

The Scoop

April, 2025



Updates on Hospital Administration and more...

A publication of Administrators Section, Christian Medical Association of India

When a Not-for-Profit Hospital is a Section 8 Company...

When setting up a non-profit hospital in India, choosing the right legal structure is crucial for governance, fundraising, and long-term sustainability. While non-profits can register as a Trust, Society, or Section 8 Company, a Section 8 Company—governed by the Companies Act, 2013—offers distinct advantages over a Society.

Key Benefits of a Section 8 Company for a Non-Profit Hospital

1. Strong Legal Framework & Credibility

- Governed by the Ministry of Corporate Affairs (MCA) – Ensures transparency and legal oversight.
- Higher credibility – Annual financial disclosures make it more trusted by donors and government bodies.
- Perpetual succession – Continues to exist even if directors change, unlike societies that can become inactive due to leadership disputes.
- Reduced leadership conflicts – Structured Board of Directors prevents power struggles common in societies.

2. Easier Fundraising & CSR Donations

- Preferred for CSR funding – Corporate donors trust Section 8 Companies due to strict financial regulations.
- Better access to foreign funding (FCRA approval) – More likely to receive international grants.
- Easier bank loans & government grants – Structured governance makes it a preferred choice for lenders.
- Allows charging for services – Can generate

revenue (without profit distribution) for financial sustainability.

3. Better Governance & Management

- Professional Board of Directors – Ensures centralized decision-making.
- Mandatory financial audits & compliance – Reduces financial mismanagement.
- Protection from internal conflicts – Leadership changes require MCA approval, ensuring stability.

4. Legal & Tax Advantages

- Easier to get 12A & 80G tax exemptions – Attracts high-value donors.
- Directors protected from personal liability – Unlike society members who can be held personally responsible for financial mismanagement.
- More legal recognition – Can enter contracts and agreements more easily.

5. Growth & Expansion Potential

- Easier to scale and open branches – No geographical limitations like a society.

Preferred for government health schemes – Programs like Ayushman Bharat and PMJAY favor Section 8 Companies.

Conclusion

For a non-profit hospital, registering as a Section 8 Company ensures strong governance, better fundraising opportunities, legal protection, and long-term stability. While societies are an option, they lack the credibility needed for large-scale healthcare initiatives.

- The Scoop Editorial Team



The three main legal structures available for non-profit organizations in India are Trusts, Societies, and Section 8 Companies. Each has different levels of regulation, governance, and benefits. Here's a breakdown:

1. Trusts (Indian Trusts Act, 1882)

- Best for: Religious, charitable, and educational institutions.
- Legal Status: Not a separate legal entity; property is held in the trustee's name.
- Governance: Minimal regulation, but court intervention is needed for major changes.
- Flexibility: High, but less transparency and governance.

2. Societies (Societies Registration Act, 1860)

- Best for: Literary, cultural, and social welfare activities.
- Legal Status: Separate legal entity.
- Governance: Managed by a governing body; decisions require majority approval.
- Flexibility: Moderate compliance requirements, making it easier to operate than a company.

3. Section 8 Companies (Companies Act, 2013)

- Best for: Large-scale non-profits, NGOs, organizations seeking funding.
- Legal Status: Separate legal entity with structured governance.
- Governance: Strongest regulation, mandatory audits, board of directors.
- Funding Access: Easier access to CSR funding, foreign donations, and government grants.

Key Differences:

- Regulation: Trusts < Societies < Section 8 Companies.
- Governance: Trusts are the least regulated; Section 8 Companies have the strictest compliance.

Funding & Credibility: Section 8 Companies are the most credible and transparent, making them the preferred choice for large non-profits.

- The Scoop Editorial Team

Practices for Purchasing Capital Items in a Hospital (India)

Capital items in hospitals, such as MRI machines, ventilators, and surgical equipment, require a well-structured procurement process to ensure cost-effectiveness, transparency, and regulatory compliance.

1. Planning & Budgeting

- Conduct a needs assessment involving department heads and biomedical engineers.
- Allocate funds considering financial policies, depreciation, and funding sources like loans or grants.

