



AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

# AOGS TIMES

## Nirwana

JUNE 2022 | VOLUME 3

Theme : Healthy Woman - Healthy Nation

Motto : Ethics Compassion Commitment

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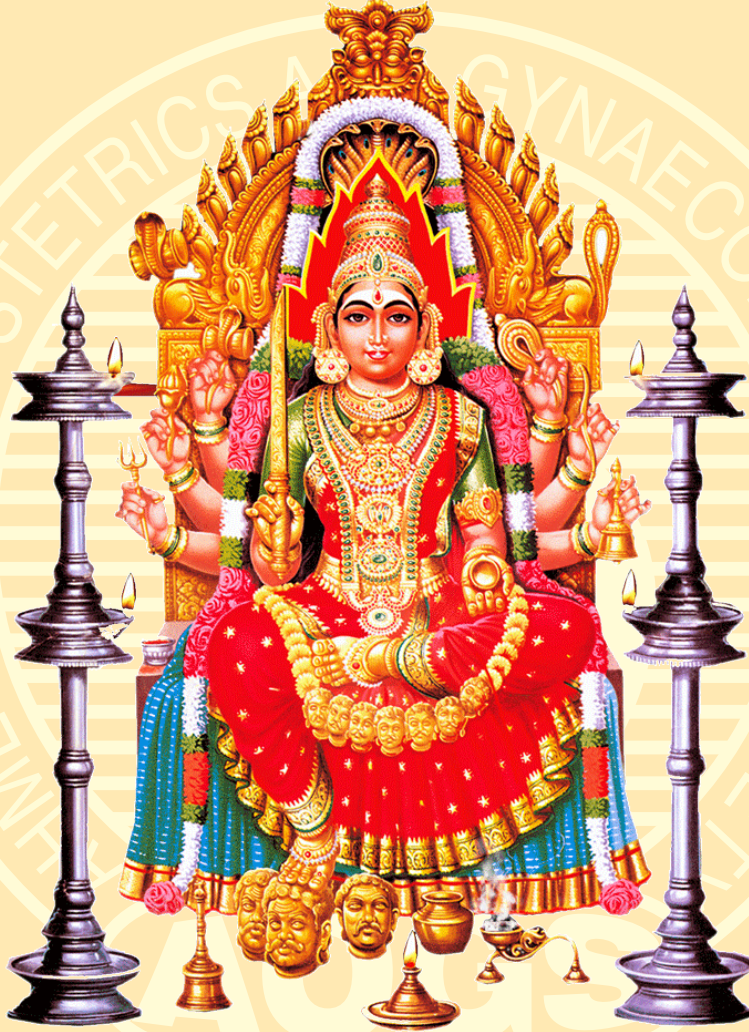
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**AOGS  
RUSH TEAM**

Guest Editor  
Dr. Alpesh Gandhi



*Mariamman*

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We are the reason behind





**Dr. Kamini Patel**  
President

## TEAM AOGS MESSAGE



**Dr. Nita Thakre**  
Hon. Secretary

AOGS, Ahmedabad Obstetrician and Gynaecological Society is working since 1936. Ever since its installation the organization has been working continuously for the betterment of the doctors and in turn the society. We are aware that the society has been taking up the educational programs to update the doctors with the new discoveries in this field. Hence it lies our soul responsibility to give the best to our patients.

AOGS, is one of the prestigious societies of India and thus lies big responsibilities on our shoulders to carry its grace forward. President AOGS and Hon. Secretary AOGS along with its team tries to fit in the shoes every year and in turn trying to give the best we rise the standards every year.

This year is very special as after COVID battle we are finally recovering and have got the chance to plan all those wonderful conferences and CMEs along with family programs this year. We Pledge to give the best to our colleagues and hope to have the year pass smoothly.

As Carl Jung said “Medicines cure diseases, but only doctors can cure patients”

We aim to give the education to our upcoming fellow doctors that we are here to treat the patients and give them the best service we can.



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# AOGS RUSH TEAM

**“We are safe, when our patients are safe. Our patients are safe when we are safe”.**

**– Dr Alpesh Gandhi**

(Immediate Past President, FOGSI)

## **Introduction :**

Doctors transform the society into a mentally & physically healthy community with improved quality of life. Thus, safety of our doctors is the utmost priority: our doctors need to feel safe to guarantee the safety of our patients as well as our society. When we say doctors’ safety, we mean: Safety of our Members, our PGs, our Staff, our Families and our Hospitals.

At the same time, this is the time where doctors are working under the stress of stringent laws and system, stress of huge work load, discomfort of insufficient healthcare infrastructure, pressure of high costs for education and investment, very high compensation awarded by the courts and corruption by a few authorities.

Moreover, nowadays there is a constant and increasing fear of violence. Violence against doctors and healthcare professionals is not a new phenomenon. A quote from a paper published in 1892 states that “No physician, however conscientious or careful, can tell what day or hour he may not be the object of some undeserved attack, malicious accusation, blackmail or suit for damages.”

Fast forward to more recent times, a study by IMA reports that 75 % of doctors in India have faced physical or verbal violence at some point of time in their life. Between 8% and 38% of health workers all over the world suffer physical violence at some point in their careers. 62% Doctors are unable to see their patients without fear of violence.

This is not just exclusive to India. A global review of 253 eligible studies, showed that 61.9% of participants reported exposure to some form of workplace violence, out of which 42.5% reported non-physical violence (threats, sexual harassment), and 24.4% reported physical violence.

Some of the factors that may serve as contributors to violence against HCW’s is:

- Unrealistic expectations: low health literacy, incomplete knowledge gained from social media, and belief in word-of-mouth rather than facts.
- Societal changes: lack of trust in doctors, want of instant gratification instead of following through on treatment, frustration with existing medical facilities.
- Delay in accessing health care: Sometimes women may reach to the open and available health care services very late in critical situations.
- Role of doctors: unrealistic counseling with guarantees of results, inadequate information to patient about possible complications and negative outcomes, putting down colleagues and belittling others’ work.
- Doctors are a soft target: usually isolated, working alone, easily pressurized by police, politicians, social workers etc.
- Media fueling: sensationalizing trivial incidents, highlighting of mishaps, presenting HCW’s in a negative way without knowing the full details in print and electronic media.
- Inadequate deterrents: insufficient arrests or punishments, absence of immediate action, which leads to emboldening of the general public.

- Political priority: Doctors' and HCW's safety is not in the political priority at many places.

Unfortunately, until there is a socioeconomic gap, inadequate health literacy, and frustration, and insecure work environment, the violence may continue. We, as practitioners, must therefore find ways and means to curb violence, prevent escalation, and protect ourselves and our colleagues.

This is the notion through which the idea of the RUSH TEAM is born, with AOGS deciding that the best defense against mob violence, is UNITY and helping each other.

The concept of AOGS Rush Team is to support and help our members in clinical crisis, Medicolegal crisis, mob violence & harassment by authorities. It is a measure that we wish to have in place in every hospital, locality and geographic setting of Ahmedabad.

The team should ideally comprise of young as well as experienced, well-known and familiar respectable practitioners, who will be a phone call away to other doctors working in the same and nearby areas. A social media group will be created that can be used exclusively as an SOS in emergency situations, to summon the team without delay.

The team's responsibility will be to ease the situation that our member maybe facing by opening rational channels of communication with the attendants. The team can calm flared tempers, help a doctor to declare a patient's death or critical condition, mobilize other required resources, providing safety in numbers and a source of emotional support to the affected doctor.

#### **Scope:**

The aim of the AOGS RUSH team is broad and not restricted only to violence. The scope is to come to the aid and support of our members in three situations: medical crisis, medicolegal crisis, and in case of a family crisis of any of our members. The team will consist of a group of doctors willing to volunteer their services, who can be contacted immediately through a single phone call or a WhatsApp message, and can be present within minutes in an emergency. The plan is to have five zone-wise teams so they can easily approach any given area within 15-20 minutes.

To have this concept work effectively, there are a few systems that need to work in tandem.

Firstly, we have created a legal advisory for prevention and control of situations that can lead to mob violence. It includes basic details like meticulous consent taking, detailed counseling, timely referral. There are also suggestions for CCTV installation, display boards, as well as restricting the number of relatives accompanying the patient and others.

Next, we have an advisory for clinical issues, covering matters of consent, checklists, insurance, referral etc.

With medico-legal awareness on the rise, most hospitals across the country do obtain consents from their patients before a procedure or surgery. However, the definition of informed consent is still somewhat vague. Since each institution has its own type of consent, the amount of information included, the number of people signing it, the timing of the consent, whether witnesses were present etc, differs greatly. During the last year, FOGSI has created its own uniform consents to make consent taking easy, standardized and legally accurate. We developed more than 30 such uniform consents for common ob-gyn procedures, surgeries, interventions. These were prepared as per the advice and the landmark judgements of the Hon. Supreme court of India. These were prepared in association with the reputed National law university of Maharashtra and valuable opinions from experts of different fields. This is available for the benefit of our members and patients on the FOGSI website and we request you to download through this link: <https://www.fogsi.org/fogsis-uniform-consents/>

Another thing that should be implemented is the use of checklists. Checklists used in the medical setting can promote process improvement and increase patient safety. Implementing a formalized process reduces errors caused by lack of information and inconsistent procedures. Medicolegally too, they help to protect doctors from accusations of negligence or oversight. FOGSI's booklet of Checklists was launched to provide easy access to practitioners to be able to handle any emergency situation with confidence. These are available on the FOGSI website and can be downloaded through this link:<https://www.fogsi.org/fogsi-checklists/>

Another area of conflict is the postmortem in case of death of the patient. We have provided particulars about when to send a patient for PM, what to do if a patient refuses, when a magistrate is required, etc. We are also providing a detailed list of all the police stations in Ahmedabad and Gandhinagar along with their contact details for swift access and rapid communication during a crisis.

The Ambulance details section includes guidelines on how to contact the 108-ambulance service to receive the fastest service.

Another avenue we wish to cover under the scope of the RUSH team, is handling medicolegal issues that may arise in day-to-day practice. To limit errors in emergency situations we have created checklists for the labour room, OT, Blood transfusion as well as a PCPNDT checklist to help make sure that basic requirements are not missed. We request you to follow these checklists regularly in your practice so that our rush team experts for clinical and medicolegal crisis may be in a better position to help you.

The third avenue in the scope of the RUSH team is in case of a family crisis. Our team of AOGS members will be present to offer solace and guidance in such unforeseen situations. We have also included the details of our social security scheme as well as the details of our indemnity insurance schemes, that can provide support in such circumstances.

