

RSSDI NEWS



**THE OFFICIAL BULLETIN OF
RESEARCH SOCIETY FOR THE
STUDY OF DIABETES IN INDIA
(RSSDI)**





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MESSAGE FROM THE RSSDI PRESIDENT

Dr. Anuj Maheshwari



Dear Esteemed Members of RSSDI,

Warm greetings and best wishes to all of you for the New Year 2026.

May the year ahead bring joy, fulfilment, and continued success in your professional and personal lives.

It is with great humility, gratitude, and a deep sense of responsibility that I begin my tenure as President of the Research Society for Study of Diabetes in India (RSSDI) from this month. I sincerely thank each one of you for your trust, encouragement, and unwavering commitment to advancing diabetes care across our country.

As we embark on this journey together, my focus will be on strengthening RSSDI's collective impact through innovation, collaboration, and inclusivity. We will place strong emphasis on structured and meaningful diabetes research, ensuring that our scientific efforts are systematic, relevant, and practice-oriented. Expanding our outreach to rural and underserved areas will be a key priority, so that quality diabetes care reaches the last person in every corner of the nation. Enhancing primary diabetes care by empowering clinics and frontline practitioners will remain central to our mission.

Special attention will be given to childhood type 1 diabetes through targeted initiatives aimed at improving early diagnosis and long-term management. I wish to involve more paediatricians and obstetricians in RSSDI, promoting inter-specialty collaboration for comprehensive care. We also plan to initiate a national registry for hyperglycaemia in pregnancy, which will contribute significantly to improved maternal and child health outcomes. Alongside this, the launch of a large-scale diabetes registry will help build a strong evidence base to guide future interventions and clinical guidelines.

RSSDI will develop and release a clear position statement on diabetes and prediabetes, while engaging policymakers to support informed national health strategies. Recognising that oral health is often neglected in diabetes management, we will work towards integrating it as an essential component of holistic diabetes care.

We aim to establish consensus on technology-enabled diabetes management to improve accessibility and efficiency. A digital health foundation course will be introduced to equip our members with essential skills for the evolving healthcare landscape.

International collaborations will be encouraged through intercontinental webinars, virtual clinics, and academic exchanges. Guidance on glycaemic management during religious and social rituals will also be developed, respecting cultural diversity while ensuring patient safety. Clearly we should be ready to step rise RSSDI to next level in one year.

My vision is to see RSSDI members lead by example through accredited clinics, interoperable electronic medical records, and robust data systems. Together, we can set new benchmarks in diabetes care, research, and education.

I invite you all to join me in this collective effort, united by purpose and driven by innovation, to make RSSDI a beacon of hope for people living with diabetes across India.

With warm regards,

Prof. Anuj Maheshwari
MD, MACP

MESSAGE FROM THE RSSDI IMMEDIATE PAST PRESIDENT

Dr. Vijay Viswanathan

2025- A Year of Research, outreach & progress- A New beginning from the outgoing President

This newsletter serves as an important platform to highlight the scientific, research, and public health initiatives of RSSDI, also keeping our members informed and connected. It reflects our collective efforts, achievements, and aspirations, and aims to inspire each other with continued collaboration.

As I conclude my tenure as President of RSSDI, I look back on **2025** with a deep sense of gratitude. It has been a year marked by meaningful initiatives that reinforced RSSDI's commitment to advancing diabetes care, research, and community outreach across the country. A significant public health milestone was RSSDI's participation in the **Mahakumbh**, where large-scale diabetes awareness, screening, and preventive education were delivered to diverse populations. **10 X 10 Hypertension Challenge** was another milestone achieved by RSSDI members recognizing its critical role in cardiovascular and metabolic health to emphasize its early detection and integrated care.

On the research front, the launch of the **Save the Feet 2.0 Registry** represented a major step toward strengthening data-driven understanding of diabetic foot disease, prevention strategies, and limb salvage outcomes. The **KCDD initiatives** and **RSSDI / KCDD Project Grants** further supported innovation and encouraged researchers to generate high-quality indigenous evidence relevant to Indian populations.

Village outreach programs across the country were highly impactful. In Tamil Nadu, three Village Adoption Projects (Thamaraipakkam – 1st, Vakkampatti Village – 2nd, Vallimalai– 3rd) demonstrated the effectiveness of sustained community engagement, screening, education, and follow-up in improving health among underserved populations.

These achievements were possible through the collective efforts of enthusiastic RSSDI members, office bearers, clinicians, researchers, and volunteers across the nation. As I hand over the leadership, I do so with confidence that RSSDI will continue to expand its reach, strengthen its research foundation, and remain a leading force in improving diabetes care and prevention in India.

I extend my heartfelt thanks to the entire RSSDI family for their trust, support, and dedication throughout this journey.

Dr. Vijay Viswanathan Imm Past President, RSSDI



MESSAGE FROM THE RSSDI SECRETARY GENERAL

Dr. Rakesh Parikh

It gives me great pleasure to write this message for the first issue of the newly revamped RSSDI Newsletter. A newsletter is far more than a compilation of announcements—it is the collective voice of an organisation, a mirror of its activities, and a bridge that connects leadership with members across geographies, generations, and practice settings. In an organisation as large, diverse, and vibrant as the **Research Society for the Study of Diabetes in India**, an effective newsletter plays a critical role in strengthening engagement, transparency, and a sense of shared purpose.

I would like to place on record my sincere appreciation to Dr Lotika Purohit for taking up the responsibility of leading this important initiative, and to all members of the Newsletter Committee for their time, commitment, and creative energy. Revamping a newsletter requires vision, consistency, and teamwork, and I am confident that this team will set high standards in terms of content quality, relevance, and regularity. This renewed platform will help us showcase not only our scientific and academic strengths, but also the people, ideas, and values that define RSSDI.

The newsletter will serve as a reliable window into the functioning of the Society—highlighting key decisions, ongoing projects, opportunities for participation, and achievements at national, zonal, and state levels. It will also provide space for sharing best practices, member perspectives, and updates from different parts of the country, ensuring that every member feels informed and included.

