A Monthly Bulletin of IMA Chennai Kodambakkam branch

IMACK

JANUARY 2026

ISSUE 1

Empowering Medical Professionals Through Excellence in Education

The Felicitation of Office-Bearers of 2025 and the Installation of Office-Bearers of 2026, IMA Chennai Kodambakkam branch was held on January 11th, 2026, at Aaditya Hotel, Vadapalani, Chennai.

The guests of honour were Adv. Anand David, Counsel for PPLSS of IMA, Dr. D. Boopathy John, State Vice President North Zone, IMA TNSB, Dr. V. Saravanan, State Joint Secretary, IMA TNSB, and Dr. K. Thirumavalavan, Secretary, IMA NHB.

நலம் நலமறிய ஆவல்

Under this new initiative of IMA Chennai Kodambakkam branch, the office-bearers of IMA Chennai Kodambakkam branch visited Dr. M.K. Srinivasan, a senior doctor aged 98, on 17.1.2026, Saturday at 4:00 PM. We enquired about his health and honored him with a shawl and a flower bouquet. He appreciated the gesture and blessed us.

Dr. M.K. Srinivasan, Born: 1927
MBBS (Stanley Medical College, 1950)
Former President & Medical Director, Public Health Centre, Chennai
Honorary Surgeon, Govt. Royapetah Hospital.

Awards: Lifetime Achievement Award (Tamil Nadu Dr. MGR Medical University, 2012), Doctor of Doctors award (2025)

A living Legend, known for selfless service, simplicity, and affordable healthcare.
Dr. Nirmala Ponnambalam, Dr. Shahul Hameed, Dr. Subramanian, and Dr. Vamsi Krishna were present.
Special thanks to Dr. R. Mani, our past president, for coordinating with the doctor's family.

LIFETIME ACHIEVEMENT AWARD

Dr.B.JAWAHARLAL, MBBS.

IMA Chennai Kodambakkam branch chooses meritorious doyen in the field of Medicine every month and awards them “Life Time Achievement Award” for their exemplary service.

This month IMA Chennai Kodambakkam branch has the privilege to announce a Life time achievement award to our member Dr. B. Jawaharlal in the field of Medicine. We whole heartedly honored him on 25.01.2026, Sunday at 1:00 P.M at Hotel Aadithya, Vadapalani, Chennai.

An Alumnus of JJ Medical College, Davangere, graduated with MBBS in 1985. With a career spanning over 40 years, he has established a robust practice at Rasi General & Ortho Clinic, Nesapakkam, specializing in Family Medicine, Diabetes, Thyroid and Respiratory illness.

Awarded as a “COVID WARRIOR” for his services during the Covid Pandemic, has been felicitated by the Sholinghur Social Organization for his service to the people. He has organized multiple free medical camps, delivered many talks on social awareness, and attended several national and international conferences.

CME PROGRAMME

516th CME of IMA Chennai Kodambakkam branch was held on 25th January 2026 at 2 Pm, Aaditya Hotel, Vadapalani, chennai.
The program was smoothly conducted by office bearers Dr.Shahul Hameed (Secretary), and Dr.Vamsi Krishna (Finance Secretary).
Around 75 members attended the CME and one TNMC Credit Hour was awarded to the participating members.

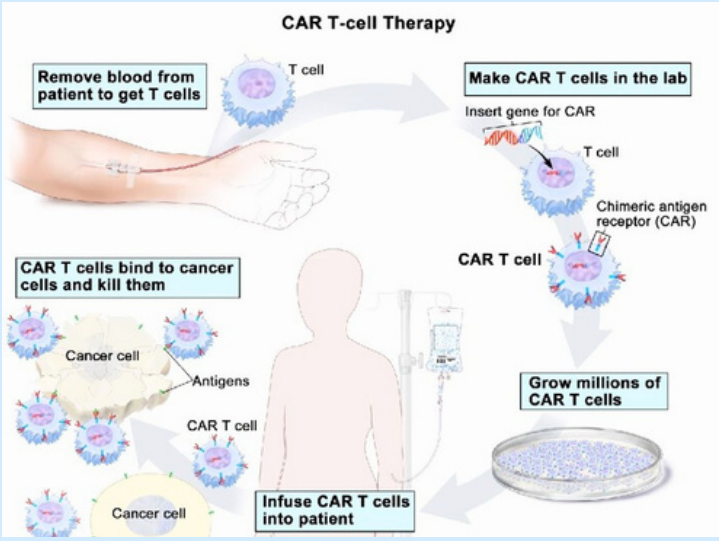
Topics:

