre, Pramukhswami Medical College under Medical Council of India from 16th-19th February, 2011, 13th-16th April, 2011, 28th-30th September, 2011, 12th-14th December, 2011 and 20th-23rd February, 2012.
- Dr Uday Shankar Singh participated as a resource faculty in the ‘National Consultations on Reforms in Medical Education’ held at Pramukhswami Medical College, Karamsad from 1st-3rd April, 2011.
- Dr Uday Shankar Singh participated as a resource faculty in a workshop on ‘Research Methodology and Basics of Bio-Statistics’ organised by Central Research Services (CRS), Charutar Arogya Mandal, Karamsad from 26th-27th November, 2011.
- Dr Uday Shankar Singh participated as a resource faculty in an orientation workshop on ‘Basic Course workshop in Medical Education Technologies’ organised by the MCI - Regional Centre for Medical Education Technologies, at M.P. Shah Medical College, Jamnagar under Medical Council of India from 20th-22nd March, 2012.
- Dr Tushar Patel participated in a state level conference on ‘Universal Health Coverage’ organised by IAPSM-GC and IPHA-GC on 17th March 2012 at Ahmedabad.
- Ms Jaishree Ganjiwale attended One Year PGDPH (Certificate in Public Health at University of Nebraska Medical Centre - USA), Online course, January 2011 till December 2011.
- Dr Manisha Gohel attended a workshop in research methods organised by DDMM Heart Institute, Nadiad on 29th January, 2012.
Dr Manisha Gohel attended a Faculty Development Programme on Integral Education organised by Sardar Patel University in collaboration with Sir Aurobindo, Chair of Integral Studies on 20th-21st January, 2012.

Dr Rajanikant Solanki attended Joint Annual State conference of 19th IAPSM-GC and 1st IPHA-GC held at Ahmedabad organised by Indian Institute of Public Health, Gandhinagar on 17th February, 2012.

**National**

Ms Jaishree Ganjiwale obtained Fellowship from Foundation for Advancement of International Medical Education and Research (FAIMER) – 2009, Christian Medical College – Ludhiana regional Centre, India till February 2012.

Dr Manisha Gohel participated and presented poster on “Development of new assessment tool for clinicosocial case study assessment of community medicine residents” at the National Conference in Health Profession’s Education (NCHPE-2011) hosted by CMC Vellore on 16th-17th September, 2011.

Dr Manisha Gohel participated in a workshop on ‘Community Based Medical Education’ organised by MEU at the National Conference in Health Professions Education (NCHPE-2011) hosted by CMC Vellore from 16th to 17th September, 2011.

Dr Manisha Gohel was chosen for international fellowship at Foundation for Advancement of International Medical education and research (FAIMER) and attended two contact sessions in June 2011 at Mumbai.

Dr Manisha Gohel completed a course on Approach to Clinical and Behavioral Research in Adolescents with HIV from University of South Florida on 28th January, 2012.

Dr Rajanikant Solanki visited Comprehensive Rural Health Project (CRHP), Jamkhed, Maharashtra from 11th-15th October, 2011.

Dr Rajanikant Solanki attended 56th Annual National Conference of Indian Public Health Association (IPHA) held at Cochin, Kerala from 10th-12th February, 2012.

Dr Uday Shankar Singh attended an orientation program to experience and observe the primary healthcare and developmental activities carried out by ‘Comprehensive Rural Health Project’ (CRHP), Jamkhed, Maharashtra, organised by XVIII Annual Conference of IAPSM-GC from 11th-15th October, 2011.

**ENT**

**State**

Dr Girish Mishra chaired the session for Parotid Surgery and delivered an oration on “Widening the Horizons of Otolaryngology”. Dr Yojana Sharma chaired the session on Thyroid Surgery and Dr Siddharth Shah participated in the 35th Annual Conference of AOI- Gujarat State Branch Ahmedabad- 2011 from 16th-18th December, 2011.

Dr Siddharth Shah presented a paper on “N zero neck – Bridging the Dilemma” for SD Parikh Award Papers: Junior Category at the 35th Annual Conference of Gujarat State Branch of AOI at Ahmedabad held from 16th-18st December, 2011.

Dr Girish Mishra, Dr Yojana Sharma and Dr Mehul Patel attended a workshop on ‘Advanced Autologous update 2012’ held at Shruti ENT Hospital and Cochlear Implant Centre, Surat on 27th-28th January, 2012.

**National**

Dr Siddharth Shah attended the 7th International Surgical Workshop on ‘Laryngo-Tracheal Stenosis Surgery’ at Mumbai from 27th-31st January, 2012.

Dr Girish Mishra, Dr Mehul Patel attended the 20th Workshop on FESS organised by MAA ENT Institute Speech and Hearing Centre, Hyderabad held from December 7th–9th, 2011.

**MEDICINE**

**State**

Dr Sanket Sheth attended a National level conference at Ahmedabad, APICON in January 2011.
Dr Sanket Sheth attended a workshop on Research Methodology organised by Central Research Services in November 2011.

MICROBIOLOGY

State

Dr Chirag Manojkumar Modi was participant and member in a national level Conference on 'Workshop and CME on Quality Improvement Plan' organised by Central Diagnostic Laboratory and A.D. Gorwala Blood Bank, at a Hospital, Karamsad on 23rd-25th September, 2011.

Mr Chirag Premjibhai Patel participated in a state level CME on 'Prevention of CRBSI, Infection prevention strategies to Implement Quality Management System in Healthcare at Hospital Infection Society of India' in association with HCG Medisurge Hospital and 3M Healthcare on 13th March, 2011.

Mr Chirag Premjibhai Patel participated in a state level workshop on Research Methodology and Basics of Bio-statistics from 26th-27th November, 2011.

Dr Yagnesh Pandya was a faculty at Red ribbon club advocacy/training programme on 'HIV and AIDS' organised by Pharmacy College Anand, Shree Ram Krishna Seva Mandal in March 2012.

Dr Yagnesh Pandya attended a national level Workshop & CME on 'Quality Improvement Plan' organised by Central Diagnostic Laboratory & AD Gorwala Blood Bank, Shree Krishna Hospital, Pramukhwami Medical College, Karamsad from 23-25 September, 2011.

Dr Yagnesh Pandya attended an annual conference of IAMM, Gujarat chapter at CU Shah Medical College, Surendranagar on 30th January, 2011.

NURSING

State

Ms Bhumiben Prakashbhai Patel attended a Lecture on Electrocardiography organised by Cardiac Department at the Auditorium of HM Patel Academic Center on 15th April, 2011.

Ms Anna Daniel Rao participated in a state level workshop for Cath Lab Nurses and Technicians at DDMM Inst. of Cardiology, Nadiad, on 10th April, 2011.

Ms Bhumiben Prakashbhai Patel participated in a state level Workshop on 'Educational Technology' organised by Sandra Shroff Rofel College of Nursing from 26th-28th September, 2011.

Ms Bhumiben Prakashbhai Patel participated in a state level Workshop on 'Legal & Ethical issues in Nursing – Right or wrong...Reverence for life' at JG College of Nursing on 23rd February, 2012.

Ms Raksha Girish Parmar participated in a state level CME as delegate on Cardiac Nursing care at Karamsad on 29th May, 2011.

Ms Kausalya Sudhir Masurkar participated in a State Level Workshop on 'Legal & Ethical Issues in Nursing – Right or Wrong...Reverence for Life' at JG College of Nursing, Ahmedabad on 23rd February, 2012.

Mr Shailesh Ganesh Panchal participated in a National Workshop on Research Methodology and Basic of Bio-statistics at Karamsad on 26th-27th November, 2011.

Mr Shailesh Ganesh Panchal participated in a state level workshop on 'Legal & Ethical Issues in Nursing – Right or Wrong...Reverence for Life' at JG College of Nursing, Ahmedabad on 23rd February, 2012.

OBSTETRICS AND GYNAECOLOGY

State

Dr Smruti Vaishnav delivered a lecture on 'Spiritual aspects of prenatal care' at All Odisha Womens' Study Circle, state level conference on 25th January, 2011.

Dr Smruti Vaishnav delivered a lecture on conservative approach in PPH and Dr Kunal Jhavery participated in West Zone YUVAFOGSI conference at Ahmedabad on 7th October, 2011.

Dr Nitin Raithatha participated as a faculty in CME on infertility 'Conceive 2011' at Vadodara on 10th April, 2011.
Dr Smruti Vaishnav delivered a lecture on 'Integral Health' at Gandhinagar in a lecture series on Life Enrichment programme for all Gujarati students on 26th November, 2011.

Dr Swati M Patel participated as the chairperson and Rakhee Patel attended a workshop on 'Sonography in Obstetrics' at Anand on 17th July, 2011.

Dr Nitin Raithatha participated as a faculty for a 3-day workshop on 'Programme of Independence of NABH standards' at HN University Hospital Management Institute, Patan from 7th-9th November, 2011.

Dr Maitri Patel, Dr Chetna Vyas and Dr Rakhee Patel attended and Dr Nitin Raithatha participated as a Co-ordinator for a workshop 'Adding Hysteroscopy to your practices' at Anand on 19th June, 2011.

Dr Nitin Raithatha participated as a Resource Faculty for 'Force 2011 – PG exam trg. course’ at Ahmedabad from 16th-18th September, 2011.

Dr Nitin Raithatha delivered a Guest lecture on 'Updates on contraception' at Anand Homeopathy Medical College on 13th December, 2011.

Dr Smruti Vaishnav, Dr Rakhee Patel and Dr Kunal Jhavery attended and Dr Nitin Raithatha participated as a Program Coordinator in a CME on “Practical tips for issued related to newborn care” at Anand on 8th January, 2012.

Dr Nitin Raithatha attended a workshop on ‘An interactive clinical audit’ arranged by NABH quality council at Ahmedabad on 20th November, 2011.

Dr Nitin Raithatha attended a workshop on 'Clinical audit' at Ahmedabad, organised by QCF-NABH (National) on 20th November, 2011.

Dr Nitin Raithatha attended a workshop on 'Clinical audit' at Ahmedabad, organised by QCF-NABH (National) on 20th November, 2011.

Dr Nitin Raithatha attended a workshop on 'Contraception update at Rajkot National Faculty for Family Welfare Committee FOGSI’ on 7th August, 2011.

Dr Rakhee Patel, Dr Kailas Desai and Dr Kunal Jhavery attended a CME on 'Once a month contraception' at Anand on 13th April, 2011.

National

Dr Maitri Patel presented a paper on "Dynamic uterine balloon tamponade in management of PPH – An experience at rural based Medical College" at Hyderabad - 54th AICOG (National) in January 2011.

Dr Smruti Vaishnav attended a Conference and presented poster on ‘A profile of 200 critically ill obstetrics patients on mechanical ventilation’ at API, Kolkata on 14th January, 2012.

Dr Swati M Patel and Dr Kunal Jhavery attended ‘Yuva FOGSI’ conference on 7th October, 2011.

OPHTHALMOLOGY

State

Dr Samir Bhavsar and Dr Chaitali Patel attended a conference at Gujarat Ophthalmic Society, Ahmedabad on 24th-25th September, 2011.

Dr Devendra Saxena attended a Retinal conference by Dr Nagpal at Ahmedabad on 17th March, 2012.

Dr Harsha Jani attended a conference on Glaucoma Advance by Dr Abhay Vasawada at Ahmedabad on 26th June, 2011.

Dr Harsha Jani attended a conference ‘Mumbai Focus’ organised by Bombay Ophthalmic Association on 26th-27th August, 2011.

