



INDIAN MEDICAL ASSOCIATION



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Fights for Doctors of Modern Medicine

Glimpses of IMA 100th Natcon 2025 on 26th-28th December 2025 at Ahmedabad, Gujarat





ACTIVITIES OF NATIONAL PRESIDENT & HONORARY SECRETARY GENERAL



First official visit of Dr. Anilkumar J. Nayak after assuming charge as National President, IMA HQs.



Dr. Anilkumar J. Nayak, National President, IMA; Dr. Sarbari Dutta, Honorary Secretary General, IMA; and Dr. Vinay Aggarwal, Past President, IMA, Dr Kamlesh Saini, Jt. Secretary, IMA met Dr. Abhijit Seth, Chairman, National Medical Commission, to discuss key issues concerning the medical fraternity.



Visit of Dr. Anil Kumar J. Nayak, National President, to the IMA HQs New Building Construction Site to Mark the Placement of the Final Structural Beam



IMA commemorates COVID Martyrs' Day in honor of doctors who sacrificed their lives on 30th January 2026



From the Desk of National President



Dear Esteemed Members of the Indian Medical Association,

Warm greetings to you all.

It is with deep humility and a profound sense of responsibility that I address you as the National President of the Indian Medical Association for the year 2025–26. I sincerely thank the fraternity for the trust reposed in me. I also acknowledge with gratitude the gracious presence of Shri Amit

Shah ji, Hon'ble Union Home Minister of India, Shri Bhupendrabhai Patel ji, Hon'ble Chief Minister of Gujarat, Dr. Ketan Desai, Chief Patron, IMA, and several distinguished leaders, senior members, junior doctors, and medical students during the installation ceremony. Their presence reflects the growing importance and credibility of IMA in national discourse.

IMA continues to actively represent the voice of the medical profession at the highest levels of governance. We have formally communicated with the Hon'ble Prime Minister of India requesting the highlighting of menstrual hygiene in schools during “Mann Ki Baat,” following the landmark judgment of the Hon'ble Supreme Court recognizing menstrual health as a fundamental right under Article 21. IMA firmly believes that dignity, health, and education of the girl child are non-negotiable pillars of a progressive nation.

We have also conveyed our appreciation to the Hon'ble Finance Minister for exempting health insurance and certain lifesaving medications from GST last year. Simultaneously, through our detailed Budget 2026 proposals, we have strongly advocated for increased public health allocation up to 5% of GDP, tax-funded Universal Health Care, strengthening of public hospitals, reforms in PMJAY, rationalization of insurance regulations, GST relief on healthcare equipment and vaccines, and structural support for small and medium doctor-led hospitals—the backbone of India's accessible healthcare system.

IMA has taken up important academic and professional concerns as well. We have requested the Medical Counselling Committee (MCC) to extend the resignation timelines for NEET PG counselling to safeguard the interests of postgraduate aspirants affected by scheduling mismatches. Protecting the academic future of young doctors remains one of our top priorities.

In line with modernization and transparency, we have initiated the IMA Online Membership Software under Ordinance (01/2026). This landmark reform will streamline enrolment, enhance financial transparency, provide real-time centralized data access, and strengthen coordination between branches, states, and headquarters—while fully respecting the autonomy of individual branches.

The past year has once again reaffirmed the indispensable role of doctors in society. Despite regulatory pressures, financial constraints, and systemic challenges, our members have continued to serve patients with integrity, compassion, and dedication. It is your commitment that sustains the strength and moral authority of IMA.

As we move forward, I urge every member to actively participate in IMA activities, academic programs, policy advocacy, and community health initiatives. Together, we must ensure that healthcare in India remains ethical, patient-centric, affordable, and professionally autonomous.

Let us collectively work towards a Swasth Bharat as the foundation of Viksit Bharat 2047. With unity, clarity of purpose, and professional solidarity, I am confident that IMA will continue to scale greater heights.