1.CAR-T Cell Therapy - Dr.N.Suman Kalyan, Senior Consultant Medical Oncology, MGM Malar Adyar.
2.Dr. M.K. Srinivasan Oration
Topic: Emerging Uses of FAPI PET - Dr.Arvind Arokia Rajan, Consultant Nuclear Medicine, Kavery Hospitals, Alwarpet.
Chair Person - Dr.V.Srinivasan & Dr.Vamsi Krishna
3.Sleep Hygiene - Dr.Swetha Raghavan, Consultant Psychiatrist, Aathma Mind Centre
4.Clinical Insights - Dr.C.Rajendran, Consultant Physician, Billroth Hospital, Chennai.
5.Cancer Screening Guidelines - D.Dheeraj Chodavarapu,Consultant Medical Oncologist, SRM Prime Hospital.
6.Medical Quiz - Dr.Shahul Hameed, Consultant ENT Surgeon, Virugambakkam.

An overview of the lectures presented is given below.

CAR -T - Cell Therapy

CAR-T cell therapy is a revolutionary cancer treatment that harnesses the power of your immune system to target and destroy cancer cells. It involves modifying your T-cells to express a receptor that recognizes and attacks cancer cells, particularly effective in treating blood cancers like leukemia, lymphoma, and multiple myeloma.



The process involves collecting T-cells from your blood, genetically modifying them to produce chimeric antigen receptors (CARs) and infusing the modified CAR-T cells back into your bloodstream.

Success rates for CAR T-cell therapy vary significantly depending on the specific type of cancer being treated.
ACUTE LYMPHOBLASTIC LEUKAEMIA (ALL): Remission rates range from 80% to 90% for both children and adults in clinical trials.
NON-HODGKIN'S LYMPHOMA (NHL): Response rates (reduction in cancer) for subtypes like Diffuse Large B-Cell Lymphoma (DLBCL) are between 40% and 60%. About 30% to 40% of patients achieve long-term, lasting remission without further treatment.
MULTIPLE MYELOMA: Recent clinical trials show high response rates of 70% to 98%, with complete remission occurring in 33% to 83% of patients depending on the specific product used.
SOLID TUMORS: Currently, there are no FDA-approved CAR T-cell therapies for solid tumors (e.g., breast, lung, or colon cancer), as these environments are harder for the T-cells to penetrate.

Emerging Uses of FAPI PET

The FAPI PET scan (Fibroblast Activation Protein Inhibitor Positron Emission Tomography) is an advanced imaging technique designed to detect a wide range of cancers. It targets fibroblast activation protein (FAP), which is overexpressed in many tumors, particularly in cancer-associated fibroblasts within the tumor microenvironment. The radiolabeled FAPI tracer binds to these proteins, allowing for precise imaging of tumors and metastases.

FAPI PET has shown promise in detecting various cancers, including sarcomas, pancreatic cancer, and lung cancer. It provides high sensitivity for early diagnosis and is useful for treatment planning and monitoring.

Procedure
1. Patient preparation: fasting, hydration
2. 68Ga-FAPI injection (typically 2-5 mCi)
3. Uptake period (30-60 minutes)
4. PET scan (10-30 minutes)

Principle
1. FAPI binds to Fibroblast Activation Protein (FAP) on CAFs.
2. 68Ga labels FAPI.
3. PET scanner detects positrons emitted by 68Ga.

Limitations
1. False positives (e.g., inflammation, physiological uptake)
2. False negatives (e.g., low FAP expression)
3. Radiation exposure

Comparison with other imaging modalities
1. FDG PET Scan: lower specificity for cancer detection
2. PSMA PET Scan: lower sensitivity for non-prostate cancer
3. MRI: lower sensitivity for small lesions
4. CT: lower sensitivity for soft tissue lesions

SLEEP HYGIENE

Sleep hygiene refers to a set of behavioral and environmental practices designed to promote consistent, restorative, and high quality sleep, primarily by optimizing habits and surroundings that facilitate sleep initiation and maintenance without pharmacological intervention.

Good sleep hygiene can lead to increased daytime energy, improved mood and cognitive function, a strong immune system and a decreased risk of chronic conditions like diabetes, hypertension and CVD.

Assessment of sleep hygiene is primarily clinical based on history taking focusing on sleep habits and sleep diaries and questionaries (Pittsburg sleep quality index)

"BEDTIME" mnemonic for sleep hygiene

Ban screen before bed(minimum 1 hr before bedtime)
Establish a routine
Dark, quiet,cool bedroom
Time for relaxation
In bed only sleep
Mindful of caffeine/alcohol
Exercise regularly

Common Misconceptions

I can catch up on sleep on weekends
Alcohol helps me sleep
Watching TV in bed helps me relax
Sleep hygiene is only for people with insomnia.

