

CONNECTIONS

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

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Editorial

As I look back at my medical college days, I have fond memories of my friends and our travels and misadventures, of our *geris* to places as close as Sector-17 and as far as *Hemkunt Sahib*, of the sumptuous *aloo paranthas* we would devour in the middle of the night outside PGI, of our frequent rendezvous outside Batra theater, and of being thrown out of class numerous times for all the pranks we would play. So in the midst of these busy and exciting times, when did I learn to become a doctor? I was taught about the intricate networks of the brachial plexus and the diverse functions of adrenergic receptors and I could rattle off signs of SLE and rheumatic heart disease. But who taught me the 'art' of being a physician? Who guided me through the most gullible and crucial time of my life - made sure I was making the right moves and that my career would not end in a 'checkmate'? I spent days ruminating this question, and the more I persevered the more disappointed I became, because I could not think of one person who played such a pivotal role. I had to find my own direction - I often faltered and fell, and then picked myself up and moved on again. Some would argue that one becomes a physician by the collective wisdom of all our teachers and by studying hard and learning all the facts. Undeniably, this is somewhat true, but I am sure that those of us who have stepped out into the real world will vouch that memorizing Harrison's cover through cover does not teach you how to 'treat' a patient or to become a 'physician'.

Both our and the US medical education systems have their pros and cons, but one thing I like about the latter is the volunteering of interested and motivated faculty as student 'mentors'. These mentors serve as advocates for the student, guide them through the maze of medical school training, and often just lend a patient listening ear. Most of them also act as career counselors, serve as a resource for networking and help students get to where they want. I have been fortunate to have the support of good mentors during my residency and fellowship training in the US, and even now as a junior faculty. The only reward mentors get is the knowledge that they made a difference in their mentees career and life.

We don't have a system of assigning student advisors or mentors in GMCH, and obviously, getting stuck as an advisee with a faculty member who does not have the capability to help and guide is a big waste of time. But I would encourage all medical students to find a mentor - who can be a teacher, an alumnus or a senior. Find someone who will be patient, will encourage and will give constructive criticism. And remember that building a mentor-mentee relationship takes time and perseverance. I would also encourage all alumni to serve as mentors - all of us are busy establishing our careers and building our lives, but providing mentorship has a lot of benefits, including the 'feel good' sensation one gets when some asks for unsolicited advice.

Building a mentorship program within GMCCOSA is one idea we have had for some time. We would ideally like to keep a list of alumni who are willing to share their experiences so that we can match students with someone with a compatible area of interest. So do write to us at gmccosa@yahoo.com if you would like to make a difference in someone's life.

Navneet Majhail
'91 batch



has ranked GMCH Chandigarh 24th in its 2007 rankings of top Indian medical colleges

Announcing the GMCCOSA Research Awards

We are pleased to announce the first GMCCOSA research awards. The Young Investigator Awards are being sponsored by the generosity of Jaswinder Singh ('91) and the Koshish Research Awards are being funded by Koshish. We believe that the next step that is needed to keep GMCH on track towards becoming a premier medical teaching institution in India is an increase in research activity. These research awards will hopefully spur some activity towards that goal. Two Young Investigator Awards and three Koshish Research Awards are being funded this year with a total budget of Rs 23,000. We plan to continue these awards on an annual basis.

Koshish Research Awards

**ANUPAM TALWAR, ARIHANT JAIN
& NIPUN VERMA ('04 BATCH)**

“A study of factors contributing to inadequate success of RNTCP-DOTS in migratory population of urban slum of Chandigarh”

Mentor: Dr AK Janmeja, Pulmonary Medicine

Anupam, Arihant and Nipun will focus on factors that determine the success of DOTS program for treatment of pulmonary tuberculosis in a selected but important population. Their study will help understand the complex interactions between migration and tuberculosis control and identify challenges faced in successful implementation of DOTS.

Young Investigator Awards

MUKUL SINGAL ('06 BATCH)
“Prevalence of fungal infections in patients with rheumatoid arthritis”

Mentor: Dr Jagdish Chander, Microbiology

Mukul proposes to conduct a case-control study to determine the prevalence and risk factors of cutaneous fungal infections in patients with rheumatoid arthritis. His findings will be important since no studies have been done in India exploring the epidemiology of these infections in this selected population of patients.