This year we are taking up several new projects. One such important initiative is Member Connect Program, aimed at updating member databases, improving communication channels, and listening more closely to the expectations, concerns, and suggestions of our members. This exercise is not merely administrative; it is central to building a responsive and member-centric Society.

In parallel, we have started working towards improving coordination with State bodies through structured State and Zonal Coordination Committees. These platforms are intended to enhance two-way communication, align activities with national priorities, and support state chapters in academic, administrative, and outreach initiatives while respecting their local context.

As we move forward, this newsletter will be an important companion in our journey—informing, connecting, and inspiring our membership. I look forward to its evolution and to active contributions from members across the country.

Dr. Rakesh Parikh, Secretary- General, RSSDI



MESSAGE FROM THE RSSDI Newsletter, Editorial Team

Dear RSSDI Members and Colleagues,

Warm greetings from the RSSDI family!

As we continue to work towards a diabetes-free India, we're excited to share with you the revamped RSSDI newsletter! This platform will now regularly update you on the incredible work being done by our members and chapters across the country.

Have you organized a diabetes awareness camp, screening program, or workshop under the aegis of RSSDI? We want to hear from you! Share your stories, photos, and details with us, and we'll feature them in our upcoming issues.

Let's celebrate our collective efforts and inspire others to join the fight against diabetes. Your contributions will not only highlight the great work being done but also motivate others to take action.

Together, let's spread awareness and make a difference!

Send us your updates at email

Best regards,



**Dr. Lotika
Purohit**



**Dr. Anubha
Verma**



**Dr. Aarathi
Kannan**



**Dr. Bharat
Kukreja**



**Dr. Ajay
Singh**



**Dr. Shambo
Samajdar**



**Dr. Vinay
Dhandhanian**



**Dr. Vipul
Chavda**



RSSDI Rural Outreach Village Adoption Program



- The Research Society for Study of Diabetes in India (RSSDI) Rural Outreach Village Adoption program aims to reduce the rising burden of diabetes, obesity, and hypertension in rural India by adopting 100+ villages for targeted screening, education, and, in collaboration with Rotary India, providing access to care. RSSDI doctors and state chapters conduct regular health screenings, train local healthcare staff, and promote healthy lifestyles to improve outcomes for undiagnosed or undertreated rural populations.
- **Village Adoption Goal:** RSSDI aimed to adopt 100 remote villages across India to provide, for example, diagnostic kits, glucometers, and BP apparatus to rural areas.
- **Targeted Screenings & Care:** Doctors conduct mass screenings, fill community-based assessment checklists (CBAC), and refer patients with non-communicable diseases (NCDs) to primary health centers.
- **Education and Prevention:** The program offers educational sessions to rural residents on dietary habits, exercise, and lifestyle changes to prevent complications.
- **Knowledge Transfer:** Acting as a knowledge partner, RSSDI trains local medical and paramedical staff to ensure sustainable, high-quality diabetes care in these villages.

Villages Adopted

- Thamaraiyakam Village near Chennai
- Vakkampatti Village, Dindukal District
- Vallimalai village, Vellore
- Safedabad, Kiwadi, Daniyalpur, Mubarakpur in Barabanki district, UP
- Bagsuma and ratanpura villages in dhanbad district of jharkhand
- Izarhatta, Benipur, Darbhanga, Bihar
- Bazpatti, Sitamarhi, Bihar
- Village TEMRI Near FUNDAHAR Raipur Chattisgarh
- Village Gharbara, Mizoram

LENGPUI, AIZAWL, MIZORAM

State in which activity was performed: Mizoram (North East)

Village, District: Lengpui, Aizawl

Date of Activity: 16 Jan 2026

Brief Report:

- Lengpui village (population ~4,500), near Aizawl Airport, Mizoram, was adopted under the RSSDI Rural Outreach Program (RORP).
- The initiative was formally launched on 16 January 2026 during a community gathering in the village.
- The program was inaugurated by Dr. Lalremthanga, with participation from key dignitaries including Mr. R. Lalngheta (Central Young Mizo Association) and Mr. Lallawmthanga (Lengpui Village Council), along with RSSDI faculty and community representatives.
- Program objectives included population-based diabetes screening, disease burden assessment, regular medical care and counselling, and long-term prevention of diabetes and other NCDs through awareness and lifestyle modification.
- The importance of community participation and ownership for sustainability was emphasized; Dr. B. B. Kukreja and Dr. Bijay Patni also addressed the gathering.







5th RSSDI Research Retreat 2026

A Celebration of Research Of Researchers, By Researchers and For Researchers

The 5th RSSDI Research Retreat 2026 will be held on 28th February and 1st March 2026 at Hotel Kiranshree Grand, Guwahati, Assam.

The Retreat has received an overwhelming response from young researchers across the country, with 80 published articles and 141 abstracts of ongoing research submitted. This enthusiastic participation reflects the growing strength of India's research ecosystem in diabetes and metabolic sciences.

In line with RSSDI's commitment to nurturing research talent, 50 young researchers will be awarded Travel Grants for their outstanding efforts, based on the scientific merit of their work- to motivate them and enable wider participation in future.

A key highlight of the Retreat will be the RSSDI Honour Lecture 2026 by Dr. C. S. Yajnik, whose contributions have significantly shaped metabolic and diabetes research. The program will also feature presentations by RSSDI Research Grant holders and two dedicated sessions by RSSDI Flagship Journals — IJDDC and IJCMD.



The scientific program has been carefully curated with a strong research focus to reflect the spirit - of researchers, by researchers, and for researchers. The sessions include mentorship-driven sessions designed to teach, guide, and groom participants for future endeavours.

The 5th RSSDI Research Retreat 2026 promises to be a pure research-oriented scientific feast.

We warmly welcome all researchers, clinicians, and academicians to join us in this journey of research.

Dr. Vijay Viswanathan

Scientific Chairman
RSSDI Research Retreat 2026

5TH RSSDI RESEARCH RETREAT 2026

28TH FEB & 1ST MARCH 2026, GUWAHATI

TRAVEL GRANT

HURRY UP!