The whole point of creating a RUSH team is to assure every practitioner that they are not alone in this journey of saving lives. And when unfortunate situations arise where a member requires support, we pledge to have our community standing with them.

It will be voluntary help and it depends entirely on the wishes of our members, whether they wish to take such support and help in such crisis.

### **Zones and Coordinators**

Since Ahmedabad is a big city, we have divided it into 5 zones for ease of access. Below is a list of coordinators in each zone who have shown willingness to synchronize the Rush teams as well as manage the whatsapp groups. We are ready to expand this list. Those who wish to join can contact Dr. Alpesh Gandhi or Dr. Kamini Patel, Dr Nita Thakre or AOGS Office.

**North:** Mahesh Jariwala, Harshad Shah, Kirtan Vyas

**South:** Anil Mehta, Sunil Shah, Mehul Sukhadiya

**West:** Chirag Amin, Bhavit Shah, Shashikala Sahu

**East:** Jignesh Deliwala, Mukesh Savaliya, Nisarg Dharaiya

**Central:** Hemant Bhatt, Lata Trivedi, and Chirag Patel

### **Experts**

Our senior, experienced colleagues who are a part of AOGS, have a vast experience of working in

medical - clinical crisis situations. They have helped our members on numerous occasions and handled many crises. The following members have graciously shown their willingness to guide and help our members with their expertise, expecting we will follow the checklists, protocols and advisories published for prevention.

We would like to expand this list. If you have the experience, expertise and willingness, we would be happy to have you on board. Please do contact us for the same to Dr Alpesh Gandhi, Dr Kamini Patel, Dr Nita Thakre or AOGS office.

#### **Clinical Experts:**

- Dr Ajit Rawal • Dr Ajesh Desai • Dr C B Nagori
- Dr Parul Kotdawala • Dr Haresh Doshi • Dr Dipesh Dholakiya • Dr Tushar Shah • Dr Sapna Shah
- Dr Anil Mehta • Dr Nilesh Chauhan • Dr Kaushik Vyas • Dr Akshay Shah
- Dr M. C. Patel (Medicolegal Expert)

#### **Influential experts having institutional, political, media, police, organization liaisons:**

- Alpesh Gandhi • Archana Shah • Dilip Gadhvi • Dipesh Dholakia • Harshad Bhupatkar • Haresh Doshi • Hasmukh Agarwal • Hemant Bhatt • Jignesh Shah • Manoj Pandya • Mukesh Bavishi
- Mukesh Savaliya • Munjal Pandya • Nita Thakre • Parul Kotdawala • Pradyuman Vaza • Pragmesh Shah • Rajal Thaker • Rohit Jain • Shashwat Jani • Sharad Thaker • Suresh Patel • Vijay Kansara

#### **Prevention for Medicolegal crisis: Legal Advisory**

Prevention is always better than cure and Ignorance of Law is never an excuse.

- 1) Consent has to be taken before any surgery/procedure.
- 2) Get insurance cover protection for yourself and your hospital.
- 3) Members should have CCTV Cameras installed in their premises.
- 4) There should be a display board/boards misaiming about the CCTV Camera. (AOGS may make this board and supply it to our member on demand with making charges for uniformity.) (Published here with)
- 5) Members should display a board in their clinics/hospitals mentioning about legal implication of violence. (AOGS may make this board and supply it to our member on demand with making charges for uniformity.)
- 6) Don't allow too many visitors at a time to visit a patient in your clinic/hospital.
- 7) If death of a patient happens, immediately 1st declare internally to your staff and team so that the explanation about the event, management and its counseling should be similar amongst all medical & paramedical staff members.
- 8) Do not refer a patient to a higher centre or public hospital when you receive a died patient.
- 9) Don't declare the bad news when you are alone. The head of the unit/hospital /senior most person should declare death.
- 10) In high risk or critical condition, patient's relative should be informed about her condition periodically or time to time.
- 11) Do not delay the decision to shift the patient to a higher center, if you think so.
- 12) It is advisable to escort her by yourself or a responsible team member.



- 13) The arrangement should be done preferably by the hospital/doctor.
- 14) Ensure that basic lifesaving facilities like oxygen, I.V. fluids, Viggo, pulse oximeter, lifesaving drugs etc are available in working condition in the transport vehicle.
- 15) Doctor must confirm about availability of an expert handling the critical situation at higher center he is referring the patient, before transferring the patient.
- 16) Hand over the patient at a higher centre with a document mentioning her name, date, time of departure from your hospital with her vital data, date & time of arrival at referred hospital with her vital data.
- 17) Give a transfer document in the form of brief summary of treatment given.
- 18) Do regular follow up of the patient at the referred center.
- 19) Please counsel and take consent before transferring a patient as it should be a joint decision.
- 20) Don't insist on payment of outstanding bills at the time of transfer or death.
- 21) When you receive a died patient, never refer her for further care. Once died means died.
- 22) The Rush team is to help you in emergency & crisis and not to fight your legal battle. Do not mention their names on papers for a legal fight.
- 23) Make your indoor case paper complete at the earliest whenever you get time.
- 24) Keep xerox or soft copy of all the documents.
- 25) Follow MTP and PC-PNDT Act word by word.

#### **Prevention for clinical crisis: Clinical Advisory**

- 1) Get insurance protection for yourself and your hospital including for visiting consultants.
- 2) Don't succumb to the demand of a patient & her relatives for performing unnecessary surgery, blood transfusion etc.
- 3) Practice according to evidences, guidelines, protocol and checklists.
- 4) Minimum basic requirements should be available in labour room, OT and Hospital as per the checklists for the Rush team to help you.
- 5) Please take informed consent before surgery, procedures, intervention, reference and high risk & critical conditions.
- 6) Get the basic investigations of the patient done before any surgery, procedure and intervention.
- 7) Keep cross matched blood ready and available on a short notice before any planned obstetric surgery and procedure.
- 8) All placenta previa, all lower segment placenta with previous LSCS should be delivered in a tertiary care centre or in a higher-level hospital.
- 9) For clinical emergencies or crisis, if possible, shift the patient to a nearby tertiary care or higher-level hospital for better care.
- 10) Work as a team. If possible, preferably keep a gynaecologist as an assistant during surgery.
- 11) Don't delay shifting or referring a patient to a higher centre and send her in time.
- 12) Call Rush team member in time.
- 13) Rush Team member should call other members for help, if required.
- 14) Multidisciplinary team should be formed in anticipation, when required.
- 15) All Rush Team member will be helping you in time of crisis. You shall never involve them in legal tangles. An undertaking will be taken for the same.
- 16) Each Rush Team member should personally write the operative note.

**CHECKLISTS**  
**Labour Room Checklist**

Stethoscope	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cardiac board / CPR board	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood pressure apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No	IV stand	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weighing machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	IV cannula(No.16,18,20,22,24)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> No	IV fluids(NS,DNS,RL,dextrose)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pulse oximeter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood set	<input type="checkbox"/> Yes <input type="checkbox"/> No
O2 mask	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dynaplast	<input type="checkbox"/> Yes <input type="checkbox"/> No
O2 cylinder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sterile water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sterile gloves(No.6,6.5,7, 7.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Syringe(2cc,5cc,10cc,20cc,50cc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Labour table	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney tray	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instrument trolley	<input type="checkbox"/> Yes <input type="checkbox"/> No	Instrument tray	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handrub/Soap	<input type="checkbox"/> Yes <input type="checkbox"/> No	Needle box	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lignocaine jelly	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nasal prongs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Betadine solution	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dustbin(red, yellow, black, blue)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ryle's tube	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nebulisation mask	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stool	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dressing material- Gauze, Cotton, Betadine, Savlon	<input type="checkbox"/> Yes <input type="checkbox"/> No
Platform to keep baby with arrangements to keep it warm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plastic sheets/ McIntosh/ Underpads	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suction machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitary pads/ Sanitary napkins	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foley's catheter (No.14/16)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Uro bag	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plain and EDTA tubes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sterilizer/Autoclave	<input type="checkbox"/> Yes <input type="checkbox"/> No	Display protocols (Magnesium sulphate therapy PPH Management, Hypertensive crisis therapy, AMTSL)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enema can/Neotonic enema	<input type="checkbox"/> Yes <input type="checkbox"/> No		

NST machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ambu's bag	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doppler machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Defibrillator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saturation probe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ultrasound jelly for DC shock	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infusion pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urine dipsticks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crash cart trolley(*Annexure 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electric backup/Generator/ rechargeable battery/Solar lamp	<input type="checkbox"/> Yes <input type="checkbox"/> No
ECG strips-chest leads	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Tray with lid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Red rubber catheter/K90 catheter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Artery forceps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cup (galipot)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kocher's forceps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Forceps (Toothed and non-toothed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gauze	<input type="checkbox"/> Yes <input type="checkbox"/> No	Episiotomy Scissors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allis forceps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Betadine solution	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cord clamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Straight Scissors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pads 10x10cm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anterior vaginal wall retractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Obstetrics Forceps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cotton balls 3x3 cm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sim's speculum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vacuum cup	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney tray	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sponge holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mucous sucker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dry cloth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Needle holder long	<input type="checkbox"/> Yes <input type="checkbox"/> No	Infant feeding tube	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plastic apron	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suture material (Catgut/ Vicryl 1-0/1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medium baby sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mask	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surgeon's gown	<input type="checkbox"/> Yes <input type="checkbox"/> No	Leggings	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inj. Oxytocin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inj. MgSO4(50%/20%)	<input type="checkbox"/> Yes <input type="checkbox"/> No
InjCarbetocin	<input type="checkbox"/> Yes <input type="checkbox"/> No	InjSodabibarbonate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inj. Methyl Ergometrin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inj. Antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inj. Carboprost	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inj. Atropine	<input type="checkbox"/> Yes <input type="checkbox"/> No
InjTranexamic acid	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tab. Nifedipine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inj. Adrenaline	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tab. Misoprostol 200mg, 600gms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inj. Xylocaine(2%)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inj. Antiemetic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inj. Dexamethasone/ Hydrocortisone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inj. Vitamin K	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Checklist maintained weekly		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expiry date of the drugs checked weekly		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Materials kept at easily approachable place		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Blood transfusion safety Checklist**

(Dr Alpesh Gandhi)

