National Academy of Medical Sciences (India)

ANNUAL REPORT
2014-2015

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New Delhi - 110029

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CONTENTS

	Page no.
The Council - 2014-15	1
Officers & Executive Staff	2
Editorial Board of Annals of NAMS	3-4
A. Organizational Activities	**5-58**
Organisational Activities & Annual Meeting	7
Award of Fellowships & Memberships at the Annual Meeting	8-16
Lifetime Achievement Award for the year 2013	17
Orations and Awards	18-22
Prof. J.S. Bajaj Award	23
Meetings of the Council	24
Election of Fellows – 2014	24-28
Election of Members – 2014	28-35
Candidates proposed for Membership (MNAMS) on passing DNB Examination	36-41
Fellows/Members on rolls of the Academy	42
Nominations of Medical Scientists for Orations and Awards – 2014-15	43-48
Lifetime Achievement Award for the year 2014	49
Golden Jubilee Commemoration Award Lecture	49
Maintenance of Building	49
Publication of Annals	50-54
Obituary	55
Text of the address by the President Dr. C.S. Bhaskaran, delivered at the Annual Convocation on 18th October 2014, at Rishikesh (Annexure I)	56
Text of the address by the Chief Guest Dr. Aziz Qureshi, Govenor of Uttarakhand, Govt. of India, at the Annual Convocation on 18th October 2014,at Rishikesh (Annexure II)	57-58
B. Academic Report	**59-148**
Continuing Medical Education Programme	61-118
Report of activities April 1, 2014 - March 31, 2015	61
State-wise distribution of extramural CME Programmes	66
Extramural CME Programmes of NAMS Chapters	67
Report on Extramural CME Programmes (Annexure III)	68-80
The Medical Scientists' Exchange Programmes (Health Manpower Development)	81
Report on Intramural CME Programmes (Annexure IV)	82-93

NAMS Chapters (Annexure V)	94-96
Emeritus Professors of NAMS	97-118
Academic Committee	119-137
Academic Activities of NAMS –AIIMS Collegium	138-146
NAMS Website	147
C. Financial Report	**149-194**
Government Grant	151-152
Accounts	153-194
D. Highlights of the activities from April, 2015 to September, 2015	**195-210**
Newly Elected Members of the Council	195
Election of Vice-President	195
Elected Fellows and Members for the year 2015	195-198
Members admitted under Regulation V	198-207
Symposia/Workshop/CME Programmes	208
NAMS Scientific Symposium	209
Lifetime Achievement Award for the year 2015	209
Golden Jubilee Commemoration Award Lecture	210

THE COUNCIL 2014-15

Dr. C.S. Bhaskaran, FAMS, President
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Dr. Haribhai L. Patel, FAMS, Vice President
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Dr. Mohan Kameswaran
Dr. Amod Gupta
Dr. Ajmer Singh

Ex-officio Members of the Council

Director-General, Indian Council of Medical Research
President, National Board of Examinations
President, Medical Council of India

Nominee of the Central Government

Director General of Health Services

OFFICERS 2014 –15

President	Dr. C.S. Bhaskaran, FAMS
Vice-President	Dr. Haribhai L. Patel, FAMS
Treasurer	Dr. Manorama Berry, FAMS

EXECUTIVE STAFF

Honorary Secretary	Dr. Sanjay Wadhwa, FAMS (up 31st October, 2014)
	Dr. Deep Narayan Srivastava (w.e.f 1st November, 2014)
CME Co-ordinator	Dr. K.K. Sharma, FAMS

Editorial Board of Annals of the National Academy of Medical Sciences (India)

(up to 31.12.2015)

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ORGANIZATIONAL ACTIVITIES

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

Annual Report 2014-15

Organizational activities:

In accordance with the Rules of the Academy, a report on the general concerns of the Academy, the income and expenditure of the preceding year along with the estimates for the year, and the prosperity or otherwise of the Academy is to be presented to the General Body at its Annual Meeting.

Annual Meeting:

The 54th Annual Meeting was held on 17th, 18th and 19th October, 2014 at the All India Institute of Medical Sciences, Rishikesh. The Convocation of the Academy was held on 18th October, 2014 evening.

His Excellence Dr. Aziz Qureshi, Governor of Uttarakhand was the Chief Guest.

Dr. C.S. Bhaskaran, President, NAMS in his Presidential address, welcomed the distinguished Guests, Fellows and Members of the Academy. The full text of the Presidential address is given as Annexure I on page 56.

His Excellence Dr. Aziz Qureshi, Governor of Uttrakhand, India delivered the Convocation address. The full text of the address is given as Annexure II on page 57.

Award of Fellowships and Memberships

FELLOWS:

Twenty-four Fellows, including 1 elected in 2012, 2 elected in 2013 and 21 elected in 2014, were admitted to the Fellowship and received the scroll at the Convocation held at Rishikesh. The names of the Fellows admitted and their affiliations are given below:

1. **Dr. Rana Gopal Singh (2012)**
   Professor & Head, Department of Nephrology, Institute of Medical Sciences, Banaras Hindu University, Varanasi-221005. Dr. Singh's speciality is Nephrology.

2. **Dr. Rakesh Aggarwal (2013)**
   Professor, Department of Gastroenterology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow-226014. His speciality is Gastroenterology.

3. **Dr. M. Srinivasan (2013)**
   Professor of Ophthalmology & Director Emeritus, Aravind Eye Hospital & P.G. Institute of Ophthalmology, No.1, Anna Nagar, Maduari- 625020. Dr. Srinivasan's speciality is Ophthalmology.

4. **Dr. Amita Aggarwal (2014)**
   Professor, Department of Clinical Immunology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow-226014.
   Dr. Aggarwal's speciality is Clinical Immunology.

5. **Dr. Surendra Kumar Ahluwalia (2014)**
   Professor, Department of Gastroenterology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow-226014. Dr. Ahluwalia speciality is Gastroenterology.

6. **Dr. Visweswar Bhattacharya (2014)**
   Professor & Head, Department of Plastic Surgery, Institute of Medical Sciences, Banaras Hindu University, Varanasi. Dr. Bhattachaya's speciality is Plastic Surgery.

7. **Dr. Bisnu Pada Chatterjee (2014)**
Emeritus Professor, Department of Natural Sciences, West Bengal University of Technology, Salt Lake, Sector-1, Kolkata- 700064. Dr. Chatterjee's speciality is Biophysics.

8. **Dr. Taraprasad Das (2014)**
Vice Chairman, L.V. Prasad Eye Institute, Road No.2, Banjara Hills, Ahemdabad- 500034. Dr. Das's speciality is Ophthalmology.

9. **Dr. Krishan Gauba (2014)**
Professor & Head, Oral Health Sciences Centre & Professor Incharge, Academic Session, PGIMER, Sector-12, Chandigarh- 160012. Dr. Gauba's speciality is Dental Surgery.

10. **Dr. Swatantra Kumar Jain (2014)**
Professor of Biochemistry, Hamdard Institute of Medical Sciences & Research Jamia Hamdard (Hamdard University), Hamdard Nagar, New Delhi- 110062. Dr. Jain's speciality is Biotechnology.

11. **Dr. Shantanu Kumar Kar (2014)**
Director, Regional Medical Research Centre (ICMR) Chandrasekharpur, Bhubaneswar – 751023. Dr. Kar's speciality is Internal Medicine.

12. **Dr. Anand Krishnan (2014)**
Professor, Centre for Community Medicine, All India Institute of Medical Sciences, Ansari Nagar, New Delhi. Dr. Krishnan's speciality is Community Health/Community Medicine/Social & Preventive Medicine.

13. **Dr. Ashok Kumar (2014)**
Professor, Department of Surgical Gastroenterology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow- 226014. Dr. Kumar's speciality is Gastrointestinal Surgery.

14. **Dr. Rashmi Kumar (2014)**
Professor & Head, Department of Pediatrics, King George's Medical University, Lucknow- 226003. Dr. Kumar's speciality is Paediatrics.

15. **Dr. Narender Kumar Magu (2014)**
Senior Professor & Head Orthopaedics, PGIMS, Rohtak. 10/6 J Medical Campus PGIMS, Rohtak, Haryana- 124001. Dr. Magu's speciality is Orthopedics Surgery.

16. **Dr. Ravi K. Mehrotra (2014)**
Director, Institute of Cytology & Preventive Oncology, I-7, Sector-39, Noida-201301. Dr. Mehrotra's speciality is Pathology.

17. **Dr. Anupam Mondal (2014)**
Scientist 'F' & Jt Director, Head Clinical PET & NM, Institute of Nuclear Medicine Allied Sciences (INMAS), Delhi- 110054. Dr. Mondal's speciality is Nuclear Medicine.

18. **Dr. Sreekantaiah Pruthvish (2014)**
Professor of Community Medicine & Chairperson, Health Care Waste, Department of Community Medicine, MSR Nagar, Banglore- 560054. Dr. Pruthvish's speciality is Community Health/Community Medicine/Social & Preventive Medicine.

19. **Dr. Shalini Rajaram (2014)**
Director Professor, Department of Obstetrics & Gynecology , University College of Medical Sciences & Guru Teg Bahadur Hospital , Delhi- 110095. Dr. Rajaram's speciality is Obstetrics & Gynaecology.

20. **Dr. Polani B. Seshagiri (2014)**
Professor, Department of Molecular Reproduction, Development & Genetics, Indian Institute of Sciences (IISc), Banglore- 560012. Dr. Seshagiri's speciality is Biotechnology.

21. **Dr. Kuldeep Singh (2014)**
Additional Professor & Head Department of Pediatrics, AIIMS, Basni, Phase- II, Jodhpur- 342005. Dr. Singh's speciality is Medical Education.

22. **Dr. Soumya Swaminathan (2014)**
Director, National Institute for Research in Tuberculosis (Formely Tuberculosis Research Centre) No. 1, Mayor Sathymoorthy Road, Chetpet,

Chennai- 600031. Dr. Swaminathan's speciality is Pediatrics, Tuberculosis & HIV.

23. **Dr. Bhuma Vengamma (2014)**
Director cum Vice Chancellor Senior Professor & HOD, Sri Venkasteshwar, Institute of Medical Sciences, Tirupathi- 7, Andhra Pradesh- 517507. Dr. Vengamma's speciality is Neurology.

24. **Dr. Ashish Wakhlu (2014)**
Professor of Pediatrics Surgery King George Medical University, 1/147, Vivek Khand, Gomti Nagar, Lucknow- 226010. Dr. Wakhlu's speciality is Paediatric Surgery.

MEMBERS

Fourty three Members, including 3 elected in 2012, 5 elected in 2013 and 35 elected in 2014 were admitted to the Membership at the Convocation held at Rishikesh. The names of the Members admitted and their affiliations are given below:

1. **Dr. Anil Agarwal (2012)**
Junior Specialist (Ortho), Chacha Nehru Bal Chikitsalaya, Geeta Colony, Delhi-110031. Dr. Agarwal's speciality is Orthopaedic Surgery.

2. **Dr. Rachna Agarwal (2012)**
Associate Professor, Department of Obstetrics and Gynaecology, University College of Medical Sciences & GTB Hospital, Shahdara, Delhi-110095. **Dr. Agarwal's speciality is** Obstetrics and Gynaecology.

3. **Dr. Nusrat Shafiq (2012)**
Assistant Professor, Department of Pharmacology, Postgraduate Institute of Medical Education and Research, Chandigarh-160012. Dr. Shafiq's speciality is Clinical Pharmacology.

4. **Dr. Mala Bhalla (2013)**
Associate Professor, Department of Dermatology & Venereology, Govt. Medical College and Hospital, Chandigarh-160030. Dr. Bhalla's speciality is Dermatology & Venereology.

5. **Bhagirathi Dwibedi (2013)**
Senior Research Officer (Scientist-C), Regional Medical Research Centre, (ICMR), Chandrasekharpur, Bhubaneswar-751023. Dr. Dwibedi's speciality is Paediatrics.

6. **Dr. Indu Lata (2013)**
Assistant Professor, Maternal & Reproductive Health, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Rae Bareilly Road, Lucknow-226014. Dr. Lata's speciality is Obstetrics and Gynaecology.

7. **Dr. Deepika Pandhi (2013)**
Associate Professor, Department of Dermatology & STD, University College of Medical Sciences & G.T.B. Hospital, Delhi-110095. Dr. Pandhi's speciality is Dermatology & Venereology.

8. **Dr. Shashi Srivastava (2013)**
Professor, Department of Anaesthesiology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow-226014. Dr. Srivastava's speciality is Anaesthesiology.

9. **Dr. Mayank Agarwal (2014)**
Assistant Professor, Department of General Surgery, S.N. Medical College, Agra. Dr. Agarwal's speciality is General Surgery.

10. **Dr. Vinita Agrawal (2014)**
Additional Professor, Department of Pathology, Sanjay Gandhi Postgraduate Instittue of Medical Sciences, Rae Bareilly Road, Lucknow-226014. Dr. Agrawal's speciality is Pathology

11. **Dr. Permeet Kaur Bagga (2014)**
Associate Professor, Department of Pathology, Government Medical College, Amritsar, Punjab- 143001. Dr. Bagga's speciality is Pathology.

12. **Dr. Chittaranjan Behera (2014)**
Assistant Professor, Department of Forensic Medicine & Toxicology, Room no. 303, 2nd Floor, All India Institute of Medical Sciences, Ansari Nagar, New Delhi- 110029. Dr. Behera's speciality is Forensic Medicine.

13. **Dr. Pankaj Bhardwaj (2014)**
Assistant Professor, Department of Community Medicine & Family Medicine, All India Institute of Medical Sciences, Jodhpur-342005. Dr. Bhardwaj's speciality is Community Medicine & Family Medicine.

14. **Dr. Jagriti Bhatia (2014)**
Additional Professor, Department of Pharmacology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi- 110029. Dr. Bhatia's speciality is Pharmacology.

15. **Dr. Suvamony Chakraborty (2014)**
Professor & Head, Department of ENT, Sikkim Manipal University, CRH, 5th Mile, Tadong, Gangtok-737102, Sikkim. Dr. Chakraborty's speciality is Otorhinolaryngology.

16. **Dr. Surajit Ghatak (2014)**
Professor & Head, Department of Anatomy, All India Institute of Medical Sciences, Jodhpur. Dr. Ghatak's speciality is Anatomy.

17. **Dr. Nirmal Raj Gopinathan (2014)**
Assistant, Professor, Department of Orthopaedics, Postgraduate Institute of Medical Education & Research, Chandigarh. Dr. Gopinathan's speciality is Orthopaedic Surgery.

18. **Dr. Lajya Devi Goyal (2014)**
Professor, Department of Obstetrics & Gynaecology, GGS Medical College & Hospital, Faridkot. Dr. Goyal's speciality is Obstetrics & Gynaecology.

19. **Dr. Anmol Kumar Gupta (2014)**
Associate Professor, Department of Community Medicine, Indira Gandhi Medical College, Shimla. Dr. Gupta's speciality is Community Health/Community Medicine/ Social & Preventive Medicine.

20. **Dr. Pramod Kumar Gupta (2014)**
Assistant Professor, Department of Biostatistics, Cobalt Block 2F, Nehru Hospital, Postgraduate Institute of Medical Education Research (PGIMER) Chandigarh-160012. Dr. Gupta's speciality is Biostatistics.

21. **Dr. Rehan-Ul-Haq (2014)**
Associate Professor, Department of Orthopaedics, University College of Medical Sciences & GTB Hospital, New Delhi. Dr. Haq's speciality is Orthopaedic Surgery.

22. **Dr. Chellam Janaki (2014)**
Professor of Dermatology, Madras Medical College & Rajiv Gandhi Govt. General Hospital, Chennai- 600003. Dr. Janaki's speciality is Dermatology & Venereology.

23. **Dr. Shivani Jaswal (2014)**
Associate Professor, Government Medical College & Hospital, Sector, Chandigarh- 160032. Dr. Jaswal's speciality is Biochemistry.

24. **Dr. Sunil Katyal (2014)**
Professor & Head Department of Anaesthesiology & Intensive Care, Dayanand Medical College & Hospital Ludhiana-141001. Dr. Kanojia's speciality is Anaesthesiology.

25. **Dr. Nikhil Kothari (2014)**
Assistant Professor, Department of Anaesthesiology, All India Institute of Medical Sciences, Jodhpur-342005. Dr. Kothari's speciality is Anaesthesiology.

26. **Dr. Anurag Kuhad (2014)**
Assistant Professor of Pharmacology, University Institute of Pharmaceutical Sciences, UGC Centre of Advanced Study, Panjab University, Sector- 14, Chandigarh-160014. Dr. Kuhad's speciality is Pharmacology.

27. **Dr. Anil Kumar (2014)**
Professor of Pharmacology, University Institute of Pharmaceutical Sciences, UGC Centre for Advanced Study, Punjab University, Chandigarh- 160014. Kumar's speciality is Pharmacology.

28. **Dr. Govindarajan Nanjappachetty (2014)**
Professor of Dermatology, Vinayaka Mission Kirupandanda Variar Medical

College, Salem. Dr. Nanjappachetty's speciality is Dermatology & Venereology.

29. **Dr. Manish Narang (2014)**
Assistant Professor, Department of Paediatrics, UCMS & GTB Hospital, Delhi. Dr. Narang's speciality is Paediatric.

30. **Dr. Susanta Kumar Padhy (2014)**
Assistant Professor, Department of Psychiatry, PGIMER, Sector- 12, Chandigarh- 160012. Dr. Padhy speciality is Psychiatry.

31. **Dr. Anand Pandey (2014)**
Assistant Professor, Department of Surgery, King George's Medical University, Lucknow. Dr. Pandey's speciality is Paediatric Surgery.

32. **Dr. Mahesh Prakash (2014)**
Associate Professor, Department of Radiodiagnosis & Imaging, Post graduate Institute of Medical Education and Research, Sector-12, Chandigarh- 160012. Dr. Prakash's speciality is Radiodiagnosis.

33. **Dr. Amit Rawat (2014)**
Assistant Professor, Dept. of Pediatrics, Advanced Pediatrics Centre, Postgraduate Institute of Medical Education and Research, Chandigarh-160012. Dr. Rawat's speciality is Pathology.

34. **Dr. Neeru Saini (2014)**
Senior Scientist, Institute of Genomics and Integrative Biology, Mall Road, Near Jublee Hall, New Delhi- 110009. Dr. Saini's speciality is Biochemistry.

35. **Dr. Sudip Sen (2014)**
Assistant Professor, Department of Biochemistry, All India Institute of Medical Sciences, New Delhi- 110029. Dr. Sen's speciality is Biochemistry.

36. **Dr. Sheetal Sharda (2014)**
Assistant Professor, Department of Pediatric, Postgraduate Institute of Medical Education and Research, Chandigarh-160012. Dr. Shards's speciality is Genetics.

37. **Dr. Jaya Shukla (2014)**
Assistant Professor, Department of Nuclear Medicine, Post Graduate Institute of Medical Education & Research, Chandigarh- 160012. Dr. Shukla's specialigy is Nuclear Medicine.

38. **Dr. Shailendra Pal Singh (2014)**
Associate Professor, Department of Surgery, UP Rural Institute of Medical Sciences, Research Saifai Etawah. B- 203, Type- 4 Doctor's Residence UP Rural Institute of Medical Sciences & Research, Saifai Etawah. Dr. Singh's speciality is Surgery.

39. **Dr. Maneesh Singhal (2014)**
Additional Professor, Department of Surgery, JPNATC, All India Institute of Medical Sciences, New Delhi. E-2, Ansari Nagar (W), AIIMS Campus, Delhi- 110029. Dr. Singhal's speciality is Surgery.

40. **Dr. Seema Singhal (2014)**
Assistant Professor, Department of Obstetrics & Gynecologist, All India Institute of Medical Sciences, Ansari Nagar, New Delhi- 110029. Dr. Singhal's speciality is Obstetrics & Gynaecologist.

41. **Dr. Jaspreet Sukhija (2014)**
Assistant Professor, Postgraduate Institute of Medical Education and Research, Chandigarh. Room No. 116, Advanced Eye Centre, Sec-12, Chandigarh- 160012. Dr. Sukhija's speciality is Ophthalmology.

42. **Dr. Vaishali Suri (2014)**
Additional Professor, Department of Pathology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi- 110029. Dr. Suri's speciality is Pathology.

43. **Dr. Rachna Wadhwa (2014)**
Assistant Professor, Department of Anaesthesiology & Critical care, University College of Medical Sciences and Guru Teg Bahadur Hospital, Dilshad Garden, Delhi- 110095. Dr. Wadhwa's speciality is Anaesthesiology.

Lifetime Achievement Award

Lifetime Achievement Award of the National Academy of Medical Sciences (India) for the year 2013 was presented to Dr. Haribhai L. Patel, FAMS, in recognition of his life-long devotion to the cause of integrity in professional practice and ethics in medical education, and his leadership role both in the professional associations in India and the National Academy of Medical Sciences by Dr. Aziz Qureshi, Governor of Uttarakhand at the Convocation held on 18th October, 2014 at AIIMS, Rishikesh.

Orations and Awards

Dr. Aziz Qureshi, Chief Guest, presented the medals to the following recipients of the Orations/Awards of the Academy for the year 2013-14 at the Convocation held at Rishikesh:

ORATIONS

Achanta Lakshmipathi Oration	**Dr. N. Srinivasa Murthy, FAMS** Professor & Research Director Gokula Education Foundation and Professor & Research Co-ordinator, Deptt. of Community Medicine, M.S. Ramaiah Medical College, Bangalore.
Title of the Oration	Cancer Epidemiology and Life Style Modifications in Cancer Risk Reduction with Emphasis on Diet and Nutrition
Dr. K.L. Wig Oration	**Dr. Piyush Gupta, FAMS** Professor of Pediatrics, University College of Medical Sciences, Dilshad Garden,Delhi
Title of the Oration	Assessment in Medical Education: Time to Move Ahead.
Dr. R.V. Rajam Oration	**Dr. Amrinder Jit Kanwar, FAMS** Ex. Professor & Head, Department of Dermatology, Venereology & Leprology, Postgraduate Institute of Medical Education and Research, Chandigarh.
Title of the Oration	Vitiligo-An Indian Perspective

Dr. Pran Nath Chhuttani Oration	**Dr. D. Nageswara Rao, FAMS** Professor, Department of Biochemistry, All India Institute of Medical Sciences, Ansari Nagar, New Delhi.
Title of the Oration	Developing in house reagents for the diagnosis of Chikungunia and Dengue.
Dr. Baldev Singh Oration	**Dr. Ajit Kumar Banerji** Emeritus Professor, AIIMS, Former Professor & Head, Deptt. of Neurosurgery, All India Institute of Medical Sciences, Ring Road, Ansari Nagar, New Delhi.
Title of the Oration	Neurosurgical Training and Evaluation: Need for a Paradigm Shift
Gen. Amir Chand Oration	**Dr. Gayatri Rath, FAMS** Director Professor, Department of Anatomy Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi.
Title of the Oration	Potentiation of curcumin on Wnt/β-catenin signaling in breast cancer
Dr. B.K. Anand Oration	**Dr. Rakesh Kumar Srivastava** Senior Policy Analyst, National Institute of Health & Family Welfare Govt. of India Munirka, New Delhi.
Title of the Oration	Manpower development in Medical rehabilitation by enhancing quality of education & training through validated learning resource materials

Dr. S. Janaki Memorial Oration (For 2014)	**Dr. Pramod Kumar Pal** Professor of Neurology, Movement Disorder Speciality, Department of Neurology, National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore.
Title of the Oration	Understanding the pathophysiology of Spino-cerebellar Atazias through genetics, neuro physiology, structural and functional neuroimaging
Dr. V.R. Khanolkar Oration	**Dr. Subrata Sinha, FAMS** Director, National Brain Research Centre, Nainwal Mode, NH-8, Manesar (Haryana).
Title of the Oration	Gene discovery in gliom in the context of molecular reclassifications of tumors
Col. Sangham Lal Memorial Oration (2012-13)	**Dr. Mayil Vahanan Natarajan, FAMS** Vice-Chanceller The Tamilnadu Dr. M.G.R. Medical University No. 69, Anna Salai, Guindy, Chennai.
Title of the Oration (2013-14)	Custom Mega Prosthesis in Bone Tumours Dr. Sanjeev Misra, FAMS Director & CEO, All India Institute of Medical Sciences, Near Cazri Gate, Jodhpur.
Title of the Oration	Current perspectives in management of Carcinoma Gallbladder – Indian experience

AWARDS

Dr. S. S. Misra Memorial Award	**Dr. Desiree Saimbi** C-17, Sector-K Aliganj, Lucknow.
Dr. R. M. Kasliwal Award	**Dr. Uma Sharma** Assistant Professor, Department of NMR & MRI Facility, All India Institute of Medical Sciences Ansari Nagar, New Delhi.
Dr. Vimla Virmani Award	**Dr. Shivarama Varambally** Associate Professor, Department of Psychiatry, National Institute of Mental Health and Neurosciences, Hosur Road, Bangalore.
Shyam Lal Saksena Memorial Award	**Dr. Kuldeep Singh** Additional Professor & Head Department of Pediatrics All India Institute of Medical Sciences Jodhpur.
Dental Public Health Award	**Dr. Saumyendra Vikram Singh, FAMS** Associate Professor Department of Prosthodontics Dental Faculty, K.G. Medical University Lucknow (UP).

Dr. S. S. Sidhu Award	**Dr. Virendra Singh, FAMS** Professor, Department of Oral & Maxillofacial Surgery, Post Graduate Institute of Dental Sciences, Rohtak (Haryana).
Dr. Vinod Kumar Bhargava Award	**Dr. Thirumurthy Velpandian** Additional Professor & Head, Department of Ocular Pharmacology & Pharmacy, Dr. R.P. Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, New Delhi.
Dr. Arthur Saravamuthu Thambiah Award	**Dr. Somesh Gupta** Additional Professor Department of Dermatology & Venereology, All India Institute of Medical Sciences, New Delhi.

Prof. J.S. Bajaj Award

Prof. J.S. Bajaj Award for best student performance of the Symposium on "Harmful Effects of Alcohol consumption: Need for evidence-based national policy" held on 17th October, 2014 was presented to Ms. Deeksha, 3rd year MBBS student, All India Institute of Medical Sciences, Rishikesh by Dr. Aziz Qureshi, Chief Guest at the Convocation held on 18th October, 2014 at AIIMS, Rishikesh.

Meetings of the Council

During the year 2014, four meetings of the Council were held.

The first Meeting was held on 30th July, 2014, the second meeting was held on 4th October, 2014, in the premises of the National Academy of Medical Sciences (India), New Delhi, Special meeting of the Council and Council meeting both were held on 23rd February, 2015, at Camp Office, Gurgaon.

Filling up of the vacancies of retiring Council Members – 2014:

The following is the list of Members who retired during the year 2014 on completion of their tenure, and those who have been elected as Members of the Council:

Retired Members	Elected Members
1. Dr. Manorama Berry	Dr. Saroj Chooramani Gopal
2. Dr. Saroj Chooramani Gopal	Dr. M.V. Padma Srivastava
3. Dr. K.K. Sharma	Dr. Mohan Kameswaran
4. Dr. S. Kameswaran	Dr. Amod Gupta
5. Dr. Hardas Singh Sandhu	Dr. Ajmer Singh

The Council placed on record its appreciation of the services rendered by the retiring Members.

Election of Fellows - 2014

The Credential Committee considered 137 biomedical scientists for election to Fellowship; of these, 62 were new nominations (30 direct and 32 advancement) and 75 were carried forward nominations (46 direct and 29 advancement) for the year 2014. The Credential Committee recommended 29 Biomedical Scientists for the award of Fellowship. After going through the files containing the biodata of biomedical scientists recommended for election of Fellowship & Membership, the recommendations of the Credential Committee were approved by the Council. They have since been ballotted and elected as Fellows by the General Body of Fellows, as per procedure prescribed in the Rules. The names of elected Fellows are given below:

1. **Dr. Amita Aggarwal**
   Professor, Department of Clinical Immunology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow. Her speciality is Clinical Immunology.

2. **Dr. Surendra Kumar Ahluwalia**
   Principal, M.M. Medical College & Hospital, Sultanpur Road, Kumarhatti, Solan (HP). His speciality is Community Health/Community Medicine/ Social & Preventive Medicine.

3. **Dr. Kalpana Balakrishnan**
   Professor & Director, World Health Organization Collaborating Centre, Sri Ramachandra University, Porur, Chennai. Her speciality is Occupational & Environmental Health.

4. **Dr. Prakash B. Behere**
   Director, Research & Development, Professor & Head, Department of Psychiatry, Jawaharlal Nehru Medical College, Sawangri, Wardha. His specility is Psychiatry.

5. **Dr. Visweswar Bhattacharya**
   Professor & Head, Department of Plastic Surgery, Institute of Medical Sciences, Banaras Hindu University, Varanasi. His speciality is Plastic Surgery.

6. **Dr. Bisnhu Pada Chatterjee**
   Emeritus Professor, Dept. of Natural Sciences, West Bangal University of Technology, Salt Lake, Sector – 1, Kolkata. His specility is Biophysics.

7. **Dr. Taraprasad Das**
   Vice-Chairman, LV Prasad Eye Institute, Road # 2, Banjara Hills, Hyderabad. His speciality is Ophthalmology.

8. **Dr. Pramod Kumar Garg**
   Professor, Department of Gastroenterology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi. His speciality is Gastroenterology.

9. **Dr. Krishan Gauba**
Professor & Head, Oral Health Sciences Centre and Professor Incharge, Academic Sction, Postgraduate Institute of Medical Education & Research, Chandigarh. His speciality is Dental Surgery.

10. **Dr. Anil Kumar Gupta**
Professor and Head, Department of Hospital Administration and Medical Superintendent, Postgraduate Institute of Medical Education and Research, Chandigarh. His speciality is Hospital Administration.

11. **Dr. Swatantra Kumar Jain**
Professor of Biochemistry, Hamdard Institute of Medical Sciences and Research, Jamia Hamdard (Hamdard University), New Delhi. His speciality is Biochemistry.

12. **Dr. V.R. Janaki**
Professor and Head, Department of Dermatology, Madras Medical College, Chennai. Her speciality is Dermatology & Venereology.

13. **Dr. Shantanu Kumar Kar**
Director, Regional Medical Research Centre (ICMR), Chandrasekharpur, Bhubaneswar-751023. His speciality is Internal Medicine.

14. **Dr. Anand Krishnan**
Professor, All India Institute of Medical Sciences, Ansari Nagar, New Delhi. His speciality is Community Health/Community Medicine/ Social & Preventive Medicine.

15. **Dr. Ashok Kumar**
Professor, Department of Surgical Gastroenterology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow. His speciality is Gastrointestinal Surgery.

16. **Dr. Rashmi Kumar**
Professor & Head, Department of Paediatrics, King George's Medical University, Lucknow. Her speciality is Paediatrics.

17. **Dr. Narender Kumar Magu**
Senior Professor & Head, Department of Orthopaedics at P. B.D. Sharma PGIMS, Rohtak. His speciality is Orthopaedic Surgery.

18. **Dr. Ravi K. Mehrotra**
Director, Institute of Cytology and Preventive Oncology (ICMR), I-7, Sector-39, Noida (UP). His speciality is Pathology.

19. **Dr. Anupam Mondal**
Scientist 'F' & Joint Director Head, Clinical PET Imaging & NM, Institute of Nuclear Medicine & Allied Sciences, Delhi. His speciality is Nuclear Medicine.

20. **Dr. Sreekantaiah Pruthvish**
Professor of Community Medicine and Chairperson, Health Care Waste Management Cell, Department of Community Medicine, MS Ramaiah Medical College, MSR Nagar, Bangalore. His speciality is Community Health/Community Medicine/ Social & Preventive Medicine.

21. **Dr. Shalini Rajaram**
Director Professor, Department of Obstetrics & Gynecology, University College of Medical Sciences & Guru Teg Bahadur Hospital, Delhi. Her speciality is Obstetrics & Gynecology.

22. **Dr. Poonam Salotra**
Senior Deputy Director (Scientist F), National Institute of Pathology (ICMR), Safdarjang Hospital Campus, New Delhi-110029. Her speciality is Molecular Medicine.

23. **Dr. Gita Satpathy**
Professor and Head, Department of Ocular Microbiology, Dr. R.P. Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, Ansari Nagar, New Delhi. Her speciality is Microbiology.

24. **Dr. Polani B. Seshagiri**
Professor, Department of Molecular Reproduction, Development and Genetics, Indian Institute of Science, Bangalore. His speciality is Biotechnology.

25. **Dr. Kuldeep Singh**
Additional Professor & Head, Department of Pediatrics, All India Institute of Medical Sciences, Jodhpur. His speciality is Medical Education.

26. **Dr. Ashish Suri**
Professor, Department of Neurosurgery, All India Institute of Medical Sciences, Ansari nagar, New Delhi. His speciality is Neurosurgery.

27. **Dr. Soumya Swaminathan**
Director, National Institute for Research in Tuberculosis, No. 1, Sathyamurthy Road, Chetput, Chennai. Her speciality is Pediatrics, Tuberculosis and HIV.

28. **Dr. Bhuma Vengamma**
Director-cum-Vice Chancellor, Senior Professor & Head, Department of Neurology, Sri Venkateswara Institute of Medical Sciences, Tirupati. Her speciality is Neurology.

29. **Dr. Ashish Wakhlu**
Professor, Department of Paediatric Surgery, King George's Medical University, Lucknow. His speciality is Pediatric Surgery.

Election of Members – 2014

The total number of candidates considered for election to Membership was 77 (out of which 68 were new nominations and 09 were carried forward nominations). The Credential Committee recommended 59 candidates and these were approved by the Council. They have since been ballotted and elected as Members by the General Body of Fellows, as per procedure prescribed in the Rules. The names of elected Members are given below:

1. **Dr. Haider Abbas**
Associate Professor, Department of Anaesthesiology & Critical Care, King George's Medical University, Lucknow-226003. His speciality is Anaesthesiology.

2. **Dr. Mayank Agarwal**
Assistant Professor, Department of General Surgery, S.N. Medical College, Agra. His speciality is Surgery.

3. **Dr. Vinita Agrawal**
Additional Professor, Department of Pathology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow. Her speciality is Pathology.

4. **Dr. Ramesh Aggarwal**
Assistant Professor, Lady Hardinge Medical College, New Delhi. His speciality is Medicine.

5. **Dr. Permeet Kaur Bagga**
Associate Professor, Department of Pathology, Government Medical College, Amritsar. Her speciality is Pathology.

6. **Dr. Chittaranjan Behera**
Assistant Professor, Department of Forensic Medicine & Toxicology, All India Institute of Medical Sciences, New Delhi. His speciality is Forensic Medicine.

7. **Dr. Pankaj Bhardwaj**
Assistant Professor, Department of Community Medicine & Family Medicine, All India Institute of Medical Sciences (AIIMS), Jodhpur. His speciality is Community Health/Community Medicine/ Social & Preventive Medicine.

8. **Dr. Jagriti Bhatia**
Additional Professor, Department of Pharmacology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029. Her speciality is Pharmacology.

9. **Dr. Suvamoy Chakraborty**
Professor & Head, Department of ENT, Sikkim Manipal Institute of Medical Sciences, Tadong, Gangtok, Sikkim. His speciality is Otorhinolaryngology.

10. **Dr. Benu Dhawan**
Professor, Department of Microbiology, All India Institute of Medical Sciences, New Delhi. Her speciality is Microbiology.

11. **Dr. Surajit Ghatak**
Professor & Head, Department of Anatomy, All India Institute of Medical Sciences, Jodhpur. His speciality is Anatomy.

12. **Dr. Nirmal Raj Gopinath**
Assistant Professor, Department of Orthopaedic Surgery, Postgraduate Institute of Medical Education & and Research, Chandigarh. His speciality is Orthopaedic Surgery.

13. **Dr. Lajya Devi Goyal**
Professor, Department of Obstetrics & Gynaecology, G.G.S. Medical College & Hospital, Faridkot, Punjab. Her speciality is Obstetrics & Gynaecology.

14. **Dr. Anmol Gupta**
Assistant Professor, Department of Community Medicine, School of Public Health, Postgraduate Institute of Medical Education and Research, Chandigarh-160012. His speciality is Community Health/Community Medicine/ Social & Preventive Medicine.

15. **Dr. Nikhil Gupta**
Assistant Professor, Department of Surgery, PGIMER & Dr. R.M.L. Hospital, Delhi. His speciality is Surgery.

16. **Dr. Pramod Kumar Gupta**
Assistant Professor, Department of Biostatistics, Post-Graduate Institute of Medical Education & Research, Chandigarh. His speciality is Biostatistics.

17. **Dr. Ravinder K. Gupta**
Professor, Department of Paediatrics, Acharya Shri Chander College of Medical Sciences & Hospital, Jammu. His speciality is Pediatrics.

18. **Dr. Rehan-Ul-Haq**
Associate Professor, Department of Orthopaedics, University College of Medical Sciences & GTB Hospital, New Delhi. His speciality is Orthopaedic Surgery.

19. **Dr. Kajal Jain**
Additional Professor, Department of Anaesthesia & ICU, Postgraduate Institute of Medical Education and Research, Chandigarh. **His speciality** is Anaesthesiology.