NIKHIL BANSAL ('05 BATCH)
“Assessment of pediatric head injury”

Mentor: Dr Gauri Joshi, Neurosurgery

Nikhil proposes to conduct a combined retrospective and prospective cohort study to determine the patterns, clinical features and outcomes of pediatric head injury presenting to our emergency department. Children will also undergo detailed neuropsychological assessments during followup. His study will add important information about the presentation and outcomes of head injuries in children.

**NEHA CHAUHAN & SUPREET
SETHI ('03 BATCH)**

“Anemia in adolescent males in a slum population”

Mentor: Dr Frederick Shaw, Developing Indigenous Resources

Adolescent males are a relatively ignored population in surveys for determining the prevalence of anemia. Neha and Supreet will attempt to estimate the prevalence of anemia in adolescent males in an urban slum and study possible associated epidemiologic and nutritional risk factors.

**AAKASH AGGARWAL & JASKARAN
('04 BATCH)**

“Prevalence of vitamin-A deficiency in under-5 children in an urban slum”

Mentor: Dr Frederick Shaw, Developing Indigenous Resources

Aakash and Jaskaran will determine the prevalence of vitamin-A deficiency in children under the age of 5 years in an urban slum population. Their study will also provide insight into the risk-factors for vitamin-A deficiency in this population.

Nostalgia

...With Dr Jagdish Chander

We are inviting our faculty, past and present, to share their stories and perspectives on the 'growing-up' of GMCH. This time, we asked Dr. Jagdish Chander, currently Professor and Head, Department of Microbiology, to share his views.



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

Dr Jagdish Chander (JC): For the last 15 years; I joined GMCH on November 4, 1992.

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

JC: I grew up in the deep interior of Hisar district in Haryana. After completing my Matriculation in 1975 from Government High School, Uklana Mandi, I joined Dayanand College, Hisar, from where I completed my Pre-Medical in 1977. In the same year, first PMT of Haryana was held through which I got selected and joined Government Medical College, Rohtak, which is now called Pandit Bhagwat Dayal Sharma Postgraduate Institute of Medical Sciences. I graduated in 1982 and then completed post-graduation in Microbiology from the same Institution in 1986. After that I joined as Senior Resident at the Postgraduate Institute of Medical

Education and Research (PGIMER), Chandigarh in 1987. Subsequently I became Assistant Professor in the same Department and then joined the GMCH in 1992. At present I am working as Professor and Head, Department of Microbiology in GMCH. I was actively involved in students' movements and socio-medical activities in addition to my academic work. My wife, Dr. Anuradha is running her own private clinic in Chandigarh. I have three kids; my elder daughter, Anjuman, is in 12th standard (Medical) and is interested in joining our profession. My second daughter, Aarzoo, is studying in 7th and son, Avijit, is in 4th standard.

♣ **Eds: You came from the PGIMER - how has the GMCH experience been different from PGIMER?**

JC: I started my career as Assistant Professor at PGIMER. This new Medical College had just started in 1991 and I decided to join here as faculty. The PGIMER was already an established institute and had a very good academic work culture in the medical field. On the contrary, our Department at GMCH was started from scratch and it took quite some time to develop a similar type of work culture.

♣ **Eds: You were among the first faculty in our Microbiology Department and were closely involved in establishing it. Can you remind us of some of the hurdles you had to go through?**

JC: When I joined the GMCH, I was the Head and Tail of our Department. There was not even a single chair or any other thing in the Department. The entire 4th floor of Prayaas Building was lying empty and our then Director Principal and Secretary, Medical Education and Research, Prof. JS Chopra, told me '*kake tu department set up karna hai*'. I started making specifications for instruments/equipment to be purchased. In due course of time, Prof. Saroj Sharma joined as Head of Department. However, the total strength of faculty/teachers remained very thin and it was a challenging task to teach the first batch of Second Professional. We had to do medical as well as all sorts of non-medical work at a large scale.

♣ **Eds: I recall the hard work that went into organizing the first Microbiology Professional exam. Can you again remind us of what it took to get the first batch through this exam?**

JC: For the first University Examination of Second Professional MBBS, we had tried our best to teach everything we could to the students since we were apprehensive that final examination would be very

tough. We were able to arrange External Examiners from the best institutes like AIIMS and PGIMER. Everything went smoothly and the result was also excellent. Incidentally, I was also Centre Superintendent of Panjab University at our Medical College and technically completed all Annual Examinations till the first batch went through its Final Professional Examination.

♣ **Eds: What has been your most memorable event/time/episode in GMCH?**

JC: I conceived an idea of writing a book 'Textbook of Medical Mycology' after joining GMCH, which became fruitful when its first edition was published in July 1995. Now its third edition is due by end of this year. This is the only textbook available on this subject in South-East Asia by an Indian author.