- ✓ Best 25 papers and 25 Abstracts will get a "Travel Grant" upto INR 10,000 /-
- ✓ To submit your abstracts / articles for the 5th RSSDI Research Retreat 2026, please Scan the QR Code

Deadline : 15th Jan 2026

Travel Grant Announcement for 5th RSSDI Research Retreat 2026

RSSDI is pleased to announce a Travel Grant opportunity for delegates participating in the 5th RSSDI Research Retreat 2026. To encourage and support high-quality research, Travel Grants of up to INR 10,000/- will be awarded to the best 25 full papers and 25 abstracts selected by the scientific committee.

This initiative aims to promote research excellence and provide young researchers and clinicians an opportunity to actively engage in the RSSDI Research Retreat.

Researchers are invited to submit their abstracts and original research articles for consideration.

To submit your abstracts/articles for the 5th RSSDI Research Retreat 2026, please scan the QR code provided and complete the submission process as per the guidelines.

Don't miss this opportunity to showcase your research and avail travel support from RSSDI.



RSSDI CGM CLINICS
EPISODE 5: T1DM LOW GLYCATOR MYSTERY!

JANUARY
TUESDAY 06 8:30 PM

Expert **Expert** **Expert** **Moderator** **Presenter**

Dr. Anuj Maheshwari
 President, RSSDI

Dr. Sunil Gupta
 President Elect, RSSDI

Dr. Rakesh Parikh
 Secretary General, RSSDI

Dr. Vijay Viswanathan
 Imm. Past President, RSSDI

Dr. Anuj Maheshwari
 Senior Diabetologist, Lucknow
 President, National RSSDI

Dr. Sujoy Ghosh
 Senior Endocrinologist, Kolkata
 Past Vice President, RSSDI (2022-2025)

Dr. Mithun Bhartia
 Consultant Endocrinologist, Guwahati
 Vice Chairman, RSSDI Assam Chapter

Dr. Manoj Chawla
 Consultant Diabetologist & Joint Secretary, National RSSDI

Dr. Rutul Goklani
 Consultant Diabetologist, Ahmedabad

CLICK TO LOGIN OR REGISTER, WATCH AND SUBMIT YOUR RESPONSE

Or Visit: <https://lms.rssdi.in/rssdilmsvt/>

Note: If you've registered for the previous episode, there's no need to register again. Simply log in to the RSSDI LMS portal from the above link and submit your response for Episode 5 and watch the session.

Warm Regards

Dr. Anuj Maheshwari President, RSSDI
Dr. Sunil Gupta President Elect, RSSDI
Dr. Rakesh Parikh Secretary General, RSSDI
Dr. Manoj Chawla Coordinator, RSSDI CGM Clinics

RSSDI CASE FILES
EPISODE 32 : THE TAC EFFECT: PANCREATIC PAYBACK IN DIABETES

Tacrolimus induced exocrine pancreatic insufficiency in a Heart transplant patient with T2DM

Case Presentation

Dr. Akriti Singh
 M.B.B.S (WBUHS) Gold Medalist,
 M.D (General Medicine – PGT)
 K.P.C Medical College & Hospital, Kolkata

Panelists

Prof Dr. Nirmalya Roy
 Professor, Department of General Medicine KPC Medical College and Hospital
 Consultant Physician and Diabetologist, BM Birla Heart Research Centre

Dr. Arvind Gupta
 Head & Sr Consultant Diabetes, Obesity & Metabolic Disorder, Jaipur
 Member, National EC RSSDI

Dr. K Vijay Kumar
 Physician & Diabetologist, Bengaluru
 Chairman Elect - RSSDI-Karnataka Chapter (KRSSDI) (2025-2026)

Date & Time
22 JAN 2026
8:30 PM – 9:30 PM IST

RSSDI Case Files Convener

Dr. Pratap Jethwani **Dr. N. K. Singh**

Click here to register for the Webinar

Special invitee :
Dr. A K Singh, DM, (Endo) Kolkata

Dr. Anuj Maheshwari President, RSSDI
Dr. Rakesh Parikh Secretary General, RSSDI
Dr. Sunil Gupta President Elect, RSSDI
Dr. Vijay Viswanathan Immediate Past President, RSSDI
Dr. Baoshi Saboo RSSDI Case Files Advisor

Dr. Pratap Jethwani Hon Treasurer & RSSDI Case Files Convener
Dr. N. K. Singh Vice President & RSSDI Case Files Convener

RSSDI CGM Clinics – Episode 5

RSSDI Case Files – Episode 32

During January, RSSDI conducted CGM Clinics Episode 5 on 6th January, focusing on the topic “T1DM Low Glycator Mystery!”. The session was presented by Dr. Rutul Goklani and featured an expert panel comprising Dr. Anuj Maheshwari, Dr. Sujoy Ghosh, and Dr. Mithun Bhartia, with Dr. Manoj Chawla as the moderator. The episode generated meaningful discussions and provided practical insights into glycation challenges in Type 1 Diabetes.

RSSDI will also host Case Files Episode 32 on 22nd January, titled “The TAC Effect: Pancreatic Payback in Diabetes – Tacrolimus-induced Exocrine Pancreatic Insufficiency in a Heart Transplant Patient with T2DM.” The case will be presented by Dr. Akriti Singh, with expert insights from Prof. Dr. Nirmalya Roy, Dr. Arvind Gupta, and Dr. K. Vijay Kumar, under the convenerhip of Dr. Pratap Jethwani and Dr. N. K. Singh.

RSSDI Virtual Journal Club

During January, RSSDI conducted its very first Virtual Journal Club on 23rd January, hosted by International Journal of Diabetes in Developing Countries (IJDDC) & International Journal of Clinical Metabolism and Diabetes (IJCMD).



