

Part-1: Minutes of the luncheon meeting of the NTF Members, 2007

Date: 30th Oct, 2007

Venue: Conference Hall

Time: 1:30PM-2:30PM

1. Welcome of New ZTF Chairpersons

As per the NTF-2006 recommendations on the rotation of the chair of the ZTF and STFs, the new ZTF Chairpersons were nominated for the North, South, East and West Zones. The Chairman of the National Task Force, Dr Sharma welcomed the new ZTF chairpersons to the NTF meeting. He also extended his welcome to the members of the nodal centers, representatives of the WHO, Central Institutes and CTD.

2. Adoption of core committee and STF/ZTF supervisory check lists

The check lists for the core committee meetings, and supervisory visits of the STF and ZTF were prepared and disseminated as per the recommendations of the 2006 NTF meeting. The members of the NTF described the checklist as comprehensive, user friendly and action oriented. The members recommended their usage with minor modification. Availability and usage of adult and pediatric prolongation pouches for indoor patients in all the medical colleges has to be specifically monitored. It was also recommended that the filled checklist may also be used to monitor the follow-up actions that will be undertaken subsequently.

3. Update on NTF statement on rational use of second line drugs and adoption of Chennai consensus statement

2006 NTF meeting had reached a consensus on the promotion of rational use of second line drugs and discouraging the use of quinolones as a treatment of tuberculosis in the first line.

TRC Chennai in the month of September, 2007 convened a meeting of TB experts in the country to discuss on the issue of MDR and XDR-TB in India. The meeting had concluded with a consensus statement by the experts on the issue of MDR and XDR TB in India. The statement was discussed and the NTF members agreed to the contents of the consensus statement and affirmed that the same is endorsed by the NTF.

4. Curriculum requests to MCI- RNTCP inclusion in Internship and General Medicine curriculum

It was decided that Medical council of India will be requested to include the principles of DOTS, ISTC and RNTCP for the management of TB in the curriculum for under graduates and post graduate in all specialities.

5. Zonal OR Committees- update to NTF on formation, and next steps to strengthen and ensure regular meetings

The members were informed that all the five Zonal OR committees are now formed. The following decisions were undertaken as the next steps.

- a. CTD was requested to communicate the names of the zonal OR committee members to the respective states and informing the routing of proposals by the individual states.
- b. The Zonal OR Committees will meet at least once a year during the respective ZTF workshop and a capacity building cum review workshop at the national level for the members of the Zonal OR Committee may be considered by the Central TB Division during the months of Feb/March 2008.
- c. The contact details (Postal, e-mail and telephone numbers) of the zonal OR Committee members be compiled by the Zonal OR Committee chairpersons and disseminate it to all the STFs by 15th Dec, 2007
- d. The OR Proposals for the consideration of the Zonal OR Committee is to be submitted (soft as well as the hard copy) to the chairman of the zonal OR committee/ Member Secretary of the Zonal OR Committee. The soft copy of the OR proposal may be circulated for review and feedback.

- e. The norm of 1 thesis proposal/medical College may be relaxed by the state OR committee if there are two extra-ordinary proposals from one medical college within the overall norms for medical colleges in the state.
 - f. The break-up of the budget may not be required prior to approval/sanction of the thesis/dissertation. Upon completion of the thesis/dissertation a utilization certificate of the funds is to be submitted to the district TB control society.
- 6. Master Trainers from Medical Colleges- update to NTF and next steps**
- Over 200 master trainers from the medical colleges were trained during the previous year. But the utilization of the master trainers as facilitators for the state/district level trainings was poor. NTF once again re-iterated on the following
- a. Already trained master trainers to be used for the state/district level trainings.
 - b. To ensure that the faculty who gets trained at the national level as master trainers must at least undertakes training/sensitization activities in their respective medical colleges and private practitioners in the district.
 - c. Further training of faculty as master trainers to be based on the further need for master trainers and the decision is to be taken up by the district/ state TB officers/STF.
- 7. Reporting System- compilation of reports by the Zones.** The NTF acknowledged that there is a lot of scope for improvement for compilation/analysis and feedback. The STF Chairman is to develop a committee/team of STF members who will undertake this activity. The compiled data is to be shared quarterly to the STOs, Zonal task Force.
- 8. Areas for advocacy during 2007-8**
- a. NTF sensitization CD has to be up-dated annually. The responsibility for regular updation of the NTF sensitization CD will have to be to be institutionalized as the activity will require commitment of time and manpower. NTI-Bangalore to be requested on this aspect.
 - b. Advocacy by the NTF/ZTF/STF for the prevention of MDR-TB by DOTS, rational use of second line anti-TB drugs and adoption of RNTCP DOTS Plus guidelines for accredited lab proven MDR cases to be continued during the current year also.
 - c. Advocacy for streamlining of TB-HIV collaborative activities in the medical colleges as per the national framework for joint TB-HIV Collaborative activities.
- 9. Other issues**
- a. DDG-TB briefed the NTF about the IEC activities that are being undertaken
 - b. NTF has requested CTD for considering the shifting of venue for the NTF CME cum workshop from Delhi to any other metropolitan city for the year 2008.