20. **Dr. Chellam Janaki**
Professor, Department of Dermatology, Madras Medical College, Chennai. Her speciality is Dermatology & Venereology.

21. **Dr. Shivani Jaswal**
Associate Professor, Govt. Medical College & Hospital, Sector 32, Chandigarh. Her speciality is Biochemistry.

22. **Dr. Gopabandhu Jena**
Assistant Professor, Department of Pharmacology & Toxicology, National Institute of Pharmaceutical Education and Research, Sector-67, SAS Nagar-160062. His speciality is Molecular Biology.

23. **Dr. Ravi Prakash Kanojia**
Associate Professor, 3103, Block 3A, Advanced Paediatric Centre, Postgraduate Institute of Medical Education and Research, Chandigarh. His speciality is Paediatric Surgery.

24. **Dr. Sunil Katyal**
Head & Head, Department of Anaesthesiology & Intensive Care, Dayanand Medical College and Hospital, Ludhiana. His speciality is Anaesthesiology.

25. **Dr. Nikhil Kothari**
Assistant Professor, Department of Anaesthesiology, All India Institute od Medical Sciences, Jodhpur. His speciality is Anaesthesiology.

26. **Dr. Anurag Kuhad**
Assistant Professor of Pharmacology, University Institute of Pharmaceutical Sciences, Punjab University, Chandigarh. His speciality is Pharmacology.

27. **Dr. Anil Kumar**
Professor, Department of Pharmacology, University Institute of Pharmaceutical Sciences, UGC Centre for Advanced Study, Punjab University, Chandigarh. His speciality is Pharmacology.

28. **Dr. Palash Kumar**
Consultant Anaesthesiologist, Apollo Gleneagles Hospitals, Kolkata. His speciality is Anaesthesiology.

29. **Dr. Subodh Kumar**
Additional Professor, Department of Surgery, J.P.N. Apex Trauma Centre, All India Institute of Medical Sciences, New Delhi-110029. His speciality is Surgery.

30. **Dr. Pradeep Kumar Maheshwari**
Professor and Head, P.G. Department of Medicine & Neurology Division, Sarojini Naidu Medical College, Agra. His speciality is Neurology.

31. **Dr. Anila Anna Mathan**
Senior Consultant & Head, Department of Hematology & Transfusion Medicine, Apollo Speciality Hospital, Vanagaram, Chennai. Her speciality is Pathology.

32. **Dr. Jayanta Kumar Mitra**
Associate Professor, Department of Anaesthesia, ESI-Postgraduate Institute of Medical Sciences & Research, Joka, Kolkata. His speciality is Anaesthesiology.

33. **Dr. Debajyoti Mohanty**
Associate Professor, Department of General Surgery, All India Institute of Medical Sciences, Raipur, Chhattisgarh. His speciality is Surgery.

34. **Dr. Madhumita Mukhopadhyay**
Professor, Department of Pathology, Institute of Postgraduate Medical Education and Research, Kolkata. Her speciality is Pathology.

35. **Dr. Govindarajan Nanjappachetty**
Professor, Department of Dermatology, Vinayak Mission Kurupananda Variar Medical College, Salem. His speciality is Dermatology & Venereology.

36. **Dr. Manish Narang**
Associate Professor, Pediatrics, UCMS & GTB Hospital, Delhi. His speciality is Paediatrics.

37. **Dr. Susanta Kumar Padhy**
Assistant Professor, Department of Psychiatry, Postgraduate Institute of Medical Education and Research, Chandigarh-160012. His speciality is Psychiatry.

38. **Dr. Ranabir Pal**
Additional Professor, Department of Community Medicine & Family Medicine, All India Institute of Medical Sciences, Basni Phase-2, Jodhpur. His speciality is Community Health/Community Medicine/Social & Preventive Medicine.

39. **Dr. Anand Pandey**
Assistant Professor, Department of Surgery, UP Rural Institute of Medical Sciences & Research, Saifai, Etawah. His speciality is Paediatric Surgery.

40. **Dr. Anupam Prakash**
Associate Professor, Department of Medicine, Lady Hardinge Medical College & Associated Hospitals, New Delhi. His speciality is Internal Medicine.

41. **Dr. Mahesh Prakash**
Associate Professor, Department of Radiodiagnosis & Imaging, Postgraduate Institute of Medical Education and Research, Chandigarh. His speciality is Radiodiagnosis.

42. **Dr. Amit Rawat**
Assistant Professor of Pediatric Allergy & Immunology, Pediatric Allerge & Immunology Unit, Dept. of Paediatrics, Postgraduate Institute of Medical Education and Research, Chandigarh. His speciality is Pathology.

43 **Dr. Sandeep Sahu**
Associate Professor, Department of Anaesthesiology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow. His speciality is Anaesthesiology.

44. **Dr. Neeru Saini**
Senior Scientist, CSIR – Institute of Genomics and Integrative Biology, Mall Road, Near Jubilee Hall, New Delhi. Her speciality is Biochemistry.

45. **Dr. Sudip Sen**
Assistant Professor, Department of Biochemistry, All India Institute of Medical Sciences, New Delhi. His speciality is Biochemistry.

46. **Dr. Amar Anirudh Shah**
Neonatal and Paeditric Surgeon, Amrdeep Multispeciality Children Hosppital & Research Centre, 65, Pritamnagar Society, Near government Ladies Hostel, Near Gujarat College, Ellisbridge, Ahmedabad. His speciality is Paediatric Surgery.

47. **Dr. Sheetal Sharda**
Assistant Professor, Department of Paediatrics, Advanced Paediatric Centre, Postgraduate Institute of Medical Education and Research, Chandigarh. Her speciality is Genetics.

48. **Dr. Urvashi Sharma**
Associate Professor, Department of Pedontics, Dr. HSJ Institute of Dental Sciences & Hospital, Chandigarh. Her speciality is Dental Surgery.

49. **Dr. Jaya Shukla**
Assistant Professor, Department of Nuclear Medicine, Postgraduate Institute of Medical Education and Research, Chandigarh. Her speciality is Nuclear Medicine.

50. **Dr. Shailendra Pal Singh**
Associate Professor, Department of Surgery, U.P. Rural Institute of Medical Sciences & Research, Saifai, Etawah. His speciality is Surgery.

51. **Dr. Maneesh Singhal**
Additional Professor, Department of Surgery, J.P.N. Apex Trauma Center, All India Institute of Medical Sciences, New Delhi. His speciality is Plastic Surgery.

52. **Dr. Seema Singhal**
Assistant Professor, Department of Obstetrics & Gynaecology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi. Her speciality is Obstetrics & Gynaecology.

53. **Dr. Rajiv Sinha**
Assistant Professor, Institute of Child Health, Kolkata. His speciality is Paediartics.

54. **Dr. Jaspreet Sukhija**
Assistant Professor, Advanced Eye Centre, Postgraduate Institute of Medical Education and Research, Chandigarh. His speciality is Ophthalmology.

55. **Dr. Vaishali Suri**
Additional Professor, Additional Professor, Department of Pathology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi. Her speciality is Pathology.

56. **Dr. Anjan Trikha**
Professor, Department of Anaesthesia, All India Institute of Medicak Sciences, Ansari Nagar, New Delhi. His speciality is Anaesthesiology.

57. **Dr. Ramandeep Singh Virk**
Associate Professor, Department of ENT, Postgraduate Institute of Medical Education and Research, Chandigarh. His speciality is Otorhinolaryngology.

58. **Dr. Rachna Wadhwa**
Assistant Professor, Department of Anaesthesia & Critical Care, University College of Medical Sciences & G.T.B. Hospital, Dilshad Garden, Delhi. Her speciality is Anaesthesiology.

59. **Dr. Kapil Yadav**
Assistant Professor, Centre for Community Medicine, Room No. 25, Old OT Block, All India Institute of Medical Sciences, Ansari Nagar, New Delhi. His speciality is Community Health/Community Medicine/Social & Preventive Medicine.

MNAMS

Membership of the Academy under Regulation V – The candidates who have passed the examination conducted by the National Board of Examinations and have been duly proposed for Membership (MNAMS). Regulation V provides as under:-

> "Those candidates who pass the examination conducted by the National Board of Examinations will individually submit an application for admission as Member of the National Academy of Medical Sciences, duly proposed by at least one Fellow of the Academy certifying the character and conduct of the candidates. Subject to the approval of the Council of the National Academy of Medical Sciences, the candidate will be admitted as Member after paying one time Life Subscription fee of Rs. 7,000/- (inclusive of admission fee of Rs. 1000/-) as may be determined from time to time, and after executing the Bond of Obligation."

Accordingly, the application forms were issued by the Academy to the candidates on their request.

The following candidates who applied for Membership (MNAMS) of the Academy under the above category and who were duly proposed by at least one Fellow as stipulated under Regulation V, were placed before the Council for consideration at its meetings held on 30th July, 2014 and 4th October, 2014. The Council approved the same.

Names approved at the Council meeting held on 30th July, 2014

1. Dr. Kukreja Ajay Ashok
2. Dr. Rajeev Kumar Gupta
3. Dr. Abdulvahid Attar
4. Dr. V. Vidyashree Nandini
5. Dr. Purandare Mayur Avinash
6. Dr. Lekha K. L.
7. Dr. Santosh Mohan Rao K.
8. Dr. Jay Deep Ghosh
9. Dr. Tyagi Himanshu Ravindra
10. Dr. Jatinder Kaur
11. Dr. Prakash Pragish Prakash
12. Dr. Jayakrishnan K. B.
13. Dr. Ravi Sreenivasan
14. Dr. Ramasamy L.
15. Dr. Mohammed Fahud Khurram
16. Dr. Sandeep V. Nair
17. Dr. Varun Gupta
18. Dr. (Lt. Col.) Pawan Sharma
19. Dr. Gupta Vishal Subodh
*20. Dr. Ashish Chauhan

21. Dr. Dodwani Gunjan Gulabrai
22. Dr. Bibek Kumar Rai
23. Dr. Raheesh Ravindran
24. Dr. Babar Shrikant Arvind
25. Dr. Anilkumar Taranath Bennur
25. Dr. Bhanvadia Viral Mansukhbhai
27. Dr. Hitesh Verma
28. Dr. Sabnis Kirti Chandrashekhar
29. Dr. Sangeet Gangadharan
30. Dr. Avinash T. S.
31. Dr. Sonia Arnowalt
32. Dr. Ushnish Chakrabarty
33. Dr. Utsav Katakwar
34. Dr. Abhishek Sharma
35. Dr. Shyni S.
36. Dr. Prasanthkumar M S
37. Dr. Dharme Madhav Ramkrishna
38. Dr. Gopendu Chandan Patri
39. Dr. Shilpa Singh
40. Dr. Kanil Ranjith Kumar
41. Dr. Abbas Ali S.
42. Dr. Arun B.
43. Dr. Arvind Kumar Jain
44. Dr. Goyal Anuja Rajkumar
45. Dr. Neeraj Gupta
46. Dr. Revathi V.
47. Dr. Mukul Mohindra
48. Dr. Pulkit Gupta
49. Dr. Bhumika Sharma
50. Dr. Suresh M.
51. Dr. Rajsekar C. S.
52. Dr. Aruna Kumari
53. Dr. Suresh B. M.
54. Dr. Vinit Digambar Wankhede
55. Dr. Jacob Mathews
56. Dr. Pradeep Nair
57. Dr. Sreejith K.
58. Dr. Parul Bhatnagar
59. Dr. Francis G.
60. Dr. Malini Ebenezer
61. Dr. Abhinav Gupta
62. Dr. Manzoor Ahmad
63. Dr. Gopisankar Balaji G.
64. Dr. Srikanth K. P.
65. Dr. Senthil Vadivu A
66. Dr. Jigyasa Pandey
67. Dr. Rony Thomas
68. Dr. Prateek Behera
69. Dr. Shah Amit Kumar R N Prasad
70. Dr. Sanjay Mishra
71. Dr. Sapna S.
72. Dr. R. Amita
73. Dr. Praveen A.
74. Dr. Shruti Arora
75. Dr. Prakash Khatri
76. Dr. Yogishwar A. V.
77. Dr. Yanamandra Uday Yvss Murthy
78. Dr. Oturkar Prasanna Shrikant
79. Dr. Kulkarni Sandeep Anilrao
80. Dr. Sudhamaheswari S.
81. Dr. Ashok Anand D V
82. Dr. Nancy S Pillai
83. Dr. Sunil Kumar

84. Dr. Sanjay Kumar Chhawara
85. Dr. Sangeeta Dhanger
86. Dr. Yogesh Manoharrao Deshmukh
87. Dr. Vikraman Seneesh Kumar
88. Dr. Kapil Soni
89. Dr. Anjolie Mahindru
90. Dr. Ghansham
91. Dr. Liza Thomas
92. Dr. Upwan Kumar
93. Dr. Bindu R.
94. Dr. Rathwa Vanrajkumar Pahadsing
95. Dr. Mithun C. Mohan
96. Dr. Harivenkatesh N.
97. Dr. S. Saheer
98. Dr. Tople Swapnil Sudhakarrao
99. Dr. Shashidhar B. K.
100. Dr. Shalendra Singh
101. Dr. Geetika Srivastava
102. Dr. Thorve Smita Manaji
103. Dr. Narkhede Pravin Sakharam
104. Dr. Valsa Diana G.
105. Dr. Triveni G. S.
106. Dr. Borse Vivek
107. Dr. Valsala L.
108. Dr. Devi Krishna R.
109. Dr. Cinu A Nair
110. Dr. Doshi Bhavin Jayant
111. Dr. Saoji Akash Arvind
112. Dr. Saradhia Saket Pravinkumar
113. Dr. Popat Rohan Bhupendra
114. Dr. Kumar Rajesh Vijay
115. Dr. Neha Singh
116. Dr. Lijiya Pushpan
117. Dr. Dilip Kuncheria
118. Dr. Dhamangaonkar Anoop C.
119. Dr. Wagh Sidhesh
120. Dr. K. Srinivas
121. Dr. Chugh Vishal Surendrakumar
122. Dr. Kavin Khatri
123. Dr. Shitha Ramesh
124. Dr. Ajithkumar M. K.
125. Dr. Pranjal Sarkar
126. Dr. Ramesan K.
127. Dr. Swapndeep Singh Atwal
128. Dr. Saurabhi Das
129. Dr. Nagendran N.
130. Dr. Asgar Abbas
131. Dr. Desale Dinesh Uttamrao
132. Dr. Mansukhani Sameer Ajit
133. Dr. Vandana Goel
134. Dr. Tuteja Tanvi Vijay
135. Dr. Chetan Giroti
136. Dr. Rajesh Kumar Singh
137 Dr. Morey Vivek Machhindra
138. Dr. Sandhiya S.
139. Dr. Balaji S.
140. Dr. Sandeep Gupta
141. Dr. Pophale Anand Ashok
142. Dr. Khan Tabassum Shafiuddin
143. Dr. Kumar Anubhav Sudhir
144. Dr. Suryawanshi Satyajeet Narayan
145. Dr. Siddhartha Sharma

146. Dr. Parikshaa Gupta
147. Dr. Chilukuri Venkata Narasimha Murthy
148. Dr. Farah Naaz Fathima Jaleel
149. Dr. Basharat Nadeem
150. Dr. Manoj Kumar Shaw
151. Dr. Jayachandran M. G.
152. Dr. Hirak Pahari
153. Dr. Tungare Prajakta Rajiv
154. Dr. Ajithkumar C. S.
155. Dr. K. Varun Krishna
156. Dr. Atul Shrivastav
157. Dr. Monika Singh
*158. Dr. Puranik Reshma Nitin
159. Dr. Naik Yogesh Bhanudas
160. Dr. Devi Jansirani D.
161. Dr. Ajay Halder
162. Dr. Shriganesh Rawatmal Barnela
163. Dr. Ranga Ram Choudhary
164. Dr. Elilnambi S.
165. Dr. Anurag Mishra
166. Dr. Devyani Gautam
167. Dr. Vinay K.
168. Dr. Jayabrata Ghosh
169. Dr. Ramakant Dixit
170. Dr. Jain Shivani Ashok
171. Dr. Anindansu Basu
172. Dr. Dsouza Cyril John
173. Dr. Trivedi Amit Dineshbhai
174. Dr. Sunil Vyas
175. Dr. Shazia Shafi
176. Dr. Venkatesh C.
177. Dr. Radharani Dutt Choudhury
178. Dr. Uzma Sadia
179. Dr. Mohammed Rafi P.
180. Dr. Syeeduddin Kutbe
181. Dr. G. Umapathi Choudary
182. Dr. Margaj Vishrabdha Chandrakant
183. Dr. Ramachandra N Badami
184. Dr. Singh Vikram Satyendra
185. Dr. Deepti Joy
186. Dr. Yasir P. T.
187. Dr. Sandeep Katiyar
188. Dr. Umar Qadir Bacha
189. Dr. Ashok Kumar Singh
190. Dr. Gandhi Darshan Harishkumar
191. Dr. Sunilkumar Attar Singh
192. Dr. K. Rukmini Mridula
193. Dr. Anshul Dhillon
194. Dr. Jain Darshan Ghewarchand
195. Dr. Raviraja A.
196. Dr. Pankaj Panwar
197. Dr. Vaibhav Kumar Varshney
198. Dr. Mrinal Pahwa
*199. Dr. Wangchuk Tsering
200. Dr. Godavarthy Purushotham
201. Dr. Devendra Lakhotia
202. Dr. Kirthana Kunikullaya U.
203. Dr.Vinish Narang
204. Dr. J. Satheesh Krishna
205. Dr. Shaw Subhash Chandra
206. Dr. Abhishek K Phadke
207. Dr. Yelamali Arun
208. Dr. Teena Sleeba
209. Dr. Mourya Udaybhan Harishankar

210. Dr. Bilal Ahmad Baba
211. Dr. Chhabria Manish Amarlal
212. Dr. Seema Maheshwari
213. Dr. Sandhia V. K.
*214. Dr. Lohar Yogesh Suresh
215. Dr. Mohandas Nair K.
216. Dr. Sankar Kumar Chatterjee
217. Dr. Deepti Krishnan
218. Dr. Saif Quaiser
219. Dr. Durgaprasad Hegde S.
220. Dr. Heera Banu Mohamed
221. Dr. Darwade Abhinav Bhaskar
222. Dr. Ritu Agarwal
223. Dr. Mohit Garg
*224 Dr. Gauri Agarwal
225. Dr. Rajat Gupta
226. Dr. Yoganand Mahadev Dadge
227. Dr. Boby Krishna
228. Dr. Dhar Sanjay Kumar
229. Dr. Ajay Kumar
230. Dr. Mehraj Din Tantray
231. Dr. Anish Keepanasseril
232. Dr. Kousik Nandy
233. Dr. Amit Kumar
234. Dr. Prateek Garg
235. Dr. Gaurav Rastogi
236. Dr. Abhijit Pundlikrao Patkey
237. Dr. Singh Geetanjali Amar Singh
238. Dr. Yadav Rahul Narendra Singh
239. Dr. Sasurkar Vaibhav Arvind
*240. Dr. Kaushik J.
241. Dr. Sunil Kumar
242. Dr. Nishant Dixit
243. Dr. Gopi Manohar
244. Dr. Vipin Gupta
245. Dr. Suhaib Rehaman A.
246. Dr. Daga Sachin Valchandji
247. Dr. Nivedhitha Aarthy G.
248. Dr. Niranjanan M. Raghavn
249. Dr. Simi R.
250. Dr. Ankur Sachdeva
251. Dr. Amit Kumar Gupta
252. Dr. Ritu Gupta
253. Dr. Selmokar Amarnath Ramesh
254. Dr. Ekta Malik
255. Dr. Ghyar Praful Prakash
256. Dr. Virender Kumar
257. Dr. Mamta Singhroha
258. Dr. Pankaj Kumar
259. Dr. Kotecha Mundhe Bhumika Rajesh
260. Dr. Shweta Agarwal
261. Dr. Bhad Roshan Mohanpant
262. Dr. Sandeep Shaina
263. Dr. Payal Mittal
264. Dr. Kumar Gopal V.
265. Dr. Mohandas Sunil
266. Dr. Madasseri Deepti Sukumar
267. Dr. Ajayakumar S.
268. Dr. Anjani Kumar Kundal
269. Dr. S. Gokulkrishnan
270. Dr. Arif T.A.
271. Dr. Nishad P.K.

Names approved at the Council meeting held on 4th October, 2014:

1. Dr. Nikumbh Smruti Subhash
2. Dr. Hrishikesh Indalchand Naik
3. Dr. Pushkar Bansal
4. Dr. Nikunj Agrawal
5. Dr. Jameel Manzoor
6. Dr. Nidhi Ray
7. Dr. Sangeeta Dasan Korambil
8. Dr. Abhishek Bansal
9. Dr. Chethana T.
10. Dr. Deore Sachin Kautikrao
11. Dr. Prashant
12. Dr. Ajaz Majeed Wani
13. Dr. Melvin J George
14. Dr. Romit Saxena
15. Dr. Aggarwal Deepesh G.
16. Dr. Samarth Mittal
17. Dr. Arshabh Ghanekar
18. Dr. Ajithkumar M N
19. Dr. Shadab Ansari
20. Dr. Naiya Bansal
21. Dr. Subrat Singh
22. Dr. Shaikh Shabana Mahmud
23. Dr. Mujawar Riyaj Umar
24. Dr. Jini Kottuvala Narayanan
25. Dr. Patil Yogesh Sudhakar
26. Dr. Bahurupi Gopal Dilippant
27. Dr. Neha Chaturvedi
28. Dr. Vyawahare Sarang Purushottam
29. Dr. Haval Mandar Nandkumar
30. Dr. Avishek Ray Ghatak
31. Dr. Varsha Tiwari
32. Dr. Sreevidya A.
33. Dr. Mishra Sanjay Rajendra
34. Dr. Avishek Bhadra
35. Dr. Ganapule Abhijeet Prakash
36. Dr. Soumya Paik
37. Dr. Nithila E G Paul
38. Dr. Aneesh P Azeez
39. Dr. Sanudev Sadanandan V.P.
40. Dr. Preeti Gupta
41. Dr. Ghonsikar Vishnukant Vankat
42. Dr. Latha E.
43. Dr. Gujarathi Ankit Nandkumar
44. Dr. Mohammed Meesam Rizvi
45. Dr. Rajeswari R.
46. Dr. Pawar Sona Ramesh
47. Dr. Bhalsing Sandeep Sureshrao
48. Dr. Rahul Dixit
49. Dr. Shubra Walia
50. Dr. Akshat Malik
51. Dr. Ansari Imran Sardar Ahmed
52. Dr. Johnson Cherian
53. Dr. Devaraju Sree Bhushan Raju
54. Dr. E. Ebanezer
55. Dr. Shaloo Bageja
56. Dr. Shah Palakkumar Rajendrabhai
57. Dr. Naredi Nikita Suresh
58. Dr. Agrawal Amit Rajendra
59 Dr. Pankaj Gupta
60. Dr. Sarode Varun Vijaykumar
61. Dr. Bakhda Dhawal Navinchandra
62. Dr. Abhishek Singh
63. Dr. Sachin Singh
64. Dr. Kulshrestha Kartik
65. Dr. Sukhbir Singh
66. Dr. Alok Prasad
67. Dr. Borkar Sachin Anil
68. Dr. Ankit Sharma
69. Dr. Sidhartha Samal
70. Dr. Gaurav Kumar
71. Dr. Priyata Gupta

Fellows/Members on rolls of the Academy

	Honorary Fellows	Fellows FAMS	Members MAMS	Members MNAMS
As on 31.03.2014	3	844	1,727	4,040
Deceased (during the period 2014-2015)	-	(-) 7	(-) 1	-
Elected in 2014	-	(+) 29*	(+) 59	-
Members elevated to Fellowship in 2014	-	-	(-) 13	-
Members admitted after qualifying in DNB Examination vide Regulation V in 2014	-	-	-	342
On rolls as on 31.3.2015	3	866	1,772	4,382

*This includes the number of 13 Members elevated to Fellowship

Nominations of Medical Scientists for Orations and Awards – 2014-15

On the basis of the recommendations of the Orations & Awards Committee, the Council had approved the award of Orations and Awards for the year 2014-15 to the following scientists:

ORATIONS

Dr. R.V. Rajam Oration:	**Dr.T. Rajkumar, FAMS** Professor & Head, Department of Molecular Oncology, Cancer Institute (WIA), Adayar, Chennai – 600020.
Title of the Oration	"Cervical Cancer – Bench to Bedside"
Achanta Lakshmipati Oration:	**Dr. Deep Narayan Srivastava, FAMS** Professor, Deptt. of Radio-Diagnosis, All India Institute of Medical Sciences, Ansari Nagar, New Delhi – 110029.
Title of the Oration	"Role of percutaneous nanovascular Interventional Radiology treatments in musculoskeletal lesions"
Col. Sangham Lal Memorial Oration:	**Dr. Sandeep Kumar** Professor of Surgery, Director, All India Institute of Medical Sciences, Saket Nagar, Bhopal-462020.
Title of the Oration	Modern concept of Benign Breast Disorders, its Erdocainological Background and Treatment.

Gen. Amir Chand Oration:	**Dr. Rakesh Kumar Chadda, FAMS** Professor, Deptt. of Psychiatry, All India Institute of Medical Sciences, Ansari Nagar, New Delhi – 110029.
Title of the Oration	"Global burden of mental disorders: Meeting the Challenge"
Dr. V.R. Khanolkar Oration:	**Dr. Lalit Kumar, FAMS** Professor & Head, Department of Medical Oncology, Dr. B.R. Ambedkar Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi – 110029.
Title of the Oration	"Multiple Myeloma : From Targeted therapy to Autologous stem cell transplantation"
Dr. K.L. Wig Oration	**Dr. Rajoo Singh Chhina, FAMS** Dean Academics, Professor of Gastroenterology, Dayanand Medical College, Tagore Nagar, Civil Lines, Ludhiana.
Title of the Oration	"Innovations in Strengthening of Medical Education in India"
Dr. Pran Nath Chhuttani : Oration	**Dr. Milind Madhukar Gore** Scientist G & Officer in Charge National Institute of Virology, Gorakhpur Unit, BRD Medical College Campus, Gorakhpur-273013
Title of the Oration	"Japanese encephalitis virus: Uniqueness of immune response, vaccine development and future challenges"

Dr. B.K. Anand Oration :	**Dr. Prahlad Kishore Seth, FAMS** Chief Executive Officer, Biotech Park, Sector G, Janakipuram, Kursi Road, Lucknow-226021.
Title of the Oration	"Enzymes and Neurotransmitters in Human Platelets and Lymphocytes as Biomarkers For Selected Neuro-disorders"

Dr. Baldev Singh Oration:	**Dr. Gagandeep Singh** Professor & Head, Department of Neurology, Dayanand Medical College & Hospital, Ludhiana – 141001 (Punjab).
Title of the Oration	"Neurocysticercosis: A journey from Pre-independence to modern India"

Dr. S. Janaki Memorial Oration:	**Dr. Raj Kumar, FAMS** Director, All India Institute of Medical Sciences Rishikesh, Virbhadra Road, Rishikesh, Uttarakhand-249203.
Title of the Oration	"High Cervical Myelopathy due to Bony Craniovertebral junction anomalies (Atlantozial dislocation) in pediatric population- Clinical scoring system"

AWARDS

DR. S. S. Misra Memorial Award : **Dr. Renu Gupta**
Assistant Professor,
Department of Anatomy,
A. I. I. M.S., Jodhpur.

Topic : "*Morphometry of fetal and adult human pancreas and age related changes – an Electronmicroscopic study*"

Dr. R. M. Kasliwal Award : **Dr. Naveen Kalra**
Additional Professor,
Department of Radiodiagnosis & Imaging, Postgraduate Institute of Medical Education and Research (PGIMER)
Chandigarh-160012.

Topic : "*Comparison of CT Colonography with Conventional Colonoscopy in Patients with Ulcerative Colitis*"

Dr. Vimla Virmani Award : **Dr. Ismail Shihabuddeen TM**
Associate Professor,
Department of Psychiatry,
Yenepoya Medical College,
Yenepoya University,
Mangalore.

Topic : "*Disability in persons with Schizophrenia correlated to family burden and family distress among their caregivers*"

Shyam Lal Saksena Memorial Award

Dr. Shashi Ahuja
Associate Professor,
Deptt. of Ophthalmology,
JIPMER., Puducherry – 605006.

Topic : "*Retinal nerve fibre layer thickness analysis in cases of papilledema using optical coherence tomography – A case-control study*"

Dental Public Health Award :

Dr. Arpita Mohan
B-1306, O.C.R. Complex,
Vidhan Sabha Marg,
Lucknow – 226001.

Topic : "*Oral and Dental Health Status in Orphan Children of Lucknow*"

Dr. S. S. Sidhu Award :

Dr. Amrish Bhagol
Assistant Professor,
Deptt. of Oral & Maxillofacial Surgery,
Pt. B.D. Sharma University of Health Sciences,
Rohtak.

Topic : "*Prospective Evaluation of a New Classification System for the Management of Mandibular Subcondylar Fractures*"

Dr. Vinod Kumar Bharvaga Award :

Dr. Mohammed Imran
Assistant Professor,
Deptt. of Pharmacology,
Shaheed Hasan Khan Mewati Government Medical College (SHKM),
Nalhar, Nuh, Mewat, Near Gurgaon,
Haryana – 122107.

Topic: "*Combinations of long acting β_2-agonists to tiotropium : A randomized, double-blind, placebo-controlled, active-drug controlled, parallel design academic clinical trial in moderate COPD male patients*"

Dr. A S Thambiah Award :

Dr. Sunil Dogra
Associate Professor,
Department of Dermatology
Venereology & Leprology,
Postgraduate Institute of Medical
Education & Research,
Chandigarh – 160012.

Topic : "*Clinical characteristics and outcome in multibacillary (MB) leprosy patients treated with 12 month WHO MDT-MBR : a retrospective analysis of 730 patients from a leprosy clinic at a tertiary care hospital of Northern India*"

Dr. Nandagudi Suryanarayana Rao : Award

Dr. Aleyamma Mathew, FAMS
Professor & Head
Division of Cancer Epidemiology &
Biostatistics,
Regional Cancer Centre,
Trivandrum.

Topic : "*Assessment of follow-up, and the completeness and accuracy of cancer case ascertainment in three areas of India*"

Lifetime Achievement Award

The Council at its meeting held on 30th July, 2014 under Rule 34(d) also approved the conferment of Lifetime Achievement Award for the year 2014 on Dr. C.S. Bhaskaran, FAMS; President, NAMS, an outstanding teacher, excellent research worker and an able administrator in recognition of his proven track record of professional excellence and subject expertise of high order, his qualities of equanimity, academic eminence, and professional excellence.

Golden Jubilee Commemoration Award Lecture

On the recommendations of the Credentials Committee and with the approval of the Council, the youngest biomedical scientists elected as a Fellows during the year is invited to deliver Golden Jubilee Commemoration Award Lecture at the Annual Conference of the Academy.

Dr. Ravinder Goswami, FAMS Professor, Department of Endocrinology & Metabolism, All India Institute of Medical Sciences, New Delhi was the youngest biomedical scientist elected as a Fellow during the year 2013. He delivered Golden Jubilee Commemoration Award Lecture on 19th October, 2014 at All India Institute of Medical Sciences, Rishikesh. The Topic of his Lecture is "Recent insights into the pathogenesis and functional significance of basal ganglia calcification in idioapthic hypoparathyroidism".

Maintenance of the Buildings

The expenditure incurred on the maintenance of the administrative building is shared by the NAMS and the NBE on 50:50 basis. The jobs of house keeping and security have been entrusted on contract basis.

(Please see back cover of the Annual Report for a photograph of the auditorium building)

Publication of Annals

The biennium 2011 & 2012 was a unique period in the history of the National Academy of Medical Sciences when no Issue of its flagship journal, the Annals, was published. The last issue published was in October, 2010 on Diabetes Mellitus. With the cooperation of colleagues, we have tried to take remedial action. Since Dr. C.S. Bhaskaran took over as the President, NAMS in October, 2012, three issues of the Annals have been published at Jodhpur. Recognizing the leadership of Dr. Sanjeev Misra, Director, AIIMS, Jodhpur and the organizing capability of Dr. Kuldeep Singh, it was decided that Annals of the National Academy of Medical Sciences will be printed at Jodhpur. The editorial responsibility will continue to remain with the Emeritus Editor. Accordingly, the January-June issue of 2013 'Golden Jubilee Lectures' & July-December issue of 2013 on 'Sleep Medicine' were published at Jodhpur and the copies have been sent to all Fellows of the Academy.

After the resignation of Dr. C. S. Bhaskaran in February, 2015, the publication have been continued under the leadership of Emeritus Editor at the Camp Office. One Issue of 2014, No. 50 (1&2) January-June issue has been printed and is dispatched. It contains Orations delivered during NAMSCON 2013 at AIIMS, Jodhpur which reflect scientific excellence in basic sciences including development of new drugs, reappraisal of drug resistance in epilepsies through the study of molecular genetics, new imaging modalities, innovative technology such as cochlear implantation and life-style interventions in the prevention of cardio-metabolic disorders. The quality of the scientific research exhibited in these Orations delivered by the Fellows of the Academy not only reflects the life time dedication and devotion of these researchers but also inspire younger Fellows and Members of the Academy (elected directly or after obtaining DNB).

Keeping this in view the President-in-Council decided that the copies of each issue of the Annals should also be distributed amongst the Members to serve as the source of new current developments in medicine.

Articles on 'Sleep Medicine' were printed both in the Annals Issue no. 49 (3&4), 2013 and some papers were presented in the **8th Asian Sleep Research Society Congress (ASRS) 2014 Symposium & Panel Discussion held on September 22-24, 2014 at Kovalam, Kerala.**

The Annals of NAMS is now available at website- http://annals-nams.in. Soon contents of other volumes will also be uploaded on the site. The contents are also available at National Academy of Medical Sciences (India) website. Efforts have been initiated to get our journal indexed in various indexing system for wider visibility and readership. We have also applied for ISSN Number to National Center NSL, NISCAIR on 18th June 2015 for online issues and have obtained the same (eISSN: 2454-5635). This will expedite our indexing process. For indexing in Directory of Open Access Journal, we have to comply with their guidelines.

Following NAMSCON 2013 at AIIMS Jodhpur and the success of the Regional Symposium on Sleep Medicine, there was a major effort in the form of CME program, based on sleep medicine at the SN Medical College, Jodhpur to validate its efficacy and also using CD with presentations to survey sleep education research. Not only this the Academic Council encouraged and enthused the motivated faculty to embark on Medical Education Research. It culminated in many lateral activities related to research at AIIMS Jodhpur. January-June issue of 2015 on **'Research in Medical Education'** printed & distributed and we hope to fulfill the role of academy as a research institution.

The decision of the Council to print 4000 copies of this issue is a major step not only in updating but also enthusing all Fellows, Members including those who secure their membership after passing the special board examination conducted by National Board of Examinations. The wide reach of the Annals amongst all of them will surely encourage additional research in medical education. If this happens, the Academy could have established its rightful place as a leader in enhancing the quality of research in medical education.

"According to the Rule no. 26, the term of Editor and Editorial Board is 3 years. The Editorial Board was constituted in 2007 and approved in the Council meeting held on 12 July, 2008." The last issue of the Annals was published in October, 2010 on Diabetes Mellitus since then the same Editorial Board has continued but no single volume of Annals has been produced. Emeritus Editor was authorized to constitute a new Editorial Board for the Annals of NAMS. **The new Editorial Board which was presented in the meeting of the Council on 4 October, 2014 was endorsed and become effective from 1st January, 2015, have been printed in the first issue of the Annals (January-June), 2015 on "Research in Medical Education" and circulated.**

As per the decision of the 136th Council Meeting held on 23 February, 2015, Dr. Kuldeep Singh, was designated as Associate Editor along with Dr. V. Mohan Kumar from the next issue of the Annals i.e. Volume 51 (3&4), July-December issue of 2015.

All the future issues of Annals of NAMS which will be printed at AIIMS, Jodhpur put on the website of National Academy of Medical Sciences by the NAMS Centre for Research in Medical Education, Jodhpur as http://annals-nams.in within 3 days of its distribution. No extra cost will be involved.

Future Plans :

1. Efforts are being initiated by the NAMS Centre for Research in Medical Education, Jodhpur, for the online submission of manuscripts. Editorial corrections, review all the manuscripts for any pertinent comments made by any Fellow of the Academy shall continue to be under Emeritus Editor.

There is a growing concern regarding a perceived decline in the quality of research in biomedical sciences; a similar concern may be shared by scientists belonging to diverse disciplines. To a certain extent, it is a healthy sign when there is an attempt at looking inwards for self-criticism. The objective, presumably, is being to identify lacunae and deficiencies, if any, and to take remedial measures before it is too late. If used excessively, such a tool can build up morbid fears due to self-condemnation. As for most things in science, the essential prerequisite is rational critique of the prevailing situation in biomedical research. Indeed, the word rational itself has strong scientific connotations, as it is derived from the Greek word "ratio". It is generally understood to indicate "the mean between the extremes". The rational approach therefore in the context of present theme focused on excellence and accountability in science must also meticulously avoid the extremes of self-glorification on the one hand and self-condemnation on the other. By implication, we must also observe the necessary caution of not accepting prima facie the unsubstantiated claim of an all-round decline in the quality of research, nor should we succumb to the temptation of endorsing the anecdotal, mostly self-glorifying, narration of high quality scientific achievements in the country in the recent past.

