

# AGAM'S MURMUR



## WHAT IS INSIDE

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NANOBODY [PIN-21] TO  
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### WHO CAN DONATE BLOOD

1. Age: 18 to 65 years
2. Hb level: >12.5 g/dl
3. Weight: ideally 50 kg but anyone above 45 kg can donate
4. Vitals should be within normal limits
5. Anyone who does not have an active infection and chronic illness.
6. Pregnant mothers who had delivered and have stopped lactating can donate blood after 1 year
7. Individuals who had recent surgery and who are under medication cant donate blood.

Hurray! Proud to say AGAM has donated 485 units of blood, with the help of HARISH GOKUL, Karur MC.

*Blood is meant to circulate  
Pass it around*



*#donateblood #agam #smc*

©SAJITH, STANLEY MC

[Click For further knowledge.](#)



## PITTSBURGH INHALABLE NANOBODY [PIN-21] TO CONQUER COVID-19

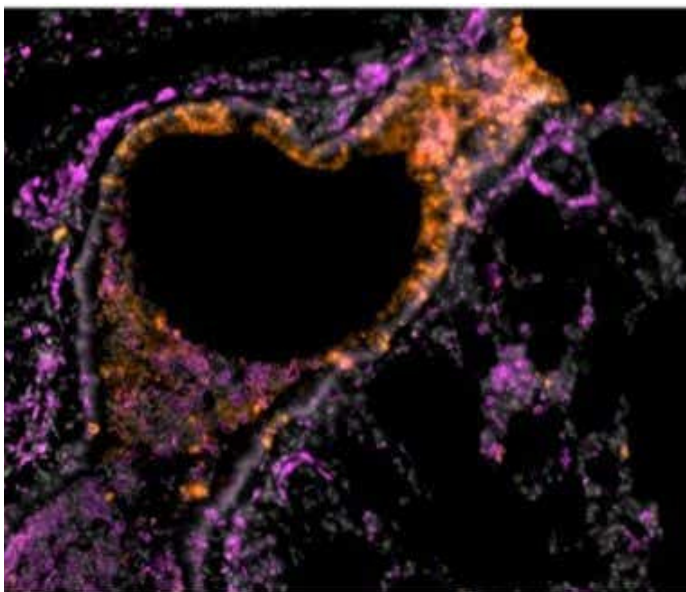
BY POORANA KUMARI VALLINAYAGAM  
PSGIMSR



**"An invisible predator to hunt an invisible prey"**

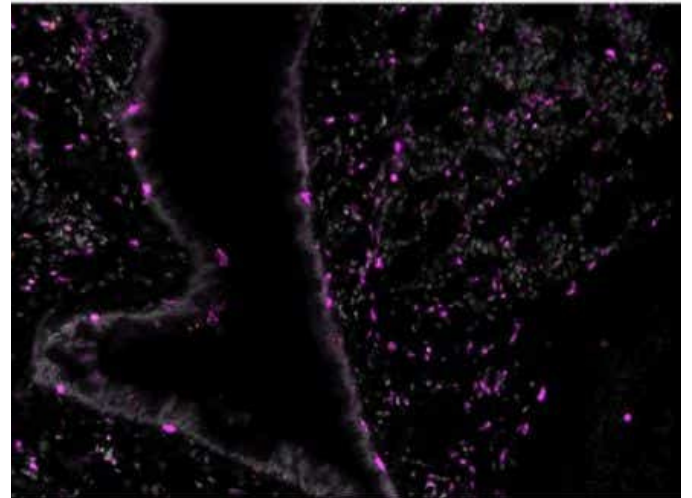
Researchers from the University of Pittsburgh have found that an inhalable nanobody therapy can specifically target the spike protein of SARS-CoV-2 coronavirus and cures the infection in hamsters. The article on this study was published on May 26th, 2021 in the Science Advances Journal.

With a never-ending thirst to combat this pandemic, the researchers from Pittsburgh have gone one step ahead in their quest with this Inhalable Nanobody PiN-21. They have demonstrated that this PiN-21, which comprises a trimeric nanobody, targeted through intranasal or aerosol delivery, protects the Syrian hamsters which had moderate to severe infection with SARS-CoV-2. To our surprise, this nanobody therapy reversed the drastic weight loss in the infected hamsters and reduced the viral load millionfold. It clearly implies that this therapy could be a better replacement for the current monoclonal antibody therapy, which despite giving in high doses, remains challenging to treat the infection in the same model as compared to this nanobody which is highly efficient in ultralow doses of 0.2mg/kg.



The bronchioles of a hamster infected with COVID-19, untreated

And these Nb [nanobodies], being so tiny, could also easily cross the plasma-lung barrier to treat the lung infection, which is arduous for mAb [monoclonal antibodies] making them less efficient.



