



The Adeshian

2013

College Magazine of Adesh Institute of Medical Sciences & Research, Bathinda
(A Constituent College of Adesh University)

Adesh Institute of Medical Sciences & Research, Bathinda



MBBS Batch **2009** with Senior Faculty

The Adeshian

2013

College Magazine of AIMSR Bathinda

DISCLAIMER

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-Editorial Team

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MESSAGES



ADESH UNIVERSITY

(Established under Government of Punjab Act 6 of 2012)

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Dr H S Gill
MD (Medicine)
Chancellor

29th June 2013



It is very heartening to learn that the faculty and students of Adesh Institute of Medical Sciences & Research are bringing out the long-awaited, first edition of the College Magazine christened as "The Adeshian".

A College Magazine is the reflection of linguistic and artistic talent of the students of any College. I am sure the students of AIMSIR must have contributed immensely with their personal-life experiences, anecdotes and socially-aware attitude, for the College Magazine.

It requires editorial skills on the part of the Editors to scrutinize a contribution, and help the students to give it a final shape. I applaud the efforts put-in by the editorial team of the College Magazine.

I fervently look forward to the successful launch of the first edition of the College Magazine and hope that it will be an annual feature.

With best wishes,

Dr H S Gill



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Dr (Lt Col) G P I Singh
MD, DIH, FIPHA, FIAPSM, FISCID, Ex AMC
Vice Chancellor



27 June, 2013

It is a matter of pleasure for me to write a message for the first edition of AIMSIR magazine "The Adeshian".

Having intimately known the institute and its students for many years, it is indeed heartening to witness the literary endeavors of the students and staff blossoming in the form of the college magazine, even though a bit late.

College magazine is a reflection of the co-curricular talent and aspirations of the contributors and as a document archiving the college activities. I am sure the endeavors of the faculty with their constant guidance and encouragement of the students has been at the background of this exquisite magazine. All the contributors, the faculty, and the editorial board deserve to be lauded and congratulated.

I wish for successful launch of the college magazine and hope that it will become a regular yearly feature coinciding with the "College day".

With best wishes,


(Dr (Lt Col) G P I Singh)



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Prof. Dr. Paramjit Singh
Registrar

27 June 2013



I am indeed pleased to know that the AIMS of Adesh University is bringing out the first issue of College magazine "The Adeshian". The College Magazine provides a forum to the students where they can exhibit their literary potential and be able to express their feelings, views, opinions, analytical and critical assessments through their literary creations about different issues – socio-political, religious, scientific, economic, educational and so on. Literary works are effective ways of communicating through the masses in the society inspite of the quick communications via SMS, Whatsapp, e-mail, blogs and other electronic media aids. Developing writing skills proves to be a lifelong asset of a person which may lead one to get distinguished as an author/poet and aspire for well known awards.

It is hoped that through this platform with a focused positive attitude you will succeed developing this skill in you. It is worth giving it a trial. Even if many of you haven't tried it here, do try it later to discover the pleasure of writing.

I wish this maiden effort a grand success and hope with the contributions of you all, you will create a beautiful piece of mosaic of "The Adeshian" to spread its rediance in the years to come!

Good Luck!

Paramjit Singh
(Prof. Dr. Paramjit Singh)
Registrar



Adesh Institute of Medical Sciences & Research

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Dr Harkiran Kaur

MD (OBG), FICMCH, MIMA

Principal



Dear Students and Faculty members,

With immense pleasure I give to you, your college magazine. Each one of you holding a copy of 'The Adeshian' is a proud owner of the first ever issue of AIMSIR college magazine. I wish to congratulate all of you for the successful publication of 'The Adeshian' as it is a result of not just the efforts of my energetic and enterprising editorial team but the desire of each one of you. Together we have achieved yet another milestone!

Achievement, my dear students, is a dynamic process. As soon as one achieves a certain destiny, the eyes are set upon the next possibility. From its inception till now, AIMSIR has achieved several milestones. From being a 'new medical college' to an established institution.....to a university. We have enjoyed several successes over the years. Big or small, the quantum of joy at any achievement has never abated. And today yet again we are toasting the birth of 'The Adeshian'.

AIMSIR campus pulsates with the plethora of activities students involve themselves in. With 'Arrhythmia 2013' I carried forward a legacy; with 'The Adeshian' I add my own little contribution to the already rich culture of AIMSIR. It is always enthralling to see my students doing well not just in academics but also gainfully involved in extra-curricular activities. I was joyfully surprised to find quite a few writers and poets amongst you all.

I am happy that each little effort of mine towards the betterment of this college and campus is backed by a strong team of dedicated faculty. I confess that at the outset bringing out this magazine seemed like a daunting task, but the faculty members enthusiastically picked up the ropes and made the whole process seem fluid. They have again reinforced my faith in them. The editorial team and the faculty members who have contributed their words of wisdom or mirth have indeed made me proud.

With such a robust team of students and faculty behind me I feel I can safely dream more such small but sweet dreams. I hope that now that we have set the wheels of an annual college magazine in motion, the trend continues with aplomb. I wish and pray that with each new issue the concept gets larger and better and the college takes as much pride and pleasure in it as I do now!

With best wishes

25 June 2013


Dr Prof Harkiran Kaur



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Dr S C Chopra
MD (Pharmacology)
Dean (Academics)



29 June 2013

A College Magazine is the face of any College that is visible not only to the students and teachers but also to the parents and the lay public alike. It requires tremendous skill on the part of the developing buds to write the scientific and literary articles to be incorporated into the Magazine.

Even greater effort is required to be put in by the Editors to piece all these together and to give them the final shape.

I am delighted to learn that the students and the Faculty of Adesh Institute of Medical Sciences & Research are undertaking this Herculean task of bringing out the first edition of the College Magazine by the name and style of "The Adeshian". I am sure their effort will bring out an issue to be relished by one and all.

I eagerly look forward to the event and send my best wishes to the Authors and the Editors.

Dr S C Chopra
Dean (Academics)



Adesh Institute of Medical Sciences & Research

Barnala Road, Bathinda (Pb.)

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The great pleasure in life is doing what people say you cannot do; and on the occasion of the launch of the first edition of the College Magazine of Adesh Institute of Medical Sciences & Research by the name & style of "The Adeshian", we, the members of the Editorial Team have a feeling of contentment and pleasure; contentment of having achieved something, and pleasure of standing up to the responsibility handed over to us by the College authorities.

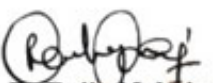
We are thankful to the College authorities, especially to our respected Principal Dr Harkiran Kaur, not only for posing faith in our abilities and for handing over the responsibility to us; but also for helping us to gel like a team!!

We thank all the contributors who have submitted their scripts for publications.

As Khalil Gibran once said "*you give but little, when you give your possessions, it is when you give yourself that you truly give*"; and that was the mantra followed by "Our Youth Brigade" of students' and faculty editorial members. We thank the God almighty for giving us the strength to stand up to the task.

We look forward to the suggestions of the readers to improve our next editions.

Regards


Dr Rajiv Mahajan
Editor in Chief


Dr Parmod Kumar Goyal
Managing Editor


Dr Sandeep Kaur
Section Editor (Hindi)


Dr Kapil Gupta
Section Editor (Punjabi)


Dr Smita Sinha
Section Editor (English)

A decorative floral wreath composed of various flowers, leaves, and swirling vines, surrounding a central white circle with a dashed border.

Student Section



URANIUM TOXICITY IN PUNJAB

Chetna Hans

Intern (MBBS- Batch 2008)

Ever since the startling news broke, in March 2009, that traces of uranium and other heavy metals had been found in the hair samples of children and adults at the Baba Farid Centre for Special Children in Faridkot district, Punjab has become the focus of intense government and media scrutiny. The revelations were made by UK-based clinical toxicologist Carin Smit who noted the bizarre medical condition of the children who, until now, had been considered extreme cases of mental disability. Their limbs are deformed, they have bulges on their heads, and their eyes have grown well beyond normal size.

At the onset of the action research project, it was expected that heavy metal / chemical toxicity might be implicated as reasons why these children were so badly affected. Surprisingly, high levels of uranium were found in 88% of the samples, and in the case of one child, the levels were more than 60 times the maximum safe limit.

A study, carried out amongst mentally retarded children in the Malwa region of Punjab, revealed 87% of children below 12 years and 82% beyond that age having uranium levels high enough to cause diseases, also uranium levels in samples of three kids from Kotkapura and Faridkot were 62, 44 and 27 times higher than normal. Subsequently, the Baba Farid Centre for Special Children, Faridkot, sent samples of five children from the worst-affected village, Teja Rohela, near Fazilka, which has over 100 children which are congenitally mentally and physically challenged, to Microtrace Mineral lab, Germany for further research.

HISTORY:

As early as 1995, Guru Nanak Dev University, Amritsar, released a report, showing the presence of uranium and other heavy metals beyond permissible limits in water samples collected from Bathinda district however there was no response from the government at that time. Over the years, a case of slow poisoning was suspected by health workers of the Baba Farid Center For Special Children (BFCSC) in Bathinda and Faridkot, when they saw a sharp increase in the number of severely handicapped children, birth defects like hydrocephaly, microcephaly, cerebral palsy, Down's syndrome and other physical and mental abnormalities, and cancers in children.

In March 2008, Dr Carin Smit, a Candidate Clinical Metal toxicologist, in private practice in South Africa, and Vera Dirr, a teacher of children with cerebral palsy, alarmed after seeing high incidences of abnormalities in local children at the Baba Farid Center For Special Children (BFCSC) in Faridkot, requested help for laboratory tests from Microtrace Mineral Lab, Germany. The centre reported a rise in the number of cases in the last six to seven years, which is actually very shocking!

Subsequent tests carried out on the ground water displayed levels of uranium as high as 224mcg/l. However, samples taken in the vicinity of the areas around the coal-fired power plants in Bathinda were up to 15 times [450mcg/l] above the World Health Organisation's maximum safe limits of uranium in ground water [2-30mcg/l]!!!

CAUSES:

While presence of Uranium in underground water of Malwa region has become a matter of serious concern, its source remains a matter of speculation and various probabilities have been floated. What baffles many is that

there are no uranium mines in Punjab. So where is the uranium coming from?

One of the theories doing the rounds is that the uranium may have come from Iraq where the US army uses it in its warheads.

- Some suggest that it could be from the granite rich Tusham hill range of nearby state Haryana.
- Some suspect air contamination caused by uranium-laden winds from Afghanistan, while others feel water contamination caused by toxic scrap dumped in the state's Sutlej and Beas rivers may be the cause.

The exact cause is still a big question mark!

OTHER FORMS OF TOXICITY

In 2009, under a Greenpeace Research Laboratories investigation, Dr Reyes Tirado, from the University of Exeter, UK, a study conducted in 50 villages in Muktsar, Bathinda and Ludhiana districts, revealed chemical, radiation and biological toxicity rampant in Punjab. 20% of the sampled wells showed nitrate levels above the safety limit of 50 mg/l, established by WHO, the study connected it with high use of synthetic nitrogen fertilizers.

RESPONSE :

News of these findings sparked a controversy in the media, as the Government of Punjab in April 2009, ordered a probe into the matter, and a series of tests with the Bhabha Atomic Research Centre, Trombay were conducted. It was later stated, "There is no side affect of uranium and they have studied in the hair parts and the levels are very much below the levels. So that can't cause any mental retardation or any abnormality, " ...The government attributed the abnormalities to genetic disorders. The local media, however blamed the government for the absence of proper norms to monitor the environmental impact of ash ponds, and lack of proper study of the prevalent uranium contamination in the region.

After a lot of hue and cry about the presence and high concentration of uranium traces in the drinking water, the state government has now finally conducted a special statewide survey to identify all affected towns and villages. The results are really disturbing. 33,318 people have died of cancer in Punjab alone in the last five years. Moreover in the Malwa belt of Punjab there are on an average 136 cancer patients per lakh population as compared to the national average of 80 people per lakh population.

However, it took the deaths of Mrs.Surinder Kaur Badal,wife of Punjab's Chief Minister, and Mr.Kanwarjit Singh Brar, a legislator from Muktsar, for the government to announce a relief package of upto Rs1.5lac per patient to cancer centres. Records say that atleast Rs.24 crore have been released for the treatment of 2,222 patients but as the data reveals, about 50 percent of the cancer grant in Bathinda district remains unutilised.

The union government, which has promised to give Punjab Rs.525 crore to make its water uranium free, has already sanctioned a water testing laboratory at Mohali.

NEED OF THE HOUR:

Though it is a welcome move of the centre and state government to have taken such initiatives, but this is just the beginning of a long, long journey. Merely conducting surveys and issuing grants won't lead us anywhere. There is much more needed to be done.

- Establishment of large scale RO plants in various parts of Malwa [though some happen to be there

already] in order to filter uranium and other heavy metals from drinking water.

- Establishment of a Regional Cancer Research and Treatment Centre in Punjab so that the patients don't have to board on the 'CANCER TRAIN' to Acharya Tulsi Regional Cancer Research and Treatment Centre, Bikaner.
- Moreover Punjab needs speciality cancer hospitals in each district and a post of an oncologist in each civil hospital.
- Free-of-cost/subsidized treatment for the affected patients.
- Rehabilitation of the affected people is a responsibility of the state.
- Cancer screening camps should be held from time to time in various parts of the state.
- Ignorance, illiteracy, lack of awareness and excessive use of pesticides should be prevented.

With increasing poisoning of the soil, the region once hailed as the home to the Green revolution, is now being termed the "Other Bhopal". For the victims and their caretakers, the unending wait for justice has only just begun!





The curious case of Dr Subhash Mukhopadhyay

Amanpreet Singh

Roll No. 07, Batch 2009

A physician from Kolkata, India, who created the world's second and India's first child using in-vitro fertilisation (Durga who was born 67 days after the first IVF baby in Britain)

His story is a sad one; he faced social boycott, bureaucratic negligence, reprimand and insult from the then Marxist government and blatant refusal of the Government of India to allow him to attend international conferences, and his ultimate suicide.

Born on January 16, 1931 in Bihar, Mukhopadhyay studied medicine at the prestigious National Medical College in Kolkata. He received his doctorate from Calcutta University in reproductive physiology in 1958. He obtained a second doctorate from Edinburgh University in reproductive endocrinology.

He was noted for his work on ovarian stimulation - he used the protocol successfully on Durga's mother even before any scientist in the world had resorted to the method. He was also successful in his methodology of cryopreservation of a eight cell embryo. However, the news of the birth of Durga, the world's second test tube baby, was met with disdain and skepticism by his peers.

The only evidence of his work was a report he had prepared for the West Bengal government when facing an enquiry. He was questioned by a government committee several times and his work was discredited as "bogus". Interestingly no one in the committee had any knowledge about modern reproductive technologies.

What went against Dr. Mukhopadhyay then was the fact that no physiological or biochemical technique could distinguish between in vivo and in vitro fertilised babies, he announced the report to the media before being cleared by the Government bureaucrats. Thirdly, he made this impossible possible with few general apparatus and a refrigerator in his small southern avenue flat while others cannot even think of it, although, having all the expensive resources in their hand.

Thanks to his peers and Government bureaucrats he was ultimately handed a punishment and transferred to the ophthalmic department which sealed his prospect of working on hormones.

Dr. Mukherjee was denied leave to write up a detailed report of his results and later to attend a meeting in Japan to discuss his work (he was denied a passport)

Unable to bear the insult he committed suicide in 1981.

The credit for India's first test tube baby went to Dr. T.C Anand Kumar, Director of ICMR. In 1997 he came to Kolkata for participating in Science Congress. It was when all the research documents of Dr. Mukhopadhyay were handed over to him. After meticulously scrutinising and having discussion with Durga's Parents he became certain that Dr. Mukhopadhyay was the architect of a human test tube baby.



On T.C. Anand Kumar's initiative, Mukhopadhyay was mentioned as the architect of first Indian test tube baby.

I am still not in a position, in respect to wisdom as well as age, to understand and explain Dr. Mukhopadhyay's work, but I wanted people to know about him.

The world has seen Giordano Bruno burned alive. Copernicus punished by the church, Illuminatis have been forced to become a secret organisation. The Hungarian scientist János Bolyai who left his family and friends to prove Euclidean geometry, his epitaph reads "this man wasted his life in worthless work. In the history of science the list of deprivation is long. But the people who never give up to unfavorable situation prove their character as true devotees to their work.....

Medical Humour

(An Anecdote)

A final year MBBS student was presenting a short case.

Student : I am presenting the case of "Rashmi, a 19 year old girl from Bathinda. My patient is conscious, cooperative, and well ... "

Consultant : Stop, Stop. Repeat it.

Student : (in thoughts what's there to repeat). I am presenting the case of "Rashmi, a 19 year old girl from Bathinda. My patient is conscious, cooperative, and well ... "

Consultant : Young man, if a 19 year old girl is consciously - cooperative, then what else you want?

Dr Rajiv Mahajan
Prof. & Head (Pharmacology)



Anchal Nandrajog

Roll No. 12, Batch 2009

" MENTAL REHEARSAL "

"Imagination is more important than knowledge." **Albert Einstein.**

To ascend the ladder of success, to escape the snakes of fear and manipulate the venom of self criticism, one can resort to this activity of mental rehearsal.

The Iowa State University defines mental rehearsal as an " Educational Exercise that Prepares the mind for productive visual thinking by practicing the physical marks to be made without contact with any Material". It is a policy based on imagination. It is like a training to the mind. The underlying principle is that we do not think in words but in pictures . It is performed by anticipating success through pictures of actualisation of the goal. Through regular iteration of these images. Our mind helps the body for its efficient working. We are living magnets once our subconscious is charged powerfully enough, it can accomplish any herculean task.

Every one needs mental preparation sports-persons, speakers, dancers, students, surgeons or musicians. Besides fighting the negative forces in mind, it can boost confidence, rejuvenate self worth, cultivate positivity build consistency and strengthen the focus on the task at hand. It can help elicit grave bodily activation by improving neural connection therefore, it helps in priming the muscles for the subsequent physical action the more clearly one can control one's imagined movements, the more likely one can translate the unaged into survivor performance.

Surgeons mentally rehearse each step of a complicated procedure countless times before even touching the scalpel. Public speakers view themselves delivering speeches, sport-men use it for aphetic training and mental images and abstract concepts, to practice skills and rehearse various scenarios integral to their game. English soccer player Wayne Rooney says that a night before a game, he has good thought, good moments in his head and visualized scoring goals'.

