

# CONNECTIONS

BULLETIN OF THE GOVERNMENT MEDICAL COLLEGE CHANDIGARH OLD STUDENTS ASSOCIATION (GMCCOSA)

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## From the Editors desk



I recently experienced two rather provocative events. The first was seeing photos of innocent medical students being brutally *lathi*-charged by police, and by sheer coincidence, the second was watching the movie '*Rang de Basanti*'. These took me fleeting back to the autumn of 1994, when we had organized the strike for recognition of our college. We had similar emotions of frustration, disappointment and rejection. Our repeated pleas to many authorities were coming to naught and we could see our careers being destroyed in the maze of politics within and outside Chandigarh. And it all started with a small group of us sitting one afternoon outside the Sector-22 Polyclinic, sharing our exasperation about our future being

jeopardized by the egotism of a few people (for those who don't know, the first two batches had classes and clinics at the Polyclinic for almost two years). Our tempers had been simmering for some time now, and suddenly, as if some one had let off steam, we decided to go on a strike. And then there was no turning back, for none of us was in a state to rationalize and all we wanted was to do something and make a statement, no matter what the consequences. We were not organized and there was no 'Association' with its host of office bearers; neither did we have a plan. Very soon the '91 batch had boycotted classes and by the end of the day, the remaining three batches had been mobilized.

What followed were the most eventful 42 days of my life, and in retrospect, I am often amazed by our audacity - we blocked some major Chandigarh roads, shut down OPD's, went on hunger strike, burnt effigies, almost got arrested and almost got *lathi*-charged. Most incredible was the ease with which we all laid aside our differences and came together for a common cause. We quickly got organized and distributed responsibilities; made some mistakes, learnt from them and forged ahead. Though we did not get recognition right away, the strike laid the foundation for future quests through the political and legal systems which eventually culminated in GMC's recognition in early 1997.

Can I do it all over again today with the same devotion and fervor? I had to spend some time pondering over and questioning my capabilities and am still undecided if I could organize a similar enterprise now, which is in sharp contrast to 1994 when I had decided this was the right thing to do within seconds. I am still the same 'me', so what has changed over the past decade? Was it my childish impulsiveness and immaturity then which time has tempered into 'wisdom'? Or have I become so embroiled in the daily vagaries of life that I no longer have the time and motivation to explore and reminisce important issues, whether they affect me directly or not?

Though this may not be very apparent to most of us since we are still in the very early stages of our careers, I am a firm believer of the notion that as physicians, we are in a unique position to be future leaders. So as we pursue our life's goals within and outside medicine, I think it is vital that we keep the spark of 'childish impulsiveness' alive within us and make sure we don't blend into the sea of indifference that exists around us. From time to time, we should ask "Why" and remind ourselves that "We Can".

Navneet Majhail  
( '91 batch)

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# Nostalgia...

## ...With Dr Kanchan Kapoor

We will be inviting our faculty, past and present, to share their stories and perspectives on the 'growing-up' of GMCH. Without doubt, the best person to inaugurate this series is Dr Kanchan Kapoor, currently Reader in Anatomy, who holds the distinction of being the faculty with longest tenure at GMCH. I remember her as a pleasant reprieve in the disciplinarian world of anatomy – always available, always calm and always ready to field the most naïve questions. We asked her to share some memories of GMCH with us.

♣ *Editors (Eds.): How long have you been teaching at GMCH?*

Dr Kanchan Kapoor (KK): More than 14 years; I joined GMCH in March 1992.

♣ *Eds.: Please tell us a little about yourself?*

KK: I grew up in Moga, a small town in Punjab. After 10+2, I joined Govt. Medical College, Amritsar for graduation and then post graduation. In 1984, I joined PGIMER, Chandigarh as a research scholar. I completed my doctorate (PhD) in Anatomy in 1991 from there and then continued there for a short period as a senior research fellow.

My husband, Dr Pramod Kumar, is a social scientist and is Director of Institute for Development and Communication, Chandigarh. My daughter, Savika is in her last year of engineering. My son, Akshat is in 9<sup>th</sup> class. I am a voracious reader. I read fiction and philosophical books. I like to visit places of historical interest.

♣ *Eds.: What made you come to GMCH?*

KK: The lure of getting a regular job and the attraction of interacting with young alert minds were my main reasons to join GMCH.