2. Vendor Selection & Tendering

- Research and prequalify reputable OEMs and authorized distributors.
- Use open tenders for competitive bidding or the Government e-Marketplace (GeM) for public hospital purchases.
- Evaluate proposals based on technical specifications, compliance, pricing, and maintenance costs.

3. Procurement & Negotiation

- Negotiate pricing, payment terms, warranties, and after-sales services.
- Ensure compliance with GST, import duties, and medical device regulations.

4. Purchase Order & Delivery

- Issue a detailed purchase order with specifications and payment terms.
- Verify delivery, conduct quality checks, and ensure proper installation.

5. Installation, Training & Maintenance

- Perform calibration and integrate equipment with hospital IT systems.
- Train medical staff and secure AMC/CMC contracts for long-term maintenance.

6. Post-Purchase Monitoring & Asset Management

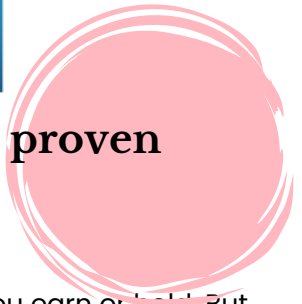
- Track performance, schedule servicing, and plan for future upgrades.

Key Best Practices

- Standardization for compatibility across departments.
- Vendor evaluation based on service reliability.
- Consider total cost of ownership, including maintenance and consumables.
- Opt for energy-efficient, sustainable equipment.

MISSION:LEADERSHIP

“God, why the delay? Haven’t I already proven myself by defeating Goliath??”



Many people think of leadership as a position or responsibility—something you earn or hold. But leadership is not just a title; it is a role, something we step into for a time. More importantly, leadership is a mission—a calling given for a purpose, meant to serve others.

When we see leadership this way, we understand that both starting and ending our leadership journey are part of a bigger plan. Let’s look at two great leaders from the Bible—David and Moses—to see what this means.

David: Learning to Wait

David was anointed as a leader while still a teenager, yet he had to wait nearly 15 years before stepping into his destiny as king (2 Samuel 5:4). Imagine the patience and faith that required! Even as he faced mistreatment from the reigning king, he remained steadfast. He could have questioned, *“God, why the delay? Haven’t I already proven myself by defeating Goliath?”* Yet, through the waiting, God was preparing him for something greater. Even when he had the chance to take the throne by force, he refused, saying:

“The LORD rewards everyone for their righteousness and faithfulness. The LORD delivered you into my hands today, but I would not lay a hand on the LORD’s anointed.”
—1 Samuel 26:23 (ESV)

People may say, “You deserve this! You’ve worked for it!” But when leadership is a mission, we don’t have to rush. We can wait for God’s perfect time. As Psalm 20:7-8 (NIV) says:
“Some trust in chariots and some in horses, but we trust in the name of the LORD our God.”

Moses: Knowing When to Let Go

If leadership is a mission, it is not just about starting well—it is also about ending well. Moses, who led the Israelites for 40 years, had to hand over leadership to Joshua just before they reached the Promised Land.

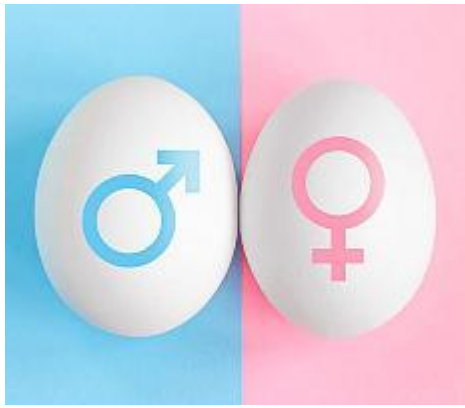
Stepping aside was not hard for Moses because he saw leadership as a mission. He not only let go, but he trained his successor and helped prepare the people for the future. His leadership was never about personal success—it was about helping others move forward.

