



# Atlas Insight

May 2013

We celebrated our CMD's birthday at Atlas Corporate Office on 26/04/2013.

## Contents:

Atlas Flashes	02 & 03
Management Fables	04 - 07
Logistics Updates	08 & 09
Knowledge	10
Health Tips	11
Holiday List	12
Birthday Wishes	13



## EDITORIAL BOARD

Krishna Kumar. M.V

## PUBLISHER

Atlas Logistics  
#138, Maruthi Towers  
HAL Airport Road, Kodihalli,  
Bangalore -560 008  
Tel. +91-80-41985000  
Fax. +91-80-41153933

[insight@atlaslogistics.co.in](mailto:insight@atlaslogistics.co.in)

[www.atlaslogistics.co.in](http://www.atlaslogistics.co.in)

All rights reserved to Atlas Logistics. This e- magazine is meant only for Atlas employees and only through intra mail. No print out to be taken and do not forward this mail to outside the Atlas domain.

## New feather in our cap



### Congratulations Mr. Shankar Shetty !!!!!

Our Colleague **Mr. Shankar Shetty** has successfully completed RULE 8 Exam.

We, Atlas, shall take this opportunity to congratulate Mr. Shankar Shetty on his successful completion of Rule 8 examination and we wish him very bright future and good luck.

## Atlas Achievements

**Team work done by Atlas Calicut & Cochin !!!**



**Atlas Calicut & Cochin received Award for Best Performance for 2012 from Emirates Cargo.**



HST Netherlands Mr. Michel Schenk and Mr. Gerhardus Ter Brugge visited Atlas corporate office for brief visit to discuss and delegate operational procedures for nominated shipment handled by our offices. Ms. Jyoti and Ms. Kavita was also present along with Ms. Geetha. This meeting will strengthen our relationship with our agents and also improve operations.

## DMG meeting held @ Bangalore



**Atlas Logistics was invited to participate at Taj West End on 15/05/2013 to attend DMG Global vendors meet. This is the prestigious account sphere headed by Mr. Ravindra and his team.**

## Vision of An Noble Man

Despite its veneer of objectivity, modern management is rooted in Western beliefs and obsessed with accomplishing rigid objectives and increasing shareholder value. By contrast, the Indian way of doing business as apparent in Indian mythology, but no longer seen in practice accommodates subjectivity and diversity, and offers an inclusive, more empathetic way of achieving success. Great value is placed on Self actualization (last echelon in Maslow theory of needs, An five stage Model as given below), that is, on how we see the world and our relationship with Lakshmi, the goddess of wealth.

Business Sutra can be taken from stories, symbols and rituals drawn from Hindu, Jain and Buddhist mythology to understand a wide variety of business situations that range from running a successful tea stall to nurturing talent in a large multinational corporation.