PAEDIATRIC

State

Dr Somashekhar Nimbalkar delivered a lecture on 'Practical Neonatology – What we Know and What is New?' at Hotel Boston, Surendranagar, organised by the Indian Academy of Pediatrics, Surendranagar branch on 30th June, 2011.
- Dr Somashekhar Nimbalkar was the Faculty and Course Director for the Neonatal Resuscitation Program of the National Neonatology Forum held at Lords Plaza organised by SPACT at Surat on 26th June, 2011.
- Dr Somashekhar Nimbalkar was the faculty for the Pediatric Advanced Life Support Course and delivered a lecture on ‘Rhythm Disturbances’ and conducted session on Rhythm Disturbances and Cardiac cases at VS Medical College, Ahmedabad on 21st-22nd May, 2011.
- Dr Ankur Sethi participated as a Faculty for Neonatal Resuscitation Programme of National Neonatology Forum, India conducted at Auditorium, HM Patel Academic Centre, Pramukhswami Medical College, Karamsad on 20th November, 2011 and 5th February, 2012.
- Dr Ankur Sethi participated as a Faculty in Annual Convention of National Neonatology Chapter NEOCON 2011 organised by Gujarat State Chapter of NNF at Ahmedabad Management Centre, Ahmedabad and presented a lecture on ‘Neonatal Sepsis’ in the Pre-conference workshop of ‘Care of LBWI for nurses working in small hospitals’ on 18th February, 2012.
- Dr Ankur Sethi completed DASII course for Development Assessment held at Waghodia in February, 2012.
- Dr Dipen Patel participated as Faculty in Pediatrics Advanced Life Support Course, organised by IAP Ahmedabad at CIMS Hospital, Ahmedabad on 8th-9th January, 2011 and at VS Hospital, Ahmedabad on 21st-22nd May, 2011.
Dr Dipen Patel participated as Faculty in Neonatal Resuscitation Programme organised by Indian Academy of Pediatrics, Surat at Hotel Lord’s Plaza on 26th June, 2011.

Dr Dipen Patel participated as Faculty for Panel Discussion on 'Neonatology Beyond 2011' in Midterm Scientific Conference of IAP Gujarat at Hotel Pride, Ahmedabad on 7th August, 2011.

Dr Dipen Patel participated as Faculty in the Annual Convention of National Neonatology Chapter NEOCON 2011, organised by the Gujarat State Chapter of NNF at Ahmedabad Management Centre, Ahmedabad and presented a lecture on 'Neonatal Equipments: Handling and Maintenance' in Pre-conference workshop of 'Care of LBWI for nurses working in small hospitals' on 18th February, 2012.

Dr Sheela Bharani attended a CME on Cerebral palsy at Vadodara on 3rd July, 2011.

Dr Sheela Bharani attended the AFP Surveillance at Karamsad on 8th July, 2011.

Dr Sheela Bharani attended a CME on 'CDMP and Gastroenterology' at Vadodara on 19th July, 2011.

Dr Sheela Bharani attended the 5th Update on Hematology at Vadodara on 15th-16th October, 2011.

Dr Sheela Bharani attended a workshop on Research Methodology and Basics of Bio-statistics Karamsad on 26th-27th November, 2011.

Dr Krutika Tondon attended the 12th-13th National Conferences of Pediatric Critical Care at Surat and Hyderabad on 30th October-2nd November, 2010 and 18th-20th November, 2011 respectively.

Dr Nikhil Kharod attended the 1st National Conference of IYCF subspecialty chapter of IAP (IYCNCON 2011) and presented a poster on breastfeeding, organised by Surat Pediatric Association Charitable Trust / Surat Obstetric and Gynaecological Society and supported by WHO / UNICEF (Gujarat) and Government of Gujarat, at Surat on 4th September, 2011.

Dr Nikhil Kharod attended a CME on 'Pharmacovigilance', jointly organised by Pramukhswnami Medical College, Karamsad and Knowledge Academy (Abbott Healthcare) at PS Medical College, Karamsad on 14th December, 2011.

Dr Nikhil Kharod attended a National symposium on 'Expanding Horizons of Biochemistry' organised by Pramukhswnami Medical College, Karamsad on 7th January, 2012.

Dr Somashekhar Nimbalkar attended the 'Pediatrics Fundamental critical care Course' conducted by the Indian Society for Critical Care Medicine at Shalby Hospital, Ahmedabad on 2nd-3rd July, 2011.

Dr Somashekhar Nimbalkar was the Lead Instructor and Faculty for the Training of Trainers Program of Basic Newborn Care and Resuscitation Program at Raipur, Chattisgarh on 27th-28th August, 2011.

Dr Somashekhar Nimbalkar was the Course Director and Faculty for the Pediatric Advanced Life Support course and delivered a lecture on 'Rhythm Disturbances and Facilitator' at the Cardiac workstation at Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha on 20th-21st August, 2011.

Dr Somashekhar Nimbalkar was the Faculty for the Golden Hour Emergency Course and delivered a lecture on 'Shock and Scorpion Bite and conducted sessions on Long Lines' held by the Indian Academy of Pediatrics, Parbhani at Agricultural University, Parbhani, Maharashtra on 4th-5th June, 2011.

Dr Krutika Tondon has enrolled for the one-year DAA (Diploma in Allergy & Asthma - Distant Education Course) from CMC, Vellore, since July 2011.

Dr Krutika Tondon was selected as an Instructor of PFCCS (Pediatric Fundamental of Critical Care Support) at 4th PFCCS - Guargao, Haryana since October, 2011.

Dr Ankur Sethi completed the National Faculty Training Course on 'Neonatal Advanced Life Support' held at the Annual Convention of NNF at NEOCON 2011, Chennai and
designated as a Member of the National Faculty on Neonatal Resuscitation held on 18th December, 2011.

- Dr Dipen Patel participated as a delegate in the Thesis Writing Workshop held at Advanced Pediatric Centre, organised by Department of Pediatrics, PGIMER, Chandigarh on 9th-10th April, 2011.

- Dr Somashekhar Nimbalkar attended the training of trainers program of the ‘Facility Based Newborn Care Initiative – skill based training program for SCNUs (Doctors and Nurses) at District Hospital’ organised by UNICEF INDIA and the National Neonatology Forum, India at Shivpuri, Madhya Pradesh from 29th-31st July, 2011.

- Dr Somashekhar Nimbalkar attended the Asthma Training Module National Training of Trainers of the Indian Academy of Pediatrics at Bangalore on 7th-8th May, 2011.

- Dr Somashekhar Nimbalkar attended the Training of Trainers Program of the Allergic Rhinitis and Comorbidities Training Module of the Indian Academy of Pediatrics held at Mumbai on 17th April, 2011.

- Dr Nikhil Kharod attended as National trainer, a 6-day training programme jointly organised by Breast Feeding Network of India (BFNI), National Rural Health Mission (NRHM) and Norway India Partnership Initiative (NIPI) for middle level trainers and ‘Yashodas’ from Jodhpur, Sirohi and Pali districts at Pali from 30th January-4th February, 2012 and from Banswara and Dungarpur districts at Banswara from 19th-24th March, 2012.

PHARMACOLOGY

State

- Dr Anuradha Joshi participated as a Felicitator in the workshop on ‘Problem Solving for Better Health’ organised by Dept. of Community Medicine, Pramukhswami Medical College, Karamsad on 5th-6th May, 2011.

- Dr Alpa Gor attended the National Consultaion on reformed of teaching in medical curriculum education from 1st-3rd April, 2011.

- Dr Alpa Gor attended a training programme on the course on medical response in Toxicology Emergency at SPIPA on 11th-12th August, 2011.

- Dr Anuradha Joshi attended International Conference on Evidence Based Education System (EBES) held at Sumandeep Vidyapeeth on 28th-29th March, 2011.

- Dr Anuradha Joshi attended and participated in a 2-day training programme on Medical Response in Toxicological emergencies held at SPIPA, Ahmedabad on 11th-12th August, 2011.

National

- Dr Barna Ganguly was invited as a Guest Faculty in training on Basic Research organised by IIPH, Delhi in March 2011.


PHYSIOTHERAPY

State

- Dr Hardik J Parekh attended a workshop on ‘Current concept in the management of cerebral palsy’ organised by Ahmedabad Orthopedic society at IIM Ahmedabad on 28th August, 2011.

- Dr Vinod K Ravaliya attended a state level CME on ‘Preventive Cardiology and recent trends in Cardio-Respiratory Physiotherapy’ at KMPIP on 29th December, 2011.

- Dr Jigarkumar Nayankumar Mehta attended a CME on ‘Preventive Cardiology & Recent Trends in Cardio-respiratory Physiotherapy’, at Pramukhswami Medical College, Karamsad from 7th-9th July, 2011.

- Dr Jigarkumar Nayankumar Mehta, Dr Hardik J Parekh and Dr Nirav P Vaghela attended a CME on ‘Preventive Cardiology & Recent Trends in Cardio-Respiratory Physiotherapy’ at KM Patel Institute of Physiotherapy, Karamsad on 8th January, 2012.
Dr Jigarkumar Nayankumar Mehta, Dr Vyoma Bharat Dani and Dr Nirav P Vaghe attended a Research Methodology workshop at DDMM Heart Institute, Nadiad on 29th January, 2012.

Dr Ashish V Gupta and Dr Vyoma Bharat Dani attended a state level workshop on ‘Preventive Cardiology & Recent Trends in Cardio-Respiratory Physiotherapy’ at KM Patel Institute of Physiotherapy on 8th February, 2012.

Dr Vyoma Bharat Dani attended a workshop on BLS & ACLS (as per AHA Guidelines & Materials) at Pramukhswami Medical College, Karamsad from 7th-9th July, 2011.

Dr Jigarkumar Nayankumar Mehta and Dr Vyoma Bharat Dani attended a short term course on Research Methodology at Academic Staff College, Sardar Patel University from 6th-11th February, 2012.

Dr (Ot) Deepak Ganjiwale participated in state level Workshop on Rehabilitation of Hand injury and hands-on Hand Splinting at Bidada Sarvodaya Trust, Kutch on 12th-13th March, 2011.

Dr Himanshu Sharma delivered a Radio talk on depression on 24th February, 2012.

Dr Himanshu Sharma attended participated in Basic Workshop in Medical Education Technologies at Regional Center, Pramukhsami Medical College, Karamsad on 28th-30th September, 2011.

Dr Himanshu Sharma attended a ‘Refresher GCP Workshop’ at Shree Krishna Hospital on 18th May, 2011.

Dr Himanshu Sharma attended a state level Training Workshop on ‘Tobacco Cessation Counseling’ organised by State Tobacco Control Cell, Government of Gujarat supported by WHO and MoHFW, Government of India at Ahmedabad on May 21, 2011.

Dr Himanshu Sharma attended IPS-WZB 42nd Annual Conference hosted by IPS-Gujarat state branch held at Daman on 14th-16th October, 2011.

Dr Himanshu Sharma attended and participated in Psychiatry Update 2012 organised by Department of Psychiatry, Sheth VS General Hospital, Smt NHL Municipal Medical College, Ahmedabad, Indian Association of Private Psychiatry - Gujarat State Branch and WPA section on Developing Countries at Ahmedabad on February 26, 2012.

Dr Himanshu Sharma attended IPS – GSB state level conference held at Saputara from 19th-21st August, 2011.

SKIN AND VENERAL DISEASES

State

Dr Rita Vora delivered a lecture on ‘Varicella Zoster Infections’ at GP forum at Anand on 27th April, 2012.

Dr Rita Vora participated as an Expert member on the board of studies in MS University of Baroda, 2008–2011.

Dr Rita Vora chaired a scientific session on aggressive therapy in children at the 37th IADVL state conference held at Daman in December, 2011.

Dr Rita Vora chaired a session on ‘Tissue tightening with microneedling RF’ in 1st CDSI satellite session 2012 at Surat on 8th April, 2012.

Dr Pragya Nair attended a Pre-conference CME and Conference, Cuticon 2011, XXXVIIth Annual Conference of Indian Association of Dermatologists, Venerologists and Leprologists, Gujarat State Branch from 23rd–25th December, 2011 at Daman.

Dr Rita Vora delivered a guest lecture on the topic ‘Pregnancy Dermatoses’ at the 2nd Biennial West Zone Conference held at Indore in September, 2011.

Dr Rita Vora delivered a talk as panelist in the prestigious “ASK THE EXPERT’S SESSION” on pemphigoid gestationalis and chaired the session for free paper in the 40th IADVL National Conference of Dermatology at Jaipur on 12th February, 2012.
Dr Rita Vora attended 39th National Conference of IADVL at Gurgaon from 3rd-6th February, 2011.

Dr Pragya Nair attended the 12th IUSTI World Congress at New Delhi, India from 2nd-5th November, 2011.

Dr Pragya Nair attended CosdermIndia 2011, XV Annual Congress of The Cosmetic Dermatology Society (India) held at Goa, India from 30th September–2nd October, 2011.

Papers Published

ANATOMY

Dr Praveen Singh, ”Introduction of Case Based Learning for teaching Anatomy in a Conventional Medical School” Journal of Anatomical Society of India(JASI); Volume 60(2); (pages: 232-235) December 2011.

Dr Praveen Singh, "Perceptions towards Implementation of OSPE as an Assessment Tool in Anatomy for Undergraduates at a Rural Medical College in Western India” National Journal of Basic Medical Sciences, Volume 2; Issue 1/July-Sep 2011.