Resounding words of Pandit Jawaharlal Nehru enthused the audience when he said at the Inaugural function of the Indian Academy (presently National Academy of Medical Sciences) on 19 December, 1961 : ***"I hope the Academy***

would lay stress on the pursuit of research work and simultaneously ensure that high standards were maintained. Research is an inseparable part of any systematic pursuit of knowledge and, therefore, it is imperative that the quality should be absolutely first class."

Two years later, we were baptized by the solemn direction of Dr. S. Radhakrishnan, President of India on 08 December, 1963 at the 1st Convocation of the Indian Academy when he exhorted and enthused the Fellows : ***"But in the choice of your Fellows, be careful, be vigilant, take care of the great reputation which you should enjoy among the sister Academies of the world.....".***

Since then the Academy has grown in stature as well as in its major contributions to the national issues dealing with medical education including dental, nursing and para-professional education. Indeed, it covers all issues that constitute social determinants of health. Thus, it is the only organization, perhaps, anywhere in the world which has such a wide range of objectives being served by galaxy of Fellows presenting more than 61 disciplines, providing large pool of talent to respond to the national needs through scientific methods of inquiry and research.

January-June issue of 2015 on **'Research in Medical Education'** printed & distributed. It contains different articles on research in medical education as 'Optimizing the effectiveness of CME program : NAMS experience' tells planning organization and delivery of educational programs. The study concludes that well designed educational intervention based on the principles of adult learning brings positive gain in the knowledge and enhances competence of the participants.

'Effect of personality development program for medical and nursing students : a pilot study' require both technology in education as well as psychology of learning. As a result, it further emphasizes the vital need of ongoing programs both for enhancing personality and professionalism. The basic aim of article on 'Comparative effectiveness of non-print medium and live CME' was to compare the non-print medium with live CME program delivered in conventional manner of didactic lectures. It was concluded that the results showed comparable impact on knowledge and competencies among the participants and hence proves this to be a cost-effective mode of delivery of educational assignment. Article on

'Exploring the scope of sleep medicine in current medical teaching and utility of CD based Learning Resource Material' contains cost-effectiveness of material generated as a result of conventional CME program and CD based learning resource material. The content of power point presentations was considered highly satisfying and using multi-model technology. Thus several new subjects which were not included in the conventional curriculum can be brought to a large number of medical students in different medical colleges by using technology of CD based learning resource material.

Abstract of 'Sleep Medicine Education in India : Policy initiatives of National Academy of Medical Sciences (India)' included in the **SLEEP & BIOLOGICAL RHYTHMS, Vol. 12, October 2014 (Japanese Society of Sleep Research)** which is PubMed Indexed Journal, and presented as a part of policy initiatives of National Academy of Medical Sciences. These papers have been printed in July-December issue of 2013 on **'Sleep Medicine'** and have been extensively cited in the Google Scholar and WorldCat indexing system and 'Using technology to deliver cost-effective Continuing Professional Development (CPD)' is a significant are which can facilitate the wider dissemination not only in medical institution but also amongst medical teachers and students.

Prof. J.S. Bajaj
Emeritus Editor

Obituary

The death of the following distinguished Fellows/Members of the Academy is noted with sorrow:

Fellows:

1. Dr. A.P.J. Abdul Kalam
2. Dr. C.S. Bhaskaran
3. Dr. Shanti Ghosh
4. Dr. B.S. Narasinga Rao
5. Dr. Subimal Roy
6. Dr. Kamal Nath Sharma
7. Dr. Claire Marie Jeanne Vellut

Member:

1. Dr. V. Srinivasan

Annexure I

Text message by the President Dr.C.S. Bhaskaran, at the Annual Convocation on 18th October 2014 at Rishikesh

I am very happy that the 54th Annual conference of the National Academy of Medical Sciences (India) is being hosted by the All India Institute of Medical Sciences, Rishikesh from 17th to 19th October 2014 under the dynamic leadership of Prof. Raj Kumar, Director of the Institute as Chairman of the Organizing Committee along with his dedicated team.

This conference is being organized in an auspicious place where the holy GANGA enters the planes to quench the thirst of thousands of people and irrigates thousands of Hectares of fertile land. In a similar way, the scientific program of this conference starting with a CME to be held on 17th October on " Symposium on Harmful Effects of Alcohol Consumption - Need for Evidenced-based National Policy" which I consider as the need of the hour, followed by series of NAMS Orations by eminent personalities, NAMS Symposium on "Personalized Medicine" and Award Paper Presentations coupled with poster presentations on the following two days of the conference will quench the thirst of knowledge of the delegates and make them to think, formulate and implement necessary policies for the betterment of the community and improve health status of the country as whole.

We are currently going through socioeconomic, demographic, health and nutritional transition and there is an urgent need to formulate newer concepts of health care systems from primary to tertiary levels to assess and respond to the ongoing transition. To achieve this, one of the tools on hand is the Continuing Medical Education programs and our Academy, having been recognized by the Government of India as a nodal agency for Continuing Medical Education, has the - mandate to update knowledge and enhance the skills of medical, health, Paramedical professionals and biomedical scientists, to promote scientific advancement in the field of biomedical research, to recognize and foster talented professionals and to tune them for the changing needs of the country and above all, mentoring them over an extended period of time.

On this occasion, I wish to congratulate the newly elected fellows and members who will be receiving their scrolls in recognition of their professional eminence at this 54th NAMSCON 2014 convocation this year.

I on behalf of the Academy and on my own behalf would like to record our grateful thanks to Prof. Raj Kumar and his team for their pain taking efforts to make this conference a grand success and a truly memorable one too.

I wish the conference a grand success.

Dated: 05th September, 2014 C.S. BHASKARAN

Annexure II

Text of the address by the Chief Guest His Excellence Dr. Aziz Qureshi, Governor of Uttrakhand, delivered at the 54th Annual Convocation on 18th October 2014, at Rishikesh

It gives me immense pleasure and honour to inaugurate the 54th Annual Conference of the National Academy of Medical Sciences (India)-NAMSCON 2014 -being held from 17th October to 19th October, 2014 here at the All India Institute of Medical Sciences, Rishikesh. I hope that under the auspices of this unique organization, the medical fraternity will be benefitted by three days of scientific deliberations by eminent national faculty.

Such conferences provide a platform for in-depth orations and deliberations by renowned academicians on various topics of interest in the present scenario including talks on diseases, health education and Bio Medical research. There are poster presentations and awards orations to encourage the young participants. A host of other related academic activities would help the participants to enrich their minds.

I congratulate Professor (Dr.) Raj Kumar, Director who steered this nascent Institution towards success. The future I hope would see a transformation of this nascent Institution to one of the finest Institutions not only in providing health services but also as an excellent research centre. The National Academy of Medical Sciences (India) is also a unique institution which fosters and utilizes academic excellence as its resource to meet medical and social goals. It was registered as the "Indian Academy of Medical Sciences" on 21st April, 1961 under Societies Registrations Act XXI of 1860. It was inaugurated at New Delhi on 19th December, 1961 by Pandit Jawaharlal Nehru, the first Prime Minister of India. The Academy encourages and sponsors nation-wide CME Programmes, Symposia and Workshops. Over the years the Academy has recognized the outstanding achievements made by the Indian scientists in the field of Medicine and allied sciences and conferred Fellowship as well as Membership to selected persons.

The health scenario in India is fraught with inequalities in various aspects including the provision and distribution of services, the location of Medical colleges and tertiary care centres, which are mostly confined to urban or semi urban areas, the population to health providers ration, to speak of just a few. Keeping in view such concerns, and with the aim of correcting regional imbalances in quality tertiary level healthcare in the country, and attaining self sufficiency in graduate and postgraduate medical education and training, 6 new AIIMS were opened by the Government of India in underserved areas of the country. The state of Uttrakhand by virtue of its topography has been a place where such services were lacking and All India Institute of Medical Sciences, Rishikesh has been established in a bid to cater for people residing in far flung

areas of Uttrakhand and adjoining regions of Uttar Pradesh, Haryana, Himchal Pradesh, besides the rest of the country.

The All India Institute of Medical Sciences, Rishikesh has been evolving wonderfully over the past few years. Apart from providing health care to the public the Institute is also providing health education. The Institute is imparting undergraduate medical education since September 2012 with the third batch of MBBS students and second batch of BSc. Nursing have been inducted this year. AIIMS, Rishikesh is also running OPD successfully since 23rd May, 2013. The IPD was started on 30 December, 2013. From what I have been told it is and would bring together in one place, educational facilities and medical facilities of the highest order in all branches of health care activity. AIIMS, Rishikesh is aiming not only to impart services but to enhance academic activities for undergraduate and post graduate students and clinicians, create awareness and knowledge regarding prevalent diseases and generate resources which can be used in dealing with them in future. I am sure that this conference will go a long way in helping it fulfil these aims.

The symposium held yesterday on "Harmful Effects of Alcohol consumption: Need for evidence-based national policy" has, I an sure, provided significant information to participants about the prevalence of alcohol consumption in different parts of the country, and various causative factors leading to alcohol use and related disorders. The symposium emphasized the need to counsel the patients with alcohol-related problems and motivate their families to ensure continuity of health care. Discussions were held on the need for strategies to ensure inter-departmental government coordination between health and other social sector such as education, Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare, and Ministry of Human Resources Development.

All of the session of this conference, I am confident, will enhance the knowledge of those attending and would also serve to make them aware of the latest techniques, studies and interventions going on in the medical field.

I congratulate, heartily, the fellows and members, selected as per Regulations of the Academy or nominations proposed and seconded by Fellows of the Academy, Honorary Fellows elected by the Council of the Academy for their most distinguished service to the cause of Indian Science and Foreign Fellows, foreign scientists elected on the basis of distinguished contributions to science and technology and links with Indian Science.

I wish success to Professor (Dr.) Raj Kumar, Director, his Administrative staff and Faculty members in all in their endeavour to serve the State. I also extend my warm greetings and felicitations to the organizers and delegates of the conference.

Thank you,
Jai Hind

Academic Report

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

Continuing Medical Education Programme

Report of CME Activities during April 1, 2014 - March 31, 2015

The following are the members of the CME Programme Committee:

1.	Dr. Prema Ramachandran, FAMS	- Chairperson
2.	Prof. J.S. Bajaj, FAMS	- Chairman, Academic Committee
3.	Dr. Kamal Buckshee, FAMS	- Member
4.	Dr. Rajeshwar Dayal, FAMS	- Member
5.	Dr. Mohan Kameswaran, FAMS	- Member
6.	Dr. Saroj Chooramani Gopal, FAMS	- Member
7.	Dr. Rajoo Singh Chhina, FAMS	- Member
8.	Dr. M.V. Padma Srivastava, FAMS	- Member
9.	Dr. K.K. Sharma, FAMS	- Member - Secretary
10.	Dr. C.S. Bhaskaran, FAMS	- President, NAMS (Ex-officio Member)
11.	Dr. Deep N. Srivasatava, FAMS	- Secretary, NAMS

During the year 2013-2014, two meetings of the CME Programme Committee were held. The first meeting was held on 4th July, 2014 and the subsequent meeting was held on 10th July, 2015.

The Committee, time to time, co-opts Fellows to attend the meeting, depending on the expert advice required based on the topics of discussion and CME proposal received.

Extra-mural CME Programmes: These CME Programmes are run under the aegis of CME Programme Committee of the Academy. To improve the quality and contents of the Extramural CME Programmes funded by the NAMS, proposals received for funding are technically reviewed in the first instance by a subject expert who is also a Fellow of the NAMS. This practice has been followed since July 2004, and the reviewers so designated would evaluate the proposal and identify lacunae, if any, in the programme contents. The reviewers may suggest revision/ modification to be incorporated in the programme. These are communicated and nearly all such suggestions are invariably accepted by the organizers and only after that the CME proposals are processed for the grant-in-aid. A Fellow of the Academy is designated as Observer to attend and evaluate the extra-mural CME programme. The Academy provides TA/DA and honorarium to Fellows who are nominated as Observers to review the CME programmes.

Out of the CME proposals received from various medical institutions/

professional bodies in the country, the Academy has sanctioned partial financial assistance for organizing 11 Extramural CME Programmes during the financial year April 1, 2014 to March 31, 2015.

The details of the Extra-mural CME Programmes funded during April 1, 2014 to March 31, 2015 are placed as Annexure III.

The total expenditure sanctioned on Extramural CME Programmes during April 1, 2014 to March 31, 2015 is Rs.7,39,670 lakh (Seven lakhs thirty nine thousand and six hundred seventy) only.

Intramural CME Programmes: These Symposia/CME Programmes are run under the aegis of Academic Committee of the Academy. The Academic Committee identifies, from time to time, topics of national and academic relevance for funding as Intramural Symposia/CME/Workshop Programmes. Just like for the extramural CMEs the Academy provides TA/DA and honorarium to Fellows who attend and submit report on the CME programmes as NAMS Observers.

The Academy has funded 9 Intra-mural CME/Symposia during the year 2014-15:-

1. **NAMS Regional Symposium on** – *"Development of Prehospital Response to Disasters and Medical Emergencies"* **organized at All India Institute of Medical Sciences, Patna on May 24, 2014**

2. **NAMS Regional Symposium on** – *"Neurotology"* **organized at Madras Medical College, Chennai on August 10, 2014**

3. **NAMS Regional Symposium on** – *"Inflammatory Bowel Disease for General Physicians"* **organized at Govt. Medical College & Hospital, Chandigarh on September 7, 2014**

4. **NAMS Symposium on** -*"Harmful Effects of Alcohol consumption: Need for evidence-based national policy"* **organized at All India Institute of Medical Sciences, Rishikesh on October 17, 2014**

5. **CME Programme on** – *"Benign and Malignant Pathologies of Maxillofacial Region"* **organized at Sri Guru Ram Das Institute of Medical Sciences & Research, Amritsar on November 29, 2014**

6. **NAMS Regional Symposium on** – *"Evolving concepts in the diagnosis, prevention and management of Type – 2 Diabetes Mellitus and its*

Microvascular complications" **organized at Sri Guru Ram Das Institute of Medical Sciences & Research, Amritsar, on December 10, 2014**

7. **Cost effective Validation of Program Content of NAMS National Symposium on** *"Harmful Effects of Alcohol Consumption: Need for evidence-based national policy"* ***organized at All India Institute*** **of Medical Sciences, Jodhpur on January 30, 2015**

8. **NAMS-PGI Symposium on** *"Male Reproductive Health"* **organized at Postgraduate Institute of Medical Education and Research, Chandigarh on March 1, 2015**

9. **NAMS Regional Symposium on** – "Emerging epidemic of Obesity" **organized at All India Institute of Medical Sciences, Jodhpur on March 12, 2015**

The total expenditure in organizing the Intramural CME/Symposia programme was Rs. 5,38,733/- (Rs. Five lakh thirty eight thousand seven hundred thirty three only). The details are given in Annexure IV.

Fig 1 gives graphic representation of expenses incurred on extramural and intramural programme during 2013-14 and 2014-15

Total expenditure on CME Programmes in 2013-14 and 2014-15

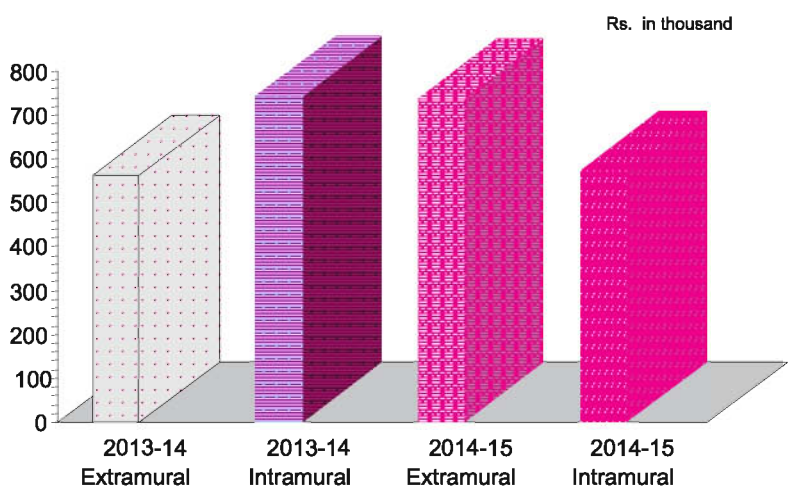

Fig. 1. Comparative representation of expenses incurred on extramural and intramural CME Programmes in 2013-14 and 2014-15.

The State chapter-wise distribution of extramural and intramural CME/Symposia Programmes are given in Fig. 2.

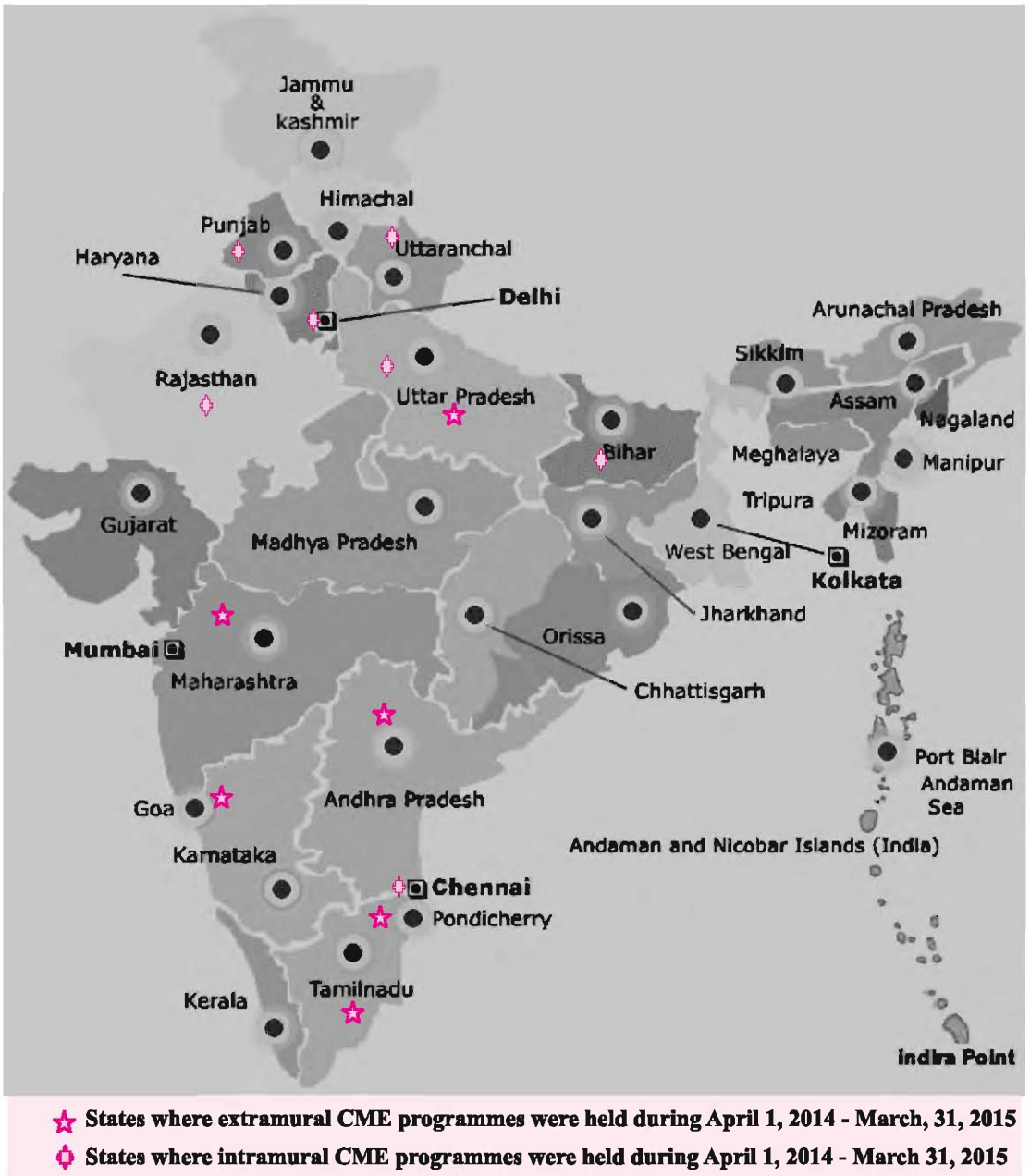

Fig. 2. The State-Chapter-wise representation of extramural and intramural CME Programmes in 2014-15 .

Speciality-wise distribution of extramural and intramural CME Programmes for 2014-2015 is shown in Fig.3.

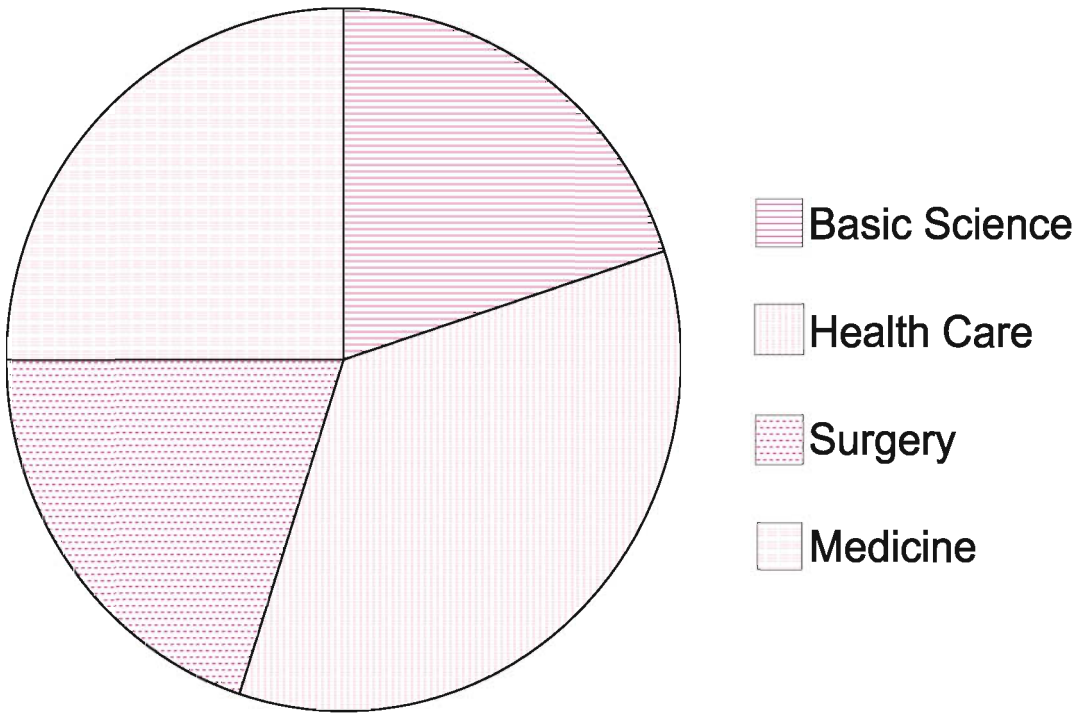

Fig. 3. Speciality-wise distribution of extramural and intramural CME Programmes for 2014-2015.

State-wise distribution of Extramural CME Programmes sanctioned in last 3 years, viz. 2012-13 to 2014-15.

The State-wise distribution of extramural CME Programmes for each year from 2012-13 is given in Table below:-

States	2012-2013	2013-2014	2014-2015	Expenditure incurred during 2014-15 (Rs.)
Andhra Pradesh	2	1	1	64,561/-
Assam	1	-	-	
Bihar	-	-	-	
Chandigarh	2	-	-	
Delhi	3	2	-	
Goa	-	-	-	
Gujarat	-	1	-	
Haryana	-	-	-	
Himachal Pradesh	-	-	-	
Jammu & Kashmir	1	1	-	
Karnataka	1	1	2	1,25,000/-
Kerala	-	-	-	
Madhya Pradesh	-	-	-	
Maharashtra	1	1	3	1,97,665/-
Manipur	-	-	-	
Odisha	-	-	-	
Puducherry	1	1	2	1,44,500/-
Punjab	2	-	-	
Rajasthan	-	-	-	
Tamil Nadu	1	-	1	69,634/-
Uttar Pradesh	-	-	2	1,38,310/-
Uttarkhand	-	1	-	
West Bengal	3	-	-	
Total	**18**	**9**	**11**	**7,39,670/-**

The details of seminars, symposia, short-term courses, and workshops supported under the CME programmes under State Chapters is given below:

Extramural CME Programmes of NAMS Chapters

The Scientific activities of the Academy include the academic activities of its State Chapters. The report of their activities under the CME programmes for the financial year 2014-15 are given below:-

Andhra Pradesh

During the year under review, the Andhra Prasedh Chapter has organized one Extramural CME Programmes (at Kakinada) with the financial assistance from the NAMS.

Karnataka

During the year under review, the Karnataka Chapter has organized two Extramural CME Programmes (both at Bangaluru) with the financial assistance from the NAMS.

Maharashtra

During the year under review, the Maharashtra Chapter has organized three Extramural CME Programmes (at Pune, Nagpur and Sewagram, Wardha) with the financial assistance from the NAMS.

Puducherry

During the year under review, the Tamil Nadu & Puducherry Chapter has organized two Extramural CME Programmes with the financial assistance from the NAMS.

Tamil Nadu

During the year under review, the Tamil Nadu & Puducherry Chapter has organized one Extramural CME Programme (at Theni) with the financial assistance from the NAMS.

Uttar Pradesh

During the year under review, the Uttar Pradesh Chapter has organized two Extramural CME Programmes (both at Aligarh) with the financial assistance from the NAMS.

Report on Extramural CME Programmes from 1.4.2014 to 31.3.2015

1. CME Programme on "E-learning in Medical Education – A Bird's Eye View" held on 04th April, 2014 at St. John's Medical College, Bangalore

   Organizing Secretary: Dr. Nachiket Shankar, Associate Professor, Department of Anatomy, St. John's Medical College, Sarjapur Road, Bangalore-560034

Main Objectives of the CME Programme

The main objectives of the CME were:

1. Concepts of e-learning and their practical applications.
2. Introduction to the conceptual frameworks that underlie the development of e-learning material and their practical applications.
3. Designs and applications of Learning Management Systems (LMS).
4. Applications of e-learning in anatomy education.
5. Introduction to image analysis and morphometry.
6. Applications of E-learning for clinical teaching.
7. E-learning innovations in health care

The Anatomy Department at St. John's Medical College has been one of the departments at the forefront of the e-learning initiatives of the institution. We thought that it would be appropriate for our department to share some of its experiences in this field with faculty from other medical colleges. The broad goal of this CME will be to provide an overview of the applications of e-learning in medical education. Wherever possible group activities will be incorporated to ensure that learning is participatory. We also hope that this workshop will be an impetus for other institutions to consider introducing E-learning in the medical curriculum.

Highlights of the Observer's (Dr. Sanjay Chaturvedi, FAMS) Report:

The CME was attended by 90 delegates, including few PG students. The CME had six Scientific Sessions in which areas for Basic Principles of e-learning, Learning Management Systems-Tyro, Interpretation of Scientific images, etc were included. Use of e-learning platforms in Medical Colleges when used to explain case scenarios, use of whatsapp by doctors in outreach areas, etc. were covered. In the first session the delegates were introduced to the basic principles of e-learning by Dr. Balasubramanyam. This was followed by an activity session where the delegates were asked to apply these principles power point slides of in

the provided. This was done to reinforce the learnt principles by hands on application exercises. The next session was by Dr. Tony Raj, who introduced the Learning Management System (LMS) – Tyro, which is being used at St. John's Medical College. The delegates were given a brief overview of the system and this was followed by an activity session where they were asked to try out the various options available in the LMS platform. The session evaluation was also done on the LMS platform so that the delegates had an experience similar to that of a student as well as that of a teacher while using the platform. Since the delegates had prior access to the Tyro platform, this was an interactive session where some of the basic queries regarding the use of this platform were addressed. The next session was on the Interpretation of Images by Dr. Nachiket Shankar and Dr. Suresh N. This was a demonstration followed by group activity. The delegates were made aware of the simple methods which could be used to take accurate measurements from appropriately taken photographs. The delegates were given a specimen photograph and were asked to practice taking measurements using Image J. This post lunch session was initiated Dr. T. V. Rao, who gave a talk on e-learning from Trivandrum using the Webcast System. This was following by a session on the use of the E-Learning Platform in Medical College setting by Dr. Balasubramanyam. He elucidated it by using a clinical case scenario, which was given to the delegates, who had to utilize the information contained in the Tyro platform to arrive at a diagnosis. On the whole, this exercise was greatly appreciated by all the delegates, since it gave a student's view point. On the whole, this exercise was greatly appreciated by all the delegates, since it gave a student's perspective on how they could utilize the LMS platform. Dr. Binu Joy and Dr. Jino then gave a demonstration on the use of apps like "Whatsapp" that could be used by doctors in outreach areas to help them. The last session was on use of touch screen devises for health literacy. This was hands on session where the delegates were encouraged to try the devices that were displayed for this purpose. Throughout the conduct of the CME, the participants on Webcast were also encouraged to ask questions and clarify their doubts. At the end the delegates were requested to answer the post-test and fill the Evaluation forms provided on TUSK platform. The CME was granted 2 credit hours by the Karnataka Medical Council (CME), Bangalore.

2. CME Programme on "Sepcon-14 & Whonet" held on 13th - 14th June, 2014 at Govt. Theni Medical College, Theni.

   Organizing Secretary: Dr. K. M. Mythreyee, Professor & Head, Department of Microbiology, Govt. Theni Medical College, Theni.

Main Objectives of the CME Programme

The main objectives of the CME was to update the medical practitioner and microbiologists-with the recent changes in guidelines, with special emphasis on

diagnosis and management of sepsis. The other learning objectives of this CME included etiology, pathogenesis, clinical manifestations, prevalence, diagnosis, prevention and management of Sepsis and its complications with antibiotic policies and Infection Control Measures. Therefore, this CME will enlighten the participants for early case detection and appropriate treatment of sepsis- which ultimately saves thousands of life and possibly control the increasing number of sepsis deaths. Implementing WHONET software, will help the microbiologists and antibiotic stewards to scrutinize the incidence of antimicrobial resistance with advanced data analysis options. Therefore, conducting this workshop would help to control the incidence and dissemination of antimicrobial resistance as well

Highlights of the Observer's (Dr. M. K. Lalitha, FAMS) Report:

About 500 participants from Kerala, Karnataka, Andhra Pradesh and Tamil Nadu. which included medical students, both UG and PG, general medical practitioners pediatricians, and professors were benefited by this national CME Workshop. There were active discussions during each session, ably guided by the Chair-persons. The CME Workshop was organized with the aim to create awareness and update the clinicians, microbiologists, health professionals about the overview of sepsis, diagnosis and management of Sepsis with recent information available in the medical literature. The learning objectives of the Workshop included etiology, pathogenesis, clinical manifestations, prevalence, diagnosis, prevention and management of sepsis and its complications with antibiotic policies and infection control. Implementing the use of WHONET software and its exposure to train the microbiologists and antibiotic stewards to scrutinize the incidence of antimicrobial resistance with advanced data analysis options will help them to take advantage if these techniques in their practice.

3. CME Programme on "FNAC & Core Needle Biopsy of Breast" held on 08th August, 2014 at Govt. Medical College, Nagpur.

   Organizing Secretary: Dr. Meherbano Mustafa Kamal, Associate Professor, Department of Pathology, Government Medical College, Nagpur.

Main Objectives of the CME Programme

The main objectives of the CME were to make the participants:

1. Learn, how to reduce the biopsy numbers or two step procedures in the diagnosis of Benign and Borderline Breast lesions.

2. Learn to identify those cases on cytology where biopsy is essential.
3. Communicate with the treating Physicians and surgeons regarding the prognostic factors (markers) associated with Breast Cancer, which will help them in deciding therapeutic modalities.

Highlights of the Observer's (Dr. Prem Chopra, FAMS) Report:

A total of 172 pathologists, including residents, consultant pathologists and associate & assistant professors from different medical colleges from all over Maharashtra, parts of Chhattisgarh, Madhya Pradesh and Telangana participated in the CME. The Scientific Programme was conduced in 4 Sessions in which discussions ranged from: (1) the Dilemmas of the Gentle Lesions: Cytological Challenges in Benign Breast Lesins, (2) Recurrent Fibroadenomas, (3) Adolescent Breast Lesions, (4) Inflammatory Lesions of Granulomatous Mastitis and Lymphocytic Mastopathy, (5) Granulomatous and Tuberculous Mastitis, (6) Histologic Basis and Cytology of Proliferative Breast Disease (PBD), (7) Importance of differentiating PBD with and without atypia, DCIS from Invasive cancer and the importance of grading DCIS, (8) Core Needle Biopsy of Breast, in which two techniques, FNAC & CNB were also discussed in details, (9) The Malignant Smear: the not so easy spectrum of invasive Ductal Carcinomain which the importance of cytology as a decision making procedure in management of breast cancer was discussed, (10) Papillary Lesions – Dilemmas in Cytology, where problems in diagnosing a papillary lesion and importance of radiological feature and other clinical features in diagnosing a papillary lesion were stressed, (11) Nonductal Malignancies – Lobular and Myoepithelial Neoplasms, (12) Theronaustics of Breast Cancer, where in various immunological markers like ER, PR, HER2Neu, etc, their diagnostic and prognostic significance and recent trends were discussed, (13) Case presentations on metastases to breast from extramammary carcinoma, plasma cell mastitis, malignant stromal tumors of the breast and primary breast prognostic significance were organized. Finally a slide-viewing session was conduced in which 100 delegates were shown slides in practical hall containing 60 microscopes on 60 conditions including cytology, histopathology and CNB and immunology markers, etc. The slides were accompanied by cards containing information about the microscopic features seen in that particular slide. They were also shown parallel cytology and histopathology slides of few interesting challenging cases of proliferative breast disease and DCIS. The CME was well organized and the organizers were well versed with various aspects of conducting workshops.

The participants were quite enthusiastic which was particularly evident in the interactive sessions with the teaching faculty even at tea and lunch time. A

special mention must be made of the hands-on exercise, where about 40 – 45 cases (glass slides) of both cytology and histology were provided for viewing. Each slide was accompanied with relevant clinical data, pathologic findings end the diagnosis placed against the microscope. The teaching faculties were around to supervise and discuss the cases. This exercise continued till late up to evening as the participants have been very enthusiastic to view the case slides. Difficult and controversial cases were discussed with adequate and state-of-the-art projections facilities.

4. CME Programme on "Consultation Liaison Psychiatry: Bridging the Boundaries" held on 6-7th September, 2014 at Armed Forces Medical College, Pune.

   Organizing Secretary : Lt. Col. Jyoti Prakash, Associate Professor, Department of Psychiatry, Armed Forces Medical College, Pune.

Main Objectives of the CME Programme

The main objectives of the CME were:

1. to educate officers of army Corps and to impart knowledge and skills to medical officers, residents in Psychiatry, Junior Psychiatrists in the Armed Forces and Civil Colleges & Practicing Psychiatrists.
2. to disseminate latest protocols in the investigative and management issues in Consultation Liaison Psychiatry.
3. to have a special quiz session for undergraduates to sensitize, enrich and empower them on various mental health issues and perspectives.

Highlights of the Observer's (Major -General (Dr.)Velu Nair, FAMS) Report:

The CME consisting of a well planned programme, relevant to the theme which fulfilled the needs of the participants was a well organized event. The Scientific Sessions were interactive and the participants were involved. A total of 120 delegates, attended the CME. The scientific programme included, the deliberations which emphasized on dire need of the hour to comprehend and manage psychological and psychiatric issues in mentally- challenged patients in a holistic manner. The contemporary topics on etiological, investigative and management paradigms of Consultation Liaison Psychiatry were discussed. A number of deliberations highlighted the changing paradigm of understanding and practice of psychiatry over the years. A vast expanse of issues like-Psycho oncology, Neuropsychiatry, HIV & Psychiatry, Psychosurgery, Psychological issues in bariatric surgery & organ transplant, Advance directives, Domestic violence, Prison psychiatry, Psychoendocrinology, Neuroimaging in psychiatry,

child sexual abuse, team approach in autism, learning disability, medicolegal issues in C-L Psychiatry were highlighted. and future directions in military C-L psychiatry. Undergraduate & Postgraduate quiz in Psychiatry "Alchemist Quest" was conducted by an eminent quiz master. The quiz was aimed to dispel common myths about psychiatry and sensitize them towards growing need of psychiatric knowledge towards better community medical service. Two Workshops on "Cognitive Rehabilitation" and "Cognitive-behavior Therapy" earned enormous response, and proved to be highly useful for one and all, especially the budding Psychiatrists.

5. CME Programme on "Innovative Practices in Community – oriented Health Professionals Medical Education" held on 25 September, 2014 at Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha.

   Organizing Secretary: Dr. Anshu, Professor, Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sewagram, Wardha.