1. Indication must be present for blood transfusion. It should never be ordered unless it is worth the risk.
2. It is always better to keep cross matched blood ready for use in nearby blood bank but do not use it without requirement.
3. Group and screen samples used for provision of blood in pregnancy should be of <3 days old. Fresh sample is ideal.
4. Except in emergencies, only stored & screened blood should be used.
5. Blood of 1st relatives / Siblings should not be transfused unless in an emergency.
6. Whole blood has no indication unless blood components are not available.
7. Transfusion of Single unit of blood has not much role.
8. Patient’s past H/O related to BT, indication, reaction to or any complication because of BT should be evaluated, if any.
9. Blood units must not be issued in advance and have to be issued only when requested and required.
10. All planned blood transfusions have to be performed during day time before 6 pm. unless it is an emergency.
11. Cryoprecipitate is transported with ice packs.
12. Platelets should be gently shaking and should not be kept still during transport.
13. Blood received from blood banks can be stored in Freeze but not in a deep freezer.
14. Red cells received should be started within 60 min of leaving controlled storage & completed in maximum 4 hours.
15. Visual inspection of the blood pack is done. Check for any leak, clots, discoloration, turbidity or hemolysis. If any check fails, return the blood to the blood bank.
16. Informed and written consent for transfusion of blood / blood components to be taken. When transfusion of all or specific blood components is refused by a patient or relatives, this should be documented in the patient’s clinical records.
17. The blood bag should be verified by the attending doctor/nurse. This should include full name of patient., blood group and Rh of both the patient & the donor, name of the component, date of tapping, date of expiry, donor reference number, patient’s reference number, date & time of issue, volume etc.
18. ABO, rhesus D (RhD) & K (Kell) compatible red cell units, Platelets, FFP and Cryoprecipitate should be transfused.
19. FFP & cryoprecipitate should ideally be of the same group as the recipient. If unavailable and emergency; FFP of a different ABO group is acceptable provided it does not have a high titre of anti-A or anti-B activity.
20. Platelet concentrates should ideally be of the same ABO group as the recipient. When platelet concentrates are in short supply, administration of ABO-nonidentical platelets is an acceptable practice. If RhD-positive platelets are transfused to a RhD-negative woman of childbearing potential, anti-D immunoglobulin should be administered.
21. The Patient's identification has to be verified.
22. All aseptic precautions have to be taken. Hands have to be washed and sterile gloves should be worn.
23. No 18 or 20 G I.V. Line on forearm / Central line should be taken.
24. Blood is administered with special B.T. administration set with micron filter.
25. Air should not be introduced into the administration set or the blood/blood components bag.
26. Blood warming is usually not required, but it is good to keep the patient warm. If blood warming is required, use

authenticated licensed blood warmer for it.

27. Rate and units to be decided as per indication. Blood has to be started at the slow rate of 1ml/min.
28. Monitor the vitals of the patient on blood/components transfusion. General condition, Pulse rate, Temperature, B.P. and Respiratory rate should be monitored at the beginning, after 15 min of starting of BT, then regularly at every 30 min, at the end of BT and after one hour of completion of blood transfusion. It is good to monitor oxygen saturation level, if Pulse oximeter is available at the beginning, after 15 min of starting of B.T. and at every 30min.
29. Proper hydration is to be maintained when a pt is on BT. Urine output to be monitored.
30. The Monitoring chart has to be filled as per the measurement of monitoring parameters.
31. Following completion of the blood transfusion, post transfusion information has to be documented on the patient's chart.
32. No drug has to be added to the blood or blood product. Medication has to be given from another access, if required.
33. Injection Calcium Gluconate is required when 3 or more units are given in a day.
34. Signs for any blood transfusion reactions or complications should be watched for.
35. Preserve the Blood bag with a label and BT set for a few hours.
36. Blood bag label to be stuck in nurses' note.
37. Dispose the blood bag & BT set as per Hospital Bio-medical waste management guidelines
38. When the blood group is unknown, in an extreme situation, red cells of group "O - ve" can be given (although they may be incompatible for pts with irregular antibodies). In major obstetric haemorrhage, the provision of emergency blood with immediate issue of group O, Rh negative & K negative units, with a switch to group-specific blood as soon as feasible.
39. In the case of simple, urticarial- type reactions with no other symptoms or signs, the patient has to be given antihistamines and the transfusion may be continued at a slower rate.
40. If a patient has an unexpected transfusion reaction, Stop transfusion immediately. Call for Help. Check and monitor vital signs and oxygen saturation. Maintain IV access (Do not flush existing line, change the I.V. Set, maintain IV access with NS and use a new IV line if required). Patient has to be catheterized.
41. Check that the right pack has been given to the right patient. Administer therapy appropriate to the adverse event. Inform the responsible blood bank and senior.

(Reference: RCOG and WHO recommendations)

### Massive Transfusion Protocol (MTP)

- In a patient with massive blood loss, massive transfusion will be required. This patient needs to follow the Massive Transfusion Protocol (MTP).
- The Basic principle of MTP is **to treat aggressively, to prevent refractory coagulopathy and begin resuscitation with blood products as soon as possible**. The use of MTPs facilitates rapid availability of components.
- **Rule of Four (4):** When there is massive haemorrhage or 1st possible sign of DIC, we may need to administer blood products in a ratio of **4 units PRBC: 4 units FFP: 4 units PLT**.
- FFP should be used for volume expansion so that replacement of the clotting factor may be started early. Until FFPs are made available volume expander should be used.
- The replacement therapy is guided by laboratory assessment.
- Platelet count should be maintained above 50000/u. 1 unit of platelet (PRC) raises the platelet count by 6000-10000/u.
- Fibrinogen level should be maintained above 150 mg/dl.
- Maintain Hb above 9.0 g/dL by transfusing red cells.
- Inj. Tranexamic Acid is very useful. It is to be given earlier in time in the proper dose during the bleeding. It can save 10-15% blood loss.

### Monitoring of blood transfusion:

- Symptoms of transfusion reaction like breathlessness, itching, loin tenderness, etc. have to be watched for.
- The following parameters have to be checked after 15 minutes, and if normal, every 30 minutes till 1 hour after

completion of

blood transfusion.

o General condition,

o Temperature,

o Pulse rate

o Blood Pressure &

o Respiratory rate

o Urine Output

o Oxygen saturation is advisable if Pulse Oximeter is available.

o Skin rashes and bleeding from any site has to be noted.

o Colour of urine changes to pink in case of Transfusion reaction

o Oozing from wounds, surgical sites and IV sites should be checked.

### PC PNCT Checklist

(Dr M.C.Patel)

Every Offence Under This act shall be Cognizable, non-bailable and non-Compoundable.

Any deficiency or inaccuracy found in record shall amount to contravention of provisions of the act unless contrary is proved by the person conducting antenatal ultrasonography.

- 1) Registration of the centre is mandatory either as Genetic counseling centre or Genetic laboratory or Genetic clinic and/or Ultrasonography centre or Imaging science centre. NO CENTRE can install sonography machine and perform antenatal sonography WITHOUT REGISTRATION.
- 2) Detail of persons working in centre (name, qualification with medical council registration number) and machines installed (Make, model, Manufacturer) is to be provided.
- 3) One copy of Form B is to be displayed at a conspicuous place at the place of business.
- 4) One should apply for renewal thirty days before the date of expiry of certificate of registration.

In event of failure of the appropriate authority to renew the certificate of registration or to communicate within a period of 90 days from the date of receipt of application for renewal of registration, the certificate of registration shall be deemed to have been renewed.

- 5) Prescribed forms are mandatory to be duly filled and signed:

Form D for Genetic Counseling Centre

Form E for Genetic Laboratory.

Form F in case of Genetic clinic / Ultrasonography centre / Imaging science centre.

Form G in case of Invasive procedure.

You can send specimen for investigation to registered genetic laboratory only

Genetic laboratory can receive specimen from registered centre only

- 6) Declaration of a patient is mandatory as per follow

“I MS.-----declare that by undergoing ultrasonography/image scanning, etc I do not want to know the sex of my foetus”

Signature/Thumb Impression of pregnant woman

Thumb impression is to be identified by proper person

Written consent of pregnant woman is, if one does ultrasound examination or invasive procedure irrespective of gestational age.

- 7) One copy of the report and the form should be given to pregnant woman

- 8) Declaration of person doing Sonography is also mandatory on form F or G (as per case) and on report of sonography/imaging scanning as under

“I Dr.-----declare that while conducting ultrasonography/image scanning on MS.-----, I have neither detected nor disclosed the sex of her foetus to anybody in any manner.”

Signature

- FORM SHOULD BE FILLED UP IN DUPLICATE
  - ONE IS TO BE KEPT FOR OFFICE RECORD.R 9(4)
  - ONE IS TO BE SENT TO THE APPROPRIATE AUTHORITY EVERY MONTH BEFORE 5TH OF NEXT MONTH. R 9(8)
- 9) One can preserve record on computer or any electronic equipment but printed copy of records shall be taken and preserved after authentication by a person responsible for such records
  - 10) Records are to be preserved for two years from the date of completion of date of counseling, prenatal diagnostic procedure or prenatal diagnostic test.  
In event of any legal proceeding till the final disposal of legal proceeding or for two years whichever is later.
  - 11) One copy of respective form is to be submitted to appropriate authority every month before 5th of next month.
  - 12) In Gujarat, authority insists to submit respective form on line in given prescribed period. (within 10 days of next month).
  - 13) Sonography Register having four columns should be maintained i.e
    - 1) Sr. NO,
    - 2) Name and Address of the men or women, given genetic counseling, subjected to prenatal diagnostic procedure or prenatal diagnostic tests,
    - 3) Name of Spouse/Father and
    - 4) Date on which they first reported for such counseling, procedure or test
  - 14) If a patient is referred from outside, reference chit is to be preserved with respective form. If it is self-reference, then copy of case paper is also to be preserved with reference chit with indication/s(made by person advising ultrasound examination) with respective form.
  - 15) Intimation of change of employee, place, address, equipment installed to be intimated at least thirty days in advance of the expected date of such change by person on whose name registration is.
  - 16) If it is not working and is for repair(to be sent outside the registered clinic), permanent non-use, buy back to company, intimate appropriate authority.
  - 17) If it is permanent non-use machine can be disposed off(demolished) in presence of appropriate authority or his representative after due procedure.
  - 18) Every centre shall prominently display on it's premises a notice in English and in the local language or languages for the information of the public, to the effect that disclosure of the sex of foetus is prohibited under law.
  - 19) Copy of bare act- At least one copy, each of the act and these rules shall be available on the premises of every centre and shall be made available to the client on demand for perusal. It should be available in English and in preferably in vernacular language
  - 20) Display doctors' name and designation prominently on the dress worn by him/her to avoid litigation.
  - 21) Always co-operate authority whenever they visit clinic for inspection. Never become panic & excited.
  - 22) Be careful before giving any signature or commission of offence on inspection If sealing of your machine took place, keep record of all papers with valid signature of govt authority in file.
  - 23) Always reply show cause notice in time given by appropriate authority as prescribed in notice (e.g. 7 Or 10 days)
  - 24) Aggrieved person may prefer appeal within 30 days. If one is aggrieved by the decision of Sub district appropriate authority, he can prefer appeal before district appropriate authority. If one is aggrieved by the decision of district appropriate authority, he can prefer appeal before state/UT level appropriate authority.
  - 25) Appeal can be preferred to state government for decision of state appropriate authority and central government for decision of central appropriate authority. One can prefer appeal before Judicial magistrate first class or Metropolitan Magistrate or Sessions Court or High Court or Supreme Court in succession as case may be.

