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Charutar Arogya Mandal (CAM) is structured so as to reflect its professionalism on the one hand and accountability to the community on the other.

In a historic move, the members of the Mandal, at a Special Governing Body Meeting held on March 27, 2018, amended its existing Constitution which has been in operation since the inception of the Mandal in 1972, so as to suit present-day realities and provide for a more professional governance structure. The amendments covered the important areas of membership criteria and governance mechanism. The erstwhile Governing Council and Governing Body are now merged into a single Board of Governors. The new Board will have 18 members – 9 members elected by the General Body, 4 experts to be nominated by the Board, 3 senior officers of the Mandal, the Chairman of Charutar Vidya Mandal, and President of Karamsad Municipal Borough.

The members of the new Board of Governors:

**Members Elected by the General Body**
- Dr Amrita Patel
- Mr Jagrut Bhatt
- Dr Vijaybhai Patel
- Mr Vikrambhai A Patel
- Dr Gauri Surendra Trivedi
- Mr Atulbhai Patel
- Mr Mayurbhai Patel
- Mr Tarak Patel
- Ms Megha Krishna Patel

**Ex-Officio Members**
- Er Bhikhubhai B Patel
- Ms Darshanaben Patel
- Mr Sandeep Desai
- Dr Utpala Kharod
- Dean, PSMC, CAM
- Mr Anand Vivek

**Experts Nominated by the Board of Governors**
- Mr Sudhir Mankad
- Mr Keshav Desiraju
- Dr Sudarshan Iyengar
- Ms Geetaben Goradia

(* with effect from April 15, 2018)

**Board of Management – PATIENT CARE**
- Chairman, Charutar Arogya Mandal
- Dr Amrita Patel
- Secretary, Charutar Arogya Mandal
- Mr Jagrut Bhatt
- Chief Executive Officer, Charutar Arogya Mandal
- Mr Sandeep Desai
- Dean, Pramukhswami Medical College
- Dr Utpala N Kharod
- Chairman, Humane Care Group & Professor, Dept. of General Medicine, Pramukhswami Medical College
- Dr Bhalendu Vaishnav
- Chairman, Rational Care Group & Professor, Dept. of Obstetrics & Gynaecology, Pramukhswami Medical College
- Dr Smruti Vaishnav
- Chairman, Efficient Care Group & Professor, Dept. of Chest Medicine, Pramukhswami Medical College
- Dr Rajiv Paliwal
- Chairman, Affordable Care Group & Professor, Dept. of General Surgery, Pramukhswami Medical College
- Dr Jitesh Desai
- Chairman, Quality Improvement Group & Professor, Dept. of Pathology, Pramukhswami Medical College
- Dr Monica Gupta
- Former Associate Professor in Psychiatry, Institute of Space and Aviation Medicine, Bengaluru & Pondicherry Institute of Medical Sciences
- Dr Alok Pandey
- Head, Centre for Histopathology, SRL Diagnostics & SL Raheja Hospital, Mumbai
- Dr Anita Borges
- President & Chief Operating Officer, Narayana Health
- Dr Lloyd Nazareth
- Medical Director & GM Operations
- Nova Specialty Hospital
- Dr Ashish Ranjan Benerji
- Mr Dilip Jose

**Board of Management – EDUCATION**
- Chairman, Charutar Arogya Mandal
- Dr Amrita Patel
- Hon. Secretary, Charutar Arogya Mandal
- Mr Jagrut Bhatt
- Chief Executive Officer, Charutar Arogya Mandal
- Mr Sandeep Desai
- Dean, Pramukhswami Medical College
- Dr Utpala N Kharod
- Chairman, Curriculum Design & Implementation Group & Professor, Dept. of General Medicine, Pramukhswami Medical College
- Dr Jyoti Mannari
- Chairman, Clinical Training Group & Professor, Dept. of Anaesthesia, Pramukhswami Medical College
- Dr Hemlata Kamat
- Chairman, Professional Development Group & Professor, Dept. of General Medicine, Pramukhswami Medical College
- Dr Himanshu Pandya
For many years now, Charutar Arogya Mandal (CAM) has made strenuous efforts to incrementally add benefits that make cost of hospitalisation for members of vulnerable groups such as women, children, and Below-the-Poverty Line (BPL) families, affordable.

Indeed, every time the Mandal has made gains through the addition of services that earn revenues, it has passed on these gains as additional concessions in treatment charges to those not in a position to pay for it. The Mandal’s Shree Krishna Hospital has thus provided a total concession of Rs. 21 crore. This is close to 25% of the total treatment income of the Hospital during the year. In 2012-13 concessions worth Rs.1.75 crore were provided.

For many years now, CAM has seen how harrowing it is for a family to have one of its members fall prey to a catastrophic illness and then see all the toil and efforts it has made over the years come to naught because of the cost of hospitalisation. More often than not, it sends the family deep into the abyss of debt which makes it impossible to come out of it – at times, for generations.

This is a reality captured not only in the vast body of research that sociologists and welfare economists have carried out, it is something we at the Mandal witness every day.

What this has led to is a bouquet of significant concessions over the years. Its outpatient treatment – registration and consultation – has been free for many years now. There are also discounts on investigations and medicines in place for economically-vulnerable groups. The treatment in the wards does not involve payment of charges for bed or diet. Discretionary concessions are provided to those who do not have the means to pay despite these subsidised charges.

The Hospital’s own Jan Aarogya Yojana insurance scheme goes beyond the usual remit of programmes for underprivileged sections. It includes families whose income is less than Rs. 10,000 per month (as defined by BPL) and provides them the same concessions it gives to BPL card holders, with discounts on medicines as well.
These concessions, however, left an important component out of their scope: the cost of treatment during hospitalisation. As important as it is, making it available free, or even at a concession, was fraught with risk for the Mandal, given its financial position.

However, the steady rise in its several revenue-generating initiatives – Privilege Centre, Cancer and Cardiac Centres, focus on Critical Care and super speciality services – created additional leverage for the Mandal to overcome this challenge as well.

In April 2017, the Mandal announced its boldest initiative to benefit the poor and underprivileged – the Aashirwad wards with around 450 beds of the Hospital’s 800. These rechristened general wards offer all those admitted treatment free of cost – bed, diet, nursing, consultant charges, lab charges, radiological charges, even the cost of surgeries performed. The only payment the patient has to make is what is bought at the Hospital’s retail pharmacy.

The benefits – or blessings – that Aashirwad beds offer are almost on par with what Government’s civil hospitals provide. With one significant difference: the Hospital’s services are accredited by a national body, the National Accreditation Board for Hospitals & Healthcare Providers (NABH), and are delivered professionally and humanely.

That the initiative was long needed was evident from the significant increase in the number of persons requiring admission to these wards – admissions which are growing at the rate of over 12% ever since it became operational. For the full year, the Hospital treated 3,000 patients more than it did the previous year. That is, 3,000 more families who will not have to face the same tragic consequences that a catastrophic illness to a member entails.

These families have managed to meet the small cost of hospitalisation without mortgaging their future and their happiness. Undoubtedly, the Hospital will incur an additional burden – Rs. 5 crore annually at the very least – which will, of course, rise with rising admissions. But this is a small price to pay for the joy of so many of our underprivileged fellow beings.
Quality care for patients has remained the cornerstone for all our activities at Charutar Arogya Mandal, be it maintaining the highest standards of quality in treatment at the most affordable cost or carrying out research to streamline patient care practices.

The dream of our Founder Chairman, the late Dr. H M Patel, was to provide ‘solace for the suffering’ particularly for the country’s rural population – and this has been the inspiration driving all our endeavours since that dream took concrete shape with the setting up of Charutar Arogya Mandal in 1972.

The Shree Krishna Hospital along with its centres of excellence – cardiac and cancer centres, has provided thousands of patients the highest level of care, in particular supporting those who have limited or no financial resources to meet the cost of the treatment. More than 1.2 lakh needy patients have benefitted from treatment with a waiver in costs amounting to more than Rs. 21 crore during 2017-18.

All patient care services undergo continuous scrutiny and upgradation to ensure best practices. Dedicated experts in all departments oversee adherence to the highest standard of medical care.

Our Cornerstone:
Solace for the Suffering
Patient Care
Quality Treatment at Affordable Rates

Patient care is the focal area of Charutar Arogya Mandal around which all the developments and growth take place. The aim is to provide affordable medical care for all, which is efficient to its core and gives a humane experience that every ailing patient deserves.

SHREE KRISHNA HOSPITAL

The Mandal’s Shree Krishna Hospital treated 4,55,168 patients on outdoor basis and 41,720 in the wards. There were 14,443 emergency cases handled in Trauma Care, and 6,029 patients were provided world class critical care in the ICUs. More than 9,204 surgeries were conducted during the year, of which 1,307 were supra-major, 2,659 major, and 5,238 minor procedures.

The Hospital conducted 5,810 CT scans, 3,421 MRIs, 1,981 mammography, 59,245 radiodiagnosis, and 32,721 sonography.

The Central Diagnostic Laboratory conducted 5,36,303 investigations related to biochemistry, microbiology, pathology, and histopathology. In addition, more than 40,000 procedures related to component separation and investigation were conducted by the Blood Bank.

Rise in Patients for Aashirwad Wards

Shree Krishna Hospital’s introduction of Aashirwad wards last year – which offer a waiver on charges for indoor treatment in general wards, saw an appreciable rise in the number of indoor patients.

Waivers in the Aashirwad wards covered charges for bed and diet, investigations, doctors’ consultations, nursing services, and operation charges.

The Aashirwad wards are in line with Shree Krishna Hospital’s commitment to serving the poor and marginalised rural sections of society with modern treatment facilities, and to provide such needy patients the same quality of medical care available to patients in corporate hospitals in bigger cities.

*Aashirwad wards (with around 450 beds of a total of 800) spotlight CAM’s commitment to provide the rural poor modern treatment facilities at free or highly affordable rates.*
Subsidized Surgical Packages…

In 2017-18, the Hospital added two new services: Surgical packages at extremely affordable flat rates, and secondly, Economy Wards.

With the implementation of affordable flat-rate surgical packages for common surgical and gynaecological conditions, treatment for cataract, and normal delivery has become totally free. Cost of treatment for appendicitis, hernia repair, hysterectomy, gall bladder removal, etc. range from Rs. 1,500 to Rs. 9,000 (all inclusive).

…and Economy Wards at the Get Well Centre

A significant addition to hospital services has been the addition of the new Economy Wards at the Divyanshi J Sanghvi Get Well Centre. The 160-bed facility provides for a well-ventilated and comfortable stay, with glass partitions between beds providing privacy to patients. It is ideally designed for the middle or lower middle income groups to receive quality care in a comfortable environment at a very affordable cost.

Critical Care

A state-of-the-art Critical Care Centre for which civil work started last year is nearing completion. The facility located adjacent to the main building of Shree Krishna Hospital with a capacity of 100 ICU beds will be one of the largest centres of its kind in the State.

Expanding Hospital Outreach

- MORE TIME FOR OPD: Out-patient service timings in general services have moved up from 9 am to 8 am, so as to serve more patients most of who come in from distant villages.
- AFTER CANCER AND CARDIAC, TREATMENT FOR KIDNEY AILMENTS UNDER ‘MA’ SCHEME: Shree Krishna Hospital has got empanelled for kidney and urology diseases under the Mukhyamantri Amrutum Yojana (MA) scheme. Now families having an annual income up to Rs. 3 lakh can avail cashless medical and surgical treatment for the renal cluster which includes certain procedures of Urology, Nephrology, and Dialysis in our Hospital. This is in addition to cashless services already available to Cardiology and Oncology. During the year 4,263 patients obtained free treatment under the MA scheme of which 3,240 were for cancer, 645 for cardiac, and 378 for the newly-introduced cluster of Urology and Nephrology at our Hospital. We have recently started OPDs for Cancer and Cardiac screening in the Sarsa Primary Health Centre and the Petlad Civil Hospital to reach out to patients with these conditions who fall under the MA category.
- THE HOSPITAL’S OWN SOCIAL SECURITY SCHEMES: The Hospital’s very own social security scheme, Krupa Arogya Suraksha, has more than 31,000 active members to date. While membership in the Jan Arogya Suraksha (another hospital scheme for those whose monthly
family income is less than Rs. 10,000) shot up to 40,261 members, 31,682 being added during the year. More than 7,230 patients benefitted from treatment under this scheme.

- **PALLIATIVE CARE:** The Palliative Care OPD of the Hospital continued serving patients with terminal conditions. 18,428 patients suffering from terminal conditions were cared for from here. Home care services were provided to 1,268 patients.

- **HEALTH CAMPS & CHECK-UPS:** The Hospital also conducted 12 multi-speciality camps in the vicinity of Anand town during the year in which more than 600 patients benefitted. 34 eye camps were also conducted during the year where 2,525 patients benefitted and free cataract surgeries were carried out for 158 patients. Health check-ups focusing on eye and dental concerns were carried out for the Police Department, which benefitted 155 personnel of Bhalej, Petlad, Anand, and Khambhat police stations respectively.

- **BEYOND REGIONAL BORDERS:** The Hospital has extended its reach beyond regional boundaries to a few pockets and towns of Madhya Pradesh from where there has been a regular flow of patients to our Hospital.

'Thank You, Blood Bank!'

Twenty-eight year old thalassemia patient Bhavin Barot from Jitodia village of Anand district was diagnosed with the disease when he was but a few months old: “For the last 27 years I have been requiring blood transfusion every 3-4 weeks. But I am so lucky that the A D Gorwala Blood Bank not only provides me blood every time free of cost, they have never demanded replacement of blood. I need the transfusion lifelong and I am very thankful that the Hospital has given me a fresh lease of life.”

The Hospital’s social security scheme KRUPA also extends its treatment benefits to the Mandal’s Secondary Care Centre at Sevaliya.
As a result of these interventions, during the year, the Hospital received 1,065 outdoor and 493 indoor patients from Madhya Pradesh.

During the year three super-specialty camps were conducted at Bhuj in association with the Bidada Trust, and two in Nadiad and Deesa-Palanpur, each in association with the Bhansali Trust. 710 patients benefitted from these camps.

Five multi-speciality camps were held at Kutch, Anand, and Surendranagar benefitting 946 patients.

• BEYOND NATIONAL BORDERS: Shree Krishna Hospital treated patients from various countries of the Middle East during the year. In main, the patients sought cardiology, neurosurgery, and oncology services.

Interventions in Rare Cases
• Shree Krishna Hospital’s Infertility Clinic fulfilled the dream of an aspiring mother from Petlad village to hold her child in her arms. That too, after five long years of treatment. Finally, thanks to an IVF procedure, she conceived and delivered a healthy baby boy.

The treatment which is medically challenging and financially demanding was offered to the to-be mother at negligible rates in the Aashirwad wards, given that she had limited resources.

• Ameer Ali Ghazi, a five-year-old boy from Babil province of Iraq came to Shree Krishna Hospital with complaints of persistent headache and multiple episodes of vomiting for over a month.

It was found that the playful and happy child had a large tumour in his brain. A complicated neuro surgery was performed to remove the tumour which saved his life. Though the staff could not communicate because of the language barrier, they shared their feelings with smiles and gestures.

• Both medical expertise and generous community support helped to cure this rare nerve disorder: Twenty-two year old Preema Shah from Umreth, a small town in Anand district, contracted Guillain-Barre syndrome – a serious nerve disorder affecting one in a lakh people. The treatment which demands extensive intensive care of the highest standards was too expensive for Preema’s single mother to afford.

So the Hospital, in line with its principles and philosophy, not only began treating the lady but initiated numerous efforts to raise funds for her. Their efforts were
Amriya Hassan Mohmmed Thikol from Yemen, 27 years old and mother of five, diagnosed with Aortic Aneurysm was a high risk case. It is a condition where the aorta – the main artery which distributes oxygenated blood in the body – is enlarged to nearly twice its normal size thus increasing the risk of Aortic Rupture. This could cause massive internal bleeding which, unless treated immediately, would result in death of the patient.

Promptly, the Bentall procedure – a complex and risky surgery demanding the highest level of expertise and care – was carried out on Amriya. The surgery was successful as was the post-operative care. As the young mother set out for her home and children, her eyes were shining with tears and gratitude.

At Ramanbhai Gokal Privilege Centre, patients receive personalised care in elegant surroundings. Revenue earned here helps offset the deficits incurred in subsidising treatment of the economically disadvantaged.
MANIBHAI SHIVABHAI PATEL CANCER CENTRE

The Centre’s OPD saw a footfall of over 21,000 patients during the year. Of the patients treated, 5,884 underwent chemotherapy, 636 radiation therapy, and 493 oncosurgery.

New Linear Accelerator Enables More Patients to be Treated for Cancer

With the installation and commissioning of a new Linear Accelerator, we have become the only cancer centre in the State to have two such machines in operation. Donated by Tata Trusts, the accelerators are capable of conducting all the advanced techniques of radiation.

The machine ensures accuracy of dose placement without compromising on protection of critical structures in case of moving targets such as cancer of the lungs, liver, etc.

Moreover, this new form of treatment also requires less time for administration of radiation thus relieving patients of the anxiety that sets in prior to the treatment. In short, the duration of a single dosage which would normally take 20 minutes is reduced to about 2-8 minutes depending on the complexity of the treatment.

THREE KILO TUMOUR REMOVED: In an extremely rare case, a woman of 40 years was diagnosed with sarcomatoid carcinoma after experiencing swelling in her limbs and shoulders for a long period. Following the removal of the 3-kg heavy tumour, the patient was successfully operated upon for limb salvage surgery.

