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The Growing Threat of Surgical Advertising: A Wake-Up Call for Doctors

Dr. V.K. Monga
Chairman, DMA- NHF

Dr. Vivek Sama
Hony. Secretary, DMA- NHF

Over the past decade, healthcare in India has crossed a critical line: surgical procedures—once recommended solely through clinical judgment—are now being aggressively marketed to patients as consumer products.

Whether promoted by aggregator platforms or by hospitals themselves, advertisements for surgeries now feature slogans like: “30-minute painless procedure,” “No cuts, no stitches,” “Free cab and EMI available,” and “Book your surgery now!”

These phrases do more than just oversimplify. They trivialize the risks, induce urgency, and sidestep the clinical evaluation process that underpins ethical care. In one widely promoted example, a piles surgery ad offered “laser treatment with 100% insurance coverage, no pain, and same-day discharge.” Patients searching for information are instead confronted with a sales pitch.

Moreover, make the mistake of clicking on these ads, and you'll realize the just how aggressive marketers can be. The “Patient Care Executive” (young, hungry, valued on his/her “conversion rate”) who calls you may tell you that your piles can cause fatal bleeding, permanent constipation, even cancer...!

What's at stake is not just public health—it's the very heart of ethical medical practice. By bypassing clinical judgement and offering inducements like free cabs and discounted diagnostics, these ads turn vulnerable patients into "leads." The decision to operate is no longer guided by medical assessment but by marketing conversion goals.

Worse still, the consequences of this trend will not be limited to patients. This is a direct threat to doctors. Just as Amazon disrupted retail and Booking.com altered the power dynamics in hospitality, surgical aggregators are rapidly positioning themselves between the patient and the provider. Their goal is simple: control the patient pipeline and extract referral fees, while commoditizing doctors and procedures.

As digital marketing replaces clinical pathways, surgeries are no longer the outcome of a doctor's evaluation, but rather the entry point into a sales funnel managed by non-medical entities. The doctor-patient relationship is increasingly mediated by advertising—reducing physicians to anonymous service providers at the end of an algorithm.

Doctors—particularly those in independent practice or small nursing homes—may find themselves disempowered in a system where brand visibility and marketing budgets override ethics, expertise, and patient-centered care.

The ethical implications are obvious. But so are the long-term professional risks.

As this new landscape evolves, it is imperative that we, as a medical community, reflect on where the control of care is shifting—and what it means for the future of clinical independence, professional dignity, and patient trust.

DMA Nursing Home Forum

Dr. Girish Tyagi
President, DMA

Dr. Satish Lamba
Hony. State Secretary, DMA

Violence against doctors is on the rise all over the world. However, India has a unique problem. Meager government spending on healthcare has resulted in poor infrastructure and human resource crunch in government hospitals. Hence, people are forced to seek private healthcare. Small and medium private healthcare establishments, which provide the bulk of healthcare services, are isolated, disorganized and vulnerable to violence. Violence against health service providers is only a manifestation of this malady. The Prevention of Violence Against Medicare Persons and Institutions Acts, which have been notified in most states has failed to address the issue. According to a study by the Indian Medical Association, over 75% of doctors have faced violence at work A lady doctor in Tuticorin was skilled by the husband of a pregnant women who was admitted in a serious condition. She was referred to another hospital but died before she could be shifted. The husband entered the consultation chamber of the lady doctor with three accomplices and attacked her with a sword. In 2014, in Mansa district of Punjab a doctor's clinic was burnt following death of a boy who was referred to a tertiary hospital but died. Dr. Archna Sharma gynaecologist took her own life after facing threats and murder case registered against her related to the death of a patient who experience a common pregnancy complication. Incident of rape and murder of young doctor at R.G Kar Medical College is gruesome. Innumerable incidents of violence against doctors are reported nearly on a daily basis across India, some resulting in grievous injuries. Even institutions such as All India Institute of Medical Sciences, New Delhi, the premier medical institute of the country is not spared.