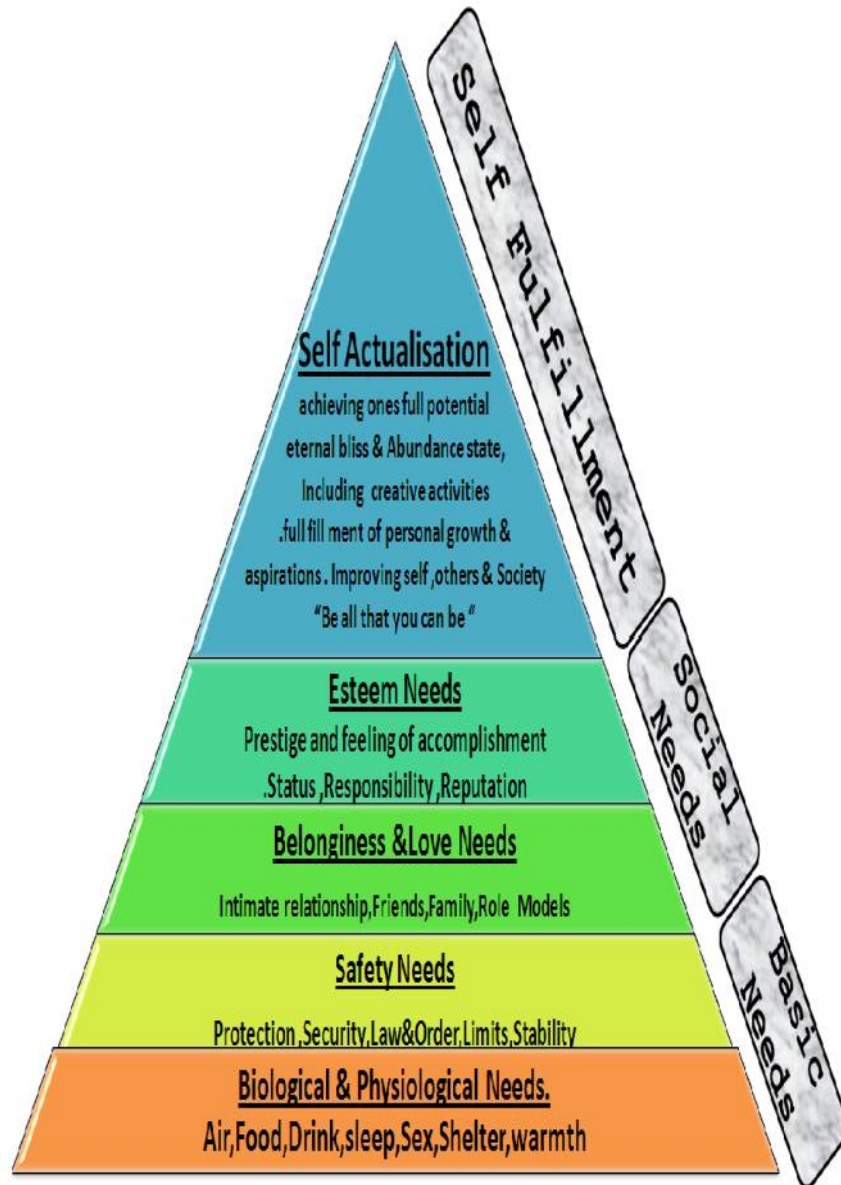
At the heart of the Hindu Ancient scriptures is a compelling premise: if we believe that wealth needs to be chased, the workplace becomes a rana-bhoomi a battleground of investors, regulators, employers, employees, vendors, competitors and customers; if we believe that wealth needs to be attracted, the workplace becomes a ranga-bhoomi a playground where everyone is happy.

A Place for Everything and Everything in its Place . Investors ,Regulators, Employers ,Auditors ,Vendors, competitors and customers has their own place and Roles to play in an sacrosanct organization . This can be Brilliantly argued with a radical and nuanced approach to management, business and leadership in a diverse, fast-changing, and increasingly polarized world. BUT Rule remains the same .A place for everything and everything in its place



### Vision of An Noble Man

**How Factors of production namely Land, Labour, Capital & organization with its unquenchable Rewards of Rent, Wages, Returns & Value Creation have an Impact on a Noble Vision of an Samaritan**



His Visions **"I believe we can disassociate the wealth of a nation from the quality of its healthcare," says Shetty. "It is possible to bring the cost of quality healthcare down to where it is affordable to the people. And this should not be through charity because charity is not scalable. In the Mysore hospital, the cost of heart surgery has been brought down to \$800. In the next stage, I aim to bring it down to \$500."**

Devi Shetty refuses to trade his scrubs for a suit. Then how does the good doctor expect to quadruple Narayana Hrudayalaya in five years?

Mid-afternoon at the [Narayana Hrudayalaya Hospital](#) near Bangalore's Electronic City, and [Devi Shetty](#) is in his large, sunny office, seeing patients. He's wearing operating theatre gear, having spent the better part of the morning performing heart surgery. After that, he gave an interview to a television channel from Singapore, which lasted more than an hour. His ante chamber is now buzzing with patients, who, we are told, will be there late into the night. Not a good situation, we think, until we see the good doctor in action. As he leans forward gently reassuring an elderly patient — and the extended family which has accompanied him to the hospital — it becomes obvious why people wait all day to meet Shetty. **Hectic day notwithstanding, there's nothing in the least brusque or imperious in the famous surgeon's manner as he opens up the model heart that sits on his table and explains to the patient what could possibly be wrong. "I'll never give this up," he says to us later. "I see 70 patients and perform three operations a day, six days a week. I want to retire as a surgeon."**