With warm regards and best wishes,

Dr. Anilkumar J. Nayak
National President, IMA



From the Desk of Honorary Secretary General



Dear Esteemed Members of the Indian Medical Association,

Warm Greetings to you all as we step into a New Year filled with renewed hope, purpose, and responsibility. On behalf of the Indian Medical Association, I extend my heartfelt wishes for a healthy, peaceful, and professionally fulfilling year ahead to you and your families.

First of all I must extend my sincere congratulations to Dr. Anilkumar J. Nayak for taking over charge as a National President, IMA (2025–26) in the gracious presence of Shri Amit Shahji, Hon'ble Union Home Minister, Government of India, Shri Bhupendrabhai Patel, Hon'ble Chief Minister of Gujarat, Dr Ketan Desai, Chief Patron, IMA and distinguished leaders from Gujarat, senior members of IMA, as well as a large number of junior doctors & medical students. I am fully confident that under the able and visionary leadership of Dr. Anilkumar J. Nayak, IMA will reach even greater heights.

A communication was sent to Shri Narendra Modi ji, Hon'ble Prime Minister of India and expressed its deep appreciation to the Supreme Court for recognizing menstrual health and hygiene in schools as a fundamental right under Article 21 and urges strict, time-bound implementation of sanitary facilities in all schools to ensure dignity, health, and education for every girl child.

A communication was sent to Smt. Nirmala Sitharaman, Hon'ble Minister of Finance and Corporate Affairs, Government of India and expressed our thanks to her for considering IMA's requests and exempting health insurance and certain lifesaving medications from GST last year.

The past year has highlighted the vital role doctors play in society. Despite numerous challenges, our members have continued to serve patients with unwavering dedication, integrity, and compassion. Your commitment and hard work are the foundation of the strength and respect of the Indian Medical Association.

I encourage all members of IMA to take part in IMA activities, academic programs, and community initiatives. Together, we can strengthen our profession and improve healthcare services across the country.

I look forward to your continued support and active participation in IMA.

Let us move forward into the New Year with confidence, cooperation, and a positive spirit.

Long Live IMA !!

Dr Sarbari Dutta

Hony. Secretary General, IMA



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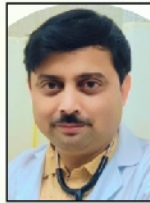


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IMA REQUESTS FOR EXTENSION OF RESIGNATION OF ROUND 1 AND ROUND 2 ALLOTTED SEATS THROUGH MCC NEET PG

To
Medical Counselling Committee (MCC)
ADGME, Delhi

Greetings from Indian Medical Association Hqs!

Sub: IMA requests for Extension of Resignation of Round 1 and Round 2 allotted seats through MCC NEET PG and Extension of 3rd Round Fresh Registrations of MCC NEET PG

Respected Sir,

We would like to inform you that we have received so many requests from the students of Telangana State regarding the difficulty faced by students due to the mismatch between the MCC and Telangana State counselling schedules.

As per the MCC notification, the resignation facility for MCC NEET PG counselling was available only up to 5:00 PM on 15-01-2026. However, as on 15th January 2026, the Telangana State counselling schedule, including the dates for choice filling, had not yet been announced. In the absence of this crucial information, it was not possible for students to take the bold step of resigning from the MCC seat, as doing so would have risked being left without any seat at hand.

This situation has significantly affected to make an informed and fair decision and has adversely impacted students' chances of joining a postgraduate course in the subject of their choice for the academic year 2025–2026.

In view of the above, we humbly request the MCC to kindly intervene and take up this matter with the MCC, National Medical Commission (NMC), Government of Telangana and Kaloji Narayana Rao University of Health Sciences (KNRUHS) Telangana, that the MCC resignation facility should be extended and/or eligibility to participate in Round 3 (AIQ/DNB/Deemed/AFMS) may kindly be extended accordingly.