Surgery followed by chemotherapy helped her battle the condition successfully and post treatment, she was able to use her upper limbs. A remarkable recovery from a rare type of bone cancer which afflicts just four to five persons across the globe (as reported in world medical literature).

NEW HOPES, NEW DREAMS: The annual programme, for the fight against cancer, ‘New Hopes, New Dreams’ was held on 28th August 2017. The programme was well attended and a number of cured patients narrated their journey to recovery, boosting the spirits of those undergoing treatment.

DINESH J PATEL BONE MARROW TRANSPLANT CENTRE

Patients with acute leukaemia or myelodysplastic syndrome have to be isolated in an ultraclean environment where they are not exposed to life-threatening infections. Last year the Centre kept 20 patients with different indications of cancer in isolation in germ-free ‘Clean Rooms’ to protect them from infections.
In Pursuit of Excellence
With the aim of ensuring continuous improvement in all facets of patient care, four strategic groups have been formed which take care of formation, updation, and implementation of quality parameters across all levels of patient care in the Hospital.

HUMANE CARE GROUP
Compassion for Healing
CODE KRISHNA: The extended version of Code Krishna includes more visitation time for critically ill patients, prayers on request, and providing for other spiritual needs. Sensitisation sessions were conducted for Critical Care and Palliative Care staff and PG students. A paper on Code Krishna was republished in NAMAH – the journal of Integral Health.

MANDALA CARDS TO WELCOME NEWCOMERS: Departmental heads and other faculty members welcomed first year PG students by gifting them cards with Mandala emblems which symbolize the cosmos. New management staffers were also gifted these specially-designed cards.

PROGRAMMES FOR POSTGRADUATES: Integral health expert Dr. Alok Pandey, conducted a Humane Care CME on 28th January. PG students, faculty, and HODs attended. Post-session, the speaker interacted with PG students through Skype.

Yoganidra sessions for PG students and physiotherapy interns were held in January and February 2018. Meditation sessions were conducted in the Cancer and Cardiac Centres.

PATIENT FEEDBACK: A pilot study of patient feedback on the humane dimensions of care was conducted in the Obstetrics and Gynaec, Paediatrics, Surgery, and Orthopaedics departments.

EAST MEETS WEST: A two-day programme of lecture and workshop on Arts and Music by Canadian Radiologists Mitch Adams and Linda Adams was arranged on ‘arts and music’ as tools of integrating eastern and western philosophies of care.

AFFORDABLE CARE GROUP
Aims to Reduce Cost of Treatment without Compromising on Quality of Care
The Group worked out and introduced the lowest possible flat rates for common surgical and gynaecological conditions, making treatments more affordable for patients.

In the Trauma Care, 15 essential investigations were identified. For any additional tests, the advice of a consultant was made mandatory. Use of dressing material was streamlined to prevent wastage. Investigations carried out as part of pre-anaesthesia check-up prior to surgery were also streamlined.

The Group also worked on regulating Pharmacy returns where extra or unused pharmacy products were returned for patients treated free under the Industry and Krupa schemes. This amounted in considerable savings.

In addition, continuous efforts are on to reduce wastage at all levels. Stringent protocols and checklists are in place, and adherence, monitored.

EFFICIENT CARE GROUP
Introducing New Systems and Practices to Ensure Optimum Level of Patient Care
With implementation of SOLACE, all patient data is rapidly accessible to caregivers across all levels. This in turn has helped expedite treatment procedures. Also, at OPD level, there has been a massive reduction of 80% in collection of hard copies of investigation reports by patients – hard copies are now given only on demand thus helping to save paper, time, and energy.

The Group plans to mail lab reports to patients who have their email ids registered.

The Group worked out and implemented a system to streamline the movement of OPD patients requiring CT scans and MRIs during rush hours, while scheduling non-critical and stable indoor patients beyond routine hours. This arrangement has contributed to increased utilization of equipment.

The Hospital’s nursing services have been recognised with a Certificate of Excellence by NABH.
RATIONAL CARE GROUP
Improving Critical Care Systems

The Group focused most of its efforts to ensure that an efficient structure was being put in place at the upcoming Critical Care Centre.

The lengthy meticulous task of revising antibiotic policy was completed during the year.

A large number of Trauma Centre files were assessed and new clinical protocols developed for trauma and critical care. Training sessions at resident level were carried out to disseminate the updated protocols. The process of revising protocols at departmental levels was carried out to facilitate better indoor care of patients.

A customized list of verbal orders for each department has been prepared to speed up the medical care given to a patient by the time s/he is seen by the treating clinician.

The Group after an arduous exercise has proposed a revision in the Hospital formulary making it more relevant to the current patient care requirements.

The Group continued conducting clinical as well as prescription audits for all departments. The cumulative efforts of these activities will lead to higher efficacy in patient care and level of satisfaction.

An audit to assess the impact of a modified early warning score on hospital mortality revealed a definite improvement in early detection of deterioration and reduction in mortality.

QUALITY IMPROVEMENT GROUP
Constant Improvement in Patient Care Quality

During the year, the Group took up five projects to study removal of bottlenecks that prevent patient care from reaching optimal level. Medication errors, near miss events, hand hygiene, pressure ulcers, and documentation of consent and counselling were the key areas explored in depth.

The Group led the process of assessment of hospital services by various agencies and institutions, including the Surveillance audit by National Accreditation Board for Hospital & Healthcare Providers (NABH) in June 2017. It successfully attained Green OT certification on site for the third consecutive year. The certificate recognises Shree Krishna Hospital’s compliance with the highest quality and safety parameters for patients and health care workers in its operation theatres. ‘Green’ connotes a sensitive approach to the environment and cleaner techniques in operation theatres by use of modern technology and processes.

The Group also handled the re-assessment of laboratories carried out by the National Accreditation Board for Testing and Calibration Laboratories (NABL) in February. It bagged a silver award – QCI - D.L. Shah Quality Awards (2017) – in the category of ‘Working model of closed critical care unit at a rural teaching hospital’.

The Aashirwad Pharmacy, stocked with quality prescription drugs and OTC products, caters to nearly 2,500 patients every day.
Medical Education
Sensitizing Students to Care

Education at the Mandal comes with a difference. The students are not only trained to be apt medical care givers but professionals who handle their responsibilities with sensitivity and ethics.
PRAMUKHSWAMI MEDICAL COLLEGE

Medical education at Pramukhswami Medical College (PSMC) focuses essentially on two elements: preparing UG students with clinical skills and theoretical know-how and developing them into professionals who are sensitive to the needs of the rural sections of our society.

During the year, construction of two new buildings for students was completed and thrown open for use, namely, the Knowledge Centre and the Assessment Centre.

The Knowledge Centre is a purpose-built, spacious and well-appointed building spread over 2,700 sq metres. The building houses all the facilities to fulfil academic requirements of medical students, such as an e-library with rich medical literature, a reading room, and computer lab.

The Assessment Centre is a facility dedicated to conducting examinations. Furnished with most comfortable interiors and amenities suitable for conducting examinations, the fully air-conditioned Centre can accommodate 500 students at a time.

STRATEGIC GROUPS
CURRICULUM DESIGN AND IMPLEMENTATION GROUP

Making Studies Enjoyable

Having a curriculum that infuses students with practical wisdom and theoretical aptitude is what the Group continuously thrives for. During the year, the Group worked on drawing up a curriculum which is both enjoyable and moulds the student into a competent health care professional.

Two exercises were conducted to assess and improve the current scenario: A Google form survey using a validated questionnaire and a focused group discussion with a few interns. Both sessions revealed significant points: One, that a huge amount of literature is available to the present generation, therefore didactic teaching is losing its relevance and students find teachers who incorporate their clinical practical experiences and expertise more interesting. Secondly, they dislike PowerPoint presentations which are often read out by teachers, but prefer the teacher to explain those salient points.

To take this further, the Group, along with the Department of Medical Education, plans a peer review of the teaching by faculty members in the coming year, followed by feedback to teachers.

- Written feedback to the value of a Foundation course for 1st MBBS students a year later was positive. The data has been published in the ‘Really Good Stuff’ section of the Medical Education journal and a full-length article has been submitted for publication.
- Integrated modules were conducted in the Third Year MBBS course, Part I & II. The feedback from students suggests these modules along with group discussions have helped enhance learning with an increase in...
self-directed learning, group interaction, as well as interaction with teachers. Further, the students have routinely felt the need to have a smaller group size. The modules are being modified after reviewing the feedback from each module.

CLINICAL TRAINING GROUP
Towards Clinical Excellence
The Group aims to instil clinical aptitude in undergraduates (UG). The following activities were taken up during the year:
• Using the questionnaire developed by Stanford University, feedback on the clinical teaching in different departments was taken from students of the 2013 batch who followed clinical rotations. The feedback is being analysed.

Skill Lab Activities
• With an aim to develop resource faculty for training of clinical skills in UG students, a training of trainers programme was conducted on 23rd January 2018, with teachers of pre and para clinical subjects.
• A centralised dedicated place for keeping mannequins and conducting training programmes and skill labs has been located at the Assessment Centre.
• A skill lab session for the fresh batch of interns was conducted 8th to 12th March.
• Basic life support was taught with hands-on experience to the 150 First Year MBBS students, in batches of 50 each in the Physiology Department.
• The Group actively participated in the internship orientation programme.

ASSESSMENT GROUP
For Effective Evaluation
This Group works for bringing about the most effective methods to evaluate the aptitude of students as to-be medical professionals. During the year:
• UG and PG-Theory assessment was made more structured and uniform across the disciplines.
• Practical assessment of UG students was made structured and uniform but variations particular to the discipline were allowed.
• To improve the quality of the theses and ultimately, the quality of research at the institution, a structured objective evaluation has been devised to provide a feedback to PG students and guides.

STUDENT SUPPORT GROUP
Instilling a Sense of Pride in CAM
The Group’s vision is to develop a culture where students
of Charutar Arogya Mandal take pride in their alma mater. It intends to pursue plans for the all-round growth and development of students, turning them into confident and sensitive professionals. The following activities were taken up during the year:

- A special officer was recruited to manage the institutional sports activities round the year.
- Three hundred students participated in CAM Medolympics 2017, organised 18th-20th September.
- Students participated in ‘Vibrant 2017’, organised by Baroda Medical College, and won trophies in the Badminton and Basketball tournaments.
- The PSMC Basketball Girls Team won the 1st Prize in the Sardar Patel University Inter-college Sports Tournament, held in September 2017.
- Horizon 2017, the State-level inter-college sports cum cultural-literary event, with the theme ‘Fight Cancer’ was held 6th to 8th October 2017. The programme included a series of daytime and evening-time events.
- The H M Patel Night Cricket Tournament 2017 was organised by interns from 13th-18th December 2017. Nineteen teams participated, the highest ever till date.
- The unique PSMC Mentorship Programmes for UG, PG, and student peers were streamlined and structured in 2017, on feedback from students.
- Students performed a skit to raise awareness of types of cancer, particularly of lungs, breast, and cervix. This was on 3rd and 4th of October, at Ravipura and Ardi villages.
- A survey of unimmunized children was conducted at CAM campus and parents were motivated to immunise their children at the camp that was set up.
- PSMC Serves is a community service activity taken up by students in memory of former students who have died young. Students collected old but usable clothes and things from other students and members of the Mandal family and distributed these among 600 underprivileged school-going children at the ‘Earth Mega Mall’.

The event lived up to the theme of ‘Reduce, Reuse and Recycle’, and was organised by Vidyanagar Nature Club at the Maruti Solaris Mall on 8th November 2017.

'TATA-CAM Scholarship was magical, it gave me a Dream!'

For Dr. Komal Pravinbhai Kalariya of the 2011 batch, who hails from Ajab village, 50 km from Junagadh, becoming a doctor was like a distant dream. Her parents with their modest means could not even imagine that their daughter would ever become a doctor.

However, when she learnt about our scholarships, she applied. Two verification visits to her residence after, she was given admission to the MBBS course. In her words, “The scholarship was offered to me at rates which were even less than government college charges. And all the other

Extracurricular activities aim at developing the all-round growth of students and turning them into confident and sensitive professionals.
expenses related to books, apparatus, lodging, boarding, were taken care of by the Shanti Charitable Trust. So frankly, I don’t remember any major expense I had for my entire medical education. It was magic and nothing less!”

Today, Dr. Komal serves Shree Krishna Hospital’s Extension Centre at Agas with dedication and pride. She sees this as the best way to express her gratitude. For the future, she plans to pursue PG studies and then to return to her hometown to serve her community.

PROFESSIONAL DEVELOPMENT GROUP
So that Professionals May Grow
The Group’s endeavours focus on providing the best environment and support for continued growth of professionals associated with the institution. During the year…

- Changes were effected in the policy document with regard to guidelines for faculty participating in conferences, workshops, etc. Participation in events that focused on institutional needs was encouraged.
- Requests for Continuous Professional Development (CPD) activities increased this year by almost 17% over the previous year. Of the 540 requests for participation in national and international conferences and study leave, 71 received financial support from Charutar Arogya Mandal.

- All PG students regularly participate in the once-a-month 2 O’clock Seminar. This is part of a series of seminars planned for the students’ personal and professional development.

ACADEMIC ADMINISTRATION GROUP
Moving Ahead Academically
The Group facilitates all procedures related to various academic courses of the Institution at UG and PG level. During the year:

- Admissions to UG and PG were carried out as per UG-NEET and PG-NEET respectively.
- MCI/Ministry of Health (MOH) granted permission for additional seats in PG courses from academic year 2018-19, namely, MD-Radiodiagnosis (from 2 to 4 seats), MD-Paediatrics (from 2 to 6 seats), and MD-Anaesthesiology (from 3 to 9 seats).
- PhDs were awarded to three teaching faculty of CAM. Permission was obtained from the Indian Association of Pediatrics (IAP) to start a Fellowship programme in Paediatric Intensive Care with an annual intake of two seats. Along with Critical Care Medicine and Neonatology, the Hospital will now run three fellowship programmes.
Our students get exposed to various methodologies of teaching starting from the essential classroom lectures to presentations, seminars, group discussions, demonstrations and more, depending upon the requirement of the topic.

EVENTS

Health Days & Workshops, Bioethics & Yoga
- World Health Day was celebrated on 7th April 2017, in association with the Indian Association of Preventive and Social Medicine (IAPSM). A national-level quiz competition on World Health Day on ‘Depression: Let’s Talk’, was organised for undergraduate students of medical colleges across the State.
- A scientific session workshop on Palliative Care and Rehabilitation in Chronic Diseases was organised on 12th April 2017.
- The UNESCO Bioethics Unit conducted an orientation course on Bioethics for Medical Postgraduate (PG) students on 5th June 2017.
- The International Yoga Day (21st June 2017) was celebrated with the theme ‘I pledge to make yoga an integral part of my daily life’. About 150 faculty members and students took part.
- An International Conference on ‘Harmonisation of Good Clinical Practice’ was organised for members of the Institutional Ethics Committee on 29th August 2017.
- World Hospice and Palliative Care Day was observed on 14th October 2017, with the theme, ‘Don’t Leave Those Suffering Behind’. Activities included a quiz for nursing students, an awareness-cum-experience session with patients and caregivers, and display of posters at various campus locations.
- World Bioethics Day was celebrated on 27th October.
2017, on the theme, ‘Equity and Justice in Health’. Essay and poster competitions on the theme were organised for the students.

- World Diabetes Day with the theme ‘Women & Diabetics’ was observed on 14th November 2017, including a talk on diabetes awareness and a yoga programme. Screening for blood sugar levels and counselling sessions were held for all women employees. A quiz on diabetes was organised on 1st December 2017.
- The Students Academic Council, a unique feature of our institution, held a meeting with the Chairmen of Education Groups to offer suggestions to improve the teaching-learning processes.
- The PSMC Alumni Association (PAA) plays an active role in encouraging students to support events, to be involved in academics and sports, and have interactive meetings with alumni.
- The 13th H M Patel Memorial Lecture for Academic Excellence on the topic ‘Health Care – Which Way to Go?’ was delivered by Dr. Sudarshan Iyengar, former Vice Chancellor, Gujarat Vidyapeeth, and Distinguished Chair Professor on Gandhian Philosophy, IIT Mumbai, on 30th November 2017, which is the death anniversary of our Founder Chairman.

K M Patel Institute of Physiotherapy

The K M Patel Institute of Physiotherapy (KMPIP) aims at shaping the students into professionals who are both experts in clinical care as also sensitive towards the condition of patients, as they often have to deal with people who are battling extreme physical pain.

The Institute treated 24,778 patients on outpatient basis during the year and 1,030 in wards. 1,230 patients were provided physiotherapy in ICUs. 10,034 patients were treated in our Extension Centres.

The Institute also nurtures the overall growth of its students by engaging in activities that go beyond the requirements of curriculum, where the total personality of physiotherapy professionals is developed.

This year brought a special reward to the Institute as after a great deal of effort, Director of Social Defence, Government of Gujarat, has registered the Mandal under the ‘Person with Disabilities (PWD) Act -1995’ for a period of three years from 5th November 2016.

Academic events during the year were:

- The Institute participated in World Parkinson’s Day observed 16th April 2017, at a function organised by the B.K. Parekh Parkinson’s Disease and Movement

The Mandal’s dedicated Physiotherapy Institute has succeeded in nurturing professionals with virtues deemed essential to the profession.
Special Olympics, 2018
The Institute organised the second season of Special Olympics in March, the first having been held on 11th June 2017. Two hundred and twenty-one participants from various special schools of Anand district, and 30 patients from our Institute, participated in the various sports events.