♣ *Eds.: You were among the pioneer faculty in GMCH. Can you describe some of the challenges faced in establishing our anatomy department?*

KK: The first session of GMCH started in September 1991. Professor J.S. Chopra, was our first Director Principal. We were 8 faculty members – 3 each in Anatomy and Physiology and 2 in Biochemistry. For

the first few months, all the teachers were busy collecting quotations from shop to shop and then procuring things for their departments. To start with, we had limited furniture for different labs. I remember – we had only 50 stools in the beginning. Students used to carry their own stools from dissection hall to histology lab.

The biggest challenge was getting cadavers for dissection. The first batch did not have cadavers for the first six months. We managed to get a few brains from PGI. So the students were taught osteology and brain during this time. I remember this being reflected by students in a skit at a college function – one student acted as a cadaver and when it arrived, they all celebrated and worshipped it with dhoop, agarbati etc.

Then it was the setting up of anatomy museum for various Panjab University and MCI inspections. The first few batches might recall the charts and sketches they were asked to prepare before these inspections. All the staff including teachers, artist, modeler and attendants worked together till late in the evenings to dissect, paint and label the museum specimens. We also borrowed a few things from PGI. The atmosphere would be charged up with excitement just before these inspections. It was an excellent example of team work.

♣ *Eds.: Can you recall any memorable incident with the first few batches?*

KK: There are so many memories of those days – one such incident was the occasion of our first annual day. Dr Kiran Chadha, then Additional Director for Administration, was also the convener of college cultural committee. It was decided by her that every participating team will be given a gift basket full of sweets and chocolates. We bought baskets and decorated them with buntings and flowers and filled them with sweets and chocolates. These were kept in the dressing room of Bhargava auditorium in PGI (where the function was held). When time came to hand out these baskets, we found much to our dismay, that all the sweets and chocolates had been eaten by students of the Bhangra team while they were getting ready for their performance. We were left with no option but to stuff the empty baskets with more flowers and presented them as such. Later on all the students grumbled about just receiving flowers, but everyone was very happy with the successful completion of annual day function and the incident was soon forgotten.

♣ *Eds.: I recall the effort that was put into coordinating the First Professional exams for the first batch. Can you tell us how the anatomy exam was organized?*

KK: For some time, there was no surety that exams would be conducted by the university. The late start of the session and some problems regarding affiliation were cited as reasons. The students would come up to us everyday with many queries about the exams. Finally our director principal's efforts bore fruit and Panjab University decided to hold the examination.

The first batch appeared for their final exam in December 1993. At that time none of us were qualified to be an examiner. So the university appointed four external examiners; two external and two who acted as internals from DMC and CMC Ludhiana (both colleges were affiliated with Panjab University then). Subjecting our students to four new faces was a challenge. We were also apprehensive that these senior teachers might comment on our teaching. But much to our relief, the first batch students were highly appreciated by the four senior examiners. Their praise was very gratifying and made us more confident for the future.

♣ *Eds.: How has the faculty-student relationship evolved since the inception of GMCH?*

KK: The relationship between students and faculty has seen a sea change during the last decade. Since ages, Anatomy department is known for its discipline. Earlier students had that warning from their seniors and they were very obedient, and initially, even afraid to approach their teachers. After a few months, they would become more assured and would even idolize their favorite teachers. Now trends have changed – students have more exposure and are quite confident right from the get go. Somehow, they consider class room teaching to be not very important and absenteeism is more prevalent now than before. On the other hand, children are more technology savvy nowadays. They are more aware, have a global perspective and are definite about their future plans from the start.

♣ *Eds.: One and a half decades of the existence of GMCH have gone by. How would you describe the journey from Prayaas to the full fledged GMCH?*

KK: Fifteen years back, the college started from a rented building in Prayaas, Sector 38-B. It has taken us this long to finally shift the whole college to Sector 32. The journey was full of various challenges – University

and MCI inspections, delay in achieving recognition, starting of post-graduate courses, our own entrance examination for the same and then again inspections. In between, we have had inaugurations, construction and occupation of various blocks in Sector 32. It is amazing to observe the growing infrastructure starting from scratch, and now each department is fully equipped. Our operation theatres are comparable to any other developed country of the world. However, we still have a long way to go. The construction of E-Block for the basic and para-clinical departments is yet to start. The recruitment of renowned clinicians is also the topmost priority. Since its inception, our seniors have led us to believe that our institute is one of the best in the country and I very firmly believe in that.

