Nursing. Research proposals of 3 students were research among students Co-Curricular and Extracurricular Cell, and Redressal Cell, Student Women Cell, Food Cell, Student Liaison. The form of Books, Apron, Dissection and Bone Medical Center, USA) have been supporting external experts. Conducted during visits to their residence 4 lakhs annually. The selection in 2008 for 10 Management quota students 5000 (which is even less than Government scholarships ranging from 50% – 75% of the total. A Foundation Course in Acupuncture for the first several initiatives were taken. These include the second decade of its successful existence, The Institute completed its year long "Decennial Maternal & Child Care. Taking a very significant step ahead, the Institute defined its vision and laid down its goals and maintained for recording their skills and members. Student-wise log books are now defined for clinical training and evaluation processes community awareness like HIV AIDS, Cancer concepts of Community Physiotherapy & Indoor competitions. To commemorate this celebration, a souvenir, the Gujarat Nursing Council. The students of the Institute celebrated Annual Awareness, etc. This year, 4 research proposals included various academic and patient care concerning academic and clinical departments. Faculty Development mechanisms to determine quality at academic, International Women's Day, poster-making and research & ethics. 40 experts, including 3 crores annually. More than 800 Medical Lab Technicians/ Hearing Impaired, School for Mentally 15 lakhs. Taking a very significant step ahead, the Institute Mr. Rakesh Patel (DMLT of 1994 batch, who is A guest lecture on "Australian Laboratory different batches also attended the Red Ribbon Ahmedabad. A group of four students from school celebrated "World Environment Day" on the Mandal hopes this initiative will encourage activity at the various educational institutions. Faculty development, who were motivated by the many students and faculty members. A guest lecture on "Australian Laboratory with the reading room is open 24 hours. Training days, 12th & 13th January 2011 with various outdoor workshops. 4 students from the School went for A "Red Ribbon Club" was formed under the HREC (Human Research Ethics Committee). The from 12 intern students were approved by the Student-support, one more dedicated work for clinical training and evaluation processes from 12 intern students were approved by the Pramukhswami Institute of Physiotherapy completing the Accreditation Council), with the KM Patel Institute of Physiotherapy completing the accreditation. There are a number of initiatives □ Need to develop policies for national □ Need to develop policies for national □ Need to integrate various subjects in the UG course in a phased manner depending □ Need to integrate various subjects in the UG course in a phased manner depending Pushing forward this climate of innovation in Curriculum Design and Development. A number of activities, including a formal event, will continue in the future, culminating in making a change in the way we teach. Assessment drives learning" into action, an "Assessment drives learning" into action, an Assessment is recorded and the feedback of parents Faculty development pushed the entire Institute towards "Assessment drives learning" into action, an Assessment is recorded and the feedback of parents Faculty development pushed the entire Institute towards...
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Dr Vinod K Shah, MD (Cardiologist and Trustees of Shanti Charitable Trust, Dr Ilaben were scrutinised and a personal interview strictly on the basis of merit. Only those granted after completion of the course. Merit-cum-need based scholarships are 5000 (which is even less than Government.

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America's finest laboratories at the various educational institutions.

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A guest lecture on "Australian Laboratory

laboratory at Veterinary College, Anand, Centre, Karamsad in September 2010. A peer educators for other students.

organised in conjunction with the Central

4649 slides.

5741 e-Books, 10,059 printed back volumes of installed Soul software allowing it to use bar

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Curriculum Design and Development

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● Relative weightage of different formative 

rationalise the students' assessment as follows: "Assessment drives learning" into action, an

Assessment 

quality assurance and mentoring.

at Jamnagar, Bhavnagar and Gwalior and

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Since its launch, the Regional Training Centre

Technologies (MET) conducted at

to the Regional Training Centre and Principals

Faculty development
Nursing. Research proposals of 3 students were contributions in the form of poems, paintings, HM Patel Night volleyball, football and Vidyanagar Nature Club, an inter-medical college organised a snake show conducted by the and distributed chocolates and biscuits. It also Day with physically challenged children at Co-Curricular and Extracurricular Cell, and with representatives from students and faculty, Student Liaison Medical Center, USA) have been supporting 2 lakhs were considered eligible was below students whose gross annual family income strictly on the basis of merit. Only those regular fee of `Medical College Fees) against the current granted after completion of the course. This depends on the quantum of scholarship of the student's economic condition. $5000 (which is even less than Government UG course: The process of introducing changes objectives. These were then communicated to the defined its vision and laid down its goals and Curriculum Design & Development to community, teacher self-appraisal, feedback evaluation, remedial classes, field visits A Foundation Course in Acupuncture for the first second decade of its successful existence, Scholarship for post graduate course The college utilised 29,737 to award scholarships `)

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The Structure that Reflects our Vision

The structure of the Charutar Arogya Mandal is a reflection of its commitment to professionalism on 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 JM Rawal and Shri Baboobhai Z Patel. Its policies are decided by the Governing Body headed by the Mandal’s Chairman, Dr Amrita Patel, who is also the executive head of the Mandal. The Governing Body functions under the purview of the Governing Council, which is a wider body with representation from donors, sister institutions and members of the Mandal, in addition to the members of the Governing Body. The President of the Mandal, Shri Hasmukhbhai Shah, chairs the Council meetings. The Council, in turn, reports to the General Body, in which the members of the Mandal participate. The total number of members as of March 2011 was 1824.

Board of Trustees
Shri Baboobhai Z Patel
Shri JM Rawal

Governing Body
Chairman
Dr Amrita Patel

Hon. Secretary
Shri Jagrut Bhatt

Dean
Dr Utpala N Kharod

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Shri Ashokbhai J Patel
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Shri Thakorbhai C Patel
Shri Prayasvinbhai B Patel
Ms Mirai Chatterjee
Shri Harshadbhai S Patel
Shri Vikrambhai C Patel

Member co-opted by the Governing Body
Dr Babubhai R Patel

Member co-opted by the Chairman
Smt Dakshaben N Shah

Governing Council
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Vice-President
Shri Prayasvinbhai B Patel
Shri Sudhir Mankad

Chairman
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Smt Sumiben V Patel
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Shri Mehulbhai J Patel
Shri Amitbhai B Patel
Dr Vijaybhai J Patel

Donors’ Representatives
Shri Ashokbhai J Gokal
Shri Ravindra J Gokal
Shri Kishorbhai J Gokal
Shri Hasmukhbhai S Parikh

Nominee of Karamsad Municipal Borough
Shri Kiranbhai R Patel

Dr Anand N Nathwani
Shri Shishir K Diwanji
Shri Jagrut Bhatt
Ms Mirai Chatterjee
Dr Babubhai R Patel
Shri KB Sanghi
Shri Natubhai H Desai
Shri Nitinbhai R Desai
Shri Bharat N Dave
Shri Ashokbhai J Patel
Shri Thakorbhai C Patel
Dr Darshit Shah
Shri Prashant C Amin
Shri Dinesh M Patel
Shri Amlan Shah
Shri Chandrakant S Patel
Shri Naveenchandra C Patel
Shri Rajesh G Upadhyay
Shri A N Mohanty
Shri Dikshit R Patel
Shri Hemantbhai T Patel
Shri Pramitbhai K Patel
Smt Meeta K Jain
conducted 5 hourly sessions on research cricket tournament.

The student support cell celebrated Valentine's Co-Curricular and Extracurricular Cell, and Student Liaison

Books, Apron, Dissection and Bone Medical Center, USA) have been supporting Professor of Medicine, George Town University was followed by a validation of findings by was below 4 lakhs annually. The selection of Scholarships in the MBBS course This depends on the quantum of scholarship UG course: The process of introducing changes collection from various stakeholders, etc. submitting itself to NAAC accreditation and

ig of nearly 100% for UG & PG courses. Result of improvement measures have been initiated like Physio Pulse-11, was released by Dr Harish Padh, Physio Week from 4th - 7th January 2011.

students, publication of newsletter and other the allotment of color coded badges to the students, peer educators for other students.

Centre, Karamsad in September 2010. A different batches also attended the Red Ribbon Awareness, etc. This year, 4 research proposals containing all the significant details for their provided all students with a handbook student related activities. The Institute has A student support group takes care of all learnings and these are assessed as per the

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An Unmatchable Humane Experience

Last year, the Mandal’s vision for the future evolved. It emphasised reinforcement of the image of an organisation that would continue to be an example in the profession of medicine. The Mandal’s vision would be - noble, to provide solace to the suffering and continually upgrade itself to serve humanity better.

A worthy vision deeply ingrained with the values of the Founder Chairman and nourished by the leaders who followed it and inculcated by everyone working in the institution. It expresses the gravest possible concerns of all well-meaning medical professionals and also defines the character of the institution.

A vision is extremely difficult to achieve, unless complemented by a set of strategies that would help make it a reality. It was recognised that a vision as bold as the one envisaged by the Mandal would have to be driven by an extraordinary strategy. While the traditional strategy of making treatment affordable and efficient were considered important, it was felt that something much more was needed, something unmatchable. So, while on one hand, rational treatment - a term that receives more lip service than is actually practiced - was considered an important element of strategy, the real breakthrough was the discovery of the Mandal’s greatest strength - the human touch. The ability of its staff to create almost familial bonds with its clients would provide that unmatchable experience.

This set the stage for a major exercise that lasted a year. A Balanced Score Card was created to gauge the implementation of the strategies and assess performances. It took over 50 of the Mandal’s senior staff to arrive at these Score Cards both for patient care and teaching. The score cards are expected to become the basis of a Performance Measurement System to be implemented shortly.

The next challenge was to create a model of excellence that would define what we wanted to become with the implementation of our strategies. In addition, we had to show the path to implement these strategies. This led to an experiment called, “The 5-Star Project” which lasted over 10 weeks. An experiment was undertaken by the Department of Surgery to bring about systemic and concerted improvements in a way that worked in all areas of the hospital. This included out-patient services, wards, operation theatre and surgical ICU. Improvements were sought in 6 areas, each having a bearing on strategies to be implemented. Improvements in clinical practice and documentation reflected on rationality and efficiency, cost savings led to affordability, facility management and infrastructure groups focused on efficient operations, while the Unmatchable Humane Experience, the pinnacle of all strategies, was sought to be addressed through improvements in behaviour.

The 10 weeks produced innovative ideas which
finally led to a set of practices that would become a norm for the rest of the industry.

The Mandal now had all the elements of the jigsaw puzzle called the Perspective Plan in place. The Mandal was now on the path of making itself the kind of institution it had envisioned - its achievements and goals, the result of sincerity, dedication and hard work of its staff. The staff spurred the institution in taking enormous challenges and incalculable risks and they remained steadfast in their commitment. With such a force backing it, the Mandal can only grow from strength to strength and face the most difficult of challenges in times to come.

It is waiting for new challenges to help it get stronger.
Medical Education

Quality in education is very important. Inferior education will lead to a poor generation of professionals who will not appreciate quality. There is a dearth of good teachers with the majority preferring to practice. The existing system lays little emphasis on providing training to students so that they become the teachers.

The Mandal’s institutions recognise the challenges in improving quality in education and are working towards being models of excellence. There are a number of initiatives afoot. The educational institutions have begun preparing for the accreditation of their teaching by NAAC (National Assessment and Accreditation Council), with the KM Patel Institute of Physiotherapy completing the process of application and the Pramukhswami Medical College in the process of doing so. Nationally, very few medical institutions approach NAAC to evaluate their teaching and none in physiotherapy have done it so far. The Mandal hopes this initiative will encourage others to seek similar affirmation of the quality of their teaching.

The process of revising and improving the curriculum is ongoing and is now a major component of the Mandal’s Performance Management System, which is based on the concept of a Balanced Score Card.

The status of the Medical College as an institution of excellence was validated by the Medical Council of India when it conferred on it the status of a Regional Centre for training of medical college staff. Fourteen colleges from Gujarat, Rajasthan and Goa have been placed under the Medical College to conduct faculty development programmes.

An initiative that perhaps speaks the most of the
Mandal’s commitment to seek excellence in medical education is the creation of a forum this year - National Consultations on Medical Education. This forum is intended to be a platform, for educationists of repute to participate and discuss issues of current relevance and make recommendations for the consideration of the Medical Council of India and the Government. The inaugural session focused on four themes - structural changes in the medical education system, curriculum changes, changes in the assessment system and research & ethics. 40 experts, including 4 from abroad, participated in the discussions held for 3 days. Shri Keshav Desiraju, Additional Secretary in the Ministry of Health & Family Welfare, Government of India inaugurated the Consultations while Dr SK Sarin, the incumbent President of the Medical Council of India was present during the final session.

In brief, the recommendations were:

- Need to develop policies for national human health resources and health professional education to ensure an adequate number of health care professionals and equitable distribution of medical colleges.
- Need to integrate various subjects in the UG course in a phased manner depending on resources.
- Need to develop a humane approach and holistic understanding of the patient and healing process in the medical curriculum.
- Student assessment to closely match learning outcomes based on the healthcare needs of the society.
- Mandatory introduction of research methods & ethics from the first year onwards for undergraduate and postgraduate medical courses.
- Every college and teaching hospital to have accreditation.

At its annual retreat, the Medical College determined its expectations from the graduates of its MBBS programme at various stages during the course. These expectations would become the basis of revisions in its curriculum and assessment pattern in subsequent years.

Following is a brief description of the other activities at the various educational institutions of the Mandal during the year:
Pramukhswami Medical College

Noted educationists have appreciated the various innovations initiated by the faculty in what is now recognised as one of the premier medical colleges in the country.

The College is also busy preparing itself for the forthcoming Silver Jubilee Celebrations. A number of activities, including a formal event, is being planned and will involve students and faculty - both past and present.

Curriculum Design and Development

Pushing forward this climate of innovation in the MBBS curriculum, a 2-day Retreat was organised at IRMA during March 18-19, 2011 with the objective of defining the scope and path of developing an undergraduate curriculum relevant to the needs of the time.

After reviewing the curricula of some foreign Medical Universities currently implementing an unconventional approach at undergraduate level, the faculties made an attempt to define the expected outcome from medical students at the end of each year of MBBS with a suggested path to achieve it. Some important elements of the suggested curriculum are:

- System-wise approach
- Integrated mode of delivery (horizontal as well as vertical)
- Student-centric learning activities with an emphasis on skill-training
- Rationalising the assessment system
- Training Sessions on behavioural aspects/soft skills as a part of the Foundation course

Four core committees were formed for I MBBS, II MBBS, III MBBS Part I and Part II with representation from pre, para and clinical branches in each committee. This exercise will continue in the future, culminating in the revision of the curriculum and the development of a more organised curriculum map for the MBBS course.
Assessment
While translating the Principle of Education “Assessment drives learning” into action, an attempt was made to introduce uniformity and rationalise the students’ assessment as follows:

- Relative weightage of different formative exams in the calculation of internal marks was made uniform.
- Structure of the question paper was standardised.
- Weightage of different types of questions including the area of curriculum in relation to must-know, good-to-know and nice-to-know was finalised.
- Process for assessment of skills through objective structured approach (OSPE and OSCE) was initiated.

Clinical Training
The log book of interns was reviewed and revised after inviting suggestions from all the concerned departments with a focus on skill learning. A feedback was taken from the interns at their farewell regarding the learning objectives achieved by them during their internship.

A Clinical Record Book has been designed for undergraduate students to keep a record of the work completed by them during their posting in various clinical departments. It has been designed and successfully completed with inputs from all the Clinical Departments. It will be available shortly for III MBBS Part I and II MBBS. The Clinical Record Book highlights the learning objectives for each posting in various departments. This has made clinical teaching more structured.

A few integrated modules for certain diseases like malaria and diabetes were introduced in the III MBBS. More of such modules are planned for the coming sessions.

Faculty development
Launching of Medical Council of India’s Regional Training Centre
The Regional Training Centre was launched on 10th December 2010. Dr Sita Naik, Member, BoG, MCI, Dr Amrita Patel, Chairman, CAM, Dr M Rajalakshmi, Chief Consultant, Academic Cell, MCI, invited Deans of colleges allocated to the Regional Training Centre and Principals and faculty of institutions of the Mandal were present on the occasion. Dr Himanshu Pandya, Professor of Medicine and Dr Praveen Singh, Associate Professor of Anatomy were appointed convenor and co-convenor of the Centre respectively.

Workshops in Medical Education Technologies (MET) conducted at Regional Centre
Since its launch, the Regional Training Centre has conducted 2 basic course workshops and 1 orientation workshop for MET co-coordinators and trained 82 faculties from 14 colleges of 3 states. For the first and second workshops, external resource faculties were invited to lead some sessions. The workshops are now conducted by internal resource faculty.

The center has been rated as one of the best performing centres in the country by the Medical Council of India.

Workshops in MET conducted at allocated colleges
The Regional Training Centre has also organised 4 workshops for 3 government medical colleges at Jamnagar, Bhavnagar and Gwalior and trained 117 faculty members. 2 resource faculties from the regional centre visited these colleges as observers appointed by MCI for quality assurance and mentoring.
The student support cell has various committees with representatives from students and faculty, such as Student Counselling Cell, Grievance Redressal Cell, Student Women Cell, Food Cell, Co-Curricular and Extracurricular Cell, and PSMC Alumni Association.

The student support cell celebrated Valentine’s Day with physically challenged children at Joyland Home, Anand where they imparted health education along with health examination and distributed chocolates and biscuits. It also organised a snake show conducted by the Vidyanagar Nature Club, an inter-medical college HM Patel Night volleyball, football and cricket tournament.

Students’ wall magazine has been started with contributions in the form of poems, paintings, articles, etc. from the MBBS students.

Student helpline, which is available 24 hours, is active and is being used by the students.

Creating an awareness of the importance of research among students

A group of faculty members are striving to create awareness and sensitise students on the importance of qualitative research. They conducted 5 hourly sessions on research methodology for II MBBS students and some sessions for interns in the GH Patel School of Nursing. Research proposals of 3 students were recommended for funding and their research work was co-ordinated.

Every year a few undergraduate students are awarded an ICMR scholarship. This year 3 undergraduate students of our institute were awarded ICMR (STS) Projects.

Scholarships

Merit-cum-need based scholarships are offered to deserving students after verification of the student’s economic condition. Scholarship includes waiver of tuition fees ranging between 25% - 75% with the condition of working with the Mandal for 3-5 years. This depends on the quantum of scholarship granted after completion of the course.

Scholarships in the MBBS course

TATA-CAM scholarship programme, started in 2008 for 10 Management quota students admitted to MBBS course, entered its third year. The scholarship enables the student to pursue the MBBS course for an annual fee of ₹ 5000 (which is even less than Government Medical College Fees) against the current regular fee of ₹ 4 lakhs annually. The selection process of these students was rigorous and strictly on the basis of merit. Only those students whose gross annual family income was below ₹ 2 lakhs were considered eligible to receive this scholarship. Application forms were scrutinised and a personal interview of students and their family members was conducted during visits to their residence and work place by the faculty and staff of our institute. The findings of the visit were discussed internally by all the groups which was followed by a validation of findings by external experts.

Trustees of Shanti Charitable Trust, Dr Ilaben V Shah (practicing Paediatrician, USA) and Dr Vinod K Shah, MD (Cardiologist and Professor of Medicine, George Town University Medical Center, USA) have been supporting these students with additional financial aid in the form of Books, Apron, Dissection and Bone sets, Boarding and Lodging, etc.
The college utilised ₹ 29,737 to award scholarships to meritorious students and to encourage them in extra curricular activities from the interest earned out of the amount of ₹ 5 lakhs from the Late Shri Dayabhai Chhaganbhai Patel Scholarship donation, received in the year 2000.

Scholarship for post graduate course
CAM has been providing merit-cum-need based scholarships ranging from 50% – 75% of the total fees to meritorious students. In 2010 – 2011, 2 students benefited to the tune of ₹ 15 lakhs. Total amount of scholarship assistance offered by the Mandal is about ₹ 3 crores annually.

