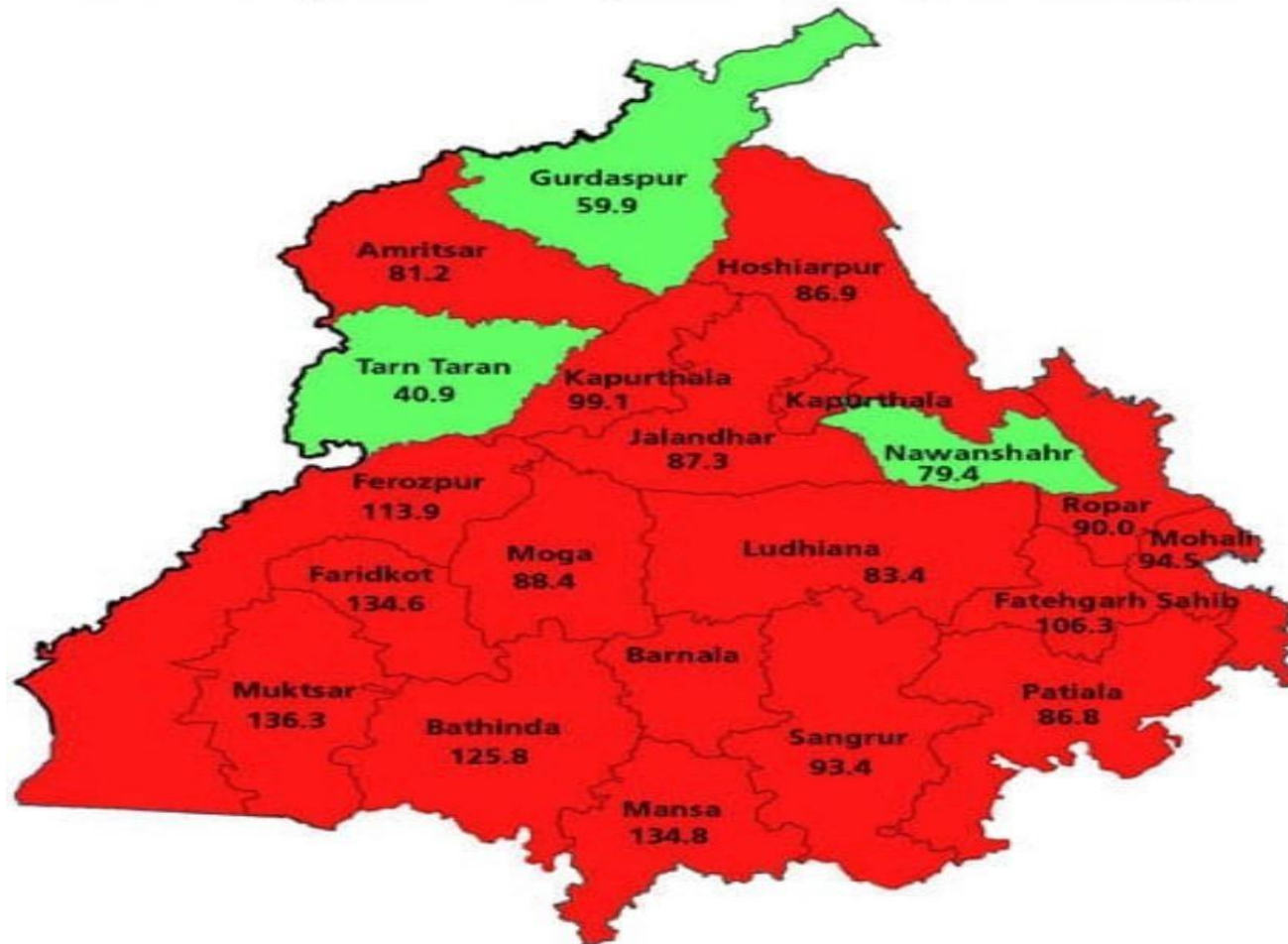


CANCER CARE COMPREHENSIVE PROGRAMME

Cancer Crisis in Punjab

THE RESULT OF EXCESSIVE USE OF CHEMICAL FERTILISERS &
CHEMICAL PESTICIDES CONTAMINATING GROUND WATER
RESULTED IN SPREAD OF CANCER IN PUNJAB