♣ *Eds.: Do the students still dread Anatomy as much as the initial batches did?*

KK: Yes, students still dread Anatomy. With reduction of 1<sup>st</sup> Professional time from 18 months to 12 months, the basic subjects have become more dreadful. Fresh students do not get enough time to get acclimatized in the department. The problem gets aggravated for the late admits. NRI students are also at a loss to comprehend so much information bombarded at them in a single day. We understand their problems but we have our own limitations. The basic department teachers by and large are not happy with the change in 1<sup>st</sup> Prof schedule.

♣ *Eds.: How do you react when you see your ex-students as full fledged doctors?*

KK: It is a matter of utmost pride to meet one's ex-students as full fledged doctors. I am still able to recognize almost all of them even though the names and batches are forgotten. I immediately recall and visualize the successful confident doctor as a shy first year student who was afraid to even approach me. Those are the moments when one actually feels rewarded as a teacher.

♣ *Eds.: A final message for the alumni?*

KK: I wish all the success to the alumni of this college for their future endeavors. It is my desire that your web-page and the magazine become more popular and interactive. Because these efforts bind the current batches with the older ones and let them feel a part of great history in the making. I also appeal to the alumni settled anywhere in the world to be more sensitive towards the needs of their alma mater and help it in every possible way.

# Love...In The Time Of Biostats

*“Love...in the time of biostatistics?”*

Why Sir, you politely query, have you placed side-by-side two such different, non-congruent entities? Love and biostatistics! For heavens sake, what is the connection? But there is one of course, one not immediately apparent to the untrained eye...let me explain.

For those of us who have been fortunate to be in love, we all know that nothing can ever match the feelings we experienced in the first blush of love...the anticipation and the exhilaration...there is electricity in the air and the excitement is palpable.

Hark back now to those somnolent, monotonous, dour and dreary biostatistics lectures. We couldn't wait to get out of the LT and get a cuppa chai in the cafeteria to wash off the wave of intense insomnia. So how about bringing some of the excitement of love to biostatistics, and some of the rationality of biostatistics to the often chaotic and tumultuous universe of love?

Well, you call your partner your 'significant other' - well exactly how significant? Have you applied to them that most haloed of all tests? Yes, the 'P' value (and no, its no the 'Pucker-up' value)? Has your courtship really approached 'significance' i.e.  $p < 0.05$ ? Do you think your value is  $< 0.001$  (match made in heaven) or  $> 0.05$  (she obviously loves you not). Perhaps some of you will consider this 'study' still to be in progress, too premature yet to give definitive 'results'; the Casanova will say, with a wicked grin, that he still hasn't collected an adequate 'sample size' to make a final conclusion. Beware of such predators who should be tossed out without further ado by rapidly 'accepting' the 'null hypothesis' - nada, it won't work, and there is no difference between loving him and that chunk of ocean rock lying on your table.

And how 'sensitive' is your lover? If it is around 100% the biostatistician in you might jump up and down silly with glee but the cupid in you should have 'sufficient' and 'necessary' cause for circumspection. Your mate could be easily offended and hurt; how will he/she ever summon the iron-will to go through the gut-churning and excruciating first encounter with potential in-laws (or outlaws if you will)? Be very

'specific' to clarify such issues before you advance, but console yourself with the not so comforting thought that many before you have been martyrs and succumbed at this delicate first step...you are not the first and certainly not to be the last.

A familiar refrain - your love life is unhinged, like a tempest-tossed ship on the oceans and you are becoming 'non compos mentis'. Love can do that to you, but worry not...why else was 'logistic regression' ever devised, though its fair to say that if you have been enamored and besotted of someone long enough, you have probably regressed enough already. So, before we hurtle headfirst into love, why can't we apply the 'test of fitness' to determine if this really is an amiable union? You must realize that if you are at loggerheads often enough, the 'odds' are not really in your favor, and the 'relative risk' that your love life will go stale in the near future is quite high.