The bronchioles of a hamster infected with COVID-19 treated with Inhalable Nanobodies show the impact of the approach

**"By using an inhalation therapy that can be directly administered to the infection site-the respiratory tract and the lungs -we can make treatments more efficient,"** said the co-senior author Yi Shi, Assistant Professor at Pitt. **"We are very excited and encouraged by our data suggesting that PiN-21 can be highly protective against severe disease and can potentially prevent human-to-human viral transmission".**

This Nb therapy efficiently targets the deep and local pulmonary structures such as terminal alveoli, which are lined with alveolar cells rich in ACE2 receptors to block viral entry and replication efficiently. Improved delivery upon aerosolization may be probable in Humans as the anatomy of the airway differs from rodents in which a high degree of inertial impaction is seen using liquid droplets. So, this PiN-21 therapy could be cost-effective as well as an efficient way to put an end to this pandemic. With emerging virulent variants of SARS-CoV-2, which weakens the clinical antibiotics and recede vaccine-elicited immune responses, this Nb therapy opens the window for the use of stable, multi-epitope, and multivalent Nb constructs, in combination with PiN-21, as a potential aerosol cocktail that can be rapidly generated to dam up the viral mutational escape.

Image courtesy : Pittwire , Official news source of the University of Pittsburgh.



## EMOTIONAL INTELLIGENCE

BY HABEEB NATHIRA, SBMCH



Have you ever wondered how some acquaintances are quite popular and celebrated by most people? They are seldom disliked by anyone! Have you tried to mimic them and frequently failed? The probable reason could be that you didn't know the special traits they possessed, which makes them socially successful, communicators. People often like them because of their genuineness and extrovert personality.

**Also, when you read the above lines, did someone come across your mind?**

This article is all about that person who popped in your mind. Maybe, not exactly them but it is about, how to be like someone who is never disliked by anyone. They are the ideal leader and they naturally have an aura of comfort, warmth and you just feel at ease when you are around them.

The reason behind their cool personality and gravitas is Emotional Intelligence or Emotional quotient (EQ) which was discussed long back, but it was popularized by Daniel Goleman when he released a book under the same name. EQ could be defined as the ability of a person to understand their own emotions, trigger factors and ultimately handle themselves in a more appropriate way.

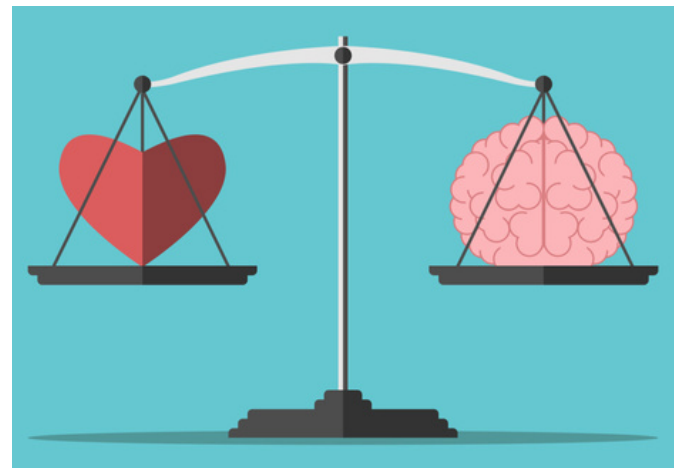
It is not only about oneself, it's also about knowing to show empathy and handle everyone in a way that anyone would feel special.

Some people are naturally gifted with high EQ, but for others, this is a learning trait. It could be acquired by anyone who is willing and they could make this a part of their own character by efficient practice. This skill can be applied during a stressful situation or even just a normal friends/family gathering.



### 5 Characteristics of someone with high EQ:

- They have good problem-solving skills; hence they can handle any stressful situation and make wise decisions.
- They don't get offended by any advice or criticism; since they admit their mistakes and try to be a better version of themselves each day.
- They can find common ground and develop a good rapport with anyone; hence they can convince people with ease.
- They analyze their present emotion and know how to control them; therefore, they can carry themselves as a more mature person.
- They don't jump to judgment soon, since they are open-minded, they keenly listen to what others convey to them.



### 5 Characteristics of someone with Low EQ:

- They can't handle stressful situations, they let the pressure get to them easily and react on impulse; hence they are most probably regretful.
- They have two contrasting ways of expressing their emotions, either it is an outburst or nothing.
- They are introverts i.e., they can't get to befriend everyone easily and are most likely to spend time alone.
- They get depressed easily and hold grudges since they can't forgive people from their deep heart.
- Advice could offend them since they don't make themselves open to admit mistakes, which could eventually lead to a destructive life.

To conclude, to be emotionally intelligent you need to love yourself, know to respect and accept others and be able to create a positive environment around you.

