

SIXTEENTH QUARTERLY REPORT OF MONITORING COMMITTEE FOR GAS RELIEF HOSPITALS

Honourable The High Court in its Order dtd. 13/01/2021 in WP No. 15658/2012 has directed that the Monitoring Committee shall carry out a fresh inspection. It was further directed that *"The Monitoring Committee while undertaking such inspection shall also with reference to its earlier reports state as to how many of its recommendations have not been carried out and submit a specific report as to how many posts of Medical Officers, Nursing Staff and Paramedical Staff are lying vacant. It shall record its impression about what is the perceptible difference with regard to the management and other facilities provided by the BMHRC ever since it carried out the last inspection in December, 2019, after its control has been entrusted to ICMR. The Monitoring Committee shall also find out the number of victims of the gas leakage tragedy, who are still reporting the said Hospital for regular treatment and whether satisfactory treatment is being provided to them and what more needs to be done for providing them better medical care and free medication"*.

In pursuance of the said order, Monitoring Committee carried out inspection of BMHRC on dtd. 05/02/2021 and submits this report on above directions.

2. Bhopal Memorial Hospital & Research Centre was established on 1st July 2000 as per the directives of Honourable the Supreme Court of India to provide Superspeciality tertiary level care, to the victims of Bhopal Gas Tragedy; besides, providing services to the public at large.

BMHRC is a 350 bedded Multi-speciality Hospital. Initially, it was run by the trust (BMHT) headed by Former Chief Justice of India Honourable Justice Shri A.M. Ahmedi. However, the trust was directed to be wound up by HonourableThe Supreme Court by order dtd. 19/07/2010 in Appeal Nos. 3187-88/1988 and the Management of BMHRC initially handed over to the Department of Biotechnology and Department of Atomic Energy. It was later handed over to Indian Council of Medical Research under the Department of Health Research and later in January 2012 to Ministry of Health & Family Welfare, Department of Health Research, Government of India. Thereafter in November, 2019 administrative control of BMHRC was handed over to ICMR and is being run by it since November, 2019.

3. Staff position including Posts of Medical faculties, paramedical and Nursing Staff lying vacant

BMHRC which was set up at Bhopal primarily for treatment of Gas victim patients who suffered gas leak disaster in December, 1984 though had reputation of its own in its initial phase, but later on deteriorated apparently on account of attrition of Superspecialists and other Doctors. The Monitoring Committee has noticed the deteriorating condition of BMHRC, which primarily appears to be as a result of lack of specialist faculty. Committee has been persistently emphasising that the vacant posts of specialists/doctors be filled up. However, nothing much has resulted from the said recommendations as would be presently shown.

It would be useful to extract here observations and directions of Honourable the Supreme Court in W.P. No. 50/1998 regarding vacancy position in the hospitals: *We are informed that there are large number of vacancies of doctors and supporting staff in the hospitals and allied departments. In the BGTRRD, 80 per cent posts of specialists and 10 per cent of doctors are lying vacant. Some posts are also lying vacant in the Fourth Grade staff. Thus, we direct the concerned authorities to take appropriate steps in all respects not only to fill up these vacancies but also to provide such infrastructure and facilities that the doctors are not compelled to or prefer to resign from BMHRC employment and its various departments, due to inadequate facilities.*

The staff position furnished by BMHRC on 05/02/2021 is as Annexure -1 and 1-A as below :

S.No	Name of Post	Sanctioned Strength	Present incumbent status	Vacancy
1	Medical Faculties	52	21	31
2	Specialist Grade - I/II/III	16	06	10
3	Medical Officer	33	33	00
4	Paramedical Staff	187	167	20
5	Nursing Staff	210	201	09

The Staff position as furnished above by the Director BMHRC, reveals that so far as posts of Medical Officers, Paramedical Staff and Nursing Staff is concerned, does not call for much comment. However, it is to be noticed that Senior positions of

Doctors categorized as Professors and Specialists are having large number of vacancies. The vacancies in various categories are as below:

1. Professor - 07
2. Associate Professor - 10
3. Assistant Professor - 14
4. Specialist Grade-I/II/III - 10
5. Paramedical Staff - 20
6. Nursing Staff - 09

It also needs mention that department of Oncology, Nephrology, Gastroenterology are virtually non-functional. The Department of Cardiology also suffers from shortage of Superspecialists. Other Departments also have number of vacancies which remain un-filled for the last many years, resulting in denial or in adequate treatment to Gas victim patients, as well as others seeking treatment in the Hospital.