Dr Sumati Khanna, Shri Ajay Phatak ”Sex determination using mastoid process” Journal of Anatomical Society of India, (JASI); 59 (2). (pages 222-228).

COMMUNITY MEDICINE


Dr Dinesh Bhandari, "A community based study of feeding and weaning practices in under five children in semi urban community of Gujarat” in the National Journal of Community Medicine, Volume 2, No. 2, July-September, 2011.

Dr Dinesh Bhandari, “Tobacco consumption practices among the school students” in Indian Medical Gazette Volume 145, No. 11, November, 2011.


ENT

OBSTETRICS & GYNAECOLOGY

Dr Smruti B Vaishnav and Dr Maitri Patel, “Peripartum Hysterectomy – A retrospective study of 70 cases over a period of 9 years,” International Journal of Gynecology and Obstetrics of India, Volume 14/5, September-October, 2011.


Dr Smruti B Vaishnav, “Dynamic uterine balloon tamponade in management of PPH - An experience at rural based medical college” - sent for publication in International Journal of Gynaecology and Obstetrics – accepted for publication.


PHARMACOLOGY


PHYSIOTHERAPY


PSYCHIATRY

Dr Himanshu Sharma, “Comparison of MMSE to DSM-IV diagnostic criteria for the detection of medically ill patients with psychiatric referrals” Journal of Mental Health and Human Behavior (ips-nz), April, 2011.

Dr Nimisha Desai, “Validation of Guajarati version of Edinburgh postnatal depression scale among women within their first postpartum year” sent in Indian Journal of Social Psychiatry. Recent status - accepted and will be published in the forthcoming issue of Indian Journal of Social Psychiatry i.e. Volume 27(1-2), 2011.


SKIN AND VENERAL DISEASES


Annual Report
2011 - 12

Faculty

Dean
Dr Utpala Kharod

Anaesthesia
Dr Hemlata Kamat
Dr Pranoti Patel
Dr Heena Patel
Dr Neeta Bose
Dr Alpa M Patel
Dr Madhavi Chaudhary
Dr Arvind Patel
Dr Gurpreet Panesar
Dr Vaibhavi Javeri
Dr Bharati Rajani
Dr Krutika Rupera
Dr Bhurva Khara
Dr Ushma V Parikh
Dr Rinku Arora
Dr Shital Acharya
Dr Prashworth Shah
Dr Kunal Harishbhai Shah
Dr Ronak K Chaudhary
Dr Nisha R Chaudhary
Dr Mary George Mandapathy

Anatomy
Dr Rakesh Bhatt
Dr Rohini Boulal
Dr Praveen Singh
Dr Sumati
Dr Pratik Raval
Dr Sanjaykumar Devchandbhai Kanani
Dr Vipra Shah
Dr Binita J Purohit

Biochemistry
Dr N Haridas
Dr Hiteshkumar Shah
Dr Kiran Chauhan
Dr Amit Trivedi

Community Medicine
Dr Vasudev Rawal
Dr Uday Shankar Singh
Dr Dinesh Bhandari
Dr Deepakumar Sharma
Dr Tushar Patel
Dr Manisha Gohel
Dr Rajnikant Solanki
Dr Dinesh Kumar
Dr Shyamsundar J Raithatha
Smt JaiShree Ganjivale
Shri Prakashkumar Nayak
Smt Usha Patel

Dentistry
Dr Swati Sarthave
Dr Riddhi Desai
Dr Nikita Gupta
Dr Sindhu Dodamani
Dr Mrina Patel
Dr Farhan Zubani
Dr Taluja Rameshwarakumar H

ENT
Dr Girish Mishra
Dr Yojana Sharma
Dr Nimesh Patel
Dr Siddharth Shah
Dr Mukeshkumar N Dodia
Dr Bhaumik K Shah

Specialists
Shri Sunil Bhattr
(Audiologist/Speech Therapist)
Shri Hemant Patel
(Audiologist/Speech Therapist)

Forensic Medicine
Dr Swapnil Agrawal
Dr Sanjaykumar Gupta

Medicine
Dr Jyoti Mannari
Dr Himanshu Pandya
Dr Bhalendu Vaishnav
Dr Shishir Gandhi
Dr Alpa Lenua
Dr Ajay Mishra
Dr Sanker Sheth
Dr Devangi Desai
Dr Kishor Viradiya
Dr Laboni Ghosh
Dr Soham Desai
Dr Ravindra Hadakshi
Dr Nishikumar M Dave
Dr Veerendra Chaudhary
Dr Nupur K Oza

Specialists
Dr Kaushik Trivedi (Cardiologist)
Dr Anil Sanjiu (Nephrologist)
Dr Shishir Gang (Nephrologist)

Microbiology
Dr Manharlal Shah
Dr Sunil Trivedi
Dr Suman Singh
Dr Yagnesh Pandya
Dr Rupal Patel
Dr Nirmisha Shethwala
Dr Chirag M Modi
Dr Mudita Paliwal
Shri Chirag Patel
Ms Dipal Maishri
Ms Soumya Panicker

Obstetrics & Gynaecology
Dr Lila Trivedi
Dr LN Chauhan
Dr Smruti Vaishnav
Dr Rama Shrivastava
Dr Maeri Patel
Dr Nitin Raithatha
Dr Nipa Modi
Dr Gheten Vyas
Dr Rakhee Patel
Dr Swati Patel
Dr Kailash Desai
Dr Juhu Bajaj
Dr Kunal D Jhavery

Ophthalmology
Dr Harsha Jani
Dr Smitaendra Bhavsar
Dr Devendra Saxena
Dr Chhairali Patel
Dr Sanatan Jani

Orthopaedics
Dr Ashok Vaishnavi
Dr Ramesh Panchal
Dr Setul Patel
Dr Amit Patel
Dr Mihir Dholakia
Dr RL Chhangani
Dr Vivek Patel
Dr Saranjeet Singh
Dr Naveen Sharma
Dr Rohit Luthra
Dr Shrutl Shah
Dr Ashish J Suthar
Dr Dushankumar J Shah
Dr Bikesh J Mehta

Specialist
Dr Veerendra Shandilya
(Orthotic Engineer)

Paediatric
Dr Shashi Vani (Professor Emeritus)
Dr Nikhil Kharod
Dr Somashekhara Nimbalkar
Dr Krutika Tandon
Dr Sheela A Bharani
Dr Dipen Patel
Dr Aarti Kaikaiya
Dr Ankur Sethi
Dr Kalpesh R Amethia
Dr Rahul Tandon

Pathology
Dr Anita Borges (Professor Emeritus)
Dr Menka Shah
Dr Monica Gupta
Dr Keyuri Patel
Dr Sanjay Chaudhary
Dr Faruq Mullu
Dr Kirti Rathod
Dr Aman Shah
Dr Kalpesh Shah
Dr Vaibhavi Sharma
Dr Mumira Jhauwala
Dr Jigar Shah
Dr Megha Yadav
Dr Amit U Maniar
Dr Jyoti P Sapre
Dr Hetal J Joshi
Dr Sadhana Saraiya
Dr Prashant Ramani

Pharmacology
Dr Barna Ganguly
Dr Bharat Gajjar
Dr Nazima Mirza
Dr Anuradha Joshi
Dr Alpa Gor
Shri UD Panchakshari

Physiology
Dr SK Singh
Dr Ashok Nair
Dr Vivek Verma
Dr Wansim Shawk
Dr Minal Patel
Dr Archana Nimbalkar
Dr Hasmukh Shah

Psychiatry
Dr Himanshu Sharma
Dr Nimisha Desai
Dr Anusha MC Prabhakaran
Dr Jagdishchandra R Vankar

Radiology
Dr Chandra Raychaudhary
Dr Jaydeep Doshi
Dr Jayesh Bhart
Dr Sandip Jhala
Dr Harpal Singh
Dr Deepak Kumar V Mehta
Dr Diva Shah
Dr Viral Patel
Dr Harsh Varshil Singh Khokhar
Dr Ashwinkumar Pansuriya
Dr Viraj Shah
Dr Monica Sethi

Skin and Venerable Diseases
Dr Rita Vora
Dr Pragya Nair
Dr Nishit Bodiwala
Dr Tanu Arora

Surgery
Dr Shriraj Srivastava
Dr Sharadchandra Shah
Dr Shalesh Patel
Dr Jitesh Desai
Dr Chirag Chokshi
Dr Paresh Patel
Dr Jignesh Rathod
Dr Sunil Vyas
Dr Swati Dave
Dr Apurva Patel
Dr Jayesh Patel
Dr Sachin Vani
Dr Rajivkumar Contractor
Dr Hitesh Arora
Dr Himanshu A Champaneri

Specialists
Dr Suresh Nayak (Neuro Surgeon)
Dr Paresh Modi (Neuro Surgeon)
Dr Sumit Kapadia (Vascular Surgeon)
Dr Vijaysinh Thakore (Vascular Surgeon)
Dr Sandeep Sharma (Plastic Surgeon)
Dr Sameer Raval (Plastic Surgeon)
Dr Jeyul Kamdar (Paediatric Surgeon)
Dr Amir Chaddha (Uro Surgeon)

Chest Medicine
Dr Sateeshkumar Patel
Dr Rajiv Paliwal
Dr Prinve Patel
Dr Nimit Khara
Dr Dharmendra Kumar H Vala
Dr Ravish M Khatriya

Specialist
Dr Manoj Yadav (Pulmonologist)

Trauma & Emergency Care Centre
Dr Mukesh Patel
Dr Arunkumar Varun
Dr Rajivkumar Damor
Dr Varun Patel
Dr Rakesh Patel
Dr Rajesh Kandoriya
Dr Pravin Bagadia
Dr Ankur Dave
Dr Prashant H Makwana

Dr Mayank V Detroja
Dr Priya Bhawnani

K M Patel Institute of Physiotherapy
Dr Lata Parmar
Dr Dixa Mishra
Dr G Palani Kumar
Dr Deepak Ganjiwale
Dr Ashish Gupta
Dr Vinod Raval
Dr Jigar Mehta
Dr Shweta Parikh
Dr Nirav Vaghele
Dr Parth Patel
Dr Sangita Macwan
Dr Kamlesh Vaghele
Dr Sanket Parikh
Dr Swati Patel
Dr Vyoma Bharat Dani
Dr Bhavinkumar Patel
Dr Lakhmanbhai Khuchariya
Dr Mitulkumar Patel
Dr Hardik J Parekh

M S Patel Cancer Centre
Dr VRK Shankar
Dr Chiramaana Harisha
Dr Pradeep Shah (Onco. Physician)
Dr Rajiv Bhattr (Onco. Surgeon)

B M Patel Cardiac Centre
Dr Dhiren Dave
Dr Sunil Thampi
Dr Manish Kumar Tiwari
Dr Mahesh Hariprasad Bhatt
Dr Gaurav Goel
Dr Kunal Soni
Dr Manojkumar Bansal
Dr Kezan Malvi
Dr Hiren Bharatbhai Karediya

GH Patel School of Nursing
Smt KS Masurkar
Smt Trusha Patel
Ms Nila Darji
Smt Raksha Parmar
Shri HB Suthar
Ms Vandana Shrirami
Ms Priti Solanki
Smt Anna Rao
Ms Bhavna Chavda
Ms Kailash Patel
Ms Suryabala Christian
Ms Darshna Suthar
Shri Joy Macwan
Ms Binta Mistry
Ms Hetal Patel
Management Team

Chief Executive Officer
Shri Sandeep Desai

CEO Office
Dr Neelofar Sayed

Management Audit
Shri Mukesh H Shah

Accounts
Shri Pran Nath Ganju
Shri Kanaiyalal Suthar
Shri Shyam Sundar Agarwala
Shri Minesh Shah
Ms Shainey Varghese

Personnel and Administration
Shri Kantiprasad Jaiswal
Shri Nilesh Panchal
Shri Ramnathan Iyer
Shri Raman Prajapati
Shri Kamaljit Singh Golhe
Shri Wilson Vaghela
Shri Vimal Patel
Shri Ramavtar
Shri Ambalal Mahertiya
Shri Mittesh Vaidya

Human Resources
Shri Suresh Rajagopalan
Ms Archana Gupta
Ms Sushma C Kapadia
Shri Ankur Soni
Shri Jigneshkumar M Raval
Shri Vishakhumar J Jani
Shri Nigam S Madan
Ms Diha P Thaker