CANCER SCREENING

What is Cancer Screening?

Secondary prevention method to identify cancer at an early stage in asymptomatic populations
The Goal is to reduce mortality and/or severity of disease through early detection and treatment

Principles of Screening:

1. **Disease should be a significant health problem**
2. **Natural history of disease allows for early detection**
3. **Effective treatment available that alters disease course**
4. **Treatment more effective when initiated early**
5. **Suitable screening test available**

Ideal Screening Test:

1. **Cheap**
2. **Sensitive**
3. **Specific**
4. **Accessible**
5. **Safe**
6. **Acceptable**

Biases in Screening:

1. **Lead time bias: Early detection appears to improve survival**
2. **Length-bias sampling: Slow-growing tumors overrepresented**
3. **Selection bias: Participation in screening by different individuals**

Pitfalls of Screening:

1. **False-positive results: Anxiety and unnecessary procedures**
2. **Overdiagnosis: Detection of clinically insignificant conditions**
3. **False-negative results: Delayed diagnosis and treatment.**

Cont..

BREAST CANCER SCREENING

Women at Average Risk:

Age 20-40 yrs: CBE (clinical breast examination) every 1-3 yrs.
Age ≥ 40 yrs: Annual CBE + Annual screening mammography.
Mammograms can often detect a lesion 2 yrs before the lesion is discovered by CBE. Yearly screening is thought to be more beneficial.

Women At Increased Risk:

5-yr risk > 1.7% (Gail's model): Start screening at 35 yrs, CBE every 6-12 months + Annual mammography.

>20% lifetime risk of breast cancer (family history model):Start screening at 30 yrs, CBE every 6-12 months + Annual mammography.

Carrier of BRCA 1/2_:Start screening at 25 yrs
CBE every 6-12 months, Annual mammograms and Breast MRI as an adjunct.

CERVICAL CANCER SCREENING

Age <21 yrs - No Screening
Age >21-29 yrs - Cytology alone every 3 yrs is preferred.
Age 30-65 yrs = HPV and Cytology (co-testing) every 5 yrs, Cytology alone every 3 yrs is acceptable.
Cervical cytology alone is more effective at detecting squamous cell carcinoma.
Co-testing is preferred because HPV DNA testing increases detection of adenocarcinoma.
The screening intervals should not be increased in women 21-65 yrs with negative tests.
Use of HPV DNA testing alone for screening is not currently recommended.

Cont..

COLORECTAL CANCER SCREENING

Screening Modalities that detect Adenomatous polyps & Cancer:
Colonoscopy every 10 yrs, Flexible Sigmoidoscopy every 5 yrs, CT colonography (CTC) every 5 yrs
Screening modalities that primarily detect cancer:
Guaiac-based screening, Immunochemical based testing annually, Stool DNA test with high sensitivity (interval for screening is uncertain)

LUNG CANCER SCREENING

NCCN Screening Panel recommends lung cancer screening using helical LDCT for individuals with following high risk factors.
1. Age 55-74 yrs : 30 or more pack-year history and if former smoker, have quit within 15 yrs. *Annual screening recommended every 2 yrs.*
2. Age < 50 yrs : 20 or more pack-year history and additional risk factors.
Low risk individuals: Age < 50 &>74 yrs and/or with a smoking history of fewer than 20 pack-years. It does not recommend screening for these individuals.

PROSTRATE CANCER SCREENING

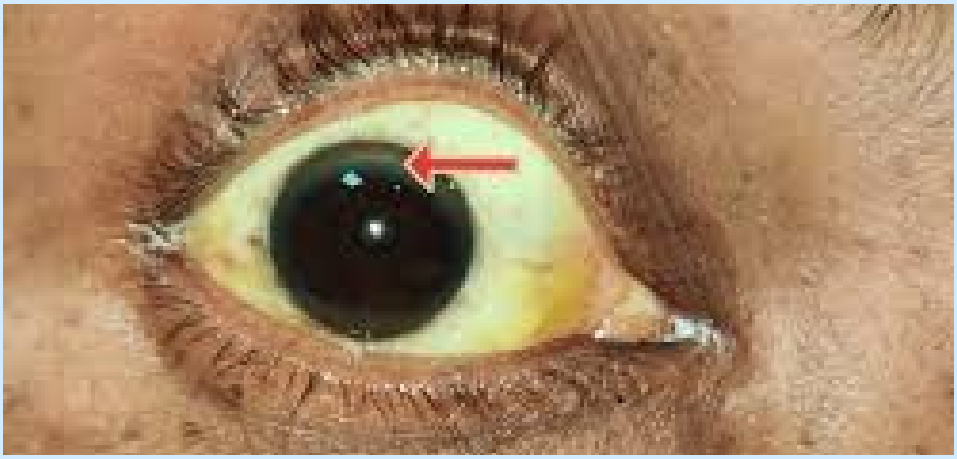
DRE (Digital Rectal Examination) and PSA (Prostate specific antigen)are the two components used in Prostate Screening.
In 2010, ACS recommended that men make an informed decision about whether to be screened for prostate cancer. If screening is done, it should begin at age 50 in men at average risk who have a life expectancy of at least 10 yrs.
PSA above 4 ng/mL - Threshold level for screening
PSA 2.5 - 4 ng/mL - screening every year
PSA < 2.5 - screening every 2 years