As Hebrews 11:16 (NIV) says: “They were longing for a better country—a heavenly one. Therefore God is not ashamed to be called their God, for he has prepared a city for them.”

The True Meaning of Leadership

When we see leadership as a mission, everything changes. It teaches us to wait patiently like David and let go gracefully like Moses. Leadership is not about power—it is about serving others for a greater purpose.

Whether you are starting your leadership journey or preparing to pass it on, remember: you are chosen for a reason, for a season, and for something bigger than yourself.



Determining a Patient's Gender in Hospitals: Legal and Medical Considerations

Hospitals sometimes need to confirm a patient's gender for medical treatment, legal documentation, or administrative records. There is no single universal method, so hospitals follow a combination of medical assessments, patient self-declaration, and legal guidelines.

1. Medical Assessment (When gender determination is necessary for treatment)

Doctors may use the following medical tests to assess gender:

- Physical Examination – Doctors check external body characteristics to determine apparent gender.
- Chromosomal Testing – A karyotype test (checking for XX or XY chromosomes) helps confirm genetic sex if needed.
- Hormonal Testing – Blood tests measure hormone levels (e.g., testosterone and estrogen) that influence gender traits.
- Internal Anatomy Scans – Ultrasound, MRI, or CT scans can detect internal reproductive organs if necessary.

However, these tests are usually done only in specific medical cases, such as ambiguous genitalia or gender-related medical conditions.

2. Patient Declaration & Legal Documents

- Self-Declared Gender – Most hospitals in India accept the patient's stated gender, especially when it matches government ID documents.
- Government IDs – Aadhaar, PAN card, voter ID, passport, or birth certificate are commonly used to verify gender.
- Transgender Individuals – Under the Transgender Persons (Protection of Rights) Act, 2019, individuals can self-identify their gender. If they have undergone gender transition, hospitals may request a gender identity certificate for legal or surgical procedures.

3. Emergency & Unidentified Cases

- Trauma or Unconscious Patients – If a patient is unresponsive, doctors use external examination to determine gender for immediate medical care.
- Unidentified Patients – In cases where identity is unknown, hospitals may conduct DNA testing or check past medical records if needed.
-

Sensitive and Legal Approach

Hospitals must handle gender identification carefully, ensuring:

- ✓ Respect for Patient Rights – Hospitals should respect the patient's declared gender identity.
- ✓ Medical & Legal Compliance – Gender determination should follow Indian laws and medical ethics.
- ✓ Privacy & Sensitivity – Patients must be treated with dignity, especially in cases involving transgender individuals or ambiguous gender identity.

IRDAI, GIPSA & PPN



The Insurance Regulatory and Development Authority of India (IRDAI), the General Insurers Public Sector Association (GIPSA), and the Preferred Provider Network (PPN) play key roles in India's healthcare and insurance sectors. While they streamline claims and control costs, they also pose challenges for hospitals.

IRDAI and Its Role

The IRDAI regulates India's insurance sector, ensuring fair practices, affordability, and policyholder protection. It sets frameworks for insurance claims, reimbursements, and patient rights.

GIPSA – Standardization and Cost Control

GIPSA, a consortium of four public sector insurers, sets standardized package rates for medical procedures in empaneled hospitals to control costs. The four major public sector general insurance companies in India are, New India Assurance Company Limited, United India Insurance Company Limited, Oriental Insurance Company Limited and National Insurance Company Limited

Advantages for Hospitals:

Assured Patient Volume: Steady influx of insured patients increases occupancy rates.

Streamlined Billing: Standardized rates reduce disputes and speed up approvals.

Credibility Boost: Association with GIPSA enhances a hospital's reputation.

Disadvantages for Hospitals:

Lower Profit Margins: Rates are often lower than standard hospital charges.

Limited Price Flexibility: Hospitals cannot easily revise prices despite cost increases.

Operational Challenges: Managing GIPSA patients can strain resources.

PPN – A Selective Network for Insurance Claims

The PPN system allows insurers and TPAs to collaborate with select hospitals to offer cashless treatments at predefined rates.