Material Management (Purchase)
Shri Ravindra Udgade
Shri Pankaj Raj
Shri Vinodchandra Jani
Shri Dinesh Patel
Shri Jyantilal Bhatt
Shri Ullas Oza
Ms Leena Thadani
Shri Sanjiv Mehta

Maintenance
Shri Shrirang Puntambekar
Shri Hasmukh Bhuva
Shri Dilip Patel
Shri Raskiklal Patel
Shri Shabina Shaikh
Shri Jignesh Sevak
Shri Priyankkumar G Brahmabhakt

System
Shri Raksh Parmar
Shri Mukesh Katiyar
Shri Nikhil Makwana
Shri Mahesh Parmar
Ms Sejal Shah
Shri Nilang Naidu
Shri Jignesh Patel
Ms Priyankaben P Macwan

Project
Shri Viren Desai
Shri Snehil Talati
Shri Bhuvesh Panchal

Quality Assurance
Dr Monica Gupta
Shri Arif Raza Mohammed
Dr Aarti S Gandhi
Smt Minakshi M Patel
Ms Smita O Arora
Smt Shilpa S Agarwal

Operations
Shri TA Manavalan
Dr Reena V Patel

Library
Ms Meena Patel

Management Support Group
Ms Shivkanya Birla
Ms Divya Gautam
Ms Kaynar I Shaikh
Ms Neha Shankar
Ms Divya Tiwari
Dr Jignesh Parmar

Business Development - HS
Shri Shantanu Ganguly
Shri Yatin Kumar N Inamdar
Ms Prerana Somani
Shri Gopal Chandra
Ms Saranya Pradhan
Shri Hemant Kumar B Darji
Shri Jitesh Jethu
Shri Mandepak Makwana
Dr Maulik Bhavsar

Business Development – IS
Shri Pragnesh Gor
Dr Utkarsh M Shah
Dr Abhishek Soni
Shri Vimal Kumar Singh
Dr Vivek S Pandya
Dr Jigneshkumar N Purohit
Dr Anandkumar C Upadhyay
Dr Shreyalben R Patel
Dr Brinkal K Patel
Dr Binal D Shah
Dr Jayprakash Mehta

Fund Raising
Shri Vishwajit M Habbu
Shri Rakesh Parikh
Shri George Parmar

Dietary Service
Ms Jignaben R Patel

Kitchen
Shri Mahesh Kumar Singh
Shri Praveen Kumar Singh
Shri Satish B Rai
Shri Vikash Kumar Dixit
Shri Pratik M Goswami

Health Checkup
Shri Manoj Roy
Ms Rutuja Bhatt

Medical Record
Shri Raju J Bhavsar

Patient Relation
Ms Sangita Nair
Shri Samir Parmar
Shri Nileshkumar P Parmar

Corporate Communication
Shri Virendra Bhandari
Ms Aparna K Jany
Shri Shashvat Singh

Central Research Services
Shri Ajay Pathak
Ms Dhara Antani
Shri Hardikkumar K Bhalodiya
Shri Chiragkumar R Patel
Shri Utsavkumar B Patel

College Administration
Shri P Daniel Kumar
Shri Alkesh M Patel
Deh Dan

Ahmedabad
Trivedi Kanubhai Pranjivan

Anand
Thakkar Pravinaben Naginabhai

Borsad
Patel Punjabhai Parshottambhai
Bhart Shantilal Somedwar
Patel Arvindbhai Natubhai

Nadiad
Oza Bhikhabhai Khemchand

Navali
Patel Kamlaben Bhailabhai

Petlad
Patel Harmanbhai Madhabhai
Shah Jayantilal Manilal
Shah Minaxiben Mukundbhai
Shah Indravadan Parshulal

Sojitra
Patel Chunibhai Shankarbhai

Thamana
Patel Natubhai Fulabhai

Umreth
Patel Dahyabhai Lallubhai
Patel Harmanbhai Zaverbhai

Vallabh Vidyanagar
Patel Madhuben Ramanbhai
Amin Jayantibhai Chunibhai
Desai Kalaben Bipinbhai

Vasad
Patel Hasmukhbai Hiralal
Donors for the Year 2011-2012

1,00,00,000 And More...
Dr. Natwerlal Shivabhai Patel
Dr. Amrita Patel
Dr Babubhai R Patel
Shri Hemalbhai Ravikantbhai Thakkar
Sureka Public Charity Trust
Ila Jayantilal Patel
M/s Surgicare Hospital
Kiran Gita Patel
M/s Jay Maharaj Construction
Shri Nitinbhai Manibhai Patel
Shri Maheshbhai M Amin
Shah Maneklal Asharam Sarvajanik Trust
M/s Eminent Equipments Pvt Ltd
Kachnar Trust
Shri Narayanbhai Narsinhbhai Patel
M/s Maruti Cable TV & Disk Antenna
M/s MARGEN Impex Ltd

50,000 And More...
M/s Speciality Wood Pack Pvt Ltd
Yes Bank
Shri Rasikbhai Manibhai Patel
M/s Vulcan Industrial Engg. Co Ltd
Mr Vijaybhai & Mr Bipinbhai D Desai
Shri Kiritbhai Manibhai Patel
Smt Ushaben Chandravadan Shah
M/s Narayan Finance
Shri Pranav Suryakant Patel
M/s JB Packaging
M/s Shrejii Builders
Smt Kumudben Ramanbhai Patel
Shri Anilbhai Darji
Shri Dakshebhai Pankajkumar Patel
M/s Hotel Rama Residency
M/s IDBI Bank Ltd
Shri Kaushikbhai Chimanlal Dave
M/s GMM Pfaudler Limited
Shri Arvindbhai Virthalbh Patel
M/s Sharp Engineers
M/s KHS Machinery Pvt Ltd
Ashokkumar CM Patel Foundation
Shri Kaushikbhai R Shah
Shri Ramanbhai Vallabhbhavi Patel
M/s Maple Construction
M/s Nagar Chasmaghar
Shri Hirajbhai Sureshbhai Patel
Shri Nileshbhai Atodariya
Shri Jalaram Satsang Seva Mandal Trust
M/s John Bean Technologies India Pvt Ltd
M/s Shakti Developers
UCO Bank
CCI Logistics Ltd

25,000 And More...
Shri Rajni K Patel
M/s Patel Infrastructure Pvt Ltd
Shree Vir Virthalbh Patel Dardi Sahayak Charitable Trust 48000
M/s Hiteshkumar Bhupendrabhai Patel
M/s Manish Infrastructure
M/s Swiss Glasscoat Equipments Ltd
Aishabai & Haji Abdul Latif Charitable Trust
M/s Design Cell
Shri Shandilya Kishorkumar Oza
Shri Saurabh Amin
M/s Pearl Heritage Developers
Asaba Electronics Corporation
M/s Standard Pesticides Pvt Ltd
M/s Marck Biosciences Ltd  
M/s Ravi Pharmaceuticals Pvt Ltd  
M/s Babul Printing & Packaging Pvt Ltd  
M/s Rapid Punching Solutions Pvt Ltd  
M/s Varsal Magnetics Pvt Ltd  
Shri Pradipkumar Navanital Shah  
Sardar Vallabh Bhai Patel High School  
Shri Jitendrakumar Dhulabhai Patel  
M/s Patel Filters Infrastructure  
M/s Square One Builders Pvt Ltd  
Smt BA Kikani  
M/s DMG Mori Seiki India Mac & Ser Pvt Ltd  
Smt Nirupamaben B Kikani  
Shri Ishwarbhai S Patel  
M/s Comfy Furniture Centre  
Shri Prem Pavoor  
M/s ECO Tech Designs Pvt Ltd  
Shri Baj Khedaval Seva Trust  
Shri Pranay A Mehta  
Smt Pushpaben Ravjibhai Patel  
M/s General Traders  
M/s Shiv Distributors  
M/s National Electricals & Electronics Corp  
M/s Shubh Medicines  
Smt Seemaben Trivedi  
Shri Navanithbhai Devabhai Bharvad  
M/s Erection Instrumentation Pvt Ltd  
Shri Dipakbhai Patel  
M/s Danfoss Industries Pvt Ltd  
Shri Ranchhodbhai Harjibhai Rabari  
Shri Rajubhai Devabhai Bharvad  
M/s Buildquick Infrastructure Pvt Ltd  
M/s Nasha Surgical  
Shri Devabhai Bhagwanbhai Bharvad  
Shri Mahendrabhai Harmanbhai Patel  
Shri Amitkumar Ravjibhai Patel  
Shri Chitraketu Mahendrabhai Patel (HUF)  
M/s Hi-Tech Polymers  
M/s Shiv Traders  
Shri Ajabhai Devabhai Bharvad  
M/s General Traders  
M/s Shiv Distributors  
M/s National Electricals & Electronics Corp  
M/s Shubh Medicines  
Smt Seemaben Trivedi  
Shri Navanithbhai Devabhai Bharvad  
M/s Erection Instrumentation Pvt Ltd  
Shri Dipakbhai Patel  
M/s Danfoss Industries Pvt Ltd  
Shri Ranchhodbhai Harjibhai Rabari  
Shri Rajubhai Devabhai Bharvad  
M/s Buildquick Infrastructure Pvt Ltd  
M/s Nasha Surgical  
Shri Devabhai Bhagwanbhai Bharvad  
Shri Mahendrabhai Harmanbhai Patel  
Shri Amitkumar Ravjibhai Patel  
Shri Chitraketu Mahendrabhai Patel (HUF)  
M/s Hi-Tech Polymers  
M/s Shiv Traders  
Shri Ajabhai Devabhai Bharvad
Auditors’ Report

Name Of The Public Trust : Charutar Arogya Mandal,
Vallabhidyanagar, Dist.: Anand

Registration Number : F/119/Anand

We have audited the Accounts of the above named Mandal for the year ended 31st March, 2012 and beg to report that:-
1. The accounts are maintained regularly and in accordance with the provisions of the Act and the Rules;
2. Receipts and disbursements are properly and correctly shown in the accounts;
3. The Cash Balance and Vouchers, in the custody of the General Manager (Accounts), on the date of the audit are in agreement with the accounts;
4. Books, Deeds, Accounts Vouchers and other documents and records required by us were produced before us;
5. An inventory, certified by the trustee, of the movable of the Mandal has been maintained;
6. The General Manager (Accounts) appeared before us and furnished the necessary information required by us;
7. No property or funds of the Mandal was applied for any object or purpose other than the object or purpose of the Mandal;
8. The amounts out-standing for more than one year is ₹ 24,63,076/- and the amount written off is ₹ NIL;
9. Tenders were generally invited for repairs or construction as the expenditure involved did exceed ₹ 5000/-;
10. No money of the Public Trust has been invested contrary to the provisions of Section 35;
11. No alienations of Immovable property have been made contrary to provisions of Section 36.

We have further to report:
Attention is invited to following notes in Schedule “I” regarding:
Note- 3 : Non-provision of balance liability for leave encashment amounting to ₹ 377.75 lakhs.
Note- 4 : Non-provision of balance liability for Gratuity amounting to ₹ 376.97 lakhs.
Note- 7 : Non-provision of liability of Value Added Tax on Medicines for the reasons mentioned therein. (Amount is unascertainable)

Had the observations made by us here in above, been considered the deficit for the year ended on March 31, 2012 would have been ₹ 2,137.91 lakhs as against the reported deficit of ₹ 1,383.19 lakhs.