This extension will enable Students to assess the outcomes of Telangana State counselling and choose appropriately between MCC and Telangana State counselling, purely on merit and preference.

If such type of problems are notified to you or have received any requests from other states, kindly consider their request too in this issue.

Thanking You

Dr. Anilkumar J. Nayak
National President, IMA

**IMA PROPOSAL OF BUDGET 2026**

To,
Smt. Nirmala Sitharaman
Hon'ble Minister of Finance and Corporate Affairs
Government of India

Respected Madam,

Greetings from the Indian Medical Association!

Indian Medical Association was formed as part of freedom struggle and has worked hand in hand with all Governments since independence. IMA wishes to work closely with the Government in all health related matters so that we can achieve the healthcare goals set for accessible, affordable and Quality Universal Health Care for all the citizens of our country.

We are thankful to you for considering our requests and exempting health insurance and certain lifesaving medications from GST last year.

At present India has a unique healthcare status. From the perspective of an ordinary citizen, healthcare is available next door at an affordable cost. Primary and secondary care is being Provided by patient-friendly neighbourhood doctors across the country. It is common knowledge that such a service is neither available nor affordable in most of the countries. Both West and East suffer from long waiting hours and unaffordable clinical services. It is to the credit of the ubiquitous medical doctors running small and medium hospitals and clinics India enjoys a status in accessibility and affordability of medical care. These institutions are eminently accessible and affordable and are run by the profession (doctor entrepreneurs). These institutions are disappearing due to over regulation and policies as well as schemes favouring the For-Profit Corporate sector. These professional institutions run by doctors deserve regulations and incentives different from the For-Profit sector.

PREAMBLE

Universal Health Care (UHC): IMA recognizes Universal Health Care (UHC) as an entitlement to health security. The State has an obligation not only to provide appropriate medical care but also to address all the health determinants including safe drinking water and sanitation. The entitlement should be for a Basic health package for every citizen in primary, secondary and tertiary care without intermediaries. Universal Health care should be ensured primarily by the public sector supplemented with strategic purchase from the private sector. Universal Health Care should move from an aspirational goal to an entitled provision.

Health Financing: IMA advocates a tax-based system of Health financing. Contributory Health insurance offers incomplete coverage and restricted services. General revenues should be the source of UHC.

Increased allocation of financial resources for Health is the most important component. The allocation varying from 1.1 to 1.9 % GDP together by the various Governments is one of the lowest



in the world. Moreover, the expenditure incurred on health determinants like drinking water, sanitation should be provided for separately. **Thus, the minimum allocation for Health alone should be around 2.5% of the GDP.** Despite numerous policy pronouncements prioritizing health, the governments in India at the Centre and state levels have historically underfunded the public health sector, resulting in poor health outcomes and rising inequity in access to health care. India's overall health spending (public and private) is currently estimated to be 3.8% of its GDP, lower than the LMIC average of health spending share of GDP of around 5.2%.

India's health system is overwhelmingly financed by out-of-pocket (OOP) expenditures incurred by households (around 63% of all health spending) (NHSRC, 2018b; RBI, 2019). Government funding, provided by both the Central and state governments, currently constitutes approximately one-third of all health spending, with states accounting for nearly two-thirds of total government health expenditure. Sustained underfunding of public sector facilities, and the rapid growth of private sector has contributed to rising OOP costs on health care for households. Of this, a significant share, almost two-thirds of OOP expenses, are for purchasing outpatient care, especially medicines. Because households bear the burden of the high OOP health expenses in India, more than 55 million people are impoverished each year on account of expenses for ill health.

Priorities:

- Tax funded universal healthcare with basic package for all citizens.
- Direct funding of Government Hospitals and human resources with strategic purchase from private sector. Increase the investment in Public Hospitals, Public Health Infrastructure and Human resource.
- 5% GDP resources to be allotted by the Governments to Health.
- Re-envision PMJAY to cover outpatient care and cost of drugs.
- Direct patients transfer, copayment and reimbursement models will sustain Health insurance model.

