

THE TRAINED NURSES' ASSOCIATION OF INDIA

TNAI BULLETIN**VOL. 8 No. 5****MAY 2019****Celebrating the Nursing Spirit**

The International Nurses Day (IND) on 12 May is the event most eagerly awaited by the nursing community all over the world. On this day, Schools and Colleges of Nursing and healthcare organisations pay tribute to founder of nursing, Florence Nightingale, who redefined Nursing, setting new benchmarks. The date marks the birth anniversary of the nurse legend. The 2019 theme for IND is, Nurses: A Voice to Lead – Health for All. The event is celebrated all over the world though major activities are organised and overseen by International Council of Nurses (ICN), the apex body of nurse associations and federations. Seminars, workshops, talks, academic programmes, public honour of nurses for outstanding performance, street shows and cultural events apart at regional, national and local level, ICN releases an IND Kit that covers the region-wise summative profile of achievements and targets along various health indicators as also the suggestive line of future action, especially from the nurse perspective.

An estimated 3.50 lakh+ women die each year, with millions more suffering infection and disability due to preventable maternal illnesses. The International Midwives Day on 5 May draws attention to need to strengthen the birth and nurturance systems for the new born across all regions of the world. The International Confederation of Midwives (ICM), alongside UN agencies, WHO and other international partners, endeavours to bring down maternal mortality and morbidity through greater access to essential midwifery services worldwide.

Other health events of month of May of concern to nurses are: World Asthma Day on 7 May, World Red Cross & Red Crescent Day on 8 May, World Hepatitis Day on 19 May, World Schizophrenia Day on 24 May and World No-Tobacco Day on 31 May.

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With a view to facilitate nurses in qualifying IELTS (International English Language Testing System) examination, mandatory for overseas employment or studies, TNAI has set up a training centre at its Headquarters in Green Park, New Delhi. Well experienced faculty is already in place, admissions are on, and classes shall start on 1 May 2019. There shall be 10 candidates of each batch to be provided curriculum-based tips and knowledge in three sessions daily. TNAI members shall be entitled for discounted fees. Assistance in overseas placement shall be provided to candidates after training.

Currently, copies of TNAI Bulletin are sent to members through digital link (SMS/ email), apart from hard copy. You are therefore requested to furnish us your full particulars (name, membership number, email ID, phone number, complete address) at the earliest.

(Evelyn P Kannan)

Chief Editor & Secretary General, TNAI

PROVISIONAL BALLOT PAPER: TNAI Nagaland State Branch 2019

<i>Office</i>	<i>Name and Address of the Contestant</i>	<i>Voter s X</i>
President	Smt Tiakala Longkumar, TNAI No. 46759, Nursing Tutor, School of Nursing, Naga Hospital Authority, Kohima-797001	
Vice President	Smt Pursangla, TNAI No. 209678, H.No. 127 Sangpangtu Avenue, UNB-B Burma Camp, Old Khatkhati Road, Dimapur-797112.	
Secretary	Smt Tiamenla Jamir, TNAI No. 180487, Nursing Tutor, School of Nursing, Naga Hospital Authority, Kohima-797001	
Joint Secretary	Smt Khumjanbeni Murry, TNAI No. 174171, Associate Professor, College of Nursing CIHSR, Dimapur-797115	
Treasurer	Smt Lucy P Solo, TNAI No. 204100, Staff Nurse, Naga Hospital Authority, Kohima-797001	
Joint Treasurer	Smt Akhrieno Kire, TNAI No. 252668, Nursing Tutor, Naga Hospital Authority, Kohima-797001	
SNA Advisor	Smt Philanim A. Shimray, TNAI No. 230237, Asst Professor, College of Nursing, CIHSR, Dimapur-797115	
Representative LHV/ANM	Smt Hosavino, TNAI No. 276189, ANM, Naga Hospital Authority, Kohima-797001	

As per the TNAI Constitution Rules & Regulations & Bye-Laws page no 56-64 State Branch Election Procedure (Revised and approved by Council/HOD 2012)

1. Election will be held in General Body Meeting on **30 May, 2019 between 10:00 am to 2:00 pm at the Auditorium, Naga Hospital Authority Kohima-797001, Nagaland.**
2. The Provisional Ballot Paper is published only for the information of the members. A separate Ballot Paper will be distributed to the voters on the day of Election.
3. Only Life members of TNAI are eligible to vote.
4. All the Voters are requested to bring their voters' card/receipts of TNAI membership issued by the TNAI Headquarters along with Photo identity (Election card/PAN card/Driving license) before entering the hall for voting.
5. No one shall be allowed to vote before or after the schedule time of voting.
6. Contestants are requested to give their consent in writing to the Returning Officer and the choice of the office in case they are nominated for more than one office.
7. Names of contestant who have not given their consent in writing to the Returning Officer will be deleted from the final Ballot Paper.
8. It is expected that the Voters/Members are well versed with the TNAI Rules and Regulation and Byelaws. A copy of the same shall be available with the Returning Officer for ready reference.
9. For the offices of President and Secretary all valid nominations shall be included, for other offices, the names of three members having the highest number of nominations shall be included in ballot paper.
10. The person so elected for a particular office at branch level shall hold the office for the full term (four years) and shall not contest and cross to another office prior to completion of the term of her/his existing office.

11. The Returning Officer should be approached for any query or doubt about the election. No addition of the contestant shall be made to the final ballot paper.
12. Please mark the envelope "**Provisional Ballot Paper-TNAI Nagaland State Branch Election 2019**".
13. Any contestant wishing to withdraw from any office of contest should inform the Returning Officer at least 20 days prior to the election date in writing at the following address: **Smt Wapangla Jamir, Returning Officer, TNAI Nagaland State Branch, Nursing Tutor, School of Nursing, Naga Hospital Authority Kohima-797001, Nagaland, Contact No. 9436439848, Email: jamirwapangla@gmail.com**

अंतर्राष्ट्रीय नर्स परिषद् क्या है ?