CAUSES OF VIOLENCE

- Poor image of doctors and the role of media
- Meagre health budget and poor quality healthcare
- Vulnerability of small and medium healthcare establishments
- Lack of faith in the judicial process
- Mob mentality
- Low health literacy
- Cost of healthcare
- Poor communication
- Lack of security
- Growing intolerance
- Over crowding
- Deficient/Faculty infrastructure
- Social pressure
- Unacceptable of negative outcome/denial
- Emotional attachment
- Increased Political Interference
- False assurance by Politicians
- Negative publicity of media – Yellow Journalism

TYPES OF VIOLENCE

Violence against doctors in India comprises: (i) Telephonic threats; (ii) Intimidation; (iii) Oral/Verbal abuse; (iv) Physical but non-injurious assault; (v) Physical assault causing injury: simple and grievous; (vi) Murder; and (vii) Vandalism and arson. Doctors facing violence have been known to go into depression, develop insomnia, post-traumatic stress and even fear and anxiety causing absenteeism.

LEGAL STEPS NEEDED TO BE TAKEN BY THE GOVERNMENT

Any complaint filed by a patient or the relatives in any court of law, fora or commission, should be automatically infructuous and cancelled ab initio if proof of violence by the patients or the relatives can be provided by the hospital/doctor. This single change will stop all violence by the patient's attendants. This should be in addition to the punishment for violence under the Prevention of Violence against Medicare Persons and Medicare Institutions Acts and relevant sections of the BMS. The problem with the present law is that after violence has occurred, the doctor files a police complaint and simultaneously the patient and relatives file a complaint for criminal negligence. Finally, after the hue and cry has died down and news is no longer worthy of front pages the medical association stalwarts who led the agitation against the violence suddenly realize there has been a compromise between the two parties. This results in no punishment to the perpetrators and hence no deterrence for next incidence of violence. If on providing proof of violence any complaint of alleged negligence by patient party could be declared void ab initio automatically this will act as a strong deterrent for future incidents of violence.

This editorial —is a voice from the heart of one of your own.

I extend my heartfelt gratitude to the editorial board and senior mentors who have paved the way with commitment and vision.

Over the past year, we have continued to hear distressing stories—of doctors being abused, attacked, humiliated—in emergency rooms, clinics, and even operation theatres. The white coat that once symbolized healing, sacrifice, and trust is now being stained.

We were taught to stay calm, be empathetic, and save lives—even under pressure.

But healing also needs boundaries. Respect is not optional—it is essential. We must speak, write, and stand together for safe workplaces, stronger laws, and supportive hospital systems. Remaining silent is no longer noble—it is dangerous.

Let us not be reduced to news headlines or viral videos of broken doctors. Let us become a united force—

Dr. Manjusha Goel

EXTRA ORDINARY GENERAL BODY MEETING NOTICE

F.75/DMA/2025

Extra ordinary general body meeting of Delhi Medical Association will be held on **Saturday, 28th JUNE 2025** at **02:00 PM** at DMA House, Daryaganj, New Delhi. You are requested to kindly make it convenient to attend the same.

Meeting shall be preceeded by lunch at 1:30 PM.

AGENDA:

1) To receive and confirm the minutes of Annual General Body Meeting held on 31st March, 2025.

2) To adopt the audited accounts for the preceding financial year i.e. w.e.f. **1.4.24 to 31.3.25** (to be presented by the Hony. Finance Secretary).

3) To appoint Auditor for the year 2025-26.

4) To appoint an Hony. Legal Advisor for the year 2025-26.

5) To sanction the budget for the ensuing financial year 2025-2026 (to be presented by the Hony. State Secretary).