Advantages for Hospitals:

Higher Patient Footfall: More cashless patients increase occupancy.

Faster Claims Processing: PPN hospitals get priority in claim approvals.

Better Patient Satisfaction: Seamless insurance handling improves goodwill.

Disadvantages for Hospitals:

Lower Tariff Rates: Similar to GIPSA, PPN rates can impact revenue.

Administrative Burden: Compliance with paperwork adds to operational costs.

Exclusion of Non-PPN Patients: Some insured patients may not be covered.

While GIPSA and PPN improve patient access and streamline claims, they can strain hospital finances and operations. Hospitals must evaluate participation, negotiate better rates, and optimize efficiency to maximize benefits while mitigating drawbacks.



What is Law of Limitation?

The Law of Limitation in India is governed by the Limitation Act, 1963, which prescribes time limits for initiating legal proceedings in civil matters. It ensures that cases are filed within a reasonable period, preventing indefinite legal uncertainty. For hospitals and the healthcare sector, the Limitation Act is particularly relevant in cases related to medical negligence, billing disputes, contractual claims, and recovery of dues.

Key Provisions of the Limitation Act, 1963

General Time Limits for Different Types of Cases

- The Act sets deadlines for filing various legal claims, including:
- Medical negligence claims – 2 years (under the Consumer Protection Act, but courts may consider delays in special cases).
- Contractual disputes (e.g., agreements with vendors, insurance claims, hospital suppliers, etc.) – 3 years from the date of breach.
- Recovery of hospital dues (unpaid bills by patients or insurance claims) – 3 years from the date the payment was due.
- Property-related disputes (e.g., hospital land or lease agreements) – 12 years.
- Employment-related claims (e.g., unpaid salary, wrongful termination cases by employees) – 3 years.
- Relevance of the Limitation Act to Hospitals

1. Medical Negligence Cases

Hospitals and doctors can be sued for medical negligence within two years from the date of alleged malpractice or the discovery of harm. This limitation protects healthcare providers from indefinite liability but also ensures patients have a reasonable time to seek justice.

2. Recovery of Dues from Patients and Insurance Companies

Hospitals often face delays in bill payments, either from patients or insurance companies. The three-year limitation period applies to recovery suits, meaning hospitals must initiate legal action within this period to claim unpaid dues.

3. Legal Disputes with Vendors and Service Providers

Hospitals enter into various contracts with suppliers, diagnostic labs, and other service providers. If there is a breach of contract (e.g., non-payment, delayed services, supply issues), legal action must be taken within three years.

4. Property and Lease Agreements

Hospitals operating in leased properties or owning land must be mindful of the 12-year limitation period for property disputes. Failure to act within this timeframe can weaken legal claims over hospital property rights.

5. Employment and Labor Disputes

Employees of hospitals (doctors, nurses, administrative staff) can file claims for unpaid wages, benefits, or wrongful termination within three years. Hospitals must maintain proper records to defend against such claims effectively.

Importance of the Law of Limitation for Hospitals

- Legal Protection – Prevents old, indefinite claims from being filed against hospitals, ensuring stability.
- Encourages Timely Action – Helps hospitals take legal steps in time, avoiding loss of financial claims.
- Reduces Litigation Risks – Hospitals can avoid long-drawn legal battles if they monitor and respond to claims within the limitation period.
- Aids in Financial Planning – Knowing the time limits for claims helps hospitals manage finances and outstanding payments efficiently.

The Law of Limitation in India plays a crucial role in protecting hospitals from delayed legal claims while ensuring they act within prescribed timeframes for disputes and financial recoveries. Hospitals should have strong legal and administrative processes to track and address claims efficiently to avoid financial losses and legal complications. Would you like any specific case references or additional insights?

– Editorial Team

Law of Limitation

EXCLUSIONS & EXEMPTIONS



While the **Law of Limitation Act, 1963** sets deadlines for filing legal claims, certain exceptions and exclusions apply in hospital-related cases. These exceptions can extend or modify the standard time limits for legal action.