Would it not just be marvelous if you could 'randomize' all potential suitors to different groups and pick the one who produced the most pleasing results, i.e. utmost happiness, least sobbing, minimal heartburn, spent the least number of minutes (or hours) at Hot Millions waiting for him/her to appear, and most consequential, had the greatest amount of 'moolah' in pocket accompanied by a ready willingness to dispense it on *you!*

Randomization brings us to another very important topic foremost now in clinical trials called the number needed to treat (NNT) or harm (NNH), that essentially means how many people have to be exposed to a particular intervention to produce one beneficial outcome or adverse event (lower for the former and higher for the latter are obviously better). So in '101 Biostatistical Cupidity Made Easy' we teach NND (number needed to date); how many people do we need to date to find one's true love. I would suggest a NND of anything from 20-30 is adequate and practical ...too low and you have not played the field enough, and too many and a bunch of mishaps could happen along the way! However, this number has been widely disputed by experts and no clear consensus or guidelines yet exist. Pragmatic and otherwise dignified intellectuals have thrown fists and hurled chairs at each other at national scientific conferences when this delicate subject has been broached.

Fidelity is always an important matter...so it is always good to explore your mate's 'confidence intervals' once in a while...if you think there is just not enough

passion and 'mojo' in the affair to make you sizzle, don't be shy in applying the 'Poisson's coefficient'!

Lastly, and nay never, ever the least, a 'vital statistic', a topic worthy of a dissertation, one which has 'confounded' mankind over the centuries, is the venerable matter of the 'AUC' i.e. 'Area Under the Curve'...but as you and I understand, some things just cannot be taught!

*Sandeep Kochar  
(93 batch)*

## Koshish Update

**K**OSHISH 2006 fund raising drive has raised \$1495 (Rs. 70,000) till date. Thanks to all donors who have made this possible. A special thanks to Ashish Khanna ('98 batch), who was the first alumni to donate to Koshish from India. Koshish section of the GMCCOSA website has been extensively updated and a list of Koshish donor's and donations collected is now available there. Contact us at [gmccosa@yahoo.com](mailto:gmccosa@yahoo.com) or visit [www.gmccosa.org/Koshish.htm](http://www.gmccosa.org/Koshish.htm) to learn more about Koshish and how you can help.

## KOSHISH IN ACTION

**S**ome of the many people whose life has been touched by Koshish this year:

- ☞ 9 year old boy with suspected TB meningitis was given Rs 500 for CT head. He was eventually diagnosed with disseminated TB and was put on Govt of India anti-TB therapy scheme - he was in good health on last followup.
- ☞ 40 year old man with corneal ulcer needed surgery; Rs 491 were spent on medicines and surgical supplies - he was successfully operated.
- ☞ 12 year old boy with duodenal stricture needed a gastrojejunostomy; Koshish activists managed to get the pharmacy bill for surgical equipment down to Rs 1100 from Rs 1245 - we paid Rs 100 and the family paid the rest. The boy was in good condition post-op and is expected to have an excellent long term prognosis.
- ☞ 55 year old man with duodenal fistula which developed following surgical repair of duodenal perforation was given Rs 1300 for parenteral nutrition - unfortunately he died.

- ☞ 25 year old daughter of rickshaw puller was given Rs 500 for medicines and hospital stay for the treatment of seizures.

## KOSHISH & DIR

**D**eveloping Indigenous Resources (DIR) is a young, non-government health care organization (NGO) incorporated in the state of California that is striving to improve the living standards in some of the most indigent and neglected areas of the world. The central philosophy of DIR is based on the belief that the solutions to the problems of a community come from amongst the members of that community itself. As such, empowering members to tackle their own problems is the most effective way improving conditions.

Luckily for us, the Indian chapter of DIR (DIR-I; [www.developingir.org](http://www.developingir.org)) is based in our very own backyard. Under the direction of founding member and CEO, Dr Frederick Shaw, DIR-I is currently concentrating its efforts in the Janata colony just outside Chandigarh, with the eventual aim of spreading its work to neighboring areas in Haryana and Punjab. It is a unique opportunity for current students and alumni to work with an international NGO whose interests are vested in our very own city and state. Not only do we stand to learn a lot from the working model of a NGO as well as the novel approach of DIR-I, but this is also a one-of-a-kind chance for us as physicians to become more active partners in the health of our community rather than just our patients. In addition, students and alumni will also be exposed to a genre of work, one which is becoming more financially viable as well, namely that of international health in the setting of NGO's and other health care organizations such as the WHO.

DIR-I is currently in the process of recruiting a physician, the details of which have been put up in the college as well as the alumni website. Alumni and current students, through 'KOSHISH', have initiated talks with Dr Shaw and DIR-I for a possible collaboration and details will be provided as things materialize.