**Behind the scenes, a lot of people are working hard to see to it that Shetty never has to forgo his passion. Narayana Hrudayalaya — renamed Narayana Healthcare (NH) as of this month — has a stated objective of growing four times its present size and becoming a 30,000-bed hospital chain in the next five years. It aims to do this not just by building high-end hospitals in the metros, but by creating a chain of low-cost hospitals in smaller cities that serve the hinterlands. Meanwhile, two private-equity (PE) firms invested \$100 million in a 25% stake in the company five years ago and are now looking to exit at a valuation that NH is nowhere close to achieving. Managing these contradicting pressures is hard, but Shetty has found a solution — he delegates. Though he remains the public face of the organization and a charismatic presence whenever a new hospital is opened anywhere in the country, the 60 years old heart surgeon stays away from management. "I've never really enjoyed administration," he says. "But we have created an administrative set-up of very capable people who are scaling up our operations."**

Leading NR's management team is vice-chairman, managing director and group CEO [Ashutosh Raghuvanshi](#). A close associate of Shetty since his early days at [Manipal Hospital](#) in Bangalore, Raghuvanshi is also a pediatric heart surgeon, who gave up surgery to focus on managing the fast-growing organization. Shy and introverted, he is, in many ways, the perfect foil to his chairman's engaging personality. But what he lacks in vivacity,

Raghuvanshi makes up for in tenacity and discipline. Over the past two years, he's been recruiting a team of professionals from outside NR, which has **traditionally been a doctor-run organization. "Doctors tend to have a uni-dimensional view of healthcare. We find it hard to go beyond the patient care part, ignoring other elements like the financial implications,"** he says.

## Basic

## Devinomics

Raghuvanshi himself has learnt about the financial implications of healthcare management the hard way — through constant interaction with [JP Morgan](#) and Pinebridge, the two Hong Kong based PE firms that own 25% of NH, giving them veto rights on board-level decisions. As per the deal, the PE firms have the option to exit in two years and they now want to see returns on their investment. "They have been very helpful in the business. **For one thing, they taught us how to analyse our data in order to take more informed decisions. But their expectations of returns are unrealistic. In healthcare, you can't make the kind of returns they seem to want.** Our profit margin after taxes is just around 8%," says Raghuvanshi. Revenues from its Health City in Bangalore currently constitute 35% of NH's Rs 800 crore annual turnover, with its hospital in [Kolkata](#) contributing another 20%. The remaining comes from new, smaller hospitals located in places as far flung as Ahmedabad, Jaipur and Jamshedpur. The latest hospital, located in Mysore, is a model of how NH would like to expand.

Built at a cost of Rs 35 crore, the 200 bed hospital is made of pre-fabricated materials and has no air-conditioning, except in the operating theatres. This will allow the Mysore facility to charge only \$800 for heart surgery, compared to \$1,000 in Bangalore. Then there's the capital cost, always a source of worry in the healthcare industry. Says Raghuvanshi: **"The capex for other private sector healthcare companies like Fortis is rupees one crore per bed. Our cost is only Rs 17.5 lakh per bed. We plan to bring it down to Rs 15 lakh next time.** Patients that come to us in tier-II cities don't want airconditioning — it makes them uncomfortable. Nor do they need high grade post operative nursing — with some training, their families are capable of providing that."

In an article published in 2009, The [Wall Street](#) Journal called [Devi Shetty](#) the **Henry Ford of heart surgery**, in a reference to the assembly line process he employs in the operating room, **where junior doctors complete all the preliminary steps, leaving only the crucial step to be performed by the senior. This allows senior surgeons to perform as many as three operations day, as compared to maximum of one surgery a day performed by surgeons in the West.** With his low-cost high-volume business model, Shetty can also be called the Karsanbhai Patel of healthcare, if you can imagine heart surgery as a packet of yellow detergent. **It's a business model that can make a lot of money, if executed right**

"I believe we can disassociate the wealth of a nation from the quality of its healthcare," says Shetty. "It is possible to bring the cost of quality healthcare down to where it is affordable to the people. And this should not be through charity because charity is not scalable. In the Mysore hospital, the cost of heart surgery has been brought down to \$800. In the next stage, I aim to bring it down to \$500."

