



# AISCCON NEWS

## आइस्कॉन समाचार

MONTHLY NEWSLETTER OF ALL INDIA SENIOR CITIZENS' CONFEDERATION  
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**AUGUST, 2008**

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# DON'T RETIRE, REWIRE

**M.V. Ruparelia, Mira Road (E.)**

Due to unprecedented progress in Medical Science, especially in respect of Stem Cells & Gene replacements etc, Life Span of human beings is expected to be 200/600 years! According to Dr Deepak Chopra, Body is Ageless!! With the present scenario in our Country, the present generation of Senior Citizens is not going to die soon! Whatever the Span, the Death, though certain, can not be predicted and as such each Senior Citizen has to accept that he has to live long and should therefore plan out his own life style and career for good quality of his long innings of life.

Career is defined as (1): A way some one makes his living over a significant period of his life and (2): The progress and development of a person.

To-day, many of the elite & middle-class Senior Citizens enjoy (!) their own (!) life playing cards or golf, gardening, chit-chatting with their neighbors in a park or just spending longer hours on the couch (in front of the TV) and reading newspapers, with attitude of " Why bother about others? Others are like this or that! " Retirement doesn't have to mean aimless walks and endless hours in a rocking chair. They forget or even do not bother or even need to know that they are given the Status of Senior Citizen with several privileges and some expectations from the Society & government. Their retired life has no direction, no goal, and no necessity to progress or to develop the Self or Others! They must

awake and find out fields of their choice to serve the community with or without honorarium and give benefit to the Society of their experience of their first innings. All educated Senior Citizens and Associations of Senior Citizens must try their best to bring all Senior Citizens out of inertia of remaining aloof & idle and encourage them to do some thing useful. There are lots of NGOs doing good work towards Society and those interested can join as active workers of such NGOs and give back to the Society, which they have taken sofar. There are so many local social issues, which can be tackled by Senior Citizens. If one looks around with an open mind to do some thing useful, he will find lots of things to do. Now that each Association of Senior Citizens can get a classroom in Municipal Schools, at least in Maharashtra, it should be possible to meet often and discuss and find out fields of activities useful to the Society as well as avenues of employment in near about places.

Whether you call it economic compulsion or their keenness to keep themselves busy and use their expertise, these days a lot of senior citizens in India are looking out for a second career post-retirement. The corporate world is known for utilizing the services of healthy retired personnel to not only cut costs, but also benefit from their expertise and experience. They provide various facilities to Senior Citizens in respect of Work-environment as well as short working hours etc.

*Cont. on Pg.8*

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**B. RANGANATHAN**

*Managing Editor*

B-3, Roop Niketan, Sant  
Tukaram Road, Mulund (East),  
Mumbai-400 081.

Tel.: 022 - 2163 6568

## AISCCON

**Dr. S.P. Kinjawadekar**

*President*

B-8/602, Kaveri, Safal Complex,  
Sector-19A, Nerul,  
Navi Mumbai-400 706.

Tel. 022-27714240 / 4241

Mob. 9820639773

**Shri D.N. Chapke**

*Secretary General*

A-801/802, Neel Sidhi Splendour,  
Sector 15, CBD Belapur,  
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2008

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# Helping Single Senior Citizen Women

Female mortality rate in India is higher than males', we have millions of 'missing females' due to female foeticide and the sex-ratio in general population is unfavourable to women. In spite of such heavy odds women out survive men in their sunset years. There is 'feminization of ageing' and we have 53% of female Senior Citizens (60+) to 47% of male seniors.

But in spite of their larger number the condition of elderly Women in India is not at all satisfactory. They are poorer, have more morbidity and vast majority of them are dependent on others. All these factors result in affecting the quality of their life.

Factors which can make old age tolerable are (a) presence of spouse, (b) support system, (c) autonomy, (d) absence of disability and (e) minimum economic security. Single women, widowed women and rural elderly women are the more vulnerable ones in old age than others.

In Indian patriarchal society, where a woman is often treated only as an appendage to a man, single status may spell doom- There are at least 4 types of single women - (1) Never married, (2) Widowed, (3) Divorced and (4) separated women. Each condition has different causes and consequences. (1) Whether a woman remains unmarried (spinster) voluntarily or unwillingly, society tends to look down upon her. (2) Widows constitute a disproportionately large section in old age group than widowers. This is mainly due to our socio-cultural practices. Widows in India experience particularly high levels of deprivation. (3) Divorce, though legally permitted is still non-normative socially. Families put enormous pressure on women to stay in marriage, no matter how demeaning or dangerous it is. (4) Separated women live separately from their spouse, but it is not final and there is scope for reconciliation.

As per 1991 census the proportion of these 4 categories in India was Never married 1.39%, Married - 44.16%, widowed 54% and Divorced 0.40%. Divorce and separation from husband were frowned upon by society and a woman without a husband suffers more humiliation than

being in a bad marriage. Though there has been improvement in life expectancy of males, more than half of women above 60 spend the rest of their life without the support of a spouse. Widows experience a drastic change in social network than other single women. It also affects their physical and mental health.

Social isolation and loneliness are particular problems of old age - more so in women, because of their longevity compared to men. Older women are more disadvantaged because they are three times more likely than men to be widowed and twice likely to be living alone.

Loneliness can have several negative impacts on women - they have financial, social, health & psychological problems, resulting in depression, dementia. If they are economically dependent they are likely to be exploited and abused.

Single women learn to cope with life in their own way. Education and economic security make a difference to the quality of their life; still loneliness and fear of future makes their life stressful. Unmarried women have a slightly better position followed by divorced, separated women and widows, because unmarried women and usually in the families and economically secure. Divorce and separation are extreme steps for most women, which they may not take unless they have good family support and economic independence. Hence, old widows appear to be most vulnerable of all single women.

What can be done? To prevent marginalisation and exploitation of widows all property should be registered jointly in husband's and wife's names. There should be automatic transfer of property quickly after the death of husband to his wife's name. Modern legislation relating to property rights of widows should be enforced. Tenancy laws and land reform laws should be reviewed for specific bias against women & widows. Women should be helped to enforce their legal inheritance rights. They should be given preferential treatment in getting National Old Age Pension for BPL, irrespective of age.

*Cont. on Pg.8*

**Editorial...**

# Programme for older persons...

## Suggestions for easy implementation...

**S.S. Raichur** Pune Ph. 25461804 ✉

'AISCCON NEWS' in its June 08 and July 08 issues has elaborated details of various schemes of assistance available from Govt. of India for Older Persons. The main objective to improve the quality of life of older persons to face the demographic challenge is laudable. It appears difficult to take benefits to the aged since the awareness among senior citizens is very low and their organisations are in their infancy with primitive infrastructure. I feel the norms of membership and beneficiaries have to be liberalised and more powers delegated to the States Governments to fix norms separately for urban and rural areas depending on the conditions of literacy and health infrastructure there. During second and third Five Years Plans NEARUJI introduced under S.K. Dey centrally sponsored Community Development Programme (CDP) throughout India to change the rural scenario Socially for organising and running Mahila Mandals, Youth Clubs, Farmers Clubs cooperatives in agriculture and village industries the Block Development Organisation now under Panchayat Raj disbursed grant in aid funds. With the experience gained there in, and presently seeing the working of Senior Citizens organisations since 1993, I offer some suggestions for decentralization for implementation of Integrated Programme for Older Persons (IPOP).

The concept of Ageing posing a major social challenge is yet to be digested by the communities in rural and semiurban areas were more than 70% of the elderly live. Panchayat Raj institutions recommended by the Balwantrai Mehta committee are functioning in most of the States. The 73rd Amendent to the constitution of India passed during Rajiv Gandhi's tennure gives wide power to village Panchayats. Rajiv Gandhi had visualised transfer of funds directly to them for the social transformation of rural areas. The village administration need to be sencitised to the basic needs of older persons,

specially of below povertyline families. This empowers older persons with some security regarding subsidised food, shelter (Indira Aawas) and primary health which are the subject under Panchayat Raj. Health care including physiotherapy units and counselling under the integrated programme can be attached to Primary Health Centres which are being strengthened. At present there are very few NGOs capable of handling the programmes Basic training on wide scale may be necessary. Help of selfless workers like Dr. Abhay and Rahi Bang, Dr. Arole both Magsaysay awardees, Heplage India etc. would be of much use for rural conditions. For the present it is difficult for the institutions to comply with the deadlines of the State and Central Governments and their norms to benefit the target group.

**Role of Federations of Senior Citizen Organisations-** Formation of Vriddha Sanghas termed as Varistha Nagarik Sanghas has progressed well in Maharashtra since 1980s. They are well over 1300 units affiliated to State Federation-FESCOM. At least 20% HAVE 5-10 years with existance with registration from the Charity Commissioner. The members meet regularly to enrich themselves through lectures and light musics outing etc. to keep depression away- all from fees of members and petty donations. Fescom is exerting to spread the movement to rural and semiurban areas and also encouraging woman folk to join them. If financial assitance is given to such federal bodies awareness programme would increase and more volunteers would join volunteer bureau to help elderlys. In the cities Vriddha Snghas have on an average 100 to 500 members and in rural areas 50 to 300. The Sate Federations with affiliated primary sanghas muster more than 20000 members as per criteria under Integrated Programmes.

The All India Senior Citizens Confederation (AISCCON) has done commendable job during

last five years by encouraging senior citizens to organise themselves and form federations. Such Federations are working well in many states. AISCCON is also registered body and member of National Commission of Older Persons. With financial assistance speedy progress could be achieved even in organising health awareness camp, also taking help from selfless service minded Rotary and LION Club.

On the lines of earlier centrally sponsored CDP where state Govts. got funds and Block Administration organised rural awareness programmes as per standard pattern fixed by Central Govt. funds can be channelised to Panchayat Raj institutions for health counselling and Day care Centres and even for Old Age Homes near Ashramshalas residential, which are being run by Panchayat Samities. Medical expenses on health is a major worry for elderly as allopathic medicines and the practitioners, majority being in the private sector are very expensive. Expect a few mobile units of Helpage India very rarely elders get home attendance to achieve the object of Ageing in place. So Government should devise schemes to help elderly to get medicines and treatment at affordable cost. Mediclaim insurance still in its infancy may not attract rural elderly forming the majority.

