



INDIAN MEDICAL ASSOCIATION



IMA NEWS

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National President Dr. Dilip Bhanushali received the Dr. Ketan Desai Medical Statesman of the Highest Order Oration Award at the hands of Shri Amit Shah ji during Natcon 2025



National President Dr. Dilip Bhanushali and Dr Mehul Shah, President, IMA Gujarat State Branch felicitates the Chief Guest, Shri Jay Shah, Chairman, ICC during the IMA National Award Ceremony 2025



IMA National Award Ceremony 2025 commenced with the traditional lamp-lighting ceremony in the presence of the Chief Guest, Shri Jay Shah, Chairman of the International Cricket Council (ICC), and the Guest of Honour, Shri Shankar Chaudhary, Hon'ble Speaker, Gandhinagar. The event was held on 27 December 2025 in Ahmedabad, Gujarat

Empowering Medical Fraternity

ACTIVITIES OF NATIONAL PRESIDENT AND HONORARY SECRETARY GENERAL



MOU with Koita Foundation for Digital Health Foundation Course



Meeting of Central Working Committee held on 16th November 2025 at IMA HQs.



91st Medicon-2025, of IMA Karnataka State at Gangavathi held on 24th-25th of October 2025



Annual National GPCON held on 5th-7th December 2025 at Vizianagaram, Andhra Pradesh



68th Annual Conference held on November 8-9, 2025 of IMA Kerala State at Kozhikode



Lighting of lamp in CGPCON2025, MAHA CGPCON & 55TH Annual Conference of IMA Mumbai Branch on 12th October, 2025 at Mumbai



67th Annual State Conference - IMA APCON 2025 IMA Andhra Pradesh State Conference 22nd and 23rd of November, 2025 at Rajampet



IMA AMR Hand Hygiene campaign on 20th November 2025 at IMA HQs.



Press Conference on 29th & 30th November 2025 at during AMSCON, Chandigarh



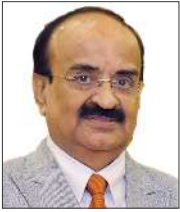
Release of Annals of IMA AMS on 29th & 30th November 2025 during AMSCON at Chandigarh



Release of "IMA's Blueprint for a Healthier India" during Central Council Meeting at Ahmedabad.



From the Desk of National President



Dear Friends, Namaskar!

Greetings from IMA HQs!

In many States, new teams have taken over the mantle and I was privileged to attend the wonderful installation meetings. This smooth transition is the hallmark of IMA and once elections are completed all should work unitedly and collectively.

The CPR training program is going on in full swing and I urge all to have the training atleast once a week in your branch.

We have signed two important MOUs, one with Koita Foundation for Digital Health Foundation Course for all IMA members and second with Baba Farid Government University, Punjab for affiliation of the academic courses run by the wings of IMA. These landmark agreements will empower our members to have a strong foundation in digital health and to be abreast with the latest developments in that field including Artificial Intelligence and its applications. The affiliation of our courses will be a great value addition to the fellowship courses offered by IMA AMS, CGP and AKN Sinha Institute.

The CWC meeting conducted on a virtual platform had very meaningful discussions on pertinent topics and I thank all the members for their active participation.

The Interactive session with the honourable Members of Parliament was a huge success with more than 70 members attending, actively participating and supporting our views on healthcare issues. I would like to thank the entire team led by Dr. Vinay Agarwal and Dr. Piyush Jain for the hardwork and dedication in organising it. On this occasion we released an excellent book titled "IMAs Blueprint for a Healthier India" under the guidance of Dr. RV Asokan and with Dr. Srirang Abkari as the Editor. Important National healthcare issues and problems faced by the medical fraternity have been very elegantly highlighted in a concise manner and this will serve to sensitize our public representatives towards these complex but pertinent issues. The tremendous efforts by the State Coordinators in ensuring that their local MPs attend this meeting are indeed praiseworthy.

Our target for training IMA members in HPV vaccination has been revised to 30,000 and the date extended till March 2026. I request all the State and local branches to take this up on an urgent basis so that we reaffirm our commitment in preventing cervical cancer.

The Online Membership for new IMA members will soon see the light of the day and I am happy to note that more than 100 local and state branches have given consent for the same. The Employment and Career facilitation Bureau is an excellent platform and I request you to propagate this message so that it reaches all members, especially the Junior doctors.

I request you to register and participate in the landmark 100th IMA NATCON at Ahmedabad, wherein our beloved and unanimously elected leader for the next year Dr. Anil Kumar J Nayak will be installed as the President of IMA.

I also congratulate all the members, local and State Branches who have been bestowed with IMA Professorship Awards and IMA National Awards for their exemplary work and urge them to continue serving our IMA.



I am indebted to our Chief Patron, Dr. Ketan Desai for his blessings, guidance and invaluable advice in helping me to discharge the duties of my high office with fervency and zeal. It has been an honour to serve IMA with sincerity, transparency and accountability throughout the year as its President and I thank all the Office Bearers of the IMA HQs, Past National Presidents, Presidents and Secretaries of the local and State branches for their guidance, whole hearted support and cooperation. A special thanks to Dr. Anil Kumar J Nayak and Dr. Sarbari Dutta for the unflinching support and encouragement.

My focus was always on the primary members of IMA making sure that our policies and decisions reach them and we are able to address issues which matter to them.

My heartfelt thanks to the real soldiers of IMA- our IMA HQs Office Staff- whose professionalism, sincerity and dedication needs to be applauded.

Let us be united, committed and work collectively to safeguard the dignity of our noble profession.

Long Live IMA!

Dr Dilip Bhanushali
National President, IMA



From the Desk of Honorary Secretary General



Dear Friends,

Greetings from IMA Headquarters !

Once again, it is a time to document the activities of IMA through our IMA News Bulletin so that our members may remain well informed about the initiatives undertaken by IMA Headquarters.