KM Patel Institute of Physiotherapy

The Institute completed its year long “Decennial Celebrations” on September 2010. On entering the second decade of its successful existence, several initiatives were taken. These include submitting itself to NAAC accreditation and conducting an international workshop - A Foundation Course in Acupuncture for the first time. The Institute also witnessed major changes in academics with the introduction of periodical evaluation, remedial classes, field visits to community, teacher self-appraisal, feedback collection from various stakeholders, etc.

Curriculum Design & Development
Taking a very significant step ahead, the Institute defined its vision and laid down its goals and objectives. These were then communicated to the faculty members, students, staff members and other stakeholders. The Institute designed and implemented a Calendar of Events for the UG & PG curriculum which was circulated to all the concerned academic and clinical departments.

UG course : The process of introducing changes for the UG course has been carried out and proposed to the Board of Studies of Sardar Patel University. From this year, the Institute has initiated community visits for the first and the third year students to sensitize them on the needs of the community in our villages.

The Institute has started taking feedback on the curriculum from its outgoing students and parents of the first year students.

PG Course: This year a new selective, “Women’s Health Physiotherapy”, has been proposed and has been put up for approval to the Board of Studies of Sardar Patel University. The curriculum now includes concepts of Community Physiotherapy & Rehabilitation, Geriatric Physiotherapy and Maternal & Child Care.

Assessment
Periodic evaluation, monthly tests, OPD/Wards end posting examinations, remedial classes for slow learners, etc were administered by the faculty members to increase the competence of the students. This resulted in an outstanding result of nearly 100% for UG & PG courses.

Clinical Training
The objectives of clinical teaching and learning were clearly laid down for the UG & PG faculty members. Student-wise log books are now maintained for recording their skills and learnings and these are assessed as per the determined protocols at the end of the clinical term.

Student Liaison
A student support group takes care of all student related activities. The Institute has provided all students with a handbook containing all the significant details for their
studies. It organised an anti-ragging sensitisation programme for senior students amongst various other motivational programmes.

The students of the Institute celebrated Annual Physio Week from 4th - 7th January 2011. To commemorate this celebration, a souvenir, Physio Pulse-11, was released by Dr Harish Padh, the Vice Chancellor of Sardar Patel University. On 8th March 2011, on the occasion of International Women’s Day, poster-making and debate competitions were held.

**Faculty Development**
The Institute is very keen on quality, be it patient care, education or the enhancement of skills and knowledge of its faculty members. The faculty felt motivated to participate in various national and international workshops and conducted meaningful in-house programmes.

**Quality Assurance**
The Institute has developed various mechanisms to determine quality at academic, administrative and clinical levels. For quality assurance at the academic level, the curriculum of the UG & PG courses have been sent for approval to the Board of Studies of Sardar Patel University. Academic and co-curricular calendars are maintained, teaching plans are prepared at each academic level, regular attendance is recorded and the feedback of parents is considered while updating the curriculum. Detailed good laboratory practices are laid down for clinical training and evaluation processes have been instituted.

At the administrative level, various quality improvement measures have been initiated like the allotment of color coded badges to the students, publication of newsletter and other publications through internet, audit of library records, student feedback of every teacher, audit of physiotherapy records, etc.

**NAAC Accreditation**
The Institute submitted its Letter of Intent for NAAC accreditation. Following this, it has also submitted its IEQA (Institute Eligibility for Quality Assessment) on 27th April 2010. Following the scrutiny, the IEQA has asked the Institute to submit the SSR (Short Submission Report). After the submission of the same, a peer team visit is awaited.
GH Patel School of Nursing

The GH Patel School of Nursing continued its efforts to improve the academic environment during the year. Students of the institute were enrolled for various academic conferences and workshops. 4 students from the School went for 2 outstation conferences and participated actively. The students also participated in the extension activities of the Mandal through group projects, posters, exhibitions on topics of community awareness like HIV AIDS, Cancer Awareness, etc. This year, 4 research proposals from 12 intern students were approved by the HREC (Human Research Ethics Committee). The studies were conducted and reports submitted to the Gujarat Nursing Council. The students of the school celebrated “World Environment Day” on 5th June 2010 and Sports Day was organised on 12th & 13th January 2011 with various outdoor and indoor competitions.

The school also celebrated Nurses’ Week from 25th – 27th May 2010. These celebrations included various academic and patient care presentations, brainstorming sessions, quiz competitions, etc. This was marked by enthusiastic participation from the students and faculty members, who were motivated by the presence of the faculty from the Medical College and management staff.

The students were also given exposure to community health through visits to various settings that included Old Age Homes and Orphanages. Educational visits were also conducted for the children of the School for Hearing Impaired, School for Mentally Challenged, Office of the Anand District Health Officer and AMUL Dairy.

LP Patel Institute of Medical Laboratory Technology

Smt LP Patel Institute of Medical Laboratory Technology continues to offer various courses to prepare health care professionals of high quality and caliber in various diagnostic and therapeutic technologies administered for patient care.

In view of the increased use of diagnostic and therapeutic technologies for patient care and the dearth of skilled manpower in this field, graduate level courses for 10+2 (Science) in B.Sc. - Medical technology in various specialisations such as Radiotherapy technology, Imaging technology, Clinical laboratory technology, Respiratory therapy technology and OT & Anaesthesia technology to prepare skilled technicians were started from the academic year 2010-11. 6 students (3 in Radiotherapy and 3 in Clinical Laboratory technology) took the admission in the first batch of F.Y.B.Sc.- Medical Technology.

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 the special practice-postings in addition to their regular lectures, practicals and rotational laboratory postings. All the PG dissertations are carried out after due approval of the HREC. In order to provide regular training and to enhance student-support, one more dedicated MLT-qualified faculty member was appointed at the Institute during 2010-11. Overall result of Medical Technology students in 2010-11 was 93.9%.
Co-curricular activities
A “Red Ribbon Club” was formed under the auspices of Gujarat State AIDS Control Society, Ahmedabad. A group of four students from different batches also attended the Red Ribbon Club Training Programme for Peer Educators organised at the Auditorium, HM Patel Academic Centre, Karamsad in September 2010. A dissemination session was also organised by the peer educators for other students.

Students of DMLT and M.Sc.- MLT visited “Om Research Facility” an advanced Molecular laboratory at Veterinary College, Anand, Agriculture University, Anand, in January 2011.

A guest lecture on “Australian Laboratory System: An Overview” by one of our alumni, Mr. Rakesh Patel (DMLT of 1994 batch, who is currently working as Hospital Scientist at Sydney, Australia) was arranged in October 2010, which was attended and appreciated by many students and faculty members.

Medical Technology Alumni Association
More than 800 Medical Lab Technicians/ Technologists have passed out of the Institute since its inception in 1981. In order to provide a platform for social, cultural and academic interaction with the alumni of this institute, working at different places, a group of alumni, who are currently working with Charutar Arogya Mandal decided to form a “Medical Technology Alumni Association” and launched a membership drive in October 2010.

Library
During the year, 116 print copies of journals worth ₹ 24 lakhs, 400 new books worth ₹ 3.50 lakhs and 681 e-Journals worth ₹ 15 lakhs were procured. The functioning of the library is being improved by utilizing newly installed Soul software allowing it to use bar coding for issue and return of books, journals, etc. Currently, the library has 12,677 books, 5741 e-Books, 10,059 printed back volumes of journals, 103 online back volumes, 157 dissertations, 163 audio cassettes, 240 video cassettes, 24 VCDs, 875 CD/DVDs and 4649 slides.

The library works from 8.00 am to 2.00 am with the reading room is open 24 hours. Training sessions on online use of journals were undertaken. 4 Literature search workshops were organised in conjunction with the Central Research Services. The library was kept open even on Sundays during and before the university examinations.
3 undergraduate students of our institute were
create awareness and sensitise students on
is active and is being used by the students.
Student helpline, which is available 24 hours,
Students' wall magazine has been started with
Redressal Cell, Student Women Cell, Food Cell,
such as Student Counselling Cell, Grievance
Student Liaison
sets, Boarding and Lodging, etc.

These students with additional financial aid in
discussed internally by all the groups which
were scrutinised and a personal interview
Scholarships in the MBBS course
This depends on the quantum of scholarship
ranging between 25% - 75% with the condition
`-
other stakeholders. The Institute designed and
conducting an international workshop -
submitting itself to NAAC accreditation and
improvement measures have been initiated like
Details good laboratory practices are laid down

determined protocols at the end of the
maintained for recording their skills and
The objectives of clinical teaching and learning
result of nearly 100% for UG & PG courses.
slow learners, etc were administered by the
Maternal & Child Care.

PG Course: This year a new selective,
The Institute has started taking feedback
The Institute has developed various
other motivational programmes.

5th June 2010 and Sports Day was organised on

In brief, the recommendations were :
The incumbent President of the Medical Council
& Family Welfare, Government of India
held for 3 days. Shri Keshav Desiraju, Additional
focused on four themes - structural changes in
a platform, for educationists of repute to
activities at the various educational institutions
have accreditation.

□ Every college and teaching hospital to
 wanna regular training and to enhance
postings. All the PG dissertations are carried
practice-postings in addition to their regular

The Institute rigorously follows an academic
curriculum is ongoing and is now a major

Assessment

● Weightage of different types of questions

Structure of the question paper was standardised.

quality assurance and mentoring.

at Jamnagar, Bhavnagar and Gwalior and
allocated colleges
and 1 orientation workshop for MET
Technologies (MET) conducted at
Workshops in Medical Education

Dr Himanshu Pandya,
to the Regional Training Centre and Principals
Regional Training Centre
Faculty development
Patient Care

The immediate significance and usefulness of quality cannot be seen and felt more than in patient care. Whether it is the simple practice of waste segregation or the more complex issue of infection control, or protocol-based treatment, the role of quality permeates everywhere. At the heart of it all are the issues of patient safety, rational treatment and affordability that are so germane to the profession of Medicine. These have become a source of many discussions and debates. For the Mandal, however, these are the reasons to live for.

The vision of the Mandal is to be an example in the profession of Medicine as it has always been known. Noble, providing solace to the suffering and continually upgrading itself to serve humanity even better, requires that it put issues that are so endemic to quality in healthcare at the top of its list of strategies. Its pursuit of rational treatment, affordability and efficient care culminating with the core of its philosophy of Unmatchable Humane Experience, have begun in right earnest in the quest for quality.

Several initiatives taken during the year and over the several years have sought to emphasise the role of quality in patient care. The first stab at quality came with working towards accreditation of its labs and the certification of the NABL (National Accreditation Board for Laboratories), which was accorded in 2008 and since been renewed regularly every year, the foundation of quality being established. This
was followed by the accreditation of its blood bank by the NABH (National Accreditation Board for Hospitals) last year. The AD Gorwala Blood Bank becomes only the second such associated with a medical college and sixth in the State to be accredited. The hospital is preparing for accreditation of all its services by the NABH, a process it hopes to complete in the coming year.

The Mandal realises, however, that quality is not accreditation alone; it goes far beyond it and its pursuit would not be sustainable unless it becomes a way of life for everyone working for patient care and associated with it. To make this a reality and to explore ways of involving everyone right down to the last person on the treatment chain in improving various facets of patient care, as mentioned earlier, a novel experiment was initiated towards the end of the year. The Department of Surgery, which led this experiment, took the responsibility of bringing about an improvement in five areas - Behaviour, Clinical Practice, Documentation, Cost and Facility Management. Quality is the ultimate goal of these areas and has a significant bearing on the outcome of the Mandal’s strategies in achieving its vision.

The results of this experiment were shared at the annual retreat for patient care at the end of the year and consequently, best practices in each of these areas were identified for implementation in the rest of the hospital. These are:

**Behaviour:**
- Service with a Smile
- Direct Communication
- Do not discuss issues in public
- Regulate mobile use

**Documentation:**
- Write legibly
- Verifying and signing the notes by consultants
- Real time documentation
- Authentic checklist
- Online requisition

**Clinical Practice:**
- All PGs to be supervised by the consultants
- Hand wash and hand rub before and after each procedure
- Provisional diagnosis, allergy and drug reaction on all cases before investigations
- Treatment/investigation/cost options to be discussed with patients on paper
- A case not diagnosed in 48 hours/diagnosis dilemma to be discussed by all in the department.

**Cost:**
- Use of Intranet
- Standardisation of consumables for different procedures and preparation of packages
- Rational use of electricity and water
- Rational use of telephones (all employees on CUG)
- Time of usage of equipments

**Facility Management:**
- Ensure waste segregation at source
- Ensure checklist compliance of all equipment to ensure their upkeep and continuous availability
- Weekly preventive schedule for major equipments by maintenance group
- Compliance with visiting hours
- Regular on-the-job training for paramedical staff for operational efficiency.

Some of the other activities related to patient care are as follows:
Shree Krishna Hospital

Outdoor Services
The outdoor services are the face of any tertiary care hospital. The potential of a medical organisation can be judged by the performance of its outdoor facilities. About 2.9 lakh patients benefited from the outdoor services of the hospital last year. To be able to provide quality care to such a large number of patients is not easy and was possible only because of the dedicated team of doctors and other para-medical staff. This ethical commitment resulted in an overall increase in the OPD inflow by 22%.

The outdoor services of the hospital are divided into two sections, the General OPD and the Privilege Day Care (PDC) Service. No registration or consultation charges are taken for the General OPD services. The PDC is the hospital’s very own concept for providing personalised and prompt medical care to the affluent class of society who can afford to pay a little more for the personal attention they receive. The patients of PDC get priority with reference to consultation, investigations and finally at the pharmacy where the medicines are bought and given by the team who accompany them during their visit in the hospital. This personalized care has been greatly appreciated by those benefiting from it resulting in a substantial increase of 52% in new cases in the year gone by.

However, it is the General OPD which claims a major portion of our outdoor services. With an inflow of about 1000 patients daily, nearly 60% of admissions for the indoor services are from General OPDs. Quality of care and patient satisfaction are essential to ensure that the hospital meets with the expectations of the community. By making the consultations free, patients coming from humble backgrounds have been provided an opportunity to receive competent medical care. To assess quality, an important exercise has now been started with the help of patient satisfaction surveys carried out at various levels of outdoor services. The findings of these surveys will help us trace and reduce the hurdles coming in the way of providing comprehensive quality care on a continuous basis.

Hello Health!
Hello Health is one of our services which works on the preventive aspects of health. An outdoor facility, this service offers various programmes for a comprehensive physical assessment of one’s
health. Designed to suit the requirements of everyone, this service is a commitment of personalised medical care. With a team of doctors and other support staff, each person enrolled for the health check programme is given personal, hassle-free medical attention aimed at diagnosing the onset of common medical conditions.

With 8 institutional tie-ups for executive health check-ups and the basic 5 schemes of hospital's health programmes, Hello Health has provided its services to more than 5300 patients this year.

**Indoor Services**
The indoor services of the hospital are broadly segregated into 3 categories: General, Privilege Silver and Privilege Silver Plus, Privilege Gold and Privilege Gold Plus. While the basic requirements for a comfortable stay for a patient are provided in each of these, the levels of comfort and privacy vary as per the patient’s preference and affordability.

This year has seen many positive changes in the overall management of indoor services. The first being a significant leap in providing quality indoor services - appointment of Medical Transcriptionists. With their appointment, the procedure of providing discharge summaries to patients has become more timely and systematic. Discharge cards are now replaced by computer-generated discharge summaries. Another important introduction for offering quality patient care was the appointment of Ward Secretaries. They are the guides and counselors for the patients admitted and more importantly a source of emotional support to the ailing souls and their relatives.

During the year, Privilege Gold rooms and Privilege Silver rooms were renovated to further improve facilities for the patients. This also included enhancing facilities in the Central Nursing Stations.

The indoor facilities are now maintained as per the NABH requirements. Crash carts have been introduced at each and every ward for emergency use. To orient the nurses and para medics involved directly in patient care to NABH requirements, a special orientation programme was conducted. In another special programme, staff members were given training related to behaviour and etiquette to ensure more compassionate and humane care to the patients admitted.

The system of managing the operations of the indoor facilities was also updated as per the NABH requirements. To facilitate better record-keeping, a system of maintaining online admission register was introduced. Various checklists were introduced and maintained regularly for equipment maintenance, laundry, cleaning schedules, crash cart with expiry medicines and daily inventory. For better waste management and a measure of infection control, the system of color coding has been adopted. This means segregating waste materials at ward levels and discarding them in bags of different colors.

Over 22,000 patients benefited from the Indoor services, an increase of 7% compared to the previous year.

**Operation Theatres**
A new endoscopy theatre was opened in response to the increasing number of endoscopies in the hospital. During the year, a total of 555 endoscopy procedures were performed. In view of the increased cases of neurosurgeries, preparations for a separate and...
dedicated theatre for neurosurgery has begun and the theatre will soon start functioning. There was also a significant rise in the number of Joint Replacement Surgeries, with 40 such procedures performed in the year. A new facility for arthroscopy was inaugurated following a substantial rise.

During the year, a case of endo-neuro vascular surgery was successfully performed on an Iraqi patient in the hospital, the first such procedure in the country. The flow of international patients is growing for both major and minor surgical interventions. OT services for Gynaecology procedures were also extended to our centre at Sevaliya, located about 65 kilometers away, which the Mandal took over in management during the year.

During the year, a total of 8588 surgeries were performed, of which 215 were Supra Major, 3802 major and 4571 minor surgical interventions.

**Critical Care Services**
Intensive Care Units of any hospital provide a measure of the efficacy of critical care offered at any tertiary care hospital. Shree Krishna Hospital is an ideal destination for comprehensive critical care services with separate ICUs and Intermediate Care Units for Surgical, Medical, Pediatric, Neonatal and Cardiac interventions. All the ICUs are equipped with the latest life support technology, trained staff and full time intensivists as well. However, improvement is a continuous process and the ICUs keep updating the procedures and practices which aim at constantly improving the quality of care provided to the patients and at the same time keep the staff abreast of the latest practices in efficient critical care.

Medical departments were renovated and air-conditioned. Visiting rooms of Medical and Surgical ICUs were also renovated extending better facilities for the relatives of patients. ICUs and particularly the Surgical ICUs are prone to infection, and to curb it, special measures are implemented stringently. Now, waste segregation is done bedside, which was earlier done centrally. Hand wash and hand rub practices are emphasised for infection control and the use of cap, mask and napkin while handling the patients is initiated as a practice by the entire staff involved in critical care.

All the ICUs have started maintaining quality indicators approved by NABH. NABH training for the nursing staff has been conducted so far, with the BLS (Basic Life Support) training being the most significant one. All these measures have definitely aided in improving the quality of critical care that the ICUs provide and this was evident with an increase in the number of patients from 4453 last year to 4792 in the current year.

The NICU started the screening of new borns to detect the possibility of occurrence of any genetic disease to the infant in the future. The service is provided completely free of charge to all the patients.

**Trauma Services**
The Trauma & Emergency Care Centre is a critical and important part of the hospital services through which we receive roughly about 40% of our total admissions in the inpatient services. The Trauma Centre is manned by staff whose patient handling and trauma management skills are regularly updated by training sessions and other activities.

The Centre received and attended to a number
of mass casualty incidents efficiently. However, to make treatment during such incidents even more effective, mass casualty management triage protocols and procedures were put in place during the year. A surprise mock drill session was organised on 2nd February 2011 to assess the preparedness of the hospital in the event of mass casualty and to bring together different departments of the hospital for better coordination.

The Centre received and treated 15948 casualties during the year, of which 2632 were brought by the EMRI ambulance services. The number of patients brought by EMRI ambulances has doubled this year from 1317 last year. Surgeries performed in the Emergency Operation Theatre have increased substantially from 1824 last year to 2302 in the current year. This indicates the Trauma Centre’s increased efficiency in extending treatment beyond primary care to the patients who require immediate critical care.

