

CONNECTIONS

BULLETIN OF THE GOVERNMENT MEDICAL COLLEGE CHANDIGARH OLD STUDENTS ASSOCIATION (GMCCOSA)

Vol.4, ISSUE.2

May 2007

Guest Editorial

IS OUR MEDICAL EDUCATION APT?

Personal observations, gained while working on health problems in some dozen countries over the last four decades, leads me to the judgement that, almost throughout the developing world, Medical Education is hopelessly inappropriate. I mean it is inappropriate in that the education offered does not reflect the needs of the society it should serve. There is no concern here with quality, or methods, but merely with choice of curricula. Quality, methods and other factors, of course, are of no small importance, but what does it matter if an institution turns out hundreds of first class brain surgeons, if there is merely one cranium opened up every five years?

Our colleagues in the business community learned principals of 'supply and demand' decades ago. We, in Medicine, have done an uncommendable job in being able to ignore such principals, despite the monumental problems this has caused and continues to cause. These are problems for us and for others, and indeed - in some locations - whole nations suffer, and suffer needlessly.

Before a trader opens a retail shop, he makes up his mind about the merchandise he will sell, and before he buys from a wholesaler, he looks at the demand within his community. What do the people in his community need to buy, and how much of it do they need? His enterprise is doomed if he does not accurately determine the 'demand' and does not appropriately meet it with his 'supply'.

In Business, the outcome is prompt and the reason for it obvious. In Medicine, the outcome can be seen to be even more disastrous, but the reason for it can become obscured by a host of variables, not the least of which is our (conscious or unconscious) unwillingness to admit we are human and therefore capable of making a mistake.

Perhaps the worst examples I have seen of supply of medical practitioners not meeting the demands of a country's illnesses, have occurred when there has been lack of differentiation between Preventable and Unpreventable illnesses. In one country, in which I worked, 83% of the country's illnesses were Preventable. If demand were influencing supply, then 83% of the medical training would have been wholly in Prevention. However, 98% of the training institutions were medical colleges all of which have an essentially Curative Medicine orientation.

In that country, what was the outcome? The preventable diseases were not prevented. Thus 83% of the illnesses should never have occurred. Suffering occurred which should never have happened, and personal and public funds were spent curing illness which should not have occurred. Medical facilities were crowded unnecessarily while people with unpreventable diseases did not receive the facilities, the medicines and the treatments they could easily have had if we had done a better job. In this case, did anyone identify the culprit - our lack of considering supply and demand? Of course not. Instead, we blamed lack of proper care on 'lack of expenditure' or 'not enough doctors and hospitals', etc.

My hope is that we shall do better in the future, although - apart from the Prime Minister's pronouncement a year ago that India will have six Schools of Public Health (with little apparent affect) - there is scant evidence that we shall. What can we do to correct matters? Our choice to be part of the solution or part of the problem has never been so clear. And clearly, we are going to be one or the other.

To be part of the solution, we might start by examining the illnesses our community, region or country has,

and listing these under two headings, Preventable and Unpreventable. We could consult the best available statistics and discover what percentage of the totals of all diseases local people have fall under each of our two categories. Now we have the beginnings of our estimate of 'demand'.

If our system of medical training is appropriate to these broadest categories of needs, then the total percentage of the volume of unpreventable diseases is equal, or nearly so, to the percentage of medical training institutions which are Medical Schools. We could look at this from the other side of the equation and gauge if the percentage of the volume of preventable illnesses is approximately equal to the percentage of medical training institutions which are Schools of Public Health.

To the extent there is not a match, to that extent there is a problem, and to that extent we SERIOUSLY let down the public we set out to serve. Various forces outside our control influence the directions medical education takes, but with curricula, we are left very much alone. What happens here is almost 100% our responsibility.

Of course, the above recommendation to separate the Preventable diseases from the rest is merely the first one. Finer and finer distinctions need be made to determine the exact demand of our community upon both Schools of Medicine and Schools of Public Health. Until this is done, we will continue to train surplus numbers of young doctors in certain specialties, to attempt to cure diseases we should have prevented; we will continue to facilitate unnecessary suffering, incur massive unnecessary spending, and continue to beg for more funds, pleading that lack of funds rather than our inability to plan is responsible for our poor performance.