Much depends on NH's ability to scale up quickly. The chain currently has 8,000 beds, which means it has to add 4,500 beds a year to reach its target to 30,000 beds in five years. Upcoming projects include a joint venture with American company Ascension Health (where NH holds 30%) to build a heart hospital in the Cayman Islands. In India, it is building hospitals in Siliguri, Bhavaneshwar and Bangalore's Whitefield area. But **hospitals have a fairly long gestation period and building them from scratch is expensive, NH's low cost model notwithstanding. The company is thus looking at alternative business models where it manages rather than builds the hospital.** "To reach our five-year growth target, we'll need Rs 1,000 crore of capex," says V Kesavan, a [Wipro](#) veteran of 21 years who has recently joined NH as its chief financial officer. "Internal accruals are not going to be enough, so we have to decide what we want to do and what we do not want to do. **Dr Shetty wants to partner with wealthy individuals who will provide the capex. We will run the hospital in line with their vision and give them a share of the profits.**"

In Gauhati, NH recently won a bid to manage a government hospital. In Mumbai, it is in partnering with the Centre for Child Development, a charitable trust headed by former TCS CEO S Ramadorai, for the construction of a superspecialty children's hospital. The trust has already raised ` 50 crore from corporates and high networth individuals, which amounts to 80% of capex and Ramadorai says, "We are partnering with Dr Shetty because we want to serve a strata of society where affordability is a key factor. **His vision matches with ours.**" As NH rapidly expands into new geographies, it is up to Lloyd Nazareth to ramp up organizational systems and procedures. A doctor who gave up surgery 14 years ago to focus on medical administration, Nazareth has worked with Max, Wockhardt and Fortis before joining NH as its chief operating officer. **The organization can no longer be people driven," he says. "We need to have written down procedures, and processes that can then be replicated in every new hospital."**

Headquartered as it is in the India's IT capital, NH has always used technology as a tool to enhance medical care. Now it is using its IT expertise to improve management systems and bring down costs. For example, NH's extensive data base is on Cloud, saving infrastructure and people costs. It also has a centralised supply chain management system geared to get the best deals in exchange for high volumes from a select set of suppliers. Viren Prasad Shetty, Devi Shetty's eldest son, is designated senior vice-president at NH, with special charge of supply chain management. He says: "We work on economies of scale, where inventory control, standardization and cost-cutting are key. 85% of our drugs and consumables are purchased through our central buying unit."

While both his younger brothers are doctors, 29 year old Viren is a management graduate from Stanford. **In an organizational set**

**-up where the doctors are the superstars and everyone else is considered back-office, that puts him in a bit of a disadvantage. "I'm under strict instructions not to talk to the doctors. I'm handicapped that way," he says, with a wry smile.**

**The delicate job of interfacing with the doctors lies with George** Thomas, a former Infosys who is now head of human resources at NH. Tactful and self-effacing, Thomas was handpicked by Raghuvanshi to help him get the doctors aligned to the new systems being introduced in the organization. **Doctors are very resistant to change,** says Raghuvanshi. "Most of our doctors are senior people, over 50 years of age, who have a long association with Dr Shetty. When conflicts arise, they complain directly to him."

