INDIAN MEDICAL ASSOCIATION

IMA NEWS

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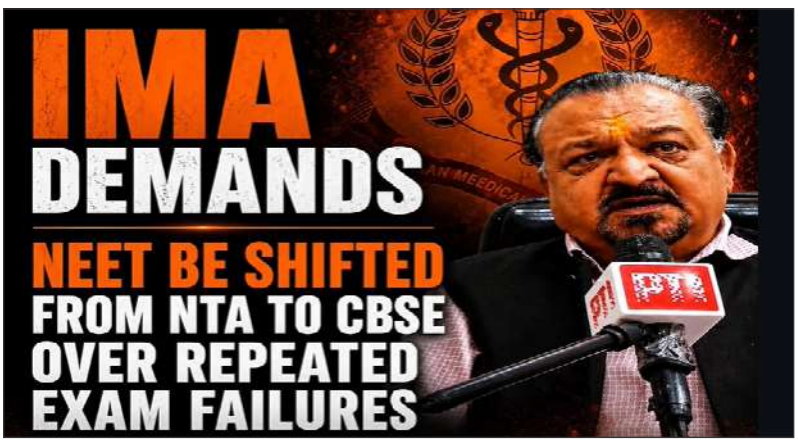

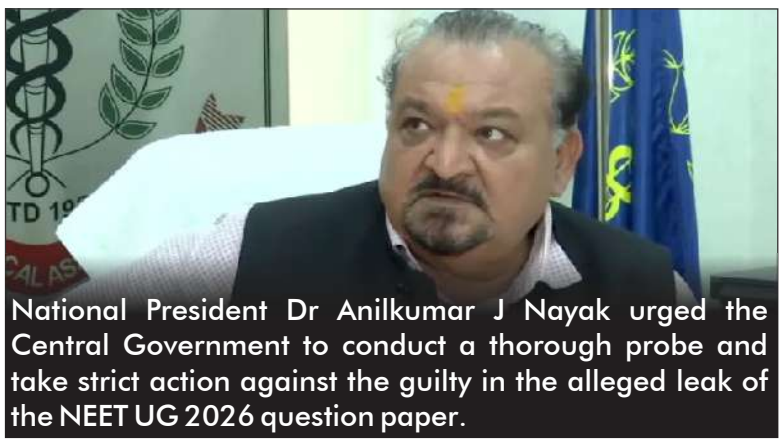

National President Dr Anilkumar J Nayak urged the Central Government to conduct a thorough probe and take strict action against the guilty in the alleged leak of the NEET UG 2026 question paper.

235th Meeting of Central Working Committee was inaugurated by National President, IMA, Dr. Anilkumar J. Nayak, alongside Honorary Secretary General, Dr. Sarbari Dutta, Past Presidents, Vice Presidents, Joint Secretaries, and other esteemed office bearers of IMA Hqs. at Ramoji Film City, Hyderabad, Telangana

Fights for Doctors of Modern Medicine

GLIMPSES OF 235TH CENTRAL WORKING COMMITTEE (CWC) MEETING HELD AT RAMOJI FILMCITY, HYDERABAD

Success is where preparation and teamwork meet. Heartfelt appreciation to the amazing team that hosted the 235th CWC Meeting at Ramoji Film City

A group photo of the Central Working Committee members on the dais at the 235th IMA CWC meeting at Hyderabad, Telangana

PARTICIPATION OF RESPECTED MEMBERS OF IMA DURING THE 235TH CENTRAL WORKING COMMITTEE (CWC) MEETING HELD IN HYDERABAD.

CENTRAL WORKING COMMITTEE MEMBERS RAISED IMPORTANT QUERIES, SHARED SUGGESTIONS AND PROVIDED VALUABLE FEEDBACK DURING THE MEETING

A GENEROUS CONTRIBUTION FROM VARIOUS STATE AND LOCAL BRANCHES OF IMA FOR THE CONSTRUCTION OF THE NEW IMA BUILDING, DURING THE 235TH CENTRAL WORKING COMMITTEE

From the Desk of National President, IMA & Hony. Secretary General, IMA

Dear Friends,

Warm Greetings and Best Wishes to the family of IMA. IMA NEWS is the key source for contacting its beloved members by which the activities of IMA spread across the country.

The strength of any association lies in its unity. Expanding our membership will further strengthen our collective voice, enabling the medical profession to be heard with greater influence and authority. In this regard, to increase our membership, initially IMA had launched "Membership Drive 2026" from 1st April to 30th April 2026 with a special incentive of a 25% reduction in the HFC share of the membership fee for IMA Life Members. Subsequently, in response to requests from various State and Territorial Branches, the National President, IMA, extended the Membership drive up to 15th May 2026. The last date for deposit of membership fees at IMA Headquarters was extended from 15th May 2026 to 22nd May, and the last date for submission of physical membership application forms was extended to 25th May 2026. During the Membership Drive 2026, approx. 10,245 new IMA Life Members have been enrolled through various State and Territorial Branches of IMA. We sincerely request all members to take the initiative and make additional efforts to enroll new members in IMA, thereby strengthening our association and enhancing its impact.

As you are aware, the redevelopment of the IMA New Building is currently in full swing. The estimated cost of redeveloping the IMA HQs. is approximately Rs.80 Crores. Our predecessors gave us the IMA HQs building. Now it is our turn to leave a legacy by providing a new building for our younger doctors, so that they too will remember us with gratitude in the years to come. To accomplish this ambitious project, we have sought the support of our members and the entire medical fraternity. We urge all of your to contribute in the above Project and motivate your colleagues and friends to contribute at least Rs.1,000/- or as much as they can.

The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act is a vital legislation enacted to prevent sex selection and protect the rights of the girl child. Strict adherence to the provisions of the Act is essential for promoting gender equality and maintaining a balanced sex ratio in society. IMA HQs. is very regretted to inform you that we have received an information from IMA Maharashtra State Branch on 11 May 2026 about the allegations concerning the alleged involvement of one of our members in a matter related to the PCPNDT Act. On the recommendations received from the Maharashtra State Branch, the above member was suspended from all privileges of IMA (HQs) membership with immediate effect and until further orders.

In view of above, all members of IMA are urged to strictly adhere to the provisions of the PCPNDT Act and refrain from any activities that violate its rules and regulations. Such actions not only adversely affect the gender ratio in society but also tarnish the image and reputation of the medical profession and the IMA. Members found guilty of violations may face disciplinary action as per the provisions of the Act. Let us collectively uphold the dignity, integrity, and prestige of our Association.

As we all know that the NEET exam is important because it is the gateway to admission in MBBS and other medical courses across India. It ensures a fair and uniform selection process for students aspiring to become doctors and healthcare professionals. The recurring leaks of the NEET exam papers have undermined students' trust in the examination process and created widespread uncertainty.

IMA has strongly condemned the alleged NEET-UG 2026 paper leak, which has severely compromised the integrity, transparency, and credibility of one of the nation's most important medical entrance examinations. Such incidents jeopardize the future of deserving students and erode public confidence in the examination system. In this regard, letters were addressed on 14th May 2026 to Shri Amit Shah Ji,

Hon'ble Minister of Home Affairs and Cooperation; Shri Jagat Prakash Nadda Ji, Hon'ble Minister of Health and Family Welfare; and Shri Dharmendra Pradhan Ji, Hon'ble Minister of Education, seeking an immediate and impartial investigation, stringent action against all individuals and organizations involved, and accountability from the concerned authorities, including the National Testing Agency (NTA), to prevent recurrence of such breaches.

We are pleased to inform you that on 16 May 2026, the Government announced the rescheduled date for the NEET examination as 21 June 2026. The Government further declared that the NEET examination will be conducted in a digital format from the next academic year.

IMA always remains deeply concerned about the increasing incidents of violence against doctors and healthcare professionals. Recently, the IMA Rajasthan State Branch reported an alleged assault on Dr. Anand Gupta, President, Elect, IMA Rajasthan State Branch Dr. Somdev Bansal, a neurosurgeon, of Rajasthan. In response, representations were submitted from IMA HQs to Shri Bhajanlal Sharma, Hon'ble Chief Minister of Rajasthan; Shri Gajendra Singh Khimsar, Hon'ble Health Minister; Shri Bhaskar A. Sawant, Additional Chief Secretary, Home Department; and Smt. Gayatri A. Rathore (IAS), Principal Secretary, Medical Health & Family Welfare Department, requesting strict action against those responsible and enhanced security measures for doctors and healthcare institutions. The IMA continues its persistent efforts to secure a comprehensive Central Act for the protection of doctors and healthcare establishments from violence and remains committed to pursuing this important cause.

As you all know that Ebola virus is a highly infectious virus that causes severe hemorrhagic fever in humans and other primates which spreads through direct contact with infected bodily fluids and can have a high fatality rate if not treated promptly. In view of the evolving situation, a communication was issued on 26 May 2026 to all Presidents and Honorary Secretaries of IMA State and Local Branches, seeking their active cooperation in strengthening disease surveillance, enhancing public health preparedness, and promoting timely reporting of any suspected cases. Members are requested to remain vigilant and support all necessary measures aimed at preventing the spread of the disease and safeguarding public health.