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[Click For further knowledge](#)

[Click For additional knowledge](#)





## HOSPITAL VIOLENCE - A NARRATIVE BY TWO MINDS

### UNDERSTANDING THE ISSUE

BY PRASANTH, THIRUVARUR GOVT MC.



The environment under which a baby is brought up has an influence over its future. Likewise, the future of budding doctors [Budding Doctors] will also be influenced by the current Increasing trend of Hospital Violence. Studying medicine in itself has many stress factors within it. But each medico overcomes that to become a doctor with their own Inspirations and Motivations. Finally ends up finding that the profession has even more stress factors than in the learning phase. This violence adds upon to them. It is creating a sense of fear and insecurity in the workplace among doctors, suggests a review article.

#### SEEING THE VIOLENCE AGAINST DOCTORS, A STORM OF MIXED THOUGHTS Baffles MY MIND

1. What mistake these doctors did to get the beatings and such ill-treatment like a crooked criminal?
2. Is taking the extra risk to save a patient their fault?
3. Is working an 18 to 36hrs shift without proper food, water, sleep, and not spending time with their family their fault?
4. Is sacrificing most of their time in their 20's for learning and practicing what they learned in a tight schedule their fault?
5. Is choosing the medical profession instead of various other professions providing similar/higher perks with comparatively fewer work hours, stress, and risks their fault?

A Research article published in Medscape in 2012 asked 24,000 doctors a simple question.

"If you could go back in time and change careers, knowing what you know now, would you still choose medicine? Or do something else?"

The answer was, 54% of the doctors said they would stick with medicine.

"DISCUSSIONS WITH OTHERS FROM THE MEDICAL COMMUNITY"

I was discussing with my fellow colleague a social media post stating "What is the most heartbreaking thing for a doctor?"

It's the story of a doctor who lost their father to Blood Cancer and then went on to become a renowned Oncologist.

Many surgeries passed successfully adding feathers to his crown, but one day a surgery he was working on failed and the patient died due to the emergence of a rare condition during the surgery. As a result, the doctor was thrashed by the patient's family.

I was boasting that even after such incidents, doctors don't stop serving their patients due to the satisfaction they get. But I remember her saying clearly that, "I will lose my satisfaction for the job if I was thrashed like that without any fault."

I also came across the interview of a lady doctor who was slapped during her Covid duty by a demised patient's relative, claiming that she lost interest to serve people

By comparing two research studies published on Medscape in 2011 & 2012, they claim that the percentage of job satisfaction among doctors had fell from 69% to 54%. We cannot rule out the fact that a decrease in job satisfaction and an increase in hospital violence are just a coincidence.

#### MYTHS ASSOCIATED WITH THE PROFESSION

These violent acts are linked to attitude change among the general public due to the prevalence of some myths.

- "Doctors should be treated like / next to god"- We don't want people to treat us like / next to God, just treat us as normal humans.
- "Doctors who treat patients for ₹5/₹10 / free are only good doctors' others are money-making machines"- Doctors do have family and essential needs, they too deserve to be paid for their job as in other professions.
- "Doctors are overpaid!"- Nope! Any white-collar job holder's salary correlates with a doctor's salary. We have invested our precious time and made effort to reach this place. Anybody who invests so much time and makes efforts in any field deserves to be paid.



- “People think Google and WhatsApp university are enough than going to a doctor”- Doctors are not only to diagnose what’s happening to your body right now, they are also for calculating what happens to your body in future if the present condition persists and treats you with medicine as per need.

#### WHAT WE CAN DO ABOUT THIS AS STUDENTS?

- If u feel dissatisfied with the doctor job, choose an alternate career with fewer work hours, stress, and risks after doing MBBS .eg: MBA.
- Creating awareness among the public in order to bust these myths.
- Learning how to tackle when you are subject to Hospital Violence.
- Getting aware of the laws that are to prevent Hospital Violence.

#### REFERENCE

- Workplace violence against doctors in India: A traditional review.
- Medscape’s Physician compensation survey report: 2012 results.

### MEDICO’S DILEMMA

BY KEERTHANA.B.V,  
KARPAGA VINAYAGA IMSRC



Like Shakespeare writes in his classic “Hamlet” about Hamlet’s dilemma, this article highlights the mental dilemma of a medical student.

“To be or not to be: that is the question”

Violence against doctors is the current talk of the town. I feel compelled to comment on this topic because even though I have not faced the reality in person yet, I have seen many practical examples from my family and friends about how hard doctors work for society. I have also witnessed the sheer respect and recognition, society gives to doctors and everyone in the public service sector. So, these incidents shook me to my core and the following article is my opinion about this issue.