For C.C Chokshi & Co.
Chartered Accountants
(Registration no. 101876W)

H. P. Shah
Partner
(Membership No. 33331)

Place : Ahmedabad
Date : 29th August, 2012
Balance Sheet as at 31st March, 2012

(Regn.No. F / 119 / Anand)  ( ₹ in thousands)

<table>
<thead>
<tr>
<th>SOURCES OF FUNDS :</th>
<th>As at 31.03.2012</th>
<th>As at 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corpus Funds</td>
<td>Schedule &quot;A&quot;</td>
<td>2,64,246.86</td>
</tr>
<tr>
<td>Medical Relief, Infrastructure Dev. and Other Funds</td>
<td>Schedule &quot;B&quot;</td>
<td>2,32,164.49</td>
</tr>
<tr>
<td>Donations From the Community / Institutions</td>
<td>Schedule &quot;C&quot;</td>
<td>5,69,653.73</td>
</tr>
<tr>
<td>Research Fund</td>
<td>Schedule &quot;D&quot;</td>
<td>7,007.93</td>
</tr>
</tbody>
</table>

SECURED LOANS :

Term Loan:
- From Oriental Bank of Commerce for purchase of Equipment ( Against hypothecation of MRI) | 4,053.66 | 11,787.22 |
- From Oriental Bank of Commerce for purchase of Equipment ( Against hypothecation of Linear Accelerator) | 95,989.64 | - |

Overdraft Facility:
- From ICICI Bank Ltd. [Fixed deposit receipts for ₹ 11,000.00 thousand (P.Y. ₹ 1,0862.00 thousand) pledged as Security] | 9,299.75 | 8,307.10 |
- From Oriental Bank of Commerce [Fixed deposit receipts for ₹ 1,75,551.00 thousand (P.Y. ₹ 1,21,587.00 thousand) pledged as Security] | 1,29,936.50 | 77,441.64 |
- From Bank of Baroda [Fixed deposit receipts for ₹ 30,000.00 thousand (P.Y. ₹ 30,000.00) pledged as Security] | 28,116.00 | 27,199.54 |

TOTAL | 13,40,468.56 | 11,26,900.45 |

APPLICATION OF FUNDS:

INFRASTRUCTURE AND INVESTMENT:
- Fixed Assets Schedule "E" | 4,25,991.94 | 3,05,176.70 |
- Investments Schedule "F" | 2,65,364.13 | 2,57,640.79 |

WORKING CAPITAL:
CURRENT ASSETS:
- Inventories (As valued & Certified by the Management) | 32,765.21 | 20,060.19 |
- Receivables
  - Considered good * | 32,620.09 | 20,551.36 |
  - Considered doubtful | 954.77 | 3,323.58 |
- LESS: Provision for doubtful debts | 33,574.86 | 23,874.94 |
- LESS: Provision for doubtful debts | 954.77 | 3,323.58 |

* Including ₹ 1258.24 thousand (P.Y. ₹ 2165.23 thousand) to Charutar Arogya Mandal Medical Research Society

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>13,40,468.56</td>
</tr>
</tbody>
</table>
## Balance Sheet as at 31st March, 2012

**(₹ in thousands)**

<table>
<thead>
<tr>
<th>Description</th>
<th>As at 31.03.2012</th>
<th>As at 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest Accured</td>
<td>6,834.80</td>
<td>17,973.77</td>
</tr>
<tr>
<td>Deposits and Advances</td>
<td>24,601.04</td>
<td>20,254.54</td>
</tr>
<tr>
<td>Receivable from Registrar, Gujarat High Court (Note No. 6)</td>
<td>111,255.22</td>
<td>89,081.25</td>
</tr>
<tr>
<td>Cash &amp; Bank Balances (Schedule &quot;G&quot;)</td>
<td>1,091.44</td>
<td>9,390.82</td>
</tr>
<tr>
<td>Cheques on Hand</td>
<td>50.50</td>
<td>281.18</td>
</tr>
<tr>
<td></td>
<td><strong>209,218.30</strong></td>
<td><strong>177,593.11</strong></td>
</tr>
</tbody>
</table>

**LESS : LIABILITIES :**

<table>
<thead>
<tr>
<th>Description</th>
<th>As at 31.03.2012</th>
<th>As at 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td>70,363.91</td>
<td>57,411.29</td>
</tr>
<tr>
<td>Advance Tuition fees</td>
<td>91,796.07</td>
<td>108,665.74</td>
</tr>
<tr>
<td>Sundry Credit Balances</td>
<td>97,621.95</td>
<td>41,274.08</td>
</tr>
<tr>
<td>Liability for Gratuity &amp; Leave Encashment</td>
<td>100,058.24</td>
<td>102,715.85</td>
</tr>
<tr>
<td>Provision for DA</td>
<td>1,691.26</td>
<td>-</td>
</tr>
<tr>
<td>Provision for Pay Arrears</td>
<td>52,097.08</td>
<td>18,647.15</td>
</tr>
<tr>
<td></td>
<td><strong>413,628.51</strong></td>
<td><strong>328,714.11</strong></td>
</tr>
</tbody>
</table>

**NET WORKING CAPITAL**

<table>
<thead>
<tr>
<th>Description</th>
<th>As at 31.03.2012</th>
<th>As at 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>715,203.96</td>
<td>611,182.54</td>
</tr>
<tr>
<td>ADD : Deficit for the year</td>
<td>138,318.74</td>
<td>104,021.42</td>
</tr>
<tr>
<td></td>
<td><strong>853,522.70</strong></td>
<td><strong>715,203.96</strong></td>
</tr>
</tbody>
</table>

**TOTAL**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>1,340,468.56</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1,126,900.45</strong></td>
</tr>
</tbody>
</table>

**Significant Accounting Policies**

**Notes on Accounts**

As per our separate report of even date attached herewith

On behalf of the Charutar Arogya Mandal

For C.C. Chokshi & Co. Chartered Accountants

For H.P. Shah Partner

Date: 29th August, 2012

For P. N. Ganju General Manager (Accounts)

Date: 27th August, 2012

For J. M. Rawal Trustee

For B. Z. Patel Trustee

Chartered Accountants

 Chief Executive Officer

 Hon.Secretary

 Chairman

 Trustee

 Trustee
# Income and Expenditure Account

for the year ended on 31st March, 2012

(Regn.No. F / 119 / Anand)  

(₹ in thousands)

<table>
<thead>
<tr>
<th>INCOME</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME FROM MEDICAL CARE:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Charges</td>
<td>2,69,120.51</td>
<td>2,38,985.09</td>
</tr>
<tr>
<td>LESS : Concession to Poor Patients and Patients under Voluntary Health Care Scheme</td>
<td>39,822.54</td>
<td>45,926.95</td>
</tr>
<tr>
<td>Treatment Charges (Net)</td>
<td>2,29,297.97</td>
<td>1,93,058.14</td>
</tr>
<tr>
<td>Medicines &amp; Surgical items</td>
<td>1,56,478.66</td>
<td>1,34,238.18</td>
</tr>
<tr>
<td>LESS : Concession to Poor Patients and Patients under Voluntary Health Care Scheme</td>
<td>34,567.42</td>
<td>24,661.19</td>
</tr>
<tr>
<td>Medicines (Net)</td>
<td>1,21,911.24</td>
<td>1,09,576.99</td>
</tr>
<tr>
<td>Blood Bank</td>
<td>6,419.34</td>
<td>6,703.42</td>
</tr>
<tr>
<td>Government Grants</td>
<td>1,476.23</td>
<td>1,578.22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,59,104.78</td>
<td>3,10,916.77</td>
</tr>
</tbody>
</table>

| **INCOME FROM MEDICAL EDUCATION:** | | |
| Tuition Fees (Net) | 2,84,583.93 | 2,42,568.07 |
| Other fees | 133.00 | 537.00 |
| **Total** | 2,84,716.93 | 2,43,105.07 |

| **Donations from Community** | 8,484.40 | 4,381.08 |

| **OTHER INCOME:** | | |
| Income from Investment | 1,570.44 | 1,380.12 |
| Interest on amount receivable from Registar, Gujarat High Court | 18,183.97 | – |
| Miscellaneous Income | 19,982.31 | 13,587.14 |
| Profit on sale of assets | 33.47 | 96.96 |
| Provision for doubtful debts/expenses no longer required | 2,600.34 | 999.75 |
| Rent from Quarters and Hostels | 8,442.30 | 8,933.45 |
| Research Income | 10,066.82 | 2,057.31 |
| **Total** | 60,879.65 | 27,054.73 |

| **TOTAL** | 7,13,185.76 | 5,85,457.65 |
# Income and Expenditure Account for the year ended on 31st March, 2012

(₹ in thousands)

## EXPENDITURE

### EXPENDITURE ON MEDICAL CARE:

<table>
<thead>
<tr>
<th>Description</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower</td>
<td>2,00,723.02</td>
<td>1,41,172.48</td>
</tr>
<tr>
<td>Medicines</td>
<td>61,394.78</td>
<td>70,133.40</td>
</tr>
<tr>
<td>Other Expenditure Related to Treatment / surgical items</td>
<td>98,896.97</td>
<td>86,141.71</td>
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<tr>
<td>Blood Bank Expenses</td>
<td>1,000.18</td>
<td>1,195.36</td>
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<tr>
<td>Electricity</td>
<td>14,142.72</td>
<td>12,715.64</td>
</tr>
<tr>
<td>Administrative and Other Overheads</td>
<td>62,802.85</td>
<td>58,444.06</td>
</tr>
<tr>
<td>Expenditure on Cancer Awareness &amp; Detection</td>
<td>1,808.27</td>
<td>1,830.59</td>
</tr>
<tr>
<td><strong>Total Expenditure on Medical Care</strong></td>
<td><strong>4,40,768.79</strong></td>
<td><strong>3,71,633.24</strong></td>
</tr>
</tbody>
</table>

### EXPENDITURE ON MEDICAL EDUCATION:

<table>
<thead>
<tr>
<th>Description</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower</td>
<td>2,83,468.51</td>
<td>2,15,475.02</td>
</tr>
<tr>
<td>Electricity</td>
<td>5,390.35</td>
<td>5,037.76</td>
</tr>
<tr>
<td>Education Training Expenses</td>
<td>6,263.59</td>
<td>7,520.26</td>
</tr>
<tr>
<td>Administrative and Other Overheads</td>
<td>13,863.91</td>
<td>21,625.19</td>
</tr>
<tr>
<td><strong>Total Expenditure on Medical Education</strong></td>
<td><strong>3,08,986.36</strong></td>
<td><strong>2,49,658.23</strong></td>
</tr>
</tbody>
</table>

### INTEREST EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Term Loan</td>
<td>8,365.42</td>
<td>2,071.83</td>
</tr>
<tr>
<td>On Overdraft facility</td>
<td>12,160.00</td>
<td>7,039.36</td>
</tr>
<tr>
<td><strong>Total Interest Expenses</strong></td>
<td><strong>20,525.42</strong></td>
<td><strong>9,111.19</strong></td>
</tr>
</tbody>
</table>

### EXPENDITURE ON ADMINISTRATION:

<table>
<thead>
<tr>
<th>Description</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower</td>
<td>7,388.89</td>
<td>7,307.80</td>
</tr>
<tr>
<td>Electricity</td>
<td>772.45</td>
<td>346.32</td>
</tr>
<tr>
<td>Administrative and Other Overheads</td>
<td>10,836.57</td>
<td>14,530.61</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td><strong>18,997.91</strong></td>
<td><strong>22,184.73</strong></td>
</tr>
</tbody>
</table>

Research Expenses  13,457.43  2,154.07
Depreciation  58,910.01  44,362.51

### TOTAL

<table>
<thead>
<tr>
<th>Description</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,61,645.92</strong></td>
<td><strong>6,99,103.97</strong></td>
</tr>
</tbody>
</table>

### DEFICIT

<table>
<thead>
<tr>
<th>Description</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund (interest) transferred from Corpus Fund</td>
<td>(1,48,460.16)</td>
<td>(1,13,646.32)</td>
</tr>
<tr>
<td>Fund &amp; HM Patel Centenary Corpus Fund</td>
<td>10,141.42</td>
<td>9,624.90</td>
</tr>
</tbody>
</table>

### DEFICIT FOR THE YEAR CARRIED TO BALANCE SHEET

<table>
<thead>
<tr>
<th>Description</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>(1,38,318.74)</strong></td>
<td><strong>(1,04,021.42)</strong></td>
</tr>
</tbody>
</table>

As per our separate report of even date attached herewith

On behalf of the Charutar Arogya Mandal

For C.C.Chokshi & Co. Sandeep Desai Jagrut Bhatt Dr Amrita Patel
Chartered Accountants Chief Executive Officer Hon. Secretary Chairman
H.P. Shah P. N. Ganju J. M. Rawal B. Z. Patel
Partner General Manager (Accounts) Trustee Trustee
Ahmedabad, Vallabh Vidyanagar, Date: 29th August, 2012 Date: 27th August, 2012
# Cash flow statement for the year ended 31st March, 2012

(₹ in thousands)