वर्ष 1899 में स्थापित, समूचे विश्व में दो करोड़ नर्सों की प्रतिनिधि संस्था अंतर्राष्ट्रीय नर्स परिषद् (आई. सी.एन.) स्वास्थ्यकर्मियों का सबसे विशाल संगठन है। इसका संचालन अग्रणी नर्सों द्वारा किया जाता है। आई. सी. एन.के प्रमुख कार्य हैं: सभी के लिए स्तरीय नर्सिंग सेवाएं उपलब्ध कराना; उन्नत स्वास्थ्य नीतियों की अनुपालना सुनिश्चित कराना, नर्सिंग क्षेत्र में जानकारी को समृद्ध और अद्यतन कराना, और सर्वत्र सक्षम व संतुष्ट नर्सकर्मियों की मौजूदगी के लिए प्रयासरत रहना। यह वैश्विक स्तर पर नर्सों व अन्य स्वास्थ्यकर्मियों के हितों के भी प्रयास करता है।

आई. सी. एन. के महत्वपूर्ण कार्यक्रमों में प्रतिवर्ष 12 मई को अंतर्राष्ट्रीय नर्स दिवस (आईएनडी) का आयोजन है। इस दिन विश्वभर के नर्सिंग संस्थान कार्यशालाएं, वार्ताएं और संगोष्ठियां आयोजित करते हैं। इस अवसर पर आई. सी. एन. अन्य गतिविधियों के अतिरिक्त एक आईएनडी किट जारी करता है जिसमें विश्व के विभिन्न अंचलों के लिए स्वास्थ्य संस्तुतियां प्रस्तुत की जाती हैं।

BETHANY HOSPITAL

NABH accredited (190 bedded) Hospital at Thane, Mumbai

Urgently needs qualified

Staff Nurses / Supervisors / Nurse Managers

GNM / BSc Nurses

with or without experience may apply for the position of Staff Nurse.

Supervisor and Nurse Manager

Minimum 5 years relevant experience is required.

Salary will be commensurate with qualification and experience.

FREE accommodation and highly subsidized food provided.

Interested candidates may send detailed resume to

Email: hr.bethanyhospital@gmail.com or

Contact on 022-27125207/08 for walk in interview

PROVISIONAL BALLOT PAPER : Uttar Pradesh State Branch Election 2019

Office	Name and Address of the Contestant	Voter s X
President	Prof. (Mrs) Mary J Malik, TNAI No. 11825, 5/851 Lohia Nagar (Vikas Nagar), Lucknow-266022	
Vice President	Mrs SK Sohal, TNAI No. 20727, 51 GHA/21 CHA, Govind Nagar Natkhera Road, Alambagh-226005	
Secretary	Mr Ramji Yadav, TNAI No. 40072, Vill Sheergobardhanpur,Daffi, BHU, Varanasi-221005	
SNA Advisor	Ms Bhumika Singh, TNAI No. 289066, Type-I/130 SGPGIMS, Raebareli Road, Lucknow-226014	
Treasurer	Ms Dolly Victor, TNAI No. 166990, 166 Chandralok Colony Aliganj, Lucknow-226024	
Joint Secretary	Ms Aga Thariq Aliyar, TNAI No. 268353, 3/328 Virat Khand Gombi Nagar-226010	
Chairperson- Membership Committee	Sr Ancy Alex, TNAI No. 33926, Principal, School of Nursing, Mariampur Hospital, Shastri Nagar, Kanpur-208005	
Chairperson- Programme Committee	Ms Nazia Zaidi, TNAI No. 301465, 546/49/18 Sarfaraz Ganj, Lucknow -226003	
Chairperson- Nursing Education Committee	Ms Neema Pant, TNAI No. 117507, Type-IV 72, SGPGIMS Campus-226014	
Chairperson- Nursing Service Committee	Ms Arti Sarkar, TNAI No. 137409, 2/658 Vishnu Sadan, Sector-H, Kursi Road, Near Green City Hospital, Jankipuram, Lucknow-226021	
Chairperson- ANM/MW		
Chairperson- LHV		

As per the TNAI Constitution Rules & Regulations & Bye-Laws page no 56-64 State Branch Election Procedure (Revised and approved by Council/HOD 2012)

1. Election will be held in General Body Meeting on **15 June 2019 between 8 am to 3.30 pm at Fathima College of Nursing, Basement Auditorium, 35-C Mahanagar, Lucknow-226006 (UP)**.
2. The Provisional Ballot Paper is published only for the information of the members. A separate Ballot Paper will be distributed to the voters on the day of Election.
3. Only Life members of TNAI are eligible to vote.
4. All the Voters are requested to bring their voters' card/receipts of TNAI membership issued by the TNAI Headquarters along with Photo identity (Election card/PAN card/Driving license) before entering the hall for voting.

