



# R READS

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## *Liv'd but three summer days*

~ John Keats

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# In Conversation With...



## Dr. Achal Gulati

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***“If there is a problem that does not have a solution, then it is not a problem.”***

**Q1. Everyone knows about your excellent achievements and laurels in the medical field, but there is a lot more to you than that; you are a food and travel critic as well, how did that come about? And to add to the question, if you had never gotten into the medical field, could this have been your alternate career path?**

The answer to your question is simple, I love travelling and I love eating, which made me get into them. These are my only hobbies; travelling and enjoying good food, and that just made me interested in these areas.

As for what would I have become if not for a doctor; would I have joined this field if I didn't become a one? I don't think so. Actually, to be very honest, I have never thought what I would have become had I not joined the medical field, because I did not like mathematics, I did not like economics, I did not like so many other subjects. So I don't think I had too much of an option with liking only biology, other than becoming a doctor. At that time, as there were not many options available, either you became a doctor or an engineer or chartered accountant or a lawyer. I still don't know what would I have become if not a doctor.

**Q2. You had a tremendous career in the field of medicine, from being a doctor, to a researcher, to a teacher, and then a leader. You have done it all and continue to do more**

**so each day. What gets you up in the morning and motivates you?**

Looking forward to the day and keeping a feeling that something great is going to happen today, is something that is important. When one sleeps at night, one dreams. And as one wakes up, the dreams finish. When you wake up, it's time for you to stop dreaming and start doing what you have to do, and that's what probably keeps me going on. My basic concept is — I always think that I can do it and if I think I can do it, I can do it. Because there are no problems, which don't have a solution. If there is a problem that does not have a solution, then it is not a problem. Whenever you have a problem, I always say, “Come to me with the problem, but come with a solution to the problem as well”, and I'll make sure that it is implemented.

**Q3. If you had to describe your career in one phrase, what would that be?**

I think God has given me much more than what I actually desired. And when I look at it now, so many things happened in life. One always keeps on going ahead with that thought in mind, and that's what actually makes me do more with my life.

**Q4. You have developed video demonstration of examination techniques, and produced and directed a documentary film titled “To Be Or**

**Not To Be”. Please tell us more about your experience with that.**

See, my basic field was head and neck cancer surgery. So that's when I started seeing the patients who were suffering from such diseases and who had issues where you really thought that they were disturbed. When you saw their faces, they were full of the fear of unknown, whether it was the patients, or their attendants, or their relatives. It was totally an area that was unknown and terrifying to them. This always got me thinking, let me look into what could their future have been. One day, I was supposed to deliver a lecture on end of life issues and I decided that instead of taking a lecture, let me make a film on that. So I went ahead and made a film in which I interviewed sociologists, politicians, patients, their relatives, their religious leaders, psychiatrists, doctors, ICU personnel, and some others to see what their opinions about these issues were. And they brought forth a lot of surprising things which made me put them into that film

**Q5. You have been a pillar of ethics and morality for not only our university, but for students all around the country. As the former president of the Ethics and Medical Registration Board at NMC, what do you think are the most pressing ethical challenges that doctors in today's day and age face and how should we overcome them?**



The basic concept of ethics is 'do no harm' to the patient. This is something that we must get across. But specially in today's time, the concept of doing something, even if I am new or raw to it, which may end up in doing harm to a patient is something which is very risky.

Our skills need to be levelled up; only that will prevent us from negligent actions and unethical issues. But having said that, today's world is one of corporatisation. People are spending two crores, three crores, four crores on their education and at the end of the day, it's become a business deal. So much so, that as soon as they go into the market, they try to recover it as fast as possible. When they do that, the ethics and morals are, more often than not, thrown to the winds, because they want more money, as fast as possible. This is something which is very wrong. We must look into that very seriously.

Another issue we face daily is the conflict of interest in various areas. The sponsorships we come across, incentivization — If you write this medicine, give this treatment, and then you will get this gift or foreign trip. This produces a conflict of interest in what I have prescribed and what I should prescribe. This needs to be checked as well. Another issue I think all of you youngsters need to address is the privacy and the confidentiality of the patient. These days, whatever anybody does, is posted on social media. You examine a patient, you operate upon a patient and instantly you put it on social media, his/her photographs, personal details are put up, which is a major ethical issue. So, one must be very careful with what they put up on social media.



Live demonstrations, surgical demonstrations is another area of ethical dilemma, which one has to look at presently. It is disturbing at times, as one has to telecast something live. As they are under continuous scrutiny and high pressure, the operating time, which originally might've been short, becomes very long now, due to the high influx of questions and explanations. This leads to more exposure time, more chances of complications and more infection rates, which often does become a problem.

These are the main problems which I think need to be looked upon.

**Q6. You have worked all around the globe. What differences and similarities have you observed between the international and Indian medical education? And what can we do to improve ourselves?**

I think India produces one of the best doctors all around and we are very well respected. This is because our clinical exposure is very high, we have a big amount of clinical material available, our patient load is very high, our teaching technologies are really good. But that being said, we do need to work with the times. Time keeps on changing, and thus we need to have a dynamic approach to education as well.

We need to get out of the rote learning methodology and lay more stress on our skill development and clinical activities, which is the done over there. Our focus today, during our MBBS days or under graduation is that we want to do our post graduation. When we focus on that load from the start, then we don't focus on our clinical skill training. We do multiple choice questions, but don't attend clinics or lectures. This is something which is different from what I have seen abroad. There they lay more stress on clinical and practical training.

The concept is changing now, and we are going into that direction, but we still need a lot of things to change. But I must say this, here, we are bound by the regulations, we are bound by time and so many other things.

In the West, you have an open time framework. If I want to do my MBBS in five years, it's perfectly fine; if I want to do it seven years, it's perfectly fine; there's no issues with that. If I want to go to India or Japan or Korea or anywhere else to learn and work over there for six months, there is no problem, because they have a more open ended situation, which gives the students more freedom to study or more freedom to choose what you want to study and this helps in making the educational horizon a bit wider for medical students.

**Q7. What are your views on the entire idea of inculcating habits of research among undergraduates and what are your plans to promote the same within the university?**

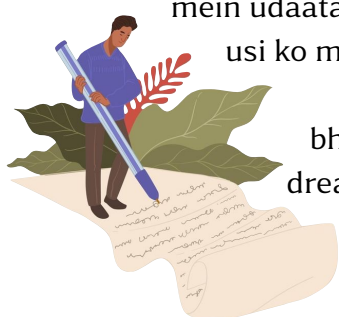
In today's age, if I make research mandatory for everybody, it tends to become repetitive —we end up researching what has already been researched. And if I say the every research must end up in publications, it may produce a bad quality publication. Instead of this, we need to widen our approach. What research teaches me is a sense of responsibility, a sense of ethicality. It tells me how to approach something, how to go about the field in depth. It opens my vision and perception of how medicine has evolved and how medicine should and would continue to evolve over period of time. Having a systematic approach and problem solving ability are all part of the basic research and development methodologies. One's understanding of the subject, one's ability of how to go about solving a problem rather than just writing the solution without understanding what the solution is, is crucial. At the undergraduate level, we need to catch them young, I really want you to go ahead and do research, and bring our country forward.

**Q8. Stress is an integral part of human beings' life, but more so for a medical professional. It is difficult to find time to sit and breathe, let alone pursue your hobbies and passions. Knowing your achievements and the various endeavours you have pursued, what learnings would you like to impart?**



Every day, sit with yourself for some time. Introspect what has happened during the day. Go back home at night before sleeping and think, what happened today? Did somebody become angry with me? Did I become angry with somebody? If somebody became angry with me, talked rudely to me or shouted at me, we need to think, why did they become angry? Was it somewhere downline my fault? We need to introspect upon that. We also need to do a self analysis of where we can improve. But most importantly, stress has to go out of my life. I always like to quote one song from the movie Devanand, "Main zindagi ka saath nibhaata chala gaya, Har fikr ko. dhooyein mein udaata chala gaya, Jo mil gaya

usi ko muqaddar samajh liya, Jo kho gaya main usko bhulata chala gaya" don't dream of all the things you lost, instead think of what all you have first.