<table>
<thead>
<tr>
<th>A. Cash flow from operating activities:</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net (Deficit)</td>
<td>(1,38,318.74)</td>
<td>(1,04,021.42)</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>58,910.01</td>
<td>44,362.51</td>
</tr>
<tr>
<td>Profit on Sale of Asset</td>
<td>(33.47)</td>
<td>(96.96)</td>
</tr>
<tr>
<td>Income from Investment</td>
<td>(1,570.44)</td>
<td>(1,380.12)</td>
</tr>
<tr>
<td>Interest on Amount Receivable from Registrar, Gujarat High Court</td>
<td>(18,183.97)</td>
<td>-</td>
</tr>
<tr>
<td>Provision for doubt debts/expenses no longer required</td>
<td>(2,600.34)</td>
<td>(999.75)</td>
</tr>
<tr>
<td>(Deficit) before working capital changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment for change in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>(21,744.95)</td>
<td>(18,551.20)</td>
</tr>
<tr>
<td>Inventory</td>
<td>(12,705.02)</td>
<td>(1,030.69)</td>
</tr>
<tr>
<td>Payables</td>
<td>87,514.74</td>
<td>39,292.20</td>
</tr>
<tr>
<td>(A) Cash (used in) from operations</td>
<td>(48,732.19)</td>
<td>(42,425.43)</td>
</tr>
<tr>
<td>Tax Refund/(Paid) (Taxes deducted at sources)</td>
<td>(5,705.28)</td>
<td>2,767.36</td>
</tr>
<tr>
<td>Cash flow (used in) operating activities</td>
<td>(54,437.46)</td>
<td>(39,658.07)</td>
</tr>
</tbody>
</table>

| B. Cash flow from investing activities: |         |         |
| Purchase of Fixed Assets               | (1,80,567.59) | (38,731.79) |
| Sale of Fixed Assets                   | 875.81 | 218.22 |
| Income from Investment                 | 1,570.44 | 1,380.12 |
| Interest on Amount Receivable          |         |         |
| from Registrar, Gujarat High Court     | 18,183.97 | - |
| Investment in Fixed Deposits           | 53,700.00 | 4,472.29 |
| Net cash used in investing activities   | (1,06,237.37) | (32,661.16) |

| C. Cash flow from financing activities: |         |         |
| Funds received                         | 70,908.06 | 83,697.82 |
| Repayment of Term Loan                 | (7,733.56) | (7,807.90) |
| Proceeds from Long term borrowings     | 95,989.64 | - |
| Proceeds from Short term borrowings    | 54,403.97 | 59,743.91 |
| Cash generated from Finance Activities | (C) 2,13,568.11 | 135,633.83 |
| Net increase in Cash & Cash Equivalents (A+B+C) | 52,893.28 | 63,314.60 |
| Cash & Cash Equivalents at beginning of year | 1,86,349.79 | 1,23,035.19 |
| Cash & Cash Equivalents at the end of the year | 2,39,243.07 | 1,86,349.79 |

Notes to Cash Flow Statement:

1. Cash and cash equivalents include:
   - Cash on hand: 145.59 368.14
   - With Scheduled Banks:
     - Fixed deposits: 2,38,101.13 1,76,677.79
     - Cheques on Hand: 50.50 281.18
     - Saving accounts: 945.85 9,022.68
     - Total: 2,39,097.48 1,85,981.65
   - Total: 2,39,243.07 1,86,349.79

2. Fixed deposits with bank includes deposits of ₹2,269.45 lakhs (P.Y. ₹1,648.20 lakhs) 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.

On behalf of the Charutar Arogya Mandal
For C.C. Chokshi & Co. Sandeep Desai Jagrut Bhatt Dr Amrita Patel
Chartered Accountants
Chief Executive Officer Hon. Secretary Chairman
H.P. Shah P. N. Ganju J. M. Rawal B. Z. Patel
Partner General Manager (Accounts) Trustee Trustee
Ahmedabad, Vallabh Vidyanagar,
Date: 29th August, 2012 Date: 27th August, 2012
### Cash flow statement for the year ended 31st March, 2012

<table>
<thead>
<tr>
<th>(₹ in thousands)</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Cash /flow from operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net (Deficit)</td>
<td>(1,38,318.74)</td>
<td>(1,04,021.42)</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>58,910.01</td>
<td>44,362.51</td>
</tr>
<tr>
<td>Profit on Sale of Asset</td>
<td>(33.47)</td>
<td>(96.96)</td>
</tr>
<tr>
<td>Income from Investment</td>
<td>(1,570.44)</td>
<td>(1,380.12)</td>
</tr>
<tr>
<td>Interest on Amount Receivable from Registrar, Gujarat High Court</td>
<td>(18,183.97)</td>
<td>-</td>
</tr>
<tr>
<td>Provision for doubt debts/expenses no longer required</td>
<td>(2,600.34)</td>
<td>(999.75)</td>
</tr>
<tr>
<td>36,521.79</td>
<td>41,885.68</td>
<td></td>
</tr>
<tr>
<td>(Deficit) before working capital changes</td>
<td>(1,01,796.95)</td>
<td>(62,135.74)</td>
</tr>
<tr>
<td>Adjustment for change in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>(21,744.95)</td>
<td>(18,551.20)</td>
</tr>
<tr>
<td>Inventory</td>
<td>(12,705.02)</td>
<td>(1,030.69)</td>
</tr>
<tr>
<td>Payables</td>
<td>87,514.74</td>
<td>39,292.20</td>
</tr>
<tr>
<td>53,064.77</td>
<td>19,710.31</td>
<td></td>
</tr>
<tr>
<td>Cash (used in) from operations</td>
<td>(48,732.19)</td>
<td>(42,425.43)</td>
</tr>
<tr>
<td>Tax Refund/(Paid) (Taxes deducted at sources)</td>
<td>(5,705.28)</td>
<td>2,767.36</td>
</tr>
<tr>
<td>Cash /flow (used in) operating activities (A)</td>
<td>(54,437.46)</td>
<td>(39,658.07)</td>
</tr>
<tr>
<td>B. Cash /flow from investing activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of Fixed Assets</td>
<td>(1,80,567.59)</td>
<td>(38,731.79)</td>
</tr>
<tr>
<td>Sale of Fixed Assets</td>
<td>875.81</td>
<td>218.22</td>
</tr>
<tr>
<td>Income from Investment</td>
<td>1,570.44</td>
<td>1,380.12</td>
</tr>
<tr>
<td>Interest on Amount Receivable from Registrar, Gujarat High Court</td>
<td>18,183.97</td>
<td>-</td>
</tr>
<tr>
<td>Investment in Fixed Deposits</td>
<td>53,700.00</td>
<td>4,472.29</td>
</tr>
<tr>
<td>Net cash used in investing activities (B)</td>
<td>(1,06,237.37)</td>
<td>(32,661.16)</td>
</tr>
<tr>
<td>C. Cash /flow from financing activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds received</td>
<td>70,908.06</td>
<td>83,697.82</td>
</tr>
<tr>
<td>Repayment of Term Loan</td>
<td>(7,733.56)</td>
<td>(7,807.90)</td>
</tr>
<tr>
<td>Proceeds from Long term borrowings</td>
<td>95,989.64</td>
<td>-</td>
</tr>
<tr>
<td>Proceeds from Short term borrowings</td>
<td>54,403.97</td>
<td>59,743.91</td>
</tr>
<tr>
<td>Cash generated from Finance Activities (C)</td>
<td>2,13,568.11</td>
<td>135,633.83</td>
</tr>
<tr>
<td>Net increase in Cash &amp; Cash Equivalents (A+B+C)</td>
<td>52,893.28</td>
<td>63,314.60</td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents at beginning of year</td>
<td>1,86,349.79</td>
<td>1,23,035.19</td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents at the end of the year</td>
<td>2,39,243.07</td>
<td>1,86,349.79</td>
</tr>
</tbody>
</table>

### Notes to Cashflow Statement:

1. Cash and cash equivalents include:
   - Cash on hand: 145.59, 368.14
   - With Scheduled Banks:
     - In fixed deposits: 2,38,101.13, 1,76,677.79
     - Cheques on Hand: 50.50, 281.18
     - Saving accounts: 945.85, 9,022.68
   - Total: 2,39,097.48, 1,85,981.65
   - 2,39,243.07, 1,86,349.79

2. Fixed deposits with bank includes deposits of ₹ 2,269.45 lakhs (P.Y. ₹ 1,648.20 lakhs) 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.

On behalf of the Charutar Arogya Mandal

For C.C.Chokshi & Co. Sandeep Desai Jagrut Bhatt Dr Amrita Patel
Chartered Accountants Chief Executive Officer Hon.Secretary Chairman
H.P. Shah P. N. Ganju J. M. Rawal B. Z. Patel
Partner General Manager (Accounts) Trustee Trustee
Ahmedabad, Vallabh Vidyanagar,
Date: 29th August, 2012 Date: 27th August, 2012
# Schedules to the Balance Sheet

**SCHEDULE "A" : CORPUS FUNDS**

<table>
<thead>
<tr>
<th></th>
<th>As at 31.03.2012</th>
<th>As at 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) CORPUS FUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>1,25,582.52</td>
<td>1,22,717.56</td>
</tr>
<tr>
<td><strong>ADD</strong> : Fund received during the year</td>
<td>1,454.81</td>
<td>261.11</td>
</tr>
<tr>
<td>Interest earned during the year</td>
<td>11,153.10</td>
<td>10,606.08</td>
</tr>
<tr>
<td>Transferred from Other Funds (Ref. Schedule &quot;C&quot;)</td>
<td>1,009.23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13,617.14</td>
<td>10,867.19</td>
</tr>
<tr>
<td><strong>LESS</strong> : Fund (interest) transferred to Income &amp; Expenditure Account</td>
<td>8,364.82</td>
<td>7,952.23</td>
</tr>
<tr>
<td>Utilised during the year</td>
<td>8,364.82</td>
<td>50.00</td>
</tr>
<tr>
<td><strong>TOTAL (i)</strong></td>
<td>1,30,834.84</td>
<td>1,25,582.52</td>
</tr>
<tr>
<td>(ii) H M PATEL CENTENARY CORPUS FUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>26,672.38</td>
<td>25,812.82</td>
</tr>
<tr>
<td><strong>ADD</strong> : Fund received during the year</td>
<td>9,527.64</td>
<td>302.00</td>
</tr>
<tr>
<td>Interest earned during the year</td>
<td>2,368.80</td>
<td>2,230.23</td>
</tr>
<tr>
<td></td>
<td>11,896.44</td>
<td>2,532.23</td>
</tr>
<tr>
<td></td>
<td>38,568.82</td>
<td>28,345.05</td>
</tr>
<tr>
<td><strong>LESS</strong> : Fund (interest) transferred to Income &amp; Expenditure Account</td>
<td>1,788.60</td>
<td>1,672.67</td>
</tr>
<tr>
<td><strong>TOTAL (ii)</strong></td>
<td>36,780.22</td>
<td>26,672.38</td>
</tr>
<tr>
<td>(iii) J T T - CAM CORPUS FUND (For Scholarship)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>94,433.80</td>
<td>92,846.75</td>
</tr>
<tr>
<td><strong>ADD</strong> : Interest earned during the year</td>
<td>8,386.75</td>
<td>5,899.55</td>
</tr>
<tr>
<td></td>
<td>1,02,820.55</td>
<td>98,746.30</td>
</tr>
<tr>
<td><strong>LESS</strong> : Utilised during the year</td>
<td>6,188.75</td>
<td>4,312.50</td>
</tr>
<tr>
<td><strong>TOTAL (iii)</strong></td>
<td>96,631.80</td>
<td>94,433.80</td>
</tr>
<tr>
<td>TOTAL (i + ii + iii)</td>
<td>2,64,246.86</td>
<td>2,46,688.70</td>
</tr>
</tbody>
</table>
### SCHEDULE "B": MEDICAL RELIEF, INFRASTRUCTURE DEVELOPMENT AND OTHER FUNDS

<table>
<thead>
<tr>
<th></th>
<th>As at 31.03.2012</th>
<th>As at 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>1,99,391.43</td>
<td>1,72,301.58</td>
</tr>
<tr>
<td><strong>ADD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund received during the year</td>
<td>2,323.70</td>
<td>4,714.84</td>
</tr>
<tr>
<td>Interest earned during the year</td>
<td>133.13</td>
<td>103.57</td>
</tr>
<tr>
<td>Transferred from Tuition Fee {Ref. Schedule &quot;I (5)&quot;}</td>
<td>40,970.47</td>
<td>35,282.34</td>
</tr>
<tr>
<td></td>
<td>43,427.30</td>
<td>40,100.75</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2,42,818.73</td>
<td>2,12,402.33</td>
</tr>
</tbody>
</table>

### SCHEDULE "C": DONATIONS FROM THE COMMUNITY / INSTITUTIONS

(For various facilities)

