



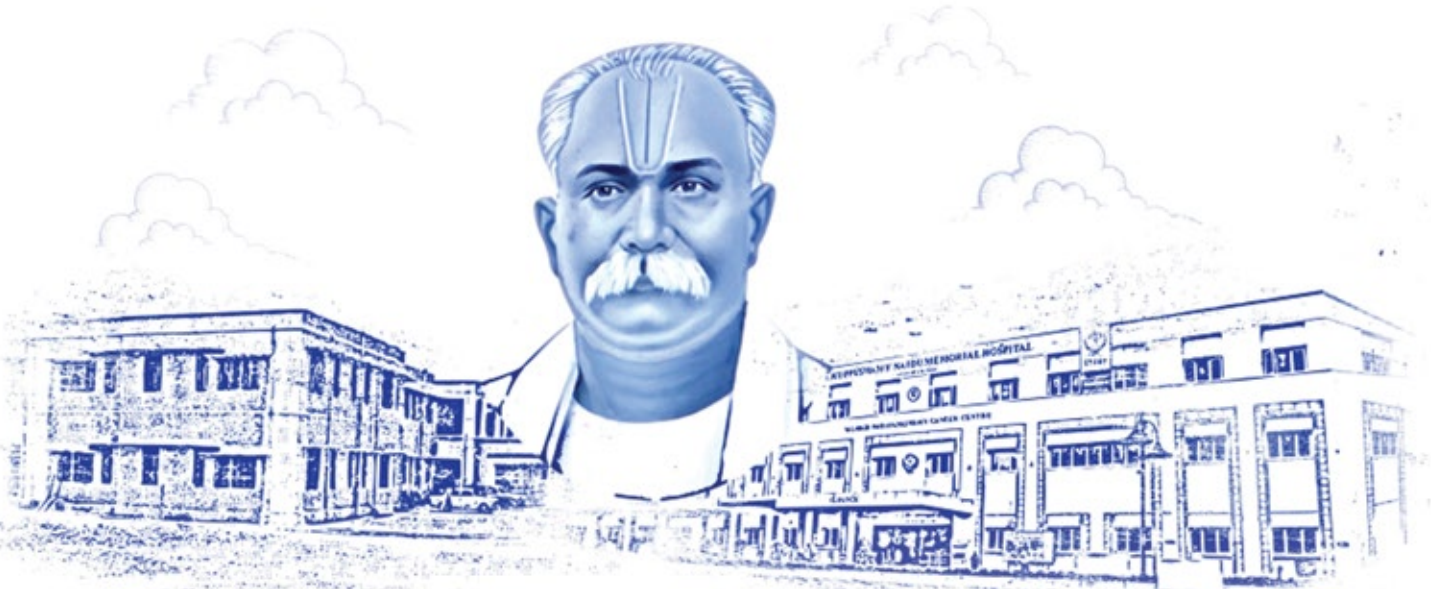
# G.KUPPUSWAMY NAIDU MEMORIAL HOSPITAL

(A UNIT OF THE KUPPUSWAMY NAIDU CHARITY TRUST FOR EDUCATION AND MEDICAL RELIEF)

(Coimbatore)



Volume : 7 | April 2022 - June 2022 | Issue No : 2



*Celebrating* 70 YEARS

Celebrating Our Legacy of Unparalleled  
Quality Healthcare Services Since 1952...

**We care. And it shows...**

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# Editorial

Dear Friends,

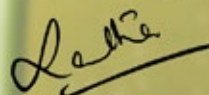
GKNMH as an institution is 70 years old and we have come a long way since its humble beginnings as a Women & Children Hospital. We are expanding our wings keeping intact our core values of quality and patientcentric care.

An institution grows by the patients we care for and the students we teach. Both these groups, I have always felt are similar to the wind dispersal mechanism of the dandelion (something we have studied a long time ago...) taking information of our institution far and wide. Can we offer niche training in our hospital both medical and paramedical? As Socrates famously said, "Education is the kindling of a flame ..." and the sparks of the flame will take GKNMH worldwide.

We have had an action-packed 3 months celebrating various events. Do reach out to the Newsletter team with your poems, musings, and art. We are happy to showcase your talents.

## Signature

Warm Regards,



**Dr. Latha Balasubramani**

DGO, MD, DNB, MRCOG  
Consultant Gynae - Onco surgeon  
GKNM Hospital



# From the CEO 's Desk

– 70 years of GKNM Hospital...



**Dr. Ragupathy Veluswamy**  
BSc, MBBS, DCH, AB, FAAP,  
CHCQM, MMM, CPE, FACPE,  
CEO, GKNM Hospital

Down the memory lane, looking back, in the late 60s, as a medical student I used to travel from the Coimbatore Medical College Hospital to the Coimbatore Medical College campus via Avinashi Road, all that I could see then was a very humble building that housed the GKNM Hospital Little did I envisage then that I would be penning in the News Letter from the CEO's desk so many decades later, truly incredible!!