Dr. Satish Lamba
Hony. State Secretary, DMA

"SHOHAM"

The International Centre for Holistic Medicare
D-959, New Friends Colony, New Delhi, INDIA
www.holistic-medicare.net; tuli.rk@gmail.com

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Dedicated to Promotion of Positive Health and Total Wellness 'Body-Mind-Spirit', and the CURE Of conventionally incurable ailments, as far as possible, by drug-free natural & harmless means

INDICATIONS FOR HOLISTIC MEDICARE

PAIN: Headache. Migraine, Neuralgias, Neuropathy. Fibro-Myalgias, Trauma, Phantom Pains, etc.
PALLIATIVE CARE: Incurable or Terminal Sickness, Cancer, Incurable PAIN.
PARALYSIS: Cerebral Palsy, Trauma, Polio, Stroke, Neuropathy, etc.
PSYCHOSOMATIC DISORDERS: Stress, Anxiety, Depression, Psychosis, Chronic Fatigue, etc.
AUTOIMMUNE DISORDERS: Rhtd, Arthritis, Nephritis, Thyroiditis, Type-I Diabetes, SLE
ASTHMA - ECZEMA - ALLERGY - HYPERSENSITIVITY
DEGENERATIVE DISEASES: Arthritis, Spondylosis, Disc Disease, Dementia: Parkinson's / Alzheimer's, etc.
ATHEROSCLEROSIS: HTN, CAD, PVD, Post-PTCA or CABG, Gangrene, etc.
METABOLI & HORMONAL DISORDERS: Obesity, Dyslipidemias, Diabetes M., Gout,
Menstrual & Menopausal **C**
Disturbances, Menorrhagia, Endometriosis, PCOD, Infertility: Failed ART/IVF. Etc.
SUBSTANCE ABUSE - ADDICTIONS – DEPENDENCE: Tobacco, Alcohol, Drugs, Etc.
IMMUNITY & RESISTANT INFECTIONS: PUO, Virus - HIV / AIDS, Hepatitis, MDR-TB
ANTI-AGING & Cosmetic Medicine: **FEEL GOOD - LOOK GOOD** Medicine

"Earlier the Better"

IT'S ADAPTABLE, PREDICTABLE, REPRODUCIBLE, SUSTAINABLE & COST-BENEFICIAL TOO

Holistic Medicare Enables The Objective Of Being A Complete Physician

Dr. [Prof] A. K. Gupta
Former Dean,
Maulana Azad M.C. &
Adviser Ophtho-WHO

TESTAMENT TO HOLISTIC MEDICINE

"I had brought my wife Mrs.Veena Gupta as she suffered from the complex of total **Lack of Energy. Mental Depression, OCD ,** Vague **Myalgias**, **Cervical Spondylosis + Vertigo**, **Restless Legs**, Hyperlipidemia and Borderline Hyperglycemia, among other problems. I was fed up with allopathic treatments. But, I am thrilled with the improvement she has shown. I wish more people take advantage of this drug-free Holistic Medicine therapy. My Good Wishes & Blessings to your mission of 'Holistic Health For All'.

"Holistic Medicine is SURELY the highest form of Healing. Dr. Tuli's team is really aiding the Divine Healer, and in the process motivating their patients in the right direction."
Dr. (Prof) Kusum Sahgal, Fmr. Principal & Director Lady Hardinge Medical College, Delhi

FOR APPOINTMENT: 9811224787 / 9873474787

Sir Ganga Ram Hospital

DEPARTMENT OF ONCOLOGY

Comprehensive Cancer Care Center

Sir Ganga Ram Hospital is North India's premium comprehensive tertiary cancer care center. Equipped with 100 oncology beds in total. The hospital is a market leader in the cancer care segment due to its strong emphasis on providing high-quality care at the lowest possible cost to its patients.

CLINICAL SERVICES AT SIR GANGA RAM HOSPITAL

Surgical Oncology Services

- Breast Cancer Treatment Services
- GI Onco surgery and Liver Transplantation Services
- Head and Neck Cancer Treatment Services
- Thoracic Oncology Services
- Gynae Oncology Services – Gynaecological Cancer Treatment
- Uro Oncology Surgeries
- Musculoskeletal Oncology Services
- Neuro & Spine Oncology
- Reconstructive Services – Department of Plastic Surgery
- Laparoscopic & Robotic Surgery

MEDICAL ONCOLOGY SERVICES

- Chemotherapy
- Immunotherapy
- Targeted Therapy
- Hormonal Therapy
- CART T Cell Therapy
- Monoclonal Antibody Therapy
- Autologous/ Allogenic Bone Marrow Transplantation

