INDIAN MEDICAL ASSOCIATION
TAMILNADU STATE BRANCH

Leading the Branch - Manual 2020

Dr. C.N. RAJA
State President

Dr. A.K. RAVIKUMAR
State Secretary

Dr. N.R.T.R. THIAGARAJAN
State Finance Secretary

‘SUPPORT YOUR IMA TO SUPPORT YOU’
FORM No. II
(See Rule 8 of the TamilNadu Societies Registration Rules, 1978)

CERTIFICATE OF REGISTRATION UNDER SECTION 10 OF THE TAMIL NADU
SOCIETIES REGISTRATION ACT, 1975 (TAMILNADU ACT 27 OF 1975)

CERTIFICATE OF REGISTRATION OF SOCIETIES

SL. NO. : 333 of 2013

I hereby Certify that

“INDIAN MEDICAL ASSOCIATION TAMILNADU
BRANCH”

has this day been Registered Under The Tamil Nadu Societies Registration Act,

Given under my hand at CHENNAI SOUTH this 30th day of JULY 2013.

(Note : District Transfer DRO Selam (West) - R egn. No.208/2003)
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Although every care has been taken in the publication of this Manual, the author, the publishers and the printers shall not be responsible for any loss or damage caused to any person on account of errors or omissions which might have crept it. The publishers shall be obliged if mistakes are brought to their notice for carrying out corrections in the next issue.  

- Editor
INDIAN MEDICAL ASSOCIATION
TAMILNADU STATE BRANCH

LEADING THE BRANCH - MANUAL 2020

Name : 
Family Details :
Address :

Blood Group :

Name of the Branch : 
Contact Number :
Branch President : 
Contact Number :
Branch Secretary : 
Contact Number :

Executive Committees Members
1. 
Contact Number :
2. 
Contact Number :
3. 
Contact Number :
4. 
Contact Number :
5. 
Contact Number :
6. 
Contact Number :
7. 
Contact Number :
8. 
Contact Number :
9. 
Contact Number :
10. 
Contact Number :

Date of formation of Branch

Permanent Project

Ongoing Project
Dear Lord,
Thou Great Physician
I kneel before thee
Since every good and perfect gift
Must come from thee, I pray
Give skill to my hands,
Clear vision to my mind
Kindness and sympathy to my heart
Give singleness of purpose,
Strength to life atleast a part of the burden
Of my suffering fellow-men and
a True Realization of the rare privilege that is mine
Take from my heart all guile and Worldliness
that with the simple Faith of a child I rely on thee.

May everybody be happy
May everybody be healthy
May everybody be free from pain
May everybody be free from sorrow
May we be the healing cure
Beyond every greed & lure.

IMA PRAYER

PHYSICIAN’S PRAYER

Dear Lord,
Thou Great Physician
I kneel before thee
Since every good and perfect gift
Must come from thee, I pray
Give skill to my hands,
Clear vision to my mind
Kindness and sympathy to my heart
Give singleness of purpose,
Strength to life atleast a part of the burden
Of my suffering fellow-men and
a True Realization of the rare privilege that is mine
Take from my heart all guile and Worldliness
that with the simple Faith of a child I rely on thee.
குறிப்பாடு: ஏற்றாள் சாதனம் வாய்ப்புகள்

மன்னர்கள் மக்கள் வாய்ப்புகள்

மன்னர்கள் தன்னை வாய்ப்பு

மனித முனையை விளக்கூறு விளக்கி

ஆடையால் விளக்கும் விளக்கத் தேசம்

புனர்வெளி அகழுதி

பின்னி முனையை வாய்ப்பு மக்கள் வாய்ப்பு.

முக்கியமான பிரிவுகள்

மன்னர்கள் வாய்ப்பு விளக்கம்!

மனித முனையை வாய்ப்பு விளக்கம்!

மன்னர்கள் மன்னர்கள் விளக்கம்!

மன்னர்கள் விளக்கம் விளக்கம்

மன்னர்கள் அளவிய பிரிவுகளின் விளக்கம்!

மூன்று முனையகம் கிளாம்பிடம் கட்டும.

மூன்று முனையகம் தொகும் பார்வைக்காக்குக் காடும்!

மூன்று முனையகம் விளக்கம் நடுவையும்,

மூன்று அகம் பிரிவு விளக்கத் தேசம்

தேசம் தவற்காக முனையை விளக்கும்

டைமன் சதுக்கள் பாடல் விளக்கம் விளக்கத் தேசம்

டைமன் சதுக்கள் பாடல் விளக்கம் விளக்கம்

டைமன் சதுக்கள் பாடல் விளக்கம் விளக்கம்

டைமன் சதுக்கள் பாடல் விளக்கம் விளக்கம்

டைமன் சதுக்கள் பாடல் விளக்கம் விளக்கம்

டைமன் சதுக்கள் பாடல் விளக்கம் விளக்கம்.
FLAG SALUTATION

We, the members of Indian Medical Association stand here to salute our national flag. Its honour and glory shall be our light and strength and its course shall be our course. We pledge our allegiance to it and realizing our responsibilities as the accredited members of this national organization, We swear we will dedicate everything in our power to see it fly high in the comity of nations. Jai Hind! Long Live IMA!

CONVOCATION PLEDGE

“We shall, in thought, word and deed, Ever endeavour, to be scrupulously honest, In the discharge of our duties, In our profession, and Shall uphold the dignity, and Integrity of our profession, and The honour of our university. We shall uphold, and advance social order, and The well-being of our fellow members, and Shall devote all our energy To promote the unity, and integrity, and The secular or our country”
Dear Colleagues

Greetings to you all.

I am extremely happy to give you this orientation manual, which is duly updated. I hope this would give you a clear cut guidelines in running your branch activities. I would also serve as a ready reckoner. The functions of various schemes and wings and responsibilities of the office bearers are explained them and there.

The branches of IMA are pillars of our State. Your strength is strength of our IMA TNSB. We need more members and branches to make our State No 1 in the country. To gather we can achieve more. We expect your support and cooperation to run our association successfully. We from the state office always with you for all your IMA related activities.

I certainly hope this manual will make you work and serve better for our fellow members. I appreciate the good work of our state secretary Dr. A.K. Ravikumar and state office staff in bring this manual in a short time.

SUPPORT YOUR IMA TO SUPPORT YOU

*Long Live IMA*
Dear Grand leaders of our Profession,

Wishes to you all and congratulations for having taken over the prestigious position to guide your fellowmen for their comforts and also enhance the Doctor, Patient and Public relationship. At the fall of the winter and with the emerging summer I wish you all this 2020 to be enterprising with surprising activities with Heart and Soul reflection. By the code, 2020 is an ultimate captivating code which fastens our strides in all activities. Within a short span, we should reach the nook and corner of the rural and urban pockets with mind-blowing and useful simplified actions and to be talked over the state with blues and chills.

From the routine busy schedule for a doctor if some post to be honored on him lot of work be burdened. Periodically to achieve and set right in all perfect good time management will be the main key for thorough gearing. With the credit of a branch leader, with status and respect high, any good diligent deeds, walk the way to the most respectable stream. Flushing out all the egos with ears closed to all the open controversies, working with the strategic youth fraternities, with wide welcome of all innovations will be like building an empire.

Follow the monthly reporting format which includes all the activities a branch should do, which will escalate your branch to a greater height with laurels. Kindly visit www.imatn.com frequently for updates and information’s.

IMA TNSB is going digital and try to be paperless. So update your communication details - Personal Mobile Numbers, E-Mail Id’s and also have common E-Mail Id for your branch.

Dr.A.K.RAVIKUMAR M.S., F.A.I.S., F.I.A.G.E.S.
HONY STATE SECRETARY - IMA TNSB
State Secretary Office for Communication
Mowthi Nursing Home (P) Ltd., 19, 20 Alamaram Stop, Vadavalli, Coimbatore -641 041.
Cell:98422 22404        E-mail: drakrk@gmail.com
Indian Medical Association is the only representative, national voluntary organization of Doctors of Modern Scientific system of Medicine, which looks after the interest of doctors as well as the well being of the community at large.

The founding fathers way back in 1928, while struggling for liberation of the Mother land from British rule simultaneously felt the need of a national organization of the medical profession. Before that, some members of the profession – a selected few – were members of the British Medical Association, which had opened branches in India to cater to the local needs. These stalwarts, ultimately succeeded in formation of Indian Medical Association and reached an agreement with the British Medical Association that they will have no branch in India, and got mutually affiliated, which relationship continues till today.

Indian Medical Association in the year 1946 helped in organization of the World body, namely, World Medical Association, and thus became its founder member. As an organization it has been, and continues to play an important role in its deliberations. It hosted the III World Conference on Medical Education under the joint auspices of W.M.A. and IMA in New Delhi in 1966.

Today IMA is a well established organization with it’s Headquarters at Delhi and State / Terr. Branches in 23 States and 9 Union Territories. It has over 3,00,000 doctors as its members through over 2000 local branches spread all over the country.

OBJECTIVES:

- To promote and advance medical and allied sciences in all their different branches and to promote the improvement of public health and medical education in India.
- To maintain the honour and dignity and to uphold the interest of the medical profession and to promote co-operation amongst the members thereof;
Leading the Branch - Manual 2020

- To work for the abolition of compartmentalism in medical education, medical services and registration in the country and this to achieve equality among all members of the profession.

**IMA IN RETROSPECT**

1. The Indian Medical Association celebrated its Diamond Jubilee in the year 1988 and is completing 92nd year of its glorious functioning on the occasion of the 94th All India Medical conference being held on the 28th December, 2019 at Kalkatta.

2. Prior to the formation of the Association, four All India Medical Conferences had been held the first at Calcutta in 1917 under the Presidency of Lt. Col. Raghavendra Rao, the second at Delhi in 1918 with Sir Nil Ratan Sircar as the President, the third in 1919 with Dr. M. N. Odedar as its President and the Fourth at Nagpur in 1920 under the Presidency of Rao Bahadur Dr. Maharaj Krishnan Kapur. It was at the 5th conference held at Calcutta on 28th December, 1928 under the Presidency of Dr. G. V. Deshmukh of Bombay, that a resolution was adopted forming an All India Medical Association with the objects of promotion and advancement of medical and allied sciences in their different branches, the improvement of public health and medical education in India and the maintenance of honor and dignity of the medical profession. In the year 1930, the All Indian Medical Association and the body was duly registered under the Societies Registration Act, XXI of 1860.

3. The association had come in to being at a time when there was political unrest and the country was passing through big turmoil. Yet, it was a matter of great satisfaction that the stalwarts of the medical profession in those days like Dr. K. S. Ray, Sir Nil Ratan Sircar, Dr. B. C. Roy, Dr. M. A. Ansari, Col. Bhola Nath, Major M. G. Naidu, Dr. B.N. Vyas, Dr. D. Silva, Dr. N. A. Ghosh, Dr. D. A. Chakravarthi, Dr. Viswanathan, and Capt. B. V. Mukherjee actively participated in the promotion of the Association. Some of these stalwarts were also active in the Indian National Congress and had their terms in the jail for participating in the struggle for Independence of the country.

4. Though the Association was formed with only 222 members. Yet even with this numerical strength, it could achieve itsposition of strength, it could achieve its position of strength and command respect from the British rulers. It could prevent the appointment of British rulers. It could prevent the appointment of British IMS Officer as a Commissioner of Medical Education in 1929 and it could achieve to organize an all India Medical Register and include the licentiates in it. The Medical Council of India Act was got amended to have an elected President in place of a nominated one and it was a matter of a pride that Dr. B. C. Roy, one of the most illustrious past Presidents of IMA, became the first elected President of Medical Council of India followed by many other illustrious presidents of IMA gracing the exalted chair including the past president of the Medical Council of India Late Dr. A. K. N. Sinha.

5. The Headquarters Office of the IMA was originally located in Calcutta. At the suggestion of Dr. S. C. Sen supported by Dr. B. V. Mulay, Dr. Chamanlal C. Mehta and Maj. General
Amirchand, the IMA Headquarters was shifted to Delhi in January 1949, after the attainment of Independence. The Journal of IMA continued to be published from Calcutta. Dr. S. C. Sen also obtained a plot of land in Indraprastha Estate, New Delhi at the concessional rates from the Government and the project of construction of IMA Building thereon was undertaken, supported by Dr. B. V. Mulay, Dr. Chamanlal Mehta, Dr. C.S.Thakar, Dr. A.P.Mitra, Dr. Ved Prakash, Dr. R.C.Goulatia, Dr. P.C. Bhatia and Dr. D.S. Mehra. The foundation stone of IMA House was laid by the first President of India, Dr. Rajendra Prasad on September 19, 1958 and the construction of the building was started under the supervision of Dr. P.C.Bhatia who supervised it brick by brick. With his untiring efforts, the building was completed and opened on September 6, 1964 by the then President of India, Dr. S. Radhakrishnan.

During the British Rule, some selected members of the profession were members of the British Medical Association which had branches in India. The stalwarts of IMA ultimately succeeded in reaching an agreement with British Medical Association that they would have no branches in India and got mutually affiliated, which relationship continues even today. In the year 1964, IMA helped in the organization of the world body viz., the World Medical Association and thus became its founder member through the efforts of Dr. S.C.Sen, Dr. R.V.Sathe, the then President, IMA held the chair of the President of WMA when the WMA met in New Delhi in 1962. It’s a matter of pride that another illustrious Past President of IMA Dr. A.K.N. Sinha also held the office of the WMA. The IMA has been playing an important role in the deliberations of the World Medical Association at New Delhi in the year 1966. later developments, however, forced us to take decision to withdraw from World Medical Association in 1985, since the organization refused to expel South Africa despite its dismal record of racial discrimination. The Indian Medical Association after consideration of all aspects of the matter decided in February, 1993 that IMA may again become a member of the World Medical Association. In pursuance of the above, 45th General Assembly of the World Medical Association at its meeting held on October 2-5, 1993 approved IMA’s membership of the WMA. The IMA has continued to play an important role in the affairs of the Commonwealth Medical Association.

IMA has been pursuing the academic activities and continuing education of its members through its academic wings viz., IMA College of General Practitioners (IMA CGP) and the IMA Academy of Medical Specialities (IMAAMS). Through the IMA CGP which is a Founder member of the World Organization of the National Colleges and Academies, (WONCA), third Conference on General Practice was hosted by the IMA in the year 1968. It is a matter of pride that the first ever Fellowship of the World Organization was conferred on one of our illustrious Past Presidents, Dr. P.C. Bhatia.

Over the period of 72 years, the IMA while maintaining its glorious traditions has secured a place of pride in the community, through its 1470 branches with a total membership of 120298 throughout the country. It has been rendering yeoman’s service in the field of health care
deliver, disease control and eradication. Its services to the community during natural calamities like earthquakes, droughts and floods, famines and epidemics in the pre and post-Independence periods have been highly lauded. Its role and involvement in the formulation and implementation of National Health Programmes e.g. Family Welfare, Maternal and Child Health, Universal Immunization Programme, Oral Rehydration Therapy, AIDS Prevention, Control and Management etc., has been highly significant and has received recognition by the Central and state Governments and the UNICEF. The IMA and its branches have been running many community service Projects and a number of branches have established Family Welfare Clinics, Immunization Centres, Ambulance Services, Blood Banks, Polio Eradications and RCH programmes, etc.

9. The affairs of the association are managed by the elected members of the Central Council and the Working Committee which lay down the policies and deliberate on the day to day activities of the Association. It has a number of Standing Committees which look after the specified subjects entrusted to them under the various terms of references. Each State and Local Branch holds regularly Scientific and Medical Meetings and elects its Office bearers once a year. The State Branches organize their respective state conferences every year during which, besides organizational matters, they have scientific sessions for the benefit of their members in the various specialities in medicine.

10. Indian Medical Association publishes a Scientific Journal called ‘Journal of the Indian Medical Association’ a copy of which is mailed to each and every member of the Association. “Your Health” in English and “Aap Ka Swasthya” in Hindi are published regularly and cater to health education needs of the lay public. Some of the State Branches are also publishing their bulletins in English and/or Regional languages. IMA News is published monthly by the IMA Headquarters. Besides this, IMA College of General Practitioners has a publication named “Continuing Medical Education” Bulletin. With a view to make it more relevant to Family Medicine, the title of this Bulletin has been changed to “Family Medicine – India” from the year 1996. The College has published a number of books. It is hardening to note that most of the articles had been voluntarily subscribed by the members of the Association. The IMA Academy of Medical Specialities is now publishing the Annuals Quarterly, containing original articles, interesting case reports, review articles by eminent medical specialists and super specialists.

11. IMA College of General Practitioners has been conducting regular examinations twice a year and the successful candidates became eligible for the award of Fellowship.

12. The IMAAMS also awards Fellowships every year to selected highly distinguished specialists.

WHY BECOME AN IMA MEMBER?

Privileges of Membership – Central IMA

1. Members of the Association can participate in various programmes organized by the Association and its branches to which they belong.
2. Members have the right to attend and take part in discussion in all general, clinical meetings, lectures, demonstrations, refresher courses etc. organized for continuing medical education by the Association.

3. Members have the right to attend medical conferences organized by the Association or any of its branches on such terms as laid down in the bye-laws.

4. Member can move the Central Council and the Working Committee of the Association to take necessary action in matters affecting the medical profession and for the health of the people.

5. Members can join study tours organized within the country or aboard for professional interaction.

6. A Scientific publication monthly journal of the Indian Medical Association is supplied free to its members. The journal is of high academic order the enjoys international reputation and recognition.

7. A monthly publication “IMA NEWS” is published from the Headquarters to give its members information about the activities of the Association and other news from the medical world and the same is available to the members at a nominal yearly subscription.

8. Members are stimulated to do research in various aspects of the field of medicine through its academic wings.

9. Members are eligible to compete for various awards instituted by IMA to stimulate original thinking amongst its members particularly young doctors and students.

10. The members of IMA with their families are entitled to stay at IMA Guest House when in Delhi on payment of nominal subsidized charges. This privilege is also available in cities where various Branches are having accommodation in buildings of their own.

11. Social Security Schemes for the Welfare of members are being floated at State level with the objective of providing assistance to family of members in the event of their death.

12. Post-graduate members of IMA (OB & Gynae) can avail of the special laparoscopic training program & become eligible for purchase of laparoscopes at heavily subsidized rates.

13. Members are eligible to procure vaccines for immunization of their patients. They can also avail of contraceptive pills and IUDS etc. through the good offices of the IMA.

14. IMA Benevolent Fund established to help dependants. Members are even entitled to also secure loans from Benevolent Fund to meet some unpredictable exigencies.

15. IMA members through special arrangements with General Insurance Companies get special insurance covers to protect members against possible medico legal eventuality during discharge of their normal professional work.

16. Members who have Hospital / Nursing Home can become member of IMA Hospital Board of India through State Wing IMA HBI.
IMA NATIONAL OFFICE BEARERS - 2020

NATIONAL PRESIDENT
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NATIONAL VICE PRESIDENT 2019 - 20
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HISTORY OF INDIAN MEDICAL ASSOCIATION
TAMIL NADU STATE BRANCH

A Brief Sketch

The Indian Medical Association (IMA) Tamilnadu is a voluntary organization, representing the entire spectrum of the modern allopathic medicine and its specialties in our State. The organization was started in the year 1940, by a band of dedicated doctors who ever deeply committed in upholding the dignity of the medical profession and also in the improvement of the quality of the medical service to the people of Tamilnadu especially to the poor. The doctors hailing from Chennai City, (formerly Madras) and from the rural districts of Tiruchirappalli, Coimbatore, Vellore, Salem and Tirunelveli, took an active part in building up the Tamilnadu IMA. Several State Presidents and Secretaries of IMA TNSB belonged to these districts. Today the IMA has branches in all the towns of Tamilnadu and it has a vast membership representing all the specialities of Modern Medicine. The IMA TNSB is affiliated to the IMA Head Quarters, New Delhi.

Main Aims of Indian Medical Association, Tamilnadu

The Main objects of the IMA Tamilnadu are:

1. To serve the patients better
2. To maintain high professional standards in the practice of medicine.
3. To protect the dignity and the honour of the medical profession.
4. To render Community Service and also to co-operate with the Government in the implementation of its Health Care Programmes.
5. To offer professional protection to the members through various schemes.
6. To conduct CME programmes to the medical practitioners.
7. To have family get together and to promote fellowship among its members.
8. To have dialog with the Govt. official & Political leaders and as representing body for Service providers of health will contribute to various Health policies formulation and implementation.

Membership Strength of IMA TNSB
The membership of IMA is steadily increasing every year. The present membership strength is 35664 spread throughout the State and is the 2nd largest branch in the Country. It has 166 branches. 100% are Life members.

Communication with Members
- e.mail - imatamilnadu@gmail.com
- SMS
- Social Media - What apps Groups
- Website - www.imatn.com
- Journals - TIMA News Letter (Monthly) - Both Hard copy & e-TIMA
- National Journals - JIMA News Letter (Monthly) - Both Hard copy & e-JIMA
- Quarter e-News Letter of IMA TNSB
- NHB Express (Quarterly)

STATE COUNCIL
The Members of the governing council (State Council) are being elected by proportional representation, i.e; one State Council Member is elected for every 50 members every year.

The State Council meets once in 3 months and decides about the policies and programmes of the IMA Tamilnadu State. State Council is the supreme body of IMA Tamilnadu State Branch.

STATE CONFERENCE
The Annual State Medical Conference of IMA Tamilnadu in the month of December.

AWARDS
Various Awards / Certificates / Medals are being awarded to Branches / Individuals for their best performance / Out-standing activities will be given.
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Dr. C.N. Raja, State President & Dr. A.K. Ravikumar, Hony. State Secretary shall be Ex-officio members for the all Committees

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CONSTITUTION AMENDMENT COMMITTEE
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### MEMBERS

<table>
<thead>
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<tbody>
<tr>
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<tr>
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### INVITED MEMBERS

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<tr>
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### ELECTION COMMITTEE

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<td>Dr. J.A. Jayalal</td>
<td>94431 60026</td>
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### SPORTS COMMITTEE

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<tr>
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### FINE ARTS COMMITTEE

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### PROJECT COMMITTEE

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<tr>
<td>Dr. S. Sundarajan</td>
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</tr>
<tr>
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**ORGAN DONATION COMMITTEE**

<table>
<thead>
<tr>
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<tbody>
<tr>
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**MEMBERS**

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**SPECIAL INVITEES - BLOOD & ORGAN DONATION COMMITTEE**

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**ETHICS COMMITTEE**

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**BLS & ALS COMMITTEE**

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**IMA NEETHI COMMITTEE**

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<td>Dr. Kishore, Cuddalore</td>
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**CRISIS MANAGEMENT COMMITTEE**

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<tr>
<td>Dr. K. Vijayakumar, Marthandam - Chairman</td>
<td>94431 61102</td>
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IMTA Tamilnadu State Branch
Every Association/NGO should have its own Constitution/MOU while registering with the respective authorities.

**What is Constitution?**

A body of fundamental principles or established precedents according to which a state or other organization is acknowledged to be governed.

**What is Memorandum of Understanding?**

A memorandum of understanding is a document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

**Constitution:** NGO’s have multiple options to select the form of constitution. The different forms of the constitution which can be chosen are as below:

1. Public Charitable Trust.
2. Society.

Each form of the constitution has its own enactment and the provisions contained therein would apply to the respective form.

**1. Trust:** It is a legal arrangement in which a person holds property for the sake of some other person, created for the purpose of charitable and religious purposes. Trust can be constituted by Trust deed. In the case of formation of trust, there are no specific statues available.

However, Charitable Endowment Act 1890 and Charitable and Religious act 1920 have bearing on the formation of a charitable trust.

To create a trust, the property owner (called the “trustor,” “grantor,” or “settlor”) transfers legal ownership to a person or institution (called the “trustee”) to manage that property for the benefit of another person (called the “beneficiary”). The trustee often receives compensation for his or her management role.

A public charitable trust should be formed only when one wishes to make an endowment of property for perpetuity and the trustees’ desire that this property be used only for specified charitable purposes with close control by the original settlors/trustees.

**Main Characteristics of Trust are:**

1. Trusts are governed by relevant State Trust Act or Bombay Public Trusts Act.
2. 2 persons are required to form a Trust, with no upper limit.

3. Trust is set up by a Trust Deed on non-judicial stamp paper worth some percentage of the value of the trust property.

4. Trust Deed contains the aims and objectives of forming the Trust and the mode of management of the Trust.

5. The composition of the board changes mainly by appointment and not election.

6. Alteration of the objects laid down in the Trust Deed is difficult and only the settler can modify them.

7. The Charities Commissioner has more power to intervene in the affairs of a Trust than in a society.

8. Trust cannot be dissolved easily.

2. **Society:** It is an Association of persons who come together by mutual consent to act jointly for a common purpose. The compliance has to be made under Tamilnadu Societies Registration Act 1975. Minimum 7 members in state level and minimum of 9 members in National level society are required for the formation of society. The requisite documents are to be submitted in the office of the Registrar. After the verification of the documents, a Certificate of Registration is issued along with the certified copy of the Bye-Laws of the Society.

Tamilnadu Societies Registration Act 1975 which allows the registration of entries involved in the benefit of society, i.e., promotion of education, literature, science, religion, charity, social reform, art, crafts, cottage industries, athletics, sports, recreation, public health, social service, cultural activities, the diffusion of useful knowledge or such other useful object with respect to which the State Legislature has power to make laws for the State, which may be prescribed, may be registered under this Act.

Main Characteristics of Society are:

- Societies are governed by Societies Registration Act
- Seven persons are required to form a society with no upper limit
- Members have to file a MoU on non-judicial stamp paper, setting out the objectives of the society before the registrar of societies in the state in which the society is set up.
- The legal requirements are much simpler than in the case of a trust.
- Complete renewal of members is possible and objects can be modified easily
- Easier to wind up a Society
- Society has a more democratic set up with membership and an elected body to manage the Society
- Due to democratic procedures, the Society can be taken over by elements opposed to the founding members
Management and Administration: Every registered Society shall have a registered office to which all communications and notices may be addressed and shall file with the Registrar. Date of registration of Society is to be displayed on the outside of its registered office. The registered Society shall maintain register containing the names, addresses and occupations of its members. The registered Society shall have a committee of not less than three members to manage its affairs and shall file with the Registrar a copy of the register maintained from time to time and intimate the change among the members of the Committee.

Society shall keep proper accounts and at the expiration of the Financial year, prepare a receipts & expenditure accounts, balance sheet and get it audited by the qualified auditors. The same is to be placed in the General body for its approval. Submit the audited accounts to the Registrar along with the declaration to the effect that the Society has been carrying on business or has been in operation during the financial year.

Registration of Society: For the purpose of registration of a Society, there shall be filed with Registrar of the District which the society is formed by a member of the committee of the society or by any person duly authorized by the committee in this behalf,

1. A memorandum specifying,
   a. The name of the Society
   b. Objects of the society
   c. Names, address and occupations of the members of the committee

No Society shall be registered by a name, which is undesirable, like obscene and decorum or likely to promote disharmony or feelings of enmity or hatred or ill-will between different religious, racial, language or regional groups or castes or communities or identical with, or too nearly resembles, the name by which a Society in existence has been previously registered. The word like “Union” or “State” ca not be used.

3. Election Notifications
4. Copies of the General body held
5. Auditor report
6. Declaration that the Society is operational

What is the advantage of Income tax in respect of Trusts/Society?

Income Tax Department treats both Trusts and Societies similarly and the procedure for Exemption of Income or Grant of 80G Certificates is same under both entities: we should see the benefits of forming both Trusts and Societies separately so that a decision can be made as to which formation to go for.
What is 12AA Registration?

12AA Registration is a onetime registration that can exempt Income Tax of an organisation. After this registration, all income can not be taxed. The application form which is used to request for 12AA Registration is form 10A.

What is Registration u/s 80G?

The charitable organizations also need to apply for registration u/s 80G of the income tax act. It provides deduction while computing the total income in the hands of the donor. Further, section 80G applies only to charitable trusts or institution. It does not apply to religious trust or institutions. No deduction shall be allowed to the done under section 80G in respect of donation of any sum exceeding INR 2,000 unless such some is paid by any mode other than cash.

The trusts or society can be registered as above depending on the place

Both will have to get 12A, 12AA and 80G to obtain Benefits

What are the Benefits of Registration u/s 12A of Income Tax Act, 1961?

Section 11 and 12 of the Income Tax Act provides exemptions to NGO’s. Registration u/s 12A is a pre-condition and mandatory requirement for claiming those exemptions. NGO’s having 12A registration enjoy tax benefits.

“It is important to note here that notwithstanding the fact that trust, society and section 8 companies are registered as per their respective acts, the registration under section 12A is necessary to claim exemption under Income Tax Act.”

The various benefits of Section 12A/12AA AND 80G registration are enumerated as below:

1) The income applied for charitable or religious purpose will be considered as application of income i.e. expenditure incurred for charitable or religious purpose will be allowed while computing income of the trust.

2) The benefit of accumulating or setting aside of income not exceeding 15% for charitable or religious purpose will be available.

3) The accumulation of income, which is deemed as application of income as per section 11(2), shall not be included in the total income.

4) NGO’s receives various grants from government and other agencies. They are eligible to get grants and financial funding from various agencies. These agencies generally make grants to 12A registered NGO’s.

5) Benefit in Section 80G registration. NGO’s have to apply separately for Section 80G registration.

It is important to note that when registration is granted under section 12A, it does not mean that section 80G approval is to be given i.e. registration under section 12A will not provide automatic approval under section 80G. Section 80G applies only to charitable trusts or institution. It does not apply to religious trust or institutions.
HOW TO BECOME AN IMA MEMBER?

1. Who all can become a member?
Any Alopatic practitioner registered with Medical Council and the resident of India can become a member.

2. Whom should I approach to become a member?
Contact any IMA Member in your area or your friend or any IMA leader.

3. Should I become only in my native branch?
No, you can become member in any branch, preferably in the branch where you reside or work.