On behalf of IMA, a letter was addressed to Dr. Abhijat Sheth, President, National Board of Examinations in Medical Sciences (NBEMS), on 2 June 2026, extending heartfelt congratulations on his re-nomination as President of the Governing Body of NBEMS. The communication also reaffirmed IMA's unwavering support for initiatives aimed at strengthening healthcare delivery and medical education across the country.

The number of accidents related to electrical installations is increasing significantly, posing a serious safety concern. In this regard an Advisory on the Safe Operation of Electrical Installations to Prevent Fire Incidents due to Electrical Short Circuits, received from the Chief Electrical Inspectorate Division, Central Electricity Authority, New Delhi, has been forwarded to all State and Local Branches with a request for wide circulation and publication in their respective New Bulletins wherever feasible. The advisory is intended to enhance awareness and promote safety measures within healthcare establishments.

Additionally, a communication was received from the Filaria Division, National Centre for Vector Borne Disease Control, Ministry of Health & Family Welfare, Government of India, emphasizing the active involvement of private practitioners in the early diagnosis, management, and mandatory reporting of Lymphatic Filariasis (LF) cases to public health authorities. The same has been forwarded to all State and Local Branches with a request to disseminate the information among their members and encourage active participation in the national elimination programme.

IMA remains steadfast in its commitment to protecting the interests of the medical profession, promoting ethical practice, strengthening healthcare systems, and advancing public health initiatives. We look forward to the continued support and cooperation of all members in achieving these shared objectives.

Long Live IMA

Dr Anilkumar J. Nayak
National President, IMA

Dr Sarbari Dutta
Hony. Secretary General, IMA

17-4-2026

REQUEST FOR CONTRIBUTION TOWARDS IMA LEGAL FUND

To,

All the FOMA Members

Dear Colleagues,

Greetings from Indian Medical Association Hqs.!

The implementation of the Consumer Protection Act (CPA) in the medical profession has led to increased legal vulnerability for doctors, often resulting in defensive medicine and undue stress. It has, at times, strained the doctor–patient relationship by fostering mistrust and fear of litigation.

In order to challenge these issues legally, effectively, and in a well-coordinated manner, it is essential that we establish a strong legal fund. Given the scale and importance of this legal battle, IMA alone cannot bear the entire financial burden.

The collaboration and support between the Indian Medical Association (IMA) and Federation of Medical Associations (FOMA) has played a vital role in strengthening the healthcare system in India. The strategic partnership has allowed us to tackle challenges in the medical community more effectively, ensuring a united front in advocating for necessary reforms.

In this regard, we kindly request all FOMA members to come forward and make a generous contribution towards the Legal Fund or your esteemed organisation can join directly in Supreme Court with regard to the CPA case is concerned.

Your support will play a crucial role in strengthening our collective efforts to safeguard the rights and dignity of the medical profession through appropriate legal channels.

We sincerely appeal for your cooperation and prompt contribution.

Thank you for your continued support.

With warm regards

Yours sincerely,

Dr Anilkumar J. Nayak
National President, IMA

Dr Sarbari Dutta
Honorary Secretary General, IMA

REQUEST FOR CONTRIBUTION TOWARDS IMA NEW BUILDING FUND

To,
All the FOMA Members

Dear colleagues,

Greetings from Indian Medical Association !

As you know, IMA is the Association representing modern medical doctors in India, with its Headquarters located in New Delhi. IMA has 32 State Branches and more than 1800 Local Branches, actively working in different parts of India with more than four lakh members

The IMA has consistently demonstrated a strong commitment to advancing the interests and welfare of modern medical professionals, while also making impactful contributions to the health and well-being of society as a whole. Its efforts in promoting ethical practices, supporting practitioners, and enhancing public health initiatives have earned it a respected and influential position in the medical community.

This is to inform you that the foundation stone of historic and iconic building of IMA Headquarters in New Delhi was laid on 19th September, 1958 by His Excellency, the then President of India, Dr. Rajendra Prasad and the inauguration was honoured by the presence of His Excellency, the then President of India, Dr. Sarvepalli Radhakrishnan, on 6th September 1964.

For over six decades, our Headquarters has stood as a symbol of unity, dedication, and service to the medical community. However, as per assessments by various structural engineers, the existing building—now over 65 years old—has reached the end of its structural life.

The leadership of IMA has therefore decided to redevelop the Headquarters building by demolishing the existing structure.

IMA has strategically partnered with the National Buildings Construction Corporation (NBCC) India Limited for this initiative and the estimated cost of the redevelopment project is Rs. 80 crores.

Indian Medical Association has worked extensively for the welfare of modern medicine doctors in India by advocating for their rights, improving working conditions, and supporting their professional growth.

Let us join hands to build a lasting legacy of healing.

We earnestly request you to kindly donate generously towards the construction of IMA New Building. You are requested to circulate this information amongst your members and request them to contribute Rs. 1000/- per member for the above cause. A copy of the IMA New Building Flyer is attached herewith for your ready reference.

The bank details of the IMA New Building Account are as follows:

Name on Bank	: **IMA NEW BUILDING**
Bank	: **Canara Bank**
Account No.	: **110162316706**
IFCS Code	: **CNRB0019067**
Branch	: **C R Building, Delhi**

Looking forward for your positive response

Dr Anilkumar J. Nayak
National President, IMA

Dr Sarbari Dutta
Honorary Secretary General, IMA

11.05.2026

SUSPENSION ORDER

Indian Medical Association (HQs) has received a letter No. IMA MS/731/2025-26 dt. 9th May, 2026 from IMA Maharashtra State Branch informing IMA HQs that in a State Office Bearers virtual meeting, it has been decided to suspend Dr. Ravindra Kute from all privileges of membership of IMA. They have further recommended and requested IMA HQs to approve the above decision of the IMA Maharashtra State Branch.

While going through the same, the IMA Disciplinary Committee constituted by Dr Anilkumar J. Nayak, National President IMA had discussed your case regarding your alleged illegal involvement related to PCPNDT matter followed by police custody and had decided to approve the decision of the IMA Maharashtra State Branch to suspend you from all privileges of membership of IMA (HQs) till further orders.

Dr. Anilkumar J Nayak
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA

Dr. Dilip Bhanushali
Imm.Past National President, IMA

Dr. Vinay Agarwal
Past National President, IMA

STRONG CONDEMNATION OF NEET-UG 2026 PAPER LEAK AND DEMAND FOR IMMEDIATE ACTION AGAINST NTA AND THE CULPRITS INVOLVED

To,
Shri Amit Shah Ji
Hon'ble Minister of Home Affairs and Cooperation
Government of India

Shri Jagat Prakash Nadda ji,
Hon'ble Minister of Health and Family Welfare,
Ministry of Health and Family Welfare,
Government of India

Shri Dharmendra Pradhan
Hon'ble Minister of Education
Government of India

Respected Sir,

We, the Office Bearers of the Indian Medical Association (IMA), New Delhi, express our profound concern and deep disappointment over the developments surrounding the NEET-UG 2026 examination, which has been severely affected by allegations of large-scale question paper leakage and compromise of the examination process.

As you are aware, during the last four years, the NEET-UG examination conducted by NTA has faced repeated controversies, including cancellation on two occasions due to incidents of paper leaks and examination irregularities. Such incidents have caused immense mental trauma, stress, hardship, and uncertainty for more than 22.5 lakh students and their families, who dedicate years of sincere preparation for this highly competitive examination.

In NEET-UG 2026, more than 22.5 lakh students appeared for the examination, which was conducted across more than 551 cities and over 5,500 centres throughout India. Considering the continuously increasing number of candidates every year, conducting such a massive examination in a single phase and on a single day using physical question papers across the country has become an extremely challenging task. Therefore, there is a serious apprehension that similar incidents may recur in the future unless substantial reforms are introduced in the examination system.

IMA HQs. urges the Government and concerned authorities to:

Decentralize the conduct of the NEET-UG examination by assigning greater responsibility to the States and Union Territories under a transparent and accountable framework.
Conduct the NEET-UG examination in an online mode across all States and Union Territories to minimize the possibility of question paper leaks and other examination malpractices.
Ensure a credible and time-bound CBI investigation by arresting all culprits involved, establishing special fast-track courts for daily hearings, and ensuring strict punishment under the relevant laws relating to examination irregularities.

Conduct a comprehensive and impartial investigation to identify every individual and institution involved.

Ensure immediate and exemplary punishment for those responsible for compromising the examination process.
Introduce advanced security and technological safeguards to prevent recurrence of such incidents.
Restore transparency and public trust in the examination system through independent oversight and accountability.
Provide timely clarity regarding the re-examination schedule to reduce anxiety among students.
Establish accessible counselling and support systems for affected aspirants and parents.
The medical profession is built upon ethics, trust, and credibility. Therefore, the process of selecting future doctors must uphold these very same principles.

The Indian Medical Association expresses its deep concern and anguish over the recurring irregularities and alleged paper leaks affecting national competitive examinations, particularly NEET-UG. These developments have shaken the confidence of lakhs of hardworking students and their families, who dedicate years of sacrifice, discipline, and hope toward securing admission into medical colleges.

Hon'ble Sir, India's students are the architects of Viksit Bharat. They deserve the assurance that their future will be determined solely by merit, hard work, and honesty. At this crucial moment, your visionary leadership can restore confidence among millions of aspiring doctors and their families.