Needless to say that super specialists and specialists are the main faculty, for a Hospital claiming to offer tertiary treatment. Infact, some of the important departments in BMHRC are closed and no treatment is available to the patients in the said departments. It may be pointed out in the above context that gas victim patients mostly suffer from serious ailments of kidney, heart, liver, cancer. However, adequate and full fledged facilities and availability of treatment for the above serious ailments are at present, lacking in BMHRC. Obviously, such serious ailments are required to be taken care by an Institution, such as BMHRC.

4. Recommendations of the Monitoring Committee which have not been carried out with reference to its earlier reports:

(i) Faculty position :

The Monitoring Committee has been emphasizing for a long time, recruitment and posting of specialists and doctors, as would be briefly enumerated herein below:

In the 2nd Quarterly Report (submitted in year 2014), it was pointed out that Nephrologist is not posted in BMHRC and that the dialysis facilities are not adequate. Though large number of patients are suffering from Kidney ailments and are required to undergo dialysis procedure but the capacity of dialysis unit is not sufficient to meet the requirement. It was recomomended in

that report that dialysis facility be augmented, and that urgent steps deserve to be taken, in this regard.

In the 3rd Quarterly Report dtd. 28/08/2014, it was again noted that Specialists of various departments have left services reportedly due to change in their service conditions. It was noted that mass exodus of Specialists has left medical care in the hands of junior doctors.

In the 5th Quarterly Report dtd. 15/05/2015, it was recommended that posts of Doctors in Mini Unit should also be filled up.

In the 6th Quarterly Report dtd. 28/09/2015, inadequacy of dialysis facility with necessary investigation thereof was again reiterated and it was pointed out that protocol of dialysis procedure should be followed. It was mentioned that ICMR which was then having Administration control of BMHRC has not been able to manage/mend the situation. It was again pointed out in that report that BMHRC is not functioning as Super Speciality Hospital, as it claims to be.

In the 8th Quarterly Report dtd. 14/07/2016, paucity of Doctors and Specialists in major departments as well as life saving equipment resulting in inadequate facility of treatment was pointed out.

The then Director Dr. Manoj Pandey informed that there were no specialists in the department of neurology, nephrology and general medicine and that cardiologist Dr. Vivek Tripathi has also submitted his resignation, and as such there would be no specialist of cardiology in BMHRC. It was also pointed out in that report that, the situation as above deserves serious attention and is required to be improved without delay, failing which treatment of gas victims would be seriously affected.

In the 9th Quarterly Report dtd. 04/01/2017, it was again noted that many posts of super specialists/specialists are lying vacant. Monitoring Committee had expressed that appropriate steps should be taken without delay for making available regular faculty - specialists and doctors.

In the 11th Quarterly Report dtd. 21/08/2017, filling up of sanctioned posts of Specialists and Doctors was again recommended.

In the 12th Quarterly Report dtd. 15/03/2018, it was recommended that in view of shortage of specialists and doctors for a long period, a special drive is required to be undertaken for recruitment of specialist/doctors.

In the 14th Quarterly Report dtd. 05/08/2019, it was reiterated that considering large number of kidney patients, services of nephrologist should be made available on priority basis.

From a brief summary of quarterly reports it would be clear that the Monitoring Committee has been pointing out for a long time shortage of super specialist and specialist and has been recommending that serious efforts on urgent basis, should be under taken, to fill up the said vacancies. Needless to say that absence of super specialists/specialists deprive patients requiring specialised health care and treatment which a super speciality hospital is supposed to give. However, it would appear that still there are no Super specialists/specialists in the hospital.

Infact following departments are virtually closed:

1. Neurology
2. Nephrology
3. Surgical Oncology

(ii) Absence and belated framing of Service Rules:

It was pointed out in the 5th Quarterly Report dtd. 15/05/2015 that some of the doctors expressed their grievance that rules prescribing their terms and conditions of service have not been framed and that services previously rendered by them, prior to the administration of BMHRC having been taken over by ICMR, are not being taken into account, for fixing their pay/emoluments and also for pension purposes. It was suggested therein that grievances as above should be looked into by the administration of BMHRC/ICMR, and satisfactory solution should be evolved and recommended and that BMHRC administration may frame service rules for employees working in BMHRC Hospital/Mini units.