RADIATION ONCOLOGY SERVICES

- Image Guided Radiotherapy (IGRT)
- Intensity Modulated Radiotherapy (IMRT)
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)
- Volumetric Assisted Therapy (VMAT) (Rapid Arc)

PAEDIATRIC HAEMATOLOGY ONCOLOGY SERVICES AND ADULT HAEMATOLOGY ONCOLOGY AND BONE MARROW TRANSPLANT SERVICES

- Chemotherapy
- Immunotherapy
- Cellular Therapy
- Bone Marrow & Stem Cell Transplants
- CAR T Cell Therapy

INTERVENTIONAL PAIN MANAGEMENT & PALLIATIVE CARE

We have robust pain and palliative care services which are integrated with oncology care.
CT/ fluoroscopy guided blocks for Head & Neck cancer causing facial pain and headache.
CT guided Neurolytic Coeliac plexus block for upper abdominal malignancies, superior hypogastric for lower abdominal and ganglion impart block for perineal pain. Ultrasound Guided peripheral nerve blocks and myofascial trigger points for thoracic cancers, nerve entrapment syndromes. Radiofrequency Ablation of nerves, Chemical Neurolysis (alcohol/phenol/glycerol).

RADIOLOGY AND INTERVENTIONAL ONCOLOGY SERVICES

- X rays (Digital Radiography)
- Mammography
- MRI (3Tesla) with optimised protocols for the best results in oncology
- Vascular embolisation, TACE, TARE and biliary drainage procedures
- 128 Slice Twin Beam Dual Energy CT Scan, capable of multiphase dynamic scanning and CT Angiography
- Hepatic imaging with segmentation and volume estimation for surgical planning of FLR
- CT or Ultrasound Guided biopsy/ FNAC/ pleural and ascites aspirations/ catheter drainage and other Interventional procedures
- PET CT scans and PET guided biopsies
- Target delineation and fiducial placement to optimise IGRT and IMRT outcomes
- Radiofrequency and Microwave ablation in liver, lung, kidney, bone soft tissue etc.
- Palliative procedures for pain management including celiac plexus and hypogastric blocks
- Colour Doppler, Transrectal Ultrasound (TRUS) and prostate biopsy
- Full field digital mammography, Digital breast tomosynthesis, CAD
- Stereotactic Breast Biopsy, Vacuum Assisted Breast Biopsy/ FNAC / wire localisation of non- palpable lesions in the breast for surgical guidance
- Treatment response evaluation assessment (RECIST 1.1)
- Bone densitometry (Dexa scan)

LABORATORY AND TRANSFUSION SERVICES

The laboratory services at Sir Ganga Ram Hospital adheres to providing high-quality services at reasonable prices. Wide range of tests in Haematology, Clinical Pathology, Flow Cytometry, Histopathology, Cytopathology, Microbiology, Biochemistry, Molecular Diagnostics, Cytogenetics, Blood Banking, and Transfusion Services.

MULTIDISCIPLINARY TUMOR BOARDS

A team of doctors is available to discuss each case especially when multiple modalities are needed sequentially to treat the individual and write the best protocol for that patient based on national and international evidence and guidelines. Regular conduct of tumor board discussions is an integral part of a cancer center. institutions running DNB courses

EDUCATION AND RESEARCH

We also have PG Diploma in Clinical Research and Regulation, a pioneering course offered by Sir Ganga Ram Hospital in New Delhi, in affiliation with DPSRU Delhi.