**MTP checklist - MTP act 1971 amended rules 2021**

(Dr. M C Patel)

- Centre must be registered
- Person must be qualified in allopathic system registered with state council register with Post graduate degree, diploma, DNB in Obstetrics and Gynaecology or Graduate in allopathy with prescribed experience can perform it.

**Opinion:**

- Pregnancy: up to 20 wks: one Registered Medical Practitioner in Form I

- (1) Risk to the life of the pregnant woman of grave injury to her physical or mental health
- (2) Risk of child were born physical or mental abnormalities as to be seriously handicapped
- (3) Risk of Pregnancy caused by rape – a grave injury to the mental health of the woman
- (4) Risk Pregnancy due to failure of contraception method by male or female

–unwanted child presumed

– a grave injury to the mental health of the woman.

- From 20 to 24 wks: Two Registered Medical Practitioner in some categories in Form E
- (a) Survivors of Sexual Assault / Rape / Incest
  - (b) Minors
  - (c) Change of marital status during the ongoing pregnancy (widowhood and divorce)
  - (d) Women with physical disabilities [major disability as per criteria laid down under the Rights of Persons with Disabilities Act, 2016.
  - (e) Mentally ill women including mental retardation
  - (f) The foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped
  - (g) Women with pregnancy in humanitarian settings or disaster or emergency situations as may be declared by the Government
- Beyond 24 weeks in fetal anomaly incompatible with life: medical board’s opinion in Form D
  - Beyond 24 weeks: Rape victim with normal pregnancy: writ petition in high court seeking permission of termination of pregnancy
  - Valid consent in Form C is mandatory
  - Necessary records to be sent in prescribed Form II to Chief District Medical Officer in stipulated time.

**Advisory for Postmortem:**

- 1) If one is sure of cause of death, no law can restrict the doctor from giving a death certificate with cause of death.
- 2) If the exact cause of death is not known, it is advisable to request post mortem examination to reach the exact cause of death.
- 3) Consent of relatives of the deceased is not required for post mortem examination, so refusal of relatives should not alter the decision.
- 4) Any kind of writing given by relatives does not give immunity. It does not stand in court of law.
- 5) Inform police. Then the onus of post mortem examination is on the shoulders of the police. If the police refuse to cooperate, one may inform higher police officer or court or magistrate.
- 6) In case of sudden death of a young patient within the four walls of the operation theater or labour room, the burden of proof to prove innocence is on the treating/operating doctor.
- 7) Once police are informed, they will arrange for inquest and panchnama. So it is important to cooperate with them.
- 8) Relatives may also ask for post mortem examination. Always honour their feelings and suffice their demand.
- 9) If Cause of death given by the treating doctor and cause of death given in post mortem examination report is the same then it means that post mortem examination endorses the treating doctor's view.
- 10) If post mortem examination report is contradictory to the report of treating doctor, it can be challenged in court of law by proper documentation of condition of the patient and treatment given.
- 11) In the event of any little dilemma always advise post mortem examination.

**ESSENTIAL SERVICES INFORMATION LISTS:**

**108 Ambulance services**

108 ambulance service is a free service provided in multiple states of India including Gujarat.

When a person dials 108 in India, BSNL forwards the call to the 108 control room (Emergency Response Center) of the state. Each State has just one control room for 108. When the agent at the control room receives the call, he/she has no idea which part of the state the call is from so they ask a series of questions to establish a approximate location. The Questions are, which District, Which Tehsil, Which town/village, which Police station area (if known). With this information the agent makes a determination with is the nearest ambulance. The ambulances are strategically located in the operational district in such a way that the entire district can be covered and any emergency can be addressed in minimum time. Then the dispatch protocol kicks in. The Dispatch is based on a series of landmarks for the driver of the ambulance to find before he/she finds the patient.

Emergency help dispatched through this process is expected to reach the location of the emergency in an average of 18 minutes. Pre-hospital care will be given to patients during transit to hospital. Two types of ambulances are available - Advanced Life support (ALS) and Basic Life support (BLS).

Address and direct contact number in Ahmedabad:

E-block, Civil Hospital Sola, Near High Court, Sola Road, Sola, Indra Government Society, Bhuyangdev Society, Ghatlodiya, Ahmedabad, Gujarat, 380060

PH: 079 2743 2383

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PH: 079 2743 2383

**Other ambulance services in Ahmedabad**

Name	Area	Phone
Vital Care	Chandkheda	(079) 49017962
Care Plus ICU On Wheels	Ghatlodia	(079) 49015324
Krishna Home Healthcare Services (Zydus)	Naranpura	(079) 49014986
Jay Mataji Ambulance Service	Bapunagar	(079) 49017318
Shri Mangalmurti Seva Trust	Krishna Nagar	(079) 49017395
Shre Sai Krupa General Hospital	Odhav	(079) 49014458
Manshi Ambulance Service	Paldi	(079) 49013228
Neel and Nidhi Ambulance Services	Maninagar	(079) 49010428
Jan-Seva	Maninagar	(079) 49017978
Sterling Hospital	Memnagar	(079) 40011155
Apollo Hospitals City Center	Ellis Bridge	(079) 66305800
Civil Hospital	SG Highway	(079) 27664355
GVK Emergency Management	Naroda	(079) 22814896
Rudraksh Hospital	Naroda	(079) 22841717
St Johns Ambulance	Paldi	(079) 26671710
AIMS Ambulance Services	Narayannagar Road	7878797822
Shreeji Ambulance Services	Vejalpur	9825957225
KD Hospital	SG Highway	079 66770001
CIMS Hospital	Science City	1800 309 9999
SAL hospital	Thaltej	099251 95656
SVP Hospital	Ellisbridge	079 2643 5555
Siddhi vinayak Hospital	Maninagar	079 2546 5128
SGVP Hospital	SG Highway	02717 240 001

**Blood Banks in Ahmedabad List**

Every blood bank all over the city has always been willing to assist us readily in emergency situations. From collecting samples, speedy cross matches, and waiving replacements, they are a wall to lean on in a crisis. We include a list of blood banks in Ahmedabad for swift access.

Pan India number: 1910

Indian Red Cross Society: 26650855, 26651833  
 Red Cross: 26651833  
 Karnavati Blood Bank: 27479742, 27415150  
 Prathama Blood Bank: 26611863, 26607762/63  
 Green Cross Help Voluntary Blood Bank: 26577588, 26588824



**Public hospitals and Institutes List**

We are thankful to our institutes, with stalwarts at their helm, who have always supported all our patients, taking on difficult cases, providing backup when required, and keeping our mothers safe. They have always graciously offered their services for the welfare of the women of Ahmedabad, and we greatly appreciate their support.

**LG Medical College**

Phone: 25461380/81/82/83

1. Dr Yamini Trivedi Professor & HOD
2. Dr Dipti shah Professor
3. Dr Megha Patel Professor
4. Dr Raxita Patel Professor
5. Dr Vandana Saini Associate professor
6. Dr Prakash Prajapati Associate professor
7. Dr Kruti Deliwala Associate professor
8. Dr Krishna Jagatia Associate professor
9. Dr Munjal Pandya Assistant professor
10. Dr Mittal Bhabhor Assistant professor
11. Dr Janki Pandya Assistant professor
12. Dr Ashish Varma Assistant professor

**Sola Medical College**

Phone: 27664359/27664355

1. Dr. Vijay .M. Kansara HOD and Associate
2. Dr. Pallavi Ninama Associate Professor
3. Dr. Shilpa Gupta Associate Professor
4. Dr. Latika Mehta Associate Professor
5. Dr. Swati Patel Assistant Professor
6. Dr. Archana Sisodia Assistant Professor
7. Dr. Juhi Patel Assistant Professor
8. Dr. Rama Dalal Assistant Professor
9. Dr. Ankit Taviyad Assistant Professor
10. Dr. Spruha Thakkar Assistant Professor

**BJ Medical College**

Phone: 22683721-26 , 22683731

**MONDAY**

- Dr. A. U. Mehta HOD  
 Dr. Prerak Associate Professor  
 Dr. Shirish Toshamwal Senior Assistant Professor  
 Dr. Dara Rathod Junior Assistant Professor

**TUESDAY**

- Dr. Ajesh Desai HOD  
 Dr. Shital Kapadia Associate Professor  
 Dr. Sugandha Patel Senior Assistant Professor  
 Dr. Preeti Chawla Junior Assistant Professor

**WEDNESDAY**

- Dr. Tejal Patel HOD  
 Dr. Guntant Vaishnav Associate Professor  
 Dr. Hafsa Vohra Senior Assistant Professor  
 Dr. Heeta Mehta Junior Assistant Professor

**THURSDAY**

- Dr. Mahima Jain HOD  
 Dr. Amrita Patel Associate Professor

**FRIDAY**

- Dr. Heena Oza HOD

Dr. Rinky Agrawal Associate Professor

**SATURDAY**

- Dr. Tushar Shah HOD  
 Dr. Pravin Jadav Associate Professor  
**Shardaben Hospital**  
 Phone: 22924261/62/63/64

GUA

- Dr Arti J Patel Head Of Unit  
 Dr Jayun M Joshi Associate Professor  
 Dr Bhavna N Mevada Assistant Professor  
 GUB

- Dr. Rajal V Thakar Head Of Unit  
 Dr. Jagruti M Shah Associate Professor  
 Dr Tejal N Kansara Assistant Professor  
 GUC

- Dr. Samipa J Shah Head Of Unit  
 Dr. Vaishali P Panchal Associate Professor  
 Dr Maulesh Modi Assistant Professor

**SVP VS Consultants**

**UNIT A**

- Professor And HOD Dr. Parul T Shah  
 Associate Professor Dr. Rina V. Patel  
 Assistant Professor Dr. Payal P Panchal

**UNIT B**

- Professor Dr. Sushma R. Shah  
 Associate Professor Dr. Ami V. Mehta  
 Assistant Professor Dr. Bina M Raval

**UNIT C**

- Professor Dr. Pushpa A. Yadav  
 Associate Professor Dr. Shital T. Mehta  
 Assistant Professor Dr. Shashwat K Jani

**UNIT D**

- Professor Dr. Babulal S. Patel  
 Associate Professor Dr. Akshay C. Shah  
 Assistant Professor Dr. Purvi M Parikh

**UNIT E**

- Professor Dr. Sapna R. Shah  
 Associate Professor Dr. Rupa C. Was  
 Assistant Professor Dr. Devangi Munshi

**VS**

Phone: 26577621 to 626

**Unit A** Dr. Sweety Bhuriya Chauhan

**Unit B** Dr. Prince Parikh

**Unit C** Dr. Raxit Patel

**Unit D** Dr. Rubi Mehta

**Unit E** Dr. Parsis Parmar

**GCS MEDICAL COLLEGE**

- Dr Hareesh U Doshi Professor and head of the department  
 Dr Pooja Singh Professor (HOU unit 2)  
 Dr Divyesh Panchal Professor (HOU Unit 3)  
 Dr Jaishreee Bamaniya Professor  
 Dr Kanupriya Singh Associate Professor  
 Dr Ami Shah Associate Professor  
 Dr Nisha Chakraborty Associate Professor  
 Dr Shikha Jain Associate Professor  
 Dr Mohit Shah Associate Professor  
 Dr Priyanka Tambi Associate Professor  
 Dr Hetal Bhakhar Associate Professor

**Referral Slip**

When referring patients to tertiary care centers/ institutes, doctors are requested to use this referral slip prepared by the Health Ministry, Government of India.