IMA wrote to the Hon'ble Prime Minister of India regarding on 11-10-2025 the arrest of a distinguished paediatrician in connection with the Madhya Pradesh Cough Syrup Tragedy. The letter highlighted the urgent need for systemic drug quality reforms and proposed measures for strengthening drug quality assurance. IMA requested the Hon'ble Prime Minister's personal intervention to correct the injustice faced by the medical practitioner and to address the critical gaps in India's drug regulatory system. IMA assured full support to the Government in building a safer, stronger, and more accountable healthcare ecosystem

The 234th meeting of the CWC, was held 16th November, 2025 on the Zoom platform which was attended well by National leaders, Office Bearers along with Central Working Committee Members. During the meeting various issues of IMA concern was discussed and decisions were taken for the betterment of the IMA and for the medical fraternity.

The Anti-Microbial Resistance (AMR) Programme was held on 20 November 2025 at IMA Headquarters and simultaneously on Zoom, witnessed enthusiastic participation from leaders and stalwarts across the nation. The programme reaffirmed our collective commitment to combating the growing threat of Antimicrobial Resistance (AMR). The initiative emphasized that simple measures such as good hand hygiene remain among the most effective tools to prevent infections and curb the escalating AMR crisis. The powerful message — “ACT NOW: PROTECT OUR PRESENT, SECURE OUR FUTURE” — resonated throughout the event, inspiring participants to take concrete actions to safeguard future generations.

IMA convened a meeting with Hon'ble Members of Parliament on the theme “Indian Healthcare — IMA's Concerns” on 16 December 2025 in New Delhi. More than 70 MPs participated and shared their perspectives on healthcare challenges. On this occasion, IMA's “Blueprint for a Healthier India” was formally launched and handed over to the Hon'ble Members.

I am delighted to extend my heartfelt congratulations to those awardees who have been awarded for the IMA National Award and for IMA Professorship Award during IMA NATCON 2025 at Ahmedabad (Gujarat). This recognition is a testament to their invaluable contributions to the medical fraternity and their unwavering dedication to the field of modern medicine.

On behalf of IMA, a communication was addressed to Shri Amit Shah ji, Hon'ble Union Minister of Home Affairs, expressing deep anguish and grave concern over the tragic and heinous gang rape of a 23-year-old second-year MBBS student in Durgapur, West Bengal, on the night of 10 October 2025. In light of this grave incident, IMA humbly requested his immediate intervention to ensure



justice and to initiate necessary systemic reforms.

On the issue of GST, IMA expressed heartfelt gratitude to Smt. Nirmala Sitharaman, Hon'ble Finance Minister of India, the Hon'ble Members of the GST Council, and the Government of India for reducing GST on several cancer-related and other essential medicines, in response to IMA's request. At the same time, IMA urged the Government and the GST Council to consider additional representations to further reduce the burden on patients and healthcare providers.

IMA also wrote to Shri Arjun Ram Meghwal, Hon'ble Union Minister of Law & Justice, expressing deep appreciation for the Government's proactive steps to strengthen the safety and welfare of advocates through the proposed Advocates Protection Act. While supporting this initiative wholeheartedly, IMA drew his attention to the urgent and parallel need for similar protective legislation for medical professionals across the country.

A communicate was sent to Mr Kartikeya Sharma, Hon'ble Member of Parliament regarding the launch of the "NaMo Shakti Rath" initiative, IMA conveyed sincere appreciation for the outstanding contribution to women's health, particularly acknowledging the integration of AI-based breast cancer screening technology. IMA informed her that the Association fully aligns with the vision of accessible and equitable healthcare. Under IMA's national project "AAO Gaon Chalen", more than 1,800 villages have been adopted by IMA branches nationwide. Through regular medical camps, health education, and essential healthcare services, IMA continues to strengthen grassroots healthcare delivery, especially in remote and underserved areas.

IMA expressed its deep sorrow and strong condemnation over the tragic suicide of Dr. Sampada Mundhe, a young and dedicated Government Medical Officer serving at the Sub-District Hospital, Phaltan, Satara, and Maharashtra. His untimely death was a stark reminder of the rising mental, administrative, and moral stress faced by doctors especially those working in rural and high-pressure government hospitals. We urged the Government of Maharashtra to ensure immediate justice and initiate structural reforms to prevent recurrence of such tragedies and demanded for Judicial Inquiry & Accountability, a time-bound judicially monitored inquiry and immediate suspension of Police/health officials named in her complaints, Identification and disciplinary action against officials who ignored repeated harassment complaints, Mental Health Support System etc.

Jai Hind

Long Live IMA..

Dr Sarbari Dutta

Hony. Secretary General, IMA



PRESS RELEASE

LEGAL ILLITERACY AND INJUSTICE

The cough syrup tragedy in Madhya Pradesh and the subsequent arrest of the doctor who prescribed the same is a classical example of legal illiteracy of the officials and the police. IMA demands immediate action on the actual culprits and adequate compensation for the affected families and the doctor who is a victim of defamation. The FIR was lodged at Parasia police station on Saturday on a paediatric specialist posted at the Community Health Centre (CHC) in the town, along with the directors of M/s Sresan Pharmaceuticals, Kanchipuram, Tamil Nadu. They have been booked under BNS sections 105 (culpable homicide not amounting to murder) and 276 (adulteration of drugs), as well as section 27(A) of the Drugs and Cosmetics Act, 1940. The arrest of the doctor in haste, just after the report of BMO, precisely shows an attempt to divert the attention of the people from the faults of regulatory bodies and the concerned pharmaceutical company.

Pharmaceutical-grade glycerin and propylene glycol required for manufacturing cough syrups are expensive. Toxic substances such as industrial-grade DEG and ethylene glycol (EG) are cheaper and visually indistinguishable. If quality control fails at the level of both the manufacturer and the regulator, cough syrups produced by a few companies may end up containing toxic substances capable of causing kidney failure and death in young children. This has happened several times in the past in multiple countries among children after apparently consuming contaminated cough syrup. The prescribing doctor has no way of knowing whether a medicine is contaminated until adverse outcomes are reported among patients who have taken it. Regulation must therefore be made foolproof to prevent such tragedies. Many people purchase cough syrups over the counter without a doctor's recommendation, which means far more children consume them than medically necessary. In most cases, coughs and colds resolve on their own without any syrup. When a doctor does prescribe one it is based on clinical assessment of the child.