It may be mentioned in the above regard that in the 7th Quarterly Report dtd. 01/02/2016, it was pointed out that service conditions of the medical as well as administrative staff of BMHRC should be reconsidered as per minutes of meeting dtd. 28/08/2015 in order to attract and to retain competent faculty especially the super specialists. It was suggested and reiterated that service rules be framed. It was pointed out that status of availability of specialists and senior doctors has not improved despite lapse of long time. However, unfortunately rules were not framed for a long time and apparently as a result, doctors felt dis-satisfied and started leaving BMHRC for better prospects elsewhere. They in fact had also proposed to adopt agitational approach, as is also mentioned in the 7th Quarterly Report.

In the 9th Quarterly Report dtd. 04/01/2017, also the above issue was again referred and it was emphasised that the rules and regulations of recruitment be framed and service conditions should be finalised without delay. The matter of mass resignation of faculty of BMHRC as informed by the letter dtd. 22/08/2016 of faculty was also referred, in the said report.

In the Meeting dtd. 31/08/2016 of the Monitoring Committee it was resolved to recommend to the Department of Health and Research, G.O.I. to frame appropriate rules governing terms and conditions of service, faculty etc. serving in BMHRC. The same issue was again addressed in the 11th Quarterly Report dtd. 21/08/2017 and it was recommended that rules relating to recruitment and service conditions of Doctors and other staff of BMHRC should be framed with specific time frame, by the Government of India in the Department of Health and Research.

It is reported that rules have now been framed. However, action as above was taken belatedly much later in the year 2018 and notified on 17/04/2018 thus, it appears that the move of framing rules has come rather too late, while substantial damage had already occurred, in as much as faculty especially that of Superspecialist/Specialist has already dwindled.

(iii) Teaching Institution

It is submitted in the above reference that in W.P. No. 50/1998 by order dtd. 09/08/2012, Honourable Supreme Court had observed that the Union of India, the State Government and the ICMR should consider the proposal for providing autonomy to BMHRC and to make it a teaching institute. Had this direction been given serious consideration, possibly the situation in BMHRC would not have deteriorated.

It was expressed on behalf of the Director of BMHRC that talent in the nature of Superspecialist/Specialist are not attracted and have no interest to join BMHRC as it is not a teaching institute and as such they do not see future prospects, in joining BMHRC.

The Monitoring Committee had suggested and recommended in its 11th Quarterly Report as well as in its 14th Quarterly Report recommended that the matter of making BMHRC a teaching institution should be considered in view of the recommendation of the Honourable the Supreme Court.

It may be pointed out different post graduate courses in broad and super specialities are started in BMHRC, Professors and other specialists

might be attracted to join BMHRC resulting in better availability of super specialists.

BMHRC should be made a teaching institution. However, the recommendation as above has not materialized so far. However, Director of BMHRC informed by its letter dtd. 13/01/2020 Annexure-4 that formal sanction to start MD anaesthesia, has been received by Government of India by their letter dtd. 11/08/2020 and that the said course is proposed to be started from academic year 2021-22 at BMHRC (copy of the said letter is annexed as Annexure-3). However, it may be observed that except MD anaesthesia course, teaching course in any other department would still not be and is not likely to be started in near future. The recommendation also remains un-fulfilled in letter and spirit though it appears, except the permission of starting course MD in anaesthesia as has been pointed out above.

However, there appears to be no fruitful result of the above recommendation. In the 10th Quarterly Report it was recommended that upgradation of BMHRC be considered as was suggested by Dr. Vivek Vijayan, Secretary, Department of Health Research, G.O.I. and as to whether BMHRC should be granted autonomy.

(iv) Procurement and Non-availability of Medicines.