There were umpteen number of posts from the medical community but the majority of them said, “We are afraid to work for the people anymore!” and medical students said things like, “We are better off going to a foreign country and medical aspirants please think twice before entering this profession”. Everyone from the medical community shared them pretty enthusiastically and definitely, I did too!

“But after I assimilated these thoughts, I concluded that they were not completely rational, especially the posts that targeted the “Non-medicos” who didn’t voice out their opinion on this issue and also, the comparison of the assault on our profession to that of a delivery person. The reason why I felt they were not rationale is that the “non-medicos” were confused, they didn’t know how to react and we can’t blame them because humans are designed that way! When faced with a difficult situation, we have to choose between fight or flight, the medical community chose to fight because they were on the line of fire and the general population chose flight.



“Also, the general population did not just shy away from the situation, they came around after their initial confusion clarified, it took around two days to happen but with the lockdown, it seemed like eons. When it comes to the comparison of the assault on the delivery guy, it is the very issue that we are trying to fight! When we say, “People protested for even the delivery guy but not doctors” with just this one statement we are not only Glorifying the doctors but also making the delivery profession inferior.

This glorification of a single profession is the root cause of all these instances of violence. With this veneration comes unnatural expectations and when these expectations are not met, they take shape as violence in a hazy mind.



## HOW CAN DOCTORS PROTECT THEMSELVES

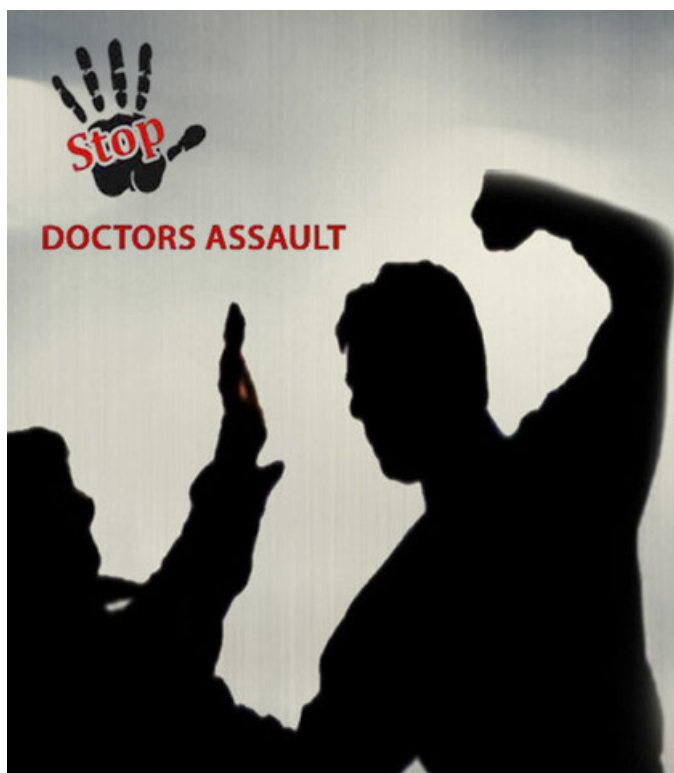
When it comes to the protection from violence while on duty, remember **CARBS!**

**C-** Communication is key, especially when delivering grievous news. Introduce yourself, learn the patient's name, and don't refer to them as a case/body in front of relatives. Be empathetic, listen to them, make eye contact, and minimal physical contact. Use simple terms instead of complex medical jargon while explaining the situation in their vernacular language. While admitting the patient in case of trauma/life-threatening conditions, it is also important to use phrases like, "We will try our best to save the patient's life" over assurances like "We will save the patient's life".

For more details on this refer, to "Delivering the Bad News: Dealing with Death and Difficult Issues in the Clinical Arena" by Peter DeBlieux, M.D.

**A** - Pay Attention to the relatives' reaction. Listen to them. Also, notice if there are any violent agitations.

**R** - Report immediately when you notice any sign of violent agitation. Call for security to control the situation.



**B** - Block or Eliminate yourself from the situation and let the security do their job.

In case of rural/ small setups where the security is not available, call your colleagues like other doctors, nurses, sanitary workers, or even other patient's relatives when no one else is available and only if you trust them enough. Basically, don't hesitate to call anyone who is available for help. Also, notify the police at the earliest.



Even though the violence against doctors is considerably high in number, this raises an important question in my mind. Has this issue been magnified, after the Assam incident? This is the due course of any issue though, we saw an uprise in the number of rape cases being reported by the media after the Nirbhaya rape but gradually, the number went down. When another attractive issue comes along, the media swiftly shifts to report that incident and the previous cries are forgotten! Although this issue of violence against doctors may slip people's minds, I hope the awareness raised doesn't go in vain.