♣ **Eds: Overall, how has been your experience at GMCH?**

JC: My experience at the GMCH was very eventful. For a period of about one decade (1996-2006), I remained busy with a series of litigations due to the follies of our Administration. My regular appointments, as Reader in 1998 as well as Professor in 2006, were through contempt of court. Therefore, I had a very tough time fighting red-tapism and the indifferent bureaucracy of the Administration.

♣ **Eds: How would you describe the progress that GMCH has made in the last 16 years?**

JC: The GMCH came into existence as an unplanned child but it has made substantial progress during a small period of only 16 years. However, the growth was more rapid during initial years when our first two Director Principals were also Secretary, Medical Education and Research, Chandigarh Administration. After that growth became somewhat slower and that is continuing till date. The Chandigarh Administration has reduced GMCH as one of its any other ordinary department. One of the senior bureaucrats is now designated as Secretary, Medical Education and Research; consequently the post of Director Principal has been deciphered as Manager of the GMCH. He does not have any administrative power and consequently no prestige associated with being the Head of Institution. Moreover, in this new type of axis, the Administrative Officer has direct tie up with the Secretary, bypassing the Head of Institution. From infrastructure point of view, the GMCH still does not have its own College building. In academic side

also, it does not have postgraduate courses in many subjects including major ones like Medicine and Surgery so what can be more parameters to measure progress of this infantile Institution.

♣ **Eds: Which accomplishment of GMCH are you most proud of?**

JC: The building of our hospital has been constructed on modular basis, which has been specifically designed to be patient friendly. Lift services are provided in every block. The latest information about facilities available in our hospital is being displayed to public through LCD projectors at prominent places. Barrier free environment has been created for the handicapped. More emphasis is given on cleanliness of the hospital premises.

♣ **Eds: Can you recall any interesting anecdotes or events with the first few batches?**

JC: I remember an incident when I was Centre Superintendent and a student was to appear for the University Exam, who did not turn up till 9:30 AM. After enquiring from his classmates, I found out that he was staying in the Punjab Engineering College hostel, where our students used to stay. I sent a vehicle to his hostel where he was found sleeping. He was picked up and was made to sit in the exam. He passed and a supplementary was averted.

♣ **Eds: What do you think has been the biggest hurdle for progress at GMCH?**

JC: The gross Administrative lapse is the biggest hurdle in the progress of the GMCH. The Institution will have to groom its own faculty and its own cadre at various levels, including the Head of Institution (DP) as well as the Head of hospital services (MS) for a better perspective. The *ad hoc* system of employment through contract system in all cadre posts will have to be scrapped off completely for developing sound footing of the Institution.

♣ **Eds: How would you compare the 1991 (first) batch and the 2006 (most recent) batch?**

JC: The first batch of GMCH was entirely different from the current batches of MBBS. The sense of sincerity, modesty and respect to their elders as well as teachers was prevailing among the old students, which is being eroded day by day in the present batches. They justify it by calling it 'generation gap'. The students of first batch came to the GMCH with a mission and accountability to ailing humanity, whereas present batches come to attain a graduation

degree as a license to appear for IAS examination. The sense towards ailing masses is not even in their dreams. The circumstantial factors in career prospective may be responsible for such a drastic change in their minds.

♣ **Eds: How has the teaching of microbiology changed in the past 16 years since the first batch passed through your Department?**

JC: The teaching in the subject of Microbiology has entirely changed. We started teaching by writings on black board by chalk. In due course of time, we shifted to overhead projections of transparencies and then to slide projectors. Now, recently we have adopted teaching through PowerPoint slides with LCD projectors by laptop computers. We have introduced four-tier system of teaching, where (i) Theory is followed by (ii) Practical (iii) Tutorial and (iv) Class Tests covering a particular area of Microbiology, thereby dealing with entire syllabus of our subject. Since 2002, MCQ's have also been introduced in all Class Tests to sensitize students for their subsequent competitive examinations.

♣ **Eds: Do you think our current medical education system achieves what it should? What can be done to make the current system better?**

JC: The current medical education system is not achieving what it should achieve. The teaching is more or less cramming and bookish type and it is not evidence based. The target of learning of students is only to pass through either regular or competitive examination and not to serve the patients. The MCI is now adding two more years before awarding MBBS degree to make such lengthy course of 7½ years more burdensome. However, in the prevailing circumstances, progress can only be made by honest, dedicated and visionary medical teachers, who can change the face of GMCH.