1. Medical Negligence – Discovery Rule Exception Standard Time Limit: 2 years (Consumer Protection Act, 2019). Exception: If the harm caused by medical negligence is discovered later, the limitation period starts from the date of discovery.

💡 Example: A patient undergoes surgery in 2020 but discovers a surgical instrument left inside their body in 2023. The 2-year limitation will start from 2023, not 2020.

2. Delay Due to Disability (Minors, Mentally Incapacitated, or Legal Disability) If the claimant (patient or relative) is: A minor (below 18 years old) Mentally incapacitated (due to illness or disability) Legally unable to act (e.g., under guardianship or legal restrictions) Time Limit Starts Only After Disability Ends

💡 Example: A child suffers medical negligence at birth in 2010. The limitation period starts only when the child turns 18 (in 2028), meaning they can file a case until 2030.

3. Fraud or Concealment of Facts If a hospital, doctor, or insurance company hides facts or misleads a patient, the limitation period starts only when the fraud is discovered. This applies in cases like: False medical records Deliberate misdiagnosis Fraudulent denial of an insurance claim

💡 Example: A hospital falsifies a death certificate in 2018. The family discovers the fraud in 2022. The limitation starts from 2022, allowing them to file a case despite missing the standard deadline.

4. Government Hospitals & Public Health Institutions (Special Rules Apply) Suits against government hospitals must follow Section 80 of the CPC (Civil Procedure Code). A mandatory 2-month notice is required before suing a government hospital. Time Limit Extensions: Courts may allow extensions if public interest is involved (e.g., mass medical negligence).

💡 Example: In a government hospital sterilization failure case, courts may allow lawsuits beyond 2 years due to public health concerns.

5. Criminal Cases – No Limitation for Serious Offenses Minor Offenses (e.g., Overbilling, Wrong Medical Certificate) → 1-3 years limit Serious Offenses (e.g., Death due to Negligence, Organ Trafficking, Fraud) → No time limit (can be filed anytime).

💡 Example: If a doctor performs an unauthorized organ transplant, a case can be filed even 20 years later.

6. Insurance & Claim Settlements – Limitation Can Be Overridden by Contract Terms Some hospital insurance policies or patient agreements may have custom time limits for claims or disputes. Courts may allow exceptions if the delay is due to valid reasons (e.g., hospitalization, lack of documents).

💡 Example: If an insurance company wrongly denies a claim in 2020 but the hospital only receives the rejection notice in 2022, the limitation may start from 2022.

Updates from Mission Hospitals



Lady Willingdon Hospital Launches Fundraising Drive for Healthcare and Education

Lady Willingdon Hospital, Manali, has announced a major fundraising campaign to enhance healthcare and education in the region. The initiative aims to rebuild the hospital and a local school, with a task-based motorbike rally set for late May 2025 to kick off the effort.



Alongside infrastructure improvements, the hospital continues its focus on training and capacity-building. This year, it has successfully completed a Basic Life Support and Road Safety program for village volunteers and is advancing its Supervisors' training program to strengthen emergency response capabilities.

Construction Progresses at Umri Christian Hospital's New OPD Building

Umri Christian Hospital has reached a significant milestone in the construction of its new Outpatient Department (OPD) building. According to hospital representatives, the project has now advanced to the plinth stage, with part of the first set of columns already in place.

The hospital attributes this progress to God's grace and the unwavering support of its community. Once completed, the new OPD facility is expected to enhance patient care by providing improved medical infrastructure and expanded services.



Burrows Memorial Christian Hospital Installs Advanced X-Ray Machine

Burrows Memorial Christian Hospital, Alipur, Assam has enhanced its diagnostic services with the installation of a new Skanrad 400mA X-Ray Machine with CR System. Dedicated recently, the advanced equipment—gratefully received as a CSR gift—significantly boosts the hospital's imaging capabilities, enabling more efficient and affordable patient care.

North Bengaluru's First Human Milk Bank Opens at Bangalore Baptist Hospital

Bangalore Baptist Hospital has inaugurated North Bengaluru's first Human Milk Bank, providing life-saving nourishment for preterm and critically ill infants.