Main Objectives of the CME Programme

The main objectives of the CME were:

1. to explain the importance of using the community extensively as learning environment for the education of health professionals.
2. to design/adapt and initiate in his/her own setting community-oriented medical education.

Highlights of the Observer's (Dr. N. Srinivasa Murthy, FAMS) Report:

The present CME programme on "Innovative Practices in Community-oriented Health Professional Education" included the topics which were quite relevant to the theme. The identification of resource persons was very relevant and based on the experience they had in the health field. Dr. Abraham, introduced the topic of Community-oriented Medical Education and stressed on the importance of imparting medical education to health professionals beyond the four walls of tertiary care facilities. He discussed how he tried to make it interdisciplinary where students studying nursing, physiotherapy and nutrition sciences can learn in an integrated manner. Dr. Subodh in his presentation on the rationale and challenges of community-oriented education for health professionals, emphasized on the principles of community-oriented education and discussed how different community-based learning activities could be utilized for imparting competency. Highly interactive discussions were held with the participants regarding Community-oriented education being conducted at all the three

Centres, viz. CMC, Vellore; St Johns Medical College, Bangalore and MGIMS, Sewagram.

6. CME Programme as "XIII National Workshop on Diagnostic Methods in Clinical Microbiology" held on 8th - 11th October, 2014 at Jawaharlal Institute of Postgraduate Medical Education & Research, Pondicherry.

   Organizing Secretary: Dr. B. N. Harish, Professor & Head, Department of Microbiology, JIPMER., Puducherry.

Main Objectives of the CME Programme

The main objectives of the CME Programme were to make the participants:

1. Use clinical microbiology interpretative skills in routine activities
2. Perform simple diagnostic tests to identify microorganisms and phenotypically detect types of antimicrobial resistance like – MBL and AMP C production.
3. Design, perform and interpret molecular assays for infectious diseases.

Highlights of the Observer's (Dr. M. K. Lalitha, FAMS) Report:

About 25 participants including both PGs and junior faculty in Microbiology from various parts of India, MD PGs, Junior and Senior Residents, Research Scholars and MSc/MLT students from JIPMER, as well as some Clinicians from JIPMER were benefited by this National Workshop. The Workshops consisted of Hands-on training in various aspects of Clinical Microbiology. Apart from the actual workshop the session consisted of Thematic Presentations by faculty members from JIPMER and lectures from invited guest speakers from Christian Medical College, Vellore. There were also case study material for identification of various pathogens and reporting on Antimicrobial Resistance Markers. In addition there was also a quiz program conducted to encourage the participants to know more about recent developments in Clinical Micribiology. Besides, there was a session on Bioinformatics by a faculty from Pondicherry. A CME booklet which contained all relevant details was provided to all participants.

7. CME Programme on "Pharmacotherapy Update in Common Medical Disorders – A Rational Approach" to be held on 1st - 2nd November, 2014 at J. N. Medical College & Hospital, AMU, Aligarh (U.P.).

   Organizing Secretary: Dr. Farida Ahmad, Professor, Department of Pharmacology, J. N. Medical College & Hospital, AMU., Aligarh (U.P.).

Main Objectives of the CME Programme

The main objectives of CME Programme were:

i. To highlight the recent guidelines/protocols in the treatment of common medical disorders
ii. To build an understanding of rational drug prescribing in general and for the discussed common medical disorders.
iii. To discuss irrational drug prescribing and its consequences.
iv. To promote rational approach in prescription of drugs.
v. To bring an overall improvement in the knowledge and prescribing pattern for the benefit of patients.

Highlights of the Observer's (Dr. K. K. Sharma), FAMS Report:

A total 89 participants which included both PG and Junior Faculty members in the Departments of Pharmacology at different Medical Colleges of U.P., Haryana and Delhi were registered. Besides, a number of basic and clinical medical faculty members and para-clinical UG students also attended the CME. All participants seems to be very enthusiastic as a number of them asked pertinent questions which were addressed by the Speakers and Resource persons. All deliberations and lectures covered in two days were very informative and an updated Scientific evidence - based, knowledge was provided by everyone of the Speakers. All deliberations were interactive and at times so many questions and answers were there that the Organisers have cut short tea sessions and provided the same in the lecture theater itself to maintain the Scientific fervour and the enthusiasm of the participants.

8. CME Programme as the "Workshop on Research Methodology and Statistics" conducted in the form of Pre-Conference CME as part of Sixth National Annual Conference of Indian Society for Rational Pharmacotherpaeutics – ISRPTCON 2014 held on 19th - 20th November, 2014 at Jawaharlal Institute of Post graduate Medical Education and Research- JIPMER., Puducherry.

   Organizing Secretary: Dr. R. Raveendran, Professor, Department of Pharmacology, JIPMER., Pondicherry.

Main Objectives of the CME Programme

This workshop will be very useful for the researchers who are at the learning curve of research methodology and biostatistics. Hands on training on research methods and biostatistics will be provided for the participants. Utility of biostatistics software tools will also be addressed as it is relevant to current

times. At the end of the workshop the participants would be able : (1) to design a basic study, (2) to select appropriate statistical methods (3) to do the analysis of data using software tools and (4) to do a proper review of research.

Highlights of the Observer's (Dr. C. Adithan, FAMS) Report:

A total of 95 post-graduate students attended the programme. There was a highly significant improvement in scores of the pre- and post- test assessment. The workshop was very well organized and conducted in a systematic way. The ambience was very good and the participants and the resource personnel were able to interact enthusiastically without any hindrance or distraction. The whole programme was conducted in a punctual manner without wastage of time. The lectures focused on how to do a literature search, identify a research problem, conduct and study designing, calculation of sample size and statistical tests; ranging from descriptive and inferential statistics to measures the central tendency to ANOVA and regression, etc. Every lecture was followed by a group task on the topic and a great deal of interaction with the faculty. Students were asked about their dissertation topics and their study designs were discussed. Delegates were introduced to advanced online softwares and useful websites for sample size calculations. The delegates were trained in GraphPad Prism and were taught to do Students 'T' test, Mann Whitney 'U' test and Wilcoxon test individually at the e-learning center of JIPMER Academic Center using 55 computers connected to internet.

9. CME Programme on the "Workshop on Immunology" held on 24th - 25th January, 2015 at Rangaraya Medical College, GGH Campus, Kakinada.

   Organizing Secretary: Dr. K. R. L. Surya Kirani, Professor & Head, Department of Microbiology, Rangaraya Medical College, Kakinada.

Main Objectives of the CME Programme

Post graduate students have a vague idea of antigen extraction, coating methods without any practical exposure. The exposure and interactions during the CME deliberations will clarify their questions and practical demonstrations will enrich their knowledge. All guest lectures, presentations, demonstrations will be followed by active interaction of participants and faculty. CME will inspire the delegates to receive the knowledge disseminated in right way. The participants will be able to: (1) set up a basic immunology lab at their respective institutions, and (2) concentrate on development of indigenous kits for a particular group of diseases. New skills can be applied for better diagnosis of infectious diseases.

Highlights of the Observer's (Dr. Geeta K. Vemuganti, FAMS) Report:

The program was well conceived and well organized by the Organizing team. The list of speakers, topics chosen were relevant to the PG students from various streams of the disciplines of microbiology, pathology and other clinical specialities. The meeting was attended by 70-80 UG/PG students and also by the junior faculty. It was aimed to learn the basics as well as advanced techniques in immunology. The lectures were good and built in a way to emphasize on both the basics as well as advance aspects of the immunology. However, there was very limited interaction with the students during the lectures. But the demonstration at 4- work stations were well attended and interactive. At these stations students were provided an opportunity to ask questions and clarify their doubts. The faculty also made a similar observation that the student's participation in discussions was very limited and that it should have been more. The drop out of 2 outstation invited faculty also was a concern to the team however the senior faculty and others were immediately pitched-in to modify the program accordingly to engage the participants.

10. CME Programme Workshop on "5th National Hands – on Workshop on the Diagnosis of Hirschsprung Disease and Allied Disorders (2015)" held on 20th - 21st February, 2015 at St. John's Medical College and Hospital, Bangalore, Karantaka.

    Organizing Secretary: Dr. Usha Kini, Professor of Pathology, St. John's Medical College, Bangalore.

Main Objectives of the CME Programme

The main objectives of the CME Programme were:

1. To train pathologists and paediatric surgeons as a team in the technical specifications of histopathological and histochemical staining (AChE) of bowel biopsies in the intraoperative diagnosis of HD and allied disorders With this objective for the workshop, the St. John's centre aims at developing various nodal centres at the national level with the basic infrastructure and manpower to process biopsies from suspected HD cases reaching these centres from periphery, so that the cases can be managed and treated more expediently.
2. To benefit the Pathologists and Paediatric Surgeons all over India and also the respective faculty of the Medical Colleges by updating their knowledge and expertise and provide a hand-on experience on hi-tech techniques which have been modified to suit a simple laboratory in India. These techniques are those which have been adequately tested, standardized and published by the faculty in literature.

Highlights of the Observer's (Dr. Anura V. Kurpad, FAMS) Report

There were a total of 23 participants from various parts of the country. The Scientific Sessions were interactive. There were discussions on the challenging case scenarios alongwith, a hands-on training in Actylcholinesterase enzyme histochemistry staining. All presentations were good, evidence-based and well accepted by the delegates. The lectures on pathophysiology of HD, technical problems in AChE staining and refractory constipation were excellent.

11. CME Programme asWorkshop on "Anatomy in New Imaging Era" held on 17th March, 2015 at J. N. Medical College & Hospital, AMU, Aligarh, (U.P.).

    Organizing Secretary: Dr. Syed Mobashir Yunus, Department of Anatomy, J. N. Medical College & Hospital, AMU, Aligarh (U.P.).

Main Objectives of the CME Programme

The main objectives of the CME Programme were:

i. To make the PG student (JRs, SRs), faculty members of colleges and practicing doctors aware of the importance of the normal anatomy.
ii. To discuss the variations which occur therein in Organ systems different disease conditions.
iii. To build an understanding of radiological interpretation of anatomical structures.
iv. Overall improvement in the interpretation of radiological findings to make accurate diagnosis for the benefit of the patient.

Highlights of the Observer's (Dr. Krishna Garg, FAMS) Report:

The CME was conducted in good ambience, participants were willing to learn. The Scientific Programme was well organized and conducted in full earnest. The quality of audio-visual presentation was very good. The topics of the CME programme were chosen after good amount of deliberations and the speakers were senior and very knowledgeable in their respective fields. Number of presentations were evidence-based. Even a quiz competition was conducted for the participants in which knowledge of anatomy, radiology and other interesting facts of General Medical Sciences were assessed. Participants actively took part.

Annexure – III

Statement showing grant under Extramural CME Programmes from 1.4. 2014 to 31.3.2015

Sl. No.	Topic	Amount Release (Rs)
1.	CME Programme on : **"E-learning in Medical Education – A Bird's Eye View"** Bangalore on 04 April, 2014.	50,000/-
2.	CME Programme on : **"Sepcon-14 & Whonet"** Theni on 13- 14 June, 2014.	69,634/-
3.	CME Programme on : **"FNAC & Core Needle Biopsy of Breast"** Nagpur on 08th August, 2014	70,165/-
4.	CME Programme on : **"Consultation Liaison Psychiatry: Bridging the Boundaries"** Pune on 6-7th September, 2014	75,000/-
5.	CME Programme on : **"Innovative Practices in Community – oriented Medical Education"** Sewagram, Wardha on 25 September, 2014	52,500/-
6.	CME Programme on : **"XIII National Workshop on Diagnostic Methods in Clinical Microbiology"** Pondicherry on 8th October to 11th October, 2014	75,000/-

Sl. No.	Topic	Amount Release (Rs)
7.	CME Programme on : **"Pharmacotherapy Update in Common Medical Disorders – A Rational Approach"** Aligarh on 1st & 2nd November, 2014	75,000/-
8.	CME Programme on : **"Workshop on Research Methodology and Statistics"** Puducherry on 19th & 20th November, 2014	69,500/-
9.	CME Programme on : **"CME Workshop on "CME Immunology"** Kakinada on 24th & 25th January, 2015	64,561/-
10.	CME Programme on : **"5th National Hands – on- Workshop on the Diagnosis of Hirschsprung disease and Allied Disorders (2015)"** Bangalore on 20th & 21st February, 2015	75,000/-
11.	CME Programme on : **"Anatomy in New Imaging Era"** Aligarh on 17th March, 2015	63,310

The Medical Scientists' Exchange Programme (Health Manpower Development)

One of the activities promoted by the Academy under Continuing Medical Education Programme in the area of Health Manpower Development is the Exchange of Medical Scientists' possessing positions at junior and middle levels.

The Academy provides funding to junior and middle level specialists/ scientists to go to well established centers of excellence and acquire new/ newer skills. Under the scheme, the selected nominees are eligible for reimbursement of traveling expenses (limited to actual II class AC two-tier rail fare) and D.A. @ Rs. 300/- per diem during the training period subject to maximum of Rs. 5000/-. In the current year 2014-15 the facilities have been availed by 7 medical scientists/ teachers who have successfully completed their proposed training programmes after getting the grant-in-aid from the NAMS.

Report on Intramural CME Programmes from 1. 4. 2014 to 31. 3. 2015

1. NAMS Regional Symposium on : **"Development of Pre-Hospital Response to Disasters and Medical Emergencies"** held on May 24, 2014 at All India Institute of Medical Sciences, Patna.

Operating Officer: Dr. Girish Kumar Singh, Director, AIIMS, Patna

Main Objectives of the CME Programme:

The objective of the symposium was that at the end of the CME, the participants will gain knowledge in the following specific areas: 1) Demonstrate awareness of the type and magnitude of the problem in Indian scenario; 2) Recognize and provide basic care to life threatening injuries; 3) Understand the importance of providing care in a sequential manner – A(irway), B(reathing), C(irculation), D(isability); 4) Demonstrate skills like stabilization, transport of injured, needle decompression, chest tube thoracostomy, needle cricothyrodotomy, splinting, control of haemorrhage, Cardiopulmonary resuscitation and focused assessment sonography for trauma; 5) Skill of communication with public and other health care professionals to communicate and earmark precise protocol instructions to facilitate transportation in disaster management; 6) Learn skills like managing a disaster scene, calling for help in safe transport; 7) Practice triage scenarios.

Highlights of the Observer's (Dr. P.K. Dave, FAMS) Report:

The objectives of the Symposium were fulfilled difference between natural and man made disasters and strategies to deal with them was also highlighted. The objectives had been covered completely and comprehensively. The organizers did not provide well documented Learning Resource Material. There was a total gathering of more than 246 and nearly all attended the symposium. There were interactive sessions for resolving the queries and for ensuring the involvement of the participants. There were interactive sessions and small group learning activities. The participants were not provided practical demonstration/hands-on-training. Presentation by the course faculty was excellent, the programme highlighted the planning for disaster management at the state level and coordinate all activities in districts and peripheral areas. Mention was also

made of the disaster management act (2005). The Audiovisual aid used during the CME Programme was Adequate; the information provided was partly evidence based.

2. NAMS Regional Symposium on : **"Neurotology"** held on August 10, 2014 at Madras Medical College, Chennai.

Operating Officer: Prof. G. Gananathan, Director & Professor, Dept. of ENT, Madras Medical College, Chennai

Main Objectives of the CME Programme:

The objective of the syrriposium was that at the end of the CME, the participants will gain knowledge in the following specific areas: 1) demonstrate comprehensive knowledge of incidence and prevalence of vertigo in the Indian population and provide comparison with similar data from other parts of the world, especially South-East Asia.; 2) list the important causes of vertigo, both of peripheral & central origin, and describe the relative significance of each of these causes; 3) interpret the spectrum of clinical symptoms and signs with the intent to focus on the possible diagnosis in a patient; 4) describe the relative significance of the various diagnostic procedure and protocols available for evaluation of a patient with vertigo; 5) outline a management protocol including possible therapeutic modalities such as balancing exercises customarized to the need of an individual patient; vi) emphasis the role of team-work in the diagnosis and management of vertigo, identifying role of each category of professionals and para-professionals; vii) encourage medical fraternity to recognize cluster of early symptoms that are associate with vertigo and ensure a timely referral to a specialized centre for investigations and management; viii) recognize the significance of group learning and hands on learning both in the diagnosis and in the initiation of early management of a patient with vertigo.

Highlights of the Observer's (Dr. Mohan Kameswaran, FAMS) Report:

The Regional Symposium was an overwhelming success. Not only was the number of registrants for in excess of our initial estimate, the auditorium was packed to capacity from beginning to end. The participants were very interactive and the quality of presentations and interaction was very high. The objectives to the Symposium were to impart knowledge of prevalence, etiopathogenesis, investigations and management of vertigo. To give hands on training in recent diagnostic tests like video-oculography and

videonystagmography. The objectives of the symposium were fulfilled. The lectures covered the broad area of interest in the field of neuro-otology and students were given a detailed hand-on training in the new diagnostic areas including video-oculography as well as basic diagnostic tests like positional test. Epleys' maneuver electonystagmography etc. All the students and registrants were given LRMs and a CD of the lectures & demonstrations is being given free to every participant. Number of participant registered were 182 who were present throughout the programme. The programme consists of not only didactic lectures but it was comprehensive, including lectures, interactive session and practical session. The participants were provided practical demonstration/hands-on training. The presentation by the course faculty was of a very high quality. Audiovisual aids were also very good. The overall CME Programme was excellent. The Regional Symposium was attended by participants from all the Southern states, most of the participants were post graduate students from the teaching institutions there were also young faculty members and a few practitioners. From the beginning the programme was conducted with strict adherence to time. The topic was well conceived and the faculty was well known academicians.

3. NAMS Regional Symposium on **"Inflammatory Bowel Disease for General Physicians"** held on September 7, 2014 at Govt. Medical College & Hospital, Chandigarh.

Operating Officer: Dr. Atul Sachdeva, Direcor/Principal, GMCH, Chandigarh

The main objectives of the symposium is designed to provide practicing physicians, students, faculty with an overview of: Clinical presentation of IBD and its differentiation from other gastrointestinal disorders

1. Aetiopathogenesis: Basis for therapy.
2. Investigations
3. Management principles: simple to novel regimens
4. IBD in special situationsL Surgical emergency
5. Panel Discussion

At the end of the symposium the participants will be able to confidently and cost-efectively diagnose, investigate and treat IBD, as well as make timely and appropriate referrals fro further evaluation by Gastroenterologists or surgeons.

Highlights of the Observer's (Dr.Yogesh Chawla, FAMS) Report:

The objective of the Symposium was fulfilled. Well documented Learning Resource Material (LRM) was provided to the participants. Registered participants were 148, 76 undergraduates/57 graduates/ postgraduates/ faculty and 15 paramedical/nursing staff members. All lectures were followed by interactive sessions and participants of delegates were evident. All sessions were interactive. There was a panel discussion at the end of the session to clarify doubts. The CME organisers had invited faculty from local and regional medical colleges and from amont the local practicing gastroenterologists as chairpersons to enrich the academic discussion. The presentations done by the course faculty were excellent. Good quality of Audio-visual aids was used during the programme. The information provided was evidence based.

NAMS Observer had commented: The present CME has built on the deficiencies of the previous one conducted last year. The organizers had a streamlined registration process for faculty, delegates and students/paramedical and nursing staff. There was a much larger and diverse delegate presence. The interaction between the faculty and delegates was also very informative for all.

Key learning points should be reiterated and must know areas revisited. Speakers must highlits levels of competence for undergraduates, post-graduates and specialists as well as identify referral indicators.

4. Regional Symposium on **"Harmful Effect of Alcohol Consumption: need for evidence-based national policy"** held from October 17, 2014, at All India Institute of Medical Sciences, Rishikesh.

Operating Officer: Prof. J.S. Bajaj, Chairman, Academic Committee, NAMS, New Delhi and Local Coordinating Officer Dr. Raj Kumar, Director, AIIMS, Rishikesh

The main objectives of the Symposium was to i) Demonstrate comprehensive knowledge of the prevalence of alcohol consumption in different parts of the country, and various causative factors leading to alcohol use and realted disorders; ii) Recognise the alcohol use disorders in the patients in the community and the mode of management at the public/private sector health facilities; iii) Diagnose the medical, obstetrical, nutritional, cognitive and other health-related disorders of alcohol use; iv) Describe the requisite protocols for the primary care management of the

uncomplicated cases and criteria of reference of the complicated cases to the relevant secondary/tertiary care facility/specialists dealing with such cases; v) Counsel the patients with alcohol-related problems and motivate their families to ensure continuity of health care; vi) Propose multi-professional strategies to ensure inter-departmental government coordination between health and other social sectors such as education, Ministry of Social Jusitce and Empowernment, Ministry of the Health and Family Welfare, and Ministry of Human Resources Development etc; vii) Establish facilities for social rehabilitation of patients after successful de-addiction; viii) Generate awareness of the role of National Health Mission and the intervention strategies to reduce alcohol consurnption in the country; ix) Propose evidence-based recommendations which will strengthen the formulation of the requisite national policy.

Highlights of the Observer's (Dr. Hardas Singh Sandhu, FAMS) Report:

The symposium was very well organized on common day to day problem. All the lectures were good. The main objective of the symposium was to highlight the problem of alcohol consumption and make participants aware of the harmful effect of alcohol and their management and form a National Policy on the subject and to held the sufferes. The objectives of the symposium were fulfilled. Some of the participants suggested short lectures and more discussion. LRM was provided to all the participants. The total number of participants registered was 158 and 110-130 were present during the programme. The programme consists of didactic lectures only. There was lot of interactive discussion, questions and counter questions. Tips about the practical problems were given. Presentation by the course faculty was very good. Audiovisual aids used during the CME programme. The information was evidence-based.

5. CME programme on: **"Benign and Malignant Pathologies of Maxillofacial Region"** held on November 29, 2014 at Sri Guru Ram Das Institute of Dental Sciences and Research, Amritsar

Operating Officer: Dr. C.S. Bal, Principal, Sri Guru Ram Das Institute of Dental Sciences and Research, Amritsar

Main Objectives of the CME Programme:

At the end of the symposium the participants will be able to i) Understand the emphasis of early diagnosis of benign/malignant pathologies and

harbinger an early treatment plan to reduce morbidity and execute a quick rehabilitation plan; ii) Prelude the various reconstructive options for the ablative defects to restore the form and function; iii) Acknowledge the recent advances in the diagnosis and management of the patholomaxillofacial region.

Highlights of the Observer's (Dr.Hardas Singh Sandhu, FAMS) Report:

The main objectives of the symposium was to review the Diagnostic considerations of Benign and Malignant pathologies of Maxillofacial Region; to comprehend the role of Health Care Providers and Screening in the diagnosis of Benign and Malignant Pathologies at global level; to review the management of Benign Pathologies including fibro osseous lessions; to comprehend the surgical, Adjuvant and Reconstructive Options treatment of Malignant Oral Pathology. The Symposium fulfilled the objectives outlined by the Programme Conveno substantially. LRM was provided to all the participants. The total number of participants registered was 191 and 170 were present during the programme. The sessions were interactive with good overall ambience of participants. Presentation by the course faculty was very good. Audiovisual aids used during the programme. The information was evidence-based.

6. CME Programme on: **"Evolving concepts in the diagnosis, prevention and management of Type 2 Diabetes Mellitus and its Microvascular Complications"** held on December 10, 2014 at Sri Guru Ram Das Institute of Medical Sciences and Research, Sri Amritsar

Operating Officer: Dr. Geeta Sharma, Director-Principal, Sri Guru Ram Das Institute of Medical Sciences and Research, Amritsar

Main Objectives of the CME Programme:

The objectives if the Symposium was i) to review the established and emerging risk factors for Type 2 Diabetes Mellitus and their impact on natural history of Type 2 Diabetes Mellitus; ii) to comprehend the diagnostic criteria of Type 2 Diabetes Mellitus including Prediabetes; iii) to comprehend the role of insulin resistance viz-a-viz compensatory β-cell function in the pathogenesis of diabetes and its complications; iv) to correlate the incidence of microvascular complications of Type 2 diabetes with a continuum of varying degree of hyperglycemia and related metabolic abnormalities; v) to evaluate emerging data on the life style, pharmacologic and other modes of intervention in the prevention and management of Type 2 diabetes and its Microvasuclar complications.

Highlights of the Observer's (Dr. Hardas Singh Sandhu, FAMS) Report:

The information about this Symposium was communicated to all the medical institutions in the state, Civil surgeons, IMA Amritsar and IMA Punjab and Local Practitioner's Society. Number of Delegates registered were 235 delegates consisting of PG Students/Residents and senior Residents, General practitioners and doctors, Nursing Tutors, Nursing Sisters and Pharmacists and doctors working in PCMS. Many participants suggested to hold another symposium on aspects uncovered by this Symposium i.e. Nursing care of Diabetic Patients, TB in Diabetic Mellitus and Management of Diabetic in patients with multi organ dysfunction/failure.

7. Cost effective Validation of Program Content of NAMS National Symposium on **"Harmful Effects of Alcohol Consumption: Need for evidence-based national policy"** held on January 30, 2015at All India Institute of Medical Sciences, Jodhpur

Operating Officer: Dr. Sanjeev Misra, Director & CEO, Prof. of Surgical Oncology, All India Institute of Medical Sciences, Jodhpur.

The objectives of the CME Programme: i) Demonstrate comprehensive knowledge of the prevalence of alcohol consumption in different parts of the country, and various causative factors leading to alcohol use and related disorders, ii) recognize the alcohol use disorders in the patients in the community and the mode of management at the public/private sector health facilities, iii) diagnose the medical, obstetrical, nutritional, cognitive and other health-related disorders of alcohol use, iv) describe the requisite protocols for the primary care management of the uncomplicated cases and criteria of reference of the complicated cases to the relevant secondary/tertiary care facility/specialists dealing with such cases, v) counsel the patients with alcohol-related problems and motivate their families to ensure continuity of health care, vi) propose multi-professional strategies to ensure inter-departmental government coordination between health and other social sectors such as education, Ministry of Social Justice and Empowernment, Ministry of Health and Family Welfare, and Ministry of Human Resources Development etc, vii) establish facilities for social rehabilitation of patients after successful de-addiction, viii) generate awareness of the role of National Health Mission and the intervention strategies to reduce alcohol consumption in the country, ix) propose evidence-based recommendations which will strengthen the formulation of the requisite national policy.

Highlights of the Observer's (Dr. Sanjeev Misra, FAMS) Report:

The main objectives of the Symposium was to compare the effectiveness of DVD as a Continuing Professional Development resource and its validation using National Knowledge Network (NKN) as backbone internet. The objectives of the CME were fulfilled to the great extent. All the participants were provided with a Handbook of Learning Resource material which consisted of complete scripts of presentations by all speakers shown through synchronized audio-video with power point presentations. Number of participant registered were 45 out of which 38 were generally present during the Programme. No, the Programme consist of didactic lectures only, it was an innovative approach whereby the pre-recorded DVD consisting of 7 presentations of the Alcohol Symposium held at AIIMS Rishikesh were presented to the participants. The presentations were played on a PC and were seen by participants present at AIIMS, Jodhpur and Dr. S.N. Medical College, Jodhpur through live video-conferencing (VC). Moreover, the presentations were streamed live through NKN to bour 200 students at AIIMS Jodhpur sitting in a Lecture Theater. The whole interaction was encouraged by the chairpersons and also by the faculty of NAMS Centre for Research in Medical Education. The participants provided practical demonstration/ hands-on training. Presentations included real life case scenarios aptly highlighted by Dr. Kamal Buckshee, Dr. P.D. Garg, Dr. Yogesh Chawla, Dr. R.K. Chadda and P.D. Garg.

The presentations were based on NAMS-AIIMS National Symposium on Harmful Effects of Alcohol consumption: Need for evidence-based national policy" on 17th October, 2014 at AIIMs, Rishikesh. The modus operandi for the presentations were as

i) Well constructed objectives of Alcohol symposium were prepared months back

ii) The speakers were chosen for their expertise and were asked to prepare a summary to be distributed as LRM.

iii) All topics were discussed with the chairmanship of Prof. J.S. Bajaj. The content to be delivered was moderated with special attention to avoid redundancy and repetition. Where ever possible, structured approach was suggested.

iv) on day of the symposium, all presentations were recorded by HD video with video mixing. Twelve presentations were recorded with speakers consent. v) the DVD so prepared was reviewed by Prof. J.S. Bajaj. Suggested comments were incorporated in final DVDs with

regard to content and quality. Audivisual aids were used during the programme, this is the first time such and innovative method of CME session was conducted here in Jodhpur and to the best of my knowledge in India. Here, the experts were replaced by their high quality, clearly visible and audible presentations along with power point slides in a synchronized method. At places video was unclear but was suitable complemented by the Learning resource handbook prepared by students and residents while listening to it many times. The information provided was evidence-based, the presentations were delivered by experts in their own field, data presented were based on peer-reviewed journals and were evidence based.

8. CME Programme on **"NAMS-PGI Symposium on Male Reproductive Health"** held on March 1, 2015 at PGIMER, Chandigarh.

Operating Officer: Dr. S.K. Singh, Professor, PGIMER, Chandigarh

Main Objectives of the CME Programme:

i) Create awareness about the subject which is often neglected.
ii) Educate the physicians about the basic guidelines in management of various domains affecting men's health.
iii) The target audience include Anatomists, Physiologists, Pharmacologists, General physicians, Urologists, Endocrinologists, Psychiatrist and the Gynaecologist.

9. Regional Symposium on **"Emerging epidemic of Obesity: Causes, Concerns, and Consequences"** held on November 8, 2014 at All India Institute of Medical Sciences, Jodhpur.

Operating Officer: Dr. Sanjeev Misra, Director, AIIMS, Jodhpur

Main Objectives of the CME Programme:

i) Describe the diagnostic criteria of obesity, defining different parameters used for its diagnosis and the cut-off points for each parameter relevant to the Indian population,
ii) Describe the molecular biology of adipocyte and its metabolic role,
iii) Discuss the role of adipokines in intermediary metabolism relevant to the pathogenesis of obesity.
iv) Explain the rising trends in prevalence of obesity in the context of changing life-styles and their effects on physiological, nutritional and behavioural changes in different population groups

v) Comprehend the difference between earlier approach of considering obesity as 'at risk' factor for associated co-morbidities, and the new paradigm recognizing obesity as a disease with early and long-term clinicopathological complications.
vi) Discuss the long-term impact of childhood obesity and emphasis the need for primary and secondary prevention.
vii) Describe the management of obesity with emphasis on life-style choices with respect of quantity and quality of food-intake, need of behavioural therapy to ensure continuing compliance with suggested interventions, stress reduction, sleep hygiene, physical activity, cigratte smoking and heavy intake of alcohol.
viii) Describe the role of bariatric surgery, its indications and coutner indicatons, and long-term metabolic effects including associated clinical complications.
ix) Outline a comprehensive plan incorporating concept of primary, secondary and tertiary care in the prevention and management of obesity.
x) Demonstrate use of communication technology in dissemination of relevant information through print, non-print, and electronic media for prevention of obesity as a part of public helath system.

Highlights of the Observer's (Dr. Prema Ramachandran, FAMS) Report:

The participants were there through most of the session the students were attentive, interested and asked questions. The main objective of the programme was conceptual transformation – "from obesity on a risk factor associated with NCD to obesity as a disease with NCD as complications. The objectives of the programme were fulfilled. Learning Resource Material was provided to the participants. The registered participants were 180, out of which 160 were present throughout the programme. There was interaction after each lecture. The hands-on training was not provided. This is essentially a symposium to update 1st and 2nd clinical students and residents on the emerging concepts and recent updates on epidemiology detection and management of obesity and commodities. Presentation of lectures/demonstration by the course faculty was very good. An audiovisual aid used during the Programme was of good quality. The faculty was mainly from local institutions and they gave excellent lecture. As the audience was mostly students, it was appropriate. The students learnt a lot about recent advances.

Statement showing grant under Intramural Programmes from 1. 4. 2013 to 31. 3. 2014

Sl. No.	Topic	Amount Release (Rs)
1.	**NAMS Regional Symposium on** *"Development of Prehospital Response to Disasters and Medical Emergencies"* **AIIMS, Patna on May 24, 2014**	52,500/-
2.	**NAMS Regional Symposium on** *"Neurotology"* **Madras Medical College, Chennai on August 10, 2014**	70,000/-
3.	**NAMS Regional Symposium on** *"Inflammatory Bowel Disease for General Physicians"* **Govt. Medical College & Hospital, Chandigarh on September 7, 2014**	86,228/
4.	**NAMS Symposium on** *"Harmful Effects of Alcohol consumption: Need for evidence-based national policy"* **All India Institute of Medical Sciences, Rishikesh on October 17, 2014**	30,000/-
5.	**CME Programme on** *"Benign and Malignant Pathologies of Maxillofacial Region"* **Sri Guru Ram Das Institute of Medical Sciences & Research, Amritsar on November 29, 2014**	62,675/-
6.	**NAMS Regional Symposium on** *"Evolving concepts in the diagnosis, prevention and management of Type – 2 Diabetes Mellitus and its Microvascular complications"* **Sri Guru Ram Das Institute of Medical Sciences & Research, Amritsar, on December 10, 2014**	70,000/

Sl. No.	Topic	Amount Release (Rs)
7.	**Cost effective Validation of Program Content of NAMS National Symposium on** *"Harmful Effects of Alcohol Consumption: Need for evidence-based national policy"* **All India Institute of Medical Sciences, Jodhpur on January 30, 2015**	10,500/-
8.	**NAMS-PGI Symposium on** *"Male Reproductive Health"* **Postgraduate Institute of Medical Education and Research, Chandigarh on March 1, 2015**	70,000/-
9.	**NAMS Regional Symposium on** *"Emerging epidemic of Obesity"* **All India Institute of Medical Sciences, Jodhpur on March 12, 2015**	86,830/-

N.A.M.S. CHAPTERS

NORTH ZONE

Jammu & Kashmir	Dr. R. Madan Former Member, Public Service Commission Govt. of J & K	Director, Madaan Hospital and Research Center, 37 A/c Gandhi Nagar, Jammu-180004
Chandigarh Himachal Pradesh	Dr. Yogesh Chawla, Director, PGIMER Prof. & Head, Dept. of Hepatology, PGIMER Chandigarh-160012	Director, PGIMER Prof. & Head, Dept. of Hepatology, Postgraduate Institute of Medical Education & Research, Chandigarh
Delhi	Dr. J. N. Pande Former Professor & Head, Department of Medicine, A.I.I.M.S., Ansari Nagar, New Delhi – 110029	Sr. Consultant, Medicine Sitaram Bhartiya Institute of Science & Research B – 16, Mehrauli Institutional Area, New Delhi - 110016
Haryana	Air Marshal Dr. M. S. Boparai Former Director AFMC, Pune and Former Director General Armed Forces Medical Services New Delhi.	915, Defence Colony, Sector 17-B, Gurgaon-122001
Punjab	Dr. H. S. Sandhu Former Principal, Medical College, Amritsar	H.No.883, Circular Road, Opp. Nurse Hostel, Amritsar-143001
a r Pradesh Dr.	(Ms) P.K. Mis a 122 Former Principal & Dean, Faculty of Medicine and 122, Faizabad Road, Near Indira Bridge, Lucknow-226007	, Faizabad Road, Near Indira Bridge, Lucknow-226007

CENTRAL ZONE

Rajasthan	Dr. Sanjeev Misra Director, AIIMS, Jodhpur	Director, All India Institute of Medical Sciences Jodhpur
Madhya Pradesh	Dr. B. C. Bapna	28, Anoop Nagar, Indore-452008

WEST ZONE

Maharashtra	Dr. S. S. Deshmukh Former Vice Chancellor, Bombay University, Mumbai	"Samarth Krupa", Ram Mandir Road, Vile-Parle (East), Mumbai-400057
Gujarat	Dr. Haribhai L. Patel	50/322, Saraswatinagar Vastrapur, Ahmedabad-380015

SOUTH ZONE

Tamil Nadu	Dr. Mohan Kameswaran Director Madras ENT Research Foundation, Chennai.	Madras ENT Research Foundation (Pvt. Ltd) I, Ist Cross Street, Off II Main Road, Raja Annamalaipuram Chennai-600028
Kerala	Dr. V. Mohan Kumar	8-A, Heera Gate Apartment, DPI Junction, Jagathy Thriruvanthapuram-695014
Andhra Pradesh		
Karnataka	Dr. Anura Vishwanath Kurpad Dean, St. John's Research Institute St. John's National Academy of Health Sciences, Bangalore	St. John's Research Institute, St. John's National Academy of Health Sciences, Opp. BDA Complex Koramangala, Bangalore-560034

EAST ZONE

West Bengal	Dr. D. Baksi Former Professor & Head, Dept. of Orthopaedics, Medical College & Hospital, Kolkata	DA-3, Sector - I Salt Lake City Kolkata-700064
Orissa	Dr. Sureswar Mohanty Professor of Neurosurgery & Principal, Institute of Medical Sciences, Sector-8, Kalinga Nagar, Bhubaneswar	206 Duplex Manorama Estate Rasulgarh, Bhubaneswar-751010
Bihar	Dr. S.P. Srivastava Former Professor & Head Deptt. of Paediatrics Patna Medical College & Hospital, Patna	S-104, Udayagiri Bhawan Budh Marg, Patna-800001
Jharkhand	Dr. Sureshwar Pandey	"RJSIOR", Rameshwaram, Bariatu Road, Ranchi-834009
Assam	Dr. Debi Charan Choudhury	Bezbaruah Road Silpukheri Guwahati-781 003

Report of Summary/Lectures Delivered by Emeritus Professors of NAMS 2014-15

1. Summary of Lectures delivered by Dr. Shridhar Sharma, Emeritus Professor, NAMS

(i) Evolving Ethical Issues in Medical Practice, on 7th July, 2014 at Delhi.