Disorder Society, in Vadodara. As many as 187 patients from Vadodara and Anand attended.

- A State-level workshop on Sensory Integration was organised on 10th May 2017, with Dr. Kaushal Bhatt, certified practitioner in Neuro-developmental and Sensory Integration, as resource person. There were around 80 participants from various colleges of Gujarat.
- The Institute launched a certificate course in Splinting in November 2017, a one month full-time course with 190 contact hours.
- Dr. Savitha Ravindra was guest faculty at a talk organised on 22nd December on the topic, ‘Advocacy in Physiotherapy’.

Student Liaison
WORLD PHYSIOTHERAPY DAY: KMPIP celebrated World Physiotherapy Day on 8th September 2017, the theme being ‘Physical Activity for Life’. A walkathon was organised to convey the message of how important physical fitness is to people.

WORLD DISABILITY DAY: Specially-abled children, patients from adult neuro physiotherapy, and others took part in the events organised on World Disability Day, 2nd December 2017.

‘PHYSIO PULSE – 2017’: The theme of the annual festival of Physio Pulse 2017, inaugurated on 26th April 2017,
was ‘Helping Hands: Ability Beyond Disability & Each One Teach One’. This was followed by a special workshop organised on ‘Marketing Mantra in Physiotherapy’ by Mr. Mukesh Nayak, Director of Physio Times magazine. Innovative marketing strategies were discussed with regard to physiotherapists who could successfully run their own clinics. The workshop was followed by various social and cultural events in which students and faculty participated.

TT CHAMPS: Second time round, the Institute carried away the Champions Trophy in Table Tennis (Women’s) in the Inter Collegiate Sports Tournament, organised by Sardar Patel University, 26th-28th December 2017.

Community Services
- A physiotherapy camp was organised on 8th June 2017, at Ravikiran Ceramics, Kanjari. As many as 79 employees were assessed and treated.
- At another similar physiotherapy camp organised at Anand Agriculture University, Anand (13th & 14th July), nearly 90 patients with various musculoskeletal problems underwent assessment and treatment.
- Nearly 90 patients took benefit of the three rural outreach programmes conducted at Anand Agriculture University, and at Sandesar and Bakrol villages.
- The Institute’s tie-up with Milcent Appliances Private Limited to treat patients at their doorsteps, enabled labourers to benefit from the association.

G H PATEL SCHOOL AND COLLEGE OF NURSING

The Nursing School and College takes various initiatives to ensure that students, in addition to theoretical and clinical knowledge they acquire, also stay updated with trends in the medical field. A host of activities are planned in a manner to ensure that students of both courses get to learn more than what their curriculum demands. The following academic activities were taken up during the year:

Academics
- Faculty members participated in the six-weeks training session on ‘Palliative Nursing’ organised by the Trivandrum Institute of Palliative Sciences (TIPS).
- A Vocational Guidance Programme of Internship Students (DGNM) was conducted at the Institute on 27th March.
- Faculty members and Third Year students participated in the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) training programme organised 16th-18th May, at our Institute.
- Faculty members and Second Year students participated in HIV AIDS training organised 16th-20th May, at our Institute.
- Faculty members attended a Continued Nursing Education (CNE) on ‘Cardiovascular Nursing Beyond Basics’, organised by the Dinsha Patel College of Nursing.
CNE on Cancer

For the first time, the Institute organised a State-level CNE (Continued Nursing Education) on ‘Cancer – Join Hands’ on the occasion of World Cancer Day, on 3rd February 2018. Structured around lectures by experts, the focus was on humane care and palliative care.

The CNE was aimed at understanding the burden of cancer in the society, early detection strategies, multidisciplinary approach in its management, knowing of complementary therapies in managing it and, most significantly, to identify the role of nurses in managing complications of cancer. Real life experiences and the role of palliative care were discussed.

Over 600 delegates participated including registered nurses, nursing faculty, and UG and PG nursing students from different colleges and hospitals across the State.
in Nadiad on 15th September. They also attended the National Conference of the Nursing Research Society of India, organised by the Geetanjali College and School of Nursing in Udaipur on 27th October.

- The Orientation Programme for First Year BSc and First Year DGNM students was held on 25th November.

Events
- Students celebrated International Nurses Day and International Midwife Day (12th May), World Environment Day (3rd June), and International Yoga Day (1st July).
- Faculty members and Second Year Nursing students observed World Aids Day on 1st December.

L P Patel Institute of Medical Laboratory Technology

The L P Patel Institute of Medical Laboratory Technology offers diploma and postgraduate courses in Clinical Laboratory Technology that prepares Medical Laboratory technicians and technologists in the Lab-Tech field.

From 2017, a host of other courses in the clinical field which were under the purview of the Institute are now being offered by the CAM Institute of Allied Health Sciences and Technology – a new learning centre which is affiliated to the Sardar Patel University.

CAM Institute of Allied Health Sciences and Technology

The newly set up CAM Institute of Allied Health Sciences and Technology offers various diploma, undergraduate, and postgraduate courses that prepare professionals in the diagnosis of various clinical conditions.

The undergraduate courses include Medical Technology in Clinical Lab Technology, Radiotherapy Technology, Imaging Technology, Respiratory Care Technology, and in OT & Anaesthesia Technology.

Courses are offered for a Masters in Medical Technology in Perfusion Technology, and for PG-Diplomas in Clinical Dietetics and Cardiac Care Technology.

Increasing awareness of such courses among students resulted in new admissions with a total of 222 students being enrolled for different courses in both the institutes. All the BSc Medical Technology students who completed the course in Operation Theatre and Anaesthesia Technology have been absorbed by various hospitals.

The CAM Allied Health Sciences and Technology Institute’s Radiotherapy course was approved by the Canadian Association of Medical Radiation Technology (CAMRT) – a rare distinction. All our students graduating from the Institute are now eligible to undertake the CAMRT exam directly.

Generosity volunteer activities involve active student participation. A blood donation camp in progress.
Research
Finding New Medical Solutions

The Central Research Services continued its focus on building capacity for research among students and faculty through conducting workshops. Due to the large number of research projects proffered, two institutional ethics committees have been set up to hasten review of proposals. The entire approval process is now online.

The Pramukhswami Medical College (PSMC) continues to be among the top medical colleges in Gujarat with regard to PubMed-Indexed publications.
Five ICMR (Indian Council of Medical Research) projects were ongoing at PSMC in 2017. The ICMR project led by Dr. Kartik Vishwanathan is part of a National Trauma Project that involves premier institutes such as AIIMS and three other institutes. The ICMR project on Pharma-covigilance led by Dr. Monica Gupta is another National Task Force project which will be operational next year.

The partnership with UMASS is operational and projects under this partnership are ongoing. No new projects were added in 2017 but many grant applications have been submitted. UMASS gives technical support to ICMR grants for child health in Dahod and this year has seen many manuscripts being published and submitted from previous years’ research work.

Research for Better Patient Care

A study was conducted to assess the impact of early skin-to-skin contact provided for the first 24 hours on hypothermia in stable newborns weighing 1,800 gm or more during the first 48 hours of life.

The findings suggested that the group of newborns provided with skin-to-skin contact achieved rapid thermal control as compared with those newborns who do not receive it. Early skin-to-skin contact for 24 hours after birth decreases the incidence of hypothermia (a condition of having abnormally low body temperature) in the initial 48 hours of life. This practice needs to be aggressively promoted in term and late-preterm newborns to reduce the incidence of hypothermia.

Our Hospital has begun promoting the practice in its Obs and Gynaec department where new born babies are immediately given to mothers for skin contact.

(For a detailed list of PUBLICATIONS & RESEARCH PROJECTS, visit our website http://charutarhealth.org/about-us/annual-reports)
Community Extension

Extending Healthcare Outreach

Community Extension is one of the key initiatives of Charutar Arogya Mandal to spread the message that quality medical care can be made accessible to the last person in the last village. A dedicated think tank, ‘Public Health Initiatives’, envisions the concepts of community outreach, and develops strategies for their execution.
Field staff intervene at community level to raise awareness on breast and cervical cancers and help women in distress to shed inhibitions and come ahead for treatment.

The main vehicles that facilitate reaching out to the community are: SPARSH, and Extension Centres.

**SPARSH**
Shree Krishna Hospital’s Programme for Advancement of Rural and Social Health (SPARSH) launched two years ago, is an initiative to extend healthcare services to the rural community of Charotar. It is operational in 90 villages across three districts (Anand, Kheda, and Panchmahal) of Gujarat with support from GMM Pfaudler as part of its CSR activity in 60 villages of Anand district, and Hong Kong-based Shamdasani Foundation for the remaining 30.

The programme has set up a three tier model of healthcare providing medical care at the village level for primary care; extension-centre level for secondary level care; and at Shree Krishna Hospital for tertiary care concerns. With the aim of reducing the burden of Non-Communicable Diseases in society, the major focus is on screening and treatment.

Some notable features of SPARSH programme:
- A software introduced in SPARSH camps digitizes the documentation process for patient registration, Medical Officer consultation, medicine distribution, and monthly follow-up and monitoring of patients already enrolled in the project.
- Real time data transferred to Medical Officers with the help of this software contributes significantly to improving the efficacy of this programme. Village Health Workers (VHWs) have also been trained in using the software, to facilitate follow-ups for enrolled patients and deliver medicines at the doorstep.
- SOPs (Standard Operating Protocols) for every activity of SPARSH were developed and staff in all clusters of SPARSH trained to follow these.

**Screening Camp to the Rescue**
Ravjibhai Shanabhai Thakor from Gorel village of Anand district was a known patient of hypertension and diabetes. He was introduced to SPARSH when a screening camp was organised in his village. Thereafter, he discontinued the treatment he was taking and enrolled in our programme.

As a member of SPARSH, his BP and diabetes is regularly assessed at his doorstep by our trained VHWs and the results reviewed by Medical Officers. He receives his medicines at his doorstep. His BP is very much in control now and he is a participant in each of our camps set up in the vicinity of his village.
Members enrolled under the SPARSH programme are not only provided monthly diabetes and BP checks by the Mandal’s trained VHWs, but also get medicines delivered at their doorstep.

Outreach Saved a Precious Life!

On a routine visit to Khandhali village, one of our Field Supervisors was approached by a lady in her late thirties with a complaint of a hard lump in her breast. She had been too nervous to see a doctor. However, after lengthy sessions of counseling, she was brought to Shree Krishna Hospital and on investigation was diagnosed with breast cancer. She underwent proper treatment for it in our Hospital and is today leading a normal life.

Now, as usual, she continues to be involved in household duties – not so usual is that she actively participates in all the cancer programme meetings and awareness sessions carried out by the Hospital.

• On the days of the camp, Medical Officers meet key persons in the village to encourage them to become partners in the SPARSH programme and cooperate in the field activities.
• Monthly training of Medical Officers updates their skills and capacity for treatment as per SPARSH protocols.
• Greater use of generic medicines reduces the cost of medicines for patients.
• Training was organised in collaboration with the diet department of the Hospital so that SPARSH staff can guide patients in villages on nutritious diets.
• Nursing students carried out a survey for 15 days on hypertension in Rahtalav, one of the SPARSH villages, during their posting to the extension department.

Menstrual Health Training for School Teachers

As part of the Cancer Prevention and Care programme, training on menstrual health was organised for 72 female teachers of Anand district. The focus was not only to improve menstrual hygiene practices but on making conversation about menstruation comfortable. For this, each teacher underwent a group exercise where she shared her story of menstruation with fellow teachers – as a forerunner to sharing the same story with her students. This approach was found to be highly effective.

The intensive training also included a presentation on menstrual health, screening of video films, and group discussions on the issue. The training culminated in the setting up of a WhatsApp group of participants and our team members so they continue sharing news of the work each has done, as also obtain technical support and guidance on important issues.
COPD in SPARSH Agenda
It was observed that owing to the lifestyle in our rural areas, occurrence of respiratory complaints was significant. Women who work with smoke-emitting chulhas and men who smoke actively or passively were prone to Chronic Obstructive Pulmonary Diseases (COPD). SPARSH therefore added management of COPD to its agenda.

The medical officers and VHWs who work at the community level were given repeated training for patient care and a training manual was developed. A study to evaluate the effectiveness of VHW training in monitoring and educating patients of COPD was also carried out. Full-fledged operations will begin once the caregiver team is found to have gained the satisfactory level of expertise to manage patients.

SPARSH Expands Its Reach
From 1st March 2018, SPARSH has been scaled up geographically to increase its cover from 90 to 150 villages over the next three years.

Interdisciplinary Approach to Address Brucellosis
Brucellosis is a zoonotic disease which is endemic in cattle in our country and is on the rise. Efforts are being made to control the disease in animals through vaccination. At the same time people in our villages who are exposed to infected animals, particularly women who milk the animals and veterinarians who treat the animals are at risk. A collaborative project has been initiated by the Hospital with NDDB and AMUL to assess the extent of the presence of the disease in the district, to arrive at measures that need to be undertaken to reduce the burden of the disease in animals and humans.

The project activities covered:
• A survey to assess the understanding and knowledge of the disease prevalence, prevention, and treatment in humans among doctors in the district.
• Screening, diagnosis, and treatment of Brucellosis in Amul veterinarians who treat animals regularly in the villages.
• Surveillance for Brucellosis: In order to have a better idea of the burden of the disease, a study on 245 randomly selected individuals from villages in the district were conducted.
• A survey is being carried out covering 300 persons whose animals were tested positive for Brucellosis.
• Training of health workers and medical officers in prevention and treatment of the disease.
• Two CME programmes were also conducted for private and government General Practioners.
The expanded programme will also focus on primary and primordial prevention of diseases by pointing out risk factors and promoting healthy lifestyles in schools and the community. The diseases addressed will now include mental health issues, neurological conditions, and musculoskeletal diseases.

Mental Health Workshops
As a part of government’s National Mental Health Programme, the Psychiatric Department in collaboration with the SS Hospital of Petlad organised a series of special workshops on stress management at the workplace – with the title ‘Password to Myself’. Workshops were conducted in 16 different government offices such as the Collector’s office, District Development Office, taluka panchayats, and taluka-level offices of the Education Department. Around 650 Government officials were trained through these workshops in stress management.

Research
Two research papers, published in PubMed-Indexed international journals, studied innovative approaches adopted by the Department to strengthen primary health care. One of the papers titled ‘Training Village Health Workers in Detection and Monitoring of Non-Communicable Diseases’ explored the effectiveness of training VHWs with minimal formal education in measuring blood pressure and blood glucose using a digital BP instrument and a glucometer respectively.

Another study was entitled ‘Comparison of two training techniques (mannequin versus flip chart presentation) of breast self-examination of rural women: An interventional study’. It found that the mannequin-based approach was not as effective as the practice of breast self-examination.

Extension Centres
The Mandal has four outpatient healthcare centres at Agas, Bhadran, Petlad, and Anand Agricultural University, and a secondary care centre at Sevaliya, 70 km from the base hospital at Karamsad.

During the year 57,803 patients were treated on outpatient basis in these outpatient health centres. Dental services at Agas, Bhadaran, and AAU centres proved popular, benefitting 2,105 patients.

Sevaliya – the Secondary Care Centre
Located at a distance of 70 km from Karamsad, the Sonaba Hospital and Sadabaa Prasutigruh at Sevaliya has facilities such as an outpatient department, laboratory, X-ray and sonography, a well-appointed Trauma Centre having round the clock services of a Medical Officer, a full-time gynaecologist, an operation theatre, wards with 30 beds, and a makeshift ICU. The Centre also offers benefits under Shree Krishna Hospital’s Krupa Scheme and Jan Arogya Yojana. It is also empanelled to provide treatment under the Chiranjeevi and RSBY (Rashtriya Swasthya Bima Yojana) schemes run by the State government.

During the year the Sevaliya Centre treated around 15,484 patients on outdoor basis, conducted 5,634 laboratory investigations, 2,370 X-rays, and 682 ultrasounds. Nearly 2,600 patients were treated in the Obs and Gynaec OPD including 32 C-sections, 53 normal deliveries, and 15 other procedures. The Centre has a visiting Orthopaedic consultant twice in a week. The OPD treated nearly 1,400 patients and above 90 underwent orthopaedic procedures. The Trauma Centre treated nearly 500 patients.

About 60 patients visit the OPD at Sevaliya’s Secondary Care Centre everyday. With specialists attending and medical officers available round the clock, all essential medical services are now available there.
Visitors
Fund Raising
Generosity Helps those in Need

The Fund Raising Group focuses on seeking funds for treatment of indigent patients, many of them suffering from life-threatening ailments and not in a position to afford treatment as well as for equipment and facilities. As a norm, it is ensured that no patient goes untreated due to inability to bear the treatment cost. The team remains in touch with donors and donor institutions with a philanthropic inclination, including web portals.

Transparency in assigning the funds received and documentation of utilization in the form of regular periodic reports is the rule. Members also appraise individual donors on patient condition, line of treatment, and final outcome. With the generous support of numerous donors, it has been possible to move from strength to strength placing the Hospital on a firm footing with the best equipment and skills in the market, made available to the poor and less-privileged rural families in an affordable manner.

Thus the Mandal has been accredited for transparency and credibility with the Platinum seal by Guide Star India, and also been recognised by Charity Aid Foundation (CAF) India, Credibility Alliance, and BSE Sammaan. It is empanelled with TISS National CSR Hub up to mid-2020 and as Implementing Agency with the Indian Institute of Corporate Affairs (IICA).