**Q9. Our university has grown so much and we are celebrating the Silver Jubilee this year. What is your vision for the university in the next 10 years?**

Transform, reform and be dynamic. I want to watch you grow to a level much beyond what all of us have grown to. You are the future of the university, I want you to go much ahead. Be within this ecosystem, develop this ecosystem into a much better learning ecosystem. Because ultimately you have to use it and tomorrow your students, your kids are going to use it. So it is in your hands how well you want to the university to develop. And I leave it to you to see to it that you develop the university to such an extent that we become a globally respected university. I don't want to think that my university is good in Jaipur, or Rajasthan or even just India. I want to think it's a great university globally. That is what my aim and pitch at any point of time is. You need to learn how to integrate technology into our day to day life, and acquire daily skills and implement them collaboratively. The research ability hidden in each of you needs to come out.

Till you don't research, new things are not going to come. I'm depending on you to find out so many things and solutions to problems which I would suffer during my old days.

**Q10. Based on your experience, what are some common mistakes that medical students tend to make during their academic journey? And what advice would you like to give us to avoid these pitfalls?**

Hmm, lot of mistakes....rote learning, only focusing on MCQs, not attending classes, missing out clinicals, bad time management; you need to learn all these things properly. You must practice day to day study. You just want to study one day before the examination and then pass out. Another mistake you make is attendance; you think attendance is just a regulation. No, attendance is a way of living, a way of life, making you more responsible, more systematic. If you don't respect time, remember time will never respect you. If I give a specific time to somebody that I'll see you at 2 o'clock, I need to be there at 2 o'clock. One more important issue is that I think a lot of kids today are going ahead without any goals. They don't know what they want to do. So learn what you want to do and do it. A lot of students are coming for medicine because their parents want them to. So don't fall to peer pressure, think what you want to do, and more importantly, always love what you are doing. That is the only way you will progress in life. If you start loving what you do, and stop cramming on the whole thing and start living life, you'll start to enjoy life. Don't focus your attention only on studies. As the saying goes, 'A jack of all trades is a master of none. But oftentimes better than the master of one.' So you need to come out of that mindset that you need to study 24/7 and develop with whole complete personality for yourself because that's what it is expected out of you; don't just be a good doctor, be a good human first.



Dr. Achal Gulati is a graduate of the University of Delhi, he is trained as an Otorhinolaryngologist & Head & Neck Surgeon at PGIMER, Chandigarh. Dr. Gulati holds certifications in management and administration from prestigious institutions such as IIM Ahmedabad, UP Academy of Administration in Nainital, and the School of Management in New Delhi.

With over 40 years of extensive experience in teaching, clinical practice, research, and administration, Dr. Gulati has held notable positions, including President of the Ethics & Medical Registration Board and the Medical Assessment & Rating Board of the National Medical Commission. He has also served as Additional Director General Health Services, Government of India; Director of Govind Ballabh Pant Institute of PGIMER, New Delhi; Founder Director Principal of Dr. BSA Medical College & Hospital, New Delhi, and Professor of Excellence at Maulana Azad Medical College, New Delhi.

Dr. Gulati is a fellow of the National Academy of Medical Sciences, the Indian Academy of Otolaryngology & Head & Neck Surgery, and the International Medical Science Academy. His numerous orations and awards include the "National Eminent Teacher of Excellence Award," "Dr. Sarvapalli Radhakrishnan National Award" for Eminent Teacher, "State Award for Contribution to the Field of Medicine," "The Great Teaching Master Award," and "Times Research Media Excellence Award in Healthcare," among others.

A pioneer in developing the OSCE model of evaluation at the PG examination level, Dr. Gulati is also a professional quizmaster at the national and international levels, a food and travel critique writer, and has about 95 peer-reviewed national and international academic publications. He has developed CDs on examination techniques, produced and directed a documentary film titled "To be or not to be," focusing on end-of-life issues.



# In Conversation With...



## Dr V.K. Kapoor

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***“If you are doing what you like, great, but if not, then like what you are doing.”***

**Q1. What was it that got you into surgery as a student in the country's most prestigious institute? Was it always your aim or did life intervene and take its own course?**

So as you said, I did my post grad in surgery from the country's most prestigious institution, the All India Institute of Medical Sciences, in New Delhi. Nowadays, we have scores of those but at that time, there was only one AIIMS and that was in Delhi. I chose AIIMS because I was already there as an MBBS student and appreciated the culture surrounding education there, and as for surgery, because as a first year MBBS student itself I developed a keen interest in anatomy, and the corollary for anatomy in clinical subjects was surgery. So I had more or less chosen my career in surgery in the first year itself.

**Q2. If you could go back to when you were a medical student doing his MBBS, what advice would you give to a young VK Kapoor?**

The answer to this question is linked to the previous one you asked. Because I had decided very early on to pursue surgery, unknowingly or subconsciously, I started to ignore the other subjects, especially medicine and gyne, which in hindsight, I shouldn't have done. So, my message and request to all of you, would be that as long as you are doing MBBS, please concentrate on all subjects and learn all concepts.

There are MBBS graduates who go on to do MBA, administrative services and so many more professions, but as long as you're here, give it your all. So yes, if I could go back, I would definitely try to change this.

**Q3. Surgery as a branch can demand anything and everything from you. How do you manage to juggle your career as a GI surgeon and a family man?**



You are quite right in that surgery is a very demanding speciality and in that too GI and HPB surgery is an especially demanding super speciality as we deal with difficult cases, perform major operations and deal with high complication rates. Mortality is very high as well because of the vast disease spectrum, as opposed to some other surgical specialties, which are relatively lighter. So it's true, that it demands a lot of time, energy and effort. Today, I can't afford to say that residents are bonded labour, like we were told and I used to tell my residents

earlier. Then, and even now, you have to work for as long as the work is there. It all comes, or at least it all came in our case, in my generations case, by sacrificing your family time, by sacrificing your personal time, your social time. So virtually speaking during the time when you are training, your parents don't exist, when you get married, your spouse doesn't exist, when you get kids, they are left to the other spouse. Today's generation they believes that it was wrong because these are also important things. I agree, but this is what it was at that time. So it all came at the sacrifice of all these things.

**Q4. Keeping aside the academican in you, what are some activities and hobbies that you indulge in?**

Hobbies...mmmm, in terms of sports, music and other activities, zero. Zero. Except a little bit of table tennis, a little bit of chess, nothing else. I probably should have done more of these, as your spectrum should be wide; but stage activities I indulged in a lot, be it dramatics, debate or a fancy dress competition. I'm fond of reading, and I read anything and everything. Even when we were kids, we would get Mungfali or Chana in a piece of newspaper, and after finishing that I would read it, even if it is an advertisement. And there is a story behind that as well, when I was in class five or six, I got this piece of newspaper which I read of



course and found out that it was a notice for a government scholarship. So I brought it and gave it to my father and that is how I got that scholarship after appearing in the exam and all that. So I read, I read anything and everything whether it is related to my subject or not. Now, of course, I don't read much as I'm writing now, and I've become a writaholic. I'm very fond of it and I'm trying to complete the books which I have started.