Ethics in the science of morals in human conduct and includes a moral principle or code (The Oxford Dictionary). So the word ethics encompasses the entire spectrum of human conduct. Ethics is sustained by a purpose higher than ones own self interest. Historically in medicine, ethics followed Hippocratic tradition where position of physician was paternalism. In this the patient had no say on the issues related to treatment and all related circumstances like diagnosis. Physician was confident and guardian of the secrecy of patients and physicians duty was secrecy of knowledge and procedures. Historically, the limitation in research was the classic "do not harm principles". But during the last few decades these principles have changed after Ramsey (1970) in a classic work "the patient as person" advanced the proposition that the physician-patient relationship was lopsided towards the side of the physician and proposed that it should be the patient and not the physician, who should dictate the terms of the relationship in all the substantive matters. Since then, the concepts of ethical issues have evolved greatly.

Ramsey proposition completely opposed to the earlier Hippocratic tradition which dictated medical ethics. In Hippocratic tradition, the physician was not only the healer and technician but also a custodian and guardian of the secrets of the patient. The physician would undertake not to take advantage of the relative weakness of the patient and never to compromise his honour or that of his profession and to respect the intrinsic value of human life. However, ethics go far beyond moral beliefs and values. Ethical codes are not static but flexible being constantly influenced by changing sociopolitical situation and scientific advancements at a given time. The principle of "autonomy of the person" and the principle of beneficence and non-maleficence in preventing environment of justice have also changed the understanding of ethics. Respect for and protection of human subjects is fundamental to all aspects of Medical Practice.

(ii) The Challenges of Delivering Evidence Based Alcohol:National Policy, on 17th October, 2014 at Rishikesh.

Policies are general statement of understanding, which guide decision making. They are based on human aspirations, set of value, commitments, assessment of current situation. Policy formulation refers to shaping of a political demand into a set of values for social action.

The constitution of India in Article 47, envisdages "The State shall regard the raising of the level of nutrition and standard of living of its people and the improvement of public health as among its primary duties and in particular, the state shall endeavour to bring about prohibition of the consumption except for medical purposes of intoxicating drinks and of drugs which are injurious to health".

Alcoholism is a human behavior that is of great interest. The focus of any policy must be designed on best available scientific and social evidence should also keep in mind a balance between rights and responsibilities of those who the policies will affect as individuals, communities, governments and private sector. How the delicate balance can be achieved will be the focus of this paper.

iii) Disasters : An Indian Experience, on 29-30 November, 2014 at Bhopal

All disasters hurt people. They kill, injure, cause psychological and social trauma. Disasters are unbiquitous but most large scale disasters occur in cancer and tropic of Capricorn geographical region which encompasses most of the developing nations. Due to the geography and topography, India has faced serious large scale natural disasters like droughts, cyclones and earthquakes. The available statistics also show that the number of disasters per year is increasing but also the number of people affected and killed is also rising. The last century has added a new ecological dimension to the definition of a disaster. We then have newer man made disasters on our hands which include chemical and nuclear catastrophes, oil spills, air water and soil pollution.

Health and mental health consequences of disasters are accepted phenomena all over the globe. Developing countries have been facing the brunt more than the developed ones because they have less physical and financial resources. India as the second largest populated country with 1.2 billion population has a large share of all types of disasters. The present

paper will focus on four different types of disasters (a) Chemical, (b) Earthquake, (c) Tsunami and (d) use of pesticide and use of genetic seeds, with special reference to globalization.

Every disaster presents an opportunity to equip and to face with greater confidence and competence similar challenges in the future. It is virtually impossible to prevent most natural disasters. Nevertheless we can forestall or alleviate many of their worst effects by anticipating and by being prepared to face them.

2. Summary of Lectures delivered by Dr. P.K. Dave, Emeritus Professor, NAMS

(i) "Rheumatoid Arthritis in Spine", at Shilong on 31st March, 2014.

The lecture highlighted the pattern of deformities and disability in rheumatoid arthritis with particular in reference to spine. Involvement of spine in rheumatoid arthritis is somewhat rare. The spinal deformities their aetiology, management strategies and recent advances were also included.

The aetiopathology, clinical signs and symptoms were described. The deformities in the upper extremity for elbow, wrist and finger joints were described. The loss of function and the treatment modalities both conservative and surgical were highlighted.

NSAIDS is the starting choice of treatment followed by more specific rheumatoid arthritis treatment. Synovectomy both surgical and radioactive synovectomy are also used. Joint replacement, arthrodesis, corrections of deformities specially hands and feet, repair of ruptured tissues such as rotator cuff constitute the surgical aspect of treatment for RA.

Rheumatoid arthritis in spine usually affects young individuals. Cervical spine is involved more often than the thoracic & lumber spine. Atlanto axial involvement is often the common one. Pain and muscle spasm in the cervical spine are common manifestation. Neurological symptoms are not common. However in case where myelopathy supervenes difficulties in gait and hand function may be seen.

Radiological diagnosis if taken in conjunction with other clinical symptoms and laboratory investigations. Other modalities like magnetic resonance imaging can be helpful particularly for evidence of compression of spine.

Treatment in most cases is proper immobilization of cervical spine to alleviate pain and avoiding any neurological damage. Cervical spine isometric exercises and cervical collar are helpful. Surgical intervention is resorted to if there is neurological damage or severe pain.

3. Summary of Lectures delivered by Air Marshal (Dr.) M.S. Boparai, AVSM, Emeritus Professor, NAMS on

(i) Random thoughts on Ocular Trauma, at Amritsar on 6th September, 2014

Trauma is as old as the human civilization and ocular trauma is no exception. Even cavemen fought over food and prey. There are no reliable figures available about incidence of ocular trauma in India. In USA however one million people are blind due to Ocular trauma and in the world 42 million are blind due to it. It is generally believed that out of 9-10 million blind in India, 15-20% are blind due to trauma and a bulk lot of them are young. That brings a huge economic burden on the society. There is hence a need to sensitise the Ophthalmic surgeons to improve management of trauma cases, improve preventive measures and pay more attention to rehabilitation of the blind and partially sighted.

Ophthalmic surgeons need to be proactive in patients where there is ocular involvement in cases of multiple injuries. Polytrauma results from road traffic accidents, industrial accidents, agricultural mishaps natural calamities, was injuries and so on. These cases are brought to casualty departments of general hospitals as priority goes to saving the life. By the time the eye surgeon is called, it is too late from the point of view of salvaging vision. Eye surgeons therefore have to be proactive and should sensitise their colleagues to impress on them, the necessity of involving an eye surgeon from the very beginning i.e. the initial stage itself. Since most of these cases are handled under general anaesthesic, that is the right time for the eye surgeon to be there. To support all this specific situations were presented and long term follow up and rehabilitation was stressed. Specific situations were cases of facial trauma, blow out fractures of orbit, intraocular foreign bodies, perforating injuries of the globe, splinter injuries and so on.

Special and infrequent injuries such as chemical burns both acid and alkali, molten rubber injuries and gaseous injuries were presented and long term results were discussed.

Rehabilitation of ocular injury cases is both visual and cosmetic end

involves physical as well as psychiatric measures. Role of special institutions like "Institute of Visually Handicapped, Dehradun" was highlighted. Cosmetic rehabilitation needs handling of cases at tertiary care hospitals and involves multiple surgeries, hence the need for patience.

Prevention of ocular injuries is important whether they occur in civil situations (RTAs, agriculture, fireworks) or military situations. Role of government regulatory agencies is important from point of view of ensuring better standard of helmets, protective glasses, bullet proof jackets and so on. It is necessary to take the help of socio-religious organizations, NGO's and electronic media in spreading the message of prevention.

(ii) Orbital surgery, past, present and future, at Delhi on 28th October, 2014

Orbit made up of 7 bones, measuring 40x35x40mms and having a volume of 35ccs has always been a problem area for ophthalmologists. Proptosis is the hallmark of orbital diseases. It may be unilateral or bilateral. A retrospective study of 600 cases of proptosis was presented by the author at Asia Pecific Academy of ophthalmology's annual conference in 1990. It showed 528 cases (88%) having unilateral proptosis and 72 cases (12%) to be of bilateral proptisis. Amongst unilateral proptosis 316 cases (59.8%) were of primary neoplastic origin, 100 cases (18.9%) were of inflammatory nature, 60 cases (11.3%) were of dysthyroid origin, 30 cases (5.6%) were of paraorbital diseases and 22 cases (4.2%) belonged to miscellaneous group. Bilateral propoises was due to dysthyroid diseases, craniofacial anomalies, reticulo-endothelial and neural origin. This incidence has more or less remained the same in subsequent studies also.

By and large unilateral proptosis is a surgical problem and bilateral proptosis a medical problem. Of course there can always be exceptions to the rule. Management of Orbital space occupying lesions has passed through too very distinct eras. Era of no CT, MRI and ultrasonography, which I refer to as blind era. The main investigation in this era was Orbital venography, if the superior ophthalmic vein visualized in the form of a parallelogram, opened up, it was indicative of an intraconal mass. There was no way of finding the size of the mass, its nature and relationship to optic nerve, ocular muscles and other tissues. This became possible in the sighted era once the C.T. MRI and improved ultrasonography cane into being. In the blind era, 80% of the times, orbital surgeon did not know as to what he was going in far, but in the sighted era he was in a much better position to enter the orbit. This made orbital surgery more precise, safe and predictable.

Over 1000 orbital surgeries were performed over the years during the blind as well as the sighted eras. Orbit can be opened from various sites depending on the location of the tumor in the orbit to cause the least iatrogenic damage. Anterior orbital approach was used in 505 cases (50.5%), lateral orbitotomy was done in 335 cases (33.5%), trans conjunctival approach was used in 55 cases (5.5%) and transfrontal and combined approach was used in 105 cases (10.5%). Cases done using different approaches were presented to highlight pre/ postoperative appearance, end result of surgery and long term follow up/ prognosis in different pathologies.

Orbital surgery and Orbital surgeons have a lot to look forward to in the future. The results of surgery will be much better with hardly any complications with use of magnification during surgery, better anaesthesia, better sutures, improved pneumatic/electronic saws/lasers for bone cutting, glue to unite bones, hydroxyl-appatite and titanium implants, better prosthetic procedures and so on. The results of orbital surgery will be more predictive. Also there are now better avenues available for training of orbital surgeons with fellowship programmes available in various institutions. Orbital surgeons therefore have much to look forward to in their future endevours.

4. Summary of Lectures delivered by Dr. Kamal Buckshee, Emeritus Professor, NAMS

(i) Alcohol and Reproductive Health, at Rishikesh on 17th October, 2014

Alcohol use among teenagers, adolscents, women during reproductive years and pregnancy is on the rise world wide. It is a major; public health problem. Adverse effects associated with consumption of alcohol during pregnancy got highlighted by Paul Lemoine (1967) who characterized alcohol as a teratogen through his case series, and Jones a dysmorphologist, coined the term fetal alcohol syndrome (1973). By 1996 alcoholl related birth disorders (ARBD) and neuro development related disorders (ARND) associated with pregnancy were identified.

Alcohol consumption: Incidence and Prevalence

Canadian study: 76.8% >15 years of age. During pregnancy low risk level, 17.0% heavy drinking, 32.0% binge drinking, 14.0% and 62.4% first three months of pregnancy.

USA: 30.3% during pregnancy and 22.5% first month of pregnancy.

Approximately 15-20% of pregnant women consume some alcohol during first pregnancy and 3-4% binge drinking during pregnancy.

Alcohol content: Beer 2% to 12%, coolers – 7%, wine 8% to 14.5% fortified wines 17% to 22% (e.g., sherry , port) liqueurs 5% to 55% and liquors (e.g. vodka, rum, gin) whisky 14% to 15%.

Low-risk drinking: No more than 2 standard drinks on any one day, or 9 standard drinks a week.

Binge drinking 4 or more drinks in about 2 hours. Drinking heavily more than 6 units per day.

Impact of alcohol on Hypothalmic, Pituitary Gornadal Axis (HPG), sexual functions, sexual organs and sex hormone levels.

1. Adverse effects of chronic alcohol have been noted at all levels of the reproductive system in both male and female. Male alcoholics frequently suffer from sexual dysfunction (↓ libido, ↓ erection, reduction of male secondary sex characters.)

2. Testicular size and Leydig cells: Testicular size ↓→hypogonadism. The number of abnormally shaped sperms increases, lower sperm count and motility. There is increase in DNA damage of sperms and their characters. It also results in reduced testosterone production and elevation of estrogen level. It can decrease the production, release and/or activity of luteinizing hormone and follicular – stimulating hormone. Female alcoholics can have a disruptive effect on menstrual cycle, resulting in amenorrhea, an ovulation and infertility. Estrogen and progesterone levels are alo affected. It can also lead to hyperprolctinemia. However, when drinking alcohol is stopped the nagetive effects on fertility and sexcually activeity reserve quickly. Long term excessive intake of alcohol can lead to damage to the central nervous ststem and the peripheral nervous system resuting in loss of sexual desire and infertility in men and women.

Experimental studies indicate that alcohol can reduce chromosome segregation errors in the ovulated eggs. Their fertilization may result in aneuploidy embryos which in turn may lead to spontaneous abortion. Few abnormal ambryos may survive to term resulting in the birth of babies with moderate to serve degree of mental retardation and other abnormalities.

Alcohol and Pregnancy: Effects on the fetus and New born

Offspring of mothers consuming alcohol during pregnancy suffer from development delays and/or a variety of behavioural changes. It may affect the developing foetus in a dose dependent manner. With very high repetitive doses there is a 6-10% chance of the foetus developing the fetal alcoholic syndrome (FAS) manifested by prenatal and postnatal growth deficiency, specific craniofacial dysmorphic features, mental retardation, behavioural changes and a variety of major anomalies. With lower repetitive doses there is a risk of "alcoholic effects: mainly manifested by slight intellectual impairment, growth disturbances and behavioural changes. Binge drinking may impose some danger of slight intellectual deficiency.

In fetal alcohol spectrum disorder (FASD), a variety of abnormalities have been observed in individual's whose mother consumed alcohol during pregnancy. These include physical, mental, behavioural or learning disabilities. Physical abnormalities are facial abnormalities, viz short palpaberal fissure, flat mid face, short nose, indistinct phyiltrum, thin upper lip, epicanthal folds, low nasal bridge, minor ear abnormalities and microganathis.

Breast Feeding: Consumption of alcohol during lactation may adversely affect new born/infant's sleep, digestion, motor development and early learning. The duration of breast feeding may be shortened.

Harmful effects occur via epigenetic mechanism (alteration of the activity of certain genes).

Health care providers should be aware of the risk factors associated with alcohol use in women of reproductive age, during pregnancy and lactation. If a woman continues to consume alcohol during pregnancy, harm reduction/treatment to be started at the earliest. These women should be give priority access to withdrawal management and treatment. They should also be informed that low-level consumption of alcohol in early pregnancy is not an indication for termination of pregnancy. For women who are pregnant or planning a pregnancy the safest option is not to drink as there is no safe level of alcohol established in pregnancy. By stopping to drink at any time in the pregnancy will reduce the risk to the baby.

Diagnosis/Recognition of cases with FAS/or FASD, ARBD/ARND and screening for alcohol use is needed. The individuals whose mother drank alcohol must be followed for longer time as life-long implications are not known.

It is essential to bridge the gap between knowledge and behavior.

Transform 24 century science in to risk assessment and regulatory decision making

Suggested reading: (1) Alcohol abuse in Pregnancy Women: Effects on the Fetus Newborn, Mode of Action and Maternal treatment; Asher Ornoy et al;Int. J. Environ. Res. Public Health 2010.

(2) Sexual function; Sexual Organs and Sex Hormone Levels in Chronic Alcohol Intake: Aluko Esther Olusola et al.; British Journal of Medicine and Medical Research, 2014.

(3) The Terotogenic Effects of Alcohol following exposure during pregnanancy, and its influence on the chromosome constitution of the pre-ovulatory egg; Alcohol and Alcoholism UK; M. Hkaufman:1996.

Post-operative Treatment of Endometriosis: Guidelines

Endometriosis is defined as presence of endometrial like tissue outside the uterus with induces chronic inflammatory reaction and has a varying appearance.

It is a common gynaecological condition that affects approximately 10% of the women in reproductive age who present with either progressive dysmenorrhea, pelvic pain, infertility-dyspareunia or a pelvic mass.

It can be suspected clinically, diagnosis is aided by imaging techniques/MRI but the gold standard is laparoscopy. It identifies the disease, its extent, location and severity.

Planning Treatment:

One must consider several factors such as patients, age, parity, extent of disease, symptoms, desire for fertility and menopausal status.

The main goal of therapy is to target at control of symptoms and achieving fertility in those who desire. Individualized patient care is essential.

Guidelines have been developed by a number of national and international societies. Endometriosis being a chronic disease requie, Life-long management plan with the goal of maximizing use of medical treatment and avoiding repeated surgical approaches.

Technical skill, experience and evidence based treatment play a vital role in its management.

Endometriosis associated pain: Post operative adjunctive harmonal therapy is given within six months of surgery to prevent the recurrence of pain and the disease in the long term. However, it may not improve the outcome of surgery. Treatment can be short-term (within six months) or long term (more than six months) after surgery. The long term adjunctive (6-24 months) therapy is essential to prolong the symptom free interval and to prevent recurrence of symptoms and disease. Continouous use for 6-24 months protective effect is related to the duration of treatment. There is no proven benefit or harm of post operative hormonal therapy when used for short term ($\leq$ 6 months). However, it can be used for contraception and secondary prevention.

Ovarian cystectomy:

Patients operated for ovarian cystectomy and severe endometriosis post operative use of levonorgestrel releasing intrauterine system (Mirena) or combined oral contraceptives for at least 18-24 months is recommended for secondary prevention of endometrioma.

Non medical managements:

Limited evidence exits on the usefulness alternative and complimentary medicine for endometriosis associated pain. (transcutaneous electrical nerve stimulation or acupuncture)

Endometriosis associated in tertility management

Undertake in fertility treatment as soon as possible after surgery in patients with stage I and II endometriosis. Controled induction of ovulation and intrauterine insemination is recommended. ART to be offered to patients with severe endometriosis.

In patients who want to delay fertility start continuous oral contraceptives or dinogest (progestogen).

(a) To minimize ovarian damage during ovarian cystectomy surgery strip the thinnest layer of capsule, minimize use of electro-coagulation of ovarian stroma.

(b) Counsel patients before surgery regarding reduction of ovarian reserve. Perform FSH, LH, E2, AMH, antral follicle count, degree of endometriosis, and CA125 before surgery and after surgery to monitor ovarian reserve.

Continuous medical treatment is recommended post surgery to decrease endometriotic nodules, and recurrences. Studies do not support the use of GNRH analogues post surgery to improve symptoms or progression of the disease.

5. Summary of lectures delivered by Dr. G.S. Sainani, Emeritus Professor, NAMS

(i) "Homocysteine and Coronary Artery Disease", at Hyderabad in December, 2014

Homocysteine in an amino acid which is metabolised either by methylation pathway to methionine or trans sulfurtion pathway to cysteine. The former pathway depends on the proper functioning of methione synthetas (MS) and methylene tetrahydrofolate reductase (MTHER) enzymes as well as normal levels of vitamin B12 and folic acid. The later pathway depends upon enzyme cystathionine beta synthetase (CBS) and adequate levels of pyridoxine (vitamin B6). A genetic defect in the enzyme or dietary deficiency of vitamin B12, folic acid and vitamin B6 can lead to hyperhomocystinaemia.

During periodic health check-up, in addition to estimating lipid profile, one should advise estimation of plasma homocysteine levels. Hyper homocystinaemia is treated by diet rich in vegetables and fruits and supplements of vitamin B12, folic acid and vitamin B6.

Despite the established significance of the classic risk factors, there are large number of CAD patients (particularly with premature atherosclerosis) who have no relation to the classic risk factors. Many patients with premature CAD have very little lipoprotein abnormalities. A possible role of hyperhomocystinaemia as an idependent risk factor in those patients has been recognized. The prevalence of hyperhoomocystinaemia in Americans is low (5.7%). In contrast to the western societies, Indian studies have shown increase prevalence of hyperhomocystinaemia (52 to 81%). The mean homocysteine levels are also quite high varying from 19.5 to 23.2 mmols/L. Considering such high levels in Indians, hyperhomocysteinaemia can be considered as an important risk factor in Indians. Men have higher homocysteine levels than women and homocysteine levels tend to increase with age.

It is now accepted that hyperhomocysteinemia is an important independent risk factor for stroke, myocardial infarction and other peripheral vascular events.[1] In a metaanalysis of 27 trials, comparing subjects with

homocysteine levels above the 90th percentile to the rest, the risk ratio for CAD was reported to be 1.7, for cerebrovascular disease 2.5, for peripheral vascular disease 6.8, and for venous thrombosis 2.95. Interesting finding in meta-analysis revealed that elevated homocysteine was an independent risk factor for vascular disease equal to smoking and hypercholesterolemia.[1]

The prevalence of hyperhomocystinaemia in Indians is much higher 52-84% with a mean range from 19.5 to 23.2 mmols/L.[2,3] Hence so far as Indians are concerned, hyperhomocysinaemia is considered to be a significant cardiovascular risk factor.

In a study conducted in Pune, 441 middleaged men were examined of which 149 were from rural areas,142 from slums and 150 from urban middle class. Overall 67% men had low vitamin B12 concentration and 50% had hyperhomocystinaemia. In the urban middle class, 81% had low vitamin B12 and 79% had hyperhomocystinaemia. Vegeterians had 4.4 times higher risk of low vitamin B12 than those who ate non-vegeterian food frequently and also a 3 times greater chance of hyperhomocystinaemia. Urban men had significantly more hyperhomocysteinaemia than rural men.[4]

The mechanism through which homocysteine affects endothelium seems to be through free radical production and an increase in lipid peroxidation. The production of peroxide anions and hydrogen perioxide, however results in reduced NO production and increased deactivation of NO.[5,6]

In CAD patients detected by electron beam corrnputed tomography (EBT), the coronary calcification progressed over one year period by 35% in patients with hyperhomocystinaemia as compared to 17% in patients with normal homocysteine levels[6] Nygard[7] followed up angiograpically proved CAD patients for 4 years, it was observed that hyperhomocystinaemia patients had 6 times greater mortality than patients with low homocysteine levels.

In the AFCAPS/TEXCAPS study, it was reported that patients with both raised homocysteine and LDLc levels were at the highest risk. Also ENAS[8] has reported that when hyperhomocysteinaemia is present with smoking or 2 other risk factors, CAD risk increases by 12 times and when present with elevated lipoprotein(a), the risk increases by 30 times.

In the study done by us at Jaslok Hospital, homocysteine was examined in 65 cases of angiographically confirmed patients and compared with age

matched 65 controls. The homocysteine levels were significantly elevated in CAD patients cornpared to corıtrols. Also CAD patients had significantly low levels of vitamin B12 and folic acid[9]. Likewise in a study conducted at Kanpur in young CAD patients, the prevalence of hyperhomocystienaemia as well as mean homocystein levels were shown to be significantly higher in CAD patients as compared to controls.[10]

Following the epidemiological surveys, many workers now agree that homocysteine is a new risk factor for CAD. Boushey et al[11] reported that an increase in homocysteine levels of 5µmol/L raises the relative risk for CAD by the same amount as does the increase in total cholesterol levels of 20 mgm/dl. At present, homocysteine should be tested in patients with premature atherosclerosis or a strong family history of atherosclerosis.

The studies have shown that homocysteine is an independent prognostic index for the development of atherosclerosis in dyslipidemic patients. Total homocysteine levels are related with high blood pressure in the general propalation,[12,13] in diabetics[14] and probably in patients with multiple vessel disease.[15]

Persons chewing tobacco or smoking cigarettes suffer from malnutrition with reduced levels of folic acid, vitamin B12 and B6. Thus tobacco use plays an important role in elevating homocysteine levels.

Treatment of hyperhomocysteinaemia

Administration of vitamin B12, B6 and folate regardless of the levels prior to treatment should be started. The treatment should reduce the risk of cardiovascular complication. In addition liberal dietary intake of fruits, vegetables which are rich sources of folate, can contribute to achieve the goal. Administration of B12 and folate also improve endothelial cell function as evidenced by improvement in endothelium dependent vasodilation in the brachial artery of CAD patients. The recommended dosage of vitamin B12, Vitamin B6 and folate are I mgm/day 10-25mgm/day and 5-10mgm/day

It is claimed by many workers that upto 10% of cardiovascular events can be prevented by reducing homocysteine levels in patients of hyperhomocystinaemia. Liberal dietary intake of folate, cessation of smoking, low coffee consumption and exercise can all contribute to the reduction of homocysteine levels in general population. Initially treatment is given by administering vitamin V12/folate/B6 till the levels are normalised, from which point vitamin B12/folate may be continued since this regime of

treatment has no side effects and has a relatively low cost, it is advisable to follow the above regime.

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ii) Medical Council of India Vision in Medical Education (Teacher's Perspective), at Aurngabad in January, 2015

Anyone who has the vision to look back into 100 years history can only have the wisdom to visualize what we need for the next 100 years; so said "Sir Winston Churchill" a century ago. How very true it is for the Medical Council of India!

As an octageneranean, I have had the good fortune of seeing the Medical Education, Medical Practice and Research evolve over the past half a century and therefore am probably aptly suited to peep into the past and guage the future of MCI.

As we are aware, "health" is a subject on concurrent list of our constitution that is both to be looked after by the "State" and "Center". In that sense, it is the responsibility of dual team. Thus, on one side, it is governed by IMC act 1936 through the Medical Council of India, Central Govt's Health & Family Welfare and related Departments to the State Govt's Maharashtra Medical Council, Public Health, Medical Education Dept., NRHM (now National Health Mission with both rural and urban components NHM).

How was the Medical Education and medical practice before 50 years, how is it today & how should it be tomorrow?

1) Governance by Medical Colleges and its governance through MCI was very different 50 years ago. It was the State Govt. mainly, that regulated Medical Colleges. MCI's role was only recommendatory. Each University was entrusted with the authority of allocating PG seats. Thus, the needs of the State in terms of Medical Education, medical practice, no. of UG & PG seats required, the infrastructure available was decided by the State & this is exactly what is required.

But the scenario changed. MCI wished to exercise its regulatory authority more and more, and it began with inspections of colleges. This theoretically looked good. But in practice, it resulted in colleges showing "fake" infrastructure, teachers and patients as learning material and MCI granting permission to such institutes by devious means – the 'quid pro quo' of today's world. There started the downfall which could not be controlled by changing the MCI body, the President or the method with Govt. control. In short, the first thing that MCI needs to change is to have a "recommendatory control" and not an "authoritative, mandatory control".

An issue often discussed is software vs hardware. It is observed that MCI has prescribed 25 acres of land (10 acres now) for a Medical College, specific sq.ft. area for reach Dept. lecture halls etc. This is probably absurd. Students don't learn from infrastures i.e. hardware. What is important is the software that is the 'teacher'. So, an important component for MCI now is to develop norms that will make the teacher good, automatically resulting in production of a good doctor. Thus, "Governance deficit correction" should be a major goal in MCI's vision. For this correct selection of MCI body is necessary. The body in turn should assign duties and responsibilities to the State & University.

Curriculum & Syllabi :

MCI should focus maximally on proper design of curriculum and syllabi with current national needs amalgamated with international design. Thus, more emphasis should be given on skill based learning, competency development, and communication skills. MCI should get this formulated by an online requisition from medical teachers of all the States, Practicing doctors, medical educationist and public health experts, so that the student will be exposed to all the required skills.

Examinations :

Though the University decides the way examination will be conducted, MCI can lay down the standards, can employ newer technologies. Current 'methods' with students sitting only on books and notes without visiting the hospital wards and patients therein is futile. Licence to practice all over the country could be regulated by a single exit exam.

Knowledge vs Wisdom - It is said that 'Prof. Google (!) can give you the knowledge, but it is only a good teacher who can give you the wisdom'. Thus, we want doctors who become wise and not otherwise! The ability to search and research gets inbuilt in such a system.

Thus, in a nutshell, the vision of MCI should be a recommendatory body with decentralised control over State Medical Education and Practice.

MCI of today has built many walls between MCI and Medical Colleges, MCI & Medical Practice, MCI and patient care, research, attitude. What we need for the next 25 years is not walls but bridges!!

iii) Vitamin D and Diabetes Mellitus in 2015

Introduction

Diabetes mellitus has become a global problem. By 2030, the number of diabetics are expected to be more than double. (From present 171 million, it will touch 366 million world wide).[1,2]

Vitamin D is considered as an essential nutrient associated with calcium and phosphate metabolism by its actions on bones, kidney and intestine. Recently, it has been shown that Vitamin D is related to many other physiological conditions and diseases such as immune system, diabetes mellitus, CVS, cancer.[3,4] It is interesting to know that upto 3% of human genome is directly or indirectly controlled by Vit. D.[5]

In India, Vit D is found to be deficient in 80% of Indians. This may be due to dark skin, inadequate sun exposure, vegetarianism, lack of food fortification with Vit D programme, cultural habits like wearing burka or parda in some women.

Sources of Vit. D

a. Exposure to sunlight
b. Fish such as salmon, mackerel, sardines have rich source. Egg yolk and foods fortified with vitamin D3 such as milk, orange juice, bread and cereals in some countries

Role of Vit. D in prevention of DM

Recent studies in Women Health Study have shown the role of vitamin D and calcium homeostasis in the metabolic syndrome. Low levels of Vit. D contribute to insulin resistance. Reduced calcium impairs insulin secretion and thus causing higher incidence of DM. Vit D along with Calcium enhance insulin sensitivity and increased insulin secretion. Vit.D plus Calcium supplement is likely to improve beta cell functions. WHO and other member countries have formulated a program of prevention of chronic diseases and specially DM. IDF has also given guidelines.

As per guidelines of WHO and IDF, the following strategies have been suggested for prevention of DM at community level.

Identification of people at higher risk of developing DM whose characteristics are

1 High BMI
2 Persons having impaired glucose tolerance (IGT) impaired fasting glucose (IFG)
3 HbAlc A value between 6 and 6.4 is considered high risk
4 Gender (F>M)
5 Family history of DM
6 Waist circumference (>90 cm in males and >80 cm in females)
7 Dyslipidaemia (Low HDL and High TG)

Vitamin D and management of DM

It has long been suggested that vitamin D may help with diabetes management or perhaps even prevention but following study that came out in 2012 further affirms this notion. In this study which included 2,000 individuals, the researchers looked at the serum of individuals who developed Type 1 diabetes mellitus compared to those who did not, and it looked as though people who had deficient vitamin D levels tended towards the development of diabetes mellitus Type 1. Another interesting part of this study suggests that people with a D level of about 50 ng/ml seemed to have no risk of developing diabetes mellitus Type 1.[6-11]

The role of diet, exercise and life style alteration in management of obesity and DM is well established, but in this study glucose management continued to improve linearly with vitamin D level improvement despite no additional lifestyle changes other than the initial changes made to diet and activity level. It is likely that the lifestyle changes helped their bodies become healthier, but it also seems that the heartier vitamin D levels helped their body to become even more efficient in sugar management.

Majority of persons in the UK and other Western countries are deficient in Vitamin D, including many patients with Type 2 diabetes, due to limited sunlight exposure caused by a number of factors, including more time spent at home, in the office or the car, shorter days in winter, sunscreen use in summer and fears of skin cancer.

Vitamin D is believed to help improve the body's sensitivity to insulin – the hormone responsible for regulating blood sugar levels – and thus reduce the risk of insulin resistance, which is often a precursor to type 2 diabetes.

One of the hallmarks of T2 DM is low grade inflammation and Vit. D plays an important role in modulation of inflammation. Vitamin D receptors are present in human pancreatic cells and Vit. D may augment an insulin secretion and insulin sensitivity. Vitamin D deficiency may blunt insulin action through significantly elevated parathyroid hormone (PTH). An important feature of Vit.D deficiency in vivo is hypocalcemia which in itself can impair beta cell function.

Borker et al[12] compared levels of vit. D3 in newly diagnosed T1 DM. Vit. D 3 levels were significantly lower in diabetic children. They suggested that Vit. D deficiency was common at the time of diagnosis of Type 1 DM in Indian children.

Devraj's et al[13] compared levels of Vit. D and pro inflammatory biomarkers like HsCRP. They found that Vit.D deficiency was move common in Type 1 DM and there was negative correlation between Vit. D3 levels and inflammatory markers.

A seasonal variation of glycemic control has been observed in epidemiological studies in healthy and Type 2 DM persons with worsening of glycvemic control in winter indicating a role of vitamin D. In a Japanese observational study, the mean glycosylated Hb (HbA1c) of 39 type 2 DM patients was measured every month for 1 year. The mean level was elevated by 0.5% in winter months. There is better glycemic control in summer.[14]

In a Swedish cohort study, data from sun exposure was collected from 29,000 women and they were followed for 11 years. The main outcome was the relationship between new onset T2 DM and sun exposure were at a 30% lower risk of having DM as compared to those without sun exposure.[15]

Tahrani et al[16] carried out cross sectional study in South Asian population in UK. They measured Vit.D3 levels in 210 adults (170 were diabetics). The deficiency was more prevalent in diabetics than non-diabetics. HbA1c levels were significantly higher in women with Vit.D deficiency.

Vitamin D deficiency results in poor sugar control in DM type 2 patients as well as gestational diabetes mellitus patients. The study concluded that daily in take of Vit.D either with or without added calcium could improve glycemic status in Type 2 DM.

Treatment with Vit. D in Type 1 DM

Aljahri et al[17] carried out a prospective trial to evaluate effect of vit.D supplementation on glycemic control in patients with type 1 DM who had Vit D. deficiency. They concluded that Vit.D supplementation can improve glycemic control in Type 1 DM patients who are deficient.

In a large cohort study in Finland, data about Vit.D supplementation was collected from 12000 children born in 1966.[18] They concluded that children who took recommended dose of Vit.D (2000 IU daily) had a 78% lower risk of T1DM compared with those who regularly received less than recommended dose. Children suspected of having rickets during the first year of life had 3 times higher risk of developing T1 DM compared with those without such a suspicion.

Treatment with Vit D 3 in type 2 DM

Nikooyeh et al[19] carried out a randomized controlled prospective trial in 90 T2DM. They were divided in 3 groups (1) No Vit. D (2) 500 IU Vit.D3 and 150 mgm calcium twice daily and (3) 500 IU D3 and 250 mgm calcium twice daily for 12 weeks. They concluded that daily intake of a Vit.D either with or without added calcium improves glycemic control in T2DM patients.

Vitamin D and diabetic complications

1. Vit.D levels were measured in 8.8 million diabetic patients older than 40 years of age in National Health and Nutrition examination survey in USA. Their results showed that Vit.D deficiency was associated with features of diabetic peripheral neuropathy in form of paraesthesia and numbness in hands and feet.[20]
2. Joergensen et al[21] carried out longitudinal prospective study in which 289 Type 2 DM patients were followed up for 15 years. Patients with Vit. D deficiency had significantly higher urine albumin rate showing diabetic nephropathy.
3. All cause and CVS mortality was measured in all patients upto 15 years. It was observed that Vit.D deficiency increases all cause mortality and CV mortality by 103% and 90% respectively

Conclusion

One may conclude that Vit. D is an important not only for proper glycemic control of diabetes mellitus with standard anti diabetic management but also for prevention of Type 1DM, Type 2 DM and gestational diabetes mellitus.

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Academic Committee

The constitution and objectives of the Academic Committee (Committee on Academic Medicine) have been approved by the Council and General Body in its Meeting held on 30th April, 2005.