Patient Treatment Support
Patient Treatment Support from generous donors came in various ways: A charity event with a live performance by the renowned singer Shaan organised in January 2018 was attended by over 5,500 supporters. This
helped raise a net Rs. 2.39 crore through sponsorships and donations for the event, which Sir Dorabji Tata Trust has committed to match. An amount of Rs. 108.72 lakh was raised from Sir Ratan Tata Trust, Navajbai Tata Trust, Tata Education & Development Trust, Jamshedji Tata Trust, Sir Dorabji Tata Trust, and Sarvajanik Seva Trust, Mumbai for treatment of indigent patients, while PL Patel Memorial Trust Foundation, Natubhai V Patel Charity Trust, Atul Foundation, Shri Jalaram Sevashram Trust, Savitaben & Hirubhai Memorial Foundation, and other Trusts/Foundations donated an amount of Rs. 49.57 lakh.

Online donations were received on the Mandal portal, as well as on credible online platforms like GiveIndia, i-Charity, HelpYourNGO where donors can contribute amounts ranging from Rs. 250 to Rs. 15,000 towards treatment of needy patients on monthly or one-time basis. Donations amounting to nearly Rs. 44.54 lakh were received through GiveIndia.

In response to 54 appeals placed in various publications on behalf of economically weaker section patients, a number of generous donors came forward, contributing Rs. 31 lakh in all.

Samaritans, the quarterly magazine which serves as a communication medium for networking with donors was brought out in English and Gujarati.
Corporate Social Responsibility
Giving Back to Society
The Mandal has been implementing Corporate Social Responsibilities (CSR) Projects with a few companies who have included healthcare in their CSR policy. Our effort is to collaborate with more such companies to make healthcare available to the needy in an affordable manner.

The CSR projects fall under three broad categories:
- Funding of major projects by donors so as to facilitate the much-needed expansion of the teaching Hospital through an additional wing with 160 beds, Critical Care Centre with 100 ICU beds, and the 550-seating capacity Knowledge Centre (Library).
- Extending concessions to treatment cost especially to women and children from economically-disadvantaged families.
- Supporting grassroots-based activities in which the Mandal’s institutions are involved, aimed at promotion of preventive healthcare as specified under Schedule VII of the Companies Act, 2013 with the projects:
  - SPARSH – a programme that provides health services to communities in villages through an integrated and robust 3-tier healthcare delivery system consisting of primary, secondary, and tertiary levels.

- A specially designed programme, SPARSH-NIDAAN for early detection of cancer among the rural community. SPARSH is currently being implemented in 90 villages focusing on early detection and treatment of chronic diseases such as Hypertension, Diabetes, and Chronic Obstructive Pulmonary Diseases with support of GMM Pfaudler and Shamdasani Foundation who contributed Rs. 30,56,400 and Rs. 10,59,800 respectively during the year. The programme is being expanded to 150 villages with the addition of major interventions for prevention of chronic diseases and provision of home-based palliative care.

Impact of CSR Activities
As a result of CSR initiatives, by the end of the year:
- SPARSH is being implemented in 90 villages, to be expanded to 150 in 2018-19, in Anand, Kheda, and Panchmahal districts of Gujarat reaching over 2.5 lakh persons through a team of 90 Village Health Workers, 542 camps by three mobile health teams which treated 15,684 patients and around 8,481 Hypertension and Diabetic patients through home care.
- Over 4.5 lakh patients benefitted during the year from medical consultation without any charge at Shree Krishna Hospital’s general outdoor services. Over 1.10 lakh patients from BPL families and economically-disadvantaged families also benefitted.

Support through CSR Initiatives
Major CSR Partners include:
- Atul Foundation
- Banco Products (India) Ltd
- Best Value Chem Pvt Ltd
- GMM Pfaudler Ltd
- IDMC Ltd
- Inox Air Products Pvt Ltd
- Kaira Can Co
- Koch Chemical Technology Group India Pvt Ltd
- Kunkel Wegner Ltd
- Laxmi Snacks Pvt Ltd
- PBM Polytex Limited
- Yes Bank Ltd
Deh Daan

- Ishvarbhai Motibhai Patel – Anand
- Ravibhai Somabhai Patel – Sandesar
- Dinkarbhai Balasankar Gandhi – Kambhat
- Manubhai Motibhai Patel – Borsad
- Satischandra Rasiklal Shah – Borsad
- Anilkumar Rambhai Patel – Karamsad
- Chotubhai Jivabhai Makwana – Deva Vanta, Tal. Vaso

Donors

Rs. 1 Crore and above
- The British Asian Trust
- Precmak Ltd

Rs. 50 Lakh and above
- Tata Education and Development Trust
- Inox Air Products Pvt Ltd

Rs. 25 Lakh and above
- Give Foundation
- Rina Patel, UK
- Pravinbhai B Patel
- Shree Jalaram Sevashram Trust
- Usha B Patel, Dubai
- Pratik B Patel, Dubai
- Rajendra Patel, UK

Rs. 15 Lakh and above
- Bhavini Dinesh Patel

Rs. 10 Lakh and above
- P L Patel Memorial Trust Foundation
- Patel Infrastructure Limited
- Koch Chemical Technology Group India Pvt Ltd
- JM Financial Foundation
- Kampani Charitable Trust
- Natubhai V Patel Charity Trust
- Best Value Chem Private Limited

Rs. 5 Lakh and above
- Sureshbhai B Patel HUF
- Pravinbhai B Patel HUF
- Mahalaxmi Tobacco Works
- IDMC Ltd
- Savitaben & Hirubhai Patel Memorial Foundation
- Chiragbhai C Patel
- Charotar Gas Sahakari Mandal Ltd
- Chitrakule A Patel, USA
- Pushpaben N Patel
- Deepak Nitrite Limited
- The Lotus Trust
- UA Gandhi Trust
- Atul Foundation
- Nesb Limited
- Pravinbhi B Patel
- Shree Jalaram Sevashram Trust
- Usha B Patel, Dubai
- Pratik B Patel, Dubai
- Rajendra Patel, UK

Rs. 2 Lakh and above
- Pushyambhai Patel, UK
- Buildquick Infrastructure Pvt Ltd
- Mayurbhai N Patel
- Raj Patel PCA, UK
- Cipriani Harrison Valves Pvt Ltd
- Dr Sushil Kumar Singh
- Kachnar Trust
- Sanket Enterprise
- Shree Vir Vitthalbhai Patel Dardi Sahayak Charitable Trust
- Amul Park Welfare Society
- Standard Pesticides Pvt Ltd
- National Builders Infrastructure Pvt Ltd
- Vidya Wires Pvt Ltd
- S Rameshbhai H Shah
- Om Engineers
- Mrs Nisha daCunha
- Manibhai & Brothers Charitable Trust
- Akshay Y Patel

Rs. 1 Lakh and above
- Taraben Narabhai Patel Charitable Trust
- Dharti RMC Pvt Ltd
- Divya R Patel
- Jitendrakumar P Patel
- Kantibhai P Patel
- Neptune Realty Pvt Ltd
- Dr Nikhil B Patel
- Vallabh Vidyanagar Nagaralika
- Shri Vinod B Patel & Smt Urvii V Patel, USA
- Nisol MFG Company Pvt Ltd
- Health Prime Services (India) Pvt Ltd
- Swiss Glasscoat Equipments Ltd
- BKP Parkinsons Disease & Movement Disorder Society
- Rameshbhai P Patel
- Bhupendrabhai S Shah
- Ravikiran Ceramics Pvt Ltd
- Girendrabhai M Patel
- Borkatte G Pai
- Kamin J Patel, UK
- Mitalbhai J Patel
- Admark Polycasts Private Limited
- Jaymin R Bhavsar
- Kunzel Wagner (India) Pvt Ltd
- Seema M Patel
- Ankikumar V Patel
- Chandan Book Stall

Rs. 50,000 and above
- Nileshbhai Atodariya
- Mangalya Ceramics
- Laxmichand N Shah
- Vinod Patel
- Yogesh B Patel
- Hansika M Shah
- Mahendrakumar A Shah
- Jaydev D Unadkat
- Union Bank of India
- Enviro Infrastructure Co Ltd
- Dr Nitin S Raithatha
- Dr Amrita Patel
- Niranjibhai Patel
- Dr Manisha K Gohel
- Pranavbhai K Patel
- The Republic
- Anilbhai R Patel
- Nova Udyog
- Harshad M Patel
- Larsen & Toubro Limited
• Niranjanbhai C. Patel
• Pavan Tanay
• Rajratan Interior
• Krishnakumar A Ganatra
• K D Patel
• Chandrakanthbhai D Patel
• Airtech Engineers
• Ashwinkumar M Patel
• Ushaben C Shah
• Kotagal S Nagraj
• Mohamedhanif S Sayed
• Baroque Pharmaceuticals Pvt Ltd
• Mayurubhai C Patel & Jayaben M Patel
• SPX Flow Technology (India) Pvt Ltd
• Dineshbhai A Patel
• Siddhi Roadways
• Forbes Marshall Pvt Ltd
• Harikrishnabhai R Amin HUF
• Madhuben D Pandya
• Kutchi King Hospitality Pvt Ltd
• Bipinbhai D Amin, USA
• Madhusudan S Vaishnav
• Sagarbhai Patel
• Tarishraj H Shah
• Jalaram Satsang Seva Mandal Trust
• New Modern Traders
• Harleenkaur Chawla

Rs. 25,000 and above

• Niles, Daxesh, Nitin, Pushya, Nikhil, Dhimant
• Gokul, Preet, Hemant, Manshi, Hardik, Rajesh
• Ashok Tiles
• Sumatiben M Patel
• Ravindrabhai N Jadhav
• Kiran Patel and Co
• Kiritkumar A Patel
• Narendraibhai M Patel
• Nimesh I Shah
• Wel-Fab & Engineers
• Shristi English Medium School
• Rotomag Motors & Controls Pvt Ltd
• G R Polynets
• Paritosh Residency Pvt Ltd
• Babul Printing & Packaging Pvt Ltd
• Shashi Lohiya
• Dr Jitesh Desai
• New Raj Travels
• Brijesh Gandhi
• Shree Ram Chasma Ghar
• Rotomotive Powerdrives India Ltd.
• Jineshbhai N Patel
• Vulcan Industrial Engg. Co Ltd
• Hareshbhai V Dave
• AB Charitable Foundation
• Trishulini Hardcaps
• P B Hansora
• Ashokbhai K Patel
• B M Associates
• Hiteshbhai B Patel
• Sanjivani Medicines
• Priyanshi Enterprises
• Dr Nayankumar K Modi
• Vizeb Agri Sciences Pvt Ltd
• Ram Builder
• Vizeb Compositech Pvt Ltd
• Techno Designs
• Dr Monica Gupta
• Bitscape Infotech Pvt Ltd
• Prof. Navinchandra N Trivedi
• Gopal N Shah
• Ila J Patel
• Navneet Foundation
• Dr. Bhatia Coaching Institute Pvt Ltd
• Dr Pragya Nair
• Lakshya Foundation
• Ramesh Kumar J Popat
• Dr Rajiv Paliwal
• Shvetkutu K Mehta
• Mehal Patel
• K M Distributors
• R M Amin HUF
• Mukeshbhai C Patel
• Super Exports
• Nihon Kohden India Pvt Ltd
• Abhijit M Patel
• Philips Machine Tools India Pvt Ltd
• Sarvoday Shrikhand Ice-Cream Mfg
• Harshadbhai R Patel
• Rashmi M. Shroff
• Wealth First Portfolio Managers Ltd
• Bhaiuka A Shelat
• Narendraibhai J Patel, Canada
• Ajay Enterprise
• Atlanta Electronics Pvt Ltd
• Dhaval Dyes
• Raxak Inte. & Security Protection Pvt Ltd
• H D Sales
• Transpek-Silox Industry Limited
• Shri Dilipbhai B Patel
• Kalaben H Patel
• Bharat Tyres
• Rajeevbhai M Gandhi
• Allengers Medical Systems Ltd
• Girishbhai J Patel
• Patidar Seva Samaj
• Venture Steels Pvt Ltd
• Danfoss Industries Pvt Ltd
• J P Metal Industries
• Amar Cold Storage
• Shree Vallabh Electrical
• Surendrabhai D Patel
• Sud-Chemie India Pvt Ltd
• Energy Engineers
• Netlogic Solutions
• Covet Enterprise
• Biomedix Optotechnik & Devices Pvt Ltd
• Dave Sanitary Fitting Co
• Ex-Protecta
• Patel Filters Infrastructure
• Elinco Industries Pvt Ltd
• Nisus Industries Pvt Ltd
• Axis Bank
• Tinita Engineering P Ltd
• Nilaykumar & Bros Jewellers
• FEI Cargo Ltd
• RR Kabel Ltd
• Laxcon Steels Ltd
• Diya Industries
• Serap India Pvt Ltd
• Rajputana Stainless Ltd
• Endress + Hauser (India) Pvt Ltd
• Schiller Healthcare India Pvt Ltd
• Leak-Proof Engineering (I) Pvt Ltd
• Rajasthan Electronics & Instruments Ltd
• Ramdas Pushottamdas Charitable Trust
• Virendrakumar C Patel
• Champion Coatings Pvt Ltd
• Manbharedevi R Agarwal
• Meril Endo Surgery Pvt Ltd
• Piushbhui Sankabhai Chaudhary
• Shree Diagnostics Pvt Ltd
• Daksh Maheshbhai Ghevariya
• Pradipkumar Navnitlal Shah
• Pioneer Furnaces Pvt Ltd
• Atlas Cable Industries
• Ritika Ram Devidayal
• Ramkishan Devidayal
• Sumita Devidayal
• Heart Foundation And Research Institute
• Ashwin Vanaspati Industries Pvt Ltd
• Jewel Consumer Care Pvt Ltd
• Prakash Chemicals Agencies Pvt Ltd
• Steelift Engineering Co
• Jain Granite & Marble
• Milu Traders
• M/s Precision Plastics
We would also like to express our gratitude to the following major Donors from the US for their contributions to our Charity in US during the Fund Raising meetings in June 2017:

**US $ 2 lac and above**
- Charotar Patidar Samaj Inc

**US $ 10,000 and above**
- Ravi C Patel & Ranjan R Patel
- Shamin Hotels Inc.
- Chandra M Patel & Kailash C Patel
- Sree Hotels LLC
- Kanu Patel
- Dhiren C Patel, Aneeta Nandini & Pratik Patel
- Dr Jyotiben Amin

**US $ 5,000 and above**
- Rikin J Patel & Reshme Patel
- Dinesh P Patel
- Ramesh P Patel
- Chitra Patel
- CZ Patel & MZ Patel
- Usha M Patel & Suresh Patel
- Naresh S Patel & Mamta N Patel
- Yogendrakumar Patel & Jayshree Patel
- Pratapkumar B Patel & Rashmi Patel
- Samir R Patel
- Ketan Patel

**US $ 1,000 and above**
- Titan Hotels LLC
- Sanjay Patel
- Gautam B Patel & Urmila G Patel
- Kevin Patel
- LTD Management Company LLC
- Parul & Sharan Patel
- BR Dhila & Shefali Dhila
- Priyavandan Shah
- Kishan Patel
- Kirti & Mr Hemant Patel
- Janki & Mr Piyush Amin
- Suresh C Patel
- Deepan (Manna) Patel
- Deepan V Patel
- Shree Ram Subway Corporation
- Mihir + Ms Shirali Patel
- Piyush K Patel & Jayshree Patel
- Ashok Patel & Nayana A Patel
- Shailesh K Patel & Falguni S Patel
- Kamini Patel & Amit Patel
- Pramod Malik & Rajul Malik
- Chirag & Amee Patel
- Amy M Poplaski, Towne Bank
- Beachfront LLC, Knight Inn & Suites
- AJ Group LLC
- Ketan Patel
- Douglas & Vaishali Knox
- Pratiksha Patel
- Sharad Patel
- Rajesh Patel
- Saroj K Patel
- Bharatkumar M Patel & Aruna Patel
- Bharatbhai K Patel & Pragna Patel
- Dr B Desai & Heide Desai
- Bhavesh Patel & Bhavna Patel
- Nikhilesh V Patel & Rupal R Patel
- Deepak P Patel & Nitaben D Patel
- Mahendra M Patel & Savita M Patel
- Asian Indians of Hampton Roads Ltd
- Syn Hotel Inc.
- Apurva V Patel
- Vinay B Patel & Shefalee V Patel
- Dr Vimal Amin & Jagruti V Amin
- Kushyapat Patel
- Dr Kashyap B Patel
- Litika D Patel & Dushyant R Patel
- Kashyap B Patel & Alpa K Patel
- Prashant Patel
- Vipul & Rekha Patel
- DG Patel, ND Patel & Ashesh Patel

**US $ 500 and above**
- Shri Trushar A Patel
- Shri Bipin D Amin & Manjulaben B Amin
- Saroj K Patel
- Naina P Patel & Darohan Patel
- Jayshri A Patel & Achyut G Patel
- Family & Internal Medical Center Inc.
- SandCastle Resort Inc
- Ball K Gupta & Rajesh K Gupta
- Rajni Patel & Savita Patel
- Kisan Khandelwal & Veena Khandelwal
- Maheshkumar Patel (Mukhi) & Daxaben M Patel
- Prerna H Amin & Hemant V Amin
- Nalin Patel
- Nalin R Patel & Daksha N Patel
- Kanu & Aruna Patel
- M Amin
- Mehul & Anjana Patel
- Nailesh & Meena Dave
- Sandeep Patel & Jigna Patel
- Rajesh Mehta CPA PC
- Ajay M Patel & Bhavna Patel
- Dhiren Amin
- Jitendra Patel & Ramila Patel
- Dipak M Shah & Nayna Shah
- S J Lavingia & Geeta S Lavingia
- Giriraj Kishan LLC
- Pradip K Patel & Dhara P Patel
- Rekha Patel

- Manisha Petroleum Inc.
- Urja Corporation
- Hitesh & Mina Patel VB Holding LLC
- Vishal Inc
- Ramesh Joshi CPA LLC
- Anant Damle & Snehal Damle
- Bhavdeep Gupta & Dolly Gupta
- Vallabhbhai N Patel & Hansa V Patel
- Shashikant C Patel & Sanjay S Patel
- Harichandra M Patel & Hasumati H Patel
- Kantilal D Patel & Shobhna Patel
- Niranj C Patel & Jayshreeben N Patel
- Nayana A Baranpuria & Ashok K Baranpuria
- Mahendra I Patel & Purnimaben Patel
- Microtel Inn
- Kiran T Patel & Alpa Patel
- ETI Patel
- Vivan & Dipal Patel
- Vipul Shah & Nilima Shah
- Vishnubhai K Desai & Arunaben V Desai
- Jay B Joshi & Bharati Joshi
- Ashita & Avinash Patel
Independent Auditors’ Report to the Members of Charutar Arogya Mandal

Report on the Financial Statements
We have audited the accompanying financial statements of Charutar Arogya Mandal (“The Trust”), which comprise the Balance Sheet as at March 31, 2018, the Statement of Income and Expenditure, Cash Flow Statement for the year then ended and a summary of the significant accounting policies and other explanatory information.