**Q5.What's one incident in your life that played a butterfly effect in bringing you to where you are today?**

One incident is the same one I said before about the newspaper piece and the scholarship and another I can say is that of when I finished my grade 10. So grade 10 means all subjects and then my parents had to decide what I'll do next in grade 12 because in our times, you could not take both maths and biology. You had to take either mathematics or biology, which decided whether you were going to engineering stream or medical stream. At that time, there were no other professions. If you don't make it into one of these, then you did a graduation, then you went into administrative services. Left to me, I probably would have taken geography as I liked geography very much, but obviously that was not a choice.

In those three years, I was in a government sponsored scholarship residential school. So my father spoke to one of my teachers who happened to be my biology teacher, Mr. Naveen Tandon. He said - "nothing doing, biology." So that's how I took biology and that's how I entered medicine.

**Q6. How do you emotionally handle the weight of the decisions that may mean the difference between the life or death of a patient?**

This thing is true for any doctor, whichever specialty you are in because if you are dealing with a sick patient, if you are dealing with a critical patient, if you are dealing with a complication, obviously, if you don't take the right decision, the patient may die.

That's the way to go, of course, you have to know your subject, you have to have experience behind you, you have to have your wisdom, which obviously comes with experience and time. But the message I would like to give to you people is that tomorrow when you become a doctor, you should treat every patient as if he or she is related to you, either he or she is your grandparent, parent, sibling, uncle, or aunt. What would you do for them or what you would like a doctor to do for them is this were so? If you keep that in mind, I'm sure you will do the best.

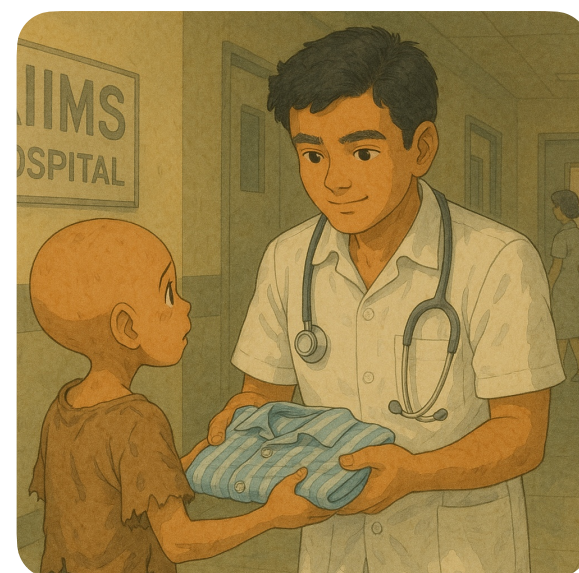
Second, when you are in the younger stages, when you are a resident or a young faculty member or a young practising doctor, if you have any doubt, don't hesitate to take opinion from somebody who is more experienced, because that is in the interest of the patient. You should not keep your ego there and think "no, no, I know everything", or "If I take help of somebody, patient will think I don't know". That should not be the way. You take help of your more experienced colleague. Even today, if I am not sure what to do, I ask my younger colleagues for their opinions. I may or may not agree with them, but I at least take their opinion and sometimes I do change my opinion, I do change my decision.



**Q7. Has there been a particular patient story that stayed with you throughout your career?**

There are many and you will read them in my memoirs, which I'm writing now. I'm going to put them on Kindle for all of you to read, in it I have recounted many incidents. For now, I would go back to my internship because you are MBBS students. So I was looking after a child with some

haematological malignancy probably leukaemia. This was in AIIMS, thus it was a free hospital. The family came from Moradabad or somewhere outside Delhi. They were from a low or low-middle social economic status, and both the mother and father were there. The child had come in a very sick state, but improved. They knew that the child was not going to survive because it was a very aggressive blood cancer. But the child had improved to the extent that they could take the child back home, so they were very happy. I was looking after that child primarily as an intern, so when I discharged him, he bought a shirt cloth for me. He himself was wearing a tattered shirt, so I told him...iski tum banwalo kameez, he said no and I had to accept it.



**Q8. You have been bestowed upon many awards and honours throughout your career. We came across one such picture where you are being felicitated by his Excellency President Dr. APJ. Abdul Kalam at Rashtrapati Bhavan. We are curious, what achievement invited such an honour?**

This picture was one of Dr B.C Roy award. As some of you may or may not know, Dr B.C was a physician, he was the first chief minister of West Bengal and in his honour, the Medical Council of India, which was the precursor of the National Medical Commission today, instituted the B.C Roy award, so they gave these awards in various categories. I received it in the eminent medical teacher category. And these awards were conventionally and ceremoniously,



always given by the president. So for me, it was a very special occasion, because I was going to meet the president. So when I shook hands with him, I said, "Sir, the award is smaller, the fact that I'm getting it from you is much bigger."



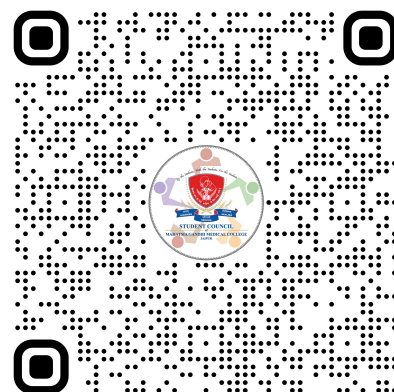
**Q9. We all draw inspiration from your principles, work ethic, morals, and values. What shaped your ideas and ethos? Were you inspired by Gandhian philosophy, you have even written a book on Mahatma Gandhi?**

It's not a book, it's basically a small a quiz-book, but not in the form that it asks questions and answers, it has a lot of anecdotes and a lot of events related to his life so that those of you who don't know about him can know more. In the formative years, as I have mentioned in the book also, there were a few people who, to me looked like Mahatma Gandhi. One was my grandfather, he was a teacher and school principal, a great disciplinarian. And one or two of my teachers in the school where I studied in government scholarship school in Varanasi. They had this influence on me. I can't say that I follow Gandhian philosophy and I don't think today anybody does. I tell the younger generation like you that everybody should read his autobiography. Because he wrote his autobiography, when he was 40-50 years of age. And he has disclosed everything. So that is what the power of truth is. Even today, when I am writing by my memoir, so many things I am hesitant to write or don't have the courage to write, because somebody will get

unhappy. Somebody will get annoyed, or people will laugh at me, or people will say, "oh, you did this", but he had that moral strength and courage. So I suggest that all of you should read whatever information, whatever you can get about him. Today, everybody says that we are Gandhian and but honestly, nobody is. Nobody can be a Gandhian. It's impossible in today's world... But still, we should know about him, and as Einstein has said: generations to come would never believe that such a man never walked on the earth.

**Q10. What do you hope your students and residents take away from you, not just as a teacher, but also as a person?**

A very standard thing: do what you like. But that stage is over, because even if you wanted to do be a lawyer, but your parents pushed you into medicine or you didn't want to do surgery, but you got surgery, it's done now. So if you are doing what you like, very good, but if not that, then like what you are doing. So whatever you are doing, whether you are a medical student, you a PG in pathology, or in community medicine, by choice or by force, like it; if it's by choice, good, but if it's by force, then enjoy it. No discipline or no branch or no subject, is superior or inferior. What you are doing is the best. So enjoy it. Do it with commitment, do it with passion. Passion, what is passion? Passion means that you will do something even if it is at the sacrifice of your own time. If you do that, that is passion. So if whatever you are doing, do it with passion, then you will do it the best.



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Dr. Vinay Kapoor completed his MBBS and MS degrees at the All India Institute of Medical Sciences (AIIMS), New Delhi, where he later served as an Assistant Professor of Surgery. Subsequently, he dedicated over three decades (1989-2021) to the Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS) Lucknow, progressing to the position of Professor and Head of the Department of Surgical Gastroenterology.

Throughout his career, Dr. Kapoor has held notable positions internationally, including as a Visiting Professor at King's College Hospital, London, UK, and the International Medical University, Kuala Lumpur, Malaysia.