5. No one shall be allowed to vote before or after the schedule time of voting.
6. Contestants are requested to give their consent in writing to the Returning Officer and the choice of the office in case they are nominated for more than one office.
7. Names of contestant who have not given their consent in writing to the Returning Officer will be deleted from the final Ballot Paper.
8. It is expected that the Voters/Members are well versed with the TNAI Rules and Regulation and Byelaws. A copy of the same shall be available with the Returning Officer for ready reference.
9. For the offices of President and Secretary all valid nominations shall be included, for other offices, the names of three members having the highest number of nominations shall be included in ballot paper.
10. The person so elected for a particular office at branch level shall hold the office for the full term (four years) and shall not contest and cross to another office prior to completion of the term of her/his existing office.
11. The Returning Officer should be approached for any query or doubt about the election. No addition of the contestant shall be made to the final ballot paper.
12. Please Mark the envelope “**Provisional Ballot Paper-TNAI Uttar Pradesh State Branch Election 2019**”.
13. Any contestant wishing to withdraw from any office of contest should inform the Returning Officer at least 20 days prior to the election date in writing at the following address: **Mrs Neeru Jyotika Singh, Returning Officer UP State Branch, Flat No. – 201, Panjetan Heights, River View Part-2, Mehtab Bagh, Husainabad, Lucknow (UP)- 226003.** Mobile No. – 7408180803, Email id- neerusingh928@gmail.com

Lost & Found

This is to bring to information of all concerned that I have lost my General Nursing and Midwifery original Marks List Certificate number 8321 issued by Board of Nursing Education - South India Branch, Nurses League of CMAI, on 16 November 2018 at Pallikonda, Sachavadi bus stand, Vellore.

K. Stell Mary (W/o Mr K. Sundar Raj)

O/E No. 6, Sathyavani Muthunagar, Pallikonda - 635 802 Dist. Vellore (TN)

Mob: 0 7708441793; 0 9944349267

Call for News Items from Nursing Institutions

Schools and Colleges of Nursing are welcome to submit for publication in monthly *TNAI Bulletin*, the news items and write ups about observances of Graduation Ceremony, Annual Day, Seminars, Conferences, important workshops, etc. The charges are Rs 1000/- + GST per item including one photograph. The payment should be through a demand draft in favour of **The Trained Nurses' Association of India (TNAI)**, New Delhi. Neatly spaced out hand-written matter, preferably typed in double space on one side of paper with photograph may be sent, along with requisite charges, to the Editor, TNAI Bulletin.

ATTENTION MEMBERS !

Although we take utmost care in checking the veracity of facts mentioned in the advertisements, yet readers are requested to make appropriate enquiries and satisfy themselves before acting upon any advertisement.

- Chief Editor

PROVISIONAL BALLOT PAPER: TNAI West Bengal State Branch 2019

Office	Name and Address of the Contestant	Voter s X
President	Ms Sumita Dutta, TNAI No. 2036, 196-D/2 Regent Greens Block-A Flat No. 3A Picnic Garden Road, 700039	
	Ms Pratima Chatterjee, TNAI No. 11389, EKTP, Phase-II, Flat No. B2/11, Kolkata- 700107.	
Vice President	Mrs Smritikana Mani, TNAI No. 48317, HIG (U), 9/1 Swarnika Housing, Biren Roy Road (West), Shakuntala Park, Kolkata-700061.	
Secretary	Ms Usha Bir, TNAI No. 7839, C/o Dr MK Bir, 84, Mearber Road, PO Chhinsurah Dist, Hooghly-712101.	
	Ms Usha Mallick, TNAI No. 94962, 114/3/4/ Diamond Harbour Road Barisha, Uddayanpally, Kolkatta-700008	
Treasurer	Ms Sanchita Banerjee, TNAI No. 57843, 32, Kabinabin Sen Road, Suprabhat Apartment, 3rd Floor, Kazipara Dumdum-700028	
SNA Advisor	Ms Krishna Banerjee, TNAI No. 134447, VPO Madral Banerjee Para, Via-Kankanara, North 24 Parganas- 743126	
Chairperson - Programme Committee	Ms Santwana Kundu, TNAI No. 12523, 47/2 Health Institute Road-700065	
	Ms Sima Bose (Bhattacharjee), TNAI No. 108639, C/o Anup Kr. Bhattacharjee, Dharsha Kantapukur(N), Potis Jagacha, Howrah-711112	
Chairperson - Membership Committee	Ms Manashi Saha, TNAI No.131684, 24/1 Dr. M.N. Saha Road, Kolkata-700079	
Chairperson - Economic & Social Welfare Committee	Ms Alpana Rani Das, TNAI No. 181962, 33-E Raja Naba Krishna Street kolkata-700005	
	Ms Alpana Mayi Bera, TNAI No. 36139, Village Chatra, PO Ramtarakhat, PS Tamluk Dist Purba, Midnapur-721142	
	Ms Shrabani Mukherjee, TNAI No. 134442, C/o Dr Sahibal Kumar Mukherjee, S-4/2 Srabani Abasar, Sec-III, Salt Lake, Bidhan Nagar, North 24 Parganas, Kolkata-700106	
Chairperson - Nursing Service Section	Ms Doli Biswas, TNAI No. 70271, C/o PK Biswas Flat No.3-A Purabi Apartment 28 Rash Behari Avenue-700026	
	Ms Keya (Samanta) Bhattacharjee, TNAI No. 40202, NTC North 24 Parganas, District Hospital, NTC Qtr, PO Barasat-743201	

<i>Office</i>	<i>Name and Address of the Contestant</i>	<i>Voter s X</i>
Chairperson - Public Health Section	Ms Chaya Mahato, TNAI No. 31057, C/o Mukul Mahato Raghunathpur (Bh. Gouria Math) Jhargram- 721507	
	Ms Manju Mukherjee, TNAI No. 7327, Bara Bazar, Rue De CANNOT, PO Chandan Nagar, Dist Hooghly-712136	
Chairperson - Education & Research Committee	Ms Kasturi Mandal, TNAI No. 92915, Eden Tolly Lake Side, Flat F-1/3A, 3119 MG Road, Kabaldanga More, Kolkata-700104.	
	Ms Dipa Sarkar Dey, TNAI No. 57841, 102/1 Nandibagan Road, Singhi Garden, Kolkata – 700078	
Chairperson - ANM/LHV Section Committee		