W. Frederick Shaw, DrPh

Dr Shaw is the CEO and founder of Developing Indigenous Resources (www.dir-help.org), a charitable non-profit organization which strives to empower communities to develop and utilize local resources to improve their health and overall well-being. He is currently leading a project in Janta Colony, Chandigarh.

GIVING BACK!

Many of us from the pioneer batches are finally in the next phase of life – we have transitioned from being the learners to being the practitioners of medicine, have decided and embarked on careers that we will devote our energies and faculties to, and as some would say – have 'settled down' in life. And with time, we will get increasingly involved with our work and our families. And with time, many of us will forget a responsibility that was put on our shoulders as we took the Hippocratic Oath – that of a debt we have to pay off to the society, which has given us an opportunity to gain respect and status as a physician.

We have always reiterated that as physicians, we are leaders, whether we like it or not. And with leadership comes the responsibility of working for the common good of our community and society. The time constraints of modern medicine make it near impossible to focus on things that are not an obvious priority and are without material rewards. But we should always try and remember that we have to 'give back' to our society. All of us should volunteer. Volunteerism can take different forms – we can donate our time and skills or donate resources and finances, and it can be anywhere there is a need, in India or abroad.

We hope this special issue of Connections will inspire you to think about doing something for your communities.

Editors

The last date for receiving applications for GMCCOSA research awards is May 31st More details are available at:
www.gmccosa.org/research.htm

Giving Back...

In February of this year I spent a month working with Developing Indigenous Resources (DIR), a non-governmental health care organization (NGO), operating at the Janata Colony. Janata Colony is an urban slum of about 2000 households. It comes under the jurisdiction of Punjab and borders the northwestern fringes of Chandigarh, ironically enough just some distance behind the PGIMER. The colony faces the typical problems one would expect: high rates of childhood malnutrition, a huge burden of preventable diseases, severe overcrowding, and poor hygiene and sanitation. Under the stewardship of Dr W. Frederick Shaw (see editorial), the NGO has been working at the 'bustee' for the last 2 years and has gradually made a significant impact on the health of the colony. The NGO aims to gradually expand into surrounding villages and slums in Haryana and Punjab and is frequently in the news these days for their good work. For details on the *modus operandi* of the NGO and their unique and sustainable approach to tackle health problems of a community, visit their website (www.dir-help.org).

My hope in making this trip was to develop a partnership between our college and the NGO, and in particular, to encourage medical students to move out of the boundaries of the medical school and engage in 'hands-on' clinical and research projects in the community which they serve. I felt that not only would working with a new genre of healthcare i.e. of a NGO broaden their range of experiences, but that they could learn immensely from Dr Shaw who has spent the last 35-40 years of his doing public health related work in various developing countries including India, Pakistan, Philippines and in Africa. Irish but settled in California, Dr Shaw is a spry individual and despite being in his 70's, has a demanding work ethic, discipline and commitment to his work that is very motivating and sometimes awe-inspiring.

I was able to achieve a few of my objectives during my visit. It is unclear at this time how much of these will eventually bear results, but it was a good starting point.

1. After meeting and interviewing several students at the college, candidates interested in community-based research were encouraged to come and meet

Dr Shaw at the main office of DIR in sector 8. About 15-20 odd students eventually had an hour-long meeting with Dr Shaw. A few students also visited the colony to get a lay of the land.

2. On the basis of the above and their interest in specific areas, the following students proposed specific ideas for research projects, including:

a) Supreet and Neha: 'Anemia in adolescent males in an urban slum',

b) Jaskaran and Aakash: 'Prevalence of vitamin A deficiency in under-5 children at an urban slum',

c) Tribhav Goel: 'Natural history of parasitic infections in children under 5 years of age in an urban slum'.

3. A meeting was arranged between Dr Shaw and the Director Principal of the college, Dr H. M. Swami. There was a discussion on how there might be future collaborations between the Medical College and DIR and if it would be feasible for medical students to visit field sites of DIR and engaged in research projects.