ASCO GENETIC SCREENING GUIDELINES

Genetic testing is recommended when there is....
1. Personal or family history suggesting genetic cancer susceptibility.
2. The test can be adequately interpreted.
3. The results will aid in the diagnosis or influence the medical or surgical management of the patient or family members at hereditary risk of cancer.

KAYSER-FlEISCHER RINGS

Kayser-Fleischer rings are a common ophthalmological finding in patients with Wilson disease—a genetic disorder that affects copper metabolism in the body. Usually evident in late childhood or early adolescence, these rings develop due to excess copper deposition on the inner surface of the cornea within the Descemet membrane.



Occasionally, Kayser-Fleischer rings may manifest in patients with other conditions, such as primary biliary cholangitis, neonatal cholestasis, and liver disease.

Additional complications include psychiatric illnesses, neurological symptoms, cardiomyopathy, infertility, and hemolytic anemia. Without proper treatment, Wilson disease can progress to cirrhosis and liver failure, ultimately resulting in death.

Kayser-Fleischer rings may not be easily visible on routine examination. In the initial stages, a slit lamp is generally necessary to identify the rings. However, visibility with the naked eye becomes possible as the disease progresses, especially in patients with lightly pigmented irises and severe copper overload. Therefore, a slit-lamp examination is imperative for diagnosis. Gonioscopy, which is considered the gold standard for diagnosing angle-closure glaucoma, uses a special lens for the slit lamp. This lens allows for the visualization of the angle and may also detect early Kayser-Fleischer rings.

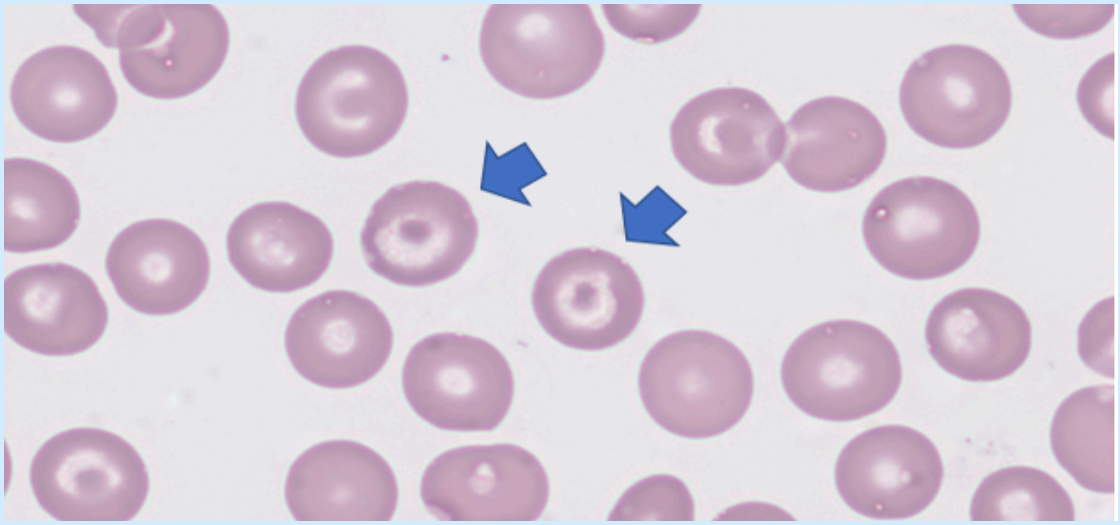
MEDICAL QUIZ

QUESTION NO.1

NAME THE PROTEIN ?
The most abundant protein in healthy urine.
It plays a role in Immune Defense by trapping bacteria
It helps prevent stone formation by preventing calcium crystal buildup.

