



॥ स्वास्थ्य-सेवा-सुशिक्षणम् ॥
MIMER MEDICAL COLLEGE

DEPARTMENT OF MICROBIOLOGY

* Newsletter *

JAN - MAR 2026

**“Pathway to Success”: Peer Guidance Session for Second MBBS Students :
20th February 2026**



Value Added Course on ‘Basic orientation on high end machines in Pathology, Microbiology & Pharmacology’ for MBBS students CBME 2025-26

Faculty, Dr. Swati Sahai received the "Best Researcher Award" in the field of Microbiology by Scientific Laurels.



Faculty, Dr. Gauri Yadav was the speaker in Technical session on Antimicrobial Resistance of I AV MI & National Conference-2026



Faculties, Dr. Gauri Yadav & Dr. Swati Sahai attended "IP Conclave - Bootcamp on Disinfection Stewardship conducted by CAHO on 14th March, 2026, at Dr. D.Y. Patil Medical College, Hospital & Research Centre, Pune.



Faculties & Residents attended workshop on Good Clinical Practice on 16th Feb 2026 at MIMER Medical College & Dr. BSTR Hospital



1st Parent Teacher Meeting (PTM) for 2nd year (2024-25) batch was held on 21st February, 2026



Departmental PG Activity



PG Interdisciplinary seminar by Dr. Vidyagauri Gaikwad

Interaction with the Students of Indriyani College on 10th February, 2026

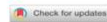


Publication in indexed international & national Journal by faculty, Dr. Swati Sahai, Assistant professor

Journal of Materials Chemistry B



PAPER



Cite this: *J. Mater. Chem. B*, 2026, **14**, 3885

A biofilm-penetrating nanozyme robot for drug-free inactivation of drug-resistant bacteria

Mansi G. Gaware,^{1†} Saparni Goswami,^{1†} Swati Sahai,¹ Govind P. Chate,² Tommoy Banerjee,³ Swati Biswas,⁴ Ravindra D. Wavhale^{4*} and Shashwat S. Banerjee^{4*}

The emergence of antibiotic-resistant bacterial infections mainly due to the proliferation of bacterial biofilms poses a critical clinical challenge. The low efficacy of currently used antibacterial agents, caused due to their poor penetration into biofilms, hinders their therapeutic potential. Here, we report a drug-free, nanozyme-based, self-propelling *Janus* nanorobot engineered to penetrate bacterial biofilms and eradicate drug-resistant pathogens through a synergistic physical-chemical mechanism. The nanorobot is fabricated using magnesium (Mg) nanoparticles as a propulsion core, which generate hydrogen bubbles upon reaction with water, and a hemispherical copper oxide (CuO) shell that imparts catalytic and bactericidal activities. The CuO shell catalyzes Fenton-like reactions in response to elevated hydrogen peroxide levels within bacterial microenvironments, producing reactive oxygen species (ROS) that induce oxidative stress, membrane disruption, and cell death. Autonomous propulsion enables the nanorobots to actively traverse the dense extracellular polymeric matrix of biofilms, thereby enhancing the antibacterial effect. The Mg-CuO INCOs achieved efficient biofilm removal and significant reduction in cell viability against *S. aureus* (MIC = 256 µg mL⁻¹, *M. luteus* (MIC = 512 µg mL⁻¹), and *M. luteus* (MIC = 1024 µg mL⁻¹). This drug-free, self-powered nanozyme platform effectively overcomes diffusion-limited biofilm barriers and demonstrates potent activity against antibiotic-resistant bacteria, offering strong translational potential for the treatment of chronic and drug-resistant infections.

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View Article Online

Introduction

Bacterial infections represent a major public health and environmental threat, causing millions of deaths worldwide.^{1–3} Although antibiotics are commonly used to treat such infections, their overuse coupled with inadequate treatment of wastes containing non-metabolized antibiotics and their residues has led to an increased risk of antibiotic-resistant bacterial infections and the emergence of “superbugs”. Notably, biofilm formation has been associated with nearly 80% of antibiotic resistance.⁴ Biofilms, composed of extracellular polymeric substances (EPS), act as a natural barrier to drug penetration and activation, thereby inducing bacteria to become up to a thousand times more resistant than their planktonic counterparts.⁵ Current therapeutic

approaches remain largely ineffective because they fail to simultaneously address the structural and biological properties of biofilms that contribute to drug resistance.⁶ Therefore, there is an urgent need for a novel biofilm-inhibiting antibacterial strategy that acts without using antibiotics.