Management’s Responsibility for the Financial Statements
The Trust’s Management is responsible for the preparation of these financial statements that give a true and fair view of the financial position, financial performance and Cash flows of the Trust in accordance with the Accounting Standards, as applicable to the Trust and in accordance with the accounting principles generally accepted in India. This responsibility also includes maintenance of adequate accounting records in accordance with the provisions of the Bombay Public Charitable Trust Act, 1950 for safeguarding the assets of the Trust and for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making judgments and estimates that are reasonable and prudent; and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and the disclosures in the financial statements. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Trust’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust’s internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of the accounting estimates made by the Management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis of Qualified Opinion
The amount of Gratuity and Leave Encashment payable as on March 31, 2018, as computed by the Actuary, aggregate to Rs. 3,617.23 lakhs (Rs. 3,109.03 lakhs as at March 31, 2017) against which a provision of Rs. 1,000.58 lakhs (Rs. 1,000.58 lakhs as at March 31, 2017) has been made and for the balance amount of Rs. 2,616.65 lakhs (Rs. 2,108.45 lakhs as at March 31, 2017) no provision has been made in the books of account. This is not in compliance with the applicable provisions of Accounting Standard 15 ‘Employee Benefits’.

Qualified Opinion
In our opinion and to the best of our information and according to the explanations given to us, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the aforesaid financial statements give a true and fair view in conformity with the accounting principles generally accepted in India, of the state of affairs of the Trust as at March 31, 2018; and its excess of expenditure over income and its cash flows for the year ended on that date.

Report on Other Legal and Regulatory Requirements
As required by The Bombay Public Charitable Trust Act, 1950 applicable to the State of Gujarat and on the basis of such checks as we considered necessary and appropriate and according to information and explanations given to us during the course of audit, we enclose in the Annexure, a statement on the matters specified therein.

For DELOITTE HASKINS & SELLS
Chartered Accountants
(Firm Registration No.117365W)

Gaurav J. Shah
Partner
(Membership No. 35701)

Place: Ahmedabad
Date: July 28, 2018
Annexure to the Auditors' Report

(Referred to under ‘Report on Other Legal and Regulatory Requirements’ section of our report of even date)

a) The accounts are maintained regularly and in accordance with the provisions of the Bombay Public Charitable Trust Act, 1950 and the Rules thereunder.

b) The receipts and disbursements are properly shown in the accounts.

c) The cash balance and vouchers in the custody of the Accountant on the date of audit were in agreement with the accounts.

d) All the books, deeds, accounts, vouchers and other documents of records required by us, were produced before us.

e) A register of movable and immovable properties is maintained.

f) The Senior General Manager (Accounts) appeared before us and furnished the necessary information required by us.

g) No property or funds of the Trust were applied for any object or purpose other than for the objects of the Trust,

h) The amounts which are outstanding as at March 31, 2018, for more than one year from the due date are Rs. 32,73,311/-
No amounts have been written off during the year.

i) During the year, tenders were invited where the repairs and construction expenditure exceeded Rs. 5,000.

j) No money of the Trust has been invested contrary to the provision of section 35.

k) There has not been alienation of immovable property contrary to the provisions of section 36 which have come to our notice.

l) No cases of irregular, illegal or improper expenditure or failure or omission to recover moneys or other property belonging to the trust or of loss, or waste of money or other property have come to our notice.

For DELOITTE HASKINS & SELLS
Chartered Accountants
(Firm Registration No.117365W)

Gaurav J. Shah
Partner
(Membership No. 35701)

Place: Ahmedabad
Date: July 28, 2018
Balance Sheet as at 31st March, 2018

Chairman, Charutar Arogya Mandal
H M Patel Centre for Medical Care & Education
Gokal Nagar, Karamsad 388 325.
Phone no. (02692) 223666
Regn.No. F / 119 / Anand dt. 01.08.1972
FCRA Regn.No. 042040053 dt. 19.04.1985,
Bank A/c.No. 36110524321

(Rs. in Lakhs)

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Sch</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOURCES OF FUNDS:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corpus and Funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corpus Fund</td>
<td>A</td>
<td>3,327.33</td>
<td>3,216.47</td>
</tr>
<tr>
<td>Medical Relief, Infrastructure Development and Other Funds</td>
<td>B</td>
<td>15,016.10</td>
<td>13,925.55</td>
</tr>
<tr>
<td>Research Fund</td>
<td>C</td>
<td>223.49</td>
<td>232.21</td>
</tr>
<tr>
<td>FCRA Fund</td>
<td>D</td>
<td>1,719.75</td>
<td>999.41</td>
</tr>
<tr>
<td>Cancer Prevention and Care Programme</td>
<td>E</td>
<td>-</td>
<td>9.80</td>
</tr>
<tr>
<td>Income &amp; Expenditure Account:</td>
<td>F</td>
<td>(13,933.36)</td>
<td>(13,279.49)</td>
</tr>
<tr>
<td>Secured Loans</td>
<td>G</td>
<td>1,064.99</td>
<td>1,154.30</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>7,418.30</td>
<td>6,258.25</td>
</tr>
</tbody>
</table>

**APPLICATION OF FUNDS:**

*Infrastructure and Investments*
- Fixed Assets
  - As at 31.03.2018: 7,482.99
  - As at 31.03.2017: 6,480.63
- Investments
  - As at 31.03.2018: 4,923.53
  - As at 31.03.2017: 3,979.74

*Current Assets*
- Inventories (As Valued & Certified by the Management)
  - As at 31.03.2018: 464.42
  - As at 31.03.2017: 480.37
- Receivables
  - As at 31.03.2018: 613.49
  - As at 31.03.2017: 632.71
- Interest Accured
  - As at 31.03.2018: 8.77
  - As at 31.03.2017: 4.66
- Deposits and Advances
  - As at 31.03.2018: 322.62
  - As at 31.03.2017: 480.15
- Cash & Bank Balances
  - As at 31.03.2018: 30.80
  - As at 31.03.2017: 21.86

- As at 31.03.2018: 1,440.10
- As at 31.03.2017: 1,619.75

Net Working Capital
- As at 31.03.2018: (4,988.22)
- As at 31.03.2017: (4,202.12)

**TOTAL**
- As at 31.03.2018: 7,418.30
- As at 31.03.2017: 6,258.25

*Significant Accounting Policies*
- As per our separate report of even date attached herewith

*Notes on Accounts*
- On behalf of the Charutar Arogya Mandal

For Deloitte Haskins & Sells
Chartered Accountants
Gaurav J. Shah
Partner
Karamsad
Date: 28th July, 2018

Dr. Amrita Patel
Chairman
Karamsad
Date: 28th July, 2018

Nitin Desai
Trustee
Karamsad
Date: 28th July, 2018

Prayasvin Patel
Trustee
Karamsad
Date: 28th July, 2018

Jeevan Akhouri
General Manager (Accounts)
Karamsad
Date: 28th July, 2018

Sandeep Desai
Chief Executive Officer
Karamsad
Date: 28th July, 2018

Jagrut Bhatt
Hon. Secretary
Karamsad
Date: 28th July, 2018
## Income and Expenditure Account for the Year Ended 31st March, 2018

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Sch</th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Income (Net)</td>
<td>N</td>
<td>6,963.21</td>
<td>6,704.30</td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td>20.31</td>
<td>17.80</td>
</tr>
<tr>
<td>Other Income</td>
<td>O</td>
<td>140.41</td>
<td>91.15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>7,123.93</td>
<td>6,813.25</td>
</tr>
<tr>
<td><strong>Medical Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition Fees (Net)</td>
<td></td>
<td>6,350.66</td>
<td>5,390.86</td>
</tr>
<tr>
<td>Other Income</td>
<td>O</td>
<td>184.03</td>
<td>182.97</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>6,534.69</td>
<td>5,573.83</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations from Community</td>
<td></td>
<td>432.45</td>
<td>373.27</td>
</tr>
<tr>
<td>Other Income</td>
<td>O</td>
<td>647.60</td>
<td>509.41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>1,080.05</td>
<td>882.68</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>14,738.67</strong></td>
<td><strong>13,269.76</strong></td>
</tr>
</tbody>
</table>

| **EXPENDITURE** |     |         |         |
| **Medical Care** |     |         |         |
| Manpower | | 3,600.03 | 3,361.41 |
| Cost of Material Consumed | | 3,120.51 | 2,798.16 |
| Administrative and Other Overheads | P | 1,225.68 | 1,277.15 |
| Depreciation | | 570.01 | 576.95 |
| **Total** | | 8,516.23 | 8,013.67 |
| **Medical Education** | | | |
| Manpower | | 5,782.36 | 5,205.76 |
| Administrative and Other Overheads | P | 490.05 | 490.17 |
| Depreciation | | 86.85 | 74.49 |
| **Total** | | 6,359.26 | 5,770.42 |
| **Other Expenditure** | | | |
| Manpower | | 120.08 | 118.53 |
| Cost of Material Consumed | | 172.41 | 162.18 |
| Administrative and Other Overheads | P | 179.03 | 154.01 |
| Research Expenses | Q | 92.22 | 87.20 |
| Depreciation | | 67.64 | 67.03 |
| **Total** | | 631.38 | 588.95 |
| **TOTAL** | | **15,506.87** | **14,373.04** |

(Deficit) for the year | (768.20) | (1,103.28) |
Interest transferred from Corpus Fund & HM Patel Centenary | 114.33 | 104.88 |
Corpus Fund | | |
(Deficit) Carried to Balance Sheet | (653.87) | (998.40) |

As per our separate report of even date attached herewith

For Deloitte Haskins & Sells
Chartered Accountants
Gaurav J. Shah
Partner
Karamsad
Date: 28th July, 2018

On behalf of the Charutar Arogya Mandal

Dr. Amrita Patel
Chairman

Nitin Desai
Trustee

Prayasin Patel
Trustee

Jeevan Akhouri
General Manager (Accounts)

Sandeep Desai
Chief Executive Officer

Jagrut Bhatt
Hon. Secretary

Karamsad
Date: 28th July, 2018
### Cash Flow Statement for the Year Ended 31st March, 2018

<table>
<thead>
<tr>
<th>Particulars</th>
<th>2017-18 (Rs. in Lakhs)</th>
<th>2016-17 (Rs. in Lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. CASH FLOW FROM OPERATING ACTIVITIES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net (Deficit)</td>
<td>(653.87)</td>
<td>(998.40)</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>728.80</td>
<td>726.67</td>
</tr>
<tr>
<td>Loss (Profit) on Sale of Assets</td>
<td>60.26</td>
<td>10.04</td>
</tr>
<tr>
<td>Interest Accured</td>
<td>(57.24)</td>
<td>(14.17)</td>
</tr>
<tr>
<td>Provision for Doubt Debts / Expenses No Longer Required</td>
<td>28.00</td>
<td>(18.20)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Deficit) before Working Capital Changes</td>
<td>105.95</td>
<td>(294.06)</td>
</tr>
<tr>
<td>Adjustment for Change in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>278.97</td>
<td>(243.29)</td>
</tr>
<tr>
<td>Inventory</td>
<td>15.95</td>
<td>15.77</td>
</tr>
<tr>
<td>Payable</td>
<td>606.45</td>
<td>920.14</td>
</tr>
<tr>
<td>Cash Generated from / (used in) from Operations</td>
<td>901.37</td>
<td>692.62</td>
</tr>
<tr>
<td>Tax Refund / (Paid) (Taxes deducted at sources)</td>
<td>(134.33)</td>
<td>31.09</td>
</tr>
<tr>
<td>Cash Flow Generated from / (used in) Operating Activities (A)</td>
<td>872.99</td>
<td>429.65</td>
</tr>
<tr>
<td><strong>B. CASH FLOW FROM INVESTING ACTIVITIES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of Fixed Assets</td>
<td>(2,083.58)</td>
<td>(1,770.97)</td>
</tr>
<tr>
<td>Sale of Fixed assets</td>
<td>67.19</td>
<td>5.35</td>
</tr>
<tr>
<td>Interest on Investment</td>
<td>57.24</td>
<td>14.17</td>
</tr>
<tr>
<td>Realization / (Investment) in Fixed Deposits</td>
<td>(943.79)</td>
<td>(479.73)</td>
</tr>
<tr>
<td>Net Cash (used in) Investing Activities (B)</td>
<td>(2,902.94)</td>
<td>(2,231.18)</td>
</tr>
<tr>
<td><strong>C. CASH FLOW FROM FINANCING ACTIVITIES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds Received</td>
<td>2,128.20</td>
<td>2,812.64</td>
</tr>
<tr>
<td>Proceeds / (Repayment) of Term Loan</td>
<td>(86.36)</td>
<td>43.72</td>
</tr>
<tr>
<td>(Repayment) / Proceeds from Short Term Borrowings</td>
<td>(2.95)</td>
<td>(1,082.63)</td>
</tr>
<tr>
<td>Cash Generated from Finance Activities (C)</td>
<td>2,038.89</td>
<td>1,773.73</td>
</tr>
<tr>
<td>Net Increase in Cash &amp; Cash Equivalents (A+B+C)</td>
<td>8.94</td>
<td>(27.80)</td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents at Beginning of Year</td>
<td>21.86</td>
<td>49.66</td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents at the End of the Year</td>
<td>30.80</td>
<td>21.86</td>
</tr>
</tbody>
</table>

**Notes to Cashflow Statement:**

1. Cash and Cash Equivalents Include:
   - Cash on Hand | 6.06 | 4.38 |
   - With Scheduled Banks:
     - In Fixed Deposits | - | 0.13 |
     - Cheques on Hand | 24.74 | 17.35 |
     - Saving Accounts | 24.74 | 17.48 |
   - Total | 30.80 | 21.86 |

2. The Cash Flow Statement has been prepared under the ‘Indirect Method’ set out in Accounting Standard-3 “Cash Flow Statement”.