4. There was a meeting with the core group of people involved with Koshish led by Krishan Sawhney. The most pressing issues were registration of Koshish as a non-profit; whether or not, and if, just how much to involve faculty; making sure Koshish funds were not misused; and make a database of alumni, especially in India, to encourage fundraisers and increase awareness of Koshish. A pleasant interlude was an article on the Koshish group and their efforts in the Times of Chandigarh in the 'Campus Buzz' section (February 27, 2007).

5. Thanks to our donors, funds for Koshish are still coming in even though our annual fund collection drive has long been over. We have now collected about Rs. 1.3 lakhs (\$3200); Approximately Rs. 70,000 has been used by the Koshish team for helping several patients and another Rs. 10,000 has been earmarked for 'Koshish Research Funds'.

The month would not have been possible without the 'three musketeers'- Divyanshoo Kohli, Harshabad Singh, and Krishan Sawhney. They went out of the way on numerous occasions to arrange meetings with students and accommodate my schedule, and most importantly, provided valuable constructive input. Many thanks!

Sandeep Kochar
'93 batch



Junta colony (left) and a class for field workers at DIR (right)

More photos are available at www.gmccosa.org

Giving Back...

Last winter I came across an opening for a volunteer health worker position through our local Rotary Club. Since the beginning of my career in the US I had been looking forward to a chance to go back and practice medicine in the remote environs of India and to get over the frustration we all feel practicing the over-indulgent practice in the US which concentrates more on documentation than patient care.

I was ecstatic when my request for volunteering was accepted. Our mission site was Hemalkassa, a place I had never heard of before. It is a small village 200 km from the nearest town Chandrapur in Maharashtra. My friend and neighbor Dr Michael Murrell, who is a dentist by profession, accompanied me on this trip. We came to know of this place through Rotary International, which has taken up this site as an international volunteer site, thanks to the local Rotary clubs in India. We flew into Delhi and then to Nagpur and from there took the ever-familiar Indian countryside drive on bumpy, dusty Indian roads and needless to add, had to compete with cows, goats, bullock carts, camel-carts and trolleys and trucks for road space - deja-vu at its best.

The hospital site was actually fairly decent. The hospital has been in this site since early 1970's. The beginnings were extremely humble. Dr Prakash Amte (son of Baba Amte) and his wife Dr Mandakini

Amte left their well-settled medical careers and arrived in Hemalkassa to set up a medical dispensary for the tribals of the forests in that region. The first dispensary was setup in a hut. The target population was the Madia Gond tribal races. These people were very distrustful of the new intruders in their forests initially but gradually opened up as they saw people getting better with treatment offered by these two doctors. As their selfless service motive became clear to the locals, they were entertained more warmly. Over the past thirty years that small dispensary has grown into a hospital that takes care of approximately 40,000 patients per annum, mostly made possible by grants from multiple NGOs and volunteers donating services as well as resources.

From the very first day I was struck by the impoverishment of the region and the tribal population coming to the hospital for treatment. These people have very little to call for as possessions in life. They are still in the process of changing over from a hunter-gatherer life style to a settled farming community. To top of the agony, they, as is usual for poverty stricken populations, are affected by multiple diseases, which though curable often prove fatal due to lack of timely treatment.

Our day used to start at 5:30 in the morning with inpatient rounds. The hospital had a very unique set-up. The tribal people are not used to sleeping indoors in the jungles where they live. Hence Dr Amte decided to let these 'inpatients' to sleep



School children in Hemalkasa (left) and Hemender in action (right)

More photos are available at www.gmccosa.org

outdoors in the hospital courtyards. It was a strange site to see around hundred people camping out in the courtyard, cooking food, washing clothes and attending to the routine of their daily lives while attending to their sick one also. In the morning all patients are summoned into the hospital building and medical rounds are conducted. The medications for the day were doled out. At any given time there would be more than fifty patients "admitted" to the hospital. These rounds usually lasted around 1 hour. After that the outpatient started at 8:30 AM. The average outpatient census was 150 patients. The OPD is normally run by Dr Digant Amte (son of Dr Prakash and Mandakini Amte) and his wife Dr Anagha Amte. Between the three of us we were able to finish the OPD by 4 PM, and usually ended up admitting 5-6 patients daily. Dr Murrell also had a very busy schedule providing dental care to more than 200 patients in those ten days. Needless to add that there is no facility for dental care in that area.