Psychotherapists use this phenomenon for the rehabilitation of the injured.

This phenomenon of girded imagery can work wonders with our professional and personal life if we spare just 20 minutes for it daily. Mohammad Ali has rightly said, "Champions are not made in gyms, champions are made from something they have deep inside them -a desire, a dream, a vision".

We being medical students can drive immense benefit from this act of visualization. Many of us might have experienced a descanting performance graph after entering medical school. It is obvious that it takes time to adapt to the hectic curriculum but mental rehearsal can help tackle our performance by guiding the road to our destination.

We all have the skill of learning but the mental make up for achievement of bigger letter goals needs a consistent exercise. Mental rehearsal is a learned skill and it takes time to master. It is beneficial to relive a past experience of success in mind though images or video and to visualize it time and again. This shall build an optimistic approach and reprogramme the mind to revive the triumph. If one fumbles in viva, panics in a theory exam or feels his heart pounding while answering in lecture theater, mental rehearsal can genuinely help try enforcing a positive behavior , nurturing & enthusiasm for hard work superior performance.

"Don't just dream of success - see it, hear it, touch it, smell it and taste it too." **Muhammad Ali**

The Procedure

1. Find a time and place where you won't be interrupted.
2. Recline or lie down & close your eyes.
3. Relax, concentrate and focus. Take deep breaths and exhale as slowly. As you exhale, imagine stress is leaving your body free your mind of distraction and allow your mind to focus on the relaxation process.
4. Once relaxed focus on the specific challenging task.
5. Mentally tell yourself that you are confident and you have the ability to perform this task successfully repeatedly, tell yourself with confidence that you will be successful.
6. Imagine what you will see just before you begin the task visualize yourself as an active participant, not as a passive observer e.g.: you are delivering a seminar at the podium and not watching from audience.
7. Remain relaxed and focused ; mentally rehearse successful performance of this task. Imagine going through the process and seeing successful results.
8. Repeat step 7 several times
9. Finally open your eyes and smile.

This is a great preparation for actual performance

Do not forget to praise yourself for being successful.



Deep Shikha
Roll No. 39 Batch 2008 (Intern)

My College Life

What PARENTS
Think We Do

The Early morning haste,
clock ringing & i am still late,
No time for breakfast,
forgetting things when running for class,
But yeah, I make sure,
not to forget my cell phone
here goes the last minute,
& so behold I am stuck in a trap !
door locked by my friends.
& another unattended lecture comes to an end ..!!!

Lunch I never did,
breakfast was already a skip,
shulling shouting I move on,
to enjoy the evening, my, friends gonna rock on,
Bunked lectures make my day,
with another chunk still left unplayed...
Lecture are tiring, practicals are firing,
story is same, my book still carries no name,
some coffee, some maggi and a group of friends
I plan to study what as ever forgot the books on the other end
sitting together I plan to study the next day,
meantime the cell rings, making me sway,
calls & msgs keep me busy,
Oh God ! my college life is not so easy,
so many friends, so many projects in my day,
Whatever may be happening, I love my life, only this way....



What WE ACTUALLY
Do



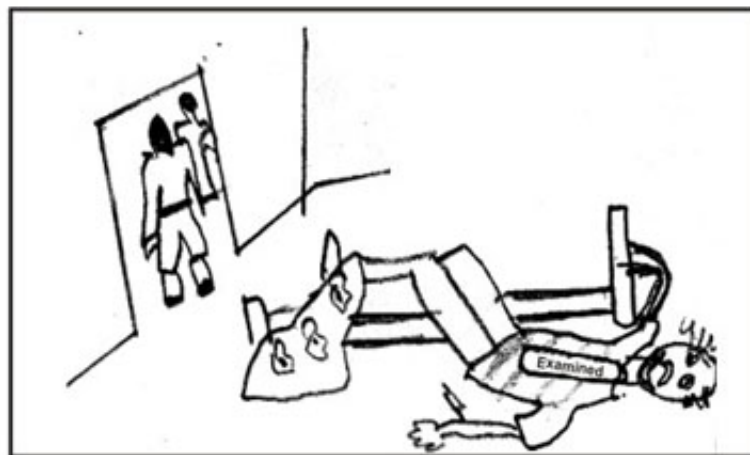
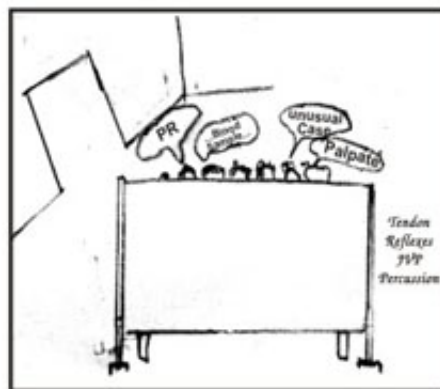
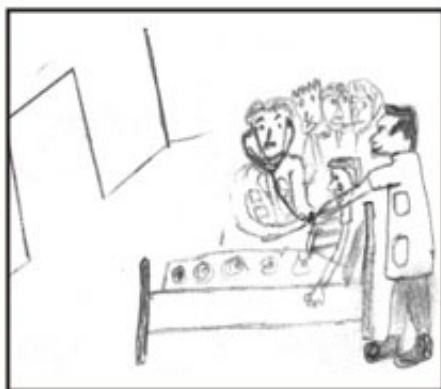
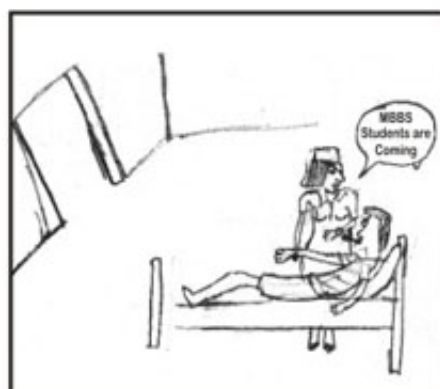
One Fine Morning at Medical Ward of a Medical College (Humour)



Dr. Parmod Goyal
Professor & Head
(Forensic Medicine)



Dr. Monika Gupta
Assistant Professor
(Anatomy)



Life in Campus



Life in Campus



AIMSR Activities



Life in Campus





Everything Happens for a Reason

Vibha Mehta

Roll. No. 148, Batch 2008 (Intern)

Sometimes people come into your life and you know right away that they were meant to be there. To serve some sort of purpose, teach you a lesson or help figure out who you are or who you want to become. You never know, who these people may be but you know that very moment that they will affect your life in some profound way.

And sometimes things happen to you at the time which may seem horrible, painful and unfair. But in reflection nothing beautiful is ever achieved without overcoming those obstacles? They help you realize what you really desire deep down your heart and without them life would be dull and utterly pointless.

The people you meet affect your life. The success and downfall that you experience can create who you are and the bad experiences can be learned from. In fact they are probably the most poignant and important ones. If someone hurts you, betrays you or breaks your heart, forgive them because they have helped you learn about trust and the importance of being cautious to whom you open your heart.

If someone loves you, love them back unconditionally not only because they love you, but also because they are teaching you to love and open your heart your eyes to little things.

Let yourself fall in love, break free and set your sights high, Hold your head up because you have every right to.

Tell yourself you are a great individual and believe in yourself for if you don't believe in yourself, No one else will believe in.

Create your own life and then go out and live it.

Take some time out and tell your beloved ones that you "Care and Love" them.

Take time to be happy, leave foot prints and presence in the hearts of others. A new season where you dream that everything you undertake is possible and you fulfil it with joy and dignity.



" God' infinite love for us : Be good Do good Be one "

Sukhmani Kaur
Roll No. 134, Batch 2009

One of the great dilemmas many people have is understanding love. It is a concept that has been explored since time immemorial. Millions of poems and books have been written about love. Philosophers in every age have tried to explain its very nature. The following story provides an analogy to understand God's infinite love for us. A father and mother were discussing what to do with their son who had done something naughty and which warranted some kind of punishment. They decided to send the boy to bed with only bread and water, and definitely no television. Doing as they asked, the boy walked sadly upstairs. After an hour the father felt great pain in his heart. He thought about his son, sitting in his room all alone with just a simple meal. Therefore, he went upstairs and entered the boy's room, saying, "I will keep you company and eat the dry bread and water with you."

Such was the father's love for his son that although the boy learned his lesson, the father stayed by his side to lessen the child's pain. This story helps us understand how God loves humanity. Like the boy, we too misbehave. In so many ways, we transcend godly laws of love, nonviolence, truthfulness, kindness, and service to others. Like the boy, we must suffer the consequences of our actions as we reap our karma. However, like the father in the story, God is pained to watch us go through that suffering. What does God do? God suffers along with us, shares in our pains and sorrows, and envelops us with love so that we can get through our trials and tribulations. God finds ways to reduce our suffering by showering us with the miracle of love. How can we show our gratitude to God for the miracle of this divine love? There are two things we can do. First, we can put to use the wonderful gift that God has given us. We have in our souls the treasures of all creation, for God resides in us. We need to turn within to experience God. Brilliant and wondrous Light awaits us within. We cannot even imagine the brilliance and the colors of the divine Light that radiates rays of love. It fills us with more happiness than we could ever dream of. The second way we can show gratitude for God's gifts is to share the spirit of love with others. We can allow all of God's creation into our hearts by removing hatred, prejudice, and bigotry. When we love, we give and share. Let us not turn away from our door anyone in need. Let us consider all as our brothers and sisters, sons and daughters, mothers and fathers. There is a wonderful parable from the Holy Bible to illustrate the kind of love God wants us to share. It is said that when God comes, God will sit on a throne, and like a shepherd, will separate the goats and sheep. God will place the sheep at one hand and the goats at the other. To the goats God will say, "Depart from Me." The goats will ask, "Why?" God will say, "As you did not serve even the least of your brothers and sisters, you did not serve Me." Then, God will send them away until they learn their lesson. God will say to the sheep, "Come, sheep, and inherit My kingdom." The sheep will ask, "Why do we deserve such a gift?" God will reply, "When I was hungry, you gave Me food. When I was thirsty, you gave Me drink. When I was naked, you clothed Me. When I was a stranger, you welcomed Me. When I was sick and in prison, you visited Me." The sheep will be surprised and say, "O Lord, when did we feed You, clothe You, give You drink, welcome You as a stranger, and visit You in prison and when You were sick?" God will reply, "When you served even the least of your brothers and sisters, you served Me." Let us live each day with the spirit of

giving. Let us think of others, help others, serve others. In this way, we will find the greatest riches. Not only will we be doing God's work on earth, but when we invert within through meditation on the divine Light and Sound of God, we will then radiate God's love to all we meet. In this way we will be receiving and sharing the miracle of God's love .



" For Every Mum"

When you are down & Out,
No Hope at all,
There is one Person,
Who'll Never Let you down,
But often Makes a frown,
In front of others,
She praises,
and your standard she raises
She is the best
She is my mother
When our mother is near
I think of you often wherever I go,
You Lift me up,
You are like walking sunshine,
I am happy to have a great mother like mine !!
Your endless affection makes you special and rare ;
I am always amazed by how much you care !

Sukhmani Kaur
Roll No. 134 Batch 2009





Jaspreet Singh
Roll No : 57, Batch 2010

Demographics Of a AIMSIR Classroom

When you examine a class full of students you are unlikely to detect the thin lines of distinction that divide students according to where they sit. They all seem to be concentrating on the professors, they all appear completely absorbed in the pathogenesis of DIC or the formula to determine maternal mortality rate ; it is only on closer examination that the various discrete groups become visible.

At our invitation , a 3 member team of demographic experts from Equatorial guinea came to AIMSIR to study the student body and define a connection between their scholastic attitudes and their choice of seating in lecture hall. The team mingled with students for collecting data for one month . At the end of that period ,one expert was driven to drink, one guy shaved his head and took off to Tibet in search of spritual peace .The third member of the team submitted the following findings from his room in the psychiatric ward at AIMSIR hospital:

FRONTBENCHERS :



This group includes students sitting in the first 2 -3 benches. A very high percentage of them are highly motivated and regular in their work. Their ability to concentrate during the most boring lectures inspires awe in their classmates. Up to 94 percent of them pay complete attention and always take notes(Why else do you think they'd sit right in front-to count how many nose hairs the professor get??) 4-6 percent of this group actually live in their spot: they're already in class no matter how early you are, you never see them leave, you never see them outside after class...

CONCLUSION:

These remarkable specimens must actually reside in our hallowed teaching hall.(can you blame them? Speaking from the experience, the benches at lecture hall are very comfy to sleep on!) A mere 2 percent let their attention wander .. and when they do , they generally rotated too...!!

MIDDLE BENCHERS:

This is the grey area of the class, numerically, the largest group. 86% of this category are generally quiet and reserved neither as goody goody as front benchers nor as troublesome at the back. But you're also likely to see frontbencher type(12%), closet backbenchers(2-4%) , even a professor sometimes! Our studies show that academic toppers tends to come from this area. This region of a class is generally peaceful.. except when chalk wars erupt during which this is the main target area for chalks, spitballs and grenades. There is special kind of glowing faces especially when hall is dark and intensity of this glow increases as we move backwards(what is the source of this light??...a device called cell phone! Use these during lectures to Study Facebook and playing games rather



than its main purpose for it was invented)

BACKBENCHERS:

By far the most interesting specimens in a classroom. Comprised the second largest group in a class after middle benchers. A lot of hidden talents lurks here. For instance, that annoying voice coming from the back singing "tu cheez badi hai...." isn't meant to disturb the class, heck no!! It is merely a case of suppressed talent bursting forth, perhaps at an inappropriate time. Similarly, the kid who threw that paper plane is not just playing no he was just testing the aerodynamic stability of a new jet prototype. Even we can find well talented sketch artists and drawing artist over here....we can find very good drawings on last benches...singers, artist, rocket scientists.....truly this section represents the cream of the class. And every so often, students take advantage of the tranquility of back benches to shut their eyes.



MIGRATORY BIRDS:

Around 10 % did not seem to show particular preferences to where they sat. One day they're right in front, the next they'll be dozing at back. Their wanderings did not seem to show any discernable patterns or seasonal variations. The migratory patterns of some are markedly different from normal, they will migrate out of a class before the lecture.

Our experts concluded by remarking on astonishing lack of any obvious ill effects in the teaching staff, in spite of prolonged exposure to that kind of specimens explained above. He concluded that the repeated bouts of exposure must have conferred some sort of artificial, life long immunity to them.... so !! that's why our parents haven't gone nuts yet.



Meghna Gupta
Roll No. 58 Batch 2011

IS FACEBOOK ADDICTION SYNDROME: A "21ST CENTURY EPIDEMIC?"

The history of computers goes as far back as 1642 when Black Pascal invented a mechanical calculator. First IBM Personal Computer was born in 1981 costing about US\$ 10,000.00 and since then the development has been very fast that now very powerful computers are available at affordable costs. Benefits of living in the modern digital world of computer technology, man are confronted with newer health challenges and problems.

What is Facebook?

Facebook is a social networking service and website launched in February 2004, owned and operated by Facebook, Inc. founded by Mark Zuckerberg with his college roommates and fellow students. Name Facebook stems from the colloquial name for the book given to students at the start of the academic year by some university administrations in the United States to help students get to know each other. As of May 2012, Facebook has over 900 million active users, more than half of them using Facebook on a mobile device with 46.3 million members from India.

What is Facebook Addiction Syndrome (FAS) or Facebook Addiction Disorder (FAD)?

FAS/FAD is a part of Internet addiction disorder (IAD). IAD was originally proposed as a disorder in a satirical hoax by Ivan Goldberg in 1995. Over the past decade, the concept of IAD has grown in terms of acceptance as a legitimate clinical disorder often requiring treatment. However, known academic authorities take stances in either supporting or opposing the existence of IAD. A debate over whether to include "Internet Addiction" as a diagnosis in DSM-V may conclude in the May, 2013 edition of the DSM.

Addiction: The term *addiction* is not used in the *DSM-IV*; rather, the terms *substance dependence* and *substance abuse* are used. IAD may be broadly defined as "...the inability of individuals to control their internet use, resulting in marked distress and/or functional impairment in daily life." Conceptually, the diagnosis of IAD is a compulsive-impulsive spectrum disorder that involves online and/or offline computer usage and consists of at least three subtypes: excessive gaming, sexual preoccupations and e-mail/text messaging. E-mailing/texting has been predominant used in social networking and among social networks, Facebook is by far the most popular.

Evidence of FAD/FAS/IAD: To date, the scientific literature addressing the addictive qualities of social networks on the Internet is scarce. Some of the most interesting research on IAD has been published in South Korea where IAD is considered one of its most serious public health issues. Scientists have found that compulsive internet use can produce morphological changes in the structure of the brain with reductions in the sizes of dorsolateral prefrontal cortex, rostral anterior cingulate cortex, supplementary motor area and parts of cerebellum in Internet addicted students as compared to students deemed "not addicted".

Diagnosis of FAD/FAS:

In the literature, addiction has involved six core components adapted from the DSM-IV TR criteria and the ICD-10 criteria for a dependence syndrome, including (i) tolerance, (ii) withdrawal, (iii) increased use, (iv) loss of control, (v) extended recovery periods, (vi) sacrificing social, occupational and recreational activities,

and (vii) continued use despite of negative consequences. In order to be diagnosed with SNS addiction or FAS/FAD, at least three (preferably more) of the above mentioned criteria should be met in the same 12-month period and they must cause significant impairment to the individual.

FAS/FAD - New Psychological Scale: The new psychometric tool reflecting each of the six above-mentioned elements of addiction is called the Bergen Facebook Addiction Scale (BFAS). BFAS includes six basic criteria with participants asked to give one the following 5 responses to each one: (1) Very rarely, (2) Rarely, (3) Sometimes, (4) Often, and (5) Very often:

1. You spend a lot of time thinking about Facebook or planning how to use it.
2. You feel an urge to use Facebook more and more.
3. You use Facebook in order to forget about personal problems.
4. You have tried to cut down on the use of Facebook without success.
5. You become restless or troubled if you are prohibited from using Facebook.
6. You use Facebook so much that it has had a negative impact on your job/studies.

Andreassen and colleagues suggested that scoring "often" or "very often" on at least four of the six items may suggest the respondent is addicted to Facebook.

Facebook Depression:

Researchers have proposed a new phenomenon called "Facebook depression," defined as depression that develops when preteens and teens spend a great deal of time on social media sites, such as Facebook, and then begin to exhibit classic symptoms of depression.