In the cities many of the Hospitals are also registered under Charity Commissioner. They have necessary infrastructure for counselling, supply of help aids for recovering patients, day care centre etc. They can comply with the strict norms under the Integrated programmes for older persons. Free or subsidised service to the elderly should be the conditions if assistance is given to them. If the norms of the assistance are not liberalised only influential persons with political clout would establish NGOs to get financial assistance without providing service properly. All such institutions assisted for older persons should have on their bodies Senior Citizens Associations to oversee that the benefits reach aged persons. Helpage India has done some pilot experiment in Northern India.

Liberlised norms compassionate attitude towards older persons and reduced redtapism would help Senior Citizens movement to achieve the objection under Integrated Schemes for Older Persons.

## Britons may be forced to pay 'age tax' to fund elderly care

People living in Britain may be forced to pay 'age tax' under proposal floated by Prime Minister Gordon Brown to fund elderly care, the cost of which is forecast to reach 24 billion pounds in the next 20 years.

The 'ageing tax' is a central plank of a consultation launched by the Prime Minister in the face of a growing crisis over who should meet the costs for the care of the elderly. Under proposal put forward by the government, the 'ageing tax' could run alongside the existing National Insurance levy.

Media reports quoted the Prime Minister Brown as saying that he wanted to free people from the fear that they would be forced to sell their homes to pay for care, and called the current means-testing system unfair for those who had saved.

Over the next 20 years the number of people over 85 in England will double and the number over 100 will quadruple. Nearly 2 million more people will need social care support including help with dressing, washing, shopping and eating, *The Guardian* daily said.

In 1999 the British government rejected a proposal for free care for all made by a royal commission that Blair himself had set up. In 2006 it also shelved the recommendations of a second major review, chaired by Sir Derek Wanless.

Because of rising property prices, few home owners now qualify for help. Charities estimate that 70, 000 people a year are now forced to sell their homes to pay for residential care, which costs an average of 450 pounds a week. Local authorities have also tightened the rules on funding for home help, media report said.

(Source:- PTI, May 13, 2008)

वरिष्ठ नागरिकों का सच्चा हमसफर...

**AISCCON NEWS**

आइस्कॉन समाचार

हमेशां पढ़िए.... जिन्दगी को जानिए...

## Don't Retire, Rewire Cont. from pg. 1

Senior Citizens and their Associations must remain in contact with prospective corporate sector and take advantage of the present trend of Corporate Social Responsibility. This will be mutually advantageous to Corporate Sector as well as Senior Citizens. Each Senior Citizen must think of the long remaining life span and plan out self-utilization fields for progress and development of Self & Society!

## Editorial... Cont. from pg. 4

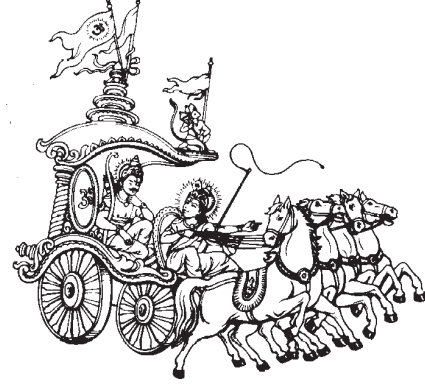
These unhappy, single sisters of oldes need the Govt. and Senior Citizen Association support. In Maharashtra FESCOM has taken lead by forming 40 Association of Senior Citizen Women and a Conference of only Senior Citizen Women at Aurangabad a few months ago. Let every Senior Citizen Association extend a helping hand to these single women, by bringing them in the organisation with painstaking efforts and give them support and help to make their life happy & dignified.

-Dr. S P Kinjawadekar

(Source- Ageing Strategies for an Active Old Age)

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## Guidance from Geeta



**तद्विद्धि प्रणिपातेन परिप्रश्नेन सेवया ।  
उपदेश्यन्ति ते ज्ञानं ज्ञानिनस्तत्त्वदर्शिनः ॥**

Know this -

Only by humility and reverence, by inquisitive questions and full devotion, can you learn

And men of wisdom who have realized the truth will instruct you and impart their knowledge.

By common and accepted faith in fire-worship, various offerings are made to fire. Offering is a great sacrifice. But the sacrifice of knowledge is always greater. Knowledge is born of experience. Experience is gained from performance of an act. The experience gained from performance of the act reveals the truth of the information gained in the beginning. Therefore, it is said that act is the ignition of knowledge. Act is the means whereas knowledge is the end.

Lord is now explaining how to gain knowledge. One who is after gaining knowledge, must first be humble and respectful. He must bow his head in respect and ask his teachers questions pertaining to the subject about which he wants to acquire knowledge, and exert himself to the maximum to be well versed in the subject. In ancient times, pupils used to live with their teachers in their hermitage and do all menial work for them. That was a kind of service to teachers, as well as to the subject they were learning. In the present circumstances, this may not be possible, but atleast attending to the subject is possible. When the learned and philosopher teacher finds that his pupil is eager to learn possesses additional qualities of inquisitiveness, humility and willingness to take pains, he is pleased to feed him plentifully and liberally with his knowledge.

Quest of knowledge is a kind of penance. A real student must be prepared for it.



ज्येष्ठ नागरिक संघांचा महासंघ

29 वे वार्षिक अधिवेशन, लातूर (31 जानेवारी ते 1 फेब्रुवारी 2009)

**FESCOM - Maharashtra Senior Citizens Federation**

29th Annual Conference, Latur. (31st Jan. to 1st Feb. 2009 )

**अधिवेशनासाठी येणाऱ्या प्रतिनिधींनी भरावयाचा अर्ज**

(हा अर्ज व प्रतिनिधी शुल्क आपल्या संघाद्वारे किंवा प्रादेशिक विभागाद्वारे पाठवावा.)

प्रतिनिधीचे नांव : \_\_\_\_\_ वय :

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- 8) चहा / कॉफी चहा  कॉफी

सूचना - अधिवेशन शुल्क फेस्कॉम 29 वे अधिवेशन, लातूर अॅक्सीस बँक, औसा रोड, लातूर. (खाते क्र. 519010100018072) ह्या नावे किंवा मनीऑर्डर व बँक ड्राफ्ट डॉ. आर. के. पाटील, ऑगनायझिंग सेक्रेटरी, फेस्कॉम अधिवेशन, संचित, मित्र नगर, लातूर या पत्त्यावर पाठवावे. (फोन : (02382) 242317)

आपण जाणताच कर्नाटक व आंध्रप्रदेश राज्यांच्या सिमेवरील या जिल्ह्यात नविनच लातूर-कुडुवाडी-मुंबई एक्सप्रेस रेल्वे ऑगस्ट-२००८ मध्ये सुरु होत आहे. सध्या औरंगाबाद - नासिक मार्गे मुंबई रेल्वे कार्यरत आहे.

डॉ. मधुकर कुलकर्णी  
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डॉ. आर.के. पाटील  
सचिव

## INFORMATIVE LETTERS

1



बीमा विनियामक और विकास प्राधिकरण

INSURANCE REGULATORY AND  
DEVELOPMENT AUTHORITY

30<sup>th</sup> July, 2008

President  
Forum for Health Insurance of Senior Citizens  
B-8/602 "Kaveri" Safal Complex  
Sector 19A  
Nerul, Navi Mumbai 400 0706

Sir,

Thank you for your letter of 27<sup>th</sup> June addressed to our Chairman expressing your views on senior citizen health insurance committee recommendations. We appreciate your concerns/suggestions and the same have been noted.

Please be informed that Authority has taken up the recommendations of the Senior Citizen Committee report with the insurance industry and the recommendations are also being examined within the authority. Some of the recent initiatives in this direction which have been implemented subsequent to the submission of the report include those pertaining to uniformity in definition of pre-existing diseases, uniformity in calculation of age for health insurance products, increasing availability of health insurance products for higher age groups, favourable revisions in income tax exemption limits, a separate grievance channel in IRDA, the institution of TPA inspection process etc.

Thanking you

Yours faithfully,

  
(Prabodh Chander)  
Executive Director

किरण माहेश्वरी

राष्ट्रीय अध्यक्ष,  
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पत्रांक 19101/1549

दिनांक 26.5.2008

आदरणीय श्री मनमोहन सिंह जी ,

सादर वन्दे।

विषय: वरिष्ठ नागरिकों की समस्याएँ ।

मैं आपका ध्यान अखिल भारतीय वरिष्ठ नागरिक महासंघ के 3 मई 2008 को आपको प्रेषित ज्ञापन की ओर आकृष्ट करना चाहती हूँ। महासंघ ने निम्न समस्याएँ वर्णित की हैं।

1. वरिष्ठ नागरिकों की राष्ट्रीय नीति का आगामी 5 वर्षों में पूर्ण कार्यान्वयन किया जाए। इसके लिये आवश्यक मोद्रिक एवं वित्तीय प्रावधान सुनिश्चित किया जाए।
2. बैंकों एवं डाकघरों में बचत जमाओं पर वरिष्ठ नागरिकों को 2% अतिरिक्त ब्याज दिया जाए।
3. सामाजिक न्याय की एक राष्ट्रीय परिषद का गठन किया जाए। वरिष्ठ नागरिकों की राष्ट्रीय नीति की पालना सुनिश्चित करने के लिये इसकी इसी वर्ष में 2 बार सभा का आयोजित की जाए।
4. वरिष्ठ नागरिकों को चिकित्सा बीमा सुविधाएँ प्रदान की जाए। इसके लिये भारतीय बीमा विकास एवं नियामक अधिकरण द्वारा गठित शास्त्री समिति की अनुशंषाओं को अविलम्ब कार्य रूप दिया जाए।
5. असंगठित क्षेत्र में कार्यरत एवं स्व-नियोजित व्यक्तियों के लिये वृद्धावस्था पेंशन की योजना क्रियान्वित कि जाए।
6. सरकार सामाजिक कल्याण, शिक्षा, पर्यावरण, स्वास्थ्य आदि क्षेत्रों में वरिष्ठ नागरिकों से सहयोग का ढांचा बनाए।
7. नगरीय एवं ग्रामीण क्षेत्रों में बहुआयामी दैनिक सेवा केन्द्रों की स्थापना की जाए।
8. अखिल भारतीय वरिष्ठ नागरिक महासंघ को राष्ट्रीय स्तर पर मान्यता दी जाए।

मैं महासंघ की उक्त मागों को तत्काल स्वीकार करवाने का अनुरोध करती हूँ।

सादर।

आदरणीय मनमोहन सिंह जी ,  
माननीय प्रधानमंत्री  
भारत सरकार,  
नई दिल्ली।

किंजवडेकर

प्रतिलिपि---डॉ एस.पी. किंजवडेकर, अध्यक्ष, अखिल भारतीय वरिष्ठ नागरिक महासंघ, केंद्रीय समिति)  
बी-8, 60 मीनावेरी रोड, फौलाडी, कोल्हापुर, महाराष्ट्र, सोनी, 9 नई दिल्ली-110 009। 40070011-23795462

