Connections

Bulletin of the Government Medical College Chandigarh Old Students Association (GMCCOSA)

Back To The Turtle ...

Divyanshoo Rai Kohli, 2003 batch

Greetings from the Capitol!

The article by my batch-buddy Rahul Rai (03) took me down the memory lane. It was the winter of 2009 when I joined the University of Minnesota, MN as a post-doctoral associate. Soon after, another close friend, Harshabad Singh (03) joined as a post-doc at Harvard, MA. Rahul then joined a lab at the Washington University at St. Louis. During our telephonic conversations, we would often joke that we had transitioned to taking care of mice as the humans had given up on us.

As I look back to those cyclonic times, I wonder what prompted the three of us to enter such an unconventional field. We had no formal training in biochemical analysis and our understanding of the RT-PCR and Western Blots was restricted to the 'marked' portions of the Harpers' Biochemistry textbook. Our experience with rats was even more bizarre. Through more than a year, I remember stumbling my way through byzantine protocols and procedures that govern bench research. More than once, I thought to myself whether the decision to go down this path was a correct one.

Those times have disappeared into the rearview mirror. Younger stalwarts (Mukul, Aakriti, Shruti and others) have carried the legacy forward. There has been one significant difference though. Earlier bench research was considered a stepping stone towards a residency. This may have started to change - slowly but unmistakably. Kanwaljit (99) and Rahul (03) have chiseled their initial experiences into a profession and are now pursuing research full-time. Hence, the decision to dedicate this edition of Connections to examining the nuances of pursuing bench research.

My own experiences with basic sciences have been a mixed bag. I honestly found bench research to be a challenge but a thoroughly enjoyable one. There was a steep learning curve but beyond that lay uncharted territory. To get a sense of that excitement, think of how often we encounter something that is not seen in any textbook, not described anywhere in any voluminous tome and is completely novel. Any minor success in our quest for incremental scientific advancement has euphoric effects comparable to a shot of dopamine.

Having survived the Chinese curse (may you live in interesting times), below is my take on bench research. A caveat though, I viewed basic science work as a stepping stone to doing research in the clinical setting while working with patients. My thoughts as expressed below reflect this experience and view-point. This is in stark contrast to what has been explained so succinctly by Rahul in his

article. The demarcation between bench research and clinical research is essentially a line drawn in water. The two are in a continuum but clear differences exist in the logistics and approach. Read on...

Basic science research offers an intellectual challenge, but beyond those are more tangible benefits. First and foremost, the experience is an added asset on the CV. It burnishes the credentials and elevates a physician into the exalted league of physician-scientists - a most coveted and exclusive cohort. For those of us interested in pursuing a career in academic medicine, experience as a bench researcher is invaluable. In the case of my batch-mates and me, the presence of post-doctoral experience on our CV helped us substantially in landing a spot in a competitive residency program. In an era when every single applicant has exceptionally high scores and clinical experience, research has become the one differential attribute that can set a candidate apart in a sea of brilliant applicants. In addition, bench research is done at major universities and provides an opportunity to build networks in the haloed circles of academia.

The second major benefit is that the experience as a researcher acts a force multiplier. One learns to approach a problem in a systemic manner and break it down into simpler subsets. In my case, I gained valuable skills in statistical analyses and writing scientific articles. These soft skills were critical during my residency and helped in pursuing independent research projects. It was also easier for me to critically analyze the research articles that I would read and quote.

One final advantage is something rather philosophical. I had to battle many inner demons during my time as a bench-worker. For the first time I came across sequential failures in the professional sphere (failed experiments, rejected draft proposals, hypothesis getting refuted by the results, impossible deadlines etc.) and I was forced to confront my own sense of what I wanted in life. That experience alone is invaluable to youngsters at the doorsteps of a professional life beyond the comforting confines of the college. Working on the bench is very arduous, has minimal rewards and is incredibly lonely. Unlike our work as physicians, working with cell-lines and mice does not permit any social interaction and demands total seclusion. As Rahul has written in his article, one needs to be totally immersed in the research to be able to enjoy. Any failure can be very demoralizing. I had the company of great friends who pulled me out of the depths of my gloom. As I look back with a cold and critical eye, I feel a sense of accomplishment that I survived those times and came out a better-rounded person.