The Mashelkar Report of 2003 noted, "The problems in the regulatory system in the country were primarily due to inadequate or weak drug control infrastructure at the State and Central level, inadequate testing facilities, shortage of drug inspectors, non-uniformity of enforcement, lack of specially trained cadres for specific regulatory areas, non-existence of data bank and non-availability of accurate Information.

In the given case CDSCO and MPFDA failed to monitor the concentration of DEG in the alleged cough syrup.

The response of both the Central and State authorities are creating problems instead of instilling confidence in the minds of the public. Arresting a doctor who has the mandate and privilege to prescribe a drug as approved by competent authorities has sent a wrong message. Doctors across the country are apprehensive after indiscriminate action against a bonafide doctor. This is a clear cut case of a spurious drug as defined in the section 17 B of the Drugs and Cosmetic Act. (Sec 17 B. d: it has been substituted wholly or in part by another drug or substance) Approval of the said cough syrup, monitoring of the quality and the content of the same squarely fall within the ambit of the Drugs regulatory system. Once the drug has been approved and made available in the market, a registered medical practitioner is the legitimate authority in prescribing any drug. Drug controller issuing directions to the pharmacies not to supply an approved drug falls outside their competency and authority. The controller has issued such advice to the pharmacies earlier as well restricting certain drugs to certain specialities. This amounts to coloured exercise of power outside the boundaries of Drugs and Cosmetic Act.

IMA is concerned with the incompetence and inadequacy of the drug regulatory system in the country and mishandling of this unfortunate incident. The onus of the death of these hapless children falls squarely on the manufacturers and the authorities. Intimidation of the medical profession is uncalled for and will be resisted.

Dr. Dilip Bhanushali
National President, IMA HQs.

Dr. Sarbari Dutta
Hony Secretary General, IMA HQs



LETTER TO HON'BLE PRIME MINISTER OF INDIA-URGENT CONCERN REGARDING THE ARREST OF A DISTINGUISHED PAEDIATRICIAN IN THE MADHYA PRADESH COUGH SYRUP TRAGEDY AND THE IMPERATIVE NEED FOR SYSTEMIC DRUG QUALITY REFORM

To,
Shri Narendra Modi Ji
Hon'ble Prime Minister of India

On behalf of the Indian Medical Association (IMA), which represents over 4 lakh modern medicine practitioners, we express our deepest anguish and concern over the recent tragedy involving the deaths of innocent children in Rajasthan and Madhya Pradesh due to the consumption of contaminated cough syrup. The IMA is also deeply distressed by the subsequent and highly regrettable arrest of the prescribing doctor. We extend our heartfelt condolences to the bereaved families during this time of profound grief.

"No One Killed Jessica" — But Who is Responsible for These Children's Deaths?

This tragedy is not an isolated occurrence. It reflects a repeating pattern of institutional failure, marked by lax regulatory enforcement, poor quality control, and indifference from both manufacturers and authorities. Generic drugs, in particular, are increasingly becoming vehicles for substandard production due to systemic weaknesses.

In this climate of regulatory chaos, it is disheartening — and frankly unacceptable — that blame is being shifted to the medical community, rather than holding accountable the actual perpetrators: unscrupulous manufacturers and negligent regulatory bodies.

Adding insult to injury, the blame game between Centre and State governments has already begun, with Madhya Pradesh and Tamil Nadu accusing each other of non-cooperation. These political exchanges only serve to obscure the truth and deny justice to the victims.

The Arrest of a Doctor – A Grave Miscarriage of Justice:

We strongly condemned the action taken against the reputed Paediatrician, which constitutes a grave legal and ethical violation. The Hon'ble Supreme Court of India has laid down clear procedures regarding medical negligence and arrests, which were ignored. A doctor prescribes a medicine in good faith — not as a chemist, not as a quality analyst, but as a licensed professional relying on drugs cleared by Government-approved supply chains.

How can a doctor be held responsible for toxic contaminants like Diethylene Glycol (DEG) or Ethylene Glycol (EG) — hidden within excipients sourced and processed by manufacturers under the supposed oversight of drug regulators?

This act of criminalizing a doctor's good-faith prescription sets a dangerous precedent. It fosters fear and uncertainty among the medical fraternity and disincentivizes the prescription of generic drugs — ironically, at a time when the Government is promoting generics under the Jan Aushadhi scheme. The consequences for public health access could be devastating.

Root Cause: Regulatory and Manufacturing Failure:

This tragedy reflects not only a manufacturing lapse but a complete breakdown of our pharmaceutical regulatory system. Despite repeated warnings by reputed medical institutions about the growing menace of substandard medicines — particularly generics — little corrective action has



followed. Manufacturers continue to exploit regulatory loopholes, often operating from states with weaker oversight, in the absence of rigorous and mandatory drug testing before market release.

India is not short of laws; we suffer from chronic failure in implementation, abetted by corruption, understaffing, and outdated infrastructure. Most alarming is the lack of testing for toxic contaminants in raw materials, especially in excipients like Propylene Glycol and Glycerin.

The time has come for strong, coordinated national action to restore public faith in our healthcare system.

Suggested Measures for Enhanced Drug Quality Assurance:

1. **Strengthening Regulatory Manpower and Infrastructure:** Mandatory and immediate recruitment and deployment of adequate numbers of drug inspectors and analysts, particularly at the State level, with dedicated training on detecting sophisticated pharmaceutical fraud and manufacturing non-compliance. State-level drug testing laboratories must be upgraded and adequately funded to handle the volume and complexity of mandatory testing.
2. **Mandatory Testing for Contaminants:** Introduce a statutory requirement for manufacturers to provide mandatory toxicological clearance and test every batch of excipients (specifically Propylene Glycol, Glycerin, and Sorbitol) for DEG and EG contamination from an NABL-accredited laboratory before batch release. This must be verified by the State drug regulator.
3. **Establishing a Robust Drug Recall Policy:** Frame a clear, national, and time-bound Standard Operating Procedure (SOP) for mandatory drug recall. Upon detection of a 'Not of Standard Quality' (NSQ) or adulterated drug, regulatory authorities must be empowered and mandated to enforce an immediate nationwide seizure and ban of all batches of the said drug and related formulations from the same manufacturer.
4. **Strengthening Pharmacovigilance and Reporting:** Significantly increase investment in the Pharmacovigilance Programme of India (PvPI). The system needs to be made comprehensive, digitally integrated, and accessible to capture adverse drug reactions (ADRs) rapidly across all parts of the country, enabling regulators to detect quality signals before they escalate into fatalities.
5. **Risk-Based Inspections and License Audits:** Initiate immediate, risk-based inspections and comprehensive Quality Management System (QMS) audits of all manufacturing units associated with previous quality lapses. Manufacturing licenses must be suspended or cancelled promptly against companies found guilty of producing contaminated drugs.