**"You must not lose faith on humanity; Humanity is an ocean, if a few drops of ocean are dirty, the ocean does not become dirty"**  
-Mahatma Gandhi

In conclusion, remember the safety measures but don't be afraid and don't lose hope on humanity yet.

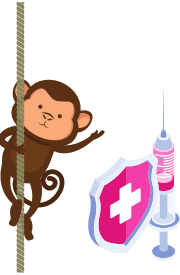
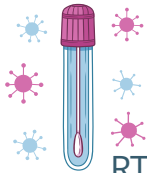


## A BRIEF HISTORY OF

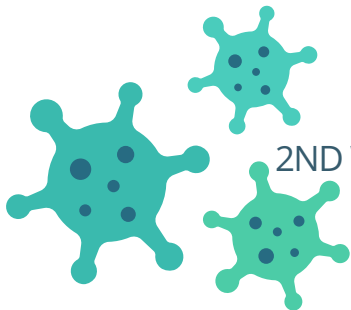
## PANDEMIC

**JAN 2020**

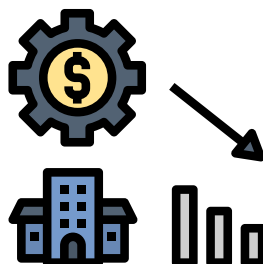
1ST CASE IN INDIA

**JUN 2020**COVAXIN TRIALS  
IN MONKEYS**NOV 2020**

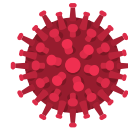
RT PCR LAUNCHED FOR 499

**FEB 2021**

2ND WAVE OF COVID

**1ST WEEK OF MAY 2021**SHORTAGE OF BEDS, OXYGEN  
& VACCINES IN INDIAMYLAB TEST KIT - COVISELF  
LAUNCHED FOR 250/-**DEC 2019**

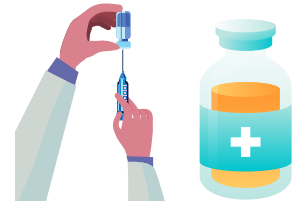
PRIMORDIAL CASE IN WUHAN

**MAR 2020**

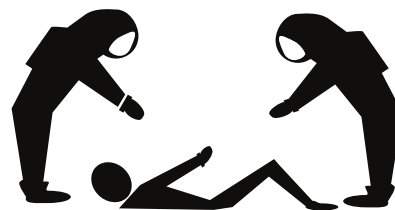
RAPID TEST FOR COVID + NATIONAL CURFEW

**SEPT 2020**

PEAK RISE - 97,000 IN 108 DAYS

**JAN 2021**ROLLOUT OF COVAXIN  
& COVISHIELD**APR 2021**

PEAK RISE - 1,03,588 IN 63 DAYS

**LAST WEEK OF MAY 2021**PRIMORDIAL CASES OF WHITE, BLACK &  
YELLOW FUNGUS SPOTTED IN INDIA





# THE FUN CORNER

## WORD SEARCH PUZZLE

### MITRAL STENOSIS

S R I P J J H S O A S O H R B  
 Q I C X W J S B F R I S R U Q  
 P J T G X E H W F S S E P M N  
 W U V I N V D U Q G Y D J B A  
 X V F B H S M D F C T I D L T  
 H E M F C C N N G T P I V I S  
 V U L A Y P N L C K O K B N J  
 N G O H K F T O N P M D F G J  
 Z N U G Y N A E R Q E M C M H  
 F H S M G B D C L B H B W U K  
 M N Y K M L U S E V S B L R V  
 B Q I S S T X B T M Q M S M Q  
 C X P N S A A P E P M H U U N  
 N I A P G N I B B A T S C R G  
 P A L P I T A T I O N S K U F