आपकी स्नेहकांक्षी

किरण माहेश्वरी

**किरण माहेश्वरी**

राष्ट्रीय अध्यक्ष,  
(भा.ज.पा. महिला मोर्चा)  
संसद सदस्य (लोक-सभा)

3



'साई किरण' 457, अम्बामाता स्कीम  
उदयपुर-313 001  
फोन : 0294-2431000, 2434400  
E-mail : saikiran1@gmail.com

पत्रांक 19109/1565

दिनांक 26.5.2008

आदरणीय श्री पी. चिदम्बरम जी ,

सादर वन्दे।

विषय: वरिष्ठ नागरिकों को सूविधाएं प्रदान करना ।

अखिल भारतीय वरिष्ठ नागरिक महासंघ ने आपको प्रेषित ज्ञापन में निम्न उल्लेख किया है।

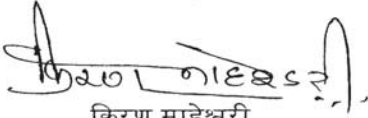
1. वरिष्ठ नागरिकों की पात्रता आयु सीमा में एकरूपता लाई जाये। अभी रेल विभाग एवं बैंको में वरिष्ठ नागरिकों की न्यूनतम आयु 60 वर्ष है। जबकी वित्त मंत्रालय में यह 65 वर्ष है। राज्य एवं केन्द्र सरकारों की सभी योजनाओं के लिये आयु सीमा 60 वर्ष निर्धारित की जावे।
2. वरिष्ठ नागरिक अधिनियम 2007 में प्रत्येक जिले में 150 शैय्याओं वाले वरिष्ठ आयु सदन की स्थापना का प्रवधान है। बजट में इसके लिये वित्तीय प्रावधान नहीं किये गये हैं। इस वर्ष देश भर में कम से कम 100 ऐसे वरिष्ठ नगरीक सदन की स्थापना के लिये पर्याप्त वित्तीय प्रावधान किया जाऐ।
3. वरिष्ठ नगरीकों की आय क्षमता बनाये रखने के लिये उन्हें बैंक जमाओं पर 2% अतिरिक्त ब्याज दिया जाये। वरिष्ठ नागरिकों के लिये 11% वार्षिक ब्याज वाली विशेष योजना भी लागु की जाये।
4. वरिष्ठ नागरिकों को चिकित्सा बीमा सुविधा देने के लिये शास्त्री समिति गठित की गई थी। समिति ने अपना प्रतिवेदन 5 माह पूर्व ही बीमा विकास एवं नियमन अधिकरण को सौप दी है। इस पर अभी तक सरकार में कोई निर्णय नहीं लिया है। इसे शीघ्र मूर्त रूप दिया जाये।
5. बैंक जमाओं पर निक्षेप एवं साख बीमा निगम द्वारा दी गई बीमा सुरक्षा को 2 लाख रुपयों तक बढ़ाया जाये। बैंक अथवा कम्पनी के बंद होने पर वरिष्ठ नागरिकों की जमाओं का निगम तुरंत भुगतान करें।

मैं उक्त मांगों को शीघ्र स्वीकृत करवाने में सहयोग का अनुरोध करती हूँ।

सादर।

आदरणीय श्री पी. चिदम्बरम जी,  
माननीय वित्त मंत्री,  
भारत सरकार,  
नई दिल्ली।

आपकी स्नेहकांक्षी

  
किरण माहेश्वरी

प्रतिलिपि---डॉ एस.पी. किंजवडेकर, अध्यक्ष, अखिल भारतीय वरिष्ठ नागरिक महासंघ, (केंद्रीय समिति) बी-8/ 602 कावरी सफर कोम्प्लेक्स से.19 ए, नेरुल, नवी मुम्बई।  
022- 27714240/ 4241

31, मीन्य बाग, मौलाना आजाद मार्ग, नई दिल्ली-110 001 फोन : 011-23795462

**किरण माहेश्वरी**  
राष्ट्रीय अध्यक्ष,  
(मा.ज.पा. महिला मोर्चा)  
संसद सदस्य (लोक-सभा)

4



'साई किरण' 457, अम्बामाता स्कीम  
उदयपुर-313 001  
फोन : 0294-2431000, 2434400  
E-mail : saikiran1@gmail.com

पत्रांक: 19299/2187

दिनांक: 28.7.2008

आदरणीय श्री पी. चिदम्बरम जी,  
महोदय,

विषय: वरिष्ठ नागरीकों को जमाओं पर ब्याज एवं बैंकिंग सुविधाएँ।

1. वरिष्ठ नागरीकों की आय का एक महत्वपूर्ण स्रोत बैंक जमाओं से प्राप्त ब्याज है। बैंको को वरिष्ठ नागरीकों को सामान्य दरों से अधिक ब्याज देने के निर्देश वर्ष 2001 में रिजर्व बैंक ने दिए थे। किन्तु सभी प्रकार की सावधी जमाओं पर इसकी अनुपालना नहीं हो रही है।
2. प्रत्येक प्रकार की सावधी जमा पर बैंक वरिष्ठ नागरीकों को 2% अधिक ब्याज देवे। इसी प्रकार बचत बैंक खातों पर भी वरिष्ठ नागरीकों को न्यूनतम 7% ब्याज दिया जाना चाहिए।
3. 9% वरिष्ठ नागरिक बचत योजना वर्ष 2004 में लागू की गई थी। उस समय सावधि जमाओं पर प्रचलित दर 6 से 7% के मध्य में थी। आज सावधी जमाओं पर 9 से 11% तक है। वरिष्ठ नागरीक बचत योजना में ब्याज दर न्यूनतम 12% की जानी चाहिए।
4. वरिष्ठ नागरीकों को घर बैठे बैंकिंग सुविधाएँ मिले, इसके लिए रिजर्व बैंक विशेष दिशा निर्देश जारी करें।

मैं वरिष्ठ नागरीकों की समस्याओं को सर्वोच्च प्राथमिकता देने एवं उक्त सुझावों की स्वीकृति करवाने में सहयोग का अनुरोध करती हूँ।

सादर।

आदरणीय श्री पी. चिदम्बरम जी,  
माननीय वित्त मंत्री,  
भारत सरकार, 134, नार्थ ब्लॉक, नई दिल्ली।

आपकी स्नेहकांक्षी  
  
(किरण माहेश्वरी)

CC: Dr. S.P. Kinjawadekar, president, All India Senior Citizen' Confederation, B-8/602, Kaveri  
Safal Complex sec. 19 A, Nerul, Navi Mumbai -400 706



प्रधान मंत्री  
Prime Minister

नई दिल्ली  
12 अगस्त 2008

प्रिय श्रीमती माहेश्वरी,

आपका दिनांक 26 मई, 2008 का पत्र प्राप्त हुआ जो अखिल भारतीय वरिष्ठ नागरिक महासंघ की मांगों से संबंधित है।

शुभकामनाओं सहित,

आपका,  
  
(मनमोहन सिंह)

श्रीमती किरण माहेश्वरी  
संसद सदस्य  
साई किरण  
457, अम्बा माता स्कीम, उदयपुर  
राजस्थान-313001

**V.HARIHARAN**  
Chartered Engineer

5

FORMER PRESIDENT  
Sundram Fasteners

FORMER CHAIRMAN  
Citizens Advice Bureau

FOUNDER PRESIDENT  
Rotary Consumer Guidance Cell

# 9, 3<sup>rd</sup> Street, 'F' Block (old F-103), Anna Nagar East, Chennai - 600 102,  
Tel : 044-26261011, Fax : 044-26195500, Email : vehass@vsnl.com

06-Aug-2008

Dr.S.P.Kinjavadekar  
Chairman  
Forum for Health Insurance of Senior Citizens  
B-8/602, "Kaveri" Safal Complex  
Sector 19A, Nerul  
Navi Mumbai – 400 706

Dear Sri. Kinjavadekar,

**Sub : Health Insurance for Senior Citizens**

Your letter of the 27-Jun-08 & 30-Jul-08 addressed to IRDA Chairman and Finance Minister, Prime Minister and others have been seen. A positive approach.

My observation is that Action Taken Report has not been sent by IRDA Chairman to Finance Secretary Insurance & Banking or anyone else.

Further, Public Sector Insurance companies are mentioning on Family policies, Pre-existing diseases coverage etc. The format as such do not help. All these should have reference to the IRDA report. e.g. Saying pre-existing diseases covered after 4 years is one thing. But mentioning specifically diseases covered from 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> year as accepted by the Secretary General and forming part of the committee report is the crux.

Most important is IRDA must place in the website modifications approved and released for Health Insurance policies. This will be free access to every one with transparency, for the Insured and Insurer. I have been stressing on this subject as well.

I have written letter to Sri. J. Harinarayan Chairman IRDA and responded further to Sri.Probodh Chander, Executive Director IRDA who spoke to me. (copy enclosed).

Friendly yours



V.Hariharan

## EXAMPLE OF STRENGTH EXERCISES

# How To Improve Your Flexibility

Stretching exercises give you more freedom of movement to do things you need to do and the things you like to do. Stretching exercise alone can improve your flexibility, but they will not improve your endurance or strength.

### **How much, How often**

\* Stretch after you do your regularly scheduled strength and endurance exercises.

\* If you can't do endurance or strength exercises for some reason, and stretching exercise are the only kind you are able to do, do them at least 3 times a week, for at least 20 minutes each session.

\* Do each stretching exercise 3 to 5 times at each session.

\* Slowly stretch into the desired position, as far as possible without pain, and hold the stretch for 10 to 30 seconds. Relax, then repeat, trying to stretch farther.

### **Safety**

\* If you have had a hip replacement, check with your surgeon before doing lower body exercises.

\* If you have had a hip replacement, don't cross your legs or bend your hips past a 90-degree angle.

\* Always warm up before stretching exercises (do them after endurance or strength exercises, for example; or, if you are doing only stretching exercises on a particular day, do a little bit of easy walking and arm-pumping first). Stretching your muscles before they are warmed up may result in injury.

\* Stretching should never cause pain, especially joint pain. If it does, you are stretching too far and you need to reduce the stretch so that it doesn't hurt.

\* Mild discomfort or a mild pulling sensation is normal.