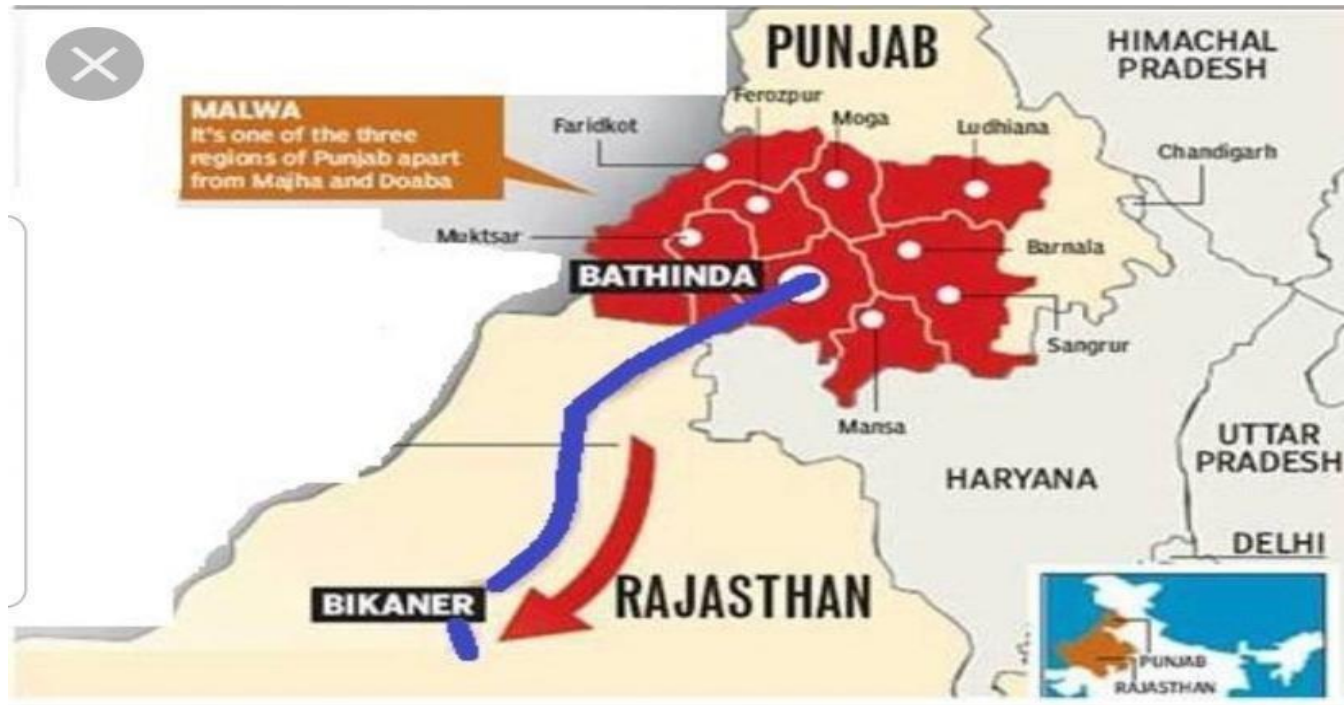
Cancer prevalence (per 100,000 population)



Cancer Crisis in Punjab

THE RESULT OF EXCESSIVE USE OF CHEMICAL FERTILISERS &
CHEMICAL PESTICIDES CONTAMINATING GROUND WATER
RESULTED IN SPREAD OF CANCER IN PUNJAB

A state which led India in 1970's as the pillar of Indian Food basket as of now leads officially Internationally as the "Cancer Belt in India"- what more else is more dangerous than each loved one affecting from this & dying in multiples each year — Not only its about Punjab the same poison is spreading everywhere in India & Internationally.



CANCER CARE COMPREHENSIVE PROGRAMME

Cancer Crisis in Punjab

THE RESULT OF EXCESSIVE USE OF CHEMICAL FERTILISERS &
CHEMICAL PESTICIDES CONTAMINATING GROUND WATER
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We would undertake various initiatives to check these issues such as:

*Organise Cancer Detection Camps across villages, districts , slums, RWAs , Industries , Corporates , Institutions etc in order to do primary investigation so as to access whether the individual is suffering from any for cancer , if yes then which one & what stage it is or is prone to so that for further detailed investigation and treatment can be taken up.

Cancer Crisis in Punjab

**THE RESULT OF EXCESSIVE USE OF CHEMICAL FERTILISERS &
CHEMICAL PESTICIDES CONTAMINATING GROUND WATER
RESULTED IN SPREAD OF CANCER IN PUNJAB**

*To reduce the barrier of accessibility, 'Mobile Cancer Detection Units' have been created which would our neighbourhood-based camps and diagnostic vans that provide free screening to address time and financial resource constraints.



CANCER CARE COMPREHENSIVE PROGRAMME

Cancer Crisis in Punjab

THE RESULT OF EXCESSIVE USE OF CHEMICAL FERTILISERS & CHEMICAL PESTICIDES CONTAMINATING GROUND WATER RESULTED IN SPREAD OF CANCER IN PUNJAB

Revised Commercial Details of Mobile Cancer Detection Van			
S No	List of Equipment	Brand/Make	Qty
1	Mammography Machine	Allengers	1
2	CR with Printer	Konica	1
3	UPS	Online 3 KVA	1
4	Computer and laser printer	Dell/HP	1
5	Doctor's Chair	Godrej	1
6.	Wash basin (with soap dispenser ,tissue paper holder , towel ring & hand sanitizer)	In House	1
7	Air Conditioner installation and stabilizer	V Guard	2
8	AC & DC electrical connection inside the vehicle	Havels	1
9	Fabrication (PUF Panel) with GRP German skin	In House	1
10	Co-Driver seat, seats for Staff in driver cabin and also one sleeping facility for driver	In House	1
11	Weighing Machine Adult	Omron	1
12	Stools for attendant and Patients	S S top	3
13	Needle and Sharp Destroyer	ISI Standard	1
14	Fire Extinguisher For Driver Cabin 400 Gm	ISI Standard	2
15	Air Conditioner, 1.5 Ton Split	Voltas/ Whirlpool	2
16	Generator	Honda EU 70is	2
17	Generator fitment with rail arrangement	In House	2
18	PA System	Grand	1
19	Focus Light	ISI Standard	1
20	Emergency Light	ISI Standard	2
21	Clinical digital thermometer	Dr.Morepan	2
22	15 Mtrs Wire loom for external AC supply	Finolex	1

Cancer Crisis in Punjab

THE RESULT OF EXCESSIVE USE OF CHEMICAL FERTILISERS & CHEMICAL PESTICIDES CONTAMINATING GROUND WATER RESULTED IN SPREAD OF CANCER IN PUNJAB

23	Aluminum Ladder, 6ft.	In House	1
24	150 Liters Water Tank	In House	1
25	Water Pump	CG	1
26	Branding and Lamination	In House	1
27	Shock Absorber for CR	In House	1
28	Furniture	Azael	1
29	Lead Lining across the X-Ray & Mammography Room(2mm)	In House	1
30	Plumbing	Azael	1

*To develop & run dedicated Media Campaigns to make the general public aware of the key critical issues of drug abuse.