*Maternal and Newborn Health Toolkit*

**Referral slip**

**Referral slip**

Name of the referring facility:

Address:

Telephone:

Name of the patient: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs: \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact no. \_\_\_\_\_

Referred on \_\_\_/\_\_\_/\_\_\_ (d/m/yr) at \_\_\_\_\_ (time) to \_\_\_\_\_

\_\_\_\_\_ (Name of the facility) for management.

Provisional Diagnosis:

Admitted in the referring facility on \_\_\_/\_\_\_/\_\_\_ (d/m/yr) at \_\_\_\_\_ (time) with chief complaints of:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Summary of management (Procedures, Critical interventions, drugs given for management):

- Blood group:
- Hb:
- Urine R/E:
- Others

Condition at time of referral:

Consciousness: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Others (specify): \_\_\_\_\_

Information on referral provided to the institution referred to: Yes/No

If yes, then name of the person spoken to: \_\_\_\_\_

Mode of transport for referral: Govt./PPP/Vehicle arranged by patient:

Signature of Referring physician/Health functionary  
(Name/Designation/Stamp)

**Display Boards :** These are sample display boards. we request our members to have these displayed in their hospitals to send a clear message to miscreants.

ડૉક્ટરો ના રક્ષણ માટેના કાયદાઓ અને સજા		
રુલ	IPC	સજા
ડૉક્ટર ઉપર હુમલો	332,333	૩-૧૦ વર્ષ જેલ
ડૉક્ટર ને ધાક-ધમકી	506	૩-૭ વર્ષ જેલ
ડૉક્ટર સાથે ખરાબ ભાષામાં વાત કરવી	504	૨ વર્ષ જેલ
ડૉક્ટર કે સ્ટાફ સાથે ખરાબ વર્તન	504	૨ વર્ષ જેલ
હોસ્પિટલની / ડૉક્ટરની માલ-મિલકત કે સાધન-સામગ્રીને નુકશાન	427	૩ વર્ષની જેલ અને નુકશાની ના ત્રણ ઘણા પૈસા
હોસ્પિટલમાં બળબરી પૂર્વક દાખલ થવું	141,143	૬ મહીના ની જેલ

## કાનૂની ચેતવણી

ડૉક્ટર ઉપર કે સ્ટાફ ઉપર હુમલો કે તેમની માલ મિલકત ને તોડફોડ કે નુકશાન કરવું તે કાયદેસરનો બીન જામીન પાત્ર ગુનો છે.

જેની આપને IPC ના કાયદા મુજબ છ મહિનાથી માંડીને ૩ થી ૧૦ વર્ષ સુધીની જેલ પણ થઈ શકે છે.

યાદ રાખો : આપ સૌ CCTV કેમેરાની નજરમાં છો.

આવા હુમલા બદલ અમે આપ ઉપર પોલીસ કેસ કરતા એક મીનીટ પણ અચકાશું નહીં.

**List of Private Multispeciality Hospitals in Ahmedabad**

This is a comprehensive list of multispecialty tertiary care institutes that are well equipped and capable of handling complicated cases in emergency situations.

No.	Name	Address	Phone
01	Ahmedabad Institute of Medical Sciences (AIMS)	Paldi	078787 97819
02	Apollo Hospital City Center	Ambawadi	1860 500 4916
03	Arham ICU and Trauma center	Nava Vadaj	9998972844
04	Artham Multispecialty hospital	Ambawadi	079 2630 6401
05	BAPS hospital	Shahibag	079 2562 9000
06	Bodyline hospitals	Paldi	076980 03120
07	CIMS hospital	Sola	1800 309 9999
08	DHS multispecialty hospital	Gurukul	090816 10444
09	HCG hospitals	Ellisbridge	063588 88815
10	Jankalyan hospitals	Ghodasar	7947067619
11	Jivraj Mehta Hospital	Paldi	7926639839
12	KD hospital	SG Highway	079 6677 0000
13	Krishna Shalby hospitals	Ghuma	098250 22188
14	Medilink hospital	Satellite	079 4024 1000
15	Narayana Multispecialty hospital	Rakhiyal	1800 309 0309
16	Narol ICU and Multispecialty hospital	Narol Vatva Road	079 2573 3133
17	Nidhi Multispecialty hospital	Navrangpura	079 4023 2121
18	Parekhs Hospital	Satellite	079 4021 9999
19	Rajasthan hospital	Shahibag	063599 72659
20	SAL Hospital	Thaltej	099251 95656
21	Samved hospital	Navrangpura	079 2642 0285
22	Sanjivani hospital	Vastrapur	079 2630 6341
23	Saraswati hospitals	Bopal	098254 45409
24	Sardar Patel Hospital	Maninagar	795430540
25	SGVP holistic hospital	SG Highway	02717 240 001
26	Shalby hospital	SG Highway	079 4020 3000
27	Shalby hospitals Naroda	Naroda	099134 60101
28	Siddhivinayak hospital	Maninagar	079 2546 5128
29	Sterling Hospital	Memnagar	079 4001 1111
30	Sushrusha Hospital	Mithakali	9824360987
31	Zydus hospital	SG Highway	079 6619 0201

**List of Police Stations in Ahmedabad City**

Ahmedabad police department has always been a major part of our support system. They have made their mark on the citizens of Ahmedabad with their calm demeanor, fair hearing in all situations, and quick and speedy response. They have been our allies not just when it comes to law enforcement, but also as part of our CSR programs. Our cervical cancer screening camp received overwhelming support from all Police members, inspite of COVID. We are grateful for their constant and ever-present cooperation.

We are including a list of Police stations in Ahmedabad and Gandhinagar for your kind reference. Our Police Department is always ready to assist.