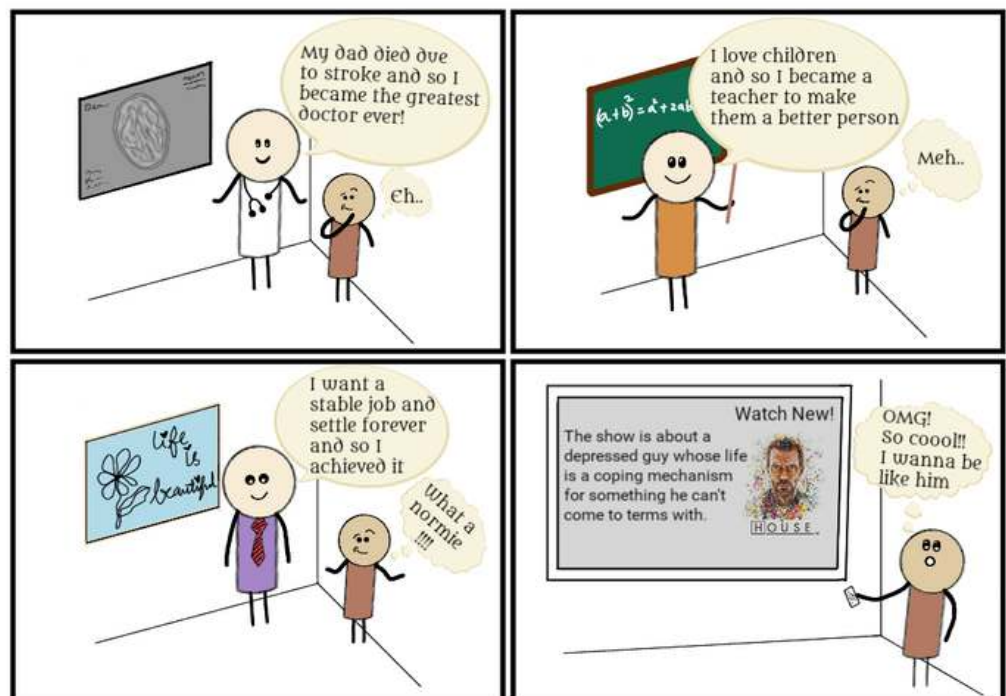
- BRONCHITIS
- HEMOPTYSIS
- NUMBNESS
- PALPITATIONS
- PUFFYFACE
- RUMBLINGMURMUR
- STABBINGPAIN
- GRAHAM STEEL MURMUR

#### CLUE

1. BOTH RELATED AND UNRELATED SIGNS AND SYMPTOMS ARE PROVIDED, ENCIRCLE ONLY THE RELATED ONES.
2. ONE AMONG THE RELATED SYMPTOMS IS NOT INCLUDED.
3. FILL YOUR ANSWERS IN THE G-FORM GIVEN BELOW.

DROP IN YOUR ANSWRS IN THE G-FORM AND GET FEATURED IN THE NEXT EDITION

COMIC  
TIME



©MAITRI MEHTA





## Texting Lawyer



Chandu Lawyer

Hey Chandu, I am Hari ! We were in the same school remember?

Hi bro, of course I do. How are you?

Actually I am stuck in a serious legal issue, can you please help out?



Chandu Lawyer

Yes definitely! Although my consultation fees is very high I will decrease it for a friend like you!

Ohh, happy to hear .

## Fit Bit Centre

Hey Sandy, I am kind of worried about gaining some weight , can you give me some health tips?

I know you are a friend but you have to join my 30 day fitness programme first to get my advice!

## Doctor's Clinic

Paul, My mother is old and sick I was hoping to get a consultation for her

I am worried how much he is going to charge !

Hey! Don't worry the doctors are giving tele consultations free of charge!

PROJATNA

“ Yet, the assault on doctors continue “

©PROJATNA  
©GOWSIKAN



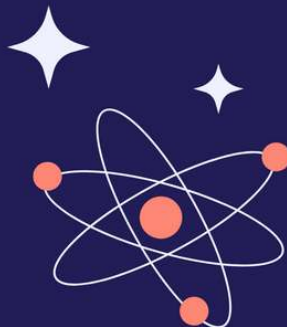
# UPCOMING EVENTS

## StudyDesk

With AGAM

For 1st and 2nd years (20 and 19 batches)

Missing **interactive** classes?  
Missing **senior's** guidance?



**Join us!**

Interact, involve & learn with ease!

A PLACE WHERE MENTORSHIP AND GUIDANCE ARE GIVEN BY FELLOW SENIORS REGULARLY, IN THE FORMS OF DISCUSSIONS, WEBINARS, QUIZZES, ETC.

[AGAM STUDY DESK LINK](#)