RSSDI VIRTUAL JOURNAL CLUB

Organized by: **Research Society for the Study of Diabetes in India (RSSDI)**

Hosted by:

International Journal of Diabetes in Developing Countries (IJDDC)
International Journal of Clinical Metabolism and Diabetes (IJCMD)

23rd Jan 2026 (Friday) | 9:00 PM – 10:00 PM IST

Course Directors:

Dr Rajeev Chawla – Editor-in-Chief, IJDDC
Dr Krishna Seshadri – Editor-in-Chief, IJCMD

Agenda

Time	Activity	Presenter
9:00 – 9:15 PM	How to Read Journal	Dr. Arvind Gupta , National EC Member, RSSDI
9:15 – 9:30 PM	IJCMD Session Article Critical Appraisal: Rajadurai AP, et al. Insulin Resistance in Type 2 Diabetes with Periodontal Disease and Comparison of Various Surrogate Markers: HOMA IR, HOMA IR Using C peptide, and Triglyceride Glucose Index. Int J Clin Metab Diabetes. 2025;1(2):83-88. https://doi.org/10.1177/30502071251360486 .	Dr Khushboo Bisht , AIIMS Nagpur Dr Alok Modi , Kevalya Multispeciality Hospital, Mumbai Dr Sangeeta Dhir , Periodontal Medicine & Clinical Research, Max Healthcare, Faridabad
9:30 – 9:45 PM	IJDDC Session Article Presentation: Viswanathan, V., Kesari, R., Srivastava, A. et al. Community-based screening and risk assessment for diabetes, hypertension, and cardiovascular diseases at Maha Kumbh, Prayagraj, 2025. Int J Diabetes Dev Ctries (2025). https://doi.org/10.1007/s13410-025-01563-1 .	Prof Anubha Srivastava , Head, Department of Endocrinology, MLNMC, Prayagraj, UP Dr Rajesh Kesari , National EC Member, RSSDI
9:45 – 10:00 PM	Voice of Wisdom Dr Anuj Maheshwari – President, RSSDI Dr Sunil Gupta – President (Elect), RSSDI Dr Rajeev Chawla – Editor-in-Chief, IJDDC Dr Krishna Seshadri – Editor-in-Chief, IJCMD Valedictory Address: Dr Rakesh Parikh – General Secretary, RSSDI	

[Click here to register for the Journal Club](#) →

WARM REGARDS

Dr. Anuj Maheshwari
President, RSSDI

Dr. Sunil Gupta
President-Elect, RSSDI

Dr. Rakesh Parikh
Secretary General, RSSDI

Dr. Vijay Viswanathan
Imm Past President, RSSDI

Dr. Shambo Samrat Samajdar
Convenor, RSSDI Journal Club

Quiz

Evidence-based lipid management decision in high-risk diabetes, CKD, and ASCVD using updated ADA guidelines recommendations.



It's
Quiz
Time

Q1. A 62-year-old male with type 2 diabetes, CKD stage 3b (eGFR 38 mL/min/1.73m²), and established ASCVD (prior MI) presents for follow-up. He is currently on high-intensity atorvastatin (80 mg), an ACE inhibitor, and a thiazide-like diuretic. Despite therapy, his LDL-C remains at 78 mg/dL. His potassium is 4.8 mEq/L and creatinine is stable. Which of the following represents the most evidence-based next step in lipid management, based on the ADA 2026 guidelines and cited outcome trials?

- a** Switch to moderate-intensity statin and add bempedoic acid for LDL-C lowering and renal protection
- b** Add a PCSK9 monoclonal antibody inhibitor to further reduce LDL-C and cardiovascular events
- c** Add a non-dihydropyridine CCB to manage blood pressure and improve LDL-C control
- d** Replace atorvastatin with inclisiran due to its siRNA mechanism and renal benefits
- e** Increase diuretic dose and maintain current lipid therapy as LDL-C is near target

Q2. A 68-year-old woman with type 2 diabetes, poorly controlled hypertension (BP 152/96 mmHg), albuminuria (UACR 310 mg/g), and a history of heart failure with preserved EF (HFpEF) is being evaluated for initial antihypertensive therapy. She is not currently on any blood pressure medications. What is the most appropriate initial management strategy based on ADA 2026 standards and supporting trials?

- a** Initiate lifestyle therapy alone and reassess BP after 3 months
- b** Begin ACE inhibitor monotherapy due to albuminuria and HFpEF
- c** Start a single-pill combination of an ACE inhibitor and thiazide-like diuretic
- d** Initiate two drugs: ACE inhibitor and either diuretic or CCB due to BP severity and comorbidities
- e** Use beta-blocker and thiazide as first-line due to HF history and proteinuria



Please find the answers and explanations at the end of this newsletter.

Prepared by :
**Dr. Shambo
Samajdar**

A New Year, A Renewed Commitment

As we welcome the New Year, RSSDI renews its collective pledge to advance excellence in diabetes care, research, and education across the country. This new beginning inspires us to strengthen collaboration, promote scientific innovation, and translate knowledge into meaningful clinical practice. Together, we remain committed to improving patient outcomes, empowering healthcare professionals, and addressing emerging challenges in diabetes management. With unity, dedication, and compassion, let us continue to serve the community, uphold the highest ethical standards, and make a lasting impact on the lives of people living with diabetes in the year ahead.



RSSDI - Koita Centre for Digital Diabetology (RSSDI - KCDD)

- IIT Research Park
- RSSDI Tech Research Initiative
- Digital Health Foundation Course
- RSSDI-KCDD Diabetes EMR Initiative



RSSDI–KCCD Conducts Evaluation of Clinic Management Systems for Diabetes CMS Empanelment Initiative for RSSDI

Use of a strong Clinic Management System (CMS) is an important step for doctors to embrace digital technologies for providing better treatment and management of diabetes. Nevertheless, given the plethora of CMS solutions in the market with varying degrees of capability, choosing a good CMS is often a hard choice of many doctors. RSSDI's new **Koita Centre for Digital Diabetology (RSSDI-KCCD)** supports doctors in making informed choice.

As part of its **Clinic Management System (CMS) Empanelment Initiative**, Koita Centre for Digital Diabetology (RSSDI-KCCD) followed a phased and systematic approach and formed the **RSSDI–KCCD CMS Task Force last year, comprising RSSDI clinicians Dr Manoj Chawla, Dr Sreenivasa Murthy, Dr Deep Dutta and Dr Om Lakhani**, along with digital health experts **Mr Angshuman Sarkar and Mr Harshal Sawant**.