As per the TNAI Constitution Rules & Regulations & Bye-Laws page no 56-64 State Branch Election Procedure (Revised and approved by Council/HOD 2012)

1. Election will be held in General Body Meeting on **15 June 2019 between 9 am - 5 pm at Nursing Training School, Nilratan Sarkar Medical College & Hospital (NRSMC & H) 138 - AJC Bose Road, Kolkata - 700014 (WB).**
2. The Provisional Ballot Paper is published only for the information of the members. A separate Ballot Paper will be distributed to the voters on the day of Election.
3. Only Life members of TNAI are eligible to vote.
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11. The Returning Officer should be approached for any query or doubt about the election. No addition of the contestant shall be made to the final ballot paper.
12. Please mark the envelope "**Provisional Ballot Paper-TNAI West Bengal State Branch Election 2019**".
13. Any contestant wishing to withdraw from any office of contest should inform the Returning Officer at least 20 days prior to the election date in writing at the following address: **Mrs Sanghamitra Dasgupta, Returning Officer, TNAI West Bengal State Branch, C/o Anjan Dasgupta, 94/4/1, Billilious Lane, Howrah - 711101, West Bengal, Contact No. 09433985527, Email- sanghamitra.dasgupta7@gmail.com**

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How to Keep on Receiving Copies of TNAI Bulletin

The readers may no longer receive the copies of TNAI Bulletin if they ignore this notice.

TNAI Bulletin is a non-priced monthly organ of TNAI mailed to members. Many times, the actual address of the member remains un-updated, only institution address exists in TNAI records entailing massive wastages. In view of costs involved in producing and mailing it, and noticing that the copies do not many times reach the proper hands, as cost curtailment measure the Editorial Advisory Board members have advised that copies of TNAI Bulletin be mailed only to genuine readers.

It has therefore been decided to follow a reverse strategy i.e. mailing copies of TNAI Bulletin to only those members who submit their mailing particulars afresh including the PIN code and email ID, in following format.

Name of Member: _____

TNAI Membership No. _____

Complete mailing Address: _____

Mobile/ Phone No. _____

Email ID: _____

This information may be sent to Chief Editor, TNAI Bulletin. Members can also submit above information by mail (email id: membership@tnaionline.org).

Non-receipt of above information at Hqrs shall imply that members are willing to forgo TNAI Bulletin in print format, and their names may be considered to be withdrawn from mailing list of print version.

NOTICE TO ADVERTISERS

All advertisements published in TNAI Bulletin or Nursing Journal of India shall attract the provisions of GST. All advertisers including nursing institutions may kindly note that the current GST rate of 5% shall be compulsorily applicable on all transactions. The advertisers are requested to kindly furnish their GST number at the time of placing the order for publication of advertisement.

अंधा कर सकती हैं रोज की बीस से ज्यादा सिगरेटें

कुछ दशकों से, अनेक परीक्षणों के बाद, सिगरेट के अत्यधिक सेवन को हृदय रोग और कैंसर से जोड़ा जाता रहा है। किंतु रूटज़र यूनिवर्सिटी की साइकिएट्री रिसर्च नामक पत्रिका में छपी एक हालिया खोज ने एक नई बात निकल कर सामने आई है। वह यह कि रोजाना 20 से अधिक सिगरेट पीने वालों को अंधापन होने की संभावना बढ़ जाती है।

यों यह सभी जानते हैं कि ज्यादा सिगरेट पीने वालों में रंगभेद करने की क्षमता घट जाती है। उक्त शोध में बताया गया है कि कैसे अधिक सिगरेट का सेवन लाल-हरे और नीले-पीले परिक्षेत्र को उल्लेखनीय रूप से प्रभावित करता है। शोधदल के प्रमुख स्टीवेन सिल्वरस्टीन के अनुसार सिगरेट में वे संघटक मौजूद होते हैं जिनके सेवन से अन्य स्वास्थ्य संबंधी दुष्प्रभावों के अलावा दृश्य संज्ञान की सामर्थ्य का ह्रास होता है। इस शोध में 15 से कम सिगरेट पीने वाले 71 स्वस्थ व्यक्तियों और 20 से अधिक सिगरेट पीने वाले 20 व्यक्तियों को शामिल किया गया था। सभी प्रतिभागी 25-45 आयुवर्ग के थे।

— प्रकाशन एकक, टीएनएआई

New Advertisement Rates

Monthly *TNAI Bulletin* and Bi-Monthly *The Nursing Journal of India (NJI)*

Consequent upon the decision of TNAI Executive Committee/ Council meeting held during December 11-16, 2018 at Goa (Minutes No. EC/CL/2018/4, the advertisement rates for the NJI and TNAI Bulletin have been modified from April 2019 issue onward, as under.

