

AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

AOGS TIMES

॥ ज्ञानम् ॥

APRIL 2024 | VOLUME 01

Motto : Knowledge is Power - Unity is Strength

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TEAM AOGS MESSAGE



Dr. Sunil Shah
President



Dr. Akshay C. Shah
Hon. Secretary

Our beloved AOGS members,

We welcome you all on board a new fresh year with fresh team members. I'm sure you all are dealing with this sweltering summer by enjoying mangoes, watermelon, muskmelon and other specialty summer fruits.

As a team we are planning some special work in the short tenure of one year. Like all our previous brilliant teams we will be organizing CMEs and other academic activities. In addition to academics, we have planned one domestic tour to Kashmir and one international tour, destination will be decided soon. We are also working on organizing a box cricket tournament for Boys and Girls.

There will be more programs as the team settles in and matures. Our AOGS constitution has many grey zones that need to be fixed, and that is one of the main points on my agenda. We have also decided to translate IUI/IVF related consents into Gujarati and will be circulating these amongst our members. In addition, FOGSI consents will also be translated in Gujarati.

We have shifted our office to the brand new location of Dream Icon at Kalgi cross roads, SM road, Ellis bridge. We plan on adding new AOGS members and in turn new AOGS SSS memberships which is a social responsibility for our spouse and family.

We request all AOGS members to participate with enthusiasm and encourage all AOGS activities and make our AOGS one of the best societies in India.



Ahmedabad Obstetrics & Gynaecological Society **MEET OUR TEAM 2024 - 25**



Dr. Sunil Shah
President



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Dr. Akshay C. Shah



President - Elect
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Vice President
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Dr. Premal Shah



Dr. Shashwat Jani



Dr. Viral J. Patel

EX-OFFICIO



Dr. Mukesh Savaliya Dr. Mukesh Patel



Dr. Munjal Pandya

Associate Professor,
NMMC, Ahmedabad

MAKE YOUR MIND YOUR BEST FRIEND



SPIRITUAL TIPS



**बंधुरात्मात्मानस्तस्य येनात्मैवात्माना जितहा ।
अनात्मनस्तु शत्रुत्वे वर्तेतात्मैव शत्रुवत् ॥ 6 ॥**

For the one, who has conquered the mind, mind is the best of the friends; the one who fails to do so, mind will be the greatest enemy.

Mind is one of the sheaths of our human existence, beneath Body and Praan. Many scientific experiments have already proven that our body perceives what our mind thinks. It's the mind that originates our thoughts, and the one who can control these thoughts, or for better, stays unmoved by negative ones, and can think broadly positive ones at his/her will; is the one who can stay in pure and divine bliss...

**जितात्मनः प्रशान्तस्य परमात्मा समाहितः ।
शीतोष्णसुखदुःखेषु तथा मानापमानयोः ॥ ७ ॥**

For one who has conquered the mind, the Supersoul (Paramaatmaa) is already reached, as he has attained tranquillity. To him/her, happiness and sadness, heat and cold, honour and dishonour are all the same.

The one who is now in a consistent state of being in control of his/her thoughts, is the one, for whom pain and pleasure are alike; he/she is the one who stays steady in all circumstances; who is unfazed by anyone's praise or criticism (as he/she knows what he/she is doing is the rightest possible thing in that given frame!) and is the one who has truly achieved 'परम अज्ञं'...

(Shlok 6 and 7 from Adhyaay 6 – Dhyaan Yog from Bhagvad-Gita)

- **Munjal Pandya**



FINANCIAL TIPS

DR. BHAVIT SHAH

MD (GYNAECOLOGIST), ENDOSCOPIC SURGEON
CFP : CERTIFIED FINANCIAL PLANNER

TOPIC : PPF & NPS

"An investment in knowledge pays the best interest."- Benjamin Franklin

PUBLIC PROVIDENT FUND (PPF)

- PPF, a government-backed savings scheme in India, offers a secure avenue for long-term investment with attractive tax benefits.
- PPF serves as a prudent choice for doctors seeking to build a reliable financial cushion for their future endeavors, retirement, and unforeseen expenses. Understanding the nuances of PPF can empower doctors to make informed decisions regarding their financial well-being and secure their financial future effectively.