4. How can I become a member?
By downloading the application form, from IMATN.com website or any IMA Branch Website, fill up the details asked for, get the proposal signature from any IMA Life Member and submit to the branch Secretary along with the documents asked for including Aadhaar card xerox.

5. How much should I pay?
Ans: It is a life membership one time fee,
For Life member Single :Rs.13,000/- excluding branch fees.
for Life member Couple :Rs.20,000/- excluding branch fees.

6. Can I become a direct member with IMA Head Quarters?
Persons who are in armed forces and who are in frequent transferable job can become a direct member.

7. Can I get myself transferred from one branch to another branch within or outside the state?
Yes.

8. What is the procedure?
Give a requisition letter to th state office along with No Objection certificate from the respective branches.

9. For transfer should I have to pay?
You have to pay only the branch fees to the branch you get yourself transferred.

10. I am Medical student can I become a member?
Yes you can join in MSN but you will not have the voting rights.(See MSN/JDN chapter in the manual)

11. When and How I will get my membership certificate?
In approximately within a month you can download your life membership certificate and ID card from http://ima.org.in/memberarea/2-oct-ima-login.php
(visit imatn.com to know the step by step details of the procedure).

- Dr. A.K. RAVIKUMAR M.S.,
HONY STATE SECRETARY - IMA TNSB
HOW TO DOWNLOAD YOUR IMA LIFE MEMBERSHIP CERTIFICATE / ID CARD

1  How to register on IMA Member Area

Go to the IMA Member Area main page through the underlying URL http://ima.org.in/memberarea/2-oct-ima-login.php

Below screen will be appeared.

![IMA Member Area Login](image)

In order to register on IMA Member Area, you need to click “Click here to get login details online” link (see above screen – underlined in red)

A new window will be opened (see below screen) in which you will find 4 options i.e.

2  Already have Login Details

If you already have login details (username & password) then, click “Click here to Login IMA Member Area” (see below screen)

3  A new window will be opened (see below screen).

Now enter Username and Password then click on “Login” button. The system will give out error message if the login is not successful. Simply re-enter with a valid Username and Password and type it correctly in the next try.

1.1 Authentication Error

If username or password is invalid, the following error will be shown. You can re-enter with a valid username and password (see below figure)

4  Register via Email or Mobile

If you have registered Email ID or Mobile number in IMA, then you can click “Click here to generate Password for IMA Member Area” option.

Below window will be opened.
2 Login
After successfully login, below window will be opened where you can update your profile.
Once you have updated all the details, click "Update" button in order to access Member Area.

3 Dashboard (Single Member)
After successfully clicking "Click here to access member area", below dashboard screen will be opened.

Note: If you have multiple email IDs or Mobile numbers then, separate them with comma (,). Sign.
For example: Mobile numbers – 9999999999,8888888888,9878787878 and Email IDs – name@gmail.com, name@yahoo.com, name@outlook.com.
Note: If your city and district are same then, keep district field blank.
Dashboard is divided into parts. 1. Member Profile: IMA latest news, events and messages, membership information, and member details.

3.1 Member Profile

On left side of the dashboard, you will find your photo following with city, state, membership number, email address, phone number, complete home address with state name and pin code.

Note: If your photo is not there then you can upload it by clicking “Change Profile Image”.

Below window will be opened asking you to update your profile image.

3.4 Member details

From here, you can print your Certificate, Proforma and ID card.

3.4.1 Print Certificate

In order to print your certificate, click “Print Certificate”.

Below window will be opened. From where you can send the certificate to your registered email id as well as additional email id if you want.

Note: Certificate will be sent to your email id in PDF format, from where you can download it and then print.

3.4.2 Print Proforma

In order to print Proforma, click “Print Proforma”. Below window will be opened, from where you can print the Proforma.

Note: This Proforma is to be signed and return to IMA.

3.4.3 Print New ID Card

In order to print ID card, click “Print New ID Card”. Below window will be opened, from where you can download your ID card and then print it.

4 Dashboard (Couple Member)

If you are a Couple member then, after login your dashboard will look like below screen.
Note: It gives you both members (you and your spouse) details. You can print certificate, Proforma, and ID card of both members respectively (see below screen).

On top you will see details of member with whom login details you have logged in. Beneath that, couple member details will be displayed (see below screen).

Dashboard of couple member will be opened (see below screen)

5 Edit Profile
From here, you can update your profile details.

As soon as you click “Edit Profile”, below type of screen will be opened from where you can update your profile.

The system will automatically return to the Login screen
The system will also automatically log off if it is left idle for a certain period. Idling means no interaction with the system.

Click “Update” after adding the changes.

6 Logout
After finish using the Member Area, you can logout by clicking “Logout” button (see below screen).
1. Apply for legal identity of Branch in Society.

2. Need By laws for the registry.


4. Conduct Annual General Body once a year before September 30th.

5. Apply for Pancard, with the name IMA followed your branch name. Do not apply as Indian Medical Association.

6. Bank account to be operated by Secretary and Finance Secretary

7. Submit yearly Audited accounts to Income tax

8. Society Registration to be renewed yearly with resolution of General Body after September 30th but before December of the financial year.

9. Have a liaison officer for the branches with
   i. Police Department
   ii. Local authority corporation / Municipality / Panjayath Union
   iii. Pollution Control Board
   iv. District Collector
   v. Joint / Deputy Director of health
   vi. Fire Department

10. Communicate with state office and National office regularly

11. Any Trust in branch for building must follow the statutory provisions, the Branch President, Secretary and finance secretary as ex office members.

12. Appoint a Auditor and Legal consultant during Annual General Body.
1. Register the clinic / hospital in Clinical Establishment act.
2. To Update them on Code of Medical Ethics & Etiquette Once a year.
3. To have a limited size name board in clinics.
4. To print the Medical Council registration number in the letter head.
5. Prescription to be legible and in Capital preferable.
6. Note down the salient features of the patient complaint and diagnosis if possible in the prescription.
7. Advise on drug intake clearly and note on review / follow up in the prescription.
8. When referring do sent a reference letter with probable diagnosis and treatment administered.
9. Have an MOU for Bio Medical Clearance with the Common facilitator.
10. Do not issue false Leave certificates even for school or college purpose.
11. Issue Birth and Death certificate only if you have treated the patient.
12. All certificates must have two identity mark of the persons who need the certificate
13. Keep a copy of the certificates issued in your PC / Smart phone later in a pendrive as permanent record.
14. Get consent for all intervention even in your clinic for safe practice.
15. Issue Receipts for consultation if demanded.
16. Do not charge for Birth, Death and Disability Certificates.
17. Disability certificates must be issue only by that specialist.
18. Keep all records under lock and key.
19. Educate your clinic staff / on Biomedical Waste Management regularly.
20. Do not sell medicines with valid license.
IMA NURSING HOME BOARD - AN OVERVIEW

- Indian Medical Association[IMA]-a non political monolithic representative of modern medicine Doctors-[TAMIL NADU STATE BRANCH]TNSB second largest in India.

- IMA decided to form a wing specially for the private Hospitals in its fold.

- Nursing home board [NHB] was formed in 1987 and functions as an independent wing of IMA.

- The founder father figure is Prof. Dr. V. Varadharajan.

- The NHB has a Separate Chairman, Secretary and Treasurer with office and paraphernalia.

- The term of office for the office bearers is two years.

- They are elected by the active members of NHB in an online voting.

- Treasurer is by appointment by the Secretary.

- Founder Chairman continues as Advisor.

- Current office fully digitalized, records kept both in paper & electronic.

- REGISTRATION- only condition-representing Doctor has to be a life member of IMA & and should be endorsed by Branch.

- Nominal fee for a term of 5 years.

- Fee includes subscription for a quarterly journal.

- For enrolment the fees would be totally Rs. 8,000/- which is split up as Rs. 5,000/- for general fund and Rs. 3,000/- for journal fund.

- For renewal it will be Rs. 3,000/- for general fund and Rs. 2,000/- for journal fund.

- Registration number allotted for future references.

- TOTAL NUMBER OF REGISTERED HOSPITALS AS ON DATE.

- Quarterly journal - NHB EXPRESS, has useful details regarding various acts, licenses required, product information etc.

- Zonal meetings in small towns to reach out to members in peripheral areas- generally four in a year.

- So far 119 meetings have been held in an uninterrupted manner.

- Centenary meet held in February 2014 at Mahabalipuram with release of postage stamp to commemorate the 100th meeting which was attended by dignitaries like IRDA chief, Health Secretary and Deans of Medical Colleges.
NHB is Connected to all its members by emails, ‘maniosai’ SMS, and regular Correspondences via post.

Approximate number of total bed strength in hospitals with NHB has crossed 1,50,000.
- Biggest organization of private Hospitals in whole of India.
- Total bed strength more than any single corporate giant.
- Spread over the whole state from a small village to a metropolis.

NHB as is the policy of IMA, promises to the state Government to co-operate in all its Health care schemes.

NHB is a constant invitee for all the meetings of our Health Ministry.

We are regularly invited whenever there is an outbreak of diseases or to implement schemes of the Government like TB, AIDS, or POLIO ERADICATION.

We are included in vital committees as a respondent- latest is minimum wages committee in which NHB office bearers along with IMA State office bearers have been holding deliberations.

NHB had meeting with IRDA in Chennai-problems of private Hospitals in insurance covered Health care was discussed. Currently one of our office bearers Dr. Ravikumar is a member of IRDA committee at National level.

Negotiations with GIPSA over package rates was held in Coimbatore- which was partially successful in 2015.

NHB held negotiation with private health insurer Star Health to empanel all members of NHB- and a formal MOU was signed in 2014.

NHB along with mother IMA participated in many rounds of talks with state Government for 7 years over Private Clinical establishment act –CEA became a doctor friendly act because of our negotiations.

NHB held Talks with authorities of TNHSP[TN Govt] for comprehensive CMCHS involvement & networking of Hospitals to integrate with State’s data base; even now it is going on.

NHB Implements all IMA schemes in its member Hospitals-e.g., hand washing, blood donation, and Government of India’s Clean India Project.

The collective bed strength of NHB Hospitals Offers you the best avenue to bargain collectively either in purchase of equipments or insurance providers.

Application Forms for New & Renewal Enrollment for IMA Nursing Home Board can be download from our website www.imanhb.org

Dr. B. Sridhar
IMA NHB Chairman

Dr. S.G. Balamurugan
IMA NHB Secretary

Dr. P. Ganesh
IMA NHB Treasurer
**FAQ ‘S**

**IMA TNSB CGP - ACADEMIC CELL COURSES**

1. **How to become a member of IMA CGP?**
   Any IMA member can become a member of IMA CGP. Membership with IMA CGP is essential to undergo CGP courses conducted under IMA.

2. **What the courses conducted under IMA TNSB CGP?**
   Fellowship Certificate in Diabetology/Sexual Medicine/Practical Cardiology/Respiratory Diseases/Mental Health/Critical Care Toxicology.

3. **What is the duration of the course and where is it conducted, Fee structure etc?**
   All courses of Six months duration. Classes conducted in any one of the Saturday/Sunday of the month.
   - Fellowship Certificate in Diabetology/Practical Cardiology/Respiratory Diseases conducted in IMA Coimbatore with a fee of Rs. 25000/-
   - Fellowship Certificate in Mental Health & Sexual Medicine conducted in IMA Tirunelveli & JVL Plaza, Teynampet respectively with a fee of Rs. 25000/-.
   - Fellowship Certificate in Critical Care Toxicology conducted in Dhanvantri Institute of Medical Education & Research, Erode with a fee of Rs. 30000/-

4. **Eligibility of the candidates to join the course?**
   Must a Life member of IMA (Fee Rs. 13000 for single and 20000 for couple) & IMA CGP member (Fee Rs. 1000).

5. **Are these courses recognised by Medical Council?**
   No. It is IMA TNSB CGP run course to enhance the knowledge of the General Practitioners. Can not be registered in Medical Council. Credit scores can be availed. Can not use this Fellowship as prefix to the name.

6. **Type of training?**
   Contact classes. Attending minimum 5 classes are essential to appear the final exam. Certificate issued during the Convocation conducted between Aug and November.

7. **Are credit hours eligible for the classes conducted under CGP?**
   Under perusal by Tamilnadu Medical Council.

8. **Any other activities of IMA CGP?**
   Branches will conduct regular practical need of the CMEs for family practitioners. State office is plan to form standards for improvements for Family Practitioners.
I. What is the objective of IMA AMS OBJECT

The objects of the IMA Academy of Medical Specialties shall be as given hereunder:

(A) To acknowledge talent, expertise and experience in all specialties, medical and surgical, including basic medical sciences;

(B) To formulate policies and make suggestions and recommendations in the matter of medical education and training, in particular encouraging continuing educational activities;

(C) To promote teaching, training and Continuing Medical Education of its members on an ongoing basis;

(D) To devise ways and means to encourage group studies, co-operative activities, research projects in both the methodology of educational techniques and field research into diseases/disease complexes, etc.

(E) To compile, educational material, including publication of literature, periodicals, bulletins and books.

2. What are the different forms of membership that is available

1. The Academy shall have the following categories of membership:

   (a) Life Members: Members of IMA possessing (i) Postgraduate qualifications recognized by the Medical Council of India or (ii) any post-graduate qualification awarded by National, Foreign Institutions or Academies as approved by the Governing Council of Academy, shall be eligible for enrollment under this category.

   (b) Associate Life Members: Members of IMA (i) possessing any post-graduate qualification awarded by a Foreign Institution/Academy not recognized by the Medical Council of India; or (ii) Who are actively engaged in a particular recognized speciality for a period of not less than 15 years; or (iii) who are solely engaged in practice of a recognized speciality for a period of 15 years or more and duly certified by at least two Fellows of the Academy, shall be eligible for enrollment under this category.

   (c) Ordinary Members/Ordinary Associate Members: Ordinary members and Ordinary Associate members will be those who are eligible for enrollment as Life Member or Associate Life Member respectively but pay the membership fee on annual basis as prescribed by the Governing Council from time to time.

   (d) Overseas Members: Overseas members shall be those members who are living outside India and fulfill the eligibility clause for either Life Membership or Associate Life Membership.

   (e) Honorary Members: Honorary Members shall be those on whom membership is conferred by the Academy Honoris Causa. The number of such members shall not exceed 10 at any given time.

2. What is the membership fees?

   (a) Life membership/Associate Life Membership Fee for those resident in India effective 1st January 1997 will be Rs. 1,000.

   (b) For Overseas members (effective from 1-10-1988) – U.S. Dollars 250.
(c) For Ordinary Member/Ordinary Associate Member for those resident in India – Rs. 100/- per annum (effective from 1.10.1989).

3. **What are the courses available through IMA AMS**

   National IMA AMS conducts only Speciality Courses. These courses are not recognized by MCI. These courses are to improve their Knowledge and skills in their respective fields the duration of course is one year. Following is the list of AMS Courses.

   1. Infertility
   2. Fluorescein Angiography
   3. Laser Photocoagulation in Retinal problems
   4. Excimer, Laser & Lasik Surgery
   5. Phacoemulsification
   6. Training in Noninvasive Cardiology, Echocardiography and TMT
   7. Critical Care in Cardiology
   8. Advanced Micro-Surgery of Ear
   9. Functional Sinus Endoscopy
  10. Laser in ENT
  11. Rhinoplasty
  12. Joint Replacement
  13. Arthroscopy
  14. Spine Surgery
  15. Upper GI Endoscopy - a. Basic b. Advanced
  16. Laparoscopy - a. Basic b. Advanced
  17. Rheumatology
  18. Preventive Cardiology (FPC)

   All Specialty Courses shall be conducted by State IMA AMS only. Non Speciality courses shall be conducted by State IMA CGP only.

4. **What is the procedure for Membership:**

   1) The academy Headquarters along shall be competent to confer membership of the Academy.
   2) All applications for membership shall be made in triplicate in the membership form prescribed by the Academy headquarters, along with the prescribed fees in full and Secretary of the State Chapter/Branch.
   3) Chapter or through the Convener of the proposed State Chapter/Branch Chapter to be established, as the case may be, who shall forward all applications accompanied by full fees as applicable on the date of application, to the Academy Headquarters. No deduction of State Chapter’s share or Branch chapter’s Share of fee shall be made under any circumstances.
   4) All applications for enrolment of Overseas Members along with the prescribed fee in full, shall be made to Academy Headquarters Directly.

5. **Please explain the organisation and Functions of Branch Chapters:**

   1. A Branch Chapter may be established if there are 20 or more Life Members of the Academy in the Branch and shall function under the jurisdiction of the relevant State Chapter in accordance with the Rules & Bye-laws of the Academy.
   2. The Branch Chapter shall be governed by its elected Office-Bearers and the Governing Council duly elected by the membership of the Academy Branch Chapter.
   3. Each Branch Chapter shall comply with the policies of the Academy as laid down by the Governing Council of the Academy and Board of Management of the State Chapter from time to time and shall restrict its activities within the local jurisdiction of the Branch, unless instructed by the Board of Management of State Chapter for an activity project on a regional basis.
4. The State Chapters/Branch Chapters shall frame their respective Bye-laws for the day-to-day administration within the overall framework of the Academy Rules and Bye-laws and which shall be subject to the final approval of the Academy Headquarters.

6. What are the procedures for Fellowship in IMA AMS

Visit website : www.ima-ams.org

1. What are the courses conducted by IMA TNSB AMS?
IMA TNSB AMS conducts the courses authorized by IMA AMS HQs., i.e. Fellowship courses of Infertility, Laparoscopy & Endoscopy. Necessary certificates have been issued by IMA AMS HQs. The IMA Branches wants to conduct any other courses under AMS should get accreditation from IMA Accreditation Council, IMA HQs., New Delhi.

2. What is the eligibility to join the courses under IMA AMS?
The candidate must be a IMA Life Member (Fee Rs. 13000 for single and Rs. 20000 for couple) & IMA AMS Members (Fee Rs. 1000). Must have PG or Diploma.

3. Course details:
Duration : 1 year (2 days in a month theory & clinical classes and 80% attendance is much should be given importance). Exam: Theory exam on first day & clinical, log book discussion and general viva on 2nd day examination. Results will be announced by IMA AMS HQs. Certificate will be issued in convocation graduation day of IMA AMS.

4. Course Fee:
Course fee Rs. 25000/- Share as 40% towards Headquarters share, 40% towards Hospitals or centre’s share and 20% IMA AMS State Share.

5. Are these courses recognised by Medical Council?
No. It is IMA AMS run course to enhance the knowledge of the General Practitioners. Can not be registered in Medical Council. Credit scores can be availed. Can not use this Fellowship as prefix to the name.

6. What is the New team proposes to do for the IMA AMS members
The new team proposes that the skills for the specialists has to be improved and this would add value to the doctors and it proposes to conduct workshops or hands on skills modules on the following:
1. Ultrasound guided regional anesthesia
2. Maternal and child health
3. Basic ontology
4. Hospital infection control
5. Obstetrics and gynaecology ultrasound
6. Tropical parasitology
7. Medical genetics
8. Management of gender dysphoria
9. Diabetes latest trends
10. Dermatology updates
11. Community ophthalmology
12. E Learning
13. Medical information technology
14. Implantology
15. Pharmacogenomics
16. Music therapy
17. Yoga therapy
18. Accident and emergency
19. Dialysis
20. Critical care technology
21. Good clinical lab practices
22. Nutrition
23. Health professions education.
1. **What are the Paramedical Courses conducted by IMA TNSB?**
   - Diploma in Health Assistant/Lab Technician/Diagnostic Technician/Radiology Technician/Ophthalmic Assistant/Dialysis Technician/OT Technician (ONE YEAR) & Advanced Health Assistant (THREE YEARS)

2. **What are the eligibilities required for a Hospital to conduct Paramedical course?**
   - It is the hospital based training. The hospital must be registered in IMA NHB. The Doctor conducting the training must be a Life member of IMA. The hospital must have minimum 20 beds. Qualified faculty and well situated class rooms and training aids.

3. **Eligibility of the students?**
   - 10th Pass for all one year course. +2 pass for three years course. Only girls are allowed in One year DHA and 3 Yrs. Advanced health Assistant courses.

4. **Are the Paramedical courses conducted by IMA TNSB are approved by Govt/NCl/University?**
   - No, it is not approved by Govt/NCl/University. It is IMA TNSB run courses for the benefits of the students who unable to study these courses in spending lot of money. Train and utilise the staff to our own requirement, with less expense. However, IMA TNSB is trying to get some recognition from Govt/NCl/University.

5. **How do you ensure the quality of the training?**
   - The syllabus used by IMA TNSB Paramedical courses are at par with any other recognised and reputed institutions. Time to time exams are conducted to train the syllabus well. Writing of documents (Log books & Records) have been taught with the qualified faculties.

6. **What is the fee structure?**
   - Paramedical Institution: Inspection fee/Renewal of course Rs. 3000 per course. Rs. 5000 collected from the institutions to issue accreditation for three years, as one time fee, until the continuity of training is not broken. Incase of Advanced Health Asst. the one time fee is Rs. 10000. Course fee is to be collected very minimal to cater the poor students. Students fee collected: Rs. 1000 per students collected as admission fee which includes study material. Exam fee Rs. 200/- per paper, collected during the examination.

7. **Admission and Exam:**
   - Academic session from 01st August to 31st June of next year. Admission from July to Sept. Late Admission upto October with additional fee of Rs.500 per student. Students joins beyond October is allowed to appear final exam in next year December along with the Supplementary exam. Final Exams are conducted in the centralised places during June. Convocation conducted for the passed-out students between Aug and November.
REPORTS OF STANDING COMMITTEES

CRISIS MANAGEMENT COMMITTEE
Dr. K. Vijayakumar, Chairman

ACTION PLAN FOR CRISIS MANAGEMENT (SOP)

- The Crisis Management phone numbers should be pasted in every Hospital.
- The Branch President, Secretary and the Crisis Management Committee should rush to the spot immediately.
- They should mobilize maximum number of members to the hospital.
- They should try to defuse the situation with local liaison and influence of the members present there.
- The Branch Secretary and President should convene an emergency executive committee meeting to chart out the immediate plan of action and periodically review the situation.
- State President, Secretary and State Crisis Management Committee should be contacted immediately for guidance.
- Local police officers, Political and Social leaders should be contacted without any delay.
- The neighbouring and other Revenue District Branches should be contacted for co-operation for action at the district level and they also should be made involved.
- Branch officers should contact the press and media to give the factual version of the incident.
- Biased reports may be avoided and be rectified if the press and media had already flashed the false and fabricated news.
- No member should pass adverse commands on the incident.
- The problem and action taken should be reported to state office immediately and keep them informed of the follow ups.

IMMEDIATE MANAGEMENT IN CRISIS SITUATIONS BY MEMBERS / HOSPITALS

- Don’t be panic.
- Panic may create suspicion in the minds of viewers.
- Priming the relatives.
- Disclose every complication in a polite way.
- Never hesitate to explain real facts.
- Situations should be explained to the relatives sympathetically.
- Avoid bitterness with Patient / Relatives.
- Share the emotions of the relatives.
- Be open & reasonable in adverse reactions.
- Allow the relatives / close associates to stand near the patient.
- Intimate Death to relatives in a sentimental way.
- Make the case sheet flaw free and keep under safe custody.
- Protect the hospital staff by security staff and police.
- Call IMA leaders for help.
- Inform the police if you anticipate any problem.
- The police should be given the correct happening in simple language for good understanding of the subject.
- Insist for post-mortem.
- Appraise in advance the situation to the media.

DURING INVESTIGATIONS BY POLICE

- Preferable to consult a legal adviser immediately.
Co-operate fully with the investigating officer.

Give your version in a very simple understandable manner.

All the consultants, Resident Doctors and staffs words should be identical without any contradiction.

Give witnesses from your side.

Study the FIR and counter all the allegations levelled against you in the FIR in simple language.

Co-operate with the police in collection of evidences, search and seizure of articles etc.

Give all documentary and other evidences to prove your non guilty.

Don’t tamper the case sheets or records as tampering detected by the court the case would definitely turn against the doctor.

In all defences we should defend with factual, Technical and Documentary defences (Hospital documents, Text books, affidavits from experts etc.)

Before giving charge sheet we should convince the police that there is no negligent act on our part with our documents and case sheet so that the matter may be referred by the police themselves.

As per the Supreme Court Judgment (Jacob Mathew V. State of Punjab 2005 CR.L.J.3710 (Supreme Court)) we should insist for an expert opinion from a doctor from the same field of medicine from the Govt. side before filing FIR on 304A. IPC section.

CMC should be always ready with hard copies of the following Acts and as Revenue and Police Officials always ignorant about these Acts and GOs.


2) Hard copy of the G.O.No.220 of 2008 which safeguards Criminal Litigation against Doctors and also the Prevention of routine Arrest of the Doctors.

3) Hard copy of DGP circular RC No.209008/Con IV (1)/2006. (Dated 07.10.2006) against filing FIR under section 304 (A) on Doctors.

PATIENTS REDRESSAL FORUM COMMITTEE
Dr. A. Muruganathan, Chairman

AIM

- To address important grievance of patient
- To avert the attack and legal issues—to prevent crisis
- To Improve Patient – Doctor Relationship (PDR)
- PDR can improve by not only addressing the grievance but also act as public information guide (helpline) for health care service.
- To establish Good rapport with press, police govt officials and judiciary

Patient Redressal Forum will have

- IMA Member
- Speciality Association Representation
- Retired Judge / Advocate
- Retired Service Police Officials
- NGO's Representation
- Public Representation

It is in the formation stage once finalised it will be circulated to all.
ETHICS COMMITTEE - Dr. K. Selvam, Chairman

* Highlights of Ethical practices to be followed by our members to be concised and prepared. This will be sent to State Office. After its perusal and approval by State Office, it can be published in the TIMA NEWS. It can also be sent to the Branch Leaders requesting them to circulate to the respective branch members.

* To arrange meeting Medical students wherever possible and educate them the importance of following Ethics in the profession.

* Highlighting the importance of respecting the work of our colleagues in the profession.

* Stressing the need for encouraging the juniors in the profession and be of help to them in difficult times.

* Prepare materials for para-medical staff to teach them to help us in adopting good ethical standards in our service.

* To work in unison with and get the guidance of our members who are members of Tamilnadu Medical Council to enhance the ethical standards being followed by us.

* To encourage our members to practice what we preach and be role-models in the society.

* To stress the importance of being transparent in patient-care and the need for maintaining high ethical standards in decision-making during treatment.

* To probe the possibility of forming Ethics Committees to study and approve Research activities taken up by private institutions.

* To get the guidance of our members who are office-bearers in the National IMA to follow the protocols and programmes advised by the National office.

IMA Membership COMMITTEE - Dr. Abdul Azeez, Chairman

Dear presidents and Secretaries of all newly elected for the year 2020. Greetings.

I would like to thank all the Presidents and Secretaries who have supported TNSB in implementing membership increase in our state. Still 33 percent of our state doctors have become IMA members. Only by unity between us, will bring safety to our profession.

I request all branches of tnsb, to appoint a committee for membership induction. Throughout the year membership drive must be done. Each month how much members have been inducted in your branch, should be send to TNSB.

We request to increase your membership at least 20 percent this year, from the current number. Concentrate on Women Doctors and Junior Doctors.
1.) What is IMA MSN & Its Objectives?
The objectives of Indian Medical Association Medical Students Network (IMA MSN) are:
   a. To sensitize the students in Medical college of modern medicine, about IMA and its
      activities with an aim to enroll them as a member of IMA in future.
   b. To help and guide them regarding future prospect in medical career, education, ethics,
      research and employment avenues.
   c. To help and guide them to intervene if any problem arises during their educational career.

2.) What is the Structure of State MSN?
Office bearers of Indian Medical Association Medical Students Network (IMA MSN) State
Council:
The student members of the state council from amongst themselves will elect the following:-
Indian Medical Association Medical Students Network (IMA MSN) State convener, State
General secretary, National council member, two joint secretaries

3.) How do you form MSN in each college?
The IMA local branch where Medical College/Colleges exist will appoint IMA – MSN Committee
with a Patron (IMA Member) to achieve the above objectives
The following will be the elected office bearers of the Indian Medical Association Medical Students
Network (IMA MSN)
   a. Chairman
   b. Two vice-chairmen
   c. Secretary
   d. Finance Secretary
   e. Two Joint Secretaries
   f. State Council Member Indian Medical Association Medical Students Network (IMA
      MSN)
   g. Two class representatives for each class

4.) What is the fee for MSN Membership – Entrance fee & Subscription:
   Entrance fee and Subscription
Individual membership fee shall be 100 rupees per annum, of which Rs 50 will be retained by the
local branch, Rs 25 by the state branch, Rs 25 will be sent to the National headquarters in the
initial year of membership. For subsequent years a sum of Rs 100 to be collected by local branch
and retained by local branch.
Indian Medical Association
Junior Doctors Network (JDN)

Dr. K.M. Abul Hasan, Secretary

1.) What is IMA JDN & Its Objectives?

**Vision:** IMA JDN should become the main forum for Junior Doctors around the country to network, collaborate and address all the issues of Junior Doctors.

**Objectives:**
- To be the National Voice of all the Junior Doctors of the country
- To support & solve Junior Doctors issues like work place challenges, job opportunities & violence against them.
- To play a pivotal role in IMA’s efforts to solve problems in NMC, CPA etc
- To take-up new demanding challenges like Medical Entrepreneurship, Promoting research, leadership development & exchange programmes with other countries.
- To efficiently connect all Junior Doctors through Social Media with ONLINE JOB PORTAL, IMA PG SATHI and social media conclaves.
- To survey and convey the opinion of junior doctors on variety of issues we have IMA JDN ONLINE SURVEY PORTAL
- Established IMA JDN in 18 states, currently our membership 8407 – All Life members of IMA, Also Holding 1900 Honorary members through social media.