IMA stands firmly with the students of this nation and remains committed to supporting every initiative aimed at protecting the integrity of medical education and safeguarding the future of India's youth.

IMA strongly believes that protecting the sanctity of medical entrance examinations is essential for preserving the quality and integrity of the Indian healthcare system. Every deserving student must receive a fair, transparent, and trustworthy opportunity to pursue medical education.

We sincerely hope that the Government will take immediate and decisive measures to ensure accountability, strengthen the examination system, and restore public confidence in the fairness and credibility of national competitive examinations.

Thanking you and with regards,

Yours sincerely,

Dr Anilkumar J. Nayak
National President, IMA

REQUEST FOR JUDICIAL PROTECTION, FAIR HEARING, BAIL CONSIDERATION, AND ACTION AGAINST ASSAULT ON FAMILY MEMBERS OF DR. SOMDEV BANSAL

To
Shri Bhajanlal Sharma
Hon'ble Chief Minister
Government of Rajasthan

Shri Gajendra Singh Khimsar
Hon'ble Health Minister
Government of Rajasthan

Shri Bhaskar A. Sawant
Additional Chief Secretary, Home Department
Government of Rajasthan

Smt. Gayatri A. Rathore (IAS)
Principal Secretary to Government
Medical Health & Family Welfare Department
Directorate of Medical & Health Services (DMHS)

Dear Sir,

Greetings from Indian Medical Association Hqs. !

We are forwarding you an email received from IMA Rajasthan State Branch of IMA informing us about the assault on Dr. Somdev Bansal, neurosurgeon of Rajasthan, who have treated the mother of an advocate practising in the Session Court of Rajasthan. Unfortunately, despite best possible medical efforts, the patient could not survived. Following the demise of the patient, a group of lawyers assembled with the hospital premises and allegedly created the disturbance and pressure.

Sir, such acts of violence against doctors and healthcare establishments are unacceptable and seriously affect the functioning of medical services.

Doctors work day and night for patient care and deserve safety and respect while performing their duties. They cannot work under the grab of fear.

IMA strongly condemns the above heinous act and we stand firmly against all forms of violence against doctors and medical institutions.

We request your goodself to take immediate and strict action against those involved in the incident and ensure adequate security for doctors and hospitals to prevent such incidents in the future, as a secure healthcare system is essential for the welfare of society and the nation.

Dr Anilkumar J. Nayak
National President, IMA

26.05.2026

EBOLA HEALTH EMERGENCY DECLARED BY WHO

Dear Colleagues,

As you are aware, the World Health Organization (WHO) has declared the current Ebola outbreak a Public Health Emergency of International Concern (PHEIC).

More than 336 suspected cases and 87 deaths have been reported so far. The outbreak presently involves the Bundibugyo strain of the Ebola virus. At present, the spread is mainly limited to Congo and neighbouring Uganda.

Why is this outbreak a concern?

- No licensed vaccine or specific treatment is currently available for the Bundibugyo strain.
- Population movement makes contact tracing difficult.
- Ebola carries a high fatality rate (25–90% depending on the outbreak).
- Limited diagnostic facilities are available in affected regions.

Mode of Transmission:
Ebola spreads mainly through:

- Direct contact with blood, body fluids, vomitus, or secretions of an infected person.
- Contact with contaminated materials.
- Unsafe burial practices.

Ebola is not airborne in normal community settings and is not as easily transmissible as COVID-19.

Symptoms:
Early symptoms include:

- Fever
- Weakness
- Headache
- Muscle pain
- Sore throat

Later symptoms may include:

- Vomiting
- Diarrhoea
- Bleeding manifestations
- Shock and multiorgan failure

How to Limit the Spread:

- Early diagnosis and isolation
- Strict hand hygiene
- Safe biomedical waste disposal
- Proper infection prevention and control practices

Always remember the Guru Mantra to limit the spread of all infectious diseases:
"Clean Hands Save Lives!"

We highly appreciate your continued support in enhancing national public health preparedness and disease surveillance initiatives.

Dr. Anilkumar J. Nayak
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA

Dr. Narendra Saini
Chairman, IMA AMR Committee

Dr Venkatesh Karthikeyan
Convenor, IMA AMR Committee

CONGRATULATIONS ON YOUR RE-NOMINATION AS PRESIDENT OF NBEMS

To,
Dr. Abhijat Sheth,
President, NBEMS

Dear Dr. Abhijat Sheth,

On behalf of the Indian Medical Association, representing more than 4 lakh doctors through over 1,800 branches spread across the country, we extend our heartiest congratulations to you on your re-nomination as the President of the Governing Body of the NBEMS.

Your visionary leadership, commitment to academic excellence, and dedicated contribution towards strengthening postgraduate medical education in India have earned immense respect and appreciation from the medical fraternity. Your continued stewardship at the helm of NBEMS reflects the confidence reposed in your capabilities and experience.

We are confident that under your able guidance, the NBEMS will continue to achieve greater heights and further contribute towards maintaining the highest standards of medical education, training, and assessment in the country.

The Indian Medical Association conveys its best wishes for your successful tenure and assures full support in all endeavours aimed at advancing the healthcare and medical education system of our nation.

With warm regards and best wishes,

Yours sincerely,

Dr. Anilkumar J. Nayak
National President, IMA

02.06.2026

ADVISORY FOR SAFE OPERATION OF ELECTRICAL INSTALLATIONS TO PREVENT FIRE INCIDENTS DUE TO ELECTRICAL SHORT CIRCUITS -REGARDING.

To
The Presidents and Hony. Secretaries
All State/Local Branches of IMA

Dear Sir/Madam,

I am forwarding herewith an email alongwith its attachments received from Chief Electrical Inspectorate Division, Central Electricity Authority, 7th Floor, Sewa Sadan, R.K.Puram-1, New Delhi, which is self-explanatory, for your information and necessary action.

You are hereby advised to kindly disseminate the same in your State/Local branch and print it in your monthly Bulletin, if possible.

Thanking you and with kind regards,

Yours sincerely,

Dr. Anilkumar J.Nayak
National President, IMA

CEA-PS-16/24/2024-CEI Division-Part(2) I/64932/2026

सत्यमेव जयते

भारत सरकार/Govt. of India

विद्युत मंत्रालय/Ministry of Power

केन्द्रीय विद्युत प्राधिकरण/Central Electricity Authority

मुख्य विद्युत निरीक्षणालय प्रभाग/Chief Electrical Inspectorate Division

****

Date: 20.05.2026

To,

(As per List)

Subject: Advisory for Safe Operation of Electrical Installations to Prevent Fire Incidents due to Electrical Short Circuits -regarding.

"Let us target zero accident in all power utilities and consumers of electricity."

As we know, several fire incidents have recently occurred in different parts of the country, such as a high-rise building in Palam (Delhi), a house in Indore (Madhya Pradesh) and a Medical College & Hospital in Cuttack (Odisha), resulting in several casualties. Probability of electrical short circuit have been cited as the cause of these incidents. The increasing intensity and frequency of heatwave conditions in India are further aggravating stress on electrical infrastructure, resulting in increased loading of transformers, cables, switchgear, and other electrical installations.

Further, the India Meteorological Department (IMD) has forecast above-normal heatwave conditions over several parts of India during the ongoing summer season, with temperatures in many regions likely to exceed 45°C in the coming days. Therefore, there is an urgent need for all utilities/stakeholders to properly operate and maintain electrical installations and ensure adherence to electrical safety measures so as to minimize the possibility of fire incidents due to electrical short circuits and to ensure reliable and safe operation of the electrical network during the prevailing heatwave conditions.

Considering the above incidents of fire and increase in probability of electrical short circuits due to the ongoing heatwave conditions across India, CEA has selected the theme for this year's Electrical Safety Week 2026, commencing from 26th June 2026, as **"Today's Awareness, Tomorrow's Prevention – Let Us All Unite to Prevent Fire Hazards from Electrical Short Circuits"**. We feel that it would help in spreading awareness among various stakeholders and the public at large for ensuring electrical safety against fires caused by electrical short circuits.