1. Eligibility:

- Any resident individual, including minors
- with a guardian, can open a PPF account. Nonresident Indians (NRIs) are not eligible to open a PPF account.

2. Duration:

- PPF has a maturity period of 15 years, which can be extended in blocks of 5 years indefinitely.

3. Investment Limit:

- Investors can deposit a minimum
- of Rs. 500 and a maximum of Rs. 1.5 lakh per financial year in their PPF account.

4. Interest Rate:

- The interest rate on PPF is set by the government and is subject to change periodically. It is typically higher than the interest rates offered by savings accounts and fixed deposits. The interest is compounded annually.

5. Tax Benefits:

- Investments in PPF are eligible for tax deductions under Section 80C of the Income Tax Act, up to a limit of Rs. 1.5 lakh per annum. Additionally, the interest earned and the maturity amount are exempt from tax.

6. Withdrawals:

- Partial withdrawals are allowed from the 7th financial year onwards, subject to certain conditions. However, complete withdrawal is only permitted at the end of the maturity period.

7. Nomination:

- Account holders can nominate one or more individuals to receive the proceeds of the PPF account in the event of their demise.

8. Loan Facility:

- After the completion of the third financial year and up to the sixth financial year, account holders can avail of loans against their PPF balance.

9. Transferability:

- PPF accounts can be transferred from one post office / bank to another and from one person to another, subject to certain conditions.
- Many banks and post offices now offer online services for PPF account holders, allowing them to check their account balance, view transaction history, make contributions, and even initiate with drawals or loans on line.



The National Pension Scheme (NPS) is a government-sponsored retirement savings scheme aimed at providing financial security during the post-retirement phase. It is a voluntary contribution-based pension system designed to help individuals build a retirement corpus and receive regular income after retirement.

Here's a detailed overview of NPS tailored for doctors.

1. Eligibility:

- Any Indian citizen between the ages of 18 and 70 can join the NPS.
- Non-resident Indians (NRIs) are also eligible to join, subject to certain conditions.

2. Types of Accounts:

- Tier-I Account: This is a mandatory pension account with restrictions on withdrawals. It is primarily meant for retirement savings.
- Tier-II Account: This is a voluntary savings account with no restrictions on withdrawals. It can be opened only if the individual has an active Tier-I account.

3. Investment Options:

- NPS offers a choice of investment options: Equity(E), Corporate Bonds(C), and Government Securities(G).
- Subscriber can allocate their contributions across the asset classes based on the risk appetite and investment preferences.
- Additionally, the Auto Choice option is available, where in the allocation of funds is automatically adjusted based on the subscriber's age.

4. Tax Benefits:

- Contributions to NPS are eligible for tax deductions under Section 80C CD(1) of the Income Tax Act, subject to a maximum limit of 10% of the salary (basic plus DA) for salaried individuals and 20% of gross income for self-employed individuals.
- An additional deduction of upto Rs.50,000 per annum is available under Section 80C CD(1B), commonly known as the "NPS Tax Benefit."
- The tax treatment of withdrawals depends on the annuity option chosen at the time of retirement.

5. Returns:

- NPS offers market-linked returns, as the performance of the investment portfolio is subject to market fluctuations.
- Over the long term, NPS has the potential to generate higher returns compared to traditional retirement savings options.

6. Withdrawal and Exit:

- Upon reaching the age of 60, subscriber can withdraw upto 60% of the accumulated corpus as a lump sum. The remaining 40% must be utilized to purchase an annuity for receiving a regular pension.
- In the event of death or incapacitation, the accumulated corpus is transferred to the nominee / legal heir.