♣ **Eds: How can we make GMCH better?**

JC: The GMCH can be made better from medical teaching as well as hospital service point of view by active cooperation and joint efforts of faculty, students and administrative officials of Chandigarh Administration.

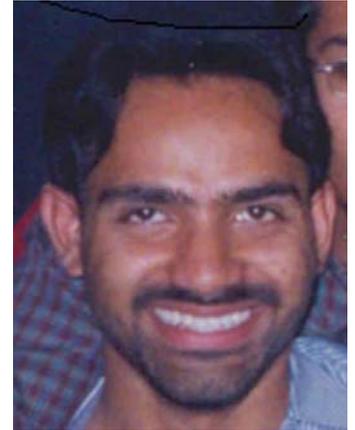
♣ **Eds: A final word of advice for the alumni?**

JC: My final word of advice is that all alumni of the GMCH should have an optimistic approach with a missionary zeal in handling the ailing and suffering masses. The socio-medical interest should be put before our personal interests.

In Remembrance

Gurinder Pal Singh ('01 batch)

The first of June 2007 marked the tragic end of a year long struggle of one of our own. Gurinder Pal Singh of the 2001 batch finally surrendered to the inevitable. His sad and untimely demise marked the culmination of the most sad and tragic event in the history of GMCH.



It was a year ago in the sweltering summer sun, when GMCH was in the midst of the All India strike against the reservation policy of the government, that the news percolated that Gurinder (popular as P Singh) and Saurabh Behl had met with a serious motor vehicle accident at night. The entire college, shocked, reached the emergency. As the months rolled by, Saurabh improved while Gurinder continued to battle in the ICU. The genius needed a miracle. Sadly, that never happened and he left for his heavenly abode, leaving his friends distraught and family members inconsolable.

To the entire hostel he was a true friend - always ready to stand by and lend support in times of need. Whatever the crises, he would never step back but always give his full help - unconditionally and unwaveringly.

His passion was sweating out in the gym and his exploits in the field during the Annual Sports Meet were a testimony to his love. He enjoyed movies and Punjabi songs. His wonderful sense of humour made him sought after for company and no discussion was ever complete without him. Along with Ankush Moza and Adarsh Sai, he formed the triumvirate soul of the 2001 hostellers. His academic focus can be gauged from the fact that he was among the first in the batch to begin preparation for PGMEE. His advice and suggestions shall be missed by all his innumerable friends. It is indeed difficult to associate such a tragic demise with someone whose every fiber lived so intensely.

The greatest void shall be felt by his mother and two sisters who shall no longer have the comfort of his presence. Theirs is a loss too deep to contemplate or comprehend.

Gurinder's untimely death should teach us the value of life and remind of our responsibility towards it. As a number of well wishers and even faculty members have emphasized: DRIVE CAREFULLY. Please wear helmets and drive slow. That is perhaps the best tribute to an affectionate buddy.

Au revior Gurinder! May the Almighty grant peace to your soul and fortitude to your bereaved family.

Divyanshoo Rai Kohli ('03)

Reuben Lamiaki Kynta ('03)

Of Livin' Limin' & Jammin': Notes from da Caribbean



“So how you dey maan?” asked the cab driver as he helped me drag my luggage towards the waiting taxi. I could only manage a meek smile, still not sure what to say. I was to learn over the next few days that this was a common greeting in the Eastern Caribbean, and the expected reply was ... “I dey!” I still don't know what it means though!

I had landed in Grenada, often called the ‘Spice of the Caribbean’ in the autumn of 2005. Like a lot of my brethren, I had grown disillusioned with the way the health system is set up in India for doctors, and was thinking on the lines of taking the USMLE. Money however remained a rider. So when I luckily landed this job in the Caribbean, I jumped at

the opportunity of the paid vacation it pretty much turned out to be!

Grenadians are very fussy about the pronunciation of their country's name (to the un-initiated, it's Gren-eh-da, not Gren-ah-da). The country was given this name by Christopher Columbus, when he was actually looking for us (India!) and just happened to land at the wrong address. The island to him resembled a city in Spain, Granada, and hence the name. And Grenadians hate to be told that “Oh, I thought West Indies is just one country”. Many Indians think that way, thanks to the unified Windies cricket team, and I was no exception.