Donate to Koshish – contact us at [gmccosa@yahoo.com](mailto:gmccosa@yahoo.com) for details or visit the Koshish website: [www.gmccosa.org/Koshish.htm](http://www.gmccosa.org/Koshish.htm)

## Mumbai Blasts – A Change Of Perspective

The past few days have been strange, to say the least. With my clinical rotations in full swing and the evening affliction for the gym I was barely keeping up with my studies. I began to think of myself as a caterpillar surrounded by his cocoon, totally cut off from civilization. Then like a shock wave destroying all in its path, the Mumbai blasts shattered my self-constructed cocoon and left me emotionally numb and mentally blank.

Much of the agony I underwent through was not because I felt for those who were suffering but from the fact that I felt absolutely nothing at all. Seeing my peers discuss the blasts as if it was just another dinner table conversation topic told me that I wasn't the only one hiding within a cocoon (this too was a rarity since most of us were just trying to shun the truth). The only fear nagging me was...WHAT IF? What if our city is next?

What has made us so immune and indifferent to all of this? I have partied a lot on India's one-day victories but have hardly found time to mourn for such a grave tragedy. Is it that we have become so accustomed to terror and death that we don't understand its implications any more? Or has my aim to make it big in life made me so selfish that I can only think about my own self? I really do not know, but I am praying that I find another reason for my emotional neuropathy.

These blasts have opened a Pandora's Box for me. Events which I never noticed and never bothered about before have started sending me into emotional upheavals. For a person for whom it was commonplace to shove off beggars approaching my car, the ashen faced semi-clad child whom I had customarily reproached now sends me into one of my latest fits. It is as if I am losing myself.

Discussions about India's chances of winning Olympic medals or making it to the next Football World Cup started seeming puerile, almost mocking me for having taken such things so seriously in the past.

Is this the pessimism that the terrorists want to instill in us or is this just a change of perspective?

*Harshabad Singh  
(03 batch)*

## Strike Struck

The Rain Gods surrendered. The Sun seemed effete. Before the combined might of the GMC students the elements of nature bowed, nay, saluted. The month of May consumed GMC in the fire of protest. As slogans against Arjun Singh rent the air, the country came to know about the newest entrants in the Anti-Reservation Stir. The OPDs were shut down and the faculty managed the Emergency and the ICUs. For most of the students it was a novel experience. After all, how often do you block highways, scream your lungs out on open streets and march with candles in the hand accompanied by the faculty? Hunger strikes, mass rallies, public awareness drives, blocking the office of the Deputy Commissioner, mass letters, distribution of pamphlets, burning of effigies...you name it, we have done it!

The battle had spilled over from quiet hostel room discussions to out in the open streets. Despite the sweltering heat, unpredictable rains and fears of an administrative backlash the gusto remained sky-high. The media had a permanent presence in the college. Huge vans of major news channels were parked in front of the Emergency and scores of journalists and photographers thronged the area of our hunger strike which was the area of in front of the Emergency. Overnight, from being a well known hospital, GMC became a well known college. The strike also brought us closer to the PGIMER. The students of the two premier institutions worked in close proximity and gelled well to bring awareness levels in the city to unprecedented levels.

It was, well, Euphoric, to see GMC being covered live by all the major news channels. Many of the students made it to the national lunch time news, especially the leaders: Dr. Sanjeev Bhatia, Anoop Singh and Kashmiri Lal. They became media celebrities in a space of days. It was the widest and most intensive publicity which GMC had ever received. What was heartening was that the general public extended full support. Total strangers came up and praised us, businessmen shut shops at our request, Karayana stores gave free mineral water to the protesters and a cinema owner offered electric supply to the PA system free of charge. The strike went on in close tandem with the strike in AIIMS. It was called off in response to the directions of the honorable Supreme Court of India.

The student community got moral support from the faculty which even donated a portion of their pay and

organized a candle light march. After the strike was called off many questioned whether we actually won anything? Well, we got the courts to intervene, the government to keep the number of general seats unchanged, formed an Association of Resident Doctors and another association of students. GMCH was covered live on national TV. And yes, we all got a thick tan for being under the sun. The only loss was that, well, some of us ended up with hoarse voices and sore throats!

*Divyanshoo Kohli  
(’03 batch)*

## First Convocation

The first convocation of GMC was held on May 10<sup>th</sup> 1999. Lt Gen BKN Chibber, then Governor of Punjab and Administrator of the Union Territory of Chandigarh, was the chief guest. Medical diplomas were awarded to the first three (1991, 1992 and 1993) batches by Prof VK Kak, our second Director Principal.