Equity funds	Returns (%)				
	2019-20	2020-21	2021-22	2022-23	2023-24
Public Provident Fund	11.00	11.00	11.00	11.00	11.00
Equity Linked Savings Scheme	11.00	11.00	11.00	11.00	11.00
Equity Linked Savings Scheme - Tax Saver	11.00	11.00	11.00	11.00	11.00
Equity Linked Savings Scheme - Regular	11.00	11.00	11.00	11.00	11.00
Equity Linked Savings Scheme - Flexi Cap	11.00	11.00	11.00	11.00	11.00
Equity Linked Savings Scheme - Dividend Yield	11.00	11.00	11.00	11.00	11.00
Equity Linked Savings Scheme - Large Cap	11.00	11.00	11.00	11.00	11.00
Equity Linked Savings Scheme - Mid Cap	11.00	11.00	11.00	11.00	11.00
Equity Linked Savings Scheme - Small Cap	11.00	11.00	11.00	11.00	11.00
Equity Linked Savings Scheme - Multi Sector	11.00	11.00	11.00	11.00	11.00
Equity Linked Savings Scheme - International	11.00	11.00	11.00	11.00	11.00
Avg. Returns	11.00	11.00	11.00	11.00	11.00

COMPARISON

	Public Provident Fund (PPF)	National Pension Scheme (NPS)
Contribution	Up to Rs. 1.5 lakh per annum	Up to 10% of salary (basic plus DA) for salaried individuals and 20% of gross income for self-employed individuals
Investment Options	Equity, Corporate Bonds, Government Securities	Equity, Corporate Bonds, Government Securities
Withdrawals	Partial withdrawals allowed from 7th year onwards	60% as lump sum, 40% as annuity at retirement
Tax Treatment	Interest earned and maturity amount are tax-exempt	Contributions eligible for tax deductions under Section 80C CD(1) and 80C CD(1B)
Flexibility	Can be opened and closed at any time	Once opened, it is locked until retirement
Portability	Can be transferred between post offices/banks	Can be transferred between employers



MEDICO LEGAL SAFETY TIPS

Dr. M.C. Patel

Medico legal Advisor

How to be safe in Medical Practice?

Prevention is always better than cure

Tips to avoid litigation

1. Take tender care of your patient with compassion during treatment/surgery
2. Proper history taking and examination of Patient
3. Proper counseling
4. Proper in time investigations
5. Expert opinion whenever needed
6. Take valid consent
7. Meticulous record/proper documentation
8. Please do not issue any certificate in absence of patient or back dated certificates
9. If you are not sure of cause of death, please do not issue death certificate. Advise Post mortem examination
10. Please follow standard protocols in treatment
11. Emergency box should be available round the clock. Please check expiry date and update it accordingly.
12. Comply with the provisions of the law
13. If you are providing MTP and ultrasound services, please get your centre registered under MTP and PCPNDT act and strictly comply with the provisions of the act.
14. Security Alert every time
15. CCTV coverage at every strategic point
16. Formation of local level rush team/medicolegal cell to have surgical assistance in emergency and assistance in event of sudden death on table, mob violence and other odd situations and medico legal consequences.
17. Take Medico legal advice from point one
18. Avoid giving prescriptions of emergency drugs to relatives of patient, at the time of emergency. Manage it yourself with your own staff.
19. Assume collective responsibility in unusual circumstances when treating persons are more than one. Do not blame each other
20. Proper communication with relative about mishap (special attention)
21. Inform Police, if required
22. Identify yourself well in the court.

Have a litigation free practice

**SEEKING YOUR BLESSINGS AND
SUPPORT FOR THE POST OF
PRESIDENT - FOGSI
(ELECTION YEAR 2024)**

DR. M. C. PATEL





TRAVEL TIPS

Dr. Sanjay Shah

Gynec laparoscopic surgeon and Infertility specialist.
Gynaecare hospital, Satellite, Ahmedabad.