सातवां तल, सेवा भवन, आर. के. पुरम-1, नई दिल्ली-110066 टेली: 011-26732773 ईमेल: cea-eidivision@gov.in वेबसाइट: www.cea.nic.in

7th Floor, Sewa Bhawan, R. K. Puram-1, New Delhi-110066 Tele: 011-26732773 Email: cea-eidivision@gov.in Website: www.cea.nic.in

CEA-PS-16/24/2024-CEI Division-Part(2) I/64932/2026

In view of the above, for ensuring electrical safety, it is advised to follow regulatory provisions as given below:

1. Owner of electrical installation **shall designate only that person who possesses a certificate of competency or electrical work permit**, issued by the Appropriate Government for the purpose to operate and carry out the work on electrical lines and apparatus.
2. All suppliers of electricity shall designate an **Electrical Safety Officer** for ensuring observance of safety measures specified under these regulations in their organisation for construction, operation and maintenance of their electrical system. Electrical Safety Officer shall keep a record maintained in Form I or Form II or Form III (as applicable) as per Schedule II of CEA Safety Regulations, 2023 (attached at **Annex-II**).
3. Owner of every distribution system shall arrange for **training of their personnel** engaged or appointed to operate and undertake maintenance of distribution system as per mandate provided in the said Regulation.
4. The supplier shall ensure that all electric **supply lines, wires**, fittings and apparatus belonging to him or under his control, up to the point of commencement of supply, which are on a consumer's premises, are in a safe-condition and in all respects fit for supplying electricity and the supplier shall take **precautions to avoid danger arising** on such premises from such supply lines, wires, fittings and apparatus.
5. The service lines placed by the supplier on the premises of a consumer which are underground or which are accessible shall be so insulated and protected by the supplier as to be secured under all ordinary conditions against electrical, mechanical, chemical or other injury to the insulation.
6. The supplier shall provide and maintain on the consumer's premises for the consumer's use a **suitable earthed terminal** in an accessible position at or near the point of commencement of supply as per relevant standards.
7. The owner of every installation of voltage exceeding 250 V shall affix permanently in a conspicuous position a **danger notices in Hindi or English** and the local language of the district, with a sign of skull and bones of a design as per relevant standards.
8. Workers must be provided with appropriate **personal protective equipment (PPE)**, tools, and devices—such as insulated gloves, safety footwear, helmets, non-conductive ladders, earthing devices, voltage detectors, and arc-flash protection—kept in sound working condition. Only designated and trained personnel shall be permitted to operate or maintain electrical installations, and they must always observe prescribed safety precautions
9. For the safety of operating personnel, all non-current carrying metal parts of switchgear and control panels shall be properly earthed and **insulating floors or mat** conforming to the relevant standards of appropriate voltage level shall be provided in front and rear of the panels.
10. All **street boxes or pillar boxes** containing circuits or apparatus shall ensure that their **covers and doors are kept closed** and locked and are so provided that they can be opened only by means of a key or a special appliance.

सातवां तल, सेवा भवन, आर. के. पुरम-1, नई दिल्ली-110066 टेली: 011-26732773 ईमेल: cea-eidivision@gov.in वेबसाइट: www.cea.nic.in

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CEA-PS-16/24/2024-CEI Division-Part(2) I/64932/2026

11. **Fire buckets** filled with clean dry sand and ready for immediate use for extinguishing fires**, in addition to fire extinguishers** suitable for dealing with fires, shall be conspicuously marked and kept in substations in convenient locations shall be installed, maintained, periodically inspected and tested as per the relevant standards for extinguishing and controlling fire. Gas masks shall be provided conspicuously and installed and maintained at accessible places in enclosed substation with transformation capacity of five megavolt-ampere and above for use in the event of fire or smoke.
12. **Address and contact number of the nearest Doctor, Hospital** with a facility for first-aid treatment for electric shock and burns, ambulance service and fire service shall be prominently displayed near the electric shock treatment chart in control room and operator cabin.
13. **Instructions**, in English or Hindi and the local language of the district, and where Hindi is the local language, in English and Hindi **for the resuscitation of persons** suffering from electric shock, shall be affixed by the owner in a conspicuous place in enclosed substation.
14. Electrical installation works, with some exceptions, in the premises of any consumer shall be carried out only by a licensed electrical contractor. The works shall be carried on behalf of such contractors by a person permitted by the State Government under the direct supervision of a person holding a certificate of competency.
15. Inspection and testing of new electrical installations including installations of supplier or consumer as well as the periodic inspection and testing of installation of voltage **above the notified voltage** belonging to the owner or supplier or consumer, as the case may be, shall be carried out by the **Electrical Inspector.**
16. The entire substation equipment and buildings including all non-current carrying metal parts associated with an installation shall be **effectively earthed** to an earthing system or mat which shall limit the touch, step potential and earth potential rise to tolerable values as per relevant standards.
17. No conductor or earth wire of an overhead line shall have more than one joint in a span: Provided that there shall be no joints in the conductor or earthwire in a span of crossing over the highways, expressways and railway lines.
18. The **minimum clearance** should be maintained in air of the lowest conductor of overhead lines as per regulation 60, 62, 63 and 71 of Central Electricity Authority (Measures Relating to Safety and Electric Supply) Regulations, 2023.
19. **No rods, pipes or similar materials shall be taken below**, or in the vicinity of any bare overhead conductors or lines: Provided that if these materials contravene the regulations 62 and 63, such materials shall be transported under the direct supervision of a person designated or appointed or engaged or permitted under these regulations.
20. No rods, pipes or other similar materials shall be brought within the flash over distance of bare live conductors or overhead lines.
21. No material or earth work or agricultural produce shall be dumped or stored, no trees grown below or **in the vicinity of bare overhead conductors** or lines in contravention to the regulations 62 and 63.
22. **No flammable material** shall be stored under the electric line.

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23. **No fire** shall be allowed below overhead lines and above the demarcated underground cables.
24. **No blasting** for any purpose shall be done within three hundred metres from the boundary of a substation or from the electric supply lines of voltage exceeding 650 V or tower structure.
25. **No service line or tapping** shall be taken off an overhead line except at a point of support: Provided that the number of tappings per conductor shall not be more than six in case of connections at voltage not exceeding 650 V.
26. **All steel poles** on which switches, transformers, fuses are mounted **shall be earthed.**
27. For poles of the electric lines below 650 V, **guarding arrangement** with continuous earth wire or messenger wire in case of aerial bunched cable shall be provided, and shall be connected to earth at three equidistant points in every km.
28. The owner of every overhead line of voltage exceeding 650 V shall make adequate arrangements as per relevant standards to prevent **unauthorised persons from climbing** any of the supports of such overhead lines which can be easily climbed upon without the help of a ladder or special appliances:
    Provided that the **barbed wires** conforming to relevant standards for a vertical distance of 30 to 40 cm, at a height of 3.5 metre to 4 metre from ground level or **clamps with protruding spikes** at a height of 3 to 4 metre, shall be provided on each pole or tower of 11 kV line and above.
29. The owner of every overhead line, substation or generating station which is exposed to lightning shall **adopt means** as per relevant standards for diverting electrical surges to the earth due to lightning which may result into injuries.
30. Laying of cable shall be as per relevant standards and should be maintained to avoid any danger.
31. Regular frequent patrolling of the line shall be ensured to mitigate any probable danger due to leakage and energisation of earth wire/guy wire etc.
32. Fencings shall be suitably provided for electrical installations to make it inaccessible for unauthorised personnel.
33. The use of electricity to electrical installation, shall be controlled by a **residual current device** to disconnect the supply having rated residual current and duration as per the relevant standards. Provided that in domestic installation, residual current device having residual operating current not exceeding 30 milliampere shall be used.
34. All Safety measures shall be ensured while charging **electric vehicles**.
35. **Fire alarm systems** shall be installed for early detection and prevention of fire incidents.
36. **Sufficient number of fire extinguishers** shall be installed and maintained for effective control of fire incidents.
37. Action to prevent unauthorized energization of fencing and illegal hooking for theft of electricity.

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In addition to above, it is further advised to-

1. Conduct the awareness programs on electrical safety and fire safety associated with electrical short circuit, with emphasis on adherence to the provisions of the CEA (Measures Relating to Safety and Electric Supply) Regulations, 2023, and usage of aforementioned technology/ solutions.
2. All electrical installations serving critical infrastructures, large public gathering, high public footfalls and high frequented public places such as Hospitals, Schools, Stadiums, Malls, Hotels, Cinema Halls, Game zones, Banks, high rise building of more than 15 m height etc. have the following for electrical safety and fire safety associated with electrical origins.
    a. The electrical accidents including fire incidents caused due to probable electrical short circuit may be prevented through the use of Internet of Things (IoT)-based systems that can round-the-clock monitor continuously in real-time the critical electrical parameters for detection, analyses and preventing incidents leading to electrocution, equipment failure and fires such as, arcing, short circuit, over current, earth current leakage, high earth voltage, over voltage, phase loss, phase reversal, loss of neutral supply, loads with high inrush current, loads with high harmonics, unbalanced or asymmetrical loads, etc. as these parameters act as early indicators of electrical incidents including fire risk, and send real-time alerts notifications/e-mails/messaging services, and also cut off the power supply in case of critical event.

3. For wider dissemination of awareness programs, following booklets on Electrical Safety, published by Central Electricity Authority (CEA), may be considered:
   a) '**SACHET**'- Handbook for Electrical Safety, b) Electrical Safety Handbook for Students c) 'Suraksha Shakti'- **सुरक्षा है जहाँ, खुशियाँ हैं वहाँ,**
   which are available in public domain and can be downloaded from: https://cea.nic.in/safety-lineman/?lang=en
4. In addition, a Safety Mascot was launched on 'Electrical Safety Day' celebrated on 26.06.2025, wherein Electrical Safety Oath was undertaken (video attached in mail), which may be conveyed to all stakeholders and public to make Electrical Safety Oath for staffs a daily practice.
5. **Any other suitable measures for ensuring safety as per safety regulations/ relevant standards and national/ international best practices may be adopted.**

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It is requested to take necessary actions to ensure safe operation and maintenance of the electrical installations, and to spread awareness across all sections of society regarding electrical safety so as to safeguard human/animal life, prevent electrical accidents and fire incidents due to electrical short circuit, and promote a culture of safety in the installation, operation, and maintenance of electrical systems.

This issues with the approval of competent Authority.