His academic endeavours includes the Fulbright Fellowship to the USA, UICC Fellowship to the USA, Commonwealth Fellowship to the UK, PN Berry Educational Trust Fellowship to the UK, DAAD Fellowship to Germany, and ACU Fellowship to Malaysia/Singapore.

Noteworthy awards received by Dr. Kapoor include the Dr. BC Roy National Award, DBT Biotechnology Overseas Associateship (Australia), and ICMR International Fellowship for Senior Bio-Medical Scientists (UK).

His extensive research contributions include over 200 publications comprising book chapters, editorials, leading articles, review articles, and original articles. Notably, Dr. Kapoor's remarkable achievements in the field of surgery have earned him recognition as the only surgeon from India included in a global list of the top 100,000 and top 2% scientists worldwide.

# In Conversation With..



## Dr. N.D. Soni

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***“View setbacks not as failures, but as moments to pause, reflect and grow.”***

**Q1. What drew you to the medical profession in the first place? Was there a defining moment or role model that influenced your path?**

From a young age, I was inspired by the profound impact of compassionate doctors, especially a dedicated family physician who served our community with humility and skill. The respect and nobility of the medical profession deeply moved me, and a pivotal moment came when a loved one's serious illness was met with exceptional care that brought hope to our family. That experience solidified my resolve to pursue medicine, not just as a career, but as a lifelong commitment to service and learning. Today, as an educator and leader, I strive to instill those same values of empathy and integrity in our students, the future stewards of this noble calling.

**Q2. How do you handle difficult days or setbacks, and what mindset or habits have helped you stay resilient over the years?**

Difficult days are inevitable in both medicine and academia. I view setbacks not as failures, but as moments to pause, reflect, and grow. Staying calm, seeking solutions, and staying aligned with a deeper purpose, whether in patient care, education, or leadership, has helped me remain resilient. Discipline, clear priorities, and balance are key, along with a commitment to continuous

learning through books, conversations, and the energy of those around me. Leadership, I believe, is not about avoiding challenges but navigating them with clarity, empathy, and resolve.

**Q3. You've served as the founder Principal of Government Medical College, Barmer. What were the biggest challenges and most rewarding moments of building a medical college from the ground up?**

Serving as the founding Principal of Government Medical College, Barmer, was both a tremendous responsibility and a deeply fulfilling journey. The initial challenges were significant, developing infrastructure, recruiting qualified faculty to a remote region, and ensuring compliance with regulatory standards under tight timelines. However, the most rewarding moments came when we welcomed the first batch of MBBS students and witnessed the college begin to function as a center of learning and care. Building a medical institution from the ground up remains one of the most meaningful chapters of my professional life. Felicitated by the Government of Rajasthan on Independence Day 2019 for outstanding leadership as Principal and Controller, Government Medical College, Barmer, in initiating the first academic session of the Allopathic Medical College under challenging conditions.

**Q4. Having held key administrative roles in both government and private medical institutions, how do the challenges differ, and what lessons have you carried between them?**

Having worked in both government and private medical institutions, I've found the challenges vary mainly in resources, governance, and decision-making speed. Government setups often face constraints related to policy and funding, while private institutions focus more on agility and innovation.

The key lesson I carry between both is the importance of adaptability and people-centered leadership—whether navigating bureaucracy or driving rapid change, maintaining transparency, and having a shared vision always leads to better outcomes.

**Q5. What steps do you think can be taken to foster a stronger research culture among medical students here in the institute?**

To foster a stronger research culture among our medical students, we need to integrate research training early into the curriculum, provide mentorship from experienced faculty, and create opportunities for students to participate in meaningful projects. Encouraging collaboration, organising workshops, and recognising



student research achievements will also motivate and build enthusiasm for inquiry and innovation.

**Q6. If your students were to remember just one lesson or principle you lived by, what would you hope it to be?**

If my students were to remember one principle I live by, it would be this: always lead with empathy and integrity. In medicine and in life, these values guide us to serve others with compassion, discipline, punctuality, hard work, uphold ethical standards, and strive for excellence in all we do.

**Q7. As students, we closely observe the rising mental health concerns among medical students, what role do you think college should play in improving emotional and psychological well-being?**

The college is deeply committed to nurturing students' mental well-being by fostering a supportive and inclusive environment that encourages open communication. Comprehensive counselling services are made accessible, annual parent-teacher meetings are organised, and a mentor-mentee system is in place throughout the course duration. Hostel wardens also provide continuous support in students' daily lives, helping them maintain a healthy academic-life balance. It is imperative to prioritise wellness initiatives and equip faculty with the skills to identify and address students' emotional concerns at an early stage.

**Q8. Many students today aspire to pursue higher education or career opportunities abroad, but there often exists a significant knowledge gap when it comes to navigating pathways like USMLE, PLAB, research fellowships, or international clinical observerships. Do you see a role for the institution in bridging this gap through structured career counselling or mentorship initiatives and what steps do you envision to support students with global aspirations?**

Absolutely, the institution plays a vital role in bridging the existing knowledge gap

regarding international career pathways. To support this, we are committed to establishing structured career counselling and dedicated mentorship programs that specifically focus on guiding students towards global opportunities such as the USMLE, PLAB, and various international research fellowships. Our initiatives will include regular workshops, interactive sessions with alumni currently working or studying abroad, and comprehensive support systems designed to prepare our students for successful careers on the global stage. A significant number of our students have already cleared exams like the USMLE and are now either pursuing advanced studies or working in esteemed institutions overseas.

**Q9. We're celebrating the silver jubilee this year. Every principal and controller has brought something new to the institute, how would you describe the vision you've brought to MGMCH, and how has it shaped the direction of the college?**

Celebrating the silver jubilee is a proud milestone. My vision for MGMCH has focused on fostering academic excellence, strengthening research, and enhancing patient care. By prioritising infrastructure development, faculty empowerment, and student-centric learning, we've built a strong foundation that continues to guide the college toward becoming a leading centre of excellence in the medical education and healthcare.

**Q10. Is there any experience or incidence in your life that you might want to share with the students to inspire and motivate them?**

One experience that shaped me deeply was overcoming early challenges while setting up a new medical college. It taught me the value of perseverance, teamwork, and staying focused on the larger goal. I share this with students to encourage them to embrace obstacles as opportunities for growth and never lose sight of their dreams.



Dr. ND Soni has been associated with Mahatma Gandhi Medical College & Hospital for about 3 years and was holding the post of Professor in Physiology and Additional Principal, Mahatma Gandhi Medical College & Hospital, Sitapura, Jaipur.

He did his MBBS from S. P. Medical College, Bikaner and MD (Physiology) from Dr. S. N. Medical College, Jodhpur. He has vast teaching experience and he has held various administrative posts like Head of the Department of Physiology and Additional Principal at Dr. S. N. Medical College, Jodhpur.

He was the founder Principal & Controller of Government Medical College, Barmer (Rajasthan). He was awarded with prestigious "District Level Felicitation Certificate" on 15th August 2019 for getting permission for first batch of Medical students at Government Medical College, Barmer for his sincerity, dedication and hard work. He has also worked as Assessor and Coordinator of Medical Council of India for many years.

He has published 5 international and 15 National research publications in coveted medical journals.



# Editorial

## *Air Pollution and Lung Cancer: A Silent Catastrophe!*



### **Dr. Hemant Malhotra,**

MD, FRCP (London), FRCP (Edinburgh), FACP (USA), ECMO, FNAMS, FUICC, FICP, FIMSA  
Director, Oncology Services,  
Sri Ram Cancer & Super-specialty Center &  
Professor & Head, Department of Medical Oncology,  
Mahatma Gandhi Medical College Hospital, Jaipur - 302 022. INDIA  
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**A**s we stride confidently into the era of innovation, artificial intelligence and smart living, an invisible adversary continues to infiltrate our bodies with each breath: Air pollution. No longer just a backdrop to urban chaos, polluted air has emerged as a silent catalyst for diseases that are reshaping the global health landscape. Most strikingly, its role in triggering lung cancer even in people who have never touched tobacco in their lifetime - is drawing urgent attention from scientists and doctors alike.