\* Never "bounce" into a stretch; make slow, steady movements instead. Jerking into position can cause muscles to tighten, possibly resulting in injury.

\* Avoid "locking" your joints into place when

you straighten them during stretches. Your arms and legs should be straight when you stretch them, but don't lock them in a tightly straight position. You should always have a very small amount of bending in your joints while stretching.

### **Progressing**

You can progress in your stretching exercises; the way to know how to limit yourself is that stretching should never hurt. It may feel slightly uncomfortable, but not painful. Push yourself to stretch farther, but not so far that it hurts.

### **Example of Stretching Exercises**

#### **Hamstrings**

Stretches muscles in the back of the thigh.

1. Sit sideways on bench or other hard surface (such as two chairs placed side by side).

2. Keep one leg stretched out on bench, straight toes pointing up.

3. Keep other leg off of bench, with foot flat on floor.

4. Straighten back.

5. If you feel a stretch at this point, hold the position for 10 to 30 seconds.

6. If you don't feel a stretch, lean forward from hips (not waist) until you feel stretching in leg on bench, keeping back and shoulders straight. Omit this step if you have had a hip replacement, unless surgeon/therapist approves.

7. Hold position for 10 to 30 seconds.

8. Repeat with other leg.

9. Repeat 3 to 5 times on each side.

#### **Alternative Hamstrings Stretch**

Stretches muscles in the back of the thigh.

1. Stand behind chair, holding the back of it with both hands.

2. Bend forward from the hips (not waist), keeping back and shoulders straight at all times.

3. When upper body is parallel to floor, hold position for 10 to 30 seconds. You should feel a stretch in the backs of your thighs.

4. Repeat 3 to 5 times.

#### **Calves**

Stretches lower leg muscles in two ways: with knee straight and knee bent.

1. Stand with hands against wall, arms outstretched and elbows straight.

2. Keeping your left knee slightly bent, toes of right foot slightly turned inward, step back 1-2 feet with right leg, heel, and foot flat on floor. You should feel your stretch in a calf muscle, but you should not feel uncomfortable. If you don't feel a stretch, move your foot farther back until you do.

3. Hold position for 10 to 30 seconds.

4. Bend knee of right leg, keep heel or foot flat on floor.

5. Hold position for another 10 to 30 seconds.

6. Repeat with left leg.

7. Repeat 3 to 5 times for each leg.

### **Ankles**

#### **Stretches front ankle muscles.**

1. Remove your shoes. Sit toward the front edge of a chair and lean back, using pillows to support your back.

2. Stretch legs out in front of you.

3. With your heels still on the floor, bend ankles to point feet towards you.

4. Bend ankles to point feet away from you.

5. If you don't feel the stretch, repeat with your feet slightly off the floor.

6. Hold the position for 1 second.

7. Repeat 3 to 5 times.

### **Triceps Stretch**

#### **Stretches muscles in back of upper arm.**

1. Hold one end of towel in right hand.

2. Raise and bend right arm to drape towel down back. Keep your right arm in this position, and continue holding onto the towel.

3. Reach behind your lower back and grasp bottom end of towel with left hand.

4. Climb left hand progressively higher up towel, which also pulls your right arm down, Continue until your hands touch, or as close to that as you can comfortably go.

5. Reverse positions.

6. Repeat each position 3 to 5 times.

### **Wrist stretch**

#### **Stretches wrist muscles.**

1. Place hands together, in praying position.

2. Slowly raise elbows so arms are parallel to floor, keeping hands flat against each other.

3. Hold position for 10 to 30 seconds.

4. Repeat 3 to 5 times. *(To be continued)*

## **LETTERS TO THE EDITOR**

### **Sharing An Experience**

Sir, I retired on super annuation as an Astt. Commissioner of Customs in Aug. '05. I deposited my retirement benefits amounting to Rs.5,00,000/- in the Canara Bank, Mulund (W) Br. in the GOI's Tax Free 'Deposit Scheme for Retiring Govt. Employees'- (DSRGE). It was not time bound. Twice I withdraw int. as per my needs. In April, 2006, I requested the Bank to pay me int. upto end of 2005. I was shocked to know that I would not get int. from 13-9-04 as the scheme was discontinued. They paid my deposit amt. and Tax Free Int. upto 12-9-04 and closed my A/c thereby causing me a financial loss of int. on my deposit amt. for 20 months.

Under the expert guidance of Shri V.M. Date I filed a complaint against the Bank before the Banking ombudsman, claiming moderate rate of int. of 9% as admissible under the GOI's SCSS. plus int. on it. till date. The Bank was prepared to settle by paying SB rate of int. @ 3.5% for 20 months which was not acceptable to me. Then the Bank offered the then prevailing rate @ 5.5% Even that I did not accept as my minimum loss was 9% The Bank's contention was that the Bank alone should not be held responsible. Even the depositor ought to have enquired with the Bank about his deposit, when the schemes was closed. The case went on for more than one year.

The Banking ombudsman (orally) informed me that they made enquiries with RBI and the instructions are that they should not interfere in such matters and that they would reject my claim and that I should approach Consumer Court for redressal. For me it was yet another shock. A case in the Consumer Court would take minimum five years. I will be required to be present personally or through lawyer at every leaving. The Bank can afford to fight through their lawyers in the Consumer Court and even in High Court. At least they can drag on indefinitely. But at 71, I don't have that much capacity- physically, mentally and financially. I thought whatever I was destined to lose, I lost and whatever I am destined to get I will get.

**सर्व नाशो समुत्पन्ने अर्थं स्वयति पठितः**

So out of frustration I accepted 5.5% int. for 20 months as 'full and final settlement' of my claim and received Rs.48,000/-.

I sincerely **thank Shri V.M. Date** for his valuable guidance and support. But for him, I would not have received even this much.

The matter may be over. But the experience is worth sharing, I feel.

**-V.S. Chulki**



## NEW LIFE MEMBERS OF AISCCON NEWS

1) Senior Citizens Council	Daman
2) Capt. A.G. Ujra	Nani Daman
3) Shri Jayant B. Kapile	Nerul, Navi Mumbai
4) Jyestha Nagarik Sangh	Sanpada, Navi Mumbai
5) Dahanukar Colony, Happy Colony Parisar, J.N.S.	Pune
6) Shri S.N. Nayar	Trivandrum
7) Shri V.I. Ramakrishnan	Khargar, Navi Mumbai
8) Kadodara Vibhag Senior Citizen Janseva Trust	Kadodara Gram (Surat Dt.)
9) Smt. Suman D. Desai	Mulund (E), Mumbai
10) Shri Yashodan M. Chitnis	Ahmedabad
11) Shri Bhupendra I. Dalal	Worli, Mumbai
12) Shri Raju G. Bachu	Nerul, Navi Mumbai
13) Shri T.V. Mohan Rao	Guntur (A.P.)
14) Shri Suresh M. Patel	Sion (W), Mumbai
15) Smt. Harsh Lata Agrawal	Nerul, Navi Mumbai
16) Shri S.W. Ambekar	Pandarkawada (Vidarbha)
17) Shri G.S.K. Chhapre	Mira Rd (E), Dt. Thane
18) Senior Citizens Assn.	Mulund (W), Mumbai
19) Shri B.B. Dixit	Jhanshi (U.P.)
20) Shri Shirish D. Desai	Kandivili (E), Mumbai
21) Shri V.A. D'souza	Mulund (E), Mumbai
22) Shri A.K. Inamdar	Pune
23) Shri R.S. Tripathi	Gwalior (M.P.)
24) Smt. Durga K. Kanago	Nagpur
25) Deergaayushi J.N.S.	Vinchur (Dt. Nasik)
26) Shri Vibhakar J. Virmalwar	Nasik

**Total Life Member as on 20/8/08 in : 238**

*Many Thanks for your support.*

**-Mg. Editor**

### Donations Received for AISCCON Building Fund from April 2008 to June 2008

	<b>Rs.</b>
Mr. Kinjawadekar Chinmay Upendra, Nerul Navi Mumbai	500/-
Ms. Kinjawadekar Mugdha Upendra, Nerul Navi Mumbai	500/-
Jyeshtha Nagarik Sangh, Deonar, Mumbai	1,000/-
M/s. Steelco Metal Processors Ltd., thru J.K. Industries, Taloja, Dist. Raigad	1,00,000/-
M/s. D.S.V. Chemicals Pvt. Ltd. Vile Parle (East), Mumbai	3,00,000/-
Mr. Navare Sagar Ravindra, Chicago, Illinois, U.S.A.	4,000/-
Mrs. Garde Vinata Y., Aurangabad	250/-
Mr. Kinjawadekar Upendra Shankar, Nerul Navi Mumbai	50,000/-
Mrs. Kinjawadekar Sucheta Upendra, Nerul Navi Mumbai	50,000/-

**DONATE GENEROUSLY FOR AISCCON BUILDING FUND**

# Healthy Nutrition For Healthy Ageing

## DIET for Hyperlipidemia

Hyperlipidemia is the term used to describe having high amounts of lipids (fats or fat-like substances) such as cholesterol and/or triglycerides in the blood. In the management/prevention of hyperlipidemia, diet modification is considered as first line treatment by experts. Adjuncts to the diet therapy, regular exercise, cessation of smoking and excessive alcohol intake, addition of antioxidants to the diet and lipid lowering drugs should also be considered.

Dietary fat is an important source of energy, which contains more than twice as many calories per gram as carbohydrates or proteins. Visible fats are the vegetable oils used for cooking and invisible fats are those that are not visible and contain fats as an integral component (e.g., cereals, animal fats, etc). Though fats are classified as visible and invisible, they are absorbed and digested based on their biological properties related to the component of fatty acids, which are Saturated (SFA), Monounsaturated (MUFA) and Polyunsaturated fatty acids (PUFA) [linoleic and linolenic acids].

Each component of these fatty acids is the primary determinant of serum total cholesterol, low density lipoprotein (LDL), high density lipoprotein (HDL) and triglycerides, which are the main blood lipid risk factors for cardiovascular diseases. Increased consumption of SFA will elevate the total and LDL-Cholesterol or "bad" cholesterol, while lowering levels of HDL, known as "good" cholesterol. MUFA decreases LDL-cholesterol and PUFA decrease both total and LDL-Cholesterol. However, high fat diets, regardless of their fatty acid composition are always linked to heart attack and stroke.