As per our separate report of even date attached herewith

On behalf of the Charutar Arogya Mandal

For Deloitte Haskins & Sells
Chartered Accountants

Dr. Amrita Patel
Chairman

Nitin Desai
Trustee

Prayasvin Patel
Trustee

Gaurav J. Shah
Partner

Jeevan Akhouri
General Manager (Accounts)

Sandeep Desai
Chief Executive Officer

Jagrut Bhatt
Hon. Secretary

For Deloitte Haskins & Sells
Chartered Accountants

Gaurav J. Shah
Partner

Date: 28th July, 2018

On behalf of the Charutar Arogya Mandal

For Deloitte Haskins & Sells
Chartered Accountants

Gaurav J. Shah
Partner

Date: 28th July, 2018
Receipt & Payment Account for the Period from 01.04.2017 to 31.03.2018

<table>
<thead>
<tr>
<th>Receipt</th>
<th>Amount</th>
<th>Payment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening Balance as on 01.04.17</strong></td>
<td></td>
<td><strong>Research Fund</strong></td>
<td>8.72</td>
</tr>
<tr>
<td>Cash &amp; Bank Balance</td>
<td>21.86</td>
<td><strong>Proceeds from Term Loan</strong></td>
<td>86.36</td>
</tr>
<tr>
<td>Medical Relief and Other Fund</td>
<td>1,315.52</td>
<td><strong>CPCP Fund</strong></td>
<td>9.80</td>
</tr>
<tr>
<td>Deposits Made during the Year</td>
<td>157.53</td>
<td><strong>Increase in Debtors</strong></td>
<td>8.78</td>
</tr>
<tr>
<td>Medicines Expense</td>
<td>805.35</td>
<td><strong>Manpower Expense</strong></td>
<td>10,192.79</td>
</tr>
<tr>
<td>Repayment of Term Loan</td>
<td>124.40</td>
<td><strong>Investment Made during the Year</strong></td>
<td>943.79</td>
</tr>
<tr>
<td>FCRA Fund</td>
<td>720.34</td>
<td><strong>Other Expenditure Related to Treatment</strong></td>
<td>3,292.92</td>
</tr>
<tr>
<td>Donation for Corpus Fund</td>
<td>110.86</td>
<td><strong>Administrative and Other Overheads</strong></td>
<td>1,354.55</td>
</tr>
<tr>
<td>Increase in Inventories</td>
<td>15.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent of Quarters and Hostels</td>
<td>135.89</td>
<td><strong>Electricity Expense</strong></td>
<td>305.88</td>
</tr>
<tr>
<td>Revenue Donation</td>
<td>432.45</td>
<td><strong>Overdraft from Yes Bank</strong></td>
<td>11.20</td>
</tr>
<tr>
<td>Tuition Fees Income</td>
<td>6,713.15</td>
<td><strong>Financial Charges</strong></td>
<td>176.51</td>
</tr>
<tr>
<td>Treatment Income</td>
<td>6,963.21</td>
<td><strong>Research Expenses</strong></td>
<td>1.67</td>
</tr>
<tr>
<td>Grant</td>
<td>20.31</td>
<td><strong>Overdraft from BOB Bank</strong></td>
<td>116.15</td>
</tr>
<tr>
<td>Interest Income</td>
<td>158.69</td>
<td><strong>Purchase of Assets during the Year</strong></td>
<td>2,083.58</td>
</tr>
<tr>
<td>Sale of Assets</td>
<td>67.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>787.68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Income</td>
<td>73.12</td>
<td><strong>Cash &amp; Bank Balance</strong></td>
<td>30.80</td>
</tr>
</tbody>
</table>

**Closing Balance as on 31.03.18**

| 18,623.50 |

For Deloitte Haskins & Sells
Chartered Accountants

Gaurav J. Shah
Partner

Karamsad
Date: 28th July, 2018

On behalf of the Charutar Arogya Mandal

Jeevan Akhouri
General Manager (Accounts)

Sandeep Desai
Chief Executive Officer

Karamsad
Date: 28th July, 2018

(For SCHEDULES TO FINANCIAL STATEMENTS, please visit our website
http://charutarhealth.org/about-us/annual-reports)
## Schedules to financial statements

### SCHEDULE A

#### CORPUS FUNDS

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(i) GENERAL CORPUS FUND</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>1,426.01</td>
<td>1,304.78</td>
</tr>
<tr>
<td>Add: Received during the year</td>
<td>14.67</td>
<td>102.85</td>
</tr>
<tr>
<td>Transferred from fund (Refer Schedule B (i))</td>
<td>51.00</td>
<td></td>
</tr>
<tr>
<td>Interest earned during the year</td>
<td>121.04</td>
<td>99.29</td>
</tr>
<tr>
<td>Less: Utilised during the year</td>
<td>9.75</td>
<td>6.44</td>
</tr>
<tr>
<td>Interest transferred to Income &amp; Expenditure Account</td>
<td>83.33</td>
<td>74.47</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,519.64</td>
<td>1,426.01</td>
</tr>
</tbody>
</table>

| **(ii) H M PATEL CENTENARY CORPUS FUND** |                  |                  |
| Balance as per last Balance Sheet        | 414.53           | 406.79           |
| Add: Interest earned during the year     | 31.54            | 30.95            |
|                                           | 31.54            | 30.95            |
|                                           | 446.07           | 437.74           |
| Less: Interest transferred to Income & Expenditure Account | 23.66           | 23.21            |
| **Total**                                | 422.41           | 414.53           |

| **(iii) JTT - CAM CORPUS FUND (For Scholarship)** |                  |                  |
| Balance as per last Balance Sheet         | 875.93           | 906.45           |
| Add: Interest earned during the year      | 66.66            | 68.98            |
|                                           | 942.59           | 975.43           |
| Less: Utilised during the year            | 57.31            | 99.50            |
| **Total**                                | 885.28           | 875.93           |

| **(iv) INFOSYS FOUNDATION**               |                  |                  |
| Balance as per last Balance Sheet         | 500.00           | 500.00           |
| Interest accrued during the year          | 46.25            | 46.25            |
| Less: Utilised during the year            | 46.25            | 46.25            |
| **Total**                                | 500.00           | 500.00           |

**TOTAL .................................................** 3,327.33 3,216.47
## Schedules to financial statements

### SCHEDULE B

**MEDICAL RELIEF, INFRASTRUCTURE DEVELOPMENT AND OTHER FUNDS**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(i) MEDICAL RELIEF &amp; OTHER FUNDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>7,617.49</td>
<td>6,745.51</td>
</tr>
<tr>
<td>Add : Received during the year</td>
<td>660.21</td>
<td>1,203.78</td>
</tr>
<tr>
<td>Interest earned during the year</td>
<td>7.28</td>
<td>6.64</td>
</tr>
<tr>
<td>Transferred from fund ( Refer Schedule B (vi) )</td>
<td>39.37</td>
<td>5.92</td>
</tr>
<tr>
<td>Transferred from fund ( Refer Schedule C )</td>
<td>10.55</td>
<td>-</td>
</tr>
<tr>
<td>Less : Transfer to Corpus Fund ( Refer Schedule A (i) )</td>
<td>51.00</td>
<td>-</td>
</tr>
<tr>
<td>Less : Utilised during the year</td>
<td>339.35</td>
<td>344.36</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,944.55</td>
<td>7,617.49</td>
</tr>
</tbody>
</table>

| **(II) Navajbhai Ratan Tata Trust / Sir Dorabji Tata Trust** | | |
| Balance as per last Balance Sheet | 1,320.70 | 544.24 |
| Add : Received during the year | 650.00 | 832.00 |
| Interest earned during the year | 14.32 | 27.42 |
| Less: Depreciation | 192.26 | 82.96 |
| **Total** | 1,792.76 | 1,320.70 |

### DETAILS OF FUND

<table>
<thead>
<tr>
<th></th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>1,743.90</td>
<td>1,267.57</td>
</tr>
<tr>
<td>Investments</td>
<td>503.57</td>
<td>53.12</td>
</tr>
<tr>
<td>Bank Balance</td>
<td>0.24</td>
<td>0.01</td>
</tr>
<tr>
<td>Payable</td>
<td>(454.95)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,792.76</td>
<td>1,320.70</td>
</tr>
</tbody>
</table>

| **(iii) Give India** | | |
| Balance as per last Balance Sheet | - | - |
| Add : Received during the year | 41.43 | 32.03 |
| Less : Utilised during the year | 41.43 | 32.03 |
| **Total** | - | - |

| **(iv) Infrastructure & other funds** | | |
| Balance as per last Balance Sheet | 4,615.86 | 4,151.51 |
| Add : Received during the year | 16.89 | 41.98 |
| Transferred from Tuition Fee | 1,015.17 | 568.97 |
| Interest earned during the year | 2.34 | 2.45 |
| Less : Utilised during the year | 680.39 | 149.05 |
| **Total** | 4,969.87 | 4,615.86 |

| **(v) Tata Education Trust** | | |
| Balance as per last Balance Sheet | 75.67 | 84.57 |
| Less : Depreciation | 7.94 | 8.90 |
| **Total** | 67.73 | 75.67 |

### DETAILS OF FUND

<table>
<thead>
<tr>
<th></th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>67.73</td>
<td>75.67</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>67.73</td>
<td>75.67</td>
</tr>
</tbody>
</table>
## Schedules to financial statements

### (vi) TCS Foundation

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>295.83</td>
<td>-</td>
</tr>
<tr>
<td>Add : Received during the year</td>
<td>-</td>
<td>300.00</td>
</tr>
<tr>
<td>Interest earned during the year</td>
<td>14.29</td>
<td>3.06</td>
</tr>
<tr>
<td>Less : Transferred to Medical fund (Refer Schedule B (i))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilised during the year</td>
<td>4.79</td>
<td>1.31</td>
</tr>
<tr>
<td>Depreciation</td>
<td>244.11</td>
<td>295.83</td>
</tr>
</tbody>
</table>

**DETAILS OF FUND**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>17.65</td>
<td>3.05</td>
</tr>
<tr>
<td>Investments</td>
<td>223.54</td>
<td>292.78</td>
</tr>
<tr>
<td>TOTAL</td>
<td>241.19</td>
<td>295.83</td>
</tr>
</tbody>
</table>

### SCHEDULE C: RESEARCH FUND

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>232.21</td>
<td>189.86</td>
</tr>
<tr>
<td>Add : Received during the year</td>
<td>66.29</td>
<td>90.42</td>
</tr>
<tr>
<td>Less : Transferred to Medical fund (Refer Schedule B (i))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferred to Income &amp; Expenditure A/c to the extent utilised during the year</td>
<td>10.55</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>223.49</td>
<td>232.21</td>
</tr>
</tbody>
</table>

### SCHEDULE D: FCRA Fund

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>999.41</td>
<td>796.23</td>
</tr>
<tr>
<td>Add : Interest earned during the year</td>
<td>25.45</td>
<td>23.99</td>
</tr>
<tr>
<td>Received during the year</td>
<td>770.23</td>
<td>201.17</td>
</tr>
<tr>
<td>Less : Interest transferred to Income &amp; Expenditure Account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilised during the year for medical relief</td>
<td>68.00</td>
<td>14.78</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,719.75</td>
<td>999.41</td>
</tr>
</tbody>
</table>

**DETAILS OF FCRA FUND**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>1,228.69</td>
<td>628.96</td>
</tr>
<tr>
<td>Investments</td>
<td>486.36</td>
<td>369.50</td>
</tr>
<tr>
<td>Bank Balance</td>
<td>0.14</td>
<td>0.26</td>
</tr>
<tr>
<td>Receivables</td>
<td>4.56</td>
<td>0.69</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,719.75</td>
<td>999.41</td>
</tr>
</tbody>
</table>
## Schedules to financial statements

### SCHEDULE E:
**Cancer Prevention and Care Programme**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) JTT Contribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>9.80</td>
<td>36.14</td>
</tr>
<tr>
<td>Add: Received during the year</td>
<td>5.37</td>
<td>22.27</td>
</tr>
<tr>
<td>Interest earned during the year</td>
<td>-</td>
<td>0.52</td>
</tr>
<tr>
<td>Total</td>
<td>15.17</td>
<td>58.93</td>
</tr>
<tr>
<td>Less: Utilised during the year</td>
<td>15.17</td>
<td>47.02</td>
</tr>
<tr>
<td>Depreciation</td>
<td>-</td>
<td>2.11</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>-</td>
<td>9.80</td>
</tr>
</tbody>
</table>

**DETAILS OF FUND**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>-</td>
</tr>
<tr>
<td>Bank Balance</td>
<td>-</td>
</tr>
<tr>
<td>Receivables/Payable</td>
<td>- (-2.40)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>- (9.80)</td>
</tr>
</tbody>
</table>

### SCHEDULE F:
**INCOME & EXPENDITURE ACCOUNT**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>(13,279.49)</td>
<td>(12,281.09)</td>
</tr>
<tr>
<td>Add: Deficit for the year</td>
<td>(653.87)</td>
<td>(998.40)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>(13,933.36)</td>
<td>(13,279.49)</td>
</tr>
</tbody>
</table>

### SCHEDULE G:
**SECURED LOANS**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Term Loans from Banks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Purchase of Equipments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Oriental Bank of Commerce</td>
<td>669.34</td>
<td>693.64</td>
</tr>
<tr>
<td>(Against hypothecation of equipments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Yes Bank Limited</td>
<td>55.87</td>
<td>117.93</td>
</tr>
<tr>
<td>(Against hypothecation of equipments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>725.21</td>
<td>811.57</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii) Overdraft Facility from Banks:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Oriental Bank of Commerce</td>
<td>279.06</td>
<td>154.66</td>
</tr>
<tr>
<td>[Against Fixed Deposits of Rs. 1586.40 lakhs (P.Y.Rs.1586.40 lacs ) pledged as security ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Bank of Baroda</td>
<td>54.07</td>
<td>170.22</td>
</tr>
<tr>
<td>[[Against Fixed Deposits of Rs. 300.00 lakhs (P.Y.Rs.300.00 lakhs) pledged as security ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Yes Bank Ltd.</td>
<td>6.65</td>
<td>17.85</td>
</tr>
<tr>
<td>[ (Against Fixed Deposits of Rs. 260.00 lakhs (P.Y.Rs.260.00 lacs ) pledged as security ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>339.78</td>
<td>342.73</td>
</tr>
</tbody>
</table>

**TOTAL**                          | 1,064.99         | 1,154.30        |
<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>As at 1st April,2017</th>
<th>Additions during the Year</th>
<th>Sales / Adjustments</th>
<th>Total as at 31st March, 2018</th>
<th>Depreciation Provided As on 1st April, 2017</th>
<th>on Sales / Adjustments</th>
<th>For the Year</th>
<th>Upto 31st March, 2018</th>
<th>Net Value as at 31st March, 2018</th>
<th>Net Value as at 31st March, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land (Freehold)</td>
<td>4.69</td>
<td>77.04</td>
<td>-</td>
<td>81.73</td>
<td>0.00</td>
<td>-</td>
<td>0.00</td>
<td>-</td>
<td>81.73</td>
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<tr>
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<td>26.24</td>
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<td>2,003.14</td>
<td>13.74</td>
<td>223.66</td>
<td>2,213.06</td>
<td>2,324.67</td>
<td>1,813.58</td>
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<tr>
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<td>389.32</td>
<td>367.67</td>
<td>6,858.86</td>
<td>4,544.48</td>
<td>271.84</td>
<td>377.92</td>
<td>4,650.56</td>
<td>2,208.30</td>
<td>2,292.73</td>
</tr>
<tr>
<td>Furniture &amp; dead stock</td>
<td>925.12</td>
<td>85.99</td>
<td>1.69</td>
<td>1,009.42</td>
<td>446.85</td>
<td>1.66</td>
<td>62.72</td>
<td>507.91</td>
<td>501.51</td>
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<td>Vehicles</td>
<td>194.89</td>
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<td>-</td>
<td>201.63</td>
<td>108.60</td>
<td>(1.32)</td>
<td>9.17</td>
<td>57.31</td>
<td>52.00</td>
<td>38.51</td>
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<td>Electrical installations &amp; fittings</td>
<td>85.33</td>
<td>26.40</td>
<td>2.42</td>
<td>109.31</td>
<td>46.82</td>
<td>(2.87)</td>
<td>12.49</td>
<td>129.63</td>
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<td>-</td>
<td>458.89</td>
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<td>(3.78)</td>
<td>32.02</td>
<td>422.77</td>
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<td>Solar water system</td>
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<td>54.90</td>
<td>-</td>
<td>10.82</td>
<td>65.72</td>
<td>13.51</td>
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<tr>
<td>Work-in-progress</td>
<td>4.93</td>
<td>8.39</td>
<td>2.04</td>
<td>11.28</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11.28</td>
<td>493</td>
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<td>Building</td>
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<td>758.81</td>
<td>777.10</td>
<td>294.83</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>294.83</td>
<td>313.12</td>
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<tr>
<td>Capital Advance</td>
<td>4464.4</td>
<td>132.65</td>
<td>114.38</td>
<td>62.91</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>62.91</td>
<td>44.64</td>
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<td><strong>Total</strong></td>
<td><strong>12,717.40</strong></td>
<td><strong>2,269.14</strong></td>
<td><strong>1,291.54</strong></td>
<td><strong>13,695.00</strong></td>
<td><strong>7,591.76</strong></td>
<td><strong>279.27</strong></td>
<td><strong>728.80</strong></td>
<td><strong>8,041.29</strong></td>
<td><strong>5,653.71</strong></td>
<td><strong>5,125.64</strong></td>
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<tr>
<td><strong>Assets Purchased under sponsored programmes</strong></td>
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<td><strong>Tata Education Trust</strong></td>
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<tr>
<td>Buildings</td>
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<td>-</td>
<td>-</td>
<td>64.90</td>
<td>11.31</td>
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<td>5.36</td>
<td>16.67</td>
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<td>Furniture &amp; dead stock</td>
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<td>17.04</td>
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<td>1.45</td>
<td>3.92</td>
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<td>14.57</td>
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<td><strong>Total</strong></td>
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<td>-</td>
<td><strong>91.49</strong></td>
<td><strong>15.82</strong></td>
<td><strong>7.94</strong></td>
<td><strong>23.76</strong></td>
<td><strong>67.73</strong></td>
<td><strong>75.67</strong></td>
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<td><strong>Jamsetji Tata Trust (CPCP)</strong></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Equipment</td>
<td>-</td>
<td>6.27</td>
<td>-</td>
<td>3.15</td>
<td>3.15</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3.12</td>
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<tr>
<td>Vehicles</td>
<td>-</td>
<td>8.35</td>
<td>-</td>
<td>3.22</td>
<td>3.22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5.13</td>
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</tr>
<tr>
<td>Computers</td>
<td>-</td>
<td>4.23</td>
<td>-</td>
<td>3.78</td>
<td>3.78</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.45</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>18.85</strong></td>
<td>-</td>
<td>-</td>
<td><strong>10.15</strong></td>
<td><strong>10.15</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>8.70</strong></td>
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<tr>
<td><strong>Navajbhai Ratan Tata Trust &amp; Sir Dorabji Tata Trust</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>665.76</td>
<td>1,429.12</td>
<td>-</td>
<td>2,094.88</td>
<td>158.72</td>
<td>-</td>
<td>192.26</td>
<td>350.98</td>
<td>1,743.90</td>
<td>507.04</td>
</tr>
<tr>
<td>WIP/Capital Advance</td>
<td>760.53</td>
<td>18.59</td>
<td>779.12</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>760.53</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,426.29</strong></td>
<td><strong>1,447.71</strong></td>
<td><strong>779.12</strong></td>
<td><strong>2,094.88</strong></td>
<td><strong>158.72</strong></td>
<td><strong>192.26</strong></td>
<td><strong>350.98</strong></td>
<td><strong>1,743.90</strong></td>
<td><strong>1,267.57</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TCS FOUNDATION</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computers</td>
<td>4.36</td>
<td>39.37</td>
<td>-</td>
<td>43.73</td>
<td>1.31</td>
<td>-</td>
<td>24.77</td>
<td>26.08</td>
<td>17.65</td>
<td>3.05</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4.36</strong></td>
<td><strong>39.37</strong></td>
<td>-</td>
<td><strong>43.73</strong></td>
<td><strong>1.31</strong></td>
<td><strong>-</strong></td>
<td><strong>24.77</strong></td>
<td><strong>26.08</strong></td>
<td><strong>17.65</strong></td>
<td><strong>3.05</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>14,258.39</strong></td>
<td><strong>3,756.22</strong></td>
<td><strong>2,089.51</strong></td>
<td><strong>15,925.10</strong></td>
<td><strong>7,777.76</strong></td>
<td><strong>289.42</strong></td>
<td><strong>953.77</strong></td>
<td><strong>8,442.11</strong></td>
<td><strong>7,482.99</strong></td>
<td><strong>6,480.63</strong></td>
</tr>
<tr>
<td><strong>Previous year’s total</strong></td>
<td><strong>12,608.53</strong></td>
<td><strong>2,116.35</strong></td>
<td><strong>466.49</strong></td>
<td><strong>14,258.39</strong></td>
<td><strong>7,061.53</strong></td>
<td><strong>105.72</strong></td>
<td><strong>821.95</strong></td>
<td><strong>7,777.76</strong></td>
<td><strong>6,480.63</strong></td>
<td></td>
</tr>
</tbody>
</table>
### SCHEDULE I: INVESTMENTS