It is staggering to imagine that something as essential and omnipresent as the air we breathe can slowly and silently contribute to cancer. For medical professionals, students, and the wider community, this is more than just a scientific observation - it's a call for action. Air pollution is not inevitable. It's something we can confront and change.

India stands at a critical juncture in this battle. Cities such as Delhi, Kanpur, and Patna consistently record some of the world's highest air pollution levels. The culprits are all around us: dense traffic, industrial emissions, smoke from stubble burning, dust from construction, and even cooking fires in rural homes.

These elements create a cocktail of toxic particles, contributing not only to lung conditions but also to cancers and cardiovascular diseases

Alarming estimates suggest over 1.6 million deaths annually in India are linked to polluted air. Though the National Clean Air Programme (NCAP) has made some strides, implementation hurdles remain.

Traditionally, tobacco use has been the undisputed cause of most lung cancer cases. But recent trends show an unsettling rise in the number of patients who have never smoked. Women and urban populations are disproportionately affected. Scientists now point to prolonged exposure to fine particles like PM<sub>2.5</sub> and nitrogen dioxide (NO<sub>2</sub>) as probable causes.

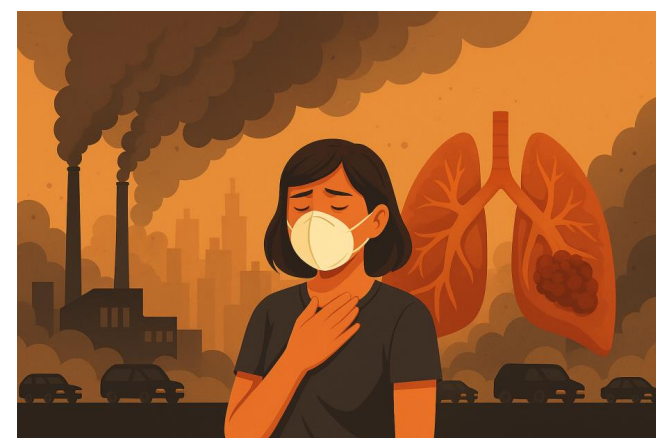
The science is compelling. Fine particles bypass the natural defences of our airways and settle deep within the lungs. They ignite a chain reaction - chronic inflammation, cellular damage, impaired immune function, and genetic mutations. Some pollutants carry cancer-causing compounds that directly harm DNA.



Groundbreaking studies have revealed how air pollution can awaken pre existing mutated cells in the lung, essentially accelerating the shift from a dormant mutation to full-blown malignancy.

For the general public, this may sound like a dystopian horror story. But awareness, not fear, is the need of the hour. Understanding the risks empowers us to make safer choices and demand change. And those most affected—children, the elderly, slum dwellers, and outdoor workers—deserve special protection.

The World Health Organisation estimates that more than four million premature deaths each year can be traced to outdoor air pollution. Many of these are caused by chronic diseases like lung cancer, which often go undetected until they are advanced. This makes prevention and early action critical. What can we, as individuals and as a society, do to stop this slow-motion health disaster? At the individual level, useful interventions include using N95 masks during peak pollution hours, indoor air purifiers, avoiding unnecessary outdoor exposure on high AQI days, and advocating for non-polluting transport are some effective measures to combat air pollution.







### What can be done at the Community level?

Supporting tree plantations, local air quality monitoring, and urban designs that reduce vehicular emissions and create breathing spaces.

Forceful and effective interventions at the stringent vehicular norms, promoting green fuels, and integrating environmental monitoring into health policy.

Doctors and healthcare workers must also expand their role. In addition to treating disease, we must speak out, educate patients, and advocate for a cleaner, healthier environment. Taking a patient's environmental exposure history should become as routine as asking about smoking.

Looking ahead, the convergence of climate science, urban development, and public health is becoming one of the most important challenges and opportunities of modern medicine. Medical education needs policy level are needed; enforcing strict regulations on industrial emissions, to evolve, so that future practitioners are equipped to understand and tackle these intertwined issues.

In summary, the link between polluted air and lung cancer is no longer a theory; it is an established fact. This is a crisis that crosses social and economic boundaries. Breathing clean air should not be a luxury, but a fundamental right. While none of us can change the world overnight, we can all contribute by raising awareness, advocating for policy changes, and leading by example.

To the budding doctors and young citizens reading this, our lungs do not negotiate. They take in whatever we give them. Let's make sure it's air that heals, not the air that harms.

### Trophies of Time

Prof. Dr Hemant Malhotra is the Director of Oncology Services at Sri Ram Cancer Centre and Professor & Head of the Department of Medical Oncology at Mahatma Gandhi Medical College Hospital (MGMCH), Jaipur. With over three decades of experience in oncology, he has been instrumental in advancing cancer care in North India. Prior to his current role at MGMCH, he was Professor and Head of the Department of Medicine and the Division of Medical Oncology at the Birla Cancer Centre, SMS Medical College, Jaipur.

Under his leadership, the Sri Ram Cancer Centre at MGMCH has developed into one of North India's leading comprehensive cancer centres. It houses an active Stem Cell Transplantation Unit and offers Rajasthan's first DM (super-specialty) course in Medical Oncology, recognised by the National Medical Commission (NMC). MGMCH is a 1,400-bed tertiary care teaching hospital and the largest private-sector healthcare institution in the region.

Dr Malhotra graduated from SMS Medical College, where he topped his class. He pursued advanced oncology training through fellowships at Tata Memorial Cancer Centre in Mumbai (1989-1991), Cornell Medical Centre in New York, and Memorial Sloan Kettering Cancer Centre in New York. Upon returning to India, he established Rajasthan's first Medical Oncology division at SMS Medical College in 1991 and later set up the state's first Bone Marrow Transplantation Unit. His team successfully performed Rajasthan's first autologous bone marrow transplant.

A dedicated educator, Dr Malhotra has trained numerous oncologists, many of whom now lead their own departments across India. He is highly regarded both nationally and internationally. From 2006 to 2008, he represented India, Pakistan, and Bangladesh at the European Society for Medical Oncology (ESMO) and remains ESMO board-certified in medical oncology. He is also an active member of the ESMO Public Policy Committee.

Dr Malhotra serves as an advisor, consultant, and committee member for various Government of India bodies, including the Indian Council of Medical Research (ICMR). He is a member of the Subject Expert Committee (SEC) on Haematology & Oncology under the Drug Controller General of India and has previously served on the National Oncology Serious Adverse Events (SAE) Committee. Additionally, he has been a consultant to the World Health Organization (WHO) for biosimilar oncology guidelines.

With over 300 national and international publications and presentations to his credit, Dr Malhotra is a distinguished contributor to medical literature. He is the lead author of the Chronic Leukaemia chapter in the Oxford Textbook of Oncology. He currently serves as President of the Immuno-Oncology Society of India (I-OSI) and the Teen & Young Adult Cancer (TYACAN) Foundation. He is the Immediate Past President of the Indian Society of Medical & Paediatric Oncology (ISMPO) and the President-Elect of the Indian Society of Oncology (ISO). He is also a founding member and Head of the Haematological Cancers Committee of the Indian Cooperative Oncology Network (ICON). A strong advocate for clinical research, Dr Malhotra has led over 50 investigator-initiated and industry-sponsored clinical trials, particularly in chronic myeloid leukaemia (CML). His expertise in research ethics is reflected in his long-standing role as Joint Secretary of the Ethics Committee at SMS Medical College, where he played a key role in drafting its Standard Operating Procedures.