PREVENTIVE ONCOLOGY SERVICES

If you want to have Cancer Awareness talks and Screening camps arranged in your community, please contact Department of Preventive Oncology Room No.– 3017, Phone No. +91–9266725552
For early detection of common cancers, Cancer screening services are also available at Sir Ganga Ram Hospital at highly subsidised rates

DR JAMAL YUSUF

DM,FACC,FSCAI,FESC,FCSI,FNAMS
Director-Professor, Cardiology
G B Pant Hospital (GIPMER), New Delhi

Leadless Pacemakers and Conduction System Pacing: A New Era in Cardiac Rhythm Management

Cardiac pacing has undergone remarkable transformation since the implantation of the first pacemaker in 1958 by Dr. Åke Senning and Rune Elmqvist. While traditional transvenous pacemakers have long served as the cornerstone of bradyarrhythmia management, they are associated with several limitations. **Lead-related complications, surgical pocket infections, venous thrombosis,** and **mechanical dysfunctions** pose significant risks to patients. Moreover, **right ventricular (RV) apical pacing**, although effective in maintaining heart rate, disrupts the heart's natural activation sequence. This **non-physiological activation** can lead to **electrical dyssynchrony** and contribute to **pacing-induced cardiomyopathy (PICM)**—a condition that affects approximately **20–30% of patients** with a high RV pacing burden. PICM is associated with progressive heart failure and a decline in quality of life.

These challenges have driven the development of leadless pacemakers and conduction system pacing (CSP)—two modern innovations designed to enhance both the safety and the physiological efficacy of cardiac pacing.

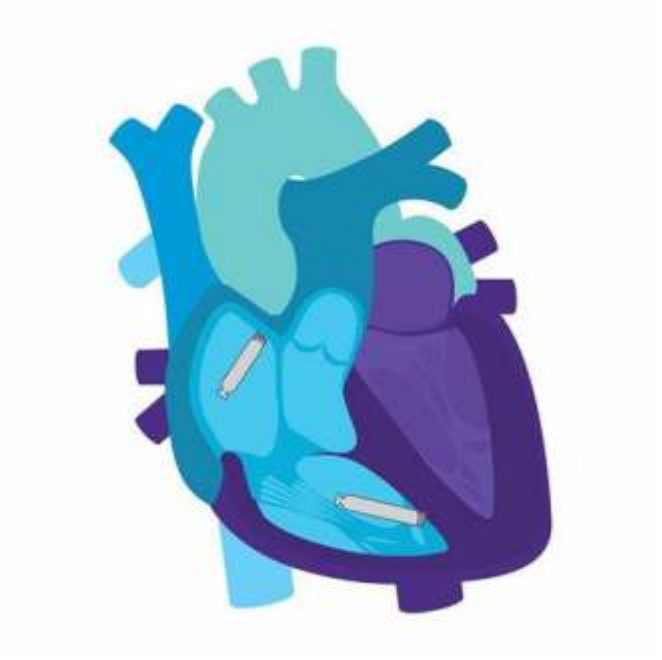
Leadless pacemakers are **self-contained devices** implanted directly into the right ventricle via a **femoral venous approach**, eliminating the need for transvenous leads and surgical pockets. This minimalist design significantly reduces complications commonly associated with traditional systems, particularly **lead-related failures** and **device pocket infections.** The **Micra Transcatheter Pacing System** (Medtronic) was the first leadless pacemaker to achieve widespread clinical adoption and has demonstrated a **substantially lower complication rate** compared to conventional pacemakers. Initially approved for **single-chamber ventricular pacing (VVI mode),** Micra was primarily indicated for patients with **permanent atrial fibrillation and slow ventricular response**, or those with **atrioventricular (AV) block** without evidence of sinus node dysfunction.

To address the limitation of single-chamber pacing, Medtronic introduced **Micra AV**, an enhanced version equipped with a three-axis accelerometer that detects atrial mechanical contractions to facilitate **AV-synchronous ventricular pacing.** Though not a true dual-chamber system, Micra AV can mimic AV synchrony in patients with sinus rhythm, expanding the utility of leadless pacing to a broader population. A notable advantage of the Micra system is its **exceptional battery longevity**, with studies showing a projected lifespan of **up to 20 years or more**, depending on pacing needs and output parameters—far exceeding many conventional pacemakers.

