

“YOU ARE THE  
**LIGHT**  
OF THE WORLD...”

RID 3291, Zone-16  
**Rotary**  
Garden Reach



# Subho Noboborsho

2353rd RWM



Change Optional. Tradition Compulsory.



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## Birthday Greetings

*Apr 15th : PN Shubhayan Sengupta*

*Apr 16th : Anjali, Daughter of PP DK Rao*

*Apr 19th : PP Amitav Ganguly*

## Anniversary Greetings

*Apr 19th : Spouse Shweta & PP Prosenjit Barua*

## “Subho Noboborsho: The Annual Reset Button”

**PP Tanu Roy**

In the grand, slow-brewed, intellectually overconfident universe of Kolkata, Subho Noboborsho arrives not merely as a date on the calendar, but as a full-fledged performance. It is the one day when the city collectively decides to reboot itself—emotionally, culturally, financially—while quietly ensuring that absolutely nothing changes.

The streets wake up early, as if even the sun has been instructed to behave like a Bhodrolok for the occasion. Freshly ironed ‘**panjabis**’ emerge from wardrobes that have not seen this level of discipline since last year’s Noboborsho. Families step out looking like carefully curated museum exhibits of Bengali heritage. And somewhere in the middle of all this elegance stands the eternal protagonist of the day—the Bhodrolok.

He is unmistakable. His greeting of “**Subho Noboborsho**” carries the weight of civilisation itself. His posture suggests quiet dignity, but his eyes are already calculating who has progressed more in life since last April. Within minutes of exchanging pleasantries, the conversation gently slides into income, real estate, and the tragic decline of “values these days.” Noboborsho, after all, is not just about renewal; it is about benchmarking.

The ritual of haal-khata unfolds with almost religious devotion. Shopkeepers sit with fresh ledgers; incense wafting in the air, ready to wipe the slate clean. The Bhodrolok arrives, smiles with inherited politeness, accepts sweets with philosophical gratitude, and signs the new account book with the flourish of a man who believes in fresh beginnings—especially when they postpone old endings. Payments may remain negotiable, but tradition is always honoured in full.

Back at home, the kitchen transforms into a theatre of legacy. Recipes are not followed; they are defended. Generations hover over pots like custodians of culinary truth. When the food finally arrives, it is less a meal and more a statement of identity. The Bhodrolok eats with deep commitment, pauses thoughtfully, and then delivers his timeless verdict: he has eaten “very little today.” This declaration, like all great Bengali traditions, is immune to evidence.

Yet the modern Bhodrolok has adapted. He now exists simultaneously in the physical and digital worlds. Between bites of **ilish**, he is forwarding ornate greetings to every contact he has accumulated since the invention of the smartphone. His social media is a gallery of culture—carefully posed family portraits, captions invoking tradition, and the occasional quote that begins with profundity and ends somewhere midway through understanding. The Wi-Fi may falter, but the performance never does.

And this is precisely why Kolkata cannot exist without its Bhodroloks. They are the city’s rhythm, its commentary track, it’s built-in panel of experts on everything from geopolitics to fish quality. They will argue with passion, judge with precision, and still insist on offering you tea. Their contradictions are not flaws; they are features.

Subho Noboborsho, then, is not about transformation in the dramatic sense. It is about continuity disguised as change. It is the comforting illusion that this year will be different, even as we lovingly repeat the same rituals, the same conversations, the same gentle hypocrisies. It is Kolkata’s way of saying that life does not need to be fixed if it can be beautifully performed.

So as the greetings echo through homes and WhatsApp groups alike, one truth remains undeniable. The city may evolve, trends may shift, and calendars may turn—but as long as the Bhodrolok stands in his starched panjabi, offering sweets with one hand and unsolicited analysis with the other, Kolkata will remain gloriously, unmistakably itself.

**Subho Noboborsho. Change optional. Tradition compulsory.**



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GOOD IN  
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## A Rotarian works to dispel myths about Polio vaccines

Diana Maria Pirga, Rotary Türkiye Evrensel

I was looking for volunteer opportunities in my home country of Romania when I saw a social media post about a Rotaract project. I made a donation, and the members invited me to come with them in the field. I joined Rotaract and got involved in many other projects that came after. You could even say my digital career started there. Back in those days social media was booming in Romania, and as a club we started organizing conferences for youth to learn about social media not only as users but as a job.