QUESTION NO.2

IDENTIFY THE CELL in the peripheral blood smear.



QUESTION 3
The Agatston score - what does it measure?

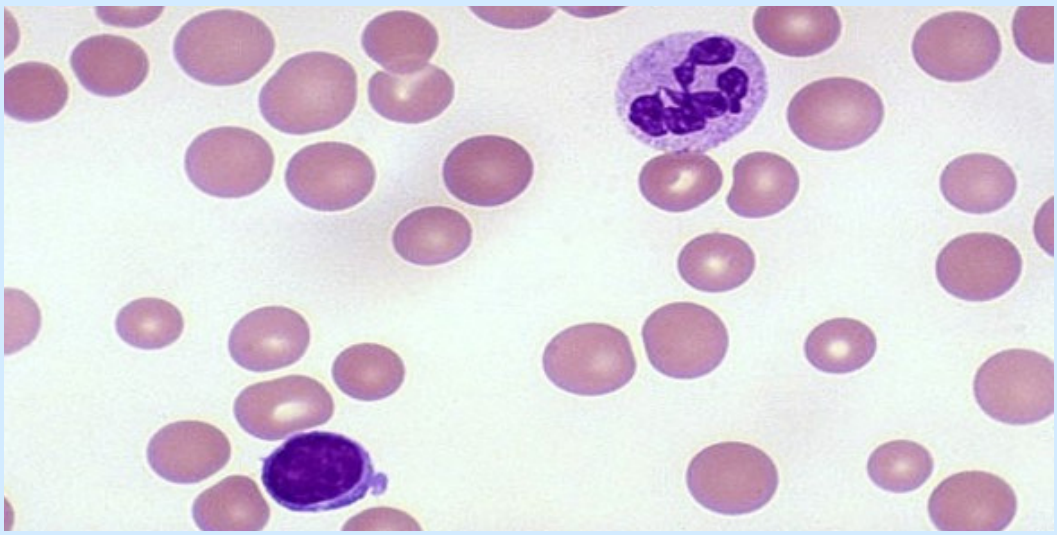
QUESTION NO 4
Alpha-1 Antitrypsin (A1AT) (α1-AT) is a crucial, inexpensive, and reliable marker for diagnosing which condition?

QUESTION NO.5
CA 19-9 (Carbohydrate Antigen 19-9) is a blood test marker primarily used in managing which disease ?

Cont.

QUESTION NO.6

IDENTIFY THE CELL IN THE BONE MARROW ASPIRATION STUDY



MEDICAL QUIZ ANSWERS

1.TAMM-HORSFALL PROTEIN (THP), also called UROMODULIN

It is produced exclusively by the epithelial cells of the thick ascending limb of the loop of Henle and the early distal convoluted tubule in the kidney.

2.TARGET CELLS (codocytes)

It looks like a "bullseye" or "Mexican hat" with a central hemoglobin spot, pale ring, and outer hemoglobin rim, indicating excess surface area or reduced volume (hemoglobin).

They signal conditions like liver disease, thalassemia, sickle cell, or post-splenectomy.

Cont.

3.It's a semi-quantitative score from a CT scan that detects calcium deposits (plaque) in the coronary arteries.
What the score means:

Zero: No calcium, indicating a low risk of a future heart attack.

100-300: Moderate plaque deposits, suggesting a relatively high risk of heart disease in the next 3-5 years.

Over 300: Extensive disease and a significantly higher risk of a heart attack.

Helps doctors to decide on preventative treatments like statins.

4.PROTEIN LOOSING ENTEROPATHY (PLE).

The A1AT fecal clearance (in ml/day) is calculated, with values above normal (e.g., >27 ml/day) confirming PLE.

5.PANCREATIC CANCER.

Primary Use: Monitoring pancreatic cancer prognosis, treatment efficacy, and recurrence.

False Negatives: Approximately 5–10% of the population (Lewis antigen negative) cannot produce CA 19-9, meaning the test will be negative even if cancer is present.

6.HYPERSEGMENTED NEUTROPHILS :

White blood cells often show multisegmented nuclei, typically neutrophils with five or more lobes.

Common causes
Folate and B12 Deficiency.

IMA Chennai Kodambakkam branch Sports Activity

The badminton tournament was held on 25/01/2026 from 6.30 am to 11.00 am at Young India Elite badminton academy, Ashok Nagar, Chennai.

Total 20 players (2 players a team), 5 + 5 teams
All the 5 teams will be playing each other, top 2 teams will be selected from each group and they will be playing the semi's and then final.