Over the next four hundred years after Columbus, the country was a source of constant tussle between the English and the French, thanks to the climate which was very conducive for crops like sugarcane and cotton. Though it might not seem a big deal today, these crops had the same importance in world economy in the 18th and 19th century, as oil has today. Till date, half of the places in the country have French names, making both pronunciation, and spelling them correctly a real task ... for instance try Lance Aux'Epines or Sateurs! However, the British contribution can be seen in the form of the national language, English, and yes, cricket. Most recently, the country was actually “invaded” by the US in 1983, when Uncle Sam got jittery about the growing Cuban influence there. The poor chaps were just building the airport and a hospital for Grenada; however the Yankees didn't like it and invaded the country, in what will be known in today's terms, ‘Iraq-style’. The so called war lasted about nine hours during which a ‘regime change’ was effected, and the world got to know exactly who the boss is.

The population is a mix of people of African descent, indigenous Arawak Indians, Europeans, and East Indians. The northern part of the island has a sizeable Indian community, mostly people from Bihar and Orissa, who came here as indentured labor two hundred years ago. Their presence adds an interesting influence to the local culture, which can be seen in everything from the food (Roti), to the music (Chutney Mix, a fusion of Indian and Caribbean beats).

One of the most awaited events of the year is the Carnival. I had heard enough stories about skimpily clad dancing women at this Carnival from my buddies, and promptly headed to the show.

Needless to say, it was a blast, and I was not disappointed. This was my first taste of the Caribbean and the absolutely laid back life that was to follow.

Grenadians are an interesting people. Nothing fazes them. The island is their universe and they love the idyllic life. They honestly believe that too much work can hurt you, and it's not long before anyone who lives in the Caribbean starts believing in it. Shops hence shut down by four or five in the afternoon. Nobody works on a Saturday. If a national holiday like Christmas happens to fall on a weekend, an extra holiday is added on Monday to make up for the injustice and agony of a lost holiday. In the evening, most Grenadians prefer to hang around on the beaches, beer in hand (Carib, the local brand is the most loved), and chat/dance/whatever to the beats of Soca or Calypso music. This activity is broadly defined as '*Limin*' and the people absolutely love it. The lifestyle is addictive and easily gets to you. I personally call it 'the overpowering desire to do and achieve absolutely nothing, and just contemplate on life!' People who are really serious about fun might go a step further and have a shot of ... ahem ... grass/Mary Jane/weed etc. Once this element is added, what you are doing is called '*Jammin*'. No wonder the Caribbean looks like heaven to the multitude of people who come to visit every year.

I guess all this goes a long way in making Grenadians what they call themselves ... 'a peace luv'n people'. Seriously guys ... if you want to stop your car in the middle of the highway to chat to the beautiful girl you happened to see across the road and back up the traffic in the process, you are more than welcome to do so. Nobody, I repeat, nobody, will honk at you. Take your time '*maan*', traffic be damned, the lady is more important. And people are immensely courteous. So you smile and say "'ow you dey'" to every stranger you chance on a road, something that is hard to get used to, for an Indian.

Grenadians love their cricket. However, football and basketball are fast catching up. During the last World Cup, it was fun to watch the people turn out to support their home team. Devon Smith is the notable contribution that Grenada had made to the Windies cricket team. The island was in a state of perpetual gala during the Super Eight matches that they hosted. Every patriot worth his name in salt

went around the island donning his or her teams' national colors. So we had a mix of the loud (understandably) Australians, the aggressive South Africans, and the very quiet Sri Lankans. I have left out Indians, since we never made it to the Super Eight. During the evenings, it was a sight to see all supporters intermingle and have beer on one of the beach-side cafes. Things occasionally did used to get out of hand, and my buddies at the General Hospital's ER had quite a task stitching up the lacerations sustained from jauntily breaking beer bottles on each other heads by the '*mates*'. The teams were pretty accessible, and a lucky few like my friend managed to get photographed with every one of them. The pictures on the GMCCOSA site attest to that.

As for the West Indians, there is just one team that they love other than their own ... India. They were obviously upset at our premature departure, and still think that India's departure harmed the economy when so many NRI's expected to turn up for the matches from North America cancelled their bookings. However, no player from the current team counts as a favorite; not even Tendulkar. It's Sunny. My neighbor once said to me, "*Maan*, I stopped watching cricket after Gavaskar retired!"