The following were the members of the Academic Committee:

1.	Prof. J.S. Bajaj, FAMS	-	Chairman
2.	Dr. Prema Ramachandran, FAMS	-	Chairperson, CME Programme Committee
3.	Dr. S.S. Deshmukh, FAMS	-	Member
4.	Dr. C.S. Bhaskaran, FAMS	-	Member
5.	Dr. Manorama Berry, FAMS	-	Member
6.	Dr. N.N. Sood, FAMS	-	Member
7.	Dr. Lalita S. Kothari, FAMS	-	Member
8.	Dr. Jairup Singh, FAMS	-	Member
9.	Dr. H.S. Sandhu, FAMS	-	Member
10.	Dr. R. Madan, FAMS	-	Co-opted Member
11.	Dr. Sanjay Wadhwa, FAMS	-	Secretary (till October 2014)

All academic matters in the purview of NAMS are referred to, and deliberated upon, by the Academic Committee and also presented to the Academic Council. Reports of Academic Committee and Academic Council are presented at the meeting of the NAMS Council and the decisions are implemented accordingly. Notwithstanding this general framework, specific functions of the Academic Committee include:

Highlights of the Academic Committee Meeting held on 4th July, 2014

A. <u>Action arising from the Minutes</u> :

1. Intramural Programmes :

Following Intramural CME Programmes have been approved by the Academic Committee in the year 2014-15 :

i) NAMS Regional Symposium on *"Neurotology"* on 17th August, 2014 at Madras Medical College, Chennai

ii) Regional Symposium on *"Inflammatory Bowel Diseases"* at Govt. Medical College and Hospital, Chandigarh on 7 September, 2014.

iii) NAMS Regional Symposium on *"Evolving concepts in the diagnosis, prevention and management of Type-2 Diabetes Mellitus and its Microvascular Complications"* on 1 November, 2014 at Sri Guru Ram Das Institute of Medical Sciences & Research, Amritsar

B. <u>Proposed Academic Activities from 4 July, 2014 to 31 March, 2015</u> :

i) **NAMS Symposium on** *"Personalized Medicine"* **during NAMSCON 2014 at AIIMS, Rishikesh**

ii) **NAMS National Symposium on** *"Harmful Effects of Alcohol consumption: Need for evidence- based national policy"* **on 17 October, 2014 at AIIMS, Rishikesh**

iii) **Regional Symposium on** *"Benign and Malignant Pathologies of Maxillofacial Region"* **for Dental Doctors held at Sri Guru Ram Das Instt. of Medical Sciences & Research, Amritsar on 29 November, 2014.**

iv) ***Cost-effective validation of Program Content of NAMS National Symposium on*** *"Harmful Effects of Alcohol Consumption": Need for evidence-based national policy"* **held at Jodhpur simultaneously at AIIMS, Jodhpur & SN Medical College, Jodhpur on 30 January, 2015.**

v) **NAMS Regional Symposium on** *"Emerging epidemic of Obesity"* **held at AIIMS, Jodhpur on March 12, 2015.**

C. <u>Under NAMS-AIIMS Collegium and its activities</u> :

After establishing the NAMS-AIIMS Collegium on 8 February, 2013, following activities have been held.

a. CME programme on **"A multidisciplinary approach to Spina Bifida"** at AIIMS, Rishikesh on 27 April, 2013;

b. CME Programme on **"Ethics in Clinical Research"** at AIIMS, Bhubaneswar, Odisha on 20 July, 2013;

c. Major activity under the NAMS-AIIMS Collegium programme **"Regional Symposium on Sleep Medicine"** was held at AIIMS, Jodhpur on October 25, 2013

d. CME Programme on **"Acute Ischemic Stroke: Basics to Advance"** on January 10, 2014 at AIIMS, Rishikesh;

e. NAMS Regional Symposium on **"Development of Prehospital Response to Disasters and Medical Emergencies"** was held on May 24, 2014 at AIIMS, Patna.

f. Regional Symposium on **"Harmful Effects of Alcohol consumption: Need for evidence-based national policy"** on 17th October, 2014 at AIIMS, Rishikesh;

g. Cost-effective validation of Program Content of NAMS National Symposium on **"Harmful Effects of Alcohol consumption: Need for evidence-based national policy"** was held at AIIMS, Jodhpur on 30 January, 2015;

h. Regional Symposium on **"Emerging epidemic of Obesity"** was held at AIIMS, Jodhpur on March 12, 2015.

NAMS National Symposium on **"Maternal & Child Health : Upto and Beyond 2015"** is being held as an intramural programme by Dr. Prema Ramachandran as the Chairperson for AIIMS, Patna on 16 October, 2015 at the Annual Conference of the NAMS in October, 2015.

Proposed NAMS website :

Chief Technical Advisor, NAMS made a presentation on the proposed NAMS website which was showed to the Members of the Committee and suggestions were invited for further improvement. The Chairman directed that all Learning Resource Material (print/non-print) should be put on the website of the Academy including its contents. The Members noted that the website include Annual Reports as well as various issues of Annals published during the years 2013, 2014 & 2015. It was hoped that programmes organized by NAMS at New Delhi would be webcast through NKN connected Institutes. It was also informed that the updating of the contents on the website will be an ongoing process. CTA also informed the Members that the NKN connectivity at NAMS is excellent one and very shortly full potential of its usage by starting **'Distinguished Lecture Series'** from the Auditorium as approved by the Academic Council earlier.

It was also informed that all the academic activities held at AIIMS Jodhpur sponsored by NAMS have been archived in form of soft copies of Learning Resource Material (LRM). In addition, NAMS Center for Research in Medical Education has video recorded all the events of NAMSCON 2013, NAMSCON 2014 and Scientific Symposia held at AIIMS Jodhpur, Rajasthan.

To report on the current status of publication of Annals of NAMS

The Annals Volume 49 (1 & 2) named Golden Jubilee lectures consisting of five lectures is under print and is likely to be released soon.

Prof. Bajaj informed about the article 'Requiem to reveille' and read out few lines of the article regarding the suggestion of outsourcing of the Annals. The meaning of Requiem to reveille was also explained to the Members. A copy each of an offprint was also made available to the members of the Committee.

i) **To consider any future proposal for publication as a follow up action of the Regional Symposium on Sleep Medicine - The proposal for publication as a follow up action of the NAMS Regional Symposium on Sleep Medicine was presented by Dr. Kuldeep Singh.**

Dr. Kuldeep Singh, Professor, Department of Pediatrics, AIIMS, Jodhpur, made a presentation on *'Using Technology to deliver cost-effective Continuing Professional Development (CPD)'.* He informed the committee that audio video content of the didactic presentations at the Regional Symposium on Sleep Medicine was delivered at NAMSCON 2013. (Appendix-I). E-learning is a web design course. The advantage with NAMS is that the Academy had validated the contents at different learning settings.

➢ **To consider, plan and organize a Workshop to identify modes of cross disciplinary learning between modern and AYUSH systems of medicine.**

While briefing the cross disciplinary learning between modern and AYUSH systems of medicine, Prof. J.S. Bajaj proposed that National Academy of Medical Sciences must play a leading role in this activity which could result in a paradigm shift regarding under-graduate and post graduate medical education on one side and the interaction with the practitioners of AYUSH on the other.

➢ **Organizing a Workshop at NAMS for Faculty Resource Development with focus on NAMS AIIMS Collegium**

The Chairman, Academic Committee informed the Committee that the NAMS-AIIMS Collegium has been functioning for a period of nearly two years and proposed that it should be incorporated in the functional framework of the Academy. Periodic meetings of every six months or so of the Collegium may be organized to review the progress of Continuing

Professional Development (CPD) programmes and develop future plans for additional studies.

- **Establishing Universities of Health Sciences - NAMS Consultative Group : Review the progress since Bajaj Committee Report**

  Annexure-4 provides detailed information on this subject. Also it was agreed to convene a NAMS-University Health Sciences Consultative Group to review the status.

Plan of Academic Activities : NAMSCON 2014

(i) Symposium on Harmful Effects of Alcohol consumption : Need for evidence-based national policy – October 17, 2014

Dr. R.K Chadda informed about all the issues related to economics, effect on society. Maximum domestic violence is due to Alcohol. We want to present complete prospective of the Alcohol. Prof. Bajaj informed the Committee that this is a topic of National relevance. Details of Scientific Programme is as under :

i) **Scientific Programme – October 18, 2014**
- **Orations**
- **NAMS Symposium** on Personalized Medicine
- **Poster Session**

iii) **Scientific Programme October 19, 2014**
- **Oral Presentations by NAMS Awardees**
- **Orations**
- **Golden Jubilee Commemoration Award Lectures.**

The NAMS Symposium was on "Personalized Medicine" consisting of 4 topics

1. *Current Status and Scope of Personalized Medicine*
2. *Human Simulator and Diagnostic Dome – Two Ends of the Spectrum*
3. *Role of Pharmacogenomics in Drug Discovery and Development*
4. *Infrastructure and Regulatory Requirements for developing Personalized Medicine*

Poster Session : Poster Session on the lines of NAMSCON 2013 was also held.

Using Technology to deliver cost-effective Continuing Professional Development (CPD)

Kuldeep Singh, J S Bajaj***
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***Emeritus Professor, National Academy of Medical Sciences*

ABSTRACT

The work is based on engineering the audio video contents of the didactic presentations at the Regional Symposium on Sleep Medicine delivered to the target audience at NAMSCON 2013. The audio was extracted and then synchronized with Power Points, re-synthesized as ***SCORM (Sharable Content Object Reference Model)*** compliant packages and integrated with ***Moodle (Modular Object-Oriented Dynamic Learning Environment)*** as Learning Management System (LMS). The preliminary evaluation results showed high satisfaction with the content, its short loading time and smooth playback. These attributes were demonstrated to be effective in enhancing learning. The Moodle as LMS also allows tracking the participants' progress, involving them in social groups and open discussion forum for further enriching the online content and also helps in statistical analysis through its inbuilt web analytics. The technology is not only flexible and economical but also a cost-effective delivery method for Continuing Professional Development Programmes.

INTRODUCTION

At the World Summit on Medical Education* held at Edinburgh in 1993, under the aegis of World Federation for Medical Education (WFME), several pertinent recommendations were made regarding Continuing Medical Education. It was emphasized that *'undergraduate medical education and postgraduate medical education, regardless of their duration, are insufficient to ensure life-long competency. Complex social, political, epidemiological and technological changes will always affect professional competence in unpredictable ways. Continuing Medical Education is essential to maintain the competency of new graduates, to influence the practice of older graduates, to remedy practice gaps, and to enable all doctors to respond to the challenges of the professional environment. The content of such educational programme must be responsive to the needs of the practitioners with both professional and public*

input. These programmes need thoughtful educational planning including objectives, strategies, skills, and assessment' (1).

As a follow-up of the above mandate, Executive Council of the WFME published ** a Report on Continuing Professional Development (CPD) of Medical Doctors as a part of WFME Global Standards for Quality Improvement. CPD mainly implies self-directed and practice-based learning activities rather than supervised training. As well as promoting personal professional development, CPD aims to maintain and develop competencies (knowledge, skills and attitudes) of the individual doctor, essential for meeting the changing needs of patients and the health care delivery system, responding to the new challenges from the scientific development in medicine, and meeting the evolving requirements of licensing bodies and society (2).

Schostaka J et al 2010 (3) based on their report to GMC, UK considered that CPD goes beyond what doctors do and that there is "no single, singular or correct way of doing CPD". In organizational terms:

1. flexibility is of vital importance in the development and provision of CPD, as are principles of justification and transparency. Active modes of learning, linking of CPD with learning needs analysis and integration of knowledge with everyday practice were major contributing factors to effective CPD
2. flexibility raised issues for assessing and accrediting and for recording CPD
3. the range of providers of CPD is extensive and diverse
4. the boundary between CPD and quality assurance can be a grey area

The multiple use and global standards for using internet were discussed by Ruggeri, Farrington and Brayne in 2013 (4). On the other hand recognizing the importance of Continuing Professional Development in Dental education, Kavadella et al (2013) detailed the recommendation on development of e-modules for dental professional education (5).

The present study is an organized attempt to explore the feasibility of engineering the already prepared symposium content for an effective and economical delivery of academic content over the internet using Moodle as Learning Management System (LMS) and SCORM compliant modules produced by re-synthesizing the audio content and synchronizing with Power Point presentations of the course faculty.

* **Prof. J.S. Bajaj attended the Summit Meeting as aa Member of the WFME Executive Council in the capacity of President, South-East Asia Regional Association for Medical Education.**

** **Prof. J. S. Bajaj was Member of the WFME Executive Council which finalized and approved the Report on Continuing Development in 2003.**

BACKGROUND

All India Institute of Medical Sciences, Jodhpur hosted the 53rd Annual Conference of National Academy of Medical Sciences (India) from 25-27 October 2013. As part of the conference, a NAMS Regional Symposium on Sleep Medicine was held on 25th October. The symposium, chaired by Prof J S Bajaj and Prof V Mohan Kumar, was attended by about 200 medical students, Junior and Senior Residents, fellows and members of NAMS and faculty mernbers of AIIMS, Jodhpur and Dr SN Medical College, Jodhpur. There was willing and enthusiastic participation of medical students from 1st and 2nd year courses of MBBS. It was felt that topic was not only of contemporary relevance but was also a model for integrated teaching involving basic scientists, pharmacologists, clinicians and practitioners of relevant super specialities. Vision 2015 document of Medical Council of India envisages using integrated teaching, both vertical and horizontal, in all specialities and also optimal use of information technology to deliver it; the outcome of such efforts has not been encouraging so far.

The event of NAMS Symposium not only provided an opportunity to capture the presentations but also provided a framework along with a set of contents which can be tested and experimented with a variety of formats to constitute an effective tool of Continuing Professional Development. The value of live CME was evaluated and proved effective (6). It showed that a well planned educational activity with defined educational objectives delivered through content experts, under a conducive environment, provides high satisfaction to participants in gaining knowledge, improving skills and enhancing competencies. Such activities motivate participants and encourage them to seek additional educational programs and academic assignments for their self development. It was further shown that use of DVD of same academic programme in the presence of a single resource person was equally effective and participants had shown similar, although not identical, level of satisfaction in all parameters except they were less satisfied vis-a-vis *'organizers made use of any critical comments I made'* since all locally available resource persons were not present to clarify their doubts (unpublished observations).

AIMS

1. To seek alternative method and technology for delivery of contents of NAMS Sleep Medicine Symposium
2. To explore utility of web technology as a mode for effective delivery of academic content aimed at Continuing Professional Development.

METHODOLOGY

NAMS Regional Symposium on Sleep Medicine had 12 presentations from

content experts dealing with selected aspects of sleep medicine along with 2 interactive problem based sessions. Arrangements had been made for audio-video recording of the whole event through High Definition (HD) twin positioned cameras along with a AV Mixer receiving feeds from both cameras as well as from Power Point. The mixing equipment was used to produce real time video output. The same AV clips were further edited for enhancing content effectiveness and were uploaded to the NAMSCON website and are presently installed there permanently.

With the increasing use of computer and information technology, systems and learning theories have been formulated for web-based learning. Such a web-based delivery method has been used in the present study. It has been unequivocally demonstrated that learning management system with web-based technology can provide a great variety of features and is capable of harnessing fully academic courses/assignments, provided pedagogical principles are followed. *Prima facie,* these appear to be rather inexpensive and effective but their application remains mostly limited in terms of technical design and therefore at times appears more costly. Moreover, considerations such as cost of student time, internet availability and its usage are seldom taken into account. Using multimedia over internet requires technical expertise. The video files are quite large and they require streaming server (as provided by the YouTube) instead of web server to play.

From the raw video captured at the Sleep symposium, the audio were separated by VLC player and were then synchronized with Power Point presentations using trial version of iSpring pro, an add-in to Microsoft Power Point. It has options for integrating with Learning Management System (LMS) which can be quite complex. As described, the LMS are web-based software application platforms used to plan, implement, and assess learning processes related to online and offline training administration and performance management. LMS allows an instructor to create and deliver content, monitor learners' participation, and assess student performance. LMSs also allow learners to use interactive features such as threaded discussions, web conferencing, discussion forums, and other methods of communication.

The multimedia content should also be compliant to SCORM, which is a set of specifications that, when applied to course content, produces small, reusable e-Learning objects. A result of the Department of Defense's Advanced Distributed Learning (ADL) initiative, SCORM-compliant courseware elements are easily merged with other compliant elements to produce a highly modular repository of training materials.

We used the SCORM 4 packaging to produce the multimedia contents. For LMS we selected Moodle which is open source LMS software and is highly

customizable and is mostly useful to programmers and education theorists. It was installed on the personal website of KS for experimentation *(drkuldeep.org/namscon).* The installation though easy, nevertheless, the configuration requires extensive study of documentations. Plug-ins were installed for multimedia contents and its use over mobile phones/smartphones. After initial registration, user can operate the account for learning at his/her own pace.

Evaluation was based on structured questionnaire, telephonic interviews, personal discussion and focused group interview with students, residents and faculty.

RESULTS

The *ad hoc* results are based on pilot testing with 10 registered users. It is still ongoing and expected to obtain additional responses. In the initial phase, there were 3 females and 7 males as the participants. All participants showed satisfactions with the technology (100%). They did not encounter any problem with registration, logging in, content loading and use of navigation buttons. Since the media player was customizable in size, they did not face any problem while viewing in a web browser of their choice. They were able to play it forward and backward without much time lag. They also liked the web interface and flexibility to choose options for open discussion forum. 20 % faced some problem with their player. On interrogation the errors were due to java virtual machine (JVM) and were rectified on reloading the java program..

Table 1: Cost of various mode of delivery utilized on framework of NAMS Symposium

Sl No	Method	Cost	Remarks
1	Live*	Rs 1,25,714	Included expert's travel & stay, resource material development, video recording
2	Recorded DVD with a single expert as a resource person*	Rs 72,005	Included single resource person's travel, stay, printing etc. Require DVD player and heavy usage of RAM.

Sl No	Method	Cost	Remarks
3	CDs with Power point presentations with video script**	Rs 7,600	Burning presentations on CD and postal dispatch. Require CD Player and use memory
4	Web based using Open Source Learning Management system (LMS) like MOODLE which is SCORM (Sharable Content Object Reference Model) compliant **(The present study)**	Rs 3,500	Only require internet and web browser. Can work even with slow internet connection and on mobile phones also

Note: Source*: Unpublished observation on ***"To Assess Comparative Effectiveness of a model CME Program using validated non-print methods for Medical Education"***

** Unpublished observation on ***"Evaluation of the Learning Resource Material based CME on CD"***

In addition, options 1 and 2 are time-selected and available to finite number of participants for a limited time, whereas options 3 & 4 were available anytime and to infinite number of participants forever.

As can also be seen from above table, the cost of the present method is just half the cost of CD based and just 1/20th of cost of DVD based educational program with a single resource person. The technology thus could be relatively inexpensive when the cost is compared to that of organizing a live symposium. However, the most advantageous aspect of this CME would have been live interaction which is face to face. This conforms to the Adult learning principles also since learning is maximum when the query is satisfied and feedback is provided immediately. Nevertheless the web based system can also be customized similarly to provide early feedback.

Although considerable knowledge as gained about the Moodle, its flexibility and customizing ability, the awareness of its capability to integrate with portfolio development using Mahara Open source software was also demonstrated. In this way, students can also demonstrate their learning to peers and can also

control the level of their exposure to assessment system. They may allow full accessibility to their mentor, teacher and guide and limited power to their colleagues as per their desire or Institutional regulations (7).

DISCUSSION

With advent of web technology many methods have emerged for the delivery of content over internet (8, 9). These include Adaptive and intelligent Web-based educational systems (AIWES) which aim at providing learners with an environment that reacts intelligently to the learners' needs. The term adaptive refers to the functionality of the system to automatically provide different suggestions, courses, or activities to learners with different characteristics and needs. The term intelligent means that a system uses artificial intelligence techniques in order to support learners or identify their characteristics, needs, and situation (10).

As early as 1980, Keegan (11) described **'distance education'** as an educational form that is characterized by distance between the educator and the learner; the intermediation of an educational institution in the process; the usage of technical means for transferring knowledge; the existence of two-way communication between educator – learner; and the possibility for occasional face-to-face meetings. E-learning (as well as online learning, virtual learning, computer-assisted learning, web-based learning, etc.) is a method of distance education that utilises electronic and/or technological resources for delivering the educational materials. The prefixes e-, web-, etc. define the means or the tools for transferring information and not the pedagogical principles or the learning outcome. Where it is underpinned by sound pedagogical principles, e-learning in the health sciences, particularly for continuing education, can be valuable and offers several advantages over traditional face-to-face teaching. These include the following: flexibility in time and place; adaptation to individual needs; presentation of procedures in different formats; the possibility for interaction and communication at a moment that is relevant for the learner; adaptation of learning materials across countries; and the ease of keeping the material up to date. Barriers to the successful implementation of e-learning include the following:

(i) barriers related to the development and provision of e-learning material, such as the initial costs for course development, poor design packages, inadequate technology, resistance to change, need for face-to-face contact, unrealistic time frames, outdated material; and

(ii) barriers related to learners participation, such as the alienation, lack of relevant skills, excessive workload and lack of support. These barriers

may be overcome by more structured strategies and targeted interventions by the organising institution (5). The face-to-face contact is an important aspect of health professional education with regards to practical procedures. Another open source Learning Management System, A Tutor has also been used successfully in medical education by professionals from Teheran, Iran (12). The Moodle has also been used for teaching Ethics by Halkoaho A (13). While the debate still continues regarding comparative cost analysis while calculating the actual cost of CPD, the need and utility of these programs remains undoubted (14).

CONTRIBUTORS:

1. Dr Kuldeep Singh conceived the idea, explored the avenues for cost-effective delivery of NAMS Regional Symposium on Sleep Medicine, created his own web space, engineered the content of symposium for its online delivery using various softwares, choosing Moodle as Learning Management system (LMS) and customizing sufficiently to optimize delivery in order to preserve the pedagogical principles and exploiting adult learning theories for individual learning. He also conducted the study to find out the utility of the technology in cost-effective Continuing Professional Development among his colleagues and students

2. Prof J S Bajaj gave guidance on learning objectives for program development, use of data of NAMS Regional Symposium on Sleep Medicine for variety of modes including uploading as YouTube files, recording on DVD, resource material use in CD format for seeking its use as an integrated module. He provided evaluation methodology and the method of calculation of satisfaction index for program evaluation. Finally, he reviewed the content and participated in writing of the final manuscript.

Acknowledgements:

Dr. Kuldeep Singh acknowledge the funding for NAMSCON 2013 Sleep Medicine Symposium and CME held at Dr. S N Medical College, Jodhpur to National Academy of Medical Sciences (India), New Delhi.

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Workshop to identify mode(s) of cross disciplinary learning between modern and AYUSH systems of medicine

Preamble :

There is a major resurgence of interest in the traditional systems of medicine all over the world. India with its rich heritage of Ayurveda has the pride of generating and preserving knowledge and practice of the system. Later entrance like Unani and Homeopathy were also welcomed in this country. The practice of Yoga has stood the test of time since eternity. It is, therefore in the fitness of things that the 12th Five-Year Plan recognized that inherent national strength and has proposed that practice and promotion of AYUSH in the States would be carried out under the broad umbrella of the National Health Mission. States would be encouraged to integrate AYUSH facilities, and provide AYUSH services in all facilities offering treatment in modern systems of medicine.

'*The strengths of Indian Systems of Medicine and Homeopathy, if suitably used, can help advance the goals of the Twelfth Plan. AYUSH systems would be main-streamed using their areas of strengths namely in preventive and promotive health care, diseases and health conditions relating to women and children, older persons, NCDs, mental ailments, stress management, palliative care, rehabilitation and health promotion.*'

Technical information :

Bajaj Committee in its Report (1987) emphasized that India has a large number of practitioners in ISM&H, of whom a significant proportion are institutionally qualified and certified. This potential manpower resource is yet to be effectively drawn and optimally utilized for delivery of health care in the country.

Further it is reiterated that it is necessary to identify clearly the priority areas concerning these systems and ensure provision of requisite resources so that these systems can play the targeted role assigned to them.

The situation analysis in 1987 revealed the following :

- At present there are 100 Colleges in Ayurveda, 17 in Unani, one in Siddha and over 100 in Homeopathy. Annual admission capacity is 3750 in Ayurveda, 595 in Unani, 75 in Siddha and over 8000 in Homeopathy. About half of the Ayurveda Collegs are under Government and the remaining ones managed by private bodies. About half of the Unani

Colleges are under Government and the remaining are private institutions. The only Siddha College is run by the Government of Tamil Nadu. Twenty Homeopathy Colleges are under Government and the remaining Homeopathy Colleges ae private ones. All the Ayurvedic, Unani and Siddha Colleges are conducting degree courses. About 30 Homeopathy Colleges are providing degree education in the Homeopathy, while rest are conducting diploma courses in Homeopathy; 95 out of total of 100 Ayurvedic Colleges, 12 out of total of 17 Unani Colleges and one Siddha College are affiliated to the University; 46 Homeopathy Collegs have been affiliated to Universities. The Report provides summary of available data regarding education, training and deployment of practitioners of ISM&H.

- The Report highlighted that there were no Primary Health Centre nor Subcentres belonging to these systems anywhere in the country. The position regarding the number of dispensaries and hospitals under the Indian Systems of Medicine and Homeopathy varies considerably from one State to another.

The following data provided the information :

DISCIPLINE	**NAME OF STATES**
Ayurveda	Gujarat, Andhra Pradesh, Uttar Pradesh, Maharashtra, Orissa and Madhya Pradesh
Unani	Andhra Pradesh and Uttar Pradesh
Homeopathy	West Bengal and Odisha
Siddha	Tamil Nadu

Bajaj Committee recommended the areas where the practitioners of ISM&H can be utilized. The practitioners of Indian Systems of Medicine can be gainfully employed in the area of National Health Programmes like the National Malaria Eradication Programme, National Leprosy Eradication Programme, Blindness Control Programme, Family Welfare and MCH Programme particularly the programme of universal immunization and nutrition. To ensure that the ISM Practitioners will be used in judicious manner, it will be extremely essential to strengthen their basic training by incorporating appropriate educational components which will enable them to support the above national Health Programmes. Within the health care system, these practitioners can strengthen the components of (i) health education, (ii) drug distribution for national control programmes, (iii) motivation for family welfare, and (iv) motivation for immunization, control of environment etc.

The subject was extensively dealt with Bajaj Committee in its Report ***'Health Manpower, Planning, Production and Management', Ministry of Health & Family Welfare, Government of India, New Delhi, 1987***.

Goal :
To impart evidence-based knowledge of AYUSH to the practitioners of different systems of medicine.

Objectives :
In order to meet with the goal stated above, it would be necessary to emphasize the need of development of appropriate human resources who could perform the assigned role. A recent publication **"Tryst with Integrated System of Medicine : *Synergy, Synthesis and Symbiosis"*** (off-print enclosed) illustrate this approach.

According to the 12th Five-Year Plan, cross-disciplinary learning between modern and AYUSH systems at the post-graduate level would be encouraged. '*Details of modification in syllabi that would be required at the undergraduate level, in order to make such cross-disciplinary learning possible, would be worked out by a team of experts from the different Professional Councils. Collaboration between AYUSH teaching colleges and with medical colleges for mutual learning would be encouraged. AYUSH Chairs in Medical Colleges of the country would be encouraged to provide the necessary technical expertise to jointly take up research, teaching and patient care. Orientation of medical students and doctors about basic concepts, applications and scientific developments of AYUSH in order to dispel ignorance and foster cross-system referral would be encouraged. Relevant AYUSH modules would therefore be incorporated into medical, nursing and pharmacy course curricula and in the CME programme for medical practitioners*'.

Proposal :

Phase I

It is, therefore, proposed that National Academy of Medical Sciences must play a leading role in this activity which would result in a paradigm shift regarding under-graduate and post-graduate medical education on one side and the interaction with the practitioners of AYUSH on the other. A workshop wherein participation of senior faculties of post-graduate institutes like PGI, Chandigarh; AIIMS, New Delhi; or AIIMS, Jodhpur; AIIMS, Rishikesh; AIIMS, Bhopal; and AIIMS, Patna and the leading AYUSH institutions / universities will work together to achieve the following :

1) Identify areas of similarities and difference in the approach to diagnosis of common diseases and their management.

2) Recognize the change in curriculum design in AYUSH teaching required to enhance preventive and promotive health.

3) Identify the curriculum design in AYUSH teaching required to focus on maternal and child health.

4) Prepare a glossary of common terms in both systems of medicine.

Phase II

If **Phase I** is satisfactorily accomplished during the year 2014, the studies will be extended to **Phase II**. After identifying the areas as listed above, instructional modules would be developed and the modules of e-learning and web-based courses designed for enhancing knowledge and skills.

Appendix 3

NAMS-AIIMS Collegium

1) As the Collegium has been functioning actively for a period of nearly two years, it is proposed that it should be formally incorporated in the functional framework of the Academy. Periodic meetings every six months or so of the Collegium may be organized to review the progress of Continuing Professional Development (CPD) programmes and develop future plans for additional studies. The financial sanction for the TA/DA of the participants needs to be provided by the Academy. If approved by the Academic Committee and with the concurrence of the Finance Committee, we will take the proposal to the Council.

2) To consider and approve the **A Policy on Sleep Health Care :**

The sound basis of health policy planning and implementation requires a system approach which includes determinants such as epidemiology, demography, human resources and appropriate technology. While studies of epidemiology and demography as cited above provide significant information for the population in the US, similar studies are lacking in India and in most of the developing countries. The obvious reason is the enormous disease burden due to communicable and non-communicable diseases, leaving little resources for additional undertaking. Nevertheless, there is an urgent need to focus on these emerging issues which are likely to be of concern in the near future. For example, a study by Panda et al (2012) reported prevalence of insomnia in 9% of the general population with about 30% reporting occasional insomnia. A higher prevalence of sleep disorders related to initiation and maintenance of sleep (28%) was reported in an urban population from north India. In a large study by Stranges et al. from the University of Warwick, the researchers examined the sleep quality of 50-year-olds from rural populations in Bangladesh, Ghana, India, Indonesia, Tanzania, South Africa, and Vietnam, as well as from an urban area in Kenya. They investigated potential links between sleep problems and social demographics, quality of life, physical health and psychiatric conditions in 24434 women and 19501 men included in the study. They found that a strong link existed between sleep-related problems and psychiatric conditions like depression and anxiety, similar to that reported from the developed world.

How do we respond to such problems in a realistic manner and prepare for the emerging issues in the future? A serious concern is lack of human resources which must play a key role in planning, designing and

implementing sleep health care programmes in contrast to the felt but unmet needs of critical health manpower. The striking fact is that health and medical educators have neither paid any attention to the issues of sleep behavior nor to the morbidity associated with sleep disorders. The lack of trained and skilled human resources for sleep health care is not confined to India alone. A survey in 1990-91 of 37 American medical schools showed that sleep and sleep disorders were 'covered' in less than two hours of total teaching time, on average. A 2002 survey of more than 500 primary care physicians in the US who self-reported their knowledge of sleep disorders as follows : Excellent – 0%; Good – 10%; Fair – 60%; and Poor – 30%. The link between lack of appropriate educational modules during undergraduate curriculum and the knowledge of practicing physicians is obvious.

In order to ascertain the situation in India, a well designed proforma with critical parameters was sent to 100 Government Medical Colleges in different states of the country. Early responses have been received from 23 Medical Colleges. To the question : '*Does your Institute conduct any structured course or module in any form, on Sleep Medicine in any of the departments/specialty*', 96% medical institutions have responded "NO" while only one institution (4%) has responded in the affirmative.

Notwithstanding obvious constraints there is need to initiate urgent action. An outline of a sleep health care programme stated below must keep in view these concerns : -

Goal :

The goal of a well-designed sleep health care programme must be aimed :

i) to generate the knowledge and technology required for the prevention and treatment of sleep disorders and associated co-morbidities;

ii) to devise, through service and psychosocial research, improved strategies for integrating sleep health care into primary health care, in a manner most appropriate to local needs, and taking into consideration socio-economic and other related factors;

iii) to promote local and national self-reliance in sleep health care by seeking support both from the governmental and non-governmental organizations, assessing the needs and incorporating training programmes for skilled human resources, and such physical, technical and technological facilities that will enable development of infrastructure and implementation of intervention strategies.

Enabling objectives :

The enabling objectives for such a sleep health care programme may generally include the following :

a) to generate awareness and provide technical inputs and manpower resources for integrating sleep health care in the primary health care system.

b) to provide upgraded facilities at the community health centres and sub-district (Taluka) hospitals.

c) to initiate and develop prototype of tertiary care facilities at district hospitals and medical colleges for diagnosis and management of sleep disorders and associated co-morbidities.

d) to innovate cost effective appropriate technologies and ensure a system of quality control.

e) to collate and disseminate new and relevant information on individual and family sleep behavior as well as sleep disorders especially in children, women, and aged.

f) to coordinate nationwide education and training programmes for public, patients as well as of all categories of primary health care providers including community health workers, allied health care professionals and physicians.

g) to assess current and future needs with regard to the need and supply of skilled human resources, drugs & devices, and procedures for the care and cure of sleep disorders and co-morbidities.

To summarize the strategic approach, it may be stated that :

"Health systems planning for, and research into, sleep health care must be adaptable to the wide variations in social, economic, and medical conditions and structures. Community-based primary health care schemes should be linked to specialized levels to optimize the quality of care, depending upon the requirements of the patient and the availability of resources. A group of experts should review alternative strategies including practice of Yoga and make specific proposals for health systems planning, and for the integration of sleep health care into national health services."

Establishing Universities of Health Sciences-National Academy of Medical Sciences Consultative Group to review the progress of Universities of Health Sciences since inception and critically analyze concerns and constraints in their growth and suggest mid-course correction(s) to achieve the stated goal

Preamble :

Bajaj Committee in its Report submitted in 1987 made major recommendations for health manpower planning, production, and management. Over the years, the term health manpower has been replaced by term human resources for health. Irrespective of the change in nomenclature a justification for establishing mechanisms such as Education Commission for Health Sciences and University of Health Sciences remains strong, in fact emerging stronger over a period of time. The following excerpts are cited from the Report ***of Expert Committee on 'Health Manpower, Planning, Production and Management', Ministry of Health & Family Welfare, Government of India, New Delhi, 1987, p. 34-35***

'*As there is a strong justification for the creation of an Education Commission for Health Sciences based on a cogent argument that there should be a unitary organization to prescribe and monitor the standards of training of all constituent health manpower involved in the delivery of health care as a team, for the same reason there should also be a physical environment where all such faculties can interact together to provide model experience for the future functioning of such health care teams. This can be only made possible by the creation of Universities of Health Sciences.*

At present, the education and training of different health professionals is the responsibility of individual institutions. Besides medical colleges, dental colleges and nursing colleges, there are a variety of other institutions involved in the training of several categories of health manpower including pharmacists, health assistants, ANMs, laboratory technicians, radiographers, physiotherapists, health educators, etc. There is hardly any coordination between the training programmes being conducted in different institutions. Indeed, till today, most of these institutions have not even prepared the educational objectives for the courses of instruction that are being conducted. There is hardly any awareness of educational technology that may be useful in medical and health sciences. It is obvious that the establishment of a University of Health Sciences will create bridges for close interactions between these faculties. More importantly, the educational objectives of the faculties and

individual training programmes shall be so coordinated as to make the realization of ultimate goal, health for the people, not only possible but achievable.

It is entirely likely that several new faculties will grow in the University of Health Sciences : faculties such as those of health management, health economics, social and behavioural sciences and nutrition are needed even today. It is only through the cross fertilization of ideas that additional momentum can be generated to strengthen the delivery of health services. Finally, development of educational programmes for community health as can be used in the mass media system (for example INSAT-1B) can be achieved through a multidisciplinary activity of several faculties combined together under the University of Health Sciences. It is obvious that within the conceptual structure outlined and proposed, the University of Health Sciences shall function as a federal university with provision for affiliation of colleges as well as for the development of independent faculties. It is expected that a faculty of health information systems is also established in the Health Science Universities. Andhra Pradesh has already established a Health Sciences University on 2nd November, 1986.

The Health Science University is the implementing arm for the policy and guidelines enunciated by the Education Commission of Health Sciences and will work in close coordination with each other.

One University of Health Sciences be established in each state. All the medical colleges, dental colleges, nursing colleges and para-professional colleges imparting graduate level education be affiliated. University of Health Sciences will implement all the policies and guidelines enunciated by the Education Commission of Health Sciences for health manpower development. University of Health Sciences will also coordinate with the state branches of professional and para-professional councils. However, till such time that a University of Health Sciences can be established in each state and Union Territory, a beginning may be made in the Eighth Plan to establish such universities on a regional basis.'

Justification :

The Bajaj Committee in 1987 recommended ways to ensure appropriate manpower mix of different categories of health professionals involved in delivery of healthcare. The committee conceptualized the University of Health Sciences ***aimed at creating a physical and academic environment where all faculties of health sciences could interact and provide a model for education and***

training of healthcare teams, through multi-professional and inter-professional education. To achieve this it was recommended that one such university should be set up in each state, and in the initial stage one in each region.

The universities will affiliate all Medical Colleges, Dental Colleges, Paraprofessional Colleges, besides possibly considering grant of affiliation to Colleges, imparting graduation level of education in any branch of Health Sciences in the State. The university will help in continuous upgradation of curriculum, monitoring of educational process, and methods of assessment and evaluation to enhance the quality of education. Several universities have already been established in different states. However, these universities are almost entirely devoted to granting affiliation of professional and para-professional institutions, recognizing courses of instruction and training programmes besides organizing, monitoring, and supervising various examinations including entrance examinations to such courses. As recommended in the report of Bajaj Committee* : 'It is entirely likely that several new faculties will grow in the Universities of Health Sciences : faculties such as those of health management, health economics, social and behavioural sciences and nutrition are needed even today'. Likewise, the universities must ensure that graduating professionals are imbued with a spirit of service and a healthy respect for the patient's dignity, rights, religious faith and beliefs. Members of the faculty and other professional staff must serve as role models.