**Laboratory Services**
The Central Diagnostic Laboratory (CDL) of the hospital is responsible for all the investigations related to biochemistry, pathology and microbiology. Being a tertiary care hospital, treatment depends, to a significant extent, on the diagnostic services and hence the onus of quality and timely care is equally shared by the CDL as well. With the constant inflow of samples for investigations, the staff has to be on their toes to cope with the demand for accurate and speedy reports. To ensure that all CDL team members are well-trained and capable, 6 programmes in the form of in-house trainings and workshops were organised focusing on patient care, while each team member attended 3 other programmes in the form of CMEs and workshops in various institutions. The CDL investigated 292722 samples this year, an increase of 22% work load over the previous year.

The CDL organised a Diabetic and hypertension camp at Bhadran, one of the extension centres of the hospital. A large number of patients participated from Bhadran and other surrounding villages. The CDL successfully went through the NABL reassessment for the third consecutive year and renewed the accreditation status on 11th May 2011.
**AD Gorwala Blood Bank**
The Blood Bank is an integral component of CDL. The bank regularly conducts awareness and motivation programmes, lectures and sessions, workshops, etc at the community level. During the year, six programmes in various institutions were conducted with the help of experienced and expert faculty members.

The Blood Bank works hard to meet the demand of blood transfusion for patients who are not in a position to replace. This year, 79 blood donation camps were organised at Vallabh Vidyanagar, Anand and other surrounding villages. 69 motivation programmes were conducted to encourage voluntary blood donation. Also, on 1st and 2nd October 2010, National Voluntary Blood Donation Day was celebrated in the hospital with the aim of encouraging and recognising blood donation. There were motivation programmes, a poster exhibition and felicitation of the donors who donated blood more than 20 times.

With the efforts made by the bank and its staff, the collection of blood units increased by 8% over the previous year. The total collection of blood units for the year was 6456, of which only 450, about 8%, were through replacement.

The AD Gorwala Blood Bank became the sixth blood bank in the State of Gujarat to have received the NABH accreditation. In recognition of this achievement, on 11th May 2011, the GSCBT (Gujarat State Council for Blood Transfusion) and the Health and Family Welfare Department of Government of Gujarat felicitated the AD Gorwala Blood Bank for the NABH accreditation and the quality of work delivered by it.

A few equipments were added to facilitate the operation of the laboratory and the blood bank. This included Tube sealer XSt1010, a bench top centrifuge and a blood collection monitor. A mobile blood donation van was also purchased to boost the activities of voluntary blood donations.

**Radiology Services**
Among imaging services, three new MRI studies were started last year. They include the Chemical Shift Imaging of Adrenal Glands, Proton (H1) MR Spectroscopy of Prostatic lesion and Kinematic Study (flexion-extension study) of Cervical Spine.

During the year, nearly 76,000 radiological investigations were performed including 17,000 ultrasound and doppler examinations and 5400 imaging studies (CT Scan & MRI).

A consultant from the department was invited as speaker in several regional workshops on Pre-Conceptional & Prenatal Diagnostic (Prevention of Misuse) Act organised by the Ministry of Health & Family Welfare.

**Pharmacy**
Pharmacy is one of the services which accounts for high revenue generation. It generates approximately 33% of the total revenue. During the year, the pharmacy operations generated a total revenue of ₹1328 lakhs, compared to ₹717.7 lakhs in the previous year. On an average, around 1400 transactions are carried out daily. To provide better service to the patients, the number of dispensing counters is being increased. The renovation was completed in June 2011. During the year, greater emphasis on making the systems more efficient and customer-friendly was made. It will continue in the future.
MS Patel Cancer Centre

During the year, the Centre registered around 1420 new cancer patients, of which, around 420 patients underwent treatment with radiation therapy and around 1000 patients with chemotherapy. About 35% of patients had head and neck cancer, 19% gynaec cancers and 15% breast cancers. Other common cancers include lung cancers, brain tumors, cancers in children and cancer of the digestive tract.

SNAP SHOT – Number of new patients undergoing Radiation therapy:

There has been significant increase in the number of patients being treated with radiation. The increase in the number has led the Mandal to invest in a second linear accelerator, offering new capabilities and treatment delivery options available for the first time in the country. Several new features would, in fact, be introduced for the first time in Asia, such as 4-D Imaging for moving cancers and Advanced IGRT like Seed Matching and Multiple ROI.

The Centre will also be starting a new Stereotactic Radiosurgery Programme. This is a technique in which a focused, large dose of radiation is given to a defined area to destroy tumors. It is most often used when the target volume is small.

The Cancer Centre of Mandal was awarded the Certificate of Merit by Americas India Foundation, for outstanding contribution to healthcare for society in the oncology service category at a function held in Mumbai.

Bhanubhai and Madhuben Patel Cardiac Centre

The Cardiac Centre, in its second year of operations, expanded its services considerably. The Centre has set benchmarks for exceptional cases of patient care involving considerable risk and complexity. Patients from all over the state and beyond availed the services.

During the year, several cardiac procedures were initiated in the Centre, including ASD Device Closure and a PDA Device closure, both managed by our Consultant Cardiologist. In surgical cases, a percutaneous device closure of intra-cardiac shunts, a non-surgical option which has gained worldwide acceptance, was initiated at the Centre. Percutaneous device closures for PDA and ASDs were successfully performed for the first time in the Centre. The Centre also, for the first time, performed Cardiac Resynchronisation Therapy, a technological solution to chronic heart failure.

The Centre actively engaged in coordinating diagnostic camps in the communities nearby. It organised 12 camps in various towns of the State in which more than 700 patients availed the services. The department also arranged
and continually upgrading itself to serve known. Noble, providing solace to the suffering and affordability that are so germane to the practice of waste segregation or the more of quality cannot be seen and felt more than The immediate significance and usefulness Blood Transfusion) and the Health and received the NABH accreditation. In

over the previous year. The total collection of more than 20 times.

voluntary blood donation. Also, on 1st and 2nd surrounding villages. 69 motivation

Accepted Cervical Spine.

Radiology Services

● Direct Communication

Krupa offers its membership through food grains along with a medical officer visits a village

The Krupa team continued to promote the scheme through various modes, one of them being “Village Campaign”. The entire team along with a medical officer visits a village where a clinic is organised. This usually takes place at a central place like a Panchayat or Dairy Cooperative building. Free medical services are offered along with house to house visits by the team members to counsel as well as promote the scheme. The benefits of meeting and talking about the importance of health security resulted in 23178 new members and more than 50% renewal of existing members bringing the active membership base to 55054.

To meet the cost of health, security in cash may not always be possible for every segment of society. To keep its door open to the needy, Krupa offers its membership through food grains also. Individuals who wish to become a member of Krupa can pay their annual subscription in the form of food grains i.e., 10 kgs. of any variety of wheat or 15 kgs of any variety of bajra. This will enable them to have an annual in-patient coverage of ₹ 5000. During the year, 25 members enrolled under Krupa using this option.

Health remains a low priority on the scale of human needs, especially among the rural poor largely due to a lack of awareness and financial constraints. To help and motivate such persons and to introduce them to the concept of Krupa by giving them the benefits of the scheme at a discounted rate, attempts were made to raise donations to pay for their subscription. During the year, over ₹ 3 lakhs was collected.

The financial sustainability of such a scheme is always challenging, especially in view of the increasing costs of healthcare. Considering the volume of utilisation of the hospital services by its members, Krupa increased its membership subscription amount by 10% offering its basic inpatient coverage of ₹ 5000/- at an annual membership of ₹ 99/- instead of ₹ 90/- previously. This was only the first revision since the inception of the scheme in August 2003.

Cashless and TPA Tie-ups

Shree Krishna Hospital also initiated tie-ups with various Third Party administrators, Insurance Companies and Corporate organisations. This not only helps the hospital in optimising its medical infrastructure but also enables a number of medical insurance policy holders to avail cashless benefits at a state of the art medical facility. Presently, arrangements
with the following for cashless services have been made:

<table>
<thead>
<tr>
<th>Corporate</th>
<th>Third Party Administrator/Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONGC</td>
<td>Anmol Healthcare</td>
</tr>
<tr>
<td>Oilex</td>
<td>I-care</td>
</tr>
<tr>
<td>Amul</td>
<td>Paramount</td>
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<tr>
<td>BSNL</td>
<td>MD India</td>
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<tr>
<td>Sabarmati Ashram</td>
<td>Vipul Medcorp</td>
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<tr>
<td>Gaushala</td>
<td>ICICI Lombard</td>
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<td>Elecon Ltd.</td>
<td>Cholamandal</td>
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<td>GMM Pfaudler</td>
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<tr>
<td>Dena Bank</td>
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</table>

Collaborations with the Government

There are a number of government programmes in which the Mandal’s institutions participate actively. Participating in such programmes has resulted in making available the hospital’s modern and professional services to the less privileged in society, which the Mandal sees as its mission and has been pursuing relentlessly. The Mandal participates in these programmes despite the high financial burden they impose on the Mandal as the expenses incurred on the beneficiaries invariably exceeds the amount reimbursed by the Government.

The following schemes related to patient care merit mention:

Chiranjivi
The scheme is intended to provide professional and qualified assistance to women from BPL (Below the Poverty Line) families at the time of delivery. The empanelled facilities receive a fixed amount per woman delivered. During the year, 314 antenatal mothers used the services of the hospital. As the only tertiary care hospital in the vicinity, the hospital receives a large number of complicated deliveries, sometimes in the form of referral from other hospitals. During the year, 35 such referrals were received by the hospital. The committed medical and para-medical staff ensured that no mortality was reported while conducting all 314 deliveries, of which 174 were LSCS and 140 normal deliveries. The hospital incurred a deficit of ₹ 33,32,168 by participating in the scheme.

Balsakha
The scheme is intended to assist the treatment of newborns belonging to BPL mothers in Neonatal ICUs. The hospital, with its state of the art infrastructure, has enrolled itself in the scheme to extend the full range of treatment to such newborns. During the year, about 500 neonates were treated under the scheme, with the hospital incurring a deficit of ₹ 32,27,579.

Rashtriya Swasthya Bima Yojna (RSBY)
This Central Government scheme requires a tie-up with a designated insurance company to provide hospitalisation cover to members of a BPL family up to a combined limit of ₹ 30,000 annually. The hospital, in its first year of empanelment, treated 441 patients. Since the hospital is not permitted to charge patients beyond the rates agreed with the insurance company, though the cost of treatment is higher, there is invariably a deficit that accrues on account of this scheme as well. This year, the deficit was ₹ 9,44,191.

Extension Centres
The Mandal operates 7 Extension Centres where services are provided on outpatient basis. These extension centres are operational in a number of milieus, viz., in villages, in
educational institutions, in industries and in
trust run hospitals through an arrangement
worked out with the respective institutions.
The Extension Centres serve an important
function of enabling the hospital to take its
services closer to the community.

The number of patients seen at each of the
Centres is as follows:

<table>
<thead>
<tr>
<th>Centre</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAU Campus</td>
<td>8267</td>
</tr>
<tr>
<td>Agas</td>
<td>22051</td>
</tr>
<tr>
<td>Bhadran</td>
<td>6203</td>
</tr>
<tr>
<td>GIDC</td>
<td>8073</td>
</tr>
<tr>
<td>Mayank Jayant Foundation, Anand</td>
<td>14513</td>
</tr>
<tr>
<td>Municipal Hospital, Petlad</td>
<td>9419</td>
</tr>
<tr>
<td>Shradha Hospital, Borsad</td>
<td>9981</td>
</tr>
</tbody>
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New Equipments, Facilities & Services at a Glance

**AD Gorwala Blood Bank**
A mobile blood donation van was purchased and is expected to be functional by September 2011.

**Central Diagnostic Laboratory**
A tube sealer, bench top centrifuge, blood collection monitor, catcam camera, stripper tube donor and a water bath was added in the laboratory.

**Wards**
12 Fowler beds and 12 beds with simple Fowler were acquired for indoor patients.

**Department of Obstetrics & Gynaecology**
A foetal monitor and a suction machine was placed for obstetric services.

**Cardiac Centre**
One humidifier, a radiant heat warmer, a ventilator, a pacemaker and 45 angled micro scissors were acquired.

**Department of Dental Surgery**
The treatment area was completely renovated and a drill unit with hand piece and 2 clusters of 4 seat cushion chairs were acquired.

**Department of Physiology**
A treadmill, a digital spirometer kit and 5 inclined monocular microscopes were acquired.

**Department of Physiotherapy**
A table nirmal quadriceps exercise, weight cuff set, static cycle exercise for adults and juniors each, a cycle ergociser – semi and an activator, were added in the infrastructure of physiotherapy exercise unit.

**Department of Forensic Medicine**
An autopsy table and a camera was purchased for the department.

**Department of General Surgery**
A uropump with foot control was installed.

**Intensive Care**
A transilluminator with cold light and LED phototherapy unit was added in the NICU.

**Trauma & Emergency Care**
An electrosurgical unit and a hydraulic stretcher trolley was added.
Donation Day was celebrated in the hospital more than 20 times.

The immediate significance and usefulness to the patients, the number of dispensing generated a total revenue of

Kinematic Study (flexion-extension study)

Shift Imaging of Adrenal Glands, Proton (H1)

Among imaging services, three new MRI studies

A mobile blood donation van was also

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Stereotactic Radiosurgery Programme. This is in Asia, such as 4-D Imaging for moving radiation. The increase in the number has

– Number of new patients

15% breast cancers. Other common cancers

the MS Patel Cancer Centre

of the year and consequently, best practices The results of this experiment were shared at

Management. Quality is the ultimate goal of

the NABH, a process it hopes to complete in

It organised 12 camps in various towns of the

acceptance, was initiated at the Centre.

considerably. The Centre has set benchmarks

The Cardiac Centre, in its second year of

healthcare for society in the oncology service volume is small.

● Regular on-the-job training for paramedical

● Use of Intranet

● Real time documentation

by consultants

Krupa offers its membership through food grains not always be possible for every segment of

its members, Krupa increased its membership volume of utilisation of the hospital services by

234 antenatal mothers used the services of the

Chiranjivi

The following schemes related to patient care

Tests were performed. In indoor services,

500 neonates were treated under the scheme, to such newborns. During the year, about

the scheme to extend the full range of treatment of newborns belonging to BPL mothers in

year, 35 such referrals were received by the

Operation Theatres

A tube sealer, bench top centrifuge, blood

Department of Dental Surgery

a ventilator, a pacemaker and 45 angled micro

 BSNL MD India

Corporate  Third Party Administrator/

27
Research

The Mandal views the role of research in improving the quality of services in two ways. It expects research to improve the protocols that are currently deployed to treat patients and through trials of new inventions, hopes to bring affordable healthcare to the people.

The Mandal’s efforts to inculcate a spirit of research among its faculty members has taken the shape of a group called Central Research Services. The group has an epidemiologist, statisticians and social workers who advise and guide research activities of the staff members and postgraduate students. The main responsibility of CRS is capacity enhancement of both faculty and students and facilitation in the research ideas from conception to publications. CRS collaborated with national and international institutions during the year. The clinical research wing of CRS has also expanded in terms of staff, number of clinical trials and infrastructure. Taking greater responsibilities, CRS also started venturing into nutritional trials as an independent contract research organisation under the Charutar Arogya Mandal. Since its formation a couple of years ago, CRS is now regarded as an expert group and has been at the forefront of many initiatives. The group also takes responsibility for convening Human Research Ethics Committee (HREC) meetings at regular intervals.

During the year, the following major activities related to research were undertaken:

Collaboration

Sardar Patel University was identified as a nodal Centre by the Government of Gujarat to develop elective courses for undergraduate students. Dr. Shanbhaug, Head, Department of Statistics and Shri Ajay Phatak, Manager, Central Research Services were appointed as experts to develop a textbook on “Introduction to Epidemiology and Public Health” in March 2011.

An International Workshop on ’Statistical methods in Epidemiology (using R)’ was organised by Central Research Services in collaboration with INSEED and Department of Statistics, Sardar Patel University from
CRS has also expanded in terms of staff, with national and international institutions who advise and guide research activities. The group has an experimental evaluation of relative efficacy and safety of LCZ696 compared double-blind, parallel group, are managed medically (Taby).

During the year, the CRS also recommended funding of 7 projects of postgraduate students, based on the usefulness of the subject for carrying out more detailed research in the future by the Mandal.

Ongoing Research Projects

- WHO supported Tobacco Cessation Clinics in India project continued for the 8th year. Our Centre is now organised as a resource centre for training professionals interested in starting TCC - Dr Girish Mishra, Professor & Head, ENT.

- ICMR funded Research Projects on “Patterns of survival in Head & Neck Cancer” by project of Establishment of Atlas for Cancer in India supported by ICMR & WHO – Dr Girish Mishra, Professor & Head, ENT (Chief Investigator).

- Efficacy of DP – OAE in screening of hearing loss in neonates and children < 2 years by Dr Girish Mishra, Professor & Head, ENT and Dr Yojana Sharma Professor, ENT.

- Validating effectiveness of sub-mandibular Gland transfer for prevention of Xerostomia project approved by HREC - Dr Siddharth Shah, Asst Professor, ENT.

- KMC in decreasing pain in preterm neonates on heel prick.

During the year, the CRS also recommended funding of 7 projects of postgraduate students, based on the usefulness of the subject for carrying out more detailed research in the future by the Mandal.

Capacity Building Workshops

Attended
Ms Dhara Antani participated in the workshop on ‘Qualitative Research Methods’ at Sevagram, Wardha from 9 – 11 August 2010.

Shri Ajay Phatak and Smt Jaishree Ganjiwale attended the ‘Medical Education Training’ from 7 - 9 October 2010 organised by Medical Education Unit, Charutar Arogya Mandal.

Shri Ajay Phatak, Smt Jaishree Ganjiwale, Dr Somashekkar Nimbalkar and Ms Dhara Antani attended a 1 day workshop on ‘ICH-GCP’ on 27 December 2010 organised by Quintiles.

Organised
A 2 day workshop on “Introduction to Research Methods’ was organised for the first year residents on 15 and 16 September 2010.

Pre-workshop sessions of the international workshop on ‘Statistical methods in Epidemiology (using R)’ were organised for the staff and the students from 12 - 14 October 2010. A series of 6 workshops on scientific writing were conducted from June – August 2010 in collaboration with the PG Academic Cell for the faculty to help them in publishing their completed project.

10 – 14 November 2010. 33 participants from all over India attended this workshop. The faculty for the workshop came from premier institutes of Finland like University of Helsinki, University of Tempere, KTL, Finland, etc.
● Requirement of resuscitation in neonates born in tertiary level care.

● Quality of life issues, psychopathology and coping in parents of children with B-Thalassemia major, hospital based study.

● A prospective study to assess the relationship between SVC flow with NIBP cerebral artery flow, risk of IVH, left and right ventricle outflow in preterm infants.

● A prospective study of comparison of ultrasound with X-rays to confirm the position of endotracheal tube immediately after intubation.

● A randomised controlled trial of comparison on efficacy of umbilical venous catheter versus peripherally inserted central catheter in newborn babies admitted in NICU.

● A comparative study on the skills of residents, fellows and consultants in doing endotracheal intubation in newborn admitted in Shree Krishna Hospital.

● Study on incidence of hyponatremia and hypernatremia in hospitalisation infants and children based on type of maintenance fluids (hypotonic or isotonic) used.

● A study on feasibility and acceptability of F-IMNCl training based information in day practice by medical officers and staff nurses of health centres of Anand and Kheda districts.

● A retrospective study on clinical profile of newborn babies admitted under Balsakha category in Neonatal Intensive or Neonatal Intermediate Care Unit.

● Survival of an Infant after Amlodipine ingestion.

● Health status and social determinants of health as assessment among women in the village of Gujarat, India.