Prevention and Correction of FAS/FAD or IAD:

FAD/FAS or IAD are not medically approved terms and unfortunately, there is currently no standardized treatment for FAS/FAD or IAD. Unlike other addictions, the goal of IAD/FAS/FAD treatment cannot be total abstinence from using the Internet per se since the latter is an integral element of today's professional and leisure culture.

Corrective strategies include:

- Content-control software,
- Counseling,
- Cognitive behavioral therapy.

Following are the simple strategies to manage and treat FAD/FAS:

- Recognize the signs of a Facebook addiction.
- Start questioning what you're doing on Facebook.
- Write down exactly how much time you spend on each site.

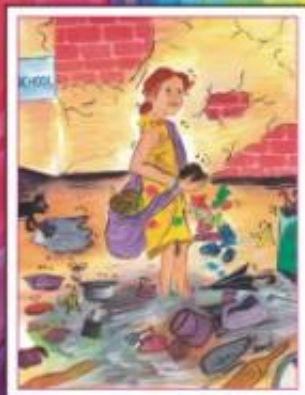
- Decide what is of value on Facebook.
- Give yourself a set time of the day to visit.
- Try giving up Facebook for a specific event to see how you fare
- Turn off email notifications
- Target solutions to enable smarter, brighter usage of Facebook in the future.
- Be careful of the race to have as many friends as possible.
- Avoid being a Facebook automaton. Every time you feel like saying "I'll Facebook you", check yourself and rephrase that with "I'll see you", or "I'll call you". And mean it - settle the catch-up time straight away....
- Meditate as soon as the thought of Facebook arises.

Unfortunately, Internet addiction is resistant to treatment, entails significant risks and has high relapse rates. Moreover, it also makes comorbid disorders less responsive to therapy.

Conclusion:

Computers has had the greatest impact on our lives becoming an epitome of modern times, being used in every aspect of life. This has also ushered in a new genre of computer related occupational health problem. India being the forerunner in the cyber world, there is an urgent need to understand the dynamics of these problems and prevent it from assuming epidemic proportions. It is easier to prevent computer related injuries than to cure them. Certainly maladaptive use of internet has resulted in impairment of individual's psychological well-being, academic failure and reduced work performance resulting in an entity 'IDA'. Facebook Syndrome is part of IAD which refers to the SNS addiction of which Facebook is most popular. Is IAD/FAD/FAS really a "21st century epidemic," Is IAD developing into a grave Public Health Crisis? Is Internet dehumanizing us? Current research regarding the impact of Internet use on mental health and human life is inconclusive. That leaves everyone free to speculate about dread, or wonderful, consequences of the growth of the Internet. Unfortunately, evidence-based treatment for problematic Internet use is not well established and existing sources of help are not yet widely available, a fact that is not likely to change while funding for mental health services is on the chopping block. This should be accompanied by rapid development of uniform diagnostic criteria and a vigorous research effort aimed at understanding the nature of this condition.

Art Work by AIMS Students



Medical College & Hospital

Advanced Imaging Institute



Advanced Imaging Institute
18 Channel 1.5 Tesla MRI Scanner



Community Medicine Museum



ATM



Medical College & Hospital

Forensic Medicine Lecture



Anatomy Museum



Anatomy Museum



Dissection Hall



Medical College & Hospital



Central Anti-Ragging
Committee

Pathological Autopsy Team



Pharmacology Museum

Forensic Medicine Museum





Jaspreet Singh
Roll No : 57, Batch 2010

An Introduction to the First Prof MBBS

You've board on a journey, tortuous and long
You believe it will be easy, you've quickly proven wrong
But still, you're something special you are in First Prof MBBS
In the hallowed halls and classrooms of prestigious AIMS R

So what exactly does this mean this very first year ?
This awe inspiring entry into your medical career?
As you listen to the lecture are you overwhelmed with knowledge?
Does this divine enlightenment place heaven in college?
More likely you just sit there, uncomfortable and bored
Or, trying frantically to finish your practical record.

So you bunked a class; well, that's okay, I guess
But no, it seems, alas, that you've bunked in excess
For you now have to meet executioner, judge and jury
Teacher with exasperation will enquire
Whether it's to be a physician that you actually aspire.

"But sir" you plead, "I wasn't feeling well
What ailed me then, I couldn't really tell
Might it have been contagious, I thought it best
To stay away from all the rest",

"Go join B-Pharma" the Dean promptly bellows,
"I have no use here for lazy, lethargic fellows!!"

Anatomy class is next
To learn it I tried my best
To bunk class my friend ask me on text
Mid of boring lecture suddenly I got slept
"get out of class" this dialogue is teacher's pet

Your energy is drained 'tween the hours of eight and ten
But once outside the classroom, you're revitalized again !!

This euphoria will last just half an hour or so

As students enter respective labs,diligently you follow

Physiology will try to teach you all that blood can contain

To prove it you must master the art of self inflicted pain

Your lancet, so sharp, is poised above your digit

You take a deep breath , and try not to fidget

You shut your eyes and stab , pierce your finger to the core

Not a single drop comes out-you sigh,and try once more.

In biochemistry you can play,with fuming acids ,distilled water

The beaker over your Bunsen all the while is getting hotter

Suddenly, a tremendous bang ,green smoke , a pungent smell

Seems somebody's added 5, instead of 0.5 ml.

Histology confronts you with a myriad of slides

And asks you to scrutinize someone else's insides

That's all very nice,and jolly good fun,

But given at random ,could you identify one?

Apparently not, as your spotter score shows

What you wrote down as the liver,was the lining of one's nose

Ah, spotters, a time when won't stand still

Unless you're a blank,in which case it will.

You finally reach dissection,at five past two

You miss your attendance, but that's nothing new

You perch on a stool which offers no support

In time,your spine will begin to distort

The three course meal residing in your gut

Makes your hearing impaired, makes your eyes want to shut.

Then mercifully it's over,your watch shows four o'clock

You rush out with determination-to stand around and talk

Socialising over,you're merrily on your way

With sixteen hours to recuperate,before facing another day.



Harkanwar Preet Singh
Roll No. 128, Batch 2011

Want To Achieve Your Dreams, Remember ABC !!!

- A - Avoid Negative People & Bad Habits
- B - Believe in Yourself
- C - Consider Things from Every Angle
- D - Don't Give Up
- E - Enjoy Life Today
- F - Family & Friends are Hidden Treasures, Seek Them.
- G - Give More Than You Planned to Give
- H - Hang on to Your Dreams.
- I - Ignore, Who Discourage You.
- J - Just do it.
- K - Keep on Trying, No Matter How Hard it Seems.
- L - Love Yourself, First and Foremost
- M - Make it Happen
- N - Never Lie, Cheat or Steal
- O - Open Your Eyes & See Things as They Really are
- P - Practice Makes You PERFECT
- Q - Quitters Never Win.
- R - Read, Study & Learn Everything Important in Your Life
- S - Stop Procrastinating
- T - Thoroughly Control Your Destiny
- U - Understand Yourself Better in a Bid to Understand Others
- V - Visualize It
- W - Want it More Than Anything
- X - Xpertise
- Y - You are Unique Nature's Creation. No One Can Replace You.
- Z - Zero in on Your Target

My Favourite Teacher

He comes in the class
with a broad smile
The students show veneration
and stand a while
He sits on the desk,
with the attendance register
Some of the students,
Make a little whisper
He takes the attendance
with a certain ease
with improvement in strength
He looks pleased
He holds the book
and start Teaching
at times he looks like,
A preast preaching
Through his lectures,
He lends a mirror,
To the society
Which enables us to love,
Life and variety
with mirth and ecstasy.
and with a touch of pride.

A PRAY FOR HEALTH

"Give me a good digestion, Lord,
And also something to digest !
Give me a healthy body, Lord,
with sense to Reep it at its best.
Give me a healthy mind, Good Lord,
To keep the good and pure in right,
Which seeing in is not appalled,
But finds same way to set it right,
Give me a mind that is not bored,
that does not whimper, whine or righ,
Don't let me worry over much
About this fussy thing called I.
Give me a sense of humor, Lord,
Give me the grace to see a joke;
To get some happiness from life,
And to pass it on to other fork."



Taniya

Roll No: 144, Batch 2010

THE ARABIAN SEA WATERS

As I hold my breath, gazing at the sea,
Smiles on several faces with glee

The unfathomable waters captivate all,
Beholding, apprehending and leaving us enthralled

Tenacious tides welcoming with tiny water bubbles,
Mesmerized, we forget our worries, our troubles

Agush of serenity all across the minds,
That's how nature with us binds

Alliance with the Earth they taught us.
What a beauty are the Arabian Sea waters



Dhriti Sharma

Roll No:26, Batch 2010

FRIENDSHIP (Yaari)

As I think of our Friendship, I begin to see,
My words can't describe what you mean to me,
When this cold, hard world had me lonesome & blue,
I look up to see my angel, My sweet angel, you.
You dry the tears that fall from my eyes,
you bring me sunshine to brighten my sky,
You rescue me when I am alone
And take my hand to lead me home,
No matter the miles that keep us apart,
We are always together in each other's heart.
Sometimes we take for granted, I fear
The ones who are so close & dear,
We get so caught up in life & things we must do,
Sometimes we forget to stop & say I miss you,
If ever you felt I forget or don't care,
Let me stop right now, My true feelings I will share
You are sun in my sky, the place where I lye,
You are the home where I am safe, The field where I Play



Navinder Singh

Roll. No: 94, Batch 2008 (Intern)



Prateek

Roll No: 99, Batch 2012

Mother



Kajal

Roll No: 60, Batch 2012

A Baby asked God, "They tell me you are sending me to earth tomorrow, but how am I going to live there being so small & helpless?"

God - Your angel will be waiting for you & will take care of you.

Baby - But tell me, here in heaven I don't have to do any thing but sing & smile to be happy.

God - Your angel will sing for your & will smile for your and you will feel your angel's love & be very happy.

Baby - How am I going to be able to understand when people talk to me. If I don't know the language?

God - Your angel will tell your the most beautiful & Sweet words you will ever hear & with much patience & care, your angel will teach you how to speak.

Baby - What I am going to do when I want to talk to you?

God - Your angel will place your hands together & will teach you how to pray.

Baby - Who will protect me?

God - Your angel will defend you even if it means risking her life.

Baby - But I will always be sad because I will not see you anymore.

God - Your angel will always talk to you all about me & will teach you the way to come back to me, even though I will always be next to you

At that moment there was much peace in heaven, But voices from earth could be heard & the child hurriedly asked God, "If I am going to leave for new place, please tell me my angel's name?"

God - You will simply call her Mom dear.

" RELATIONS"



Your Mother knows When you are sad

She drags you out of everything that is bad

Dad's Presence wipes away your fears

& his tight hug takes away your tears

A younger sister, Whom you scolded for her studies

& only when she leaves. You realise she was your best buddy

A true friend will never let you cry

& a day before test will force you to watch stuffed movie " bheja fry"

True relations cheer you on the tedious way

To fetch one if one goes astray

To lift one if one totters down

To take away your every single frown.

Its never in your life that "No one knows"

Its just that special relations don't always show, so never be doomed alone or sad.

Because you are lucky to have a friend, a sis, a mum and the most handsome DAD.

Vibha Mehta

Roll No: 148, Batch 2008 (Intern)

FRIENDSHIP

Sails are up & anchor is down,
& you are wearing the best friends crown,
we have been together through,
All times good & bad,
you will find me standing besides you,
when ever you are sad,
I can feel every word that you say,
every moment we spend together is
going to stay,
I wish i could stop the time today,
I wish i could be with you on every day,
But may be the distance will bring,
us closer,
Teaching us being each other's treasure,
distances might separate us,
but our hearts won't drift apart,
for a long time we may not meet,
but you will pay in me like my heart beat....



माँ

माँ तुम हो तो हम हैं,
तुम्हारे सपने ही अब हमारे अरमाँ हैं,
तुम्हारा आँचल है तो धूप भी ठण्डी लगती है,
तुम्हारी गोद में दो पल की झपकी भी मीठी लगती है,
तुम्हारे वजूद का हिस्सा बनकर इस दुनिया में आएँ हैं,
तुमने हिम्मत दी तो ही जालिम दुनिया में जी पाएँ हैं,
तुम्हारी ममता की छाँव में हर पल जीने की चाह है,
तुम्हारे देखे हर सपने को पूरा करने की चाह है,
हर मुश्किल में तुम्हारा ही साथ पाया है,
हर मोड़ पर तुमने ही अपना हाथ थमाया है,
तुम नहीं तो हमारा जीना ही क्या है,
तुम हो तो किसी और की जरूरत ही क्या है ।

Deep Shikha

Roll No. 39, Batch 2008 (Intern)



FRIENDS

Friends can never be forgotten,
some one always by the side,
how can I be busy when you need me,
No wonder God gifted you to me,
I didn't get only you but the whole world.
When you are here world seems cool,
Wherever it might be the College or school,
World, against me, but the one against the
world for me,
Seasons may change,
people may change,
you are the same,
Isn't it strange ???
You are my life,
& without you, I will not thrive,
Be here always near,
We are friends and will always be...

Friends



THIS MOMENT'S
IN MY MIND....

LIKE A PICTURE
FROZEN IN THE TIME

WILL YOU BE MY
'FRIEND FOREVER'
TILL THE END!!



WANDERING WITH MY THOUGHTS

As I grew I realised.
The world may seem better from your eyes,
but the truth is straight, the truth is strange,
It is circle made out of maze,
you trust you regret,
the world still seems to take your test,
but is this the real truth or is
just a side from the way I took a look,
maybe the world is all nice,
faces I see are really bright,
no wonder some are bad,
what they go through makes them sad,
world may be in a better place to live in,
But I am still thinking, am still unanswered...

Deep Shikha

Roll No. 39, Batch 2008 (Intern)



ਇਨਸਾਨੀਅਤ

ਹਾਸਿਆਂ ਦਾ ਸੂਰਜ ਅੱਜ ਗਮਾਂ 'ਚ ਡੁੱਬ ਰਿਹਾ
ਜ਼ਿੰਦਗੀ ਦੀ ਪੌੜੀ ਦਾ ਕਿਨਾਰਾ ਨਈਂ ਆ ਰਿਹਾ
ਫੇਰ ਢਾਹ ਦਿੱਤਾ ਉਹਨਾਂ ਨੇ ਅੱਜ ਬਾਬਰੀ
ਵੇਖੋ ਫੇਰ ਕੋਈ ਇਨਸਾਨ ਬੇਘਰ ਹੋ ਰਿਹਾ
ਕੁੜੀ ਮਾਂ ਦੀ ਚੁੰਨੀ ਫੜ ਕੇ ਲੁਕੀ ਜਾਂਦੀ
ਮਮਤਾ ਤੇ ਮਾਸੂਮੀਅਤ 'ਚ ਫਰਕ ਲੱਭ ਰਿਹਾ
ਖੁਸ਼ੀ ਇਕੱਠੀ ਕਰਦੀ ਕੁੜੀ ਇਕੱਠੀਆਂ ਕਰ
ਠੀਕਰੀਆਂ, ਕੋਈ ਆਪਣੇ ਉੱਜੜੇ ਘਰ 'ਤੇ ਰੋ ਰਿਹਾ
ਰੋ ਰਿਹਾ ਕੋਈ ਖ਼ਸਮ ਨੂੰ ਯਾਦ ਕਰ
ਫ਼ਕੀਰ ਆਪਣੇ ਮੌਲਾ ਦਾ ਧੰਨਵਾਦ ਕਰ ਰਿਹਾ
ਸੀਤ ਲਹਿਰ ਇੱਕ ਚੱਲਦੀ, ਅੱਗ ਨੂੰ ਵਧਾਉਣ ਲਈ
ਕੋਈ ਆਪਣਾ ਪੱਲਾ ਸੜਣ ਤੋਂ ਬਚਾ ਰਿਹਾ
ਰੋਣ ਨੂੰ ਵੇਲਾ ਨਹੀਂ ਹੈ ਕਿਸੇ ਕੋਲ
ਕੋਈ ਰੋ-ਰੋ ਕੇ ਆਪਾ ਖੋ ਰਿਹਾ
ਰਾਮ ਤੋਂ ਕੋਈ ਚੁੱਪ ਨਈਂ ਹੋ ਰਿਹਾ
ਖ਼ੁਦਾ ਵੀ ਆਪਣੇ ਵਿੱਚ ਮਸਤ ਹੋ ਰਿਹਾ ।

ਖ਼ੁਦਾ-ਖ਼ੁਦ

ਮੈਂ ਕੋਈ ਪਿਆਰ ਨਹੀਂ ਗ਼ਮ ਲੈਣ ਆਇਆਂ ਓਏ ਖ਼ੁਦਾ,
ਮੈਂ ਰਹਾਂ ਗ਼ਮ ਚ ਹਰ ਪਲ, ਹੋਈਏ ਨਾ ਓਏ ਜੁਦਾ ।

ਬਹੁਤ ਦੇਖੀ ਜ਼ਿੰਦਗੀ ਤੇ ਜ਼ਿੰਦਗੀ ਦੇ ਚਾਲਕ ਵੀ,
ਸਭ ਪੱਥਰ ਦਿਲ ਨੇ ਜ਼ਹਿਨ ਮੇਰੇ ਚੋਂ ਪਿਆਰ ਦੀ ਸ਼ਮਾ ਓਏ ਬੁਝਾ ।

ਕਿਉਂ ਦਿੰਦਾ ਹੈ ਦਰਦ ਫੁੱਲਾਂ ਨੂੰ, ਕਿਨਾਰਿਆਂ ਨੂੰ ਖ਼ਾਰਦਾ ਕਿਉਂ,
ਕਿਉਂ ਨੀ ਸਭ ਨੂੰ ਦਿੰਦਾ ਤੂੰ ਪੱਥਰ ਦਾ ਓਏ ਬਣਾ ।

ਜਦ ਵੇਖਦਾ ਖੁਸ਼ੀਆਂ ਤੋਂ ਬਾਅਦ ਆਉਂਦੇ ਕਹਿਰਾਂ ਨੂੰ,
ਧਾਹਾਂ ਮਾਰ ਰੋਂਦਾ ਏ ਦਿਲ ਭਰ ਆਉਂਦੇ ਨੇ ਕੋਏ ਖ਼ੁਦਾ ।

ਦਮ ਹੈ ਤਾਂ ਸਹਿ ਕੇ ਵੇਖ ਜ਼ਿੰਦਗੀ ਦੇ ਦਰਦ ਨੂੰ,
ਤੂੰ ਤਾਂ ਕੀ ਤੇਰੀ ਕਾਇਨਾਤ ਨੂੰ ਵੀ ਦੇਵੇਗੀ ਓਏ ਹਿਲਾ ।