To provide an intellectually stimulating and academically rewarding environment, social issues of contemporary relevance need to be identified in relation to the growth and development of these Universities as originally envisaged. Study and research programmes through multi-disciplinary Study Centers need to be established in the following areas and networking between the universities and identified institutions established, as recommended by the **Working Group on Tertiary Care Institutions for 12th Five Year Plan (2012-2017).**

1. **Study Centres of Population and Environmental Sciences:** To focus on epidemiology, demography, sociological and behavioural aspects related to population and environment.

2. **Study Centres for Health Systems and Health Services management:** To focus on research and analysis to determine the cost-benefits and cost effectiveness of various health and family welfare programmes.

3. **Study Centres for Education Technology:** To focus on enhancing computer literacy among medical practitioners, informatics, telematics, tele-medicines, and distance learning.

4. **Study Centres for Planning and Development of Human Resources for Health:** To focus on research and analysis of manpower requirements in different specialization and categories, and plan for establishing institutions, courses of instructions, and methods of assessment for various categories of manpower, linking their continued professional development with enhanced quality of performance.

5. **Study Centres for Continuing Education in Health Sciences:** To focus on continuous monitoring, review and upgradation of competence, knowledge and skills of health professionals.

Central support must be provided to Health/Medical Universities during the 12th Five Year Plan, with efforts to establish similar universities in other states. In addition to the role, relevance, and functions of Health/Medical Universities as envisaged earlier, they may also subserve a most significant bridging function between the proposed National Commission for Higher Education and Research and the proposed National Council for Human Resources in Health, thereby strengthening medical education and research in the country.

A mechanism for linkages is not yet clearly defined. Proposed Consultative Group studied in depth the current status and discussed the mechanism for implementing the objectives as stated in the 12th Five-Year Plan, approved by the National Development Council. To reiterate, 12th Plan states :

"Human Resources for Health: Institutes of Family Welfare should be strengthened and Regional Faculty Development Centres should be selectively developed to enhance the availability of adequately trained faculty and faculty-sharing across institutions. District Health Knowledge Institutes, a dedicated training system for Community Health Workers, State Health Science Universities and a National Council for Human Resources in Health (NCHRH) should be established."

CV of Air Marshal (Prof.) MS Boparai

Air Marshall Prof MS Boparai, graduated from Medical College Amritsar, and joined the Armed Forces Medical Services in 1957. He served as a Regimental Medical Officer in J&K and North-eastern States. He had served with International Commission for Supervision and Control in Vietnam. Thereafter he did his post graduation in Ophthalmology at Sarojini Devi Institute of Ophthalmology, Hyderabad and Armed Forces Medical College (AFMC) Pune. After practicing Ophthalmology in India, he did post doctoral fellowship in Institute of Ophthalmology and Moorefields Eye Hospital London, and specialised in orbital/ oculoplastic surgery.

He has been Associate Professor, Professor and Head, Ophthalmology, Professor cum Dean AFMC and Director, AFMC Pune. He is a recognised post graduate teacher in Ophthalmology in Pune and Delhi Universities. He has taught Ophthalmology for over twenty five years at AFMC, Pune, Research and Referral Hospital Delhi and various command hospitals of the armed forces. He has been a member of the speciality Board in Ophthalmology of National Board of Examinations and also examiner of the Board in Ophthalmology of National Board of Examinations. His interest in Ophthalmology has been Oculoplastic and orbital surgery, ocular trauma and high altitude Ophthalmology. He was on the Board of the High Altitude Medical Research Leh for several years . He has published and presented over 200 papers in the field of ophthalmology and contributed ten chapters in different books .He has been Chairman Editorial Board of Medical Journal of Armed Forces (India) , Member Advisory Board of Annals of National Academy Of Medical Sciences(India) and Editor Intraocular and Implant Society of India. He was the Member of the Board of Management of Baba Farid University of Health Sciences, Punjab for five years. He has been a Council Member of the National Academy Of Medical Sciences (India) 1998-2001, 2003-2006 and 2010-12 and is currently a Council Member. He was also a member of several of the Standing Committees of the Academy. He was conferred Emeritus Professorship of the Academy in 2006.

He has been Hon Eye Surgeon for the President of India twice. He received the BC Roy National Award and the Ati Vishst Seva Medal (AVSM). Chief of Army staff honoured him by awarding the commendation medal .He has presided over Indian Society of Aero Space Medicine, Ocular Trauma Society of India, Oculoplastic Association of India and Delhi Ophthalmic Society .He has delivered seven oration and a large number of Guest lectures and key note addresses . Having held the rank of Lt. General in the Army and later Air Marshal

in the Indian Air Force, he superannuated from the post of Director General Medical Services (Air) in 1993. As Director General he was responsible for keeping the air warriors flying fit and conserve the manpower by instituting preventive and positive health measures .Since then he is the Director, Boparai Eye Clinic and Research Centre, New Delhi and Consultant Ophthalmologist Bodh Raj Institute of Ophtholmology and Jeevan Hospital Delhi. He is closely working with groups undertaking medical social work for prevention and control of blindness and is associated with Andhkar Vinash Samiti, Ministry of Health and Family Welfare Government of India, Impact India Foundation and Hitkari Rural Foundation.

NAMS Website

The National Academy of Medical Sciences (India) has its website with the address as http://nams-india.in which can be accessed from any part of the world with internet connectivity. Almost all the important information about NAMS can be easily gathered by visiting this website. On the home page, information about the following can be easily obtained:

NAMS Rules & Regulations, Office Bearers, Council Members, Fellows and Members (Year-wise), Guidelines for submission of Application for funding of CME Programmes, Academic Calander, Orations and Awards, Annals of the NAMS (abstracts of published articles), Monographs published by NAMS, NAMS Annual Conference 2014 (complete coverage), Downloads (proforma for submitting proposal for holding symposia, seminars, workshops, CME programmes and instructions to authors for submitting an article for the Annals of NAMS) and information about the forth-coming Annual Conference of NAMS etc.

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

Financial Report

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

Government Grant

Plan

The position of grant-in-aid sanctioned/released by the Ministry of Health and Family Welfare to the Academy under 'Plan' for implementation of the CME Programme and expenditure incurred thereagainst during the last three years (2012-13 to 2014-15) was as under:

(Rs. In lakhs)

Year	Grant Sanctioned	Grant released	Expenditure (including assests purchased)
2012-13	100.00	63.28	50.40
2013-14	86.40	63.00	79.68
2014-15	60.00	60.00	67.23

The excess of expenditure under 'Plan' during 2011-12 and 2013-14 was met out of unspent grant in earlier years.

Non Plan

The position of Grant-in-aid sanctioned/released by the Ministry and expenditure incurred under "Non-Plan" during the last 3 years (2012-13 to 2013-14) was as under :-

(Rs. In Lakhs)

Year	Grant sanctioned	Grant released	Expenditure	Remarks
2012-13	55.00	50.07	50.29	Excess of expenditure was met out of the revenue generated by the Academy
2013-14	60.00	55.54	71.06	Excess of expenditure was met out of the revenue generated by the Academy
2014-15	55.00	55.00	73.99	Excess of expenditure was met out of the revenue generated by the Academy

Finance

During the year 2014-15, a sum of Rs. 26,27,000/- as Life Membership from Fellows and Members has been received. Besides, an income of Rs. 3,20,008/- has been received on account of interest on the fixed deposits.

Accounts

The audit of accounts for the year 2014-15 has since been completed by the Chartered Accountant. The Council at its meeting held on 23rd September, 2015 has also approved the statement of accounts. These are now recommended for adoption by the General Body.

Accounts

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

AUDIT REPORT

National Academy of Medical Sciences (India)
Ansari Nagar, Ring Road, New Delhi.

Report on the financial statements

We have audited the accompanying financial statement of **NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)** ("The Academy") which comprises the Balance Sheet as at 31st March, 2015, and the Income and Expenditure Account for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation of these financial statements that give a true and fair view of the financial position, financial performance of the Academy in accordance with the Accounting Standards issued by the Institute of Chartered Accountants of India to the extend applicable to the Academy being the charitable institution. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Academy preparation and fair presentation of the financial statements in order design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of the accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe

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

Opinion

In our opinion and to the best of our information and according to the explanations given to us, the financial statements give a true and fair view in conformity with the accounting principles generally accepted in India:-

a) In the case of the Balance Sheet, of the state of affairs of the Academy as at 31st March, 2015:
b) In the case of the income and Expenditure account, of the excess of Income over expenditure for the year ended on that date.

Emphasis of Matter

Without qualifying our opinion, we draw attention on the following:

a) Physical verification of fixed assets and its reconciliation with books of accounts is pending.
b) Interest on FDR has been credited as on maturity.

For **HDSG & ASSOCIATES**
CHARTERED ACCOUNTANTS
FIRM REGN. NO. 002871N

B. L. KHANNA
(PARTNER)

Place: New Delhi
Dated: 30th September, 2015

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

BALANCE SHEET AS ON 31st March, 2015

(Amount ₹)

CORPUS/CAPITAL FUND AND LIABILITIES	Schedule	Current Year	Previous Year
CORPUS/ CAPITAL FUND	1	2,97,62,954.40	2,53,69,152.90
RESERVES AND SURPLUS	2	6,26,519.58	6,26,519.58
CAPITAL ASSETS FUND	3	2,02,81,660.25	2,00,99,751.25
EARMARKED/ ENDOWMENT FUNDS (Govt)	4	4,59,035.00	11,22,655.00
EARMARKED/ ENDOWMENT FUNDS -(Non Govt)	5	1,13,25,759.72	95,82,022.72
CURRENT LIABILITIES AND PROVISIONS	6	23,017.00	23,017.00
TOTAL		**6,24,78,945.95**	**5,68,23,118.45**
ASSETS			
FIXED ASSETS	7	2,02,81,660.25	2,00,99,751.25
CURRENT ASSETS, LOANS AND ADVANCES	8	4,21,97,285.70	3,67,23,367.20
TOTAL		**6,24,78,945.95**	**5,68,23,118.45**

(Dr. MUKUND S. JOSHI)
PRESIDENT

(DR. DEEP N. SRIVASTAVA)
HONY. SECRETARY

(DR. MANORAMA BERRY)
TREASURER

AS PER OUR REPORT OF EVEN DATE ATTACHED

HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
M. NO.: 11856

PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

INCOME AND EXPENDITURE ACCOUNT (CONSOLIDATED) FOR THE YEAR ENDED 31st March, 2015

(Amount ₹)

INCOME	Current Year	Pervious Year
Research Work		
Grants	60,00,000.00	63,00,000.00
Interest Earned	58.018.00	76,832.00
Academy		
Income from Scroll in absentia	17,200.00	15,000.00
Grants	55,00,000.00	55,54,488.00
Fees/ Subscriptions	4,40,000.00	4,44,000.00
Interest Earned	32,00.008.00	7,94,800.00
Other Income	8,400.00	700.00
TOTAL.(A)	**1,52,23,626.00**	**1,31,85,820.00**
EXPENDITURE		
Research Work		
Establishment Expenses	23,38,192.00	24,09,769.00
Other Administrative Expenses etc	20,19,438.00	26,03,490.00
Expenditure on Grants, Research CMEs	13,33.818.00	19,17,617.00
Expenditures of NAMS Research Center- Jodhpur	8,48,281.00	-
Capital Expenditure	1,81,909.00	8,32,667.00
Academy		
Establishment Expenses	44,62,628.00	41,36,951.50
Other Administrative Expenses etc "Non-Plan"	29,36,178.50	28,22,722.00
TOTAL (B)	**1,41,20,444.50**	**1,47,23,216.50**
Grand Total (A-B)	**11,03,181.50**	**(15,37,396.50)**

(Dr. MUKUND S. JOSHI)
PRESIDENT

(DR. DEEP N. SRIVASTAVA)
HONY. SECRETARY

(DR. MANORAMA BERRY)
TREASURER

AS PER OUR REPORT OF EVEN DATE ATTACHED

HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
M. NO.: 11856

PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

INCOME AND EXPENDITURE ACCOUNT FOR RESEARCH WORK FOR THE YEAR ENDED 31st March, 2015

(Amount ₹)

INCOME	Schedule	Current Year	Pervious Year
Income from Sales/ Services			
Grants	4	60,00,000.00	63,00,000.00
Fees/ Subscriptions		-	-
Interest Earned	4	58,018.00	76,832.00
Other Income		-	-
TOTAL(A)		**60,58,018.00**	**63,76,832.00**
EXPENDITURE			
Establishment Expenses	4	23,38,192.00	24,09,769.00
Other Administrative Expenses etc of Reserch Cell	4	20,19,438.00	26,03,490.00
Expenditure on Grants, Research CMEs	4	13,33,818.00	19,17,617.00
Expenditures of NAMS Reserch Center- Jodhpur	4	8,48,281.00	-
Capital Expenditure	4	1,81,909.00	8,32,667.00
TOTAL (B)		**67,21,638.00**	**77,63,543.00**
Balance being excess of Income over Expenditure (A-B)		(6,63,620.00)	(13,86,711.00)
Transfer to Special Reserve (Specify Each)		-	-
Transfer to / from General Reserve		-	-
DETAILS AS PER SHEDULE 4 FOR RESEARCH ACTIVITIES		**(6,63,620.00)**	**(13,86,711.00)**

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AS PER OUR REPORT OF EVEN DATE ATTACHED

HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
M. NO.: 11856

PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

INCOME AND EXPENDITURE ACCOUNT FOR ACADEMY FOR THE YEAR ENDED 31st March, 2015

(Amount ₹)

INCOME	Schedule	Current Year	Pervious Year
Income from Scroll in absentia	9	17,200.00	15,000.00
Grants	10	55,00,000.00	55,54,488.00
Fees/ Subscriptions	11	4,40,000.00	4,44,000.00
Interest Earned	12	32,00,008.00	7,94,800.00
Other Income	13	8,400.00	700.00
TOTAL(A)		**91,65,608.00**	**68,08,988.00**
EXPENDITURE			
Establishment Expenses	14	44,62,628.00	41,36,951.50
Other Administrative Expenses etc "Non-Plan"	15	29,36,178.50	28,22,722.00
Expenditure on Grants, subsidies	16	-	-
TOTAL (B)		**73,98,806.50**	**69,59,673.50**
Balance being excess of Income over Expenditure (A-B)		17,66,801.50	(1,50,685.50)
Transfer to Special Reserve (Specify Each)		-	-
Transfer to / from General Reserve		-	-
BALANCE BEING SURPLUS/ (DEFICIT) CARRIED TO CORPUS/ CAPITAL FUND		**17,66,801.50**	**(1,50,685.50)**

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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

(Amount ₹)

SCHEDULE 1- CORPUS/ CAPITAL FUND	Current Year		Previous Year	
Balance as at the beginning of the year	2,53,69,152.90		2,28,24,838.40	
Add: Entrance fee	26,27,000.00		26,95,000.00	
Add: Contributions towards Corpus/ Capital Fund	-		-	
Less : Transfer to Capital Assets Fund	-		-	
Add/ (Deduct) : Balance of net income / (expenditure) transferred from the	-		-	
Income and Expenditure Account	17,66,801.50	2,97,62,954.40	(1,50,685.50)	2,53,69,152.90
BALANCE AS AT THE YEAR-END		**2,97,62,954.40**		**2,53,69,152.90**

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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

SCHEDULE 2 -RESERVES AND SURPLUS: (Amount ₹)

	Current Year		Previous Year	
1. Capital Reserve:				
As per last Account				
Addition during the year				
Less: Deductions during the year				
2. Revaluations Reserve:				
As per last Account				
Addition during the year				
Less: Deductions during the year				
3. Special Reserves:				
As per last account				
Addition during the year				
Less: Deductions during the year				
4. General Reserve:				
As per last Account				
Addition during the year				
Less : Deductions during the year				
5. Equipment fund and Building fund				
As per last Account	—		—	
Addition during the year				
Less : Transfer to Capital Assets Fund	—		—	
6. Building Fund (maintenance)				
As per last Account	6,26,519.58		6,26,519.58	
Addition during the year				
Less : Deductions during the year		6,26,519.58		6,26,519.58
TOTAL		**6,26,519.58**		**6,26,519.58**

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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

SCHEDULE 3 – CAPITAL ASSETS FUND (Amount ₹)

	Current Year		Previous Year	
Opening Balance of the fund	2,00,99,751.25		1,92,67,084.25	
		2,00,99,751.25		1,92,67,084.25
Add : Capital assets under CME programmes grants	2,23,909.00		8,32,667.00	
Add : Capital assets others grants		2,23,909.00	-	8,32,667.00
(Less): Assets scrapped /Lost by Theft	(42,000.00)	(42,000.00)	-	
		2,02,81,660.25		**2,00,99,751.25**

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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET AS ON 31st March, 2015

SCHEDULE 4 – EARMARKED/ENDOWMENT FUNDS (Govt-plan fund) (Amount ₹)

(CME Programme Fund)

	Current Year		Previous Year	
a **Opening balance of the funds**		11,22,655.00		25,09,366.00
b) **Additions to the Funds:**				
i. Donations / grants (annexure -A)	60,00,000.00		63,00,000.00	
ii. Income from investments made on account of fund	58,018.00		76,832.00	
iii. Other additions (specify nature)		60,58,018.00		63,76,832.00
Less : Transfer to Capital Assets Fund		-		
TOTAL (a+b)		71,80,673.00		88,86,198.00

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PLACE: NEW DELHI

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National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

SCHEDULE 4 – EARMARKED/ENDOWMENT FUNDS (Govt-plan fund) (Amount ₹)

(CME Programme Fund)

	Current Year		Previous Year	
c) **Utilisations / Expenditure towards objectives of funds**				
i. **Capital Expenditure**				
- Fixed Assets				
others	1,81,909.00	1,81,909.00	8,32,667.00	8,32,667.00
Total				
ii. **Revenue Expenditure**				
- Salaries, Wages and allowances etc. (Annexure -B)	23,38,192.00		24,09,769.00	
- Rent	-		–	
- Grant release for CME programe (Annexure -C)	13,33,818.00		19,17,617.00	
- Other Administrative expenses (Annexure -D)	20,19,438.00			
- Expenses of NAMS Research Center- Jodhpur (Annexure -E)	8,48,281.00	65,39,729.00	26,03,490.00	69,30,876.00
Total				
TOTAL (c)		**67,21,638.00**		**77,63,543.00**
NET BALANCE AS AT THE YEAR END (*a* + b-c)		4,59,035.00		11,22,655.00

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DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

Annexure-A to Schedule-4

(Amount ₹)

	Current Year	Previous Year
DONATIONS/ GRANTS		
Grant - General	27,00,000.00	60,00,000.00
Grant - Salaries	31,00,000.00	-
Grant - Capital	2,00,000.00	3,00,000.00
	60,00,000.00	**63,00,000.00**

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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

Annexure-B to Schedule-4

(Amount ₹)

ESTABLISHMENT EXPENSES	Current Year	Previous Year
a) Salaries and Wages	21,38,979.00	20,94,744.00
b) Allowances and Bonus		
c) Contribution to Provident Fund	2,05,847.00	2,66,570.00
d) Contribution to Other Fund (specify) C.G.H.S.		46.104.00
Less:- C.G.H.S. Recovery	(10,800.00)	(9,000.00)
e) Staff Welfare Expenses	4,166.00	11.351.00
f) Expenses on Employees Retirement and Terminal Benefits		
g) Others (specify)		
TOTAL	23,38,192.00	24,09,769.00

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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

Annexure-C to Schedule-4

(Amount ₹)

EXPENDITURE ON GRANTS, SUBSIDIES ETC	Current Year	Previous Yea
a) Grants given to Institutions/Organisations for CME Programmes (Intramural)	5,90,000.00	10,12,302.00
b) Grants given to Institutions/Organisations for CME Programmes (Extramural)	7,43,818.00	9,05,315.00
c) Subsidies given to Institutions/Organisations		
TOTAL	13,33,818.00	19,17,617.00

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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

Annexure-D to Schedule-4

(Amount ₹)

		Current Year	Previous Year
OTHER ADMINSTRATIVE EXPENSES ETC OF RESEARCH CELL			
a)	Electricity, Power and Water	96,170.00	62,642.00
b)	Insurance	6,742.00	6,742.00
c)	Repairs and Maintenance	3,95,562.00	3,38,681.00
d)	Vehicles Running and Maintenance	1,06,765.00	39,845.00
e)	Postage, Telephone and Communication Charges	5,789.00	4,57,661.00
f)	Printing and Stationery	8,449.00	7,51,122.00
g)	Travelling and Conveyance Expenses	7,57,228.00	5,97,561.00
h)	Expenses on Seminar/Workshops (Tele Education)	22,395.00	14,220.00
i)	Subscription Expenses		
j)	Expenses on Fees		
k)	Auditors Remuneration	22,472.00	
1)	Hospitality Expenses	15,374.00	8,187.00
m)	Professional/Consultancy Charges	4,76,560.00	2,22,784.00
n)	Provision for Bad and Doubtful Debts/Advances		
o)	Irrecoverable Balances Written-Off		
p)	Advertisement and publicity		
q)	Others (specify)		
	Sitting Fee	1,03,500.00	95,000.00
	Bank Chrages	1,817.00	1,011.00
	Learning Resource Material Expenses	-	7,246.00
	Medical Expenses	615.00	788.00
	Books & Periodicals	-	-
	TOTAL	20,19,438.00	26,03,490.00

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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

Annexure-E to Schedule-4

(Amount ₹)

	Current Year	Previous Year
STATEMENT OF EXPENDITURES OF NAMS RESERCH CENTER - JODHPUR		
a) CME Programmes	2.76.521.00	
b) Printing of NAMS Annals	4.38.500.00	
c) Postage expenses	1.33.260.00	
TOTAL	8,48,281.00	

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M. NO.: 11856

PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

SCHEDUEL 5- EARMARKED/ ENDOWMENT FUNDS (Amount ₹)

(NON-PLAN)		**FUND-WISE BREAK UP**		
		1	2	3
		Gen. Amir Chand Oration Fund	Arogya Ashram Samiti Fund	Bombay Oration Fund
a)	**Opening; balance of the funds**	1,00,299.50	72,533.03	84,272.00
b)	**Additions to the Funds:**			
i.	Donations / grants			
ii.	Income from investments made on account of fund	898.00	14,916.00	671.00
iii.	Other additions (specify nature) contribution			
TOTAL (a+b)		**1,01,197.50**	**87,449.03**	**84,943.00**
c)	**Utilisation / Expenditure towards objectives of funds**			
i.	**Capital Expenditure**			
	- Fixed Assets			
	- others			
Total		–	–	–
ii.	**Revenue Expenditure**			
-	Salaries, Wages and allowances etc.			
-	Rent			
-	Other Administrative expenses			
-	others (cash awards and trophy)	34,191.00	27,710.00	–
	Total	34,191.00	27,710.00	–
iii.	Payment during the year /transfer to other fund			
TOTAL (c)		34,191.00	27,710.00	–
NET BALANCE AS AT THE YEAR END (a + b - c)		67,006.50	59,739.03	84,943.00

contd.

SCHEDULE 5 – EARMARKED/ENDOWMENT FUNDS (Others) (Amount ₹)

(NON-PLAN)	FUND-WISE BREAK UP					
4	5	6	7	8	9	10
Dr. K.L. Wig Memorial Oration Fund	Dr. R.V. Rajam Oration Fund	Dr. R.M. Kasliwal Fund	Dr. S.S. Misra Med. Award Fund	Shri Ram Memorial Award Fund	Shyam Lal Saksena Mem. Award Fund	Col. Sangham Lal Endowment Fund
2,82,634.55	92,864.69	6,616.88	(5,909.30)	22,723.54	(10,704.87)	93,071.20
15,251.00	1,592.00	324.00	261.00	288.00	224.00	2,194.00
2,97,885.55	94,456.69	6,940.88	(5,648.30)	23,011.54	(10,480.87)	95,265.20
–	–	–	–	–	–	–
16,960.00	40,373.00	6,152.00	22,479.00		10,304.00	12,987.00
16,960.00	40,373.00	6,152.00	22,479.00		10,304.00	12,987.00
16,960.00	40,373.00	6,152.00	22,479.00		10,304.00	12,987.00
2,80,925.55	**54,083.69**	**788.88**	**(28,127.30)**	**23,011.54**	**(20,784.87)**	**82,278.20**

contd.

SCHEDULE 5 – EARMARKED/ENDOWMENT FUNDS (Others) (Amount ₹)

(NON-PLAN)	FUND-WISE BREAK UP					
11	12	13	14	15	16	17
Dr. V.R. Khanolkar Oration Fund	Dr. Vimla Virmani Award Fund	West Bengal Zonal Fund	Dr. P.N. Chhuttani Oration Fund	Dr. B.K. Anand Oration Fund	NAMS-2007 Amritsar Award Fund	Golden Jubilee Fund
70,257.66	57,286.53	49,019.07	1,67,078.00	3,47,661.00	1,10,037.00	3,84,917.00
1,569.00	748.00	371.00	2,323.00	1,895.00	7,311.00	94,229.00
71,826.66	**58,034.53**	**49,390.07**	**1,69,401.00**	**3,49,556.00**	**1,17,348.00**	**4,79,146.00**
-	-	-	-	-	-	-
2,279.00	1,019.00	-	22,058.00	68,867.00	6,575.00	-
2,279.00	1,019.00	-	22,058.00	68,867.00	6,575.00	-
2,279.00	1,019.00	-	22,058.00	68,867.00	6,575.00	-
69,547.66	**57,015.53**	**49,390.07**	**1,47,343.00**	**2,80,689.00**	**1,10,773.00**	**4,79,146.00**

contd.

SCHEDULE 5 – EARMARKED/ENDOWMENT FUNDS (Others) (Amount ₹)

(NON-PLAN)	FUND-WISE BREAK UP					
18	19	20	21	22	23	24
NAMS Golden Jubilee Travel Fellowship	Indian Asso. of Public Health Dentisty	Dr. Baldev Singh Oration Fund	Govt. of Punjab	Dr. S.S. Sidhu Oration Fund	Dr. A. Indrayam Award Fund	Dr. Janaki Memorial Oration Fund
3,92,484.00	1,21,420.00	3,35,944.00	79,928.00	1,86,214.00	2,01,046.00	4,55,833.00
31,943.00	39,937.00	31,943.00	-	-	2,654.00	-
4,24,427.00	**1,61,357.00**	**3,67,887.00**	**79,928.00**	**1,86,214.00**	**2,03,700.00**	**4,55,833.00**
-	-	-	-	-	-	-
-	1,019.00	6,000.00				
-	**1,019.00**	**6,000.00**		**-**	**-**	**7,517.00**
-	**1,019.00**	**6,000.00**		**-**	**-**	**7.517.00**
4,24,427.00	**1,60,338.00**	**3,61,887.00**	**79,928.00**	**1,86,214.00**	**2,03,700.00**	**4,48,316.00**

contd.

SCHEDULE 5 – EARMARKED/ENDOWMENT FUNDS (Others) (Amount ₹)

(NON-PLAN)	FUND-WISE BREAK UP				
25	26	27	28	29	30
Dr. J.G. Jolly Oration Fund	Dr. V.K. Bhargava Award Fund	CPF DEPOSIT FUND	Prof. J.S. Bajaj Award Fund	Dr.. N. Suryanaran Rao Award Fund	CPF DEPOSIT FUND
5,00,214.00	1,81,275.00	-		-	52,03,007.24
		2,00,000.00	50,000.00	2,00,000.00	
45,192.00	1,938.00	1,592.00	-	-	20,05,353.00
		0.00	0.00	0.00	1,10,400.00
5,45,406.00	**1,83,213.00**	**2,01,592.00**	**50,000.00**	**2,00,000.00**	**73,18,760.24**
-	-	-	-	-	
	9,730.00	17,997.00			
-	9,730.00	17,997.00	-	-	
					8,08,063.00
-	**9,730.00**	**17,997.00**	**-**	**-**	**8,08,063.00**
5,45,406.00	**1,73,483.00**	**1,83,595.00**	**50,000.00**	**2,00,000.00**	**65,10,697.24**

contd.

SCHEDULE 5 – EARMARKED/ENDOWMENT FUNDS (Others) (Amount ₹)

(NON-PLAN)	TOTALS			
	Current Year		Previous Year	
a) **Opening balance of the funds**		95,82,022.72		96,07,513.72
b) **Additions to the Funds:**				
i. Donations / grants	4,50,000.00			
ii. Income from investments made on account of fund	23,05,617.00		2,67,530.00	
iii. Other additions (specify nature) contribution	1,10,400.00	28,66,017.00	23,47,165.00	26,14,695.00
TOTAL (a+b)		1,24,48,039.72		1,22,22,208.72
c) **Utilisation / Expenditure towards objectives of funds**				
i. **Capital Expenditure**				
- Fixed Assets	–			
- others	–			
Total		–	.	
ii. **Revenue Expenditure**				
- Salaries, Wages and allowances etc.				
- Rent	–			
- Other Administrative expenses				
- others (cash awards and trophy)				
Total	3,14,217.00	0	3,93,464.00	
iii. Payment during the year /transfer to other fund	8,08,063.00	11,22,280.00	22,46,722.00	26,40,186.00
TOTAL (c)		11,22,280.00		26,40,186.00
NET BALANCE AS AT THE YEAR END (a + b - c)		1,13,25,759.72		95,82,022.72

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National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

SCHEDULE 6 – CURRENT LIABILITIES (Amount ₹)

	Current Year		Previous Year	
CURRENT LIABILITES				
1. Security Deposit	23,017.00	23,017.00	23,017.00	23.017.00
Earnest Money - Express Housekeepers 5,000/-				
Earnest Money - Haider Contractors 15,400/-				
Earnest Money - L. R. Sharama & Co. 2.617/-				
TOTAL		23,017.00		23,017.00

(Dr. MUKUND S. JOSHI)
PRESIDENT

(DR. DEEP N. SRIVASTAVA)
HONY. SECRETARY

(DR. MANORAMA BERRY)
TREASURER

AS PER OUR REPORT OF EVEN DATE ATTACHED

HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
M. NO.: 11856

PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET AS ON 31st March, 2015

SCHEDULE 7 – FIXED ASSETS (Amount ₹)

DESCRIPTION	GROSS BLOCK				DEPRICIATION				NET BLOCK	
	Cost/Valuation as at beginning of the year	Additions during the year	Deductions during the year	Cost/Valuation at the year end	As at the beginning of the year	On Additions during the year	On Deductions during the year	Total up to the Year-end	As at the Current year-end	As at the Previous year-end
A. FIXED ASSETS:										
1. LAND:										
a) Freehold	97,405.00			97,405.00					97,405.00	97,405.00
b) Leasehold										
2. BUILDINGS	-			-						
a) On Freehold Land	1,01,70,878.87	-	-	1,01,70,878.87		-			1,01,70,878.87	1,01,70,878.87
b) On Leasehold Land	-	-		-				-	-	-
c) Ownership Flats/ Premises	-	-		-				-	-	-
d) Superstructures on Land				-				-	-	
not belonging to the entity	-	-		-				-	-	-
3. PLANT MACHINERY & EQUIPMENT	17,13,869.00	43,211.00	-	17,57,080.00				-	17,57,080.00	17,13,869.00
4. VEHICLES	10,15,131.00	-	-	10,15,131.00				-	10,15,131.00	10,15,131.00
5. FURNITURE, FIXTURES.	18,33,528.98	36,018.00	-	18,69,546.98				-	18,69,546.98	18,33,528.98
6. OFFICE EQUIPMENT	24,56,550.29	1,44,680.00	-	26,01,230.29				-	26,01,230.29	24,56,550.29
7. COMPUTER / PERIPHERALS	22,98,432.47	-	42,000.00	22,56,432.47				-	22,56,432.47	22,98,432.47
8. ELECTRIC INSTALLATIONS	52,651.48	-	-	52,651.48				-	52,651.48	52,651.48

Contd.....

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET AS ON 31st March, 2015

SCHEDULE 7 – FIXED ASSETS (Amount ₹)

DESCRIPTION	GROSS BLOCK				DEPRICIATION				NET BLOCK	
	Cost/Valuation as at beginning of the year	Additions during the year	Deductions during the year	Cost/Valuation at the year end	As at the beginning of the year	On Additions during the year	On Deductions during the year	Total up to the Year-end	As at the Current year-end	As at the Previous year-end
9. LIBRARY BOOKS	-	-		-				-	-	-
10. TUBEWELLS & W. SUPPLY	-	-		-				-	-	-
11. OTHER FIXED ASSETS	4,61,304.16	-	-	4,61,304.16				-	4,61,304.16	4,61,304.16
TOTAL OF CURRENT YEAR	**2,00,99,751.25**	**2,23,909.00**	**42,000.00**	**2,02,81,660.25**	-	-	-	-	**2,02,81,660.25**	**2,00,99,751.25**
PREVIOUS YEAR	**1,92,67,084.25**	**8,32,667.00**	-	**2,00,99,751.25**				-		
B. CAPITAL WORK-IN-PROGRESS										
TOTAL	**2,00,99,751.25**	**2,23,909.00**	**42,000.00**	**2,02,81,660.25**	-	-	-	-	**2,02,81,660.25**	**2,00,99,751.25**

(Dr. MUKUND S. JOSHI)
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(DR. DEEP N. SRIVASTAVA)
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(DR. MANORAMA BERRY)
TREASURER

AS PER OUR REPORT OF EVEN DATE ATTACHED

HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
M. NO.: 11856

PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

SCHEDULE 8 – CURRENT ASSETS, LOANS, ADVANCES ETC. (Amount ₹)

	Current Year		Previous Year	
A. CURRENT ASSETS:				
1. Cash balances in hand (including cheques/drafts and imprest)				
2. Banks Balances:	14,217.00	14,217.00	1,099.00	1,099.00
a) With Scheduled Bank				
EARMARKED/ ENDOWMENT FUNDS				
- In Current Accounts				
- In Deposit Accounts (includes margin money)	96,63,531.00		93,22,159.00	
- In Savings Accounts	31,69,554.12	1,28,33,085.12	21,62,361.12	1,14,84,520.12
OTHERS				
- In Current Accounts	7,15,465.00		1,47,829.00	
- In Deposit Accounts (includes margin money)	2,39,83,821.00		2,15,47,653.00	
- In Savings Accounts	25,24,348.39	2,72,23,634.39	16,50,846.39	2,33,46,328.39
b) With Non-Scheduled Bank		-		-
TOTAL (A)		**4,00,70,936.51**		**3,48,31,947.51**

Contd.....