● A study of suicide intent, stressful life events and personality disorders in suicide attempters in a tertiary care hospital.

Completed Research Projects

● Project on Hospital Base Cancer Registry supported by ICMR – Dr Girish Mishra – Chief Investigator.

● Epidemiological Profile of Orhinological Emergencies at a medical college in rural area of Gujarat – Dr Yojana Sharma, Professor, ENT (Principal Investigator).

(Thís project was completed at SKH, Karamsaud)

● Role of BERA in understanding the etiopathology of Sensorineural Hearing Loss – Dr Yojana Sharma, Professor, ENT (Principal Investigator).

● Correlation of Eustachian Tube dysfunction with results of tympanoplasty in tubotympanic type of CSOM by Dr Jignesh Patel under guidance of Dr Girish Mishra.

● Incidence & pattern of ossicular chain involvement in CSOM by Dr Rakesh Sharma under guidance of Dr Girish Mishra.

● Comparison of Biochemical markers GST and GR in patients with habits of tobacco consumption and cancer of oral cavity by Dr Vishal Dave, 3rd year Resident, under guidance of Dr Girish Mishra.
Prognostic value of electrophysiological test (NCV, NET, MST) in outcome of lower motor neuron type of facial nerve palsy (a study of 27 cases) by Dr Nimesh Patel, under guidance of Dr Girish Mishra.

A study of retraction pocket of tympanic membrane with or without cholesteatoma – A study of 70 cases by Dr Jayesh Rakholia, under guidance of Dr Girish Mishra.

Role of Cortical mastoidectomy in tubotympanic (SAFE) type of chronic supurative oitis media (Dry Ear and quiecent ear) by Dr VVSS Vinay Kumar, under guidance of Dr Girish Mishra.

Efficacy of Oto-acoustic Emissions/Auditory Brainstem responses in early detection of hearing loss in children less than 2 years by Dr Gunjan Patel, under guidance of Dr Yojana Sharma, Professor, ENT.

Epidemiological profile of otorhinolaryngological emergencies at a medical college in rural area of Gujarat by Dr Yojana Sharma.

Efficacy of Oto-Acoustic Emissions (OAE)/Auditory Brainstem Responses (ABR) protocols in Universal Neonatal Hearing Screening and detecting hearing loss in children less than 2 years of age by Dr Girish Mishra.

Validation of University of Washington Quality of Life (UW-QOL) Questionnaires in local language by Dr Siddharth Shah.

Victimology of sexual offence cases - 5 years retrospective study at Shree Krishna Hospital, Karamsad by Dr Sanjay Gupta.

Assessment of diabetic foot care knowledge in rural population by Dr Labani M Ghosh.

Clinical spectrum of swine flu patients admitted to a tertiary care centre (SKH, Karamsad) from September 2009 to September 2010 by Dr Labani M Ghosh.

Correlation between diastolic dysfunction and metabolic syndrome in asymptomatic adults presenting in health check-up in a tertiary care setup (SKH, Karamsad) by Dr Labani M Ghosh.

An Unusual Presentation of Wilson’s Disease with Hypokalemia, Hypoparathyroidism and Renal Failure by Dr Labani M Ghosh.
Taking greater responsibilities, CRS also started with national and international institutions and facilitation in the research ideas from epidemiologists, statisticians, and social workers. The group has an interest in research among its faculty members. The Mandal's efforts to inculcate a spirit of affordable healthcare to the people.

○ Quintiles - A comparison of Prasugrel and treatment with Alogliptin in addition to evaluate cardiovascular outcomes following double-blind, parallel group, subjects with Unstable Angina/

○ Veeda Oncology - A multicentre, randomised, double-blind, placebo-controlled study to investigate the safety and efficacy of a new drug as an adjunct to an antidepressant in patients school going children to evaluate the impact at regular intervals.

○ Zydus Cadila Health Care - A multicentric, randomised double-blind, controlled study to evaluate safety and comparison of GAMMAPLEX® in Chronic active controlled, comparative, parallel suspension and Taxol in patients with advanced breast cancer or metastatic breast cancer or metastatic related to stage III and IV non-small cell

○ Sun Pharma - Efficacy and safety of Taxotere at the final dose level).

Workshop on ‘Statistical methods in Epidemiology’ was carried out in March 2011. During his visit he emphasised the importance of institutions like University of Helsinki, University-Hadassah and Head, WHO Dr Elliot Berry, Director, Department of

● Goldenhar syndrome with unusual features

– Across District by Dr Rita V Vora.

● A multi-centric, prospective, randomise, double blind study to evaluate the safety and efficacy of 2 mg and 4 mg of ZYH compared to placebo in hypertriglyceridemia with type II diabetes not controlled with Atorvastatin therapy by Dr Jyoti Mannari.

○ The Efficacy of Nitric Oxide in Stroke (ENOS) Trial by Dr Soaham Desai.

○ A Rare Case of Imidacloprid Poisoning by Dr Kishor Viradiya.

○ Isolated Native Pulmonary Valve Infective Endocarditis by Dr Kishor Viradiya.

○ Torsade de Pointes complicating congenital complete atrioventricular block in pregnancy with pre-eclamptic toxemia by Dr Ajay K Mishra.

**Microbiology**

● Safety assessment of Enterococci of food origin with respect to virulence factors prevalent in pathogenic Enterococci by Dr Yagnesh Pandya.


**Obstetrics and Gynaecology**

● Labetolol versus MgSO4 for prevention of Eclampsia trial (LAMPET) (An international multicentric Randomised Controlled Trial) by Dr Smruti B Vaishnav.

● Breast Milk Antioxidant Capacity and Its Components in Anemic mothers – Across Sectional Analytic Study by Dr Nitin Raithatha.

**Paediatrics**

● Survival of an Infant after Amlodipine ingestion by Dr Somashekhar Nimbalkar.

● An Open-label, Multicenter Study of the Safety of Twice Daily Oxycodeone Hydrochloride Controlled-release Tablets in Opioid Experienced Children from Ages 6 to 16 Years Old, Inclusive, with Moderate to Severe Malignant and/or Nonmalignant Pain Requiring Opioid Analgesics by Dr Somashekhar Nimbalkar.

● A study on feasibility and acceptability of F-IMNCD training based information in day practice by Medical Officers and Staff Nurses of Health Centres of Anand and Kheda districts by Dr Dipen Patel.

**Pathology**

● Study of platelet parameter in health and disease by Dr Amar R Shah.

● Essential thrombocythemia in a patient with portal and superior mesenteric vein thrombosis by Dr Amar R Shah.

● Perception of employees on voluntary blood donation at Shree Krishna Hospital, Karamsad by Dr Faruq Mulla.

● Whole blood donor deferral analysis – A retrospective study by Dr Kirti Rathod.
● Goldenhar syndrome with unusual features by Dr Jigar Shah.

**Physiology**

● Effect of malnutrition on pulmonary functions in Gujarati college students of 17-22 years age group by Dr Hasmukh Shah.

● Effect of sleep pattern on cardiovascular autonomic functions, arterial stiffness and adiposity in Gujarati adolescents: a cohort study by Dr Wasim A. Shaikh.

● Educational intervention to improve English language proficiency of first MBBS students from Gujarati vernacular medium by Dr S K Singh.

**Psychiatry**

● A Multicenter, randomise, Double-Blind, Parallel Group, Placebo-Controlled Phase III, Efficacy and Safety Study of 3 Fixed Dose Groups of TC-5014 (S-mecamylamine) as an Adjunct to an Antidepressant in Patients with Major Depressive Disorder Who Exhibit an Inadequate Response to Antidepressant Therapy by Dr Himanshu Sharma.

**Skin**

● Cutaneous Sarcoidosis: a case report by Dr Rita V Vora.

● Systemic sclerosis in childhood - 2 case reports by Dr Rita V Vora.

● Vulvar Lymphangioma Circumscriptum - a case report by Dr Rita V Vora.

● Case Report of Prevalence of Various Dermatoses in School Children of Anand District by Dr Rita V Vora.

● Case Report of Clinico-epidemiological study of sexually transmitted infections in males at rural based teaching hospital by Dr Rita V Vora.

● Case Report of Mycosis Fungoides: Tumour d'emblee by Dr Rita V Vora.

● Pattern of sexually transmitted infections in a tertiary care centre (SKH, Karamsad): A two year trend by Dr Rita V Vora.

**Clinical Trials Completed**

**Cardiology**

● Neeman - A randomise, Double-Blind, Placebo-Controlled, Event-Driven Multicenter Study to Evaluate the Efficacy and Safety of Rivaroxaban in Subjects With a Recent Acute Coronary Syndrome INT-2.

**Oncology**

● Lambda Therapeutics - 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 Limited, UK, in 72 patients with colon, colorectal or breast cancer under fed conditions.

● Lambda Therapeutics - A Multicentre, randomise, open label, 2-period, 2-treatment, 2-way crossover, bioequivalence study comparing capecitabine tablets USP 500 mg (Manufactured by : Intas Pharmaceuticals Ltd., India) to the reference drug XELODA® (capecitabine) tablets 500 mg. 145 distributed by : Roche Laboratories Inc., New Jersey 07110 in
patients of Breast cancer or colorectal cancer under fed condition.

- Lambda Therapeutics - A 2-way Crossover Experimental Evaluation of Relative Bioavailabilities of 2 Formulations of Temozolomide 250 mg Capsules in Adult Human Male or Female Patients under fasting conditions.

- Lambda Therapeutics - An open label, balanced, randomise, 2 Period, 2 Treatment, 2 Sequence, 2 Way Crossover Study to evaluate safety and comparison of intravenous infusion of Paclitaxel Lipid Suspension and Taxol in patients with metastatic breast cancer.

Ongoing Clinical Trials

Cardiology

- SIRO - A multicenter, 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.

- Quintiles - A comparison of Prasugrel and Clopidogrel in Acute Coronary Syndrome subjects with Unstable Angina/Non-ST-Elevation Myocardial Infarction who are managed medically (Taby).

- Novartis - A multicenter, 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.

- Sanofi Aventis - A randomise 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.

Chest Medicine

- Neeman Asia - A Phase 3, multicenter, 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 hospitalized due to serious influenza.

Medicine

- Zydus Cadila Health Care - A multi-centric, prospective, randomised, double blind study to evaluate the safety and efficacy of 2 mg and 4 mg of ZYH1 compared to placebo in hypertriglyceridemia with Type-2 Diabetes not controlled with Atorvastatin therapy.

Paediatrics

- Glaxo Smith and Kleen - 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

- Quintiles - A multicenter, 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.
Oncology

- Synchron Research - 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 2-way Crossover of Docetaxel and Taxotere at the final dose level).

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

- INC GVK - A phase III, multicenter, open-label study to evaluate the efficacy and safety of GAMMAPLEX® in Chronic Idiopathic Thrombocytopenic Purpura (ITP).

- Veeda Oncology - A multicentre, randomised, double-blind, placebo controlled, dose-finding phase II clinical study to evaluate the efficacy of 2 different doses of MT-102 administered over a 16 week period in subjects with cachexia related to stage III and IV non-small cell lung cancer and colorectal cancer.

- Veeda Oncology - A multicentre, randomised, open label, 2-period, 2-treatment, 2-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. 1D79639 Grenzach-Wyhlen Germany) in locally advanced breast cancer or metastatic breast cancer or colorectal cancer patients under fed condition.

- Zydus BSV - A phase II/III Open label multicentric randomised trial to determine the safety and efficacy of Non-Pegylated Liposomal Doxorubicin (Nudoxa) at 2 different dose levels as compared to doxorubicin in patients with metastatic breast cancer.


- Lambda Therapeutics - A multicentre, randomised, open label, 2-period, 2-treatment, 2-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. 1D79639 Grenzach-Wyhlen Germany) in locally Advanced Breast Cancer or Metastatic Breast Cancer or Colorectal Cancer patients under fed condition.
Community Extension

The Extension Programmes Department of the Mandal reflects the vision of its Founder Chairman to ensure that the Mandal’s mandate for health care does not remain confined only to the hospital, but is extended to the community as well. In this context, the Mandal is involved in a number of community based health initiatives to improve the overall health standards of the region in line with the national health care policy. The following major programmes were implemented during the reporting period:

Cancer Awareness, Early Detection and Treatment programme
Since 1999, Mandal has been involved in this programme to raise the awareness of the community on issues related to cancer, which includes awareness on its causes & effects, benefits of early diagnosis and referral services for treatment. The programme is being implemented in 691 villages through partnership with Tribhuvandas Foundation. At community level, strategic partnership with local institutions (dairy cooperatives, Panchayats) has been developed which enhances its legitimacy and effective community based mechanisms. In each village, women leaders have been identified and nurtured in the form of Village Health Workers who are the key persons involved in the effective implementation of the programme.

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Coverage during April 2010 - March 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Villages Covered</td>
<td>691</td>
</tr>
<tr>
<td>No. of households visited</td>
<td>2,10,265</td>
</tr>
<tr>
<td>No. of beneficiaries contacted</td>
<td>9,75,295</td>
</tr>
<tr>
<td>Women</td>
<td>4,69,644</td>
</tr>
<tr>
<td>Men</td>
<td>5,05,651</td>
</tr>
<tr>
<td>No. of persons covered through health education meetings</td>
<td>3,89,999</td>
</tr>
<tr>
<td>No. of persons supported for de-addiction</td>
<td>3465</td>
</tr>
<tr>
<td>Women</td>
<td>1847</td>
</tr>
<tr>
<td>Men</td>
<td>1618</td>
</tr>
<tr>
<td>No. of persons surveyed with risk of cancer (oral, breast and cervix cancer)</td>
<td>6,00,664</td>
</tr>
<tr>
<td>No. of persons surveyed with high risk of cancer (oral, breast and cervix cancer)</td>
<td>3952</td>
</tr>
<tr>
<td>No. of new patients supported to start treatment of cancer at Shree Krishna Hospital</td>
<td>97</td>
</tr>
</tbody>
</table>
Referral services to cancer patients
All cancer cases from villages are referred to Shree Krishna Hospital by Village Health Workers from Tribhuvandas Foundation’s villages and the 27 villages in which the hospital works directly through the VHWs. A total of 3629 patients were referred during the reporting period.

RCTC (Resource Centre for Tobacco Control)
The Mandal has been involved in tobacco cessation initiative under National Tobacco Control Programme (NTCP) in collaboration with WHO and Ministry of Health and Family Welfare for the last eleven years. The project is being implemented in Anand district.

During the year, we were involved in building capacities of various health institutions including the government on tobacco cessation so that they could also be involved in the whole initiative. In this regard 2 capacity building initiatives were organised for 30 medical institutions (including 12 PHCs and 2 CHCs of Anand taluka).

Red Ribbon Club (RRC)
At national and international level, various efforts are being undertaken to address the spread of HIV/AIDS in Anand district, because of its large number of industries (where migrants are working) and educational institutions which are particularly vulnerable to HIV/AIDS. In this context, in collaboration with Gujarat State Aids Control Society we have initiated a project to promote the Red Ribbon Club in educational institutes for the last 2 years. RRC serves as a platform for students to understand, discuss and share various aspects of HIV/AIDS along with promotion of voluntary blood donation and healthy lifestyle. Under this project, 35 colleges have been identified where RRC has been initiated and its peer leaders along with teachers have been supported through training programmes and awareness events. During the reporting period, a total of 1980 members were registered under RRC, including 920 girls and 1060 boys. Also RRCs were supported to organise a total of 71 events like celebration of World AIDS day, poster competition, skit, classroom session, etc, to make other students aware about the risks and preventive measures related to HIV/AIDS.

Developing community based models for primary health care
The Mandal has been making efforts to develop community based primary health care models in 27 villages where it has initiated intensive efforts. The overall objective is to demonstrate a sustainable community health model with the support of secondary and tertiary health care facility in the form of Shree Krishna Hospital. Women and children have been identified as primary target groups for this intervention. Activities include providing basic medicines at subsidized rates to the villagers, antenatal care and awareness on various health issues including cancer.

Organising Diagnostic Camps
A camp was organised at Real Namkin Industries, Nadiad for ENT, skin and general health problems. A team of 15 members consisting of 3 doctors provided their services in this camp. A total of 185 persons were checked. Blood group tests were undertaken by 175 persons. Medicines were provided to patients as per the requirement.
Support Services

While the clinical and teaching staff constitute the frontline workers in the Mandal’s mission, its support services are the backbone that ensure the efforts of those at the frontline are supported efficiently and effectively.

For a number of years, since the inception of the Mandal, support services have remained without some of the essential amenities that are essential to the performance of their duties well. While the support staff had increased, both in numbers and in their capability, the ambience necessary for them to perform efficiently was missing. With the construction of the Manjariben Baboobhai Patel Management Centre, this need has been met. Constructed with simplicity and cost effectiveness, a hallmark of all Mandal’s buildings, the Management Centre affords an opportunity for the support staff to ensure that their efforts meet with the expectations of the frontline staff.

Recognising that a professional approach is required, efforts were made to recruit professionally qualified manpower for various services and those already working were taken through programmes intended to clarify their role in achieving the mission and vision of the Mandal. These efforts will continue in the future.

A brief report on the activities of various groups is as follows:

**Accounts**

During the year, the Financial Accounting System (FAS), developed in-house, with the help of the Systems Group, was made operational. The System records entries in the ledgers online and entries get posted in the Income & Expenditure Account and Balance Sheet simultaneously. The Interface with Billing and Purchase system...
provides online information to the users and MIS reports for effective controls. The on-line certifications have resulted in saving paper as well.

The Mandal enjoys exemption under section 35AC of the Income Tax Act, granted by the National Committee for Promotion of Social and Economic Welfare, under which donations for creating and upgrading the infrastructure facilities at the Cardiac and Cancer centres of the Mandal get 100% exemption from payment of Income Tax. During the year, an amount of ₹ 442 lakhs was received as donations for free/ concessional treatment provided to under-privileged patients.

Continued efforts are being made to provide prompt services to the patients by expediting the billing procedure and creating cash collection points at various convenient locations. Similarly for the convenience of the students, cash is collected at the Academic Centre during the admission process.

**Personnel and Administration**

Personnel and Administration Group strives to address employee-related issues promptly and implement policies uniformly for better employee satisfaction. The Group also takes care to provide effective security and sanitary services for the convenience of patients and employees.

**Dietary Services**

The dietary services of the hospital provide a sense of comfort for those taking treatment at indoor level. The food provided is not only hygienic but also as per the nutritional requirements of the patients admitted. The department has started nutritional screening of all patients on a daily basis, with a diet then provided as per individual requirement. This is helpful to patients who recuperate in stages, each involving different dietary care. On an outdoor basis, 2883 patients were assessed and counselled for their dietary needs. These patients were given diet charts which suited their food habits, culture and life style.

The dietary services group also extended their assistance towards creating nutritional awareness. The department celebrated Nutrition Week from 1st – 7th September 2010 by way of educating Aanganwadi workers/ social workers from communities nearby in collaboration with the Departments of Obstetrics and Gynaecology and Preventive and Social Medicine. A talk on “Life Style Modification” was delivered during the week to the students and faculty members of a college based at Khabhbat and the Dairy Science College of Anand in collaboration with the Institute of Physiotherapy and the Department of Onco-Surgery. Also, a competition on recipe-making and poster-making with dietary themes was arranged which saw enthusiastic participation from students as well as the employees of Mandal. “World Food Day” was celebrated on 16th October by setting up stalls selling healthy food items at the hospital. The dieticians of the department also extended their services to educate colleges and institutes in the periphery.

With the introduction of professional staff, well-versed in Hotel Management, the Dietary Services have become more customer-friendly. There has been improvement in the systems that govern the kitchen operations. Greater accountability has been established and regular feedback of customers is obtained in order to constantly improve the food offered to them.
Most of the in-house events are now catered to by the Dietary Services Group.