*Setup a dedicated team for online & a helpline number for counselling, awareness and assistance for general public/NRIs who through these mediums can connect with us and our counsellors can consult them on the key issues to handle this.

Those who would like to contribute to the cause by providing their expert, technical knowledge or financial assistance to undertake such camps or to assist in buying of these Cancer Detection Mobile Medical Units / Vans are welcome to come forward and participate.

Further in case you would like to us to conduct cancer detection camp in your villages, districts, slums, RWAs, Industries, Corporates, Institutions etc you can register for the same.

In order to register and share your need, you can log on to the website, register yourself and then submit an application for the assistance you need and then our counselling team will get back to you on the same. A dedicated team and a helpline number too to seek assistance Internationally is placed for the same.

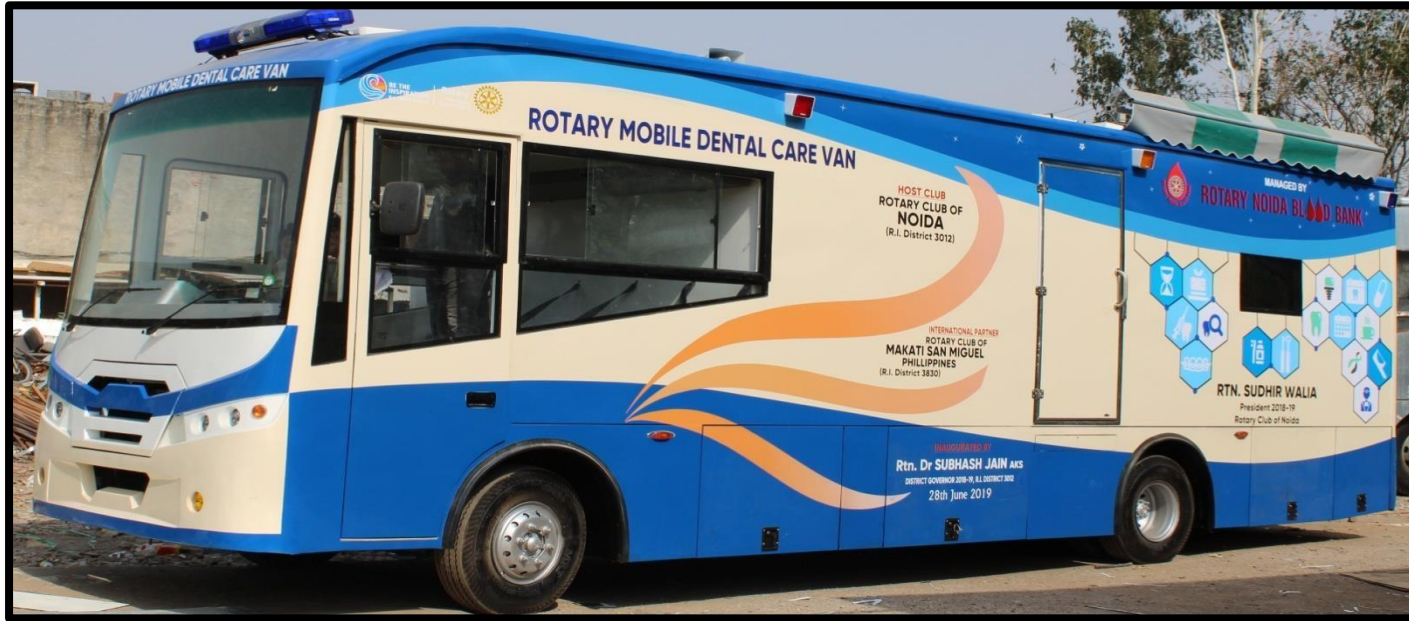
CANCER CARE COMPREHENSIVE PROGRAMME

Cancer Care Detection MMU



CANCER CARE COMPREHENSIVE PROGRAMME

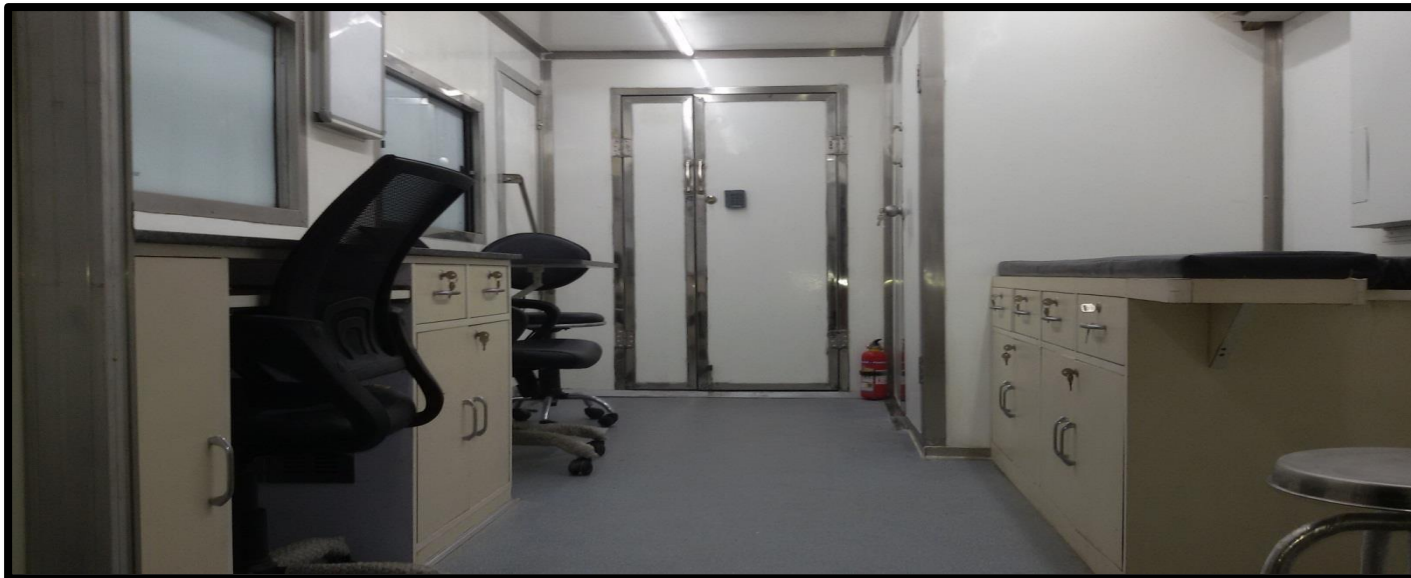
Cancer Care Detection MMU





CANCER CARE COMPREHENSIVE PROGRAMME

Cancer Care Detection MMU





Commercial Details of Mobile Cancer Detection Van				
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CANCER CARE COMPREHENSIVE PROGRAMME

Cancer Care Detection MMU

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27	Shock Absorber for CR	In House	1	
28	Furniture	In House	1	
29	Lead Lining across the X-Ray & Mammography Room(2mm)	In House	1	
30	Plumbing	In House	1	
31	Base Vehicle (30 Feet). Approx cost is considered as BS6 Chassis rates are not yet declared. Actual at the time of order will be applicable	Tata 916 Cowl Chassis, BS6.2	1	
	TOTAL			

CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

To create awareness that cancer is preventable & curable (Punjab & Uttrakhand)

- Initiating several camps in school, colleges, public gatherings and work places.
- Free distribution of cancer awareness magazines
- Executing several programmes with celebrities and cancer survivors To organize health walks
- To run an informative and interactive website

To facilitate early detection (Punjab & Uttrakhand)