The genesis of the hospital and educational institution was a seed sowed by Sri. G. Kuppuswamy Naidu, who had lost his step sister and her newborn due to complications at childbirth. The non-availability of proper medical care in those times was the only cause.

The benevolent Founder never wanted this to happen to any woman or her newborn. He envisioned to have only a Women and Children's hospital, offering free service to the community. Little did he know his humble beginning will be a tertiary care super speciality hospital one day. Unfortunately, he did not live to see his vision come alive. Fortunately, after his demise the Co-Founders, comprising of his relatives, sons, and friends later formed a Trust in his name.

The Trust formed in early 1950 has taken giant steps to make his dream come true.

Since then, year after year more bricks were added to the building to house more and more departments with varied specialities to serve the population cost effectively.

Our Founders' vision was very noble and GKNM Hospital Management from yester-years to till date upholds ethical practices and continue to do so – "to be a humane health care service provider of the highest standard, focusing on providing accessible, safe, effective and efficient medical services to the Community." At this juncture, I express my sincere thanks to the Trustees for their guidance in all the endeavours for making every thing possible for the best of patient care experience.

GKNM over the years has built to reach every nook and corner of the globe. Our hospital stands tall and mighty today with 650 beds and 2000+ employees. Our hospital is known for employee empowerment and our HR department supports this statement. The department records state "130 allied health employees and 20 physicians have served for 30 long years passionately curing and caring for the patient's well being..Kudos to all the GKNM Hospital employees of the past and present to make this hospital renowned and remembered, both locally and globally.

# From the CEO 's Desk

– 70 years of GKNM Hospital...

The Visitors Book of GKNM Hospital is a testimony of our selfless service which has been appreciated by eminent personalities.

To mention a few, His Highness Jaya Chamaraja Wodeyar, Maharaja of Mysore & Governor, Madras State inaugurated the GKNM Hospital in 1952, Shri. C. Rajagopalachari, Former Governor General of India; Thiru. K. Kamaraj, Honorable Chief Minister, Tamilnadu, who remarked that "I sincerely hope that every leading citizen of Coimbatore and other city of Tamil Nadu would emulate the example set by the late Sri. G. Kuppuswamy Naidu", Raj Kumari Amrit Kaur, Minister of Health, Government of India; Sri. Bishnuram Medhi, Governor of Madras; Thiru. M.G. Ramachandran, the Honorable Chief Minister of Tamil Nadu, His Holiness Sri Jayendra Saraswathi Shankaracharya Swamigal; His Excellency the Governor of Tamil Nadu, Sri. Surjit Singh Barnala; Dr. APJ Abdul Kalam, former President of India; Field Marshal K. M. Cariappa, Commander in Chief Army; so on and so forth.

With the least of publicity in the media, GKNM Hospital has earned and gained many a first in the medical field, winning many accolades and recognition at State and National levels. Our core competency in Cardiac and Oncology is acknowledged worldwide and other specialities too have created their own bench mark and we are proud to be the yard stick for many in the hospital industry.

Over the years, we have never failed to care for the rural community in and around Coimbatore. An outreach centre was established and named Chidbhavanandha Rural Education & The Rural Health Centre at Veerapandi. Health camps and preventive health care are our hallmark in the rural community.

The 50th anniversary of the G. Kuppuswamy Naidu Memorial Hospital was commemorated in the year 2001 by establishing Raksha - The Hospice with 15 beds to provide high quality palliative care free of cost for cancer patients living in and around Coimbatore. We strive earnestly to do our best to provide the best of patient care experience. In the very near future GKNM hospital will have a standalone Outpatient Unit just a few hundred yards away from the main hospital with world-class amenities.

Another year, and many more decades to come, GKNM hospital will continue to provide the quality care which is the patient's right. At this juncture I believe "Something which we think is impossible now is not impossible in another decade".

GKNM Hospital's journey will continue for decades to come.....

# Outlook National Magazine Best Hospital Ranking



**BEST HOSPITAL RANKING 2022**



**G.KUPPUSWAMY NAIDU  
MEMORIAL HOSPITAL**  
Coimbatore - 641 037

has been recognized as one of the

**BEST MULTI-SPECIALTY  
HOSPITAL IN SOUTH INDIA**  
(Ranked 12<sup>th</sup>)





**Dr. V. Mathew**  
Consultant  
General Medicine

# Interesting Case Capsules

## PERILS DURING COVID PANDEMIC

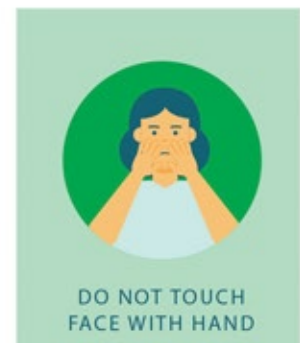
A 30 years old male, an engineer by profession, came to GKNMH in January 2022 with complaints of pain in the upper abdomen, on the right side, with mild pain in the right hypochondrium. He had no intercostal tenderness. He was clinically obese with reduced air entry in the right infrascapular and infra-axillary. He had no other complaints or co-morbidities.