When I joined Rotaract, I had no idea what Rotary was about. I remember, even now, I was sitting at my computer and watching all these videos about Rotary's work on the polio eradication initiative. I was impressed by the hard work being done. I said to myself back then that it would be so great one day to be working with Rotary on this program. And somehow, 10 years later, I got the chance.

At UNICEF, part of my work lies in managing disinformation and addressing hesitancy around polio vaccination. The majority of parents are not against

vaccines, and they do vaccinate during every campaign. However, we have a small group that has worries. Some people fear side effects; others question why children need several doses of the same vaccine. When these concerns are not addressed, uncertainty can grow and negative narratives can lead to hesitancy or refusal.

We respond to vaccine concerns in two ways. First, we support health workers with simple explanations they can use when speaking with families about why the polio vaccine is safe and why repeated doses are needed. Second, we rely on trusted local voices. Parents are more likely to listen to people they know, and when other caregivers share their own experiences of vaccinating their children, that reassurance often matters more than official messages. By listening carefully and working through trusted community voices, we protect confidence in polio vaccination — one conversation at a time.

## To catch a killer parasite

*As the science advances, Rotary members join the quest to find malaria vaccines*

*At first it just seemed like a bad flu.*

The illness struck Danielle Staniscic while she was in New York for a research gig, her first time living away from home in Australia. It was her lab mates, though, who grew alarmed and insisted she get tested. It turned out Staniscic, who had travelled to Papua New Guinea six months earlier, had malaria.

The next week in the hospital was a blur of suffering, but looking back 20 years later; Staniscic's overriding feeling about the ordeal is how lucky she was. "I had access to rapid and effective care in a hospital," she says. "I didn't have to worry about the drugs being counterfeit. I didn't have to worry about them not having enough IV fluids. I didn't have to worry about any of that. That's not the way it is in malaria endemic countries."

Today, Staniscic is a veteran immunologist specialising in defeating parasites. Atop her hit list is the biological invader that causes malaria, a killer of around 600,000 people each year, most of them in places offering little of the luck that she had accessing care.

## An age-old danger

Malaria has bedevilled humankind for millennia. Caused by a mosquito-borne parasite, the disease has



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afflicted generations stretching back to the likes of Alexander the Great, believed to have been killed by the illness on the banks of the Euphrates. Traces of malaria parasites have been found, too, in mummified remnants of Tutankhamen’s blood.

Today, though the disease is preventable and treatable, malaria remains a deadly and destructive force in large swaths of the world, nowhere more so than in Africa, home to 95 percent of cases and deaths. In 2024, malaria is estimated to have sickened 282 million people and killed 610,000, about 75 percent of them under the age of 5.

The disease is spread to humans through the bite of some female Anopheles mosquitoes. The most common symptoms are fever, headache, and chills. If left untreated, the infection can lead to severe illness with fatigue, seizures, and difficulty breathing, and may cause coma or death in as little as 24 hours from the onset of symptoms. Though malaria is not contagious or spread directly from person to person, mosquitoes feeding on an infected person’s blood can pick up the parasite and spread it to other people.

In the first two decades of this century, the risk of malaria gradually dropped in affected areas, with the biggest factor by far being the adoption of preventive measures like bed nets treated with insecticides that can last three years or more and spraying interior walls with similarly long-lasting insecticide. Aided by such measures, 47 countries have been certified malaria-free by the World Health Organization, including Egypt, China, and, most recently, the Democratic Republic of Timor-Leste in 2025. Antimalarial drugs also saved lives.

Since the start of the COVID-19 pandemic, however, case counts have grown again. And global cuts to aid funding could trigger a further devastating reversal of the progress. “A perfect storm of climate change, rising drug and insecticide resistance, trade disruptions, and global insecurity further undermine the efficacy of malaria interventions and threaten to reverse the hard-won progress that has been made since 2000,” warns a 2025 report by the intergovernmental African Leaders Malaria Alliance and the non-profit Malaria No More UK. Last year’s round of pledges to the Global Fund partnership, which raises money to fight malaria, AIDS, and tuberculosis, produced less than the previous round, in 2022. The report’s authors predict that failing to match the earlier level of funding will result in an even greater increase in the number of malaria cases and deaths.

The WHO’s approval starting in 2021 of two breakthrough vaccines for malaria — the first ever against parasites — is giving hope that this dire forecast can be averted and even that the disease could be eradicated. Dozens of other possible vaccines are in the pipeline. Among them is a promising candidate being developed by Stanisc and her team in Australia.