A Wake-Up Call for the Nation:

The untimely deaths of these innocent children must serve as a national wake-up call — a moment of reckoning, not a case to be buried under bureaucratic blame games or legal deflections. It is imperative that we learn from this tragedy and ensure it is never repeated.

We urge your personal intervention to correct the injustice meted out to the medical practitioner, and to take decisive steps to fix the systemic cracks in India's drug regulation system. The IMA stands ready to support the Government in every possible way to build a safer, stronger, and more accountable healthcare ecosystem.

With utmost respect and hope for immediate corrective action,

Yours sincerely,

Dr. Dilip Bhanushali
National President, IMA

**URGENT APPEAL FOR JUSTICE AND SAFETY REFORMS FOLLOWING THE GANG RAPE OF A
MEDICAL STUDENT IN DURGAPUR, WEST BENGAL**

To
Shri Amit Shah Ji
Hon'ble Union Minister of Home Affairs
Ministry of Home Affairs
Government of India

Respected Sir,

Greetings from Indian Medical Association HQs.!

On behalf of the IMA, we wish to express our deep anguish and grave concern over the tragic and heinous gang rape of a 23-year-old second-year MBBS student from Odisha, which occurred near the IQ City Medical College campus in Durgapur, West Bengal, on the night of October 10, 2025.

We are deeply shocked by the brutality of the incident and equally concerned about the apparent lapses in institutional safety mechanisms and the delay in the administrative response, including the filing of the First Information Report (FIR). The medical fraternity is further distressed by certain public remarks that appear to shift blame onto the victim instead of focusing on the perpetrators and systemic shortcomings.

In light of this grave incident, the IMA humbly requests your kind and immediate intervention to ensure justice and initiate necessary reforms. We respectfully urge the following actions:

A swift, impartial, and transparent investigation into the incident, followed by a fast-track trial to ensure timely justice.

Accountability of law enforcement agencies and college authorities for any delay or negligence in ensuring student safety and responding to the crisis.

A judicial inquiry to examine possible administrative lapses or any attempt to suppress the truth. Implementation of standardized safety measures in all medical and higher educational institutions, including:

24/7 campus security with verified personnel.

Adequate CCTV surveillance, proper lighting, and emergency panic systems in and around campuses.

Public condemnation of victim-blaming narratives, ensuring a sensitive and dignified approach towards survivors of sexual violence.

Sir, this tragic case is not an isolated one. The increasing instances of gender-based violence around educational institutions severely affect the safety, morale, and well-being of our future healthcare professionals.

The Indian Medical Association, representing the medical community across India, stands united in seeking your urgent intervention to ensure that justice is delivered swiftly and visibly, and that robust preventive measures are put in place to protect all students, especially women, from such heinous crimes.

Earlier, the IMA had also called many times for the enactment of a Central Hospital Protection Act to address the growing incidents of violence against doctors and healthcare establishments. It is now high time for the immediate introduction of a Central Act to curb such violences

We trust in your leadership and commitment to justice and the safety of our citizens.

Dr. Dilip Bhanushali
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA



**REQUEST FROM IMA - NOT TO INITIATE THE PROPOSED DUAL DEGREE PROGRAMME
INTEGRATING MBBS AND BAMS AT YOUR ESTEEMED INSTITUTE**

To
Dr. Vir Singh Negi
Director
Jawaharlal Institute of Postgraduate Medical Education and Research
JIPMER Campus Rd, Gorimedu
Dhanvantari Nagar,
Puducherry, 605006.

Respected Sir,

Greetings from the Indian Medical Association (HQs)!

This is with reference to your Press Release No. JIP/PRO/NEWS/055/2025-26 dated 13th September, 2025 (copy enclosed), which clearly stated that there is no plan to introduce a dual degree programme integrating MBBS and BAMS at your esteemed institute.

However, it has come to our attention that the Ministry of Health & Family Welfare may once again be considering the introduction of such a programme at JIPMER, Puducherry.

The Indian Medical Association strongly opposes this move, as it lacks scientific validity and poses a serious threat to both modern medicine and Ayurveda. We believe such integration would compromise the integrity of both systems, set back healthcare delivery by decades, and infringe upon patients' right to choose their preferred mode of treatment.

The IMA has consistently maintained that the forced mixing of fundamentally different medical systems is an irreversible and detrimental step.

We respectfully urge you not to initiate the proposed dual degree programme at JIPMER.

With kind regards,

Yours sincerely,

Dr. Dilip Bhanushali
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA



जवाहरलाल न्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION & RESEARCH
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारत सरकार / GOVERNMENT OF INDIA
धन्वंतरि नगर, पुदुच्चेरी / Dhanvantari Nagar, Puducherry 605006
Website: www.jipmer.edu.in



No.JIP/PRO/NEWS/055/2025-26

September 13, 2025

PRESS RELEASE

It has come to the notice of JIPMER that there have been media reports regarding introduction of dual degree programme integrating MBBS and BAMS at the Institute.

The Institute hereby categorically clarifies that there is no move to introduce any such programme at JIPMER as of now. The Institute urges the media and general public to rely solely on official communication for accurate and authentic information from JIPMER.

பத்திரிக்கைச் செய்தி

கடந்த சில வாரங்களில் ஜிப்மர் ஆயுர்வேத மருத்துவத்துடன் ஒருங்கிணைந்த அலோபதி மருத்துவ கல்வியை அறிமுகப்படுத்த போவதாக செய்திகள் பரவி வருகின்றன.