IMA requests the Government to take Leadership in Health. Both the Centre and the States together should allocate 5% of GDP to Health. That amounts to 18 Lakh crores of rupees. The current allocated amount of all the Governments put together is 4.95 Lakh crores of which the Central Government share is 99,859 crores (one fourth). The leadership in Health today remains with the private sector which chips in 2.8% of GDP ie around 9 Lakh crores of rupees.

IMA humbly submits the following technically rational and reasonable suggestions to the Government for further betterment in the health services of our Nation.

1. To achieve the goals of Viksit Bharat -2047

The road to Viksit Bharat should go through a Swasth Bharat. Health status of a country has a substantial impact on its economy and it is therefore prudent to invest in health. The Health sector has to be promoted judiciously and to be made a priority sector like Industries, Education and Agriculture. Allocation to healthcare needs a quantum jump to 2.5% of GDP from the current levels in the forthcoming budget and a road map must be defined to increase same to 5% of GDP by 2030.

2. Individual and families to own greater responsibility of care and should be empowered to



become efficient buyers and choose their provider with free will. This principle should be the core of government health policies.

Beneficiary to be empowered by creating and linking HEALTH SAVING ACCOUNTS to Jan Dhan Accounts and providing them interest free credit / subsidies for treatment/ DBT- MEDICAL/ paying insurance premiums. This will enable self-financing and saving behaviour for medical care. Government could incentivise this initiative by IT deductions (80-D) and adding their contributions/offering higher interest rates to these accounts.

3. New healthcare infrastructure (beds) creations:

India's existing bed-to-population ratio is 1.3/1000 population (both private and public hospitals included), and there is a deficit of 1.7/1000 population with WHO prescribed norms. To cater to the existing population, an additional requirement of 2.4 million beds would be needed.

Approx. 70% of current beds available are in the private sector. Amongst private sector, most of the hospitals which are serving currently are less than 50 bedded hospitals. They are currently facing a dual challenge- at one end scarcity of capital to add beds/new projects and at the other end financial viability in the current environment of third-party payor dominant system, over-regulations, price controls.

Most of the corporate Indian hospital chains are now majorly governed / controlled by FII/PE/VCS with increasing pace as well.

Following suggestions would promote Indian private healthcare providers in supporting govt in the mammoth task of creating new 2.4 million new beds in coming years:

- 3.1 Ensuring Hospital capital stock lending by public sector banks as per infrastructure lending for availing long term loans (up to 30 years) with interest subsidy. (Refer RBI letter RBI 2013-14/378, DBOD BP BC NO.066/8.12.014/ 2013-14)
- 3.2 Initiating dialogues with industry for strengthening/re-formulating/liberalizing DEA (Dept of Economic Affairs) current Hospital Viability gap funding scheme for private sector for enhance coverage.
- 3.3 New hospital projects capital equity financing support through SIDBI/National Infrastructure fund/infrastructure grants/ State infrastructure.
- 3.4 Income tax benefits for newer hospital projects in tier 2/3 cities as these are long gestation projects. Accelerated depreciation rates should be considered for medical equipment as there is higher technological attrition in 2-3 years.
- 3.5 "Credit Linked Capital Subsidy "with a provision for 25-50%, for the small and medium sized hospitals (upto 10 cr) as they are catering to the maximum no. of beneficiaries at periphery, this will also work to some extent as "Productivity Linked Incentive" scheme as in industry to boost health sector.



- 3.6 Working capital loan subsidies could be a supply side financing mechanism to help cashflow issues in PMJAY
- 3.7 Special Credit guarantee schemes of healthcare (like LGSCAS) must be encouraged and extension to be given to such existing schemes to benefit small and medium hospitals too. A special provision is to be made for interest subsidy or concessional rates of interest equal to repo rate only (6%).
- 3.8 To increase moratorium 5 years on hospital capex debt and margin money to be reduced to max 15% of project cost.
- 3.9 To promote Medical Tourism in our country, this sector must be considered as “healthcare industry” and should get priority in developing the Medi-cities at various well-connected locations of Tourist, historic and holy places as SEZ projects.
- 3.10 Working capital loan subsidies could be a supply side financing mechanism to help cash flow issues.