ਮੁਤਬੱਰਕ ਰਹੇ ਨੇ ਜਿਹੜੇ ਮਾਪੇ ਮੇਰੇ ਲਈ,
ਦੇਵੀ ਪੱਥਰ ਦਿਲ ਉਨ੍ਹਾਂ ਨੂੰ ਜਦ ਗੁਰੀ ਮੋਏ ਖ਼ੁਦਾ ।

Gurpinder Singh

Roll No: 55, Batch 2008(Intern)

ਅਣ-ਬਿਆਨਿਆਂ ਇਸ਼ਕ

ਸਦਾ ਹੀ ਮੈਂ ਲਿਖਦਾ ਰਹਿੰਦਾ ਬੁਣੇ ਹੋਏ ਕੁੱਝ ਖਵਾਬਾਂ 'ਚੋਂ
ਕੁਝ ਹਰਫ਼ ਉਹਦੇ ਚਿਹਰੇ ਉਕਰੇ ਕੁਝ ਕੁ ਲੱਭੇ ਕਿਤਾਬਾਂ 'ਚੋਂ ।

ਕਲਮ ਅੱਜ ਜੇਰਾ ਕੀਤਾ ਕਹਿੰਦੀ ਸੱਚ ਉਚਾਰਣਾ ਏ ,
ਝੂਠ-ਪਲੰਦੇ ਹਰ ਪਲ ਵਾਹੁੰਦਾ ਅੱਜ ਸੱਚ ਲਿਖ ਕੇ ਤਾਰਨਾ ਏ ।

ਸਿਆਹੀ ਵੀ ਉਸ ਪਤਾ ਨਹੀਂ ਕਿੱਥੋਂ ਅੱਖ ਬਚਾ ਕੇ ਭਰ ਲਈ,
ਸੱਚ ਲਿਖਣ ਦੀ ਅੱਜ ਉਸ ਪੂਰੀ ਤਿਆਰੀ ਕਰ ਲਈ ।

ਮਨ ਵਿੱਚ ਤੂਫ਼ਾਨ ਇੱਕ ਤੇ ਹੱਥ ਵੀ ਮੇਰੇ ਕੰਬਦੇ,
ਵਾਰ-ਵਾਰ ਉਸ ਮਰਜਾਣੀ ਦੇ ਖ਼ਿਆਲ ਸੀਨੇ ਡੰਗਦੇ ।

ਉਸ ਦੀਆਂ ਯਾਦਾਂ ਨੂੰ ਪਾਸੇ ਰੱਖ ਮੈਂ ਲਿਖਣਾ ਕੀਤਾ ਸ਼ੁਰੂ ,
ਮੈਨੂੰ ਪਤਾ ਸੀ ਉਸਦੇ ਹੁੰਦਿਆਂ ਮੇਰੀ ਕਲਮ ਕਿਵੇਂ ਤੁਰੂ ।

ਪਹਿਲਾ ਹਰਫ਼ ਲਿਖ ਕੇ ਜਦ ਮੈਂ ਕਾਗਜ਼ ਦੇ ਵੱਲੇ ਤੱਕਿਆ ,
ਨਾਮ ਉਸਦਾ ਯਾਦ ਆ ਗਿਆ 'ਅਲਫ਼ਾਜ਼' ਜੋ ਸੀ ਰੱਖਿਆ ।

ਕਲਮ ਨੇ ਨਾਂ ਉਸਦਾ ਪਹਿਲਾਂ ਹੀ ਕਾਗਜ਼ 'ਤੇ ਵਾਹ ਦਿੱਤਾ,
ਸੱਚ ਲਿਖਣੇ ਵਾਲਾ ਮੇਰਾ ਜਿਗਰਾ ਹੀ ਮੁਕਾ ਦਿੱਤਾ ।

ਕਲਮ ਤੋਂ ਫਿਰ ਮੁਆਫ਼ੀ ਮੰਗ ਮੈਂ ਨਤਮਸਤਕ ਹੋ ਗਿਆ,
ਯਾਦਾਂ ਵਾਲੇ ਉਸਦੇ ਘਰ 'ਗੁਰੀ' ਦਸਤਕ ਹੋ ਗਿਆ ।

Gurpinder Singh

Roll No: 55, Batch 2008(Intern)

ਜਦੋਂ ਤੱਕ ਰਾਤ ਬਾਕੀ ਏ

ਪੱਸਰ ਰਿਹਾ ਹੈ ਹਨੇਰਾ, ਹੌਸਲਾ ਤੂੰ ਨਾ ਢਾਵੀਂ,
ਮਸ਼ਾਲਾਂ ਬਾਲ ਕੇ ਚੱਲਣਾ ਜਦੋਂ ਤੱਕ ਰਾਤ ਬਾਕੀ ਏ।

ਸਹਿੰਦੇ ਜਾਣਾ ਹੈ ਉਦੋਂ ਤੱਕ ਰਾਹਾਂ ਦੇ ਕੰਡਿਆਂ ਨੂੰ,
ਮੰਜ਼ਿਲ ਦੀ ਵੇਖਣੀ ਜਦੋਂ ਤੱਕ ਝਾਤ ਬਾਕੀ ਏ।

ਕੱਲ੍ਹ ਫੇਰ ਸੂਰਜ ਚੜ੍ਹੇਗਾ, ਹੋ ਨਾ ਤੂੰ ਐਵੇਂ ਉਦਾਸ,
ਸੁਕਰ ਹੈ ਇਓਂ ਕਹਿਣ ਵਾਲਿਆਂ ਦੀ ਅਜੇ ਜਾਤ ਬਾਕੀ ਏ।

ਕੁਤਰ ਕੇ ਖੰਬ ਪੰਛੀ ਦੇ, ਸਮਝੀਂ ਨਾ ਦਾਸ ਤੂੰ ਏਹਨੂੰ,
ਉਡਾਰੀ ਮਾਰ ਜਾਵਣ ਦਾ ਅਜੇ ਜਜ਼ਬਾਤ ਬਾਕੀ ਏ।

ਹੋਵੇਗਾ ਨਹੀਂ ਹੱਰਾ ਕਦੇ, ਇਹ ਰੁੱਖ ਮਨੁੱਖਤਾ ਦਾ,
ਕਰਨਾ ਕੁਰੀਤੀਆਂ ਦਾ ਜਦੋਂ ਤੱਕ ਘਾਤ ਬਾਕੀ ਏ।

ਉਦਾਸੀਆਂ ਤੇ ਝੋਰਿਆਂ ਨਾਲ, ਪਹਿਲਾਂ ਹੀ ਬਾਰ ਨਾ ਰੋਕੋ।
ਆਉਣੀ ਚਾਵਾਂ ਤੇ ਹਾਸਿਆਂ ਦੀ ਅਜੇ ਬਾਰਾਤ ਬਾਕੀ ਏ।

ਮਨਾਉਦਿਆਂ ਜਸ਼ਨ ਜਿੱਤਾਂ ਦੇ, ਇਹ ਵੀ ਯਾਦ ਤੂੰ ਰੱਖੀ,
ਕਿ ਜੁਝਣ ਵਾਸਤੇ ਕਈ ਅਜੇ ਹਾਲਾਤ ਬਾਕੀ ਏ।

ਲੋੜ ਤਾਂ ਹੈ ਉਹਨਾਂ ਨੂੰ ਸਹੀ ਦਿਸ਼ਾ ਦੇਵਣ ਦੀ,
ਸੋਚਾਂ ਦੇ ਕਾਫ਼ਿਲੇ 'ਚ ਅਜੇ ਪਾਕਿ ਖਿਆਲਾਤ ਬਾਕੀ ਏ,

ਚਲੋ ਚੰਗਾ ਮੇਰੇ ਦੋਸਤੋਂ ਕਦੇ ਫੇਰ ਸਹੀ,
ਉੱਝ ਕਹਿਣ ਵਾਲੀ ਤਾਂ ਅਜੇ ਹਰ ਬਾਤ ਬਾਕੀ ਏ.....

Jashan Jeeda

Roll No: 38, Batch 2009



ਸੁਣਿਆ ਤਾਂ ਸੀ

ਸੁਣਿਆਂ ਤਾਂ ਸੀ ਮਾਵਾਂ ਠੰਡੀਆਂ ਛਾਵਾਂ ਨੇ
ਲੂਹ ਸਿੱਟਿਆ ਮੇਰੇ ਪਿੰਡਾਂ ਗਰਮ ਹਵਾਵਾਂ ਨੇ
ਹੱਥ ਵਿੱਚ ਫੜ ਕੇ ਤਿੱਖੀਆਂ-ਤਿੱਖੀਆਂ ਸੁਈਆਂ ਨੂੰ
ਲਹੂ ਪੀਣ ਨੂੰ ਖੜ੍ਹੀਆਂ ਕਈ ਬਲਾਵਾਂ ਨੇ
ਨਾ ਮਾਰੋ, ਨਾ ਮਾਰੋ, ਜੰਮਣ ਤੋਂ ਪਹਿਲਾਂ ਨਾ ਮਾਰੋ
ਕੁਤੀਆਂ ਵੀ ਤਾਂ ਰੱਬ ਦੀਆਂ ਰਚਨਾਵਾਂ ਨੇ
ਇੱਕਲੀ ਕੁੰਜ ਕੀ ਕਰਦੀ, ਵਿਚਾਰੀ ਕੀ ਕਰਦੀ
ਜਖਮੀ ਕਰਕੇ ਸੁੱਟ ਦਿੱਤਾ ਇਹਨਾਂ ਕਾਵਾਂ ਨੇ
ਜੇ ਮਤਰੇਈ ਮਾਂ ਹੁੰਦੀ ਤਾਂ ਗੱਲ ਹੋਰ ਸੀ
ਇਹ ਕਾਰਾਂ ਤਾਂ ਕਰਦੀਆਂ ਸਕੀਆਂ ਮਾਵਾਂ ਨੇ।



Ravneet Kaur Brar

Roll No: 75, Batch 2011

ਭੂਤ ਬਨਾਮ ਵਾਤਾਵਰਨ

ਤੁਸੀਂ ਯਕੀਨ ਨਹੀਂ ਮੰਨੋਗੇ -
ਜੇ ਮੈਂ ਕਹਾਂ ਕਿ ਇੱਕ ਭੂਤ ਹੈ ਜੋ ਨਿਗਲ ਰਿਹਾ ਹੈ
ਸਾਡੀ ਸਾਫ਼ ਹਵਾ ਪਾਣੀ ਤੇ ਹਰਿਆਲੀ
ਜੋ ਉਗਲ ਰਿਹਾ ਹੈ ਮੌਤ
ਜ਼ਹਿਰੀਲੀਆਂ ਗੈਸਾਂ ਤੇ ਗਲੋਬਲ-ਵਾਰਮਿੰਗ ਦੇ ਰੂਪ ਵਿੱਚ....

ਭੂਤ, ਜੋ ਬਣਾ ਰਿਹਾ ਹੈ ਦੋ ਲੱਤਾਂ ਤੇ ਚੱਲਣ ਵਾਲੇ ਜੀਵ ਨੂੰ
ਸਚਮੁੱਚ ਉਹ ਜਾਨਵਰ
ਜੋ ਸਿਰਫ਼ ਆਪਣਾ ਫਾਇਦਾ ਸੋਚ ਸਕਦਾ ਹੈ.....
ਭੂਤ, ਜੋ ਭਰ ਦਿੰਦਾ ਹੈ ਉਸਦੇ ਮਨ ਨੂੰ
ਮੁਨਾਫ਼ੇ ਤੇ ਨਿੱਜੀ ਹਿੱਤਾਂ ਦੇ ਸੌਜੇ ਮੰਤਰ ਨਾਲ
ਜੋ ਵਿਕਾਸ ਦੇ ਨਾਂ ਤੇ ਅੰਨ੍ਹੇਵਾਹ ਬਦਲ ਰਿਹਾ ਹੈ
ਜ਼ਿੰਦਗੀ ਬਖਸ਼ਣ ਵਾਲੀ ਹਰਿਆਵਲ ਨੂੰ
'ਕੰਕਰੀਟ ਦੇ ਜੰਗਲਾਂ' ਵਿੱਚ.....

ਭੂਤ, ਜਿਸਦੀ ਮਿਹਰਬਾਨੀ ਸਦਕਾ ਸਿਰਫ਼
ਇੱਕੋ ਦੇਸ਼ ਦੀ ਜਨਸੰਖਿਆ ਚੱਟ ਰਹੀ ਹੈ ।
ਬਾਕੀ ਮੁਲਕਾਂ ਤੋਂ ਪੰਜ ਗੁਣਾਂ ਵੱਧ ਅਨੈਰਜੀ ਸੋਰਸ.....
ਤੇ ਜਿਸ ਆਸਰੇ ਧਰਤੀ ਚ ਕੁੱਲ ਪ੍ਰਦੂਸ਼ਣ ਦਾ

5 ਜੂਨ ਵਾਤਾਵਰਨ ਦਿਵਸ ਮੌਕੇ

ਅੱਧ ਤੋਂ ਵੱਧ ਹਿੱਸਾ ਪੈਦਾ ਕਰਦੇ ਨੇ
ਦੁਨੀਆਂ ਦੇ ਸਿਰਫ਼ 7% ਅਮੀਰ ਲੋਕ.....

ਹਾਂ ਜੇ ਤੁਹਾਨੂੰ ਸਚਮੁੱਚ ਫ਼ਿਕਰ ਹੈ ਮਨੁੱਖਤਾ ਦੇ ਅਲੋਪ ਹੋ ਜਾਣ ਦੀ
ਤਾਂ ਬਦਲਣਾ ਪਵੇਗਾ 'ਸਿਸਟਮ ਦਾ ਇਹ ਖੂਨੀ 'ਭੂਤ'
'ਪ੍ਰੰਜੀਵਾਦ' ਤੇ 'ਸਾਮਰਾਜਵਾਦ'
ਜਿਸਦੇ ਦੋ ਹੇਠਲੇ ਤੇ ਉਤਲੇ ਜਬਾਤੇ ਨੇ.....

ਆਸ ਨਾ ਲਾਓ
ਇਸ ਗਰਕੇ ਹੋਏ ਨਿਜ਼ਾਮ ਤੋਂ ਵਾਤਾਵਰਨ ਬਾਰੇ,
ਯਕੀਨਨ ਇਸ ਭੂਤ ਨੇ ਕਦੋਂ ਦਾ ਬਚਾ ਲੈਣਾ ਸੀ ।
ਪਰ ਅਫ਼ਸੋਸ ਸਾਡਾ ਵਾਤਾਵਰਨ, ਵਾਤਾਵਰਨ ਹੈ ।
ਕੋਈ ਘਾਟੇ 'ਚ ਜਾਂਦੀ ਵੱਡੀ ਕੰਪਨੀ ਨਹੀਂ
ਕੋਈ ਡਿਫਾਲਟਰ ਹੋ ਗਈ ਪ੍ਰਾਈਵੇਟ ਬੈਂਕ ਨਹੀਂ।

Jashan Jeeda

Roll No: 38, Batch 2009



ਬਚਪਨ



ਅੱਜ ਕਿਹਾ ਦਿਲ ਨੇ ਲਿੱਖਾਂ ਕੁਝ ਵਰਕੇ ਮੈਂ
ਸੋਚਿਆ ਜਦੋਂ ਪਲਕਾਂ ਨੂੰ ਬੰਦ ਜਿਹਾ ਕਰਕੇ ਮੈਂ
ਦਿਖਿਆ ਲੁਕਿਆ ਖੜਾ ਤਖਤੋ ਦੇ ਔਲੇ ਕੋਈ
ਕਰਦਾ ਇਸ਼ਾਰੇ ਹਾਤਾ ਨਾ ਬੋਲੇ ਕੋਈ
ਖੇਡ ਉਹੀ ਸੀ ਪੁਰਾਣੀ ਪਰ ਜਿੰਦ ਉਦੋਂ ਸੀ ਨਿਮਾਨੀ
ਬੱਕ ਹਾਰ ਫੇਰ ਵੱਡੀ ਬੇਬੇ ਕੋਲੋਂ ਸੁਣਦੇ ਕਹਾਣੀ
ਉਦੋਂ ਨਾ ਟੇਸ਼ਨ ਪੜਾਈ ਦੀ ਤੇ ਨਾ ਫਿਕਰ ਕਮਾਈ ਦਾ
ਨਵੇਂ ਜਿਹੇ ਲੀਤੇ ਪਾ ਸਿੱਧਾ ਮਿੱਟੀ ਵੱਲ ਜਾਈਦਾ
ਡੰਗਰਾਂ ਦੇ ਬਹਾਨੇ ਆਪ ਛੱਪੜ ਚ ਨਹਾਈਦਾ
ਖੇਡ ਤੇ ਸ਼ਰਾਰਤਾ ਤੋਂ ਕਦੇ ਮਿਲਦੀ ਨਾ ਵੇਲ
ਚਟਨੀ ਤੇ ਮੱਖਣੀ ਜਿਹਾ ਕਿਤੇ ਲੱਭਣਾ ਨੀ ਮੇਲ
ਓਦੋਂ ਬੇਸ਼ਕ ਕੱਪੜੇ ਸਨ ਦਾਗੀ ਪਰ ਦਿਲ ਧੁਰੋਂ-ਧੁਰ ਸਾਫ਼
ਭਾਵੇਂ ਛੋਟੀ ਕਰ ਬਹਿਣਾ ਗੁੱਸਾ ਤਾਵੀਂ ਝਟ ਕਰਦੇ ਸੀ ਮਾਫ਼
ਇਹੀ ਸਬ ਸੋਚਦੇ ਫਿਰ ਨੀਂਦ ਪਾ ਗਈ ਜੋਰ
ਕਿ ਰਹਿੰਦੇ ਬਚਪਨ ਵਾਲੇ ਦਿਨ ਉਹ ਪਿਆਰੇ ਬੋੜਾ ਚਿਰ ਹੋਰ
ਤਾਂਹੀ "Rashy" ਚਾਵੇ ਰੱਖਣਾ ਨਿਕਿਆਂ ਆਲੇ ਅੰਸ਼ ਨੂੰ ਸਜੋਕੇ
ਕਹਿੰਦਾ ਲੈਣਾ ਕੀ ਆਪਾ ਅਜੇ ਵੱਡੇ ਹੋਕੇ
ਕਿਉਂਕਿ ਪੈ ਜਵਾਨੀ ਵਿੱਚ ਦਿਲ ਹੋ ਜਾਂਦੇ ਨੇ ਕਠੋਰ
ਕਾਸ਼ ਬਚਪਨ ਵਾਲੇ ਦਿਨ ਉਹ ਪਿਆਰੇ ਰਹਿੰਦੇ ਬੋੜਾ ਚਿਰ ਹੋਰ