There has been reportedly non-availability of some medicines. The Monitoring Committee continued to receive complaints regarding non-availability and non-supply of some medicines to the Gas victim patients. It was expressed by the Director BMHRC that the policy of supply of medicines laid down by the government results in difficulty and hindrance in smooth procurement and supply of medicines by the dealers. Therefore, in the 14th Quarterly Report dtd. 05/08/2019, it was recommended that specific directions deserve to be issued to the concerned authority in the Ministry of Health and Family Welfare, G.O.I. to review the direction given by it and its Order dtd. 21/09/2017, and the rider put thereby on the powers of the Director BMHRC to purchase medicines which are to the effect that, the medicines procured should have 5/6th of shelf life on the date of delivery and the the limit of purchasing powers of directors' would be to the tune of Rs. One crore per year, deserve reconsideration. This recommendations was made with a view to ensure easier availability of medicines, purchase of essential gadgets etc.

by administration of BMHRC. It is reported that smooth procurement of medicines and gadgets were ensured at the time BMHRC was being administered by the Trust, headed by Honourable Justice Shri A.M. Ahmedi (Former Chief Justice of India).

However, no action is reported to have been taken on the above recommendations resulting in the complaints of above nature of non-supply or delayed supply of medicines continues to be ventilated by patients. The recommendations were neither responded nor appear to have been accepted.

(v) Gadgets:

1. Digital X-Ray Machine : Monitoring Committee in its 5th Quarterly Report had also recommended that Digital X-Ray image should be available in doctor's chamber computer/monitor in Mini unit. However, that recommendation also remained un-attended.

2. Dialysis Unit: As has been mentioned above also dialysis unit had four dialysis machines. One more new machine has been, reportedly, added recently. However, out of the said five machines, one machine has reportedly been written off and is proposed to be exchanged, while another machine also broke down. As a result only three dialysis machines are now operational. Out of the said machines, one machine is to be kept for being used for HIV+ patients. Thus, in effect, only two machines are available for general (non HIV+) patients. Clearly, this is not sufficient to cater to the needs of large number of kidney patients who require dialysis. As reported by BMHRC only 27 patients are being given dialysis procedure at BMHRC, while 17 patients are in the waiting list. Situation as above is not satisfactory and calls for urgent attention and remedial action. Facility of dialysis by increasing machines as well as availing the services of a qualified nephrologist seems to be essential.

Patients receiving dialysis reported that they are not provided with essential medicines required after post dialysis session. They seemed to be highly aggrieved on that account. The Director informed that the medicines are provided to the kidney patients as per hospital formulary and as per the norms. However, some time there is paucity of medicines in the market, which causes difficulty in providing the same to the patients. However, it is felt that medicines required for pre or post dialysis procedure should be sufficient

are requisitioned and stocked in sufficient quantity, so that all the patients receiving dialysis can be provided the same, and they are not required to purchase the same.

3. Ventilators: As per information furnished by Director of BMHRC 19 ventilators are functional and have been installed in different departments of the Hospital. It was informed that one ventilator is under repair, while two ventilators are non-functional and are proposed to be disposed off under buy back/replacement. During discussion the Director, BMHRC expressed that as per actual requirement is of four more ventilators. Thus total 26 ventilators are required in the hospital. The requirement as above deserves to be attended to and all the required ventilators should be made available, as they are required for critical patients.

4. Other Gadgets such EEG and NCV machines should be provided.

- (vi) **Cancer Unit:** This unit is found to be closed, since Dr. Vinay Kumar, oncology surgeon has left the services of the hospital. Cancer surgery and chemotherapy is also not being conducted in the hospital. Considering large number of gas victim patients suffering from cancer, treatment facility of cancer, including its surgery and auxiliary/post surgery treatment of cancer should be revived and deserves to be provided at BMHRC.
- (vii) **Gastroenterology:** In Gastroenterology Department there is no Professors/Associate Professors/Assistant Professors in GI medicine. In GI surgery there is no Professors/Associate Professors and there is only one Assistant Professor in GI surgery. Therefore, senior position of specialists-Professors/Assistant Professors etc. deserves to be filled up to make the department fully functional.
- (viii) **Referral System:** Honourable Supreme Court in W.P. No. 50/1998 in Order dtd. 09/08/2012 (Para-35 point 17, page no. 13) observed: "*Monitoring Committee to ensure that the gas victims are referred to appropriate centre for proper diagnosis and treatment in terms of nature and degree of injury suffered by each one them*". The Monitoring Committee noticed that hospital meant for gas victim patients which has no treatment facility for a particular health problem, refers the patient to another hospital or even simply turns him away to seek treatment in another hospital.

