



Spectrum



RI District 3291

Mar 31, 2026

President Dr. Saktirupa Chakraborty

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Editors PP Siddartha Tantia & Priyanka Agarwal

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CLUB EVENT I RCSLMK & IMA NW jointly organizes Sundarbans Safari and Matri Raksha Health Camp



A team of family of RCSLMK & IMA NW and technical staff jointly organized a Sundarbans Safari excursion and Matri Raksha camp at Satjelia on March 28 and 29, 2026. After overnight stay at Sundarbans Tiger Camp on March 28, a team of doctors and specialists held the Matri Raksha camp at Satjelia Sundarbans on March 29, 2026. Rest of the team enjoyed Sundarbans by a Boat Safari on March 29.

stepped into an exclusive boat about to sail to reach final destination at Satjelia Resort, Sundarbans, when the sun was setting in. Lunch was served on board.



The team checked in, had snacks, enjoyed tribal dance and dinner.

The 89th Matri Raksha Health camp was held in the following morning on Sunday, March 29, 2026.



The excursion and health checkup team started off from ILS Hospital, Salt Lake by bus at about 9.00 AM on Saturday, March 28 and had packed breakfast while onboard. On reaching Godkhali Jetty, the team



Team of doctors comprising of PP Dr Aruna Tantia, PE Dr Bimlendu Sen and Dr Debasmita Mukhopadhyay, who were supported Ann Kakali Sen, technician Sarmishta, Alok, Raja and Amritanjan left early morning to travel 3 hours to Gadkhali and 3 hours to Satjelia.

Input: 8 doctors & technician and 6 volunteers including Madhumita Dolui & team.

Blood sugar, Hemoglobin testing and weight for know your numbers and total 125 (57 consultations for

We meet calendar months' 2nd & 4th Saturdays at GPT Group, JC 25, Salt Lake, Kolkata 700098 at 6.00 PM

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gynecologist and 68 consultations by Orthopedic consultant and 5 children were seen.



Free medicines like Iron, Deworming, calcium, painkiller, Antacid were given free.



Capacity building of local clinic which caters to local population was done by training the local doctor on use of Hemoglobin meter and gifting Hemoglobin meter with strips.



This will help in following up the patients detected with low hemoglobin and other patients will similar complain.



IMPACT: All women were educated about menstrual problems and local food they can consume to cure anemia. Those detected with high Sugar and BP were sensitized about their condition and asked to seek treatment by physician.



Those with Osteoarthritis were demonstrated various exercises to mobilize their joints.



The team returned home after 6 hours' journey satisfied to have done meaningful service at island which does not have single Primary health center.

CLUB NEWS

Club's event gets a place in March issue of Rotary News



Protecting tribal girls from cervical cancer

Jaishree

Around 550 girls of Adhigam Bhoomi School, a residential institution in Pailan, Joka, in South Kolkata, recently received the first dose of the cervical cancer vaccine, thanks to an initiative by the Rotary Club of Salt Lake Metropolitan Kolkata, RID 3291.

The program, an important step in safeguarding the health of vulnerable adolescent girls, was supported by the Bengal Obs and Gynaec Society.

Club member Dr Aruna Tantia explained that cervical cancer is one of the leading causes of cancer-related deaths among women in India.

It is primarily caused by persistent infection caused by the Human Papillomavirus (HPV). The HPV vaccine, when administered between ages 9 and 14, is most effective in preventing this disease. It offers long-term protection and significantly reduces the risk of developing cervical cancer later in life.

Recognizing this, the club organized a two-day vaccination drive at the school, targeting girls in this critical age group.

Speaking about the need for such initiatives, she pointed out the stark healthcare gaps in regions such as Joka, the Sundarbans, Purulia and Bankura. "These areas lack adequate medical facilities.

Adhigam Bhoomi School provides shelter and education to nearly 1,200 tribal girls from nearby villages. Run in a gurukul style setting, the school



Dr. Aruna Tantia, member of RC Salt Lake Metropolitan Kolkata, with a student, who was given a shot of HPV vaccine

offers training in weaving, pottery, organic farming and rainwater harvesting, along with formal education in English, Hindi and Mathematics. Most parents are daily wage earners who cannot afford proper education or healthcare for their children, making such interventions vital.

Before administering the vaccine, the Rotary team conducted awareness sessions for parents.



Parents attending an awareness session on cervical cancer

Women, in particular, tend to ignore their health problems in the struggle of daily life," she said.

"We explained what cervical cancer is and how vaccination can protect their daughters. Once they understood its importance, they readily gave consent." The girls will receive two doses, with the second scheduled after six months.

The vaccines, procured from the Serum Institute of India at a subsidized cost of `2,230 per dose, are fully sponsored by the club.