Below is the list of Doctors who participated in the tournament,

Dr.Vijay Alagappan, Dr Lakhsmi, Dr. Muthia Ramanathan, Dr. Kiran Muthu Rajah, Dr.Sowmya Rajendiran, Dr.K.chandrasekaran, Dr. Padmanabha Rao, Dr. Samyuktha Rao, Dr. Bharathi, Dr. Karthick, Dr. Amir, Dr B Anandakumar, Dr Erika Patel, Dr Karpagambal Sairam, Dr Vignesh kumar, Dr. R. Harini, Dr Mahesh Kumar, Dr Shyamala, Dr Jegan Niwas K, Dr. Subash Chandra Bose, Dr.Murali Narasimhan.

Women winners - Dr.Lakshmi & Dr.Samyuktha
Women runners - Dr.Shyamala & Dr.Sowmiya
Men Winners - Dr.Subash Chandra Bose & Dr.Srinivasan
Men Runners - Karthick Narayanan & Dr.Vijay Alagappan

IMA Sport Committee chairman Dr.S.S.K.Sandeep inaugurated the event and IMA Secretary Dr.Shahul Hameed distributed the trophies for the winners. The event was sponsored by IPCA Pharma in association with IMA Chennai Kodambakkam branch.

IMA Chennai Kodambakkam branch Sports Activity

FSS1 & FSS 11

IMATNSB is running two schemes Family Security Scheme I & Family Security Scheme II with an objective of "To provide immediate Financial aid to the family in case of death of a FSS member".

FSS 1 & FSS 11
Should be a life member of IMA TNSB
Age limit upto 55m years.
Joining Non-Refundable amount is as follows,
Below 30 years - 3000/-
31-40 years - 10000/-
41-45 years - 30000/-
46-50 years - 50000/-
51-55 years - 55000/-

All the FSS I member will contribute Rs.200 each for the death of any FSS I member Every year 60 death was estimated (200*90=18,000) and the amount should be paid in advance.

Advance amount can be paid without fine from January to March, then 200 will be added to advance amount for every three months. Currently the death benefit for the FSS I members is 18 lakhs.

All the FSS II members will contribute Rs. 300 each for the death of any FSS II member. Every year 40 deaths were estimated (300x40=12,000) and the amount should be paid in advance.

Currently the membership joined was nearly 3,000 and we are looking forward to reaching a target of 5,000 members.
Currently the claim amount with 3,000 members is Rs. 8 Lakhs when the membership increases, the claim amount also increases.

Two Schemes are run by a separate wing of IMA TNSB managed by Chairman, Vice-Chairman, Hon. Secretary, Hon. Treasurer, Joint Secretary and Management committee members. FSS I & FSS II applications should be forwarded by the local branch secretary.

IMA TNSB SCHEMES

IMA FSS FAMILY HEALTH SCHEME

All the members and their spouses of FSS 1 and FSS 11 of IMA TNSB are eligible.
Up to Rs.30000/- per claim every 6 months up to 2 claims in a year for the members in either FSS 1 or FSS 11.
Up to Rs.60000/- per claim every 6 months up to 2 claims in a year for the members in both FSS 1 and FSS 11.

IMA FSS Secretary Office
77,Chinna Kadai Street,
1st Floor (Opp. District Forest Office),
Tiruvannamalai, Tamil Nadu, Pin: 606601.

Phone:9840537178
Mobile No:9840537178
Email:imatnsbfss@gmail.com

IMA MEMBERSHIP

For details, please contact our office secretary Mr. Narayanan, contact No.9841661112.
For forms visit,
http:ima-india.org/ima/pdfdata/membership-form-2024.pdf

PPLSSS

Helps you to counter C.P.A; Makes you to shed your defensive practice
Best defense in the offensive society; Coverage from the day of enrolment; Guidance & Safeguarding from day one of receiving notice.
Compensation upto Rs. 30/- Lakhs for 5 years (based on the Subscription);Immediate Financial grant Rs. 1,00,000- in case of demise of a member, Rs. 50,000/- for membership below 5 years.

PPLSSS NEW MEMBERS SUBSCRIPTION (for a block of 5 years)

Compensation	Rs.10 lakhs	20 lakhs	30 lakhs
General Practitioner	8260	15340	23600
Specialist	10620	20060	28320

Payment options DD. DD should be taken in the name of "PPLSSS OF IMA TN" Payable at Dharmapuri

PPLSSS RENEWAL MEMBERS -(BLOCK OF 5 YEARS)

Compensation	Rs.10 lakhs	20 lakhs	30 lakhs
General Practitioner	7080	14160	22420
Specialist	9440	18880	27140

Payment options DD. DD should be taken in the name of "PPLSSS OF IMA TN" Payable at Dharmapuri

Contact:
Dr. M.Chandrasekar,
Hony. Secretary of PPLSSS IMA TNSB,
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66/27, South Railway Line Road, Kumaraswamy Pettai,
Dharmapuri - 636701.