In the 14th Quarterly Report for a situation like as above was recommended that gas victim patients approaching BMHRC should be given necessary treatment without delay and if treatment is not available in BMHRC, they should be referred for proper treatment to the appropriate hospital. It was further directed that treatment in the referred hospital be tracked and it should be ensured that the expenses which are required to be incurred, should be borne by the administration of BMHRC, as Gas victim patients are entitled to receive treatment, free of cost. It was also observed that patients should be referred to another hospital, after ensuring that treatment facilities are available in the referred hospital with due follow up. It was also recommended that necessary funds should be allocated by competent authority of BMHRC for incurring such expenses of referred gas victims patients by it. However, the Monitoring Committee continued to receive complaints regarding referral of patients of hospital run by Department of Gas Relief and Rehabilitation, as was mentioned in the 15th Quarterly Report. It was reiterated that a patient suffering from a particular disease, the treatment of which is not available in a particular hospital should not be turned back and should not be required to go on his own, from one hospital to another. The Monitoring Committee therefore suggested that Director/Superintendents of each of the hospitals should ensure that in case a patient approaches BMHRC or the hospital run by Department of Gas Relief and Rehabilitation where treatment of the said disease is not available, then such a patient should be referred by such hospital to such other hospital, where treatment is available and that the patient should not be simply turned away without treatment. It was further directed that on such referral, ambulance should be provided to the patients by referring hospital, and follow up of the patient's treatment should also be undertaken, so that patients are not required to move from one hospital to another by himself seeking treatment. However, complaints continue to be received of non-observance of above directions.

(ix) Health Booklets and Smart cards Computerization of old medical data and Interlinking

The Honourable Supreme Court in its W.P. No. 50/1998 directed publication of health booklets and medical information. The Monitoring Committee was directed to ensure that the Health booklets and Smart cards

are provided to each Gas Victims irrespective of where such gas victim is being treated.

On enquiry it was informed by the Director of BMHRC that total 3,71,041 smart cards have been issued to gas victim patients and their dependent till 06/02/2021. However, though it has consistently been emphasized by the Monitoring Committee that the smart cards and health booklets issued by BMHRC on one hand and gas relief hospitals run by the state government on the other hand, should be prepared and computerised in such a manner that they can be connected and interlinked so that the gas victim patients appearing either at BMHRC or at gas relief hospitals run by the State Government, can have advantage thereof. In other words, net working and interlinking of all smart cards issued to the gas victims, whether issued by BMHRC or gas relief hospitals run by State Government was desired. However, this has not been done so far, and the data available of the patients at BMHRC cannot be usefully used by the gas relief hospitals run by State Government and vice-versa.

In the above connection in the 6th Quarterly Report, it was noted that net working of six gas relief hospitals with BMHRC has not been completed.

In the 7th Quarterly Report the matter of net linking of gas relief hospitals and BMHRC as well as issuance of health booklets to the gas victims was considered. It was observed in the that report that the matter of computerization and net linking of data as well as issuance of smart cards and health booklets was recommended by Monitoring Committee, time and again, but the same was not completed till then.

Again in the 8th Quarterly Report, the issue was taken up and it was pointed out that the matter of computerization and inter linking of computerized data of BMHRC and gas relief hospitals though has been under consideration for a long time and though several directions and recommendatins from time to time have been made in the past, but matter did not reach its logical conclusion and remained incomplete.

The Monitoring Committee observed that though the above matter is of serious concern, it has not been sorted out by the Government of India and Government of Madhya Pradesh. It was further mentioned in the 8th Quarterly Report that the matter of computerizatin had not been dealt with satisfactorily. It was directed that each Gas Victim should be given a Unique Identification No.(UIN) in which data base of each patient should be duly

recorded which would ensure that whenever a patient appears for his treatment in any hospital run by State Government or BMHRC, his/her data can be easily and conveniently accessed and extracted and that case history of the patient would be available to the treating doctor, facilitating further treatment. Similar directions were made in the 9th Quarterly Report also besides in 3rd and 4th Quarterly Reports.

It is noticed that though smart cards have been reportedly issued to gas victim patients by BMHRC, but their Computerised data is not interchangeable and is not inter-linked with the Computerised data of the patients registered with gas relief hospitals run by state government. Moreover, the computerization of old medical data has not been done yet. It is also observed that neither BMHRC has interlinked its data with that of Mini units, nor with the data of gas relief hospitals. Therefore, whole purpose of computerization of medical data of Gas victim patients is not achieved, as patients registered at BMHRC are not able to access their medical history, when they appear for treatment in hospitals run by gas relief department of the state of Madhya Pradesh and vice-versa.