**Maintenance**

The Group has two functions - to assist the Project Group in developing new facilities and to take care of electrical, mechanical, refrigeration and bio-medical maintenance of the institutions of the Mandal. The Group is also responsible for entering into annual maintenance contracts for high-value equipment installed at the hospital amounting to around ₹ 1.35 crores. The efforts of the staff of the department resulted in a substantial saving of around 16% in the cost of electricity to the Mandal.

**Materials Management**

The highlights of the activities of the department during the year are as follows:

- The number of purchase orders released were 9000 (approximately 50000 items were ordered) amounting to ₹ 2105 lakhs. The purchases, value-wise, increased by about 14% compared to last year.

- About 100 Annual Rate Contracts/Annual Maintenance Contracts were finalized.

- The department also looks after sale of scrap, trees, grass, fixer (X-ray) solution, etc. which contributed to earning revenues. Old condemned material, lying unused for over 15 years, was disposed off during the year earning an income of approximately ₹ 6.5 lakhs.

- Introduced on-line Stores Requisition / Indenting System to facilitate speedy and paperless transactions.

**Projects**

The Group has been involved in several activities like new constructions, renovations and civil repairs. The group has been actively working on ways to reduce the misuse of water in the campus and with the efforts made by the staff, the water consumption of the campus was brought down from 25 lakh litres per day to 16 lakh litres per day. The group also ensures that old building material is recycled and reused as a means of saving costs.

**Human Resources**

The Group, charged with the responsibility of recruiting, developing and retaining skilled manpower, was involved with the following major activities:

**MoU with IRMA**

An MoU with the Institute of Rural Management Anand (IRMA) has been formalised through which activities of collaborative mutual interest will be undertaken to enrich research, capacity building and evaluation. ‘Employee Satisfaction Survey’ is the first task undertaken by this collaborative effort.

**Balanced Scorecard**

To keep track of its progress towards realising its vision and to streamline various systems, processes and activities, the Mandal has designed a “Balanced Scorecard” for its two broad business areas: Patient care and Medical education. This highly acclaimed tool will be the basis for ongoing performance management system which will be fine-tuned with the passage of time. There are different measures, delineated through a process of brainstorming and strategic mapping, to guide the organisation on its path towards achieving its goal.
Employee Welfare Council
HR has been actively facilitating the Employee Welfare Council which has been addressing employee grievances at individual as well as group level.

Business Development
The group, formed last year with the objective of enhancing revenue generation through professional marketing efforts, has two sections - Corporate Services, which deals with institutional marketing, and Retail Services, which aims to target individuals. The division of responsibilities is intended to bring about greater focus to these two different customer segments.

Retail Services
The Retail group, responsible for promoting existing services of the hospital and developing new services, took various measures to give each of the services of the hospital special attention and efforts. The services of the hospital were divided into general, privilege, trauma and emergency, cardiac, cancer and Hello Health. For these services, a detailed dossier was prepared, which would enable the group to work out marketing and media strategies. During the year, activities were focused on cancer and cardiac centres, since both these were new centres and had considerable scope to increase revenues. Camps, CMEs, Workshops and other events with a special focus on these services were undertaken. During the year, 6 cancer camps, 16 cardiac camps and 8 other camps focusing on the services of the hospital were organised in various villages and cities across the State. A few new services like home health care services, cardiac rehabilitation and development of secondary care hospitals in the periphery will be launched soon.

To understand the needs of the customers, 2 surveys, 1 qualitative and 1 quantitative, were carried out. This exercise helped the group develop an insight into customer preferences and the hospital’s existing capacity to meet them. The results of these were instrumental in devising strategies and activities of the group.

Secondary Care Hospitals
The Mandal believes that in order to get closer to the community and to enable it to extend the benefit of its professional manpower to them, it has to expand its operations by either acquiring or building secondary care hospitals. As a step towards this, a 30-bed hospital at Sevaliya, 65 kms from Anand, was taken over by the Mandal and is managed by its medical and para-medical staff.

Institutional Services
India’s ability to treat overseas patients in the most comparable environment with state of the art medical establishments at 1/10th the cost has positioned the country as one of the preferred destination for health care needs globally. Within the country, Gujarat is emerging as an important player and enjoys the status of the most desirable medical hub due its ability to offer quality health care services at rates quite moderate in comparison to other states.

To make available our state of the art medical services to the international community at competitive rates and to help generate additional revenue by ensuring optimal utilisation of its medical infrastructure, the hospital initiated Medical Tourism activities from January 2010. The novel initiative received an encouraging response and the hospital received more than 531 queries from international patients. About 160 patients visited the hospital and were treated successfully for various medical conditions.
Accepting an invitation received from the Governor, Babylon Province, Government of Iraq to organize a super-specialty camp in Iraq, the hospital organised a camp between 17th - 22nd March, 2011. A team of doctors along with the management representatives participated in the camp and examined and treated more than 2200 patients.

**Management Audit**

The Mandal has adopted a more recent concept of Management Audit in place of the Internal Audit System from January 2011, by deploying its own manpower. This now makes the internal control process more effective. The objective of the Management Audit is to establish the current level of effectiveness, to suggest and drive continuous improvements, to keep checks against performance standards, to study system related potential problems and to provide input into management decisions.

During the first 3 months the group reviewed existing performances and procedures being followed by various cost centres of the hospital.

While observing price variations for consumables at the surgical units, this group suggested upgradation wherever necessary. In addition, more than 900 inventory items were identified as idle and the Materials Department was advised to explore the possibility of their usage or clearance. Innovative measures for improvements were also suggested to the Maintenance, Project and HR departments.

**Quality Assurance**

The Quality Assurance Group was launched last year with an aim to achieve the highest level of quality in the services offered by the Mandal. The department, still in its infancy, is striving hard to realise the core purpose with a dedicated team of professionals from various disciplines.

The group addresses significant issues related to patient feedback and satisfaction surveys, patient complaint redressal, process improvement, standardisation of documents, implementation of best practices, formulations of quality and safety policies, documentation of
policy and process manuals, conducting audits of various departments, measurement of indicators, etc.

Besides, the group also conducts various studies and comes up with conclusions which influence policy decisions. The group also coordinates and participates in all quality council meetings and other hospital committee meetings to incorporate element of quality and best practices in the health sector.

The QA team was also actively involved in the process of NABL accreditation for Central Diagnostic Laboratory and NABH accreditation for AD Gorwala Blood Bank. The group is now preparing for NABH accreditation for the hospital, which will elevate it to a level achieved by very few.

Systems
During the year, Financial Accounting System and Payroll modules of Hospital Information Management System (HIMS) migrated from a DOS-based platform to Web-based Linux platform with an automated interface and seamless integration with Patient Billing, Purchase, Student Fees and MIS modules.

Major Highlights of HIMS enhancements during the year include:


- The dedicated fiber connectivity between OT and Academic Block building has been established to promote student educational and conference activities in the organisation. This facility establishes 2-way audio/video communication channel (tele-conference) between participants (Students) at Academic Centre Auditorium and Surgeons/Super-specialists performing live surgery in operation theatres at Shree Krishna Hospital.

- Major OPDs, Wards and Services (Central Diagnostic Lab, Physiotherapy, Trauma and Radiology) were facilitated through wireless connectivity. All OPD Nursing workstations were provided Intranet connectivity via LAN.

- In order to remove the inhibition of the nursing staff and to ensure that they learn to use the HIMS to the best extent possible, the group conducted theory and practical sessions and examination for the course “Computer Applications in Nursing” as a part of the curriculum of Nursing School.

Recognitions

FACULTY:
Dr Himanshu Pandya, Professor of Medicine and Head - PG Academic Cell was invited as a participant in the international programme on “Leading for change in Health Profession Education” at Stockholm, Sweden during 17th - 21st May 2010. He was elected as the Vice President of the Association of Physicians of Gujarat for the year 2010. He was also a member of the MCI’s Curriculum Committee for undergraduate courses.

A poster by Dr Monica Gupta, Professor, Pathology and Head Lab services was selected for presentation at Amsterdam, Netherlands during 5th - 8th April 2011 at the International
Forum on Quality & Safety in Health Care.
Dr Rajiv Paliwal, Professor, Department of Chest Medicine was invited as a guest speaker at the International Conference of Tuberculosis in Changai, China, at Changai Pulmonary Disease Hospital on 19th March 2011. He was also invited as a Guest Faculty at 'National Conference of Pulmonary Medicine (NAPCON -2010)' to deliver a lecture on 'Management of Acute Exacerbations in COPD (Chronic Obstructive Pulmonary Diseases)' at Jaipur.

MBBS Graduates standing within the first 500 rank in All India Pre PG entrance:
1. Dr Tapan Patel
2. Dr Prarthana Kharod
3. Dr Jitendra Parmar
4. Dr Kaumil Kothari
5. Dr Chirag Shah
6. Dr Mayank Anderpa
7. Dr Avinash Gandhi
8. Dr Nahush Tulsidas Tahiliani

Award of Gold Medals to MBBS students:
1. Arohi Dalal, stood first in PSM, Final MBBS, Part-I
2. Keyur Desai, stood first in Ophthalmology, Final MBBS, Part-I
3. Milap Shah, stood first in ENT, Final MBBS, Part-I
4. Apura Patel, stood first in Obstetrics & Gynaecology, Final MBBS, Part-II
5. Neil Parikh, stood first in General Medicine, Final MBBS, Part-II (He was also awarded 4 more gold medals by different Trusts for securing highest marks in all the phases of MBBS).
Human Resource Development

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

State

Anaesthesiology
- Dr Ushma Parikh attended CIMS-3C-2011 at Ahmedabad from 4th - 6th February 2011.
- Dr Neeta Bose attended American Heart Association Emergency Cardiovascular Care India Instruct Update at NHL Medical College, Ahmedabad on 5th March 2011.

Community Medicine
- Dr Dineshkumar attended Nomination of Expert Faculty for life Enrichment Course at SP University, Vallabh Vidyanagar on 26th November 2010.

- Dr Vasudev Rawal attended workshop at NACO in BJ Medical College, Ahmedabad from 15th - 18th February 2011.
- Dr Vasudev Rawal attended State Institute of Health and Family Welfare at Training Technology for faculties of DTC/DTT/FHW school/FHS school/PHN school to enhance technology for giving basic training under NRHN/RCH from 31st January - 12th February 2011.
- Dr Vasudev Rawal attended IDSP Training for Doctors of MCs, Ghs & CHC Doctors at VS General Hospital, Ahmedabad from 3rd - 4th January 2011.
- Dr Vasudev Rawal attended Psycho-sociological Issues of Counseling at
Centre excellence A R T Centre, BJ Medical College, Civil Hospital, Ahmedabad on 24th January 2011.

- Dr Dinesh Bhanderi and Dr Manisha Gohel attended Orientation programme for Allopathic Doctors at Gujarat Ayurved University, Jamnagar from 21st - 26th March 2011.

CDL

- Dr Sanjay Chaudhury attended workshop on Surveillance Assessment of your Laboratory according to ISO 15189 at Desai Metropolis Health Services Private Ltd, Surat from 30th April - 1st May 2011.


Medicine

- Dr Himanshu Pandya attended Basics of Medical Education Training at Gujarat Adani Institute of Medical Science, Bhuj on 28th December 2010.

- Dr Himanshu Pandya attended Annual Conference of Association of Physicians of India at Vadodara on 27th February 2010.

- Dr Bhalendu Vaishnav attended National Seminar on Sri Aurobindo’s Vision and The Global Perspective scheduled at MS University of Baroda, Vadodara from 20th - 21st October 2010.

- Dr Bhalendu Vaishnav attended Association Physicians of India Annual Conference 2011 at Gujarat University Ahmedabad from 6th - 9th January 2011.

- Dr Sanket Seth attended the Regional Training Centre for Faculty Development at Smt NHL Municipal Medical College, Ahmedabad from 13th - 15th October 2010.

Microbiology

- Dr Rupal Patel attended Immunodiagnostics for Infants at The Department of Paediatrics, SBKSMIRC, Pipariya G Academy of Paediatrics, Vadodara on 13th February 2011.

Obstetrics and Gynaecology

- Dr Smruti Vaishnav attended Nomination of Expert Faculty for Life Enrichment Course at SP University, Vallabh Vidyanagar on 26th November 2010.

- Dr LN Chauhan attended Enhanced Syndromic Case Management for STIs/RTIs Cases at Civil Hospital Ahmedabad from 4th - 6th October 2010.

Paediatrics

- Dr Nikhil Kharod attended Nomination of Expert Faculty for Life Enrichment Course at Sardar Patel University, Vallabh Vidyanagar on 26th November 2010.

- Dr Nikhil Kharod gave a presentation on ‘Physiological Basis of Learning’ as a part of a training programme for 15 school teachers from Anand on learning disability at ‘Mitra’, Anoopam Mission, Mogri on 17th September, 2010.

- Dr Nikhil Kharod attended a workshop organised by the Medical Council of India.
Dr Dineshkumar attended Nomination of Dr Neeta Bose attended American Heart Anaesthesiology teaching and research, following developmental.

In keeping with our emphasis on continual.

February 2011.

NRHN/RCH from 31st January - 12th February 2011.

Dr Vasudev Rawal attended State Institute of Ahmedabad from 3rd - 5th January 2011.

Ms Anjana J Patel attended a workshop at Society Blood Bank DDMM Heart Institute on Blood and Components GMCCC and Research.

Ms Tejal H Thakkar, Ms Anjana J Patel, Ms Sanket Seth attended the Regional.

17th September, 2010.

Dr Sanket Seth attended the Regional.

1st Basic Hematopathology Course from 21st - 24th June 2010.

Dr Nikhil Kharod gave a presentation on 26th November 2010.

Dr Pragya Nair attended Enhanced.

Master Trainers at School of Tropical March 2011.

Dr Amar Pandya and Dr Soeb Jhankwala.

● Dr Lata Parmar and Dr GP Kumar attended the 61st National Conference- "VOISHECON-2011" held in Bangalore January 2011.

● Dr Smruti Vaishnav attended Nomination as

Obstetrics and Gynaecology.

Dr Barna Ganguly attended Enhancing NIH Supported Health Research at University of South Florida and Medical College Baroda, Vadodara from 10th - 11th February 2011.

● Dr Bharat Gajjar attended a meeting for Institutional Animal Ethics committee at C U Shah College Pharmacy & Research on 8th January 2011.

● Dr Bharat Gajjar attended Institutional Animal Ethical Committee at Parul Institute of Pharmacy, Waghodia on 25th March 2011.

Physiotherapy

● Dr Deepak Ganjiwale (OT) participated in a workshop on “Rehabilitation of hand injury and hands on hand splinting” course approved by the Rehabilitation Council of India (RCI) at Bidada Sarvodaya Trust, Kutch on 12th - 13th March 2011.

● Dr Val Hopwood, Ms Sara Jeevanjee (AACP accredited tutors) and Dr Lata Parmar were invited to conduct the symposium on “Electro Acupuncture” organised by R K College of Physiotherapy, Rajkot on 4th February 2011.

Patient Support Service

● Shri Rakesh Parikh attended Unlimited Potential and NASSCOM Foundation at CIM, Vadodara from 16th - 20th November 2010.

Skin/VD

● Dr Rita Vora and Dr Pragya Nair attended 36th Annual Dermatology Conference 2010 at Gujarat State Branch Vadodara from 17th - 19th December 2010.

● Dr Pragya Nair attended Enhanced Syndromic Case Management of STIs/RTIs Cases at Gujarat State Aids Control Society, Ahmedabad from 10th - 12th January 2011.

National

Anaesthesiology

● Dr Alpa M Patel attended 58th Annual National Conference of Indian society of Anaesthesiologists at Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow from 28th - 29th December 2010.

● Dr Ushma V Parikh attended 58th Annual National Conference of Indian Society of Anaesthesiologists at Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow from 28th - 29th December 2010.

● Dr Alpa Patel attended SYNAPSE-2011 at Pediatric Neurology Update on 13th February 2011.

Anatomy

● Dr Praveen R Singh was invited faculty at
Biochemistry

- Dr Kirankumar P Chauhan attended the 18th National Conference of Ambico-2010 at LV Prasad Eye Institute, Hyderabad from 12th - 14th November 2010.

Community Medicine

- Ms Jaishree Ganjiwale attended and participated in the Fellowship Course at CMCL-FAIMER Regional Institute, Christian Medical College at Ludhiana from 5th - 11th February 2011.

- Dr Vasudev Rawal attended Training of Master Trainers at School of Tropical Medicine at Kolkata from 23rd - 26th March 2011.

Dentistry

- Dr Swati Sathaye attended Basic Orthognathic Skills Cranio at Narayana Hrudayalaya Hospital, from 25th - 27th March 2011.

Medicine

- Dr Bhalendu Vaishnav attended Nomination as a Guest Speaker for delivering lecture on Spiritual Dimension of Antenatal and Prenatal at Haldipali, Odisha from 24th - 26th January 2011.

- Dr Himanshu Pandya attended Integrated teaching modules (Horizontal & Vertical) Clinical/Pre-Clinical and Para Clinical disciplines at Medical Council of India, New Delhi from 5th - 7th March 2011.

- Dr Himanshu Pandya visited Sri Aurobindo Institute of Medical Sciences, Indore as Board of Governors in Super-session of Medical Council of India on 10th March 2011.

- Dr Himanshu Pandya attended Orientation Program and Basic Course Workshop in Medical Education Technologies, at Regional Center, Smt NHL Munshi Medical College at Ahmedabad from 15th -18th September 2010.

- Dr Himanshu Pandya attended Annual Conference of Association of Physicians of India and Chaired Session on “EKG in Acute Coronary Syndrome” on 6th January 2011 and delivered a Guest Lecture on “Professionalism and Communication in Medical Practice” from 7th - 9th January 2011.

- Dr Himanshu Pandya attended Orientation Program and Basic Course Workshop in Medical Education Technologies at Regional Center, Smt NHL Munshi Medical College, Ahmedabad from 15th -18th September 2010.

- Dr Himanshu Pandya attended, Harvard-SRMC Faculty Development Program (Focus on Clinical Training) from 21st - 22nd June 2010.

Microbiology

- Dr Amar Pandya and Dr Soeb Jhankwala attended Hands-on Workshop in Laboratory Medicine at Moving Academy of Medicine and Biomedicine at Pune from 10th - 15th January 2011.

- Dr Chirag Patel participated in HISION 2011 Conference organised by Hospital Infection Society of India held at Apollo
Hospital, New Delhi from 10th - 12th February 2011 and Pre conference workshop on Diagnosis of Health Care Associated Infections at All India Institute of Medical Science, New Delhi on 9th February 2011.

- Dr Rupal Patel and Dr Nimisha Shethwala attended 17th Training Course on Immunodiagnostics For Infectious Disease at Mahatma Gandhi Institute of Medical Science JB Tropical Disease Research Centre & Department of Biochemistry at Sevagram, Maharashtra from 31st January to 5th February, 2011.

- Dr Suman Singh attended and participated in the Fellowship Course at CMCL-Faimer at Regional Institute Christian Medical College, Ludhiana from 1st - 11th February 2011.

Obstetrics and Gynaecology

- Dr Smruti Vaishnav attended Nomination as a Guest Speaker for delivering lecture on Spiritual Dimension of Antenatal and Prenatal at Haldipali, Odisha from 24th - 26th January 2011.

Ophthalmology

- Dr Sameer Bhavsar attended International Council of Ophthalmology Course-2010 at LV Prasad Eye Institute, Hyderabad from 4th to 5th October 2010.

Physiotherapy

- Dr Lata Parmar participated in the national conference on Bringing Evidence into Public Health Policy EPHP 2010, held in Bangalore from 10th - 11th December 2010.

- Dr Lata Parmar and Dr GP Kumar attended the 61st National Conference-“VOISHECON-2011” organised by Indian Association of Occupational Health (IAOH), in association with Directorate of Industrial Safety and Health at Vadodara from 17th - 19th February 2011.