Malaria is endemic in the region. Fortunately it is still chloroquine sensitive. The region is infested with scabies and hookworm. Besides these, acute diarrhoeal diseases, upper and lower respiratory infections, antenatal care, alcoholic cirrhosis, trauma, animal bites (yes, including snake bites), acute abdomen, bowel obstruction, burns etc were also commonly seen. Whenever patients could be managed locally, they were treated with the medications available (which were surprisingly very generous). The others had to be referred to the nearest government hospital in Chandrapur.

Besides providing medical services, the Amte family has been working hard with the local people to initiate a grass roots level movement to eradicate illiteracy, poverty, malnourishment, unemployment and orthodoxy in these unfortunate people. They run a school upto class XII with 600 students in their own campus. All the students are from the neighboring poor villages. All these students live in the campus hostels. All food, clothing, books and education is provided to them free of cost. Though sounding simple on paper, providing for the needs of such a large number of students and patients is a mammoth task, which the Amte's, along with their other volunteers, have been silently and very successfully performing over the past thirty years.

In the evenings we often used to sit down with the Amte family and the other volunteers who have also devoted their lives for this mission and eat food in the community kitchen. Through the conversations I learnt so much about the simple yet powerful means they have adopted to make this place as we see it today. "What keeps you going?" I asked Dr Prakash Amte once and he replied, "It's all within you, just search for it." I had the fortune to see life in a very different perspective in these ten days and I hope I get to do something in the years ahead that will make a difference in somebody's life.

*Hemender Singh
'91 batch*

More information about the Hemalkasa Tribal Healthcare and Education Project is available at <http://mss.niyya.org/index.php>



A Soldier's Diary

8-2-07

'Sirjee! Uth jao. High time you woke. Phir kisii ka phone aa jayega!' YAWN- my response was an exaggerated stretching of the arms. The morning of day 1 of Euphoria 2007 'Resonance Of The Souls' was going to be busy - what else can be expected with an SMS at the crack of the dawn! The next few hours were a rush of meetings and helter skelter running. After a prelim check of the stage, curtains, lighting and sounds came a shocker - the permission for the all night dance party was in jeopardy. The fire fighting began quickly. 2 CCs, 3 girls and I were dispatched to request for a rethink. The frustration got the better of one CC who broke down sending bile rising up our throats. Parleys over, we whizzed off in different directions.

This was followed by a meeting of the on stage committee (Supreet, Anita and I) with a faculty member. By then, one CC (Aman) was seen gesticulating wildly - his throat had gone sore and he had lost the punch of his voice even before the show began.

Soon, the biggest event of the MBBS began - Euphoria 2007 'Resonance Of The Souls' was underway! The per-functionary speeches over, it was time for Euphoriography- the grandest one ever. Rahul Sharan, Meenal and their gang war had involved dances with bikes, chairs, basketballs and handkerchiefs much to the delight of the jiving crowds. This was followed by Utopia - the slide show by Reuben which showcased the GMCH way of (both real and reel) life. The tour-de-force was of course the comedy king of India - Bhagwant Mann who had the packed audi in splits. By the time Supreet and I wrapped up the proceedings and climbed off the stage, the champagne had been uncorked. The Dance party over, we sat for a late night review conference in the audi.

9-2-07

After a (glorious) 2.5 hours sleep, we all were back on our feet. The hostel was abuzz with the commanders-in-chief of Medi cricket, Vikas and Aditya, marshalling the teams for the matches later that day. Bleary eyed, I waved them off. The rest of the morn was spent in requesting the faculty to allow us to park their cars elsewhere as the parking area had to be cleared for the off stage events being conducted under the eagle eyes of Bhawna, Neha and others. In between doing odd jobs in the audi, I watched the events on stage and wrote a press note. By the time noon wore on, we all were busy with the preparation, invitations being distributed, LCD's being procured, security being set (Kynta again shined!) ... all of us were in frenzy. Evening finally



Organizers of Euphoria, 2003 batch (left) and Euphoriography (right)

More photos are available at www.gmccosa.org

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came and I (with barely disguised glee!!) escorted the models from their retreat to the venue. 'Yeh darwaza tera' screamed CC Robin as he bestowed the security of the VIP (read Faculty) entry on me. 'Models baad mein dekh lena' he grinned! 'No sweat bro' I responded. I joined 2 batch buddies outside and we sneaked peeks of the fun inside through the gap in the door. Finally a few of us did get the chance of meeting the ramp scorchers (without the glitter and make up) back stage.