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Fixed Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considered Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Scheduled Banks</td>
<td>4,152.53</td>
<td>3,208.74</td>
</tr>
<tr>
<td>[Includes Rs. 163.06 lakhs (P.Y. 369.50 lakhs) for FCRA deposits, FDR’s aggregating to Rs. 3276.36 lakhs (P.Y. Rs. 2622.37 lacs) pledged as securities]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Corporate Bodies</td>
<td>770.00</td>
<td>770.00</td>
</tr>
<tr>
<td>With Charotar Gramodhhar Sahakari Mandal Limited</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Total</td>
<td>4,923.53</td>
<td>3,979.74</td>
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</tbody>
</table>

### SCHEDULE J: RECEIVABLES

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considered good</td>
<td>613.49</td>
<td>632.71</td>
</tr>
<tr>
<td>Considered doubtful</td>
<td>346.78</td>
<td>318.78</td>
</tr>
<tr>
<td>Total</td>
<td>960.27</td>
<td>951.49</td>
</tr>
<tr>
<td>Less: Provision for doubtful debts</td>
<td>346.78</td>
<td>318.78</td>
</tr>
<tr>
<td>Total</td>
<td>613.49</td>
<td>632.71</td>
</tr>
</tbody>
</table>

### SCHEDULE K: DEPOSITS AND ADVANCES

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deposits</td>
<td>52.00</td>
<td>50.75</td>
</tr>
<tr>
<td>Employee advances</td>
<td>-</td>
<td>2.94</td>
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<tr>
<td>Prepaid expenses</td>
<td>81.97</td>
<td>47.80</td>
</tr>
<tr>
<td>Advances</td>
<td>39.41</td>
<td>95.09</td>
</tr>
<tr>
<td>Tax deducted at source</td>
<td>149.24</td>
<td>283.57</td>
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<td>Total</td>
<td>322.62</td>
<td>480.15</td>
</tr>
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### SCHEDULE L: CASH AND BANK BALANCES

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>6.06</td>
<td>4.38</td>
</tr>
<tr>
<td>Cheques on hand</td>
<td>-</td>
<td>0.13</td>
</tr>
<tr>
<td>Balances with scheduled banks(in the name of Mandal and its Institutions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In savings accounts</td>
<td>11.60</td>
<td>16.32</td>
</tr>
<tr>
<td>In savings accounts for Tata Trusts funded programmes</td>
<td>13.00</td>
<td>0.77</td>
</tr>
<tr>
<td>In FCRA accounts (State Bank of India, Anand)</td>
<td>0.14</td>
<td>0.26</td>
</tr>
<tr>
<td>Total</td>
<td>30.80</td>
<td>21.86</td>
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Schedules to financial statements

**SCHEDULE M:**
LIABILITIES & PROVISIONS

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2018</th>
<th>As at 31.03.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td>1,305.54</td>
<td>1,175.71</td>
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<tr>
<td>Advance tuition fees</td>
<td>2,614.09</td>
<td>2,251.60</td>
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<tr>
<td>Sundry creditors</td>
<td>1,508.11</td>
<td>702.76</td>
</tr>
<tr>
<td></td>
<td>5,427.74</td>
<td>4,130.07</td>
</tr>
<tr>
<td>(ii) Provision</td>
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<td></td>
</tr>
<tr>
<td>Dearness allowance/ Pay arrears</td>
<td>-</td>
<td>691.22</td>
</tr>
<tr>
<td>Gratuity &amp; Leave encashment</td>
<td>1,000.58</td>
<td>1,000.58</td>
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<tr>
<td></td>
<td>1,000.58</td>
<td>1,691.80</td>
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<td>TOTAL</td>
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**SCHEDULE N:**
TREATMENT INCOME

<table>
<thead>
<tr>
<th>Particulars</th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income From :</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care</td>
<td>5,822.41</td>
<td>5,102.24</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>3,241.30</td>
<td>3,086.66</td>
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<tr>
<td></td>
<td>9,063.71</td>
<td>8,188.90</td>
</tr>
<tr>
<td>Less : Concession on treatment</td>
<td>2,100.50</td>
<td>1,484.60</td>
</tr>
<tr>
<td>Net Treatment Income</td>
<td>6,963.21</td>
<td>6,704.30</td>
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</table>

**SCHEDULE O:**
OTHER INCOME

<table>
<thead>
<tr>
<th>Particulars</th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) From Medical Care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from Investments</td>
<td>3.03</td>
<td>3.55</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>137.38</td>
<td>87.60</td>
</tr>
<tr>
<td></td>
<td>140.41</td>
<td>91.15</td>
</tr>
<tr>
<td>(ii) From Medical Education:</td>
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<td></td>
</tr>
<tr>
<td>Income from Investments</td>
<td>0.83</td>
<td>0.24</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>183.20</td>
<td>175.85</td>
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<tr>
<td>Other fees</td>
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<td>6.88</td>
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<tr>
<td></td>
<td>184.03</td>
<td>182.97</td>
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<tr>
<td>(iii) Other Income:</td>
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<td></td>
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<tr>
<td>Income from Investments</td>
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<tr>
<td>Miscellaneous Income</td>
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<tr>
<td>Income from canteen</td>
<td>326.28</td>
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<tr>
<td>Rent from Quarters and Hostels</td>
<td>135.89</td>
<td>117.23</td>
</tr>
<tr>
<td></td>
<td>647.60</td>
<td>509.41</td>
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<tr>
<td>TOTAL</td>
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<td>783.53</td>
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### SCHEDULE P:
#### ADMINISTRATIVE AND OTHER OVERHEADS

<table>
<thead>
<tr>
<th>Particulars</th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(i) For Medical Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td>184.04</td>
<td>168.43</td>
</tr>
<tr>
<td>Postage &amp; Communication Expenses</td>
<td>3.81</td>
<td>7.85</td>
</tr>
<tr>
<td>Advertisement &amp; Publicity Expenses</td>
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<td>Security Expenses</td>
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<td>97.24</td>
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<tr>
<td>Printing &amp; Stationery Expenses</td>
<td>82.41</td>
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<tr>
<td>Other Administrative Expenses</td>
<td>192.37</td>
<td>154.71</td>
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<tr>
<td>Interest on overdraft and term Loan</td>
<td>133.91</td>
<td>149.30</td>
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<td>Repair &amp; Maintenance</td>
<td>455.16</td>
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<tr>
<td>Loss on sale of assets</td>
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<tr>
<td>Provision for doubtful debts for Shree Krishna Arogya Trust</td>
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<td><strong>Total</strong></td>
<td><strong>1,225.68</strong></td>
<td><strong>1,277.15</strong></td>
</tr>
<tr>
<td><strong>(ii) For Medical Education</strong></td>
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<td></td>
</tr>
<tr>
<td>Electricity</td>
<td>87.53</td>
<td>90.53</td>
</tr>
<tr>
<td>Postage &amp; Communication Expenses</td>
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<tr>
<td>Advertisement &amp; Publicity Expenses</td>
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<td>11.05</td>
</tr>
<tr>
<td>Security Expenses</td>
<td>26.86</td>
<td>26.80</td>
</tr>
<tr>
<td>Printing &amp; Stationery Expenses</td>
<td>9.89</td>
<td>9.10</td>
</tr>
<tr>
<td>Other Administrative Expenses</td>
<td>116.32</td>
<td>139.91</td>
</tr>
<tr>
<td>Education training expenses</td>
<td>110.48</td>
<td>101.80</td>
</tr>
<tr>
<td>Repair &amp; Maintenance</td>
<td>29.54</td>
<td>56.04</td>
</tr>
<tr>
<td>Interest on overdraft</td>
<td>42.60</td>
<td>53.61</td>
</tr>
<tr>
<td>Loss on sale of assets</td>
<td>60.15</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>490.05</strong></td>
<td><strong>490.17</strong></td>
</tr>
<tr>
<td><strong>(ii) For Other Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td>34.31</td>
<td>38.25</td>
</tr>
<tr>
<td>Postage &amp; Communication Expenses</td>
<td>0.95</td>
<td>1.34</td>
</tr>
<tr>
<td>Advertisement &amp; Publicity Expenses</td>
<td>1.01</td>
<td>0.52</td>
</tr>
<tr>
<td>Security Expenses</td>
<td>17.48</td>
<td>15.67</td>
</tr>
<tr>
<td>Printing &amp; Stationery Expenses</td>
<td>1.64</td>
<td>0.72</td>
</tr>
<tr>
<td>Other Administrative Expenses</td>
<td>65.10</td>
<td>68.09</td>
</tr>
<tr>
<td>Repair &amp; Maintenance</td>
<td>58.54</td>
<td>29.42</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>179.03</strong></td>
<td><strong>154.01</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,894.76</strong></td>
<td><strong>1,921.33</strong></td>
</tr>
</tbody>
</table>

### SCHEDULE Q:
#### RESEARCH EXPENSES

<table>
<thead>
<tr>
<th>Particulars</th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower</td>
<td>128.93</td>
<td>84.87</td>
</tr>
<tr>
<td>Postage &amp; Communication Expenses</td>
<td>0.09</td>
<td>0.30</td>
</tr>
<tr>
<td>Printing &amp; Stationery Expenses</td>
<td>2.15</td>
<td>5.87</td>
</tr>
<tr>
<td>Other Administrative Expenses</td>
<td>28.13</td>
<td>8.70</td>
</tr>
<tr>
<td>Repair &amp; Maintenance</td>
<td>0.07</td>
<td>1.08</td>
</tr>
<tr>
<td>Research Expenses</td>
<td>1.67</td>
<td>18.35</td>
</tr>
<tr>
<td>Depreciation</td>
<td>4.30</td>
<td>8.20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>165.34</strong></td>
<td><strong>127.37</strong></td>
</tr>
<tr>
<td>Less : Recoveries and others</td>
<td>73.12</td>
<td>40.17</td>
</tr>
<tr>
<td><strong>Net Research Expenses</strong></td>
<td><strong>92.22</strong></td>
<td><strong>87.20</strong></td>
</tr>
</tbody>
</table>
Notes to Financial Statements for the year ended 31st March, 2018

SCHEDULE R

SIGNIFICANT ACCOUNTING POLICIES

1. Basis of preparation of Financial Statements
   a. The financial statements have been prepared under the historic cost convention on accrual basis in accordance with the generally accepted accounting principles in India, except otherwise stated.
   b. Government grant is accounted when received.
   c. Funds:
      i. **Corpus Fund**: Funds received for general purpose and as decided by the management are credited to Corpus Fund Account. Interest earned on investment of Corpus Fund is credited to the said fund account and 75% of the interest credited is transferred to Income & expenditure Account.
      ii. **H M Patel Centenary Corpus Fund**: Funds received for meeting the cost of indigent Cancer patients and interest earned thereon are credited to H M Patel Centenary Corpus Fund Account and 75% of the interest credited is transferred to Income & Expenditure Account.
      iii. **JTT - CAM Corpus Fund**: Funds received from Jamsetji Tata Trust for scholarship to MBBS students and interest earned thereon is credited to Jamsetji Tata Trust -CAM Corpus Fund Account and used for scholarships to needy students.
      iv. **Infosys Foundation**: Funds received from Infosys Foundation to provide quality, affordable and concessional medical care to the underprivileged and poor among the rural community. Interest earned thereon is credited to said fund account and the entire amount of interest earned is to be utilised for the said purpose.
      v. **HT Parekh Foundation**: Funds received from HT Parekh Foundation to meet operating and administrative expenses of Shree Krishna Hospital of the Mandal, credited to the Corpus Fund under FCRA. Interest earned thereon is to be credited to the said Fund and utilised for the said purpose.
   d. Donations received from communities/institutions for specific purpose are credited to respective earmarked funds and for other than specific purpose are credited to Income & Expenditure Account.

2. Use of Estimates
   The preparation of financial statements requires estimates and assumptions to be made that affect the reported amount of assets and liabilities on date of the financial statement and the reported amount of revenues and expenses during the reporting period. Difference between the actual result and estimates are recognised in the period in which the results are known/materialized.

3. Revenue Recognition
   a. Income from treatment service is recognised as and when services are rendered.
   b. Pharmacy income is recognised as and when the medicines are sold.
   c. Tuition fee is accounted for on accrual basis. Differential amount of fees between NRI category and general category is utilised for Infrastructure Development / payment of scholarships and balance to fee account.
4. **Fixed Assets**

Fixed assets are stated at cost.

5. **Depreciation**

Depreciation on fixed assets is provided on the written down value basis at the rates as per the provisions of Income Tax Act 1961 except Life saving medical equipments, which are depreciated at 15% against 40% as per the act. Assets valuing up to Rs.5,000/- are depreciated in the year of purchase.

6. **Investments**

Investments are carried at cost and provision is made to recognise any diminution in value, other than that of temporary nature.

7. **Inventories**

Inventories are valued at lower of cost or net realisable value. Inventories include medicines, medical and surgical items, stores, housekeeping materials and other consumables. The cost of Medicines is the actual purchase cost and in case of other items the cost is determined on first in first out basis.

8. **Retirement Benefits**

   a. Contributions to Provident Fund and Superannuation Fund are charged to Income and Expenditure Account.

   b. Gratuity Liability is determined on the basis of number of years of completed service and the last drawn salary as on 31st March, 2018, on actuarial basis as estimated by an independent actuary

   c. Liability for Leave Encashment benefit is determined on the basis of accumulated leave balance and the last drawn salary as on 31st March, 2018, on actuarial basis as estimated by an independent actuary

9. **Library Books**

Expenditure on Library Books are charged to Income & Expenditure Account.
Notes to Financial Statements for the year ended 31st March, 2018

SCHEDULE S
NOTES TO ACCOUNTS

1. Information about the Trust

Charutar Arogya Mandal (the ‘Mandal’) is a Public Charitable Trust, registered under the Bombay Public Trust Act, 1950 (Reg. no. F / 119 / Anand) and the Societies Act, 1860 (Reg. No. GUJ/ 91/ Anand). The Mandal provides quality medical education and health care to the rural community equitably with commitment, excellence, and honesty and at affordable cost to their utmost satisfaction.


2. Contingent Liabilities:

In respect of (Rs. in lakhs)

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Particulars</th>
<th>As at 31st March 2018</th>
<th>As at 31st March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Madhya Gujarat Vij Co. (MGVCL) had lodged a claim on Mandal towards the electricity charges due to new tariff, which was challenged by the Mandal in Gujarat High Court. The court decided the matter in favour of Mandal. MGVCL have however appealed against the same in Supreme Court of India. Amount of Rs.6.06 lakhs was paid under protest.</td>
<td>24.23</td>
<td>24.23</td>
</tr>
<tr>
<td>b.</td>
<td>Claim against Mandal by a PG student towards applicability of fee structure. (Including Rs.13.25 lakhs paid under protest)</td>
<td>13.25</td>
<td>13.25</td>
</tr>
<tr>
<td>c.</td>
<td>Bank Guarantees given to the Medical Council of India / Gujarat Nursing Council for undertaking various PG / Nursing courses, Government of Gujarat for MA Yojna and Madhya Gujarat Vij Company for additional load factor. [against pledge of FDRs. amounting to Rs.193.14 lacs (previous year Rs. 125.97 lakhs)]</td>
<td>381.88</td>
<td>396.53</td>
</tr>
<tr>
<td>d.</td>
<td>Claim against the Mandal towards affiliation fees for PG courses by the S.P.University and pending with Gujarat High Court. (Including Rs.10.00 lakhs paid under protest)</td>
<td>89.97</td>
<td>89.97</td>
</tr>
<tr>
<td>e.</td>
<td>Claims against Mandal not acknowledged as debt and pending with different Authorities</td>
<td>Amount not ascertainable</td>
<td>Amount not ascertainable</td>
</tr>
</tbody>
</table>
3. **Employee benefit** (Rs. in lakhs)

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Particulars</th>
<th>As at 31st March 2018</th>
<th>As at 31st March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Liability as per actuary</td>
<td>2078.99</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provision made in the books of accounts</td>
<td>638.39</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amount not provided for</td>
<td>1440.60</td>
</tr>
<tr>
<td>a.</td>
<td><strong>Gratuity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liability as per actuary</td>
<td>1538.24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provision made in the books of accounts</td>
<td>362.19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amount not provided for</td>
<td>1176.05</td>
</tr>
<tr>
<td>b.</td>
<td><strong>Leave encashment</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Depreciation for the year is netted from income & expenditure account by Rs.224.97 lakhs (P.Y. Rs 95.28 lakhs) and charged directly against the funds received from various Tata Trusts (Navajbai Ratan Tata Trust, Tata Education Trust TCS Foundation and Jamsetji Tata Trust) for acquisition of assets for various projects funded by them.