भवदीय,

Digitally signed by आर.पी. सिंह, मुख्य विद्युत निरीक्षक
Raghvendra Pratap Singh
Date: 21-05-2026
12:37:42

Copy for information to:

1. SA to Chairperson, CEA
2. SA to Member (Power System)

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REGARDING THE ACTIVE INVOLVEMENT OF PRIVATE PRACTIONERS IN EARLY DIAGNOSIS AND MANAGEMENT OF LYMPHATIC FILARIASIS (LF) AND MANDATORY REPORTING TO THE CONCERNED PUBLIC HEALTH AUTHORITY - ACTIVE

To
The Presidents and Hony. Secretaries
All State/Local Branches of IMA

Dear Sir/Madam,

I am forwarding herewith an email alongwith its attachments received from K Filaria Division, National Centre for Vector Borne Disease Control, Ministry of Health & Family Welfare, Govt. of India, which is self-explanatory, for your information and necessary action.

You are requested to kindly disseminate the above information in your State/Local branch members.

Thanking you and with kind regards,

Yours sincerely,

Dr. Anilkumar J.Nayak
National President, IMA

डॉ. तनु जैन
निदेशक
DR. TANU JAIN
Director
MBBS, M.D. (Community Medicine)
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सत्यमेव जयते

राष्ट्रीय वैक्टर जनित रोग नियंत्रण केंद्र
(स्वास्थ्य सेवा महानिदेशालय)
स्वास्थ्य एवं परिवार कल्याण मन्त्रालय, भारत सरकार
NATIONAL CENTER FOR VECTOR BORNE DISEASES CONTROL
(Directorate General of Health Services)
Ministry of Health & Family Welfare, Govt. of India

D.O.No. 8-191/2019-20/NVBDCP/ELF/EPC
Dated: 27/05/2026

Dear Sir / Madam,

As you are aware, the Government of India is committed to the time-bound elimination of Lymphatic Filariasis (LF). While the National Programme has made significant strides through Mass Drug Administration (MDA), the active involvement of the medical fraternity remains a critical pillar in achieving a "Filaria-free India".

One of the critical gaps identified in achieving LF elimination is the missed or under-diagnosis and management of early infections, especially in endemic areas. To address this, the NCVBDC has released updated guidelines available on the NCVBDC website (www.ncvbdc.mohfw.gov.in) emphasizing the importance of early diagnosis and management.

In these endemic areas, clinicians are urged to maintain a high index of suspicion for LF in all patients presenting in the asymptomatic or acute stage. Based on the revised guidelines, an advisory related to the early diagnosis and management of Lymphatic Filariasis is enclosed. It outlines the updated "Test and Treat" protocol, the inclusion of the DEC Provocation Test, and the mandatory requirement for notification to public health authorities.

I request you to kindly circulate the enclosed advisory to the Principals and Deans of all medical colleges in your state. Your leadership in ensuring these protocols are integrated into clinical practice and medical education is instrumental in achieving a "Filaria-free India". Your support in this national endeavor will be instrumental in interrupting transmission chains across the country.

With regards,

(Tanu Jain)

The President, Indian Medical Association (IMA) Headquarters,
IMA House, Indraprastha Marg, New Delhi - 110002

Encl: As above

Advisory for early diagnosis and management of Lymphatic Filariasis.

1. Rationale for Enhanced Screening

- **Target Population:** All individuals in endemic districts presenting with acute symptoms (fever 4 – 7 days, generalized body ache, fatigue, lymphadenitis) or history of travel to endemic areas or with PUO (Pyrexia of unknown origin).

2. Screening Tools

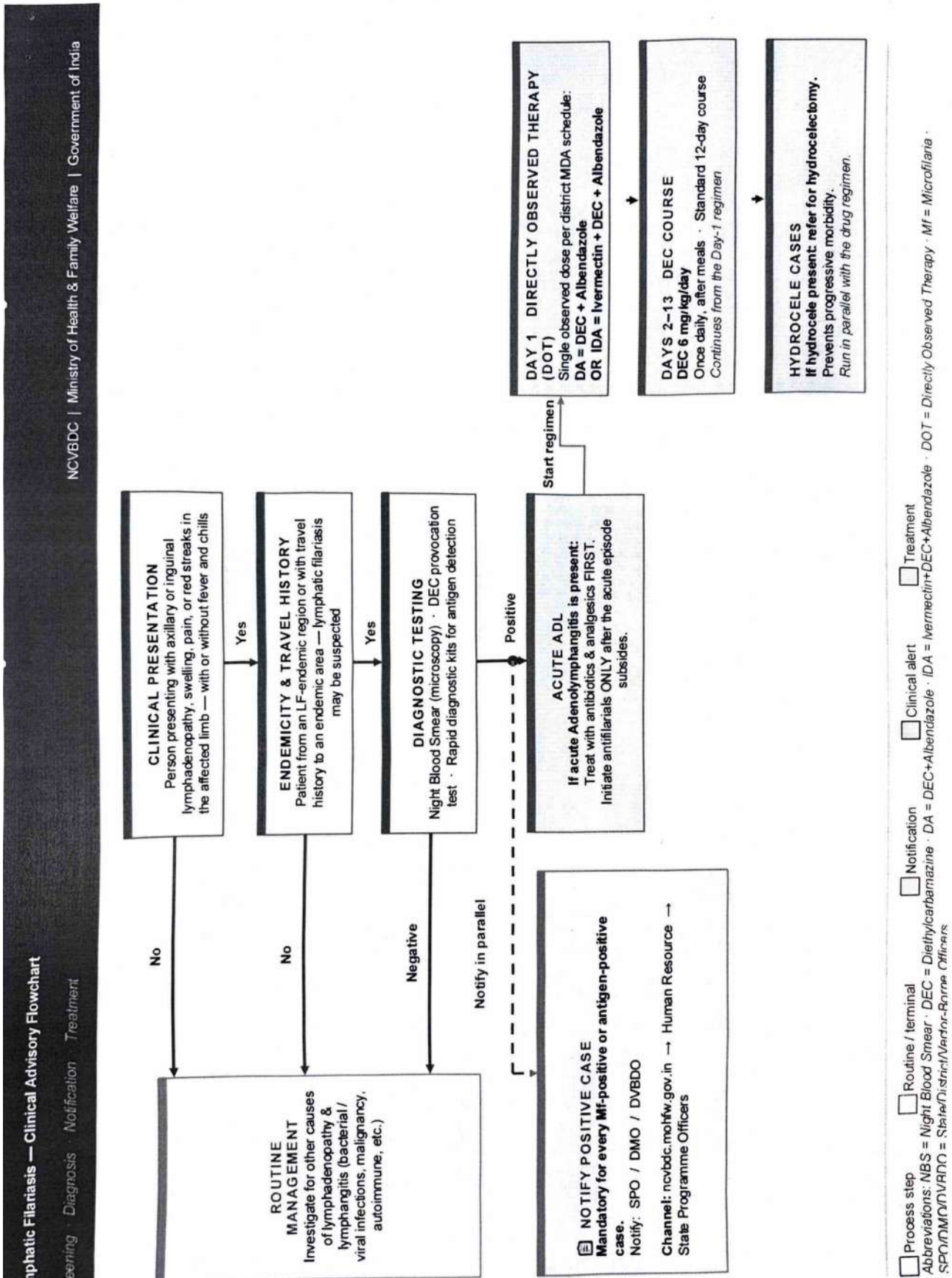
- **DEC Provocation Test:** For daytime screening, a provocative dose of **Diethylcarbamazine (DEC) at 2 mg/kg body weight** may be administered. A finger-prick blood sample should be collected **30–60 minutes post-administration** to detect Micro filariae (Mf).
- **Night Blood Survey (NBS):** The gold standard for detecting microfilariae (Mf). Blood collection must be performed between **10:00 PM and 12:00 AM** to account for nocturnal periodicity.
- **Rapid Diagnostic Tests:** A rapid, point-of-care diagnostics for detecting Circulating Filarial Antigen (CFA) such as RDT. This test is not time-dependent and can be conducted during OPD hours.
- **Ultrasound:** To identify the "Filarial Dance Sign" (active adult worms in dilated lymphatics).
- **Fluid Analysis:** Centrifugation and microscopic examination of hydrocele fluid or urine for the presence of Mf.

3. Management Protocol for Screen-Positive Cases Once a patient tests positive for Mf or Antigen, the following regimen is mandated:

- **Immediate Treatment:** A **Directly Observed single dose** of Double Drug Therapy (DEC + Albendazole) or Triple Drug Therapy (Ivermectin + DEC + Albendazole), as per the prevailing district schedule.
- **Follow-up Course:** This must be followed by a **12-day standard course of DEC** at a dosage of **6mg/kg body weight daily**, administered after meals.
- **Acute Attacks:** In cases of ADL (Acute Dermato-Lymphangio-Adenitis), treat first with analgesics and antibiotics. Antifilarial drugs should be initiated only after the acute episode subsides.

4. Notification

- **Notification:** Every positive case (Antigen or Mf positive) must be notified to the concerned **state program officer (SPO)/DMO/DVBDO**. The details be accessed via the link or the following path. https://ncvbdc.mohfw.gov.in à Human Resourceà State program officers.
- **Line-listing:** This ensures the patient is entered into the national tracking system for a two-year follow-up.
- **Contact Screening:** Notification triggers a mandatory screening of **30–40 households** in the patient's immediate neighbourhood by the health department to identify and treat asymptomatic carriers.
- **Issued by:** National Centre for Vector Borne Diseases Control (NCVBDC) Directorate General of Health Services, MoHFW.