Advertisement for Website only

Products	-	Rs. 30,000/- per month
Institutions (Admission Notices, Staff Vacancies)	-	Rs. 15,000/- per month
Institutions (Workshops / Conferences / News)	-	Rs. 10,000/- per month

TNAI Bulletin – Monthly

Advertisement Size	Contract Rate Per issue (Rs.)	Casual Rate Per issue (Rs.)	Foreign Advertisement Rate in US Dollar (\$) Per issue
Front Cover Inside/Last Cover Inside/Last Cover	27,300	32,800	2,025
Full Page B/W	20,000	21,900	1,620
Half Page B/W	11,000	14,600	810
Quarter Page B/W	7,300	11,000	405
Job Work		Rs. 1215/- per column per centimeter with minimum size as 7 cm i.e. Rs. 8,500/- minimum charges	

The Nursing Journal of India (NJI) – Bi-Monthly

Advertisement Size	Contract Rate Per issue (Rs.)	Casual Rate Per issue (Rs.)	Foreign Advertisement Rate in US Dollar (\$) Per issue
Front Cover Inside/Last Cover Inside/Last Cover (Colour)	53,200	63,800	3,600
Full Page (Colour)	35,100	38,300	2,880
Half Page (Colour)	19,100	26,500	1,440
Quarter Page (Colour)	12,800	19,100	720
Full Page B/W	25,100	27,300	2,070
Half Page B/W	15,200	20,300	1,080
Quarter Page B/W	10,200	15,200	540
Job Work		Rs. 1530/- per column per centimeter with minimum size as 7 cm i.e. Rs. 10,700/- minimum charges	

- Contractual rates applicable to a minimum of 6 insertions in twelve months.
- Advertisement matter mentioning the size of advertisement, month of publication along with payment should reach TNAI office latest by the first day of the previous month (e.g., for publication in April, the advertisement matter and payment etc., should reach us latest by May 1).
- Outstation Cheques will not be accepted.
- Payment shall be made in advance through Demand Draft in the favour of TNAI, payable at New Delhi.
- Kindly note that GST, as relevant (presently 5%) shall be chargeable on the rates mentioned.

Telephone: 011-26966873, 26566665, 26534765; Email: publicationstnai@yahoo.com

Revised Rates for *NJI* Subscription

It is to bring to notice of all *NJI* subscribers that as per decision of TNAI's EC (vide Minute No. EC/CL/2004/3 subsequent to meeting held on 18-19 Nov 2014) the yearly price of Nursing Journal of India shall be revised upwards from March-April 2016 issue, as under.

One-year subscription: For individuals Rs. 1,000/-; for Institutions Rs. 1500/-

Five-year subscription: For individuals Rs. 4,000/-; for Institutions Rs. 6,500/-

All payments shall be accepted in the form of demand draft in favour of **The Trained Nurses' Association of India** payable at **New Delhi**. Local subscribers can also deposit the subscription charges as cash at TNAI Headquarters.

All communication related to *NJI* should be sent to the following address:

Secretary General, The Trained Nurses' Association of India

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NEWS FROM NURSING INSTITUTIONS

ES College of Nursing (ESCON), Villupuram (TN): The lamp lighting ceremony of 11th batch BSc (N), DGNM and ANM students and 3rd graduation ceremony - 2019 was held on 5 January 2019 with Dr BV Kathyayani, Principal- VIMHANS College of Nursing, Bangalore as chief guest. Welcome address was delivered by Mr Karthi, Asst Professor ESCON. The chief guest and other dignitaries lighted the lamp which was passed on to the students. Prof (Mrs) Porselvi, Principal ESCON recited the oath to students. Mr E Swamikannu, Chairman, gave the presidential address. In graduation ceremony, Secretary Mr Senthil Kumar blessed the students. Prof Porselvi, Principal- ESCON, welcomed the gathering and presented the annual report of ESCON, 2018-19. The chief guest reminded the essential life skills for nurses i.e. self awareness, empathy, effective communication, interpersonal skills, decision making, problem solving, critical thinking, creativity, coping with emotion. Eighty-two students graduates received degree certificates from chief guest, assisted by Mrs Menaga Gandhi, Vice Principal. Vote of thanks was delivered by Mr Jayaprakash, Associate Professor.



GEMS College of Nursing (GCON), Ragolu, Srikakulam (AP):

The lamp lighting ceremony of the students was held on 9 February 2019 in the college auditorium. The programme began with a prayer song. Prof Daniel Arun Kumar, Vice Principal- GCON addressed the gathering and highlighted the significance of lamp lighting. The dignitaries lighted the lamp and inaugurated the programme. Mrs Aparanji Kumari, Associate Professor presented the annual report of GEMS CON and SCON. Prof R Padmavathi, Principal- GEMS CON lighted the Florence Nightingale lamp and led the students for oath taking. Chief guest of the occasion was Dr Sanjeeva Rao, Principal- GEMS Medical College. Other dignitaries included Dr Ambedkar, Director; Dr Y

Mallikarjuna, Medical Suptdt; Dr Sudheer, Head, Dept of Medicine; Dr Tirupathi Rao, RMO, GEMS Hospital; Mr Nageswara Rao, BMS, Centre Head. The special guests, in their address, admired the high performing students in academics and extra-curricular activities and congratulated the budding nurses. After the varietal cultural activities, the programmed concluded with vote of thanks by Mr Imran Basha, Lecturer, CON.

Sri Ramachandra College of Nursing (CON), Sri Ramachandra Institute of Higher Education & Research (Deemed University), Porur, Chennai:

The 26th lamp lighting and graduation ceremony was held on 15 February 2017 at Seminar Hall, Sri Ramachandra Medical College & Research Institute, with Prof Dr Premila Lee as chief guest. The programme began with prayer followed by University Anthem. Prof Dr G Neelakshi, CON, welcomed the gathering. Dr A Porkodi, Reader- CON, spoke on the significance of lamp lighting; Prof (Dr) SJ Nalini, Principal- CON, lighted the Florence Nightingale lamp and transferred luminosity to 11 senior nursing leaders, 102 BSc (N) Basic I Yr students dedicated themselves to nursing by lighting their lamps from nursing fraternity, reciting the Nightingale pledge after Principal. Freshers rendered a special song. Prof PV Sujatha, Reader- CON presented annual report of CON. Dr Nalini, Principal introduced the chief guest. Prof PV Vijayaraghavan, VC, felicitated the chief guest and distributed certificates, and prizes to top performers. The VC said, nurses are the link between doctors and patients, and encouraged nurses to take up due responsibility. The perception of Diploma and degree students was expressed through Ms S Pavithra and Ms Faustina respectively. The chief guest emphasised the value of professional ethics in nursing practice. The programme ended with vote of thanks by Dr S Rajeshwari, Reader- CON.