Diet regimen for hyperlipidemia should be low in saturated fats, trans fats and cholesterol while high in whole grains, fruits and vegetables. Decreasing the amount of fat in the diet can decrease the amount of fats (cholesterol & / or triglycerides) in the blood. By changing the diet to lower fat foods (low saturated fats and trans fats) one can lower the risk of developing heart disease and changing the types of carbohydrates

in to higher grains (less refined foods) and higher soluble fibre can decrease the cholesterol.

Limit saturated fat to less than 10% of the daily calories (including trans fats or hydrogenated fats). Saturated fats are solid at room temperature and are usually of animal origin. Sources include: fats in meat, organ meat, whole milk, dairy products like cheese, butter etc., palm oil, coconut oil, hard margarines etc. Trans-fatty acids are fats that have been chemically changed so that they act like saturated fats. Trans fats are usually found in sweets, baked and fried foods or any food containing a fat that has been heated / cooked. There are some trans fats in meats and dairy products but these are naturally occurring and are not as harmful to the body as trans fats formed through the hydrogenation of foods. In addition to simple sugars found in white breads, sodas, sweets and fruit drinks can also raise triglycerides. It is important to limit the amount of simple sugars in the diet.

"Good fats" are also known as monounsaturated fatty acids, essential fatty acids, or omega - 3 or omega-6 fatty acids. These essential fatty acids (EFAs) are found in fish, nuts (walnuts and almonds), and seeds (gingelly seed). Monounsaturated fats are found mostly in plant foods like olive oil, canola oil and groundnut oil. Polyunsaturated fats vegetable/seed oils (corn, safflower, sesame, soyabean and sunflower), soft margarines (non hydrogenated). Omega-3 fatty acids are found in cold water fish such as herring, salmon, sardines etc. Three to four servings per week of fish is recommended as part of a healthy, balanced diet. Dark green leafy vegetables are also a good source of omega-3 fatty acids.

Studies have suggested that dietary fibre may play a protective role. Increasing fibre in the diet can help lower cholesterol and triglyceride levels. Fibre is found in whole grain cereals, legumes, oats, bran, barley, oatmeal, fruits, vegetables etc.

While preparing food avoid pan frying and

deep fat frying and use reduced- fat cooking methods such as broiling, grilling, roasting and steaming. Reduce the amount of fat in recipes by using 1/3 less fat.

#### **Dietary Tips to Reduce Blood Lipid Levels**

\* Eating a diet that lowers total calorie intake and reduces total fat and cholesterol intake.

\* Limiting total daily fat intake to less than 30% of total calories.

\* Cholesterol intake should be less than 300 milligrams daily

\* Carbohydrate intake should total 55% to 60% of total daily calories

\* Avoid foods high in sugar and fried foods.

\* Consume lower glycemic index foods. These foods will help lose weight, lower LDL cholesterol and increase HDL cholesterol

\* Fibre intake from whole grains, fruits and vegetables and cooked beans, should total to

25 to 30 grams / day

\* Use monosaturated oils such as olive or sanola oil

\* Eat five or more servings of fruit and vegetables daily

\* Choose skim milk, instead of whole milk

\* Choose only fat trimmed meat and chicken, avoid egg yolk.

\* Limit salt intake for patients with hypertension or diagnosed coronary heart disease.

#### **Almonds**

Packed with nutrients - fibre, riboflavin, magnesium, iron and calcium. One serving of almonds provides half of your body's Recommended Dietary Allowance (RDA) of Vitamin E. The fat in almonds is mono unsaturated fat, a healthier type that lowers cholesterol levels.

## **यह एक गम्भीर समस्या है!**

ऐसा लगता है कि स्वास्थ्य बीमा करने वाली कम्पनियों को केन्द्रीय सरकार व उसके विभिन्न विभागों/मंत्रालयों ने आम आदमी को लूटने की खुली छूट दे रखी है। इन कम्पनियों द्वारा लगातार मनमर्जी से प्रतिवर्ष प्रीमियम राशि बढ़ा दी जाती है। गतवर्ष जो प्रीमियम राशि ली गई थी इस वर्ष उससे करीब दूगनी राशि वसूल की जा रही है। पिछले कुछ वर्षों की तुलना में प्रीमियम राशि में चार गुना से ज्यादा वृद्धि कर दी गई है। जहाँ स्वास्थ्य बीमा की प्रीमियम राशि आसमान को छू रही है वहीं बुजुर्गों व वरिष्ठ नागरिकों के हितों की अवहेलना की जा रही है। एक आयु सीमा के पश्चात् उनका बीमा नहीं किया जाता है। बीमा हेतु प्रवेश आयु (इन्ट्री) व बाहर करने (एक्ज़ीट) की आयु को बीमा कम्पनियों ने अपना एक अधिकार (प्रीरोगेटिव) बना कर मनमर्जी से लोगों को बीमा लाभ से वंचित कर दिया है।

विशेष चिंताजनक बात यह है कि जबसे बीमा कम्पनियों ने इलाज के लिये निजी अस्पतालों को लिस्टिंग किया है व अस्पतालों को सीधे (डायरेक्ट) भुगतान की व्यवस्था की है तबसे निजी नर्सिंग होम (चिकित्सालयों) में भीमित व्यक्तियों के इलाज के रेट अप्रत्यक्ष रूप से बढ़ गए हैं। वहाँ पहले ही यह जानकारी ले ली जाती है कि क्या आपका "स्वास्थ्य बीमा" (मेडीक्लेम पालिसी) है? इसी अनुरूप चिकित्सा व्यय निर्धारित होता है क्योंकि मरीज की च्वाइज़ वहाँ नगण्य हो जाती है। अन्यथा मरीज विभिन्न हॉस्पिटल में बिमारी के पैकेज अनुसार चर्चा/बारगेनिंग कर कम खर्च में इलाज कराने का प्रयास कर सकता है। यह व्यवस्था नहीं होना एक तरह से नागरिकों के मौलिक अधिकार का हनन है। ईमानदार भीमित व्यक्ति हैरान-परेशान है। कोई सुनने व समझने के लिये तैयार नहीं है। वित्तमंत्री बजट भाषण में आम आदमी (गरीबी रेखा के नीचे) के स्वास्थ्य बीमा योजना की घोषणा कर बाह-वाही तो लूटते हैं परन्तु हर कोई जानता है कि जमीनी स्तरपर (ग्रास रूट लेवल पर) यह लाभ किसको, कहाँ, कब और कैसे मिलता है।

राष्ट्रीयकरण के पश्चात् बीमा कम्पनियों व बैंकों को सार्वजनिक हिताय सेवाओं (पब्लिक यूरिलिटी सर्विसेस) का दर्जा दिया जाता था। परन्तु अब पूरा परिदृश्य ही बदल गया है। अब ये सिर्फ लाभ कमाने वाली कम्पनियाँ भर रह गई हैं। जनसाधारण के हितों से इन्हें कोई सरोकार नहीं रह गया है। इनके मापदण्ड व कानून कायदे उपभोक्ता भीमित व्यक्ति के हितार्थ नहीं बल्कि सिर्फ अपने लिये लाभ अर्जित करने हेतु बनाए जाते हैं। इतने महत्वपूर्ण और आमजन से जुड़े सवाल पर केन्द्रीय सरकार, वित्त मंत्रालय, बीमा नियामक व विकास अभिकरण (आईआरडीए), निर्वाचित जनप्रतिनिधी आदि मुँह मोड़े हुए हैं। आवश्यकता है सार्वजनिक जनचेतना, जागरूकता और जीवन्त बहस की।

  
(प्रेमचन्द बापना)

## Andhra Pradesh

### Senior Citizens Confederation Zone III

The General body meeting of the Senior Citizens Confederation Zone III was held on 27th July 2008 in Chinmaya Vidyalaya Guntur.

Sri J.P. Venkateswarlu Co-convener of the confederation was in the chair. Nearly 75 zonal council members attended the meeting. In the morning session, the constitution of the zonal council was discussed at length (clause by clause) and finally unanimously approved.

The second session was held from 2:30 pm to 5:30 pm. In this session the executive committee was elected unanimously for 2008-2009. It is an ad hoc body for one year. The following body was elected unanimously.

President - Sri Ch Parameswara Reddy

Secretary - Sri Y.B. Koteswara Rao

Treasurer - Sri N Malakondaiah

Three associate presidents, three joint secretaries and 10 executive committee members were also elected unanimously. Then Sri Ch Parameswara Reddy chaired the meeting and the following resolutions were passed.

1. All the basic units are requested to send the representations to the Chief Minister requesting him to pay the old age pension of Rs.400/- for all eligible and deserving Senior Citizens.

2. Resolved to request the State Government (Chief Minister) to provide 50% concession in RTC Busses.

3. All the basic units are requested to collect the names with proof of identity of eligible Senior Citizens who are not getting old age pension.

4. The Election commission should be requested to arrange separate ques for the Senior Citizens at the time of General elections and other elections.

5. The meeting came to close with vote of thanks by Sri T.V. Mohan Rao.

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## Gujarat

**सीनियर सिटिजन्स ग्रुप - गणदेवी (जिला- नवसारी) :** वयस्कों का मासांत मिलन ३१ जुलाई के दिन इश्वरलाल के. वैद्य सभाखंड में नये अध्यक्ष जयंतिलाल चोव्सी के सान्निध्य में संपन्न हुआ।

सभा के प्रारंभ में २५, २६ जुलाई २००८ में त्रासवादी बम्ब

विस्फोटों में (बेंगलूर और अहमदाबाद) मारे गये निर्दोष लोगों को श्रद्धा-सुमन अर्पित किये गये।

३१ जुलाई भारतवासीओं के लिए गम और खुशी का दिन है। क्यों कि इस दिन ही हमारे महान गायक महमद रफी साहब का दुःखद निधन हुआ था और हमारे महान साहित्यकार मुन्शी प्रेमचन्द जी का जन्म हुआ था।

सी.सी. ग्रुप - गणदेवी के माननीय सदस्य और नायब अध्यक्ष डा. अब्बास अली ताई ने मुन्शी जी की साहित्य कृति 'निर्मला' की संक्षिप्त में झाँकी करवाई थी। सी.सी. ग्रुप - गणदेवी की ही सदस्या कानन बहन जी ने महमद रफी साहब का गाया हुआ फिल्मी गीत - 'इन्साफ का मंदिर है ये भगवान का घर है' गाकर रफी साहब को श्रद्धांजलि अर्पित की थी।

अंत में, राष्ट्र गीत का गान किया गया। बाद में सभी सदस्यों ने प्रीति भोजन में भाग लिया था।

-**डा.हा.भाई एल. पटेल** (सदस्य, सी.सी. ग्रुप - गणदेवी)

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**Senior Citizen Council Udhna - Surat:** Inauguration ceremony of Senior Citizens Council Udhna - Surat was held on 20th July 2008 in "Vrindavan Hall" Udyog Darshan Society Udhna - Surat in a very colourful and cordial atmosphere.