Mob:9487272627, 9150515253

E-mail: secretarypplsss@gmail.com

HEALTH CHECK-UP

Exclusive for Our Branch Members Only

The Executive Committee is pleased to announce that VRR Diagnostics has tied up with our branch and agreed to offer complimentary health check-ups for our members at their T. Nagar branch from February 1 to 28.

The following tests will be conducted:
- **CBC**
- **HbA1C**
- **RFT**
- **LFT**
- **LIPID PROFILE**
- **TSH**
- **ECG**

We humbly request you to avail of this opportunity by registering yourself at your earliest convenience.

Please contact:
VRR Diagnostics,
No.87, Burkit Road, T.Nagar, Chennai-17
For registration call:
Mr.Babu
+91 94446 57317.

Medical Essay Competition

1. Eligibility: Open to all members of IMA Chennai Kodambakkam branch.

2. Topic : “Artificial Intelligence in Patient Care; A Boon or a Bane for Medical Practitioners?”

3. Word Limit : 1500-2000 words

4. Format : Typed, double-spaced, font size12 as pdf.

5.Submission : Email to imakodambakkam1@gmail.com with subject "Medical Essay Competition"

6. Deadline: February 28, 2026

7. Judging Criteria :
- Originality and depth of thought
- Clarity and sophistication of written expression
- Coherence and structure of argument
- Evidence of wider reading and research

8. Prizes :
(1 Male and 1 Female)
- 1st prize : Rs 10000/-
- 1st prize : Rs 10000/-

9. Plagiarism: Strictly prohibited; entries will be checked

10. Results : To be announced on March 29, 2026

MEMBER'S DIRECTORY

This is to inform our esteemed Members that the Executive Committee of IMA Chennai Kodambakkam branch has decided to collect member details using the Google Form link provided below. Please Copy the link and paste it in google search.
https://docs.google.com/forms/d/e/1FAIpQLSfJ9lJ_5u_v6Yfc7AfnUBAGOzd9vKNi74-wtmF3md457qla-w/viewform?usp=publish-editor

You are requested to fill out the form and submit it at your earliest convenience. The compiled data will be used to create a directory of IMA Chennai Kodambakkam branch members.

WhatsApp column

Dr. Jayanthini's Views on ASD,

In India ASD children not treated properly.
To my knowledge two deaths reported, one child died during swimming. In abroad for autistic children separate trainee.
Another child died in a home center by hurting the child to death and they then buried. It came in the news paper.
The mother's of autistic child are grand mothers , in fact choose by God (my daughter is one). When the child is ill, since can't talk, difficult to diagnose and treat
They have what's app groups in India & abroad and share their feelings & share the out comes of treatment by neurologist & psychologists.
We found in Chennai, many mothers advises not to go to a particular neurologist because of multiple drug therapy.
In abroad,separate school for autistic children and many benefits like annual grants.

WhatsApp Column

Dr.K.Vengadakrishnan's Views on Latest TB Regime,

Old Regime: Standard 6-month regimen of 2HRZE/4HR (2 months of Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, followed by 4 months of Isoniazid and Rifampicin).
New Regime (2025): Introduction of a 4-month regimen (Isoniazid, Rifapentine, Pyrazinamide, Moxifloxacin) for pulmonary TB, with faster cure rates and reduced risk of relapse.

For everyone to have a basic understanding of TB management
- This is the latest recommendation as per WHO and CDC
- Here our National TB elimination program has not finalised the modification
- Rifapentine though available in India there is a shortage

CDC says - In drug susceptible TB, 4 months of short course regimen is adequate. (INH, Rifapentine, PZA and Moxi)

Rifapentine is long acting (10-15 hours) compared to Rifampicin (3-5 hours). Suitable for latent TB treatment
Indian setup is different. Drug resistance is more common. Short course regimen may not suit. Better to stick to a 6 month regimen