T

ESI-PGIMSR  
CR: TRISSHA  
PARTHASARATHY

KANYAKUMARI MC  
CR: ABINAYA K  
ASMITHA K

GMC PUDUKOTTAI  
CR: SHIBI

H

VELLORE MC  
CR: VARSHA L

GMC & ESIC  
HOSPITAL  
CR: SAMYUGTHA  
RAGUL PA

THENI MC  
CR: SUJAN M S  
HARIBALA  
KRISHNAMMAL

A

SIVAGANGAI MC  
CR: BHARANIKUMAR  
ANTO HARISH RAJ

GOVT.  
THIRUVARUR MC  
CR: NABIL IBRAHIM S  
SATHYASREE

CUDDALORE MC  
CR: CORNINGSTON  
MESHACK A  
HARSHA BASKAR

N

STANLEY MC  
CR: JAYALAKSHMI R  
FREDRICK SNOWIN  
WILLIAM

THANJAVUR MC  
CR: MANOJ PRAVEEN  
DANIEL R  
DURGA R

THOOTHUKUDI  
MC  
CR: SOMIYA S

K

MADURAI MC  
CR: PARVATHI S  
DIPTHA  
VISWANATHAN

GOVT.  
MOHAN  
KUMARAMANGALAM  
MC  
CR: PREETHI G  
DHARANI D

KARPAGA  
VINAYAGA IMS  
CR: KEERTHANA B V  
GURUBARAN T

TAGORE MCH  
CR: JOSHUA FRANCIS J  
SHARVESH S P

Y

KARPAGAM FMSR  
CR: SUJITH KRISHNANA

DHANALAKSHMI  
SRINIVASAN MCH  
CR: JANANI PRIYA  
BALAGANKADAR  
SWATHE P

SRI MUTHU  
KUMARAN MC  
CR: DHANA  
BHACKIYAM M  
PRADEEPRAAJ S

O

CHETTINAD  
HOSPITAL & RI  
CR: HEMANTHA PERLA  
PRIYANKA PS  
SNAHA.M

SREE BALAJI MCH  
CR: MITIKSHA  
JEBASTIN  
JAYAPRAKASH

PSGIMS, CBE  
CR: JITHIN PHILIP  
ANITHA MICHAEL

SRI  
RAMACHANDRA  
MCRI  
CR: RETHENYA V S  
PRAMOD  
VENKATESAN

U

ACS MCH  
CR: SRUDHI  
PUGAZHENDI  
SNEHA YAKKALI

TRICHY SRM MC  
CR: MUTHAMIL SELVI E

VINAYAKA  
MISSIONS  
KIRUPANANDA  
VARIYAR MC  
CR: ADVAITH S MENON  
KARTHIKEY SETHI

MADRAS MC  
CR: VIGNESH M

VELLAMAL MCHRI  
CR: SUDHEEKSHA

MEENAKSHI MCRI  
CR: MAGAVIR A M

2020  
COORDINATORS







# ZONAL COORDINATORS

## **ZONE 1**

MOHAMMED ABUBACKER SIDDIQUE  
VIGNESH M

## **ZONE 2**

PRAVIN K  
VARSHA L

## **ZONE 3**

BHUVANESHAN R  
JANANI PRIYA B

## **ZONE 4**

NAVEEN KUMAR S  
ABINAYA K

## **ZONE 5**

KAUSHIK M







WELCOME

COIMBATORE MC  