I was lucky to have a cushy job in the country, which allowed me to do most of what the place has to offer. You could go and lie on the beach next door, hike in the rain forests, climb one of the volcanoes, learn scuba diving or wind surfing, visit the rum/nutmeg/chocolate factories or try the amazing food at the even more amazing restaurants. However, one activity which I especially recommend is '*The Hash*'. Hashing basically involves running/walking in groups across a country side trail. The hashers are known as '*wolves*', and the person who sets the trail is called the '*hare*'. The hare sets the trail by dropping pieces of paper at fixed distances (Hansel and Gretel style) and the wolves follow. There is set of code signals. If you get lost in the forest, you scream "on on?" ... if you are on the correct trail, someone ahead of you should yell back "on on". However, if you are on the wrong trail, you are pretty much screwed and better find your way out of the jungle. First time hashers are called '*virgins*' and after the first hash, there is an elaborate initiation ceremony, the details of which are to be kept secret! Yes, they make you

take an oath to that effect. According to my knowledge, currently only my colleague Charanjeet Singh, and I, are in the possession of this secret. Anyone interested in knowing about it is more than welcome to contact us. However, as they say, if we tell you, we will have to kill you!

Today, I am far removed from that lifestyle of debauchery, and needless to say, I miss it, especially in the first year of residency, when I probably work more in a day than I used to in a week in Grenada. I guess you have to move on. But if someone wants to visit the Caribbean for a vacation, or for a bit of jammin', I highly recommend Grenada. And if you can take me along, I'll be more than happy to show you around. And yes, the beer will be on me!

*Veeraish Chauhan
'99 batch*

(Editors: Veeraish is an internal medicine resident at Drexel University, Philadelphia, Pennsylvania, USA)

Stork Line

...Paramleen and Navneet Singh ('92) were blessed with a boy, Jeevdaat Singh (below) on May 11th '07.



...Maninder and Ishwardip Kwatra ('97) were blessed with a daughter on March 12th '07.

Kudos

...to Kavita Grover (Mohindra) ('91), for starting as a staff physician in Neurology at the Henry Ford Hospital, Detroit, Michigan, USA.

...to Vivek Ahuja ('91), he was invited to give a presentation on 'Drug safety' at the WHO Workshop on Pharmacovigilance in Bangalore in April '07. He is

seen below (center) with Dr's Stein Olssen (right), Chief Program Officer, and Ronald Meyboom (left), Medical Advisor, of the WHO Uppsala Monitoring Center, Sweden. Vivek is Associate Director & Global Incharge of Drug Safety at Ranbaxy Pharmaceuticals.



...to Rohit Rambani ('92), he has joined as Specialist Registrar in Trauma and Orthopedics at the Yorkshire Deanery, Leeds, UK.

...to Vikas Sharotri ('94), he has joined as Associate Staff Physician in Internal Medicine at the University of Iowa, Iowa City, Iowa, USA.

...to Sonica Saini ('96), she has been selected for fellowship in Pulmonary and Critical Care Medicine at the Creighton University, Omaha, Nebraska, USA. She is presently pursuing a residency in Internal Medicine at the same program.

...to Ravi Kant Gupta ('98), for being selected for the Indian Revenue Service.

...to Aman Goyal ('99), for being selected for post-graduate residency (MD) position in Pharmacology at AIIMS, New Delhi.

...to Gurjeet Singh ('99), for being selected for post-graduate residency (MD) position in Dermatology at PGIMER, Chandigarh.

Re-Connection

GMCCites who stumble upon www.gmccosa.org!

...Ishwardip Kwatra ('97), he is finishing his DNB in Internal Medicine in Meerut. He was recently blessed with a daughter in March '07.

...Puneet Chopra ('98), he recently completed his MD in Anesthesiology from GMCH Chandigarh.

...Karan Gupta ('00), he is starting his MPH course at the Harvard School of Public Health, Boston, Massachusetts, USA.

Album

Karan Gupta ('00) shared photographs of his June 2005 trip to Gangotri & Hemkund. The photograph on the left shows him (left) with a friend (center) and Mohit Bansal ('00, right). The photograph on the right shows the Gangotri glacier with the twin Bhagirathi peaks in the background. More photographs are available at www.gmccosa.org



Mini-reunion of '00 batch, May '07



Jatinder Singh ('96) & Charanjeet Singh ('99) in London



Editors: Please send us photographs of your re-unions, parties, meetings, weddings, etc (anything) to gmccosa@yahoo.com.

Koshish Update

Total Koshish Donations since 2005: Rs 1.3 lakhs

This year alone, Rs 30,000 has been used to help over 100 patients till date.
To donate to Koshish, follow the links to Koshish on the GMCCOSA website

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