The function was graced and inaugurated by Mr. L.K. Dubey. Unit head 'Divya Bhaskar'. Mrs. Kaushikaben Desai, Deputy Mayor Surat, Mr. Narendrabhai Desai, retired judge were the Chief Guests. Mr. Yogendra Deputy Org. Secretary Senior Citizens' Federation Gujarat, Mr. Dhirubhai Naik were our "Path Darshak" and Mr. Rajen Bhatt, Magager P.R. Divya Bhaskar was special guest. Mr. Jitendra Desai, Senior Journalist and retired Banker Presided over the function.

The programme started with "Ganesh Vandana", followed by Well come speech by President Mr. Jitendrabhai Desai and vote of thanks was given by Secretary Mr. Ravindrabhai Desai. All the members of Senior Citizens Council Udhna- Surat were present in the function.

All Elderly Persons and Senior Citizens of Udhna, Bhestan, Pandesara, Sachin and Dindoli areas of Surat City are requested to join Senior Citizens Council Udhna-Surat and are requested to contact President, Mr. Jitendrabhai D. Desai, 'Snehal', 51, Postal Housing Society, Udhna - Surat, Ph. No. 9825651474.

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## Uttar Pradesh:

A Seminar on "Building knowledge and networks to address Elder Abuse in India" organised by DWARF, INPEA, in association with Delhi Federation of Association of Senior Citizens, Retired Person Association, Senior Citizens Council of Delhi and AISCCON Mumbai was held on 14-6-2008 at Casuarina Hall, Indian Habitat Centre Delhi. Dr. M.L. Kulshrestha General Secretary (FESCUP) Federation of Senior Citizens Uttar Pradesh attended the Seminar alongwith Sri R.P. Gupta on behalf of AISCCON.

Dr. Kulshrestha presented the status paper in the seminar and introduced himself and the organisations represented by him i.e., Varistha Nagrik Kalyan Samiti, Agra Federation of Senior Citizens Uttar Pradesh (FESCUP) and All India Senior Citizen Confederation (AISCCON). About 50 representatives from other organisation Association / Federation attended the Seminar and produced status paper, C.D. etc. on different subject of Senior Citizens Problems.

Dr. M.L. Kulshrestha was allotted the subject "Welfare and Social Security of Senior Citizens" He presented the status paper on this topic and spoke on the subject. Abuse is of two types (1) Self Elder Abuse (2) Others / Family Elder Abuse. He has made many suggestions to avoid and minimize the elders Abuse. Self Abuse may be reduced by changing their habits & adjustment with family and gathers as demand by society.

श्री अनिल कासखेडीकर, महाराष्ट्र ज्येष्ठ नागरिक महासंघ (फेस्कॉम) को डॉ. बाबासाहब आंबेडकर समाज सेवक पुरस्कार प्रदान किया गया। फेस्कॉम महाराष्ट्र में ही नहीं बल्कि पूरे देश में वरिष्ठ नागरिकों का सबसे बड़ा राज्य स्तरीय संगठन है। इसमें राजनीति, धरम, संप्रदाय, लिंग भेद को कोई स्थान नहीं है। आदिवासी / वनवासी और ग्रामीण जनता के लिए अनेक कल्याणकारी योजनाएं बनाई गई हैं।

पिछले वर्ष श्री कासखेडीकर को श्री ज्ञानेश्वर संस्थान आलन्दी, पुणे का उत्कृष्ट समाज सेवक पुरस्कार प्राप्त हुआ था।

अभिनंदन श्री कासखेडीकर.

(१) फेस्कॉम पुणे प्रादेशिक विभाग में पुणे, सातारा और सोलापुर जिले समाविष्ट है। इस विभाग से २७५ वरिष्ठ नागरिक संघ संलग्न है। वरिष्ठ नागरिकों के लिये इसी विभाग ने सह्याद्रि अस्पताल के सहकार्य से आरोग्य कवच योजना १ जनवरी २००८ से शुरु की है जिसके ४००० वरिष्ठ नागरिक सदस्य हैं। इस योजना में शामिल होने के लिये वयोमर्यादा नहीं है, पहले कोई बीमारी हो

तो भी बीमा उपलब्ध है। ५० से ७० वर्ष के लिये १५०० रु. और ७० के बाद वार्षिक १७०० रु. बीमे का हफ्ता है जिसमें बाह्य और अंतररुग्ण विभाग में चिकित्सा मिलेगी। बाह्य रुग्ण विभाग में (OPD Services) स्पेशलिस्ट से परीक्षण, विविध जाँच (Investigations) पर ५०% छूट, औषधियाँ खरीदने पर १०% छूट मिलती है। बीमाधारक अपने और ४ लोगों को (५० के अंदर के) भी २० से ३०% छूट पर इलाज करा सकता है। अंतररुग्ण विभाग में १ लाख रूपये तक कोई भी बिल नहीं भरना होगा।

पुणे प्रादेशिक विभाग के पदाधिकारी है-

अध्यक्ष- श्री नी.वि. कोडोलीकर - ९८६०१७८२०७

सचिव - श्री अरविंद कुलकर्णी - ९३२५५०३६६६

कोषाध्यक्ष - श्री पुरुषोत्तम मेंडजोगी - २४५७३८३

कार्यालय - नाना वाडा, वसंत टॉकीज के पास,

बुधवार पेठ, पुणे ४११ ००२.

(२) सजग नागरिक मंच, पुणे द्वारा प्रति वर्ष सजग नागरिक पुरस्कार दिये जाते हैं। इस वर्ष यह पुरस्कार मराठा चेंबर ऑफ कॉमर्स सभागृह पुणे में प्रसिद्ध समाजसेवी श्री अण्णा हजारे के हाथों डॉ. श्रीराम पाण्डे को प्रदान किया गया। पुरस्कार में रु. ११,०००/- का धनादेश और मानचिन्ह था। डॉ. पाण्डे पुणे विभाग में पिंपरी चिंचवड ज्येष्ठ नागरिक महासंघ के अध्यक्ष हैं। अभिनन्दन।

(३) पुणे महानगर पालिका और पिंपरी चिंचवड महानगर पालिका के बसों में पूरे दिन यात्रा के लिये वरिष्ठ नागरिकों को केवल रु. १२ में पास उपलब्ध होता है। यह सहूलत प्राप्त करने में डॉ. श्रीराम पाण्डे तथा पुणे प्रा. विभाग के सचिव श्री अरविंद कुलकर्णी आदि ने लगातार प्रयास किये। अभिनन्दन। (प्रादेशिक वार्तापत्र से)

(४) मध्यवर्ती ज्येष्ठ नागरिक संघटना, पुणे- (ASCOP)- पुणे के वरिष्ठ नागरिकों का एक बलशाली और सक्रिय संगठन है। ले. कर्नल (निवृत्त) श्री माधव आठवले इसके अध्यक्ष हैं और श्री विठ्ठलराव पवार कार्याध्यक्ष हैं। संगठन द्वारा 'प्रज्योत' नामकी एक मासिक पत्रिका प्रकाशित की जाती है जो काफी लोकप्रिय है। प्रज्योत के सम्पादक हैं श्री विनायक नान्दुर्डीकर।

पुणे शहर में १०० से अधिक वरिष्ठ नागरिक संघ हैं जिनके प्रति दिन कुछ न कुछ कार्यक्रम चालू रहते हैं। दि. १४ और १५ मई ०८ को २२ संघों ने भजन स्पर्धा में भाग लिया। एस्कॉप और प्रेमनगर ज्येष्ठ नागरिक संघ ने स्पर्धा का उत्कृष्ट आयोजन किया। दि. १८ मई को उद्यान प्रसाद कार्यालय में भजन स्पर्धा का पारितोषिक वितरण समारंभ और प्रथम ३ क्रमांक प्राप्त भजनों का सादरीकरण हुआ। प्रमुख अतिथि विधायक श्री उल्हास पवार और शिल्पकार श्री बी. आर. खेडकर थे। अध्यक्ष थे अॅड. भास्करराव आव्हाड।

दि. १५ मई ०८ को जागतिक परिवार दिन के उपलक्ष्य में भारतीय विद्याभवन, सेनापति बापट मार्ग, पुणे में श्रीमती आरती पेंडसे, परिवार न्यायालय के प्रमुख न्यायाधीश, डॉ. एस्.डी. जोशी

और बालविकास केंद्र की प्रमुख श्रीमती शोभा भागवत ने अपने विचार प्रस्तुत किये।

दि. १७ मई को उद्यान प्रसाद कार्यालय में महाराष्ट्र अस्मिता गौरव पुरस्कार २००८ का वितरण हुआ। महाराष्ट्र राज्य में विधायक सामाजिक कार्य करनेवाले २० विशेष कार्यकर्ताओं का स्मृतिचिन्ह और प्रशस्तिपत्र देकर सम्मान किया गया। एस्कॉप और एआयआरएफ में किये भरसक विधायक कार्य के लिये एस्कॉप के कार्याध्यक्ष श्री विठ्ठलराव पवार का सम्मान डॉ. शांतिलाल छाजेड़ के हाथों किया गया। ('प्रज्योत' से साभार)

**(५) ज्येष्ठ नागरिक संघ, अकोला: (अ) आरोग्य सेवा योजना २००८:** शहर के करीब ११० डाक्टरों के सहकार्य से ज्येष्ठ नागरिक संघ, अकोला ने वरिष्ठ नागरिकों के लिये आरोग्य सेवा योजना चालू की है। सभी प्रकार के प्राइवेट स्पेशलिस्ट, पेट्रोलॉजिस्ट, डेंटिस्ट डाक्टरों ने कन्सल्टिंग फीस में ५०% छूट देना मंजूर किया है। अस्पताल में भरती रुग्णों को कमरे के किराये में २० से ५०% छूट मिलेगी, ऑपरेशन चार्ज में भी २० से ३०% छूट उपलब्ध होगी। १३ आयुर्वेदीय डाक्टर भी योजना में शामिल हैं। ३ औषधि विक्रेताओं ने दवा खरेदी पर ५% छूट देना मंजूर किया है। जो वरिष्ठ नागरिक प्राइवेट स्पेशलिस्टों से या दवाखानों से उपचार लेना चाहते हैं उनके लिये यह योजना बड़ी उपकारक है। संघ के अध्यक्ष श्री अशोक कुलकर्णी और योजना प्रमुख श्री चौथमल सारडा हैं। दोनों का अभिनन्दन।