His blood parameters were normal. Chest x-ray revealed elevated right dome of diaphragm. An ultrasound scan was ordered which revealed features suggestive of liver abscess (90 cc - segment V & VIII). He was started on antibiotics and antiamebic treatment. He was reviewed 7 days later, he felt better.

He now disclosed that he had been admitted to another hospital in September 2021 for fever and diarrhoea. His CBC showed neutrophilic leukocytosis. LFT showed elevated enzymes. HRCT lung showed basal atelectasis with ill-defined, hypodense lesions in the liver. He was COVID negative. His blood culture grew *Streptococcus* and he was treated with appropriate antibiotics. He was reviewed after discharge, no further evaluation was done as he was symptom free.

In GKNMH, from February 2022, he was continued on antibiotics and antiamebic. Serial USGs were done to monitor abscess size and decide on need for intervention. A CT abdomen was also done as he had similar findings in September 2021, and had only features of liver abscess. He remained asymptomatic and the last USG abdomen done showed significant reduction in abscess to 10 cc.

His case is highlighted to show that the COVID pandemic has caused possible neglect in management of other diseases. This case could have had problematic outcome if the abscess had tracked into the pleural space /abdomen. Also the importance of good bedside clinical evaluation as well as appropriate investigation is hereby emphasized.





**Dr. Antony Terance Benjamin**

Consultant Paediatrics & Paediatric Pulmonologist

## GOOD SLEEP – MAKETH HEALTHY CHILDREN

Sleep is especially important for children due to the impact it has on both mental and physical development. Sleep is the time for restoration and for children's bodies to recharge and retain the information they have learned throughout the day. During deep sleep, the body's energy is restored, growth and repair occurs and important brain development hormones are released.

Sleep deprivation affects the immune system, negatively affects mood and behaviour, and can also hinder a child's performance in school.

Common sleep problems include:

- Insufficient sleep - affects nearly 30% of children & 70% of teens
- Snoring
- Breathing pauses during sleep
- Trouble staying awake during the day
- Unexplained decrease in daytime performance
- Unusual events during sleep
- Bedwetting

Good sleep is a vital component for a healthy lifestyle.





**S. Ananthalakshmi**  
Chief Clinical Dietitian

## ROLE OF DIET AND DIETITIAN IN BONE MARROW TRANSPLANT

Bone marrow transplant (Also known as Hematopoietic stem cell transplantation or HSCT) is a procedure used to treat patient with life threatening blood immune/inherited/metabolic disorders or hematologic malignancies. A bone marrow transplant replaces the unhealthy blood forming cell with healthy ones.

There are 2 types of transplant.

- Autologous bone marrow transplant [using one's own stem cells]
- Allogenic bone marrow transplant [using cells from another person]

Stem cells can be obtained from bone marrow or peripheral blood or cord blood. The commonest source used is peripheral blood by apheresis.

At GKNMH, we have successfully completed a total of 16 HSCT (9 Autologous and 7 Allogenic) in our transplant unit which is a part of ISBMT [Indian Society of Blood and Marrow Transplantation]. In this context, we Dietitians are important members of the HSCT team providing neutropenic diet and diet specific for GVHD/mucositis based on HSCT patient needs. Neutropenic diet is given to the patient based on other co-morbidities.

Neutropenic diet is the term used to describe food handling and selection practices that reduce the risk of bacterial infection from foods. It is also known as the antimicrobial diet. Principle of neutropenic diet is to avoid foods that increase the risk of infection.

Pre-diet counselling is given to the patients before HSCT to cope up with symptoms occurring during transplant and to make them aware of the importance of dietary modifications during the treatment. Diet according to the patient's preference, likes, dislikes, disease condition etc. is considered.

Due to high dose chemotherapy before transplant, mucositis may occur. The grading is as per severity of mucosal denudation.

The actual calorie and protein intake is calculated and changes are made in the diet to meet the requirement of the patient.

We calculate the actual calorie and protein like.