5जी तरंगों से जनजीवन और पृथ्वी को खतरा

समस्त प्राणिजगत के पोषण और संरक्षण का दारोमदार पृथ्वी पर है। इसीलिए विभिन्न संप्रदायों और पंथों में इसे “मां” तुल्य मान कर इसकी स्तुति की जाती है। पृथ्वी की उपचारात्मक सामर्थ्य भी अथाह है। इसमें मनुष्य द्वारा भूमि के सुपुर्द किए गए तमाम रसायनों और हानिकारक पदार्थों के विषैलेपन को देर-सबेर निराकृत करने की अबूझ क्षमता, और नाना प्रकार की जैविक अस्मिताओं को संवारने और बरकरार रखने की विशेषता है।

पिछले कुछ दशकों से मनुष्य की स्वार्थपरकता और मुनाफाखोरी की प्रवृत्तियों में तेजी से धरती का जैविक, परिवेशगत और संरचनात्मक संतुलन डिगा है, इसकी चेतावनी समय-समय पर बाढ़, सूखा, अतिवृष्टि, जलवायु परिवर्तन के माध्यम से मिलना शुरू हो गई है। पृथ्वी के मूल स्वरूप से जितनी ज्यादा छेड़छाड़ की जाएगी, मानव जीवन उसी अनुपात में दुष्कर होता चला जाएगा, वक्त रहते इस पर विचार करना होगा। बेतरतीब औद्योगिकीकरण, मशीनीकरण और आधुनिक प्रकृति-विरोधी जीवनचर्या धरती के संतुलन को झकझोरने में तुली हैं।

समूचे भूमंडल को क्षत-विक्षत करता एक नए किस्म का प्रहार उच्च रेडियोफ्रीक्वेंसी का है जो मनुष्य सहित सभी जीवों-जंतुओं को बीमार कर रहा है। अनेक वैज्ञानिक परीक्षणों में संचार में अभी प्रयुक्त किए जा रहे 1 से 5 मेगाहर्ट्ज के 3जी, 4जी नेटवर्कों के जनस्वास्थ्य और वन्यजीवन पर पड़ते कुप्रभावों की पुष्टि की है। इसी श्रृंखला में 5जी हालांकि उसी ढांचे का इस्तेमाल करेगा – केवल उसमें एक परत और चढ़ेगी, किंतु इसके विकिरण 6 से 100 मेगाहर्ट्ज यानी मौजूदा 3-4जी रेडिएशन से दुगुना से 20 गुना रेडियोफ्रीक्वेंसी वाले होंगे। अनुमान है कि घर-घर पहुंच सुनिश्चित करने के लिए 5जी का नेटवर्क ढांचा गली-कूचों में लगाया जाएगा। इसके निर्माता और अन्य पक्षधरों के हाथ बहुत लंबे हैं, और इनकी स्थापना के लिए स्थानीय समुदायों-निवासियों की अनुमति अनिवार्य नहीं मानी गई है। फलस्वरूप यूरोप, अमरीका व अन्य देशों के वैज्ञानिक और नागरिक संगठनों ने 5जी प्रणाली के विरुद्ध अभियान छेड़ दिया है।

स्पष्ट है, फिजाओं के उच्चतम फ्रीक्वेंसी से सराबोर हो जाने से जनजीवन उतना ही अस्वास्थ्यकर हो जाएगा। इसी आशय से हालिया 42 देशों के 250 वैज्ञानिकों ने संयुक्त राष्ट्र से गुहार लगाई है कि 5जी के क्रियान्वित किए जाने से पहले सभी पक्षों का आकलन कर लिया जाए और इसकी निरापदता सुनिश्चित की जाए। केलिफोर्निया के उपनगरों में 5जी के विरुद्ध प्रबल मुहिम चल पड़ी है। अमेरिकी मेयरों की परिषद का कहना है कि 5जी उतारने में फेडरल कम्यूनिकेशन्स कमीशन (एफसीसी) समुचित सुरक्षात्मक उपाय नहीं अपनाएगा तो परिषद को कोर्ट का रास्ता अपनाना पड़ेगा।

अनेक परीक्षणों में उच्च रेडियोफ्रीक्वेंसी के एक्सपोजर से बच्चों में स्थाई मानसिक और स्नायुतंत्र की विकृतियां पाई गई हैं। ये सशक्त किरणें आंख, त्वचा और अंडाशय के कार्यप्रचालन को डांवाडोल करती हैं, इनके कैंसरजन्य होने और शुक्राणुओं में घटत की भी प्रमाण मिले हैं, इनके एक्सपोजर से पक्षियों, कृमियों आदि की जनसंख्या घटने की अनेक वारदातें दर्ज की गई हैं। नेशनल टॉक्सिकोलाजी प्रोग्राम के एक शोध में मर्दाना चूहों को दो वर्ष तक मोबाइल फोन के एक्सपोजर में रखने से ज्ञात हुआ कि इनमें ग्लायोमाज़ यानी ब्रेन कैंसर की कोशिकाएं उत्पन्न हो गईं। जोर्सेसियामा के शोध दल ने मोबाइल टॉवरों के गिर्द रहने वाले व्यक्तियों के रक्त में वे परिवर्तन दिखाई दिए जो कैंसर की पूर्व अवस्था दर्शाते हैं। मुश्किल यह है कि कारोबारी सरगना अमेरिका की सीडीसी (सेंटर्स फॉर डिजीज कंट्रोल एंड प्रीवेंशन) सरीखी एजेंसियों – जिसे जनस्वास्थ्य नीतियां तैयार करने में भरोसेमंद माना जाता रहा है – को अपने मंसूबे मनवाने में सफल हो जाते हैं। याद रहे, 5जी के पक्ष में सीडीसी ने स्वीकृति दे दी है। कुछ विशेषज्ञों की राय में संचार व्यवस्था को और सशक्त करने के लिए 5जी का एक विकल्प फाइबर ऑप्टिक प्रणाली का सुदृढीकरण है, लेकिन सुने कौन! इन परिस्थितियों में एक विश्वव्यापी सशक्त जन आंदोलन वक्त की जरूरत है।