To ensure a **neutral and rigorous evaluation framework**, PwC was selected through an open RFP process to support CMS standards development (along with NABH) and the CMS vendor empanelment process. NABH released the NABH Clinic Management Software (CMS) standards along with CMS Diabetes Annexure.

Based on these standards, RSSDI released a **Request for Empanelment (RFE) in October 2025**. CMS vendors across India applied and were evaluated through **four structured stages**: pre-qualification, technical evaluation, CMS demonstrations evaluated by the RSSDI-KCCD CMS Committee, and financial evaluation including preferential pricing for RSSDI members.

The final presentations were attended by senior RSSDI leadership, including **Dr Anuj Maheshwari, Dr Rakesh Parikh, Dr Manoj Chawla, Dr Sanjay Agarwal, Dr Rajesh Kesari and Dr Amit Gupta**, along with digital health expert **Mr Angshuman Sarkar**. The presence of clinical and digital health leadership ensured a comprehensive assessment of vendor readiness and alignment with RSSDI's long-term vision for digital diabetes care.

Empanelment outcomes are scheduled to be announced by the end of February 2026, marking a significant milestone in strengthening standardised digital diabetes care across India. Following empanelment, RSSDI members can expect access to diabetes-specific, standards-aligned Clinic Management Systems at preferential pricing, supporting longitudinal care, data-driven decision-making and research-ready digital infrastructure. RSSDI is proud to share that this is the FIRST such effort to drive structured adoption of CMS across India!

Inauguration of the RSSDI–Koita Centre for Digital Diabetology at IIT Bombay Research Park



On 31 January 2026, the **RSSDI–Koita Centre for Digital Diabetology (RSSDI-KCDD)** was inaugurated at the **IIT Bombay Research Park, Mumbai**, marking an important step toward strengthening diabetes care through clinician-led digital innovation.

The centre was inaugurated by **Prof Ravindra Gudi**, Deputy Director (FIA), IIT Bombay, in the presence of **Dr Anuj Maheshwari**, President – RSSDI, **Dr Rakesh Parikh**, Secretary General – RSSDI, **Dr Sunil Gupta**, incoming President – RSSDI, **Dr Rakesh Sahay**, Past President – RSSDI, **Dr Manoj Chawla**, Joint Secretary – RSSDI, **Dr Sanjay Agarwal**, Past Secretary General – RSSDI, **Dr Rajesh Kesari**, Executive Committee member – RSSDI, **Dr Amit Gupta**, Executive Committee Member – RSSDI, **Dr. Bhagwati Prasad**, CEO, RSSDI-KCDD, **Mr Rizwan Koita**, Director, Koita Foundation, **Ms Rekha Koita**, Director, Koita Foundation, **Dr Mona Duggal**, Director, ICMR- National Institute for Research in Digital Health and Data Sciences, and **Lt Gen (Retd) Dr Madhuri Kanitkar**, PVSM, AVSM, VSM, former Vice Chancellor – Maharashtra University of Health Science. The event brought together practicing diabetologists, RSSDI leadership, IIT Bombay faculty, researchers, and experts from the digital health ecosystem.

Established through a collaboration between **RSSDI** and the **Koita Foundation**, the centre will focus on accelerating adoption of **digital and AI-enabled platforms and tools** in RSSDI members and their clinics/centres. Located within the IIT Bombay Research Park, the centre offers a unique platform for close collaboration between clinicians and technologists.

The RSSDI–Koita Centre for Digital Diabetology reflects RSSDI's commitment to empowering clinicians with digital and AI tools, reinforcing its mission to improve the quality and outcomes of diabetes care across India.



RSSDI DIABETES DIGITAL HEALTH GRANT - 2025

- **Proposal:** GlucoScope: AI-driven, non-invasive digital platform for personalized glycemic prediction and diabetes self-management
Grantee Institution: ICMR-National Institute of Epidemiology, Chennai (Dr Joshua Chadwick)
Collaborator Institution: VIT, Vellore, Tamil Nadu (Dr Suchetha M)

- **Proposal:** Neural Network Enhanced Retinal Imaging for Forecasting Diabetic Complications.
Grantee Institution: AIIMS, Kalyani (Dr Tandra Ghosh, Dr Christofer Thomas)
Collaborator Institutions:
 - IIT Madras, Chennai (Dr Nabeel P M)
 - NIT, Rourkela (Dr Rashmi Achla Minz)

- **Proposal:** AI-Powered Carb Counter for Indian Food Items for Type 1 Diabetes Management in Low-Resource Settings.
Grantee Institution: Institute of Post Graduate Medical Education and Research (IPGMER), Kolkata (Dr Sujoy Ghosh)
Collaborator Institutions:
 - Nurture Health Solutions and Nurture Health Academy and Research Centre, Mumbai (Sheryl S. Salis)
 - SEREXIA Consultancy Pvt Ltd, Bengaluru (Prabhakar Pandey)

RSSDI DIABETES DIGITAL HEALTH GRANT - 2025

➤ **Proposal:** Development and validation of an indigenous artificial intelligence (AI)-enabled smartphone app (ALAADIN) for detecting the presence of ischemia and/or infection in diabetic foot ulcers (DFU): a multicentric proof-of-concept study from India.

Grantee Institution: Sapthagiri Institute of medical science and research, Bengaluru (Dr Riddhi Dasgupta, Dr Shivaprasad C, Dr Balaji Naik)

Collaborator Institutions:

- NRS Medical College, Kolkata: Dr Sunetra Mondal, Dr Nilanjan Sengupta, Dr Sapan Shah
- Techsaga Corporations Pvt Ltd – Noida: Neha Tiwari, Kajal Kumari, Varun Kumar, Raj Gaurav





RSSDI Charitable & Community Outreach Activities led by RSSDI Members





MUDDEBIHAL TALUK, VIJAYPURA DISTRICT, KARNATAKA

Type : Free Camp | Date : 15 Jan 2026

A Free Health Check-up and Diabetes Screening Camp was successfully conducted on 15th January 2026 at Muddebihal Taluk, Vijaypura District, Karnataka, under the leadership of Dr. Sriharee Kulkarni, Executive Committee Member of the Karnataka Research Society for the study of Diabetes in India (KRSSDI) and Director of Dr. Kulkarni's Speciality Centre, Bengaluru in collaboration with RSSDI.