USEFUL INTERNATIONAL TRAVEL TIPS

1. Prepare your travel documents:

- Your passport must have more than 6 months validity.
- Check your destination visa & validity
- Your name on passport, visa & tickets should be the same

2. Travel

- Your tickets upto your destination should be of a single airline. That will help you when your first flight is delayed or cancelled.
- Your travel should start from your home city[if ticket amount permits]
- There should be minimal layover time
- Select seat & food in advance

3. Accommodation

- Stay should preferably be downtown or a similar good location

4. Sightseeing & Activities

- Explore fewer locations at your own pace rather than to barely and frantically scratch the surface of a whole country. That will reduce fatigue in your travel.

5. Bag Packing

- Using packing cubes can improve your travel. They help with organization, are space savers, and can even keep your clothes neater.
- Take your clothing according to the weather (Warm/cold/rainy)
- Bring your important possessions (electronics, jewelry, etc.) with you in your carry-on bag. If you are at the hotel, keep your possessions in your room safe.

6. Currency & cards

- Use Local currency/forex card/credit card

7. Insurance

- It is not compulsory but it is better to buy travel insurance having enough coverage.

8. Ways to improve your airport experience

- Print necessary documents beforehand (visa, flight tickets, accommodation details, etc.)
- Make two/three copies & keep them in different bags
- Find out which terminal you are departing from beforehand
- Check-in online ahead of time if you are able to do so!
- Download your favorite shows, movies, podcasts, etc to help pass the time.
- Weigh your bags the day before to ensure that you are not over the limit.
- Take a photo of your bags. That will help you in case of lost baggage.

9. Communication/connectivity

- You will need to decide whether it makes more sense to use international roaming through your current plan or to buy a sim card while abroad.

10. Restriction/prohibition

- Always check what is prohibited or restricted in the country you are travelling to:
 - o Fruit is restricted in New Zealand. It carries a 400 dollar fine.
 - o Khaskhas is considered a drug in many countries
 - o Tobacco is limited or restricted.

INSTALLATION CEREMONY : DATE - 3RD APRIL 2024



AOGS NEW PREMISES



CME : Preserve the Uterus : 5th May 2024





VENTROFIXATION AND ISTHMOCELE : TWO CHALLENGING CONSEQUENCES AFFECTING FERTILITY

Dr. Prakash Patel

IVF & Infertility Specialist
Dipl.in Adv.Laparoscopy(France)
Diploma in Sonography(Croatia)
Director Of Shukan Hospital & IVF Centre

INTRODUCTION:

As infertility specialists at Shukan Hospital & IVF center, we see many patients seeking answers and exploring all options to achieve their dream of parenthood. One question that occasionally arises is the role of ventrofixation surgery and isthmocele repair treating infertility. Today, let's delve into this topic and understand if it's a viable option for you.

An anteverted retroflexed uterine position is a common consequence of cesarean delivery but is rarely seen in other parous women. This position was found in 27% of women after cesarean delivery. It was rare when no cesarean section had been performed, being found in 1% of those women, and was not seen in nulliparous women.

The natural position of the uterus is classified by whether the external os points superiorly toward the bladder (retroversion), posteriorly toward the rectum (anteversion), or toward the introitus (axial position).

Sonography is a useful and reliable method for determining the uterine axis. The fundus is usually further flexed in the direction dictated by the cervix, that is, anteverted and anteverted or retroverted and retroflexed.

We had found the sonographically anteverted retroflexed uterine attitude to be very rare, primarily associated with ventral fixation of the anterior body of the uterus by adhesions or pelvic masses in the region of cesarean delivery.

Our definitions of sonographic uterine position are as follows.

Anteversion was considered present when the transducer abutted the anterior border of the cervix and the cervix appeared on the viewer's right in the sagittal plane.

Retroversion was considered present when in the sagittal plane the transducer abutted on the posterior border of the cervix and the cervix appeared on the viewer's left.

Flexion was any deviation of the long axis of the endometrial lumen from the long axis of the cervix, resulting in anteriorly directed anteversion and posteriorly directed retroflexion.