Recently, self-propelled microrobots (MNMs) have shown promising biomedical applications extending from drug delivery to precision therapeutics.^{7–9} These MNMs are autonomously propelled artificial objects, capable of harvesting and transforming energy from their surroundings and converting it into mechanical work to achieve autonomous movement in a liquid environment. In order to achieve self-propelling behavior, a variety of propulsion mechanisms have been established for MNMs, including bubble recoil, diffusioosmosis, and interfacial tension-induced propulsion.^{10–12} Although robots have been developed for specific biomedical applications, their potential to simultaneously address the structural and biological properties of biofilms in the antibacterial war remains to be demonstrated.¹³ MNMs, with their unique properties such as autonomous locomotion and active cargo delivery, can effectively enable the delivery of antimicrobials to infected sites, making them desirable substitutes for conventional antimicrobial treatments.

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Letter to Editor

Optimizing intestinal parasite detection: The need for enhanced diagnostic approaches

Dear Editor,

The article “Evaluation of different concentration techniques for microscopic diagnosis of protozoa and helminths in stool samples of children,” published in your esteemed journal in February 2025, is highly commendable.¹ The findings highlight the higher sensitivity of the formal-ether acetate concentration (FAC) method over the formal-ether concentration (FEC) and direct wet mount methods. Such kind of evaluation methods is very crucial for guiding diagnostic protocols and improving patient outcomes, especially in developing countries where there is a high burden of intestinal parasitic infections (IPIs).²

As found in the present study, the FAC method demonstrated the highest sensitivity (75%), followed by FEC (62%) and wet mount (41%). We agree that these results depict the limitations of direct microscopic examination due to its lower sensitivity, particularly for detecting protozoan infections, such as *Isospora* and *Cryptosporidium*, as seen in other previous studies too.³ In hospital settings where resources are limited, the precise diagnosis of parasitic infections is very important for timely and effective treatment and this can be achieved by incorporating stool concentration techniques in routine diagnostic laboratories.⁴

In spite of the valuable contributions, we would like to bring forth some of the drawbacks of this study. The sample size of 110 participants, although may be adequate for preliminary observations, it may not be sufficient to generalize findings across diverse geographic and socioeconomic populations. Larger multicenter studies would provide more robust data to confirm these findings.⁵

Secondly, the molecular techniques are increasingly being recognized as gold-standard diagnostic tools for IPIs. The study does not compare the FAC and FEC techniques with molecular methods, such as polymerase chain reaction (PCR), which have demonstrated superior sensitivity and specificity, particularly for low-intensity infections that may be missed by conventional microscopic methods.

Related to this, the clinical correlation of parasitic infection with disease severity is another important area that needs to be studied further. The study gives useful epidemiological information, but more is required on symptomatology, nutritional status, and treatment outcome so that clinicians may better understand the effects of specific parasitic infections on the health of children. In addition, environmental and behavioral risk factors (e.g., sanitation and drinking water sources, personal hygiene) should be explored in more detail to develop appropriate public health interventions.

In conclusion, this study highlights the value of FAC as a preferred method for diagnosing IPIs in children. However, addressing its limitations in future research will enhance its reliability and broader application in clinical and public health settings. Further studies will help refine diagnostic approaches, ensuring more accurate and effective detection of parasitic infections.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Swati Sahai¹, Amit Kumar²

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Letter to Editor

Addressing social media addiction in medical students: A timely and necessary assessment

Dear Editor,

We read with great interest the recent article titled “An emerging issue: Social media addiction and its ill effects on medical students of Punjab” by Ahuja *et al.*¹ published in May 2025 in your esteemed journal. In the present era, we cannot imagine our lives without technology, and from digitalization has arisen the undesirable consequence of social media addiction. This behavioral concern has been very appropriately brought to light and discussed in this research article. It is high time that we address the issue of social media addiction, especially among medical students who are going to be our future saviors. Besides deteriorating their academic performance, it has the potential to adversely affect the psychological and physical well-being.