A word of caution: nothing matters more than the mentor under whom one works. Young researchers need a mentor who is invested in them. The mentor can make or break careers and one must be very careful while choosing one. If you ever decide about pursuing bench research work, you must undertake a critical appraisal of your mentor. This is of paramount importance.

I would like to add some general points as well: Our articles reflect our experiences in the US. We have not commented about the basic science research being done in India, or even, say, Europe or Australia. The simple reason is the demographics - we have a lot more research-oriented alumni in the US than in India (which is a sad statistic). We do have one alumnus (Shashank Shekhar, 2000 batch) who spent time working in neurosciences at the University of Turku, Finland and then came to the US for pursuing a residency in the same field.

The other fact I would want to reiterate is the purpose of GMCCOSA going through the trouble of inviting alumni to write on these matters. The purpose is simply to encourage readers keep an open mind regarding your professional commitments. Too often we restrict ourselves to careers that follow the beaten track while more suitable alternatives remain unexplored. Our modest aim is to

open the minds of the students and young alumni to other 'unconventional' career paths. I am reminded of an old poster in my tiny room in Chandigarh which had a crude cartoon of a turtle below which were inscribed the brilliant words of James Conant: Behold the turtle - it makes progress only when it sticks its neck out!

Helpful links from GMCCOSA: Interview with Dr Maneesh Gupta who is a researcher in the US: http://www.gmccosa.org/careerseries_002.htm; prior article about scientific research: http://www.gmccosa.org/Research_dummy_article.htm

Biomedical Research In The US: My Experience

Rahul Rai, 2003 batch

"The message I would give to young people is: Don't be the best in your class. If you're the best in your class you're in the wrong class."- James Watson, Nobel Prize Medicine 1962.

Greetings from the Windy City, Chicago!

After contemplating on different ways to write this article, I decided on tried and tested Q/A format. This article is primarily intended for senior medical students and recent medical school graduates and is solely based on my experience of biomedical research in US. I do want to emphasize that as a reader you should always get your information from multiple sources.

About me

I graduated from GMCH in January 2009, and was part of the 2K3 batch. After spending few months in India, I left for US in July 2009 and have been living here since. I have spent close to 4 years doing medical research, first at Washington University in St. Louis, MO and currently at Northwestern University as a PhD candidate.

First thing first, what is research?

I have often heard the word "research" loosely thrown around. Medical research is a broad term and comprises basic, clinical research and case studies. Basic research, however, forms the core of medical research and is mostly funded by National Institute of Health and other federal and private agencies. Basic research attempts to understand the biology of a disease process, with the long term goal of developing newer therapeutics and diagnostics and is undertaken both *in vitro* (cells) and *in vivo* (small mammals).

Basic research - the captivation

My initial experience with basic research was very rough. I remember going to talks at Washington University and not understanding majority of the content. Slowly and steadily however, as I delved into research it started making sense. Basic research reinforces the most important principle of

science- "curiosity"; it forces you to make careful observations and ask questions- a practice which gets eroded away while we memorize tons of information to get through medical school.

Basic research has four broad components. **(a) Observation**- Some of the coolest observations which changed the course of human civilization includes - falling of apple on the head or seed sizes/color of pea plant. Nowadays observations are made either in clinic or through thorough review of literature on PubMed. **(b) Hypothesis**- Your hypothesis differentiates you from your peers. It is your explanation of phenomenon or facts which everyone has access to. **(c) Conducting experiments**- Following which you design experiments to test your hypothesis. **(d) Analyzing results-** is the final step and leads to design of future experiments.