- To conduct several cancer screening camps with the help of mobile detection vans across various urban and rural areas
- To train health care workers and place them at every tehsil and district level
- To form community based organizations at panchayat level
- To form a team of public volunteers

To provide definite treatment (Punjab & Uttrakhand)

- Speedy and comfortable transport of patients to nodal center in cancer care ambulance
- To run service of cancer care ambulances placed at every district level
- To form a cancer care fund through which investigations and definitive treatment will be provided to the patients at very nominal and even free of cost.
- To do legalized procurement and free distribution of palliative and pain management drugs to the needy.

To provide emotional support (Punjab & Uttrakhand)

- To train a team of counsellors and place them at every district level
- To train public volunteers

CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

To provide palliative care

- To develop a nodal, state of the art palliative care center in Dehradun, Patiala, Punjab & Uttrakhand.
- To provide palliative care training to doctors, nursing staff and health care worker
- To place a trained palliative care worker at every district level
- To make available all the restricted drugs necessary for palliative care of the needy patient

To reintegrate cancer survivor back into society

- To establish a nodal rehabilitation center in Dehradun & Punjab
- To provide affordable prosthesis to cancer survivors
- To provide vocational training and skill development to survivors
- To provide psychosocial and community adjustment services through counsellors and volunteers

To create cancer support group

- To build a Second life foundation and a support group at community level

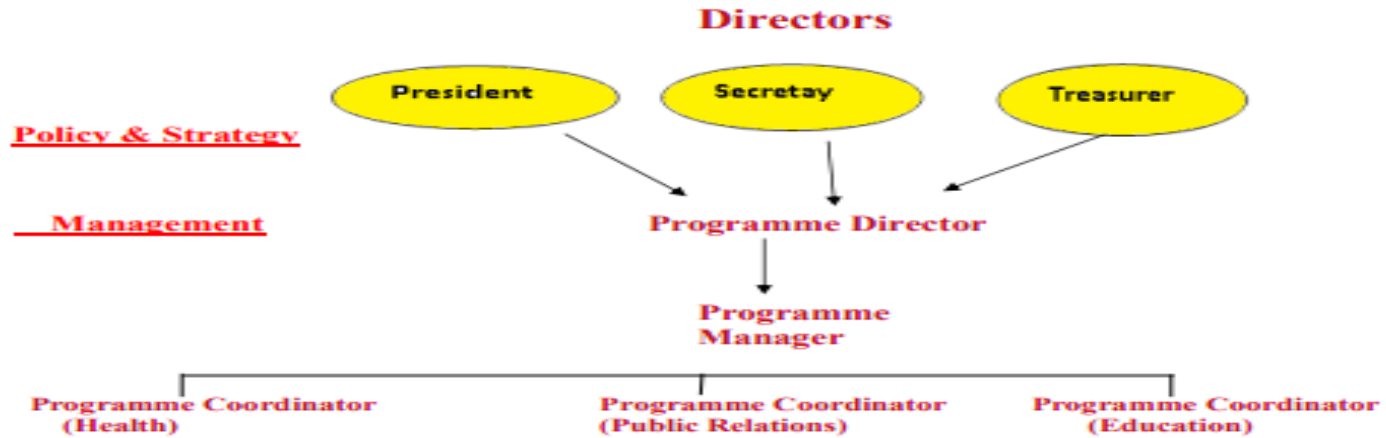
To promote research & training

- To short list doctors, nursing staff, health workers and public volunteers for official training in a certified institute
- Expenses of training will be borne by the society
- To generate a demographic data for cancer in the state of Uttarakhand
- To implement state level policies after analyzing the data
- To conduct regular conferences and interactive session in regard to Cancer treatment and care