- All cooked pulses and cooked vegetables without spice

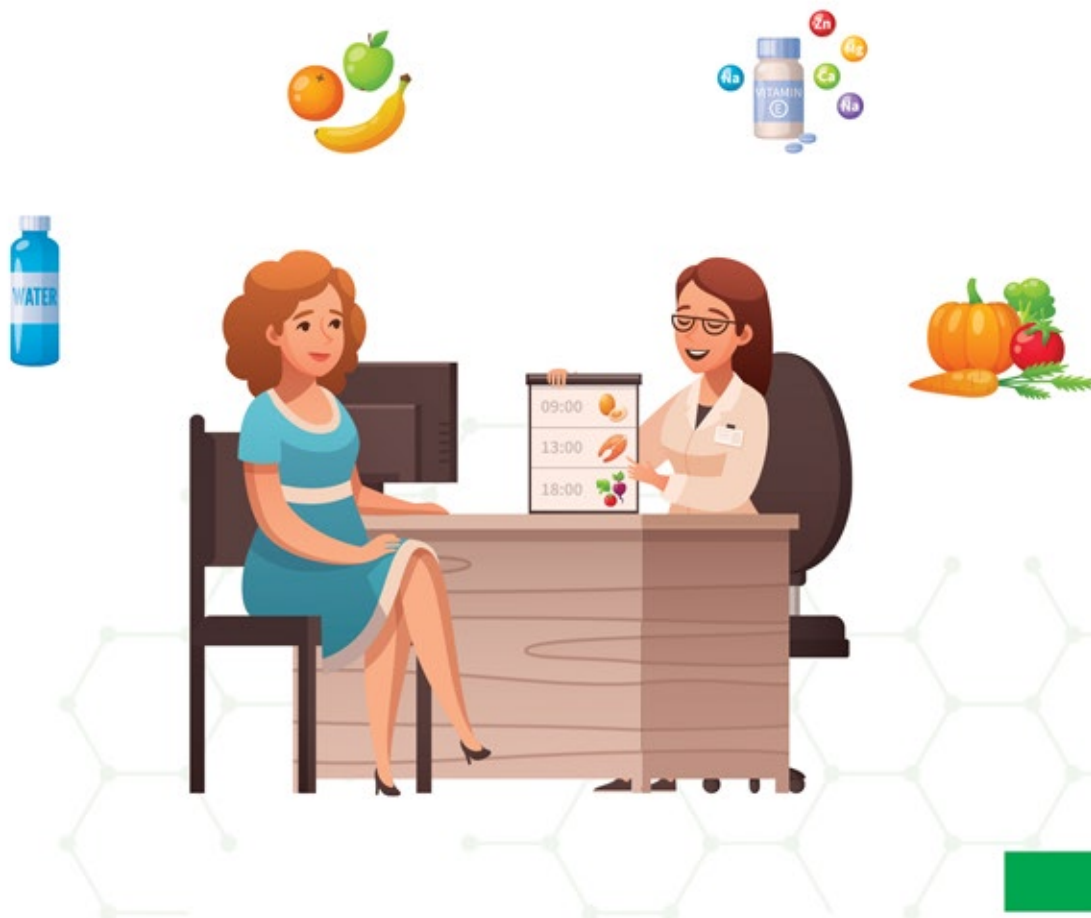


- Packed juices are preferred rather than fresh juice.
- Thoroughly washed and thick-skinned fruits such as pomegranate, bananas, oranges, and musambi etc.
- Raw vegetables, salads, uncooked herbs and spices are avoided
- Unpasteurized milk and milk products are avoided
- Diet is given in a disposable container
- All the food items are kept in the UV ray box (also known as pass box) before the diet reaches the patient.

Graft versus host disease (GVHD) is a condition that might occur after an allogenic transplant and characterised by skin, gut or liver damage.

Gut GVHD is characterised by malabsorption and diarrhea. GVHD diet aims to reduce digestive tract symptoms, prevent weight loss and assist in recovery. The GVHD diet consists of 6 phases. According to patient's condition we provide phase 1 to phase 6 diet. Goal of the dietitian is to provide diet based on the challenges faced by the patient and keep them nourished to maintain their ideal body weight. Before the discharge the patient is given a complete diet counselling and written education material.

“ If the Doctor of today does not become the Dietitian of tomorrow, the Dietitian of today will become the Doctor of tomorrow ”