A) WHAT IS VENTROFIXATION?

Ventrofixation is a term used where Uterus is fixed to the anterior abdominal wall ranging from fundus to bladder.

Ventrofixation and Infertility: A Complex Relationship

Ventrofixation of Uterus hinders normal reproductive processes due to disturbance in tubo-ovarian relationship and alteration of uterine anatomy.

It also hinders implantation in In Vitro Fertilisation by deviation of endocervical canal.

The fixation of the uterus in an abnormal position may impede the movement of sperm through the reproductive tract, making fertilization less likely.

Additionally, the altered uterine position might affect embryo implantation, leading to difficulties in achieving pregnancy.

Symptoms:

Common symptoms

Difficulty in Conceiving. | Irregular menstrual cycles. | Recurrent miscarriages.

Treatment:

The management of fertility challenges associated with ventrofixation often requires a multidisciplinary approach involving Endoscopic gynec surgeons, Fertility specialists, and Reproductive endocrinologists.

Treatment options may include assisted reproductive technologies (ART) such as in vitro fertilization (IVF), surgical interventions to revise the ventrofixation, or a combination of both.

As the incidence of cesarean procedures increases, so does the prevalence of central uterine bands that ventrofix the uterus. These adhesions, characterized by central uterine bands connecting the uterus to the parietal peritoneum, often arise mid-uterus and include the niche.



A consistent anatomical free space between the bladder and this uterine band can be approached laterally, thus isolating the uterine band.

B) WHAT IS AN ISTHMOCELE?

The Cesarean delivery (CD) incision thickness was measured at the site of the incision from the external uterine surface to the endometrium.

Myometrial thinning was considered present if the width at the incision was less than the contiguous myometrium.

Thinning was categorized in three category

- Mild (less than one third of the myometrial thickness)
- Moderate (more than one third to two thirds of the myometrial thickness)
- Severe (more than two thirds of the myometrial thickness).

Definition of Isthmocele:-

An isthmocele, a cesarean scar defect or uterine niche, is any indentation representing myometrial discontinuity or a triangular anechoic defect in the anterior uterine wall, with the base communicating to the uterine cavity, at the site of a previous cesarean section scar.

Symptoms of an Isthmocele:

Abnormal uterine bleeding (AUB) | Dysmenorrhea | Dyspareunia | Pelvic pain | Vaginal bleeding or Uterine bleeding between periods

| Vaginal discharge

Challenges to Fertility:

Isthmocele can negatively impact fertility through various mechanisms. The presence of a niche may interfere with embryo implantation or disrupt normal uterine contractions essential for successful conception. A fluid collection at the level of isthmocele which is toxic fluid can travel to the uterine cavity and affect the implantation of pregnancy.

Furthermore, isthmocele-associated complications such as abnormal bleeding or chronic pelvic pain can further complicate fertility treatments.

Diagnosis:

Diagnosing isthmocele involves a comprehensive evaluation that typically includes a combination of medical history assessment, physical examination, and diagnostic imaging

• Medical History Assessment:

Information about number and mode of previous deliveries (especially cesarean sections), any history of postpartum complications such as abnormal bleeding or pelvic pain, and previous surgical interventions involving the uterus.

• Physical Examination:

Pelvic Examination: A pelvic examination is performed to assess the uterus, cervix, and surrounding pelvic structures. A speculum examination allows visualization of the cervix and vaginal canal.

• Diagnostic Imaging:

Imaging exams are the most effective way to diagnose isthmocele. The best time to perform imaging is right after your menstrual cycle, when the niche is likely full of blood.

1) Transvaginal ultrasound:

A hypoechoic triangle in the anterior myometrium at the site of lower segment cesarean section scar. The myometrial defect will be seen communicating with the endometrial cavity. The site of the defect can vary based on the site of the incision, stage of the labor, and the surgical technique. Color Doppler ultrasound may also be used to assess blood flow within the isthmocele and surrounding tissues.