पृथ्वी के नैसर्गिक स्वरूप को बनाए रखने के बाबत जागरूकता बढ़ाने की जितना आज जरूरत है उतना शायद कभी न थी, कम से कम भावी पीढ़ियों के हितार्थ ही।

— एच.के. बड़थवाल

International Midwives Day: 5 May

Over 3.50 lakh women are estimated that they die each year, with millions more suffering infection and disability as a result of preventable maternal illnesses. The International Confederation of Midwives (ICM), alongside UN agencies, WHO and other international partners, is committed to addressing maternal mortality and morbidity through greater access to essential midwifery services worldwide. International Midwives Day (IMD) on 5 May every year highlights the important role midwives play in the health of mothers and children.

The IMD commemorates and increases the awareness about the contribution of the midwives towards the patients all over the world. It is celebrated with great enthusiasm and joy in more than 50 countries around the world. The objective is, to strengthen Midwives Associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, their newborns and their families.

International Nurses' Day: 12 May

The most eagerly awaited event for the nurse community, the world over, is the International Nurses' Day (IND) on 12 May; this date was chosen to coincide with the birth anniversary of Florence Nightingale, who set benchmarks in what Nursing means and implies. The events of the day, spearheaded by International Council of Nurses (ICN) are celebrated throughout the world. Apart from seminars, workshops, talks, academic programme and public recognition to nurses for exemplary performance, street shows and cultural events are conducted by health promotion organisations. The IND theme for 2019 is, Nurses: A Voice to Lead - Health for All. The ICN releases an IND Kit that contains a region-wise summative profile of achievements versus the targets along various health indicators as well as prospective focus of the current strategies especially from the nurse perspective.

In India, National Florence Nightingale Awards are conferred by President of India to nurse professionals from all over the country who made outstanding contribution in discharge of their duties. The award carries cash prize, medal and citation.

World Asthma Day: 7 May

Celebrated on first Tuesday of May each year (this time on 7 May), World Asthma Day (WAD) is basically a programme of the Global Initiative for Asthma (GINA) to promote alertness and concern about asthma, a common respiratory disease, around the globe. GINA works with health care professionals and civic health officials around the world to bring down incidence, morbidity and deaths related to asthma.

Asthma is a chronic lung disease marked by breathing difficulties; it is caused either by inflammation of the bronchial tubes or as reaction to allergens, exercise, stress or changes in climate. Asthma is not usually curable but control measures help affected persons lead relatively normal lives. Asthmatic patients face recurrent attacks (which may be several times a day or in a week) of breathlessness, cough and wheezing with varying severity. The symptoms may exacerbate with increased physical activity or at night.

Occupational Hazard in the Health Care

Experience of Needle Struck Injury in HIV Patient

G Shyamala Gopu

The author is Senior Technical Officer (Rtd), National Institute for Research in Tuberculosis (ICMR), Chennai.

It was a time when the HIV was viewed with fear and trepidation. All over the world a fear psychosis had been created and fear of the disease was only slightly smaller than the stigma associated with it.

It was in 2000 that Tuberculosis Research Centre set on providing anti-TB treatment for those infected with the HIV and I was one of two nursing staff posted at the newly formed Division of HIV/AIDS in our institute. Prior to this I had undergone counselling training at CMC Vellore about HIV/AIDS and had a fairly good knowledge about what it entails in working with or rather working for people living with HIV. My fears were cast aside and I felt privileged to be among a team helping those affected with HIV.

I can never forget 6th December 2000. In that era when very little was known about the disease, my dedication to serve people living with HIV was put to a test by the most unexpected event. I was on that in day giving injection to a 28-year HIV-infected man who was on treatment for TB.

Ours was a small unit, and the nursing staff shared the room with other team members; a small metal screen separated me from the Medical Social Worker who needed privacy to counsel other patients. As I was withdrawing the needle I inadvertently tripped over the iron claws of the screen and by the time I could retrieve my balance I had jabbed the needle into my finger. I was startled and I winced in pain; immediately I rinsed my finger with soap and water. I did not tell anyone and no one had taken notice to what had happened in a matter of minutes.

It took some time for me to come to reality and understand what had happened. "What have I done? Shouldn't I have been more careful when giving injection to the person with HIV." Then again I recalled my classroom knowledge that I had only 0.03 percent chance of getting infected this way. But still I was apprehensive. I did not want to panic and not want to create a scene. I

had apprehensions that if I told anyone about the episode, none would want to work for these people. So I kept quiet about it. The next day my colleague reported for duty and she looked at me in an inquisitive manner as I had rearranged the room to make more space for patients and nursing staff. I then told her about what had happened previous day. We mulled over what was to be done and we decided that our HOD should be informed. By then 36 hours had elapsed.