CR: SUVITHA A  
SOUNDHARYA P

MADRAS MC  
CR: PRIYANKA REDDY  
ADEEB ALI MOHAMMED

SIVAGANGAI MC  
CR: VIGNESH R  
SHERLIN SNEHA

KARPAGA  
VINAYAKA IMS  
CR: MARIYA  
YESHWANTH  
JOEL SAM E

MELMARUVATHUR  
ADIPARASAKTI IMSR  
CR: GAYATHRI

CHETTINAD HRI  
CR: KARSHINI M  
KUMAR

KARUR MC  
CR: ARAVIND R

GOVT. THIRUVARUR MC  
CR: PRASANTH S  
DHARANI SIVA

THENI MC  
CR: DHARANI  
HARI VIGNESH

STANLEY MC  
CR: KAVIPRIYA  
KASINATHAN

PSG IMS, CBE  
CR: PARVESH A  
POORNA KUMARI  
VALLINAYAGAM

ANNAPOORANA  
MCH  
CR: SAKTHIVEL S  
GEETHAANJALI E P

SRM MCHRC,  
CHENNAI  
CR: PAVITHRA R B

GOVT. ERODE MC  
CR: SIVASANKAR S  
SHALOMI

THOOTHUKUDI  
MC  
CR: MATHUMATHI N A  
MOHAMED THARIF J

THIRUVANNMALAI  
MC  
CR: MOHANRAJ

KILPAUK MC  
CR: KALAIVANI  
KANNADASAN

ESI-PGIMSR  
CR: GOPI KRISHNA

VELAMMAL MCHRI  
CR: KESHAVA VIJAYA  
ANANTH

SRI  
MUTHUKUMARAN  
MC  
CR: SOORAJ T  
ABISHEK M

INDIRA GANDHI  
MCRI  
CR: DHARSHINI

GOVT. MOHAN KUMARA  
MANGALAM  
MC  
CR: SURUTHI  
BASKARAN  
BHARANI

TIRUNELVELI MC  
CR: RAKESH KUMAR  
VINITHA KUMARI

VELLORE MC  
CR: KAMALI GOPAL

OMANDUR MC  
CR: AISHWARYA  
RAJNARYANAN  
VISHAL R

TAGORE MCH  
CR: DIPSHIKHA  
TAGORE GANNE

MADHA MCH  
CR: SRIVARDHANY  
BHASKAR  
THARUN ANBALA

SREE BALAJI MCH  
CR: ANMOL  
EZUTHACHAN

PONDICHERRY  
IMSR  
CR: ROHIT  
KRISHNAMOORTI  
NAVEEN K P

KANYAKUMARI MC  
CR: SNEHA S

CHENGALPATTU  
MC  
CR: MOHANAPRIYA

GMC & ESIC  
HOSPITAL  
CR: POOJITHA S

TRICHY SRM  
MCHRC  
CR: VIGNESH PRASANA  
BHAVANA RAMESH  
NATARAJAN

KMCH, IHSR  
CR: ISWARYA N  
THAVANSREE

MEENAKSHI MCRI  
CR: HANNAH SELVA  
GRACE

THANJAVUR MC  
CR: SAKTHI THANGAVEL  
JEES BENNY

MADURAI MC  
CR: JEYA RABEL  
ALEXANDOR

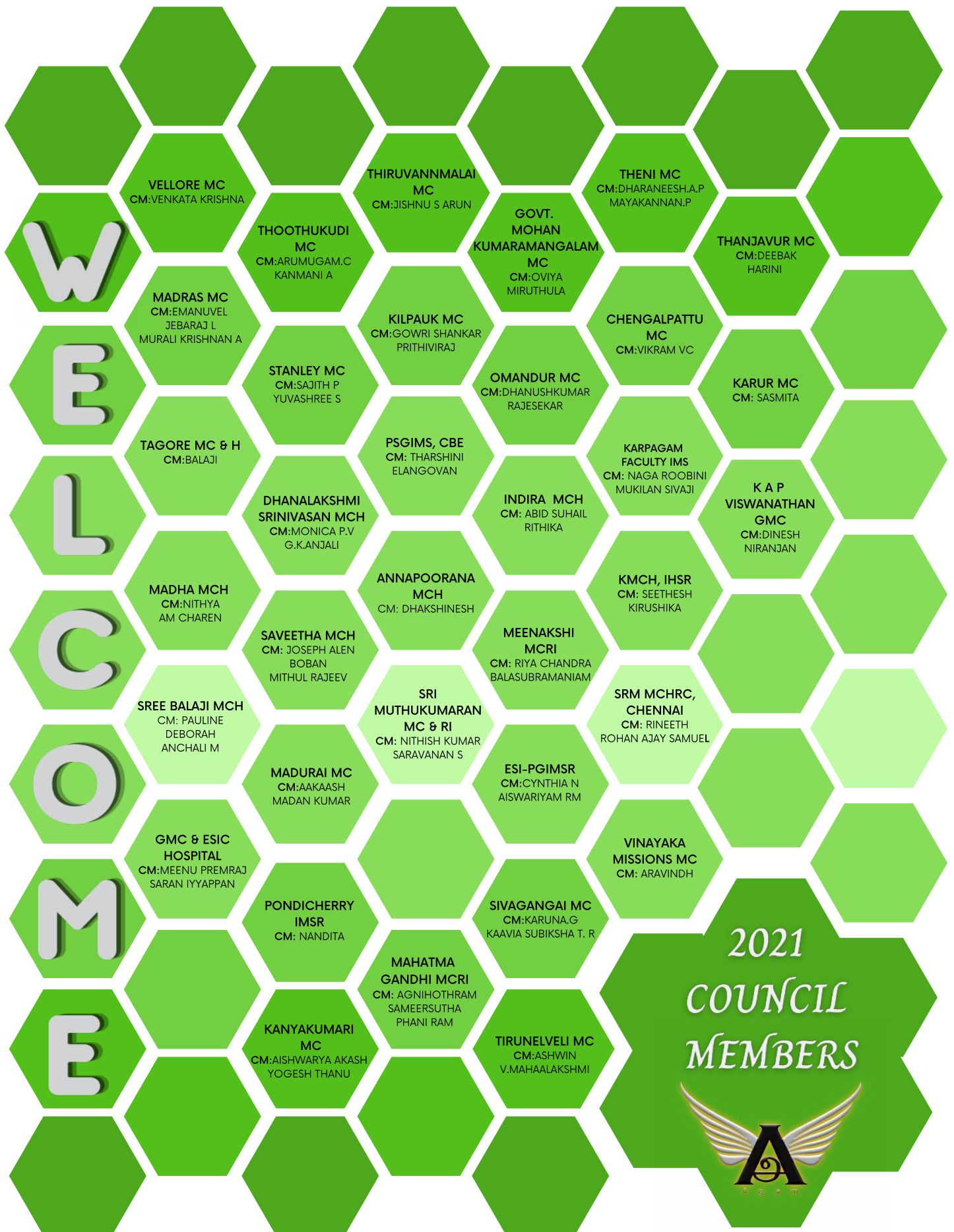
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