'2k3 batch ... DP venue ASAP' the order on the walky talky and mobile was crisp. CC Vajinder spoke in a voice reserved for military drill masters. All of us raced over and then began the security drill of the previous night. By the time we slept (at 5.30am), a drunk delegate had been dispatched to the emergency - a feat that saw the boys of 2k1, 2k2 and 2k3 working in tandem to cement the security.

10-2-07

'Waheguru! Eh meeh rok davo!' CC Vajinder supplicated before the Almighty as I veered the car in the blinding drizzle which had placed our outdoor venue of the Mika night in danger. As we both drove all over the city to tie the loose ends, distribute the invitations, count the cash (over a lakh!!) and get demand drafts ready, reports kept streaming in ... 'Zirakpur sara booked hai', 'Woh s*** studio wala aadmi expensive bata raha hai'. Krishan had gone all over the city to find an alternative venue. Mika had arrived, barricades had been set up, light and sound was ready but the venue was a ditch due to the rains. The hurriedly arranged tarpaulin had surrendered. Aman and Ashish watched their hard work getting soaked in the rain. Suddenly an alternative venue came our way. Vajinder's prayer (and Dr. Ravi Gupta's tenacity) had worked. Phone lines and mobile phones shot into action as delegates, carpets, lights, sound system, tables, backdrops and other paraphernalia raced through the streets of Chandigarh. Meanwhile Harshabad and Kanika (2k4) had set the fest abuzz with their terrific MFEO event that had worked the packed audi to a crescendo.

At the venue, however, it was a security nightmare as Kynta, Sharan, juniors and I managed the crowds while Rajan, CCs, seniors and others worked inside. The moment the show began, our fatigue disappeared. Mika belted out the numbers while the

euphoric crowds worked up into deafening roars. 2k3 also danced on stage with Mika! By pack up time, we were delirious with joy, congratulating on a job well done. Phone calls from the dance party venue got us crashing to the ground. The cars were zooming off again! The 3rd day of the DP was a **ROCKER**, an absolute smash hit, continuing into the wee hours.

11-2-07

This was the grand finale. Clad in faded jeans, water logged boots (that squished at every step) and an unshaven stubble, I met Gaurav and Sukhtej who, along with Rahul Rai were creating miracles with the smooth conduct of the accommodation. They exchanged notes of their (rewarding and welcome!) stay in the girls' hostel!! The audi was brimming over as my partner Sudivya (2k4) and I (with a sore throat!) got on with the prelims of the Mr and Miss Euphoria event - the highlight of the evening. By the time the band 'Bhoomi' had satiated the ecstatic crowds, we were all set for the event for which 8 (later 10) contestants had been finalized. The event went off well - a testimony to the sporting jury, crowds and hard work of my partner.

The closing ceremony was flawless. The shouting, dancing and photo ops over, it was time for an only-for - GMCHians rock show. A sumptuous dinner later, it was back-to-the-pavilion ... the Dance Party! This time all the sober fellows (like me) were involved in ferrying tipsy colleagues to the hostel (Kuch nahi badlaa hai folks!).

In these 4 days we learned more than the 4 ½ years of MBBS. Kudos and gratitude to Prof. Janmeja and Dr. Ravi Gupta who stood by us all along; to Prof C S Gautam for his tacit guidance and support; to all seniors and juniors who rallied around 2k3 to make this tour-de-force a success. We suffered fatigue, hoarse voices, bad hair days, frayed tempers, bruised knuckles, dead mobile batteries; one of us even had his car mangled. Another vivid memory is of standing in the rain with Robin, Rashi and Priyanka at 12.30 AM to meet a faculty member! In the end, however, 2003 batch especially the CCs Aman (Mickey), Robin (Mulls), Vajinder (Shakii) and the Org Secy Meenal (Rajey) had pulled off the impossible. For 4 days and the eternity beyond we shall all be the kings of great times! Cheers!