The camp was organized with the objective of early detection of diabetes and other non-communicable diseases, and to create awareness about the importance of regular health screening among the rural population.

A total of 375 individuals from Muddebihal Taluq and nearby areas actively participated in the camp. The services provided during the camp included:

- Free blood pressure measurement
- Free blood sugar screening
- Free medical consultation

Dr. Sriharee Kulkarni and his medical team offered expert consultation to all the participants, guiding them on lifestyle modification, dietary practices, and the need for regular monitoring and follow-up care wherever required. Individuals identified with abnormal blood sugar or blood pressure levels were counselled and advised appropriate medical follow-up.



LENGPUI, ASSAM

**Type : Rural Outreach/Village Adoption |
Date : 16 Jan 2026**

Our association, Diabetes Research and Welfare Association (DRWA) along with RSSDI Assam Chapter undertook a village adoption Program as part of DRWA's annual outreach program on 16th January 2026 .



LENGPUI VILLAGE ADOPTION PROGRAMME

16TH JANUARY, 2026 04:00 PM VC HALL, LENGPUI, MIZORAM

WELCOME SPEECH **Dr. Lalremthanga**
Senior Most Physician, Mizoram

SHORT SPEECH **Dr. Bijay Patni, Founder President**
Diabetes Research Welfare Association (DRWA)
Kolkata, West Bengal

SPEECH: CHIEF GUEST **Pu R. Lalngheta, President**
Central Young Mizo Association (CYMA)
Mizoram

SPEECH: GUEST OF HONOUR **Dr. Anuj Maheshwari, President**
Research Society for the Study of Diabetes in India (RSSDI)
Lucknow, Uttar Pradesh

SHORT SPEECH **1. Dr. Dinesh Agarwal, Governing Council Member**
National Executive Committee 2026-29
Research Society for the Study of Diabetes in India (RSSDI)
Guwahati, Assam
2. Any other (2-3 minutes)

VOTE OF THANKS **Pu Lallawmthanga, President**
Lengpui Village council







VANGANI - MATHERAN - KARJAT, MAHARASHTRA

**Type : Rural Outreach/Village adoption |
Date : 24 Jan 2026**

📍 We are glad to present *RSSDI* Charitable Rural Outreach & Public Awareness Camp in *Vangani - Matheran - Karjat in Rural Maharashtra*

The details of 3 scheduled camps.

- Organized by *ApH* (Alis Plus Health)
- Incharge Physician - *Dr. Ali - Shah N. F.*
- Initiated by *Dr. Rakesh Parikh*
- Under the Guidance of *Dr. Sanjay Agrawal* (Pune)
- In association with *Dr. Sanjay Gandhi* (Pune)

📍 *Location* - Dyaneshwar Mangal Karyalaya, Railway Crossing, Vangani East.

📍 *Location* - Preeti Hotel Open area, Matheran market.

Assisted by Dr. Vani (Local Doctor)

📍 *Location* - Lal Dhari Pal office, opposite old ST stand, Bhisegaon, Karjat, Maharashtra, India.

- 150+ patients, 100+ Prescriptions, 50+ Communities Educated,
20+ Volunteers, 10+ medics & paramedics involved, 3 Camps & 1
Motto - Seva





PHULLAWAL VILLAGE , LUDHIANA

Type : Rural Outreach/Village adoption |
Date : 26 Jan 2026

A community-based Diabetes Detection Camp was organized at Phullawal Village (near Passi Road), Ludhiana. Screening of 100 residents revealed 54 previously undiagnosed cases of diabetes, emphasizing the growing burden of the disease in rural areas.





JALGAON

Type : Free Camp | Date : 26 Jan 2026

On 25 th and 26 th January we conducted two separate camps and Chopda n Mehrun in Jalgaon district one in which we have screened almost 475 patients.





INDORE, MP

Type : Public Awareness | Date : 22 Jan 2026

We are distributing glucometers to needy patients requiring Smbg. Since very long time. Till now we have distributed more than 1000 glucometers free and more than one lac free blood glucose in last 10 years

60 करोड़ लोग डायबिटीज की दहलीज पर

इंदौर। रिसर्च सोसायटी फॉर द स्टडी ऑफ डायबिटीज इन इंडिया द्वारा जबलपुर में आयोजित न्यू डायमेंशन इन डायबिटीज+ सम्मेलन में इंदौर के डायबिटीज, मोटापा, थायरॉइड एवं हॉर्मोन विशेषज्ञ डॉ. राजेश अग्रवाल ने कहा कि भारत में लगभग 60 करोड़ लोग डायबिटीज की दहलीज पर हैं।

RSSDI के मध्यप्रदेश राज्य सचिव डॉ. अग्रवाल ने बताया कि देश में 25 करोड़ लोग मोटे और 35 करोड़ लोगों को पेट का मोटापा है। ये सभी डायबिटीज के उच्च जोखिम समूह में आते हैं। उन्होंने कहा कि अब

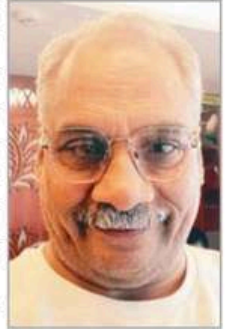


डायबिटीज केवल आनुवंशिक नहीं रही, बल्कि एपिजेनेटिक्स (वातावरणीय प्रभावों) से गरीब और मेहनती तबका भी इसकी चपेट में आ रहा है। प्री-डायबिटीज का इलाज करें या नहीं- विषय पर उन्होंने बताया कि यह वह अवस्था है जब डायबिटीज का रिवर्सल संभव है, पर स्थायी नहीं होता। रिवर्सल के बाद भी सतर्कता आवश्यक है। उन्होंने कहा कि यदि समय रहते रोकथाम के प्रयास नहीं किए गए तो यह बीमारी एक 'स्वास्थ्य ज्वालामुखी' बनकर देश और परिवार की अर्थव्यवस्था को नुकसान पहुँचा सकती है। कार्यक्रम में डॉ. आशीष डेंगर ने डॉ. राजेश अग्रवाल को सम्मानित किया। इस अवसर पर डॉ. सुनील गुप्ता सहित देशभर के विशेषज्ञ उपस्थित रहे।