Part-2: NTF group work recommendations

I. Recommendations of Group 1 on *'Role of medical colleges in promoting amongst students and peer faculty the use of ISTC, NTF Consensus Statement on use of second line anti-TB drugs and RNTCP patient management guidelines'*

- National Task Force to send recommendations to MCI for inclusion on RNTCP DOTS & DOTS Plus guidelines for the management of TB in UG & PG clinical teaching curricula of all specialties and compulsory posting for interns in medical college DOT centers for 10 working days.
- State Task Force to ensure sensitization of all faculties, PGs, interns, UGs, para medicals, nurses. For undertaking these activities the budgetary provisions made in RNTCP PIP-2 wherein the state and district societies can support conferences, symposiums, panel discussions and workshops to be organized at the state levels and at level of Medical College to be utilized adequately.
- Sensitization of private health care workers through professional associations like IMA, IAP etc.
- Efforts to be made to include RNTCP guidelines in prescribed text books for UGs & PGs. NTF send communications to the authors of reputed text books to incorporate RNTCP guidelines and ISTC.
- User friendly booklet (similar to "RNTCP at a Glance") on RNTCP DOTS & DOTS Plus guidelines to be made available incorporating ISTC and NTF recommendations on rational usage of second line anti-TB drugs .
- Include all clinical HODs including super specialties in medical college as members in the Core committee and hold core committee meetings every quarter as per norms.
- Operational Research & Thesis work on DOTS to be encouraged. The STF may conduct a situational analysis of the strengths and weakness for undertaking operational research activities and undertake capacity building activities on this aspect.
- Advocacy through electronic and print media includes news papers, booklets pamphlets and medical journals.
- Training of 'Master trainers' from medical college faculty should be for 14 days as it exists. During the training ISTC, NTF recommendations on rational use of second line anti-TB drugs to be included.

Reiteration of the NTF statement on the rational use of second line anti-TB drugs

- Quinolones should not be used as first line anti TB regimens also in presumptive treatment non- tuberculosis respiratory diseases.
- No patient to be put on 2nd line drugs without culture and DST results.
- A committee to be constituted at the national and state level to look into treatment of suspected MDR TB cases in medical colleges.
- All suspected drug resistant cases (i.e., cat II failure cases) to be referred to the nearest RNTCP accredited culture & DST center. CTD to publish on its website the names and addresses of Institutions which are accredited for *M TB* culture and DST