2.) What is the Eligibility for Membership?

A. JDN Members – Junior doctors possessing MBBS degree with age not more than 35 years. IMA Life members could also be JDN members.

B. JDN members outside India - Migrants from India who are staying in foreign countries for the purpose of education or job falling under the definition of Junior Doctors.

3.) How do you form a local branch JDN?

The IMA local branch will appoint an IMA member as IMA – JDN Branch Chairman. If a local branch is associated with/ near a medical college or other educational institute the local IMA branch will appoint a Chairman who is preferably a staff of the institute (this could be an additional coordinator to the above mentioned) to achieve the above objectives.

4.) What is the Membership fee for JDN?

Individual membership fee shall be equivalent to National headquarters share of IMA Life Membership fee, which should be remitted to Honorary Secretary General, Indian Medical Association, IMA headquarters, New Delhi in the initial year of membership and an extra 20% of this amount to be remitted to Secretary, Standing Committee for IMA JDN, IMA Headquarters, New Delhi. IMA Life members are exempted from this fee, provided they apply for life membership before joining JDN.
FINE ARTS COMMITTEE  
Dr. Mallika Kulandaivel, Chairman  

UNITE AND RELAX - THEME OF THE YEAR  

Warm Greetings.  

Every Doctor needs time to Relax to perform their responsibility well throughout their Endeavor. In the Era of litigations, we need to stay united to strengthen our association. And its IMA's duty to care for our members wellbeing.  

As a part of it, we have planned to give a platform /stage for all our members to exhibit their talents with fun in their home town - encouraged by their friends and coworkers around.  

We ask every IMA branch to form a RECREATIONAL CLUB to conduct Group activities or team building activities to bring unity among the members and have fun. And to conduct various Finearts competitions according to following schedule at their own place - select winners to participate in Finals to be held in October 2020. Finals Date and venue will be informed later.  

All the branches are requested to kindly update their club activities to us by the end of every month.  

**JANUARY : Art events:**  
1. Rangoli  
2. Mehandi  
3. Flower Arrangement  
4. Face painting  
5. Nail art  

**FEBRUARY : Literary events:**  
1. Just a minute (on the spot talk about given topic with no repetition/no hesitation)  
2. Creative writing (poetry, essays, songs..)  

**MARCH**  
1. Pattimandram  
2. Dumb charades ( pazhamozhigal / movie name)  

**APRIL**  
1. Singing - Solo, duet, group (carnatic and cine with /without karaoke)  
2. Instrumental  

Any queries Contact me - Dr. Malliga Kulandaivel, Chairman, State Fine Arts Standing Committee @ 94422 20685 and mail to mallivel1955@gmail.com  

**MAY**  
1. Dancing -Solo and group (classical, Folk and free style)  

**JUNE**  
1. Cooking  

**JULY**  
1. Fashion show (Mr.Stunning, Mrs.Stunning, Stunning Senior citizen) and team/group  

**AUGUST**  
1. Photography  
2. Poster  

**SEPTEMBER**  
1. Paattukku paattu  
2. Music quiz
ORGAN DONATION COMMITTEE

Dr. D. Mageswaran,
Chairman

We will involve Tamilnadu State Government Organ Donation Co-ordinator for guiding us. Our Plans are

1. To get a helpline for organ donation
2. Preparing pamphlets on organ and body donation to be distributed to the public.
3. Public awareness talks in schools and colleges to be taken up.
4. A youtube video on benefits of organ and body donation to be made provided we have a budget allocation.
5. To get approval for RTO offices to mention in Driving License whether the applicant is willing for organ donation in case of accident.

INFORMATION TECHNOLOGY COMMITTEE

Dr. M. Vijayakumar
Chairman

Sharing the TNSB IT Wing activities.....

1. Created a new Google account for IMA TNSB...imatnsb@gmail.com
2. Compiling of 10,000 IMA TNSB members mail ids to send them email...
3. As per headquarters suggestion, we have formed Google groups and we are in the process of adding members in groups...(Google is allowing only 100 members/day) and it will take 3 months to complete for our existing email ids...

IT wing Plans for 2020...

1. Redesigning and improvements in our IMA TNSB website
2. Completion of Google Groups formation for our entire members for effective communication.
3. Updating the Branch wise members email ids with contact number
4. Exploring the Virtual meetings for Office bearers and standing committees
POLLUTION CONTROL ISSUES
COMMON QUERIES? ANSWERS

What are the certificates to be obtained regarding pollution control?
- Air consent - From PCB
- Water consent - from PCB
- Biomedical waste authorization – from PCB
- Biomedical waste disposal MOU – from common facilitator.

From when PCB norms are being followed?
- From 1982

Should BMW Authorization for Hospitals be renewed?
- Yes – along with consent. [consent & BMW Authorization dates will be synchronized]

Why action is being taken suddenly?
- Due to National Green Tribunal Order.

Is PCB norms only for Health Sector?
- No – For all Industries E.g. Mines, River bed, sand, Textiles etc. etc.

Is PCB Norms followed in other states?
- Yes

Has IMA taken any steps regarding PCB norms earlier?
- Yes in 2017 our senior office bearer appeared in the NGT South chapter when closure notice was given for 245 hospitals and prevented action.
- On recent issues current office bearers represented to PCB and got offline consent and authorization process.

What is the Future plan of Action of IMA?
- Since PCB norms are central Act – National IMA HBI is preparing proper Scientific Document to be represented to National PCB & NGT.
- Since we are considered as a part of Industry & consent fee is based on Asset value, IMA is going to ask for separate Health Sector Norms and amendments in existing norms.

- Dr. A. K. RAVIKUMAR
  Hony State Secretary

HOW TO GET THESE CERTIFICATES?
- Air; water consent & BMW authorization to be obtained from TNPCB by online application by visiting www.tnocmms.nic.in (or) for a brief period offline
- BMW MOU – to be obtained from the common facilitator of your area. Rates per month fixed by IMATNSB with common facilitator.

What is the fee to be paid for PCB?
- Air / Water consent fee – according to your fixed assets visit – http://www.tnpcb.gov.in/consentfee.php (Orange Category)
- BMW authorization – No Fee.

For how many years consent fee is valid?
- Since we are in Orange category if we pay for one year it is valid for two years.

For how many years one can pay consent fee at a time?
- Can be paid at a time for 5 years which will be valid for 10 years.
HOW TO APPLY CEA ONLINE - STEPS FOR CLINICS

- Go to CEA SITE WITH
  http://tnhealth.org/dms/tncea/login.php
- YOU WILL BE REDIRECTED TO THE SITE – THERE CLICK ON THE NEW REGISTRATION BUTTON

- THERE YOU WILL FIND A FORM LIKE BELOW - FILL YOUR CREDENTIALS
  NOTE:
  - Select District your clinic belongs to
  - Type complete clinic name
  - Fill your personal mobile
  - TYPE EMAIL ID PROPERLY – THROUGH THIS MAIL YOU WILL GET YOUR ACTIVATION LINK, SO DO IT WITH RIGHT AND ACCESSIBLE EMAIL
  - Type your password and confirm it – this will be your account login password of CEA Site.
  - Then click on create

- AFTER CREATE OPEN YOUR MAIL BOX
  NOTE:
  - Open your mail box which you given in new registration form
  - In your mail box you will find a mail like below image
  - Click on activate link. Then you will be redirected to CEA Site.
When you click on activate link, your CEA Page will open in that

NOTE:

- Click on Login Button as shown below image

When you click on Login button, login credentials window shown like below image

NOTE:

- Fill your (email id given while creation of your account)
- Fill your password which is filled at user creation window
- And then click on login

When you click on Login, New Registration form will be opened as below

NOTE – In new form fill:

- Fill your clinic address, village, pin code and select Taluk.
- Telephone, Fax and website are optional fields you may fill or just leave it blank.
- Fill the year of starting, select location like city, town or village given it that tab.
- Select ownership details as Private sector
- Fill the fields of owner of clinical establishment – Here fill your personal address and data (Residential address)
- Fill the fields of person in charge - Here fill your personal address and data (same as owner of clinical establishment fields)
- Then click on save – **Saved successfully message displayed below the save button if all the fields are filled**
- Then Click on next button
Click on next, Step 2 will be opened as below

NOTE – In step 2:

- Select type of establishment as Clinic and select type like single practitioner / consulting room / polyclinic / dental / any other.
- Select whether clinic attached with Lab / Blood bank / imaging service select Yes if avail or just select No.
- Type maintenance as AMC if you have any AMC agreement with service provider / supplier or else just type as On call basis
- Select system of medicine and list of services like allopathic / Ayurveda / siddha
- Fill area of the establishment with square meters (If you know the size of the room in square feet just google with square meter to square feet calculator)
- Fill number of OPD (Mostly 1 room for clinics)
- Fill number of IP as 0 if yours is a OPD Clinic / else you have any IP Beds then fill it.
- Select Biomedical waste as Through Common Facility
- Authorization field just select applied for
- Then click on Save - Saved successfully message displayed below the save button if all the fields are filled
Click on next, Step 3 will be opened as below

NOTE – In step 3:
- Fill number of staffs like Doctors / Nursing Staff / Attendant etc. along with qualification and registration number for Doctors.
- Then click on Save - Saved successfully message displayed below the save button if all the fields are filled.
Click on next, Step 4 will be opened as below

NOTE – In step 4:
- Mode of payment will be shown as online payment
- In this page you will be showed with a white box with Signature – click inside the box it will opens a file open dialog box in that select you signature image
  - (Before click on the white box make a scanned copy of your signature in image format)
- Click on preview to view your filled data, click on submit to load your filled data
  - (Before click on the Submit make ready of your payment sources like Credit card / Debit card / internet banking credentials)

- Dr. A. K. RAVIKUMAR
  Hony State Secretary
WHY CEA?
1. To have proper statistics on Govt/Private Establishments across country.
2. To Bring out Regulation on the Functioning of the Establishments as per the Supreme court directive in 1997.
3. Registration has become mandatory for Insurance, Getting Quality certification etc.

WHY STATISTICS/REGULATION?
1. To get WHO /World bank funding proper statistics is a must for which proper registration of establishments is a must.
2. To have uniformity and Standards of practice which will help in Effective health care delivery and safety for practitioners in case of any litigations.

Central Government is implementing the Clinical Establishment Act 2010 in the States where CEA is not existing. Tamilnadu Government had the Clinical Establishment ACT 1997 which was now Amended.

IMA & NHB TN preferred the CEA Act should be Patient Friendly and Doctor Friendly.

IMA TAMILNADU WHOLE HEARTEDLY THANK

- THE GOVT OF TAMIL NADU, OUR HONBLE CHIEF MINISTER, HONBLE HEALTH MINISTER, PRESENT AND PAST HEALTH SECRETRIES, AND ALL THE OFFICIALS INVOLVED IN THE AMENDMENT COMMITTEE, IMA OFFICE BEARERS FOR BRINGING OUT A VERY FRIENDLY ACT.

This Act may be called the Tamil Nadu Clinical Establishments (Regulation) Amendment Act, 2018.

Before implementing the above Act TN Government formed Recommendation Committee in which Dr.Praaksm the then President IMA TNSB and Dr.A.K.Ravikumar State Secretary IMA TNSB Were the members. We Strongly opposed the Central Government’s Clinical Establishment Act 2010 and Wanted Amendment in TN CEA 1997

Salient features of Amended Act and Rules:

- We wanted to have only a person of Medical profession as Competent Authority and JDHS IS THE COMPETENT AUTHORITY..
- Included one member from IMA & TNMC in the Advisory committee at the state and district level to assist and advice the Competent Authority at state level and district level.
- Penalties for Minor Deficiencies for which punishment with imprisonment for a term which may extend to five years was Removed and only fine up to Rs 50000 was included.
- Punishment to be decided only after proper enquiry and not suo moto.
- Competent Authorities power to initiate Legal Action against a clinical establishment on the basis of a complaint was removed.
- The clause of Making Public the Documents related to the standards as per the Act being maintained was removed.
- Charges may vary according to the disease / and also patient to patient for the same disease as the response and complication will vary from patient to patient for same disease, so the clause of Displaying the Fee for various treatment was removed.
The clause of 10% of the patients belonging to below poverty line and Senior citizens should be given free treatment was removed.

General MBBS Doctor cannot act as specialist in any field of medicine has been changed as “The examination of the patient and prescription of the treatment shall be done only by a registered medical practitioner.

As far as man power is concerned following changes were made
- One Doctor should be physically available for 24 hours for every 30 beds.
- One Qualified Nurse for every 30 beds

INFRASTRUCTURE
- Consulting Room 100 Square feet
- Clinic in addition, Sufficient Space for Two Cots
- Polyclinic Separate cubicles for consultants and at a time only one Consultant in a cubicle
- Hospital Sufficient Space to cater for the number of out patients visiting the hospital
- Minor OT 100 Square feet
- Main OT 150 Square feet
- Labour room 120 Square feet
- ICU 240 Square feet for 4 beds

DUTIES AND RESPONSIBILITIES OF CLINICAL ESTABLISHMENTS
- Administer first aid and take other life saving or stabilizing emergency measures.
- Participate in implementation of government programs
- display a copy of the Certificate of Registration
- maintain records in electronic form
- record and preserve all changes in the employment of the staff and the equipments and intimate the same to the competent authority;

- maintain clinical records.
- Waste Disposal: other than consultation room all others who generate BMW as per PCB Norms
- Dispensation of Medicine: Dispensing / Regd medical shop
- Laboratory in a Clinic / Hospital: DMLT
- X-ray (radiograph), qualified radiographer
- Ambulance.- More than 100 beds either own/ Tie up
- Fire Fighting: nursing home or clinic or hospital shall be installed as per rules and ISI Standard & no need for License.
- The Hospital having more than 100 beds should have a mortuary room or room with freezer box facilities for the dead bodies.
- Intensive Care Unit : 240 square feet is needed for 4 cots Intensive Care Unit may be maintained in all Nursing Homes / Hospital having more than hundred beds. One doctor for every ten beds one additional doctor for every additional five beds One qualified nurse for up to six beds another qualified nurse for every additional three beds. Ventilators, Defibrillator etc.

- Every Clinical establishment must exhibit relevant provisions of the Tamil Nadu Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2008 (Tamil Nadu Act 48 of 2008) in conspicuous places.
- Record Keeping.-10 years/we have asked for 3 years yet to confirm
- keep every record open for inspection by the competent authority
- Surrender the Certificate of Registration and apply for fresh registration on change of ownership of the clinical establishment,
on change of system of medicine for treatment
- Surrender the Certificate of Registration, on ceasing to function as a clinical establishment.

■ RECORDS

■ Medical Record Maintenance in Hospital
(i) Admission and Discharge Register.
(ii) Case sheets
(iii) Referrals
(iv) Infectious and Communicable disease Register.
(v) Immunization particulars
(vi) Family Welfare Services
(vii) Medico Legal Records
(viii) Maternal Death Record
(ix) Infant Death record
(x) 1 to 5 years Child Death records
(xi) Any other record as may be required by the Government, from time to time.
(xii) ICU, OT, LABOUR WARD etc.

■ EXCLUSIVE CLINICAL LABORATORIES
- 500 Square feet in Rural, 700-1500 Square feet in Urban
- Ensure adequate space in relation to
  a) Patient’s reception
  b) Sample collection
  c) Isolation for Bio hazardous materials
  d) Radioisotope related work
  e) X Ray
  f) cot
- Staff:
  (a) The Biopsy examination and reporting shall be done by a Pathologist or by a Trained Doctor.
  (b) Culture and sensitivity tests by Microbiologist either Medical or non-Medical
  (c) Cytology reports shall be given by a Pathologist only.

■ X-RAY (RADIOGRAPH) CENTRES
- AERB Norms

■ WHO ALL TO GET REGISTERED
- Those who practice “recognized system of medicine” Allopathy, Yoga, Naturopathy, Ayurveda, Homeopathy, Siddha or Unani system of medicine or any other system of medicine recognized by the Central Government or State Government;
- Hospital including dental hospitals, maternity hospital, dispensary, consulting room, clinic, polyclinic or nursing home
- Any institution or a centre, where physically or mentally sick, injured or infirm person is admitted either as in-patient or outpatient for treatment with or without the aid of operative procedures
- “clinical laboratory” and “centres” where diagnostic tests or investigative services are carried out

■ REGISTRATION
- Establishments existing before Notified date shall apply for registration within nine months.
- Clinical establishment established after the notified date WITHIN six months from the date of its establishment.
- Clinical establishment in existence on the notified date shall cease to carry on its business on the expiry of twelve months from the notified date unless applied for registration.
- Every Application for registration of a clinical establishment shall be made online: http://tnhealth.org/dms/tncea/login.php
Services in more than one recognised system of medicine separate application for each
- Registration fee Rs. 5000 to be paid online.
- After due inspection Certificate will be issued within 180 days.
- Validity 5 years

- **District Committee**
  - The DDM & RHS, ex-officio who shall be the chairperson.
  - The Dean of a Government Medical College in the district.
  - The District Siddha Medical Officer or his nominee.
  - One member nominated by the IMA.
  - One member nominated by the Tamil Nadu Medical Council.
  - One member from AYUSH.
  - One member nominated by the Tamil Nadu Nurses and Midwives Council.

- **Duties of District Committee**
  1) Scrutinize the applications
  2) Inspect clinical establishment
  3) Examine the complaints, if any received pertaining to the implementation of the Act and refer the same to the Government through the competent authority.

- **Note:** Application Form and the Relevant model registers to be maintained can be downloaded from
  - www.imanhb.org/
  - https://www.coimbatoreima.com/
  - Office of Dr. S.G. Bala Murugan, Hony Secretary, IMA NHB TNSB

- **Note:** Except PCB Air water consent and BMW Authorisation, MOU for BMW clearance with Common facilitator no other Certificate is needed.

- **Dr. A. K. RAVIKUMAR**  
  **Hony State Secretary**

Note: No other act across the country is so simple than this. If we don’t accept this we may be forced to follow Central Act Which is more complicated and Draconian.

---

**CHANGE OF ADDRESS - FORM**

To, send in triplicate copy
1. HSG, IMA House, I.P. Marg, N.Delhi - 110 002.
2. JIMA, 53, Greek Row, Kolkotta.
3. IMA Tamilnadu State Hqrs, Doctors Colony, Tambaram (W), Chennai - 600 045.

Sub : Change of Address - Reg.

Name : __________________________________________________________________________
IMA LM. No. ______________________________________________________________________
IMA Branch ________________________________________________________________________
New Address ________________________________________________________________________
Pincode __________ STD Code _______ Ph. No. __________________________
Cell No. _____________ E.mail __________________________________________

- Dr. A. K. RAVIKUMAR
  **Hony State Secretary**
PROJECTS

STATE PROJECTS

CODE- HEAR THE EAR

CONGENITAL
Deafness detection in Early age

EARTHY – SAVE MY INTELLIGENCE

EARLY DETECTION OF THYROID DISORDERS IN YOUNG

HEALTH AND HYGIENE CLUB PROJECT

“MY HEALTH, MY RIGHT”

IMA TASK FORCE

NATIONAL PROJECTS

- MISSION PINK
- END TB.
- AWAKEN INDIA
- END VIOLENCE AGAINST DOCTORS
## INDIAN MEDICAL ASSOCIATION TAMILNADU STATE BRANCH
### PAST STATE PRESIDENTS & SECRETARIES

#### STATE PRESIDENTS

<table>
<thead>
<tr>
<th>S.No.</th>
<th>NAME</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dr. V.D. Nimbkar, Chennai</td>
<td>1940 - 1941</td>
</tr>
<tr>
<td>2.</td>
<td>Dr. Rao Bahadur T.S. Thirumurthi, Chennai</td>
<td>1941 - 1942</td>
</tr>
<tr>
<td>3.</td>
<td>Dr. Rao Bahadur T.S. Thirumurthi, Chennai</td>
<td>1945 - 1948</td>
</tr>
<tr>
<td>4.</td>
<td>Dr. P.A.S. Raghavan, Tiruchirapalli</td>
<td>1948 - 1950</td>
</tr>
<tr>
<td>5.</td>
<td>Dr. U. Krishna Rao, Chennai</td>
<td>1950 - 1952</td>
</tr>
<tr>
<td>7.</td>
<td>Dr. Y.P. Vasudevan, Coimbatore</td>
<td>1954 - 1957</td>
</tr>
<tr>
<td>8.</td>
<td>Dr. M. Santosham, Chennai</td>
<td>1957 - 1958</td>
</tr>
<tr>
<td>9.</td>
<td>Dr. T.V. Sivanandam, Coimbatore</td>
<td>1958 - 1961</td>
</tr>
<tr>
<td>10.</td>
<td>Dr. C. Nathamuni Naidu, Ambur</td>
<td>1961 - 1965</td>
</tr>
<tr>
<td>11.</td>
<td>Dr. K. Rama Ayyar, Tirunelveli</td>
<td>1965 - 1966</td>
</tr>
<tr>
<td>13.</td>
<td>Dr. R.G. Krishnan, Chennai</td>
<td>1967 - 1968</td>
</tr>
<tr>
<td>16.</td>
<td>Dr. V. Krishnamurthi, Cuddalore</td>
<td>1970 - 1971</td>
</tr>
<tr>
<td>17.</td>
<td>Dr. A. Abdul Sathar, Madurai</td>
<td>1971 - 1972</td>
</tr>
<tr>
<td>18.</td>
<td>Dr. C. Arumugam, Coimbatore</td>
<td>1972 - 1973</td>
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<tr>
<td>19.</td>
<td>Dr. B. Rama Rau, Chennai</td>
<td>1973 - 1974</td>
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<tr>
<td>20.</td>
<td>Dr. K. Jayaramachandran, Namakkal</td>
<td>1974 - 1975</td>
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<tr>
<td>21.</td>
<td>Dr. T.M. Kumasawami, Chennai</td>
<td>1975 - 1976</td>
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<tr>
<td>22.</td>
<td>Dr. T. Thirugnanam, Madurai</td>
<td>1976 - 1977</td>
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<tr>
<td>23.</td>
<td>Dr. R. Nanjunda Rao, Chennai</td>
<td>1977 - 1978</td>
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<tr>
<td>24.</td>
<td>Dr. N.V. Muthukrishnan, Tiruchirapalli</td>
<td>1978 - 1979</td>
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<tr>
<td>25.</td>
<td>Dr. T. Subramanian, Madurai</td>
<td>1979 - 1980</td>
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<tr>
<td>27.</td>
<td>Dr. Jayaseelan Mathias, Nagercoil</td>
<td>1981 - 1982</td>
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<tr>
<td>29.</td>
<td>Dr. N.S. Chandrabose, Tuticorin</td>
<td>1983 - 1984</td>
</tr>
<tr>
<td>30.</td>
<td>Dr. A. Sankaran, Chennai</td>
<td>1984 - 1985</td>
</tr>
<tr>
<td>No.</td>
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<td>City</td>
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<tr>
<td>31</td>
<td>Dr. T.K. Ganesan</td>
<td>Coimbatore</td>
</tr>
<tr>
<td>32</td>
<td>Dr. V. Varadarajan</td>
<td>Thanjavur</td>
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<tr>
<td>33</td>
<td>Dr. C.B. Baskaran</td>
<td>Chennai</td>
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<tr>
<td>34</td>
<td>Dr. S. Ramadas</td>
<td>Salem</td>
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<tr>
<td>35</td>
<td>Dr. V.T.D. Kumaraswamy</td>
<td>Cuddalore</td>
</tr>
<tr>
<td>36</td>
<td>Dr. V.N. Rajasekaran</td>
<td>Madurai</td>
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<tr>
<td>37</td>
<td>Dr. K. Janakiraman</td>
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<tr>
<td>38</td>
<td>Dr. S. Thiagarajan</td>
<td>Tiruchirapalli</td>
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<td>39</td>
<td>Dr. S. Arulrhaj</td>
<td>Tuticorin</td>
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<td>40</td>
<td>Dr. P.A. Sivakumar</td>
<td>Villupuram</td>
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<tr>
<td>41</td>
<td>Dr. G.V. Ramakrishnan</td>
<td>Chennai</td>
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<tr>
<td>42</td>
<td>Dr. T. Kumaraguru</td>
<td>Vellore</td>
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<tr>
<td>43</td>
<td>Dr. A.S. Azeem</td>
<td>Madurai</td>
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<tr>
<td>44</td>
<td>Dr. R.M. Krishnan</td>
<td>Salem</td>
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<tr>
<td>45</td>
<td>Dr. M.S. Ashraf</td>
<td>Tiruchirapalli</td>
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<td>46</td>
<td>Dr. P.K. Kesavan</td>
<td>Vellore</td>
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<td>47</td>
<td>Dr. K.R. Balasubramaniam</td>
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<td>48</td>
<td>Dr. A. Muruganathan</td>
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<td>49</td>
<td>Dr. M. Thirunavukkarasu</td>
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<td>50</td>
<td>Dr. K. Vijayakumar</td>
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<td>51</td>
<td>Dr. A. Zameer Pasha</td>
<td>Tiruchirapalli</td>
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<td>52</td>
<td>Dr. Capt. G. Raghavelu</td>
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<tr>
<td>53</td>
<td>Dr. N. Mohandas</td>
<td>Thanjavur</td>
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<td>54</td>
<td>Dr. L.V.K. Moorthy</td>
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<td>55</td>
<td>Dr. R. Gunasekaran</td>
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<td>56</td>
<td>Dr. S.S. Sukumar</td>
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<td>57</td>
<td>Dr. T. Sadagopan</td>
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<td>58</td>
<td>Dr. K. Prakasam</td>
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<td>59</td>
<td>Dr. L.P. Thangavelu</td>
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<td>60</td>
<td>Dr. M. Balasubramanian</td>
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<td>61</td>
<td>Dr. R.V.S. Surendran</td>
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<td>Dr. S. Damodaran</td>
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<td>Dr. T.N. Ravisankar</td>
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<td>Dr. J.A. Jayalal</td>
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<td>66</td>
<td>Dr. C.N. Raja</td>
<td>Erode</td>
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# STATE SECRETARIES

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<thead>
<tr>
<th>S.No.</th>
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<tr>
<td>1.</td>
<td>Dr. M.V. Natesan, Madurai</td>
<td>1940 - 1941</td>
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<td>Dr. P.A.S. Raghavan, Tiruchirapalli</td>
<td>1944 - 1948</td>
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<td>Dr. A.K. Rajagopalan, Madurai</td>
<td>1948 - 1951</td>
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<td>Dr. A.G. Leelakrishnan, Coimbatore</td>
<td>1951 - 1953</td>
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<td>Dr. A. Sankaran, Chennai</td>
<td>1953 - 1956</td>
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<td>6.</td>
<td>Dr. C. Arumugam, Coimbatore</td>
<td>1956 - 1959</td>
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<td>Dr. M.P. Jesudasan, Coimbatore</td>
<td>1959 - 1961</td>
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<td>Dr. A. Pattabi, Chennai</td>
<td>1961 - 1963</td>
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<td>Dr. S. Venkatesan, Tiruchirapalli</td>
<td>1963 - 1965</td>
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<td>Dr. B. Rama Rau, Chennai</td>
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<td>Dr. N.V. Muthukrishnan, Tiruchirapalli</td>
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<td>Dr. V.N. Rajasekaran, Madurai</td>
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<td>Dr. M. Balasubramanian, Tambaran</td>
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<td>Dr. J. Ranganathan, Salem</td>
<td>2000 - 2003</td>
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<td>24.</td>
<td>Dr. T.N. Ravisankar, Tambaran</td>
<td>2007 - 2010</td>
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<td>25.</td>
<td>Dr. J.A. Jayalal, Marthandam</td>
<td>2011 - 2013</td>
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<tr>
<td>26.</td>
<td>Dr. C.N. Raja, Erode</td>
<td>2013 - 2015</td>
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<td>27.</td>
<td>Dr. N. Muthurajan, Chennai</td>
<td>2015 - 2017</td>
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<td>28.</td>
<td>Dr. B. Sridhar, Karaikudi</td>
<td>2017 - 2019</td>
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<td>29.</td>
<td>Dr. A.K. Ravikumar, Coimbatore</td>
<td>2020 - 2021</td>
</tr>
</tbody>
</table>
LIST OF PAST STATE PRESIDENTS OF IMA TAMILNADU STATE BRANCH

Dr. T. SUBRAMANIAM
State President (1979 – 1980), IMA TNSB
10, Vallabhai Road,
Chokkikulam, Madurai - 625 002.

Dr. M. SIVAKANNU
State President (1980 – 1981), IMA TNSB
Sivakannu Nursing Home,
Tennur High Road, Tiruchirapalli – 620 017.

Dr. V. VARADARAJAN
State President (1986 - 1987), IMA TNSB
Dr. V.V.R. Nursing Home,
Arulananda Nagar, Thanjavur – 613 007.

Dr. C.B. BASKARAN
State President (1987 -1988), IMA TNSB
169, Pycrofts Road, Royapettah,
Chennai – 600 014. Ph:044-28612662,

Dr. V.N. RAJASEKARAN
State President (1990- 1991), IMA TNSB
IMA Tamilnadu State Branch
170, K.K. Nagar, Madurai – 625 020.
94430 58877, 98940 99291

Dr. K. JANAKIRAMAN
State President (1991 – 1992), IMA TNSB
Gopi Memorial Hospital,
23-B, Ramakrishna Road, Salem – 636 007.

Dr. S. THEAGARAJAN
State President (1992 – 1993), IMA TNSB
Shanthi Clinic, 54, Thanjavur Road,
Tiruchirapalli – 620 008.