4. PMJAY:

Third party payor system is making medical care complex and creating serious fault lines in Indian medical care system (like US Healthcare), distorting its Indian values /USPs and leading to bureaucratisation of medical care. Financial autonomy and sustainability are must for clinical autonomy and quality care delivery by private hospitals. Stakeholders’ conflicts and their un-aligned behaviour is creating wicked problem in system. Currently all financial risk of system has been transmitted to private providers. Administrative cost of third-party payor system is up to 15- 20% which are highest in the world.

In the current system design there are inherent conflicts on Government’s role as PAYOR versus REGULATOR. Similarly In Governments role as PROVIDER VS PURCHASER there are conflicts.

Scheme design and operational policies are PAYOR CENTRIC. Provider Empanelment contracts have gone payor Centric too. Govt Hospitals and private hospitals being paid the same packages. This is incentivizing public hospitals at the cost of private hospitals. Payor cartelization and dominance to influence to tilt regulations in their favours also distorting fair competitions and creating oligopsony in market.

Third party payors are bringing indirect price control and their predatory suboptimum pricing is killing quality of medical care and creating moral and ethical distortions in medical care, illegal OOPE and undermining the trust relationships between patient-providers and payor-providers. As per 2017-18 NSSO data average hospitalization expenditure was Rs 27347 in rural areas and Rs38822 in urban areas while average claim size of PMJAY hospitalization to private hospital is Rs.13-14000 for year 2023 and average claim size paid under individual health insurance policies for year 2023 is Rs 49344. This clearly shows that Base package rates fixed in HBP are suboptimum.

High utilization, Budget exhaustions, poor allocations to schemes are leading to delayed payments and high rejections, recoveries to providers pocket and disrupting their cashflow cycles and



affecting especially small and mid-size hospitals which are backbone of PMJAY.

We submit the following requests:

- 4.1 Govt. health schemes must adopt assurance model.
- 4.2 DBT (Direct beneficiary transfer) in PMJAY / NHCX/ Health insurance for all initiative to empower individuals/families to take greater responsibility and accountability of their medical care and create efficient medical care market and better sustainable health financing system in India.
- 4.3 Introduction of Copay in system will also make system efficient and financially sustainable
- 4.4 Patient should choose their provider at free will, their choice should not be limited to empanelled hospitals only. All hospitals registered under clinical establishment should be allowed freely to treat PMJAY/Govt health scheme/private insurance beneficiaries.
- 4.5 HBP (Health Benefit Packages) should be redefined to realistic level. Thereafter, in built mechanism of updating HBP based on medical care inflation is to be initiated. Budgetary allocations to be increased accordingly. Automatic banking transfers gateway benefit transfer after approval must be institutionalized. Automatic penal interest levy on delayed payments should be incorporated in system design itself. Green channel payments need to be instituted in ALL the claims.

5. Health insurance and regulations

IRDAI health regulations/guidelines needs review and multi-stakeholders balancing which have gone payor centric and creating conflicts/ethical dilemmas in medical care in India and negatively affecting patient care.

Cartelization of health insurance companies/payors must be avoided.

NHCX conceptualized by NHA also needs critical review to make it patient centric and balanced for all stakeholders.

Indirect price controls and oligopsony in medical care impacting system (care and development) negatively, are not desirable.

6. GST

- 6.1 The sale of old and out of use equipments must be categorised as sale of scrap only under the GST Act.
- 6.2 All the purchases of life saving modalities must be kept in *NIL GST" category, and the GST paid on purchases of such equipments, consumables and services of various kinds in the healthcare setup should have a provision of full refund.