Doctor-management conflicts can arise over a range of small things, like NH's recently introduced card-swipe attendance system, which so far applies only to junior doctors and not seniors. Then there are other performance appraisal systems NH is planning to introduce which are not going down too well. **Doctors are the main actors in any hospital,"** says Thomas. **It is very important that we carry them with us and not upset them. We have to be transparent about the changes we wish to make and explain how it will benefit them."**

They may not get to be the stars, but management professionals are now joining the healthcare industry in numbers for the growth opportunities it brings. Over the past three years, NH has recruited over a dozen MBAs from the Indian Institutes of Management in Ahmedabad, [Kolkata](#) and Bangalore, and they have all stayed on and flourished. Many of them work under Sumanta Ray, NH's chief marketing officer, formerly an executive with [Airtel](#) and Reliance Life Insurance. He believes healthcare penetration is poised where cellular services were at 20 years ago — ready for take-off. "Everyone needs and wants healthcare, just like cellphones. We have to take our services to where the patients are. For complex heart surgery, people will come from wherever they are to Dr Shetty. But for other things, they need hospitals nearby. That's why we are in the Cayman Islands." Now that NH has dropped the Hrudayalaya (which means 'heart hospital') in its name, Ray has the onerous task of re-positioning the brand. NH is still mostly associated with pediatric heart surgery, though it has created several other speciality hospitals in its Bangalore campus, including the Mazumdar-Shaw [Cancer](#) Hospital. "Our offerings are becoming more holistic as we build up scale," says Ray. "Cancer, for example, is now our second biggest area of specialization. We have India's largest bone marrow transplant unit."

Dr Shetty, of course, is having none of that. When we ask the heart surgeon why he's rebranding the organization, he has a different explanation. "Hrudayalaya was just too difficult to pronounce, even for Indians. That's why we decided to change the name," he says. **How Dr Shetty Makes Low Cost Hospitals**  
Use pre-fab building materials  
Build for natural ventilation, no air-conditioning  
Centralise purchase of drugs and consumables  
Leverage IT, share data on Cloud  
Create replicable systems and procedures

## HIGH LIGHTS OF ANNUAL SUPPLEMENTARY FTP 2013-14

Ref to the above subject, the following are the major changes wherein the Norway (marked in yellow below) is falling under FMS net which shall yield @3% on FOB Value of Exports especially for SIC Buz. who is having significant value of export to Norway.

Zero Duty Export Promotion Capital Goods (EPCG) Scheme (3% duty scheme is no more applicable)

1.1 Foreign Trade Policy has two variants under this scheme, namely, Zero Duty EPCG for few sectors and 3% Duty EPCG for all sectors. During the last announcement on 5th June, 2012, a new Post Export EPCG Scheme was also announced which was notified on 18 February, 2013 by the CBEC. Based on the request of all stakeholders, Government has decided to harmonize Zero Duty EPCG and 3% EPCG Scheme into one scheme which will be a Zero Duty EPCG Scheme covering all sectors. (3% duty scheme is merged with 0% duty scheme) Following are the salient features of the Zero Duty EPCG Scheme:-

- (i) Authorization holders will have export obligation of 6 times the duty saved amount. The export obligation has to be completed in a period of 6 years.
- (ii) The period for import under the Scheme would be 18 months.
- (iii) Export obligation discharge by export of alternate products as well as accounting of exports of group companies will not be allowed.
- (iv) The exporters who have availed benefits under Technology Up-gradation Fund Scheme (TUFS) administered by Ministry of Textiles, can also avail the benefit of Zero duty EPCG Scheme.
- (v) The import of motor cars, SUVs, all purpose vehicles for hotels, travel agents, or tour transport operators and companies owning/operating golf resorts will not allowed under the new Zero Duty EPCG Scheme

#### 4. Widening the Scope of Utilization of Duty Credit Scrip

4.1 Duty Credit Scrips are issued under Focus Market Schemes, Focus Product Scheme and Vishesh Krishi Gramin Udyog Yojana (VKGUY)

can be used for payment of service tax on procurement of services within the legal framework of service tax exemption notifications under the Finance Act, 1994. Holder of the scrip shall be entitled to avail drawback or CENVAT credit of the service tax debited in the scrips as per Department of Revenue rules.

4.2 All duty credit scrips issued under Chapter 3 can be utilized for payment of application fee to DGFT for obtaining any authorization under Foreign Trade Policy. This benefit shall be available only to the original duty credit scrip holders. Duty credit scrip can also be paid for the payment of composition fee and for payment of value shortfalls in EO under para 4.28 (b) of Hand Book of Procedure Vol. 1.