(आ) महाराष्ट्र के सभी शासकीय और नगरपालिका रुग्णालयों में वरिष्ठ नागरिकों को मुफ्त स्वास्थ्य सेवाएं उपलब्ध हैं, लेकिन बहुत से वरिष्ठों को, यह जानकारी नहीं होती और वे सेवाओं से वंचित रह जाते हैं। अतः ज्येष्ठ नागरिक संघ अकोला ने अकोला शासकीय रुग्णालय के अधिष्ठाता डॉ. रमेश फुले के सहकार्य से मुफ्त स्वास्थ्य सेवाओं की जानकारी देनेवाला बड़ा फलक रुग्णालय में लगाया और डॉ. फुले के हाथों उसका अनावरण कराया।

- अशोक कुलकर्णी, अध्यक्ष

**(६) ऐरोली सीनियर सिटिजन्स वेल्फेयर असोसिएशन:** असोसिएशन ने दि. ६ जुलाई ०८ रविवार को नवी मुंबई वरिष्ठ नागरिकों की एक सभा आयोजित की जिसकी अध्यक्षता आइस्कॉन के अध्यक्ष डॉ. शं.पा. किंजवडेकर ने की। अतिथि विशेष थे आइस्कॉन के महासचिव श्री दि.ना. चापके, फेस्कॉम के उपाध्यक्ष श्री वि.म. दाते, फेस्कॉम मुंबई विभाग के अध्यक्ष श्री ल.म. महाजन और सभासंचालन फेस्कॉम मुंबई विभाग के सचिव श्री विजय औंधे ने किया।

ऐरोली संघ के अध्यक्ष श्री उन्नीने सभी का स्वागत किया। श्री औंधे के प्रास्ताविक के बाद सानपाडा ज्येष्ठ नागरिक संघ के अध्यक्ष श्री शेजाळे, सीबीडी संघ के श्री सुशील कुमार, नेरुल ज्येष्ठ नागरिक संघ के अध्यक्ष श्री रा.मु. देशपांडे और ऐरोली, संघ के सचिव श्री पाडके ने अपने अपने संघों के कार्य से सभा को अवगत कराया।

मुंबई विभाग के अध्यक्ष श्री महाजन ने कहा- आज मुंबई विभाग में ६५ ज्येष्ठ नागरिक संघ हैं, इस वर्ष में कमसे कम १०० संघ बने यह हमारा प्रयास है। २२ जुलाई ०८ को हमारी वार्षिक साधारण सभा होगी।

आइस्कॉन महासचिव श्री चापके ने वरिष्ठ नागरिक संघों के लिये केंद्रीय सामाजिक न्याय विभाग ने जो योजनाएं बनाई हैं उनकी जानकारी दी। नवी मुंबई महानगर पालिका में वरिष्ठों के लिये विशेष कक्ष बनने के बाद काफी काम हुए हैं। वरिष्ठों के सर्वे का काम ४ ग्रंथालय बनाने का काम और २० डे-केयर सेंटर बनाने का काम शुरू हुआ है इस वर्ष ७ डे-केयर सेंटर बनाये जाएंगे और चलाने के लिये स्थानीय वरिष्ठ नागरिक संघों को सोपे जाएंगे। इन केंद्रों से आप अनेक सामाजिक उपक्रम चला सकते हैं। इस मौके का जरूर लाभ उठाइये।

श्री दाते ने अपने उद्बोधन में फेस्कॉम की प्रगति के बारे में जानकारी दी और सभी को मनोहारी मनोयुवा तथा आइस्कॉन समाचार के सदस्य बनने का आग्रह किया। महापालिका के माध्यम से आपको जगह उपलब्ध हो रही है उसका उपयोग करके सामाजिक कार्य करिये और आनंद प्राप्त कीजिये। वरिष्ठ नागरिक कैसे जीये, इस विषय पर एक अच्छी कविता उन्होंने पढ़कर सुनाई।

अध्यक्षीय उद्बोधन में डॉ. किंजवडेकर ने आइस्कॉन के कार्य के बारे में जानकारी दी। स्वास्थ्य बीमा के संबंध में आय आर डी ए के अध्यक्ष श्री हरिनारायण को पत्र लिखने का अनुरोध किया और ऐरोली के संघ को सदस्य संख्या बढ़ाने का आग्रह किया। हरेक वरिष्ठ नागरिक पहले अपने स्वास्थ्य का ख्याल करें और वरिष्ठ नागरिक संघ का सदस्य बनकर, एक स्वयंसेवक के नाते सामाजिक कामों में लग जाय। इस वानप्रस्थी जीवन में अपने पास जो कुछ है- अनुभव - समय - धन - वह समाज में बाँटते रहिये, जिससे आप सुखी हो जायेंगे।

**(7) Jyestha Nagarik Sangh, Nerul:** Observed the World Elder Abuse Prevention Day on 12th June 2008, with lectures by Shri Shailesh Mishra and Ms. Amruta Lovekar of Silver Innings, Dr. S.P. Kinjawadekar introduced the subject and the lecturers. We are observing this day from 15th June 2006 as advised by the UNO. Ms. Amruta who is a Gerontologist Social Worker said Silver Innings - an initiative working for the Senior Citizens has decided to observe the whole month of June as Elder Abuse Prevention Month, to create awareness among the public about elder abuse. It is a social problem which remains hidden because of dependence of elderly on family members. Helpage survey has found 30% of elders are abused; harming them physically and mentally. Emotional / psychological abuse is most common in India. Not speaking to the elderly in the family for the whole day, shouting

at him / her for a trivial cause are examples of nonverbal / verbal psychological abuse which results in depression. Financial abuse is common in upper & middle class families. Illegal, improper use of elders' funds, property, assets is financial abuse. Keep property in joint names. Make a will and keep it confidential.

Abuse occurs due to pathological behaviour of abuser, lack of trust & situation stress. The acts which can help the elderly are - Section 125 of IPC, Hindu Adoption & Maintenance Act, Domestic Violence Act and Maintenance & Welfare of Parents & Senior Citizens Act 2007.

What can you do? Share & try not to keep the abuse a secret. Contact Senior Citizens Organisation. Use Helpline Shri Shailesh Mishra recommended -

1) Formation of Senior Citizens Committee in every locality, 2) Multi Service- Geo-Care Centres, 3) Four digit National Help-line, 4) Apptt. of Elder Welfare Officer in Police Stations, 5) Increasing the amount of National Old Age Pension and 6) Immediate implementation of MWPSA ACT.

**(८) ज्येष्ठ नागरिक संघ, डी.एस्.के. विश्व, पुणे:** दि. २७ मई ०८ को हुई मासिक सभा को विशेष महत्त्व था क्योंकि दूसरे दिन स्वातंत्र्यवीर सावरकर की १२५ वी जन्मतिथि थी। प्रसिद्ध कथाकथनकार श्रीमती वसुधा मेहेंदले ने 'मेरा कालापानी' इस विषय पर भावभीनी और रोमांचक कथाएँ सुनाई। शुरुआत से ही उन्होंने अपनी भाषा से श्रोताओं के मन पर कब्जा किया जो डेढ़ घंटे तक टिका रहा। हेग कोर्ट ने दी सजा की सुनवाई से ठाणे कारागृह, अंदमान खानगी कारागृहाधिकारी बारी का क्रूर वर्तन, जबरदस्ती, धर्मांतर करानेवाला मिर्झा, धर्मांतर के विरोध में सावरकर के प्रयास, कारागृह के दीवालों का लिखने के लिये उपयोग हँक प्राप्ति के लिये, जेलमें किया आंदोलन इनकी कथाएँ सुनते श्रोताओं के रोमांच खड़े हो गये।

अध्यक्ष श्री पाचवडकर के हाथों वक्ता का सम्मान किया गया। श्री क्रांतिसेन आठवले ने सभी को धन्यवाद दिया।

**(९) ज्येष्ठ नागरिक संस्था, रेवदण्डा:** कोकणस्थित यह संस्था अपने सामाजिक कार्य के लिये प्रसिद्ध है जिसके लिये उसे, आइस्कॉन उत्कृष्ट संस्था पुरस्कार (२००४), फेस्कॉम राज्यस्तरीय पुरस्कार (२००५) और तरुण भारत की ओर से ज्येष्ठ पर्व सम्मान पुरस्कार (२००६) प्राप्त हुआ है। २६ मई २००८ को संस्था ने ७वा वधापन दिन मनाया और स्मरणिका का प्रकाशन किया। अब तक ८ बार संस्था ने स्कूल के विद्यार्थियों के सहकार्य से ८ बार सागरकिनारा स्वच्छता अभियान चलाया जिसे बहुत सराहा गया। गरीब विद्यार्थियों को संस्था आर्थिक मदद दिलाती है। अपने परिसर में नागाव, रामराज और कोर्लाई जैसे देहाती इलाकों में नये वरिष्ठ

नागरिक संघ स्थापन किये हैं। फिटनेस पार्क का प्रकल्प संस्था ने हाथ में लिया है, जिसमें काफी प्रगति हुई है। पार्क के लिये १ लाख रूपये अब तक सदस्यों ने और नागरिकों ने दान में दिये हैं। अलिबाग नगरपालिका से १५ बेंच बैठने के लिये प्राप्त हुए हैं। फिटनेस पार्क प्रकल्प पूरा होने के लिये हमें ४ से ५ लाख रूपये की जरूरत है।

**-सुभाष चिटणीस, अध्यक्ष**

**(१०) राजस्थान:- (१) वरिष्ठ नागरिक संस्थान, राजस्थान:**

२५ जून १९७५ से १९७७ तक आजादी की तीसरी लड़ाई में (आपातकाल के विरोध में) राजस्थान में करीब २०० से अधिक नागरिक मीसा बन्दी थे। उनके हार्दिक अभिनन्दन का कार्यक्रम २५ जून २००८ को प्रताप सभागार जयपुर में मनाया गया जिसमें मुख्य अतिथि राजस्थान की मुख्यमंत्री मा. श्रीमती वसुन्धरा राजे थी। राज्यसभा सदस्य श्री ओमप्रकाश माथुर अध्यक्ष थे और विशिष्ट अतिथि के रूप में प्रसिद्ध समाजसेवी मा. श्री उत्तम कुमार सरावगी और मा. श्री ओमप्रकाश जी आर्य उपस्थित थे।

**(२) संभागीय वरिष्ठ नागरिक संस्थान - कोटा:** १ जून ०८ रविवार को 'अनुभव ०८' सदस्य सूची और दूरभाष निर्देशिका का विमोचन समारोह उत्साह से सम्पन्न हुआ। माननीय श्री एम्. एल्. कालरा, कुलपति कोटा विश्व विद्यालय के मुख्य आतिथ्य में जिसमें पी.जी. कॉलेज झालावाड के प्राचार्य डॉ. एल्.के. दधीच, विशिष्ट अतिथि थे, समारोह सम्पन्न हुआ। अध्यक्षता संस्थान के श्री रणजित सिंह सिंघवी ने की।

**-आर.पी. गुप्ता, महामंत्री**

**(11) Tamil Nadu:**

**Senior Citizens Bureau:** Lecture on SAGA (Save a Life and Give a Life): Senior Citizens Bureau Organised a demo cum power point programme on the topic "Save a Life and Give a Life" (SAGA), on 17.05.2008 at Kumaran Hospital, Kilpauk, Chennai. Smt. Vijayalakshmi B.Sc., (Nursing) and Thiru. Charles Danie, Physiotherapist of TACT (The Academic for Clinical Training) made the presentations.