Dr Malhotra has received multiple national and international honours. In 2018, he was awarded the International Chronic Myeloid Leukaemia Prize in Miami, USA, for his contributions to CML research in emerging regions. In 2019, he was the only physician from India invited to chair and speak at the 62nd Annual Meeting of the American Society of Haematology (ASH) in Orlando, USA. He is also a member of the European LeukaemiaNet (ELN) guideline committee for CML.

# Beyond The Borders



## United States Medical Licensing Examination (USMLE)

**Purpose** - for residency and license to practice medicine in the US

**Conducting Agency** - NBME & FSMB (National Board of Medical Examiners & Federation of State Recognition - Mainly in the US, other includes Canada and Middle East.

**Qualifications** - Medical Student in any professional year, from an institute listed in the WDOMS (World Directory of Medical Schools).

**Breakdown** - Conducted in three steps

- **Step 1** - Basic Sciences (MCQs)
- **Step 2(CK)** - Clinical Knowledge (MCQs)
- **Step 2 (CS)**- Clinical Skills (Discontinued)
- **Step 3** - Clinical Management (MCQs + Simulated Clinical Cases)

**Duration**

- Step 1 - 8 hours
- Step 2 - 9 hours
- Step 3 - 2 days

**Mode** - Computer based

**Location** - Worldwide (Prometric centers) for Step 1 & 2 CK; Step 3 only in USA

**Timing** - You can decide the date, provided the centre has slots available.



## Professional and Linguistic Assessments Board (PLAB)

**Purpose**

For licensing and medical practice in United Kingdom

**Conducting Agency**

General Medical Council

**Prerequisite**

Medical Student who has completed their final year of undergraduate studies from any institute listed in WDOMS

International English Language Testing System (IELTS) certificate - academic version, achieved a score of at least 7.0 in each testing area and an overall score of at least 7.5, achieved these scores in the same test, no more than 2 years old.

OR

Occupational English Test (OET) certificate - medicine version of the test, achieved at least a grade 'B' in each testing area (speaking, listening, reading and writing), achieved those grades in the same test

**Breakdown**

Conducted in two parts

- PLAB 1 - a written multiple choice exam, with 180 single best answer questions.
- PLAB 2 - an objective structured clinical exam. It's made up of 16 scenarios, each lasting eight minutes and aims to reflect real life settings

**Duration**

- PLAB 1 - 3 hours
- PLAB 2 - 2 hour 10 minutes

**Mode**

Offline (Pen-Paper Mode)







### Costs-

- Step 1: \$975
- Step 2 CK: \$975
- Step 3: \$895



**Validity** - Lifetime (some programmes may require recent scores)

**Attempts** - Ideally only one, Maximum of Four for each step

### Match process

- Pass USMLE step 1 and 2 at least
- Complete ECFMG certification
- Register with NRMP
- Apply To Programmes through ERAS
- Interviews (Oct to Jan)
- Submission of Rank Order list
- Match (March)
- Apply for SOAP if Unmatched

### Pre-requisites for admissions

(Mandatory - USMLE, ECFMG and VISA)

- VISA- J-1 or H-1B
- LORs - 3 to 4 (at least 1 from US)
- Certificates -
  - USCE - US clinical Experience
  - BLS/ACLS
  - OET Medicine
  - Oral Paper Presentation
  - Poster presentation
- Volunteers work
- Extra credits - Ranking, Medals or Honours
- IPRs - Hard to get but is extremely helpful (Patents, copyrights, trademarks related to medical devices, education, research)



### Location

- Worldwide (four times a year - February, May, August and November)
- PLAB 2 - Only in Manchester, UK (throughout the year)

### Costs-

- PLAB 1: £273
- PLAB 2: £998
- GMC Registration: £463



### Validity

2 years

### Attempt

Ineligible after fourth failed attempt (of either of PLAB 1 or PLAB 2)

**GMC Registration** - after successfully passing PLAB and completing relevant requirements.

**VISA** - Health and Care Worker visa

**Apply for Training** - Foundation Year (FY) 1 or 2 or Speciality Training (ST) 1/Core Training (CT) 1 (depending on at which level you are eligible to apply based on level current training status in home country.)

**Internship** - Complete at least 12 months' continuous medical internship in a public hospital with at least three months in medicine and three months in surgery. (Can be completed in home country and avoid FY1 Training)

### Certificate of Readiness to Enter Specialty Training (CREST)

It is a declaration that proves you eligible for ST1/CT1 training without need to undergo FY2 training.

**Choice Filling** - Independent of PLAB Score

**Interview** - (vary for speciality to speciality) For Rank order and Matching



# Beyond the White Coat

## Managing Your Hostel Room

01st MBBS RESULTS ARE OUT! "Yippee!!", you scream. Gone are the days of ragging, the dissection hall stench and 'they all look alike' vertebrae.

And then realisation, dawns. It is time to move out of the safe haven of PG digs and into the medic hostels.

The pleading, the cajoling, the tears, the under-the-breath abuses, the scowls, the telephone calls from parents and finally you are allotted a room.

The girls in the PG rooms are frantic. Check-out is today, says the buxom PG Aunty. "But we have not even started sorting out our things", goes up the combined wail, but aunty intends to have it no other way.

I walk into my room and look around. Now, where did I put away the bags and the suitcases?

Priding on my self assumed meticulousness, I decide to sort out the clothes first. Eighteen kurtis, twenty-two T-shirts, seven pairs of jeans, eleven coloured leggings and eight black leggings!!!

I gasp. I swear by the almighty God, I wore those simple seven kurtis and two black leggings all through the year. When did these all pile up? Not being the type who would want to be labeled a shopaholic, I blame it all on some weird mutation in the mitosis cycle of cells of clothes and decide I need a coffee break.

Ten minutes later, I am at the CCD with all other girls in tow and then walk in the gentlemen type of boys. "I shall help you move your things to the hostel", one of them offers and I grab it with both hands. I rush back, forget about meticulousness and quickly push in things in whatever bag I can get hold of. Two hours later, I am all done.

and ready to move out. And the goody-goody guy arrives with a cycle rickshaw and two carry bags and one cardboard box.

"What is that?", I ask. "My stuff.", he says. My eyes go wide and I say, "Explain." "Well," he ventures, "this box has my books, my shoes and my toiletries, and the smaller carry bag has my two clean shirts and a pair of clean trousers and the slightly bigger bag has my wear daily and wash monthly clothes for college." I roll up my eyes and point out my stuff. He counts, 1, 2, 3.....23. "I said I would help you and not all the PG girls", he scowls.

"That is my stuff", I yell and poof! The good guy and the rickshaw vanish into thin air as he scoots away.



Alright, I am here now. So girls and guys, you thought MBBS was all about medicine and patient care? Wrong. You need really good managerial skills. How else do you turn a rat hole(a.k.a hostel room) into a presidential suite?

"It is easy", say the boys. "All you need are, a table a chair, a bed and a couple of hooks on the wall. The books go on the table. The clean clothes occupy their pride of place on the chair. The daily wear clothes are hung on the hooks and then whatever is left goes on the bed with your Royal self, and stays there till you are done with your graduation."

Er.. things are a bit different here at the girls hostel. You place all your clothes in the cupboard provided, hang all the trousers in hangers, look with pride at the beautifully arranged clothes, accidentally brush your hand against the inside wall of the cupboard

So, what do you do? Rush out, buy newspapers, spread them on the shelves and redo the arrangement.

At the end of it, all I want to do is sprawl on the bed and forget about arranging my room.

But, no, Mom's due to visit tomorrow, and I must show her how good at house keeping I am. The books are aligned and kept neatly on the table. The refrigerator is pushed against the window, the ketchups, butter, cheese, chocolates, fruits and juices are properly placed.