Coming up with your hypothesis describing an observation is thrilling beyond description. As I spend more and more time in research I have learnt that biology is complicated and very simple at the same time. Every process is designed to make humans as proficient as possible and usually diseases are an aberration of a beneficial or protective response. As you test your hypothesis you always flirt with the possibility that your idea could enhance the understanding of previously covert disease process and positively impact health care in following years.

Research also springs up and fascinates you on daily basis. As a student I rotated in a lab studying endothelial trafficking. Each morning I had access to state of the art imaging microscope where I would spend hours visualizing and capturing endothelial membranes, while sipping my Starbucks and listening to calm music - the best 3 months of my student life. As a 28 year old, it's difficult for me to decide whether the most beautiful figures I see daily are at the gym or under my microscope.

Lastly on a serious note, as ironical it may sound to you while I have not treated a single patient in past 4 years I feel much closer to medicine than I ever was as a medical student. The concepts I learned in medical school get reinforced daily as I learn more about cellular interactions, signaling and intracellular pathophysiology.

Medical research: A necessity and how to do it?

Given the rapid advances in medicine, you just cannot practice medicine in US without having a good gist of basic research being undertaken in your field or doing it yourself. Chances are you'll enter a basic research lab someday- either as a resident or fellow. I'd recommend starting as soon as possible even if it is for a short duration.

Traditional routes of joining a lab include: post medical school, during residency or fellowship. Technically, post medical school we can join a basic research lab as a postdoc (Post–doctoral associate). This position however is very challenging to get as you'll be competing against PhD graduates with significant experience and first author papers. For you to be a basic research postdoc you will need lots of persistence and luck. I know people who have secured postdocs at reputable places including Wash U (myself), Northwestern, University of Minnesota and Harvard.

If you are interested in the postdoc route expand your circle as much as possible. Don't take rejections personally and don't be eager to give up. If you are in US for an observership or clerkship, take out time to meet faculty who have research labs and read about their interests and papers before you meet them. Volunteer if asked to and don't be too desperate, use your time to know people who you are working with, what drives them, listen carefully and observe, enthusiasm is contagious. Keep your questions open ended and answers direct, and always give people more time to talk about themselves.

The nontraditional route (which I have taken) is joining a PhD program in US. As a PhD student your training is way better and diverse as compared to a postdoc. It obviously is a longer option and requires 4-5 years of research investment, which means no patient contact. I'm not sure many people would be ready for such a compromise. Besides myself I know only one other person (medico) who chose this route. However when sacrifices are huge, so are the benefits.

You obviously get a PhD and get into the elite MD, PhD group of this world. During PhD you can take your USMLE steps and make dependable contacts for strong US LORs. However when you do apply to NRMP your year of graduation would pose a potential handicap to your application. Nevertheless, I personally know many people who matched in competitive clinical residencies at good schools including Wash U, Cornell, and Stanford after spending 4-5 years in basic research, either as postdocs or PhD students. It needs to be emphasized that you will be a less attractive prospect for many community programs which do not invest heavily in biomedical research.

Getting into a good graduate program in US is another ball game and I don't want to get into it right now. The competition is very tough for foreign grads, especially for MDs who have trivial research experience. For instance Northwestern receives thousands of applications per year (unconfirmed) from which they screen and interview about 100, finally selecting 20-25. Definitely have some basic research experience in US, do very well in GREs and TOEFL, and apply far and wide.

Research - Cons

Some of them are fairly obvious- time spent at bench is time spent away from bedside. Besides every day funding in US is becoming more and more challenging, but that should not deter you. Other than that research has its own share of frustration and failures. It is laborious, tedious and time consuming. Many people, unless tremendously motivated, don't thrive well it this environment of constant "failures".