#### 5. Market and Product Diversification – Especially SIC Buz will be benefited

5.1 Norway has been added under Focus Market Scheme and Venezuela has been added under Special Focus Market Scheme. The total number of countries under Focus Market Scheme and Special Focus Market Scheme becomes 125 and 50 respectively.

5.2 Approximately, 126 new products have been added under Focus Product Scheme. These products include items from engineering, electronics, chemicals, pharmaceuticals and textiles sector.

#### 10. Status Holder Incentive Scheme (SHIS)

10.1 Status Holder Incentive Scheme (SHIS) was extended for the year 2012-13. The scheme will not be available for the year 2013-14.

11 Regional Authority shall allow limited transferability of SHIS scrip within group company of the status holder provided the group company is a manufacturer.

#### 12. Duty Free Import Authorization Scheme (DFIA)



12.1 Anti-Dumping Duty and Safeguard Duty was exempted under DFIA Scheme. Exemption from payment of Anti-Dumping Duty and Safeguard Duty shall henceforth not be available after endorsement of transferability of such authorizations.

## 16. Electronic Data Interchange Initiatives

16.1 e-BRC system allows Transmission of realization of export proceeds details from banks to DGFT in electronically secured format. The system has been made mandatory with effect from 17th August, 2012. Up to 16th April, 2013, 31.2 lakh e-BRC have been uploaded on the website of DGFT by 81 banks. e-BRC data is also of use to different ministries/departments of Central Government and State Governments who have expressed interest in obtaining this data from DGFT. Government of Maharashtra and Delhi has started the process, as first movers, to use e-BRC data for processing VAT refund claims of exporters. E-BRC will improve the productivity of DGFT, Banks, Central and State Government department dealing with exporter/importers and will lead to substantial reduction of transaction cost and time

16.2 Reconciliation of export and bank documents at the time of closure of an Advance or EPCG Authorisation involved manual submission of many documents. Transmission of two key documents (Shipping bill from Customs and e-BRC from Banks) relating to Advance Authorization and EPCG Authorizations in secured electronic format to DGFT has established. Accordingly, DGFT has introduced the system of online Export Obligation Discharge certificate (EODC). Exporters can file EODC applications online. DGFT will also transmit all EODCs to DG Systems through a secured message exchange. This will obviate the need to have re-verification at the Custom's end. Reconciliation of export import/Closure of an authorization was document heavy process. With online EODC exporter can complete the formalities at DGFT online and may get quick clearances at the Customs on account of e-transmission of EODC from DGFT to Customs.

## Imphal airport to get international status soon

The north east region of India which has been plagued by poor connectivity, is now set to get a shot in the arm with Manipur's only airport Tulihal set to become an international airport in July this year. The Ministry of Civil Aviation has asked Customs to prepare for the up gradation of Tulihal airport (Imphal) into an international airport. Introduction of international flights from Imphal airport and Imphal-Mandalay bus service were likely to be launched by June this year and hectic preparations are on to make Manipur a transit point to Southeast Asia under India's Look East Policy. The civil aviation ministry is considering introduction of international flights connecting Imphal with Bangkok, Chiang Mai, Mandalay and Yangon and Spice Jet is set to become the first airline to offer international connectivity

## Knowledge ....

### **IMPORTANT AND UNIMPORTANT**

So many people are stuck with what is "important". Why do you always have to do only that which is important? For something to be important, there need to be many things that are unimportant. So you cannot eliminate unimportant things. It is important to have unimportant things to make something else important. (Laughter.) Things are either themselves important or they make other things important. So, that means everything is important, and everything is unimportant. When you realize this fact you become choiceless.

### **Simple or complex?**

Life is utterly simple and yet most complex. You have to simultaneously attend to both facets of life.

When life appears very complex, turn to simplicity. Simplicity brings peace. When you are peaceful attend to the complexity within you. That will make you more skillful.

If you are only with simplicity, it makes you lazy and dull. Being only with complexity makes you angry and frustrated. The intelligent ones balance them and rejoice in both.