If computerization of old medical data of all the gas relief hospitals, BMHRC and its Units are interlinked, then it would be easy for the treating doctor to get all the medical information, about the case history of treatment of patients, which would facilitate the patients to receive better treatment for their ailments. Directions in this regard though issued several times, have not been fully complied with, in letter and spirit.

5. Perceptible difference with regard to the Manangement and other facility provided by BMHRC ever since Monitoring Committee carried out last inspection in the month of December 2020 after its control has been entrusted to ICMR_in 2019.

Director BMHRC reported that there has been improvement in the working conditions of the faculty and staff and departmental promotion have been carried out and various allowances provided to the staff. It was also reported that personal protective equipment and vaccination was also given to the staff. Safe equipment have also been installed as detailed in the letter of Director dtd. 05/02/2021 (Annexure -2).

Even if the above step have been taken and changes have been made, yet much more is reqired to be taken. Though, junior positons of medical officers appear

to have been filled up, most of them in the recent past, yet as pointed out above, severe shortage of super specialist/specialist etc. in the faculty of BMHRC persist. Moreover, situation of requisition, supply and distribution of medicines also deserves improvement so also requisition of essential gadgets as has been detailed earlier. Hopefully, ICMR would take note of the details which are lacking in BMHRC as pointed above and shall endeavour to take remedial and corrective measures to make good the same.

6. Number of Victims of gas leakage tragedy who are still reporting in BMHRC for regular treatment and whether satisfactory treatment is being provided to them.

As informed by the Director BMHRC vide letter No. BMHRC/PRO/2021/1013, dtd: 05/02/2021 Annexure-2 number of registered patients from 01/01/2019 to 31/12/2020 was 120065 and total number smart cards issued to the Gas Victims and their dependants till 06/02/2021 is 371041.

So far as satisfactory treatment being given to the gas victim patients is concerned, , details thereof have already been given earlier, in this report.

7. Recommendations of the Monitoring Committee elaborating the requirement which needs to be done for providing Gas Victims better medical care and free medication.

- a. As it had been elaborately mentioned earlier in this report the basic requirement of the BMHRC is to fill up the vacant posts specially of Professors/Associate Professors/Assistant Professors and Specialists, who are the soul of a medical institution thus top most priority should be recruitment of Professors/Associate Professors/Assistant Professors and Specialists in the senior cadre, without which complete and real treatment cannot be given to the gas victim patients.
- b. To reiterate, updation and expansion of dialysis facilities with posting of Nephrologist and all necessary provision of required medicines as also technicians etc. should be provided.
- c. Arrangement of Oncology surgery, Specialist in Cardiology, Neurology and Nephrology should be made/done.
- d. Department of General Medicine should be started.
- e. Procurement, availability as well as distribution of required medicines, gadgets and implements to the patients should be stream lined and it should be ensured that all need of treatments are available to gas victim patients. In case a patient is

- required to purchase medicines etc. from the market, BMHRC should bear the expenses or reimburse the the amount, so that the patient is not required to bear the expenses as has been detailed above.
- f. If treatment of a Patient is not available in BMHRC then he should be referred to the hospital where his treatment is available. Referral system should be streamlined as has been emphasized by the Monitoring Committee time and again.
 - g. Administration of BMHRC should ensure patient centric system. A patient reaching the hospital should receive prompt and helpful service. There should be some PROs who should be available at the registration and reception counters to help and guide the patients who are coming for the first time and are ignorant about the procedure of the hospital.
 - h. Smart cards issued to the partients in BMHRC and Gas Relief Hospitals run by the State Government should be made inter-changeable and inter linked. Old medcal data with case history of patients should be fully computerized, as the Monitoring Committee has been pointing out and recommending since long.
 - i. The teaching in various departments of BMHRC should be made operational by providing necessary staff, infrastructure, etc. so that BMHRC could be develope as a full fledged institution.
 - j. Collaboration with AIIMS could be considered after taking advise of the experts.

(Justice V.K. Agarwal)
Chairman

(Dr. Nirbhay Shrivastava)
Member

(Dr. B.P. Dubey)
Member

(Purnendu Shukla)
Member

(Dr Pankaj Shukla)
Member Secretary