5. As per the direction of the Gujarat High Court, out of court settlement was arrived at for payment of Rs.96.73 lakhs in respect of premium for land acquired in 1985. Against this Rs.77.04 lakhs (P.Y. Rs.34.14 lakhs) has been deposited with Registrar, Gujarat High Court, Ahmedabad.

6. Balances in the accounts of sundry debtors, advances and creditors are subject to confirmation by the parties. Necessary adjustments, if any, will be made when the accounts are reconciled / settled.

7. The Trust is in process of physical verification of fixed assets and reconciliation of physical fixed assets with the fixed assets register maintained by the trust. However, any adjustment required due to differences in physical fixed assets and assets as per fixed assets register, will be made only after the completion of physical verification of fixed assets and it’s reconciliation with fixed assets register.

8. Like previous years, during the current year, Charutar Arogya Mandal (Mandal) had organised an musical event for charitable purpose at the premises of the Mandal on January 06, 2018. There are income and expenditure from the said event, stated herein below. The surplus of income over expenditure has been shown under “Donation from community” under the head “Other Income” in Income and Expenditure Account.

<table>
<thead>
<tr>
<th>Particulars</th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>260.89</td>
<td>206.69</td>
</tr>
<tr>
<td>Less : Transfer to Corpus Fund</td>
<td>51.00</td>
<td>--</td>
</tr>
<tr>
<td>Expenditure</td>
<td>50.71</td>
<td>62.10</td>
</tr>
<tr>
<td>Surplus of Income over expenditure</td>
<td>159.18</td>
<td>144.59</td>
</tr>
</tbody>
</table>

9. Figures for the previous year have been regrouped or rearranged, wherever required to make them comparable with those of the current year.

As per our separate report of even date attached herewith

For Deloitte Haskins & Sells Chartered Accountants

Gaurav J. Shah
Partner

Karamsad
Date: 28th July, 2018

On behalf of the Charutar Arogya Mandal

Dr. Amrita Patel
Chairman

Jeevan Akhouri
General Manager (Accounts)

Karamsad
Date: 28th July, 2018

Nitin Desai
Trustee

Sandeep Desai
Chief Executive Officer

Karamsad
Date: 28th July, 2018

Prayasyin Patel
Trustee

Jagrut Bhatt
Hon. Secretary
Credibility Alliance
Norms Compliance Report

IDENTITY

- Charutar Arogya Mandal is a public charitable trust, registered under the Bombay Public Trust Act 1950 (Regd. No.F/119/Anand) and the Societies Act, 1860 (Regd.No. GUJ/91/Anand)
- MOA and AoA are available on request.
- Mandal is registered under section 6(1)(a) of the Foreign Contribution (regulation) Act 1976 (Regd. No. 042040053).

Visitors are welcome to the addresses given on the “www.charutarhealth.org” link on our website

| Name & Address of Main Bankers: | Oriental Bank of Commerce, Gokal Nagar, Karamsad 388 325. |
| Name & Address of Auditors:     | Deloitte Haskins & Sells, Chartered Accountants, 19th Floor, Shapath – V, S.G. Road, Ahmedabad 380 015. |

VISION AND IMPACT

Mission

To provide modern and professional health care to the rural community equitably with commitment, excellence, honesty and integrity.

Vision

We would offer to our patients, comprehensive and personalized health care with commitment and compassion at an affordable cost, to their utmost satisfaction, while keeping ourselves abreast of the state-of-the-art technology.

IMPACT

The efforts made in fulfilling our mission have had a great impact in the lives of the rural population in the vicinity of the Mandal. Seven extension centres are operated by the Mandal in the adjoining villages, enabling the hospital to take its services closer to the community. Cancer awareness programme in 27 villages has enabled early detection of the disease and thereby its treatment.
GOVERNANCE

Details of members of the Governing Body as at March 31, 2018.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Position on Board</th>
<th>Occupation competence</th>
<th>Area of attended</th>
<th>Meetings attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Amrita Patel</td>
<td>74</td>
<td>F</td>
<td>Chairman</td>
<td>Retired Professional</td>
<td>Management &amp; Operation</td>
<td>4</td>
</tr>
<tr>
<td>Shri Jagrut H Bhatt</td>
<td>62</td>
<td>M</td>
<td>Hon. Secretary</td>
<td>Industrialist</td>
<td>Management</td>
<td>3</td>
</tr>
<tr>
<td>Dr Utpala Kharod</td>
<td>60</td>
<td>F</td>
<td>Dean, (Ex-officio)</td>
<td>Service</td>
<td>Doctor</td>
<td>3</td>
</tr>
<tr>
<td>Shri Ashokbhai J Patel</td>
<td>73</td>
<td>M</td>
<td>Member</td>
<td>Industrialist</td>
<td>Management</td>
<td>-</td>
</tr>
<tr>
<td>Shri Amitbhai B.Patel</td>
<td>50</td>
<td>M</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>3</td>
</tr>
<tr>
<td>Shri Harshadbhai S Patel</td>
<td>83</td>
<td>M</td>
<td>Member</td>
<td>Business</td>
<td>Management</td>
<td>1</td>
</tr>
<tr>
<td>Shri Vikrambhai C Patel</td>
<td>71</td>
<td>M</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>3</td>
</tr>
<tr>
<td>Shri Kesh Desiraju</td>
<td>62</td>
<td>M</td>
<td>Member</td>
<td>Retired Professional</td>
<td>Management</td>
<td>2</td>
</tr>
<tr>
<td>Shri Atulbhai H Patel</td>
<td>67</td>
<td>M</td>
<td>Member</td>
<td>Industrialist</td>
<td>Management</td>
<td>3</td>
</tr>
<tr>
<td>Smt. Arunaben Lakhani</td>
<td>78</td>
<td>F</td>
<td>Member</td>
<td>Social Service</td>
<td>Management</td>
<td>4</td>
</tr>
<tr>
<td>Smt Geetaben Goradia</td>
<td>64</td>
<td>F</td>
<td>Member</td>
<td>Industrialist</td>
<td>Management</td>
<td>2</td>
</tr>
</tbody>
</table>

- A rotation policy exists and is practiced.
- The Governing Body approves programmes, budgets, annual activity reports and audited financial statements. The Governing Body ensures the organisation's compliance with laws and regulations.

ACCOUNTABILITY AND TRANSPARENCY

- No remuneration, sitting fees or any other form of compensation has been paid since inception of the Mandal to any member of the Governing Body / Trustee except to Dr Utpala Kharod Dean, PSMC, who is an employee of the Mandal and ex-officio member of the Governing Body.

Following reimbursements have been made to the members of the Governing Body:
- Traveling expenses (to attend the meetings of the Governing Body) : Nil
- No other reimbursements have been made to any member of the Governing Body / Trustee.
- CEO's Remuneration : Rs. 4.32 lakhs p.m.
- Remuneration of 3 highest paid clinical staff members : Rs6.88 lakhs p.m; Rs. 6.35 lakhs
- Remuneration of 3 highest paid clinical staff members : Rs. 6.88 lakhs p.m; Rs. 6.35 lakhs p.m; Rs. 5.41 lakhs p.m.
- Remuneration of the lowest paid staff member : Rs.7500/- p.m.
- Staff details as at March 31, 2018:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Full time</th>
<th>Part time</th>
<th>Consultants</th>
<th>Volunteers (Unpaid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>702</td>
<td>30</td>
<td>48</td>
<td>NA</td>
</tr>
<tr>
<td>Female</td>
<td>764</td>
<td>3</td>
<td>12</td>
<td>NA</td>
</tr>
</tbody>
</table>

All members of the Governing Body / Trustees are “volunteers” giving their time pro bona. They are not included in the details above.
Distribution of staff according to salary levels as at March 31, 2018:

<table>
<thead>
<tr>
<th>Slab of gross salary including benefits paid to staff</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than Rs. 5000/-</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Rs. 5000/- to Rs. 10000/-</td>
<td>169</td>
<td>170</td>
<td>339</td>
</tr>
<tr>
<td>Rs. 10000/- to Rs. 25000/-</td>
<td>219</td>
<td>343</td>
<td>562</td>
</tr>
<tr>
<td>Rs. 25000/- to Rs. 50000/-</td>
<td>206</td>
<td>142</td>
<td>348</td>
</tr>
<tr>
<td>Rs. 50000/- to Rs. 100000/-</td>
<td>90</td>
<td>69</td>
<td>159</td>
</tr>
<tr>
<td>Above Rs. 100000/-</td>
<td>96</td>
<td>55</td>
<td>151</td>
</tr>
<tr>
<td>Total</td>
<td>780</td>
<td>779</td>
<td>1559</td>
</tr>
</tbody>
</table>

The staff table includes the salaries of both staff as well as paid consultants in the respective categories for the year ending March 31, 2018.

Total cost of national travel by all personnel (including volunteers) & members of the governing body: Rs. 41.69 lakhs.
Total cost of international travel by all personnel (including volunteers) & members of the governing body:

( Rs. In lakhs)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Designation</th>
<th>Destination</th>
<th>Purpose</th>
<th>Gross expense</th>
<th>Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Shri Ajay Phatak</td>
<td>Manager</td>
<td>USA</td>
<td>Conference</td>
<td>1.31</td>
<td>NA</td>
</tr>
<tr>
<td>2</td>
<td>Dr Monica Gupta</td>
<td>Professor</td>
<td>London</td>
<td>Conference</td>
<td>1.90</td>
<td>NA</td>
</tr>
<tr>
<td>3</td>
<td>Shri Sandeep Desai</td>
<td>CEO</td>
<td>USA</td>
<td>Business Development</td>
<td>4.57</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Rajiv Paliwal</td>
<td>Professor</td>
<td>USA</td>
<td>Conference</td>
<td>2.25</td>
<td>NA</td>
</tr>
<tr>
<td>5</td>
<td>Dr. S. Nimbalkar</td>
<td>Professor</td>
<td>USA</td>
<td>Conference</td>
<td>2.27</td>
<td>NA</td>
</tr>
<tr>
<td>6</td>
<td>Shri Arun Sharma</td>
<td>Manager</td>
<td>Nigeria</td>
<td>Business Development</td>
<td>1.18</td>
<td>NA</td>
</tr>
<tr>
<td>7</td>
<td>Dr. Daxa Mishra</td>
<td>Professor</td>
<td>Amsterdam</td>
<td>Conference</td>
<td>1.11</td>
<td>NA</td>
</tr>
<tr>
<td>8</td>
<td>Dr Karthik Vishwanathan</td>
<td>Professor</td>
<td>Australia</td>
<td>Conference</td>
<td>1.84</td>
<td>NA</td>
</tr>
<tr>
<td>9</td>
<td>Dr. Saranjeet Singh</td>
<td>Asso. Professor</td>
<td>South Africa</td>
<td>Conference</td>
<td>0.58</td>
<td>NA</td>
</tr>
<tr>
<td>10</td>
<td>Dr. Bharat Gajjar</td>
<td>Professor</td>
<td>Australia</td>
<td>Conference</td>
<td>1.09</td>
<td>NA</td>
</tr>
<tr>
<td>11</td>
<td>Dr. Anuradha Joshi</td>
<td>Asso. Professor</td>
<td>Finland</td>
<td>Conference</td>
<td>0.90</td>
<td>NA</td>
</tr>
</tbody>
</table>

Total ........ 19.00
The Team

Dean
Dr Utapa Kharod

Anaesthesia
Dr Alpa M Patel
Dr Hemlata V Vakam
Dr Madhavi Chaudhadi
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Dr Birva Nimit Khara
Dr Niral Panchal
Dr Bhumiika Pathak
Dr Shubhra Bhattachrya
Dr Digant Jansari
Dr Rajendra Gawat
Dr Kartik Dhami
Dr Ushma V Pandik

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Dr Rohini Routal
Dr Sumati
Dr Vipra Shah
Dr Binita J Purohit
Dr Daxa Kanjiya
Dr Mehul Tandel
Dr Urvashi Sharma

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Dr Hitesh Kumar N Shah
Dr N Haridas
Amit P Trivedi
Dr Simbata Amadeesinpahng
Marwah
Dr Mitil Chhatriwala
Dr Dharmik Patel

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Dr Uday Shankar Singh
Dr Dinesh Bhardi
Dr Deepakkumar Sharma
Dr Manisha Gohel
Dr Dinesh Kumar
Dr Tushar Patel
Dr Rajnikant Solanki
Dr Shyamsunder Raitthatha
Jaishree Ganjiwale
Dr Utaksh Shah
Dr Neha Das
Prakash Kumar Nayak
Usha Mahila

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Dr Swati Sathaye
Dr Aalap Prajapati
Dr Ushma Prajapati
Dr Kamal Hotchandani
Dr Nikita Gupta
Dr Sindhu Bhattacharya
Dr Dhipti Patel
Dr Nipa Modi
Dr Rumi Bhattacharjee
Dr Shilpa Sapre
Dr Yuvraj Jadhav
Dr Vishal Sheth
Dr Bhumiika Shah
Dr Dr Rama Shrivastava

ENT
Dr Yojana Sharma
Dr Girish Mishra
Dr Nimesh Patel
Dr Rashi Bhardwaj
Dr Harsha K N

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Sunil Bhatt
(Audiologist/Speech
Therapist)
Hemant Patel
(Audiologist/Speech
Therapist)

Forensic Medicine
Dr Sanjay Kumar Gupta
Dr Swapnil Agrawal
Dr Utsav N Parekh
Dr Chandni Bhatt

Medicine
Dr Bhalendu Vaishnav
Dr Himanshu Pandya
Dr Jyoti Mannara
Dr Alpa Leuva
Dr Sanket Sheth
Dr Devangi Desai
Dr Maulin Shah
Dr Kalanik Shekda
Dr Bhavesh Patel
Dr Shivangi Solanki

Specialists
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(Cardiologist)
Dr Anil Ganju
(Nephrologist)
Dr Shishir Gang
(Nephrologist)
Dr Himanshu Pathak
(Rheumatologist)

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Dr Suman Singh
Dr Yagnesh Pandya
Dr Rupali Patel
Dr Chirag M Modi
Mudita Paliwal
Chirag Patel
Dr Kalpesh H Shah

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Dr Soham Desai
Dr Anand Vaishnav
Dr Indu Bhana

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Gynaecology
Dr Nitin Raithatha
Dr Smruti Vaishnav
Dr Nipa Modi
Dr Rumi Bhattacharjee
Dr Shilpa Sapre
Dr Yuvraj Jadhav
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Dr Mihir Dholakia
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Dr Karthik Vahanathan
Dr Animesh Singh
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Dr Varun Bhardvarj
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(Professor Emeritus)
Dr Somashekhar Nimballar
Dr Krutika Tandon
Dr Dipen Patel
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Dr Faruq Mulla
Dr Kirti Rathod
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Dr Sadhna Saraiya
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Dr Ashok Khandekar
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Dr Himanshu Sharma
Dr Anusa Prabhakaran
Dr Jagdishchandra Verma
Dr Bharti Sharma

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Dr Prakash Vora
Dr Jayesh Bhatt
Dr Jaydeep Doshi
Dr Deepakumar Mehta
Dr Viral Patel
Dr Geetika Sindhwani
Dr Manali Thakker
Dr Vishal Thakker
Dr Poornima Desige
Dr Viraj Shah

Skin & Veneral Diseases
Dr Pragya Nair
Dr Rita Vora
Dr Nishit Surti

Surgery
Dr Jitesh Desai
Dr Shirosh Srivastava
Dr Sharadchandra Shah
Dr Jignesh Rathod
Dr Shubhash Bhattacharjee
Dr Jayesh Patel
Dr Rajvirkumar Contractor
Dr Pratik Shah
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Dr Ranjikutmar Sahu
Dr Durga Sai Thota
Dr Prem Shah

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Dr Sumit Kapadia
(Vascular Surgeon)
Dr Vijay Shinde Thakore
(Vascular Surgeon)
Dr Chirayu Chokshi
(Gastroenteritis)
Dr Sandeep Sharma
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(Plastic Surgeon)
Dr Jayul Kamdar
(Paediatic Surgeon)
Dr Amit Chaddha
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Chest Medicine
Dr Rajiv Paliwal
Dr Sateeshkumar Patel
Dr Nimit Khara
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Specialist
Dr Manoj Yadav
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Dr Arun Varun
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Dr Sandeep Sharma
(Plastic Surgeon)
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Mahesh Parmar
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