- Dr Lata Parmar attended a 1-year certificate course on health promotion through distance learning which has been launched by National Institute of Health and Family Welfare at Munirka, New Delhi, in Collaboration with Directorate General of Health Services Ministry of Health and Family Welfare, Government of India.

- Dr Kumar presented a paper “To assess the functional capacity of silica exposed people from Khambat Taluka” in the IAOH national conference at Vadodara from 17th -19th February 2011.

Paediatrics

- Dr Nikhil Kharod participated in a training workshop at All India Institute of Medical Sciences, New Delhi for investigators and trainers involved in ICMR multicentric study on Community Based Kangaroo Mother Care from 21st - 24th June 2010.

- Dr Somashekar Nimbalkar attended NSSK at Kolkata from 23rd - 24th March 2011.

Pathology

- Dr Monica Gupta attended National Accreditation Board Laboratories at St John’s Medical College, Bangalore from 16th - 20th November 2010.

- Dr Kalpesh H Shah & Dr Faruk Mulla attended First Basic Hematopathology Course at Tata Memorial Hospital, Mumbai on 6th December 2010.
• Dr Munira F Jhabuawala attended XVII National CME in Hematology & Hemato-Oncology at Bombay Hospital, Mumbai from 27th to 30th January 2011.

• Dr Amar R Shah attended Training on ISO 15189 Internal Audit For Medical at Bangalore from 7th - 10th February 2011.

• Dr Kalpesh H Shah attended Multispecialty Pathology Update at Seth GS Medical College & KEM Hospital Mumbai from 10th - 12th February 2011.

**Pharmacology**

• Dr Barma Ganguly attended Clinical Pharmacology at Indian Institute of Public Health, New Delhi from 14th - 18th March 2011.

• Dr Arpit Prajapati attended “Drug Discovery-Opportunities and Challenges” at KEM Hospital and Seth GS Medical College, Mumbai on 22nd - 30th March 2011.

**Radiology**

• Dr Deepakkumar V Mehta & Dr Viral Patel attended Assessor Course at NABH, Quality Council of India, New Delhi from 4th - 6th December 2010.

**International**

**Anatomy**

• Dr Praveen R Singh attended International Conference on Medical Education at BP Koirala Institute of Health Science, Dharan, Kathmandu, Nepal from 13th - 17th November 2010.

**Medicine**

• Dr Himanshu Pandya attended Leading for Change in Health Profession Education at Karolinska Institute, Stockholm, Sweden from 17th - 21st May 2010.

• Dr Himanshu Pandya attended three modules on the theme related to “Self Review and Accreditation” at Open University, UK during July 2010 to March 2011.

**Physiotherapy**

• Dr Lata Parmar and Dr GP Kumar along with all senior PG students attended “Asian and Oceanian Movement Disorders Education SUNMIT-2010” conference at Kannur from 28th - 29th August 2010.

• Dr Lata Parmar & Dr GP Kumar attended International workshop on “Statistical Methods in Epidemiology” (using R) jointly organised by Indic Society for Education and Development, Nasik and Central Research Society, CAM from 13th - 14th November 2010.

**Workshops / Seminars conducted**

**State**

**Paediatrics**

• Dr Nikhil Kharod conducted sessions on Neonatal resuscitation & Kangaroo Mother Care for about 40 FHWs from Anand & Kheda districts at District training center, Nadiad on 12th February 2010.

• Dr Nikhil Kharod conducted workshops on ‘Life Skills’ for postgraduate students of various departments of SP University with help of Dr Nimisha Desai (Dept of Psychiatry) and Dr Manisha Gohel (Dept of Community Medicine) from 4th to 15th February 2011.
● Dr Nikhil Kharod conducted training of 65 urban slum ICDS workers (AWW) from Anand, on ‘Community based Kangaroo Mother Care (KMC) for LBW newborns’ – as a part of a research study on feasibility and compliance of KMC at community level, conducted by the Indian Council of Medical Research from 9th - 11th October 2010.

Awards and recognition:

Paediatrics
● Dr Nikhil Kharod won the first prize for paper presentation at 36th Annual Conference of Indian Academy of Pediatrics, Gujarat State Branch held at Surendranagar on ‘Risk factors for Life Style Diseases in Urban Adolescents in Gujarat’ on 18th December 2010.

● Dr Nikhil Kharod was invited to attend the Foundation Meet of the Urban Health Society of India, jointly organised by Surat Municipal Corporation & Urban Social Health Advocacy & Alliance at Surat on 3rd April, 2010.

Physiotherapy
● Dr Lata Parmar was invited as a panelist by Indian Medical Association, Baroda to speak on “Post Polio Syndrome” on 1st August 2010.

● Dr Lata Parmar was invited to give a talk on “Role of Occupational Health Physicians in Prevention of Repetitive Strain Injury” at 61st National Conference- “VOISHECON-2011” organised by Indian Association Of Occupational Health (IAOH) at Vadodara from 17th - 19th February 2011.

● Dr Deepak Ganjiwale (OT) achieved professional membership of the Executive member of Gujarat branch of AIOTA (All India Occupational Therapist Association) from January 2011.

Community Medicine
● A paper titled “Silicosis among agate workers at Shakarpur: An analysis of clinic-based data” by Dr Nayanjeet Chaudhury, Shri Ajay Phatak, Dr Rajeev Paliwal, Dr C Raychaudhari was selected as the ’Best Original Article’ for 2010 and was awarded a certificate, a silver plaque and a cash prize worth ₹ 11000.

Psychiatric
● Dr Nimisha was one of the facilitator of Principals, Teachers and Peer Educators training by Red Ribbon Club in September 2010.

● Dr Nimisha was invited as a Resource Person by the Entrance Exam Preparation Cell of Natubhai V Patel College of Pure and Applied Sciences and Network of BT Capacity Building Cells of GSBTM, Vallabh Vidhyanagar, which organised 6 day crash workshop.

Papers Published:

Anatomy
● Dr Sumati, Dr Yagnik and Shri Ajay Phatak; “Determination of sex from Mastoid process by discriminant function analysis”; Journal of Anatomical Society of India 59(2), 222-228 (2010).

Community Medicine
● Dr Uday Shankar Singh; “Socio-demographic profiles of the delayed diagnosed patients in Revise National Tuberoses Control Programs, Anand”; Health Line, ISSN 2229- 337 X Volume-I Issue July-December 2010 Page No 63-68.
- Dr Deepak Sharma; “A Study on road traffic accidents in Jamnagar”; Indian Medical Gazette Volume CXL-IV(10), 37-380.
- Dr Manisha Gohel; “Disability impact on the family of mentally retarded children”; Indian Medical Gazette Volume October 2010.

Pharmacology
- Dr Alpa Gor; “Adverse drug reactions of non-steroidal anti-inflammatory drug in orthopedic patients”; National Index Journal of Pharmacology and Pharmacotherapeutics”.
- Dr Nazima Mirza; “Use of Antibiotic for Surgical Prophylaxis at Tertiary Care Hospital”; IJPI’S Journal of Pharmacology and Toxicology.

Physiology
- Dr Wasim Shaikh; “Sleep duration Affects the Relationship of Adiposity with Pulse Pressure in Gujarati Indian Adolescents”; 25th Anniversary Meeting of the Associated Professional Societies.
- Dr Wasim A Shaikh; “Sleep Duration Affects the Relationship of Adiposity with Pulse Pressure in Gujarati Indian Adolescents”; Journal of Sleep and Sleep Disorders ISSN 0161-8105, Volume 34, 2011.

Physiotherapy
- Dr Deepak Ganjiwale (OT); “A case report on the role of Occupational Therapy in Revascularised and Replanted surgical case of Flexor Tendon of Hand”; Indian Journal of Physiotherapy and Occupational Therapy.

Psychiatric
- Dr Himanshu Sharma, Dr Nimisha Desai, Ms Jaishree Ganjiwale; “Comparison of MMSE to DSM-IV diagnostic criteria for the detection of delirium in medically ill patients with psychiatric referrals”; Journal of Mental Health and Human Behaviour : 2011; 16(1)

Surgery
- Dr Vipul D Yagnik, Dr Jignesh B Rathod, Shri Ajay G Phatak; “A retrospective study of 2-port appendectomy and its comparison with open appendectomy and 3-port appendectomy”; Saudi Journal of Gastroenterology; Vol. 16 Issue 4 October - December 2010.
The Faculty

**Dean**
Dr Utpala Kharod

**Anaesthesia**
Dr Hemlata Kamat
Dr Pranoti Patel
Dr Heena Patel
Dr Neeta Bose
Dr Alpa M Patel
Dr Madhavi Chaudhari
Dr Arvind Patel
Dr Gurpreet Panesar
Dr Vaibhavi Javeri
Dr Bharati Rajani
Dr Krutika Rupera
Dr Birva Khara
Dr Ushma Parikh
Dr Rinku Arora
Dr Shital Acharya
Dr Paresh Shah

**Anatomy**
Dr Raksha Bhatt
Dr Rohini Routal
Dr Praveen Singh
Dr Sumati Khanna
Dr Pratik Raval
Dr Chirag Pithiya
Dr Chirag Khant
Dr Vipra Shah
Dr Vinita Purohit

**Biochemistry**
Dr P D Sawant  
(Professor Emeritus)
Dr N Haridas  
Dr Hiteshkumar Shah
Dr Kiran Chauhan
Dr Amit Trivedi

**Community Medicine**
Dr Vasudev Rawal

**Dentistry**
Dr Swati Sathaye
Dr Riddhi Desai
Dr Nikita Gupta
Dr Dhruv Dodamani
Dr Minna Patel
Dr Farhan Zubani
Dr Tulaja
Rameshwarlakumar H

**ENT**
Dr Girish Mishra
Dr Yojana Sharma
Dr Nimesh Patel
Dr Siddharth Shah  
(Professor Emeritus)
Shri Sunil Bhart
(Audiologist/Speech Therapist)
Shri Hemant Patel
(Audiologist/Speech Therapist)

**Forensic Medicine**
Dr Swapnil Agrawal
Dr Sanjaykumar Jhungra
Dr Ravi Panchal

**Medicine**
Dr Jyoti Mannari
Dr Himanshu Pandya

**Microbiology**
Dr Manharlal Shah
Dr Sunil Trivedi
Dr Suman Singh
Dr Yagnesh Pandya
Dr Rupal Patel
Dr Nimisha Shethwara
Smt Mudita Paliwal
Shri Chirag Patel
Ms Dipal Maishri
Ms Soumya Panicker

**Obstetrics and Gynaecology**
Dr Lila Trivedi
Dr L N Chauhan
Dr Smt. Vaishnav
Dr Rama Srivastava
Dr Maitri Patel
Dr Nitin Raithatha
Dr Nipa Modi
Dr Chetna Vyas
Dr Rakhee Patel

**Opthalmology**
Dr Harsha Jani
Dr Samirchandra Bhavsar
Dr Devendra Saxena
Dr Chaitali Patel
Dr Sanatan Jani

**Orthopaedics**
Dr Ashok Vaishnavi
Dr Ramesh Panchal
Dr Setul Patel
Dr Amit Patel
Dr Mihir Dholakia
Dr R L Chhangani
Dr Vivek Patel
Dr Saranjeet Singh
Dr Naveen Sharma
Dr Rohit Luthra
Dr Shrujal Shah
Dr bikes Mehta  
(Professor Emeritus)

**Paediatrics**
Dr Shashi Vani
(Professor Emeritus)
Dr Nikhil Kharod
Dr Somashakar Nimbalkar
Dr Krutika Tandon
Dr Dipen Patel
Dr Aarti Kaikaiya

**Pathology**
Dr Anita Borges
(Professor Emeritus)
Dr Menka Shah

Dr Swati Patel
Dr Kailash Desai
Dr Juhi Bajaj

Dr Shishir Gandhi
Dr Alpa Leuva
Dr Ajay Mishra
Dr Sanket Sheth
Dr Devangi Desai
Dr Kishor Viradiya
Dr Laboni Ghosh
Dr Soham Desai
Dr Ravindra Hadakshi
Dr Shweta Khan
Management Team

Chief Executive Officer
Shri Sandeep Desai

CEO’s Office
Dr Neelofar Sayed

Management Audit
Shri Mukesh Shah

Accounts
Shri Prannath Ganju
Shri Kanaiyalal Suthar
Shri Minesh Shah
Ms Shaine Varghese

Personnel and Administration
Shri Kantiprasad Jaiswal
Shri Nilesh Panchal
Shri S Ramnathan
Shri Kamaljit Gohel
Shri Ramanbhai Prajapati
Shri Vimal Patel
Shri Ramavtar
Shri Ambalal Maheriya
Shri Mitesh Vaidya

Human Resources
Shri Suresh Rajagopalan
Ms Archana Gupta
Shri Vishal Jani
Smt. Sushma Kapadia
Shri Ankit Soni
Shri Nigam Madan
Shri Jignesh Rawal

Materials Management (Purchase)
Shri Ravindra Ubgade
Shri Pankaj Raj
Shri Dineshkumar M Patel
Shri Jayantilal Bhatt
Shri Ullas Oza
Ms Leena Thadani
Shri Sanjiv Mehta

Maintenance
Shri Shrirang Puntambekar
Shri Hasmukh Bhuya
Shri Raskal M Patel
Shri Dilip V Patel
Shri Vinod Jani

Shri Shabin M Shaikh
Shri Jignesh Sevak

Systems
Shri Rakeshkumar S Parmar
Shri Mukesh K Katiyar
Shri Nikhil M Makwana
Shri Maheshkumar W Parmar
Smt Sejal H Shah
Shri Nilang J Naidu
Shri Jignesh Patel
Shri Mitesh Parmar
Ms Priyankaben Macwan

Project
Shri Viren Desai
Shri Snehal R Talati
Shri Bhavesh D Panchal

Quality Assurance
Dr Monica Gupta
Shri Arif Raza Mohammed
Dr Aarti Gandhi
Ms Minakshi Patel
Shri Maulin Shah
Dr Sweta Arora
Smt Sweta Agarwal

Operations
Shri T A Manavalan

Library
Smt Meena P Patel

Management Support Group
Shri Manoj Roy
Ms Shivkanya Birla
Ms Neha Shankar
Ms Kaynat Shaikh
Ms Divya Tiwari
Dr Jigneshkumar Parmar

Business Development Group & Extension Project
Dr Tushar Shah
Shri Pragnesh Gor
Dr Vaidehi Dholakia
Shri Vimal K Singh (Krupa)
Shri Yatinikumar Inamdar
Shri Maulik Bhavsar
Shri Jitesh Jeetu

Shri Anandkumar Upadhyay
Dr Vivek Pandya
Dr Binal Shah
Dr Jignesh Purohit
Dr Sejal Patel
Dr Shreyalben Patel
Dr Jaiprakash Mehta
Dr Sejal Rawal

Marketing
Shri Shantanu Ganguly
Shri Mandeep Makwana

Public Relations & Fund Raising
Shri Vishwajith M Habbu
Shri Rakesh Parikh
Shri George Parmar

Dietary Services
Smt Jigna Patel

Food and Beverages
Shri Maheshkumar Singh
Shri Pravinkumar Singh
Shri Satish Birendra Rai
Shri Pratik Goswami
Shri Vikashkumar Dixit

Health Check-up
Ms Rutuja Bhatt

Medical Record
Shri Raju Bhavsar

Patient Relation
Smt Sangeeta Nair
Shri Sameer Parmar

Communication
Shri Virendra Bhandari

Central Research Service
Shri Ajay Phatak
Ms Dhara Antani
Shri Hardik Bhalodiya

Dean’s Office
Shri P Daniel Ashokkumar
Shri M C Varghese
Deh Dan

Anand
Narmadaben Gulabrav Kavane
Diwaliben Babubhai Shani
Shankarlal Harilal Vyas
Parshottamdas Keshavbhai Christian

Petlad
Dahiben Fulabhai Patel
Gordhanbhai Motibhai Patel

Vadodara
Dinsha Ambalal Desai
Ghanshyambhai Chaturbhai Patel

Kapadvanj
Ambalal Bechardas Patel,

Vallabh Vidyanagar
Pushpaben Jashbhai Desai
Ramjibhai Valjibhai Chatralia
Bhikhubhai Kalidas Patel
Jayantilal Parshottamblhai Shah
Taraben Amrutlal Pandya
Rajal Ramjibhai Patel
Arvindbhai Aapabhai Amin

Bodal
Rambhai Ishwarbhai Patel

Kavitha
Hiraben Punambhai Patel
Revaben Iswarbhai Patel
Ponambhai Dahyabhai Patel

Navli
Kantibhai Girdharbhai Patel

57

57
Donors for the Year 2010-2011

**₹ 1,00,00,000 and more**
Elecon Engineering Company Ltd., Vallabh Vidyanagar
EIMCO Elecon India Ltd., Vallabh Vidyanagar

**₹ 50,00,000 and more**
Prayas Engineering Ltd., Vallabh Vidyanagar
Shree Jalaram Sevashram Trust, Vadodara
Smt Manjariben Baboobhai Patel Charitable Trust, Mumbai

**₹ 10,00,000 and more**
Sir Ratan Tata Trust, Mumbai
Savitaben & Hirubhai Patel Memorial Foundation, Vallabh Vidyanagar
Shri Pinakinbhai Harilal Bhatt, Vallabh Vidyanagar
Ms Seema & Smt Chandrikaben Kantibhai Patel, Vadodara

**₹ 5,00,000 and more**
Shri Manharbhai Puroshottambhai Patel, Vadodara

**₹ 2,00,000 and more**
Savita Memorial Trust, Vallabh Vidyanagar
Shri Rasikbhai Manibhai Patel, Bhadran
Shri Dilipbhai Purushottamdas Patel, Karamsad
M/s D and U Healthage Pvt. Ltd., Ahmedabad
Shri Maheshbhai G Patel, Dharmaj
Shri Amlan Shah, Vadodara

**₹ 1,00,000 and more**
M/s Buildquick Infrastructure Pvt Ltd., Anand
Late Shri Shantibhai M Amin, Vallabh Vidyanagar
Give Foundation, Mumbai
M/s Mayur Dyechem Intermediate Ltd., Ahmedabad
Shri Suryakantbhai Popatbhai Patel, Anand
Sir Ratan Tata Trust, Mumbai
Dr Babubhai R Patel, Vadodara
Shri Gopalkrishna Jagdishchandra Pandya, Anand
Shree Veer Vitthalbhai Patel Dardi Sahayak Charitable Trust, Vallabh Vidyanagar
Shri Bhanubhai C Mistry, Anand
Shri Yagneshbhai Khushalbhai Patel, Anand
Shri Sureshbhai Himabhai Amin, Vallabh Vidyanagar
Smt. Sumatiben Sureshchandra Bhatt, Vallabh Vidyanagar
Shri Indravadan Chunilal Shah, Karamsad
Shri Chandravadan Shantilal Shah, Mumbai
Shri Sharadbhai C Patel, USA
M/s Margen Impex Ltd., Vitthal Udyognagar

**₹ 50,000 and more**
Aishabai & Haji Abdul Latif Charitable Trust, Anand
Shri Rajeshbhai Rameshchandra Dhruv, Vitthal Udyognagar
Shri Rupeshbhai Mansukhabhi Talsaniya, Vapi
Shri Chandrakant Bhaishankar Dave, Anand
JCI, Vallabh Vidyanagar
Shri Jalaram Satsang Seva Mandal Trust, Dharmaj
Shri Vinubhai Ravjibhai Patel, Sarsa
Shri Tusharbhavi Jayantibhai Patel, Ahmedabad
Smt. Sushilaben Narayanbhai Patel, 
Anand
Shri Riteshbbhai Patel, 
Bochasan

₹ 25,000 and more
Shri Shandilya Kishorkumar Oza, 
Bhavnagar
Sardar Patel Trust, Karamsad
Smt. R S Lalita, Bangalore
Shri R G Subramanyam, Bangalore
Dr A A Shaikh, Karamsad
Shri Radhasaomi Pranjivanbhai M Patel, 
Vallabh Vidyanagar
Sureka Public Charitable Trust, 
New Delhi
Shri Mahendrabhai R Patel, 
Borsad
M/s Shreeji Builders, 
Vitthal Udyognagar
Shri Raghavan Sushil Pillai, 
Pune
Shri Neol A Christian, 
Karamsad

*Surgical Unit II, Shree Krishna Hospital*
M/s R C Medical Devices, 
Ahmedabad
Shri Jagdishchandra Chhotalal Patel, 
Vitthal Udyognagar
M/s Mahalakshmi Tobacco Works, 
Petlad
Shri Aditya Paresh Thakor, 
Bakrol
Shri Shambhubhai Vinubhai Patel, 
Anand
Shri Mahendrabhai Harmanbhai Patel, 
Bakrol
Shri Jaiminbhai N Patel, 
Ahmedabad
Shri Kiranbhai H Shah, 
Ahmedabad
Shri Jitendrarakumar I Chaudhary, 
Gandhinagar
Shri Chimanbhai K Dedhia, 
Vadodara
Shri Kishan Sunilbhai Patel, 
Bakrol
Auditors’ Report

Name of the Public Trust : Charutar Arogya Mandal
Vallabh Vidyanagar, Dist. Anand
Registration Number : F / 119 / Anand

We have audited the Accounts of the above named Mandal for the year ended 31st March, 2011 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 movables 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 ₹42,73,680 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 2 : Non-provision of balance liability for leave encashment amounting to ₹369.18 lakhs.
Note 3 : Non-provision of balance liability for Gratuity amounting to ₹295.90 lakhs.
Note 4 : Accounting of fees of ₹49.45 lacs to Infrastructure Development Fund instead of Education Assistance Income.
Note 5 : Income of fees for MBBS course. Necessary adjustment for fees will be made based on the final outcome of the High Court order and any further development in this regard. (Amount is unascertainable.)
Note 6 : Non-provision of liability for pay arrears amounting to ₹237.11 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 in Notes 2, 3, 4 and 6 above been considered the deficit for the year ended on 31st March 2011 would have been ₹1892.95 lakhs as against the reported deficit of ₹1040.21 lakhs.