Dr. S. ARULRHAJ
State President (1993 – 1994), IMA TNSB
145/5B, Jeyaraj Road,
Sundaram Arulraj Hospital, Tuticorin – 628 002.
Ph:0461-2322661(fax)-0461-2338661

Dr. P.A. SIVAKUMAR
State President (1994 – 1995), IMA TNSB
Dr. Bhandary Hospital,
# 169, Nehruji Road, Villupuram – 605 002.
04146-223229 ©, 222009 ©

Dr. T. KUMARAGURU
State President (1996 – 1997), IMA TNSB
Kumaran Hospital, 112, Katpadi Road,
Gandhi Nagar, Vellore – 632 006.
9443631010. thangikumaran@yahoo.com

Dr. R.M. KRISHNAN
State President (1998 – 1999), IMA TNSB
184, Bazaar Street,
Rasipuram Post, Namakkal District – 637 408.

Dr. M.S. ASHRAF
State President (1999 – 2000), IMA TNSB
Ayesha Hospital, A-6, 11th Cross Street,
Thillai Nagar, Trichy – 620 018.

Dr. P.K. KESAVAN
State President (2000 – 2001), IMA TNSB
“Sanjivalaya”, Gandhi Nagar West,
Vellore – 632 006.
Ph: 0416 – 243255 Cell : 94430 18955

Dr. A. MURUGANATHAN
State President (2002 – 2003), IMA TNSB
A.G. Hospital, 34, K.P.N. Colony,
Third Street, Tirupur – 641 601.
Ph:0421-202222, 202666, Cell: 98422-39639

Dr. K. VIJAYAKUMAR
State President (2004 – 2005), IMA TNSB
Vijayakumar Hospital, Swamiyar Madam,
Kattuthurai – 629 158, KK District. 04651-275145,
275045, 94431-61102, drvijayakumark@gmail.com

Dr. A. ZAMEER PASHA
State President (2005 – 2006), IMA TNSB
Shanawaz Nursing Home,
Post Box No.941, A-20,Main Road,
Tillai Nagar, Trichy-620 018.
Ph: 0431-2747290,274156. Cell : 98431 72552

Dr. Capt. G. RAGHAVELU
State President (2006 – 2007), IMA TNSB
R.Vi. Hospital, 13, VI Cross Street,
New Colony, Chromepet, Chennai – 600 044.
Ph : 044 – 2241 7315, 2221 3709
Cell : 98400 24037, rghavelu_gr@yahoo.co.in
Dr. N. MOHANDAS  
State President (2007 – 2008), IMA TNSB  
3, Rajaji Road, Srinivasapuram, Thanjavur – 613 009.  
Ph: 0462-223486, Cell : 98430 59919.  
e.mail : mohandas562@gmail.com

Dr. L.V.K. MOORTHY  
State President (2008 – 2009), IMA TNSB  
Shri Balaji Clinic, 18th Road, Thenkarai, Periyakulam – 625 601.  
Ph: 04546- 23126, 231276. Cell : 94431 64851  
e.mail : drlvkm@gmail.com

Dr. R. GUNASEKARAN  
State President (2009 – 2010), IMA TNSB  
Deepan Nursing Home  
No.50, Bishop Road, Puthur, Tiruchirapalli – 620 017.  
Ph : 0431 – 2792449, 4021992, 98430 55749  
e.mail: gunadnh@doctor.com

Dr. S.S. SUKUMAR  
State President (2010), IMA TNSB  
Sri Raghavendra Eye Hospital  
72, Mosuvanna Street, Erode – 638 001.  
Ph : 0424 – 2258735. Tele Fax: 0424 2262044  
Cell : 98427 66111, 98430 66111  
e.mail : ssskumar@gmail.com

Dr. T. SADAGOPAN  
State President (2011), IMA TNSB  
Usha Nursing Home, 23/2, Filterbed Road  
Vellore – 632 001. Ph. 0416 – 2224878, 2223222  
Cell : 9843034878, drsadagopan@hotmail.com

Dr. K. PRAKASAM  
State President (2012), IMA TNSB  
Plot No. 19, Doctors Colony, Steel Plant Road  
Jagir Reddipatty, Salem – 636 302  
Cell : 9443240499, prakasamortho@gmail.com

Dr. L.P. THANGAVEL  
State President (2013), IMA TNSB  
Ashwin Hospital, BKR Nagar, Coimbatore - 12  
Ph: 0422-2525252, 2524877, 2524955  
Cell: 98430 11922, lpthangavelu@gmail.com

Dr. M. BALASUBRAMANIAN  
State President (2014), IMA TNSB  
Deepam Hospital, 327, Muthurangam Road  
West Tambaram, Chennai – 600 045  
Phone: 044 - 43970201. Mobile: 9444007046  
E-mail: tambarambalu@gmail.com, drmbalu@yahoo.co.in

Dr. R.V.S. SURENDRAN  
State President (2015), IMA TNSB  
Devaki Surgical Clinic, Near Periyar Statue  
Karaikudi – 630 001  
Phone: 04564-438332, 435332, 438332  
Mobile: 94433 34332  
E-mail: drsurendranrvs@gmail.com

Dr. S. DAMODARAN  
State President (2016), IMA TNSB  
Mummee Hospital, No. 15/2, Masilamani Hostel  
Road, Vellore – 632 001  
Phone: 0416 – 2232767, 2225767  
Mobile: 94433 35767. Off: 0416 – 2213589  
E-mail: drdamodaranvlr@gmail.com

Dr. T.N. RAVISANKAR  
State President (2017), IMA TNSB  
Deepam Hospital, No.327, Muthurangam Road  
Tambaram West, Chennai – 600 045  
Phone: 044-22390606, 22395004, 22395691,  
Cell : 9444047724, tnravisankar@gmail.com

Dr. J.A. JAYALAL  
State President (2018), IMA TNSB  
Annammal Hospital, Kuzhithurai – 629 163  
Phone: 04651 – 260555, 260511  
Cell : 9443160026, lapsurgeon2001@yahoo.co.in

Dr. S. KANAGABHAPATHY  
State President (2019), IMA TNSB  
Ashwin Hospital, BKR Nagar, Coimbatore - 12  
Ph: 0422-2525252, 2524877, 2524955  
Cell: 98431 30399, sksuro@yahoo.com
ROLE OF IMA STATE VICE PRESIDENT

- Function as an effective link between branches of their Zone and State Office.
- Work with state office to develop state goals and its implementation.
- Arrange a Zonal President, Secretary & Treasurer Training programme.
- Visit Branches of your zone in all the possible occasions.
- Organise evaluation meetings of local branch officers.
- Help and co-ordinate with State officials.
- Assist the State President in the administration of the branches by carrying out responsibilities assigned to them.
- Help to promote state theme, state projects, state goals etc.
- Try to help the branches to observe state designated months.
- Sort out any branch problems then and there within the zone and solve them with the cooperation of the state office.
- Conduct branch Presidents and Secretaries meet whenever possible and help the branches to accomplish the targets.
- Conduct inter branch / district meet / Inter district / Interstate / Zonal / meetings or family get together.
- Help to organize combined projects by the neighboring branches.
- Try to form new branches wherever possible.
- Co-ordinate with the branches to improve the attendance of the members.
- Increase the membership of your zone by at least 20%.
- Intimate the branches about the IMA information to update them.
- Make the branches to undertake at least one permanent project per branch of your zone.
- Ensure participation of all the branches to attend the state council meet / General body Meet / seminars / CMEs etc.
- Ensure that the branches bring out regular bulletin.
- Make the inactive branches active by visiting the office bearers and prominent members.
- See that every branch is sending monthly report to state office with a copy to Vice President.
# NORTH ZONE - BRANCHES - 68

**State Vice President (North Zone)**  
Dr. K. RAJASEKAR  
B38, Sunnyvals Apartments, 351, K.H. Road, Ayanavaram, Chennai - 600 023.  
Cell : 98402 23414. e.mail : drrajasekark@yahoo.com

<table>
<thead>
<tr>
<th>Zone</th>
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</table>
| **CHENNAI CORPORATION** | 1. AMINJIKARAI M.G.M. HEALTH CARE BR.  
2. CHENNAI ADYAR BRANCH  
3. CHENNAI APOLLO OMR BRANCH  
4. CHENNAI APOLLO T.L. BRANCH  
5. CHENNAI APOLLO VANAGARAM BR.  
6. CHENNAI ASHOK NAGAR BRANCH  
7. CHENNAI CENTRAL BRANCH  
8. CHENNAI CITY BRANCH  
9. CHENNAI GREATER CITY BRANCH  
10. CHENNAI GTPT BRANCH  
11. CH. KAUVERY ALWARPET BRANCH  
12. CHENNAI KODAMBANKAM BRANCH  
13. CHENNAI MARINA BRANCH  
14. CHENNAI MEDICAL COLLEGE BRANCH  
15. CHENNAI METRO BRANCH  
16. CHENNAI NAAM BRANCH  
17. CHENNAI NORTH BRANCH  
18. CHENNAI PERAMBUR BRANCH  
19. CHENNAI PILLAR CITY BRANCH  
20. CHENNAI SOUTH BRANCH  
21. CHENNAI VIJAYA BRANCH  
22. CH. VILLIVAKKAM – AYANAVARAM BR.  
23. CHROMPET Dr. RELA INSTITUTE & MEDICAL CENTER BRANCH  
24. GLOBAL IT CORRIDOR BRANCH  
25. Dr. METHA’S CHETPET BR.,  
26. SIMS VADAPALANI BRANCH  
27. POONAMALLEE HIGH ROAD BRANCH  
28. PORUR BRANCH  
29. SOUTHERN RAILWAY BRANCH  
30. TEYNAMPET BRANCH |
| **KANCHIPURAM DISTRICT** | 38. AMBATTUR – AVADI BRANCH  
39. Dr. KMH PALLIKARANAI Branch  
40. CHENNAI VELACHERY BRANCH  
41. KANCHEE Puram BRANCH  
42. KELAMBAAKKAM CHETTINAD HEALTH CITY  
43. MELMARUVATHUR BRANCH  
44. SRIPERUMBUDUR BRANCH  
45. KARPAGA VINAYAGA BRANCH |
| **RANIPET DISTRICT** | 46. ARAKKONAM BRANCH  
47. RANIPET BRANCH  
48. SHOLINGUR BRANCH |
| **THIRUVALLUR DISTRICT** | 49. GAMMPA BRANCH  
50. MINJUR BRANCH  
51. POONAMALLEE BRANCH  
52. TIRUVALLUR BRANCH  
53. THIRUVOTTIYUR – ENnore BRANCH |
| **TIRUPATTUR DISTRICT** | 54. AMBUR BRANCH  
55. TIRUPATTUR BRANCH  
56. VANiYAMBADI BRANCH |
| **TIRUVANNA MALAI DISTRICT** | 57. ARNI BRANCH  
58. CHETPET BRANCH  
59. CHEYYAR BRANCH  
60. POLUR BRANCH  
61. TIRUVANNA MALAI BRANCH  
62. VANDAVASI BRANCH |
| **VELLORE DISTRICT** | 63. GUDIYATHAM BRANCH  
64. VELLORE BRANCH  
65. VELLORE Dr. IDA CMC BRANCH |
| **VILLUPURAM DISTRICT** | 66. GINGEE BRANCH  
67. TINDIVANAM BRANCH  
68. VILLUPURAM BRANCH |
# EAST ZONE - BRANCHES - 33

*State Vice President (East Zone)*

**Dr. P. LENIN**

17, Arockyaswamy Nagar, Kumbakonam - 612 001.
Cell: 94430 70902. e.mail : drplenin@yahoo.com

## ARIYALUR DISTRICT
1. ARIYALUR BRANCH
2. JAYANKONDAAM BRANCH

## CUDDALORE DISTRICT
3. CHIDAMBARAM BRANCH
4. CUDDALORE BRANCH
5. KATTUMANNARKOIL BRANCH
6. NEYVELI BRANCH
7. PANRUTI BRANCH
8. VIRDDHACHALAM BRANCH

## KARUR DISTRICT
9. KARUR BRANCH
10. MUSIRI KULITHALAI BRANCH

## NAGAPATTINAM DISTRICT
11. KoOTHANALLUR BRANCH
12. KUTTALAM BRANCH
13. MAYILADUTHURAI BRANCH
14. NAGAPATTINAM BRANCH

## PERAMBALUR DISTRICT
15. PERAMBALUR BRANCH

## PUDUKOTTAI DISTRICT
16. ARANTANGI BRANCH
17. PUDUKKOTTAI BRANCH

## SIVAGANGAI DISTRICT
18. CHETTINAD BRANCH
19. DEVAKOTTAI BRANCH
20. KARAIKUDI KAUVERY BRANCH
21. MANAMADURAI BRANCH
22. SIVAGANGAI BRANCH

## THANJAVUR DISTRICT
23. KUMBAKONAM BRANCH
24. PATTUKOTTAI BRANCH
25. THANJAVUR BRANCH

## TIRUCHIRAPALLI DISTRICT
26. LALGUDI BRANCH
27. MANAPPARAI BRANCH
28. SRM IRUNGALUR BRANCH
29. THURAIYUR BRANCH
30. TIRUCHIRAPALLI BRANCH

## TIRUVARUR DISTRICT
31. NIDAMANGALAM MANNARGUDI BR.
32. TIRUTHURAIPUNDI BRANCH
33. TIRUVARUR BRANCH
## WEST ZONE - BRANCHES - 35

**State Vice President (West Zone)**

**Dr. M. SUBRAMANIAN**

Vishnu Nursing Home, 90, Thiru Vi. Ka. Street, Punjaipuliampatti, Sathyamangalam - 638 459.

Cell : 98427 67108. e.mail : drmsvn@yahoo.co.in

### COIMBATORE DISTRICT
1. ANAMALAI BRANCH
2. ANNUR BRANCH
3. COIMBATORE BRANCH
4. METTUPALAYAM BRANCH
5. NORTH COIMBATORE BRANCH
6. POLLACHI BRANCH

### DHARMAPURI DISTRICT
7. DHARMAPURI BRANCH
8. HARUR - UTHANGARI BRANCH

### DINDIGUL DISTRICT
9. BATLAGUNDU BRANCH
10. DINDIGUL BRANCH
11. KODAIKANAL BRANCH
12. ODDANCHATRAM BRANCH
13. PALANI BRANCH

### ERODE DISTRICT
14. ANTHIYUR BRANCH
15. BHAVANI – KOMARAPALAYAM BR.
16. ERODE BRANCH
17. GOBICHETTIPALAYAM BRANCH
18. PERUNDURAI BRANCH.
19. SATHYAMANGALAM BRANCH

### KRISHNAGIRI DISTRICT
20. HOSUR BRANCH
21. KRISHNAGIRI BRANCH

### NAMAKKAL DISTRICT
22. NAMAKKAL BRANCH
23. PARAMATHI VELUR BRANCH
24. RASIPURAM BRANCH
25. TIRUCHENGODU BRANCH

### NILGIRIS DISTRICT
26. GUDALUR BRANCH
27. NILGIRIS BRANCH

### SALEM DISTRICT
28. ATTUR BRANCH
29. METTUR DAM BRANCH
30. SALEM BRANCH

### TIRUPUR DISTRICT
31. DHARAPURAM BRANCH
32. KANGAYAM BRANCH
33. TIRUPUR BRANCH
34. UDUMALPET BRANCH
35. VELLAKOVIL BRANCH
### SOUTH ZONE - BRANCHES - 27

**SOUTH ZONE - BRANCHES - 27**

**Senior State Vice President (South Zone)**

**Dr. G. KOTHANDARAMAN**

Sri Ram Hospital, 24/617, P.A.C.R. Salai, Rajapalayam - 626 117.

Cell: 94431 20286. email: drgkraman@gmail.com

<table>
<thead>
<tr>
<th>District</th>
<th>Branches</th>
</tr>
</thead>
</table>
| KANYAKUMARI DISTRICT| 1. KANYAKUMARI BRANCH  
2. KANYAKUMARI GOVT. MEDICAL COLLEGE BRANCH  
3. MARTHANDAM BRANCH  
4. NAGERCOIL BRANCH |
| TENKASI             | 15. COURTALLAM BRANCH |
| TIRUNELVELI DISTRICT| 16. AMBASAMUDRAM BRANCH  
17. PULIANGUDI BRANCH  
18. SANKARANKOIL BRANCH  
19. TIRUNELVELI BRANCH  
20. VALLIOOR BRANCH |
| MADURAI DISTRICT    | 5. MADURAI BRANCH  
6. MADURAI MEENAKSHI BRANCH  
7. MADURAI VMC  
8. MANAMADURAI BRANCH  
9. MELUR BRANCH  
10. T. KALLUPATTI BRANCH |
| TIRUNELVELI DISTRICT| 16. AMBASAMUDRAM BRANCH  
17. PULIANGUDI BRANCH  
18. SANKARANKOIL BRANCH  
19. TIRUNELVELI BRANCH  
20. VALLIOOR BRANCH |
| RAMANATHAPURAM DISTRICT| 11. PARAMAKUDI BRANCH  
12. RAMANATHAPURAM BRANCH |
| TUTICORIN DISTRICT  | 21. KOVILPATTI BRANCH  
22. TIRUCHENDUR BRANCH  
23. TUTICORIN BRANCH |
| VIRUDHUNAGAR DISTRICT| 24. RAJAPALAYAM BRANCH  
25. SIVAKASI BRANCH  
26. SRIVILLIPUTHUR BRANCH  
27. VIRUDHUNAGAR BRANCH |
| THENI DISTRICT      | 13. CUMBUM VALLEY BRANCH  
14. MULLAI PERIYAR BRANCH |
## IMA CALENDER EVENTS

### JANUARY
- 11 - 17: Road safety week
- 15: IMA Community Services Day
- 12: National Youth Day
- 24: National Girl Child Day
- 26: Republic Day
- 30: World Leprosy Day

### FEBRUARY
- 04: World Cancer Day
- 12: Sexual & Reproduction Health Awareness Day

### MARCH
- 08: International Women’s Day
- 08 - 14: World Glaucoma Week
- 12: World Kidney Day
- 13: World Sleep Day
- 15: World Consumer Rights Day
- 16: Measles Immunization Day
- 22: World Water Day
- 24: World Tuberculosis Day

### APRIL
- 07: World Health Day
- 17: World Haemophilia Day
- 19: World Liver Day
- 22: Earth Day
- 24: World Meningitis Day
- 25: World malaria Day

### MAY
- 03: World Laughter Day
- 05: World Asthma Day
- 08: World Red Cross Day
- 08: World Thalassemia Day
- 12: International Nurses Day
- 15: International Day of Families
- 17: World Hypertension Day
- 28: International Day of Action for Women’s Health
- 31: World No Tobacco Day

### JUNE
- 05: World Environment Day
- 14: World Blood donor day
- 26: International Day against Drug Abuse and illicit Trafficking
### JULY
- **01** Doctors Day (INDIA)
- **11** World Population Day
- **28** World Hepatitis Day
- **29** ORS Day

### AUGUST
- **01 - 07** World breast feeding week
- **12** International Youth Day
- **15** Independence Day
- **19** World Humanitarian Day
- **25 - Sep. 8** Eye Donation fortnight & Education for Right

### SEPTEMBER
- **01 - 07** National Nutrition Week
- **08** World Literacy Day
- **10** World Suicide Prevention Day
- **12** World First Aid Day
- **21** World Alzheimer’s Day
- **22** World Rose Day – Welfare of Cancer patients
- **27** World Day of the Deaf
- **28** World Rabies Day
- **29** World Heart Day

### OCTOBER
- **01** World Vegetarian Day
- **01** International Day of Older Persons

### NOVEMBER
- **12** World Pneumonia Day
- **14** World diabetes Day
- **15** World Day of Remembrance for Road Traffic Victims
- **17** National Epilepsy Day
- **18** World COPD Day
- **18** World Chronic Obstructive Pulmonary Disease Day
- **25** International day for Elimination of Violence Against Women

### DECEMBER
- **01** World AIDS Day
- **03** International day of persons with Disabilities
- **10** Human Rights Day.
Bidhan Chandra Roy, M.R.C.P., F.R.C.S. (Bengali : 1 July 1882–1 July 1962) was the second Chief Minister of West Bengal in India. He remained in his post for 14 years as a Indian National Congress candidate, from 1948 until his death in 1962. He was a highly respected physician and a renowned freedom fighter. Bidhan Roy is often considered as the great architect of West Bengal, who had founded two eminent cities Kalyani and Bidhannagar. He was an alumnus of the Medical College Calcutta of the University of Calcutta. He is one of the few people who completed both F.R.C.S. and M.R.C.P. simultaneously within only two years and three months. In India, the National Doctor’s Day is celebrated on the date of his birth (and death) July 1 every year. Dr. Bidhan Chandra Roy constituted a trust for his properties at Patna for social service and made eminent nationalist Ganga Sharan Singh (Sinha) the trustee. He won the Bharat Ratna in 4 February 1961, India’s highest civilian honour. He was also a member of the Brahmo Samaj.

Early Life : Bidhan Chandra Roy was born on July 1, 1882, at B. M. Das road, Bankipore in Patna, Bihar. His father Prakash Chandra was an Excise Inspector. Bidhan was the youngest of five children and was greatly influenced by the simplicity, discipline and piety of his parents. His parents inculcated in him the idea of service by taking care of people other than relatives with affection and understanding. Bidhan’s mother died when he was 14. His father played the role of both father and mother to his five children. He promised never to compel them to do anything but to just guide them on their path. All five children were required to do the household chores themselves. This was very helpful for Bidhan in his college days. Bidhan did his I.A. from Presidency College, Calcutta and B.A. from Patna College with Honors in Mathematics. He applied for admission to the Bengal Engineering College, and the Calcutta Medical College. He was accepted to both institutions but opted to go to medical school. Bidhan left for Calcutta in June 1901. While at medical school Bidhan came upon an inscription which read, “Whatever thy hands findeth to do, do it with thy might.” Bidhan was deeply impressed by these words and they became a source of inspiration for him throughout his life.

Bidhan’s term in medical school was fraught with hardships. His father retired as a Deputy Collector after the first year and could no longer send Bidhan any money. Bidhan fended for himself by getting a scholarship and living frugally, saving on books by borrowing notes and relying on books in the library.

The partition of Bengal was announced while Bidhan was in college. Opposition to the partition was being organized by nationalist leaders like Lala Lajpat Rai, Arvinda Ghosh, Tilak and Bipin Chandra Pal. Bidhan resisted the immense pull of the movement. He controlled his emotions and concentrated on his studies realizing that he could better serve his nation by qualifying in his profession first.

Immediately after graduation, B.C. Roy joined the Provincial Health Service. He exhibited immense dedication and hard work. He was prepared to prescribe medicine to patients and even serve as a nurse when necessary. In his free time he practiced privately, charging a nominal fee of Rs. 2 only.
Bidhan sailed for England with only Rs. 1,200 in February 1909 intending to enroll himself at St. Bartholomew’s Hospital to further his education. The Dean, reluctant to accept a student from Asia, rejected Bidhan’s application. Dr. Roy did not lose heart. Again and again he submitted his application until finally the Dean, after 30 admission requests, accepted Bidhan to the college. Within two years and three months, Bidhan completed his M.R.C.P. and F.R.C.S. and returned home from England in 1911. On his return he taught at the Calcutta Medical College, then the Campbell Medical School and finally at the Carmichael Medical College[citation needed].

Dr. Roy believed that swaraj would remain a dream unless the people were healthy and strong in mind and body. He made contributions to the organization of medical education. He established the Jadavpur T.B. Hospital, Chittaranjan Seva Sadan, R.G. Kar Medical College, Kamala Nehru Hospital, Victoria Institution, and Chittaranjan Cancer Hospital. The Chittaranjan Seva Sadan for women and children was opened in 1926. The women were unwilling to come to the hospital initially but thanks to Dr. Roy and his teams hard work, the Seva Sadan was embraced by women of all classes and communities. He opened a center for training women in nursing and social work.

In 1942, Rangoon fell to Japanese bombing and caused an exodus from Calcutta fearing Japanese insurgency. Dr. Roy was serving as the Vice-Chancellor of the University of Calcutta. He acquired air-raid shelters for schools and college students to have their classes in, and provided relief for students, teachers and employees alike. In recognition for his efforts, the Doctorate of Science was conferred upon him in 1944.

Dr. Roy believed that the youth of India would determine the future of the nation. He felt that the youth must not take part in strikes and fasts but should study and commit themselves to social work. At his Convocation Address on December 15, 1956 at the University of Lucknow, Dr. Roy said, “My young friends, you are soldiers in the battle of freedom—freedom from want, fear, ignorance, frustration and helplessness. By a dint of hard work for the country, rendered in a spirit of selfless service, may you march ahead with hope and courage... .”

Dr. Roy was both Gandhiji’s friend and doctor. When Gandhiji was undergoing a fast in Parnakutivin, Poona in 1933 during the Quit India Movement, Dr. Roy attended to him. Gandhiji refused to take medicine on the grounds that it was not made in India. Gandhiji asked Dr. Roy, “Why should I take your treatment? Do you treat four hundred million of my countrymen free?” Dr. Roy replied, “No Gandhiji, I could not treat all patients free. But I came... not to treat Mohandas Karamchand Gandhi, but to treat “him” who to me represents the four hundred million people of my country.” Gandhiji relented and took the medicine.

Dr. Roy entered politics in 1925. He ran for elections from the Barrackpore Constituency as an Independent candidate for the Bengal Legislative Council and defeated the “Grand Old Man of Bengal,” Surendranath Banerjea. Even though an independent he voted with the Swaraj Party (the Parliamentary wing of the Congress). As early as 1925, Dr. Roy tabled a resolution recommending a study of the causes of pollution in Hoogly and suggested measures to prevent pollution in the future.

Dr. Roy was elected to the All India Congress Committee in 1928. He kept himself away from rivalry and conflicts and made a deep impression on the leaders. Dr. Roy efficiently conducted the Civil Disobedience in Bengal in 1929 and prompted Pandit Motilal Nehru to nominate him Member of the Working Committee (CWC) in 1930. The CWC was declared an unlawful assembly and Dr. Roy along with other members of the committee were arrested on August 26, 1930 and detained at Central Alipore Jail.
During the Dandi March in 1931, many members of the Calcutta Corporation were imprisoned. Congress requested Dr. Roy to remain out of prison and discharge the duties of the Corporation. He served as the Alderman of the Corporation from 1930-31 and Mayor in 1933. Under him, the Corporation made leaps in the expansion of free education, free medical aid, better roads, improved lighting, and water supply. He was responsible for setting up a framework for dispensing grant-in-aid to hospitals and charitable dispensaries.

POST INDEPENDENCE: The Congress Party proposed Dr. Roy’s name for Chief Minister of Bengal. Dr. Roy wanted to devote himself to his profession. On Gandhiji’s advice, however, Dr. Roy accepted the position and took office on January 23, 1948. Bengal at the time that had been torn by communal violence, shortage of food, unemployment and a large flow of refugees in the wake of the creation of East Pakistan. Dr. Roy brought unity and discipline amongst the party ranks. He then systematically and calmly began to work on the immense task in front of him. Within three years law and order was returned to Bengal without compromising the dignity and status of his administration. He told the people.

“We have the ability and if, with faith in our future, we exert ourselves with determination, nothing, I am sure, no obstacles, however formidable or insurmountable they may appear at present, can stop our progress... (if) all work unitedly, keeping our vision clear and with a firm grasp of our problems.

The nation honored Dr. Roy with the Bharat Ratna on February 4, 1961. On July 1, 1962, after treating his morning patients and discharging affairs of the State, he took a copy of the “Brahmo Geet” and sang a piece from it. 11 hours later Dr. Roy died. He gifted his house for running a nursing home named after his mother, Aghorkamini Devi. The B.C. Roy National Award was instituted in 1976 for work in the area of medicine, politics, science, philosophy, literature and arts. The Dr. B.C. Roy Memorial Library and Reading Room for Children in the Children’s Book Trust, New Delhi, was opened in 1967.

http://en.wikipedia.org/wiki/Bidhan_Chandra_Roy

“DOCTORS DAY” is celebrated on July 1st in commemoration of the Birth and Death anniversary of Dr. B.C. Roy the freedom fighter, the first President of the MCI and a noted Physician par excellence.

IMA TNSB conducts Annual Doctors Day celebration. During the celebration as per the decision of the President senior Doctors will be honored on the function organized by the State office in association with a local Branch.

The awards are invited by the State Office officially in the TIMA and the Local branch shall nominate such deserving persons.

Local Branches are requested to celebrate Doctors Day in their branches. Doctors who need to be recognized for their services may be awarded and it is ideal to have a family meeting on the occasion. Doctors Day Celebration to be celebrated by the branches involving the public, NGO’s and others who will be recongising the sacrifices of the Medical Professionals.
STATE, CENTRAL COUNCIL & C.W.C. MEETINGS

COMPOSITION OF THE STATE COUNCIL

- State President for the year
- State President Elect of the State Branch
- Imm. Past State President of the State Branch
- Past State Presidents of the State Branch
- Hony. State Secretary
- Hony. Joint Secretary of the State Branch
- Hony. Finance Secretary
- Assistant Secretaries
- IMA CGP  
  a) Director of Studies  
  b) Faculty Secretary  
  c) Assistant Secretaries
- IMA AMS  
  a) Chairman  
  b) Hony. Secretary
- Three Representatives from PPLSSS (Chairman, Secretary and Finance Secretary)
- Three Representatives from Nursing Home Board (Chairman, Secretary & Convenor)
- Three Representatives from FSS (Chairman, Secretary and Finance Secretary)
- The NHB, PPLSSS and FSS members will elect their office bearers and three in each as stated above will represent the respective bodies in the State Council.
- Local Branch Representative of the State Council
- President and Hony. Secretaries of all Local Branches for the year
- Representatives from the Local Branches elected or as per By-laws and Rules.
- President, Secretary and one state council member for the first 100 members in the local branch. For every additional 50 members one state council member to be elected.
TERM OF OFFICE OF THE STATE COUNCIL

The State Council is a continuous body. Additions and alterations if any in the list maintained at the State Office shall be effected each year on 31st of January. Term of Office is for One Year.