Divyanshoo Kohli
'03 batch

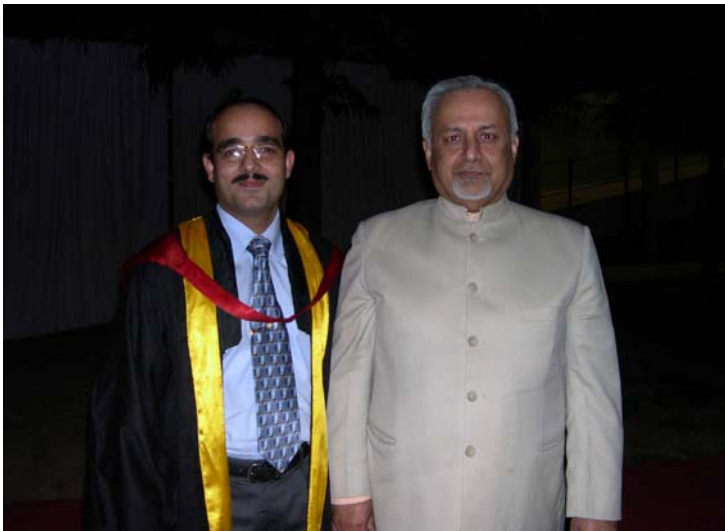
Sports Meet 2007

The sports meet of GMCH was held on March 2nd and 3rd. Best male athlete: Lakshay (2006); Best female athlete for record fourth consecutive time: Kamlesh Kumari (2003 batch). Best Batch Marching (second time on the top): 2003. Best overall batch: 2005. KUDOS TO THEM ALL.

Kudos

...to Navneet Majhail ('91), he has joined as Assistant Professor in the Hematology and Oncology at the University of Minnesota, Minneapolis, Minnesota (USA).

...to Puneet Tuli ('91), he has completed his MCh in Plastic Surgery and has joined as Assistant Professor in Plastic Surgery, PGIMER, Chandigarh. He is pictured below with Prof VK Kak, our second Director Principal on his MCh convocation.



...to Navneet Singh ('92), he has completed his DM in Pulmonary Medicine and has joined as Assistant Professor in Pulmonary Medicine, PGIMER, Chandigarh.

...to Sukant Garg ('93), he was invited to make an oral presentation on his research "A comparative analysis of various cytological techniques in diagnosis of lung diseases" at the 55th annual conference of the Indian Association of Pathologists and Microbiologists, at Bangalore in December '06; his paper has also been published in 'Diagnostic Cytopathology', an international peer-reviewed journal.

...to Nishant Puri ('98), he has matched for an Internal Medicine residency position at the Loma Linda University, Lima Linda, California, USA.

...to Kanwaljit Tethgir ('99), for being selected for the MPH program at Harvard University, Boston, Massachusetts.

...to Sachin Verma ('99) for securing the 24th rank in the Australian Medical Council Exam; he is currently pursuing an MPH at the Victorian Consortium for Public Health, Melbourne, Australia.

...to Shilpa Goyal ('99), she has secured a post-graduate residency (MD) position in Pathology at GMC, Chandigarh.

...to Shivani Pahwa ('99), she has secured a PG (MD) position in Radiodiagnosis at AIIMS, New Delhi.

...to Veeraish Chauhan ('99), he has matched for an Internal Medicine residency position at Drexel University, Philadelphia, Pennsylvania, USA.