II. Recommendations of Group 2 on 'Effective involvement of all departments of Medical Colleges'

BARRIERS	RECOMMENDATIONS
Perceived misunderstanding by faculty members about RNTCP	Sensitization / Re-sensitization as per guidelines
Delay in training / sensitization of Medical and Paramedical staff	Sensitization / training to be conducted as per guidelines. Time-bound Action Plans need to be drawn up by the Nodal Officer in consultation with the Core Committee. All trainings/ sensitization to be completed before Mar, 2008
Specialists practice daily regimen because of their doubts of the efficacy of intermittent regimen	Need to be sensitized on the principles of DOTS with evidence based scientific principles
Fear of losing practice and / or patients	Private practitioners to be made clear to use RNTCP facilities for diagnosis and treatment. Patient continues to be monitored and treated by the private practitioners themselves.
Inadequate administrative commitment at the highest level (Head of Institution, Dean and Med. Supdt.)	Ongoing process of Regular sensitization of these officials at the National Level
Lack of time on part of the Faculty Members to attend sensitization meetings	Directives to be issued by GoI to Secretary Health / Medical Education for mandatory for all Faculty Members to attend sensitization programme in Medical Colleges.
Poor feed back from RNTCP to referring doctors	Feedback to be provided to respective clinical departments from MO-RNTCP up-on initiation of treatment, conversion and completion of treatment on a regular basis. DTOs to make sure that this feedback from the peripheral DOT Centers reaches the MO-RNTCP. Guwahati Medical College model may be adopted for tracking
Delay in response by the DOT centre to the cases diagnosed / referred by Specialists	Diagnosis by specialists on the severity of TB disease and extension of IP/CP to be honored by the field staff without any modifications Instructions on this aspect to be issued by CTD to all the STOs/ DTOs. In severe forms of extra-pulmonary/pulmonary TB cases treatment should be initiated without delay. In all such cases sputum examination must be done as per guidelines but treatment should not be delayed for want of sputum examination results.
Irregular holding of Core Committee Meetings with non attendance of some key members is a hindrance and making the committee ineffective	Core committee meeting to be held every quarter and chaired by Dean/Principal Minutes of meeting to be sent to the state task force.
Continuance of ATT supply by some Medical Colleges from sources other than RNTCP	Procurement of first line ATT by the Medical College to be stopped. Letters to this effect may be written by the Director of Medical Education to all the medical colleges. Medical college core committees to report to the STF on the procurement of first line ATT by the medical colleges.

Contractual staff inadequate (TBHV) in large institutions with several large specialty units & in Medical College attached Hospitals

Large Institutions to be provided contractual staff as per requirement and policy should be framed depending upon the RNTCP activities in the Institutions (on the lines of NACO policies for ART Centers). Requests for additional human resources above the existing norms are to be communicated to CTD with adequate justification.

Measures to achieve consensus on diagnosis and managing TB in consensus to Professional Bodies

- Sensitization of the professional bodies of the Specialists at all levels. For this regular participation in professional body meetings by RNTCP programme managers may be considered.
- Thesis proposals and the OR may be invited by these professional bodies
- Professional bodies to be encouraged to conduct pilot studies on the efficacy of RNTCP regimens in EP TB

III. Recommendations of Group 3 on ‘operational research activities to be conducted by medical colleges, identification of constraints and recommendations to address the constraints’

Progress so far

1. Progress in OR: presented in the NTF report 2007 (All Zonal OR Committees, 21 state OR committees have been formed. 40 OR projects have been started in medical colleges, 66 thesis has been initiated with RNTCP as a topic in 2006 and 2007)
2. The beginning is promising and the scope is enormous

CONSTRAINTS

1. Lack of awareness regarding
 - i. PG Thesis/ OR Project
 - ii. Priority areas listed by the CTD
 - iii. Process of submission
 - iv. Process of funding
2. Capacity of the Medical College
 - i. Lack of familiarity with research methodology [formulating a research question, manpower allocation and budgeting a research proposal]
 - ii. Lack of interest
 - iii. Non-existent ethical committee
3. Time frame for approval and budgeting
4. Infrequent meeting of state/zonal OR committee
5. Lack of documentation and publication on the already conducted research