Alternate Member - In case if any State Council Member from the local branch unable to attend State Council Meeting, President or Secretary of Local Branch, may nominate an alternate member with letter before commencement of meeting.

CENTRAL COUNCIL

REPRESENTATIVES TO CENTRAL COUNCIL

- The total number of Members of Local Branches on whose behalf HFC has been received in full by 15th February shall form the basis of determining representation of Local Branches to the Central Council.

- Branch Representatives from the Local branches and from the Direct members shall be in the following scales:-
  
  20-100 Members – One representative
  
  After 100 members – One Additional Representative for every 100 members or part thereof.

The Central Council meeting will be held twice in a year by IMA Hqrs.

CENTRAL WORKING COMMITTEE MEETING

The State Branch shall elect its representatives to the Central Working Committee from amongst its members who have been members of the Association continuously of whom three representatives shall be the State President and Hony. Secretary of the State Branch as Ex-Officio. The scale of Representation on the Central Working Committee including the Ex-Officio of the State shall be as follows:

- 1 - 1500 – One Representative

For every additional thousand or part thereof members, one more representative.

Central Working Committee is the equivalent of the State Council Meeting of the State where all the discussions are held for the Association activities.
IMA STATE & NATIONAL CONFERENCES

An Annual State Medical Conference will be organized every year at a suitable place and time as decided by the State Council. Such a conference will usually be held towards the Second Saturday & Sunday of December. The local branch of the elected president shall have the privilege of conducting the State Conference. The expense of the State Conference shall be borne wholly by the branch inviting the Conference. The State Branch shall not be responsible for any part of the expenses.

- The conference is open to all members of IMA TNSB
- There shall be Reception Committee which may be formed by the Branch inviting the Conference for the purpose of conducting the Annual General Body and conference.
- The Branch inviting the conference shall appoint Office bearers and sub-committees for conducting the conference.
- They shall be the members of the Local Branch.
- The Hosting Branch shall decide the rate of fees to be levied on the Organizing Committee members his / her Guest and also the delegate fees to be collected from the members and his / her Guests attending the conference.
- The State President, State Secretary, Finance Secretary, the State President Elect and the Imm. Past State President shall not be charged any fee. They shall be provided free hospitality and accommodation.
- Any expenses incurred by the State Branch towards the conference shall be met by the branch holding the conference.
- The State branch shall not be liable for any loss incurred by the Hosting Branch.
- The Organising Committee shall submit a Statement of Accounts relating to the Annual Conference to the State Council with in a period of 90 days from the Conference Date.
- The State Council shall render every possible assistance to the Organising Committee of the Conference.
- The Hony. State Secretary shall render all possible assistance to the Branch holding the conference and he shall be in constant tough with the Organizing Local Branch.
- Medical internees and Final year Medical students may be permitted to the conference at a concessional delegate fee viz. not more than 50% of the Delegate fee fixed for the regular member.
- The Protocol mentioned in the Rules must be followed strictly.

NATIONAL CONFERENCE
It will be held on December 27, 28th & 29th as per convention. Central Council Meeting the equalent of General Body
will be held on December 27th. The National Awards will be distributed during the evening function by the sitting President.

On Dec. 28th the New Office bearers will be installed in a function attend by VIP’s. On December 29th an Ordinary Central Council Meeting will be held presided by the installed President.

Orations as given below will be held in a separate hall on Dec. 27th and December 28th the Conference will be allotted to a Local Branch on submitting their willingness during the CWC & Central Working committee and Central Council Meeting. So far 94 Annual National Conference have been held conference from 1928.

<table>
<thead>
<tr>
<th>IMA LIFE MEMBERSHIP PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Single Member - Rs. 13,000/-*</td>
</tr>
<tr>
<td>*Local Branch Share extra</td>
</tr>
</tbody>
</table>

For joining the Schemes kindly submit the form through your branch secretary along with the receipt of your payments to local branch.

<table>
<thead>
<tr>
<th>IMA SECRETARIATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>State HQRS Address:</td>
</tr>
<tr>
<td>IMA Tamilnadu State Hqrs, Doctors Colony, Via — Bhrathi Nagar First Main Road &amp; Jothi Nagar 9‘Street, Off. Mudichur Road, Tambaram West, Chennai - 600 045. Cell: 9087180123. <a href="mailto:imatamilnadu@gmail.com">imatamilnadu@gmail.com</a></td>
</tr>
<tr>
<td>State Secretary Office for Communication</td>
</tr>
<tr>
<td>Mowthi Nursing Home (P) Ltd., 19, 20 Alamaram Stop, Vadavalli, Coimbatore -641 041. Cell:98422 22404 <a href="mailto:drakrkima@gmail.com">drakrkima@gmail.com</a></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>MONEY TRANSFER TO - IMA TNSB A/c</th>
</tr>
</thead>
<tbody>
<tr>
<td>All payments by DD infavour of IMA TNSB payable at Chennai (or) by RTGS to our a/c IMA TNSB at Vijaya Bank, Abirampuram Branch</td>
</tr>
<tr>
<td>Account Name : Indian Medical Association Tamilnadu State Branch</td>
</tr>
<tr>
<td>Name of the Bank : Vijaya Bank</td>
</tr>
<tr>
<td>Branch : Abirampuram Branch</td>
</tr>
<tr>
<td>Account Type : Current Account</td>
</tr>
<tr>
<td>Account No : 304901011003471</td>
</tr>
<tr>
<td>IFS Code : VIJB0003049</td>
</tr>
</tbody>
</table>

Kindly send the xerox copy of chalen for our followup and record.
IMA GUEST HOUSE @ NEW DELHI

On sharing basis-Rs.1,000/- per day, per bed (Al*)
& Rs 1,500/- per day, per bed (API**)
For a family of upto 2 persons
(on dedicated room basis) : Rs. 2,500/- per room per night, however, for a family of 3 or more persons, the above sharing basis rates will be charged
+91-11-23370009, +91-9999116375,+91-9999116376, hsg@ima-india.org
* Al - All taxes inclusive. Includes Accommodation & Breakfast
** API - All Taxes inclusive.
Includes Accommodation, Breakfast, Lunch & Dinner

IMA GUEST HOUSE @ KOLKATA

Renovated and fully Air-conditioned with all the modern amenities like LED TV with Cable connection, Telephone, Cold & Hot Water, Pantry, Car Hire facilities etc, available at IMA Guest House, Kolkata for IMA Members and their families.

Single Bed Deluxe AC Room (1 Room) Rs. 800/- per day
Double Bedded AC Room (2 rooms) Rs. 700/- per bed per day
Triple Bedded AC Room (3 rooms) Rs. 600/- per bed per day
Four Bedded AC Room (2 Rooms) Rs. 600/- per bed per day
Double Beded Non AC Room (1 Room) Rs. 400/- per bed per day
(Including Bed Tea and Breakfast)

For further details please contact
Sir Nil Ratan Sircar IMA House, 53, Sir Nil Ratan Sircar Sarani (Creek Row), Kolkata – 700014. Phone : (033) 2225 7010. E-mail: imahq.kolkata@gmail.com

IMA TN STATE HQRS GUEST HOUSE @ TAMBARAM

A/c Doube Bed Room - Rs. 1,200/- per day and Suit Room Rs. 1,700/-
For booking contact office at 98400 26265 or 98400 84257.
Send one day room rent as advance.
DD in favour of “IMA TNSB Guest House” payable at Chennai and sent to
Dr. V. Saravanan, IMA TNSB Guest House Chairman,
Dr. Vaibhav Suresh, IMA TNSB Guest House Secretary,
IMA Tamilnadu State Hqrs Building, Doctors Colony, Via - Bharathi Nagar First Main Road,
Off. Mudichur Road, Tambaram West, Chennai - 600 045.
Cell : 9087180123 email : imatamilnadu@gmail.com
PPLSSS GUEST HOUSE - CHETPET

Address: Sankaralaya, Sankara Heritage Apartment,
Flat No.11 & 12, No.64, Spur tank Road, Chetpet, Chennai-600 031.
Contact: 044 28361866, 9444832139 / 9500032139
(Reservation only from 10 am to 6 pm)
Email: pplsssguesthouse@gmail.com / secretaypplss@gmail.com
A/C Double Bed Room Rs.1200/- per day, in addition 18% GST
(Extra Persons Staying in double bed room Rs.200/- per person per day).
Rs.100/- Discount for PPLSSS Members.

Note 1: Free allotment Car Parking  Only Two
Note 2: Paid Building association car parking two each Rs.150/- (“Subject to availability”)
DD should be send in the name of “PPLSSS Guest House” Payable at Kallakurichi

JVL PLAZA GUEST HOUSE - TEYNAMPET

Address: JVL Plaza, No.626/501, Anna Salai, Mount Road, Teynampet, Chennai – 600 018.
Contact: 044 24348475, 9444832139 / 9500032139
(Reservation only from 10 am to 6 pm).
Email: pplsssguesthouse@gmail.com / secretarypplss@gmail.com
A/C Double Bed Room Rs.1200/-
(Extra Persons Staying in double bed room Rs.200/- per person per day)

Note 1: Free allotment Car Parking Only Two.
Note 2: Paid Building association car parking each Rs.150/-
(7p.m-7a.m “Subject to availability”)
DD should be send in the name of “JVL Plaza A/c of PPLSSS of IMA Tamilnadu” Payable at Kallakurichi

Payment Mode: DD only Accepted.
DD should be sent to the following address:
Dr. S. NEHRU, Hony.Secretary, PPLSSS of IMA TN.
Hi - Tech Eye Care Hospital, 25/A, Chekkumettur Street, Kallakurichi - 606 202.
Ph: 04151 - 224176, 94872 72627. Email: secretarypplss@gmail.com

IMA GUEST HOUSE @ COIMBATORE

A/c Double Bedded Rooms - Rs. 1,000/- per day

Address: 92, Syrian Church Rd, Puthiyavan Nagar, Sukrawar Petta, R S Puram West,
Coimbatore, Tamil Nadu 641002
Phone: 0422 247 1824, 95663 65577, imacoimbatore@gmail.com
IMA AWARDS FOR LOCAL BRANCHES

Local Branches are the live wires or lifeline of our Indian Medical Association. An active local branch can build up the image of IMA by orienting health camps / lectures and reduce tackle any crisis efficiently. Regular CME programmes can keep the members updated. Various schemes of State IMA can be percolated to the member and draw new memberships.

In order to encourage the local branches, awards are being distributed by our Tamil Nadu State branch and IMA Head Quarters in the State & National conference respectively. It will be a proud moment when the name of local branch is read out on that occasion and most joyous to receive the awards along with other active members of that branch. The local branches are divided into major, medium and minor groups as per the branch membership and marks are allotted for various activities like sending HFC enrolling new members, organizing CME programmes, conduction of health camps, observing various days like Doctors Day, conduction of blood camps, publishing news bulletin, organizing, meetings like State Council, Nursing Home Board and PPLSSS, enrolling members in various schemes, having own building etc.,

THE VARIOUS STATE AWARDS ARE GIVEN BELOW

CONCLUSION : RECEIVE IT ... YOU WILL RELISH IT

ORATIONS

The following orations are delivered by eminent speakers during the Annual State Conference on the nomination of their name by the Local Branches. The nomination will be call for two months prior to the conference in the TIMA News Letter.

1. Dr. Ibrahim Bheylium Oration
2. Dr. Gunasundari Bose Oration
3. Dr. S.G. Rajarethinam Oration
4. Haji Janab Dr. B. A. Shukkoor Oration
5. Dr. A.S. Azeem Memorial PPLSSS Oration
6. Dr. Padmanur Rama Rao Oration
7. Dr. C.B. Baskaran Oration
8. Dr. M. Suryagandhi Memorial Oration
9. Dr. S. Arul Rhaj Oration
10. Dr. S. Thirugnaman Oration
11. Dr. Navamani Chandra Bose Oration
12. Dr. V. Varadarajan - IMA NHB Oration
13. Dr. Jayaseelan Mathias Oration (for MS Post Graduate Student)
14. Dr. A. Muruganathan Oration (for MD Gen. Medicine Post Graduate Student)

INDIVIDUAL AWARDS

1. Dr. Bhandary Award for a person who has completed 25 years of Medical Practice in Rural Areas
2. Dr. P.K. Kesavan Rolling Shield for Tamil Work in Medicine
3. Dr. T. Kumaraguru Award for Community Services by an individual member
4. Dr. A. Muruganathan Award for Community Activities by an individual from small branch including upto 100 members
5. Dr. (Mrs.) Bhanumathi Muruganathan Award for Tamil Excellence in Medical Publication / Articles / Oration etc
6. Dr. S. Damodaran Award for Medical Oriented Service by an individual
7. Dr. G. Viswanathan Award for Seniors in Service
8. Dr. A. Rajasekaran Eye Donation Award
9. Dr. Zameer Pasha Award for individual Contribution for Tamil Nadu IMA
10. Dr. Abdul Munaf Best Writer Award.

SPECIAL AWARDS

1. Appreciation Award for Journal for a Major Branch
2. Appreciation Award for Journal for Medium Branch
3. Dr. R.M. Krishnan Award for Best Branch Journal
4. Dr. M. Balasubramanian Award for Best News Bulletin
5. Dr. V.N. Rajasekaran Rolling Trophy for the Best Branch outstanding performance in Extra Curricular Activities
6. Dr. V.T.D. Kumarasamy Award for Fine Arts
7. Dr. S. Arulrhaj Award for Best CGP / CME Programme
8. Dr. S. Arulrhaj Award for the Best AMS / CME Programme
9. Dr. K. Thangavelan Award for Best AMS Branch Chapter
10. Grandix Award for Best CME Programme in Semi Urban & Rural Branches.
11. Dr. T. Sadagopan Award for Best Branch – Overall performance
12. Tambaram Branch Award for the State Vice President who visited maximum number of branches
13. Dr. M. Mani Elango Award for conducting medical camps at rural areas
14. Dr. A. Selvarajian Award for organizing maximum number of Blood Donation Camp (with held)
15. Dr. B.R. Ramasubramanian Award for a Central Council Member who attended maximum number of Central Council Meeting
16. Dr. B.R. Ramasubramanian Award for a member who attended maximum number of State Council Meeting in the past 3 years
17. Dr. R. Gunasekaran Award for an Office Bearer who has done exceptional work in the association year
18. Dr. R. Gunasekaran Award for a Local Branch Treasurer who has maintained accounts and submitted in the association year.
19. Dr. K.M. AbulHasan Award for the best branch for conducting Cancer Awareness Programme.
20. Dr. M. Amanullah Individual Award for best Asst. Director of Studies in CGP.
21. Dr. K. Prakasham Award for Best Branch in Crisis Management Activities.
22. Dr. J.A. Jayalal Award for overall best branch office bearers.
23. Dr. K. Vijayakumar Award for best branch in Quackery Eradication Activities.
24. Past President Dr. N. Mohandas Award for Family Security Scheme.
25. Dr. C.N. Raja Award for Organ / Body Donation Activities.
26. Erode Dr. S.S. Sukumar Rolling Trophy to the Branch for Maximum Units of Blood Collected by a Branch
27. Erode Dr. S.S. Sukumar Rolling Trophy to the Branch for conducting Maximum No of camps by a branch
28. Erode Dr. S.S. Sukumar Rolling Trophy to the Branch for Maximum No. of IMA members donating blood in a branch.

**ENROLLMENT AWARDS**

1. Dr. Jayaseelan Mathias Rolling Cup for a Local Branch – Highest New Enrollments
2. Dr. M.S. Ashraf Award for an Individual Branch - Highest New Enrollments in Group II & III
3. Dr. E. Sivakumar Vellore Award for an individual branch for enrolling more life members from a Group – VIII & Group IX
4. Dr. B.R. Ramasubramanian Award for Maximum point for enrollment of New Life & Annual Members (current year + previous 2 years enrollment - 2 points for NLM & 1 point for NAM)
5. Dr. R. Sivashanmugam Award for a Branch – Highest PPLSSS New Enrollments
6. Dr. B.R. Ramasubramanian Award for Branch who have enrolled maximum IMA FSS New Members
7. Dr. B.R. Ramasubramanian Award for Branch who have enrolled maximum IMA AMS New Members
8. Dr. B.R. Ramasubramanian Award for Individual Member for Maximum Enrollments in IMA FSS
9. Dr. B.R. Ramasubramanian Award for Individual Member for Maximum Enrollments in IMA AMS

**BRANCH AWARDS**

**GROUP I – (Membership 1201 and above)**
- Dr. Jayaramachandran Roll Cup for Branch
- Dr. N.S. Chandrabose Award for Branch
- Dr. K. Janakiraman Award for President
- Dr. J. Ranganathan Award for Secretary
- Group I – Best Branch Runner
- Group I – Branch President Runner
- Group I – Branch Secretary Runner

**GROUP II – (Membership 801 – 1200)**
- Dr. S.S. Sukumar Rolling Cup for Best Branch
- Dr. S.S. Sukumar Rolling Shield for the President
- Dr. S.S. Sukumar Rolling Shield for the Secretary
- Group II – Best Branch Runner
- Group II – Branch President Runner
- Group II – Branch Secretary Runner

**GROUP III – (Membership 501 – 800)**
- Dr. C.N. Raja Rolling Cup for Best Branch
- Dr. C.N. Raja Award for Branch President
- Dr. C.N. Raja Award for Branch Secretary
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Group III – Best Branch Runner
Group III – Branch President Runner
Group III – Branch Secretary Runner

GROUP IV – (Membership 301 – 500)
Dr. J. Sugavanam Rolling Cup for Branch
Dr. K. Janakiraman Award for Branch
Dr. S. Arul Rhaj Award for Branch President
Dr. K. Vijayakumar Award for Branch Secretary
Group IV – Best Branch Runner
Group IV – Branch President Runner
Group IV – Branch Secretary Runner

GROUP V – (Membership 201 – 300)
Dr. P.A. Sivakumar Rolling Cup for Branch
Dr. M.S. Ashraf Award for Branch President
Dr. S.S. Sukumar Award for Branch Secretary
Group V – Best Branch Runner
Group V – Branch President Runner
Group V – Branch Secretary Runner

GROUP VI – (Membership 101 – 200)
Dr. V.N. Rajasekaran Rolling Shield for Branch
Dr. S. Sampath Award for Branch President
Dr. D. Mohanraj Award for Branch Secretary
Group VI – Best Branch Runner
Group VI – Branch President Runner
Group VI – Branch Secretary Runner

GROUP VII – (Membership 61 – 100)
Dr. P.K. Kesavan Award for Branch
Dr. S. Ramadas Award for Branch President
Dr. P. MannarMannan Award for Branch Secretary
Group VII – Best Branch Runner
Group VII – Branch President Runner
Group VII – Branch Secretary Runner

GROUP VIII – (Membership 61 – 100)
Dr. J.G. Shanmuganathan Award for Branch
Dr. R. Gunasekaran Award for Branch President
Dr. C. Ganesan Award for Branch Secretary
Group VIII – Best Branch Runner
Group VIII – Branch President Runner
Group VIII – Branch Secretary Runner
LEADERSHIP QUALITIES

PRESIDENT

“What you are today is gift of God
But what you become is gift to God”

“President ship is an art try to master it”

“President ship demand certain qualities, priorities, capabilities and responsibility of course with authority”.

<table>
<thead>
<tr>
<th>A PRESIDENT SHOULD BE</th>
<th>A PRESIDENT MUST</th>
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<tr>
<td>Regal, Respectable, Responsible &amp; Responsive.</td>
<td>Represent, Reorganize, Regularize &amp; Rejuvenate</td>
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<td>Efficient, Eminent, Experienced &amp; Enterprise</td>
<td>Envisage, Educate, Enthuse &amp; Encourage.</td>
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<tr>
<td>Smart-Self-motivated, Sincere &amp; Selfless</td>
<td>Serve, Solve, Shoulder &amp; Strengthen</td>
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<tr>
<td>Influencial, Ideal, Innovative &amp; Impartial</td>
<td>Initiate, Improve, Involve &amp; Inspire</td>
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<tr>
<td>Decisive, Dependable, Diplomatic &amp; Democratic</td>
<td>Delegate, Direct Disburse &amp; Deadline</td>
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<tr>
<td>Effective in Communication, Emotionally controlled</td>
<td>Evaluate, Elevate, Energize &amp; Empathies</td>
</tr>
<tr>
<td>Non-stop, Non-controversial Nobel &amp; Neat in Execution</td>
<td>Notify, Normalize Nourish &amp; Nestle</td>
</tr>
<tr>
<td>Talented, Trained, Tractful &amp; Transparent.</td>
<td>Tolerate, Tackle Trust &amp; Thank.</td>
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HOW TO CHAIR A MEETING?

- Be familiar with the specific purpose of the meeting.
- Come to the meeting well prepared.
- Play an active role in the preparation of the agenda.
- Be thorough with the items of the agenda.
- Equip with relevant notes, covering the vital items of the agenda.
- Keep at hand Constitutions, District & Bye laws.
- Begin the meeting on time after ensuring the quorum.
- Call the meeting to order in time.
- Make the members adopt the agenda.
- Involve new, different members each time in reciting, prayer, objects, codes, introducing, vote of thanks etc.
- The welcome speech and opening remarks should be brief and crisp.
- Recognize and welcome all the guests.
- Strictly adhere to the agenda of the meeting.
- Follow the time tested, established customs.
- After the approval, sign the minutes.
- Time schedule on each item of the agenda should be followed.
- Allow participation but not monopoly, irrelevance and cross talking.
- Prevent irreverent discussion, offensive statements and excessive criticism.
- Be democratic and diplomatic in giving or denying chances.
- Try to observe the correct parliamentary procedure.
- However, too much technicalities should not be allowed to smoothen the procedure.
- Maintain always dignity, decorum & discipline.
- Guidance can be sought from seasonal seniors.
- But never seek general guidance. Give precise and clear cut rulings.
- After the ruling, don’t allow any rediscussion.
- Conduct voice, hand or ballot voting, in case of doubt.
- See that all motions and amendments are correctly worded.
- Nothing should contradict the Constitution & Bye laws.
- Give correct and unbiased rulings on points of order and questions of procedures.
- Working knowledge on parliamentary procedure is desirable.
- Acknowledge and thank the contributions of all.
- When naming an individual, add his/her height current office.
- Preserve unity and harmony during the course of the meeting.
- Don’t leave the stage during the progress of the meeting.
- If unavoidable, hand over the chair to the V.P. in order, before leaving.
- Adjourn In the middle, only under inevitable circumstances.
- Avoid as much as possible casting votes.
- Declare the meeting closed or adjourned at the scheduled time and announce the date of the next meeting, if known.
PARLIAMENTARY POWERS OF A PRESIDENT

- Power to issue the notice for ordinary or special meetings. *(can be issued through the secretary)*
- Power to preside the meetings by calling to order. *(should be at the venue sufficiently early)*
- Power to conduct the proceedings *(as per the agenda)* *(Along with the secretary, must play a role in the preparation of agendas.)*
- Power to conduct the proceedings *(as per the agenda)* *(Along with the secretary, must play a role in the preparation of agendas.)*
- Power and privilege to address every one on the stage individually. *(Others should address the president and others in general)*
- Power to sign the minutes of the previous meeting. *(After they have been approved by the members)*
- Power to decide who should speak first when there are several, members who would like to express their views. *(Should be impartial and allow no one monopolies the time)*
- Power to prevent irrelevant discussion. *(When the speaker is deviating from the main subject)*
- Power to refuse offensive statements involving un parliamentary language. *(Can interfere, point out and compel to withdraw)*
- Power to prevent making personal, subjective remarks. *(The speaker should talk about the subject, not about the person)*
- Power to cut short excessive hacking. *(No one should interrupt a speaker by shooting out questions and pass rude remarks)*
- Power to close the debate or discussion without allowing the usual sufficient voicing of the majority of the members present. *(When the president finds that the subject of the meeting faces defeat by the deliberate delaying or obstructing methods adopted by a few members, he/she can refuse to entertain further discussion)*
- Power to give a ruling on a question of procedure or a point or order. *(A point of order must deal with the procedure or conduct of the meeting laid down for various items that normally comes up in a meeting such as motions, amendments, voting, adjournment etc. The Chairperson should use his discretionary powers and give a ruling. The ruling on any matter of procedure is final and should be accepted by the members without question.)*
- Discretionary powers to refuse badly worded or ambiguous amendments and motion and refuse certain procedural motions. *(Chairperson has the power to point out the irregularities and have them put right)*
- Power to preserve order by banning offending members. *(when members persistently interrupt the proceedings or are involved in personal clashes, the chairperson has the power to direct the offenders to resume their seat and If they fail to comply with the order, may be removed from the meeting)*
- Power to conduct a voice vote *(voice or show of hands)* and to demand that poll be taken in case of any doubt about the result of the vote. *(It is also his/her power to announce the results clearly)*
- Power to give an ordinary or deliberate vote on any motion. *(Casting vote is exercised when the valid votes are equal. When there is a tie in votes, and the chairperson does not exercise his/her casting vote, the result is that the proposal is rejected.)*
- Power to adjourn the meeting under the following circumstances.
  1) When the meeting gets completely out of hand and the chairperson is unable to control the meeting inspite of taking every effort.
  2) When the meeting carries a motion to the above effect.
  3) When the business of the meeting has been completed.
  4) When the quorum lapses. *(In such a case the Chairperson has the power to adjourn the meeting until such time the quorum is established.)*
ROLE OF BRANCH SECRETARY

- Secretary is the limbs of the branch
- The Liaison Officer of the branch
- The Officer of Correspondence
- The despatch Clerk of the branch
- The Recording & Record clerk.
- The PRO of the branch
- The Spokes-person of the branch
- The manager of the branch.
- Normally bears 50% to 75% work load of the administration
- Acts under the direction & supervision of
  1) The President
  2) Executive Committee
- * The right hand of the President. Meets the President or committees as often as possible, at least before each meeting.
- * The main key to the success of a branch.

A SECRETARY HAS TO SEND

- Meeting notices & Invitations Timely.
  (With important items of the agenda)
- Minutes – After each meeting.
  (Prepare as early as possible – mail to each member)
- Monthly report to the state office concerned.
  (with the list of the current members)
- Photographs – sooner the better.
- Annual branch Budget – (Follow closely
  Don’t exceed; if exceeded, ratification)
- Annual programme planning (Follow it.)
- Statements of Account – Every month at
  the B.O.D. Meeting. (Monthly –
  Quarterly –Semi-Annual-Annual.)
- State Directory Particulars.
- Reports to the press with action
  photographs – sooner (Typed)
- Letters to Guest Speakers & Guests of
  Honour.
  - Confirming, Reminding and Thanking
    with Photographs
- Annual Activity Report
- Report on the achievements Special
  Awards.
- Application for State President’s
  Excellence Award.

A SECRETARY HAS TO MOTIVATE

Members to attend in large numbers.
(Meetings, Projects & Functions)
- President (& Members) to start the
  meetings on time.
- President to form ‘working’ branch
  committees.
- President to conduct Orientation for branch
  Committees.
- Treasurer to issue Subscription Bills /
  Invoices.
- P & T to honour all the bills in time.

- Finance Secretary to present Statements of
  Account as B.O.D. Meetings.
- To lunch a ‘profitable’ Fund Raising
  programme.
- President to observe the calen
  d are of
  events in letter and spirit.
- To implement all possible National, IMA
  Programmes.
- To read out the Medical Ethics at every
  meeting.
- To frame and adopt a club Constitution &
  Bye Laws.
Leading the Branch - Manual 2020

- To follow our Constitution & Bye laws.
- Each members to sponsor at least a service project a year.
- To increase membership
- To conduct New Members’ Orientation meet.
- To release club Bulletins regularly.
- To arrange Inter Branch meetings & Picnics.
- To make branch meetings regular, interesting and purposeful.
- To adjourn meetings in/on time.
- To execute a prestigious Permanent project involving the public.
- To promote intimacy and family participation. (Meetings at the residences-picnics-family Functions Personal, Birth & Wedding Day Greetings)
- Attend and motivate others to attend all state / National IMA events.

### A SECRETARY HAS TO KEEP & MAINTAIN

1. Attendance Register.
3. Club Committee Chairperson’s File & Reports.
4. Addressogram of members.
5. Permanent Record books of:
   a. Service Activities.
   b. Permanent Projects
   c. Branch Properties
   d. Branch Awards
   e. Fund Raising file.
   f. Branch Election file
   h. Birthday file.
   i. Wedding Day file
   k. Invitations
   l. Photo Album
   m. Bio Data of Guest Speakers.

### FILES TO BE MAINTAINED BY SECRETARY

1. Membership
2. Branch Activities
3. State Council Meeting
4. Central Council Meeting
5. State Circulars
6. Central Circular
7. Election Files
9. Maintain minutes of the meeting.
10. Despatch note

### SECRETARY & VARIOUS COMMITTEES

1. Ex-officio member in all the committees.
2. Direct the chairman of various Committees to act in the proper direction
3. Wings of IMA NHB, PPLSSS, Hospital Protection, Family Benefit, CGP, AMS, QEC, Ethical and Action Committees.
4. Elect one Office Bearer for each wing at the Branch level and supervise their function.
FINANCE SECRETARY - RESPONSIBILITIES

In a nutshell)
(In eight letters - “ABCD” & “FAST)

A - B - C - D

Every branch must have a financial Target & Agenda

A. Annual Budgeting
Consults, Prepares, Presents and gets the approval

To carry out the items of the Budget, money is needed

B. Billing Members
Send invoices, demanding members’ subscription

Billing alone won’t fill up the coffers of the association.

C. Collecting Subscription
A Herculean Task, but must be collected from everyone

Only petty cash for minor expenses can be kept in hand

D. Depositing in banks.
Deposits in the bank(s), Recommended by the Board

F - A - S - T

Provides the Two hands as per the direction of B.O.D.