Lymphatic Filariasis — Clinical Advisory Flowchart
Screening · Diagnosis · Notification · Treatment
NCVBDC | Ministry of Health & Family Welfare | Government of India
CLINICAL PRESENTATION
Person presenting with axillary or inguinal lymphadenopathy, swelling, pain, or red streaks in the affected limb — with or without fever and chills
Yes
No
ENDEMICITY & TRAVEL HISTORY
Patient from an LF-endemic region or with travel history to an endemic area — lymphatic filariasis may be suspected
Yes
No
DIAGNOSTIC TESTING
Night Blood Smear (microscopy) · DEC provocation test · Rapid diagnostic kits for antigen detection
Positive
Negative
Notify in parallel
ACUTE ADL
If acute Adenolymphangitis is present:
Treat with antibiotics & analgesics FIRST.
Initiate antifilarials ONLY after the acute episode subsides.
Start regimen
ROUTINE MANAGEMENT
Investigate for other causes of lymphadenopathy & lymphangitis (bacterial / viral infections, malignancy, autoimmune, etc.)
NOTIFY POSITIVE CASE
Mandatory for every Mf-positive or antigen-positive case.
Notify: SPO / DMO / DVBDO
Channel: ncvbdc.mohfw.gov.in → Human Resource → State Programme Officers
DAY 1 DIRECTLY OBSERVED THERAPY (DOT)
Single observed dose per district MDA schedule:
DA = DEC + Albendazole
OR IDA = Ivermectin + DEC + Albendazole
DAYS 2–13 DEC COURSE
DEC 6 mg/kg/day
Once daily, after meals · Standard 12-day course
Continues from the Day-1 regimen
HYDROCELE CASES
If hydrocele present: refer for hydrocelectomy.
Prevents progressive morbidity.
Run in parallel with the drug regimen.
Process step
Routine / terminal
Notification
Clinical alert
Treatment
Abbreviations: NBS = Night Blood Smear · DEC = Diethylcarbamazine · DA = DEC+Albendazole · IDA = Ivermectin+DEC+Albendazole · DOT = Directly Observed Therapy · Mf = Microfilaria · SPO/DMO/DVBDO = State/District/Vector-Borne Officers

S.No.	Name of the Endemic State	New District Name
1	Andaman and Nicobar Islands	Nicobar
2	Andaman and Nicobar Islands	North and Middle Andaman
3	Andaman and Nicobar Islands	South Andaman
4	Andhra Pradesh	Chittoor
5	Andhra Pradesh	East Godavari
6	Andhra Pradesh	Guntur
7	Andhra Pradesh	Krishna
8	Andhra Pradesh	Nellore
9	Andhra Pradesh	Prakasam
10	Andhra Pradesh	Srikakulam
11	Andhra Pradesh	Visakhapatnam
12	Andhra Pradesh	Vizianagaram
13	Andhra Pradesh	West Godavari
14	Assam	Biswanath
15	Assam	Darrang
16	Assam	Udalguri
17	Assam	Dhemaji
18	Assam	Dhubri
19	Assam	South Salmara
20	Assam	Dibrugarh
21	Assam	Kamrup Rural
22	Assam	Kamrup Metro
23	Assam	Nalbari
24	Assam	Baksa
25	Assam	Sivasagar
26	Assam	Charaideo
27	Assam	Sonitpur
28	Assam	Tinsukia
29	Bihar	Araria
30	Bihar	Arwal
31	Bihar	Aurangabad
32	Bihar	Banka
33	Bihar	Begusarai
34	Bihar	Bhagalpur
35	Bihar	Bhojpur
36	Bihar	Buxar
37	Bihar	Darbhanga
38	Bihar	East/Purbi Champaran
39	Bihar	Gaya
40	Bihar	Gopalganj
41	Bihar	Jamui
42	Bihar	Jehanabad
43	Bihar	Kaimur (Bhabua)
44	Bihar	Katihar

S.No.	me of the Endemic State	New District Name
45	Bihar	Khagaria
46	Bihar	Kishanganj
47	Bihar	Lakhisarai
48	Bihar	Madhepura
49	Bihar	Madhubani
50	Bihar	Munger
51	Bihar	Muzaffarpur
52	Bihar	Nalanda
53	Bihar	Nawada
54	Bihar	Patna
55	Bihar	Purnea
56	Bihar	Rohtas
57	Bihar	Saharsa
58	Bihar	Samastipur
59	Bihar	Saran
60	Bihar	Sheikhpura
61	Bihar	Sheohar
62	Bihar	Sitamarhi
63	Bihar	Siwan
64	Bihar	Supaul
65	Bihar	Vaishali
66	Bihar	West/Paschim Champaran
67	Chhattisgarh	Bastar (Jagdalpur)
68	Chhattisgarh	Bilaspur
69	Chhattisgarh	Gaurela-Pendra-Marwahi
70	Chhattisgarh	Mungeli
71	Chhattisgarh	Dhamtari
72	Chhattisgarh	Durg
73	Chhattisgarh	Balod
74	Chhattisgarh	Bemetara
75	Chhattisgarh	Janjgir - Champa
76	Chhattisgarh	Sakti
77	Chhattisgarh	Jashpur
78	Chhattisgarh	Khairagarh-Chhuikhadan-Gandai
79	Chhattisgarh	Mahasamund
80	Chhattisgarh	Raigarh
81	Chhattisgarh	Sarangarh-Bilaigarh
82	Chhattisgarh	Raipur
83	Chhattisgarh	Baloda Bazar
84	Chhattisgarh	Gariyaband
85	Chhattisgarh	Rajnandgaon
86	Chhattisgarh	Surguja
87	Chhattisgarh	Balrampur-Ramanujganj
88	Chhattisgarh	Surajpur

S.No.	Name of the Endemic State	New District Name
89	nd Nagar Haveli and Daman and D	Dadra and Nagar Haveli
90	nd Nagar Haveli and Daman and D	Daman
91	nd Nagar Haveli and Daman and D	Diu
92	Goa	North Goa
93	Goa	South Goa
94	Gujarat	Amreli
95	Gujarat	Bharuch
96	Gujarat	Dang
97	Gujarat	Jamnagar Rural
98	Gujarat	Devbhumi Dwarka
99	Gujarat	Jamnagar Corporation
100	Gujarat	Junagarh Rural
101	Gujarat	Gir Somnath
102	Gujarat	Junagarh Corporation
103	Gujarat	Narmada
104	Gujarat	Navsari
105	Gujarat	Porbandar
106	Gujarat	Rajkot Rural
107	Gujarat	Morbi
108	Gujarat	Rajkot Corporation
109	Gujarat	Surat Municipal Corporation
110	Gujarat	Surat Rural
111	Gujarat	Tapi
112	Gujarat	Vadodara
113	Gujarat	Valsad
114	Jharkhand	Bokaro
115	Jharkhand	Chatra
116	Jharkhand	Deoghar
117	Jharkhand	Dhanbad
118	Jharkhand	Dumka
119	Jharkhand	East Singhbhum
120	Jharkhand	Garhwa
121	Jharkhand	Giridih
122	Jharkhand	Godda
123	Jharkhand	Gumla
124	Jharkhand	Hazaribagh
125	Jharkhand	Jamtara
126	Jharkhand	Khunti
127	Jharkhand	Koderma
128	Jharkhand	Latehar
129	Jharkhand	Lohardaga
130	Jharkhand	Pakur
131	Jharkhand	Palamu
132	Jharkhand	Ramgarh
133	Jharkhand	Ranchi

S.No.	me of the Endemic State	New District Name
134	Jharkhand	Sahebganj
135	Jharkhand	Saraikela
136	Jharkhand	Simdega
137	Jharkhand	West Singhbhum
138	Karnataka	Bagalakote
139	Karnataka	Bidar
140	Karnataka	Dakshina Kannada
141	Karnataka	Kalaburagi/Gulbarga
142	Karnataka	Raichur
143	Karnataka	Udupi
144	Karnataka	Uttara Kannada
145	Karnataka	Vijayapura/Bijapur
146	Karnataka	Yadgir
147	Kerala	Alappuzha
148	Kerala	Ernakulam
149	Kerala	Kannur
150	Kerala	Kasaragod
151	Kerala	Kollam
152	Kerala	Kottayam
153	Kerala	Kozhikode
154	Kerala	Malappuram
155	Kerala	Palakkad
156	Kerala	Thiruvananthapuram/Trivandrum
157	Kerala	Thrissur
158	Lakshadweep	Lakshadweep
159	Madhya Pradesh	Bhind
160	Madhya Pradesh	Chhatarpur
161	Madhya Pradesh	Chhindwara
162	Madhya Pradesh	Damoh
163	Madhya Pradesh	Datia
164	Madhya Pradesh	Katni
165	Madhya Pradesh	Mauganj
166	Madhya Pradesh	Panna
167	Madhya Pradesh	Rewa
168	Madhya Pradesh	Sagar
169	Madhya Pradesh	Satna
170	Madhya Pradesh	Shahdol
171	Madhya Pradesh	Tikamgarh
172	Madhya Pradesh	Niwari
173	Madhya Pradesh	Umaria
174	Maharashtra	Akola
175	Maharashtra	Amravati
176	Maharashtra	Bhandara
177	Maharashtra	Chandrapur
178	Maharashtra	Gadchiroli