The author has used a validated assessment tool “The Social Networking Status Scale by Arslan and Kork” which adds credibility to their findings.^{2,3} They have included a large sample size ($n = 717$), covering both government and private institutions which has allowed broader generalizability within the Punjab medical student population. Some of the very important facts that the study has highlighted includes sleep deprivation, eye strain, and mood disturbances as a result of excessive use of social media. These observations are consistent with the findings of other studies such as those by Kolhar *et al.*⁴ and Ramesh Maathi *et al.*⁵ Furthermore, the finding that 64.15% of students believed social media negatively impacted their academic performance shows that the students have an insight into their problem,⁶ a clear signal that this issue needs urgent attention.

However, the study does have some limitations. As it is a cross-sectional study, a causal relationship cannot be established

between social media usage and its outcomes. The use of online forms and convenience sampling could have introduced selection bias, especially for those who are active on digital platforms. The study has not been able to study the factors that may have influenced the social media use by the students. Some of the factors, such as academic workload, socioeconomic background, and screening policies, may be responsible for varied results.

Another important aspect which the study should have focused could have been the reasons for students to feel so drawn to social media—what they are thinking or feeling when they turn to it, and what kept them hooked. Understanding these deeper motivations could really help in designing support that speaks to students' real needs. Even though nearly one in five students admitted they need help decreasing the use, the study does not suggest any specific solutions or support systems. Despite pros and cons, this study offers an important wake-up call—especially for primary care doctors and educators—about the growing mental health challenges faced by future healthcare professionals.

In conclusion, this article by Ahuja and colleagues, has added toward our greater understanding of social media addiction among medical students. We believe that longer-term and more in-depth studies could help us better understand what is causing this pattern—and, more importantly, how we can support students in managing it.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Swati Sahai¹, Amit Kumar²

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Letter to the Editor

World bioethics day: Doctors as stewards of health and environment

Dear Editor,

Every year, “World Bioethics Day” is observed worldwide to highlight the ethical principles that connect health, science, and our environment. This year's theme “Protection of the environment, the biosphere, and biodiversity,” asserts the connection between human well-being and a healthy environment. It reminds us that protecting life also means protecting the planet that sustains it. But how can we, the medical doctors, be involved in this?

Medical professionals are mainly engaged in providing patient care, but their role does not end there. With changes in the biosphere such as pollution, climate change, and various disease outbreaks, ethics in public health is of prime importance. Air pollution not only exacerbates respiratory and cardiovascular diseases, but also disproportionately affects vulnerable populations, raising concerns of social justice, and equity in health.¹ Water and soil pollution serve as significant sources of infection and health hazards. Polluted water can transmit dangerous microbes, leading to illnesses such as diarrhea, hepatitis, and cholera, while exposure to toxic chemicals in both water and soil is linked to cancers, organ damage, and developmental disorders. Contaminated soils may harbor pathogens or hazardous substances that not only affect food safety and crop yield, but also can be ingested or enter the body through direct contact, causing acute, or chronic disease.² Water and soil pollution along with climate change are also responsible for disease outbreaks such as Guillain Barre syndrome, cholera and *Burkholderia pseudomallei*.^{3,4} Zoonotic disease outbreaks such as Covid-19 pandemic, MERS, Ebola, or SARS, raise critical bioethical concerns, emphasizing the interconnectedness of human, animal,

and environmental health under the One Health approach.⁵

Bioethics is not just a set of rules but a call to act responsibly. Medical professionals should uphold the principles of bioethics by taking responsibility to advocate cleaner air and environment. They should get actively involved in educating communities about the profound interconnections between human health and a healthy environment. They must emphasize that these environmental risks are crucial determinants of public health and infection prevention. It is time to remember that although science gives us the power to act, ethics gives us the wisdom to act rightly. Let us commit ourselves to protecting both humanity and the Earth.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Swati Sahai

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REFERENCES

- Chen F, Zhang W, Mirrezi MFR, Saleem MH, Khan KA, Ma J *et al.* Breathing in danger: Understanding the multifaceted

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Faculty Development programme by faculty, Dr. Swati Sahai, Assistant Professor

Online Certification

SWATI SAHAI

has successfully completed

Ethics Review of Health Research

(NIE-ICMR e-Certificate course: NieCer 102)
with a score of 70%

Dr. Manoj V Murhekar
Director and Scientist G
ICMR National Institute of
Epidemiology
Chennai, India

Dr. Rajiv Bahl
Secretary to Government of India,
Department of Health Research and Director
General, Indian Council of Medical Research
New Delhi, India

Dr. Sanjay Mehendale
Ex-Add. Director General,
Indian Council of Medical Research
New Delhi, India