**Dr. Mahesh Mitran**  
HOD, Physiotherapy  
Department

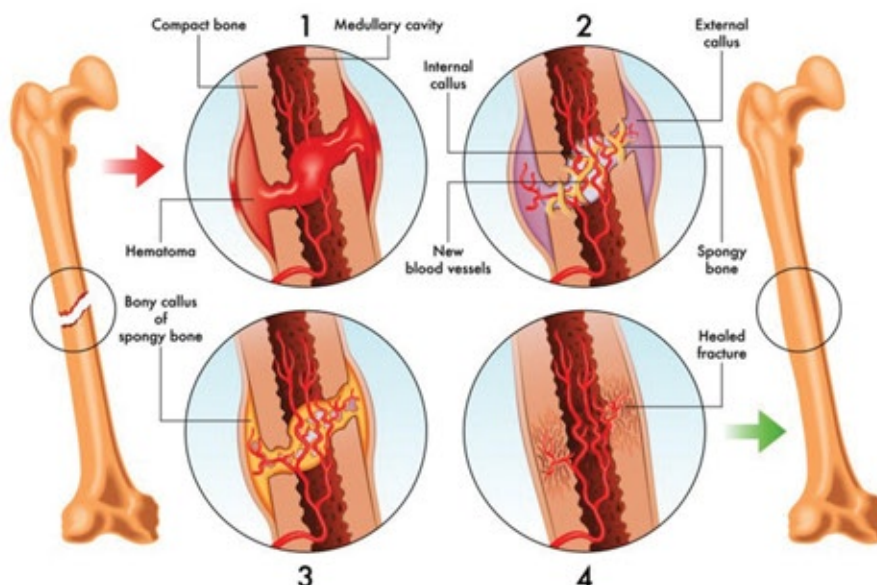
## PROTEIN THAT SLOWS DOWN FRACTURE HEALING IN OLDER PEOPLE

Researchers have found a certain protein that is more prevalent in older people and which prevents fractured bone from healing. According to the study published in the Journal of Clinical Investigation Insight, the research team confirmed that older people have more Apolipoprotein E than younger people. They found that 75-85 year olds had twice as much as ApoE in their blood stream as 35-45 year olds.

When a bone is broken, the body sends signals through the bloodstream to recruit cells to fix it. Some of those recruits, specifically skeletal system cells build up cartilage as a temporary scaffolding to hold the fracture together.

At last a different kind of cell eats up the cartilage scaffolds and osteoblasts fill those holes with bone. Over time, this cartilage will continue to be resorbed and osteoblasts will continue to deposit new bone. Researches also found that if they added ApoE to a petridish with skeletal stem cells, fewer cells developed into osteoblasts and were worse at building bones. Next, the researchers created an intervention by injecting a virus which keeps mice from making ApoE protein.

Circulating ApoE dropped by 75% and the healed bones contained one and a half times more strong, hard bone tissue than bone of untreated mice. Hence, this research will lead to new treatments to help people after injuries or surgeries.





**Dr. Vijayaravindh**  
Consultant Pulmonologist



**Dr. G. Boobathi Raja**  
Assistant Radiologist



**Dr. V.R. Ram Ganesh**  
Consultant Pathologist



**Dr. K. Senthil Kumar**  
Consultant - Critical  
Medicine



**Dr. P. Chandrasekar**  
Chairman - Department  
of Cardiothoracic Surgery  
& Director Cardiac Trans-  
plant Services

## A Case Of Cryptogenic Organising Pneumonia Masquerading As Miliary Nodules In A Highly TB Endemic Zone

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### Introduction

Miliary nodules are a common presentation of disseminated tuberculosis. We hereby present a case of a young lady with miliary pattern which turned out to be organising pneumonia.

### Case presentation

A 19-year-old college student with no known addictions, co-morbidities or atypical exposures presented with low-grade fever, cough and loss of weight for 1 month. She presented to the Emergency Department in respiratory distress, requiring intubation and mechanical ventilation.

CT thorax showed diffuse bilateral miliary nodules. Considering her clinico-radiological presentation and the disease prevalence in India, miliary tuberculosis was considered as the first differential. She underwent bronchoscopy with bronchoalveolar lavage (BAL) and transbronchial lung biopsy (TBLB). In view of high clinical suspicion, she was initiated on empirical anti-tuberculous therapy (ATT), with which there was no response. TBLB showed features of organising pneumonia (OP).

There was no evidence of tuberculosis in BAL and TBLB. Hence for confirmation, she underwent a surgical lung biopsy which re-confirmed OP. ATT was stopped and steroids were initiated with which she showed remarkable clinical and radiological improvement.

### Discussion

Organising pneumonia usually presents as non-resolving pneumonia with features of peripheral patchy consolidation. This case illustrates the rare presentation of OP as miliary nodules, which was diagnosed by TBLB and reconfirmed by surgical lung biopsy. 1. Case Reports in Pulmonology Volume 2020, Article ID2094625. 2. Micronodular pattern of organizing pneumonia: Case report and systematic literature review. *Medicine(Baltimore)*2017 Jan;96(3): e5788.

### Conclusions

OP is often misdiagnosed. Miliary nodular presentation of OP is extremely rare, and hence to be considered as a differential in case of atypical response to empirical therapy.