SOLUTIONS

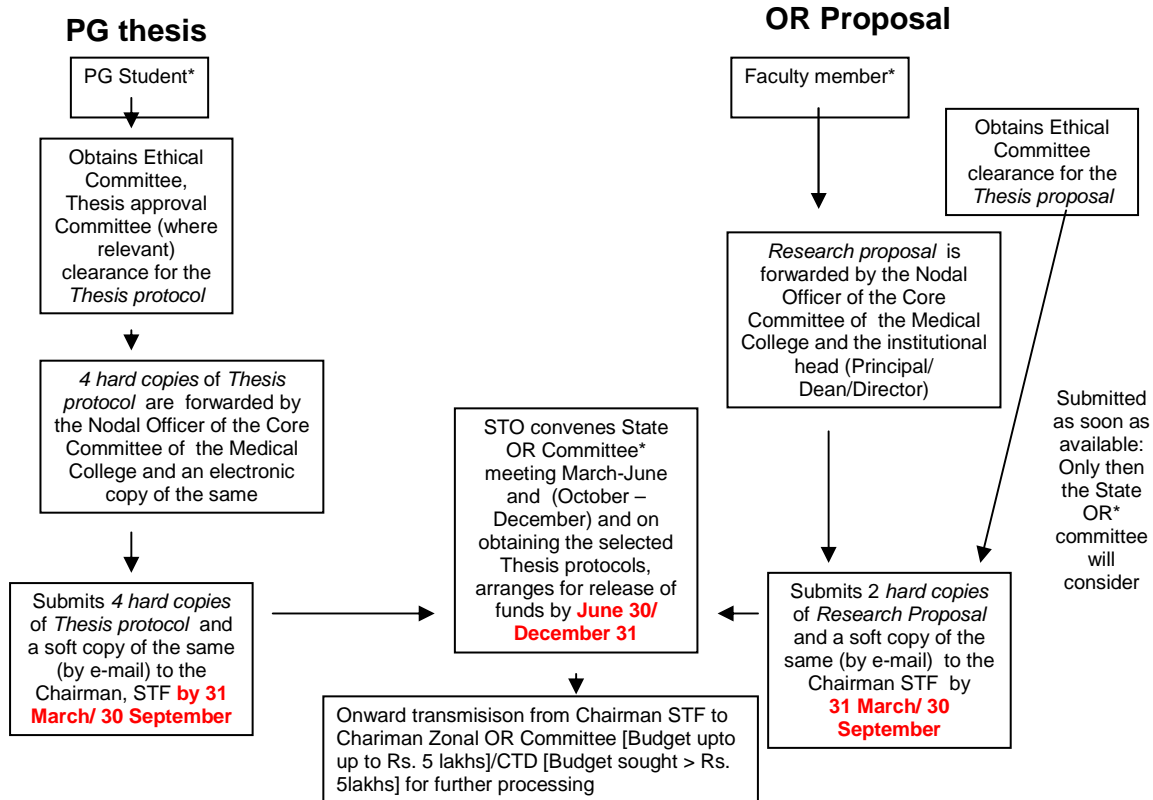
Lack of awareness

1. Nodal Officer of the Core Committee in the medical college shall disseminate the information about the OR activities and opportunities (as displayed at <http://www.tbcindia.org/documents.asp>) at the institutional level in the form of meetings/display on notice boards/inserts in institutional publications/intranet/website
2. Process of submission should be displayed in the form of a flow chart at the CTD website
3. Already funded well written proposals should be made available at the CTD website for public viewing as ‘model proposals’ to serve as a guideline for the uninitiated
4. STF Chairperson to sensitise the DME regarding the research agenda and funding opportunities of RNTCP and disseminate the information regarding the same to all the medical colleges in the state

Capacity of the Medical College

1. STF agenda shall include a 2 hour Research Methodology training during the STF meeting/workshop/CME
2. ZTF agenda shall include a half-day Research Methodology work-shop in the ZTF meeting
3. One of the four RNTCP supported state level CMEs shall be conducted as a OR workshop
4. ICMR guidelines on constitution of ethical committee and ethical issues to be provided at CTD website (<http://www.icmr.nic.in/ethical.pdf>)

Flow chart for the submission of the OR proposals (including thesis), Time frame for approval and budgeting



This flow chart is to be displayed at CTD website.

Infrequent meeting of state/zonal OR committee

1. STO should be given written guidelines regarding meeting the expenses incurred for the periodic State/Zonal OR Committee meeting

Lack of documentation and publication on the already conducted research

1. Operational Research activities should be monitored by the State OR Committee/Zonal OR Committee quarterly.
2. Encourage publication of research
3. Recognition for publications in a peer-reviewed/indexed journal that have been communicated to the CTD in the form of a letter of appreciation
4. Displaying the citation of the publication (with possible web-links for access) on the CTD website

Review/identification the priority topics for the OR to be conducted at the medical colleges with respect to the stop TB strategy

List provided at the CTD website (<http://www.tbcindia.org/documents.asp>) is comprehensive and all encompassing. There should be widespread dissemination of information about the access to these priority areas of research.

IV. Recommendations of Group 4 on “Medical College quarterly reports”

1. Format of the quarterly reports
 - a. No change proposed on the title and sections on Staff assigned to RNTCP, Core Com Meeting, Coordination, Microscopy Activities, Treatment Initiation, Diagnosis and Treatment initiation of Smear Negative & EP, Feedback and Advocacy
 - b. Referral Activities for Diagnosis deleted
 - c. One table added on classification of EP cases and management of MDR TB cases at Medical Colleges

Revised format of the medical college quarterly report

QUARTERLY REPORT ON RNTCP IMPLEMENTATION IN MEDICAL COLLEGES

(To be filled by the Medical College and submitted to the STF with a copy to DTC)

Name of the Medical College:

Govt. / Non Govt:

District:

State:

Quarter:

Year:

Staff assigned to RNCTP: Position and training status

Category of staff	Sanctioned	In place	Trained in RNTCP
Contractual			
Medical Officer			
LT			
TBHV			
Staff provided by Medical college (list below)			

Date of the last core committee meeting in the College?		
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Coordination with RNTCP

	Yes	No
Is supply of Laboratory consumables regular?		
Is supply of drugs regular?		
Are funds made available for meetings, advocacy activities etc?		