Dr. Madhur Gupta
Technical Officer: Pharmacovigilance
WHO Country Office for India
New Delhi, India

Roll No: NieCer102_31551

March 2026
(Expiry period is 6 months)



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MIMER MEDICAL COLLEGE

DEPARTMENT OF MICROBIOLOGY

* Newsletter *

April - June 2026

Diagnostic Stewardship : A strategic pathway to Antimicrobial stewardship was conducted on 7th April, 2026 in MIMER Medical college



Value Added Course: Central Forensic Science Laboratory visit from 11th-15th May for MBBS students CBME 2025-26



Value Added Course: Central Research Laboratory visit on 25th April for MBBS students CBME 2025-26



Dr. Swati Sahai, Assistant Professor, was the judge for Annual debate competition at Ingenium- the academic club of MIMER Medical College on 14th May, 2026



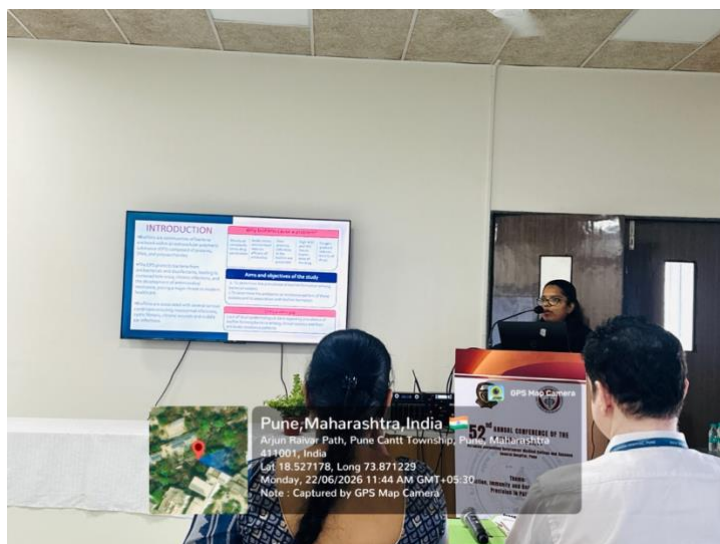
Dr. Swati Sahai was a delegate in Sri Ramachandra International Medical Education Conference – SRIMEDCON (2026) on 12th and 13th June 2026



Dr. Swati Sahai was a delegate in 52nd Annual Conference of the Research Society of BJ Govt Medical College & SGH Pune on “Infection, Immunity & Genomics: Pioneering



Ms Avlyn Oswald Gomwandes, III MBBS (I) student presented an oral paper under the guidance of Dr. Swati Sahai, Assistant Professor in 52nd Annual Conference of the Research Society of BJ Govt Medical College & SGH Pune on 22nd June 2026



Publication in indexed international & national Journal by faculty, Dr. Swati Sahai, Assistant professor

Letter to Editor

Facing monkeypox and beyond: Are we ready for the next outbreak?

Dear Editor,

As we mark 1 year since the World Health Organization declared the end of the global Monkeypox outbreak, it is tempting to put the crisis behind us. The number of cases has decreased, the headlines have disappeared and the world's attention has shifted elsewhere. However, this is precisely the moment when complacency becomes our greatest enemy.

At present times, our world has become smaller due to advancing technologies and enhanced interconnectivity through travel, trade, and migration. Medical science is also not left untouched by this global phenomenon. The emerging infectious diseases are no longer confined to the nation's boundaries. They have crossed the borders of endemic countries and become a matter of global concern.^[1] The recent evolution of monkeypox (mpox) is an example of such a disease.

The outbreak of mpox began in May 2022 which affected the whole world and continues till date. Mpox is endemic mainly in African countries such as the Democratic Republic of the Congo (DRC) and caused by two viral clades - Clade I and Clade II. Subclade Ia, predominantly found in the DRC and surrounding nations, is mainly transmitted through contact with infected wild animals or close household exposure and affects mainly children under 15 years of age. In contrast, subclade Ib has been identified more recently in Eastern DRC and has shown the patterns of transmission among adults, particularly through sexual contact and sex work. Although its case-fatality rate appears lower than that of subclade Ia, Clade Ib has demonstrated broader demographic reach and increased international spread.^[2,3]