હોલો	કોડ	કચેરી	ફેક્સ
પોલીસ કમિશ્નર	૦૭૯	૨૫૬૩૩૬૩૬	૨૫૬૩૦૬૦૦
સંયુક્ત/અધિક પોલીસ કમિશ્નર સેક્ટર-૧	૦૭૯	૨૫૬૩૩૭૩૭	૨૫૬૩૦૬૦૦
નાયબ પોલીસ કમિશ્નર શ્રી ઝોન-૧	૦૭૯	૨૫૬૩૬૩૭૦૮	૨૫૬૪૯૧૯૩
મદદનીશ પોલીસ કમિશ્નર શ્રી એ ડીવીઝન	૦૭૯	૨૪૪૭૬૬૫૬	-
પોલીસ ઇન્સ્પેક્ટર વસ્ત્રાપુર પો.સ્ટે	૦૭૯	૨૬૮૫૧૯૦૨	-
પોલીસ ઇન્સ્પેક્ટર સોલા પો.સ્ટે	૦૭૯	૨૭૬૬૨૯૬૦	-
પોલીસ ઇન્સ્પેક્ટર ઘાટલોડીયા પો.સ્ટે	૦૭૯	૨૪૬૯૭૩૮	-
મદદનીશ પોલીસ કમિશ્નર બી ડીવીઝન	૦૭૯	૨૪૮૨૩૬૨	-
પોલીસ ઇન્સ્પેક્ટર નારણપુરા પો.સ્ટે	૦૭૯	૨૭૬૪૪૫૮૫	-
પોલીસ ઇન્સ્પેક્ટર વાડજ પો.સ્ટે	૦૭૯	૨૭૬૪૬૯૪૯	-
પોલીસ ઇન્સ્પેક્ટર નવરંગપુરા પો.સ્ટે	૦૭૯	૨૬૪૪૦૬૯૮	૨૬૪૪૫૨૩૧
પોલીસ ઇન્સ્પેક્ટર સાબરમતી રીવર ક્રસ્ટ વેસ્ટ	૦૭૯	૨૬૫૭૫૬૪૭	-
પોલીસ ઇન્સ્પેક્ટર ગુજરાત યુનિ. પો.સ્ટે	૦૭૯	૨૬૩૦૫૪૭૮	૨૬૩૦૪૬૬૩
મદદનીશ પોલીસ કમિશ્નર એમ ડીવીઝન	૦૭૯	૨૬૮૨૦૯૩૨	-
પોલીસ ઇન્સ્પેક્ટર વેજલપુર પો.સ્ટે	૦૭૯	૨૬૮૧૦૬૧૪	૨૬૮૨૦૫૫૮
પોલીસ ઇન્સ્પેક્ટર ચેલીસબ્રીજ પો.સ્ટે	૦૭૯	૨૬૫૭૮૨૦૨	૨૬૫૮૨૭૮૪
પોલીસ ઇન્સ્પેક્ટર સરખેજ પો.સ્ટે	૦૭૯	૨૬૮૧૩૮૫	-
મદદનીશ પોલીસ કમિશ્નર એન ડીવીઝન	૦૭૯	૨૬૮૬૦૧૩૫	-
પોલીસ ઇન્સ્પેક્ટર સેટેલાઈટ પો.સ્ટે	૦૭૯	૨૬૮૬૦૩૩૩	૨૬૮૬૧૩૩૩
પોલીસ ઇન્સ્પેક્ટર આનંદનગર પો.સ્ટે	૦૭૯	૨૬૭૬૨૨૫૦	-
પોલીસ ઇન્સ્પેક્ટર પાલડી પો.સ્ટે	૦૭૯	૨૬૬૪૫૫૩૦૦	-
નાયબ પોલીસ કમિશ્નર શ્રી ઝોન-૨	૦૭૯	૨૫૫૦૧૯૩૭	૨૫૫૦૬૫૪૫
મદદનીશ પોલીસ કમિશ્નર એલ ડીવીઝન	૦૭૯	૨૭૦૫૪૪૦૦	૨૭૦૫૮૪૦૦
પોલીસ ઇન્સ્પેક્ટર સાબરમતી પો.સ્ટે	૦૭૯	૨૭૯૧૭૮૮૭	૨૭૯૧૭૯૬૬
પોલીસ ઇન્સ્પેક્ટર રાણીપુર પો.સ્ટે	૦૭૯	૨૭૫૨૬૬૬૬	-
પોલીસ ઇન્સ્પેક્ટર ચાંદખેડા પો.સ્ટે	૦૭૯	૨૩૨૯૧૨૭૬	-
પોલીસ ઇન્સ્પેક્ટર માધવપુરા પો.સ્ટે	૦૭૯	૨૫૬૩૨૧૦૦	૨૫૬૩૨૬૯૪
પોલીસ ઇન્સ્પેક્ટર સાબરમતી રીવર વેસ્ટ પો.સ્ટે	૦૭૯	૨૬૮૨૦૯૨૪	-
મદદનીશ પોલીસ કમિશ્નર "સી" ડીવીઝન	૦૭૯	૨૫૫૦૨૦૩૮	-
પોલીસ ઇન્સ્પેક્ટર શાહપુર પો.સ્ટે	૦૭૯	૨૫૬૦૦૫૪૫,	-
પોલીસ ઇન્સ્પેક્ટર કાંચંજી પો.સ્ટે	૦૭૯	૨૫૫૦૭૫૮૦	-
નાયબ પોલીસ કમિશ્નર શ્રી ઝોન-૩	૦૭૯	૨૨૧૬૨૧૧૪	-
મદદનીશ પોલીસ કમિશ્નર ડી ડીવીઝન	૦૭૯	૨૨૧૪૦૭૬૩	-
પોલીસ ઇન્સ્પેક્ટર કાલુપુર પો.સ્ટે	૦૭૯	૨૨૧૨૨૮૭૦	-
પોલીસ ઇન્સ્પેક્ટર શહેરકોટડા પો.સ્ટે	૦૭૯	૨૨૯૨૭૦૭૨	૨૨૯૨૫૩૩૮
મદદનીશ પોલીસ કમિશ્નર "ઇ" ડીવીઝન	૦૭૯	૨૫૫૦૬૩૩૧	-
પોલીસ ઇન્સ્પેક્ટર ખાડીયા પો.સ્ટે	૦૭૯	૨૨૧૪૨૮૨૮	-
પોલીસ ઇન્સ્પેક્ટર ગા.હવેલી પો.સ્ટે	૦૭૯	૨૫૩૯૨૬૪૭	૨૫૩૯૨૬૪૭
સંયુક્ત/અધિક પોલીસ કમિશ્નર સેક્ટર-૨	૦૭૯	૨૫૪૬૨૨૩૨	૨૫૪૬૨૧૬૧
નાયબ પોલીસ કમિશ્નર શ્રી ઝોન-૪	૦૭૯	૨૨૮૬૨૬૮૮	૨૨૮૬૦૪૦૩
મદદનીશ પોલીસ કમિશ્નર "એફ" ડીવીઝન	૦૭૯	૨૨૧૩૭૫૬૧	૨૨૧૬૨૨૦૫
પોલીસ ઇન્સ્પેક્ટર દરીયાપુર પો. સ્ટે	૦૭૯	૨૨૧૬૦૯૦૬	૨૨૧૩૫૭૦૧
પોલીસ ઇન્સ્પેક્ટર શાહીબાગ પો.સ્ટે	૦૭૯	૨૨૮૬૮૦૨૫	-
મદદનીશ પોલીસ કમિશ્નર જી ડીવીઝન	૦૭૯	૨૨૮૬૨૫૩૩	-
પોલીસ ઇન્સ્પેક્ટર સરદારનગર પો.સ્ટે	૦૭૯	૨૨૮૬૪૩૪૫	-
પોલીસ ઇન્સ્પેક્ટર નરોડા પો.સ્ટે	૦૭૯	૨૨૮૨૧૪૮૦	-
પોલીસ ઇન્સ્પેક્ટર કૃષ્ણ નગર પો.સ્ટે	૦૭૯	૨૨૮૨૧૪૫૧	-
પોલીસ ઇન્સ્પે મેઘાણીનગર પો.સ્ટે	૦૭૯	૨૨૬૮૧૫૫૫	-
નાયબ પોલીસ કમિશ્નર ઝોન-૫	૦૭૯	૨૨૭૭૧૨૧૬	-
મદદનીશ પોલીસ કમિશ્નર એચ ડીવીઝન	૦૭૯	૨૨૭૪૦૨૫૫	-
પોલીસ ઇન્સ્પેક્ટર ગોમતીપુર પો.સ્ટે	૦૭૯	૨૨૯૪૧૬૨૧	-
પોલીસ ઇન્સ્પેક્ટર બાપુનગર પો.સ્ટે	૦૭૯	૨૨૭૦૦૫૮૫	-
પોલીસ ઇન્સ્પેક્ટર રમીયાલ પો.સ્ટે	૦૭૯	૨૨૭૪૩૬૦૯	૨૨૩૩૬૦૦
મદદનીશ પોલીસ કમિશ્નર આઇ ડીવીઝન	૦૭૯	૨૨૭૪૭૨૧૧	-
પોલીસ ઇન્સ્પેક્ટર ઓઢવ પો.સ્ટે	૦૭૯	૨૨૯૭૧૭૧૮	-
પોલીસ ઇન્સ્પેક્ટર ભિઝોલ પો.સ્ટે	૦૭૯	૨૨૯૨૬૬૪૭	-
પોલીસ ઇન્સ્પેક્ટર અમરાઇવાડી પો.સ્ટે	૦૭૯	૨૨૭૩૨૩૩૨	૨૭૭૦૨૮૦
પોલીસ ઇન્સ્પેક્ટર ખોબરા પો.સ્ટે	૦૭૯	૨૨૭૬૧૧૬૮	-

પોલીસ ઇન્સ્પેક્ટર રામોલ પો.સ્ટે	૦૭૯	૨૫૮૫૦૩૦૦	-
નાયબ પોલીસ કમિશ્નર ઝોન-૬	૦૭૯	૨૫૪૫૦૩૬૬	૨૫૪૬૬૬૯૨
મદદનીશ પોલીસ કમિશ્નર જે ડીવીઝન	૦૭૯	૨૫૪૬૪૫૪૯	-
પોલીસ ઇન્સ્પેક્ટર વટવા પો.સ્ટે	૦૭૯	૨૫૭૧૦૦૭૪	-
પોલીસ ઇન્સ્પેક્ટર મણીનગર પો.સ્ટે	૦૭૯	૨૫૪૬૦૦૮૯	-
પોલીસ ઇન્સ્પેક્ટર વટવા GIDC પો.સ્ટે	૦૭૯	૨૫૮૩૦૦૦૪	-
પોલીસ ઇન્સ્પેક્ટર ઇસનપુર પો.સ્ટે	૦૭૯	૨૫૪૩૦૧૮૦	-
મદદનીશ પોલીસ કમિશ્નર કે ડીવીઝન	૦૭૯	૨૫૪૫૩૬૦૯	-
પોલીસ ઇન્સ્પેક્ટર દાણીલીમડા પો.સ્ટે	૦૭૯	૨૫૩૨૦૧૫૩	૫૩૩૦૧૮૪
પોલીસ ઇન્સ્પેક્ટર કાગડાપીઠ પો.સ્ટે	૦૭૯	૨૫૪૬૬૬૧૦	૨૫૪૫૪૪૪૬

**શહેર કાઇમ બ્રાન્ચ**

હોલો	કોડ	કચેરી	ફેક્સ નંબર
સંયુક્ત/અધિક પોલીસ કમિશ્નર કાઇમ બ્રાન્ચ	૦૭૯	૨૫૩૯૮૮૦૦	-
નાયબ પોલીસ કમિશ્નર કાઇમ બ્રાન્ચ	૦૭૯	૨૫૩૨૦૬૬૪	૨૬૨૯૭૩૧૧
મદદનીશ પોલીસ કમિશ્નર કાઇમ બ્રાન્ચ	૦૭૯	-	-
મદદનીશ પોલીસ કમિશ્નર એસઆઇ	૦૭૯	૨૬૮૨૩૦૨૨	-
મદદનીશ પોલીસ કમિશ્નર સાયબર કાઇમ સેલ	૦૭૯	-	-
પોલીસ ઇન્સ્પેક્ટર એમ.ઓ.બી	૦૭૯	-	-
મહીલા પોલીસ સ્ટેશન(ઇસ્ટ)	૦૭૯	૨૨૮૬૨૩૬૬	૨૬૫૬૦૨૩૩
કાઇમ બ્રાન્ચ પીએસઓ	૦૭૯	૨૫૩૯૮૫૪૯	-
મહીલા પોલીસ સ્ટેશન(વેસ્ટ)	૦૭૯	૨૬૩૦૦૦૭૪	૨૬૩૦૩૭૦૨

**શહેર વિશેષ શાખા (સ્પેશિયલ બ્રાન્ચ)**

હોલો	કોડ	કચેરી	ફેક્સ
સંયુક્ત/અધિક પોલીસ કમિશ્નર વિશેષ શાખા	૦૭૯	૨૫૬૩૩૪૦૦	-
મદદનીશ પોલીસ કમિશ્નર વિશેષ શાખા	૦૭૯	૨૫૬૩૩૧૦૦	-
મદદનીશ પોલીસ કમિશ્નર ઇમીગ્રેશન	૦૭૯	૨૫૬૩૦૫૦૦	-
મદદનીશ પોલીસ કમિશ્નર ક્રોમ સેલ	૦૭૯	-	-
મદદનીશ પોલીસ કમિશ્નર સેફ્ટર-૨ (ફિલ્ડ ઓફિસ)	૦૭૯	૨૫૬૩૩૧૦૦	-