(Dr. MUKUND S. JOSHI)
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HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
M. NO.: 11856

PLACE: NEW DELHI

DATE: 30 September, 2015

SCHEDULE 8 – CURRENT ASSETS, LOANS, ADVANCES ETC. (Amount ₹)

			Current Year		Previous Year	
B.	**LOANS, ADVANCE AND OTHER ASSETS**					
1.	Advance					
	a) Staff (Festival Advance)		12,920.00		11,120.00	
	b) Other			12,920.00		11,120.00
2.	Advances and other amounts recoverable in cash or in kind or for value to be received:					
	a) Security deposit		3,18,880.00		3,19,880.00	
	Security Deposit (Electrical	1,54,315.00				
	Security Deposit (M.T.N.L.)	17,371				
	Security Deposit (C.P.W.D.-Electrical)	1,47,069				
	Security Deposit (N.D.M.C.-Water)	125				
	Staff Car Petrol Imprest	0				
	b) Due from - National Board of Examination (Annexure-E)		10,62,458.19		9,57,091.69	
	c) Others		2.00	13,81,340.19	–	12,76,971.69
3.	Others					
	a) Amount recoverable					
	b) Income tax		7,32,089.00	7,32,089.00	6,03,328.00	6,03,328.00
	2006-07	1,14,635.00				
	2008-09	1,91,129.00				
	2012-13	2,12,243.00				
	2013-14	85,321.00				
	2014-15	1,28,761.00				
TOTAL (B)				**21,26,349.19**		**18,91,419.69**
TOTAL (A + B)				**4,21,97,285.70**		**3,67,23,367.20**

(Dr. MUKUND S. JOSHI)
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PLACE: NEW DELHI

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National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

ANNEXURE-E TO SCHEDULE 8
(Amount ₹)

		Current Year	Previous Year
STATEMENT FOR 50% SHARE DUE FROM N.B.E.			
Salary (Building Staff)		7,27,092.00	
Add - CGHS Contribution		-	
Add - PF Contribution / Admn. Charges		85,086.00	
		8,12,178.00	
Less - CGHS Recovery		1,500.00	
		8,10,678.00	
Wages A/c		1,00,952.00	
Security Services Charges		5,14,968.00	
House Keeping Charges		2,13,911.00	
Electricity & Water Charges		3,47,107.00	
Repair & Maintenance A/c		1,29,471.00	
Building Repair & Maintenance A/c		-	
Garden Expenses		7,830.00	
	Total	21,24,917.00	
	50% NBE Share	10,62,458.50	
	Add - Opening Balance	-0.31	
		10,62,458.19	9,57,091.69
TOTAL		**10,62,458.19**	**9,57,091.69**

(Dr. MUKUND S. JOSHI)
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National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

SCHEDULE 9 – INCOME FROM SALES / SERVICES: (Amount ₹)

		Current Year	Previous Year
1)	Income		
	a) Scroll in absentia, Sale of Scrape	17,200.00	15,000.00
2)	Income from Services		
	a) Labour and Processing Charges	-	-
TOTAL		**17,200.00**	**15,000.00**

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National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

SCHEDULE 10 – GRANTS / SUBSIDIES : (Amount ₹)
(Irrevocable Grants & Subsidies Raceived)

		Current Year	Previous Year
1)	Central Government		
2)	State Government(s)	55,00,000.00	55,54,488.00
3)	Government Agencies		
4)	Institutions/Welfare Bodies		
5)	International Organisations		
6)	Other (Specify)		
	TOTAL	**55,00,000.00**	**55,54.488.00**

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National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF BALANCE SHEET
AS ON 31st March, 2015

SCHEDULE 11 – FEES / SUBSCRIPTIONS : (Amount ₹)

		Current Year	Previous Year
1	Entrance Fees		
	a) Admission Fee	90,000.00	88,000.00
	b) Enrolment Fee	3,50,000.00	3,56,000.00
2)	Annual Fees/Subscriptions	-	-
	TOTAL	4,40,000.00	4,44,000.00

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FIRM REGISTRATION NO. 002871N
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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF INCOME & EXPENDITURE FOR THE YEAR ENDED 31st March,2015

SCHEDULE 12 – INTEREST EARNED : (Amount ₹)

		Current Year	Previous Year
1)	On Term Deposits:		
	a) With Scheduled Banks		
	(including TDS Rs. 1,28,761/-.	27,90,866.00	5,42,137.00
	(Previous year Rs. 85,321/-)		
	b) With Non-Scheduled Banks		
	c) With Institutions		
	d) Others		
2)	On Saving Accounts		
	a) With Scheduled Banks	4,09,142.00	2,52,663.00
	b) With Non-Scheduled Banks		
	c) With Institutions		
	d) Others		
	3) Interest on Other Receivables	-	-
	TOTAL	32,00,008.00	7,94,800.00

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CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF INCOME & EXPENDITURE FOR THE YEAR ENDED 31st March,2015

SCHEDULE 13 – OTHER INCOME (Amount ₹)

		Current Year	Previous Year
1)	Profit on Sale/disposal of Assets:		
a)	Owned assets		
b)	Assets acquired out of grants, or received free of cost		
2)	Miscellaneous Income	8,400.00	700.00
	TOTAL	8,400.00	700.00

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FIRM REGISTRATION NO. 002871N
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PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF INCOME & EXPENDITURE FOR THE YEAR ENDED 31st March,2015

SCHEDULE 14 – ESTABLISHMENT EXPENSES (Amount ₹)

			Current Year	Previous Year
a)	Salaries and Wages		39,97,471.00	35,26,614.50
b)	Allowances and Bonus			
c)	Contribution to Provident Fund		4,74,207.00	5,37,188.00
d)	Contribution to Other Fund (specify) C.G.H.S.		-	
	Less:- C.G.H.S. Recovery	9,050.00	9,050.00	73,149.00
e)	Staff Welfare Expenses			
f)	Expenses on Employees Retirement and Terminal Benefits			
g)	Others			
	TOTAL		44,62,628.00	41,36,951.50

(Dr. MUKUND S. JOSHI)
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CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
M. NO.: 11856

PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF INCOME & EXPENDITURE FOR THE YEAR ENDED 31st March,2015

SCHEDULE 15 – OTHER ADMINISTRATIVE EXPENSES ETC. (Amount ₹)

		Current Year	Previous Year
a)	Electricity and Power, water	1,73,553.50	1,45,006.00
b)	Insurance	6,173.00	22,642.00
c)	Repairs and Maintanance	1,75,606.00	1,22,009.50
d)	Vehicles Running and Maintenance		
e)	Postage, Telephone and Communication Charges	5,03,006.00	2,84,103.00
f)	Printing and Stationery	7,17,249.00	4,81,728.00
g)	Travelling and Conveyance Expenses	5,37,622.00	5,12,359.00
h)	Expenses on Seminar/Workshops		
i)	Subscription Expenses		
j)	Expenses on Fees		
k)	Auditors Remuneration	22,472.00	-
1)	Hospitality Expenses	20,715.00	17,005.00
m)	Professional Charges	3,95,900.00	7,27,900.00
n)	Provision for Bed and Doubtful Debts/ Advances		
o)	Irrecoverable Balances Written-Off	-	-
p)	Advertisement and Publicity		-
q)	Others :		
	Bank Charges	2,318.00	3,230.00
	Security & Manpower Chrages	2,57,484.00	3,83,893.50
	Sitting Fee	1,18,500.00	1,12,000.00
	Medical Expenditure	1,647.00	-
	Misc. Expenses	3,933.00	3,83,882.00	10,846.00
	TOTAL		**29,36,178.50**	**28,22,722.00**

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HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
M. NO.: 11856

PLACE: NEW DELHI

DATE: 30 September, 2015

National Academy of Medical Sciences (India)

SCHEDULES FORMING PART OF INCOME & EXPENDITURE FOR THE YEAR ENDED 31st March,2015

SCHEDULE 16 – EXPENDITURE ON GRANTS, SUBSIDIES ETC. (Amount ₹)

		Current Year	Previous Year
a)	Grants given to Institutions/Organisations		
b)	Subsidies given to Institutions/Organisations		
TOTAL		—	—

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HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
M. NO.: 11856

PLACE: NEW DELHI

DATE: 30 September, 2015

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

SIGNIFICANT ACCOUNTING POLICIES AND NOTES FORMING PART OF ACCOUNTS FOR THE YEAR ENDED 31ST MARCH 2015

A) Significant Accounting Policies

1. Accounting Convention

The financial statements have been prepared under the historical cost convention on cash basis.

2. Revenue Recognition

Revenue, donation, grants are recorded when received.

Expenses are recorded when paid.

3. Fixed Assets

Fixed Assets are recorded at Original Cost.

4. Depreciation

No depreciation is being charged on fixed assests.

5. Grants

Grants are recorded in accounts as per specific direction of donor.

The government grant received for CME Programme (Plan) is in recurring in nature and the same is earmarked fund. The income earned on that fund while the amount is in bank directly added to the fund and expenses incurred reduce from that fund.

The Non-Plan government grant received is in recurring in nature. The Non-Plan grant (net of capital expenditure) credit to income and expenditure account and capital expenditure amount transfer to capital expenditure amount transfer to capital assets grant fund.

B) NOTES FORMING PART OF ACCOUNTS

6. During the year, 100% of Life membership fee received from member scredited to Capital Fund.

7. The corpus fund received by Academy for orations and awards has been earmarked for that particular fund as per the direction of the doner and kept that money separately in bank under term deposit is added to that fund and expenses incurred reduced from that fund.

8. The Academy has two buildings known as old building and new building Smt. Kamla Raheja Auditorium and J.S.B. Center for Multi-Professional Education. The Academy and National Board of Examination (NBE) are sharing the accommodation of old Building in accordance with the terms and conditions which has been approved by Ministry of Health and Family Welfare, Government of India. The Academy is incurring all maintenance expenses and 50% of those expenses are recovered from NBE and reduced from maintenance expenses.

9. The construction of new building Smt. Kamla Raheja Auditorium and J.S.B. Center for Multi-Professional Education has been completed. The Academy and Smt. Kamla Raheja Foundation have incurred expenses on construction of that building. The expenses incurred by the Academy on that building has been capitalized in the books of accounts in the respective head and expenses incurred by the Smt. Kamla Raheja Foundation are pending for approval with Finance Committee and will be considered in accordance with direction and approval of Finance Committee.

10. The Physical verification of fixed assets its reconciliation with books of accounts is pending.

11. Previous year's figures have been regrouped wherever necessary.

(Dr. MUKUND S. JOSHI)	(DR. DEEP N. SRIVASTAVA)	(DR. MANORAMA BERRY)
PRESIDENT	HONY. SECRETARY	TREASURER

AS PER OUR REPORT OF EVEN DATE ATTACHED

HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGISTRATION NO. 002871N
M. NO.: 11856

PLACE: NEW DELHI
DATE: 30 September, 2015

UTILIZATION CERTIFICATE

On the basis of examination of the books of accounts of National Academy of Medical Sciences (India), New Delhi and information and explanations provided to us, we certify that **Grant-in-Aid (Non-Plan)** of ₹55,00,000/-(₹ Fifty Five Lakhs Only) released by the Government of India, Ministry of Health & Family Welfare, Department of Heath during the year 2014-15 in the following manner:

S.No.	Letter No. & Date	Amount (₹) (Salary)	Amount (₹) (General)
1.	G.20018/8/2014 ME-II Dt. 13/06/2014	12,00,000	6,00,000
2.	G.20018/8/2014 ME-II Dt. 17/10/2014	15,00,000	8,00,000
3.	G.20018/8/2014 ME-II Dt. 12/02/2015	9,00,000	5,00,000
	Total	**36,00,000**	**19,00,000**

and has been utilized as per detail below during the financial year 2014-15 for the purpose for which it was sanctioned.

The summary of **Grant-in-Aid (Non-Plan)** during the financial year 2014-15 is as under:

S.No.	Particulars	Amount (₹)	Amount (₹)
1.	Unspent Balance as on 01.04.2014		0
2.	Grant-in-aid released		
	Salary	36,00,000	
	General	19,00,000	
	Total		**55,00,000**
	Expenditure		
	Salary	**44,62,628**	
	General	**29,36,179**	
	Total		**73,98,807**
	Unspent Balance as on 31.03.2015		**-18,98,807**

For HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGN. NO. 002871N

Place: New Delhi
Dated: 30th September, 2015

B. L. KHANNA
(PARTNER)

UTILIZATION CERTIFICATE

On the basis of examination of the books of accounts of National Academy of Medical Sciences (India), New Delhi and information and explanations provided to us, we certify that Grant-in-Aid (Plan) of ₹60,00,000/-(₹Sixty Lakhs Only) released by the Government of India, Ministry of Health & Family Welfare, Department of Heath during the year 2014-15 in the following manner:

S. No.	Sanction No. & Date	Amount (₹) (Salary)	Amount (₹) (General)	Amount(₹) (Capital)
1.	G.20018/7/2012 ME-II Dt. 05/06/2014	10,00,000/-	10,00,000/-	-
2.	G.20018/7/2012 ME-II Dt. 17/10/2014	10,00,000/-	-	1,00,000/-
3.	G.20018/7/2012 ME-II Dt. 24/02/2014	2,00,000/-	2,00,000/-	-
4.	G.20018/7/2012 ME-II Dt. 27/03/2015	9,00,000/-	15,00,000/-	1,00,000/-
	Total	**31,00,000/-**	**27,00,000/-**	**2,00,000/-**

and has been utilized as per detail below during the financial year 2014-15 for the purpose for which it was sanctioned.

The summary of **Grant-in-Aid (Plan)** during the financial year 2014-15 is as under:

S.No.	Particular	Amount (₹)	Amount (₹)
1.	Unspent Balance as on 01.04.2014	17,33,341	17,33,341
2.	Grant-in-aid released		
	Salary	31,00,000	
	General	27,00,000	
	Capital	2,00,000	
	Interest on deposit (Saving Bank)	58,018	
	Total		**77,91,359**
	Expenditure		
	Salary	23,38,192	
	General	42,01,537	
	Capital	1,81,909	
	Total		**67,21,638**
	Unspent balance as on 31.03.2015		**10,69,721**

For HDSG & ASSOCIATES
CHARTERED ACCOUNTANTS
FIRM REGN. NO. 002871N

Place: New Delhi
Dated: 30th September, 2015

B. L. KHANNA
(PARTNER)

Highlights of the activities from 1st April to 4th October, 2015

1. Two meetings of the Council were held. The meetings were held on 4th August, 2015 and 23rd September, 2015.

2. The following is the list of Members of the Council who retired during the year 2015 on completion of their tenure, and those who have been elected as Members of the Council.

Retired Members	Elected Members
1. Dr. Haribhai L. Patel	Dr. Sanjay Wadhwa
2. Dr. J.N. Pande	Dr. Prema Ramachandran
3. Dr. Kamal Buckshee	Dr. P.K. Misra
4. Dr. N.N. Sood	Dr. Mayil Vahanan Natarajan
6. Dr. Mukund S. Joshi	Dr. Rakesh Kumar Chadda

3. Dr. Sanjay Wadhwa, FAMS has been elected unopposed as Vice President, NAMS for a period of three years.

4. The following candidates have been elected as Fellows and Members for the year 2015:

Fellows

1. Dr. Sushil Prakash Ambesh (MAMS)
2. Dr. Pradeep Das
3. Dr. Gopalkrishna Gururaj
4. Dr. Ravi Gupta
5. Dr. Krishnamachar Harish
6. Dr. Binod Kumar Khaitan (MAMS)
7. Dr. Gopi Chand Khilnani (MAMS)
8. Dr. Madhu Khullar
9. Dr. Jugal Kishore (MAMS)
10. Dr. Dinesh Kumar Bharatraj
11. Dr. Kailash Kumar
12. Dr. Sanjay Madhav Mehendale
13. Dr. Hrudananda Mallick
14. Dr. Bijay Ranjan Mirdha (MAMS)

15. Dr. Om Prakash Mishra (MAMS)
16. Dr. Ravindra Mohan Pandey
17. Dr. Rajendra Prasad (MAMS)
18. Lt. Col. Dr. Arunachalam Ravikumar
19. Dr. Daisy Sahni (MAMS)
20. Dr. Vani Santosh (MAMS)
21. Dr. Daljit Singh (MAMS)
22. Dr. Shashi Bala Singh (MAMS)
23. Dr. G.S. Toteja
24. Lt. Gen (Dr.) Prem Prakash Varma
25. Dr. Lingam Vijaya

Members

1. Dr. Haider Abbas
2. Dr. Ajai Agarwal
3. Dr. Avinash Agrawal
4. Dr. Dushyant Agarwal
5. Dr. Kaushal Kishor Agrawal
6. Dr. Sameer Aggarwal
7. Dr. Anjali Aggarwal
8. Dr. Syed Moied Ahmed
9. Dr. Anupkumar Anvikar
10. Dr. Mohammad Zahid Ashraf
11. Dr. Anju Bansal
12. Dr. Rinti Banerjee
13. Dr. Mausumi Basu
14. Dr. Vithalkumar Malleshi Betigeri
15. Dr. Shalmoli Bhattacharyya
16. Dr. Geetanjali Chilkoti
17. Dr. Kunzang Chosdol
18. Dr. Rajiv Kumar Chugh
19. Dr. Rashmi Ranjan Das
20. Dr. Mahesh Devnani
21. Dr. Abhinav Dixit
22. Dr. Shilpi Gupta Dixit
23. Dr. Deepak Goel
24. Dr. Ajay Gulati
25. Dr. Madhavi Mathur Gupta
26. Dr. Neeraj Gupta

27. Dr. Pallav Gupta
28. Dr. Pooja Gupta
29. Dr. Ravi Gupta
30. Dr. Smriti Hari
31. Dr. Kana Ram Jat
32. Dr. Sujata Jetley
33. Dr. Viveka P. Jyotsna
34. Dr. Manish Kakkar
35. Dr. Namita Kalra
36. Dr. Mandeep Kang
37. Dr. Inshad Ali Khan
38. Dr. Shahzada Mohmer Salim Khan
39. Dr. Chandra Mohan Kumar
40. Dr. Vanita Lal
41. Dr. Lalitha K.
42. Dr. Sanjeev Lalwani
43. Dr. Madhusudan K.S.
44. Dr. Purva Mathur
45. Dr. Akhil Mehrotra
46. Dr. Somnath Mukherjee
47. Dr. Arun Nigam
48. Dr. Nidhi Bidyut Panda
49. Dr. Shantanu Pande
50. Dr. Munna Lal Patel
51. Dr. R. Indra Priyadharsini
52. Dr. Babita Raghuwanshi
53. Dr. Prattush Ranjan
54. Dr. Shalinee Rao
55. Dr. Neeraj Sanduja
56. Dr. S.N. Sankhwar
57. Dr. Pinkee Saxena
58. Dr. Rohit Saxena
59. Dr. Vartika Saxena
60. Dr. Nirbhai Singh
61. Dr. Natasha Singh
62. Dr. Manphool Singhal
63. Dr. Praveen Rajashekhar Shahapur
64. Dr. Sadhna Sharma
65. Dr. Uma Sharma

66. Dr. Sohan Lal Solanki
67. Dr. Devendra Kumar Vatsal
68. Dr. Maya Vedamurthy
69. Dr. Leena Verma
70. Dr. Mandeep Walia

The following candidates have been admitted as Members (MNAMS) of the Academy under Regulation V:

Names approved in the Council meeting held on 4th August, 2015

1. Dr. Saima Javed
2. Dr. Sameer S
3. Dr. Padmini C
4. Dr. Bijumon A V
5. Dr. Venkatachalam J
6. Dr. Vanitha Anna Selvi
7. Dr. Manjit Sarma
8. Dr. Chinmay B Kulkarni
9. Dr. Jalandhara Bharati Raghavbhai.
10. Dr. Amruth K H
11. Dr. M Manoj
12. Dr. Bansal Rohan Ghanshyam
13. Dr. Pandey Meera Jaigovind.
14. Dr. Varsha Vidyadharan
15. Dr. Sandip Banerjee
16. Dr. Veeranna Lokapur.
17. Dr. Patil Ravindra
18. Dr. Vinaya Raghavendra H.
19. Dr. Suresh Kumar
20. Dr. Rathi Mohit Balkishan
21. Dr. Debasis Das Adhikari
22. Dr. Indu Bhushan Dubey
23. Dr. B Renuka
24. Dr. N Suresh Khanna
25. Dr. Preeti Goyal
26. Dr. Swati Jugalkishor Lohiya
27. Dr. Mitul Abhaykumar Shah
28. Dr. Anubhav Goel.
29. Dr. Bhadane Nilesh Subhash
30. Dr. Deshmukh Shraddha Vijay
31. Dr. Jinen Mukeshbhai Shah.

32. Dr. Singh Abhishek Gajendra
33. Dr. Shah Sagar Kirtibhai
34. Dr. Subbalakshmi S
35. Dr. Shrinidhi I S
36. Dr. Jayakumar S
37. Dr. Sharma Dev Jyoti O
38. Dr. Dinesh K M
39. Dr. Lohiya Kavita Jugalkishor
40. Dr. Jabeed P
41. Dr. Krishnendu Goswami
42. Dr. Anuvati Nag
43. Dr. Trinath Dash
44. Dr. Arul Daniel A
45. Dr. Shinde Abhishek Trimbak.
46. Dr. Nitu Mishra
47. Dr. Viking Bhanoo
48. Dr. Syed Faizel C
49. Dr. Murarka Achin Kailash
50. Dr. Agrawal Rakhi Shyamsunder
51. Dr. Mohammed Harshad H
52. Dr. Abdul Hadi Shareef
53. Dr. Kavitha Pavithran
54. Dr. Munish Kumar Gupta
55. Dr. Ram Raj R
56. Dr. Anand Misra
57. Dr. Shilpa Tiwari
58. Dr. Boricha Yash Bhanji
59. Dr. Mahalakshmy T
60. Dr. Vinoth Kumar K
61. Dr. Rajiv Kumar Sethia
62. Dr. Preeti Baghel
63. Dr. Surnare Kailash Ramrao
64. Dr. Santhosh Kumar M
65. Dr. Nabeed N P R
66. Dr. Neetu Bhari
67. Dr. Dillip Kumar Samal
68. Dr. Clement Wilfred D
69. Dr. Konthoujam Shaphaba Singh
70. Dr. Shameem G M
71. Dr. Priyanka Sethi
72. Dr. Jubbin Jagan Jacob
73. Dr. Vaidya Anand Sharad

74. Dr. Parmar Bhavik Shantibhai
75. Dr. Mukesh Kumar
76. Dr. Kokil Gautami Mukund.
77. Dr. Vivek Mathew
78. Dr. Vibha Sood
79. Dr. Tanu Midha.
80. Dr. Bhola Nath
81. Dr. Tarun S
82. Dr. Sanyal Abhishekkumar Anjankumar
83. Dr. Ram Narayan
84. Dr. Junaid Nasim Malik
85. Dr. Ruchi Garg
86. Dr. Ashwin N
87. Dr. Desai Jigar Kishorchandra
88. Dr. Natasha Singh
89. Dr. Mugunthan Narayanaperumal
90. Dr. Prem Kumar Battina.
91. Dr. Singh Kulwant Opkar
92. Dr. Dayanandaswamy.
93. Dr. Bagde Abhijit Anant
94. Dr. Najmudheen Manappattu
95. Dr. Anjan Kumar Dhua
96. Dr. Shevade Rhuta Rajaram
97. Dr. Nimbolkar Janardan Ganu
98. Dr. Shalini Malhotra
99. Dr. Ankur Sharma
100. Dr. Jaipuria Abhishek Santosh
101. Dr. Elamurugan T P
102. Dr. Chaudhary Haresh Fatesinh
103. Dr. Nityanand Rao Patil
104. Dr. Reetika
105. Dr. Prabu G
106. Dr. Abdul Rasik Thachorath
107. Dr. Dhanasekaraprabu T B
108. Dr. Kundan Mishra
109. Dr. Nikesh H
110. Dr. Abdul Wadood Mohammed
111. Dr. Srikantha Rathi
112. Dr. Lakshmi P Moorthy
113. Dr. Dinesh Kumar Goel
114. Dr. Gude Dilip Chandra
115. Dr. Shaikh Mohd. Sikandar Shaikh Mohd. Masoom

116. Dr. Prasad T V.
117. Dr. Sanjay M H
118. Dr. Farhan UL Haque
119. Dr. Indira M.
120. Dr. P. Kasi Krishna Raja.
121. Dr. Javed Hussain Farooqui
122. Dr. Taruna Yadav
123. Dr. Somasharan S Betgeri
124. Dr. Bharti Devnani
125. Dr. Vishnukanth G
126. Dr. V. S. Hariprasad
127. Dr. Raj Kapoor
128. Dr. Nagaraj Ashok Desai.
129. Dr. Babitha A M
130. Dr. Ferozkhan
131. Dr. Midhun Ramesh
132. Dr. Jipu Purushothaman
133. Dr. Rajesh Sardana
134. Dr. Mitalee Kar
135. Dr. Satish Pawar
136. Dr. Sandeep Gopinath Huilgol
137. Dr. Tahmina S
138. Dr. Mohd Saif Khan
139. Dr. Ravindra Singh
140. Dr. Ankesh Raju Sahetya
141. Dr. Shah Ritesh Maneshkumar.
142. Dr. Vishal Arora
143. Dr. Shweta M Pawar
144. Dr. Ashwani Kumar.
145. Dr. Kudumula Charan Reddy Kvenkatarami
146. Dr. Bansal Kunal Ramesh
147. Dr. L M Chandra Sekhara Rao S
148. Dr. Sharma Rakesh Manilal
149. Dr. Gurvinder Singh
150. Dr. Amit Sharma
151. Dr. Divya Singh
152. Dr. Anu John
153. Dr. Geoby Paul
154. Dr. Ankur Kataria
155. Dr. Kavita Soni
156. Dr. Kadam Nikit Datta
157. Dr. Murali S M

158. Dr. Nitin Bither
159. Dr. Arghya Basu
160. Dr. Sanap Manoj Maruti
161. Dr. Bhandari Nikhil Bhagchand
162. Dr. Patel Bhavikkumar Hasmukhlal
163. Dr. Sudhagar R
164. Dr. Pillai Avani Gopalkrishna
165. Dr. Ashish Sharma
166. Dr. K. Beena
167. Dr. Ravi Kumar N
168. Dr. Hari Nivas P S
169. Dr. Chetna Tandon
170. Dr. Satyamanasa Gayatri Vinay S
171. Dr. Tapuriah Abhishek Kamalkumar
172. Dr. Jain Mikhil Vijay.
173. Dr. Satheesh Kumar M
174. Dr. Barani R
175. Dr. Kumar V S V
176. Dr. Velmurugan S
177. Dr. Sudhakaran M
178. Dr. Khan Misbah Shah Alam
179. Dr. Supe Amit Chandrakant
180. Dr. Arijit Das
181. Dr. Madave Amol Ashok
182. Dr. Patil Akshayadeep Sambhajirao
183. Dr. R. Rajagopalan
184. Dr. Nambiar Pragathi Unnikrishnan
185. Dr. D. Rajesh Babu
186. Dr. Meenu Barara
187. Dr. Jaybhaye Amol Pralhadrao.
188. Dr. Indubala Maurya
189. Dr. Gaikwad Vivek Rangnath
190. Dr. Peeyush Misra
191. Dr. Ghorpade Kapil Ravaso
192. Dr. P. Ravikumar
193. Dr. Biju Babu
194. Dr. Nithya J
195. Dr. Animesh Ray
196. Dr. Saoji Piyush Pradip
197. Dr. Kumar Kaushik Dash
198. Dr. Kavita Bisherwal
199. Dr. Sivakumar S P

200. Dr. Anil Lohar
201. Dr. Chand Pasha B
202. Dr. Kulkarni Suyash Sureshchandra
203. Dr. Nitin Sudhakar Shetty
204. Dr. Arulprakash
205. Dr. Udhayesan Cherayil Nanu
206. Dr. Vidyasagar Murlimohan Sistla
207. Dr. Ch Swathi
208. Dr. Divya Jose
209. Dr. Anshul Goel
210. Dr. Nitin G Pai
211. Dr. Kalarikkal Narabron Rajesh
212. Dr. Mulchandani Resham Darshan
213. Dr. Patil Mayur Madhukar
214. Dr. Popalwar Harshanand Janardhanrao
215. Dr. Dhanya T H
216. Dr. Bhawana Goel
217. Dr. Nishant Jain
218. Dr. Patil Anuradha Jagdish
219. Dr. Somashekharappa B Kadur
220. Dr. Sahu Saurabh
221. Dr. Skand Bahre
222. Dr. Preetesh Choudhary
223. Dr. Lotlikar Shreya Anand
224. Dr. Prabhoo Tanay Ramchandra
225. Dr. Supriya Mallick
226. Dr. Tanksale Shreedevi Jayant
227. Dr. Mahesh Chandra
228. Dr. Vignesh Kumar C
229. Dr. Kade Mahesh Ramchandra
230. Dr. Om Prakash Gupta
231. Dr. Rajesh Arora
232. Dr. Tejinder Kaur
233. Dr. Kalshetty Ashwini Ashok
234. Dr. Mohammed Abdul Baseer
235. Dr. Chanana Gaurav
236. Dr. Megha Pruthi
237. Dr. Raju L Hadimani
238. Dr. Geetanjali S Verma
239. Dr. Saurabh Gupta
240. Dr. Amal Shyam
241. Dr. Alok Kumar Gupta

242. Dr. Suman Poddar
243. Dr. Anilkumar V
244. Dr. Sonawane Atul Arun
245. Dr. Shubhra Agarwal
246. Dr. Karthik Krishna Bhat S V
247. Dr. Basappa Subhas Hugar
248. Dr. Sivaraj S
249. Dr. Dedhia Vicky Khushalchand
250. Dr. Ritesh George Menezes
251. Dr. Elizabeth Joseph
252. Dr. Muralidhar S
253. Dr. Savitha Lasrado
254. Dr. Sayed Mueenuddin
255. Dr. Surya Jyati Chaudhuri
256. Dr. Anuja Thomas
257. Dr. Noor Mohammed
258. Dr. Roopa Prasad
259. Dr. Amit Banik
260. Dr. Murali Mohan Soma
261. Dr. Saraogi Mohit Rajendra
262. Dr. Dodul Mondal
263. Dr. Mahima Agrawal
264. Dr. Anjana M V
265. Dr. Navpreet Arora
266. Dr. Vijayshree G
267. Dr. Ajitha Vedamanickam
268. Dr. Francis N P Monterio
269. Dr. Dipanwita Dutta
270. Dr. Shaloo Garg
271. Dr. Anand Kumar
272. Dr. Vijay Kumar Sinha
273. Dr. Manu M S
274. Dr. Mahajan Abhishek Suresh
275. Dr. Deepak Goyal
276. Dr. Moidu Shameer K P
277. Dr. Pretty Mathew
278. Dr. Sawankar Sheetal Govind
279. Dr. Kamala R
280. Dr. Devaraj Naik K
281. Dr. Anand M S
282. Dr. Rahul Poddar
283. Dr. Karthik Ram Mohan

284. Dr. Darshakkumar Dipakbhai Makadia
285. Dr. Parsewar Sumit Suresh
286. Dr. Garima Mishra
287. Dr. Tanushree Sahoo
288. Dr. Parul Jain
289. Dr. Neetu Saini
290. Dr. Ankit Chawla
291. Dr. Agrawal Ashish Rakesh
292. Dr. Vineet Dhawan
293. Dr. Gindodia Pallavi Ghanshyamdas
294. Dr. Sorabh Garg
295. Dr. Rohit Kumar
296. Dr. Rahul Mohan
297. Dr. Ravindra G R
298. Dr. Tandel Kaushik Manilal
299. Dr. Gilitwala Namrata Manharlal
300. Dr. Mohan Abhinav Amarnath
301. Dr. Uchale Satish Banshi
302. Dr. Nisha Vilas Phadtare
303. Dr. Pansare Nikheel Vasant
304. Dr. Mohit Gupta
305. Dr. Mehta Chintan Harshad
306. Dr. Patil Prakash Vishwanath
307. Dr. Salunke Makarand Sudhakar
308. Dr. Manish Kumar Sharma
309. Dr. Sinnarkar Shreekala Satish
310. Dr. Kakatkar Sagar Vivek
311. Dr. S. Syed Ali
312. Dr. Neelmani Mathur
313. Dr. Ishtiyaq Abdullah
314. Dr. Pankhuri Johari
315. Dr. Shraddha Singh

Names approved in the Council meeting held on 23rd September, 2015

1. Dr. Vineet Kumar Gupta
2. Dr. Neeraj Chandra
3. Dr. Mushtaq Ahmad Ganai
4. Dr. Ankit Ruhela
5. Dr. Anumeha Joshi
6. Dr. Yadav Brijeshkumar Munilal
7. Dr. Chate Someshwar Vyenkatrao
8. Dr. Mishra Gyansankar Praphullakuma

9. Dr. Chandra Shekhar Debnath
10. Dr. Shilpi Sachdev
11. Dr. Sonali Bajaj
12. Dr. Prasanna L C
13. Dr. Jeevitha K J
14. Dr. Vandana
15. Dr. Udit Chauhan
16. Dr. Deepti Agarwal
17. Dr. Vedang Shah
18. Dr. Bhalotia Amit Rajendra Prasad
19. Dr. Anju Gupta
20. Dr. Shruti Srivastava
21. Dr. Mohit Bihani
22. Dr. Rahul Illaparambath
23. Dr. Gore Sandeep Tukaramji
24. Dr. Abhilash Alex Francis
25. Dr. Ferdinant J
26. Dr. Suja P Sukumar
27. Dr. Arjun A
28. Dr. Jiss Joseph Panakkal
29. Dr. Hindustan Wala Mohammed Adnan
30. Dr. Rose Tresa George
31. Dr. Satheesh Jacob
32. Dr. Ajari Ashutosh Arvind
33. Dr. Nikunj Aggarwal
34. Dr. Shantakumari Nisha
35. Dr. Saraogi Akash Ashok
36. Dr. Shivani Kochhar
37. Dr. Lal Chand Daga
38. Dr. Pawan Kumar
39. Dr. Saneej Kanhirat
40. Dr. Shewale Yogesh Devidas
41. Dr. Mriganka Mouli Saha
42. Dr. M S Vijayalakshmi
43. Dr. Cheralathan S
44. Dr. Agrawal Payal Dhanesh
45. Dr. Agrawal Saurabh Jwalaprasad
46. Dr. Taywade Sameer Kamalakar
47. Dr. Shailendra Tukaram Patil
48. Dr. Manoj Gupta
49. Dr. Gaurav Garg
50. Dr. Tarunika Gupta

51. Dr. Bansal Shaifali
52. Dr. Priyanka Suhag
53. Dr. Prabhjot Manchanda
54 Dr. Nidhi Bhatnagar
55. Dr. Roopam Jain
56. Dr. Arul Jothi V
57. Dr. Shijith K P
58. Dr. Uddandam Rajesh
59. Dr. Sandhya B
60. Dr. Sudheendra M Rao
61. Dr. Krishna Kunkumalla
62. Dr. Mane Shashikant Raghunath
63. Dr. Neethu Mohan
64. Dr. Thali Puneet Ramesh
65. Dr. Joshi Amita
66. Dr. Sudhakar T
67. Dr. Jasmeet Singh
68. Dr. Megha Gupta
69. Dr. Sandeep P K
70. Dr. Vijayaraghavan R L
71. Dr. Rajesh Gayakwad
72. Dr. Badoley Manoj Pancham
73. Dr. V U Jagadeeswaran
74. Dr. Sanjay Satrawal
75. Dr. Partha Pratim Chakraborty
76. Dr. Kiranjeet Kaur
77. Dr. Shevgan Pavan Sardarsing
78. Dr. Yadav Arun Kumar
79. Dr. Ranjeeta Kumari
80. Dr. Ranjith P
81. Dr. Shingi Shweta Ratilal
82. Dr. Pandey Jitendra Kumar
83. Dr. Adarsh U
84. Dr. Syed Nawaz Ahmad
85. Dr. S Renu Bala
86. Dr. Namrata Narendra Jadhav
87. Dr. Ashish Garg
88. Dr. Lapshia Vishal Shantilal
89. Dr. Borkar Nikhilesh Ramkrishna
90. Dr. Asif N Iqbal
91. Dr. Siddharth Sarkar
92. Dr. Choradia Pooja Leelam

5. Symposia/Workshops/CME Programmes:

Out of the CME proposals received from various medical institutions in the country, the Academy has sanctioned 3 Extramural and 3 Intramural CME Programmes/Symposia during the period from 1.4.2015 to 01.10.2015 as per details given below:

Statement showing Grant under Extramural CME Programmes from 1.4. 2015 to 1.10. 2015

Sl. No.	Topic	Amount Sanctioned (in Rs.)
1.	CME Programme on : **"Drug Safety Monitoring among Health Care Providers"**	
	Mewat, Haryana on 22nd April, 2015.	75,000/-
2.	CME Programme on : **"Theory and Practice of Epidemiology, Biostatistics and Demography "**	
	Bangalore, on 6th to 7th July, 2015	36,000/-
3.	CME Programme on : **"Gynecon 2015: Critical Care in Obs & Gyn."**	
	Pune, on 25th to 26th September, 2015	75,000/-

Statement showing grant under Intramural Symposia/ CMEs/Workshops Programmes from 1.4.2015 to 04.10.2015

Sl. No.	Topic	Amount Sanctioned (in Rs.)
1.	Regional Symposium on: ***"Food Safety: Farm to Plate Make Food Safe"***	70,000/-
	All India Institute of Medical Sciences Jodhpur; April 6-7, 2015	

Sl. No.	Topic	Amount Sanctioned (in Rs.)
2.	NAMS Regional Symposium on : **"Nursing Care of Patients with Diabetes Mellitus Type –II"** Sri Guru Ram Das Institute of Medical Sciences & Research, Amritsar; April 2, 2015	70,000/-
3.	NAMS Regional Symposium on : **"Maternal and Child Health: On and beyond 2015"** All India Institute of Medical Sciences, Patna; October 17, 2015	70,000/-

6. NAMS Scientific Symposium:

Every year, during the NAMS Annual Conference, a Scientific Symposium is organized on a topic of great relevance to the health care needs of the Country. The Theme of the NAMS Scientific Symposium on 17th October, 2015 during the Annual Conference at AIIMS, Patna, Bihar is '**Non-alcoholic Fatty Liver Disease in Children and Adolescents**'.

7. Lifetime Achievement Award

The Council at its meeting held on 4th August, 2015 approved the conferment of Lifetime Achievement Award under Rule 34(d) on Retd. Air Marshal (Dr.) M.S. Boparai, FAMS for the year 2015 in recognition of his outstanding professional excellence in the field of Ophthalmology services and specialization in orbital/oculoplastic surgery. Being a member of the speciality board in Ophthalmology of National Board of Examinations, with excellent faculty in the field of Ophthalmology for over twenty five years at AFMC, Pune, Research and Referral Hospital Delhi and in various command hospitals of the armed forces, he has an expertise in oculoplastic, orbital surgery, ocular trauma and high altitude (HE) Ophthalmology with services records having a track record of excellence with expertise of high order.

8. Golden Jubilee Commemoration Award Lecture

On the recommendations of the Credentials Committee and with the approval of the Council, the youngest biomedical scientists elected as a Fellows during the year is invited to deliver Golden Jubilee Commemoration Award Lecture at the Annual Conference of the Academy.

Dr. Ashish Suri, FAMS Professor, Department of Neurosurgery, All India Institute of Medical Sciences, New Delhi was the youngest biomedical scientist elected as a Fellow during the year 2014. He will deliver Golden Jubilee Commemoration Award Lecture on 18th October, 2015 at All India Institute of Medical Sciences, Patna. The Topic of his Lecture is **"Simulation Based Skills Training in Neurosurgery and Contemporary Surgical Practices".**