Rashmeet Dandiwal "Rashy"

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ਮਾਂ

ਕੋਈ ਕਹਿੰਦਾ ਮੌਲਾ ਦੀ ਨਿਗਾਹ ਕਰਕੇ
ਕੋਈ ਕਹਿੰਦਾ Joly ਮੇਰੇ ਸੁਬਾਹ ਕਰਕੇ
ਕਈਆਂ ਕਿਹਾ ਬਸ ਉਹਨਾਂ ਦੀ ਸਲਾਹ ਕਰਕੇ
ਪਰ ਬਣਦਾ ਬਰੋਲਾ ਜਿਵੇਂ ਤੇਜ਼ ਹਵਾ ਕਰਕੇ
ਮੈਂ ਬਣਿਆਂ ਤਾਂ ਬਸ ਮਾਂ ਦੀ ਦੁਆ ਕਰਕੇ

ਆਗਾਜ ਹੋਇਆ ਮੇਰਾਂ ਉਹਦੀ ਕੁੱਖ ਵਿੱਚੋਂ
ਉਦੇ ਦਿੱਤੇ ਅਲਫਾਜ਼ ਬੋਲਿਆਂ ਮੈਂ ਨਿੱਕੇ ਮੁੱਖ ਵਿੱਚੋਂ
ਹੱਥ ਫੜ੍ਹ ਉਦਾ ਹੀ ਪਹਿਲੇ ਮਖੜੂਬ ਸੀ ਮੈਂ ਵਾਹੇ
ਪਗ ਚਿੰਨਾਂ ਉਤੇ ਚਲ ਪੈ ਗਿਆ ਮੈਂ ਨੇਕੀ ਵਾਲੇ ਰਾਹੇ
ਨਾ ਲਹਿ ਸਕਣੇ ਇਹਸਾਨ ਇਹ ਲੱਖ ਵਾਰ ਵੀ ਮਰੇ
ਮੈਂ ਬਣਿਆਂ ਤਾਂ ਬਸ ਮਾਂ ਦੀ ਦੁਆ ਕਰਕੇ

ਹਰ ਜੱਰੂ ਨੇ ਸੀ ਰੋਕਿਆ
ਹਰ ਰੂਹ ਨੇ ਸੀ ਟੋਕਿਆ
ਕਈ ਵਾਰ ਮੈਂ ਸੀ ਟੁੱਟਿਆ
ਹੌਂਸਲਾ ਵੀ ਸੀ ਮੇਰਾ ਲੁੱਟਿਆ
ਭਰਤੇ ਖਜਾਨੇ ਉਹਨੇ ਫੇਰ ਹੱਥ ਸਿਰ ਮੇਰੇ ਧਰਕੇ
ਮੈਂ ਬਣਿਆਂ ਤਾਂ ਬਸ ਮਾਂ ਦੀ ਦੁਆ ਕਰਕੇ

ਲੈ ਕੇ ਮਾਂ ਕੋਲੋਂ ਛਾਂ ਜੀ ਉਧਾਰੀ
ਰੱਬ ਕੀਤੀ ਉਤੇ ਸਵਰਗਾਂ ਦੀ ਉਸਾਰੀ
ਲਿੱਖੀ ਹੋਈ ਜਿਨ੍ਹੀ "Rashy" ਦੇ ਤੂੰ ਪੱਲੇ
ਲੰਘ ਜਾਵੇ ਸਾਰੀ ਬੈਠ ਉਹਦੇ ਚਰਨਾਂ ਦੇ ਬੱਲੇ
ਉਝੰ ਕਾਫੀ ਨਹੀਂ ਉਹਦੀ ਵਡਿਆਈ ਦੇ ਲਈ
ਕਾਗਜ ਦੇ ਇਹ ਕੁਝ ਵਰਕੇ
ਮੈਂ ਬਣਿਆਂ ਤਾਂ ਬਸ ਮਾਂ ਦੀ ਦੁਆ ਕਰਕੇ

‘ਰੁੱਖ’

ਨਾਲ ਹਵਾਵਾਂ ਕਰਨ ਵਫਾਵਾਂ, ਧੁੱਪਾਂ ਦਾ ਮੁੱਖ ਮੋੜ ਦਿੰਦੇ

ਇਹ ਰੁੱਖ ਨੇ ਜਿਹੜੇ ਹਰਦੇ ਨਾ, ਹੁੰਦੇ ਆਪਾਂ ਤਾਂ ਹੌਸਲਾਂ ਤੋੜ ਦਿੰਦੇ ।

ਆਰੀਆਂ ਹਿੱਕ ਤੇ ਸਹਿਕੇ ਵੀ ਇਹ ਇੱਕੋ ਸੁਨੇਹਾ ਘੱਲਦੇ ਨੇ

‘ਸਾਨੂੰ ਫਿਕਰ ਨਾ ਆਪਣੀਆਂ ਟਾਹਨੀਆਂ ਦਾ’ ਜਰਾਂ ਉਹਨਾਂ ਬਾਰੇ ਸੋਚੋ ਜੋ ਇਹਨਾਂ ਉੱਤੇ ਪੱਲਦੇ ਹਨ”
ਦੱਸੋ ਕਿੱਥੇ ਆਸਰੇ ਲੈਨੇ ਰਾਹੀਂ ਬੱਕਿਆਂ ਨੇ ।

ਕਿਹਦੀ ਛਾਂਵੇ ਇਸ਼ਕ ਕਮਾਉਣੇ ਆਸ਼ਿਕ ਪੱਕਿਆਂ ਨੇ
ਜੰਡ ਇਤਿਹਾਸ ਨਾ ਬਣਦਾ ਮਿਰਜ਼ੇ ਮੋਏ ਤੇ

ਕਿੱਥੋਂ ਨਿੰਮ ਲਗੋਣੇ ਦੱਸੋ ਪੁੱਤਰ ਹੋਏ ਤੇ
ਕੀਹਨੇ ਉੱਚਾ ਰੱਖਣਾ ਲੇਵਲ ਧਰਤ ਦੇ ਪਾਣੀਆਂ ਦਾ
ਪੀਂਘ ਕਿੱਦਾ ਫੇਰ ਪਾਉਣੀ ਸਹਾਰਾ ਲੈ ਟਾਹਨੀਆਂ ਦਾ

“Rashy” ਜੋ ਇਸ ਰਫ਼ਤਾਰ ਤੇ ਕਟਦੇ ਰਹੇ
ਤਾਂ ਰੁੱਖ ਛੇਤੀ ਬਣ ਜਾਨੇ ਕਿੱਸਾ ਸਿਰਫ਼ ਕਹਾਣੀਆਂ ਦਾ ।

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ਪਰ ਕਿਹੜੇ ਚਾਉ ਨਾਲ.....?"

ਮੀਂਹ 'ਚ ਜਿਹੜੇ ਵਿਹੜੇ ਦੀ ਮਿੱਟੀ 'ਚ ਤਿਲਕ-ਤਿਲਕ ਤੁਰਦਾ ਸੀ
ਅੱਜ ਪੱਥਰਾਂ ਦੇ ਉਹਲੇ ਕਿਤੇ ਲੁਕ ਗਈ ਏ ।
ਜਿਸਦੀ ਬੁੱਕਲ 'ਚ ਫੁੱਲ ਤੋੜ-ਤੋੜ ਇੱਕਠੇ ਸੀ ਕਰਦਾ,
ਉਹ ਭਗਤ ਦੀ ਪਿਆਰੀ ਦਾਦੀ ਰੁੱਸ ਗਈ ਏ ।
ਮੇਰੇ ਪਿੰਡ 'ਚ ਸੁਣਿਆ ਪੱਕੀਆਂ ਸਤਕਾਂ ਨੇ ਬਣ ਗਈਆਂ,
ਪਰ ਕਿਹੜੇ ਚਾਉ ਨਾਲ ਜਾਵਾਂ ?
ਪਹਿਲਾਂ ਵਾਲੀ ਗੱਲ ਬਾਤ ਹੁਣ ਮੁੱਕ ਗਈ ਏ ।



ਇੱਕ ਨਿੱਮ ਸੀ ਹੁੰਦੀ, ਇੱਕ ਅੰਬ ਹੁੰਦਾ ਸੀ....
ਜਿਹ ਤੇ ਚਿੜੀਆਂ ਦਾ ਰੌਲਾ ਸਵੇਰੇ-ਸ਼ਾਮ ਹੁੰਦਾ ਸੀ,
ਹੁਣ ਵੀ ਉਹ ਆਵਾਜ਼ ਸੁਣਨ ਨੂੰ ਕੰਨ ਨੇ ਤਰਸਦੇ
ਪਰ ਕਿਹੜੇ ਚਾਉ ਨਾਲ ਜਾਵਾਂ ?
ਉਹਨਾਂ ਕੋਇਲਾਂ ਨਾਲ ਵੀ ਸਾਂਝ ਹੁਣ ਮੁੱਕ ਗਈ ਏ ।

ਗਲੀ ਦੇ ਵਿਚਾਲੇ ਇੱਕ ਪਿੱਪਲ ਸੀ ਲੱਗਾ
ਗੰਢਾਂ ਵਾਲੀ ਰੱਸੀ ਦੀ ਉਸ 'ਤੇ ਮਿੱਤਰਾਂ ਨੇ ਪੀਂਘ ਪਾਈ ਸੀ....
ਪਹਿਲਾਂ ਪੀਂਘ ਝੂਟਣ ਪਿੱਛੇ ਨਿੱਤ ਲੜ ਪੈਂਦੇ ਸੀ,
ਪਰ ਨਿੱਤ ਇੱਕੱਠੇ ਹੋਣ ਦੀ ਯਾਰਾਂ ਨੇ ਰੀਤ ਬਣਾਈ ਸੀ ।
ਖੋਰੇ ਹਾਲੇ ਵੀ ਹਵਾ ਨਾਲ ਆਪੇ ਪੀਂਘ ਹੁਲਾਰੇ ਲੈਂਦੀ ਹੋਵੇ....
ਪਰ ਕਿਹੜੇ ਚਾਉ ਨਾਲ ਜਾਵਾਂ ?
ਉਹ ਰੀਤ ਵੀ ਵਕਤ ਪੈਣ ਪਿੱਛੋਂ ਟੁੱਟ ਗਈ ਏ ।

ਦਸ਼ਹਿਰਿਆਂ ਦੇ ਮੇਲੇ ਦਾਦੇ ਦੇ ਮੋਢਿਆਂ 'ਤੇ ਦੇਖੇ,
ਢੋਲ ਦੇ ਡਗਿਆਂ ਤੇ ਅਸੀਂ ਲੋਹੜੀ ਹੈ ਮਨਾਈ ।
ਹੁਣ ਬਿਜਲੀ ਦੀ ਰੋਸ਼ਨੀ 'ਚ ਵੀ ਦਿਵਾਲੀ ਫਿੱਕੀ ਜਿਹੀ ਲਗਦੀ ਏ,

ਅੱਜ ਹੋਲੀ 'ਚ ਘਰੋਂ ਨਿਕਲਦੇ ਵੀ ਰੂਹ ਜਿਵੇਂ ਕੰਬਦੀ ਏ ।
ਅੱਜ ਵੀ ਦਿਲ ਕਰਦਾ 'ਨਰਾਤੇ ਹਲਵਾਈ' ਦੀ ਜਲੇਬੀਆਂ ਖਾਣ ਨੂੰ
ਪਰ ਕਿਹੜੇ ਚਾਉ ਨਾਲ ਜਾਵਾਂ ?
ਉਹਦੀ ਹੱਟੀ ਵੀ ਕਹਿੰਦੇ ਪਿੰਡੋਂ ਹੁਣ ਹੱਟ ਗਈ ਏ ।

ਬਸੰਤ 'ਚ ਕੋਠੇ ਚੜ੍ਹ-ਚੜ੍ਹ ਕੇ ਗੁੱਡੀਆਂ ਲੁੱਟਿਆਂ ਕਰਦੇ ਸੀ,
ਇੱਕ ਨੂੰ ਕਾਠੀ ਪਾਉਣ ਪਿੰਛੇ ਸਾਰੀ ਦੁਪਹਿਰ ਧੁੱਪੇ ਸੜਦੇ ਸੀ ।
ਫਟੀ ਪਤੰਗ ਨੂੰ ਵੀ ਚੋਪੀ ਲਾ ਕੇ ਟਰੰਕਾਂ ਹੇਠਾ ਧਰਦੇ ਸੀ,
ਕੱਚੀ ਕੰਧ ਦੀ ਇੱਟਾਂ ਕੱਢ ਕੇ ਚਰਖੀਆਂ ਰੱਖਿਆਂ ਕਰਦੇ ਸੀ ।
ਕਦੀ-ਕਦੀ ਹੁਣ ਵੀ ਮਨ ਕਰਦਾ ਲਕੋਈ ਚਰਖੀਆਂ ਲੈ ਆਈਏ,
ਪਰ ਕਿਹੜੇ ਚਾਉ ਨਾਲ ਜਾਵਾਂ ?
ਉਹ ਕੰਧ ਵੀ ਕਹਿੰਦੇ ਪੂਰੀ ਢਹਿ ਗਈ ਏ ।

ਅੱਜ ਵਕਤ ਨੇ ਗੋਤੀ ਖਾਈ ਏ,
ਅਜੀਬ ਚੁਰਸਤੇ ਜ਼ਿੰਦਗੀ ਲਿਆਈ ਏ ।
ਇੱਕ ਨਵਾਂ ਮੁਕਾਮ ਪਾਉਣ ਦੇ ਲਈ,
ਇੱਕ ਨਵੀਂ ਦੁਨੀਆਂ ਅਸੀਂ ਵਸਾਈ ਏ ।
ਕੁੱਝ ਵਰ੍ਹਿਆਂ ਦੀ ਬਸ ਗੱਲ ਹੈ ਹੁਣ,
ਕੱਲ੍ਹ 'ਡਾਕਟਰ' ਅਸੀਂ ਬਣ ਜਾਵਾਂਗੇ ।
ਉਹਦੀ ਰਹਿਮਤ ਕੁਝ ਹੋਰ ਰਹੀ ਤਾਂ ਬੇਅੰਤ ਨਾਮ ਕਮਾਵਾਂਗੇ ।
ਇੱਕ ਅਫਸੋਸ 'ਤੇ ਪਰ ਹਾਲੇ ਵੀ ਸੋਚ ਖੜੀ ਏ,
ਮੁੜ ਪਿੰਡ ਵਸ ਜਾਣ ਦੀ ਮਨ ਨੇ ਜ਼ਿੰਦ ਫੜੀ ਏ ।
ਕਦੀ ਸੋਚਿਆ ਸੀ ਪਿੰਡ ਰਹਿ ਕੇ ਹੀ ਕੰਮ ਕਰਾਂਗੇ,
ਪਰ ਕਿਹੜੇ ਚਾਉ ਨਾਲ ਜਾਵਾਂ ?
ਉਹ ਸੱਚੀ-ਸੁੱਚੀ ਸੋਚ ਹੁਣ ਮੁੱਕ ਗਈ ਏ ।



ਹਕੀਕਤ

ਸਰਦ ਹਵਾਵਾਂ ਦੀਆਂ ਲਹਿਰਾਂ 'ਚ ਧੁੱਪ ਕੌਣ ਨੀ ਮਾਣਨਾ ਚਾਹੁੰਦਾ,
ਪਰ ਹੁਣ ਦਿਨ ਦੀਆਂ ਨੀਦਾਂ ਨੇ ਤੇ ਰਾਤ ਦੇ ਜਗਰਾਤੇ ਨੇ ।
ਜਸ਼ਨ ਜ਼ਿੰਦਗੀ ਦੇ ਤੇ ਖੁਸ਼ੀਆਂ ਦਾ ਸਕੂਨ ਕੌਣ ਨੀ ਮਾਣਨਾ ਚਾਹੁੰਦਾ,
ਪਰ ਹੁਣ ਘਰ-ਘਰ 'ਚ ਬੋਤਲ ਤੇ ਮੋੜ-ਮੋੜ ਤੇ ਠੇਕੇ ਨੇ ।
ਦਿਲ ਦੀਆਂ ਤਾਰਾਂ ਨੂੰ ਕੋਈ ਜੋੜੇ ਕਿਵੇਂ ਹੱਥ ਲਾ ਕੇ,
ਫੋਨਾਂ ਤੇ ਇੰਟਰਨੇਟ ਦੇ ਤਾਂ ਫਾਂਸਲੇ ਬਥੇਰੇ ਨੇ ।
ਰੱਖਦੇ ਹਾਂ ਕੰਧਾਂ ਕੋਠੀਆਂ ਨੂੰ ਦਿਵਾਲੀ ਵਾਂਗ ਰੋਸ਼ਨਾ ਕੇ,
ਨਾ ਇਹਸਾਸ, ਨਾ ਜਜ਼ਬਾਤ ਦਿਲਾਂ 'ਚ
ਜਿਵੇਂ ਕਾਲੀ ਰਾਤ ਦੇ ਹਨੇਰੇ ਨੇ ।
ਸ਼ਰਾਫਤ ਦੇ ਚੋਲੇ 'ਚ ਵਿਚਰਨਾ ਕੌਣ ਨੀ ਚਾਹੁੰਦਾ,
ਦੁਨੀਆਂ ਦੇ ਤਿੱਖੇ ਰੰਗਾਂ ਦੀ ਲੋਅ ਵੇਖ ਹੌਂਸਲੇ ਟੁੱਟਦੇ ਨੇ ।
ਸਬਰ ਦੀ ਚੜ੍ਹੀ ਚੜਾਈ ਜੋ ਪਰਬਤ ਤੇ, ਨਹੀਂ ਮੋਹ ਦਿੰਦੀ
ਚੜ੍ਹਾਈ ਉਹਨਾਂ ਦੀ ਜੋ ਚੜ੍ਹ ਟਿੱਬਿਆਂ ਤੇ ਬੁੱਕਦੇ ਨੇ ।
ਸਮਾਂ ਹੱਥੋਂ ਲੰਘ ਜਾਂਦਾ, ਪਛਤਾਵਾ ਹੀ ਪੱਲੇ ਰਹਿ ਜਾਂਦਾ ।
ਇਨਸਾਨ ਦੇ ਬਨਾਉਟੀ ਕਦਮ ਜਦੋਂ ਹਕੀਕਤ ਤੇ ਆ ਰੁਕਦੇ ਨੇ ।