S.No.	Name of the Endemic State	New District Name	S.No.	me of the Endemic State	New District Name
179	Maharashtra	Gondia	224	Tamil Nadu	Cuddalore
180	Maharashtra	Jalgaon	225	Tamil Nadu	Kanchipuram
181	Maharashtra	Latur	226	Tamil Nadu	Chengalpattu
182	Maharashtra	Nagpur	227	Tamil Nadu	Kanyakumari
183	Maharashtra	Nanded	228	Tamil Nadu	Karur
184	Maharashtra	Nandurbar	229	Tamil Nadu	Krishnagiri
185	Maharashtra	Osmanabad/Dharashiv	230	Tamil Nadu	Madurai
186	Maharashtra	Sindhudurg	231	Tamil Nadu	Nagapattinam
187	Maharashtra	Solapur	232	Tamil Nadu	Perambalur
188	Maharashtra	Thane	233	Tamil Nadu	Ariyalur
189	Maharashtra	Palghar	234	Tamil Nadu	Pudukkottai
190	Maharashtra	Wardha	235	Tamil Nadu	Thanjavur
191	Maharashtra	Yavatmal	236	Tamil Nadu	Thiruvallur
192	Odisha	Angul	237	Tamil Nadu	Thiruvarur
193	Odisha	Balasore	238	Tamil Nadu	Thoothukudi
194	Odisha	Bargarh	239	Tamil Nadu	Tiruchirappalli
195	Odisha	Bhadrak	240	Tamil Nadu	Tirunelveli
196	Odisha	Bolangir	241	Tamil Nadu	Tiruvannamalai
197	Odisha	Boudh	242	Tamil Nadu	Vellore
198	Odisha	Cuttack	243	Tamil Nadu	Ranipet
199	Odisha	Deogarh	244	Tamil Nadu	Tirupattur
200	Odisha	Dhenkanal	245	Tamil Nadu	Villupuram
201	Odisha	Gajapati	246	Tamil Nadu	Kallakurichi
202	Odisha	Ganjam	247	Tamil Nadu	Virudhunagar
203	Odisha	Jagatsinghpur	248	Telangana	Kumuram Bheem Asifabad
204	**Odisha**	**Jajpur**	**249**	**Telangana**	**Karimnagar**
205	**Odisha**	**Jharsuguda**	**250**	**Telangana**	**Jagtial**
206	**Odisha**	**Kalahandi**	**251**	**Telangana**	**Peddapalli**
207	**Odisha**	**Kandhamal**	**252**	**Telangana**	**Rajanna Sircilla**
208	**Odisha**	**Kendrapara**	**253**	**Telangana**	**Khammam**
209	**Odisha**	**Keonjhar**	**254**	**Telangana**	**Mahabubnagar**
210	**Odisha**	**Khordha**	**255**	**Telangana**	**Jogulamba-Gadwal**
211	**Odisha**	**Koraput**	**256**	**Telangana**	**Nagarkurnool**
212	**Odisha**	**Malkangiri**	**257**	**Telangana**	**Narayanpet**
213	**Odisha**	**Mayurbhanj**	**258**	**Telangana**	**Wanaparthy**
214	**Odisha**	**Nabarangpur**	**259**	**Telangana**	**Mancherial**
215	**Odisha**	**Nayagarh**	**260**	**Telangana**	**Medak**
216	**Odisha**	**Nuapada**	**261**	**Telangana**	**Sangareddy**
217	**Odisha**	**Puri**	**262**	**Telangana**	**Siddipet**
218	**Odisha**	**Rayagada**	**263**	**Telangana**	**Nalgonda**
219	**Odisha**	**Sambalpur**	**264**	**Telangana**	**Suryapet**
220	**Odisha**	**Sonepur**	**265**	**Telangana**	**Yadadri Bhuvanagiri**
221	**Odisha**	**Sundargarh**	**266**	**Telangana**	**Nirmal**
222	**Puducherry**	**Puducherry**	**267**	**Telangana**	**Nizamabad**
223	**Tamil Nadu**	**Chennai**	**268**	**Telangana**	**Kamareddy**

S.No.	Name of the Endemic State	New District Name
269	Telangana	Ranga Reddy
270	Telangana	Medchal-Malkajgiri
271	Telangana	Vikarabad
272	Telangana	Warangal
273	Telangana	Jangaon
274	Telangana	Mahabubabad
275	Telangana	anumakonda/ Warrangal Urban
276	Uttar Pradesh	Ambedkar Nagar
277	Uttar Pradesh	Amethi
278	Uttar Pradesh	Auraiya
279	Uttar Pradesh	Ayodhya/Faizabad
280	Uttar Pradesh	Azamgarh
281	Uttar Pradesh	Bahraich
282	Uttar Pradesh	Ballia
283	Uttar Pradesh	Balrampur
284	Uttar Pradesh	Banda
285	Uttar Pradesh	Barabanki
286	Uttar Pradesh	Bareilly
287	Uttar Pradesh	Basti
288	Uttar Pradesh	Chandauli
289	Uttar Pradesh	Chitrakoot
290	Uttar Pradesh	Deoria
291	Uttar Pradesh	Etawah
292	Uttar Pradesh	Farrukhabad
293	Uttar Pradesh	Fatehpur
294	Uttar Pradesh	Ghazipur
295	Uttar Pradesh	Gonda
296	Uttar Pradesh	Gorakhpur
297	Uttar Pradesh	Hamirpur
298	Uttar Pradesh	Hardoi
299	Uttar Pradesh	Jalaun
300	Uttar Pradesh	Jaunpur
301	Uttar Pradesh	Kannauj
302	Uttar Pradesh	Kanpur Dehat
303	Uttar Pradesh	Kanpur Nagar
304	Uttar Pradesh	Kaushambi
305	Uttar Pradesh	Kushinagar
306	Uttar Pradesh	Lakhimpur Kheri
307	Uttar Pradesh	Lucknow
308	Uttar Pradesh	Maharajganj
309	Uttar Pradesh	Mahoba
310	Uttar Pradesh	Mau
311	Uttar Pradesh	Mirzapur
312	Uttar Pradesh	Pilibhit
313	Uttar Pradesh	Pratapgarh
314	Uttar Pradesh	Prayagraj/Allahabad
315	Uttar Pradesh	Raebareli
316	Uttar Pradesh	Rampur
317	Uttar Pradesh	Sant Kabir Nagar
318	Uttar Pradesh	Sant Ravidas Nagar/Bhadohi
319	Uttar Pradesh	Shahjahanpur
320	Uttar Pradesh	Shravasti
321	Uttar Pradesh	Siddharthnagar
322	Uttar Pradesh	Sitapur
323	Uttar Pradesh	Sonbhadra
324	Uttar Pradesh	Sultanpur
325	Uttar Pradesh	Unnao
326	Uttar Pradesh	Varanasi
327	West Bengal	Alipurduar
328	West Bengal	Bankura
329	West Bengal	Bishnupur HD
330	West Bengal	Paschim Bardhaman
331	West Bengal	Purba Bardhaman
332	West Bengal	Birbhum
333	West Bengal	Rampurhat HD
334	West Bengal	Cooch Behar
335	West Bengal	Howrah
336	West Bengal	Jalpaiguri
337	West Bengal	Kalimpong
338	West Bengal	Malda
339	West Bengal	Murshidabad
340	West Bengal	Nadia
341	West Bengal	North 24 Parganas
342	West Bengal	Basirhat HD
343	West Bengal	West Midnapore/Paschim Medinipur
344	West Bengal	Jhargram
345	West Bengal	East Midnapore/Purba Medinipur
346	West Bengal	Nandigram HD
347	West Bengal	Purulia
348	West Bengal	South 24 Parganas
349	West Bengal	Diamond Harbour HD
350	West Bengal	Uttar Dinajpur

भारतीय भेषज संहिता आयोग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
सेक्टर 23, राज नगर
गाजियाबाद- 201 002 (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.17019/03/2026-DSA **Dated: March 30, 2026**

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	Polymyxin B	Urinary tract infections caused by P. Aeruginosa and E. Coli, bloodstream infections caused by P. Aeruginosa, E. Aerogenes and K. Pneumoniae, Meningeal infections caused by P. Aeruginosa.	Hypokalemia
2	Clomipramine	Antidepressant- Obsessive Compulsive Disorders, phobic states and depression (when sedation is required).	Akathisia
3	Famotidine	Indicated in the treatment of duodenal & peptic ulcer, Zollinger-Ellison syndrome.	Fixed Drug Eruption

Healthcare Professionals, Patients (HCPs) 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 by HCPs, Medicines Side Effect Reporting Form by Consumer (download from **https://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,
गाजियाबाद - 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: May 13, 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	Sulfamethoxazole + Trimethoprim	For the treatment of Urinary Tract infection; Respiratory-tract infection including Bronchitis, Pneumonia, infections in Cystic Fibrosis, Melioidosis, Listeriosis, Brucellosis, Granuloma Inguinale, Otitis Media, Skin infection, Pneumocystis Carinii Pneumonia.	Leukopenia

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 **http://www.ipc.gov.in)** or through **PvPI Helpline No. 1800-180-3024.**

INDIAN MEDICAL ASSOCIATION
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Website : www.ima-india.org, Email : hsg@ima-india.org,
Email : pmc@ima-india.org

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Indian Medical Association conducts the following Allied & Healthcare Program:

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2. Diploma Program in X-RAY/IMAGING Technology
3. Diploma Program in O. T. Technician
4. Diploma Program in Medical Record Technology
5. Diploma Program in Cardiac Technology
6. Diploma Program in Dialysis Technician

Certificate Program

8. Certificate Program Course in Blood Bank Technology
9. Certificate Program Course in CT
10. Certificate Program Course in MRI
11. Certificate Program Course in CT and MRI
12. Certificate Program 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.