இது குறித்து ஜிப்மர் நிர்வாகம் இந்த ஒருங்கிணைந்த கல்வி முறையை கொண்டு வர எந்த வித முயற்சியும் மேற்கொள்ளவில்லை என்பதையும் இது குறித்த அதிகார பூர்வ தகவல்கள் எதுவும் ஜிப்மர் சார்பில் பகிர படவில்லை என்பதையும் தெரிவித்து கொள்கிறோம். மேலும் ஊடக நண்பர்கள் மற்றும் பொதுமக்கள் ஜிப்மர் சார்பாக வெளியிடப்படும் அதிகாரப்பூர்வ தகவல்களை மட்டுமே கருத்தில் எடுத்து கொள்ள வேண்டுகிறோம்.

**PUBLIC RELATIONS OFFICE
JIPMER
13.09.2025**



REQUEST FOR CONSIDERATION OF GST-RELATED ISSUES AFFECTING MEDICAL PRACTITIONERS AND HEALTHCARE INSTITUTIONS

To
Smt. Nirmala Sitharaman
Hon'ble Finance Minister of India
Government of India
New Delhi
fm@finance.nic.in, fmo@nic.in

Respected Madam,

Greetings from Indian Medical Association Hqs.!

The Indian Medical Association (IMA) expresses its heartfelt gratitude to you and the Hon'ble Members of the GST Council and the Government of India for considering and acting upon IMA's request by reducing GST on several cancer-related and other essential medicines. This decision is a commendable step towards making healthcare more affordable and accessible for millions of patients across the country.

The reduction in GST on critical drugs reflects the Government's commitment to strengthening public health infrastructure and supporting those battling serious medical conditions such as cancer, chronic diseases, and life-threatening infections.

However, IMA urges the Government and GST Council to kindly consider the following additional points to further alleviate the burden on patients and healthcare providers:

1. **GST Exemption on Lifesaving and Essential Medicines IMA appeals for complete exemption of GST on a broad category of essential and lifesaving drugs, including:**

- Anti-cancer medications (chemotherapy, immunotherapy, targeted therapies)
- Antidiabetic drugs (including insulin and oral agents)
- Antihypertensive and cardiac medications
- Drugs used for chronic kidney disease, collagen vascular diseases, thyroid disorders, asthma, COPD, osteoporosis, and serious infections
- Intravenous immunoglobulin and drugs used in hematological conditions like hemophilia and myelodysplastic syndromes

2. **Reduction in GST on Medical Equipment**

Medical equipment forms a vital backbone of healthcare delivery. A reduction in GST rates would significantly lower operational costs for hospitals and clinics, making treatment more affordable.

3. **Streamlining GST and TAN Registration for IMA Branches**

Various IMA state and local branches are facing procedural challenges in obtaining GST and TAN registrations due to nomenclature-related issues. IMA seeks the Council's intervention to



enable a smoother registration process across the country.

4. Removal of GST on Hospital Beds

Hospital beds are essential healthcare infrastructure and not a luxury item. IMA strongly recommends that GST be completely removed on hospital beds to ensure affordability of hospitalization.

5. Reclassify the Indian Medical Association under an appropriate non-commercial, charitable or educational category within the GST framework.

6. Reduce or exempt GST applicable to activities and services that are educational, professional or welfare-oriented and not of a commercial nature.

7. Current Scenario of Radiation Protection in India

With the increasing use of imaging technologies and minimally invasive procedures, Radiation exposure has become a significant occupational hazard for healthcare professionals, particularly in departments such as :

- Interventional Cardiology and Radiology
- Cath Labs and DSA
- Operation Theatres (Ortho, Urology, Neurosurgery, Vascular Surgery)
- Anaesthesiology and more

Thanking you and with kind regards,

Yours sincerely,

Dr Dilip Bhanushali
National President, IMA

Copy To: Shri Pankaj Kumar Singh, Additional Secretary, GST Council, New Delhi



Press Release

IMA CONDEMNS THE TRAGIC SUICIDAL DEATH OF DR. SAMPADA MUNDHE; DEMANDS JUSTICE AND SYSTEMIC REFORMS

The Indian Medical Association expresses deep sorrow and strong condemnation over the tragic suicide of Dr. Sampada Mundhe, a young and dedicated Government Medical Officer serving at the Sub-District Hospital, Phaltan, Satara, Maharashtra.

Dr. Mundhe's untimely death is a stark reminder of the rising mental, administrative, and moral stress faced by doctors especially those working in rural and high-pressure government hospitals. Reports indicate she faced sustained harassment and made repeated appeals for help, which went unanswered. This failure of administrative response represents a grave systemic lapse that demands urgent action.

IMA stands in full solidarity with Dr. Mundhe's family and the medical fraternity of Maharashtra. We urge the Government of Maharashtra to ensure immediate justice and initiate structural reforms to prevent recurrence of such tragedies.

IMA's Key Demands**1. Judicial Inquiry & Accountability:**

A time-bound judicially monitored inquiry and immediate suspension of Police/health officials named in her complaints.

2. Institutional Responsibility:

Identification and disciplinary action against officials who ignored repeated harassment complaints.

3. Mental Health Support System:

Establishment of a confidential Mental Health and Grievance Redressal Cell for doctors under the Directorate of Health Services.

4. Mandatory Mental Health Protocols:

Regular mental health screening, counselling, and stress-management programs in all government hospitals.

5. Transparent Administrative Procedures:

Clear and time-bound SOPs for departmental inquiries to prevent coercion or bias.

6. Whistleblower Protection:

Inclusion of whistleblower safeguards to protect doctors reporting harassment or unsafe working conditions.

7. Doctor Welfare Officers:

Appointment of Nodal Officers at district and state levels to address mental health distress and workplace grievances.

8. Legal Reform:

Amendment of the Maharashtra Medicare Service Persons Act to include administrative harassment, mental health harm, and workplace intimidation as punishable offences.

This tragic incident must serve as a turning point. Doctors continue to serve selflessly under immense pressure and deserve safety, dignity, and institutional empathy. IMA calls upon the Government to act swiftly, ensuring justice for Dr. Mundhe and reform for all doctors serving the Nation.

Dr. Dilip Bhanushali
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA



To
All State/Local Branch Presidents & Secretaries, IMA

Dear Sir/Madam,

Greetings from the Indian Medical Association Headquarters!