Amitoj Singh

Roll No. 15, Batch - 2008 (Intern)



ਤੇਰੀ ਮੂਰਤ

ਲੋਕੀ ਪੜ੍ਹਦੇ ਪੰਜ ਨਮਾਜੀ ਨਿੱਤ ਰੱਬ ਨੂੰ ਪਾਵਨ ਲਈ,
ਸਾਡੇ ਦਿਲ ਵਿੱਚ ਮੂਰਤ ਤੇਰੀ ਸਾਰਾ ਦਿਨ ਧਿਆਵਨ ਲਈ ।
ਉਸ ਮੂਰਤ ਦਾ ਤਿੱਲਕ ਰੋਜ਼ ਮੈਂ ਹੰਝੂਆਂ ਨਾਲ ਲਗਾਉਂਦੀ ਹਾਂ,
ਫਿਰ ਹਉਂਕਿਆਂ ਦੀ ਲੜੀ ਨਾਲ ਮੁੱਖ ਉਸਦਾ ਚਮਕਾਉਂਦੀ ਹਾਂ ।
ਟੁੱਟੇ ਹੋਏ ਅਰਮਾਨਾਂ ਦੀ ਮਾਲਾ ਫਿਰ ਤੇਰੇ ਗਲ ਵਿੱਚ ਪਾਉਂਦੀ ਹਾਂ,
ਫਿਰ ਅਪਣੀਆਂ ਚੀਸਾਂ ਨਾਲ ਮੈਂ ਤੈਨੂੰ ਪੈਰਾਂ ਤੱਕ ਸਜਾਉਂਦੀ ਹਾਂ ।
ਟੁੱਟੇ ਹੋਏ ਦਿਲ ਦੀ ਸੋਜ ਤੇ ਮੈਂ ਰੋਜ਼ ਤੈਨੂੰ ਬਿਠਾਉਂਦੀ ਹਾਂ,
ਕਰ-ਕਰ ਪੂਜਾ ਇਸੇ ਮੂਰਤ ਦੀ ਮੈਂ ਸਾਰਾ ਦਿਨ ਲੰਗਾਉਂਦੀ ਹਾਂ ।
ਦਿਲ ਕਰਦਾ ਉਸ ਪਾਥੀ ਨੂੰ ਮੈਂ ਪੁੱਝ ਲਵਾਂ ਅੱਜ ਜ਼ੋਰ ਨਾਲ,
ਕਹਿੰਦਾ ਹੈ ਜੇ ਮਿਲ ਜਾਉ ਰੱਬ ਇਸ ਦਰ ਤੇ ਹੱਥ ਜੋੜਨ ਨਾਲ ।
ਉਸ ਨੇ ਕਦੇ ਲੱਭਿਆ ਏ ਰੱਬ ਕਦੇ ਏਨੀ ਇੱਜਤ ਨਾਲ ?
ਤਾਂ ਖਵਰੇ ਮੈਨੂੰ ਵੀ ਮਿਲ ਜਾਵੇ ਤੂੰ ਉਸੇ ਸ਼ਿੰਦਤ ਨਾਲ ।
ਗੋਰ ਨਾਲ ਪਰ ਮੈਂ ਜਦ ਉਸ ਮੰਦਰ ਅੰਦਰ ਤੱਕਿਆ,
ਤੇਰਾ ਹੀ ਅਕਸ ਮਿਲਿਆ ਮੈਨੂੰ ਹਰ ਸਵਾਲ ਮਿਟਾਵਨ ਲਈ ।

Milandeep

Roll No. 90, Batch - 2008 (Intern)

Dr. Harkiran Kaur
taking charge as Principal



GURUDWARA FUNCTION



ARRHYTHMIA 2013





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Central Library



Dr. Dawinder Singh Grewal
Chief Librarian

Book Issuing Counter




Reading Hall

Computer Section




Guest Speakers



Mr. Tim Wright, Director ICAN on 17-02-2013

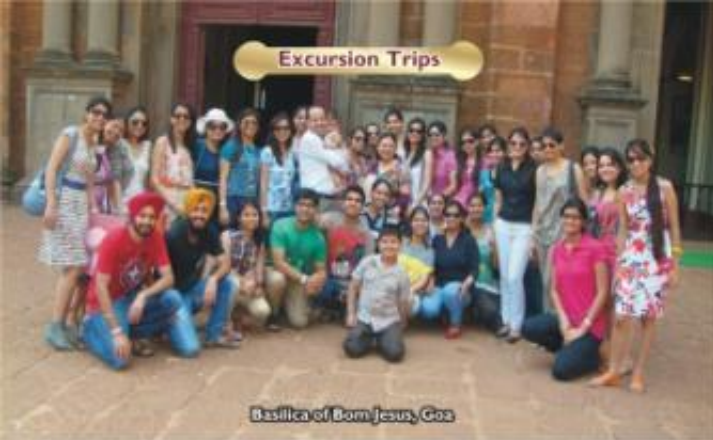


**ADESH INSTITUTE OF
MEDICAL SCIENCES & RESEARCH
MEDICAL COLLEGE**



Dr. E-Blaurock Busch on 16-10-2012

Excursion Trips



Basilica of Bom Jesus, Goa



Agauda Fort, Goa

ਕਿਵੇਂ ??



ਜੇ ਸੁੱਖ ਦੇ ਨਹੀਂ ਸਕਦੇ, ਉਹ ਸੁੱਖ ਪਾਵੇਗਾ ਕਿਵੇਂ ??

ਜੇ ਮਾਲਕ ਦੀ ਨਹੀਂ ਮੰਨਦਾ, ਉਹ ਆਪਣੀ ਮਨਾਵੇਗਾ ਕਿਵੇਂ ??

ਜੇ ਆਪਣੇ ਰਾਹ ਤੋਂ ਭਟਕਿਆ ਫਿਰੇ, ਉਹ ਮੰਜਿਲ ਨੂੰ ਛੂਹੇਗਾ ਕਿਵੇਂ ??

ਜੇ ਅੱਧਵਾਟਿਉਂ ਇਸ਼ਕ ਦੀ ਬਾਜੀ ਤੋੜ ਜਾਵੇ, ਉਹ ਹੋਰ ਨਾਲ ਸਾਥ ਨਿਭਾਵੇਗਾ ਕਿਵੇਂ ??

ਜੇ ਸਹੀ ਮੱਤ ਲੈਣੀ ਨਾ ਜਾਣੇ, ਉਹ ਦੂਜਿਆਂ ਨੂੰ ਸਮਝਾਵੇਗਾ ਕਿਵੇਂ ??

ਜੇ ਸਹੀ ਮੱਤ ਲੈਣੀ ਨਾ ਜਾਣੇ, ਉਹ ਦੂਜਿਆਂ ਨੂੰ ਸਮਝਾਵੇਗਾ ਕਿਵੇਂ ??

ਜੇ ਮੁੱਢ ਵਿਰਸੇ ਦੀ ਨਾ ਜਾਣੇ, ਉਹ ਹੋਰਾਂ ਨੂੰ ਇਤਿਹਾਸ ਸੁਣਾਵੇਗਾ ਕਿਵੇਂ ??

ਜੇ ਮੁੱਢ ਵਿਰਸੇ ਦੀ ਨਾ ਜਾਣੇ, ਉਹ ਹੋਰਾਂ ਨੂੰ ਇਤਿਹਾਸ ਸੁਣਾਵੇਗਾ ਕਿਵੇਂ ??

ਜੇ ਸਿਰਫ ਹੱਥ ਫੈਲਾਉਣਾ ਹੀ ਜਾਣੇ, ਉਹ ਹੱਕ ਦੀ ਕਮਾਵੇਗਾ ਕਿਵੇਂ ??

ਮੰਨਿਆਂ ਕਿ ਝੂਠ ਦਾ ਬੋਲਬਾਲਾ ਹੈ ਚਲਦਾ,

ਪਰ ਸੱਚ ਦੀ “ਕਲਮ” ਕੋਲੋਂ ਬਚ ਪਾਵੇਗਾ ਕਿਵੇਂ ??

Harpreet Singh Lubhana

Roll. No: 43, Batch 2009

भगवान और मैं



मैंने भगवान से कहा,
मेरी सारी पीड़ाएँ, छीन लो,
भगवान ने कहा, मुझे छीनने की क्या जरूरत,
तुम साथ लिए घूम रहे हो, तुम ही त्याग दो,

मैंने कहा मुझे सहन शक्ति दो, धीरज दो,
उसने कहा, धीरज आसमान से नहीं टपकता,
परेशानियों के बीच उपजता है, उसे तुम्हें
खुद ही उगाना पड़ेगा।

मैंने कहा, मुझे खुशियाँ दो।
उसने कहा, मैं तुम्हें आशीर्वाद दे सकता हूँ
खुशी तुम्हें अपने अंदर से जगानी पड़ेगी।

मैंने कहा, अच्छा फिर मुझे वो सारी चीजे दो,
जिससे मैं जिंदगी का आनन्द ले सकूँ।
उसने कहा, संसारी चीजों में अल्पकाल का आनन्द है।
मेरी याद से सिवाये किसी और चीजों से
तुझे आनन्दकाल का आनन्द मिल ही नहीं सकता

मैंने कहा, ठीक है, फिर मुझे यह शक्ति तो देना
कि मैं भी दूसरों से उतना ही प्यार करूँ
जितना कि तुम मुझसे करते हो।

भगवान मुस्कराकर बोले,
तुम मेरा दिया हुआ प्यार जितना बाँटोगे,
उससे कुछ गुना प्यार तुम्हारे अन्दर स्वतः ही भरेगा।

समय

समय चलता जाएगा,
अंधेरा रास्ता दिखाएगा
चलते हैं जो साथ मेरे, उन्ही की आँख का,
हर आँसू निकलता जाएगा
समय चलता जाएगा,
अंधेरा रास्ता दिखाएगा
कौन याद करेगा, कौन आँसू बहाएगा,
हाथ मेरा थामकर, कौन मुझे बहलाएगा,
मुझे रात से डर लगता है,
क्योंकि रात काली होती है,
नींद ले लेती हूँ ये सोचकर,
रात का मतलब सुबह आने वाली होती है
कभी तो सूरज आएगा,
समय चलता जाएगा,
अंधेरा रास्ता दिखाएगा
रात में ही हमें हमारा सच दिखाई देता है,
हम भी है आत्मा, ये सुनाई देता है
हर कहीं शक्ति दिखाई देती है
हर कोई खुदा नजर आता है
बाकी सब बेजान सा,
दिन का धोखा ही कहलाता है
मैं आयी थी और कभी तो चली जाऊँगी,
ये रात मुझे बताती है,
इन्सान मुझे जानकर,
सच का सामना करवाती है
कभी तो राज बताएगा
समय चलता जाएगा, अंधेरा रास्ता दिखाएगा

Shivani

Roll No: 127, Batch 2010



माँ

माँ है मन्दिर, माँ है मस्जिद
माँ है ग्रन्थ, कुरान।
माँ है जन्नत, माँ है रहमत,
माँ है दीन ईमान।
माँ है वेद, माँ है पुराण।
माँ है तीर्थों का स्नान।
माँ है घने पेड़ की छाया,
जिस के नीचे शीतल होती काया।
खुदा ने अपनी खुदाई को माँ में बसाया।
माँ बनकर खुदा, खुद धरती पे आया।

Aastha Wadhwa

Roll No: 01, Batch 2009

A decorative floral wreath composed of various flowers, leaves, and swirling vines, surrounding a central white circle with a dotted border.

Faculty Section



ਸੁਪਨਿਆਂ ਦੀ ਰਾਖ ਵਿਚੋਂ

ਚਿੰਗਾਰੀ ਲੱਭ ਜਾਵੇ ।

ਪਿਆਰ ਦੀਆਂ ਫੂਕਾਂ ਨਾਲ

ਸ਼ਾਇਦ ਉਹ ਦਗ ਜਾਵੇ ।

ਹਨੇਰੀਆਂ ਰਾਹਾਂ ਤੋਂ

ਰੋਸ਼ਨਈ ਫਿਰ ਜਾਵੇ ।

ਬੰਦੇ ਦੀ ਵਹਿਸ਼ਤ ਤੇ

ਪਰਦਾ ਗਿਰ ਜਾਵੇ ।

ਕੋਈ ਕਰਾਮਾਤ ਹੋ ਜਾਵੇ

ਇਹ ਦੁਨੀਆਂ ਵਟ ਜਾਵੇ ।

ਇਹ ਦੁਨੀਆਂ ਮਿਟ ਜਾਵੇ

ਨਵੀਂ ਦੁਨੀਆਂ ਵਸ ਜਾਵੇ ।

ਬੰਦਾ ਬੰਦੇ 'ਤੇ

ਨਾ ਭਾਰੂ ਬਣ ਜਾਵੇ

ਬੰਦਾ ਬੰਦੇ ਦਾ

ਦਾਰੂ ਬਣ ਜਾਵੇ ।



Dr. Harkiran Kaur
Principal



ETHICAL MEDICAL PRACTICE ... A CHIMERA?

Dr (Col) A K Maria
Prof. & Head (Medicine)

All the civilisations during their evolution into the evolved state passed through tremendous turmoil and tribulations. During this period the scriptures, and other spiritual, moral and religious literature emerged which became a depository of human thought and action. The great thinkers, sages, religious and socio-spiritual teachers propounded a set of values like truth, justice, morality, probity, righteousness, fair play etc to the human beings. The evolved societies set these values for the individuals to follow and practice. The definition of morality changes from regions to regions across the world but ethics are more or less same all over. Of course ethical breeches occurred at all times; but the vast majority remained steadfast in their virtuous stance during their professional and personal conduct.

Medicine is known as the second oldest profession; the first being prostitution. The practitioner of medicine; always a learned and sagacious person was considered to be noble, gracious, dignified, suave, courteous, caring, above any suspicion and hence mostly respected and rather revered. As the country does require more doctors, a large number of medical colleges have come up with resultant increase in number of students with many not based on meritocracy but on paying capacity. All of them are taught medical ethics during their studies.

The nobility of the profession was rarely doubted earlier. But over the past two to three decades most of the younger generation of doctors are in a hurry to climb upward economically and socially. This has resulted in the medical practice changing from a noble and a profession of dedication to virtually a business. Empathy and compassion have yielded to greed and the desire to make a quick buck has crossed all boundaries. The lure of glitz and glamour of more money by any means is ruling the roost. The deprivations of impoverished childhood probably also plays a big part. Of course there are some younger doctors who have not fallen prey to the lure of lucre; but alas a miniscule minority. This has led to the populace losing respect for the doctors as a whole and incidences of hooliganism, vandalism against doctors are spreading.

However on the flip side, it can be well argued that the posturing and lecturing of ethical practice these days is a hollow sermon and a relic of the past. When there is a rapid deterioration and rather denudation of moral values in the overall societal social milieu, then how can the doctors be immune? Are other professionals really ethical? The country is beset with corrupt political system from roots to the top. Corruption has become synonymous with co-operation. To establish and run private medical colleges is tremendously cost intensive. When medical students have to pay monumental sums to get their seats for UG & PG studies, hardly anyone can blame their thoughts to recover the cost of education by any means. These days public respects mostly two kinds of people; those who wield political or official power and those with loads of money. In the current scenario the size and make of your car and a big house is an announcement that you have arrived. Thus, is it preposterous to wonder that doctors also have fallen prey to the rat race?

But a fine line to distinguish doctors from others is that unethical practice by ordering unwanted, unwarranted diagnostic and therapeutic modalities; sometimes misleading a patient is really an exploitation of the trusting suffering humanity. But when recently the whole society has undergone an overhaul in with sentinels of moral, behavioural and ethical values fallen, it may be extremely difficult to blame the doctors for unethical corrupt practices. When young medical students witness their teachers and peers indulging in these and flourishing well, will many not emulate and follow? Then have we really reached an endpoint where ethical practice has morphed into a chimera?

Bioterrorism and Chemical Warfare: Weapons of Mass Destruction



Dr Rajiv Mahajan
Professor & Head
(Pharmacology)
Asstt Dean (Academics)



Dr (Mrs) Kapil Gupta
Assistant Professor
(Biochemistry)

INTRODUCTION

Bioterrorism is the act of terrorism with the deliberate release or dissemination of biological agents. These agents are bacteria, viruses, or toxins, and can spread through the air, water, or in food. According to the U.S. Centers for Disease Control and Prevention "A bioterrorism attack is the intentional release of viruses, bacteria, toxins or other harmful agents used to cause illness or death in people, animals, or plants. These agents are typically found in nature, but it is possible that they could be mutated or altered to increase their ability to cause disease, make them resistant to current medicines, or to increase their ability to be spread into the environment."

Bioterrorism is an attractive weapon because biological agents are relatively easy and inexpensive to obtain, can be easily disseminated, and can cause widespread fear and panic beyond the actual physical damage they can cause. Military leaders, however, have learned that, as a military asset, bioterrorism has some important limitations; it is difficult to employ a bio-weapon in a way that only the enemy is affected and not friendly forces. A biological weapon is useful to terrorists mainly as a method of creating mass panic and disruption to a state or a country.

Chemical warfare is the use of the toxic properties of chemical substances as weapons. This type of warfare is distinct from nuclear warfare and biological warfare, which together make up NBC, the military acronym for nuclear, biological, and chemical warfare, all of which are considered "weapons of mass destruction" (WMD).

About 70 different chemicals have been used or stockpiled as chemical warfare agents during the 20th century. Some of them are: Harassing agents or Riot Control agents like Benzyl bromide, Bromoacetone, Bromobenzylcyanide, Bromomethyl ethyl ketone, Capsaicin, Chloracetophenone etc (all are Tear agents); Incapacitating agents like 3-Quinuclidinyl benzilate, Phencyclidine, Lysergic acid diethylamide etc; and Lethal agents like nitrogen mustard, sulfur mustard, arsenicals etc.

HISTORY

Some of the earliest surviving references to toxic warfare appear in the Indian epics Ramayana and Mahabharata. Arthashastra contains hundreds of recipes for creating poison weapons, toxic smokes, and other chemical weapons. Ancient Greek historians recount that Alexander the Great encountered poison arrows and fire incendiaries in India at Indus Basin in the 4th century BC. Arsenical smokes were known to the Chinese as far back as 10th century BC.