Similar to other components of medicine, research is also a team sport. You have good researchers, but you will also face many schmucks. I have witnessed few great ideas yielding no results simply because of the people championing those projects. As not everyone who goes to medical school ends up becoming a good doctor, same can be said about everyone who has ever held a pipette. Sometimes, unfortunately, someone's callous attitude would hamper your project as well, and there would be nothing you can do about it other than keeping a calm head. Don't burn any bridges, ever.

Purpose of medical research

While this seems obvious I do want to address this point as I feel very passionate about it. The sole purpose of medical research is to improve the quality and quantity of human life. It is funded by American tax money and people deserve our best efforts. Research should not be looked upon as a stepping stone by potential NRMP aspirants to bolster their CV. If you're in a lab, you should learn and contribute, especially if you are taking home money for your services. Ask questions and be genuinely interested in the work being undertaken to satiate your curiosity. Don't put on a show for getting a good LOR, you may find it surprising but genuine interest is difficult to feign and usually people can see through you.

Conclusion

Taking time off for research is a big personal challenge. It is easier for USMLE aspirants to follow the traditional route. However keep in mind that residency should not be a long term goal. I have yet to meet someone with Resident Emeritus status. Residency and fellowship finish off in 3 to 7 years and

then the struggle to find a "real job" ensues. Keep your options open and don't assume if and when you decide on conducting research you'll be awesome at it. I have personally trained fellows who stepped into research labs for the first time and were very uncomfortable. Funding is tough and there are many smart people around. So I advise you to take research seriously and strive to become a producer of medical information not solely a consumer.

Well, I hope this was of some help. If you have any feedback, questions or comments feel free to write to me at drrahulgmc@gmail.com. If there is anything in particular that students would like addressed, please let the editors know. Lastly, I do want to thank Dr. Majhail and Kohli (who gave me a platform to express my views) and all members of GMCCOSA community for doing a tremendous job.

Additional reading: Going MD/PhD vs. going 100% PhD by Cody Weston, ASBMB Today, August 2013, pages 28-30. Also watch: Dr. Wilson's TED talk www.youtube.com/watch?v=IzPcu0-ETTU.

In Conversation With Dr Atul Sachdev: Our Newly Appointed Director Principal

Urvi Kappor (2010 batch) and Sidharth Sood Duggal (2011 batch)

You have very soon become a popular Director among the students! How do you feel?

How do you know I've become popular - at the moment I am absolutely unpopular. (Chuckles) I'm not sure if this job is really a popular one, but I am not looking for popularity. I want to do the correct thing which I feel should be done. This is my responsibility. So as a by-product if you feel that it is student friendly that is fine with me. My basic idea is to improve teaching and to improve facilities for everybody. This seat is practically on fire all the time and requires a lot of responsibility. You never know when the fire becomes an inferno! But it is always a hot seat.

Could you please tell us something about yourself like your birth and upbringing?

I was born in Amritsar where I did my initial schooling for around two years. At that time, my father was serving in Medical College Amritsar as a faculty member in Medicine. Later he moved to Patiala in 1969 so then I had to shift as well. Thereon till my MBBS from GMC, Patiala I studied there. I came to Chandigarh in 1987 and have been here since then. I have spent more than half my life here.

I have always found you to be very punctual. Most of us aren't. What advice would you give to those of us who take liberty when it comes to being on time and how do you manage your time among so many responsibilities?

Punctuality is something I learnt from my father. He was very punctual, even more punctual than me. If he had a class at seven he would be there 5 minutes before time. Compared to him I am not punctual but I try to stick to time. I get irritated when things are not done on time. But if someone has a genuine reason I don't mind waiting for 15-20mins.You have to adjust with the situation. It's a

personal habit. You can be punctual. Everybody can be punctual. It is your own commitment to your work that is important and which would lead to you to this. Actually there are some things I want to do but I am unable to. I would like to do more procedures, see more patients or do my official academic work better. I come at 9am work till 7 or 8 pm. When I am at home I try and spend time with my family. I try and do the best I can do.