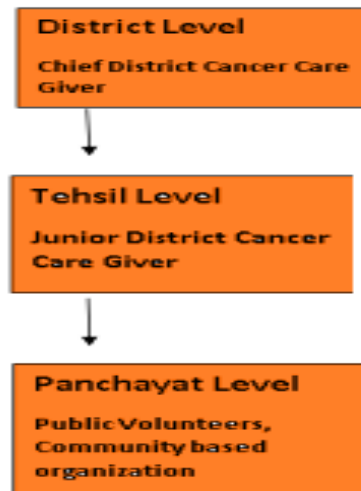
CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

Organizational Structure



Implementation



CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

Cancer Care Programme

Financials for 1 year program expenses all figure in Crores.

Nodal Center Dedicated Cancer Department at Arihant Hospital Dehradun	25 Cr.
Onco- Physician	.48
Onco-Surgeon	.48
Nursing Staff	.15
Program Director	.48
Program Manager	.24
Program Coordinator	
Health	
Public Relation	.18
Education	
Physiotherapy	.12
District Level (50 Beded Hospital)	19 Cr.
Working Capital	12
Infrastructure	7
Block Level (Twelve in Number) Centers	3.41 Cr.
Infrastructure	.20
Working Capital	.72
Junior Cancer care giver	
Public Relation Officer	.30
Nursing staff	.60
Rent	1.44
Village Level	15 Lacs
Remuneration of care giver	.15
Education & Skill Development- (2 months Course)	69
Doctor (Thirteen in number)	
Nursing (Fifty-two in number)	.69
Care Giver (Fifty in number)	
Promotions & Camps – (3 Lakh/ months)	.36
Diagnostics	Ambulance/ Van
1-MDV	
3-Ambulance	.50
Cancer care fund for treatment of Patient & Purchase of Palliative/ Pain Management Drugs (300/year)	6
Research /Data Collection/Conferences/ Interactive session	.20
Rehabilitation of patient / Prosthesis	1
Grand Total=	35.42

CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

Nursing (Fifty-two in number)	
Care Giver (Fifty in number)	
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Grand Total=	35.42

CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

DEVELOPMENT OF SERVICES

Guiding principles:

- Home-based care should be the cornerstone of palliative care in the state. The role of family in the care of chronically ill patients should be recognized. They should be socially supported and empowered to cope with the situation. The patient and the family should be the focal points of the palliative care programmes.
- Each district must have a pain and palliative & Cancer care service with a trained doctor and staff nurse, housed either in a separate medical facility or a District Hospital. They should have specialist and inpatient palliative & Cancer care services and ideally, facilities for training too.

Proposed minimum criteria for involving Community Based Organizations (CBO) in palliative & Cancer care

- They should be local organizations having clearly stated interest in the care of patients with needing palliative & Cancer care in their area.
- The organization should take the lead role in providing home care services to the bed ridden patients.
- Should not charge patients or family for their services.
- The persons involved in the care of patients needing palliative care – volunteers, nurses, doctors and other health care workers – should have basic training in palliative care.

Responsibilities of CBOs

- Identify patients needing palliative care in the area.
- Assess the needs of each patient and provide care accordingly.
- Provide home care service for needy patients.
- Empower the patients and their families; provide social support and rehabilitation where ever necessary.
- Conduct awareness programmes in palliative care for the community and provide training for volunteers and health care workers.
- Work together with the Government /Non Government Health Institutions in the area for
- improving the care received by the patients.
- To take initiative to form a common platform for CBOs, Governmental and Non Governmental Health Institutions for organizing support to the patients and family.

CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

CAPACITY BUILDING & TRAINING

To give adequate care to the patients there should be at least one doctor and two nurses trained in palliative & Cancer care in every Panchayath to work along with CBOs and other health care institutions.

- One to two day sensitization programs in palliative & Cancer care arranged for the purpose
- 10 day foundation course on pain relief for doctors and nurses. This course will authorize the doctors to man Recognized Medical Institutions (RMIs) which can store and dispense oral morphine and can provide basic pain relief to the needy.
- Six weeks' certificate course for doctors and nurses in approved centres.
- Other training programs yet to be developed for other categories of staff including pharmacists, public health nurses, health inspectors etc.
- Training:

For medical officer: Duration - Two weeks. (12 Working days) . It includes theory classes, along with hospital and field level on the job training. Theory classes, and hospital based and field level training on the pain and palliative care can be very well incorporated as part of this package.

- Staff Nurses : Two weeks training.
- Pharmacists : Two weeks training.

Palliative care can be incorporated in the RCH trainings taking place in all the 13 districts.