The earliest recorded use of gas warfare in the West dates back to the 5th century BC, during the Peloponnesian War between Athens and Sparta. Spartan forces besieging an Athenian city placed a lighted mixture of wood, pitch, and sulfur under the walls hoping that the noxious smoke would incapacitate the Athenians, so that they

would not be able to resist the assault that followed. Historian David Hume, in his history of England, recounts how in the reign of Henry III (1216 - 1272) the English Navy destroyed an invading French fleet, by blinding the enemy fleet with "quicklime," the old name for calcium oxide.

The use of chemical warfare agents in the modern era began during World War I. Initially, only well-known commercially available chemicals and their variants like chlorine and phosgene gas were used. Germany, the first side to employ chemical warfare on the battlefield, simply opened canisters of chlorine upwind of the opposing side and let the prevailing winds do the dissemination. Soon after, the French modified artillery munitions to contain phosgene a much more effective method that became the principal means of delivery.

Since then Chemical agents have been used by many countries, mainly to suppress the people-uprising, to subdue populations and suppress rebellion; or between two warring countries mainly as a deterrent measure like in cold war, Falkland war etc.

Biological terrorism dates as far back as Ancient Rome, when faeces were thrown into faces of enemies. This early version of biological terrorism continued on into the 14th century where the bubonic plague was used to infiltrate enemy cities, both by instilling the fear of infection in residences, and also to destroy defending forces that would not yield to the attack. But due to the use of these biological weapons, and the apparent lack of medical advancement necessary to defend surrounding regions from them, widespread epidemics such as the bubonic plague quickly moved across all of Europe, destroying a large portion of its population. The victims of biological terrorism in fact became weapons themselves.

Over time, biological warfare became more complex. Countries began to develop weapons which were much more effective, and much less likely to cause infection to their own people. One significant enhancement in biological weapon development was the first use of anthrax. Anthrax effectiveness was initially limited to victims of large dosages. This became a weapon of choice because it is easily transferred, has a high mortality rate, and could be easily obtained. Also, variants of the anthrax bacterium can be found all around the world making it the biological weapon of choice in the early 19th century.

By the time World War I began, attempts to use anthrax were directed at animal populations. This generally proved to be ineffective. Shortly after the start of World War I, Germany launched a biological sabotage campaign in the United States, Russia, Romania, and France. American biological weapon development began in 1942 by the orders of President Franklin D. Roosevelt. These programs continued until 1969, when by executive order President Richard Nixon shut down all programs related to American offensive use of biological weapons.

MEANS OF TERROR IN MODERN ERA

For many terrorist organizations, chemical and biological weapons might be considered an ideal choice for a mode of attack, if they are available: they are cheap, relatively accessible, and easy to transport. A skilled chemist/biologist can readily synthesize most chemical agents/modify organisms, if the precursors are available.

The earliest successful use of chemical agents in a non-combat setting was in 1946, motivated by a desire to obtain revenge on Germans for the Holocaust. Three members of a Jewish group Dahm Y'Israel Nokeam (Avenging Israel's Blood) hid in a bakery several thousand troops were being detained. The three applied an

arsenic-containing mixture to loaves of bread, sickening more than 2,000 prisoners, of whom more than 200 required hospitalization.

The first successful use of chemical agents by terrorists against a general civilian population was on June 27, 1994, when Aum Shinrikyo, an apocalyptic group based in Japan that believed it necessary to destroy the planet, released sarin gas in Matsumoto, Japan, killing eight and harming 200. The following year, Aum Shinrikyo released sarin into the Tokyo subway system killing 12 and injuring over 5,000.

On 29 December 1999, four days after Russian forces began assault of Grozny, Chechen terrorists exploded two chlorine tanks in the town. Because of the wind conditions, no Russian soldiers were injured. In early 2007 multiple terrorist bombings were reported in Iraq using chlorine gas.

In 1972 police in Chicago arrested two college students, Allen Schwander and Stephen Pera, who had planned to poison the city's water supply with typhoid and other bacteria. Schwander had founded a terrorist group, while Pera collected and grew cultures from the hospital where he worked. Since that time, efforts to use biological warfare has been more apparent in small radical organizations attempting to create fear in the eyes of large groups. Reports of diffuse attacks of biological agents have emerged during recent times like 1984 - USA - Rajneeshee bioterror attack, 1993 - Japan - Aum Shinrikyo anthrax release in Kameido, and 2001 - USA - Anthrax Attacks.

As both Chemical and Biological agents are Weapons of Mass Destruction, and unlike Nuclear agents (another Weapons of Mass Destruction) they are easy to procure, they are real threat for the Nations and People at large, if terrorists are able to lay a seize of them.

RESPONSE TO BIOTERRORISM AND CHEMICAL WARFARE THREAT

Since the development of modern chemical warfare in World War I, nations have pursued research and development on chemical weapons that include more reliable means of defense against chemical weapons; and more sensitive and accurate means of detecting chemical agents. Similarly, laboratories are working on advanced detection systems to provide early warning of biological agents, identify contaminated areas and populations at risk, and to facilitate prompt treatment.

Data which potentially could assist in early detection of a bioterrorism event include many categories of information. Health-related data such as that from hospital computer systems, clinical laboratories, electronic health record systems, medical examiner record-keeping systems, 911 call center computers, and veterinary medical record systems could be of help; researchers are also considering the utility of data generated by ranching and feedlot operations, food processors, drinking water systems, school attendance recording, and physiologic monitors, among others.

Researchers are experimenting with devices to detect the existence of a threat like Tiny electronic chips that would contain living nerve cells to warn of the presence of bacterial toxins (identification of broad



range toxins), Fiber-optic tubes lined with antibodies coupled to light-emitting molecules (identification of specific pathogens, such as anthrax, botulinum, ricin). New research shows that ultraviolet avalanche photodiodes offer the high gain, reliability and robustness needed to detect anthrax and other bioterrorism agents in the air.

In December 2001, the United States Department of Health and Human Services, CDC, NIOSH, National Personal Protective Technology Laboratory (NPPTL), along with the U.S. Army Research, Development Engineering Command, published the first of six technical performance standards and test procedures designed to evaluate and certify respirators intended for use by civilian emergency responders to a chemical, biological, radiological, or nuclear weapon release, detonation, or terrorism incident. To date NIOSH/NPPTL has published six new respirator performance standards for the classes of respirators identified to offer respiratory protection against chemical, biological, radiological, and nuclear (CBRN) agent inhalation hazards. These CBRN respirators are commonly known as open-circuit self-contained breathing apparatus (CBRN SCBA), air-purifying respirator (CBRN APR), air-purifying escape respirator (CBRN APER), self-contained escape respirator (CBRN SCER) and loose or tight fitting powered air-purifying respirators (CBRN PAPR).

To limit the use of chemical and biological agents many countries have signed agreements, so as to minimize the damage caused by these agents. The Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or other Gases, and the Bacteriological Methods of Warfare (The Geneva Convention), is an International treaty which prohibits the use of chemical and biological weapons in warfare. Signed into International Law at Geneva on June 17, 1925 and entered into force on February 8, 1928, this treaty states that chemical and biological weapons are "justly condemned by the general opinion of the civilized world." The most recent arms control agreement in International Law, the Convention of the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction (The Chemical Weapons Convention), outlaws the production, stockpiling, and use of chemical weapons.

None the less, no effort should be considered complete and comprehensive. One should be on alert all the times, so that terrorists don't find a loophole to strike, for *"We need to be successful all the times to survive, while they need to be successful only once to strike."*









Tobacco - Emerging Monster for Younger Generation.

Dr. Vitull Gupta
Asst. Professor (Medicine)

Tobacco smoke is a ubiquitous personal and environmental pollutant. Although tobacco has been used in western culture for more than 400 years, human inhalation of cigarette smoke is a twentieth century phenomenon with major medical and economic consequences. The epidemic of tobacco use both smoking and smokeless is shifting from developed to developing countries especially among the youth. In India increased use of tobacco is expected to result in a large disease burden, disability and premature deaths in the future that too affecting the youth of the country.

Emerging Tobacco Crisis:

At present, 54% of Indian population is below the age of 25 years and India's peak youth population is estimated to arrive close to 2024. Cigarette smoking is responsible for more than 400,000 deaths each year or one in every five deaths. If current patterns of tobacco use persist, over 5 million people currently younger than 18 will die prematurely from a tobacco-related disease. Paralleling this enormous health toll, its economic burden is more than \$75 billion in medical expenditures and another \$80 billion in indirect costs. India stares at an emerging tobacco crisis looming large on the younger population. India has the distinction of having largest number of oral cancers in the world.

A strong association exists between tobacco use and several diseases. Atherosclerotic cardiovascular disease (heart attacks, strokes, and high blood pressure), cancer and chronic obstructive air way disease account for most of the excess mortality and morbidity due to tobacco use. Individual patient risk vary widely and are influenced by the duration, type, intensity of tobacco use; genetically mediated susceptibility; occupational and environmental exposures; use of medication and coexisting risk factors and diseases. Tobacco use is a leading preventable cause of disease, disability and premature death both in India and the World.

With a population of more than one billion, India has been a major target of the multinational Cigarette companies. India is a major player in the international tobacco market. It is the world's third largest producer of tobacco and the eighth largest exporter, responsible for around 6% of the world trade in tobacco. In 1997, India cultivated over one million acres of tobacco, producing 604,500 metric tones, a 2% increase over 1995. Around 70% of this was used in the production of bidis and other non-cigarette tobacco products. Tobacco exports, meanwhile, have been booming in recent years, reaching 115,000 metric tones in 1997, a 48% increase from 1995.

Vulnerable Youth:

Cigarette consumption currently represents less than 20% of tobacco consumption, but is expected to rise to around 33% in the next 10 years. Although bidis and chewing tobacco remain popular among the poor due to their low cost, the cigarette companies have been engaged in an aggressive campaign to convert India's 250 million tobacco users into smokers and entice the young to take up smoking habit.

Recent surveys among school children in Bombay showed that 12-18% of high school students were addicted to pan masala. A 10-city survey of over 9,000 students between 13 and 17 years showed that after seeing the Wills World cup Cricket Series, 13% felt a desire to smoke. A study published in the British Medical Journal,

showed similar results. It concluded that cigarette company sponsorship of the India-New Zealand cricket series in 1995 had a significant impact on kids who watched it on television. The advertising created the impression among the 1,948 children aged 13-16 years that "smoking gives more strength, improves batting and fielding and ultimately increases the chance of winning". In Rajasthan, Gupta et al reported prevalence of smoking or tobacco use of 51% in rural men, 5% in rural women, 39% in urban men and 19% in urban women while Venkat Narayan et al reported smoking prevalence of 45% in men and 7% in women in Delhi. In Mumbai, Gupta et al reported current tobacco use in 69% men (smokers 23.6%) and 57% women. Vaidya et al reported tobacco use in 13.4% boys and 9.5% girls among school children in Goa. Jayant et al conducted a study in 1278 boys and 353 girls studying in Bombay and reported tobacco use in 22.5% children in private English-medium schools, 6.9% in private Indian language schools and 13.8% in municipal school.

In children the main influences in smoking initiation are environmental factors, personal characteristics, peer pressure and adolescent age. The study reported in Journal of Association of Physicians of India showed that tobacco use is significantly more in children when its use is present in a family member. Exposure to advertisements was very high in these children and most of them remembered seeing a tobacco advertisement in a newspaper or a magazine.

Characteristics of Tobacco use:

Tobacco use is in the form of smoking and smokeless use.

Smoking is in the form of cigarette, cigar, pipe and bidis. The bidi industry remains the largest manufacturer of tobacco products in India. Bidis are Indian cigarettes, wrapped in tendu or temburini leaf and secured with a string at one end of the cigarette which provides a powerful dose of chemicals. Bidis contain more than three times the amount of nicotine and more than five times the amount of tar than regular cigarette smoke. Bidis come in flavored varieties such as strawberry, chocolate and mango to attract young population.²

Cigarette smoke is heterogeneous aerosol produced by incomplete combustion of the tobacco leaf. It is composed of a gas phase in which particulate matter is dispersed. More than 4000 substances have been identified in cigarette smoke including Nicotine, the primary component that acts on the brain. A pack a day cigarette smoker puffs more than 70,000 times a year and the membranes of mouth, nose, pharynx and lungs are exposed repetitively to tobacco smoke. Some constituents of smoke act directly and others are absorbed into blood or dissolved in saliva and swallowed. Cigarette smoking results in rapid distribution of nicotine throughout the body, reaching the brain within 10 seconds of inhalation. Cigar and pipe smokers, on the other hand, typically do not inhale the smoke, so nicotine is absorbed more slowly through the mucosal membranes of their mouths, the same as for smokeless tobacco. Nicotine acts on the brain and contribute considerably to nicotine's highly addictive nature.



Smokeless use of tobacco is in the form of snuff and chewing in the form of gutkas and pan masala etc is very common in India. Even smokeless tobacco is dangerous. Smokeless tobacco products contain high levels of nicotine as well as other toxins that are readily absorbed through the skin and mucosal lining of the mouth. Depending on how the tobacco is taken, nicotine can reach peak levels in the bloodstream and brain rapidly. The consequences of using smokeless tobacco include lung, larynx, esophageal, and mouth cancer.

In recent years pan masala has become extremely popular. This chew mixture contains tobacco, areca nut and flavored additives. It is sold in small packages that may cost less than a rupee, cheap enough for even school children to buy.

The Indian government has banned smoking in public places, hospitals, government offices and schools which is being implemented most ineffectively. A health warning on all cigarette packages is required and launched a media campaign that "Smoking Kills". Because of the high incidence of oral cancer, the government is currently discussing a ban on chewing tobacco (pan masala) after high incidence of addiction was found among school children in Bombay. Manufacturers on the other hand contend that this is merely a ruse being pushed by the multinational tobacco companies wishing to capture the Indian market promoting smoking.

Tobacco, the emerging monster among the youth is required to be tackled on an urgent basis; otherwise it is the surest recipe for increase of mortality, morbidity, social tensions and anarchy. The slide to addiction can be sharp and steep and may well consume the energies of our youth and entire social order. This can only be prevented by investing in youth and channelising their energies in a positive direction by aggressive media campaign, awareness and motivational national programmes. The government and the policy makers must urgently work in this direction on priority otherwise it will be too late. It is time to wake up and save a vulnerable youth from the ravages of tobacco and smoking.



Dr Rajiv Mahajan
Professor & Head (Pharmacology)
Asstt Dean (Academics)

विसाल -ए-यार

ये दिल की धडकने जाने जुबां तक कब तलक पहुँचे

पैगाम ये मोहब्बत का वहाँ तक कब तलक पहुँचे

अभी तो हाल-ए-मौसम पे खड़ी है गुफ्तगू अपनी

ये जाने हाल-ए-दिल के बयाँ तक कब तलक पहुँचें

बड़ा ही लम्बा इंतजार लिखा है मेरी किस्मत में

वो जाने अपनी ना-ना से हाँ तक कब तलक पहुँचें

झुका कर जो निगाहो को तसस्वर कर रहा मेरा

खुली आंखो से मेरे आशियाँ तक कब तलक पहुँचे

खुदा से कहता हूँ उसको बना दे हमसफर मेरा

दुआ अपनी भी देखे आसमाँ तक कब तलक पहुँचे।



' Be Bowled Out or Caught Out But Never Throw Down The Bat

Dr. Daizy Singh

Associate Professor (Anatomy)

The crown and glory of life is struggle. In our daily life we should not be daunted by failures and disappointments. We should play the game of life with courage and endurance. The possession of a stout heart is a great blessing. The lives of great men all remind us that the secret of success lies in fighting courageously even if defeat may store us in the face. Success comes to him who does not shirk work and fight with difficulties.

Dear friends, one must 'Play up ! Play Up ! and play the game at all costs.