आर्टिफिशियल इंटेलिजेंस मानवीय संवेदनाओं से परे : डॉ. राजेश अग्रवाल

इंदौर ■ जनादेश वार्ता

आर्टिफिशियल इंटेलिजेंस केन नोट बी ह्यूमन, सोशल, इमोशनल एंड स्पिरिचुअल शीर्षक से इंदौर के डायबिटीज मोटापा, थायरॉइड एवं हॉर्मोन विशेषज्ञ डॉ. राजेश अग्रवाल का रिसर्च पेपर अंतर्राष्ट्रीय इंडेक्स जर्नल 'जापी' में प्रकाशित हुआ है। डॉ. राजेश अग्रवाल ने बताया कि बेशक आर्टिफिशियल इंटेलिजेंस ने जीवन के आयाम बदल दिए हैं और कई मायनों में रिसर्च और जीवन को आसान बना दिया है और जटिल सगणनाये आसान हो गई हैं परन्तु आर्टिफिशियल इंटेलिजेंस मानवता, सामाजिकता, भावनात्मकता, श्रद्धा और आध्यात्मिक विश्वास की जगह नहीं ले सकता।



टेक्नोलॉजी ने दुनिया की दशा और दिशा दोनों बदल दी हैं और मानव स्वभाव की ये भावनात्मक विशेषताएं हैं, जिन्हें आर्टिफिशियल इंटेलिजेंस में समाहित करने की कोशिश की जा रही है, परंतु इन मानवीय गुणों का समावेश बेहद मुश्किल है। डॉ. अग्रवाल ने लिखा है कि ए आई की उपयोगिता पर कोई प्रश्न चिह्न नहीं है, परंतु सामाजिक, भावना श्रद्धा, आध्यात्म और विश्वास की जगह नहीं है। डॉ. राजेश अग्रवाल रिसर्च सोसायटी फॉर द स्टडी ऑफ डायबिटीज इन इंडिया (भारत की सबसे बड़ी डायबिटीज विशेषज्ञों की संस्था के म प्र राज्य सचिव हैं). ए आई के इस पहलू को अंतर्राष्ट्रीय जर्नल जापी द्वारा प्रकाशित किया जाना एक महत्वपूर्ण उपलब्धि है। इसके पहले डॉ. राजेश अग्रवाल ने मेडिकल साइंस में पहली बार जेल सिंड्रोम को परिभाषित किया था। डॉ. सुनील गुप्ता नागपुर (आर एस एस डी आई के राष्ट्रीय अध्यक्ष), डॉ. सुबोध बांजल, डॉ. संजीव गुलाटी, डॉ. नर्मदा पटेल, डॉ. संजय श्रीवास्तव ने इस उपलब्धि को संस्था के लिए गौरव बताया है।

DHANBAD, BIHAR

Type : Free Camp | Date : 11 Jan 2026

We were doing free diabetes and eye consultation since 2008 for any type 1 DM patients less than 21 years of age. We received donations from my businessman friends of two lakhs each year from 2024 in rssdi jharkhand account and started free hba1c, micral, retinopathy, nerve and ECG test. Also we distribute free glucometer, strips, lancet, insulin, needles to all type 1 DM patients of my district having consultation with any doctor of dhanbad. We also arrange one get together of Type 1 DM patients and their parents during the state Rssdi conference every year to interact and share ideas to manage diabetes.







शुभम संदेश
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झारखंड डायबिटिक एंड नेत्र सेंटर के संचालक व प्रसिद्ध डायबिटोलॉजिस्ट डॉ. अजय पटवारी से खास बातचीत टाइप वन डायबिटीज : शरीर की प्रतिरक्षा प्रणाली ही बन जाती है दुश्मन



डॉ. अजय पटवारी, डायबिटोलॉजिस्ट

धनबाद । देश की 11.4 प्रतिशत की आबादी मधुमेह से पीड़ित है. मधुमेह पीड़ितों का आरक दिन प्रतिदिन उपर की तरफ से उठ रहा है. खराब जीवनशैली, तनाव और आनुवंशिक कारण इस बड़ी बीमारी के प्रमुख कारण माने जाते हैं. धनबाद में मधुमेह रोगियों का दशकों से उपचार

टाइप वन डायबिटीज क्या है

डॉ. पटवारी बताते हैं कि टाइप वन को ऐसे समझा जा सकता है कि इसमें रोगी को शुरू से ही इंसुलिन की जरूरत पड़ती है. क्योंकि इस तरह के रोगियों में इंसुलिन का बनना ही बंद हो जाता है. इसके कई कारण हो सकते हैं. प्रमुख कारणों में वायरल इन्फेक्शन और प्रतिरक्षा प्रणाली में गड़बड़ी मना जा रहा है. वायरल इन्फेक्शन या अन्य कारणों से पैन्क्रियाज में इंसुलिन का बनना बंद हो जाता है, क्योंकि कई शोषों में यह पतल चला है कि हमारे शरीर में मौजूद प्रतिरक्षा प्रणाली ही पैन्क्रियाटिक बीटा सेल पर हमला कर उसे खत्म कर देते हैं. ऐसे होते ही पैन्क्रियाज में इंसुलिन का बनना बंद हो जाता है और फिर रोगी को आजीवन इंसुलिन की जरूरत पड़ती है.

कर रहे हैं. डॉ. अजय पटवारी से इस गंभीर व लहलहाज बीमारी पर शुभम संदेश की बातचीत.
झारखंड 'डायबिटिक एंड नेत्र सेंटर,

शक्ति मंदिर जोयभटक के संचालक डॉ. अजय पटवारी इस गंभीर रोग पर बताते हैं कि मधुमेह रोग खतरनाक तो है ही, लेकिन टाइप वन इनमें सबसे

प्री में करते हैं इलाज, देते हैं दवाइयां

डॉ. अजय पटवारी बताते हैं कि उनके यहां टाइप वन डायबिटीज पीड़ितों का इलाज प्री में किया जाता है. उनकी मधुमेह की जांच के लिए ग्लूकोमीटर, नीडल, स्ट्रीप, इंसुलिन और परामर्श तक निगुल्क है. फूल मिलाकर



टाइप वन के मरीजों की पूरी इलाज निगुल्क की जाती है और दवाइयां भी प्री दी जाती है. टाइप वन के मरीजों को जॉराफाटक की क्लीनिक में आ सकते हैं और अपना इलाज करा सकते हैं.