For decades, scientists have puzzled over how to train the body’s immune system to fight malaria more effectively. The parasites that cause the disease have existed for millions of years, so we have evolved together, trapped in a relentless war of biological one-upmanship. In some malaria-prone areas, for instance, gene mutations in humans changed the shape and behaviour of red blood cells. One example, the sickle-cell trait, can cause red blood cells infected with the malaria parasite to self-destruct along with the invaders.

At the same time, the cunning parasite developed sophisticated ways of dodging our bodies’ defenses. Malaria parasites shape-shift during their life cycle, dramatically changing forms and surface features. This is a problem for our immune system’s beat cops, or antibodies, which sketch mug shots of pathogens to quickly identify them and call for reinforcements if they’re spotted again.



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Modern vaccines, including the two malaria shots approved so far, train the immune system often with only part of a single surface protein from that pathogen. It's a safe way for antibodies to draw that wanted poster without risk of an actual infection. But malaria parasites are masters of disguise and can rapidly change themselves to evade the human immune response.

### **Developing a new vaccine**

Gum trees sway lazily in the hot breeze around Griffith University's Institute for Biomedicine and Glycomics, while tourists crowd the nearby beaches on Australia's Gold Coast. It's here that Stanistic and fellow immunologist Michael Good, the project's principal researcher, are developing their potential vaccine candidate, called PlasProtecT, with the help of a fundraising partnership with Rotary clubs in Australia.

Here, in a busy lab, fridges hum and researchers peer down microscopes as they tap to count parasites. Upstairs in Good's office, the desk is piled with research papers, biology magazines, and conference programs. Behind him is a framed picture of multiple malaria parasites, an image captured by pioneers of the field in the 1800s. An award plaque lies, seemingly forgotten, on the bottom of his bookshelf.

Good has dedicated 40 years to researching malaria parasites. During an early vaccine experiment about a decade ago, his team injected him with *Plasmodium falciparum*, the deadliest species of malaria parasite. Voluntary self-experimentation has been a common practice in medical research historically, if less so currently, and Good felt it was important. "I wanted to be able to say, 'Well, I'm prepared to take it. I'm not going to give you anything that I wouldn't be prepared to take myself,'" Good says.

The parasites were live but weakened in a process known as attenuation, which renders pathogens harmless while keeping them recognizable to the immune system. It's the same process used safely in vaccines for everything from chickenpox to the flu.

The parasites in this early test had not been weakened enough, and Good was soon shivering under a pile of blankets at home in bed. But like Stanistic, he was in close reach of world-class care and quickly recovered.

The episode sent the researchers back to the drawing board to tweak the formulation, while also providing backing for some of their broader approaches. Today, they freeze the parasites to kill — not just weaken — them, bundling the shattered components into a fatty sac with other compounds to boost the immune response. There is no risk of malaria infection from this test version. "This sucker has been killed by freezing it," Good says. "It'd be like putting a person into a tank of liquid nitrogen and pulling them out and hoping that they're going to walk away. They will not."

When a malaria parasite-infected mosquito bites a person, tiny worm-shaped parasites escape the insect's salivary glands and sneak into the skin. These forms of the parasite, known as sporozoites, burrow down into the bloodstream where they make their way to the liver within minutes or hours. There, they grow and divide for about a week, transforming into egg-shaped forms known as merozoites. When these merozoites have fully matured, about 30,000 of them burst out of the liver, ready to invade red blood cells.

The merozoites latch onto a red blood cell, drill a hole, squeeze inside, and seal the door to hide from the immune system. Once inside, the parasite begins gobbling up haemoglobin protein, dividing again and again until around two dozen copies are pressed against each other like people on a packed dance floor.

The cell walls burst, flinging new merozoites into the bloodstream. And the cycle starts again.

This is when hosts start to show symptoms. As merozoites rupture the cell walls, waste products flood the bloodstream, triggering a massive immune response with fever and chills.



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Malaria's destruction of red blood cells can lead to anaemia, fatigue, aches, low blood oxygen, and even organ damage. It can happen so quickly that by the time children reach the hospital they are in urgent need of a blood transfusion.

If left untreated, people can die from malaria, sometimes within just 24 to 48 hours. The most at risk are children, pregnant women, immune-compromised people, and those who have never been infected before.

The two vaccines with WHO approval currently in use, Mosquirix and R21, have been shown to reduce malaria cases in children by more than 50 percent during the first year after the initial series of three doses. (After a year, a fourth dose is recommended to prolong protection, which wanes over time.) In areas with highly seasonal transmission for a few months of the year, they prevent around 75 percent of cases when given seasonally. They're being offered to children in 25 countries in Africa alongside routine childhood immunizations with the aim of reaching more than 10 million children a year — a target that is so far at risk from limited funding.