F. Funding & Fund Raising
Raises Fund for service projects.

Pays mainly through cheques, files receipt and vouchers

A. Accounting Accurately
Mainly Day Book and Journal Meticulously

Members must know the financial condition of the Club

S. Statement of Accounts
Submits Monthly, Quarterly, Half Yearly and Annual Statements

Treasurer’s reputation depends on the Transparency

T. Transparency
The health of the Club also depends on the Transparency
BRANCH RECORDS TO BE MAINTAINED BY THE FINANCE SECRETARY

DAY BOOK: An account book of not less than 100 pages. Double entry system is advised. Day to day account of each receipt and expenditure should be entered date wise. Receipts on the left and expenditure on the right. The second column at the right may be used for balance. The particulars about income and expenditure should be entered with date and the serial number of bill / receipt / voucher, cheque etc.

LEDGER: There should be at least two sections – Administration and Activity. There should be separate pages for each item – Heading in the Annual Budget – both Administrative and Activity. As in the Day book, there should be columns for receipts – particulars with date – Expenditure and Balance.

MEMBER’S SUBSCRIPTION LEDGER: This Ledger is for the recording of the payments and arrears of each member.

BANK PASS BOOKS: Each branch may have accounts as recommenced. Only petty cash should be kept in hand and rest must be deposited in the banks. The pass books should be updated. A branch can have only one account in bank but at branch level.

BILL BOOK: Every branch has to send its Semi-Annual or Annual itemized bill to each member in March end.

ITEMIZED RECEIPT BOOK: Closely following the itemized format of the branch Bill with provisions for carbon copies.

BRANCH STATEMENT OF ACCOUNTS

- Presenting statements of accounts is one of the most important responsibilities of every branch treasurer.
- Some of the statements of Accounts: Monthly, Quarterly, Semi-Annual and Audited Annual statements of Account. Monthly statements of account should be submitted at every board of Directors meetings.
- Only after the submission of monthly accounts the Board can understand the financial condition of the club.
- There should be two separate statements of accounts – for branch administration and activities.
- Copies of these statements should be distributed to the Board of Directors present.
- Copies should be mailed to the B.O.D. who are absent.
- The treasurer has to explain if doubts are raised.
- The board has to approve the statement every time.
- The monthly administrative statement should furnish the income on ‘important headings.’
- The administrative expenses in the month should be furnished under ‘important headings’ as in the branch budget /Ledger.
- The total income and expenditure, the excess income, how much in the bank and how many rupees in hand should be explained.
- Similarly, the income, expenditure, balance etc. in the activity account should also be given under important headings.
BRANCH BULLETIN / WEBSITE

- Bulletin is an asset to each branch
- It is line wine
- Enjoy maximum readership.
- Should be regularly published and well maintained.
- A good bulletin can always keep members in good humour
- e.mail bulletin can be started.

Contents shall be

1. IMA information
2. Synopsis of meeting and projects
3. Forth coming events of IMA
4. Birth and marriage anniversaries of members etc.
5. Scientific articles etc

SUGGESTED PERMANENT PROJECTS FOR THE BRANCHES

(Select according to their needs) (At least one permanent Project per Branch)

- IMA Branch Building
- IMA Blood Banks
- IMA Free Clinics
- Free Immunization Centre in members Hospital (Vaccines will be supplied by Public Health Department free of cost)
- Passengers Waiting shed at highways.
- Traffic Islands.
- Signal Boards
- Hoardings on Road Safety
- Tree Planting
- Public Libraries
- School Building
- School Furniture
- Public Toilets
- Low cost houses for the poor
- Form and Maintain Park
- Waste Disposal Boxes
- Water supply projects
- Road ‘Direction Boards
- Gymnasium
- Benches for Railway Station, Bus Stands, Govt. Hospital etc.
- Child Care Centers
- Old Age caring centers
- Adopting PHCs, School, Rural Villages etc.
ELECTION & PROTOCOL IN IMA

As per Indian Medical Association Tamilnadu State Branch Constitution Rules and Bye-Laws revised during September 2019, all the branch elections are to be completed by 31 Jan of every year.

**The following are the norms to be adhered on conducting election.**
1. Conduct Election for the Office bearers including the representatives for Central and State Councils.
2. Only those branches which conduct elections regularly shall be considered for awards / allowed to vote in election.
3. Any team of office bearers desirous of continuing another term of office shall do so with an approval of their General Body for a maximum of three consecutive years only.

**VARIOUS POSTS:** Other than Regular posts kindly have representatives for various wings and schemes

1. **STATE COUNCIL MEMBERS:**
   For first 100 members 3 members are eligible, i.e.
   i. The President of the Local Branch
   ii. The Hony. Secretary of the Local Branch
   iii. One Representative of the Local Branch
   For every 50 members or part thereof, one representative is allowed.

2. **CENTRAL COUNCIL MEMBERS**
   20 – 100 Members – One representative
   After 100 members – one additional representative for every 100 members or part thereof.

3. **PROTOCOL FOR CONDUCTING MEETINGS**
   A. Model Invitation Format
      Welcome by : Branch President
      Presided by : State President if he is invited for the Function.
      Chief Guest : Any VIP
      Guests of Honor : State Vice President / Hony State Secretary
      Felicitations : Others
      Vote of Thanks : Branch Secretary Or Branch Finance Secretary
B. DAIS ARRANGEMENT FOR THE MEETING
State President - in Centre
On his left-Chief Guest, State Office Bearers, HQs. Office bearers & Hony Branch. Secretary.
On his Right- Branch President, Guests of Honor, Vice President, Joint Secretary & Treasurer of the branch

C. PROTOCOL TO BE FOLLOWED FOR LEADING TO DAIS AND SEATING
Branch President → State President → Chief Guest → Guests of Honor → State Office Bearers → National Office Bearers. (Branch Office Bearers to escort the Guests)

D. PROTOCOL OF THE ORDER OF THE PROGRAM
Collaring the Presidents by Respective Secretaries.
Tamil Thai Vazhthu / Prayer Song
IMA Prayer -
Physicians Prayer
Welcome Address – Branch President
Secretaries Report – Branch Secretary
New Office Bearers Taking Over – Acceptance Speech by New President
Presidential Address – State President
Chief Guest Address -
Guests of Honor Address -
Felicitations -
Vote of Thanks -
National Anthem –

E. Note:
A) Order of addressing during speech.
   The Presiding officer should be addressed first.
   The Chief Guest / Guest of Honour/ Speakers should be addressed next to the presiding officer, followed by others with regard to official rank in IMA.
B) Front Row must contain seats in Odd Numbers.
C) Kindly invite the Corresponding Zonal Vice Presidents for all important meetings.
D) Kindly follow the attached IMA Prayer as per IMA HQRS instructions.
E) Branches shall not conduct any meetings on the day of State Meetings like State Council, State Conferences, etc., as per IMA TNSB Constitution.
DIAS SEAT ARRANGEMENTS
Installation Function & Other Functions
IMA State Branch

Right

State Joint Secretary, Various Wing Secretaries, Joint Secretaries & State Past Presidents

Various Wing Chairpersons & Secretaries

Conf. Secy-E Chairman if any Senior VP HQs.OB if any Guest of Honour Chief Guest State President

State State Imm.Past Vice State Conf.

Left

1st Row: Press / Media / Past IMA State Presidents

Audience Audience Audience Audience Audience

Audience Audience Audience Audience Audience

NB:- For Installation function, the Incoming President will sit on the left side of the present President and immediately after installation, they will exchange the Chairs

Installation & Other Functions
IMA Local Branch

Wing Chairpersons, Past Presidents & Joint Secretaries

Conf. Secy-E Chairman if any HQs.OB if any Guest of Honour Chief Guest Branch President Branch Secretary Imm. Past President Vice State Fin.Secy Conf.

Audience Audience Audience Audience Audience

Audience Audience Audience Audience Audience

NB:- For Installation function, the Incoming President will sit on the left side of the present President and immediately after installation, they will exchange the Chairs
**MODEL LETTER HEAD FOR LOCAL BRANCH**

**INDIAN MEDICAL ASSOCIATION**

________________________ BRANCH

Address ____________________ Ph : _________ Fax ___________
e.mail _____________ website ___________

<table>
<thead>
<tr>
<th>President</th>
<th>Hony. Secretary</th>
<th>Hony. Finance Secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. ______</td>
<td>Dr. ________</td>
<td>Dr. __________</td>
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<th>Address ______</th>
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<th>Ph. Cell. e.mail</th>
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<tr>
<th>Imm. Past President</th>
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<tbody>
<tr>
<td>Dr. ________________</td>
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<table>
<thead>
<tr>
<th>President Elect</th>
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<tr>
<td>Dr. ______________</td>
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<tr>
<th>Vice President</th>
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<tr>
<td>Dr. ______________</td>
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<table>
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<tr>
<th>Joint Secretary</th>
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<tr>
<td>Dr. ______________</td>
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<table>
<thead>
<tr>
<th>Assistant Secretary</th>
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<tbody>
<tr>
<td>Dr. ________________</td>
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<thead>
<tr>
<th>Central Council Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. ________________</td>
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<tr>
<td>Dr. ________________</td>
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<tr>
<td>Dr. ________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State Council Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. ________________</td>
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<tr>
<td>Dr. ________________</td>
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<tr>
<td>Dr. ________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Branch Executive Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman &amp; Secretaries of various wings &amp; Schemes</td>
</tr>
</tbody>
</table>

All communications intended for Branch Office should be addressed to the Hony. Branch Secretary
MODEL INVITATION

Indian Medical Association
______________ Branch

The President and the members of IMA ____________ Branch solicit your august presence (with kith and kin) to _______________________ (the function’s name) at ____________ (time) on ________ (date) at _________ (Venue).

Mr. / Dr. __________________________
will be the Chief Guest

Mr. / Dr. __________________________
will be the Guest of Honour

1. Mr. / Dr. ________________________
2. Mr. / Dr. ________________________

will felicitate

__________________________
President

__________________________
Org. Secretary

__________________________
Chairman, Organising Committee

N.B. : Protocols order should be followed in the invitation while printing the names of the Chief Guest / Guest of Honour / Felicitators etc. (Please refer protocol order)

INVITATIONS IN SPECIAL SITUATIONS

Combined Functions of Headquarters / State / Local Branches

For the combined functions of National / State / Local branches, the names of the involved branches should be present on the top.

IMA State Branch & IMA Local Branch

The names of the President and Secretary of both the involved branches should be included at the bottom.

For IMA Wing / Scheme Meetings

For the Wing / Scheme Meetings / Functions of IMA Branches, the Name / Names of the involved branches as well as the name of the wings and emblems should be there on the top.

IMA State Branch & The Nursing Home Wing of IMA State Branch

In the bottom along with the President and Secretary the names of the Chairman, Secretary and Treasurer of the Wing should be included.

For Installation Functions

The names of the outgoing and incoming Presidents and Secretaries name should be printed at the bottom of the invitation.
# BRANCH REPORTING FORMAT

**NAME OF THE BRANCH:**

<table>
<thead>
<tr>
<th>Membership</th>
<th>Important Medical Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHB</td>
<td>Public Program</td>
</tr>
<tr>
<td>Paramedical</td>
<td>State Project</td>
</tr>
<tr>
<td>AMS</td>
<td>National Project</td>
</tr>
<tr>
<td>CGP</td>
<td>State Level Meeting</td>
</tr>
<tr>
<td>PPLSSS</td>
<td>National Level Meeting</td>
</tr>
<tr>
<td>FSS</td>
<td>Standing Committee</td>
</tr>
<tr>
<td>CME</td>
<td>Bulletin / E - Magazines</td>
</tr>
<tr>
<td>Non Medical Topics</td>
<td>Website</td>
</tr>
<tr>
<td>Workshop</td>
<td>Attendance %</td>
</tr>
<tr>
<td>Women Dr’s Wing</td>
<td>Innovative Programmes</td>
</tr>
<tr>
<td>Govt. Dr’s Wing</td>
<td>SCM Attended</td>
</tr>
<tr>
<td>Cultural Sports</td>
<td>State IMA Officials / Govt. Officials involved</td>
</tr>
<tr>
<td>Family Meet &amp; Tour / Picnics</td>
<td>TOTAL MARKS</td>
</tr>
</tbody>
</table>

**MONTH:**

<table>
<thead>
<tr>
<th>Important Medical Days</th>
<th>Public Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Project</td>
<td>National Project</td>
</tr>
<tr>
<td>State Level Meeting</td>
<td>National Level Meeting</td>
</tr>
<tr>
<td>Standing Committee</td>
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<td>Attendance %</td>
</tr>
<tr>
<td>Innovative Programmes</td>
<td>SCM Attended</td>
</tr>
<tr>
<td>State IMA Officials / Govt. Officials involved</td>
<td>TOTAL MARKS</td>
</tr>
</tbody>
</table>

**NOTES:**

**MEMBERSHIP:** Percentage age increase of existing members additional mark if > 10 % females

**CME:** Practical Topics; Case Discussion

**NHB:** Membership; Administrative Topics Discussion; CRISIS MANAGED - CRISIS TEAM; IMA PROTECTION FORCE; Workshop Meetings; Zonal/ District Meets

**PARAMEDICAL:** No.of Hospitals having Paramedical Courses; CMES/ Workshop for Paramedicals Nurses Day Celebration

**AMS:** Meeting with other Association; Workshop; Membership

**CGP:** NO.OF Members Doing IMA CGP Courses; Membership; Special Programs for General Practitioners

**PPLSSS:** Promotion; Medicolegal Case Discussion; Membership Increase

**FSS:** Promotion; Membership Drive

**WOMEN DR’S WING:** Activities on Women health to Public, Schools, Colleges; Activities on Social Aspects Related to Women implementing State WDW programs

**GOVERNMENT DR’S WING:** Membership; Discussion on Their Problems; Involving District Health Officials

**SPORTS & CULTURAL:** Activities; Branch Team; Competitions; Participation in Zonal State Level Activities

**PUBLIC MEETING:** Involving NGOS, LIONS, ROTARY, Other Service Associations; Awareness Programs

**STATE & NATIONAL LEVEL PROJECT:** Implementation of State And National Level IMA Projects

**STATE /NATIONAL MEETINGS:** Conducting state or national meetings

**BULLETINE/ E - MAGAZINE:** Publishing state /National Programs, Informations etc.

**WEB SITE:** Own web site/ periodical up dates.

**IMPORTANT MEDICAL DAYS:** PROGRAMS ON VARIOUS HEALTH DAYS.

**ATTENDENCE PERCENTAGE/ CREDIT HRS TNMC:** % age of members attending the programs. Total members attended/ total branch members * 100

**TOTAL MARKS:** Monthly Review; Each program 2 marks.
PROFESSIONAL PROTECTION LINKED
SOCIAL SECURITY SCHEME OF IMA TAMIL NADU

Hi - Tech Eye Care Hospital, 25/A, Chekkumettur Street,
e.mail : secretarypplsss@gmail.com

Professional Protection Linked Social Security Scheme (PPLSSS) OF IMA Tamil Nadu was inaugurated on April 26th 1998 by Dr. A.S. Azeem, Dr. M. Balasubramnanian, Dr. (Capt) G. Raghavelu and Dr. T.N. Ravisankar as a trust having them as the permanent trustees. It was a bold step taken by them for the benefit of the members of IMA Tamil Nadu State Branch.

All Life Members of IMA Tamil Nadu State Branch could be the members of the Scheme. This is by renewal basis.

In September 2001, Family Benefit Scheme and Hospital Protection Scheme were started. PPLSSS Office Bearers will run these two schemes also.

Purpose of PPLSSS

From consultation chamber doctor may be dragged to the court even for no fault of his. Commercialization has paved the way to consumerism. Insufficient communication has led to our own perils.Even experts have experienced trials.

If a Doctor receives a notice it will certainly wipe out all his self-respect and self-esteem and will result in discouragement, depression and despair. He will be eagerly looking for a support.To ask for help and to accept help is not demeaning.So asking for help is a right and therefore produces no disgrace and is no affront to dignity.PPLSS Scheme is for the Doctors, of the Doctors and by Doctors.Early enrollment in PPLSSS rescues doctors during Crisis.

Procedures:

We request our members to note that when any one receives a notice from lawyer / consumer council, please immediately reply that you deny all allegations and the detailed reply would be sent within 30 days. Then please send the copy of notice, case sheet and your points regarding your subject to the legal committee chairman and notice copy to the PPLSSS Secretary.

It is mandatory that the member must send a typed copy of the case sheet to the legal committee chairman enabling him to start preparing the reply for the notice. There is no outside settlement as per PPLSSS rules.
The members can engage the PPLSSS recognised lawyers in that District or you can engage your lawyer after informing the District coordinator. The District Coordinator will consult the PPLSSS Legal Office and Secretary Office and then give consent to engage your lawyer to appear for the case in your District.

After the District forum Judgement, if the case is lost and there is any amount to be deposited, the member will deposit the amount in the court as per the Judgement. The PPLSSS will pay the lawyers’ fees. The case will be appealed in the State Forum. There are 2 PPLSSS lawyers for the Sate forum. They will take up case and proceed.

The deposit paid by the member in the District Court will be reimbursed by the PPLSSS after the case over in the State Forum and the Judgement is received from the State Forum.

Depending on the State Forum Judgement, it will be decided whether to appeal to the national forum or not by the PPLSSS.

When a complaint is given in a police station, the Sub Inspector / Inspector will call up for enquiry. In this situation we must inform the branch president and secretary and then go and explain to them and come. After returning from the police station, the branch president and secretary must be informed. The District coordinator may be informed before going to the police station.

All our members GPS/Non-Surgical specialities / Surgical Specialities and Anaesthetists can utilize these facilities.

Rs.6000/7000/8000 for 5 years for a coverage of Rs.5 lakhs or Rs.11000/13000/15000 for a coverage of Rs.10 lakhs for 5 years is a very cheap indemnity which is available with legal advice.

**Hospital Protection Scheme**: We request all our members having Nursing Homes to become Nursing Home Board members and then become Hospital Protection Scheme Members. Now a days notices are sent against the hospitals also. HPS covers the hospitals- this is for a period of 3 years

**Family Benefit Scheme**: Family Benefit Scheme is utilized by our members. Rs.1, 20,000 per year; maximum of Rs.60000 at a time with a gap of 6 months. This is yearly renewal.

**Dr. K. THANGAMUTHU**  
Chairman  
PPLSSS, HPS & FBS

**Dr. S. NEHRU**  
Hony. Secretary  
PPLSSS, HPS & FBS

**Dr. E. KUMARESAN**  
Finance Secretary  
PPLSSS, HPS & FBS
**PROFESSIONAL PROTECTION LINKED SOCIAL SECURITY SCHEME OF IMA TAMILNADU**

- Helps you to counter C.P.A.
- Makes you to shed your defensive practice.
- Best defense in the offensive society
- Coverage from the day of enrolment
- Guidance & Safe guarding from day one of receiving notice
- Compensation upto Rs. 5/- Lakhs for 5 yrs

**PPLSSS NEW MEMBERS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Compensation 5 Lakhs</th>
<th>Compensation 10 Lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>per block of 5 years</td>
<td>per block of 5 years</td>
</tr>
<tr>
<td>GENERAL PRACTITIONER</td>
<td>Rs. 6,000 + 1,080 = 7,080/-</td>
<td>Rs. 11,000 + 1,980 = 12,980/-</td>
</tr>
<tr>
<td>NON – SURGICAL</td>
<td>Rs. 7,000 + 1,260 = 8,260/-</td>
<td>Rs. 13,000 + 2,340 = 15,340/-</td>
</tr>
<tr>
<td>SURGICAL ANAESTHETIST</td>
<td>Rs. 8,000 + 1,440 = 9,440/-</td>
<td>Rs. 15,000 + 2,700 = 17,700/-</td>
</tr>
</tbody>
</table>

**PPLSSS RENEWAL MEMBERS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Compensation 5 Lakhs</th>
<th>Compensation 10 Lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>per block of 5 years</td>
<td>per block of 5 years</td>
</tr>
<tr>
<td>GENERAL PRACTITIONER</td>
<td>Rs. 5,000 + 900 = 5,900/-</td>
<td>Rs. 10,000 + 1,800 = 11,800/-</td>
</tr>
<tr>
<td>NON – SURGICAL</td>
<td>Rs. 6,000 + 1,080 = 7,080/-</td>
<td>Rs. 12,000 + 2,160 = 14,160/-</td>
</tr>
<tr>
<td>SURGICAL ANAESTHETIST</td>
<td>Rs. 7,000 + 1,260 = 8,260/-</td>
<td>Rs. 14,000 + 2,520 = 16,520/-</td>
</tr>
</tbody>
</table>

**HOSPITAL PROTECTION SCHEME OF PPLSSS OF IMA TAMILNADU**

"The Scheme will take up notices / cases against the hospitals enrolled and pay the compensation awarded against hospitals but not against the individual doctors." The hospitals are requested to ensure that all the consultants and duty doctors are enrolled as members of PPLSS Scheme so that entire notice / case can be taken and fought collectively. The Hospitals should be members of IMA Nursing Home Board.

**HPS NEW & RENEWAL SUBSCRIPTION**

<table>
<thead>
<tr>
<th>Category</th>
<th>Compensation 5 Lakhs</th>
<th>Compensation 10 Lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY LEVEL</td>
<td>Rs. 4000 + 720 = 4,720/-</td>
<td>Rs. 7000 + 1260 = 8,260/-</td>
</tr>
<tr>
<td>SECONDARY LEVEL Any One facilities (ICU/</td>
<td>Rs. 6000 + 1080 = 7,080/-</td>
<td>Rs. 12000 + 2160 = 14,160/-</td>
</tr>
<tr>
<td>Theatre / Labour Room, X-Ray, Scan, Lab)</td>
<td>Any two facilities</td>
<td>Rs. 18000 + 3240 = 21,240/-</td>
</tr>
<tr>
<td></td>
<td>Rs. 9000 + 1620 = 10,620/-</td>
<td>Rs. 30000 + 5400 = 35,400/-</td>
</tr>
<tr>
<td>All three facilities and More</td>
<td>Rs. 15000 + 2700 = 17,700/-</td>
<td>Rs. 50000 + 9000 = 59,000/-</td>
</tr>
<tr>
<td>50 beds and more with all facilities and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TERTIARY LEVEL</td>
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</table>

**NOTE**

- Subscription Amount which includes 18% GST
- DD should be send in the name of “PPLSSS of IMA TN” Payable at Kallakurichi
FAMILY BENEFIT SCHEME OF PPLSSS OF IMA TAMILNADU

- Scheme shall reimburse Rs. 1 Lakh for the Hospitalization expenses incurred in that year for the member, spouse or children below 21 years and not exceeding Rs. 50,000 per Hospitalization for the members or their nominees.

- The member has to inform the scheme office about the hospital of his / her choice for elective surgery before admission.

- Member has to inform the scheme office within 24 hours of admission in emergency cases.

- Claim must be made within 60 days after the discharge.

- Eligible to claim reimbursement for treatment had within Tamil Nadu.

- The interval between one claim to another is 120 days.

- N.B. Renewal of subscription without break is essential

<table>
<thead>
<tr>
<th>AGE</th>
<th>ANNUAL FEE</th>
<th>NOTE: Subscription Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto 45 years</td>
<td>Rs. 3,500 + 630 = 4,130/-</td>
<td>which includes 18% GST</td>
</tr>
<tr>
<td>46 - 55 years</td>
<td>Rs. 4,500 + 810 = 5,310/-</td>
<td>DD should be send in the name of</td>
</tr>
<tr>
<td>56 - 65 years</td>
<td>Rs. 5,500 + 990 = 6,490/-</td>
<td>“FBS of PPLSSS of IMA Tamilnadu” Payable at Kallakurichi</td>
</tr>
<tr>
<td>66 - 70 years</td>
<td>Rs. 6,000 + 1,080 = 7,080/-</td>
<td></td>
</tr>
<tr>
<td>71 - 75 years</td>
<td>Rs. 6,500 + 1,170 = 7,670/-</td>
<td></td>
</tr>
<tr>
<td>76 - 80 years</td>
<td>Rs. 7,000 + 1,260 = 8,260/-</td>
<td></td>
</tr>
</tbody>
</table>

Payment Mode: DD only Accepted.
DD should be send to the following address:
Dr. S. NEHRU, Hony.Secretary, PPLSSS of IMA TN.
Hi- Tech Eye Care Hospital, 25/A, Chekkumettur Street, Kallakurichi - 606 202.
Email:secretarypplss@gmail.com
Mob: 94872 72627. Ph : 04151 - 224176 (Office)
For Case related enquires contact Secretary : 94872 72627 (or)
Other enquiries contact PPLSSS office : 04151 - 224176
Indian Medical Association
Tamilnadu State Branch
Family Security Scheme

Chairman:
Dr. C. Thangamuthu
20, Baskaran Street,
Gobichettipalayam – 638 452
Erode District. Cell: 994430 22328
Email: sailootmuthu@gmail.com

Secretary:
Dr. V. Madhavan
Abirami Eye Hospital,
37, E.V.N. Road, Erode – 638 009.
Cell: 98427 55802
Email: madhuerode@gmail.com

Treasurer:
Dr. K. Soundararajan
Naveen Balaji Nursing Home
21, NGGO Colony, Opp. Srinivasa Theatre
Erode – 638 009.
Cell: 97861 98333
Email: drksoundararajan@gmail.com

FSS Office Address:
ABIRAMI EYE HOSPITAL,
37, E.V.N. Road,
Erode – 638 009.
Cell: 9840537178 & 9360498113
Email: imatnsbfss@gmail.com
Web: www.imatnsbfss.com

FAMILY SECURITY SCHEME - I

Total Members : 9479
25th Premium for this year : Rs.14000/-
Benefit : Rs. 18 Lakhs

b) Health Benefit scheme (HBS) for members above 80 years of age.

NRD for New Membership
Rs.3000/- for Below 30 years
Rs.10000/- for 30-40 years
Rs.50000/- for 40-50 years
Age Limit: 50 years only

Procedure for New Membership

· Kindly fill in the form, download from website
· DD for AFC + NRD
· Xerox of Life membership Certificate of IMA
· Forwarded by the Secretary of the Branch.

FAMILY SECURITY SCHEME - II

Total Membership : 2822
2nd premium : Rs.12000/-
Benefit (Death Claim) : Rs. 300 x Active members

NRD for NEW membership
Rs.3000/- for Below 30 years
Rs.10000/- for 30-40 years
Rs.50000/- for 40-50 years
Age Limit : 60 years only

50 – 60 Years NRD is the completed age of the member
Please enroll new membership in New MA Form only. Kindly send the Original MA Form along with two xerox copy of the form and xerox copy of the Medical Registration Certificate

Please find the Membership Application Form below:

**INFORMATION**

**Membership Proposed by Dr. [Name] IMA Hqrs. Membership No. [Number]**

**To**

The Honorary Secretary General, IMA

**Dear Sir,**

I hereby apply to be enrolled as a member of the Indian Medical Association as [Name] member through Local Branch [Name] under the **Tamil Nadu** State / Territorial Branch of IMA.

**Member’s Name as per MC / SMC Certificate: IN BLOCK LETTERS:** [Name]

**Father’s / Husband’s Name:** [Name]

**Date of Birth:** [Date]

**Address (Permanent / Correspondence):** [Address]

**Pincode:** [Pincode]

**Clinic / Hospital Address:** [Address]

**Mobile No.** [Number] **Tel. (R)** [Number] **Tel. (Clinic/Hospital)** [Number]

**E-mail ID:** [Email] **Aadhar No.:** [Number] **(enclose xerox copy)**

**QUALIFICATION**

<table>
<thead>
<tr>
<th>M.B.B.S. (1)</th>
<th>(2)</th>
<th>(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLLEGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Designation (Practice / Job):** [Position]

**Registration Details:** (Photocopy of Registration Certificate to be enclosed with IMA Hqrs. Form)

**Registration No. of Medical Council of India / State Council:** [Number] **Date:** [Date]

**Service (details):**

I declare that I am registered with MCI/State Medical Council, I certify that all details/documents furnished are true. If my statement is found to be incorrect Date: [Date] my membership would stand to be cancelled and the fee paid by me to all sections of IMA will be liable to be forfeited by them. I hereby give undertaking that I shall abide the Rules and Regulations of IMA.

**Place:** [Place] **Signature of the Applicant:** [Signature]

**Certified that I have verified the qualification and registration of the applicant and his eligibility as per rules of IMA for being enrolled as member of the Indian Medical Association. Forwarded to the Hony. Secretary General along with HFC:** [Name] **Signature & Stamp of Hony. Secretary, Local Branch:** [Name]

**Forwarded to IMA Hqrs. along with HFC on:** [Date] **Received at IMA Hqrs. along with HFC on:** [Date] **Membership confirmed on:** [Date]

**Signature & Stamp of Dr. A.K. Ravikumar**

Hony. State Secretary, IMA TN SB

**Signature & Stamp of Hony. Secretary General:** [Signature]

**NB:** The Local Branch Secretary will keep a photocopy of this form & forward the original form to State / Terr. Branch Secretary along with Admission Fee & HFC and the State will also retain a photocopy of this form & send the original form along with Admission Fee and HFC to IMA HQs. for proper record maintaining. The journal office will be informed by the Hony. Secretary General by providing addressograph lists to JIMA.

Membership will be commence only after it is approved and confirmed by the Hony. Secretary General, IMA (HQs.)
I.M.A. College of General Practitioners
Head Quarters
IMA TN State Hq Building, Doctors Colony, Via Bharathri Nagar 1st Main Road, Off: Mudichur Road, Tambaram(West), Chennai - 600 045, M: 97890 14450 /98841 34495

APPLICATION FORM FOR LIFE MEMBERSHIP
(The information will be treated as confidential)
PLEASE WRITE CLEARLY

1. Name (In Block Letters): Dr. .................................................................

2. S/o, W/o ............................................................................................

3. Address (In Block Letters)
   for: Correspondence:
   Contact No. .......................................................... Email ID: ..............................................................