2) Saline infusion sonohysterography:

This imaging exam provides more detail than transvaginal ultrasound. Uterus is filled with saline before doing an ultrasound. The water fills the niche, making it easier to see its size and thickness in images.

3) Hysterosalpingography (HSG):

Hysterosalpingography involves the injection of a contrast agent into the uterine



cavity, followed by X-ray imaging to evaluate the uterine cavity and fallopian tubes. In cases of isthmocele, HSG can reveal a characteristic "pocket" or indentation in the anterior uterine wall at the site of the cesarean scar.

4) Hysteroscopy:

- **Diagnostic Hysteroscopy:** Diagnostic hysteroscopy involves the insertion of a thin, lighted telescope (hysteroscope) through the cervix into the uterine cavity to directly visualize the uterine walls. This procedure allows for direct visualization of the isthmocele and assessment of its size, location, and any associated intrauterine abnormalities.
- **Operative Hysteroscopy:** In some cases, diagnostic hysteroscopy may be combined with operative hysteroscopy to simultaneously diagnose and treat isthmocele. Surgical techniques such as niche resection or hysteroscopic repair can be performed to address the isthmocele and improve fertility outcomes.

5) MRI pelvis: MRI of the pelvis showed a fluid-filled pouch-like defect in the anterior myometrium at the site of cesarean scar.

Obstetric complication:

The presence of an isthmocele is associated with an increased risk of complications during pregnancy, including placenta previa, accreta/increta/percreta, scar dehiscence, uterine rupture, and cesarean scar ectopic pregnancy.

The risk of an isthmocele is increased in relation to the number of cesarean sections.

Treatment:

The choice of treatment modality depends on factors such as the severity of symptoms, reproductive goals, and the patient's overall health.

• Conservative Management:

- **Observation:** Asymptomatic isthmocele with no significant impact on fertility or quality of life may be managed conservatively through regular monitoring without active intervention.

• Medical Therapy:

- **Hormonal Therapy:** Hormonal medications, such as oral contraceptives or progestins, may be prescribed to regulate menstrual cycles and alleviate symptoms such as abnormal uterine bleeding or pelvic pain associated with isthmocele. Hormonal therapy can help mitigate symptoms while allowing

time for the isthmocele to heal spontaneously.

• Minimally Invasive Procedures:

- **Hysteroscopic Resection:** Hysteroscopic resection is a minimally invasive surgical procedure performed under direct visualization using a hysteroscope inserted through the cervix into the uterine cavity. During the procedure, the isthmocele is dissected and excised, and the defect is meticulously repaired using specialized instruments and techniques. Hysteroscopic resection offers the advantage of preserving fertility and avoiding abdominal incisions, with minimal risk of complications.
- **Ultrasound-Guided Aspiration:** Ultrasound-guided aspiration involves the percutaneous drainage of fluid from the isthmocele using a needle under ultrasound guidance. This technique can provide symptomatic relief by reducing the size of the isthmocele and relieving pressure on surrounding structures. However, it may not address the underlying defect and carries a risk of recurrence.
- **Laparoscopic Repair:** Laparoscopic or robotic-assisted laparoscopic surgery may be indicated for isthmocele that are large, complex, or associated with significant symptoms or fertility issues. During laparoscopic repair, the isthmocele defect is meticulously dissected, and the anterior uterine wall is repaired using sutures or tissue reinforcement techniques. Laparoscopic repair offers excellent visualization and precise tissue manipulation while minimizing surgical trauma and recovery time.

Open Surgical Repair:

- **Abdominal (Open) Surgery:** In rare cases where minimally invasive techniques are not feasible or effective, open surgical repair may be considered. Abdominal surgery involves making an incision in the lower abdomen to access the uterus directly. The isthmocele defect is repaired using sutures or tissue grafts, and surrounding adhesions may be lysed to optimize outcomes. Open surgery is typically reserved for complex cases or when laparoscopic or hysteroscopic approaches are contraindicated.