EXECUTIVE COMMETTE MEMBERS

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STATE COUNCIL MEMBERS

1.Dr Nirmala Ponnambalam	TN/24006/94/920/199896/2014-15/L
2.Dr M I Shahul Hameed	TN/19764/94/768/158102/2011-12/L
3. Dr S Sri Vamsi Krishna	TN/26905/94/1085/245570/2018-19/L
4. Dr S S K Sandeep	TN/19975/94/773/160077/2011-12/L
5. Dr Priya Kannan	TN/22555/94/858/185039/2013-14/L
6. Dr A Aravind	TN/12809/94/485/114112/2004-05/L
7. Dr D Boopathy John	TN/2852/94/714/47620/1995-96/L
8. Dr K Subramanian	TN/2110/94/72/40220/1994-95/L
9. Dr R Ezhil Arasan	TN/3227/94/113/52440/1996-97/L
10. Dr P Chowdappa	TN/1534/94/16/32999/1993-94/L
11. Dr M Arunachalam	TN/5196/94/229/66223/1998-99/L
12. Dr P M Venkatasai	TN/3795/94/166/57769/1996-97/L
13. Dr A Sreedharan	TN/1539/94/21/33004/1993-94/CL
14. Dr T Muthum Perumal	TN/2113/94/75/40223/1994-95/L
15. Dr K Selvam	TN/3235/94/117/52444/1996-97/L
16. Dr K A Venkatachalam	TN/17377/94/681/142402/2009-10/L
17. Dr U MeenakshiSundaram	TN/21884/94/822/179507/2013-14/L
18. Dr M Balakrishnan	TN/5753/94/249/69384/1999-00/L
19. Dr S Indra	TN/1533/94/15/32998/1993-94/L
20. Dr M Veldurai	TN/9978/94/423/96057/2002-03/L
21. Dr G Vargunapandian	TN/11504/94/456/107240/2004-05/L
22. Dr P Mahendran	TN/10658/94/436/98700/2003-04/L
23. Dr Duddi Pratap Prakash	TN/24367/94/939/202860/2015-16/L
24. Dr S Vijay Alagappan	TN/21885/94/823/179508/2013-14/L
25. Dr Sukumar	TN/4360/94/189/63402/1998-99/L
26. Dr R Muthiah	TN/15231/94/943/131471/2006-07/L
27. Dr P Umapathy	TN/6772/94/256/75501/2000-01/L
28. Dr S Soundappan	TN/9631/94/399/94077/2002-03/L
29. Dr Babu Ezhumalai	TN/35623/94/1300/172634/2012-13/L
30. Dr D Rajesh Babu	TN/26867/94/1047/245532/2018-19/L
31. Dr K Mohan Raj	TN/3849/94/162/58293/1996-97/L

CENTRAL COUNCIL MEMBERS

1.	Dr Nirmala Ponnambalam	TN/24006/94/920/199896/2014-15/L
2.	Dr M I Shahul Hameed	TN/19764/94/768/158102/2011-12/L
3.	Dr S Sri Vamsi Krishna	TN/26905/94/1085/245570/2018-19/L
4.	Dr S S K Sandeep	TN/19975/94/773/160077/2011-12/L
5.	Dr Priya Kannan	TN/22555/94/858/185039/2013-14/L
6.	Dr A Aravind	TN/12809/94/485/114112/2004-05/L
7.	Dr D Boopathy John	TN/2852/94/714/47620/1995-96/L
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16.	Dr K A Venkatachalam	TN/17377/94/681/142402/2009-10/L
17.	Dr U MeenakshiSundaram	TN/21884/94/822/179507/2013-14/L
18.	Dr M Veldurai	TN/9978/94/423/96057/2002-03/L

OFFICE-BEARERS

President	Dr.Nirmala Ponnambalam
Secretary	Dr.M.I.Shahul Hameed
President Elect	Dr.DP Prakash,
Vice President	Dr Priya Kannan
Finance Secretary	Dr S Vamsi Krishna
Joint Secretary	Dr.S.Indra
Communications Secretary	Dr.R.Muthiah
Sports Committee Chairman	Dr.S.S.K.Sandeep
Crisis Management Committee	Dr M Arunachalam
Service Doctor's Wing	Dr.A.Aravind; Dr.P.Umapathy
Women's forum	Dr S Sheela; Dr B Rekha
	Dr P Puspha
PPLSSS &FSS	Dr M Balakrishnan
	Dr M Veldurai
Young Doctors Wing	Dr.S.Vijay Alagappan
	Dr Jackin Moses; Dr.Vivek VVV
Private Hospitals & NHB	Dr P Chowdappa

Academic Coordinators

Dr R Ezhilarasan; Dr PM Venkatasai; Dr U Meenakshisundaram; Dr K Subramanian

Advisors

Dr.K.Selvam; Dr R Ezhilarasan; Dr.A.Sreedharan; Dr.D.Boopathy John

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