If you look only for simplicity, there is no growth. Looking only at the complexity, there is no life at all. All that you need is a skillful balance.

*If you recognize both simplicity and complexity of life, you will be skillfully peaceful!*

## Health Tips

### Sunstroke:

Sunstroke – or heatstroke - occurs when too much fluid is lost from our body and their core temperature rises above 40.5 degrees. In this situation their internal systems start to shut down. Sunstroke can be caused by the exposure to the sun, but can also be caused by strenuous activity or high environmental temperatures.

#### symptoms :

A very high body temperature□ and a rapid pulse

- Red, hot skin and a dry swollen tongue
- Dark-coloured urine with a strong smell
- A throbbing headache and muscle cramps
- Disorientation or confusion
- Possible nausea and loss of consciousness

#### Treatment

If you feel that you have suffered from sunstroke, get yourself out of the sun as soon as possible. If it is possible, get inside an air-conditioned building. If not, at least go under some shade.

The next thing that you need to do is remove as much of your clothing as is possible, especially your shoes, socks and hats. This is because such clothes make the heat remain trapped inside.

Now, drink lots and lots of water and other fluids, except alcohol and caffeinated beverages. However, you don't need to gulp it all down, in one go. Rather, sip as much as you can take in.

After sitting in the shade for a few minutes, it is the time to take a cool shower. If it is not possible to have a bath, at least apply water to your forehead, neck, face and arms.

Now, lie down on a flat surface and place a cool, damp cloth over your forehead. **Lie down and raise feet by about a foot (30cm)** above your head, allowing blood to circulate and get rid of headache and dizziness.. This will help you avoid potential

shock.

In sunstroke, the body does not only lose fluids, but salts as well. Replenish the same by drinking a sports drink especially formulated with electrolytes or eating something salty.

It is advisable to seek immediate medical attention.

#### Prevention

To help prevent sunstroke:

- Drink plenty of water, to avoid dehydration
- Stay in the shade as much as possible and keep the air circulating
- Wear cool, lightweight clothing and a hat with a wide brim
- Swimming or cooling down in a shower or bath can keep core temperature down.

### New Joinees

**Mr. E. Anand Babu**

**Operation Executive - HYD**

**- Atlas Insight welcomes the new joiners to our family**

### Resigned Employees

**Ms. Shirisha Sapare**

**--- Atlas Insight wishes good luck for your future**

## Health Tips - Sleep Early

Good rest and sound sleep is very important... if u don't sleep well, The toxins in your body will accumulate... Affecting your health and your mood...

The main causes of liver damage are:

1. Sleeping too late and waking up too late.
2. Not urinating in the morning.
3. Skipping breakfast.
4. Consuming too much medication.
5. Consuming unhealthy cooking oil. As much as possible reduce cooking oil use when frying, which includes even the best cooking oils like olive oil. Do not consume fried foods when you are tired, except if the body is very fit.
6. Consuming overly done foods also add to the burden of liver. Veggies should be eaten raw or cooked 3-5 parts. Fried Veggies should be finished in one sitting, do not store.

We have to adopt a good daily lifestyle and eating habits. Maintaining good eating habits is very important for our body to absorb and get rid of unnecessary chemicals.

**Because.... Evening 9 - 11pm:** is the time for eliminating unnecessary/ toxic chemicals (de- toxification) from the antibody system (lymph nodes). This time duration should be spent by relaxing or listening to music. If during this time a housewife is still in a un relaxed state such as washing the dishes or monitoring children doing their homework, this will

have a negative impact on her health.

**Night at 11pm - 1am:** The de-toxification process in the liver, and ideally should be done in a deep sleep state.

**Early morning 1 - 3am:** de-toxification process in the gall, also ideally done in a deep sleep state

**Early morning 3 - 5am:** de-toxification in the lungs. Therefore there will sometimes be a severe cough for cough sufferers during this time. Since the de-toxification process had reached the respiratory tract, there is no need to take cough medicine so as not to interfere with toxin removal process.