टाइप वन का नहीं है संपूर्ण इलाज

डॉ. पटवारी इस चर्चा को आगे बढ़ाते हुए कहते हैं कि टाइप वन का संपूर्ण इलाज अभी तक खोजा नहीं गया है. हा, बीमारी से पूर्व ही सभ्यित लक्षण पर ही एक इन्जेक्शन लगवा जाता है, जिससे बीमारी कुछ सालों के लिए टल जाती है. लगभग आठ साल के लिए इस बीमारी की प्रतिक्रिया का आगे बढ़ाने की ताकत उक्त इन्जेक्शन टैप्लीजुमेब दी जाती है.



पेचीदा मना जाता है. क्योंकि फिलहाल तक इस रोग के होने के सही कारणों को खोज नहीं हो पाई और न ही इसका इलाज खलशा जा

बच्चे में ये लक्षण खतरनाक

डॉ. पटवारी बताते हैं कि आम तौर पर जो लक्षण मधुमेह के रोगियों में होता है, लगभग वही लक्षण इसमें भी पाया जाता है. जैसे अधिक भूख लगना, घास अधिक लगना, पेशाब अधिक और वजन का घटना. इसके अलावा बच्चों में वरम कण पाकर कम दिनों में ही बदल जाना भी इसके प्रमुख लक्षणों में शुमार है.



सका है. ये इस कारण भी और खतरनाक माना जाता है क्योंकि टाइप वन डायबिटीज 90 प्रतिशत बच्चों को शिकार बनाता है. हालांकि नवजात से

लेकर ओल्ड एज वाले भी टाइप वन के शिकार बन सकते हैं. लेकिन 8 से 14 साल वाले बच्चे इसका अधिकतर शिकार होते हैं.





5TH

RSSDI RESEARCH RETREAT 2026

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RSSDI 2026

Q1. A 62-year-old male with type 2 diabetes, CKD stage 3b (eGFR 38 mL/min/1.73m²), and established ASCVD (prior MI) presents for follow-up. He is currently on high-intensity atorvastatin (80 mg), an ACE inhibitor, and a thiazide-like diuretic. Despite therapy, his LDL-C remains at 78 mg/dL. His potassium is 4.8 mEq/L and creatinine is stable. Which of the following represents the most evidence-based next step in lipid management, based on the ADA 2026 guidelines and cited outcome trials?

Correct Answer: B

Rationale: ADA 2026 recommends in patients with diabetes and ASCVD who fail to achieve LDL-C <55 mg/dL on high-intensity statins, adding a PCSK9 inhibitor (e.g., alirocumab or evolocumab) is advised. This is supported by FOURIER and ODYSSEY OUTCOMES trials, which demonstrated 15–20% risk reduction in major CV events in high-risk individuals, including those with diabetes. Inclisiran is not preferred due to limited outcome data. Bempedoic acid is for statin-intolerant patients, not those tolerating high-intensity statins.

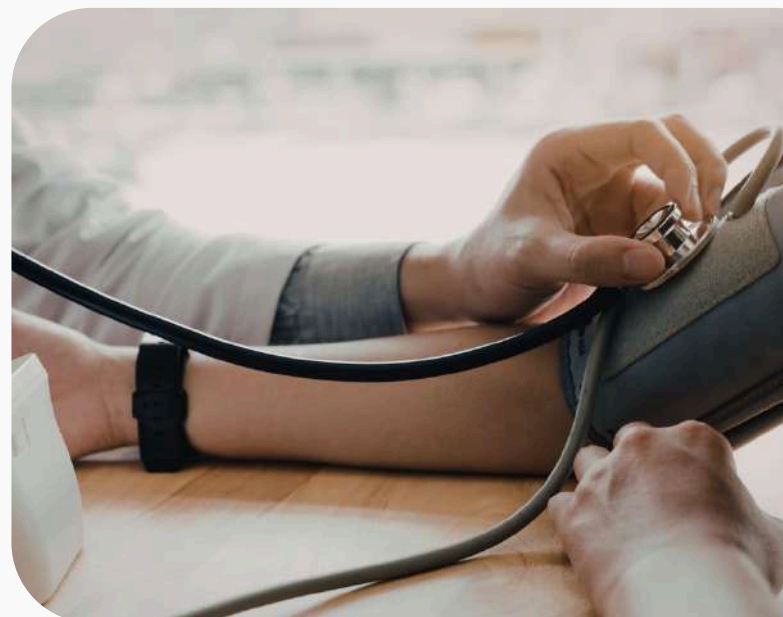


Quiz Answer Key

Q2. A 68-year-old woman with type 2 diabetes, poorly controlled hypertension (BP 152/96 mmHg), albuminuria (UACR 310 mg/g), and a history of heart failure with preserved EF (HFpEF) is being evaluated for initial antihypertensive therapy. She is not currently on any blood pressure medications. What is the most appropriate initial management strategy based on ADA 2026 standards and supporting trials?

Correct Answer: D

Rationale: Per ADA 2026, BP \geq 150/90 mmHg requires initiation of two antihypertensive agents—especially in the presence of albuminuria and HFpEF. The preferred classes include ACE inhibitors or ARBs, thiazide-like diuretics, and CCBs. This patient meets criteria for early dual therapy. Beta-blockers are not first-line unless prior MI or HFpEF is present. Lifestyle changes are adjunctive, not monotherapy in stage 2 hypertension.



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RSSDI invites its members to submit details of their charitable and community outreach initiatives carried out during the month of **February**, for feature in the February issue of the RSSDI Newsletter.



Submit details by scanning the QR code **OR**

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