Is there some memorable incident you would like to share with us which highlights your childhood or hey days as an aspiring doctor?

Back in my college days we only had medicine and non-medicine as two prominent respectable career options. Most of my family members were medicos. I just opted for Medicine. I never thought of engineering. I never liked Math. It just happened. I wasn't inspired by any incident as such.

Student exchange programs have become fairly popular in Non med streams etc. What are your views about such exchanges? Would the college be open to such an initiative?

Student exchange programs are a very good idea. You get to go to another country, another institute. You get to see new cultures, see their methods of training and teaching. You meet new people, spend time there. I'll be open to any kind of student exchange definitely. But there are many other administrative and political issues which act as hindrances.

Our college recently was awarded additional 50 seats by the MCI. How do you view this changing our institution?

We need more doctors at national level so additional seats would help there. People feel that 100 students would be difficult to manage or the standards would be diluted but I feel that for a hospital of the size of GMCH with over 500 crores of investment this change was imperative. Compared with private sector where over 50 lakhs are charged per course we have a fee structure of 14 or 15 thousand only. You are practically studying for free. So if a good ranking institute like ours is producing doctors with decent merit this is definitely welcome. We had problems with admissions and litigations. Today is the last day of litigations and hopefully things will settle down. We'll have our new college coming up in a year or maybe year and a half. Then we'll have more labs, more space for everybody and a good infrastructure for everybody. Then you can have football teams from your own classes than from across the batches. (Laughs). So multiple advantages are there.

There has been much speculation about many initiatives which GMCH plans to take including a sports complex, the long due E Block additional hostel facility, development of super specialties in Medicine etc. What is the current status of these initiatives?

If you look at sports facilities, the finance secretary and home secretary had come to GMCH. They were very keen for these facilities. We also would like this to happen. But it takes some time in the government sector for such things to materialize from planning to execution. They have agreed in principle about this. We have initiated a proposal. Let's see what actually comes. E block construction and outer structure are ready. Inner structures and furnishings have to be done up. We've had meetings. We've decided on the color coding, the equipment, how the labs would look like. Everything has been done. The LTs, the canteen, the common rooms for students, the convention complex all would come in E Block. Drawings have been almost finalized. After this we will float the required tender. Government agencies would then take over and do this job. It's a year and a half away. Super specialists in various departments have been recruited. Some jobs are still vacant. They've been advertised so we'll be holding interviews very soon. We'll also asked for increase in hostels accommodating the additional girls. The present Director Principal's house would

be converted into a girls hostel. We are planning to increase the accommodation for the boys as well but we're not faced with that kind of an emergency since most students are day scholars.

Many students find your personality very magnetic. What all can students do to develop a charismatic personality like yours?

(Laughs) I don't have a magnet around me! No, no, no there's nothing like that. I don't know what to say. My advice is just be truthful and positive. Be truthful to your conscience. Try and be a good doctor. Be kind, compassionate, humane and honest to your patients. Put yourself in their shoes and think how you would like to be treated. This will automatically bring out the qualities in you. Try and be a good person. That's all.

When can students expect an increase in PG seats in GMCH and the development of PG seats in departments where they are lacking altogether like Medicine?

We've applied to the Medical Council of India. The seats are being increased. We have 40 seats at the moment but we've applied in 13 departments. That is increase in seats in 10 and starting courses in 3 others. Hopefully the inspections would be done in a couple of months and then if we get the permissions we'll have the changes implemented from next year. There were minor and unnecessary problems with Medicine dept. Let's see if we're able to get them sorted out.

Where do you see healthcare 10-20 years from today?

Healthcare in India is changing. It has become very good. It will get better definitely. But I think it will become more expensive than present. Many people are buying insurance. Government sector has to do well to compete with the private set up. Corporate hospitals are coming up and doing very well. The major problem with them would be that of medical teachers. We would have to make these jobs attractive. If you have good teachers, you will have good doctors. Many colleges have problems of faculty retention.