The extra little almirah I bought is placed next to the refrigerator and in go my countless pairs of shoes, the toiletries, the 'not to be refrigerated' eatables and various knick knacks.

I place the buckets, the brooms, and the dustbin, behind the door, place the chair next to the table, plump up the cushion after a fight with it to cover it up with a beautiful cushion cover.

Why can't the cushion covers be just that wee bit bigger so they easily fit into them?!! Anyway, I spread my new bed-sheet and place the welcome mat outside my door and look in with pride at the good work I have done. Wait a second, I am missing something. There is something I need to put in the room but there is absolutely no space. What is it? I rack my brains and realise it is me! All this hard work and no room for me to even stand.

I pull out the stuff from behind the door, kick out the chair and bawl my eyes out.

I want my mommy! There is no way, I can manage in these rooms. It is mother who will come in and fit it all in. After all that is what our dearest moms are for.

**~ Dr Priya Marwah**  
**Professor, Paediatrics**



# Creativity Cove

## Enchanting Summer Days

Enchanting Summer days!  
Blooming buds pave the way  
For the warm breezy days  
Marking new beginnings  
Of year's most nostalgic spans

All the Winter's senescence  
And sick deeds vanish  
Once the rising god of paradise  
Blesses life on the planet.

Summer days are enchanting  
Gushing us with plenty of memories  
leaving a lifelong mark on the slate of our memory.

When cool ice cream and cold thick buttermilk are all the heavenly drinks that bring satiety  
And months-long vacations  
Vacations long enough to pester our dear parents  
And vacations long enough to just sit and watch "Phineas and Ferb"  
Deriving inspiration for creating and inventing  
Entertaining the "Einstein" within.

And then hits the Summer camps  
Where we all make new friends  
Happy to meet some old ones  
Acknowledging the crucial life lesson  
"Learning never ends".

And then comes the most dreadful part  
"The Holidays Homework"  
Half-minded, half happy  
Trying to complete it just before the deadlines  
Ravishing it with all the creativity possible  
As if we are Da Vinci and that's our masterpiece.

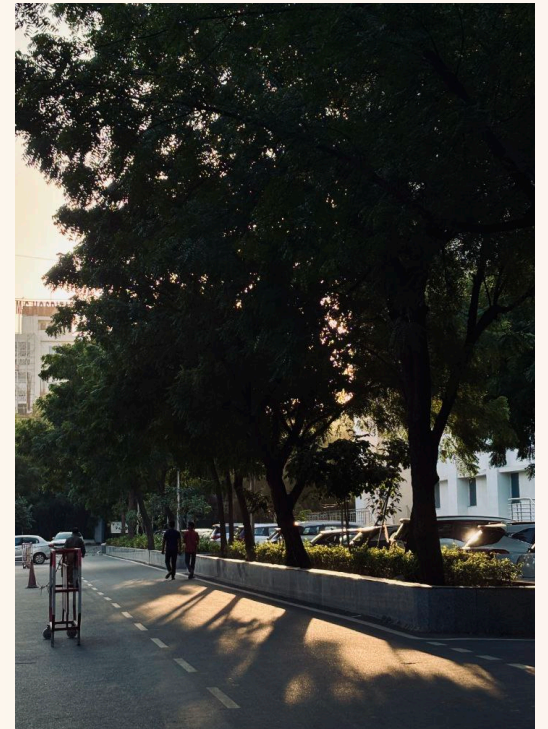
Indeed, Summer marks the best days of life  
Happy Sunshine days  
"Summer of love" days  
And that is the enchantment of Summer!

~ Dr. Pramiti Pareek  
2020

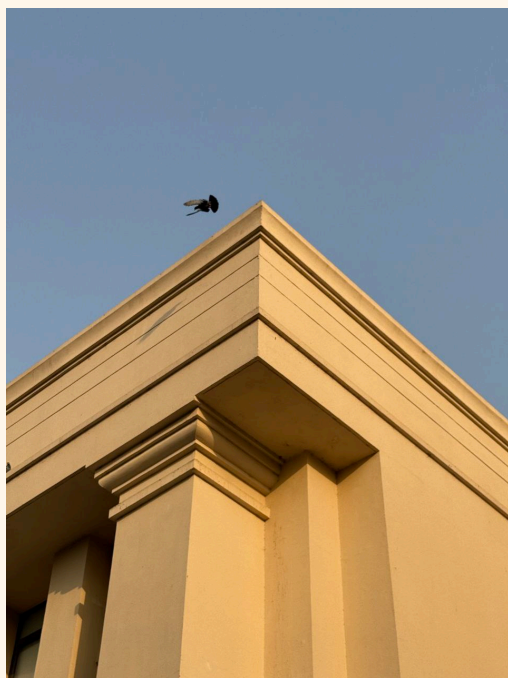




-Vaishnavi Devarwal (Batch 2024)



-Tanmay Singh (Batch 2024)



-Jayant Yadav (Batch 2021)



-Divyanshi Chauhan (Batch 2021)

*"On campus, the sun becomes  
the storyteller and we, the  
quite listeners"*



-Bhoomiz Verma (Batch 2023)





-Rakshit (Batch 2021)

# Pages of summer



-Rudra Khariya (Batch 2022)



-Ojas Deegwal (Batch 2021)



-Krishna Bhargava (Batch 2022)



-Swasti Chandak (Batch 2022)

*"In photography,  
there is a reality so  
subtle that it  
becomes more real  
than reality."*

**- Alfred Stieglitz**



# Dopamine Shots

## Riddles

I dance with light yet hide its trace,  
A silent artist shaping face.  
More of me, the night I own,  
Less of me, the moonlight's shown.

Deep and fast, yet not from strain,  
A body's cry, in silent pain.  
Acid lurks, the lungs reply,  
Blowing hard to clear the sky.

I seem like a harmless sip at first,  
But steal your sight and bring the worst.  
Formic flows and breath turns weak,  
A deadly price for those who seek.



Lifeless if I'm mangled,  
Lightning reflex I'm assigned,  
Can you tell me what I am?  
I've less than half a mind.

I am a tiny gland with a mighty impact.  
When I swell, I shake your hands,  
And race your heart, thin your bones.  
When I shrink, I slow your mind  
And trap you in cold. What am I?

## Cool Trivia



Trepanation was a medieval medical practice which involved drilling a hole in a person's skull to relieve pressure, often for treating headaches or mental illness.

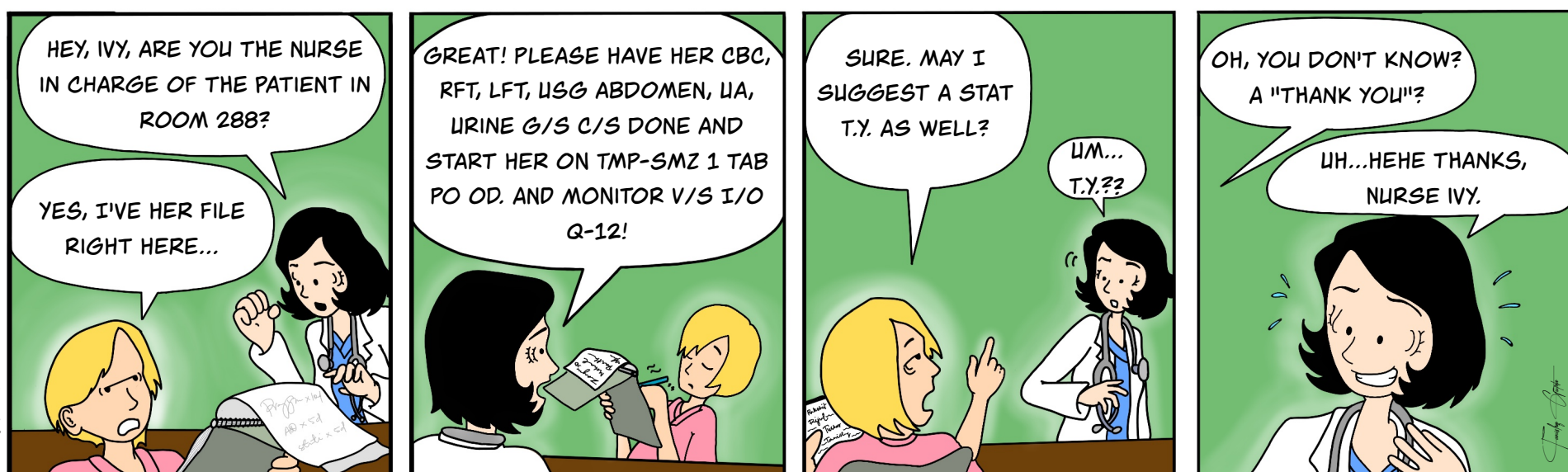


Autophony is a rare condition where a person can hear their own eyeballs moving.