**KEYWORD:** BAL- Bronchoalveolar lavage, TBLB- Transbronchial biopsy, ATT - Antitubercular drugs, OP- Organising Pneumonia.

**DOI:** <https://doi.org/10.1016/j.chest.2022.04.090>



**Dr. Vijayaravindh**  
Consultant Pulmonologist



**Dr. K. Gopinath**  
Consultant ENT Surgeon



**Dr. P. Karthikeyan**  
Consultant ENT Surgeon



**Dr. Balavinoth**  
Consultant General Medicine

## Hyperglycemia and steroid use increase the risk of rhino-orbito-cerebral mucormycosis regardless of COVID-19 hospitalization: Case control study, India

Case control study titled "Hyperglycemia and steroid use increase the risk of rhino-orbito-cerebral mucormycosis regardless of COVID-19 hospitalization" has been published in PLOS ONE journal. Our institute is one among the 21 centres across India to participate in the study. This was a team work the key role was done by Dr. Rahul Sen (Gen Med Resident). The doctors involved were Dr. Balavinoth (ID), Dr. Gopinath (ENT) and Dr. Karthikeyan (ENT)

### Abstract

**Background:** In the ongoing COVID-19 pandemic, an increased incidence of ROCM was noted in India among those infected with COVID. We determined risk factors for rhino-orbito-cerebral mucormycosis (ROCM) post Corona virus disease 2019 (COVID-19) among those never and ever hospitalized for COVID-19 separately through a multicentric, hospital-based, unmatched case-control study across India.

**Methods:** We defined cases and controls as those with and without post-COVID ROCM, respectively. We compared their socio-demographics, co-morbidities, steroid use, glycemic status, and practices. We calculated crude and adjusted odds ratio (AOR) with 95% confidence intervals (CI) through logistic regression. The co-variables with a p-value for crude OR of less than 0.20 were considered for the regression model.

### Results

Among hospitalised, we recruited 267 cases and 256 controls and 116 cases and 231 controls among never hospitalised. Risk factors (AOR; 95% CI) for post-COVID ROCM among the hospitalised were age 45–59 years (2.1; 1.4 to 3.1), having diabetes mellitus (4.9; 3.4 to 7.1), elevated plasma glucose (6.4; 2.4 to 17.2), steroid use (3.2; 2 to 5.2) and frequent nasal washing (4.8; 1.4 to 17). Among those never hospitalised, age > 60 years (6.6; 3.3 to 13.3), having diabetes mellitus (6.7; 3.8 to 11.6), elevated plasma glucose (13.7; 2.2 to 84), steroid use (9.8; 5.8 to 16.6), and cloth face mask use (2.6; 1.5 to 4.5) were associated with increased risk of post-COVID ROCM.

### Conclusions

Hyperglycemia, irrespective of having diabetes mellitus and steroid use, was associated with an increased risk of ROCM independent of COVID-19 hospitalisation. Rational steroid usage and glucose monitoring may reduce the risk of post-COVID.

# Felicitations



**Dr. G. Madhumathi, DNB Paed.**

Trainee receiving Gold Medal for passing DNB  
Paediatrics with distinction, organised by NBEMS,  
New Delhi

# Congratulations



He has successfully completed the Diploma in Paediatric Sleep Medicine by Centre for Global Health, University of Colorado, Global Chest Initiatives and Shishuka Childrens Specialty Hospital.

**Dr. Antony Terance Benjamin**

Consultant Paediatric Pulmonologist



He has successfully completed Fellowship in Interventional pulmonology from the most prestigious Siriraj Hospital in Thailand.

**Dr. Vijayaravindh**

Consultant Interventional Pulmonologist



She has successfully completed the International Board of Lactation Consultant examiners and qualified as the first International board certified lactation consultant in Coimbatore.

**Ms. Kanimozhi Senthamaraikannan**

Lactation Consultant & Maternal Health Counselor

# Welcome on Board



## **Dr. J. Preethi**

MBBS., MD., Fellow in Hemato onco  
Consultant – Hematology, Paediatric  
Hematology and Stem Cell Transplant.



## **Dr. M. SURESH**

MBBS., MD (PAED)., Post Doctoral  
Fellowship in Paediatric Nephrology  
Consultant Paediatric Nephrologist.

## Free Cervical Screening Camp for Women on the occasion of Coimbatore Vizha- April 12, 2022

- As a part of Coimbatore Vizha 2022, VNCC team organized a one day Free Cervical Cancer Screening Camp for women at Sangamam Hall, GKNM Hospital.
- Dr. Latha Balasubramani, Consultant Gynae Oncosurgeon along with Community Oncology team coordinated and executed the screening program.
- The objective of organizing the screening camp is to create an awareness among women about cervical cancer and educate them about the need for HPV vaccines between the age group of 30 – 60 years.