I reported the incident to my HOD all the while apologising for my clumsiness. She patiently heard everything and told that accidents are unavoidable at the work place. She also advised me not to blame myself nor feel disheartened that I had lapsed in my duty. She reassured me that chances of infection were very low. However she decided to go ahead with universal post prophylaxis immediately. After discussing with our Director, Elisa was done, and our director immediately ordered for purchase of Anti retro viral drugs which had cost of Rs.3000 at that time. I was started on Lamivudine and Zidovudine 300 mg twice daily for 30 days.

The next issue was talking to my husband and teenage daughter about this. Fortunately my husband was very understanding and he told me that occupational hazards are inevitable in any health care setting. My daughter was studying 9th standard and her knowledge on HIV was very limited. She almost panicked when she heard about the incident. I had to satisfy her that all necessary precautions had been initiated and there was nothing to fear and that I was at minimal risk. This seemed to convince her. My husband was very supportive and this helped me in managing the after effects of ART which were quite severe.

I had bouts of nausea, joint pain and raise in temperature in evenings. I had an aversion of water; I felt dehydrated due to this and was constipated most of the time. Due to this I had fresh rectal bleeding on and off and anemia. In spite of

all this I did not take leave and I maintained a semblance of normalcy. Routine LFT chest X-ray and all the investigations were done and everything was within normal limits.

The anxiety levels were very high and it was only on the 31st day when Elisa was repeated and reported as negative. I felt great relief. Still I behaved like an HIV-infected person because the window period of the infection is 3 months. Elisa was repeated at 3rd month, 6th month and end of one year, and found negative. All this was done in strict confidence except my colleague and HOD.

Then why talk about this after all these years?

There are reasons for me to break my silence. I need to share my experience with other nursing personnel and I want everyone to know that occupational hazards are unavoidable and they should know to protect themselves by following necessary precautions. I was fortunate to have very supportive and caring employers who followed universal guidelines and had taken immediate steps by giving me post-exposure prophylaxis. I appeal to anyone in the health care

system to treat every patient as a potential risk for HIV infection. Every health care person must note that in case of occupational exposure, proper steps should be taken within 48 hours. The incident should be reported immediately to the Medical Officer, who shall decide the post-prophylaxis management according to the type of exposure i.e. (1) whether it is mucous membrane or skin or integrity compromised (eg) dermatitis, or open wound, (2) intact skin, or (3) percutaneous exposure and its severity. Needle stick injuries are fairly common in health care settings and hence there should be adequate space for nursing procedures.

At family level it would be better if immediate family members are told earlier about occupational hazards so that they would cooperate in case of such occurrence. For health care personnel this is not an issue where you can leave things to chance. Even if the risk is very low you should not discount the fact that risk is present and all necessary measures have to be undertaken. This is a responsibility which you owe to yourself, to your family and to your community.



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खतरनाक हो सकती है शरीर में पानी की कमी

ग्रीष्म ऋतु में अक्सर शरीर में पानी की कमी हो जाती है, इस अवस्था को डिहाइड्रेशन कहते हैं जो नाना प्रकार की बीमारियों का कारण बनता है। विशेषकर उत्तर भारत में गर्मी की समस्या विकराल रूप ले लेती है चूंकि तापमान कई घंटों तक 48 डिग्री सेंटीग्रेड रहता है। इन दिनों पसीना ज्यादा आने से शरीर में पानी का संतुलन बनाए रखने के लिए अतिरिक्त पानी का सेवन किया जाना आवश्यक है। डिहाइड्रेशन या हीट स्ट्रोक से व्यक्ति की मौत के अनेक मामले सुनने में आते हैं।

डिहाइड्रेशन के लक्षण

यकायक अंधेरा छा जाना या चक्कर आना: डिहाइड्रेशन का स्तर बहुत बढ़ जाए तो व्यक्ति को चक्कर आ सकते हैं या आंखों के आगे अंधेरा छा जाएगा। इस स्थिति में प्रभावित व्यक्ति को पानी के एवज में नींबू पानी, छाछ या नारियल पानी दिया जाना चाहिए।

पेशाब कम आना: प्रत्येक व्यक्ति अमूनन आधे घंटे से आठ घंटे के बीच एक बार पेशाब जाता है, गर्मियों में कम तो सर्दियों में ज्यादा। आठ घंटे में पेशाब की शिकायत नहीं होना डिहाइड्रेशन का संकेत है।

गहरा पीला पेशाब आना: यदि पेशाब गहरे पीले रंग का होने लगे, इसकी मात्रा बहुत घट जाए या यह बदबूदार हो तो इसका कारण शारीरिक पानी की कमी हो सकता है। किंतु याद रहे, कुछ दवाओं के सेवन से भी ऐसा होता है। त्वचा में शुष्की और हॉट फटना: चमड़ी का रूखा पड़ जाना या कदाचित त्वचा में लाली आ जाना भी डिहाइड्रेशन का संकेत है।

तेज सिरदर्द: मस्तिष्क का मुख्य भाग एक तरल पदार्थ से लिपटा होता है जो उसे ठंडा रखने में सहायक होता है। शरीर में पानी की कमी से तेज सिरदर्द या अन्य दुष्कर बीमारियों की संभावना बढ़ जाती है।

शरीर में जल का उचित संतुलन बनाए रखने के लिए पानी का सेवन नियमित अंतराल पर करते रहें। कहीं जाना हो तो पानी की व्यवस्था साथ में रखें।

— प्रकाशन एकक, टीएनएआइ

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L-17 Florence Nightingale Lane, Green Park, New Delhi-16

Phone: 26566665, 26858304

E-mail: helpdesk@tnaionline.org, membership@tnaionline.org,
sna@tnaionline.org, publicationstnai@yahoo.com

Website: www.tnaionline.org

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