CANCER CARE COMPREHENSIVE PROGRAMME

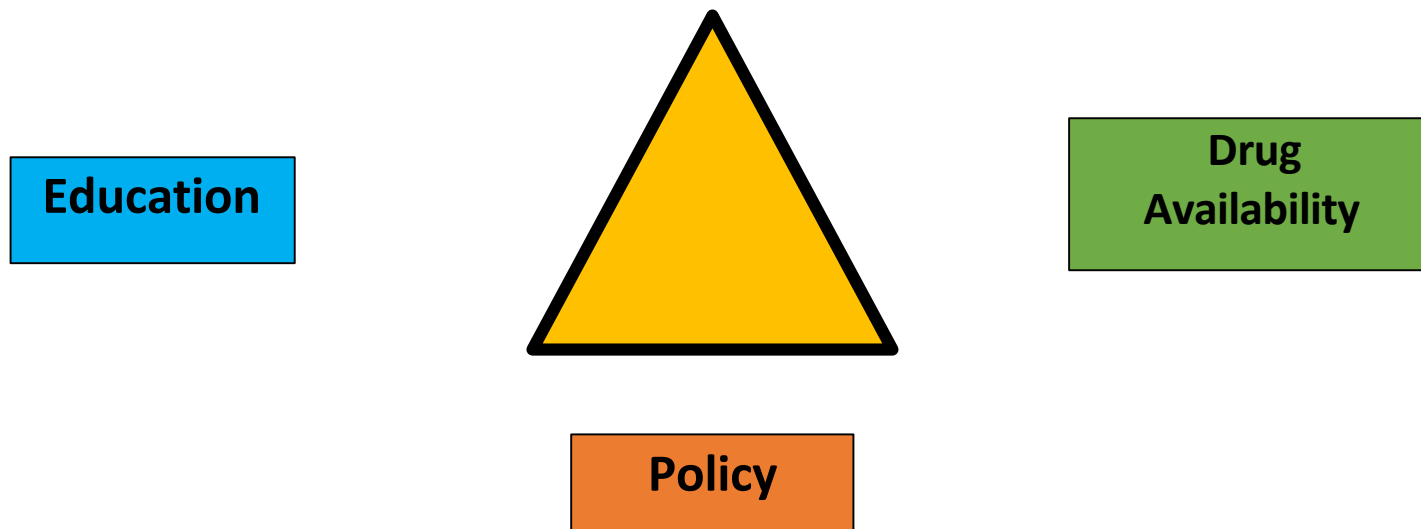
CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

EVALUATION AND MONITORING

It is necessary to evaluate the progress of the program at the end of one year, so as to analyze the strengths and weaknesses of the system and to formulate strategy for the long term policy. An advisory panel of palliative care workers will be formed comprising of representatives of the concerned government departments along with palliative care workers. The annual review will be followed by revision of short term strategy for the second year as well as formulation of long term strategy.

WORLD HEALTH ORGANISATION RECOMMENDATIONS.

The World Health Organization (WHO) recommends that, to be effective, any palliative care policy has to address all three sides of the following triangle with the State Policy at the base, their broad objective being to improve access to palliative care to all those who need it.



CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

SUMMARY

The cancer care movement is one example of how health services can go well beyond the biomedical model of health and be seen as an affirmative act of living with dignity even whilst accepting that death is an inevitable part of life. Continued efforts are needed to overcome the barriers to successful implementation of cancer care. Ways to integrate current cancer care knowledge into care of patients include multidisciplinary educational initiatives, research endeavors, and clinician resources. Still, a lot needs to be done for creating awareness and training in Palliative Care.

Let's hope for pain free **Punjab & Uttrakhand.**

“Together everyone achieves more.”

SHORTCOMINGS IN CANCER CARE IN UTTARAKHAND

ILLITERACY

Uttarakhand has its own niche of peculiarities when it comes to cancer diagnosis and treatments. A very recent study shows that about 70% of the cancers are only detected in the third (III) and fourth (IV) stages of the disease. A majority of the cancers detected this late become incurable and the doctors are faced with the task of providing palliative care to the patients and their families. The delay is mainly caused by the lack of cancer awareness among people.

REMOTENESS OF AREA

A major priority for cancer control agencies is to reduce geographical inequalities in cancer outcomes. While the poorer breast cancer survival among socioeconomically disadvantaged women is well established, few studies have looked at the independent contribution that area- and individual-level factors make to breast cancer survival. Here, we examine relationships between geographic remoteness, area-level socioeconomic disadvantage and breast cancer survival after adjustment for patients' socio-demographic characteristics and stage at diagnosis.

MONETARY PROBLEM

The costs to the health services of the diagnosis and treatment of cancer are substantial. These costs have increased over the past decades and are expected to rise further in coming years with population ageing and advances in treatment. However, the economic burden of cancer does not fall only on the health services, but also on patients, their families, and society as a whole. Until recently, little has been known about the costs incurred by cancer patients and their families.

LACK OF TRAINED HEALTH CARE WORKERS

The health system in Uttarakhand is ailing and the worst affected are villagers living in the hills. Accessibility to quality health care, besides shortage of doctors and paramedical staff are the main problems that rural people confront in the state. The problem of accessibility for hill people becomes all the more stark as most of the health facilities in their areas are not operational. The health sector faces multiple challenges in the geographic distribution of human resources for health. Though about one-third of people live in rural areas, the population-to-doctor ratio is much higher in rural than urban areas. Doctors in both the public and private sectors are concentrated in urban areas. While the public sector has made considerable efforts to place doctors (and a variety of other health workers) in rural areas, issues like absenteeism, ghost doctors, and dual practice have compromised the effectiveness of this effort.

PALLIATIVE CARE

The WHO has declared that: "The majority of cancer patients will need palliative care sooner or later. In developing countries, the proportion requiring palliative care is at least 80%. Worldwide, most cancers are diagnosed when already advanced and incurable. For these patients the only realistic treatment option is pain relief and palliative care".

PRE-AMBLE

The suffering in incurable and debilitating diseases:

In addition to physical problems, patient usually suffer from social, emotional, financial and spiritual issues caused by the illness. Many have clinical states of anxiety or depression. On the social domain, when wage-earners get the disease, in the absence of any social security system, families often get financially ruined. Cost of treatment adds to the problem. It may lead to their children dropping out of school; families losing their homes, and often going into debt.