## Icons of surgery – Honouring Event for Dr. S. Muralidharan Dr. C.N. Ramaswamy & Dr. Ravikumar- April 23,2022

- An event was organized to honour Dr. S. Muralidharan, Dr. C. N. Ramaswamy & Dr. Ravikumar at Residency Hotel, Coimbatore whose contribution to their respective departments for over 3 decades is commendable.
- The event was presided over by our CEO, Dr. Ragupathy Veluswamy and he handed over the awards to the awardees.
- The event was graced by the family members of the awardees as special invitees and also the doctors and non-medical HODs.



## National Tuberculosis Elimination Program Workshop (NTEP)-May 08, 2022

- The NTEP (National Tuberculosis Elimination Program) Workshop was conducted on 08/05/2022 in GKD Auditorium, at GKNM Hospital.
- The workshop consisted of talks by eminent faculties from government and private sectors.
- Topics were on symptomatology, Radiology, Microbiology in TB Diagnostics, Extra pulmonary Tuberculosis, and Drug resistant TB. Hon. Secretary IAP TNSC - Dr. Rajendran, who was the Chief Guest, inaugurated the workshop.
- Dr. Sowmya - Guest of Honour, Faculties Dr. Janani Shankar (Chennai), Dr. Ravishankar Marapalli (Bangalore), Dr. Antony Terance (GKNM) and Dr. Thiyagarajan (Govt. Medical College,Ooty), Dr. Jayavardhana.- President IAP Coimbatore, Dr. Fouzea Mol - Secretary IAP Coimbatore and Dr. Muruganantham - Treasurer IAP Coimbatore participated in the workshop. There were also videos on common procedures in TB diagnostics such as Induced sputum, Resting gastric juice collection, TST and Lymph Node biopsy.
- Interesting case scenarios were also discussed. Around 40 participants attended the workshop, which was well appreciated.



## International Nurses Day – May 12, 2022

- One day event was organized at GKD auditorium on International Nurses Day organized by the Department of Nursing Services.
- Nurses who have completed 25 years and above in their service were honoured with the Long Service Award.
- Competitions like poster presentations, dance, art, rangoli etc... was conducted prior to the event and the prize distribution held on the day of International Nurses Day.
- Dr. G. Manoharan, CMO, Dr. Ramachandran, Chair – General Medicine & Consultant Nephrologist, Dr. Madhavi, Director Quality Excellence and Dr. Amutha Giridhar, Consultant OBG were the chief guest to the event and they handed over the prizes to the winners.
- AV Video was prepared about the nursing services and played during the event.





## Free Health Check Up Camp- May 2022

- GKNM Hospital along with Rathinam Group of Institutions in Eachanari, Coimbatore organised a one day free health check up camp for general public at their college premises.
- Free Screening like height, weight, BMI, Blood sugar checks were done and the public had a consultation with the Emergency Dept. PG doctors and cleared their doubts.
- Physiotherapy and Diet counselling was arranged and information leaflets were distributed to the public.
- One Hour interaction session had Basic life support program, Physio and diet guidance.
- Home Medicine Delivery services was promoted by the pharmacy team. Master Health Check up, Home Health Care leaflets were distributed to the public.