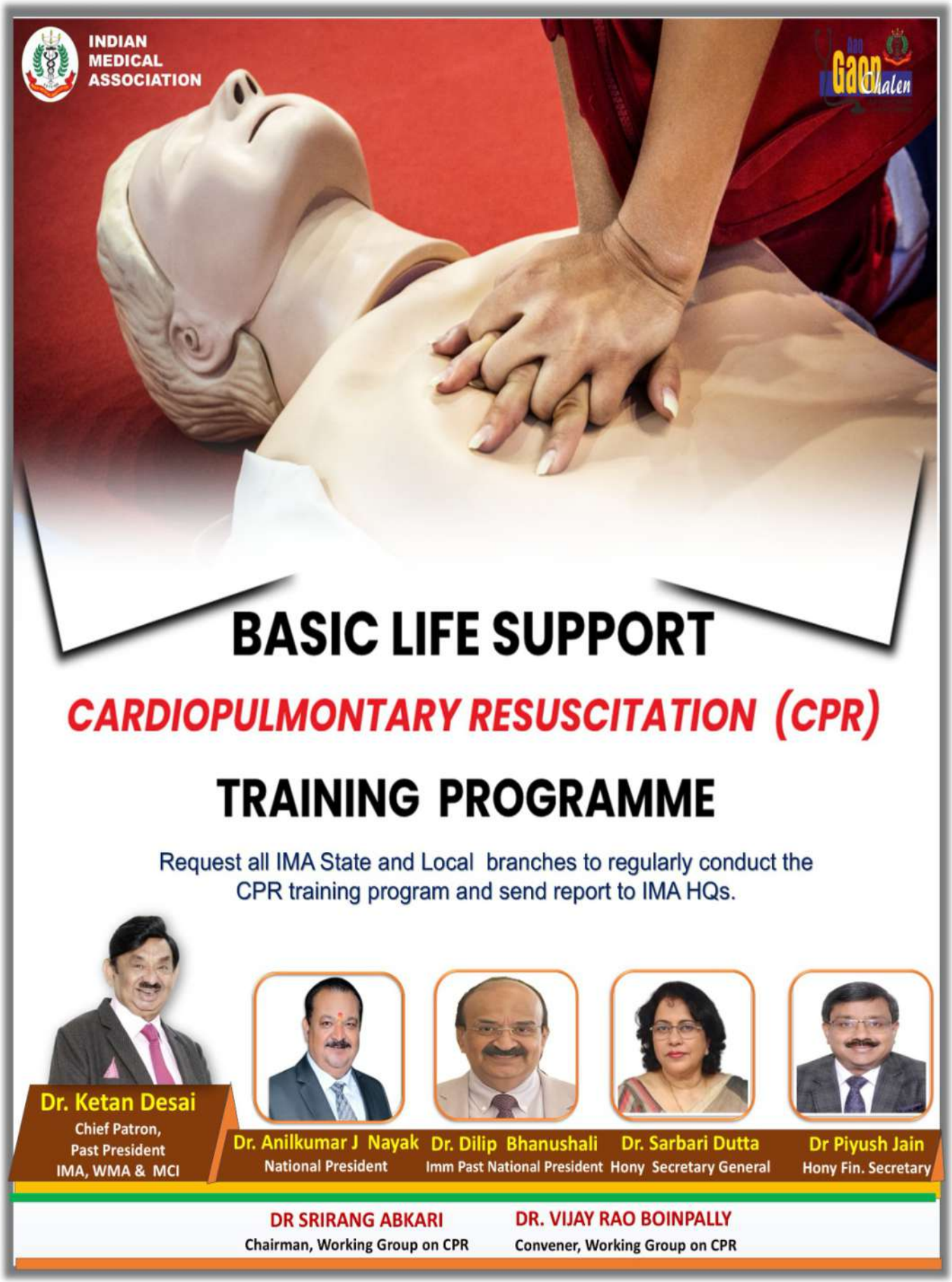
For certificate in Blood bank course, eligibility criteria is DMLT, B.Sc. MLT, B.Sc (Micro). For CT and MRI courses, eligibility criteria is two or three years Degree/Diploma in Radiography with internship.

A Memorandum of Understanding (MoU) has recently been signed recently between Baba Farid University of Health Sciences (BFUHS) and the Indian Medical Association (IMA) to advance collaborative Allied Health & Healthcare Programs.

For details, please contact or write to :

Dr. Anilkumar J. Nayak
National President, IMA

Dr. Sarbari Dutta
Honorary Secretary General, IMA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Request all IMA State and Local branches to regularly conduct the
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Chief Patron,
Past President
IMA, WMA & MCI
Dr. Anilkumar J Nayak
National President
Dr. Dilip Bhanushali
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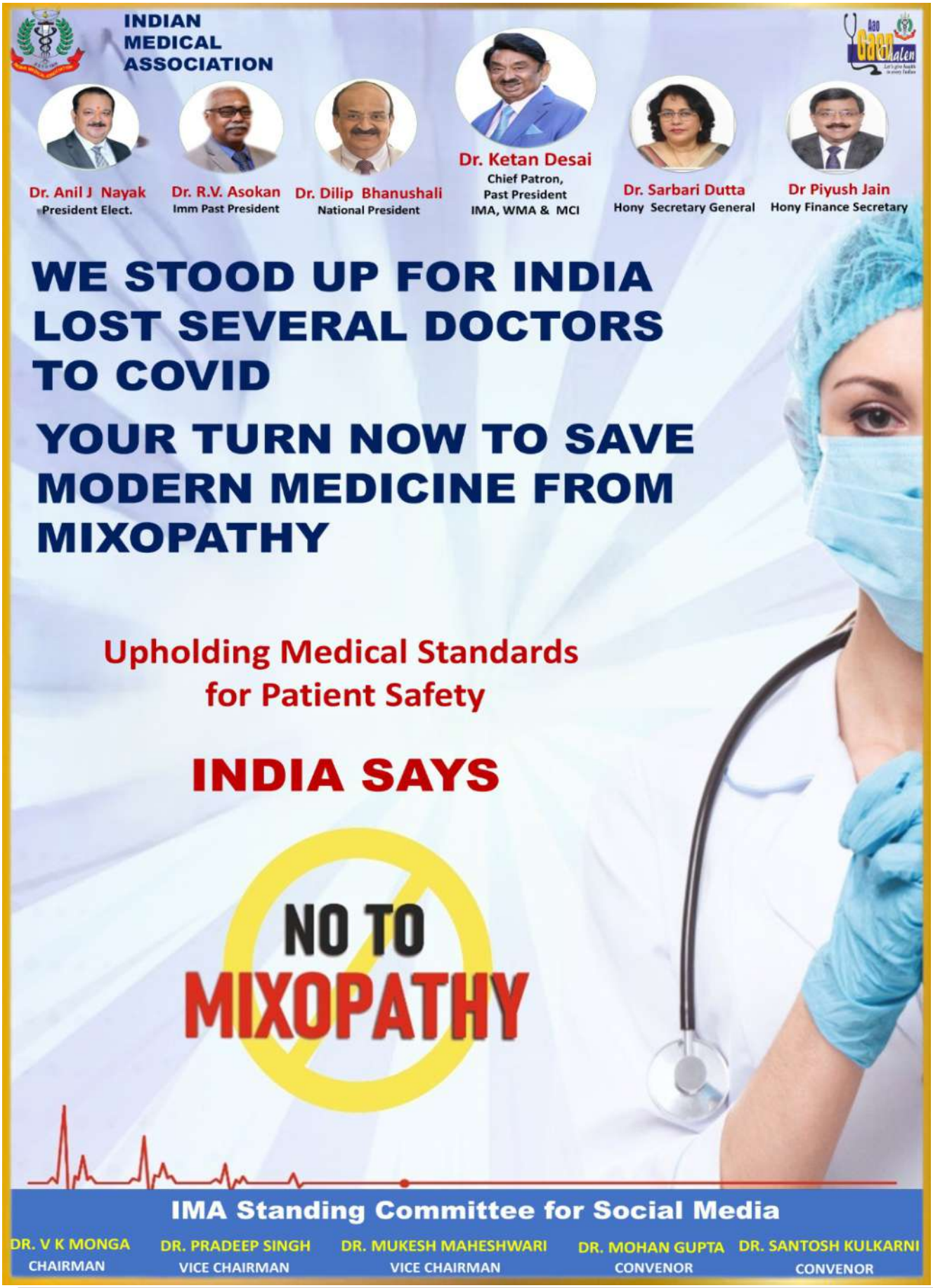
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