To ensure that palliative care is available and accessible to the majority of the needy, a major thrust should be on a primary health care approach. World Health Organisation observes that "The fundamental responsibility of health profession to ease the suffering of patients cannot be fulfilled unless palliative care has priority status with in public health and disease control programme; it is not an optional extra. In countries with limited resources, it is not logical to provide extremely expensive therapies that may benefit only a few patients, while the majority of patients presenting with advance disease and urgently in need of symptom control must suffer without relief" (National Cancer Control Programmes, Policies and Managerial Guidelines. WHO, Geneva 2002).

CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

Palliative care is a well-established branch of health care in most developed countries. The state, under Article 21 of the constitution of India, is duty bound to ensure the fundamental right to live with dignity. This policy is aimed at ensuring that palliative care services are established and integrated into routine health care in the state.

The relevance of palliative care:

Modern Principles of palliative care can take care of the suffering in patients with incurable diseases, considerably diminishing the anguish for the patient and the family. Palliative care is aimed at improving quality of life, by employing what is called “active total care”, treating pain and other symptoms, at the same time offering social, emotional and spiritual support.

The World Health Organization in 2002 defined palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psycho social and spiritual.

Palliative care:

- Provides relief from pain and other distressing symptoms.
- Affirms life and regards dying as a normal process.
- Intends neither to hasten or postpone death.
- Integrates the psychological and spiritual aspects of patient care.
- Offers a support system to help patients live as actively as possible until death.
- Offers a support system to help the family cope during the patient's illness and in their own bereavement.
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated.
- Will enhance quality of life, and may also positively influence the course of illness.
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES

INTRODUCTION:

- Currently INDIA is sharing the position of the second largest population in the world. Two-thirds
- of the population live in rural areas and only one-third live in urban areas. Because of these disparities in the
- population locations, the health-care system faces significant problems of adequate provision in rural areas. A lack of resources, illiteracy, poverty, lack of awareness about the types of available health care make developing cancer-care services a major challenge in India.



WHAT IS CANCER?

Cancer is the name given to a collection of related Diseases. In all types of cancer, some of the body's Cells begin to divide without stopping and spread into Surrounding tissues. Cancer can start almost anywhere in the human body

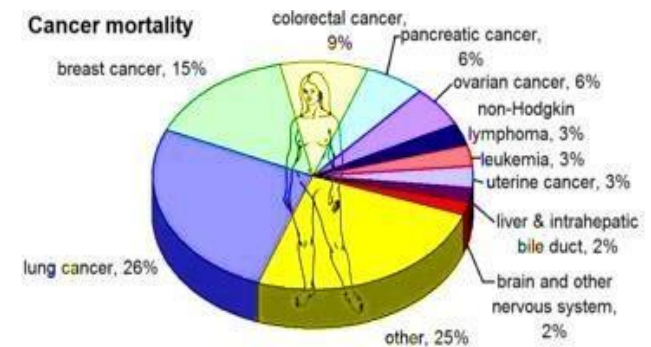


CURRENT STATISTICS OF CANCER IN INDIA

- Every year, new cancer patients registered : Over 7 lakh
- Cancer-related deaths : 5,56,400
- Deaths in the age group between 30-69 years
- Total : 3,95,400 (71% of all cancer related deaths)
- Men : 2,00,100
- Women : 1,95,300

Cancers of oral cavity and lungs in males and cervix and breast in females account for over 50% of all cancer deaths in India

The top five cancers in men and women account for 47.2% of all cancers; these cancers can be prevented, screened for and/or detected early and treated at an early stage. This could significantly reduce the death rate from these cancers.

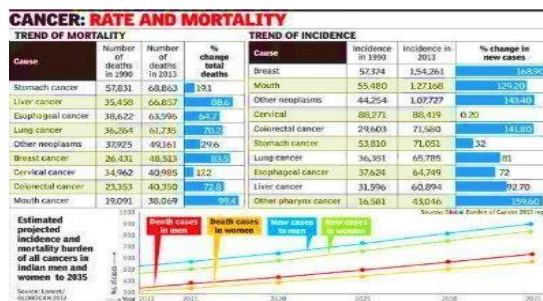


CANCER CARE COMPREHENSIVE PROGRAMME

CANCER CARE COMPREHENSIVE PROGRAMME GUIDELINES



	Men	Women
1	LIP, ORAL CAVITY	BREAST
2	LUNG	CERVIX
3	STOMACH	COLORECTUM
4	COLORECTUM	OVARY
5	PHARYNX	LIP, ORAL CAVITY



Skewed geographical location:

- A demographic report shows that 50% of India's population lives in the eastern and central regions but about 60% of the healthcare facilities are located in western and southern India. There is a severe disparity in the resource allocation. This is further exacerbated by the fact that about 50% of the people diagnosed with cancer require radiotherapy and/or chemotherapy in their lifetime, which means most people do not have easy access to advanced facilities for receiving timely treatment.



Healthcare Partner

Arihant Hospital
18- Main Haridwar Road, Shastri Nagar,
Dehradun – 248001 (Uttarakhand)

DIRECTORS



Acedemic:
FAAOS(Italy)
FICS (GI Surgery Excellence)
MBBS,MS(General Surgery)
FAMAS (Italy), FISCP (Colo Proctology)
Colorectal Surgary, Advance Laparoscopic Surgery,
Abdominal Oncology Surgery,Bariatric & Metabolic Surgery.