In a landmark advancement, **Abbott's Aveir DR** system introduced the concept of **true dual-chamber leadless pacing.** This modular system consists of separate atrial and ventricular devices that communicate wirelessly using the proprietary “i2i” technology to maintain synchronized pacing. Approved by the **FDA in 2023**, Aveir DR is the first system to offer **fully leadless dual-chamber pacing**, addressing a long-standing limitation in leadless technology. Additionally, the devices are **retrievable and upgradeable**, providing greater flexibility and reducing concerns about cumulative device burden or battery depletion.

Despite the promise of leadless systems, limitations remain. Leadless devices are not currently compatible with cardiac resynchronization therapy (CRT), and anatomical constraints or prior structural heart interventions may make implantation challenging.

However, their minimal invasiveness, low infection rates, and absence of lead-related complications make them ideal for patients with high infection risk, limited venous access, or prior lead failures.



Conduction system pacing (CSP) has emerged as a physiological alternative to right ventricular (RV) pacing, offering a more natural approach to ventricular activation. By directly engaging the native His-Purkinje network, CSP seeks to restore synchronized ventricular contraction and reduce pacing-induced dyssynchrony. His bundle pacing (HBP), the earliest form of CSP, involves direct stimulation of the His bundle, resulting in narrow QRS complexes and better preservation of ventricular function. Despite these advantages, HBP is often associated with technical challenges, such as high pacing thresholds and lead instability, which can limit its widespread adoption.

To address the limitations of His bundle pacing (HBP), **left bundle branch pacing (LBBP)** has gained momentum as a more practical and widely applicable form of CSP. By capturing the left bundle or its proximal fibres, LBBP offers several advantages: **lower and more stable pacing thresholds, improved lead fixation, and expanded applicability.** Clinical studies have demonstrated LBBP's efficacy in preventing or reversing pacing-induced cardiomyopathy (PICM), particularly in patients with high ventricular pacing burdens, atrioventricular (AV) block, or those indicated for cardiac resynchronization therapy (CRT) in whom coronary sinus lead placement is challenging. Early data even suggest that **LBBP may outperform traditional biventricular pacing** in selected populations. Importantly, CSP represents a shift toward **physiological pacing**, aiming to preserve natural electrical activation and minimize iatrogenic dyssynchrony—ultimately improving long-term cardiac outcomes.

As both **leadless pacing** and **CSP** continue to evolve, their convergence is an exciting area of innovation. Future developments may include **leadless systems capable of targeting the conduction system,** or **hybrid strategies** combining leadless left ventricular pacing—such as WiSE-CRT—with CSP to enable **fully leadless CRT.** These advances could be trans formative, especially for patients with heart failure, vascular access challenges, or a history of device-related infections.

Choosing the optimal pacing strategy remains highly individualized. Leadless pacemakers—like **Micra AV and Aveir DR**—are particularly suitable for patients requiring reliable ventricular pacing with minimal hardware-related complications. In contrast, CSP, particularly LBBP, is preferred in those with high RV pacing burden, AV block with intact atrial function, or when CRT is indicated but conventional biventricular approaches are suboptimal. Both strategies offer effective alternatives to traditional systems, aiming to **reduce the incidence of PICM and enhance clinical outcomes.**

Looking ahead, the integration of **artificial intelligence, advanced imaging, and improved device communication** will further streamline implantation and individualize therapy. Clinical trials such as **MARVEL 2** (assessing Micra AV) and ongoing studies on **Aveir DR** will continue to define the role of these technologies across broader patient populations.

In conclusion, leadless pacing and CSP represent a **paradigm shift in cardiac electrophysiology**. Devices like Micra AV and Aveir DR are redefining the field by offering leadless solutions with AV synchrony and extended battery life—up to 20 years in some cases. At the same time, CSP, especially LBBP, offers a return to physiological pacing, reducing the burden of pacing-induced dysfunction. As evidence accumulates and technology matures, these innovations are well-positioned to become the **new standard in bradyarrhythmia therapy.**

DR. PAWAN SHARMA
HEART CARE CARDIAC CENTRE

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SOCIETY FOR NURTURING EDUCATION & HEALTH