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

Place : Ahmedabad
Date : 6th September 2011

H. P. Shah
Partner
(Memberhip No. 33331)
Balance Sheet as on 31st March, 2011

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

SOURCE OF FUNDS:

<table>
<thead>
<tr>
<th>Description</th>
<th>31.03.2011</th>
<th>31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corpus Funds</td>
<td>246,688.70</td>
<td>241,377.13</td>
</tr>
<tr>
<td>Medical Relief, Infrastructure Dev. and Other Funds</td>
<td>199,391.43</td>
<td>172,301.58</td>
</tr>
<tr>
<td>Donations From the Community / Institutions</td>
<td>554,266.55</td>
<td>504,788.42</td>
</tr>
<tr>
<td>Research Fund</td>
<td>1818.27</td>
<td>-</td>
</tr>
</tbody>
</table>

SECURED LOANS:

<table>
<thead>
<tr>
<th>Description</th>
<th>31.03.2011</th>
<th>31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term Loan: From Oriental Bank of Commerce for purchase of Equipments (Against hypothecation of MRI Equipments)</td>
<td>11,787.22</td>
<td>19,595.12</td>
</tr>
</tbody>
</table>

Overdraft Facility:

<table>
<thead>
<tr>
<th>Description</th>
<th>31.03.2011</th>
<th>31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>From ICICI Bank Ltd</td>
<td>8,307.10</td>
<td>-</td>
</tr>
<tr>
<td>From Oriental Bank of Commerce</td>
<td>77,441.64</td>
<td>53,204.37</td>
</tr>
<tr>
<td>From Bank of Baroda</td>
<td>27,199.54</td>
<td>-</td>
</tr>
</tbody>
</table>

TOTAL SOURCE                                     | 1,126,900.45 | 991,266.62   |

APPLICATION OF FUNDS:

INFRASTRUCTURE AND INVESTMENT:

<table>
<thead>
<tr>
<th>Description</th>
<th>31.03.2011</th>
<th>31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>305,176.70</td>
<td>310,928.68</td>
</tr>
<tr>
<td>Investments</td>
<td>257,640.79</td>
<td>204,718.26</td>
</tr>
</tbody>
</table>

WORKING CAPITAL:

<table>
<thead>
<tr>
<th>Description</th>
<th>31.03.2011</th>
<th>31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventories (As valued &amp; Certified by the Management)</td>
<td>20,060.19</td>
<td>19,029.50</td>
</tr>
<tr>
<td>Receivable Considered good</td>
<td>20,551.36</td>
<td>11,769.24</td>
</tr>
<tr>
<td>(Including ₹ 21.65 Lakhs (P.Y. ₹32.65 Lakhs) to Charutar Arogya)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Balance Sheet as on 31st March, 2011

Mandal Medical Research Society) (Regn.No. F / 119 / Anand) ($ in thousands)

<table>
<thead>
<tr>
<th></th>
<th>31.03.2011</th>
<th>31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considered doubtful</td>
<td>3,323.58</td>
<td>3,323.58</td>
</tr>
<tr>
<td>LESS: Provision for doubtful debts</td>
<td>3,323.58</td>
<td>3,323.58</td>
</tr>
<tr>
<td></td>
<td>20,551.36</td>
<td>11,769.24</td>
</tr>
<tr>
<td>Interest Accrued</td>
<td>17,973.77</td>
<td>20,081.77</td>
</tr>
<tr>
<td>Deposits and Advances</td>
<td>20,254.54</td>
<td>23,739.27</td>
</tr>
<tr>
<td>Tuition fees deposited with Gujarat High Court (Note No. 5)</td>
<td>89,081.25</td>
<td>76,486.80</td>
</tr>
<tr>
<td>Cash &amp; Bank Balances</td>
<td>9,390.82</td>
<td>3,752.22</td>
</tr>
<tr>
<td>Cheques on Hand</td>
<td>281.18</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>177,593.11</td>
<td>154,858.80</td>
</tr>
</tbody>
</table>

LESS: LIABILITIES:

<table>
<thead>
<tr>
<th></th>
<th>31.03.2011</th>
<th>31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td>57,411.29</td>
<td>46,818.24</td>
</tr>
<tr>
<td>Advance Tuition fees</td>
<td>108,665.74</td>
<td>76,043.78</td>
</tr>
<tr>
<td>Sundry Credit Balances</td>
<td>41,274.08</td>
<td>32,668.55</td>
</tr>
<tr>
<td>Liability for Gratuity &amp; Leave Encashment</td>
<td>102,715.85</td>
<td>105,089.07</td>
</tr>
<tr>
<td>Provision for Pay Arrears</td>
<td>18,647.15</td>
<td>29,802.02</td>
</tr>
<tr>
<td></td>
<td>328,714.11</td>
<td>290,421.66</td>
</tr>
</tbody>
</table>

NET WORKING CAPITAL: (151,121.00) (135,562.86)

INCOME & EXPENDITURE ACCOUNT:

<table>
<thead>
<tr>
<th></th>
<th>31.03.2011</th>
<th>31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>611,182.54</td>
<td>490,128.74</td>
</tr>
<tr>
<td>ADD: Deficit for the year</td>
<td>104,021.42</td>
<td>121,053.80</td>
</tr>
<tr>
<td></td>
<td>715,203.96</td>
<td>611,182.54</td>
</tr>
</tbody>
</table>

TOTAL APPLICATION 1,126,900.45 991,266.62

As per our separate report of even date attached herewith On behalf of the Charutar Arogya Mandal

For C.C. Chokshi & Co. Chartered Accountants Sandeep Desai Chief Executive Officer Jagrut Bhatt Hon. Secretary Dr Amrita Patel Chairman H.P. Shah Partner P. N. Ganju General Manager (Accounts) J. M. Rawal Trustee B. Z. Patel Trustee

Ahmedabad, Vallabh Vidyannagar, Date: 6th September 2011 Date: 25th August 2011
Income and Expenditure Account for the year ended on 31st March, 2011
(Regn.No. F / 119 / Anand) ($ in thousands)

<table>
<thead>
<tr>
<th>INCOME from Medical Care:</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Charges</td>
<td>238,985.09</td>
<td>174,418.90</td>
</tr>
<tr>
<td>LESS: Concession to Poor Patients and Patients under Voluntary Health Care Scheme</td>
<td>45,926.95</td>
<td>17,512.86</td>
</tr>
<tr>
<td>Treatment Charges (Net)</td>
<td>193,058.14</td>
<td>156,906.04</td>
</tr>
<tr>
<td>Medicines (Net)</td>
<td>109,576.99</td>
<td>92,569.99</td>
</tr>
<tr>
<td>Blood Bank</td>
<td>6,703.42</td>
<td>5,749.57</td>
</tr>
<tr>
<td>Government Grant</td>
<td>1,578.22</td>
<td>1,370.20</td>
</tr>
<tr>
<td>total</td>
<td>310,916.77</td>
<td>256,595.80</td>
</tr>
</tbody>
</table>

| INCOME from Medical Education:                  |            |             |
| Tuition Fees (Net)                              | 242,568.07  | 202,584.68  |
| Other fees                                      | 537.00      | 1,881.50    |
| total                                          | 243,105.07  | 204,466.18  |

| Donations from Community                        | 4,381.08    | 467.69      |

| OTHER INCOME:                                   |            |             |
| Income from Investment                          | 1,380.12    | 699.86      |
| Rent from Quarters and Hostels                  | 8,933.45    | 7,283.40    |
| Miscellaneous Income                            | 15,644.45   | 12,101.80   |
| Sundry Debit / Credit balances written back     | -           | 182.30      |
| Profit on sale of Assets                        | 96.96       | 40.38       |
| Provision for Expenses no longer required       | 999.75      | 10.40       |
| total                                          | 27,054.73   | 20,318.14   |

| TOTAL INCOME                                   | 585,457.65  | 481,847.81  |
# Income and Expenditure Account for the year ended on 31st March, 2011

(Regn.No. F / 119 / Anand)  

(₹ in thousands)

## EXPENDITURE

### EXPENDITURE ON MEDICAL CARE:

<table>
<thead>
<tr>
<th>Item</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower</td>
<td>141,172.48</td>
<td>123,577.08</td>
</tr>
<tr>
<td>Medicines</td>
<td>70,133.40</td>
<td>58,207.56</td>
</tr>
<tr>
<td>Other Expenditure Related to Treatment</td>
<td>86,141.71</td>
<td>66,267.26</td>
</tr>
<tr>
<td>Blood Bank Expenses</td>
<td>1,195.36</td>
<td>1,730.37</td>
</tr>
<tr>
<td>Electricity</td>
<td>12,715.64</td>
<td>13,149.39</td>
</tr>
<tr>
<td>Administrative and Other Overheads</td>
<td>58,444.06</td>
<td>45,227.68</td>
</tr>
<tr>
<td>Expenditure on Cancer Awareness &amp; Detection</td>
<td>1,830.59</td>
<td>2,427.08</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>371,633.24</td>
<td>310,586.42</td>
</tr>
</tbody>
</table>

### EXPENDITURE ON MEDICAL EDUCATION:

<table>
<thead>
<tr>
<th>Item</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower</td>
<td>215,475.02</td>
<td>1,91,115.90</td>
</tr>
<tr>
<td>Electricity</td>
<td>5,037.76</td>
<td>7,452.82</td>
</tr>
<tr>
<td>Education Training Expenses</td>
<td>7,520.26</td>
<td>12,364.33</td>
</tr>
<tr>
<td>Administrative and other overheads</td>
<td>21,625.19</td>
<td>13,389.22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>249,658.23</td>
<td>224,322.27</td>
</tr>
</tbody>
</table>

### INTEREST EXPENSES

<table>
<thead>
<tr>
<th>Item</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Term Loan</td>
<td>2,071.83</td>
<td>2,771.74</td>
</tr>
<tr>
<td>On Overdraft facility</td>
<td>7,039.36</td>
<td>3,499.30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9,111.19</td>
<td>6,271.04</td>
</tr>
</tbody>
</table>

### EXPENDITURE ON ADMINISTRATION:

<table>
<thead>
<tr>
<th>Item</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower</td>
<td>7,307.80</td>
<td>6,246.44</td>
</tr>
<tr>
<td>Electricity</td>
<td>346.32</td>
<td>427.76</td>
</tr>
<tr>
<td>Administrative and Other Overheads</td>
<td>14,530.61</td>
<td>9,503.52</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>22,184.73</td>
<td>16,177.72</td>
</tr>
</tbody>
</table>

Research Expenses  
Depreciation

<table>
<thead>
<tr>
<th>Item</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Expenses</td>
<td>2,154.07</td>
<td>942.86</td>
</tr>
<tr>
<td>Depreciation</td>
<td>44,362.51</td>
<td>53,576.50</td>
</tr>
</tbody>
</table>

### TOTAL EXPENDITURE

<table>
<thead>
<tr>
<th>Item</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>699,103.97</td>
<td>611,876.81</td>
</tr>
</tbody>
</table>

### DEFICIT

<table>
<thead>
<tr>
<th>Item</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund (interest) transferred from Corpus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund &amp; HM Patel Centenary Corpus Fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DEFICIT FOR THE YEAR CARRIED TO BALANCE SHEET

<table>
<thead>
<tr>
<th>Item</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>(113,646.32)</td>
<td>(130,029.00)</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.  
Chartered Accountants  
Sandeep Desai  
Chief Executive Officer  
Jagrut Bhatt  
Hon.Secretary  
Dr Amrita Patel  
Chairman

H.P. Shah  
Partner  
P. N. Ganju  
General Manager (Accounts)  
J. M. Rawal  
Trustee  
B. Z. Patel  
Trustee

Ahmedabad,  
Date: 6th September 2011  
Vallabh Vidyanagar,  
Date: 25th August 2011
Cash flow statement for the year ended 31st March, 2011

(₹ in thousands)

<table>
<thead>
<tr>
<th>A. Cash flow from operating activities:</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net (Deficit)</td>
<td>(104,021.42)</td>
<td>(121,053.80)</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>44,362.51</td>
<td>53,576.50</td>
</tr>
<tr>
<td>Profit on Sale of Asset</td>
<td>(96.96)</td>
<td>(40.38)</td>
</tr>
<tr>
<td>Deferred revenue expenditure</td>
<td>-</td>
<td>255.53</td>
</tr>
<tr>
<td>Sundry Debit/Credit Balances written Back</td>
<td>-</td>
<td>(182.30)</td>
</tr>
<tr>
<td>Income From Investment</td>
<td>(1,380.12)</td>
<td>(699.86)</td>
</tr>
<tr>
<td>Provision for expenses no longer required</td>
<td>(999.75)</td>
<td>(10.40)</td>
</tr>
<tr>
<td></td>
<td>41,885.68</td>
<td>52,899.09</td>
</tr>
<tr>
<td>Operating profit before working capital changes</td>
<td>(62,135.74)</td>
<td>(68,154.71)</td>
</tr>
<tr>
<td>Adjustment for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>(18,551.20)</td>
<td>(34,053.55)</td>
</tr>
<tr>
<td>Inventory</td>
<td>(1,030.69)</td>
<td>(3,748.61)</td>
</tr>
<tr>
<td>Payables</td>
<td>39,292.20</td>
<td>36,582.10</td>
</tr>
<tr>
<td></td>
<td>19,710.31</td>
<td>(1,220.06)</td>
</tr>
<tr>
<td>Cash Generated from operations</td>
<td>(42,425.43)</td>
<td>(69,374.77)</td>
</tr>
<tr>
<td>Tax Refund/(Paid) (Taxes deducted at sources)</td>
<td>2,767.36</td>
<td>(1,622.74)</td>
</tr>
<tr>
<td>Cash flow from operating activities (A)</td>
<td>(39,658.07)</td>
<td>(70,997.51)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Cash flow from investing activities:</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of Fixed Assets</td>
<td>(38,731.79)</td>
<td>(53,284.80)</td>
</tr>
<tr>
<td>Sale of Fixed assets</td>
<td>218.22</td>
<td>41.34</td>
</tr>
<tr>
<td>Income From Investment</td>
<td>1,380.12</td>
<td>699.86</td>
</tr>
<tr>
<td>Investment in Fixed Deposits</td>
<td>4,472.29</td>
<td>(3,000.00)</td>
</tr>
<tr>
<td>Net cash used in investing activities (B)</td>
<td>(32,661.16)</td>
<td>(55,543.60)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Cash flow from financing activities:</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds received (Including Interest received on investment)</td>
<td>83,697.82</td>
<td>107,074.71</td>
</tr>
<tr>
<td>Repayment of Term Loan</td>
<td>(7,807.90)</td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>59,743.91</td>
<td>8,825.19</td>
</tr>
<tr>
<td>Cash from finance activities (C)</td>
<td>135,633.83</td>
<td>115,899.90</td>
</tr>
<tr>
<td>Net increase in Cash &amp; Cash Equivalents (A+B+C)</td>
<td>65,314.60</td>
<td>(10,641.21)</td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents at the beginning of the year</td>
<td>123,035.19</td>
<td>133,676.40</td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents at the end of the year</td>
<td>186,349.79</td>
<td>123,035.19</td>
</tr>
</tbody>
</table>
Cash flow statement for the year ended 31st March, 2011

(₹ in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes to Cashflow Statement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Cash and cash equivalents include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand</td>
<td>368.14</td>
<td>685.50</td>
</tr>
<tr>
<td>With Scheduled Banks:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In fixed deposits</td>
<td>176,677.79</td>
<td>119,282.97</td>
</tr>
<tr>
<td>Cheque on Hand</td>
<td>281.18</td>
<td></td>
</tr>
<tr>
<td>Current Accounts</td>
<td>-</td>
<td>285.29</td>
</tr>
<tr>
<td>Saving Accounts</td>
<td>9,022.68</td>
<td>2,781.43</td>
</tr>
<tr>
<td></td>
<td>185,981.65</td>
<td>122,349.69</td>
</tr>
<tr>
<td></td>
<td>186,349.79</td>
<td>123,035.19</td>
</tr>
<tr>
<td>2. Fixed deposits with bank includes deposits of ₹ 1648.20 lakhs (PY. 806.50 lakhs) pledged as securities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Figures in bracket represent outflows.</td>
<td></td>
<td></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.
Chartered Accountants

Sandeej Desai
Chief Executive Officer

Jagrut Bhatt
Hon. Secretary

Dr Amrita Patel
Chairman

H.P. Shah
Partner

P. N. Ganju
General Manager (Accounts)

J. M. Rawal
Trustee

B. Z. Patel
Trustee

Ahmedabad,
Date: 6th September 2011

Vallabh Vidyanagar,
Date: 25th August 2011
## Schedules to the Balance Sheet

### SCHEDULE "A": CORPUS FUNDS

<table>
<thead>
<tr>
<th></th>
<th>As on 31.03.2011</th>
<th>As on 31.03.2010</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>122,717.56</td>
<td>112,796.85</td>
</tr>
<tr>
<td>ADD:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund received during the year</td>
<td>261.11</td>
<td>6,667.41</td>
</tr>
<tr>
<td>Interest earned during the year</td>
<td>10,606.08</td>
<td>9,443.15</td>
</tr>
<tr>
<td>Transferred from Other Funds (Ref. Schedule &quot;B&quot;)</td>
<td>-</td>
<td>892.51</td>
</tr>
<tr>
<td><strong>TOTAL (i)</strong></td>
<td>125,582.52</td>
<td>122,717.56</td>
</tr>
</tbody>
</table>

| (ii) HM PATEL CENTENARY CORPUS FUND |                  |                  |
| Balance as per last Balance Sheet | 25,812.82        | 23,822.34        |
| ADD:                              |                  |                  |
| Fund received during the year     | 302.00           | 310.00           |
| Interest earned during the year   | 2,230.23         | 2,523.79         |
| Transferred from Other Funds (Ref. Schedule "B") | -              | 1,049.53        |
| **TOTAL (ii)**                    | 26,672.38        | 25,812.82        |

| (iii) JTT - CAM CORPUS FUND (For Scholarship) |                  |                  |
| Balance as per last Balance Sheet | 92,846.75        | 88,004.30        |
| ADD: Interest earned during the year | 5,899.55         | 7,901.83         |
| **TOTAL (iii)**                     | 94,433.80        | 92,846.75        |