IMA Headquarters is in the process of compiling important activity data for the current year. In this regard, we request your kind cooperation in providing the following information:

1. **CPR Programme Activities:** Please share details of all activities conducted by your State/Local Branch related to the CPR Programme, including events organized during this year's CPR Awareness Week.
2. **Coffee Table Book – Guest House Information:**
We are preparing a Coffee Table Book highlighting IMA's history, achievements, and details of IMA Guest Houses.

Please send a complete list of Guest Houses under your State/Local Branch, including the number of rooms and other available facilities, for inclusion in the publication.

3. **IMA has partnered with Apex Insurance Company** where they will provide us multiple benefits which are included in the attached letter received from Apex Insurance Company.

In this regard, they want to conduct Webinars with the State branches on Medical Legal Issues.

You are requested to kindly go through the attached letter and send us your preferred dates to host this Webinar which will be beneficial for our members.

4. **HPV Vaccination Awareness & Training Programme:**
As part of IMA's key initiatives, we are compiling a list of members interested in becoming Master Trainers for the HPV Training Programme.

Please send the names and contact details of members who would be interested to become master trainers for HPV Training program from the specialities of Gynecology, Paediatrics and Internal Medicine

Your timely submission of the above information will greatly assist us in preparing an accurate and comprehensive report. We request you to forward the details to the IMA Headquarters at the earliest.

With warm regards,

Dr. Dilip Bhanushali
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA



To
The President
Indian Medical Association Headquarters
New Delhi

Subject: Strengthening Collaboration between APEX and IMA HQRS

Respected Sir,

In the complex and challenging world of healthcare, both hospitals and individual medical practitioners require robust protection that goes beyond traditional insurance. APEX is proud to provide a comprehensive suite of legal, medico-legal, and risk management services tailored to the unique needs of hospitals, clinics, and individual doctors across India.

We are honored and thankful for our continued association with IMA Headquarters and AICL for the past five years, a testament to the quality and reliability of our services.

At APEX, we provide 24x7 personalized legal support, covering professional and personal legal matters, including defamation, cybercrime, and other disputes. Our team offers on-spot legal assistance from district courts to the Hon'ble Supreme Court of India, ensuring expert support whenever required.

We are happy to confirm our agreement on the following points:

1. **Enhanced Coverage:** We are ready to provide an additional coverage of ₹10 lakhs to all Apex members who are registered with IMA.
2. **Webinars:** Starting next Sunday after Diwali, we will begin a series of 32 webinars for 32 states. Each Sunday, one state will participate. We request the schedule from your side to plan the webinars with the respective states and dates.
3. **Medico-Legal Crash Course:** In collaboration with IMA, APEX will conduct a 4-week crash course on medico-legal issues, covering topics like CPA 19, treatment record keeping, duties and rights of a doctor, and Do's & Don'ts. The course will commence from 26th October, with the first batch concluding on 16th November. This program will be free for doctors with IMA or Apex membership.
4. **Apex Awards for Medical Excellence:** In December, we will organize the Apex Awards for Medical Excellence, with IMA as a collaborative partner. 20 awards will be presented based on recommendations from IMA Headquarters. Apex will arrange to-and-fro travel and accommodation for all awardees. We request nominations at the earliest convenience

We are extremely excited about these initiatives and look forward to further strengthening our collaboration with IMA Headquarters for the benefit of doctors across India.

With warm regards,

Raj Kumar
Vice President_Sales.

Regd. Off. : 54, LGF, Vinoba Puri, Lajpat Nagar - II, New Delhi- 110024.
Helpline: 011-42534500 (10 Lines), 29835454/55, 9811109884, 9811428222.

/ApexHaiHum



PRESS RELEASE

IMA EXPRESSES SHOCK AND SOLIDARITY FOLLOWING THE TRAGIC ATTACK AT LAL QILA, DELHI

Indian Medical Association (IMA) is deeply shocked and saddened by the tragic incident that occurred near Lal Qila (Red Fort), Delhi, on 10 November 2025. The devastating explosion, which claimed several innocent lives and left many injured, is a heart-breaking reminder of the challenges our society continues to face in safeguarding peace and security.

On behalf of IMA, its members and the whole medical fraternity, we extend our heartfelt condolences to the families who lost their loved ones in this tragic attack. Our thoughts and prayers are with the victims and those undergoing treatment, and we hope for their swift and complete recovery. No act of violence can ever diminish the spirit and resilience of our people, and we stand united in grief and determination during this difficult time. IMA expresses its full support to the Government of India and the people of the nation as they work tirelessly to restore calm, investigate the incident, and ensure the safety of all citizens. We urge everyone to remain united, avoid spreading misinformation, and support one another with compassion and strength.

Together, we must stand strong, support one another, and reaffirm our collective commitment to peace, tolerance, and humanity.

May the departed souls rest in peace, and may the Almighty bless the family member's strength to bear this irreparable loss.

Dr. Dilip Bhanushali

National President, IMA HQs.

Dr. Sarbari Dutta

Hony Secretary General, IMA Hqs



REQUEST FOR INCLUSION OF MEDICAL PROFESSIONALS UNDER POLICE PROTECTION PROVISIONS SIMILAR TO THOSE PROPOSED FOR ADVOCATES

To
Shri Arjun Ram Meghwal
Hon'ble Union Minister of Law & Justice
Room No. 402-A, 4th Floor, 'A' Wing, Shastri Bhawan
New Delhi-110 001

Respected Sir,

The Indian Medical Association (IMA), the largest national body representing modern medical practitioners with a membership of more than 4 lakh doctors across 1,800 local branches and 32 state branches, expresses its deep appreciation for the proactive steps taken by the Government of India to strengthen the safety and welfare of advocates through the proposed Advocates Protection Act.

While we wholeheartedly support these initiatives, we wish to draw your attention to the urgent and parallel need for similar protective measures for medical professionals across the country.

Doctors, nurses, and other healthcare workers routinely face instances of physical assault, mob violence, intimidation, vandalism, and threats—often in high-stress emergency and critical-care settings. These incidents not only harm individuals but also disrupt healthcare delivery, endanger other patients, and demoralize frontline professionals who serve the nation tirelessly.