Research is an area which is widely believed to be lacking in India particularly. What do you feel could be the reasons for this? Further, what corrective measures can we take in our institute or as a nation to correct this?

I don't think we have a research mind set in our country. For research you need people, labs or doctors dedicated only to research. At clinical level we are doing our bit though not in serious research terms. We need to change our mind set. We should be focused more on molecular level study, newer technologies and things. We need to think out of the box. We don't need to blindly follow the west. For doctors there should be a dedicated time for that.

Any clinician doesn't have time for research. You need 4-5 hours free and then focus on studies; planning projects and you also need a dedicated facility. I think govt. is trying to promote that because eventually it's the no. of patents which matter. Knowledge is power. America has thousands of patents. There they have dedicated facility. All they want is results. Financially too, a researcher needs to be looked after. He should be secure in those terms too.

Finally could you please suggest some ways in which we can make GMCCOSA a more dynamic organization forming a more important part of GMCH in bringing old students together and our newsletter Connections more useful?

Your newsletter is nice and informative. But you need to plan an alumni meet like other colleges. You should plan maybe a one day meet where you have talks and maybe a conference after that. Get old students together, ask them to voluntarily contribute. In UT money is generally in plenty and is

not an issue. Basically you need to bond together and encourage people to join this. Students would have to fund and run this organization. GMC Rohtak holds a similar meet which is open for all medical students where they teach research methodologies etc. Maybe you can take a leaf out of there book too and plan something similar.

We would like to express our deepest gratitude for having shared your invaluable time, thoughts and suggestions.

Thank you. It's been a pleasure. You gave me an opportunity to open up my mind and share my thoughts with you.

This is the 29th issue of Connections! Read the first ever issue of Connections (Jan 2004) HERE
Check out the CONNECTIONS link on gmccosa.org for archived issues

In Memoriam: Raveen Singh (1995 Batch)

Navneet Majhail, 1991 batch

Raveen first contacted me a few years ago – he had been dealing with an aggressive lymphoma and given my expertise in hematologic malignancies, called me for advice. I was in the United States and he was in India. I had never met him before, but we had a strong common thread – GMCH (and common family friends). I still recall our conversation very vividly. We spent quite some time, discussing his diagnosis and treatment options. He spent an equal amount of time learning about me and my family. By the time we hung up, someone overhearing our conversation would not have been able to tell that we had started that phone call as complete strangers. We spoke on several occasions after that – through his treatment in India, then in the United States and then back in India. And what I remember the most about Raveen is that he would always start and end his conversation by asking about my and my family's wellbeing. And this was irrespective of his own health.

The other thing that defined Raveen for me was his courage. The odds were always against him. He would receive treatment and then his lymphoma would come back. Several world famous experts in lymphoma were not able to offer him good options for treatment. However, he was always stoic, always calm, always hopeful, and always ready to move on. Never did I sense a hint of frustration or desperation in his voice. If ever faced with my own mortality, I hope I am able to muster together a fraction of the courage Raveen demonstrated.

His last call to me was a few days before he passed away. He was as usual asking me for advice. But I knew he was also saying good bye. I could sense he was in pain, he was short of breath. But as always, and without fail, the last part of his conversation was focused on me – my wellbeing, how Rajni was doing and how the kids were doing.

Raveen is survived by his wife, Avneet, parents and friends, who will always miss and remember him.

The 2010 batch is organizing Euphoria in February. Euphoria, as we all know, has become synonymous with GMCH and is famous all over north India. The organizers of Euphoria request the alumni to contribute towards making the fest a resounding success. They have partnered with a local NGO 'Making a difference' with an intent towards social responsibility. Any contributions may be made by contacting gmccosa@yahoo.com or euphoria2k14@gmail.com. Further details may be obtained at www.euphoria14.com.