Launched on March 1, 2025, the facility ensures safe, screened, and pasteurized donor milk, currently serving newborns in the hospital's NICU, with plans to extend support to other hospitals. With stringent safety protocols, the initiative offers a vital alternative when a mother's milk is unavailable, reducing infections and improving survival rates.

Led by experts in Pediatrics, Nursing, and Microbiology, the program also raises awareness about milk donation. Lactating mothers are encouraged to contribute and help fragile newborns thrive.





19th Administrators National Conference

The 19th Administrators National Conference, held in Shillong from November 20-22, 2024, brought together 80 mission healthcare leaders, administrators, and students to explore the theme Perfect Peace. Organized by the Administrators Section of CMAI, the event fostered discussions on leadership, governance, and the evolving role of administrators as agents of transformation.

Inspiring speakers, including Dr. Glen C. Kharkongor, Shri K.W. Marbaniang, Mr. Tony Marak, Fr. John Thekkekkara, Mr. Sunny Kuruvilla and others, shared insights on effective leadership, faith-driven administration, and innovative healthcare strategies. Sessions covered critical topics like governance, mission-driven healthcare, and the call to be Ambassadors for Christ in Healing Ministry.

The conference concluded with a Communion Service, reinforcing a shared commitment to holistic healing. With its impactful sessions and meaningful connections, this gathering ignited a renewed vision for mission healthcare leadership—anchored in faith, excellence, and service.

Ms. Elsy John, Secretary, Admin section, CMAI



Leadership Refresher Course

The 3-Day Healthcare Leadership Refresher Course, held from October 14-16, brought together 39 participants from 24 healthcare institutions to enhance leadership, governance, and management in non-profit healthcare.

Organized by the Administrators Section of CMAI, the program featured expert-led sessions on key leadership topics:

- Strategic Planning – Dr. Chandy Abraham
- Financial Viability – Rev. Fr. Jesudoss Rajamanickam
- Change Management – Dr. Naveen Thomas
- Innovation – Dr. Sunil Chandy
- Organizational Structure & Governance – Mr. Davidar
- Team Building & Mentorship – Dr. Mathew Santhosh
- Organizational Philosophy & Mission – Dr. Vinod Shah
- Healthcare Resource Management – Mr. Sunny Kuruvilla

Engaging discussions on governance, team building, and organizational culture provided practical strategies for effective leadership. The CMAI extends sincere appreciation to the resource persons and participants for their dedication and contributions.

CMAI 48th Biennial Conference Kochi

November 6-8, 2025

Register now

<https://www.cmai.org/48th-biennial-conference-2025.html>





Christian Institute of Health Sciences & Research (Referral Hospital)

VACANCIES

PHARMACY PURCHASE OFFICER- 1 post

A. Qualification:

1. Bachelor's degree in Supply Chain Management/Healthcare Management (OR)
2. BPharm with Diploma/Certificate in procurement & Supply Chain Management/Inventory Management.

B. Professional Skills & Others:

- i. Should possess good knowledge of pharmaceuticals, good negotiation skills, procurement & inventory management, regulatory compliances & data analysis
- ii. Good communication skills, attention to details, organizational skills when handling purchase orders & inventory would be preferred.
- iii. Experience of 1-3 years in similar role in healthcare.
- iv. Experience in dealing with vendors & suppliers in pharmaceutical industry would be preferred.

- ✓ Candidates should submit the prescribed application form alongwith supporting documents.
- ✓ Application form can be downloaded from our website www.cihsr.in
- ✓ Application form can also be collected from **HR Dept.**
- ✓ Submit the application form to HR Dept. or send to e-mail mentioned below.