**એડમીનીસ્ટ્રેશન**

હોલો	કોડ	કચેરી	ફેક્સ
સંયુક્ત/અધિક પોલીસ કમિશ્નર વહીવટ	૦૭૯	૨૫૬૩૩૫૩૫	૨૫૬૩૦૬૦૦/૭૦૦
નાયબ વહીવટી અધિકારી	૦૭૯	-	૨૫૬૩૦૬૦૦/૭૦૦
કચેરી અધિક્ષક તપાસ	૦૭૯	૨૫૬૨૬૬૫૮	૨૫૬૩૦૬૦૦/૭૦૦
કચેરી અધિક્ષક હિસાબી	૦૭૯	૨૫૬૨૮૬૫૭	૨૫૬૩૦૬૦૦/૭૦૦
નાયબ નિયામક એકાઉન્ટ	૦૭૯	૨૫૬૨૦૦૫૪	૨૫૬૩૦૬૦૦/૭૦૦

**પોલીસ મુખ્યમથક (હેડ ક્વાર્ટર)**

હોલો	કોડ	કચેરી	ફેક્સ
સંયુક્ત પોલીસ કમિશ્નર મુખ્યમથક	૦૭૯	૨૫૬૩૩૧૩૧	-
મદદનીશ પોલીસ કમિશ્નર મુખ્યમથક	૦૭૯	૨૫૬૩૩૭૦૦	-
મદદનીશ પોલીસ કમિશ્નર તાલીમ	૦૭૯	૨૫૬૨૫૨૯૫	-
પો.ઇન્સ મુખ્યમથક	૦૭૯	૨૫૬૨૭૧૮૭	-
પો.ઇન્સ વહીવટ	૦૭૯	૨૫૬૨૦૫૨૯	-
પો.ઇન્સ પોલીસ બેન્ક	૦૭૯	૨૫૬૨૭૧૮૭	-
પો.ઇન્સ ઘોડેસવાર	૦૭૯	૨૫૬૨૭૧૮૭	-
પો.ઇન્સ ડોગસ્કોડ	૦૭૯	૨૨૮૧૦૦૧૯	-
પો.ઇન્સ વાયરલેસ	૦૭૯	૨૫૬૩૦૧૧૬	-
પો.ઇન્સ એમ.ટી સેકશન	૦૭૯	૨૫૬૩૩૮૦૦	-
પો.ઇન્સ વેલ્ફર	૦૭૯	૨૫૬૨૦૦૬૮	-
પો.ઇન્સ તાલીમ	૦૭૯	૨૫૬૨૭૧૮૭	-
મદદનીશ પોલીસ કમિશ્નર વહીવટ	૦૭૯	૨૫૬૩૨૦૩૩	-

**શહેર ટ્રાફિક શાખા**

હોલો	કોડ	કચેરી	ફેક્સ
સંયુક્ત / અધિક પોલીસ કમિશ્નર ટ્રાફિક શાખા	૦૭૯	૨૫૬૩૩૨૩૨	-
નાયબ પોલીસ કમિશ્નર, ટ્રાફિક શાખા	૦૭૯	૨૨૧૧૦૪૦૪	-
મદદનીશ પોલીસ કમિશ્નર ટ્રાફિક શાખા	૦૭૯	૨૫૬૫૧૯૫	-
પો.ઇન્સ લાયસન્સ બ્રાન્ચ	૦૭૯	૨૫૬૨૦૧૬૦	-

**શહેર કંટ્રોલરૂમ**

હોલો	કોડ	કચેરી	ફેક્સ
નાયબ પોલીસ કમિશ્નર, કંટ્રોલરૂમ	૦૭૯	૨૫૬૨૦૧૩૭	-
પો.ઇન્સપેક્ટર કંટ્રોલરૂમ	૦૭૯	૨૫૬૩૦૧૦૦/૨૦૦	૨૫૬૩૦૬૦૦
પી.આર.ઓ	૦૭૯	૨૫૬૩૩૩૩૩	-

અમદાવાદ શહેરના અધિકારીશ્રીઓ તથા પોલીસ સ્ટેશનોના ઈ-મેલ એડ્રેસ:-

Commissioner of Police				cp-ahd@gujarat.gov.in			
Joint C.P.- Spl. Br.	jcp-sb-ahd@gujarat.gov.in	ADDL. C.P. -ADMIN	acp-admin-ahd@gujarat.gov.in	Chandkheda police station	polstn-chandkh-ahd@gujarat.gov.in	Paldi police station	Polstn-paldi-ahd@gujarat.gov.in
Joint C.P - Crime	jcp-crime-ahd@gujarat.gov.in	DCP - Crime	dcp-crime-ahd@gujarat.gov.in	Danilimada police station	polstn-dani-ahd@gujarat.gov.in	Rakhiyal police station	polstn-rakhi-ahd@gujarat.gov.in
ADDL. C.P - H.Q.	acp1-hq-ahd@gujarat.gov.in	Joint. CP - Sector II	acp-s2-ahd@gujarat.gov.in	Dariyapur police station	polstn-dari-ahd@gujarat.gov.in	Ramol police station	polstn-ramol-ahd@gujarat.gov.in
Joint. CP SECTOT-I	acp-s1-ahd@gujarat.gov.in	DCP ZONE-4	dcp4-ahd@gujarat.gov.in	Ellisbridge police station	polstn-ellis-ahd@gujarat.gov.in	Ranip police station	polstn-ranip-ahm@gujarat.gov.in
DCP ZONE-1	dcp-ahd@gujarat.gov.in	DCP ZONE-5	dcp5-ahd@gujarat.gov.in	Ghatlodiya police station	polstn-gat-ahd@gujarat.gov.in	Sabarmati police station	polstn-sabar-ahd@gujarat.gov.in
DCP ZONE-2	dcp2-ahd@gujarat.gov.in	DCP ZONE-6	dcp6-ahd@gujarat.gov.in	G'Haveli police station	polstn-gayak-ahd@gujarat.gov.in	Sabarmati River Front East police station	polstn-sabeast-ahd@gujarat.gov.in
DCP ZONE-3	dcp3-ahd@gujarat.gov.in	ADDL CP - Traffic	adcp-traffic-ahd@gujarat.gov.in	Gomtipur police station	polstn-gomti-ahd@gujarat.gov.in	Sabarmati River Front West police station	polstn-sabwest-ahd@gujarat.gov.in
DCP - Control	dcp-control-ahd@gujarat.gov.in	ACP - F Div	acp-df-ahd@gujarat.gov.in	Gujarat University police station	polstn-gujuni-ahd@gujarat.gov.in	Sardarnagar police station	polstn-sardar-ahd@gujarat.gov.in
ACP - A Div.	acp-da-ahd@gujarat.gov.in	ACP - G Div.	acp-dg-ahd@gujarat.gov.in	Ishanpur police station	polstn-isanpur-ahd@gujarat.gov.in	Sarkhej police station	polstn-skj-ahd@gujarat.gov.in
ACP - B Div.	acp-db-ahd@gujarat.gov.in	ACP - H Div.	acp-dh-ahd@gujarat.gov.in	Kagdapith police station	polstn-kagdap-ahd@gujarat.gov.in	Satellite police station	polstn-sat-ahd@gujarat.gov.in
ACP - L Div.	acp-dl-ahd@gujarat.gov.in	ACP - I Div.	acp-di-ahd@gujarat.gov.in	Kalupur police station	polstn-kalu-ahd@gujarat.gov.in	Shaherkotda police station	polstn-sher-ahd@gujarat.gov.in
ACP - C Div.	acp-dc-ahd@gujarat.gov.in	ACP - J Div.	acp-dj-ahd@gujarat.gov.in	Karanj police station	polstn-kar-ahd@gujarat.gov.in	Shahibaug police station	polstn-shaibhaug-ahd@gujarat.gov.in
ACP - D Div.	acp-dd-ahd@gujarat.gov.in	ACP - K Div.	acp-dk-ahd@gujarat.gov.in	Khadia police station	polstn-asto-ahd@gujarat.gov.in	Shahpur police station	polstn-sha-ahd@gujarat.gov.in
ACP - E Div.	acp-de-ahd@gujarat.gov.in	ACP - L Div.	acp-dl-ahd@gujarat.gov.in	Khokhara police station	polstn-khokhara-ahd@gujarat.gov.in	Sola police station	polstn-sola-ahd@gujarat.gov.in
ACP - M Div.	acp-mdiv-ahd@gujarat.gov.in	ACP - N Div.	acp-ndiv-ahd@gujarat.gov.in	Krushnanagar police station	polstn-krush-ahd@gujarat.gov.in	Vasna police station	polstn-vasna-ahd@gujarat.gov.in
Control Room	cr-city-ahd@gujarat.gov.in			Madhavpura police station	polstn-madhav-ahd@gujarat.gov.in	Vastrapur police station	polstn-vastra-ahd@gujarat.gov.in
Airport police station	polstn-air-ahd@gujarat.gov.in	Naroda police station	polstn-naroda-ahd@gujarat.gov.in	Mahil police station	polstn-mahila-ahd@gujarat.gov.in	Vatva GIDC police station	polstn-vatvagidc-ahd@gujarat.gov.in
Amraiwadi police station	polstn-amrai-ahd@gujarat.gov.in	Narol police station	polstn-narol-ahd@gujarat.gov.in	Maninagar police station	polstn-mani-ahd@gujarat.gov.in	Vatva police station	polstn-vatva-ahd@gujarat.gov.in
ANANDNAGAR police station	polstn-anand-ahd@gujarat.gov.in	Navrangpura police station	polstn-navrang-ahd@gujarat.gov.in	Meghaninagar police station	polstn-megha-ahd@gujarat.gov.in	Vejalpur police station	polstn-vej-ahd@gujarat.gov.in
Bapunagar police station	polstn-bapu-ahd@gujarat.gov.in	Nikol police station	polstn-nikol-ahd@gujarat.gov.in	Narayanpura police station	polstn-naran-ahd@gujarat.gov.in	Wadaj police station	polstn-wadaj-ahd@gujarat.gov.in
Bodakdev police station	polstn-bodak-ahd@gujarat.gov.in	Odhav police station	polstn-odhav-ahd@gujarat.gov.in				

**Gandhinagar Police Stations**

Name	Address	Phone
Sector 21	Near MLA Quarters, Sector-21, Gandhinagar-382021, Gujarat, India	079-23221021, 9998681690
Sector 7	Near Apna Bazar, Sector-6, Gandhinagar-382006, Gujarat, India	079-2327360098, 25136616
Chiloda	Near Chiloda Circle, Chiloda, Gandhinagar	02716 - 23263299, 254 23232
Dahegam	Near Sat Garnala, Dehgam, Gandhinagar	079-232152359, 6021081828
Pethapur	Near ST Stand, Pethapur, Gandhinagar	079-23955542, 9825720423
Dabodha		02716-267533, 9979859243
Rakhiyal	Near P & T, Rakhiyal, Gandhinagar	02764-227023, 9712133311
Kalol City	Near Chawk, Kalol	02764-227022, 9825084301
Kalol Taluka	Mehsana Highway, Kalol	02763-270401, 8238745123
Mansa		079-23971335, 9825753218
Adalaj	Near GEB, Adalaj	079-23230684, 8980044620
Sector 18	Gujarat State Police Bhavan, Sector 18, Gandhinagar	91- 79- 23254344

**Salient Points**

- Along with services from experts, services from members having political, police, media and other organizational influence will also be an important part of the rush team.
- In case of help during a clinical crisis, we suggest to pay reasonable fee to the rush team members.