## National Cancer Survivors Day – June 04, 2022

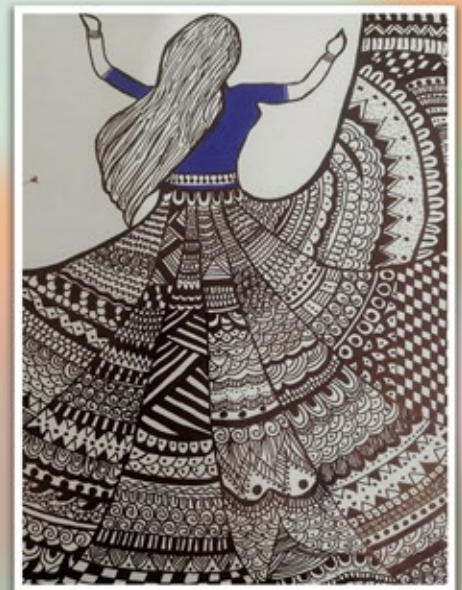
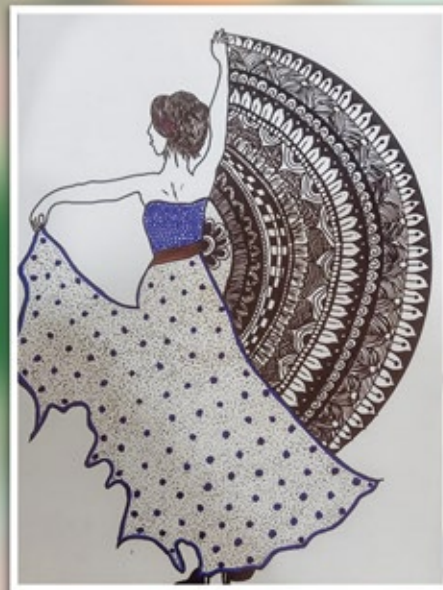
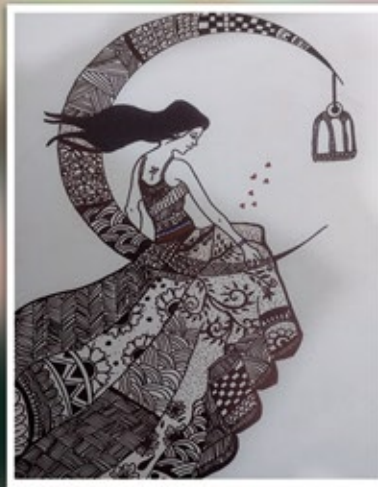
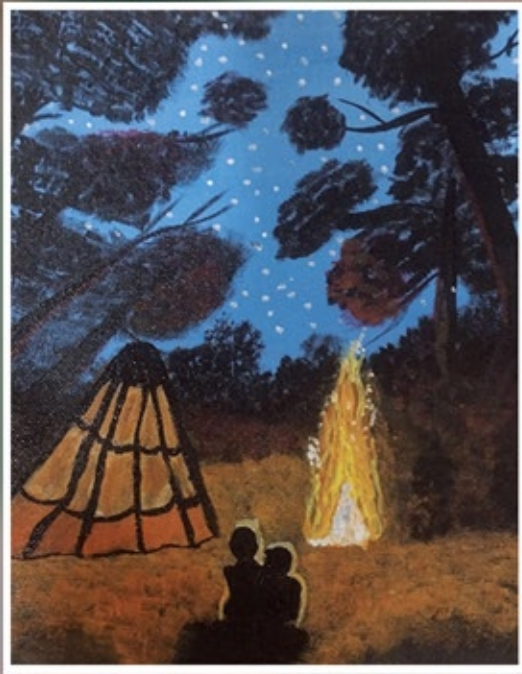
- One day event was organized at GKD auditorium on National Cancer Survivors Day organized by the Department of Oncology, VNCC.
- “Light of Hope” lamp lighting ceremony was arranged for the survivors.
- Chief guests for the event were Mrs. Aruna Lawrence, Cancer survivor from Bangalore and Mrs. Priya Iyer, Motivational Speaker and Bhagavad Gita Preacher from Coimbatore.
- CMO & VNCC consultants were the dignitaries present at the event.
- Experience sharing session by the survivors and Laughter therapy session by Mrs. Rajalakshmi were the highlights.
- Cancer Survivors talent gallery had drawings of paediatric survivors.
- Press release was given to various Tamil and English newspapers.



# Hobbies Corner



**Mrs. Jonisha**  
Faculty - Institute  
of Nursing, GKNMH



# Train your brain

Schulte Tables are considered one of the most efficient trainer for **improving peripheral vision, attention and memory**. Accordingly, they help to learn to quick reading, to find easily the right information in the text and develop the mental resilience to external distraction while working.

20	2	16	9	18
12	24	17	14	1
19	21	10	15	5
22	4	8	3	23
25	13	7	6	11

## Health benefits :

- speed up of the development of mental perception
- visual directional speed search movement
- improve attention
- stability of vision
- discernment
- directed search capabilities

All you need to do is time yourself to find the consecutive numbers in order – check how soon you can find 1 to 25.



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(A UNIT OF THE KUPPUSWAMY NAIDU CHARITY TRUST FOR EDUCATION AND MEDICAL RELIEF)



## “GKNMH UPAKARA”

- “GKNMH UPAKARA” fund is created to accept donations / contributions under CSR Scheme from Individuals / Public / Companies.
- To provide the core oncological services including Radiation oncology, Medical services, Haemato oncology, and Surgical oncology to the poor cancer patients.
- To offer subsidized payment for Bone Marrow Transplant patients
- To subsidize payment to poor and needy cancer patients.
- To subsidize care of poor patients, department wise, as designated by the donor.
- The payment shall be made by Cheque / DD in favour of “**The Kuppuswamy Naidu Charity Trust for Education and Medical Relief**” payable at Coimbatore.
- These donations are eligible for the exemptions u/ sec. 80G of the Income Tax Act.



Newsletter Team

Published by Dr. Ragupathy Veluswamy on behalf of The Kuppuswamy Naidu Charity Trust for Education and Medical Relief from G. Kuppuswamy Naidu Memorial Hospital, Nethaji Road, Pappanaickenpalayam, Coimbatore – 641 037, Tamil Nadu.

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