7. **Special provision for R&D in healthcare** is to made for designing the “tailor-made” healthcare policies for this country.
8. **Provisions for making healthcare industry** under “Section-8 company” will further help to develop this sector.
9. **For Bio Medical Waste treatment**, the CBMWTF must be handled by local bodies, along with Domestic waste (only a very small fraction is hazardous) so an incentives for same is to be provisioned in budget.
10. **Foreign direct investment in healthcare:** While FDI has brought in capital and accelerated growth in healthcare sector, it has led to several problems like data security, cartelization, commercial exploitation and foreign control of Indian health system. IMA suggests regulation of FDI, domestic capital mobilization, infrastructure development, data protection and strategic safeguards.

Policy Recommendations

10.1 Regulation of FDI

- Remove automatic route for hospital investments; impose government screening and a 20-year lock-in period.
- Prevent cross-holdings and single-party dominance.
- Monitor foreign acquisitions of critical medical equipment companies.

10.2 Domestic Capital Mobilisation

- Strengthen Make in India and Heal in India.
- Encourage IPO-driven domestic funding (health IPOs are already oversubscribed).
- Promote Indian software integration with medical hardware manufacturing.

10.3 Infrastructure Development

- Establish tertiary care hospitals in all districts through Public-Private Partnerships (PPP) with IMA participation.
- Encourage small and medium doctor-led clinics for personalised care.

10.4 Patient & Data Protection

- Enact comprehensive health data storage and privacy law.
- Introduce evidence-based national treatment protocols for NCDs and other major Diseases.
- Reconsider the applicability of the Consumer Protection Act (CPA) to the medical fraternity, in view of the Supreme Court’s observations that, like Advocates, Doctors should be kept outside the purview of the CPA.

10.5 Strategic Safeguards



- Continuous monitoring of foreign buyouts by IMA.
- Mandate time-bound technology transfers in FDI projects.
- Protect healthcare data of military personnel and critical workforce.

11. National Healthcare Fund: IMA proposes the creation of a special National Healthcare Fund akin to other government funds for specific purposes so that it could support healthcare entrepreneurs and enable hospital expansion. This would ensure Indians retain

strategic ownership and governance of our healthcare ecosystem in an era of FDI and the Clinical decision making will always remain with doctors, independent of commercial influence.

12. Vaccines

All vaccines should be exempted from Goods and Services Tax (GST). At present, vaccines attract 5% GST, which increases the cost and acts as a barrier to universal immunisation. Complete GST exemption will make vaccines more affordable and strengthen national public health programmes.

With specific reference to the Human Papillomavirus (HPV) vaccine for the prevention of cervical cancer in women, the Government may consider:

Providing direct subsidy for the HPV vaccine, or

Extending financial assistance/grants to credible NGOs and voluntary organisations that are administering the HPV vaccine free of cost to adolescent girls and women.

Such support will significantly reduce the burden of cervical cancer and improve women's health outcomes.

13. Medical Innovation and Start-ups

To promote indigenous research, innovation, and self-reliance in healthcare, the Government should provide dedicated financial support for innovation and start-up projects in every Medical College in India.

Supporting innovation at the medical college level will strengthen India's healthcare ecosystem and contribute to long-term health and economic growth.

Thanking you,

Yours sincerely,

Dr. Anilkumar J. Nayak
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA



REQUEST TO HIGHLIGHT MENSTRUAL HYGIENE IN SCHOOLS DURING “MANN KI BAAT”

To,

Shri Narendra Modi ji
Hon'ble Prime Minister of India
Prime Minister's Office
South Block, Raisina Hill
New Delhi-110011.

Respected Sir,

On behalf of the Indian Medical Association (IMA), we respectfully draw your attention to the recent landmark judgment of the Hon'ble Supreme Court of India affirming that access to menstrual hygiene management in schools is an integral part of the fundamental right to life and dignity under Article 21 of the Constitution.