**Disclaimer**

This is an entirely voluntary service that we wish to provide to our members. The members included are those who have volunteered their services. We are open to expanding the lists. We are also open to including any missing details and important information.

**AOGS Social Security Scheme**

This scheme was started in 2008 with the view of providing safety to our members in a time of crisis.

Eligibility: any eligible AOGS member below the age of 55 years on date of admission.

**Admission fees:**

- Upto 45 years- Rs 2000.
- Between 45-55 years- Rs 2500

AFC: Advance Fraternity Contribution Rs 3000, as a deposit.

DFC: Death Fraternity Contribution Rs 1000 per death.

Administrative charges: Rs 100 per year.

For details please contact AOGS office.

**અગત્યનું**

નં.ડીપી/પીએનડીટી/સૂચના/પ્રસિદ્ધ/કરવા/૪/૨૦૨૨  
એપ્રોપ્રિએટ ઓથોરીટી પીએનડીટી એક્ટ અને  
મુખ્ય જિલ્લા આરોગ્ય અધિકારીની કચેરી,  
જિલ્લા પંચાયત, અમદાવાદ.  
તા.૮.૦૬.૨૦૨૨

પ્રતિ,

પ્રમુખશ્રી / સેક્રેટરીશ્રી,

અમદાવાદ મેડીકલ એસોશીએશન,

અમદાવાદ.

**વિષય : મેડીકલ બુલેટીનમાં પીસી એન્ડ પીએનડીટી એક્ટ બાબતે સૂચના પ્રસિદ્ધ કરવા બાબત.**

ઉપરોક્ત વિષય બાબતે જયભારત સહ જણાવવાનું કે, અમદાવાદ શહેર તથા ગ્રામ્ય વિસ્તારમાં પીસી એન્ડ પીએનડીટી એક્ટ અંતર્ગત રજીસ્ટર્ડ સંસ્થાઓને નીચે દર્શાવ્યા મુજબની જાણ કરતી સૂચના આપના દ્વારા પ્રકાશિત થતા મેડીકલ બુલેટીન અન્ય ગુપ મેસેજ તેમજ મીડીયા માધ્યમથી પ્રસિદ્ધ કરવા વિનંતી છે જેથી તબીબશ્રીઓ આ પ્રકારની ઘટતી ગંભીર ઘટનાઓથી સાવધ રહે.

**પીસી એન્ડ પીએનડીટી એક્ટ બાબતે સૂચના**

જિલ્લા એપ્રોપ્રિએટ ઓથોરીટી (પીસી એન્ડ પીએનડીટી) ને ધ્યાને આવેલ છે કે અમદાવાદના ગ્રામ્ય તેમજ શહેરી વિસ્તારમાં છેલ્લા કેટલાક સમયથી પીસી એન્ડ પીએનડીટી અંતર્ગત રજીસ્ટર્ડ સંસ્થાઓમાં અધિકૃત મેડીકલ ઓફિસર્સ સિવાયના કેટલાક અજાણ્યા ઈસમો યેનકેન પ્રકારના માધ્યમો દ્વારા કે જેઓ પીસી એન્ડ પીએનડીટી કાયદાના દાયરામાં અધિકૃત થયેલ નથી તેઓ પણ ક્લીનિક ઈન્સ્પેક્શનને બહાને મુલાકાત લે છે. જે બાબતે તમામ સંસ્થાઓને સૂચીત કરવાનું કે તેવા અજાણ્યા ઈસમોને કે જેઓ અધિકૃત થયેલ નથી તેઓ ક્લીનિક ઈન્સ્પેક્શન કે ઈન્ટરવ્યુ માટે આગ્રહ કરે તો તુરંત જિલ્લા એપ્રોપ્રિએટ ઓથોરીટી (પીસી એન્ડ પીએનડીટી), જિલ્લા પંચાયત, અમદાવાદ અથવા નજીકના પોલીસ સ્ટેશનને જાણ કરવી.

એપ્રોપ્રિએટ ઓથોરીટી  
પીસી એન્ડ પીએનડીટી એક્ટ અને  
મુખ્ય જિલ્લા આરોગ્ય અધિકારી  
જિલ્લા પંચાયત, અમદાવાદ.

આભાર સહ,

PAST PROGRAMME

CME 19th June 2022



International YOGA Day | 21st June 2022



## NMC ARTICLE

### CPD Credit Hours Mandatory For Renewal of Medical License Every 5 Years for Every Doctor: NMC Draft

New Delhi: Bringing uniformity regarding the rules concerning the existing practice of Continuing Medical Education (CME) for doctors, the Ethics and Medical Registration Board (EMRB) of the National Medical Commission (NMC) has made it Mandatory Professional Development (CPD)

programs and earn at least 30 CPD credit hours every five years.

The submission of the documentation of CPD credit hours is now mandatory for the renewal of the license of the Registered Medical Practitioners (RMPs), specified in the new Draft Registered Medical Practitioner (Professional Conduct) Regulations, 2022.

### EVENTS CALENDAR JULY

- **4th July** : World Congress On Fetal And Maternal Medicine; Amsterdam, Netherlands
- **14th to 17th July** : Global Conference On Updates In Obstetrics & Gynaecology; Hyderabad
- Training Courses : (by University of Schleswig Holstein KIEL, Germany)**
- **21th to 24th July** : Fellowship in minimal invasive surgery (laparoscopy and hysteroscopy); Pune.
- **25th to 27th July** : Fellowship in ART and Reproductive Medicine, hands-on training; Pune.

**Thanks to Dr. Dilip Gadhavi & Team AMA for  
Recognizing Following Doctors of AOGS for Awards**

**Dr. Vilas M. Mehta**  
Obstrecian & Gynaecologist  
DOB : December 1932

#### NAME OF AWARDS

**Dr. Tanumati G. Shah**  
Octogenarian Prize  
for the outstanding services to  
medicine & social service :  
For Woman Above 80 years.

**Dr. Kala Ashok Shah**  
MD-Gynec, DGO, DRCOG (UK),  
FICA (USA)

#### NAME OF AWARDS

**Late Dr. Ashok D. Kanodia-**  
Award for  
Service to Society &  
Mankind

**Dr. Mahesh Gupta**

(M.D.)

#### NAME OF AWARDS

**Late Dr. Piyush V. Patel**  
Award for  
Excellence in Medical Field

**Dr. Ava Desai**

MD, DGO

#### NAME OF AWARDS

**Mrs. Dinaben K. Sanghavi**  
- Excellence in Social  
Medical Field by  
a Lady Doctor Award

## CONGRATULATIONS

**to Dr. Arti Patel & Dr. Sapana Shah for  
Book launch  
Event at Gujarat University**





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Full Fledged Running Hospital with Corporation Granted FORM C on Prime Location at Darpan 5 Roads, Navrangpura, Ahmedabad.

Land Area 700 Sq Yards

Built up area:

Ground Floor : 2871 sq ft

First Floor : 2735 sq ft

Garage Shed : 480 sq ft

Garden Area : 365 sq ft

Consulting rooms, Waiting rooms, Operation Theaters, Patient special rooms, spacious with excellent ambience

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**SNEH**  
WOMEN'S HOSPITAL  
& IVF CENTRE

WESTERN INDIA  
**1st**  
"MATCH WITNESS  
SYSTEM"

Now  
Coming  
Soon  
in  
Bopal



HELPLINE NO.: 7048331000

**MANINAGAR** : Sneh Hospital Road, Between Hatkeshwar Circle to Seventhday School, Maninagar (E), Ahmedabad-08.

**PRAHLADNAGAR** : 3rd Floor, Sahajanand Palace, Above Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

**BODAKDEV** : 15 Pahelgaon Bungalow, Opp. Akash Tower, Judges Bungalow Road, Bodakdev, Ahmedabad-54.

Now Coming Soon South Bopal Area



#### AWARDS & ACHIEVEMENT OF SNEH HOSPITAL & DOCTOR TEAM

- Awarded as **HEALTHCARE LEADERSHIP AWARDS 2021** for Best Gynecologists & Infertility Specialist in
- Gujarat Awarded as **NATIONAL QUALITY ACHIEVEMENT AWARDS 2021** for Best Ivf & Infertility Surrogacy Centre of Gujarat & Ahmedabad.
- Awarded as "Gujarat NU GAURAV" for work in Healthcare sector by the **CHIEF MINISTER of Gujarat Shri. Vijay Rupani**. The felicitation was done considering extensive work of SNEH HOSPITAL in field of infertility & IVF Treatment across Gujarat we announce proudly that we are the part of "**JOURNEY OF GROWTH & PROSPERITY OF GUJARAT, INDIA**"
- National Healthcare excellence award 2019 held at Delhi in presence of Health Minister of India Best awarded as a best IVF hospital of Gujarat
- Awarded as "**Asia's greatest Brand**" by One of the biggest in the asian subcontinent reviewed by price water house coppers p.l. for the category of asia's greatest 100 brands the year.
- International health care award 2017 & certificate of excellence presented to "**SNEH HOSPITAL & IVF CENTER**" for best upcoming IVF & Women infertility hospital of gujarat
- International health care award 2017 & certificate of excellence presented to most promising surgeon in OBST & Gynac
- The best male infertility specialist & IVF center of india awarded by india healthcare award
- The best women's hospital & IVF center in gujarat by the Golden star healthcare awards

#### OUR TEAM

**Dr. Nisarg Dharaiya** (Director & Chairman)

**Dr. Ushma Patel | Dr. Shetal Deshmukh**

**Dr. Khushali Shah | Dr. Rushi Patel | Dr. Krunal Modi**

#### SERVICES

IVF	3D/4D SONOGRAPHY	PREGNANCY WELLNESS PROGRAM
IUI	INFERTILITY WORKUP	
ICSI	BLASTOCYST CULTURE	
SURGERY	GARBHSANSKAR	MALE INFERTILITY
PGD/PGS	MATERNITY YOGA	(TESA/PESA-MICRO TESE)

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