*Prof VK Kak (right), then Director-Principal receiving Lt Gen BKN Chibber (left)*



*Jaswinder Singh (’91) receiving his MBBS degree*



*The ’93 batch on Convocation Day!*



*Lt Gen BKN Chibber (left) with the first Director-Principal, Prof JS Chopra (right)*

Visit [www.gmccosa.org](http://www.gmccosa.org) for more photographs of first GMC Convocation

## Kudos

...to Kavita Mohindra Grover (’91) for receiving the Academic Neurology Scholarship from the American Neurological Association; she is currently pursuing a fellowship in Electrodiagnostic Medicine and Neuromuscular Diseases at the Henry Ford Hospital, Detroit, Michigan, USA.

...to Amit Bir Chawla (’92) for being selected as Staff Grade in Addiction Psychiatry, Norwich, UK.

...to Tania Lamba (’92) for starting her residency in Ophthalmology at the George Washington University Medical Center, Washington, DC, USA in July 2006.

...to Charanjeet Bhatia ('99) for joining as Clinical Tutor in Pathology at St George's University, Grenada, West Indies.

...to Tarundeep Kaur ('99) for being selected for the Indian Administrative Services (IAS).

...to all who have started post-graduate training in various specialties including:

- Aanchal Sharma ('98), MD Anesthesiology, PGIMER, Chandigarh.
- Kapil Goel ('98), MD Medical Microbiology, PGIMER, Chandigarh.
- Deeksha Katoch ('99), MS Ophthalmology, PGIMER, Chandigarh.
- Gurjeet Singh ('99), MD Internal Medicine, PGIMER, Chandigarh.
- Shilpa Suneja ('99), MD Biochemistry, AIIMS, New Delhi.
- Abhishek Aggarwal ('00), MD Radiology, Govt Medical College, Patiala, Punjab.
- Ankur Gupta ('00), MD Internal Medicine, PGIMER, Chandigarh.
- Anuradha Bansal ('00), MD Pediatrics, GMCH, Chandigarh.
- Jitendeep Singh ('00), MS General Surgery, PGIMER, Chandigarh.
- Mohit Bansal ('00), MS Ophthalmology, PGIMER, Chandigarh.
- Munish Aggarwal ('00), MD Psychiatry, PGIMER, Chandigarh.
- Neha Chhabra ('00), MD Radiology, Dayanand Medical College, Ludhiana, Punjab.
- Romika Dhar ('00), MD Pscyhiatry, GMCH, Chandigarh.
- Shelly Sehgal ('00), MD Pathology, GMCH, Chandigarh.
- Siddharth Aggarwal ('00), MS Orthopedics, GMCH, Chandigarh.

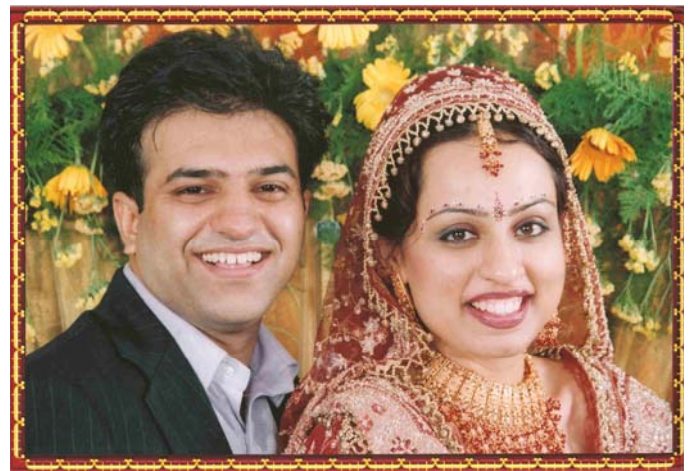
## Stork Line

Neeraj Manchanda ('91) and Rani were blessed with a daughter, Ria, on 23<sup>rd</sup> January 2006.



## Congrats

...Ashish Pal Saini ('97) wed Natinder Kaur in April 2006. Ashish is a third year post-graduate resident in the Department of Pediatrics at GMCH Chandigarh and Natinder, a graduate of Dayanand Medical College, is pursuing a residency in Pediatrics at the New York Methodist Hospital in New York, USA.



...Esha Sethi ('00) with her classmates (left to right) Harjot, Shelly and Haramrit on her wedding.