Dr. Abhishek Jain
Gastro Surgeon

Dr. Vidushi Jyala Jain
Gynaecologist & Obstetrician

MBBS. MS (Obs. & Gynaecologist)
FIART (Infertility Specialist)
Infertility Treatment Specialist &
Advanced Laparoscopic Surgeon



SCOPE OF SERVICES

- Obstetrics & Gynaecology
- General Surgery
- Gastro-Surgery
- General Medicine
- Paediatrics
- Orthopaedic surgery(including joint replacement)
- Dental
- Anaesthesiology
- Neurosurgery
- Medical Oncology
- Paediatric Surgery
- Plastic & Reconstructive Surgery
- Nephrology Including Dialysis
- Urology
- Respiratory Medicine

CANCER CARE COMPREHENSIVE PROGRAMME

FRONT OFFICE AREA & OPD AREA



OT AREA



LABOUR ROOM



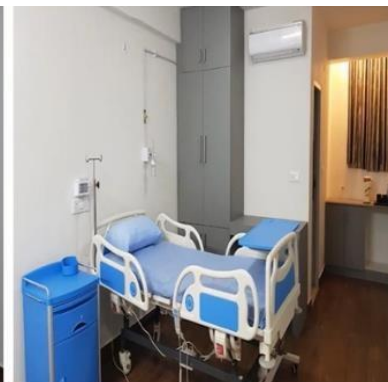
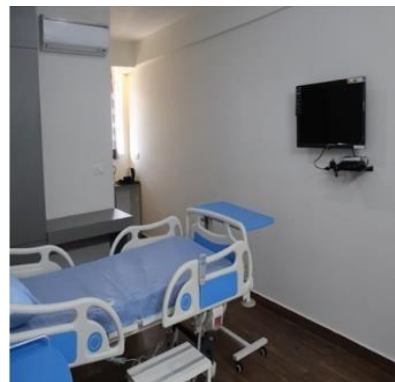
ICU-1 & (ICU-2 AYUSHAMAN WARD)



NICU-WARD, DELUXE & PRIVATE ROOM



GENERAL WARD



PATHOLOGY & PHARMACY



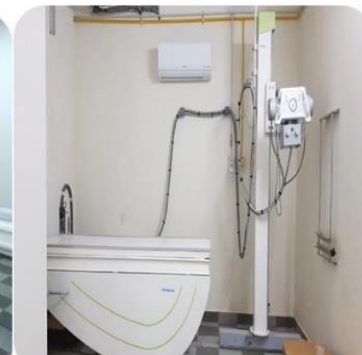
OUR FACILITIES RADIOLOGY



(CT Scan)



Digital (X- Ray)



CANCER CARE COMPREHENSIVE PROGRAMME



Training & Research Partner



Please Find Link of Our Social Welfare Initiatives for your Kind Review

Donate & Support | An Educative & Informative Awareness Series on IVF & Infertility by GMF & Arihant



Donate & Support | Holistic Cancer Care & Drug Abuse Healthcare Langar Sewa by GMF in Punjab

https://youtu.be/ovOH_eRIVk8?si=LvHkwcHA87avQQm



Donate & Support | An Educative & Informative Awareness Series Sex Education, Psychological Disorder



Donate & Support | An Educative & Informative Awareness Series on Moral Human Value by GMF & Minerva

<https://youtu.be/dINvprAVd3g?si=huF51jcl2A5EXsWa>



Donate & Support | An Appeal to Donate & Contribute in Social Welfare Initiatives of GMF, Arihant



Donate & Support | Government Scheme Policies Awareness Initiative By GMF & MINERVA

<https://youtu.be/NiwR-N55jpM?si=DIU2YZ7-NnzIY8R3>



Donate & Support | Pan India Holistic Healthcare Langar Sewa by Global Middas Foundation GMF



<https://youtu.be/mGd72uM3MAo?si=mrwJAb93UOxuM44P>

Please Find Link of Our Social Welfare Initiatives for your Kind Review

Donate & Support | Interview Request Letter for
MP & MLA 2024 Lok Sabha Elections

https://youtu.be/y2_GXwtCQyA?si=gvbD_OIGf8S_h1xB



Donate & Support | Drug Abuse & Addiction
Survey Campaign by GMF

<https://youtu.be/BNDOZEyPzo?si=ceiXAsAZCGSzmM-b>



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Programme | Samwaad India

https://youtu.be/pgl-_4Q8qU8?si=29jFicG4b40czTDP



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Programme by GMF in association with Arihant & MMM

https://youtu.be/j-_ZWbXGCO8?si=PJkLI0Zd-j523nvY



Donate & Support | An Educative & Informative
Awareness Series on Cancer Care By GMF, GMC & SKP

<https://youtu.be/QFH7ru9WohU?si=l-aMVv5GRXMutFG7>



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Health Card Langar Sewa

<https://youtu.be/NcUCYy3zvYo?si=3M47y-jzZr-ESrEr>



Donate & Support | An Educative & Informative Awareness
Series on Drug Abuse By GMF

https://youtu.be/JA1N8K_ks_E?si=aq8V-jiCvVIWXf6f



Please Find Link of Our Social Welfare Initiatives for your Kind Review

DEV BHUMI EDUCATIONAL SOCIETY

Indian Overseas Bank

A/C No – 230501000001425

IFSC Code – IOBA0002305

Branch – Sudhowala, Vikas Nagar

Global Middas Foundation

ICICI Bank

A/C Nos. - 015405007191

IFSC - ICIC0001353

Branch - Netaji Subhash Place, New Delhi, DL-110034

We look forward for kind support domestically and internationally from Individuals, Government Undertakings through CSR/Ministry /MLA/MPLAD supported funds, Central & State Public Sector Undertakings, UHNWI,s, Corporations, Institutions, Gurdwara & Religious Organization to come forward and support the initiatives being undertaken by us. All Donations to are Tax Exempt Under Section 80G & 12AA of IT Act. 1961