व्यक्तित्व

लांगमैन के शब्दकोष के अनुसार, 'किसी व्यक्ति का पूरा स्वभाव तथा चरित्र' ही व्यक्तित्व कहलाता है। कोई व्यक्ति कैसा आचरण करता है, महसूस करता है और सोचता है, किसी विशेष परिस्थिति में कैसा व्यवहार करता है, यह उसकी मानसिक संरचना पर निर्भर करता है। जब भी अँधेरे का आक्रमण हो अपनी आत्मा पर बल दो। आपत्तियाँ पर्वत जैसी भले ही हो, डरो मत। इन्हें कुचलों, ये लुप्त हो जायेंगी।

एक वीर की भाँति आगे बढ़ो। बाधाओं की परवाह मत करो। निर्भयता की यह वाणी सुनाओ- 'तत्त्वमसि' उत्तिष्ठत जाग्रत प्राण्य वरान् निबोधत-तुम वही ब्रह्म हो, उठो, जागो और लक्ष्य को प्राप्त किये बिना रुको मत।

Dr. Daizy Singh

Associate Professor (Anatomy)



Dr. Sandeep Kaur

Associate Professor (Physiology)

ਆਦੇਸ਼ ਮੇਂ ਬਾਰਹ ਮਹੀਨੇ

- ➔ ਜਨਵਰੀ ਆਏ ਹੀ Internship ਦੀ ਹੁੰਦੀ ਸ਼ੁਰੂਆਤ, ਸਾਥ ਮੇਂ ਹੀ Micro, Patho, Pharma, Forensic ਦੀ ਹੁੰਦੀ ਬਾਤ ਸਮਾਪਤ ।
- ➔ ਫਰਵਰੀ ਦੀ ਹੁੰਦੀ ਗੁਰੁਪਰਬ ਸੇ ਸ਼ੁਰੂਆਤ, ਸਾਥ ਮੇਂ ਹੀ ਹੁੰਦੀ Arrhythmia ਦੀ ਬਾਤ ।
- ➔ ਮਾਰਚ ਕੋ Convocation ਦੀ ਹੁੰਦੀ ਤੈਧਾਰੀ, ਐਂਡ ਹੋਲੀ ਨੇ ਮਾਰੀ ਅਪਨੀ ਪਿਚਕਾਰੀ ।
- ➔ ਅਪ੍ਰੈਲ ਮੇਂ ਬਚਚੋਂ ਕੋ Centralized Test ਦੀ ਐਂਡ, ਗਰਮੀ ਨੇ ਭੀ ਸ਼ੁਰੂ ਕੀਤਾ ਅਪਨਾ ਜੋਰ ।
- ➔ ਮਈ ਮੇਂ 1st Prof ਕੋ ਬਚਚੋਂ ਨੇ ਕੀ Send up ਦੀ ਐਂਡ ਕੋਰਸ, ਓਨਕੀ Assessment ਬਨਾਨੇ ਪਰ ਭੀ ਕਰੀ Faculty ਨੇ ਪੁਰੀ ਖੁਸ਼ਦਾਈ ।
- ➔ ਜੂਨ ਕੋ ਆਏ Vacation ਕਾ ਆਨੇ ਲਗਾ ਖੁਸ਼ਾਲ, ਪਰ Paper Checking ਨੇ ਕੀਤਾ ਸਬ ਕੋ ਕੋਹਲ
- ➔ ਜੁਲਾਈ ਮੇਂ ਹੁੰਦੀ Interns ਕੋ Farewell ਦੀ ਤੈਧਾਰੀ, ਕਾਦਲ ਗੱਜੇ ਹੁੰਦੀ ਕਰਬਾ ਭਾਰੀ ।
- ➔ ਅਗਸਤ ਮੇਂ ਨਯੇ ਬਚਚੋਂ ਕਾ ਹੁਆ ਆਗਮਨ, ਗਰਮੀ ਕਾ ਹੁਆ ਥਮਨ ।
- ➔ ਸਤੰਬਰ ਮੇਂ ਸਾਰੇ ਕਾਲਜ ਮੇਂ ਰੈਨਕ ਆਈ, ਅਬ ਐਕ ਐਂਡ ਪਨੀਰੀ ਆਈ ।
- ➔ ਅਕਤੂਬਰ ਮੇਂ ਹੁਆ ਟ੍ਰਾਇਰੋਂ ਕਾ ਸਿਲਸਿਲਾ, ਹਰ Prof ਮੇਂ ਭੀ Chapter ਪੈ Chapter ਪਲਟਾ ।
- ➔ ਨਵੰਬਰ ਕੋ ਆਈ ਦਿਵਾਲੀ, ਸਬ ਕੋ ਹੁੰਦੀ ਘਰ ਜਾਨੇ ਦੀ ਖੁਸ਼ਹਾਲੀ ।
- ➔ ਦਿਸੰਬਰ ਆਯਾ, ਫਿਰ Centralized Test ਨੇ ਦਰਕਾਜਾ ਖਟਕਾਯਾ ।
- ➔ Final Prof ਕਾਲੋ ਨੇ ਭੀ ਪੂਰਨਤਾ ਕਾ ਫੋਲ ਕੱਢਾਯਾ ।
- ➔ ਐਸਾ ਬੀਤਾ Adesh ਮੇਂ ਹਰ ਸਾਲ, ਓਸਕੇ ਨਾਮ ਕਾ ਹੀ ਹਮੇਸ਼ਾ ਬੋਲਾਬਾਲ ।

ਪਰਾਈ

ਨਨ੍ਹੀ ਛਾਂ ਲੈ ਕੀਤੀ ਸੀ ਬਣ ਕੇ ਧਰਤੀ ਤੇ ਅਗਵਾਈ,

ਭੈਣ ਬਣ ਕੇ ਫੇਰ ਕੀਤੀ ਵੀਰ ਦੀ ਹਰ ਗਲ ਦੀ ਪੈਰਵਾਈ

ਪਤਨੀ ਬਣਕੇ ਪਤੀ ਦੀ ਹਰ ਮੁਸ਼ਕਲ 'ਚ ਸਾਥ ਨਿਭਾਯਾ

ਮਾਂ ਬਣਕੇ ਬੱਚਿਆਂ ਨੂੰ ਹਰ ਔਕੜ ਤੋਂ ਬਚਾਇਆ,

ਸੱਸ ਬਣਕੇ ਧੀ-ਪੁੱਤ ਦਾ ਘਰ ਵਸਾਇਆ

ਲੋਰੀਆਂ ਤੇ ਕਹਾਣੀਆਂ ਸੁਣਾਕੇ ਦਾਦੀ-ਨਾਨੀ ਦਾ ਫਰਜ਼ ਨਿਭਾਇਆ,

ਫਿਰ ਵੀ ਇਹਨੂੰ ਕਿਉਂ ਮਿਲਦੀ ਦੁਹਾਈ ਧੀਏ ਤੂੰ ਹੈ 'ਪਰਾਈ'

दुनिया

हाय यह दुनिया कैसी है।
क्या भगवान ने बनाई वैसी है।
कभी किसी को पूछ
कभी अपने आपसे है
है यही सवाल मन में
पर यह न जाने इस का उत्तर है अपने तन से।
जैसा देखा वैसा पैया
इसी से है दुनिया का जवाब है पाया।
यह समझ लो शीशा है दुनिया,
जहाँ तुमने अपने विचारों का प्रतिबिम्ब है पाया।
जब यही है दुनिया का सरांश
तो क्यों रखों अपने मन को निराश

' Day's of The Year '

Express your Love on Valentine Day
Hug your mother says Mothers Day
Respect the workers on Labour Day
Go Green says the Environment Day
Donate Blood say the Blood Donation Day
Remember the sacrifice
of the leaders on Independence Day
Also Don't forget Adesh on 11th July College Day

कभी - कभी

कभी धूप कभी छाँव
कभी अंधेरा कभी सवेरा
कभी खुशी कभी गम
कभी ऊपर कभी नीचे
कभी उत्थान कभी पतन
कभी चाँद कभी सूरज
कभी First Prof कभी Final Prof
कभी UG कभी PG.
कभी देश कभी विदेश
पर हमेशा चमकता रहेगा Adesh

'Definition of Life'

Life is the way you live it
Life is beauty for those who love nature
Life is exciting for a young one
Life is hell for the suffering
Life is to attain salvation for a Saint
Life is to serve says the Doctor
Live life to its fullest.

Dr. Sandeep Kaur
Associate Professor
(Physiology)

ਅੱਖਰ

ਇਹ ਅੱਖਰ ਕਿਉਂ ਕਦੇ ਆਪਣੇ ਨਹੀਂ ਹੁੰਦੇ,
ਕਿਉਂ ਵੱਟਦੇ ਨੇ ਚੀਸਾਂ ਪਰਾਈਆਂ,
ਕੱਤਦੇ ਨੇ ਸੂਤ ਬੇਗਾਨੀਆਂ ਪੀੜਾਂ ਦਾ,
ਤੇ ਬਣਾਉਂਦੇ ਨੇ ਗੀਤ ਬੇਗਾਨਾ।

ਇਹ ਅੱਖਰ ਕਿਉਂ ਸੱਚ ਦੇ ਧਰਾਤਲ ਤੇ
ਕਦੇ ਵੀ ਖਰੇ ਨਹੀਂ ਉਤਰਦੇ
ਕਿਉਂ ਇਹ ਵੇਖ ਕੇ
ਮੂੰਹ ਸੀਸ਼ੇ ਵਿੱਚ,
ਚੁਰਾਉਂਦੇ ਨੇ ਖੁਦ ਕੋਲੋਂ
ਅੱਖੀਆਂ

ਇਹ ਅੱਖਰ ਕਿਉਂ ਧੱਸਦੇ ਨੇ ਅੰਦਰੋਂ ਅੰਦਰੀ
ਜਿਵੇਂ ਬਣਾਇਆ ਹੋਵੇ ਕੋਈ ਘਰ
ਪਿੱਲੀਆਂ ਇੱਟਾਂ ਦਾ
ਪੋਲੀ ਜ਼ਮੀਨ ਉੱਤੇ
ਖਤਰਾ ਲੈ ਡਿੱਗਣ ਦਾ
ਕੱਚਾ ਜਿਹਾ।

ਇਹ ਅੱਖਰ ਕਿਉਂ ਡੱਸਦੇ ਨੇ ਸ਼ਾਇਰਾਂ ਨੂੰ
ਆਪਣੀ ਹੋਂਦ ਦਾ ਪਰਛਾਵਾਂ ਲੈ
ਕਰਨ ਮਜ਼ਬੂਰ
ਇੱਕ ਝੂਠ ਉਲੀਕਣ ਨੂੰ,
ਧੋਖੇ ਦਾ ਬਾਣਾ ਪਵਾ
ਰੋਜ਼ ਨਵਾਂ।

ਇਹ ਅੱਖਰ ਕਿਉਂ ਭੇਸ ਵਟਾਉਂਦੇ ਨਿੱਤ ਨਵਾਂ
ਕਦੀ ਲਾਲ ਸੂਹਾ ਮਹਿੰਦੀ ਰੰਗਾ
ਕਦੀ ਕਾਲਾ ਜਿਵੇਂ
ਕਿਸੇ ਦਿਲ ਦੀ ਮੈਲ
ਕਦੇ ਨਾੜ੍ਹਾ ਧੋਤਾ ਨਵਾਂ ਨਕੋਰ
ਖਾਰਾ ਖਾਰਾ।



ਪਰ ਜੇ ਅੱਖਰ ਆਪਣੇ ਹੁੰਦੇ ਤਾਂ ਨਾ ਹੁੰਦੇ ਕੋੜੇ,
ਨਾ ਹੀ ਦਿਲ ਸੀ ਮੈਲਾ ਕਰਦੇ, ਨਾ ਹੀ ਤੋੜ-ਵਿਛੋੜੇ,
ਇਹ ਅੱਖਰ ਸਦਾ ਬੇਗਾਨੇ, ਇਨ੍ਹਾਂ ਰਹਿਣਾ ਏਦਾਂ,
ਜਾ ਕੇ ਵਿੱਚ ਬੇਗਾਨੀ ਮਹਿਫਿਲ, ਇਹਨਾਂ ਕਹਿਣਾ ਏਦਾਂ।

ਉਹ ਜੋ ਦਿਸਦਾ ਰਹਿੰਦਾ ਹੱਸਦਾ ਹੱਸੇ ਝੂਠਾ ਹਾਸਾ,
ਮਹਿਫਲ ਦੇ ਵਿਚ ਜਾ ਬਣਾਉਣਾ ਇਨ੍ਹਾਂ ਤੇਰਾ ਤਮਾਸ਼ਾ
ਚੀਜ਼ ਪਰਾਈ ਜਿਹੜੀ ਉਹਦਾ, ਜਿਕਰ ਵੀ ਕਾਹਤੋਂ ਕਰਨਾ
ਤੋਹਮਤਾਂ ਬੇਗਾਨੀਆਂ ਦਾ ਫਿਕਰ ਵੀ ਕਾਹਤੋਂ ਕਰਨਾ

ਅੱਖਰਾਂ ਦੇ ਵਣਜਾਰੀਓਂ ਕੁਝ ਹੋਸ਼ ਕਰੋ,
ਨਾ ਸਾਰੇ ਛੰਦ ਆਪਣੀ ਮੁੱਠੀ ਵਿੱਚ ਭਰੋ,
ਇਹ ਸਾਰੇ ਝੂਠੇ, ਸੱਚੇ ਕਦੇ ਸਪਨੇ ਨਹੀਂ ਹੁੰਦੇ,
ਇਹ ਅੱਖਰ ਬੇਗਾਨੇ, ਕਦੇ ਆਪਣੇ ਨਹੀਂ ਹੁੰਦੇ,
ਆਪਣੇ ਨਹੀਂ ਹੁੰਦੇ

Dr Rajiv Mahajan
Professor & Head (Pharmacology)
Asstt Dean (Academics)



Dr. Aekta Gupta
Asstt. Prof. (OBG)

Experience

I was like a bird,
careless and carefree,
Ever flying high,
In the sky.
No winds, no rain
and there was no pain.
But one day, winds played a game,
with them the clouds came,
Thorns they threw, and I lost my view.
like ashes I was lying on the ground,
No place to hide I found.

Fatigued, weakened, lonely & sad
I was feeling very bad.
Then my Lord, my God came to my Rescue
And from ashes I grew.
Clouds and winds were all gone
And the sunlight of my life was on

Fresh, strong and happy I became
And life was beautiful again

Winds and clouds intended to take my happiness away.
They took my happiness they may think and say
They left the thorns on my wings
And now my heart sings.

In the process of taking they gave me a great thing MY EXPERIENCE
I experienced the pain and sadness.
And realised the true worth of happiness
I never knew the importance of flying high in the beautiful blue sky.
But now I know what it is to expand the wings and fly.
And clouds, you should know and be sure,
Now I am happy than ever before

The Adeshian

2013

College Magazine of AIMSR Bathinda

*Our work is never complete
only the priorities change.*

*Hope to meet you again
next year with a
refined version*

-Editorial Team

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Ms. Aditi Kapoor
(Best Graduate - MBBS Batch 2007)



Ms. Sakori
(2nd Best Graduate - MBBS Batch 2007)



Ms. Anshita
(Best Graduate - MBBS Batch 2008)



Ms. Sonica Wahi
(2nd Best Graduate - MBBS Batch 2008)



ADESH UNIVERSITY

Established by Florida Stat. No. 8 of 2012

844-Z. Barnala Road, Mathville 28103 Currier

PROUDLY ANNOUNCES ADMISSION FOR PROFESSIONAL-ORIENTED COURSES

Programmes	Eligibility	Duration	Programmes	Eligibility	Duration		
PGD Programmes <i>Regulation: 2019/2020</i>			Post Graduate Medical Programmes <i>Regulation: 2019/2020</i>				
PhD Medical Biochemistry	MSc/ M.Sc. in Biochemistry/ Microbiology/ Biochemistry/ Biotechnology	Min. 3 years	M.Sc. Medical Biochemistry	B.Sc. in any branch of Life Sciences/ MBBB/ BDS/ BVSc/ MBBB/ MMS/ BPH/ B.Sc. Nursing	2 years		
PhD Medical Microbiology	M.Sc. Medical Microbiology		M.Sc. Medical Microbiology				
PhD Biotechnology	M.Sc. Biotechnology		M.Sc. Medical Anatomy				
PhD in Pharmaceutical Sciences (Pharmacy Practice, Pharmacokinetics)	M.Pharm.		M.Sc. Medical Physiology/ Biochemistry				
Pharmaceutical Sciences Programmes <i>Regulation: 2019/2020, 2020/2021</i>			Post Graduate Dental Programmes <i>Regulation: 2019/2020, 2020/2021</i>				
M.Pharmacy (Pharmacy Practice, Pharmaceutical Chemistry)	B.Pharm.	2 years	Cert. in Oral Implantology	BDS / MDS	1 year		
B. Pharmacy	10+2 Med/ Non-Med.	4 years	Cert. in Orthodontics				
D. Pharmacy	10+2 Med/ Non-Med.	2 years	Cert. in Endodontics & Oral Rehabilitation				
			Cert. in Laser in Dentistry				
Cert. in Aesthetic Dentistry							
Post Graduate Diploma Programmes <i>Regulation: 2019/2021</i>			 Allied Health Sciences Programmes <i>Regulation: 2019/2021, 2020/2021, 2020/2022</i>				
P.G. Diploma in MRI / CT	B.Sc. RT	1 year	Bachelor in Physiotherapy	10+2 Med.	4½ years		
P.G. Diploma in Blood Bank & Transfusion Tech.	B.Sc. MLT	1 year	B.Sc. Anatomy, Physiology, Biochemistry	10+8 Science	3 years		
Para-medical Graduate Programmes <i>Regulation: 2019/2021</i>			B.Sc. Optometry				
B.Sc. in MRI / CT Technology	10+2 Med./ Non-Med.	3 years	B.Sc. Audiology and Speech Pathology			10+2 Med.	4 years
B.Sc. Medical Lab. Technology	B.Sc. Nursing						
B.Sc. Operation Theatre Technology	10+2 Med./ Non-Med. or equivalent or 10+2 in any stream with diploma in corresponding discipline from a recognised board/ university		Post Basic B.Sc. Nursing			GNM	2 years
B.Sc. Radio Imaging Technology			General Nursing & Midwifery (GNM)	10+2 any stream	3½ years		
B.Sc. Analysis Technology			Para-medical Diploma Programmes <i>Regulation: 2019/2021, 2020/2021</i>				
B.Sc. Anaesthesia Technology							
Library Sciences Programmes <i>Regulation: 2019/2021</i>			Medical Laboratory Technology (GMLT) <i>Regulation: 2019/2021, 2020/2021</i>				
Master in Library Sciences	B. Lib.	1 year	Operation Theatre Technology (OTT)	10+2 any stream	1 year		
Bachelor in Library Sciences	Diploma in any stream	1 year	Dialysis Technology (DDT)		1 year		
Diploma in Library Sciences	10+2 any stream	1 year	Dialysis Technology (DDT)		1 year		
Certificate Programmes <i>Regulation: 2019/2021</i>			Anaesthesia Technology (DAT)		1 year		
Dental Chair-side Assistant	10 th / Matrix	1 year	Radio Imaging Technology (RIT)	1 year			
			Hearing, Language and Speech (HLS)	10+2 Science	1 year		

For further details, visit our website: www.safely.be / www.safelyuniversity.ac.be

Summary & Conclusions



ADESH

ADVANCED IMAGING INSTITUTE

(A UNIT OF ADESH INSTITUTE OF MEDICAL SCIENCES & RESEARCH)

Brand New 1st time in Malwa State of Art



MAGNETOM Avanto -
18 Channel 1.5 Tesla MRI Scanner.
The World's First **100** MRI



SOMATOM Emotion - 16 Slice CT Scanner

MR (2D & 3D IMAGING)

- Non-Contrast MRA & Venography (TDF)
- Diffusion Perfusion & Functional - MR Imaging
- Susceptibility Weighted Imaging (SWI)
- Cardiac **CINE** Imaging (4 and 2 Chamber Views)
- High Resolution **MRCP**
- MR **Colonography**
- MR **Urography**
- Oncology Screening Protocol (**REVEAL**)
- Breast Screening Protocol (**GRAPPA**)
- MR Arthrography (**VIBE**)
- Pediatric Protocols (Tumors, Epilepsy & Malformations)

CT (2D & 3D IMAGING)

- CT **Angiography**
 - Cerebral
 - Renal
 - Peripheral
- **CINE** Cardiac Imaging
- Direct Volume Rendering Technique (**VRT**)
- **Polytrauma** Scan (Head to Toe)
- CT **Colonography**
- CT **Bone**
- CT **Dental**

NH-7, BARNALA ROAD, BATHINDA

MRI/CT: 0164-5009200, RECEPTION: 0164-5055000, 2860600, EMERGENCY: 0164-5055100

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