**Morning 5 - 7am:** de-toxification in the colon, you should empty your bowel.

**Morning 7 - 9am:** Absorption of nutrients in the small intestine, you should be having breakfast at this time. Breakfast should be earlier, before 6:30am, for those who are sick. Breakfast before 7:30am is very beneficial to those wanting to stay fit. Those who always skip breakfast, they should change their habits, and it is still better to eat breakfast late until 9 - 10am rather than no meal at all. Sleeping so late and waking up too late will disrupt the process of removing unnecessary chemicals.

**Midnight to 4am** is the time when the bone marrow produces blood.

Therefore, have a good sleep and don't sleep late.

*Sharing Is Caring!*

Atlas Insight wishes Happy Birthday to

## MAY

PARASHURAM SINGH 17<sup>th</sup> BCO  
 ABDUL SHUKKUR 18<sup>th</sup> CCJ  
 LINSON ITYERA 19<sup>th</sup> BLR  
 BADARI NARAYANA G GUBBI 20<sup>th</sup> BCO  
 ANEESH KRISHNAN 21<sup>st</sup> MAA  
 KANNAN P 22<sup>nd</sup> MAA  
 VINOTH KUMAR M 22<sup>nd</sup> MAA  
 CHETAN P PARAB 22<sup>nd</sup> BOM  
 P LINGRAJ WARMA 23<sup>rd</sup> DEL  
 DEIVALAKSHMI K 23<sup>rd</sup> DEL  
 LIZZY VARGHESE 25<sup>th</sup> KDL  
 SHASHI KUMAR M 26<sup>th</sup> BCO  
 PRASHANT KHADATKAR 27<sup>th</sup> PNQ  
 ANGELA RODRIGUES 28<sup>th</sup> BOM  
 BHAVIKA R PAREKH 29<sup>th</sup> BDQ  
 MARAN P 29<sup>th</sup> MAA  
 Letha Vasudevan 30<sup>th</sup> COK  
 AROKIANATHAN M 30<sup>th</sup> BCO  
 MANOJ M V 30<sup>th</sup> DEL  
 SANDEEP THAKAJI NAVALE 30<sup>th</sup> BOM  
 AFSAL M T 31<sup>st</sup> CCJ  
 LOUIS DSOUZA 31<sup>st</sup> BOM

## June

SUBBAREDDY S R 01<sup>st</sup> BCO  
 PARMER DHIRUBHAI JESHINGBHAI 01<sup>st</sup> BDQ  
 BHANGI CHATUR SHANKARBHAI 01<sup>st</sup> KDL  
 SHANKAR N SHETTY 01<sup>st</sup> BOM  
 DIPAK KISAN SHEDGE 01<sup>st</sup> BOM  
 SHINDE JAYESH BABAN 01<sup>st</sup> BOM  
 RAO SAHEB PANDURANG SHIKARE 01<sup>st</sup> BOM  
 ELDO C PAUL 01<sup>st</sup> COK  
 CHADRAKANT G GHARAT 01<sup>st</sup> BOM  
 BABAJI GOVIND DATE 02<sup>nd</sup> BOM  
 RAMESH A 02<sup>nd</sup> MAA  
 DELHI BABU P 05<sup>th</sup> BLR  
 CHENCHU RAMAIAH 05<sup>th</sup> MAA  
 DELHI BABU P 05<sup>th</sup> BLR  
 SELVAM A 06<sup>th</sup> MAA  
 RENU J SINGH 06<sup>th</sup> NGP  
 M MURALIDHARAN 07<sup>th</sup> DEL  
 GIRIDHAR BALARAM DHENE 08<sup>th</sup> BOM  
 PRAVIN MAHESHWARI 08<sup>th</sup> KDL  
 KRISHNANATH Y UPADE 09<sup>th</sup> BOM  
 M N BABY 10<sup>th</sup> BCO  
 DEVI J 10<sup>th</sup> MAA  
 A NAGARASAN 10<sup>th</sup> MAA  
 VITHAL NARAYAN BHOSALE 13<sup>th</sup> BOM  
 BRESHNAV S 14<sup>th</sup> TUT  
 RAMESH V SALIAN 15<sup>th</sup> BOM