...to all from the '00 batch who have secured residency spots in India:

- Ashish, Anaesthesia, SMS Medical College, Jaipur
- Avneep, Anaesthesia, AIIMS, Delhi
- Gaurav, Orthopaedics, PGIMS, Rohtak
- Gunjan, Pharmacology, GMC, Patiala
- Megha, Biochemistry, PGIMS, Rohtak
- Nita, Obst & Gynae, SMS, Jaipur
- Parul, Ophthalmology, GMC, Chandigarh
- Rajiv, Orthopedics, SPMC, Bikaner
- Rakhee, Pulmonary Medicine, KGMC, Lucknow
- Shivani, Obst & Gynae, GMC, Chandigarh
- Sushant, Pulmonary Medicine, GMC, Chandigarh

...to all from '00 batch who have matched for residency positions in the USA:

- Bhavan Bhasin, Internal Medicine, Wayne State University, Detroit, Michigan.
- Ikjot Kaur, Internal Medicine, Albert Einstein Medical Center, Philadelphia, Pennsylvania.
- Manpreet, Internal Medicine, Newark Beth Israel Medical Center, New Jersey, New Jersey.
- Rajani Rangray, Internal Medicine, Mount Sinai School of Medicine (Bronx), Bronx, New York.

...to the following students who have been selected for the Indian Council of Medical Research (ICMR) Short Term Research Studentship for 2007 - Aakash Aggarwal ('04), Aakriti Gupta ('05), Anupam Talwar ('04), Kanika Arora ('04).

Congrats

...Dinesh ('95) got married in January '07.

...Sonica Saini ('96) got married to Madhu Reddy on 28th March '07. Madhu is a graduate of AFMC Pune and they are both pursuing residencies in Internal Medicine at Creighton University, Omaha, Nebraska, USA.

...Hemant Bhardwaj ('98) got married in February '07.

...Nishant Puri ('98) (below) got married on February 19th '07 (more photos are available at www.gmccosa.org)



...Sumeet Khanduja ('98) got married in February '07.

...Megha ('99) wed Varun ('97) in April '07.

...Balika Gupta ('99) wed Manish (from MAMC, New Delhi) in February '07.

...Kunal Gupta ('99) got married in April '07.

...Vidyabushan ('01) got married in January '07.

Re-Connection

GMCites who stumble upon www.gmccosa.org!

...with Dr Patnaik VV Gopichand - he was among the first faculty in our Department of Anatomy; he is currently a Professor of Anatomy at the Government Medical College, Amritsar and is the Editor of the Journal of the Anatomical Society of India.

...with Ashutosh Sharma ('92) - he is practicing as an Anesthesiologist in Chandigarh.

...with Gurpreet Kaur ('92) - she completed a residency in Obstetrics and Gynecology from the University of Buffalo and is now practicing with the Buffalo Medical Group, Buffalo, New York, USA.

...with Kanwar Shamsher Singh ('92) - he is pursuing a residency in Psychiatry at the Brookdale University Hospital, Brooklyn, New York, USA.

...with Ashish Bhatnagar ('94) - he is now working with the New Jersey Poison Control Center, Newark, New Jersey, USA.

...with Pooja Malhotra ('97) - she is now a Senior Resident in Pathology at PGIMER, Chandigarh.

Stork Line

...Sumesh Arora ('93) and Pooja were blessed with a daughter, Meera, on March 1st 2007. Sumesh is presently a Registrar in Intensive Care at the West Mead Hospital, New South Wales, Australia.



Editors: Navneet Majhail ('91), Minneapolis, Minnesota, USA; Hemender Singh ('91), Marshfield, Wisconsin, USA; Sandeep Kochar ('93), New York, New York, USA; Divyanshoo Rai Kohli ('03). Chandigarh, India.

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Album

Mini-reunion of '92 batch in January '07 with (left to right) Navneet Singh, Ashutosh Sharma, Anil Aggarwal, Vikas Goyal and Amit Bir Chawla. Navneet is an Assistant Professor in Pulmonary Medicine at PGIMER Chandigarh. Ashutosh, Anil & Vikas are practicing Anesthesiology, General Practice & Surgical Oncology, respectively, in Chandigarh. Amit is a Staff Grade in Addiction Psychiatry in Norwich, UK.



Charanjeet Bhatia ('99) at Cricket World Cup 2007 with Hamish Marshall from New Zealand (left) and Sanath Jayasuriya from Sri Lanka (right) – more photographs are available at www.gmccosa.org



Editors: Please send us photographs of your re-unions, parties, meetings, weddings, etc (anything) to gmccosa@yahoo.com.