Despite being a critical public-facing profession—one that directly saves lives—medical practitioners do not currently have the ability to request police protection even when they face credible threats. This creates a dangerous gap in the framework of professional safety.

On behalf of IMA, we respectfully request that the medical profession be formally included in any provision or mechanism that allows professionals to seek police protection when facing threats, akin to the provisions proposed for advocates.

The Government initiate a consultative process involving the IMA, as is being undertaken with bar associations on the Advocates Protection Act.

Why inclusion is essential:

Both advocates and medical professionals serve essential public functions.

Both are vulnerable to threats arising from the nature of their duties.

Protecting professionals who uphold justice and those who safeguard health are equally crucial to the functioning of a modern and civilized democracy.

Several states have attempted to introduce healthcare-specific protection laws, but a strong, uniform central framework—just as being proposed for advocates—is urgently needed.

Sir, under your leadership in reforming the legal framework and strengthening professional protections has been commendable. The IMA believes that extending similar statutory protection to the medical profession would be a transformative step that recognizes the sacrifices, risks, and service of healthcare workers nationwide.

We request you to kindly consider this representation, and we would be honoured to participate in any further discussions or consultations on this matter.

Dr. Dilip Bhanushali
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA



APPRECIATION FOR LAUNCH OF "NAMO SHAKTI RATH" AND CONTRIBUTION TO WOMEN'S HEALTH

To
Mr. Kartikeya Sharma
Hon'ble Member of Parliament
Respected Sir,

On behalf of the Indian Medical Association, we extend our sincere appreciation for your outstanding contribution to women's health through the launch of the "NaMo Shakti Rath" Initiative. This meaningful programme reflects a deep understanding of the healthcare needs of women in India and is a commendable step toward improving preventive care, health awareness, and accessibility to essential medical services.

We especially acknowledge the integration of AI-based breast cancer screening technology under this initiative. Early and accurate detection remains one of the strongest tools in reducing mortality from breast cancer, and your effort to bring advanced diagnostic technology directly to communities, particularly rural and underserved populations, will undoubtedly save countless lives and create a lasting positive impact.

We also wish to share that the Indian Medical Association is aligned with this vision of accessible and equitable healthcare. Under our national project "AAO Gaon Chalen", more than 1,800 villages have been adopted by IMA branches across the country. Through regular medical camps, health education, and essential services, we are working to reach remote areas and strengthen healthcare delivery at the grassroots level.

Once again, we extend our heartfelt appreciation to you for your commitment to healthcare advancement and for championing women-centered health initiatives. The Indian Medical Association looks forward to continued partnership in building a healthier, empowered, and inclusive India.

Dr. Dilip Bhanushali
National President, IMA



REPORT OF IMA MPs' MEET

The IMA MPs' Meet on the theme "Indian Healthcare – IMA's Concerns" was successfully organized on 16th December 2025 at the India Habitat Centre, New Delhi. The programme marked a significant milestone in IMA's sustained efforts to engage with policymakers on issues impacting the healthcare system and the medical profession. A record 72 Hon'ble Members of Parliament from across party lines attended the meet, reflecting wide parliamentary interest and support for healthcare-related concerns.

The meeting was conducted in an interactive and constructive environment, providing an effective platform for meaningful dialogue between the medical fraternity and Mp's. Office bearers, Senior leaders of the Indian Medical Association were present, and the deliberations focused on key challenges faced by doctors in their day-to-day professional practice as well as systemic issues affecting healthcare delivery in the country.

During the interaction, IMA had the honour of presenting a specially prepared booklet titled "IMA's Blueprint for a Healthier India" to the Hon'ble Members of Parliament. The booklet comprehensively documents the pressing concerns of the medical profession, supported by data and field-level experience, and proposes constructive, evidence-based policy solutions aimed at improving healthcare delivery, ensuring patient safety, and safeguarding public health. It also emphasizes the need for a balanced regulatory framework that protects patients' rights while ensuring dignity, security, and professional autonomy for doctors.

The National President, IMA, conveyed to the gathering the major challenges confronting the medical fraternity and the healthcare system at large. He specifically sought the support and advocacy of Hon'ble Members of Parliament on critical issues such as violence against doctors and healthcare establishments, the urgent need for strong central and state-level protective legislation, protection of ethical medical practice, concerns related to the PCPNDT Act and its implementation, the issue of mixopathy, and other regulatory and legal challenges affecting doctors. The importance of creating a safe, ethical, and conducive environment for medical practice was strongly emphasized.

The Hon'ble Members of Parliament actively participated in the discussions, listened to the concerns raised by IMA, and appreciated the structured and solution-oriented approach presented in the booklet. The interaction helped build mutual understanding and reinforced the need for continuous engagement between the medical fraternity and policymakers to address healthcare challenges in a holistic manner.

Overall, the IMA MPs' Meet 2025 was a highly successful and impactful event, strengthening IMA's advocacy efforts and reaffirming its commitment to constructive policy engagement for the betterment of healthcare delivery and public health in India.



INTERACTIVE SESSION WITH MEMBERS OF PARLIAMENT, 16TH DECEMBER 2025 AT INDIA HABITAT CENTRE









File No. P.17019/03/2025-DSA

Dated: August 29, 2025

Drug Safety Alerts

The analysis of Adverse Drug Reactions (ADRs) from the PvPI database revealed the following;

S. No.	Suspected Drugs	Indication(s)	Adverse Drug Reactions
1	Tranexamic Acid	<ul style="list-style-type: none"> For the treatment of abnormal bleeding in which local hyperfibrinolysis is considered to be involved (pulmonary, haemorrhage, epistaxis, renal bleeding abnormal bleeding during or after prostate surgery). Haemorrhage or risk of haemorrhage in increased fibrinolysis of hereditary angioneurotic oedema. For the treatment of excessive bleeding in patients with hemophilia during & following tooth extraction. For the treatment of menorrhagia. For the prevention of oral hemorrhage in anticoagulant treated patients undergoing oral surgery. 	Nasal Congestion



2	Metoclopramide	<ul style="list-style-type: none"> To restore normal coordination and tone the upper digestive tract and relieve symptoms of gastro-duodenal dysfunction including heart burn, dyspepsia, nausea and vomiting associated with such conditions as reflux oesophagitis, gastritis, duodenitis and hiatus hernia. For the treatment of nausea and vomiting. 	Tachycardia
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Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADRs associated with the use of above suspected drugs. If, such reactions are encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form/Medicines Side Effect Reporting Form for Consumer (download from <http://www.ipc.gov.in>) or through **PvPI Helpline No. 1800-180-3024**.