LAST DATE

14th April, 2025

CONTACT

✉ : hrd@cihsr.ac.in

☎ : 03862-242555 (Extension-7011, 7012)

ADDRESS

4th Mile, Diphupar, Chumoukedima-797115, Nagaland



Sixth Contact Programme
Diploma in Hospital Administration – Distance Education (6th Batch)
10th March to 22nd March 2025



**Conducted by: Department of Hospital Management Studies & Staff Training and Development,
 CMC Vellore & CMAI, New Delhi**



Standing 1st Row: Mr. Balaparameswaran, Dr. S. Samuel Sobers, Dr. Felix Samuel Ebenezer D, Dr. Judah Deep Pereira, Dr. Pranay Bhushan Pathapati, Mr. Praveen, Mr. Ligin A, Mr. Raja T, Dr. N. Austin, Ms. V. S. Priyanka, Dr. Parmar Glory Nicholson, Dr. Mary Princy J, Ms. Gloria Remsiemkim, Ms. Rugaina, Ms. Lynne Sharon, Ms. Ida Margret Paulin, Ms. Jacinth, Ms. Jeevitha, Ms. Persis
Sitting(Chair): Sr. Mable Pashan, Sr. Laiji MSJ [Laiji. K. I], Mr. Sundar Raj Vincent, Mr. Samson Godson, Ms. Sonia Valas, Mr. Ronald Simon, Ms. Elsy John, Ms. Shiny, Dr. Shrilatha, Ms. Divya, Ms. Karunya

CMC Vellore's Diploma in Hospital Administration – 6th Batch Contact Programme

The Diploma in Hospital Administration (Distance Education Programme) by Christian Medical College Vellore, in collaboration with CMAI New Delhi, continues to empower mission hospital leaders. Designed for healthcare professionals, this course blends theoretical frameworks with practical hospital management skills.

The 6th batch contact programme was held from March 10-22, 2025, with 14 participants attending intensive sessions on hospital governance, finance, quality & safety, and more. Faculty-led classes, department visits, and interactive discussions enriched learning. Participants, including doctors, nurses, and administrators from 10 mission hospitals, gained valuable insights to enhance healthcare leadership.

Admissions for the 7th batch open in July 2025. For details, contact CMC Vellore (stafftraining@cmcvellore.ac.in, 0416-2283535) or CMAI (ejohn@cmαι.org, 97413 36277).

A Journey of Faith and Excellence in Heart Care



**Dr. Aravind Kumar
 Radhakrishnan,
 Interventional Cardiologist**

From Vellore, Tamil Nadu, to the global stage of interventional cardiology, my journey has been one of faith, perseverance, and gratitude. Beginning my medical career in mission hospitals, I never imagined that God's plan would lead me across Germany, Switzerland, the UK, and beyond, refining my skills in cardiovascular care.

With His guidance, I pursued advanced training in Royal Brompton Hospital, London, and received a prestigious EAPCI grant in 2023 to contribute to global heart care. Honored with awards like the 'Most Trusted Healthcare Leadership Award' in Dubai and the '40 Under 40 Public Health Catalyst Award' in the USA, I stand in awe of how God has shaped my path. To those facing challenges—hold on to faith. Success is not about being the best but about trusting in His perfect timing. When you walk with God, doors will open beyond your imagination.



Readers write...

...enjoyed the Scoop. every bit of it....Thank you

Very relevant and educative.. keep it up. Congratulations!

The waste water management ideas were excellent!

Want to have a local conferences on these topics. How to go about it?

Appreciate the professional approach

Thank you for your kind words!

Enjoying The Scoop?

- **If so, we'd love to hear from you! Send us a message on WhatsApp at 9741336277 your encouragement means a lot to us!**
- Have suggestions or feedback? We value your input! WhatsApp us at 9741336277.
- Share insights about your institution, best practices, informative resources, statutory impacts, photographs, and more. We're interested in hearing from you!

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Christian Medical Association of India (CMAI)

37th HEALTHCARE MANAGEMENT DEVELOPMENT WORKSHOP

Date : 2nd June – 13th June 2025

Venue : Vidhyadeep CRI Brothers Institute, 128/1, Ulsoor Road, Bangalore –560042

Contact for Details:

Elsy John, Secretary, Administrators Section

Phone: 9741336277

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