In 2024, there was an increase in the number of cases of mpox in DRC and it spread to the neighboring countries too. The World Health Organization declared it a public health emergency of international concern on August 14, 2024. Sweden reported the first imported case of mpox on August 15, 2024, due to MPXV/clade Ib in EU/EEA countries. India, while not endemic for mpox, reported intermittent travel-related cases of Clade II since 2022. The first Clade Ib case was confirmed in Kerala in September 2024 in a traveler returning from the UAE. In a diverse

country such as India, containing the transmission poses a significant challenge.^[4] Public health authorities responded swiftly with nationwide surveillance, airport screening, designated diagnostic laboratories, nodal hospitals, contact tracing, and healthcare worker training. These measures have significantly mitigated the threat of wider outbreaks.^[5] As of June 2025, more than 46,000 confirmed cases have been recorded worldwide since January 2024, with over 10,000 in regions experiencing concurrent Clade I and II transmission.^[6] This pattern points out toward the need for sustained international surveillance and improved diagnostics in both endemic and nonendemic regions.

Although vaccines and clinical guidelines are improving, the role of laboratory cannot be undermined. It is one of the major factors for effective outbreak detection and response by early diagnosis. The chain of transmission can be interrupted by prompt isolation, treatment, and contact tracing. However, some countries with low-resource settings, still lack sufficient laboratory capacity, trained personnel, and real-time reporting systems.

Mpox reminds us that no health system operates in isolation – we can respond effectively when there is a strong, connected public health networks around the world. We need, not only to strengthen our laboratories and align how we diagnose diseases, but also work together globally by sharing data. In today's world, where diseases can spread across borders faster than our policies can keep up, being prepared is a necessity. Thus, in the race between pathogens and preparedness, delay is not an option. The end of the mpox emergency should be viewed not as a closing chapter, but as a checkpoint. If we use the lessons of monkeypox wisely, we can be ready – not surprised – when the next outbreak arrives.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Swati Sahai

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Letter to the Editor

India's Battle Against Tuberculosis: The 100-day Campaign

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²Head of Department, Central Research Laboratory, MIMER Medical College, Talegaon Dabhade, Pune, Maharashtra, India

³Consultant Cardiologist, Jehangir Hospital, Pune, Maharashtra, India

The government of India recently launched an ambitious 100-day campaign aimed at accelerating India's efforts to eliminate tuberculosis (TB) by 2025, 5 years ahead of the global target (2030) [1]. Since India has the highest TB burden worldwide, accounting for 26% of global TB cases, this initiative is crucial in the country's mission to eradicate tuberculosis by 2025 [2]. Although under National Tuberculosis Elimination Program (NTEP), substantial progress has been achieved in recent years with 17.7% reduction in the TB incidence rate, yet the disease remains a formidable public health challenge in India, requiring a more focused approach [3].

The 100-day TB-Mukt Bharat Abhiyaan began on December 7th, 2024, and led to 129.7 million people being checked for TB and over 719,000 TB cases being reported throughout India. Around 285,000 of the reported patients were asymptomatic and, in the absence of the campaign's targeted screening approach, may have remained undetected. The campaign was initially implemented in 445 districts, and its significant success in TB detection and treatment prompted the government to consider scaling it up by making it nationwide, as well as extending it to maintain momentum in confronting the disease [4]. This initiative mainly focused on TB case detection and reducing diagnostic and treatment delays, especially in high-risk groups such as migrant workers, urban slum dwellers, tribal populations, and those living in crowded conditions. Some of the components of this campaign included enhanced case detection, improved diagnostic facilities, and community engagement, allowing for timely treatment and reduced transmission [1].

The screening was mainly done by RT-PCR machines procured during the COVID-19 pandemic period and diagnostic kits developed by Indian Council of Medical Research (ICMR). This enabled 32 tests in a single run, reducing the testing costs and improving efficiency at the same time. Additionally, artificial intelligence (AI)-powered handheld X-ray machines played a vital role in detecting asymptomatic TB cases [5]. Furthermore, it aimed at dealing one of the major factors hindering the disease's elimination, namely the stigma which prevents patients from seeking medical care and proper isolation.

OPEN ACCESS

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NPTEL-AICTE

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This certificate is awarded to

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(Jan-Apr 2026)

Roll No: NPTEL26MG02S1151802780

Duration of NPTEL course: 12 Weeks

SOCIETY OF ANTIMICROBIAL STEWARDSHIP PRACTICES (SASPI) IN INDIA

AMR/MDR/XDR/PDR is rising: The only possible solution is Integrated Antimicrobial Stewardship (IAS) practice.