The vaccination drive was complemented by the club's ongoing global grant project, Matri Raksha, which focuses on women's health. Launched in 2021, the project screens women for anemia and menstrual disorders and promotes treatment through affordable, locally available nutrition. "Prolonged bleeding and lack of awareness often lead to severe anemia. Many women hesitate to seek medical help due to embarrassment," she explained.

Through Matri Raksha, the club also screens children for thalassemia and provides awareness sessions on menstrual hygiene and healthy diets. Vitamin supplements and iron tablets are distributed, usually for three months at a time. So far, 87 camps have been organized, benefiting over 400 women at each camp. Nearly 70 per cent were found anemic, and 18 per cent had hypertension, said Aruna.

With support from three Rotary clubs in Switzerland and four clubs within the district, the project aims to reach at least 20000 women.



Birthdays of members in March & April

Amrita Chatterjee on March 25, 2026
Shreya Dugar on April 1, 2026
Rajesh Chirimar on April 12, 2026



Wedding Anniversaries of members in March & April 2026

Shruti & Nitesh Toshniwal on March 6, 2026
Baibhav & Priyanka Agarwal on Apr 28, 2026

March is Water and Sanitation Month

April is Environmental Month

31 March – Preregistration discount ends for the Rotary International Convention

World Rotaract Week is celebrated Monday through Sunday during the week of 13 March, Rotaract's anniversary

30 April – Rotary International Convention registrations and ticket cancellations are due

STORY OF THE FORTNIGHT

To catch a killer parasite

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

By Ruby Prosser Scully Photography by Rhys Martin



At first it just seemed like a bad flu.

The illness struck Danielle Stanisic 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 Stanisic, who had traveled 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, Stanisic'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, Stanisic is a veteran immunologist specializing 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 bedeviled humankind for millennia. Caused by a mosquito-borne parasite, the disease has 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.



Credit: Getty images

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.

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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 nonprofit 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 Stanisic 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 behavior 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.

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 Stanisic 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.



Researchers at Griffith University's Institute for Biomedicine and Glycomics are developing a potential vaccine candidate, called PlasProtect.

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 Stanisic, 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.



Danielle Stanisic and Michael Good, of Griffith University's Institute for Biomedicine and Glycomics, are developing a potential malaria vaccine candidate with the help of a fundraising partnership with Rotary clubs in Australia.

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 hemoglobin 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.

Malaria's destruction of red blood cells can lead to anemia, 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 modeling, 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 traveled 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 immunization 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 travelers, 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 commitments across the board. Stanisic 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. Stanisic 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, of the nearby Rotary Hope Island and a past district governor. "Our respond within the week was the power of Rotary."



Rotarian Sandra Doumany has helped lead fundraising efforts to keep the research going at the Griffith University lab.

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.

Rotarian 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.



Rotarian Ross Smith, who has seen the effects of malaria firsthand, travels the world to bolster fundraising efforts.

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."

Support for community action

World Malaria Day on 25 April is a chance for Rotary members to make a measurable impact in communities where the disease is endemic. To support those efforts, the Rotarians Against Malaria-Global Rotary Action Group invited applications for grants of \$2,500 each for projects ranging from distribution of insecticide-treated bed nets and rapid diagnostic test kits to educational programming in schools and social media campaigns.

The action group received 91 applications and awarded 33 grants. "The immense creative energy in these numerous proposals reflects an interest in malaria eradication that is game-changing," says Dan Perlman, chair of the action group. "These grant opportunities change lives, but they also change us. Rotary grounds us in service, connects us across cultures, and reminds us that progress happens when people show up with purpose and dedication."

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 Stanisic. 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 Stanisic 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."

This story originally appeared in the April 2026 issue of Rotary magazine.

TAILPIECE

A fifth-grader and Rotary helps fight hunger

By Derrick Kinney, Rotary Club of Arlington, Texas, USA on March 31, 2026



Families in Arlington, Texas, USA, pack non-perishable meals for those facing hunger.

Leighton, a fifth grader girl had a cute and sincere idea of offering meals for those facing hunger in her community. She saved her pocket money, raised USD 7000.00 and approached Rotary through her father. Her fund got raised to USD 15000.00.

Rotary volunteers and Leighton's mates packed and served 43000 meals for people in need on Martin Luther King Jr. Day to honor his belief that everybody can be great because everybody can serve.

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The project aims to restore the 2 villages coastal areas biodiversity by replanting native 1 lakh mangroves and engaging the community through Skill training workshops on their vital role in climate change mitigation & livelihood generation.

G - 3651 **GG 2454166**

Walk-In: **Shoring the Shores** Grant Application with Community Assessment & Training Plan. **Preventative: Replanting the Shoring Shores with Mangroves**

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