**भारतीय भेषज संहिता आयोग**

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
सेक्टर - २३, राज नगर,
गजियाबाद - २०१ ००२, उत्तर प्रदेश, भारत

**INDIAN PHARMACOPOEIA COMMISSION**

Ministry of Health & Family Welfare, Government of India
Sector - 23, Raj Nagar
Ghaziabad- 201 002 (U.P.), INDIA

File No. P.17019/03/2025-DSA

Dated: September 26, 2025

Drug Safety Alert

The analysis of Adverse Drug Reactions (ADRs) from the PvPI database revealed the following:

S. No.	Suspected Drug	Indication(s)	Adverse Drug Reaction
1	Erythromycin	Alternative to penicillin in hypersensitive patients; pneumonia; legionnaires' diseases; syphilis; chancroid; chlamydia; non-gonococcal urethritis; prostatitis; lymphogranuloma venereum; campylobacter enteritis; relapsing fever; diphtheria and whooping cough prophylaxis upper respiratory tract infection, acne vulgaris, sycosis, vulgaris.	Fixed Drug Eruption

Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADR associated with the use of above suspected drug. If, such reaction is encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form/Medicines Side Effect Reporting Form for Consumer (download from <https://www.ipc.gov.in>) or through **PvPI Helpline No. 1800-180-3024**.

INDIAN PHARMACOPOEIA
(IP)
Official Book of Drug Standards
in India

IP REFERENCE SUBSTANCES
(IPRS) AND IMPURITIES
Official Physical Standards for
Assessing the Quality of Drugs

NATIONAL FORMULARY OF INDIA
(NFI)
Reference Book to Promote Rational
Use of Generic Medicines

PHARMACOVIGILANCE PROGRAMME OF INDIA
(PvPI)
 WHO Collaborating Centre for Pharmacovigilance
in Public Health Programmes and Regulatory
Services

Tel No: +91-120-2783392, 2783400, 2783401;

E-mail: lab.ipc@gov.in;

Website: www.ipc.gov.in

**INDIAN MEDICAL ASSOCIATION**

IMA House, I P Marg, New Delhi – 110 002

Ph. : +91-11-2337 0009, 2337 8680, 2337 8819, 2337 0250

Website : www.ima-india.org, Email : hsg@ima-india.org,Email : pmc@ima-india.org**PARAMEDICAL COURSES**

Indian Medical Association conducts the following Paramedical courses:

1. Diploma in Medical Laboratory Technology
2. Diploma in X-RAY/IMAGING Technology
3. Diploma in O.T. Technician
4. Diploma in Medical Record Technology
5. Diploma in Cardiac Technology
6. Diploma in Dialysis Technician
7. Certificate Course in Blood Bank Technology
8. Certificate Course in CT
9. Certificate Course in MRI
10. Certificate Course in CT and MRI
11. Certificate Course in Hyperbaric Technician

Duration : Two years for Diploma courses. Six months and one year for Certificate courses.**Eligibility Criteria :** (i) 10+2 with 40% with science stream (**Physics, Chemistry, Biology, Mathematics, Agriculture, etc.**) for Diploma courses.

(ii) 10+2 from any other stream with minimum 50% of aggregate marks with an undertaking / Affidavit from the students.

For certificate in Blood bank course, eligibility criteria is DMLT, B.Sc. MLT, B.Sc (Micro). For CT and MRI courses, eligibility criteria is two or three years Degree/Diploma in Radiography with internship.

IMA Paramedical Diploma courses are recognized by Govt. of NCT of Delhi, Department of Health and Family Welfare.

Diploma in Medical Laboratory Technology and Diploma in X-RAY/IMAGING Technology - both are also running jointly by National Institute of Open Schooling(NIOS), Ministry of HRD, Govt. of India, Noida (U. P.) and Indian Medical Association HQs. , New Delhi.

An MoU has been signed recently between Baba Farid University of Health Sciences (BFUHS) - Indian Medical Association (IMA) for collaborative Paramedical Courses.

For details, please contact or write to :Dr. Dilip Bhanushali
National President, IMADr. Sarbari Dutta
Honorary Secretary General, IMA



INDIAN
MEDICAL
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BASIC LIFE SUPPORT

CARDIOPULMONARY RESUSCITATION (CPR)

TRAINING PROGRAMME

All IMA State and Local Branches are requested to regularly organize CPR training programs and submit their reports to IMA Headquarters



Dr. Anil J Nayak
President Elect.



Dr. R.V. Asokan
Imm Past President



Dr. Dilip Bhanushali
National President



Dr. Ketan Desai
Chief Patron,
Past President
IMA, WMA & MCI



Dr. Sarbari Dutta
Hony Secretary General



Dr Piyush Jain
Hony Fin. Secretary

DR SRIRANG ABKARI
Chairman, Working Group on CPR

DR. VIJAY RAO BOINPALLY
Convener, Working Group on CPR



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IMA, WMA & MCI



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**DO TEEKE
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Phase II HPV Vaccination Project of
Indian Medical Association
&
**Federation of Obstetric and Gynaecological
Societies of India (FOGSI)**

Supported by American Cancer Society
&
Cancer Foundation of India

- A Commitment to eliminate Cervical Cancer from India
- A Training program to educate 50,000 Physician Members of IMA
- A free online training program to educate with certification

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Dr. Anil J Nayak
President Elect. (2025-26)
IMA



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Dr. Sarbari Dutta
Hony Secretary General
IMA



Dr Piyush Jain
Hony Finance Secretary
IMA



Dr. Sunita Tandulwadkar
President, FOGSI



Dr. Suvarna Khadiolkar
Secretary General, FOGSI



Dr. Nomeeta Shiv Gupta
National Coordinator,
HPV Vaccination Project



Dr. Priya Ganesh Kumar
National Convenor,
HPV Vaccination Project



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