Capt. M. Singaraja, Secretary General welcomed the members and introduced the team members of TACT.

The Chairman Dr. V.S. Natarajan in his special address pointed out that this meeting is informative, educative and unique in impressing that even laymen can save a life by adopting the correct techniques of First Aid. He congratulated Dr. Ramkrishan and TACT for this unique venture Smt. Vijayalakshmi explained of the urgency for First Aid when a person is (i) Seriously Wounded (ii) Choked and (iii) In unconscious condition due to heart or other problems. Before rushing the victim / patient to a hospital, there is need to preserve life, prevent

deferioration and promote recovery in the mean time. First Aid exactly fulfills these tasks. The audience witnessed a demonstration on a dummy on various resuscitation procedures. Awareness has to be created that non medical people can certainly be instrumental to save a life before rushing to near by hospital.

Thiru Charles Dannie, Physiotherapist gave a detailed account of how organ donation can in give a life just as First Aid can save a life. He explained the salient features of the Central Act THOA - 1994 (The Transplantation of Human organs Act, 1994). He appealed to the Senior Citizens to create an awareness in the society on the noble aspects of voluntary organ donation.

Both the members of TACT were honoured with shawls by Capt. M. Singaraja Secretary General.

The meeting came to an end after a vote thanks proposed by Thiru. S.K. Vasudevan, Treasurer.

**-S. Murugaiyan, Secretary**

#### **BRIEF NEWS**

1. Prof. M.M. Ansari, one of the Chief Information Commissioners, Delhi has given the following decision on 27-6-08, while disposing IInd Appeal under Right To Information Act:-

"The respondent (Ministry of Social Justice & Empowerment) has adopted a National Policy on Older Persons, which has not been effectively implemented. The Senior Citizens are, therefore, deprived of the benefits assured to them. The Respondent is, therefore, directed to clearly outline the plan of action and indicate its outcome for the larger benefits of the society.

As pleaded by the Appellant (M.V. Ruparelia), the CPIO is directed to provide a suitable response in respect of the action taken for implementation of the policy on the welfare of the Senior Citizens.

#### **2. Action taken by Ministry Of Health and F.W. on NPOP, 99:**

Director General of Health Services, Nutrition & IDD Cell vide his letter no. P13015/3/08-Nut.IDD Cell dt 19-3-08 has advised that the Government has been making efforts to advocate consumption of nutritious & healthy balanced diets along with creating awareness among the people including the elderly to adopt Healthy Life Styles (HLS).

Food based guidelines for Indians by National Institute of Nutrition, Hyderabad under Indian Council of Medical Research( ICMR) provide

information on physiological & metabolical changes during ageing, type of diet, selection of food etc.

3 pamphlets on the following subjects are published:-

1. Diet for Elderly. Simple Tips for Selection of Foods for the Elderly. (Food Based Dietary Guidelines for Indians- Ministry of WCD)

2. The Elderly should have a Nutrient Rich Diet to keep Fit & Active. (Dietary Guidelines for Indians- National Institute of Nutrition, Hyderabad under ICMR)

3. In Hindi-Health Care in Elders. (Nutrition & I.D.D. Cell, New Delhi ).

All India Institute of Medical Sciences-AIMS- Ansari Nagar, Delhi vide their letter no. Med/ ABD/2008/46 dt 24-3-08 have sent a list of Medical College Teachers & Medical Officers(Doctors) in Primary & Secondary Health Care Institutes trained in Health Care Of Elderly under Directorate General of Health Services, Govt Of India Training Programme with funding from WHO Country Budget between 1998-2001.

6 Books as under for Training Material produced during 1998-2001 with WHO Country Budget are also published:-

1. Health in Old Age. (A guide to good health for Senior Citizens & their Carers).

2. Health Care of the Elderly. (A Manual for Trainers of Physicians in Primary & Secondary Health Care Facilities).

3. Hand Book on Health Care of the Elderly). (A Manual for Trainers of Physicians in Primary & Secondary Health Care Facilities).

4. Health Care of Older People. (A Manual for Trainers of Nurses).

5. Health Care of Older People. (A Manual for Trainers of Community Health Workers).

6. In Hindi- Best Health in Old Age. (A guide to good health for Senior Citizens & their Carers).

Addl Medical Supdt., Dr. Ram Manohar Lohia Hospital, New Delhi vide his letter no. RMLH/ CPIO/R T I /2006-07/278/4968 dt 3-4-08 has advised as under:-

This Hospital does not have a Department of Geriatric Medicine. A special clinic for Senior Citizens with Cardiologists in attendance is held on every Friday from 2 to 4 p.m. in OPD. A Department of PMR has been opened recently, which provides medical & surgical rehabilitation of Senior Citizens.

3 separate Registration Counters for Senior Citizens are provided.



Special training to medical & para medical staff for health care of elderly is not provided. The Hospital has a running illness assistance fund, which is utilized for geriatric age group for stents & bypass surgery.

The Hospital has a Govt quarter allotted for temporary accommodation of out station patients, who need to continue treatment after discharge from Hospital.

Printed material for information on Citizen Charter adopted by Hospital, prevention of HIV, AIDs, Old Age Arthritis, cardiac disease etc are issued, besides other educative material in form of wall charts, hoardings etc.

Planning of diet & Counseling of elderly patients is done at the time of discharge.

Psychiatry Department runs a separate Geriatric Psychiatric Clinic every Friday between 2 to 4 p.m. for Senior Citizens in addition to routine OPD every working day.

**Mg. Editor**

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On 28th May 2008 there was panel discussion on the setting up of a National Institute for Research on Ageing. This was jointly conducted by the newly formed Andhra Pradesh Senior Citizens Confederation and the Association of Senior Citizens, Hyderabad at Lions Bhavan between 4.00 pm and 7.15 pm.

During the recent budget speech Mr Chidambaram mentioned that two National Institutions on Ageing one in North and another in South will be established. The idea was to press the government to locate one in Hyderabad.

The Agenda included identifying topics for research by the National Institute and as well to answer the question why it should be located in Hyderabad.

Prof Kalluri Subba Rao, Internationally reputed academician on gerontology, presently with JNTU, Sri K Gangadharan, Vice President IFA (and Director of Heritage Hospitals), Dr Bhanu Pratap reddy of NIN, and Col Moghe whose name is synonymous with "Assistive Devices" were on the dais as panelists. Ms Vani Mohan IAS, looking after Seniors affairs in GHMC was supposed to chair but could not come. Nearly 100 participants from various Associations were present.

Sri Gangadharan mentioned that Tamilnadu has already made a claim and the proposal to

set up the institute in Chennai is likely to offer stiff competition. Dr VS Natarajan of Chennai who is already running an MD course in geriatrics with a full fledged Geriatrics hospital is behind the move. However we need not to loose heart as India is so vast that there could be more than two institutions, each looking after different aspects of research. He also briefly described the global scenario and mentioned several names of researchers already working in India. Some names I can recollect are: Prof Ramamurthy, Dr Jamuna, Dr Indira Jaya Prakash, Mr Vikayakumar Prof Shivaraju. He said that data collection is a must and there is lot of work to be done here.

Prof Kalluri Subba Rao gave a 'brainy' lecture on the research being done in uncovering the mystery being ageing & death. If research progresses "all will live long and none will become old". He gave several useful tips for living long and the simplest is to eat less!! He made a strong plea for a National Research Institute on the basis of the Longevity dividend that the nation as a whole will enjoy. Under the circumstances where there is not a single university in the USA which does not have a department of Gerontology and in India where there not a single university with a dept of gerontology, WE SHOULD START NOW without losing any more time.

Col Moghe gave a captivating presentation on Assistive devices. The variety of devices he explained was mind boggling. To remain healthy & independent, assistive devices are enablers. He lamented that there is no concept of accessibility in Andhra Pradesh — footpaths are missing, even hospitals don't bother to provide even ramps properly.

Dr Bhanu Pratap reddy gave details of a proposal to set up a center of excellence in NIN that would deal with research on certain specific areas of ageing. he himself has been working on Age related eye diseases and dementia. The proposal has been made to ICMR. This could serve as nucleus upon which the National Institute could emerge subsequently.

After a few interesting questions (time was running out) and answers a resolution urging the Central Government to set up the National institute in Hyderabad was read out and adopted.

**-R.N. Mital, Hyderabad**

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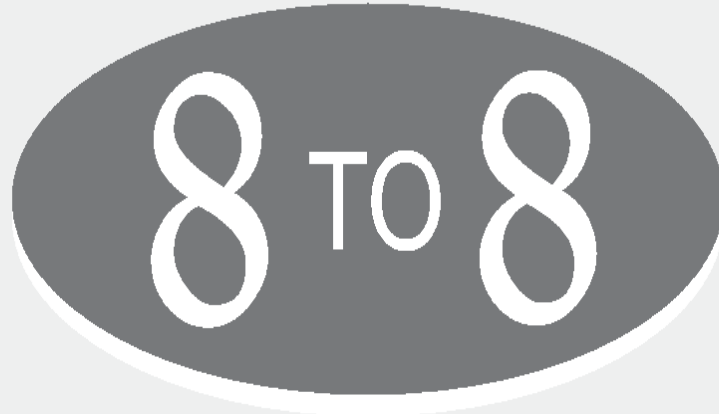
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