### TOTAL (i + ii + iii)

| TOTAL (i + ii + iii) | 246,688.70 | 241,377.13 |
Schedules to the Balance Sheet

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

<table>
<thead>
<tr>
<th>Description</th>
<th>As on 31.03.2011</th>
<th>As on 31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>172,301.58</td>
<td>144,753.59</td>
</tr>
<tr>
<td><strong>ADD:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund received during the year</td>
<td>4,714.84</td>
<td>8,076.90</td>
</tr>
<tr>
<td>Interest earned during the year</td>
<td>103.57</td>
<td>100.29</td>
</tr>
<tr>
<td>Transferred from Tuition Fee [ Refer to Note 3 (i) ]</td>
<td>35,282.34</td>
<td>34,684.94</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>212,402.33</td>
<td>187,615.72</td>
</tr>
<tr>
<td><strong>LESS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilised during the year</td>
<td>13,010.90</td>
<td>13,372.10</td>
</tr>
<tr>
<td>Transferred to Corpus Fund</td>
<td>-</td>
<td>892.51</td>
</tr>
<tr>
<td>Transferred to Centenary Corpus Fund</td>
<td>-</td>
<td>1,049.53</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13,010.90</td>
<td>15,314.14</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>199,391.43</td>
<td>172,301.58</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>As on 31.03.2011</th>
<th>As on 31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>504,788.42</td>
<td>442,429.85</td>
</tr>
<tr>
<td><strong>ADD:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received during the year</td>
<td>53,725.87</td>
<td>62,413.57</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>558,514.29</td>
<td>504,843.42</td>
</tr>
<tr>
<td><strong>LESS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilised during the year</td>
<td>4,247.74</td>
<td>55.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>554,266.55</td>
<td>504,788.42</td>
</tr>
</tbody>
</table>

### SCHEDULE "D": RESEARCH FUND

<table>
<thead>
<tr>
<th>Description</th>
<th>As on 31.03.2011</th>
<th>As on 31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>ADD:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received during the year</td>
<td>3,875.58</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,875.58</td>
<td>-</td>
</tr>
<tr>
<td><strong>LESS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tranfer to Income &amp; Expenditure Account to the extent utilised during the year</td>
<td>2,057.31</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,818.27</td>
<td>-</td>
</tr>
</tbody>
</table>
## SCHEDULE " E " : FIXED ASSETS

(₹ in thousands)

<table>
<thead>
<tr>
<th>Particulars</th>
<th>At Cost as on 01.04.2010</th>
<th>Additions during the Year</th>
<th>Sales / Adjustments</th>
<th>Total as on 31.03.2011</th>
<th>Depreciation Provided Provided Upto 31.03.2011</th>
<th>Depreciation Provided on Sales / Adjustments</th>
<th>Depreciation Provided For the Year</th>
<th>Net Value As on 31.03.2011</th>
<th>Net Value As on 31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land (Freehold)</td>
<td>469.08</td>
<td>-</td>
<td>-</td>
<td>469.08</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>469.08</td>
<td>469.08</td>
</tr>
<tr>
<td>Buildings</td>
<td>201,798.79</td>
<td>14,320.27</td>
<td>-</td>
<td>216,119.06</td>
<td>99,643.67</td>
<td>- 10,778.26</td>
<td>110,421.93</td>
<td>105,697.13</td>
<td>102,155.12</td>
</tr>
<tr>
<td>Equipments</td>
<td>360,779.90</td>
<td>14,735.03</td>
<td>978.15</td>
<td>374,536.78</td>
<td>189,654.37</td>
<td>873.43</td>
<td>27,231.85</td>
<td>216,012.79</td>
<td>158,523.99</td>
</tr>
<tr>
<td>Furniture &amp; Dead Stock</td>
<td>38,381.89</td>
<td>10,057.45</td>
<td>16.50</td>
<td>48,422.84</td>
<td>16,523.04</td>
<td>15.09</td>
<td>2,879.33</td>
<td>19,387.28</td>
<td>29,035.56</td>
</tr>
<tr>
<td>Electrical Installations &amp; Fittings</td>
<td>12,499.18</td>
<td>627.77</td>
<td>-</td>
<td>13,126.95</td>
<td>4,079.24</td>
<td>- 1,257.43</td>
<td>5,336.67</td>
<td>7,790.28</td>
<td>8,419.94</td>
</tr>
<tr>
<td>Vehicles</td>
<td>3,549.72</td>
<td>-</td>
<td>-</td>
<td>3,549.72</td>
<td>2,269.02</td>
<td>- 192.11</td>
<td>2,461.13</td>
<td>1,088.59</td>
<td>1,280.70</td>
</tr>
<tr>
<td>Computers</td>
<td>19,821.65</td>
<td>1,450.38</td>
<td>94.57</td>
<td>21,177.46</td>
<td>17,800.58</td>
<td>79.44</td>
<td>1,947.39</td>
<td>19,686.53</td>
<td>1,508.93</td>
</tr>
<tr>
<td>Solar Water System</td>
<td>1,547.91</td>
<td>-</td>
<td>-</td>
<td>1,547.91</td>
<td>1,452.73</td>
<td>- 76.14</td>
<td>1,528.87</td>
<td>19.04</td>
<td>95.18</td>
</tr>
<tr>
<td>Capital Work-in-progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building</td>
<td>3488.21</td>
<td>-</td>
<td>3488.21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3,488.21</td>
<td></td>
</tr>
<tr>
<td>Eicher – Blood Van</td>
<td>-</td>
<td>764.10</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>764.10</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Capital Item In Stock</td>
<td>15.00</td>
<td>280.00</td>
<td>15.00</td>
<td>280.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>280.00</td>
<td>15.00</td>
</tr>
<tr>
<td>(Pending Installation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>44,362.51</td>
<td>374,817.20</td>
<td>305,176.70</td>
</tr>
<tr>
<td>Previous Year's Total</td>
<td>589,128.63</td>
<td>58,568.63</td>
<td>5,145.93</td>
<td>642,351.33</td>
<td>277,907.29</td>
<td>61.14</td>
<td>53,576.50</td>
<td>331,422.65</td>
<td>310,928.68</td>
</tr>
</tbody>
</table>
## Schedules to the Balance Sheet

### SCHEDULE "F": INVESTMENTS

<table>
<thead>
<tr>
<th></th>
<th>As on 31.03.2011</th>
<th>As on 31.03.2010</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>73,663.00</td>
<td>54,010.29</td>
</tr>
<tr>
<td>With Scheduled Banks</td>
<td>176,677.79</td>
<td>119,282.97</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[includes FDRs aggregating to ₹ 1648.20 lakhs (P.Y. ₹ 806.50 lakhs) pledged as securities]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Charotar Nagrik Sahakari Bank Ltd. (In Liquidation) (Considered Doubtful)</td>
<td>749.05</td>
<td>749.05</td>
</tr>
<tr>
<td>Less: Provision made</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>250,440.79</td>
<td>173,393.26</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>7,200.00</td>
<td>31,325.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>257,640.79</td>
<td>204,718.26</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>As on 31.03.2011</th>
<th>As on 31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash On Hand</strong></td>
<td>368.14</td>
<td>685.50</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 Current Account with the ICICI Bank Ltd</td>
<td>-</td>
<td>285.29</td>
</tr>
<tr>
<td>In Savings Accounts with:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oriental Bank of Commerce</td>
<td>8819.64</td>
<td>2,576.48</td>
</tr>
<tr>
<td>State Bank of India</td>
<td>31.95</td>
<td>15.55</td>
</tr>
<tr>
<td>Bank of Baroda</td>
<td>13.34</td>
<td>21.85</td>
</tr>
<tr>
<td>Punjab National Bank</td>
<td>36.90</td>
<td>28.27</td>
</tr>
<tr>
<td>Central Bank of India</td>
<td>78.97</td>
<td>26.13</td>
</tr>
<tr>
<td>ICICI Bank Ltd</td>
<td>14.37</td>
<td>24.62</td>
</tr>
<tr>
<td>IDBI Bank Ltd</td>
<td>5.04</td>
<td>-</td>
</tr>
<tr>
<td>Axis Bank Ltd</td>
<td>22.47</td>
<td>88.53</td>
</tr>
<tr>
<td></td>
<td>9,022.68</td>
<td>2,781.43</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>9,390.82</td>
<td>3,752.22</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) Tuition fees is net of Infrastructure Development Fund.
   (e) Corpus Fund:
      (i) Corpus Fund: Fund received for general purpose and as decided by the management is 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) HM Patel Centenary Corpus Fund: Fund received for meeting the cost of indigent Cancer patients and interest earned thereon is credited to HM Patel Centenary Corpus Fund Account and 75% of the interest credited is transferred to Income & Expenditure Account.
      (iii) JTT - CAM Corpus Fund: Fund received from Jamshedji Tata Trust for scholarship to MBBS students and interest earned thereon is credited to Jamshedji Tata Trust-CAM Corpus Fund Account.
      (f) Donation received from communities/institutions for Cancer Awareness project and for miscellaneous purposes are credited to Income & Expenditure Account.

2. Fixed Assets
   Fixed assets are stated at cost.

3. Depreciation
   Depreciation on fixed assets is provided on the written down value at the rates as prescribed by the Income Tax Rules 1962. Depreciation on assets acquired during the first half of the year is provided for the full year and no depreciation is provided in the year of disposal.

4. Investments
   Investments are carried at cost.

5. Inventories
   Inventories include medicines, medical and surgical items, housekeeping materials and other consumables. Medicines are valued on actual cost basis and other items are valued at cost on first-in-first-out basis.

6. Retirement Benefits
   (i) Contribution 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.

7. 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. The liability on account of leave encashment as on 31.03.2011 is estimated at ₹7,34,37,146 against which a provision of ₹3,65,19,403 is made in the books.

3. The liability on account of Gratuity as on 31.03.2011 is estimated at ₹9,57,86,095 against which a provision of ₹6,61,96,444 is made in the books.

4. i) 2% of the Tuition fees recovered for various courses (i.e., MBBS, BPT, Nursing, PG, MPT, Msc-MLT and DMLT) is transferred to Infrastructure fund.

   ii) 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.

5. As per the Order dated 20th June, 2007 of Honourable Justice R. J. Shah (Retd.) Fee Committee, the fees for MBBS Course is 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 have challenged recommendations of Fee Committee before the Honourable Gujarat High Court.

   As per Order of Gujarat High Court dated 19-24 March, 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 23rd May, 2008, directed the students to pay the full fee as decided by the Committee. The aggregate fees of ₹8,92,18,750 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 and 2010-11 has been deposited with the Registrar, Gujarat High Court. Necessary adjustments for Fees will be made on the final outcome of the order.

6. The liability of ₹2,37,10,976 on account of arrears of salaries as on 31st March, 2011 has not been provided in the books of accounts.

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, (GVAT Act) in place of the Gujarat Sales Tax Act, 1969 has came into force. In response to the Mandal’s application seeking determination of liability for registration under the GVAT Act, the Gujarat Value Added
Tax Tribunal, Ahmedabad, vide its order dated 16th June, 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 GVAT Act. This matter has been contested by the Mandal in the Gujarat High Court. The Gujarat High Court has granted interim relief for payment of VAT during pendency of the appeal. The liability, if any, of VAT on medicines for the years 2006-07 to 2010-11 will be determined on the final outcome of the matter.

8. Contingent Liabilities not provided for in respect of:

<table>
<thead>
<tr>
<th>Description</th>
<th>2010-11 (₹)</th>
<th>2009-10 (₹)</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 (including 6,05,739 paid under protest)</td>
<td>24,22,954</td>
<td>24,22,954</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 (against pledgement of FD ₹ Amounting to ₹ 32.34 lakhs)</td>
<td>60,00,000</td>
<td>15,00,000</td>
</tr>
<tr>
<td>iv) Claims against Mandal by some employees and workers of Contractors not acknowledged as debt and pending with different Authorities Amount unascertainable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>v) Claims against Mandal towards compensation under motor accident between legal heirs of persons who died in a motor accident and pending with the Motor Accident Claim Tribunal Amount unascertainable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>vi) Claim against the Mandal towards affiliation fees for PG courses by the S.P. University and pending with Gujarat High Court (Including ₹ 10 lakhs paid under protest)</td>
<td>86,97,500</td>
<td>86,97,500</td>
</tr>
<tr>
<td>vii) Demand of Karamsad Municipal Nagarpalika for property tax for the period 2008 to 2011 against which 15,00,000 paid to the authority</td>
<td>69,96,000</td>
<td></td>
</tr>
</tbody>
</table>
9. 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.


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

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: 6th September 2011 Date: 25th August 2011
Credibility Alliance Norms Compliance Report

Identity

□ Charutar Arogya Mandal is a Public Charitable Trust, registered under the Bombay Public Trust Act, 1950 (Regd. No.F/119/Anand) and the Societies Act, 1860 (Regd. No. GUJ/91/Anand).

□ MoA and AoA are available on request.


□ Mandal is registered under section 6(1)(a) of the Foreign Contribution (regulation) Act, 1976 (Regd. No. 042040052).

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 health care to the rural community equitably with commitment, excellence, honesty and integrity.

Vision
We would offer to our patients, comprehensive and personalized health care 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 on March 31, 2011.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Position on Board</th>
<th>Occupation</th>
<th>Area of competence</th>
<th>Meetings attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Amrita Patel</td>
<td>68</td>
<td>F</td>
<td>Chairman</td>
<td>Service and Operations</td>
<td>Management</td>
<td>4/4</td>
</tr>
<tr>
<td>Shri Jagrutt H Bhatt</td>
<td>56</td>
<td>M</td>
<td>Hon. Secretary</td>
<td>Industrialist</td>
<td>Management</td>
<td>3/4</td>
</tr>
<tr>
<td>Dr Utpala Kharod</td>
<td>53</td>
<td>F</td>
<td>Member</td>
<td>Service</td>
<td>Doctor</td>
<td>4/4</td>
</tr>
<tr>
<td>Ms Mirai Chatterjee</td>
<td>52</td>
<td>F</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>0/4</td>
</tr>
<tr>
<td>Dr Chhotubhai L Patel</td>
<td>76</td>
<td>M</td>
<td>Member</td>
<td>Agriculturist and Social Service</td>
<td>Academician</td>
<td>2/4</td>
</tr>
<tr>
<td>Shri Natubhai M Patel</td>
<td>81</td>
<td>M</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>3/4</td>
</tr>
<tr>
<td>Shri Ashokbhai J Patel</td>
<td>67</td>
<td>M</td>
<td>Member</td>
<td>Industrialist</td>
<td>Management</td>
<td>1/4</td>
</tr>
<tr>
<td>Shri Thakorbhai C Patel</td>
<td>73</td>
<td>M</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>4/4</td>
</tr>
<tr>
<td>Shri Harshadbhai S Patel</td>
<td>76</td>
<td>M</td>
<td>Member</td>
<td>Entrepreneur</td>
<td>Management</td>
<td>4/4</td>
</tr>
<tr>
<td>Shri Prayasvinbhai B Patel</td>
<td>53</td>
<td>M</td>
<td>Member</td>
<td>Industrialist</td>
<td>Management</td>
<td>0/4</td>
</tr>
<tr>
<td>Shri Vikrambhai C Patel</td>
<td>65</td>
<td>M</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>0/4</td>
</tr>
<tr>
<td>Dr BR Patel</td>
<td>82</td>
<td>M</td>
<td>Member</td>
<td>Clinical Practice</td>
<td>Doctor</td>
<td>2/4</td>
</tr>
<tr>
<td>Mrs Dakshaben N Shah</td>
<td>66</td>
<td>F</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>1/4</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:
  - Travelling 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) per month.

Remuneration of 3 highest paid staff members: ₹ 1,69,550 per month; ₹ 1,65,590 per month; ₹ 1,60,800 per month.

Remuneration of the lowest paid staff member: ₹ 2,625 per month.

Staff details as on March 31, 2011:

<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>600</td>
<td>-</td>
<td>32</td>
<td>Nil</td>
</tr>
<tr>
<td>Female</td>
<td>643</td>
<td>-</td>
<td>2</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, 2011:

<table>
<thead>
<tr>
<th>Slab of gross salary including benefits</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than ₹ 5,000</td>
<td>106</td>
<td>86</td>
<td>192</td>
</tr>
<tr>
<td>₹ 5,000 to ₹ 10,000</td>
<td>111</td>
<td>249</td>
<td>360</td>
</tr>
<tr>
<td>₹ 10,000 to ₹ 25,000</td>
<td>239</td>
<td>192</td>
<td>431</td>
</tr>
<tr>
<td>₹ 25,000 to ₹ 50,000</td>
<td>87</td>
<td>56</td>
<td>143</td>
</tr>
<tr>
<td>₹ 50,000 to ₹ 1,00,000</td>
<td>60</td>
<td>43</td>
<td>103</td>
</tr>
<tr>
<td>Above ₹ 1,00,000</td>
<td>29</td>
<td>19</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>632</td>
<td>645</td>
<td>1277</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, 2011.

Total cost of national travel by all personnel (including volunteers) & members of the governing body: ₹ 15,42,194
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 VRKG Shankar</td>
<td>(Radiation) Oncologist</td>
<td>San Diego (USA)</td>
<td>ASTRO 2010 Conference</td>
<td>2,36,590</td>
<td>NA</td>
</tr>
<tr>
<td>2</td>
<td>Dr Somshekhar Nimbalkar</td>
<td>Professor</td>
<td>Canada</td>
<td>8th International Kangaroo Mother Care Conference</td>
<td>66,194</td>
<td>NA</td>
</tr>
<tr>
<td>3</td>
<td>Dr Barna Ganguly</td>
<td>Professor</td>
<td>Jakarta</td>
<td>International conference</td>
<td>36,000</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>Dr Himanshu Pandya</td>
<td>Professor</td>
<td>Karolinska, Sweden</td>
<td>Leading for change in health professional education an international programme</td>
<td>3,31,409</td>
<td>NA</td>
</tr>
<tr>
<td>5</td>
<td>Dr Jyoti Mannari</td>
<td>Professor</td>
<td>Texas, USA</td>
<td>American college of Gastroenterology conference</td>
<td>1,00,000</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>7,70,193</td>
<td>NA</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 Borough for their continuing support.
- The Tribhuvandas Foundation for their continued assistance.
- The Charutar Vidya Mandal and the Charotar Gramoddhar Sahkari Mandal Ltd, for their help and support.
- The Kaira District Cooperative Milk Producers Union for their support and help.
- The Vitthal Udyognagar Industries for their support.
- The Government of Gujarat and the Sardar Patel University who have offered unstinted support.
- The Santram Mandir, Karamsad for providing free meals to relatives of patients coming from 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 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 Bhadaran 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.
create awareness and sensitise students on.

Student helpline, which is available 24 hours,

contributions in the form of poems, paintings,

Co-Curricular and Extracurricular Cell, and

with representatives from students and faculty,

The student support cell has various committees

Student Liaison

Gokalnagar, Karamsad 388325. Tel: (02692) 222130, 222567.

back