Based on modelling, these vaccines could save the lives of an estimated half a million children by 2035 if distribution were scaled up in areas of moderate and high transmission, WHO says.

Meanwhile, more tools and vaccines are on the horizon, including Griffith University's PlasProtect, which is on the cusp of clinical trials thanks to more than AU\$3.1 million (about US\$2.2 million) raised by Rotary District 9640.

It differs from the other vaccines used in the field, including by targeting the malaria parasite after it has travelled out of the liver and entered the bloodstream. "By only having vaccines that target the liver stage of infection there's a danger that it just takes one parasite to escape from the liver to start the blood stage of infection," says Christian Engwerda, a cellular immunologist at the QIMR Berghofer Medical Research Institute in Brisbane. "In the ideal world, you'd have a vaccine that did all three things: prevented liver infection, prevented blood stage infection, and prevented transmission back to the mosquitoes."

The PlasProtect vaccine can also be frozen or freeze-dried into a powder without affecting its efficacy, making it easy and cost effective to transport. And it contains more than 5,000 malaria parasite proteins, offering protection against a wider range of parasite strains and species — an approach known as a whole-parasite vaccine.

Phase 1 clinical human trials for PlasProtect are set to begin this year. Early tests of the immunisation showed promising signs. "Our preclinical models show that this whole-parasite vaccine approach stimulates very good immune responses and against different strains," says Stanisic.

Her bout with the disease points to another need for multiple tools against malaria, including vaccines. During her trip to Papua New Guinea all those years ago, Stanisic, like many travellers, preventively took antimalarial medication, which kills malaria parasites in the bloodstream. But in her case, some of the invaders lay dormant in her liver, only emerging months later after any medication was gone — a hazard associated with two of the five malaria parasite species.

"That's why a highly effective vaccine is what we need," she says, "something that will allow you to develop your own immunity and stop the parasite developing in the blood."

### **Rotary helps bridge funding gaps**

The philanthropic and government sectors are awash with debate over which public health campaigns and tools to back with limited resources and which hold the most promise. Some governments are reducing



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commitments across the board. Stanisis is blunt in her assessment that scientists face what they call “valley of death” funding gaps that cause promising technologies to die.

Early on, her team turned to Rotary for support. Stanisis regularly spoke to a group of Australian Rotary members focused on eliminating malaria, and in 2015 she joined a new Rotary satellite club based at Griffith University. After she appealed for funds to buy a piece of lab equipment, Rotary members enthusiastically raised the money in a week. One of them, Sandra Doumany, immediately saw the potential for Rotary clubs to get more involved. “What that showed was the power of Rotary,” says Doumany, a member of the nearby Rotary Club of Hope Island and a past district governor. “The fact that we could respond within the week, to me, that was the power of Rotary.”

In 2017, the Malaria Vaccine Project launched as a formal partnership between the Griffith researchers and Rotary District 9640. The project’s goal is to raise the funds needed to keep research going through the vital Phase 1 and 2 trials, typically the point when government funding ends and industry funding is yet to start.

Doumany chairs a leadership committee for the Malaria Vaccine Project and organizes an annual black-tie fundraiser; the most recent one raised about AU\$86,000 (US\$56,000). Project members also hold golf days, boat shows, barbecues, and meetings to promote the work and find donors.

Another Rotarian helping to lead efforts is Ross Smith, an upbeat retired school principal and member of the Rotary Club of Burleigh Heads. The past district governor travels the world tirelessly drumming up support for the campaign and hardly had time to shake off the jet lag from a recent international trip before attending the latest black-tie dinner. “Malaria is the cause of the most deaths on the planet, ever,” Smith says. Still, he adds, fundraising can be a challenge when malaria predominantly affects poorer regions of the world.

For Smith, it’s far from an abstract illness. His father caught the disease several times as a prisoner of war to the Japanese during World War II in Singapore. More than half a century later, Smith had his own experience with the parasite while spending time at a small school in Tanzania for a Rotary project. One night, an Australian woman working at the school had come down with what turned out to be malaria and needed to get to a hospital. Smith drove her. “She was sweating and bloated. She looked so unwell,” Smith remembers. On the tense drive, 5 miles in the dark over a heavily rutted road, Smith wasn’t sure she would make it. He felt helpless. After several days in the hospital, she pulled through.