In Memoriam

Sukhjinder Singh (1995 Batch) passed away in December 2013.

Promotions and Celebrations

GMCH alumni who have changed jobs, received accolades or have been selected for US or Indian post-graduate positions.

Harvinder Taneja (1991 Batch) joined as Consultant Neurologist at Arizona Neurological Institute, Sun City, AZ, USA.
Navneet Majhail (1991 Batch) joined as the Director of Blood & Marrow Transplant Program at Cleveland Clinic, Cleveland, OH, USA.
Rajani Gadiraju (2000 Batch) was selected for fellowship in Gastroenterology & Hepatology at University of Nebraska, Omaha, NE, USA.
Shweta Jain (2001 Batch) was selected for fellowship in Hematology at the University of Washington, Seattle, WA, USA.
Aashima Sahni (2002 Batch) was selected for fellowship in Pulmonary & Critical Care Medicine at Chicago, IL, USA.
Aditya Gupta (2003 Batch) was selected for residency in Internal Medicine at Mount Sinai/VA hospital, New York, NY, USA.
Ashish Bansal (2003 Batch) was selected for fellowship in Corneal Diseases at Sankara Nethralaya, Chennai, Tamil Nadu.
Divyanshoo Kohli (2003 Batch) was selected for fellowship in Gastroenterology & Hepatology at Virginia Commonwealth University, Richmond, VA, USA.
Harshabad Singh (2003 Batch) was selected for fellowship in Hematology & Oncology at Massachusetts General Hospital/Dana Farber Cancer Institute, Boston, MA, USA.
Sukhtej Sahni (2003 batch) joined as a Consultant Psychiatrist at Cheema Hospital, Mohali, Punjab.

Weddings

Way to go 2003 batch … sign for those from 2003 batch who are still "free"!

Sannidhya Verma (2001 Batch) married Rachita.
Navneet Kumar (2001 Batch) got married.
Ankur Luthra (2002 batch) married Ritika.
Anudeep (2002 batch) got married.
Manu Gupta (2002 batch) married Prachi.
Nitika Goel (2003 batch) married Aswini.
Kamlesh Kumari (2003 batch) got engaged to Ram Kishan.
Manisha Kataria (2003 batch) got engaged to Amit Kumar.
Reuben Kynta (2003 batch) married Badamutlang.
Robin Gupta (2003 batch) married Neha.
Sachin Garg (2003 batch) married Shefali.
Sonal Gupta (2003 batch) married Anand.
Jagandeep S Virk (2004 batch) married Jaslovleen.
Shilpa Tomar (2004 batch) got engaged to Swapnil Barai.
Parminder Kaur (2004 batch) married Saurabh.
Kanish Mirchia (2005 Batch) married Kavya.
Poonam Preet Kaur (2006 batch) married Harpreet.

Babies

Vikram Jassal (2000 batch) and Geetika were blessed with a daughter.
Minky and Ankur Saini (Both 2002 batch) were blessed with a daughter- Myra.
Anshuman and Nitin Ahuja (2003 batch) were blessed with a daughter- Aarvi.
Dinesh Kumar (2004 batch) was blessed with a son.
Swati Bindal (2004 batch) and Raj were blessed with a son.

Reunions

Vidushi (2001 Batch), Neha, Aman, Navdeep, Rajan, Ashish, Vikas, Gaurav and Nishant at the marriage of Robin Gupta (all from 2003 Batch).

Ashima and Abhimanyu Saini (2002 Batch) with Aakash (2004 Batch) and Anup (1999 Batch).

Navneet Majhail and Kamaldeep Sandhu (both 1991 Batch) in Chandigarh, December 2013.

Navneet Majhail (1991 Batch), Datinder Deo (1993 Batch), Ashish Khanna (1998 Batch) and Niyati Mahajan (2000 Batch) at Ashish and Niyati's baby shower in Cleveland, January 2014.

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