4. Date of Birth: ___________________________ Sex: MALE/FEMALE

5. Qualification (Degrees & Diplomas)
   1. University ...................................... Year: .................. 3. University ...................................... Year: ...........
   2. University ...................................... Year: .................. 4. University ...................................... Year: ...........

6. Registration with .......................................................... Medical Council Regd No: ..................

7. Member of IMA through .................................................... Branch: ................................... State Branch

8. IMA Life membership No: ..............................................................

9. Status: General Practice/Specialist Practice/Govt. Service/Teaching Service

I hereby give an undertaking that I shall abide by the rules and regulations of IMA CGP and uphold and promote the aims of the College to the best of my ability.

Signature of the Applicant

FOR OFFICE USE ONLY
SUB-FACULTY IMA CGP
Forwarded to IMA CGP State Faculty
Membership fee remitted
Date: ...................... Membership Approved YES/NO

HON. SECRETARY LOCAL BRANCH/
HON. SECRETARY SUB-FACULTY, IMA CGP

FOR OFFICE USE ONLY
STATE-FACULTY IMA CGP
Forwarded to IMA CGP HQRs, Chennai
Membership fee remitted
Date: ...................... Membership Approved YES/NO

HON. STATE SECRETARY/
HONY. FACULTY SECRETARY, IMA CGP

FOR OFFICE USE ONLY
HEADQUARTERS IMA CGP
Received on .......... Form and Fee Rs. ............... by Cash/Cheque/DD No................. Date: ..............
Bank: ......................
Allotted Membership No: ..........................................................
Life Membership Certificate dispatched on: ........................................
Life Membership Fee Rs. 1000/- (DD in the name of "IMA CGP HQRS" payable Chennai)

HON. SECRETARY
IMA CGP HEADQUARTERS
APPLICATION FORM FOR LIFE MEMBERSHIP

Dear Sir,

I hereby apply to be elected a Member/Associate Member/Overseas Member/Life Member of I.M.A. Academy of Medical Specialties. My particulars are given below:

I am a member of the Indian Medical Association:

(A) IMA Membership No.................................................................

(B) State .......................Branch........................................Direct Member............................................

(C) Proposed by ..............................................................................

I have read the Rule & Bye-Laws of the I.M.A. Academy of Medical Specialties and, if elected as a member, I agree to abide by the same.

Place........................................

Date........................................

Signature of the applicant

1. Name in Full (Block Letters).................................................................

2. Date of Birth......................3. Sex.............4. Name of Father/Husband..............................................

5. Postal Address......................................................................................

..............................................................................................................PIN: ................................

6. Land Line No ..................................Mobile No........................................

7. Email ID................................................8. Demand Draft No & Date:........................

9. Name of the Bank..............................................................(The Life Membership fee of Rs. 1000/- To be drawn in favor of “IMA AMS” payable at Hyderabad)

10. Qualifications:

Degree/Diploma University/Institution Year Obtained

i. .......................................................... .................................................. ..........................................

ii. .......................................................... .................................................. ..........................................

Please enclose photo copies of IMA Membership/Degree, Post Graduate & Diploma/Degree/copy of MCI registration

11. Experience:

Designation Institution Period: From To

i. .......................................................... .................................................. ..........................................

ii. .......................................................... .................................................. ..........................................

If the space provided under any item is inadequate use additional sheets/s
12. (a) Membership of Medical Associations:
   National/International
   1. .................................................................
   2. .................................................................

   (b) Membership of other Organisations:
   1. .................................................................
   2. .................................................................

13. Prizes, Medals, Awards etc:
   Under-graduate/PG/After PG Level
   1. .................................................................
   2. .................................................................

   National or International awards:
   1. .................................................................
   2. .................................................................

14. Publications:
<table>
<thead>
<tr>
<th>Title</th>
<th>Name of co-authors if any</th>
<th>Name &amp; Issue of Journals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Any other information:

Recommended and forwarded to the Honorary Secretary, I.M.A. Academy of Medical Specialities, 2nd Floor,
I.M.A. Building, Esamia Bazaar, Koti, Hyderabad – 500027, Telangana.

Honorary Secretary
Honorary Secretary
Branch Chapter
State Chapter

Date

FOR HEADQUARTERS USE ONLY

Application received on
Category of Membership applied for:
MEMBER / ASSOCIATE MEMBER/ OVERSEAS MEMBER / LIFE MEMBER

Membership approved on
Membership No.

Honorary Secretary
I.M.A. Academy of Medical Specialities
Head Quarters,

Hyderabad

Please strike out whatever is not applicable.
PROFESSIONAL PROTECTION LINKED SOCIAL SECURITY SCHEME
OF IMA TAMILNADU
MEMBERSHIP APPLICATION FORM

1. Name (in Capital Letters) : Dr. ____________________________
2. Date of Birth : ___________ Age: _______ Sex: Male/Female
3. Father’s / Husband’s Name : ____________________________
4. Address :
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   Pin code: __________________
   Mobile No. ___________________ E-Mail: __________________
6. Qualification Name of the University Year of Passing
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
7. Registration No. : __________________ Year of Registration: ______
   Name of the Medical Council : __________________
8. Present Place of Practice : __________________
9. IMA Life Membership No. : __________________
10. Name of the Local Branch : __________________
11. Category Applied : GP / Non Surgical Specialist / Surgical & Anesthetist
12. Are you insured under indemnity Scheme : Yes / No
    If Yes, Name of Insurance Company : __________________
    Place: __________________ Policy No. __________________ Date of Expiry: ___________
13. Name of the Family Members Age Sex Relationship
    ______________________________________________________
    ______________________________________________________
    ______________________________________________________
    ______________________________________________________
14. Nominee Name Age Sex Relationship
    ______________________________________________________
15. Payment Details:

DD No. ___________ Bank _______________ Branch _______________

Amount _______________ Date of Issue _______________

Payment options DD
DD should be send in the name of “PPLSSS OF IMA TN” Payable at Kallakurichi

Send the filled up application along with payment information
DR.S.Nehru, MS., DO., Hon'Y.Secretary, PPLSSS of IMA TN.
Hi-Tech Eye Care Hospital, Chekku Mettu Street, Kallakurichi - 606202, Villupuram District.
Mob: 9487272627 Ph: 04151- 224176

Dispatch Details : Date ________ Courier/Registered Post/ in person

Date of commencement of membership will be from the date of receipt of DD at the principal office.

DECLARATION

I, ____________________________ __________a Life Member of ______________________ Branch

of IMA, do hereby, declare that the details furnished above are true and correct and that I will abide by

the Rules and Regulations of Professional Protection Linked Social Security Scheme of IMA Tamilnadu as

amended on 01.3.1998.

Date: __________________________ Signature __________________________

Not For Renewal Members

Forwarded: __________________________

Designation: __________________________

(To be forwarded by the local branch President/Secretary/PPLSSS District Co-ordinator)

Signature: __________________________

(FOR OFFICE USE ONLY)

Date of Receipt : __________________________

Mode of Receipt : Courier/Reg.Post/in person (Time: a.m/p.m)

Application Form : Complete/Incomplete Remarks:

D.D. Realised on : __________________________

Date of Commencement of Membership : __________________________

Date of Despatch of PPLSSS Receipt to the member : __________________________

Date of Despatch of PPLSSS Certificate to the member : __________________________

PPLSSS Membership No:
HOSPITAL PROTECTION SCHEME
OF PPLSSS OF IMA TAMILNADU

MEMBERSHIP APPLICATION FORM

1. Name of Hospital (in Capital Letters) : ________________________________
2. Date of Establishment : _____________________________________________
3. Address :
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   Pin code: __________________
4. Telephone Nos. : ____________________________________________ STD Code: __________
   E-mail : ______________________ Fax No : __________________
5. IMA NHB No. : ________________________________________________
6. Year of Enrolment : ______________________________________________
7. Owner’s / Managing Directors Name : ______________________________
8. IMA Local Branch Name : _________________________________________
9. IMA Life Membership No : _________________________________________
   Name of the Medical Council : ______________________________________
10. Category Applied : Primary Level / Secondary Level / Tertiary Level
11. Are you insured under indemnity Scheme : Yes / No
    If Yes, Name of the Insurance Company : _____________________________
    Place: _____________________ Policy No: ________________ Date of Expiry: _________

   FACILITIES AVAILABLE

12. Total No. of Beds : _________ General Wards : _________ Rooms : _________
13. ICU : Yes / No ICCU : Yes / No IMCU : Yes / No
14. O.T. : Yes / No if Yes No. of O.T : __________
15. Labour Room : Yes / No Laboratory : Yes / No X-Ray : Yes / No
16. Ultra Sound : Yes / No Physiotherapy : Yes / No

   STAFF PATTERN

17. No. of Consultants : __________
18. No. of Duty Doctors : __________
19. No. of Staff Nurses : _________ Qualified : _________ Trained : _________
20. No. of Technicians : _________ Qualified : _________ Trained : _________
21. Payment Details:
DD No. ___________ Bank ___________________ Branch ______________
Amount _______________ Date of Issue _______________

Payment options DD
DD should be send in the name of “HPS of PPLSSS of IMA TN” Payable at Kallakurichi

Send the filled up application along with payment information
DR.S.Nehru, MS., DO., Hony.Secretary, PPLSSS of IMA TN..
Hi-Tech Eye Care Hospital, Chekku Mettu Street, Kallakurichi - 606202, Villuppuram District.
Mob: 9487272627 Ph: 04151- 224176

Despatch Details : Date ________ Courier/Registered Post/ in person
Date of commencement of membership will be from the date of receipt of DD at the principal office.

DECLARATION
I, ____________________________ _______ a Life Member of __________________________ Branch
of IMA, do hereby, declare that the details furnished above are true and correct and that I will abide by
the Rules and Regulations of Professional Protection Linked Social Security Scheme of IMA Tamilnadu as
amended on 01.3.1998.

Date: ___________ Signature

Not For Renewal Members
Forwarded: ________________
Designation: ________________
(To be forwarded by the local branch President/Secretary/PPLSSS District Co-ordinator)
Signature: ___________________

(FOR OFFICE USE ONLY)
Date of Receipt : 
Mode of Receipt : Courier/ Reg.Post /in person (Time: a.m/p.m)
Application Form : Complete/ Incomplete Remarks:
D.D. Realised on : 
Date of Commencement of Membership : 
Date of Despatch of Receipt to the Hospital/Nursing Home : 
Date of Despatch of Certificate to the Hospital/Nursing Home : 
HPS Membership No : 
VRenewal Due on : 
Letter of reminder sent on : 
Renewal Fee received on : 

IMA Tamilnadu State Branch

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FAMILY BENEFIT SCHEME
OF PPLSSS OF IMA TAMILNADU
MEMBERSHIP APPLICATION FORM

1. Name (in Capital Letters) : Dr. ____________________________________________
2. Date of Birth : __________________ Age: _______ Sex: Male/Female
3. Father’s / Husband’s Name : ____________________________________________
4. Address :
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   Pin code: __________________
   Mobile No. ____________________________ E-Mail: ____________________________
6. Qualification Name of the University Year of Passing
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
7. Registration No. : __________________ Year of Registration ____________
   Name of the Medical Council : ____________________________________________
8. Present Place of Practice : ____________________________________________
9. IMA Life Membership No : ____________________________________________
10. Name of the Local Branch : ____________________________________________
11. PPLSSS No : _________________________________________________________
12. Are you insured under indemnity Scheme : Yes / No
   If Yes, Name of Insurance Company : _________________________________
   Place: __________________ Policy No. __________________ Date of Expiry:_______
13. Name of the Family Members Age Sex Relationship
    ____________________________________________
    ____________________________________________
    ____________________________________________
    ____________________________________________
14. Nominee Name Age Sex Relationship
    ____________________________________________
15. Payment Details:

DD No. __________  Bank __________________  Branch __________

Amount ______________  Date of Issue ______________

Payment options DD

DD should be sent in the name of "FBS of PPLSSS of IMA TN" Payable at Kallakurichi

Send the filled up application along with payment information

DR. S. Nehru, MS., DO., Hony. Secretary, PPLSSS of IMA TN.
Hi-Tech Eye Care Hospital, Chekku Mettu Street, Kallakurichi - 606202, Villuppuram District.
Mob: 9487272627 Ph: 04151-224176

Despatch Details: Date ________ Courier/Registered Post/ in person

Date of commencement of membership will be from the date of receipt of DD at the principal office.

DECLARATION

I, ________________________ _______ a Life Member of ______________ Branch of IMA, do hereby, declare that the details furnished above are true and correct and that I will abide by the Rules and Regulations of Professional Protection Linked Social Security Scheme of IMA Tamilnadu as amended on 01.3.1998.

Date: ___________________ Signature ___________________

Not For Renewal Members

Forwarded: ______________

Designation: ______________

(To be forwarded by the local branch President/Secretary/PPLSSS District Co-ordinator)

Signature: ______________

(FOR OFFICE USE ONLY)

Date of Receipt: 

Mode of Receipt: Courier/ Reg.Post /in person (Time: a.m/p.m)

Application Form: Complete/ Incomplete  Remarks:

D.D. Realised on: 

Date of Commencement of Membership: 

Date of Despatch of Receipt to the member: 

Date of Despatch of Certificate to the member: 

FBS Membership No: 

Renewal Due on: 

Letter of reminder sent on: 

Renewal Fee received on: 

IMA Tamilnadu State Branch
INDIAN MEDICAL ASSOCIATION
TAMILNADU STATE BRANCH
FAMILY SECURITY SCHEME - I
ONE FOR ALL & ALL FOR ONE
REGISTRATION FORM - FOR FSS - I

MEMBER

NOMINEE I

NOMINEE II

NOMINEE III

Photo

Photo

Photo

Photo

MEMBER
NAME

AGE / SEX

SIGNATURE

NOMINEE - I

RELATIONSHIP

NOMINEE - II

RELATIONSHIP

NOMINEE - III

RELATIONSHIP

I hereby declare that the information given above is true. I am aware of the rules and regulations of Family Security Scheme - I of IMA, TNSB and I will abide by it

SIGNATURE OF THE APPLICANT

Forward by Hony. Secretary Dr. .................................................................

LOCAL BRANCH SECRETARY SEAL

SIGNATURE OF LOCAL BRANCH SECRETARY

RECEIPT NO. : ............................................ NRD AMOUNT ............................ ADVANCE AMOUNT .........................

ABOVE DETAILS ARE VERIFIED AND APPLICATION “ACCEPTED / NOT ACCEPTED”

FSS I MEMBERSHIP NO. .................................................................

WINDOW PERIOD FROM ........................................ TO .................................

SIGNATURE OF THE FSS I SECRETARY
INDIAN MEDICAL ASSOCIATION, TNSB
FAMILY SECURITY SCHEME - I
(PLEASE FILL ALL INFORMATION BY CAPITAL LETTERS)

NAME : ..............................................................................................................................................

DATE OF BIRTH : ................................................. AGE ........................................... SEX ........................................

ADDRESS : ............................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................

TELEPHONE NO. : .................................................... TAMILNADU MEDICAL COUNCIL NO. ........................................

MOBILE NO. : ........................................................

EMAIL : ............................................................................................................................................

QUALIFICATION : .................................................................................................................................

IMA BRANCH IN WHICH THE DOCTOR IS A LIFE MEMBER : ...............................................................

LIFE MEMBERSHIP NO. : .................................................................

REFERENCE RELATIVES (OR) FRIENDS
NAME: .............................................................................................................................................. MOBILE NO: .............................................................................

The following Documents should be sent Compulsorily along with the Application Form
1. Application form (Filled up), Photo of Members and Nominees
2. IMA Life Membership Certificate - Xerox Copy
3. Age proof - Xerox Copy
4. Branch Hony. Secretary - Should forward the application - with IMA Seal
5. DD according to the Age Group
6. DD in the Name of IMA TNSB FSS ADVANCE A/C Payable at ERODE
7. Please Note : Window period 1 Year except accidental death
8. Advance Fraternity contribution to be every Year in the Month of JANUARY (or) on Demand.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Non Refundable Deposit (NRD)</th>
<th>Deposit Contribution</th>
<th>Total Deposit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto 30 Years</td>
<td>Rs. 3,000/-</td>
<td>Rs. 14,000/-</td>
<td>Rs. 17,000/-</td>
</tr>
<tr>
<td>31 - 40 Years</td>
<td>Rs. 10,000/-</td>
<td>Rs. 14,000/-</td>
<td>Rs. 24,000/-</td>
</tr>
<tr>
<td>41 - 50 Years</td>
<td>Rs. 50,000/-</td>
<td>Rs. 14,000/-</td>
<td>Rs. 64,000/-</td>
</tr>
</tbody>
</table>

MODE OF PAYMENT
1. AMOUNT IN WORDS :

2. DD NO. NRD AMOUNT ADVANCE AMOUNT

3. BANK : BRANCH : DATE :

IMA Tamilnadu State Branch

129
INDIAN MEDICAL ASSOCIATION
TAMILNADU STATE BRANCH
FAMILY SECURITY SCHEME - II
LOSES OF FEW ARE SHARED BY MANY
REGISTRATION FORM - FOR FSS - II

MEMBER

NOMINEE I

NOMINEE II

NOMINEE III

Photo

Photo

Photo

AGE / SEX

SIGNATURE

MEMBER NAME

NOMINEE - I

RELATIONSHIP

NOMINEE - II

RELATIONSHIP

NOMINEE - III

RELATIONSHIP

I here by declare that the information given above is true. I am aware of the rules and regulations of Family Security Scheme - II of IMA, TNSB and I will abide by it

SIGNATURE OF THE APPLICANT

Forward by Hony. Secretary Dr. ...............................................................

LOCAL BRANCH SECRETARY SEAL

SIGNATURE OF LOCAL BRANCH SECRETARY

RECEIPT NO. : ........................................ NRD AMOUNT ................................ ADVANCE AMOUNT ................................

ABOVE DETAILS ARE VERIFIED AND APPLICATION “ACCEPTED / NOT ACCEPTED”

FSS II MEMBERSHIP NO. .................................................................

WINDOW PERIOD FROM .................................. TO ..................................  

SIGNATURE OF THE SECRETARY FSS II

IMA Tamilnadu State Branch
FAMILY SECURITY SCHEME - II  
(PLEASE FILL ALL INFORMATION BY CAPITAL LETTERS)

NAME : ..............................................................................................................................

DATE OF BIRTH : .............................................. AGE .................................. SEX .................................

ADDRESS : ............................................................................................................................

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TELEPHONE NO. : ................................................................. TAMILNADU MEDICAL COUNCIL NO.  : ..............................................................

MOBILE NO. : ............................................................................................................................

EMAIL : ..............................................................................................................................

QUALIFICATION : ..................................................................................................................

IMA BRANCH IN WHICH THE DOCTOR IS A LIFE MEMBER : ..............................................................

LIFE MEMBERSHIP NO. : ........................................................................................................

REFERENCE IMA FSS MEMBERS

NAME: ................................................................................................................................. MOBILE NO: .................................................................................................................................

The following Documents should be sent Compulsorily sent along with the Application Form
1. Application form (Filled up), Photo of Member and Nominees
2. IMA Life Membership Certificate - Xerox Copy
3. Age proof - Xerox Copy
4. Existing FSS Members should provide FSS I Certificate - Xerox Copy
5. Branch Hony. Secretary - Should forward the application - with IMA Seal
6. DD according to the Age Group
7. DD in the Name of IMA TNSB FSS II ADVANCE A/C Payable at ERODE
8. Please Note : Window period for Existing FSS Members - 6 Months from the date of joining
Window period for New FSS II Members - 1 Year from the date of joining
9. Advance Fraternity contribution to be paid every Year in the Month of JULY (or) on Demand.

MODE OF PAYMENT

1. AMOUNT IN WORDS : ........................................................................................................

2. DD NO. ...................... NRD AMOUNT .................................................. ADVANCE AMOUNT  ..................................................

3. BANK : .................................................. BRANCH : .................................................. DATE : ..................................

Please send your payment & Communication

Dr. V. MADHAVAN, Hony. Secretary FSS - I & II IMA TNSB  
Abirami EYE Hospital, # 37, EVN Road, 
Erode - 638 009, Off.No. 9840 537178, 93604 98113, Mail: imatnsbfss@gmail.com,
MEMORANDUM

Sub: Registration of cases against the fatal cases in Hospitals - filing of FIR u/s 304 (A) IPC - Instructions - Issued.

Ref: Chief Office Memo Re.No. 85234/L & O/Con./97, dated 27.05.1997.

1. Time and again instructions have been issued that whenever fatal complications are likely to occur in spite of best efforts taken by the Doctors in their Hospital and Nursing Homes, Police and fault with them and cases u/s 304 (A) IPC have been registered against them apart from sealing the hospital or nursing home. This kind of act brings down the reputation of the hospital as well as the moral of the doctor. Indian Medical Association, Tamil Nadu State has requested to issue suitable instructions in this regard.

2. The Supreme Court of India, New Delhi in their judgment has indicated that doctors should not be held criminally responsible unless there is a prima facie evidence before the court in the form of a credible opinion from another competent doctor preferably a Government doctor in the same filed of medicine supporting the charges of a rash and negligent act.

3. Based on the above judgment, it is once again reiterated that whenever a complaint of negligence on the part of Medical Practitioners / Doctors / Surgeons / Physicians is received no arrest filing of FIR u/s 304 (A) IPC should be resorted to before getting an opinion from a competent authority. Such cases will be duly investigated by the investigating officers and any action should be fully supported by documentary evidence, supervisory approval strengthened with the opinion of law officer.

4. The above instructions should be followed scrupulously in future.

Sd/-

D. MUKHERJEE
Director General of Police

To
All Superintendents of Police in Districts.
All Commissioners of Police in Cities
All Deputy Inspectors General of Police
All Zonal Inspectors General of Police

Copy to: The Addl. Director of General of Police (L & O ) for Information

/ True Copy / Forwarded by order /

Sd/-

Personal Assistant (Admn.)
ABSTRACT

Prosecution of doctors for offences of criminal rashness or criminal negligence in treatment modalities – Guidelines laid down by the Supreme Court of India – Aiding of – Instructions – Order issued.

Health and Family Welfare (Z1) Department

Thiruvalluvar Aandu 2039
Aani – 20

G.O. (Ms) No. 220

Dated : 4.7.2008

Read:

1. G.O.(Ms) No. 133, Health and Family Welfare Department, dated 9.7.2002
2. G.O.(D) No. 3, Health and Family Welfare Department, dated 2.1.2008
3. From the Hon. Secretary, Indian Medical Association, Madurai Branch letter dated 23.7.2007
4. From the State Secretary, Tamil Nadu Government Doctors' Association letter dated 18.12.2007

Order:

The issue of prosecution of doctors on the complaints of negligence of treatment modalities under section 304A of the Indian Penal Code has been engaging the attention of the Government for long and certain guidelines have been issued in the matter in the Government Orders first and second read above.

2. In the letter third read above, the Indian Medical Association, Madurai Branch has requested the Government to issue an order abiding the guidelines laid down by the Supreme Court of India on the arrest of doctors for treatment modalities. In the letter fourth read above, the Tamil Nadu Government Doctors' Association has requested the Government to bring a Government order against the arrest of doctors without establishing a prima-facie evidence for criminal case as laid down by the Supreme Court.

3. The Supreme Court of India in its judgement dated 5.8.2005 in Criminal Appeal Nos. 144-145 of 2004 (Jacob Mathew vs State of Punjab and Another) has laid down the following guidelines for the future which should govern the prosecution of doctors for offences of which criminal rashness or criminal negligence is an ingredient :

A private complaint may not be entertained unless the complainant has produced prima facie evidence before the Court in the form of a credible opinion given by another
competent doctor to support the charge of rashness or negligence on the part of the accused doctor. The investigating officer should before proceeding against the doctor accused of rash or negligent act or omission, obtain an independent and competent medical opinion, preferably from a doctor in Government service qualified in that branch of medical practice who can normally be expected to give an impartial and unbiased opinion applying Bolam’s test to the facts collected in the investigation. A doctor accused of rashness or negligence, may not be arrested in a routine manner (Simply because a charge has been leveled against him) unless his arrest is necessary for furthering the investigation or for collecting evidence or unless the investigation officer feels satisfied that the doctor proceeded against would not make himself available to face the prosecution unless arrested, the arrest may be withheld.

4. The Government have examined the request of the Indian Medical Association and the Tamil Nadu Government Doctors’ Association for abiding the guidelines laid down by the Supreme Court of India in the matter taking account of the existing guidelines in the matter and issue the following orders

(a) In partial modification of the orders issued in the Government Order first read above, the investigating officers are directed to follow the guidelines laid down by the Supreme Court of India in its judgement dated 5.8.2005 in Criminal Appeal No. 144-145 of 2004 (Jacob Mathew vs State of Punjab and Another) governing the prosecution of doctors for offences of criminal rashness or criminal negligence detailed in para 3 of his order.

(b) The orders issued in the Government Order second read above constituting a permanent enquiry committee to look into the complaints against doctors regarding negligence in treatment modalities are hereby cancelled.

(By Order of the Governor)

V.K. SUBBURAJ
SECRETARY TO GOVERNMENT

To
The Director of Police, Chennai – 600 004.
The Hony. State Secretary, Indian Medical Association, Tamil Nadu State Branch.
The State Secretary, Tamil Nadu Government Doctors’ Association.

Copy to
The Registrar, Tamil Nadu Medical Council, Chennai.
The Director of Medical Education, Chennai – 600 010.
The Director of Medical and Rural Health Services, Chennai – 600 006.
The Director of Public Health and Preventive Medicine, Chennai – 600 006.
All District Collectors.
The Home Department, Chennai – 600 009.
The Secretary to Chief Minister, Chennai – 600 009.
The Senior Personal Assistant to Minister (Health) Chennai – 600 009.
The Principal Secretary to Government, Home Department, Chennai 600 009.
The Health and Family Welfare (A/B/E/F) Department, Chennai – 600 009.
/ forwarded by order /

Sd/-
SECTION OFFICER
Part IV—Section 2
Tamil Nadu Acts and Ordinances

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<td>222-223</td>
</tr>
<tr>
<td>No. 48 of 2008—Tamil Nadu Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act</td>
<td>225-226</td>
</tr>
<tr>
<td>No. 49 of 2008—Tamil Nadu Value Added Tax (Second Amendment) Act</td>
<td>227-228</td>
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The following Act of the Tamil Nadu Legislative Assembly received the assent of the Governor on the 28th November 2008 and is hereby published for general information:—

ACT No. 48 OF 2008.

An Act to prohibit violence against medicare service persons and damage or loss to property of medicare service institutions and for matters connected therewith and incidental thereto.

WHEREAS, acts of violence causing injury or danger to life of medicare service persons and damage or loss to the property of medicare service institutions are on the increase in the State creating unrest among medicare service persons resulting in total hindrance of such services in the State;

AND WHEREAS, it has become necessary to punish the persons committing violence by making the offence as cognizable and non-bailable and to provide for compensation, for damage or loss caused to the property of medicare service institutions, to be determined by court;

Be it enacted by the Legislative Assembly of the State of Tamil Nadu in the Fifty-ninth Year of the Republic of India as follows:—

1. (1) This Act may be called the Tamil Nadu Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2008.

(2) It shall be deemed to have come into force on the 18th day of July 2008.

2. In this Act, unless the context otherwise requires,—

(1) “medicare service institution” means any institution providing medicare to people which is under the control of the State or the Central Government or local bodies including any private hospital having facilities for treatment of the sick and used for their reception or stay; any private maternity home where women are usually received and accommodated for the purpose of confinement and ante-natal and post-natal care in connection with child birth or anything connected therewith; and any private nursing home used or intended to be used for the reception and accommodation of persons suffering any sickness, injury or infirmity whether of body or mind, and providing of treatment for nursing or both of them and includes a maternity home or convalescent home;

(2) “medicare service person” in relation to a medicare service institution shall include,—

(a) registered medical practitioners (including a person having provisional registration);
(b) registered nurses;
(c) medical students;
(d) nursing students;
(e) para medical workers;

employed and working in such medicare service institutions;

(3) “property” means any property, movable or immovable or medical equipment or medical machinery owned by or in possession of, or under the control of, any medicare service person or medicare service institution;

(4) “violence” means activities of causing, any harm, injury or endangering the life or intimidation, obstruction or hindrance to any medicare service person while discharging his duty in the medicare service institution or causing damage or loss to the property.

3. Any person either by himself or as a member or as a leader of a group of persons or organization, commits or attempts to commit or abets or incites the commission of any act of violence shall be punished with imprisonment for a term which shall not be less than three years but which may extend to ten years and with fine.
4. Any offence committed under section 3, shall be cognizable and non bailable.

5. (1) In addition to the punishment specified in section 3, the person shall be liable to pay compensation for the damage or loss caused to the property, as determined by the court.

(2) If the person has not paid the compensation under sub-section (1), the said sum shall be recovered under the provisions of the Tamil Nadu Revenue Recovery Act, 1864 as if it were an arrear of land revenue.

6. No claim for compensation for the damage or loss caused to the property shall be made by the medicare service person or medicare service institution, before any authority, under the Tamil Nadu Property (Prevention of Damage and Loss) Act, 1992.

7. Save as otherwise provided in this Act, the provisions of this Act shall be in addition to and not in derogation of, any other law for the time being in force.

8. (1) The Tamil Nadu Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Ordinance, 2008 is hereby repealed.

(2) Notwithstanding such repeal, anything done or any action taken under the said Ordinance shall be deemed to have been done or taken under this Act.

(By order of the Governor)

S. DHEENADHAYALAN,
Secretary to Government,
Law Department.

All Clinical Establishments should display this as per TNCEA
Supreme Court of India

Hon'ble Mr. R.C. Lahoti, chief Justice of India
Hon'ble Mr. G.P. Mathur, J.
Hon'ble Mr. P.K. Balasubramanyam J.