CONCLUSION:

Ventrofixation and isthmocele represent two challenging consequences that can affect fertility. While these conditions pose significant obstacles to conception, timely diagnosis and appropriate management strategies can help individuals overcome these hurdles and achieve their reproductive goals.

AOGS LIFE MEMBERSHIP

Please be a Life Member of AOGS

Rs.17,000/- + GST

Life membership fees are steady for 7-8 years.

Please Avail the Benefit of Current Membership Fees (Fees to be Increased in Near Future)

Encourage your colleagues and friends to become AOGS members.

Tentative Next Academic Programs

14th May : 7.30 pm Labour and obstetrics

19th May : 1st trimester aneuploidy scan and related

26th May : ISPAT academics

Please keep watching the official AOGS group for details



Our AOGS office has shifted to a Brand new office complex at

**2nd Floor, Dream Icon @ PARIMAL,
Nr. Krupa Petrol Pump, Nr. Kalgi Cross Road,
Surendra Mangaldas Rd, Ellisbridge,
Ahmedabad, Gujarat 380006 Phone : 079 - 26586426
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(M): 9427384716**

PLEASE START REGISTERING YOUR NAME IF YOU WANT TO JOIN THE

AOGS-KASHMIR ACADEMIC TOUR

PROGRAM DETAILS WILL BE PUBLISHED SOON.

Our team is doing hard work to get maximum discounts with unbelievable leisure and hospitality.

Co-Ordinators : Dr. Sanjay Shah | Dr. Nita Thakre

Contact AOGS office:

**2nd Floor, Dream Icon @ PARIMAL, Nr. Krupa Petrol Pump, Nr. Kalgi Cross Road,
Surendra Mangaldas Rd, Ellisbridge, Ahmedabad, Gujarat 380006 Phone : 079 - 26586426**



HUMOUR BY DR. MAYANK CHAUDHARY



Wife: Had your lunch?
 Husband: had your lunch?
 Wife: I am asking you
 Husband: I am asking you
 Wife: are you copying me?
 Husband: are you coping me?
 Wife(smartly): let's go for shopping
 Husband: Yes I had my lunch 😊😊

Father to Son: Why don't you go and study?
 Son whispers: for what daddy?
 Father: you will get good marks yaar.
 Son asked: then what?
 Father replied: you will get good salary
 Son again asked then
 Father: you will relax....
 Son : dad what do you think I'm doing write now? 😊😊

People are so radicalized nowadays!

When I say my friend Congratulations (congressulations).
 He angrily replied: Bajapiulations... 😊😊😊😊

Sad mother to her neighbor: My son has not been able to go to school for the last 2 months.

Neighbor: why?

Sad mother: before 2 months ,he forgot way home , so we uploaded his photo with matter on WhatsApp , within 30 minutes so the noble person identified him and he dropped at home.

Neighbor: Wow that is so nice, but why are you sad?

Sad mother: Still that message is roaming in various WhatsApp groups, so every time he is on the way to school someone picks him and drops him back to home.

भरी गर्मियों में ही इलेक्शन इसलिए होते हैं क्योंकि...

लंबी लाइन में लगने के बाद
 आपकी शकल आपकी voter card और
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આપણી સોસાયટીની સોશિયલ સિક્યોરીટી સ્કીમ આશરે છેલ્લા ૧૫ વર્ષથી ચાલે છે.

IMA અને AMA ની જેમ આ આપણી પોતાની ગાયનેક સોસાયટીની

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રૂા. ૩,૨૫,૦૦૦ જેવી માતબર રકમ મળી શકે છે. જેમ મેમ્બર્સની સંખ્યા વધતી જશે તેમ
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જે AOGS મેમ્બર હવું સુધી આ સ્કીમનાં મેમ્બર ન થયા હોય તેમને સત્વરે મેમ્બર થવાં અનુરોધ.
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