Smith had always been inspired by Sir Clem Renouf, the former Rotary International president who helped start the organization’s fight against polio. And Smith’s trip to the Tanzanian hospital energized him to tackle malaria. He thinks Rotary’s progress toward polio eradication can be a good model for fighting malaria — if scientists can find the right vaccines.

Dan Perlman, chair of the Rotarians Against Malaria-Global Rotary Action Group, believes the advances in vaccines, alongside better control measures, make the eradication of malaria a real possibility. The action group supports projects that provide mosquito nets, drain stagnant water, deliver larvicides and indoor residual spray, and train community health workers to diagnose and treat uncomplicated malaria and refer more complicated cases. In countries where malaria vaccines have been introduced, community health workers are educating people about them to support vaccination campaigns.

“Vaccination is clearly the key to eradicating malaria,” says Perlman, a retired infectious disease physician who became one of the first American doctors to vaccinate an infant against malaria when he visited Uganda during its initial rollout of the vaccine last year. He highlights challenges with the first-generation vaccines,



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such as the need for four doses and their waning protection over time, but believes we are in the middle of a “vaccine revolution” that will see several next-generation vaccines rolled out in coming years. “I imagine that in less than a decade from now we’ll have at least three or four approved vaccines for malaria: We’ll have a travel vaccine, and we’ll have a vaccine for adults,” says Perlman, a member of the Rotary Club of Carbondale, Colorado.

Rotary members recently celebrated WHO’s certification of Timor-Leste as malaria-free. They have been supporting the Southeast Asian island country and other countries in the region by distributing insecticidal nets, providing residual spraying machines and diagnostic tools, and running community education campaigns.

“In the next 30 to 40 years there’s a high likelihood that we will eliminate malaria on Earth,” says Perlman. “It really will depend on what resources, funding, and support are put into this.”

### **Challenges ahead**

Despite progress, the road ahead is uncertain. Funding shortfalls remain a persistent challenge. WHO had estimated that \$9.3 billion per year would be needed by 2025 to control malaria globally and meet elimination targets. But only \$3.9 billion was spent in 2024. That makes it far more difficult to meet the global target, set in 2015, of reducing malaria cases and deaths by at least 90 percent by 2030.

“Insufficient funding has led to major gaps in coverage of insecticide-treated nets, medicines, and other lifesaving tools, particularly for those most vulnerable to the disease,” WHO says. We are already seeing a rise in drug and insecticide resistance, as well as strains of malaria that aren’t detected by standard diagnostic tests.

Mosquitoes are behaving differently too. Climate change is creating new hot and wet locations for mosquitoes to spread, including the Asian mosquito species *Anopheles stephensi* that is invading Africa and thrives in urban areas. Several species of mosquito are biting outdoors and during the day, when fewer people are under the protection of a bed net. “The overall situation is really concerning,” says Eliane Pellaux-Furrer, a technical officer for malaria vaccines at WHO. “We also know that malaria is a disease that bounces back very rapidly,” she says.

Disruptions in control measures during the COVID-19 pandemic led to a resurgence in malaria, providing some clue as to what’s in store with funding cuts. While there has been a “huge demand” and uptake of the current malaria vaccines, Pellaux-Furrer says, “Unfortunately, they’re not able to go at the scale that they would like to with implementation because of funding constraints.”

New and better malaria vaccines will be easier to introduce now that the breakthrough Mosquirix and R21 vaccines have developed the infrastructure and vaccine schedules, she says.

Phase 1 trials for PlasProtect will cost around AU\$10 million, with around AU\$30 million sought for Phase 2 trials to test its efficacy in children in endemic areas. The Griffith researchers hope that data will be in by 2028 and the vaccine can be rolled out and monitored in several malaria endemic sites in the years that follow. But science is unpredictable. “You have to be headstrong,” says Stanisc. Turning to Good, she asks: “How many times have we thought we’d worked out what we have to do and then another hurdle presents itself?”

Whatever comes along, the work that they and other researchers are doing will lead to other yet unknown advancements. And Stanisc and her colleagues remain determined and dedicated. As long as the threat lingers, they have to be, she says. “Kids dying of malaria is what keeps me going.”



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## How future leaders, grow Rotary

Makoto Inoue, Rotary Shimotsuma, Ibaraki, Japan

I run a small bakery in Shimotsuma City, a rural town in Ibaraki Prefecture with a population of 40,000. I joined my Rotary club mostly because I couldn't say no to local acquaintances. But I was not very active. I attended a handful of meetings a year and paid dues, but was disconnected from the true spirit of the organisation.