CERTIFICATE OF COMPLETION

This is to Certify that

Swati Sahai

Has completed

The IAS Foundation Course (Online) offered by SASPI.

This certificate is valid for three years from the signed date.

Date: April 25, 2026

Dr Prasan Kumar Panda
Secretary SASPI



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"For his/her participation in the Five Days National Level Research workshop titled **"Basics of Research Methodology & Statistical Analysis using SPSS"**, held in online mode from 29.04.2026 to 03.05.2026, organized by DiGi Skill Development Centre & Training Institute, Mumbai."



Mr. K. SARGURUMATHAN
PROJECT DIRECTOR



NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES

(Ministry of Health & Family Welfare, Government of India)

CERTIFICATE OF COMPLETION

This is to certify that

Dr Neetu Mehrotra

has successfully completed the six-month certificate programme

AI IN HEALTHCARE

conducted by the National Board of Examinations in Medical Sciences (NBEMS) from 21st January 2026 to 10th June 2026.

The participant has fulfilled all programme requirements, including:

- Attendance in 28 out of 20 live instructional modules (Minimum requirement: 15 modules)
- Successful completion of the Final Assessment with a score of 92% (Minimum qualifying score: 50%)

The programme provided comprehensive exposure to emerging applications of Artificial Intelligence in Healthcare, including clinical decision support, medical imaging, healthcare data analytics, digital health technologies, governance, ethics, implementation strategies, and future healthcare innovations.

This certificate is awarded in recognition of the participant's successful completion of all academic requirements of the programme.

PROGRAMME STATISTICS

Total Modules Conducted	20
Modules Attended	20 (100% & Passed)
Final Assessment Score	92%
Certificate Number	NBE-AIH-2026-15485
Date of Issue	10th June 2026

SPECIAL RECOGNITION

This programme formed part of the NBEMS AI in Healthcare Initiative, which achieved a Guinness World Record™ for "Most viewers of an Artificial Intelligence in Healthcare lesson livestream on YouTube."

RECORD HOLDER

Most viewers of an Artificial Intelligence in Healthcare lesson livestream on YouTube

Certificate ID: NBE-AIH-2026-15485

Prof. M Bajpai
Hon'ry Executive Director
NBEMS

Dr. Ashish Sheth
President
NBEMS



NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES

(Ministry of Health & Family Welfare, Government of India)

CERTIFICATE OF PARTICIPATION

This is to certify that

Dr. Gauri Yadav

has participated in the six-month certificate programme

AI IN HEALTHCARE

conducted by the National Board of Examinations in Medical Sciences (NBEMS) from 21st January 2026 to 10th June 2026.

The participant has attended at least 60% of the live instructional modules (12 or more out of 20). The programme provided comprehensive exposure to emerging applications of Artificial Intelligence in Healthcare, including clinical decision support, medical imaging, healthcare data analytics, digital health technologies, governance, ethics, implementation strategies, and future healthcare innovations.

This certificate is awarded in recognition of the participant's active participation.

PROGRAMME DETAILS

Total Modules Conducted	20
Modules Attended	17
Participation Type	Live Attendance
Certificate Number	NBE-AIH-2026-20558
Date of Issue	10th June 2026

SPECIAL RECOGNITION

This programme formed part of the NBEMS AI in Healthcare Initiative, which achieved a Guinness World Record™ for "Most viewers of an Artificial Intelligence in Healthcare lesson livestream on YouTube."

RECORD HOLDER

Most viewers of an Artificial Intelligence in Healthcare lesson livestream on YouTube

Certificate ID: NBE-AIH-2026-20558

Prof. M Bajpai
Hon'ry Executive Director
NBEMS

Dr. Ashish Sheth
President
NBEMS



CAHO

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(By CAHO Diagnostic Division)

Certificate of Participation

Presented to

Sadhana Chate

For attending the webinar on Wednesday, 17th June 2026

Antimicrobial Resistance (AMR) & Stewardship



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President,
CAHO



Dr. Parag Bindra
Secretary General,
CAHO



Dr. Aparna Jainam
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Dr. Rajendra Surpam
Vice Chairperson
Diagnostic Division, CAHO



Dr. Vinitha Kothari
Secretary,
Diagnostic Division, CAHO