HEART RHYTHM TO REVIVAL 2025

Preventive to Advanced Cardiology

Dr. Pawan Sharma receiving 1st prize For best PTCA stent in international BVS conferences given by Dr. Jean Fajadet(france) Dr Ashok seth (India)

THE TIMES OF INDIA

"TRANSFORMING LIVES: THE BREAKTHROUGH OF TAVR IN CARDIAC CARE BY DR. PAWAN KUMAR

Patient Testimony

Symptoms & Treatment of Aortic Stenosis

TAVR: Transcathe Aortic Valve Replacement

Benefits of TAVI

Preconferance Workshop	10th Cardiocone Conference
Heart Care Cardiac Center, G-364, Abhay Khand-3 (Near St. Francis School) Indiarapuram, Delhi NCR (U.P.) 13th July 2025 | 11:30 am to 1:30 pm	Radisson Blu Tower, Kaushambi, Delhi NCR 20th July, 2025 | 8AM TO 5:30PM

Highlights

-Master ecg certificate course.

-Cardiac Pac , in noncardiac cases.

-KoL on cardiac emergency, Controversies.

-Practical Faqs for every doctor in cardiology.

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REPORT
WORLD ENVIRONMENT DAY

5th June 2025 Every year on **5th June,** the world comes together to celebrate **World Environment Day**, a special day to remind everyone to take care of our planet. This year's theme is **"Ending Plastic Pollution".**

On this occasion, **Delhi Medical Association (DMA)** organized an **Awareness and Free Health Check-up Camp at Garhi Mendu, Yamuna Khadar Area, Kartar Nagar**, followed by a **Tiranga Yatra** to celebrate the success of **Operation Sindoor**.

DMA also launched a **15-day campaign called "Beat Plastic Pollution"** with its 13 branches across Delhi to spread awareness about the harmful effects of plastic and the need to protect the environment.

As part of the **"Ek Ped Maa Ke Naam"** initiative started by our **Hon'ble Prime Minister Shri Narendra Modi Ji**, DMA members planted trees in the name of their mothers to support this noble cause.

The programme was graced by several dignitaries including **Mahant Shri Naval Kishore Dass Ji, Shri Raja Iqbal Singh (Hon'ble Mayor, Delhi), Shri Ajay Mahawar (MLA, Ghonda), Dr. Anil Goyal (MLA, Krishna Nagar), Dr. Vinay Aggarwal (Past National President)**, and other respected guests from the medical community.

DMA and its members are committed to supporting the government's programmes, especially the **Cleaning of River Yamuna** and, a special campaign **"Beat Plastic Pollution"** will begin with the help of DMA branches across Delhi to educate people about the dangers of plastic and how to protect our environment.

A health check up/cancer detection camp was also organized. More than 300 health check-ups were done free of cost by the dedicated team of **Rajiv Gandhi Cancer Institute and Research Centre (RGCIRC)**. The tests included:

- Preventive Health Examination
- Free Tobacco Cessation Counselling
- Clinical Oral Examination
- Clinical ENT Examination
- PAP Smear Examination
- Nutritional Counselling
- Blood Pressure Check-up
- Blood Sugar Examination

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DELHI MEDICAL ASSOCIATION

DOCTOR'S DAY

CELEBRATIONS

Sunday, 06 | 07 | 2025

Excellent Scientific Feast

Conference Kit

Lucky Draw

Early Bird Gifts

Felicitation Ceremony

VENUE

HOTEL LE-MERIDIEN

NEW DELHI

FROM: 9.00AM TO 5.00PM

REGISTRATION FEE

PAY 590/- (RS. 500+90 GST)

ON LINE AT 9560097694

and send screenshot with your name & mobile no.

Cheque in favour of " Delhi Medical Association"

Dr. Girish Tyagi	Dr. Satish Lamba	Dr.Neelam Lekhi	Dr. A.S. Popli
President	Hony. State Secretary	President Elect	Hony. Fin. Secretary

Dr. Prof. Rajeev Sood	Dr. Ramesh Datta	Dr N.N. Jha	Dr. I.K. Kasturia
Chairman	Co-Chairman	Convenor	Convenor

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