The moment that changed everything happened during the 2021-22 Rotary year. The Governors of all 34 Districts in Japan joined together to launch a project to clean beaches, rivers, and lakes, calling on all Rotary clubs worldwide to take part in respective communities. Our club cleaned the lakeside around Sanuma.

The concepts of “connecting the world” and “serving together” stirred an excitement in me I had never felt. I was surprised that many young people who were not Rotarians came out to work beside us. Knowing that other Rotary members were doing the same in other parts of the world gave me a sense of unity that changed my understanding of Rotary. It turned my passive membership into a personal mission.

Soon after, I was selected to serve as Club President. We were facing considerable challenges: an aging membership, a lack of new members, and a general stagnation. I determined to employ some

of the spirit I had seen during the clean-up project. My strategy: I would reach out to the young people who had worked beside us that day. By taking that first step of including non-members in our activities, we opened up to the community in a different way.

And so, we launched the Satellite Club of Shimotsuma Sanuma Lakeside, named after the clean-up effort. The result was astonishing. In just one year, the combined membership of our sponsor club and satellite club doubled — from 32 to 62. Two things have made this a success: the passion and action of the new members and the fact that our existing members welcomed this diversity with open arms.

The young people began creating a new kind of Rotary appeal with a speed and creativity I had never imagined. Thanks to their bold initiatives, we earned numerous district awards. One example of the energy they brought was our “Dream Candle Night” project where we sent encouragement and prayers for peace from 7,000 Japanese children to children in Ukraine as well as three years of financial support. The effect was so profound that the Ukrainian ambassador to Japan personally travelled to Ibaraki to express his gratitude.

After completing my term as president, I wanted to continue strengthening membership in our district by promoting satellite clubs. I took on a role in district leadership. Together, we launched six new satellite clubs in the 2024–25 year, bringing the district total to 10. We even established a “Satellite Club Liaison Council” to help young leaders inspire one another.

The End Polio Now Dance & Eat project, supported by several of our satellite clubs, is another example of the new thinking and energy they have brought to Rotary service. Through dance, they are promoting polio eradication, building awareness across our region and drawing in young participants and partner organizations.

My enthusiasm for Rotary has come a long way! Had I not experienced that moment during the coastal clean-up, I would have not become the Rotary member I am today. And I believe that while recruiting established community leaders remains important, focusing on satellite clubs offers a powerful additional strategy for attracting young members.

Satellite clubs attract young people by tackling social issues they genuinely care about. Through their involvement, they learn, grow, and eventually become community leaders who create lasting impact. Instead of finding leaders, our clubs are helping grow the leaders of tomorrow — which is also a powerful strategy for growing Rotary.



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## Minutes of the 2352nd RWM held on April 7th, 2026 at BNR Officers' Club, Garden Reach

1. The President Bandaru called the meeting to order & requested all members to rise for the National Anthem.
2. The President then requested PP Sanjay to officiate as Secretary in the absence of PN Shubhayan Sengupta.
3. A Samsung Smart Board is scheduled to be installed at Sanghamitra Vidyalaya on May 18th, 2026. Installation and demo will be given by Samsung representatives.
4. PP Dr. Arabinda informed that discussions have been initiated with IPP Biswajit and PP Biswajit Chakraborty. A drama event is proposed at Tapan Theatre. The event is likely to be finalised on April 19th-20th, 2026.
5. PE Dr. BN Jha briefed members on the significance of World Health Day, established in 1948 on April 7th. He highlighted that since 1994, WHO adopts a specific annual health theme. This year's focus areas include: Oral & Dental Health, Communicable & Non-Communicable Diseases and Zoonotic & Environmental Health
6. PP Prosenjit spoke on the challenges and plight of seafarers, in connection with International Maritime Day observed on April 5th, 2026.
7. PE Dr. BN Jha offered to conduct health check-ups for members from Monday to Friday during afternoon hours.
8. PP Dr. Arabinda Ray informed during the recent DLTS programme, he has been nominated as Chairman for the proposed "Mission to Africa" initiative by doctors.
9. In absence of the Club Secretary, PP Sanjay conducted the club business.
10. President Bandaru confirmed the minutes of the last meeting and terminated the meeting.



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& LITERACY



COMMUNITY  
ECONOMIC  
DEVELOPMENT



ENVIRONMENT

WE MEET EVERY TUESDAY AT 7.30 P.M. AT B.N.R. OFFICERS' CLUB, GARDEN REACH, KOLKATA - 700 043

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