<table>
<thead>
<tr>
<th></th>
<th>As at 31.03.2012</th>
<th>As at 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>5,54,266.55</td>
<td>5,04,788.42</td>
</tr>
<tr>
<td><strong>ADD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund received during the year</td>
<td>5,72,180.08</td>
<td>5,58,514.29</td>
</tr>
<tr>
<td></td>
<td>17,913.53</td>
<td>53,725.87</td>
</tr>
<tr>
<td><strong>LESS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilised during the year</td>
<td>1,517.12</td>
<td>4,247.74</td>
</tr>
<tr>
<td>Transferred to Corpus Fund {Ref. Schedule &quot;A ( i)&quot;}</td>
<td>1,009.23</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>5,69,653.73</td>
<td>5,54,266.55</td>
</tr>
</tbody>
</table>

### SCHEDULE "D": RESEARCH FUND

<table>
<thead>
<tr>
<th></th>
<th>As at 31.03.2012</th>
<th>As at 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>1,818.27</td>
<td>-</td>
</tr>
<tr>
<td><strong>ADD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund received during the year</td>
<td>15,256.48</td>
<td>3,875.58</td>
</tr>
<tr>
<td></td>
<td>17,074.75</td>
<td>3,875.58</td>
</tr>
<tr>
<td><strong>LESS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer to Income &amp; Expenditure Account to the extent utilised during the year</td>
<td>10,066.82</td>
<td>2,057.31</td>
</tr>
<tr>
<td></td>
<td>7,007.93</td>
<td>1,818.27</td>
</tr>
</tbody>
</table>
## SCHEDULE "E": FIXED ASSETS

(₹ in thousands)

<table>
<thead>
<tr>
<th>Particulars</th>
<th>At Cost as on 01.04.2011</th>
<th>Additions during the Year</th>
<th>Sales / Adjustments</th>
<th>Total as on 31.03.2012</th>
<th>Depreciation Provided</th>
<th>Net Value As on 31.03.2012</th>
<th>Net Value As on 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land (Freehold)</td>
<td>469.08</td>
<td>-</td>
<td>-</td>
<td>469.08</td>
<td>-</td>
<td>469.08</td>
<td>469.08</td>
</tr>
<tr>
<td>Buildings</td>
<td>216,119.06</td>
<td>1,111.27</td>
<td>-</td>
<td>217,230.33</td>
<td>110,421.93</td>
<td>10,458.98</td>
<td>96,349.42</td>
</tr>
<tr>
<td>Equipment</td>
<td>374,536.78</td>
<td>132,414.17</td>
<td>6,710.50</td>
<td>500,240.45</td>
<td>216,012.79</td>
<td>6,012.69</td>
<td>251,652.54</td>
</tr>
<tr>
<td>Furniture &amp; Dead Stock</td>
<td>48,422.84</td>
<td>3,197.52</td>
<td>422.58</td>
<td>51,197.78</td>
<td>19,387.28</td>
<td>322.94</td>
<td>22,261.05</td>
</tr>
<tr>
<td>Electrical Installations &amp; Fittings</td>
<td>13,126.95</td>
<td>459.69</td>
<td>216.00</td>
<td>13,370.64</td>
<td>5,336.67</td>
<td>181.36</td>
<td>7,975.20</td>
</tr>
<tr>
<td>Vehicular</td>
<td>3,549.72</td>
<td>5,141.88</td>
<td>3.65</td>
<td>8,687.95</td>
<td>2,461.13</td>
<td>2.51</td>
<td>548.76</td>
</tr>
<tr>
<td>Computers</td>
<td>21,177.46</td>
<td>2,428.50</td>
<td>1,271.00</td>
<td>22,334.96</td>
<td>19,668.53</td>
<td>1,261.89</td>
<td>2,118.46</td>
</tr>
<tr>
<td>Solar Water System</td>
<td>1,547.91</td>
<td>-</td>
<td>-</td>
<td>1,547.91</td>
<td>1,528.87</td>
<td>15.23</td>
<td>1,544.10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>678,949.80</td>
<td>144,753.03</td>
<td>8,623.73</td>
<td>815,073.56</td>
<td>374,817.20</td>
<td>7,781.39</td>
<td>389,133.28</td>
</tr>
<tr>
<td>Capital Work-in-progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eicher – Blood Van</td>
<td>764.10</td>
<td>764.10</td>
<td>-</td>
<td>764.10</td>
<td>-</td>
<td>-</td>
<td>764.10</td>
</tr>
<tr>
<td>Capital Item in Stock (Pending Installation)</td>
<td>280.00</td>
<td>36,858.66</td>
<td>280.00</td>
<td>36,858.66</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>679,993.90</td>
<td>181,611.69</td>
<td>9,667.83</td>
<td>851,937.76</td>
<td>374,817.20</td>
<td>7,781.39</td>
<td>425,945.82</td>
</tr>
<tr>
<td>Previous Year’s Total</td>
<td>642,351.33</td>
<td>42,235.00</td>
<td>4,592.43</td>
<td>679,993.90</td>
<td>331,422.65</td>
<td>967.96</td>
<td>305,176.70</td>
</tr>
</tbody>
</table>
Schedules to the Balance Sheet

**SCHEDULE "F" : INVESTMENTS**

<table>
<thead>
<tr>
<th></th>
<th>As at 31.03.2012</th>
<th>As at 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A : IN FIXED DEPOSITS :</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Corporate Bodies</td>
<td>27,163.00</td>
<td>73,663.00</td>
</tr>
<tr>
<td>With Scheduled Banks</td>
<td>238,101.13</td>
<td>176,677.79</td>
</tr>
<tr>
<td>[includes FDRs aggregating to ₹ 2,26,945.00 thousand (P.Y. ₹ 1,64,820.00 thousand) pledged as Securities]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Charotar Nagrik Sahakari Bank Ltd. (In Liquidation)</td>
<td>749.05</td>
<td>749.05</td>
</tr>
<tr>
<td>(Considered Doubtful)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Less : Provision made</strong></td>
<td>749.05</td>
<td>-</td>
</tr>
<tr>
<td>With Charotar Gramodhhar Sahakari Mandal Ltd.</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>265,364.13</td>
<td>250,440.79</td>
</tr>
<tr>
<td><strong>B : IN BONDS WITH :</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RBI 8% Saving Bond Taxable (2003)</td>
<td>-</td>
<td>7,200.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>265,364.13</td>
<td>257,640.79</td>
</tr>
</tbody>
</table>

**SCHEDULE "G" : CASH AND BANK BALANCES**

<table>
<thead>
<tr>
<th></th>
<th>As at 31.03.2012</th>
<th>As at 31.03.2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash On Hand</td>
<td>145.59</td>
<td>368.14</td>
</tr>
<tr>
<td><strong>Balances with Scheduled Banks:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(in the name of Mandal and its Institutions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Savings Accounts with :</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axis Bank Ltd.</td>
<td>15.94</td>
<td>22.47</td>
</tr>
<tr>
<td>Bank of Baroda</td>
<td>4.81</td>
<td>13.34</td>
</tr>
<tr>
<td>Central Bank of India</td>
<td>144.40</td>
<td>78.97</td>
</tr>
<tr>
<td>ICICI Bank Ltd.</td>
<td>8.53</td>
<td>14.37</td>
</tr>
<tr>
<td>IDBI Bank Ltd.</td>
<td>-</td>
<td>5.04</td>
</tr>
<tr>
<td>Oriental Bank of Commerce</td>
<td>747.28</td>
<td>8,819.64</td>
</tr>
<tr>
<td>Punjab National Bank</td>
<td>6.76</td>
<td>36.90</td>
</tr>
<tr>
<td>State Bank of India</td>
<td>18.13</td>
<td>31.95</td>
</tr>
<tr>
<td></td>
<td>945.85</td>
<td>9,022.68</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1,091.44</td>
<td>9,390.82</td>
</tr>
</tbody>
</table>
SCHEDULE “H” : SIGNIFICANT ACCOUNTING POLICIES

1. Basis of preparation of Financial Statements
   (a) The financial statements have been prepared under the historic cost convention in accordance with the generally accepted accounting principles.
   (b) The Mandal generally follows mercantile system of accounting.
   (c) Government grant is accounted when received.
   (d) Corpus Fund:
      (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 are credited to Jamsetji Tata Trust-CAM Corpus Fund Account.
   (e) Donations received from communities/institutions for Cancer Awareness project and for miscellaneous purposes 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/materialized.

3. Revenue Recognition
   (i) Income from treatment service is recognised on completion of service.
   (ii) Pharmacy income is recognised as and when sold to the patients.
   (iii) Tuition fee is accounted for on accrual basis, net of amount transferred to Infrastructure Development Fund.

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 & methods as per the provision of Income Tax Act, 1961.

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, housekeeping materials and other consumables. The cost of medicines is the actual purchase cost and incase of other items the cost is determined on first in first out basis.

8. Retirement Benefits
   (i) Contributions to Provident Fund and Super Annuation Fund are charged to Income & Expenditure Account.
   (ii) Gratuity Liability for the year has been provided as estimated by the management.
   (iii) Liability for Leave Encashment benefit for the year has been provided as estimated by the Management.

9. Library Books
   Expenditure on Library Books are charged to Income & Expenditure Account.
SCHEDULE "I"
NOTES ON ACCOUNTS

1. The accounts of all units have been consolidated to represent the overall financial performance and the financial position of the Mandal.

2. Contingent Liabilities not provided for in respect of:

<table>
<thead>
<tr>
<th></th>
<th>As at 2011-12</th>
<th>As at 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Claim against Mandal by the District Collector, Anand, towards premium demand for Land and pending with State Government.</td>
<td>₹ 4,77,450/-</td>
<td>₹ 4,77,450/-</td>
</tr>
<tr>
<td>ii) Claim against Mandal by Madhya Gujarat Vij Co. towards the electricity charges due to new tariff and pending with Gujarat High Court</td>
<td>₹ 24,22,954/- (including ₹ 6,05,739/- paid under protest)</td>
<td>₹ 24,22,954/- (including ₹ 6,05,739/- paid under protest)</td>
</tr>
<tr>
<td>iii) 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</td>
<td>₹ 55,00,000/- (against pledgement of FDRs. Amounting to ₹ 10.44 lakhs)</td>
<td>₹ 60,00,000/- (against pledgement of FDRs. Amounting to ₹ 32.07 lakhs)</td>
</tr>
<tr>
<td>iv) Claims against Mandal by some employees and workers of Contractors not acknowledged as debt and pending with different Authorities</td>
<td>Amount unascertainable</td>
<td></td>
</tr>
<tr>
<td>v) Claims against Mandal towards compensation under Motor accident by legal heirs of persons who died in a motor accident and pending with the Motor Accident Claim Tribunal.</td>
<td>Amount unascertainable</td>
<td></td>
</tr>
<tr>
<td>vi) Claim against the Mandal towards affiliation fees for PG courses by the SP University and pending with Gujarat High Court.</td>
<td>₹ 86,97,500/- (Including ₹ 10 lakhs paid under protest)</td>
<td>₹ 86,97,500/- (Including ₹ 10 lakhs paid under protest)</td>
</tr>
<tr>
<td>vii) Demand of Karamsad Municipal Nagarpalika for property tax for the period 2008 to 2012</td>
<td>₹ 94,76,728/- against which ₹ 15,00,000/- paid to authority</td>
<td>₹ 69,96,000/- against which ₹ 15,00,000/- paid to authority</td>
</tr>
</tbody>
</table>
3. The liability on account of leave encashment as on 31.03.2012 is estimated at ₹ 7,39,94,700/- against which a provision of ₹ 3,62,19,014/- is made in the books.

4. The liability on account of Gratuity as on 31.03.2012 is estimated at ₹ 10,15,36,226/- against which a provision of ₹ 6,38,39,227/- is made in the books.

5. Fees from NRI Category students:
The differential amount of fees between NRI category and Non-NRI category is credited to Infrastructure Development Fund, after adjusting scholarship expenses, as recommended by the Honourable Justice R.J. Shah (retired) Fee Committee.

6. As per the Order dated June 20, 2007 of Honourable Justice R. J. Shah (Retd.) Fee Committee, the fees for MBBS Course was recommended at ₹ 2,20,000/-, ₹ 2,45,000/- and ₹ 2,75,000/- for the students on roll in the year 2006-07, 2007-08 and 2008-09 respectively and the Mandal has accounted for the fees as recommended by the Fee Committee. The Parents Association for Medical/Dental students had challenged the recommendations of Fee Committee before the Honourable Gujarat High Court.