Performance of Medical College in (qtr/year): _____

Microscopy Activities (To be filled in from Lab Register of DMC of Medical College)

a. Number of TB suspects whose sputum was examined for diagnosis	
b. Out of (a), number of sputum smear positive patients diagnosed	
c. Number of TB suspects subjected to repeat sputum examination for diagnosis	
d. Out of (c), number of sputum smear positive patients diagnosed	
e. Total number of sputum smear positive patients diagnosed (b + d)	

Treatment Initiation (To be filled in from Laboratory Register and Referral for Treatment Register)

f. Of the smear-positive patients diagnosed (e), number put on DOTS	
g. Of the number of smear-positive patients diagnosed (e), number put on RNTCP Non-DOTS (ND1 and ND2)	
h. Of the smear-positive patients diagnosed (e), the number referred for treatment	
i. Initial defaulters $i = e - (f+g+h)$	

Diagnosis and Treatment Initiation of Smear Negative and Extra-Pulmonary TB. (To be filled in from Referral

for Treatment Register, Treatment Cards at the Medical College)

j.	Total number of sputum smear negative patients diagnosed	
k.	Of the smear-negative patients diagnosed (j), number put on	
l.	Of the smear-negative patients diagnosed (j), number put on RNTCP Non-DOTS (ND1 and ND2)	
m.	Of the smear-negative patients diagnosed (j), the number referred for treatment	
n.	Total number of extra-pulmonary TB patients diagnosed	
o.	Of the extra-pulmonary TB patients diagnosed (n), number put on DOTS	
p.	Of the extra-pulmonary TB patients diagnosed (n), number put on RNTCP Non-DOTS (ND1 and ND2)	
q.	Of the extra-pulmonary TB patients diagnosed (n), the number referred for treatment	

Extra-pulmonary Sites Reported: (out of n):

Lymph Node	Pleural Effusion	Abdominal TB	CNS TB	Bone & Joints	Others

*Feedback of patients referred for treatment in the **previous** quarter. (To be filled in from 'Referral for Treatment Register)*

r.	Of the sputum smear positive patients referred for treatment in the previous quarter, number of feedbacks received	___/___
s.	Of the sputum smear negative patients referred for treatment in the previous quarter, number of feedbacks received	___/___
t.	Of the extra-pulmonary TB patients referred for treatment in the previous quarter, number of feedbacks received	___/___

Diagnosis and Management of MDR TB cases:

u.	Of u, no of patients diagnosed as MDR on Culture / DST in a RNTCP accredited laboratory	
v.	Of v, no of patients put on RNTCP CAT IV regimen	

Advocacy

Workshops/Seminars/CMEs in the college, with other colleges, private sector (NGOs, PPs) or community		
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xxx-----xxx-----xxx-----xxx-----xxx-----
xxx

Signature:
Coordinator/Nodal Officer/ Core Committee: Dr.
Department:
Address of Institute:
Pin code:
Phone (with STD code):
Mobile:

Date:

Email:

Recommendations to improve timely and complete reporting and feedback

Ideally a computer and internet connectivity to be available at all Medical Colleges, STF and ZTF under supervision of the STF members and STF/ZTF Chairman respectively

- Email IDs of all STF Members and STF/ZTF Chairman to be compiled and made widely available with the core committee co-ordinators of all medical colleges.
- MO – Medical College is responsible to prepare the report under supervision of Core Committee Chairman.
- All diagnosed cases including Smear Negative and EP cases to be routed (initially or at DC) through MO – Medical College before treatment initiation / referral for treatment / transfer out
- Existing timelines for report submission should be adhered to by all Medical Colleges

Guidelines on compilation of the data at various levels and feedback

- STO to support STF Chairman for compilation of the medical college data as per the current practice
- Excel sheets to be used for compilation
- In case of discrepancies, STF Chairman to seek clarification from concerned STF member on phone
- For future consideration:
 - DEO to be provided to STF / ZTF
 - STF Chairman to be responsible for compilation with support of DEO