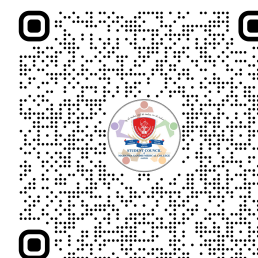
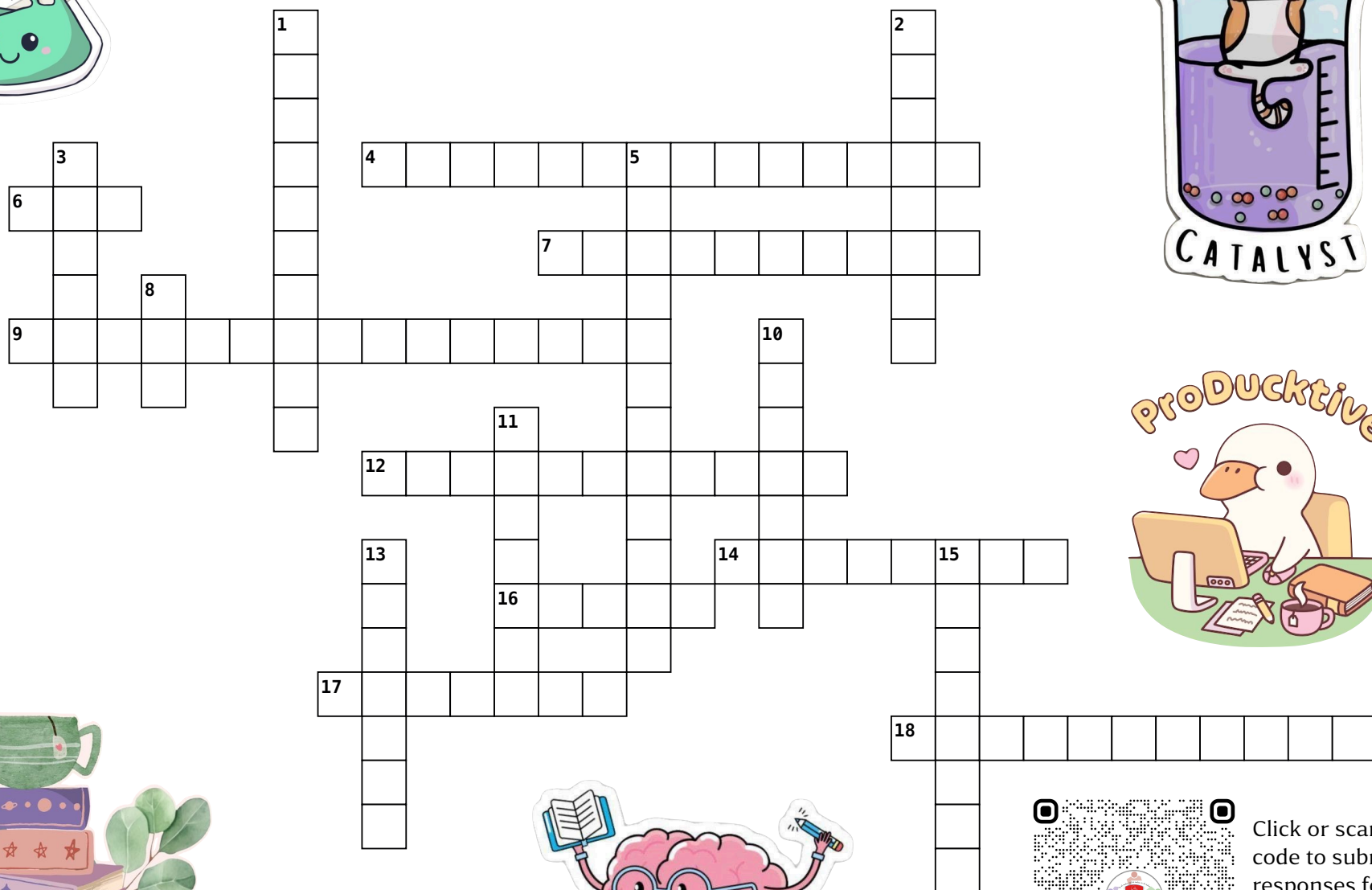
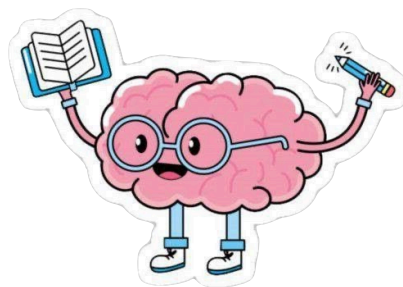
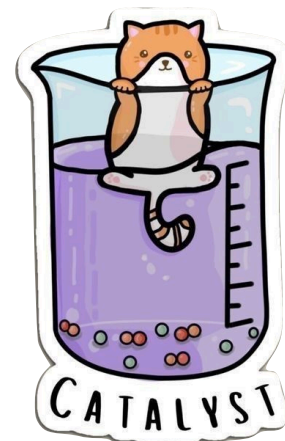
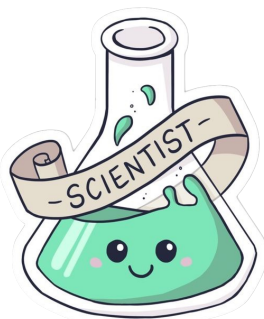
Hematidrosis is a condition in which a person sweats blood.

A PRESCRIPTION PROBLEM





## Crossword Puzzle



Click or scan the QR code to submit responses for riddles and crossword puzzle  
**Top Three will be awarded exciting prizes**

### ACROSS

4. Breakdown of stored glycogen to glucose-1-phosphate
6. Molecules that present antigenic peptides to T cells
7. Reversible change in cell type due to chronic irritation
9. Specialized renal apparatus regulating renin release and blood pressure
12. Crossing over of nerve fibers in the central nervous system
14. Brain area responsible for language comprehension
16. Part of the retina with highest visual acuity
17. Pharmacologically inactive compound converted to active form in the body
18. Lipoprotein particle formed in intestinal mucosa for fat transport

### DOWN

1. Bundle of nerve fibers in CNS or PNS with a distinct function or path
2. Type of rapidly adapting mechanoreceptor for pressure and vibration
3. Primary lymphoid organ for T cell maturation
5. Genus of Gram-negative bacilli associated with nosocomial infections
8. Hormone that increases blood calcium by acting on bones, kidneys, and intestines
10. Inactive precursor of an enzyme, activated in target location
11. Specialized macrophages lining hepatic sinusoids
13. Intermediate of the Krebs cycle and anticoagulant in stored blood
15. Protein involved in receptor-mediated endocytosis

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