   As per Order of Gujarat High Court dated March 19-24, 2008, the matter was remanded to the Fee Committee for its review. However, on Mandal’s appeal against the Order, the Divisional Bench of the Gujarat High Court vide its interim order dated May 23, 2008, directed the students to pay the full fee as decided by the Committee. The aggregate fees of ₹ 9,30,71,250/- being the difference between the fee fixed by the Committee, ₹ 2,75,000/- and ₹ 1,80,000/- as specified in the High Court’s order i.e. ₹ 95,000/- per student for the years 2008-09, 2009-10, 2010-11 and 2011-12 had been deposited with the Registrar, Gujarat High Court. The Honourable High Court delivered its final verdict in favour of the Mandal on May 7, 2012. The Amount deposited with the court has been received with interest of ₹ 2,04,07,479/- on July 19, 2012.

   Out of interest of ₹ 2,04,07,479/- received on the amount deposited with the court, an amount of ₹ 1,81,83,969/- has been accounted for in the Accounts, as interest receivable upto March 31, 2012.

7. 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 (G VAT Act) in place of the Gujarat Sales Tax Act, 1969 has came in to force. In response to the Mandal’s application seeking determination of liability for registration under the G VAT Act, the Gujarat Value Added Tax Tribunal, Ahmedabad, vide its order dated June 16, 2009, confirmed the determination order dated 27th October, 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 G VAT 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 2006-07 to 2011-12 will be determined on the final outcome of the matter.

8. 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.

10. 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

For C.C.Chokshi & Co. Chartered Accountants
H.P. Shah
Partner
Ahmedabad,
Date: 29th August, 2012

Sandeep Desai
Chief Executive Officer

Jagrut Bhatt
Hon. Secretary

Dr Amrita Patel
Chairman

P. N. Ganju
General Manager (Accounts)
Vallabh Vidyanagar,
Date: 27th August, 2012

J. M. Rawal
Trustee

B. Z. Patel
Trustee
# Receipt & Payment Account for the period
## From 01.04.2011 to 31.03.2012

<table>
<thead>
<tr>
<th>Receipt</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance as on 01.04.11</td>
<td>9,672.00</td>
</tr>
<tr>
<td>Cash &amp; Bank Balance</td>
<td>9,672.00</td>
</tr>
<tr>
<td>Donation for Corpus Fund</td>
<td>17,558.16</td>
</tr>
<tr>
<td>Medical Relief and other Fund</td>
<td>32,773.06</td>
</tr>
<tr>
<td>Research Fund</td>
<td>5,189.66</td>
</tr>
<tr>
<td>Sale of Assets</td>
<td>875.81</td>
</tr>
<tr>
<td>Donation from Community</td>
<td>15,387.18</td>
</tr>
<tr>
<td>Revenue Donation</td>
<td>8,484.40</td>
</tr>
<tr>
<td>Overdraft from OBC Bank</td>
<td>52,494.86</td>
</tr>
<tr>
<td>Overdraft from ICICI Bank</td>
<td>992.65</td>
</tr>
<tr>
<td>Overdraft from BOB Bank</td>
<td>916.46</td>
</tr>
<tr>
<td>Tuition Fees Income</td>
<td>2,67,847.26</td>
</tr>
<tr>
<td>Treatment Income</td>
<td>2,29,297.97</td>
</tr>
<tr>
<td>Medicine Income</td>
<td>1,21,911.24</td>
</tr>
<tr>
<td>Blood Bank Income</td>
<td>6,419.34</td>
</tr>
<tr>
<td>Grant</td>
<td>1,476.23</td>
</tr>
<tr>
<td>Interest Income</td>
<td>22,850.83</td>
</tr>
<tr>
<td>Rent of Quarters and Hostels</td>
<td>8,442.30</td>
</tr>
<tr>
<td>Term Loan from OBC Bank</td>
<td>95,989.64</td>
</tr>
<tr>
<td>Interest from High Court</td>
<td>18,183.97</td>
</tr>
<tr>
<td>Research Income</td>
<td>10,066.82</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>19,982.31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower Expense</td>
<td>4,46,144.22</td>
</tr>
<tr>
<td>Medicines Expense</td>
<td>52,151.47</td>
</tr>
<tr>
<td>Other Expenditure Related to Treatment</td>
<td>96,296.63</td>
</tr>
<tr>
<td>Increase in Inventories</td>
<td>12,705.02</td>
</tr>
<tr>
<td>Blood Bank Expenses</td>
<td>1,000.18</td>
</tr>
<tr>
<td>Increase in Debtors</td>
<td>12,068.73</td>
</tr>
<tr>
<td>Electricity Expense</td>
<td>20,305.52</td>
</tr>
<tr>
<td>Administrative and Other Overheads</td>
<td>87,503.33</td>
</tr>
<tr>
<td>Expenditure on Cancer Awareness &amp; Detection</td>
<td>1,808.27</td>
</tr>
<tr>
<td>Training Expenses</td>
<td>6,263.59</td>
</tr>
<tr>
<td>Research Expenses</td>
<td>13,457.43</td>
</tr>
<tr>
<td>Financial Charges</td>
<td>20,525.42</td>
</tr>
<tr>
<td>Investment made during the year</td>
<td>7,723.34</td>
</tr>
<tr>
<td>Deposits Made during the year</td>
<td>26,520.47</td>
</tr>
<tr>
<td>Repayment of Term Loan From OBC</td>
<td>7,733.56</td>
</tr>
<tr>
<td>Purchase of Assets during the Year</td>
<td>1,33,463.03</td>
</tr>
<tr>
<td>Closing Balance as on 31.03.12</td>
<td>9,46,812.15</td>
</tr>
<tr>
<td>Cash &amp; Bank Balance</td>
<td>1,114.94</td>
</tr>
</tbody>
</table>

9,46,812.15

Examined as per audited accounts and found to be correct.

On behalf of the Charutar Arogya Mandal

For C.C.Chokshi & Co. Sandeep Desai Jagrut Bhatt Dr Amrita Patel
Chartered Accountants Chief Executive Officer Hon.Secretary Chairman
H.P. Shah P. N. Ganju J. M. Rawal B. Z. Patel
Partner General Manager (Accounts) Trustee Trustee
Ahmedabad, Vallabh Vidyanagar,
Date: 29th August, 2012 Date: 27th August, 2012
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 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” link on our website


Name & address of Auditors: C.C.Chokshi & Co, Chartered Accountants, Heritage, 3rd Floor, 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, 2012.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Position</th>
<th>Occupation</th>
<th>Area of competence</th>
<th>Meetings attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Amrita Patel</td>
<td>69</td>
<td>F</td>
<td>Chairman</td>
<td>Service</td>
<td>Management and Operations</td>
<td>2/2</td>
</tr>
<tr>
<td>Shri Jagrut H Bhatt</td>
<td>57</td>
<td>M</td>
<td>Hon. Secretary</td>
<td>Industrialist</td>
<td>Management</td>
<td>2/2</td>
</tr>
<tr>
<td>Dr Utpala Kharod</td>
<td>54</td>
<td>F</td>
<td>Member</td>
<td>Service</td>
<td>Doctor</td>
<td>2/2</td>
</tr>
<tr>
<td>Ms Mirai Chatterjee</td>
<td>53</td>
<td>F</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>0/2</td>
</tr>
<tr>
<td>Dr Chhotubhai L Patel</td>
<td>77</td>
<td>M</td>
<td>Member</td>
<td>Agricultural and Social Service</td>
<td>Doctor</td>
<td>1/2</td>
</tr>
<tr>
<td>Shri Natubhai M Patel</td>
<td>82</td>
<td>M</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>1/2</td>
</tr>
<tr>
<td>Shri Ashokbhai J Patel</td>
<td>68</td>
<td>M</td>
<td>Member</td>
<td>Industrialist</td>
<td>Management</td>
<td>0/2</td>
</tr>
<tr>
<td>Shri Thakorbhai C Patel</td>
<td>74</td>
<td>M</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>1/2</td>
</tr>
<tr>
<td>Shri Harshadbhai S Patel</td>
<td>77</td>
<td>M</td>
<td>Member</td>
<td>Entrepreneur</td>
<td>Management</td>
<td>2/2</td>
</tr>
<tr>
<td>Shri Prayasvinbhai B Patel</td>
<td>54</td>
<td>M</td>
<td>Member</td>
<td>Industrialist</td>
<td>Management &amp; Strategy</td>
<td>0/2</td>
</tr>
<tr>
<td>Shri Vikrambhai C Patel</td>
<td>66</td>
<td>M</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>1/2</td>
</tr>
<tr>
<td>Dr BR Patel</td>
<td>83</td>
<td>M</td>
<td>Member</td>
<td>Clinical Practice</td>
<td>Doctor</td>
<td>2/2</td>
</tr>
<tr>
<td>Mrs Dakshaben N Shah</td>
<td>67</td>
<td>F</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>0/2</td>
</tr>
</tbody>
</table>

- □ 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.
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 : ₹ 1,62,000/- (Rupees one lakh sixty two thousand only) p.m.
- Remuneration of 3 highest paid staff members : ₹ 6,00,000/- p.m; ₹ 3,50,000/- p.m; ₹ 2,75,000/- p.m.
- Remuneration of the lowest paid staff member : ₹ 3,355/- p.m.
- Staff details as at March 31, 2012:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Full time</th>
<th>Part time</th>
<th>Consultants</th>
<th>Volunteers (Unpaid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>620</td>
<td>21</td>
<td>20</td>
<td>Nil</td>
</tr>
<tr>
<td>Female</td>
<td>644</td>
<td></td>
<td>9</td>
<td>Nil</td>
</tr>
</tbody>
</table>

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

- Distribution of staff according to salary levels as at March 31, 2012:

<table>
<thead>
<tr>
<th>Slab of gross salary including benefits paid to staff</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than ₹ 5000/-</td>
<td>59</td>
<td>63</td>
<td>122</td>
</tr>
<tr>
<td>₹ 5000/- to ₹ 10000/-</td>
<td>158</td>
<td>276</td>
<td>434</td>
</tr>
<tr>
<td>₹ 10000/- to ₹ 25000/-</td>
<td>242</td>
<td>199</td>
<td>441</td>
</tr>
<tr>
<td>₹ 25000/- to ₹ 50000/-</td>
<td>86</td>
<td>70</td>
<td>156</td>
</tr>
<tr>
<td>₹ 50000/- to ₹ 100000/-</td>
<td>80</td>
<td>41</td>
<td>121</td>
</tr>
<tr>
<td>Above ₹ 100000/-</td>
<td>36</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td>661</td>
<td>673</td>
<td>1334</td>
</tr>
</tbody>
</table>

The staff table includes the salaries of both staff as well as paid consultants in the respective categories for the year ending March 31, 2012.

- Total cost of national travel by all personnel (including volunteers) & members of the Governing Body : ₹ 21,10,274/-
Total cost of international travel by all personnel (including volunteers) & members of the Governing Body:

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Designation</th>
<th>Destination</th>
<th>Purpose</th>
<th>Gross expense (₹)</th>
<th>Sponsored by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Chiramana Haritha</td>
<td>Asst.</td>
<td>Paris</td>
<td>ASTRO Conference Annual meeting, 53rd ASTRO Annual Meeting, Miami Beach Convention Center Fla</td>
<td>1,48,965.00</td>
<td>NA</td>
</tr>
<tr>
<td>2</td>
<td>Dr. VRKG Shankar</td>
<td>Asst. Professor</td>
<td>Paris</td>
<td>ASTRO Conference Annual meeting, 53rd ASTRO Annual Meeting, Miami Beach Convention Center Fla</td>
<td>2,73,768.00</td>
<td>NA</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Ankur Sethi</td>
<td>Asst. Professor</td>
<td>Boston</td>
<td>Pediatric Academic Societies, Annual Meeting PAS - 2012 Boston Massachusetts</td>
<td>50,530.00</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Monica Gupta</td>
<td>Professor Gr.I</td>
<td>Netherland</td>
<td>International Conference Amsterdam Netherlands</td>
<td>2,12,154.00</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>6,85,417.00</strong></td>
<td></td>
</tr>
</tbody>
</table>
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 Vidyamandala 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 Santrum Mandir, Karamsad for providing free meals to relatives of patients coming from long distance.
- 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.
- 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 Bhadran Arogya Trust, Mayank Jayant Foundation, Agas Health Centre, Petlad Nagarpalika Hospital 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 supporting 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 Charutar Arogya Mandal would not have been able to make the progress achieved during the year.