Recommendations on mechanisms for data analysis and feedback at the state level and zonal level

- STF to constitute a committee which will oversee the compilation and responsible for feedback to the individual medical colleges.
- Analysis: Chairman STF / ZTF to analyze medical college data with support from STO and State HQ -WHO Consultant
- Feedback from State & Zonal level:
 - Review of performance based on analysis of data during
 - every quarterly STF meeting – for medical colleges
 - every annual ZTF meeting – for STF
 - Quarterly feedback letters on performance,
 - from STF Chairman to concerned Core committee on medical college performance
 - from ZTF Chairmen to the concerned STF on STF performance: guiding on priority areas for action in the subsequent quarter

Recommendations on indicators for monitoring the RNTCP activities in the medical college, at the state level and the uses of the indicators

At the medical college level

Indicators	Use of the indicator
Vacancy & Training status of contractual staff	Resource provision
Number & Training status of staff provided by Medical College to DMC cum DOT Center	Ownership of medical college
Regular supply of Drugs & Lab. Consumables	Coordination
Regular availability of adequate funds	Coordination
Core Com. Meeting held in the quarter	Involvement

Core Com. Meeting had adequate representation from key departments	Involvement of different departments
Number of TB Suspects examined	Functioning of RNTCP
Sputum positivity rate	-do-
% sputum positive patients put on DOTS, Non DOTS and referred for treatment	-do-
Initial defaulter rate	-do-
% sputum negative patients put on DOTS, Non DOTS and referred for treatment	-do-
% EP patients put on DOTS, Non DOTS and referred for treatment	Do-
Proportion of EP cases that are LN, Pleural effusion, Abdominal, CNS, Bone/Joints and Others	Involvement of other departments
% of Sputum positive cases referred for treatment in previous quarter whose feedbacks are obtained	Coordination with other field staff
% of Sputum negative cases referred for treatment in previous quarter whose feedbacks are obtained	-do-
% of EP cases referred for treatment in previous quarter whose feedbacks are obtained	-do-
Number of CMEs/workshops	Involvement of MC

Monitoring of MC performances at state level

- No of Medical colleges yet to be involved
- No of Medical Colleges that do not have a functional DMC or ICTC
- TB HIV Cross referral performance of Medical College ICTCs and ART centers
- Proportion of untrained staff of various cadre in all Medical Colleges
- No of medical colleges conducting regular Core committee meetings
- Adequate representation of all medical colleges in the STF Meetings
- Quarterly STF reports timely submitted
- No of OR proposals and Thesis submitted by MCs and sanctioned by State OR Committee
- Adequate funds available at STF level
- Performance of MC based on above indicators (discussed earlier)

IV. Recommendations of group 5 on “Role of medical colleges towards strengthening *M Tb* culture and DST network”

1. To conduct a survey through the Task Force mechanism to obtain information on culture and DST facilities in medical colleges.

Activity	Time line
“Questionnaire on Culture and DST in the medical college labs” to be developed	15-11-07
NTF through STF to send out “Questionnaire on Culture and DST in the medical college labs”	30-11-07
Core Committee Coordinator, in consultation with HOD Microbiology to send the required data	31-01-08
STF to collect and compile information from all medical colleges and send to NTF (Chair)	31-01-08
Information to be shared at next round of STF meetings	To be decided
Sharing of information obtained by NTF (Chair) and CTD	February 2008

2. Medical college microbiologists assist RNTCP in the process of accreditation of culture and DST laboratories if:
 - i. Laboratory in which the microbiologist is located is itself accredited under RNTCP processes
 - ii. Microbiologist has at least 3-5 years of experience in performing culture and DST for TB

3. Notification of “MDR-TB” cases started on SLD at Medical Colleges
 Two extra columns to be added to existing “Medical College Quarterly Reports”
 - a) No. of patients started on SLD at the medical college during the quarter:___
 - b) Out of above (a), no. diagnosed based on culture & DST:___

VI. Recommendations of group 6 on “Approach to develop NTF recommendations on prevention of transmission of airborne infection (including TB) in hospital settings”