The judgment rightly recognises that lack of menstrual hygiene facilities leads to stigma, absenteeism, and educational exclusion of adolescent girls, and directs States and Union Territories to ensure the availability of sanitary napkins and appropriate facilities in all schools.

In this regard, we humbly request your good-self to consider highlighting this important issue in an upcoming episode of “Mann Ki Baat”. Your address would help normalise discussions around menstruation and reinforce the need for collective responsibility.

During “Mann ki Baat” programme, you can send a message to various NGOs and other concerned corporate organisations to supply sanitary napkins and menstrual hygiene products in both government and private schools, under their CSR activities, thereby strengthening implementation of the Hon'ble Court's directions.

The Indian Medical Association remains committed to supporting all efforts aimed at promoting menstrual health and safeguarding the dignity and education of every girl child.

With respectful regards,

Dr. Anilkumar J. Nayak
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA

**EMAIL FROM IMA REGARDING MENSTRUAL HYGIENE IN SCHOOLS**

To,

Shri Narendra Modi ji
Hon'ble Prime Minister of India

Respected Sir,

Greetings from Indian Medical Association Hqs.!

On behalf of the Indian Medical Association (IMA), we place on record our deep appreciation and gratitude to the Hon'ble Supreme Court of India for its landmark judgment affirming that menstrual health and access to menstrual hygiene management in schools are integral to the fundamental right to life and dignity under Article 21 of the Constitution.

The judgment is a historic and progressive step towards safeguarding the health, dignity, privacy, and bodily autonomy of the girl child. By recognising that the lack of access to menstrual hygiene facilities subjects adolescent girls to stigma, humiliation, absenteeism, and exclusion from education, the Hon'ble Court has addressed a long-standing public health and social equity concern.

IMA wholeheartedly welcomes the directions issued to States and Union Territories to ensure the availability of sanitary napkins and appropriate menstrual hygiene facilities in all schools. These measures will significantly contribute to improved school attendance, educational outcomes, and long-term physical and mental health of young girls across the country.

IMA reiterates its commitment to supporting all efforts aimed at promoting menstrual health awareness, strengthening school health programs, and eliminating menstrual poverty through evidence-based public health interventions.

We are thankful to the Hon'ble Supreme Court for its sensitive, inclusive, and rights-based approach, and we remain confident that this judgment will serve as a catalyst for meaningful change and gender equity in education and healthcare.

We respectfully urge your good-self to ensure immediate and strict implementation of this judgement in all Government and Private Schools across the country, and to issue clear and binding directions to all State Governments and Union Territories for time bound and monitored compliance, so that the constitutional rights of every girl child are effectively upheld

With respectful regards,

Dr. Anilkumar J. Nayak
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA

**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**

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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. Anilkumar J. Nayak
National President, IMADr. Sarbari Dutta
Honorary Secretary General, IMA



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BASIC LIFE SUPPORT

CARDIOPULMONTARY RESUSCITATION (CPR)

TRAINING PROGRAMME

Request all IMA State and Local branches to regularly conduct the CPR training program and send report to IMA HQs.



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DR SRIRANG ABKARI

Chairman, Working Group on CPR

DR. VIJAY RAO BOINPALLY

Convener, Working Group on CPR



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Dr Piyush Jain
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Dr. Joseph Benaven
Chairman, IMA ECFB
9447182041, 9497948975 (whatsapp)
benavenjoseph@yahoo.com

Dr. Shitij Bali
Hony Secretary, IMA ECFB
9910755660
shitij.bali@yahoo.com

Dr. Munish Prabhakar
Hony. Finance Secretary, IMA ECFB
9810305329
munishmona@gmail.com

Dr Abul Hasan
Member, IMA ECFB
9843025300
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Phase II HPV Vaccination Project of
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Supported by American Cancer Society
&
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- 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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Secretary General, FOGSI



Dr. Nomeeta Shiv Gupta
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