Criminal Appeals Nos. 144-145 of 2004

(From Judgement and Order dated 18-12-2002 and 24.01.2003 of Punjab and Haryana High Court)

Decided on 05.08.2005

Dr. Jacob Mathew

vs.

State of Punjab & Anr.

A. MEDICAL NEGLIGENCE – CONCEPT OF

– Difference in Civil and Criminal Law – Complaints under Consumer Protection Act - Actions for damages in Tort – Criminal complaints under section 304A or under section 336/337/338, Indian Penal Code alleging rashness or negligence on the part of doctors resulting in loss of life or injury of varying degrees to the patient – Essential components of negligence, as recognized, are ‘duty’, ‘breach’ and ‘resulting damage’ – If the claimant satisfies the court on the evidence that these three ingredients are made out, Doctor (professional) should be held liable in negligence – It is the amount of damages incurred which is determinative of the extent of liability in civil law – In criminal law it is amount and degree of negligence that is the determinative of liability – To fasten liability in Criminal Law, degree of negligence has to be higher than that required to fasten liability for damages in civil law – ‘Simple lack of care’ such as will constitute civil liability is not enough. Paras 11,12,13,15.

B. MEDICAL NEGLIGENCE – DEGREE OF SKILL AND CARE REQUIRED BY MEDICAL PRACTITIONER BOLAM’S CASE – Test is the standard of the ordinary skilled man exercising and professing to have that special skill – A medical practitioner would be liable only where his conduct fell below that of the standards of a reasonably competent practitioner in the field – A mere deviation from normal professional practice is not necessarily evidence of negligence. Paras 20,22,25,26.

C. MEDICAL NEGLIGENCE – RES IPSA LOQUITUR

– Simply because a patient has not favourably responded to a treatment given by a physician for a surgery has failed, the doctor cannot be held liable per se by applying the doctrine of res ipsa loquitur (facts speak itself) – Inference as to negligence may be drawn from proved circumstances if cause of accident is unknown to the cause is coming forth from the professional – A care under section 304A, Indian Penal Code cannot be decided solely by applying the rule of res ipsa loquitur. Paras 27, 28,29.

D. MEDICAL NEGLIGENCE CONCEPT OF

– Whether a different standard is applicable for recording a finding of negligence when a professionals, in particular, a doctor is to be held guilty of negligence – Held, Yes – Dealing with a case of medical negligence needs a deeper understanding of the practical side of medicine - Three considerations can be pointed out which any
E. MEDICAL NEGLIGENCE – JUDICIAL DECISIONS – Review of Indian decisions – Conclusions summed up. Para 49

F. MEDICAL NEGLIGENCE – CRIMINAL PROSECUTIONS – Need for protecting doctors from frivolous or unjust prosecutions – A private complaint may not be entertained unless the complainant has produced prima facie evidence before the court in the form of credible opinion given by another competent doctor – A doctor accused of rashness or negligence, may not be arrested in a routine manner – Statutory Rules or Executive Instructions incorporating certain guidelines need to be framed by Governments in consultation with the Medical Council of India – Guidelines laid down by the Court. Paras 52, 53.

SUMMARY OF FACTS

Complainant’s father, suffering from cancer in an advanced stage, was admitted as a patient in a Private ward of a hospital, feeling difficulty in breathing. On his death, son of patient filed an FIR with police station alleging that there was no doctor available for 20-25 minutes and oxygen cylinders required were not made available for the patient. It was alleged that the patient died because of the hospital having failed to keep available a gas cylinder or because of the gas cylinder being found empty. The judicial Magistrate framed charges under section 304A, Indian Penal Code against the two doctors. The doctors filed a petition for quashing of their criminal prosecution alleging that there was no specific allegation of any act of omission or commission against the accused persons. The High Court dismissed their petition.

The Supreme Court has held that the allegations in the complaint do not make out a case of criminal rashness or negligence on the part of the doctors.

HELD (SUPREME COURT OF INDIA)

We sum up our conclusions as under:

1. Negligence is the breach of a duty caused by omission to do something which a reasonable man guided by those considerations which ordinarily regulate the conduct of human affairs would do, or doing something which a prudent and reasonable man would not do. The definition of negligence as given in law of Torts, Ratanlal & Dhirajlal (edited by Justice G.P. Singh), referred to hereinabove, holds good. Negligence becomes actionable on account of injury resulting from the act or omission amounting to negligence attributable to the person sued. The essential components of negligence are three; ‘duty’, ‘breach’ and resulting damage’.

2. Negligence in the context of medical profession necessarily calls for a treatment with a difference. To infer rashness or negligence on the part of a professional, in particular a doctor, additional considerations apply. A case of occupational negligence is different from one
of professional negligence. A simple lack of care, an error of judgement or an accident, is not proof of negligence merely because a better alternative course or method of treatment was also available or simply because a more skilled doctor would not have chosen to follow or resort to that practice or procedure which the accused followed. When it comes to the failure of taking precautions what has to be seen is whether those precautions were taken which the ordinary experience of men has found to be sufficient; a failure to use special or extraordinary precautions which might have prevented the particular happening cannot be the standard for judging the alleged negligence. So, also, the standard of care, while assessing the practice as adopted, is judged in the light of knowledge available at the time of the incident, and not at the date of trial. Similarly, when the charge of negligence arises out of failure to use some particular equipment, the charge would fail if the equipment was not generally available at that particular time (that is the time of the incident) at which it is suggested it should have been used.

3. A professional may be held liable for negligence on one of the two findings: either he was not possessed of the requisite skill which he professed to have possessed, or, he did not exercise, with reasonable competence in the given case, the skill which he did possess. The standard to be applied for judging, whether the person charged has been negligent or not, would be that of an ordinary competent person exercising ordinary skill in that profession. It is not possible for every professional to possess the highest level of expertise or skills in that branch which he practices. A highly skilled professional may be possessed of better qualities, but that cannot be made the basis or the yardstick for judging the performance of the professional proceeded against on indictment of negligence.

4. The test for determining medical negligence as laid down in Bolam’s case, (1957) 1 WLR 582 (586) holds good in its applicability in India.

5. The jurisprudential concept of negligence differs in civil and criminal law. What may be negligence in civil law may not necessarily be negligence in criminal law. For negligence to amount to an offence, the element of mens rea must be shown to exist. For an act to amount to criminal negligence, the degree of negligence should be much higher i.e. gross or of a very high degree. Negligence which is neither gross nor of a higher degree may provide a ground for action in civil law but cannot form the basis for prosecution.

6. The word ‘gross’ has not been used in section 304-A of IPC, yet it is settled that in criminal law negligence or recklessness, to be so held, must be of such a high degree as to be ‘gross’. The expression ‘rash or negligent act’ as occurring in section 304A of the IPC has to be read as qualified by the word ‘grossly’.

7. To prosecute a medical professional for negligence under criminal law it must be shown that the accused did something or failed to do something which in the given facts and circumstances no medical professional in his ordinary sense and prudence would have done or failed to do. The hazard taken by the accused doctor should be of such a nature that the injury which resulted was most likely imminent.
8. Res ipsa loquitur is only a rule of evidence and operates in the domain of civil law specially in cases of torts and helps in determining the onus of proof in actions relating to negligence. It cannot be pressed in service fir determining per se the liability for negligence within the domain of criminal law. Res ipsa loquitur has, if at all, a limited application in trial on a charge of criminal negligence.

We may not be understood as holding that doctors can never be prosecuted for an offence of which rashness or negligence is an essential ingredient. All that we are doing is to emphasize, the need for care and caution in the interest of society; for the service which the medical profession renders to human beings if probably the noblest of all, and hence there is a need for protecting doctors from frivolous or unjust prosecutions. Many a complainant prefers recourse to criminal process as a tool for pressurizing the medical professional for extracting uncalled for or unjust compensation. Such malicious proceedings have to be guarded against.

So long as it is not done, we propose to lay down certain guidelines for the future which should govern the prosecution of doctors for offences of which criminal rashness or criminal negligence is an ingredient. A private complaint may not be entertained unless the complainant has produced prima facie evidence before the Court in the form of a credible opinion given by another competent doctor to support the charge of rashness or negligence on the part of the accused doctor. The investigating officer should, before proceeding against the doctor accused of rash or negligent act or omission, obtain an independent and competent medical opinion preferably from a doctor in Government service qualified in that branch of medical practice who can normally be expected to give an impartial and unbiased opinion applying Bolam’s test to the facts collected in the investigation. A doctor accused of rashness or negligence, may not be arrested in a routine manner (simply because a charge has been leveled against him. ) Unless his arrest is necessary for furthering the investigation or for collecting evidence or unless the investigation officer feels satisfied that the doctor proceeded against would not make himself available to face the prosecution unless arrested, the arrest may be withheld.

Reverting back to the facts of the case before us, we are satisfied that all the averments made in the complaint, even if held to be proved, do not make out a case of criminal rashness or negligence on the part of the accused-appellant. It is not the case of the complainant that the accused-appellant was not a doctor qualified to treat the patient whom he agreed to teat.

CARE REFERRED
9. Bolam v. Friern Hospital Management Committee, (1957) 1 WLR 582 (586) Para 20
12. Maynard v. West Midlands Regional Health Authority (1985) 1 All ER 635 (HL) Para 24
15. John Oni Akerele v. The King, AIR 1943 PC 72. Para 38
17. Emperor v. Omkar Rampratap, 4 Bom LR 679 Para 39
20. Dr. Laxman Balkrishna Joshi v. Dr. Trimbak Bapu Godbole and Anr., (1969) 1 SCR 206. Para 42

**IMPORTANT LAW POINTS**

- The service which the medical profession renders to human beings is probably the noblest of all, and hence there is a need for protecting doctors from frivolous or unjust prosecutions.
- A private complaint may not be entertained unless the complainant has produced prima facie evidence before the court in the form of a credible opinion given by another competent doctor to support the charge of rashness or negligence on the part of the accused doctor.
- To hold in favour of existence of negligence, associated with the action or inaction of a medical professional, requires an in-depth understanding of the working of a professional as also the nature of the job and of errors committed by, chance, which do not necessarily involve the element of culpability.
THE HIGH COURT OF JUDICATURE AT MADRAS
DATED: 23.02.2010

C O R A M

The Honourable Mr. H.L. Gokhale, CHIEF JUSTICE

and

The Honourable Mr. Justice K.K. Sasidharan

Writ Petition No. 30259 of 2008

Indian Medical Association
Rep. by Dr. K. Prakasam, Chairman,
IMA Quackery Eradication Committee,
Tamil Nadu State Branch, Chennai.

versus

1. State of Tamil Nadu,
   Rep. by its Secretary to Government
   Department of Health and Family Welfare,
   Fort St. George, Chennai – 9.

2. The Director General of Police
   Chennai – 600 004.

3. The Director
   Public Health and Preventive Medicine,
   DMS Complex, Teynampet, Chennai – 18.

Prayer: Petition filed under Article 226 of the Constitution of India praying for a writ of mandamus
directing the respondents 1 to 3 herein to consider the representations dated 15.05.2008 and
14.06.2008 and initiate appropriate criminal prosecution under the law against the Paramedical
Technicians, Paramedical Practitioners and Physiotherapist who are prescribing allopathic medicine
and administering allopathic treatment and using the prefix Doctor (Dr.) before their names in
prescriptions and advertisements within the State of Tamil Nadu.

For Petitioners: Mr. K. Sridhar for
M/s. K. Sridhar Associates

For Respondents – 1 & 3: Mr. G. Sankaran, Spl, Govt. Pledger (Edn.)
For Respondents – 2: Mr. J. Raja Kalifulla,
Govt. Pledger

O R D E R

(Delivered by the Honourable the Chief Justice)

Heard Mr. K. Sridhar, learned counsel in support of this petition. Mr. G. Sankaran, learned
Special Government Pledger (Education) appears for respondents 1 and 3; Mr. J. Raja Kalifulla,
learned Government Pledger appears for the second respondent.
2. The writ petition is filed by the Indian Medical Association through the Chairman of its Quackery Eradication Committee. The petition prays that action be taken against persons who pose themselves as doctors or persons who are qualified otherwise than doctors, prefixing the title ‘Doctor (Dr.)’ before their names in prescriptions and advertisements.

3. A similar matter had come up for consideration before this Court, being Writ Petition No. 22155 of 2009, wherein a direction was sought to take action against persons who are practicing medicine without any valid licence. That petition was disposed of by this Court by order dated 05.01.2010, directing the petitioner therein to furnish to the respondents therein, the names of persons who are allegedly practicing medicine without any valid licence; the respondents therein were directed to take action against such persons on receiving any such information.

4. Similarly, the petitioner herein may also furnish the names of such persons who, according to them, are prescribing allopathic medicine, administering allopathic treatment and using the prefix Doctor (Dr.) before their names in prescriptions and advertisements, to the Superintendent of Police as well as the District Medical Officer concerned. The learned Government Pleader as well as the earned Special Government Pleader assure that the authorities concerned will take necessary steps in accordance with law. The writ petition is thus disposed of. There shall be no order as to costs. Consequently, M.P. No. 1 of 2008 is closed.

Sd/-
Asst. Registrar

/ true copy /

Sd/-
Sub. Asst. Registrar

To
1. The Secretary to Government,
   Department of Health and Family Welfare,
   Government of Tamil Nadu,
   Fort St. George, Chennai – 9.
2. The Director General of Police,
   Chennai – 4.
3. The Director,
   Public Health and Preventive Medicine,
   DMS Complex, Teynampet, Chennai-18.
1 cc To M.s. K. Sridhar Associates, Advocate, SR. 11840
1 cc to the Government Pletcher SR NO. 12206

BVN (CO)
sra 03 / 03 2010

THE HIGH COURT OF JUDICATURE AT MADRAS
DATED : 05.01.2010

C O R A M

The Honourable Mr. H.L. GOKHALE, CHIEF JUSTICE
and
The Honourable Mr. Justice K.K. SASIDHARAN

Writ Petition No. 22155 of 2009

The Chairman,
Formerly Legal Advisory Committee,
Indian Medical Association
(Registration XXI No. 325/1934)
Tamil Nadu Branch, Kattathurai,
Kanyakumari.----- ----- ------ ----- ----- ----- ----- ----- Petitioner

versus

1. State of Tamil Nadu,
   Rep. by its Secretary to Government
   Department of Health and Family Welfare,
   Fort St. George, Chennai – 9.

2. The State of Tamil Nadu
   Rep. by its Secretary,
   Health and Family Welfare Department,
   Fort St. George, Chennai -9.

3. The Secretary to Governemnt
   Law Department,
   Fort St. George, Chennai -9.----- ----- ---- ----- ----- ----- ----- Respondents

Prayer : Petition filed under Article 226 of the Constitution of India praying for a writ of mandamus
directing the respondents to consider the petitioner Association’s representation dated 19.12.2008.

For Petitioner : Mr. K. Gunaseelan for
Mr. S. Padmanabhan
For Respondents : Mr. J. Raja Kalifulla
Govt. Pleader

O R D E R

(Helivered by the Honourable the Chief Justice)

Heard Mr. K. Gunaseelan, learned counsel appearing on behalf of Mr. S. Padmanabhan in
support of this petition. Mr. J. Raja Kalifulla, learned Government Pleader appears for the
respondents.
2. The petitioner is the former Chairman of the Legal Advisory Committee of the Indian Medical Association. The Association is keen eradicating the menace of quacks or unqualified medical practitioners, who despite not having the proper qualifications, are practicing medicine without any licence whatsoever. The writ petition is filed with a prayer to take action against such persons order to prevent innocent persons becoming victims at the hands of the quacks. In this regard, the Association has sent several representations to the respondents, the last one being dated 09.12.2008, and since the respondents have not responded thereto, the writ petition is filed seeking a direction thereon.

3. The learned Government Pleader points out a letter dated 02.10.2007 which is found in the typed set of papers filed along with the writ petition, issued by the Secretary to Government, Home Department and which is addressed to the Director General of Police, living directions to take action against such quacks.

4. It is well known that the menace of quacks is a continuing problem face throughout the state and this Court cannot issue a general direction to the respondents to take action against all such persons. The petitioner Association should furnish to the respondents, the name of such persons who are allegedly practicing medicine without any valid licence. We expect the respondents to take immediate action against such persons on receiving any such information from the petitioner Association,

5. The writ petition stands disposed of with the aforesaid observations and directions, but there shall be no order as to costs.

Sd/-
Asst. Registrar

/ true copy /

Sd/-
Sub. Asst. Registrar

To
1. The Secretary
   Home Department,
   Government of Tamil Nadu,
   Fort St. George, Chennai – 9.
2. The Secretary
   Health and Family Welfare Department
   State of Tamil Nadu,
   Fort St. George, Chennai – 9.
3. The Secretary to Government,
   Law Department,
   Fort St. George, Chennai – 9.
1 cc to Government Pleader, Sr. No. 676
1 cc to Mr. S. Padmanaphan, Advocate, Sr.No. 226
1 cc to the Government Pleader SR NO. 12206

Writ Petition No. 22155 of 2009.
SUMMARY OF FACTS:
Husband of complainant, complaining of fever was examined by a doctor, registered Medical Practitioner in Homeopathy System of Medicine. The Doctor kept the patient on allopathic drugs for viral fever and thereafter for typhoid fever. When condition of the patient deteriorated, he was shifted to a Nursing Home as an indoor patient where the patient remained in an unconscious state and then died.

The complainant filed a complaint before the National Consumer Disputed Redressal Commission alleging that the Homeopathic Practitioner was negligent in administering strong antibiotics to the patient initially for the treatment of Viral Fever and subsequently for Typhoid Fever without confirming the diagnosis by pathological Tests and that the doctor was not qualified or even authorized to practice in Allopathic System of Medicine.

The National Commission dismissed the complaint while the Supreme Court held that the doctor practicing in Allopathy without being qualified in that system, was guilty of negligence per se. the Court awarded a sum of Rs.3,00,000/- as compensation for the death of the patient who was a Sales Manager.

HELD (SUPREME COURT OF INDIA)
It will be seen that Respondent No.1, had all along treated Pramod Verma under Allopathic System prescribing Allopathic Medicines, though he himself was registered as Medical Practitioner with the Gujarat Homoeopathic Medical Council as he had studied Homoeopathy for 4 years in the Medical College at Anand and had, thereafter, obtained a Diploma in Homoeopathic Medicine and Surgery. If, therefore, he had not studied Allopathy and had
not pursued the prescribed course in Allopathy nor had he obtained any degree or diploma in allopathy from any recognized Medical College, could he prescribe and administer allopathic medicines, is the question which is to answered in this appeal with the connected question whether this will amount to actionable negligence. (Para 11)

Negligence as a tort is breach of a duty caused by omission to do something which a reasonable man would do, or doing something which a prudent and reasonable man would not do.
1. A legal duty to exercise due care;
2. Breach of the duty; and
3. Consequential damage. (Para 14)

The breach of duty may be occasioned either by not doing something which a reasonable man, under a given set of circumstances would do, or, by doing some act which a reasonable prudent man would not do. (Para 15)

So far as persons engaged in Medical Profession are concerned, it may be stated that every person who enters into the profession, undertakes to bring to the exercise of it, a reasonable degree of care and skill. It is true that a Doctor or a Surgeon does not undertake that he will positively cure a patient nor does he undertake to use the highest possible degree of skill, as there may be persons more learned and skilled than himself, but he definitely undertakes to use a fair, reasonable and competent degree of skill. This implied undertaking constitutes the real test. (Para 16)

A combined reading of the aforesaid Acts, namely, the Bombay Homoeopathic Practitioners Act, 1956 and the Maharashtra Medical Council Act, 1965 indicates that a person who is registered under the Bombay Homoeopathic Practitioners Act, 1959 can practice Homoeopathy only and that he cannot be registered under the Indian Medical Council Act, 1956 or under the State Act, namely, the Maharashtra Medical Council Act, 1965 because of the restriction on registration of persons not possessing the requisite qualification. So also, a person possessing the qualification mentioned in the Schedule appended to the Indian Medical Council Act, 1965 or the Maharashtra Medical Council Act, 1965 cannot be registered as a Medical Practitioner under the Bombay Homoeopathic Practitioners Act, 1959, as he does not possess any qualification in Homoeopathic System of Medicine. The significance of mutual exclusion is relevant inasmuch as the right to practice in any particular system of medicine is dependent upon registration which is permissible only if qualification, and that too, recognized qualification, is possessed by a person in that System. (Para 34)

Since the law, under which Respondent No.1 was registered as a Medical Practitioner, required him to practice in Homoeopathy Only, he was under a statutory duty not to enter the field of any other system of Medicine as admittedly, he was not qualified in the other system, Allopathy, to be precise. He trespassed into a prohibited field and was liable to be prosecuted under Section 15(3) of the Indian Medical Council Act, 1956. His conduct amounted to an actionable negligence particularly as the duty of care indicated by this Court in Dr. Laxman Joshi’s case (supra) was breached by him on all the three counts indicated therein. (Para 39)

Where a person is guilty of Negligence per se, no further proof is needed. However, we may notice that Respondent No.1 started treatment of Pramod Verma for Viral Fever as it was “very much prevalent in the locality”. 

IMA Tamilnadu State Branch

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Subsequently, he treated Pramod Verma for Typhoid Fever since it was “prevalent at that time in the locality in question and neighboring locality in question and neighboring localities of Bombay”. On both the occasion, treatment was given for fever which Respondent No.1 thought was prevalent in the locality and, therefore, Pramod Verma would also be suffering from that fever. He did not feel it necessary to confirm the diagnosis by pathological tests which would have positively established whether Pramod Verma was suffering from Typhoid Fever. Respondent No.1 has given out in his statement on oath, recorded by the Commission, that he had advised Blood test and Urine test but Pramod Verma did not get it done. All the prescriptions of Respondent No.1 have been filed by the appellant but on none of them any advice was written by Respondent No.1 for Blood or Urine Test. We cannot ignore the usual practice of almost all the Doctors that when they want pathological tests to be done they advise in writing are required to be done. Admittedly, Respondent No.1 had not done it in writing. He says that he had advised it orally. This cannot be believed as this statement is contrary to the usual code of conduct of medical practitioners.

(Para 42)

But we are of the positive opinion that Respondent No.1 having practiced in Allopathy, without being qualified in that system, was guilty of Negligence per se and, therefore, the appeal against him has to be allowed in consonance with the maxim Sic utere tuo ut alienum non loedas (a person is held liable at law for the consequence of his negligence), leaving it to repeat to himself. (Para 47)

RESULT: Complaint allowed.

CASES REFERRED:
3. Bridges v. Directors, etc. of N.L. Ry., (1873-74) 7 HL 213 - (Para 13)
5. Bolam v Friern Hospital Management Committee, (1957) 2 All. ER 118 - (Para 16)
7. Maynard v. West Midlands Regional Health Authority, (1985) 1 All ER 635 (HL) (Para 17)
8. Sidaway v. Bathlem Royal Hospital, (1985) 1 All ER 643 (HL) - (Para 17)
9. Chin Keow v Govt. of Malaysia, (1967) 1 WLR 813 (PC) - (Para 17)
10. Dr. Laxman Balakrishna Joshi v. Dr. Trimbak Bapu Godbole, AIR 1969 SC 128 - (Para 19)

IMPORTANT LAW POINTS
A Medical Practitioner registered to practice in Homeopathy only is under a statutory duty not to enter the field of any other system of Medicine and by prescribing allopathic drugs to a patient, his conduct amounted to an actionable negligence.

A usual practice of almost all the Doctors when they want pathological tests to be done, they advice in writing on a prescription setting out all the tests that are required to be done. A doctor advising the patient orally acts contrary to the usual code of conduct of medical practitioners.
OR D E R

The claim of Unani Medical Practitioners to practice in the Allopathic system of medicine without their name being registered under the Indian Medical Council Act, 1956 is the core issue to be decided in this writ petition.

The facts :-

2. The petitioners are qualified Unani medical practitioners. They have filed this writ petition for issuance of a Writ of Mandamus forbearing the respondents 1 and 2 from in any manner preventing them from practicing allopathic medicine based on the training and teaching in the BUMS Degree course.

3. In the affidavit filed in support of the writ petition, the petitioners contended thus:-
(a) The petitioners have undergone Bachelor of Unani Medicine and Surgery Course and successfully completed the course and obtained a degree in BUMS. The BUMS Course was for a period of 5 = years in which five years was for theory and six months for internship (house surgeon) which includes teaching and training in Allopathy medicines. The training was given in the Government hospitals.

(b) During the period of 5= years of training, the petitioners were taught with with allopathy medicines and the method of treatment. The BUMS syllabus includes handling of allopathy medicines and methods of treatment. The petitioners were given enough training in the Kilpauk Medical College Hospital to handle the emergency patients with allopathy medicines. In the first and second years, BUMS students attended common classes along with MBBS students on the subject of Anatomy, Physiology and Biochemistry.

(c) Unani medicines are given as treatment in petitioners clinic. Besides this, allopathy medicines are also given to the patients based on the emergency needs of the patients. In fact, the MBBS Doctors are also giving Indian Medicine treatment at times, when the patients requires such treatment. The Unani treatment method is a slow and steady one. Patients who approach the Doctors with disease at the early stage could be given treatment in Unani Method. However, when the patients comes at the later stage of disease, then allopathic method should be followed initially to bring the patient within the capability of withstanding the slow sided treatment of Unani medicines. Therefore, based on the stage of the disease, patients are treated with Unani and Allopathy medicines in the respective clinics of the petitioners and allopathy medicine is used only to the limited extent, in accordance with the teaching and training given to them while studying for the BUMS Degree course.

(a) The syllabus of the course of BUMS is not similar to that of MBBS Degree course. As per Section 15(2)(b) of the Indian Medical Council Act, 1956, “no person other than an medical practitioner enrolled on a State Medical Register shall practise medicine in any State”. The petitioners have not obtained any valid allopathic medical degree/diploma included in the Schedule to the Indian medical council Act, 1956 and therefore, they do not have basic qualification to practice allopathic medicine. The petitioners have obtained BUMS Degree course and therefore, it is open to them to practice in the system of Unani Medicine and they are not entitled to practice Allopathy Medicine in any form. In case the patients requires allopathic treatment, those patients could be referred to registered allopathic medical practitioners. The syllabus of Unani medicine does not have the coverage of administering the allopathic medicines and the statement of the petitioners that they have the theoretical and practical knowledge in administering allopathic medicines is nothing but false.

15. The Supreme Court in Dr.Mukhtiar Chand and others vs. State of Punjab and others, 1998 (7) SCC 579, noticed the various systems of medicine in vogue in India. It reads thus :-

17. Before adverting to these questions, it would be useful to notice various systems of medicine in vogue in India and the statutes regulating them:

The systems of medicines generally prevalent in India are Ayurveda, Siddha, Unani, Allopathic and Homoeopathic. In the Ayurveda, Siddha and Unani systems, the treatment is based on the
harmony of the four humours, whereas in the Allopathic system of medicine, treatment of disease is given by the use of a drug which produces a reaction that itself neutralizes the disease. In Homoeopathy, treatment is provided by the like.

18. Of the medical systems that are in vogue in India, Ayurveda had its origin in 5000 BC and is being practised throughout India but Siddha is practised in the Tamil-speaking areas of South India. These systems differ very little both in theory and practice. The Unani system dates back to 460-370 BC but that had come to be practised in India in the 10th century AD.

22. The claim of the petitioner is mainly on account of the training which they have undergone during their internship. According to them, they have undergone the course in Obstetrics, Gynecology, Medicine, Surgery, Pediatrics, E.N.T. and Ophthalmology in Kilpauk Medical College Hospital. On the basis of such experience, they claim that they are qualified for prescribing allopathy medicine in addition to the Unani system of medicine. However, on a perusal of the experience certificate, it is seen that the training itself was for a very brief period. For example, the petitioners were given training in surgery for a period of 14 days. Similarly, they have undergone training in Gynecology for a period of 7 days. In case the petitioners are of the view that they could treat patients with allopathic medicine on account of the brief training which they have undergone in KMC for the period indicated above, they would also claim that it is possible for them to undertake surgery and practice in gynecology on account of their training for 14 days and 7 days respectively.

24. In Poonam Verma vs. Ashwin Patel and others, 1996 (4) SCC 332, the question before the Supreme Court was regarding the allopathic treatment given by the first respondent, who was only a Homeo Practitioner and the ultimate death of the patient. The application filed by the widow of the deceased claiming compensation was dismissed by the National Consumer Disputes Redressal Commission against which, the appellant has filed an appeal before the Supreme Court. Supreme Court found that the first respondent in the civil appeal, was only a homeopathic practitioner. However, he administered allopathy and kept the patient on allopathic drugs initially for viral fever and thereafter for typhoid. When the condition of the patient deteriorated, he was shifted to a local hospital where he was treated as in-patient for two days and later, he was taken to Hinduja hospital in an unconscious state where after about 4= hours of admission, he died.

“37. It is true that in all the aforesaid systems of medicine, the patient is always a human being. It is also true that Anatomy and Physiology of every human being all over the world, irrespective of the country, the habitat and the region to which he may belong, is the same. He has the same faculties and same systems. The Central Nervous system, the Cardio-Vascular system, the Digestive and Reproductive systems etc. are similar all over the world. Similarly, emotions, namely, anger, sorrow, happiness, pain etc. are naturally possessed by every human being.

38. But merely because the Anatomy and Physiology are similar, it does not mean that a person having studied one system of medicine can claim to treat the patient by drugs of another system which he might not have studied at any stage. No doubt, study of Physiology and Anatomy is common in all systems of medicines and the students belonging to different systems of medicines may be taught Physiology and Anatomy together, but so far as the study of drugs is concerned, the Pharmacology of all systems is entirely different.

34. In the result, the writ petition is dismissed. No costs.
## Office Bearers

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## Offices

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We are introducing our hospital and institutional furniture division, bringing more than 30 years of experience to design products, focussing on quality, durability, safety while being aesthetically pleasing.

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