- NTF should develop guidelines for Airborne Infection Control and build the capacity at the national/state level for advocating and ensuring implementation of airborne infection control measures at hospital settings.
- NTF to constitute Expert Working Group with defined time frame to develop these guidelines
- **The Infection Control Guidelines should focus on:**
 - i. Out door patients**
 - Administrative steps for
 - Decongestion
 - Proper natural ventilation
 - Development, Distribution & Display of relevant IEC material in the waiting areas (local language)
 - Cough Hygiene to be emphasized
 - Identification and fast track evaluation of chest symptomatics among patients attending OPD
 - Sputum Collection area should preferably be separate from registration or waiting area (preferably open space)
 - Specific recommendation for ICTC/ART centers (separate space from DOT room)
 - TB patient examination rooms to be spacious, ventilated (one patient at a time)
 - ii. In Patient Wards**
 - Adequate bed spacing
 - Good cross ventilation
 - Health education of admitted patients by staff (nurses, doctors)
 - Visitors should be restricted (especially children)
 - UV lights (more information & experience required)
 - Practice of using general surgical masks by health care workers to be discouraged, cough hygiene by the patients to be emphasized
 - Disinfection of nebulization units for TB patients.
 - Prioritization of segregation of TB patients
 - Confirmed HIV patients not to share rooms with Open TB cases
 - iii. High Risk Areas (ICU/Bronchoscopy/OT)**
 - Personal Protective measures (for doctors, nurses, other health care workers)
 - Engineering measures (preferred)

List of participants for the NTF workshop and group work

Group 1	Group 2	Group 3
Dr N N Agarwal – Ranchi	Dr G T Subhash – Bangalore	Dr A K Gupta – Shimla
Dr Bhardwaj – Shimla	Dr P K Gupta – Jodhpur	Dr Rajinder Singh – Jammu
Dr K Venu – Hyderabad	Dr K Subhakar – Hyderabad	Dr B O Tayade – Nagpur
Dr Malay Matra – Kolkata	Dr N T Awadh – Mumbai	Dr Sai Babu – AP
Dr AL Da Costa – Goa	Dr Pranab Baruwa – Guwahati	Dr Amar Varma – Ranchi
Dr D G Mhaisekar – Nanded	Dr KB Gupta – Rohtak	Dr Aladi Mohan – Tirupati
Dr R A S Kushwaha – Lucknow	Dr D P Singh – Bhagalpur	Dr C Nagaraja – Bangalore
Dr Pawan Bansal – Punjab	Dr RC Singh – Patna	Dr Dhiren Das – Assam
Dr Gautam Ahluwalia - Ludhiana	Dr SC Tiwari – Bhopal	Dr K R John – Vellore
Dr KS Sachdeva – CTD	Dr P Saxena – CTD	Dr S Sahu – WHO
Dr Saroj Dhingra – CTD	Dr R Srivastava – Punjab	Dr Kiran Rade – Bihar
Dr Geetanjali Sharma – CTD	Dr Dilip Singh – NE	Dr Preetish – NTI
	Dr Reuben Swamickan – CTD	Dr Dheeraj Gupta – PGI
Group 4	Group 5	Group 6
Dr A S Singh – Patna	Dr N Meenakshi – Chennai	Dr Solanki – Ahmedabad
Dr AK Janmeja – Chandigarh	Dr Jaydip Deb – Kolkata	Dr S Kashyap – Shimla
Dr Imtiyaz – Srinagar	Dr Jagdeep Wig – Ludhiana	Dr K N Sahai – Bihar
Dr A T Leuva – Bhavnagar	Dr S V Ghorpade – Pune	Dr N Tombi Singh – Manipur
Dr N K Jain – Jaipur	Dr C Ravindran – Calicut	Dr D P Dash – Cuttack
Dr Jai Kishan – Patiala	Dr A M Mesquita – Goa	Dr Girish Sindhvani – Dehradun
Dr D Goswami – Assam	Dr Rohit Sarin – LRS	Dr Bhavesh Modi – Ahmedabad
Dr Beena Doley – Tripura	Dr Leela Itty Amma – Kerala	Dr Rajendra Prasad – Lucknow
Dr Behera – LRS	Dr P Panda – Pondicherry	Dr AT Kannan – Delhi
Dr SN Rai – CTD	Dr Fraser Wares – WHO	Dr Neeraj Raizada – CTD
Dr Malik Parmar – Gujarat	Dr Sheena George – CTD	Dr Somashekhar – NTI
Dr Srinath S – CTD	Dr Urvashi Sigh – AIIMS	Dr Rupak Singla – LRS
Dr SK Chaturvedi- CTD	Dr K Santosha - AP	Dr Devesh Gupta- CTD