Joint Committee Inspection Report

In the Matter of

Original Application No.05/2026(CZ)

(Mr. Rashid Noor Khan V/s Collector, Indore & Ors.)

And Original Application No.06/2026(CZ)

(Kamal Kumar Rathi VsState of Madhya Pradesh & Ors.)

w.r.t.

Hon`ble National Green Tribunal [Central Bench]
Bhopal order dated 15/01/2026

Date of Visit: 07 March, 2026

Location: Bhagirathpura, Indore (MP)

Original Application No.05/2026(CZ)
(Mr. Rashid Noor Khan V/s Collector, Indore & Ors.)
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Date: 25.03.2026
Place: Bhopal

Submitted by MPPCB:-
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Joint Committee Report

Report in the Matter of Original Application No.05/2026(CZ) (Mr. Rashid Noor Khan V/s Collector, Indore & Ors.) And Original Application No.06/2026 (CZ) (Kamal Kumar Rathi V/s State of Madhya Pradesh & Ors.) in compliance of the order issued by Hon'ble NGT, Central Bench, Bhopal on dated 15/01/2026

Background:

OA No. 05/2026 (Mr. Rashid Noor Khan Vs Collector Indore & Ors) and of OA No. 06/2026 (Kamal Kumar Rathi Vs State of Madhya Pradesh & Ors.) has been registered at National Green Tribunal, Central Zone Bench Bhopal.

On the date of hearing 15/01/2026 Hon'ble National Green Tribunal has Ordered that:

1. Both the Applications raises a substantial question relating to the environment and public health concerning the systemic contamination of potable drinking water supplied to urban populations across the State of Madhya Pradesh. The issue has assumed alarming proportions in light of recent incidents of mass illness and loss of life attributed to consumption of contaminated drinking water, which have exposed serious deficiencies in water supply infrastructure, sewerage management, monitoring mechanisms, and regulatory oversight. Water being sourced from surface water bodies such as rivers, reservoirs, and dams, repeated water quality assessments have revealed the presence of pathogenic contaminants including fecal coliform, E. Coli, Vibrio species, and protozoa in treated water supplied for human consumption. Such contamination clearly indicates sewage intrusion into potable water distribution systems, a situation that could not have arisen without persistent infrastructural failures, poor maintenance, and noncompliance with established public health engineering norms.

2. In O.A. No. 05/2026(CZ) the issue highlighted is grave public health and environmental crisis caused by contamination of municipal drinking water supply in the city of Indore, Madhya Pradesh, and the existence of similar

systemic risks in other cities across the State. During the last week of December 2025, residents of the Bhagirathpura area of Indore were exposed to severely contaminated drinking water supplied through municipal pipelines, resulting in a large-scale outbreak of water-borne diseases. The incident led to mass hospitalization of affected residents, with several patients requiring intensive care, and resulted in multiple fatalities, including infants and elderly persons. Laboratory testing confirmed the presence of pathogenic organisms such as Vibrio cholerae, faecal coliform and E. coli, clearly establishing that sewage and polluted wastewater had infiltrated the potable water supply.

9. Media reports and subsequent disclosures revealed that the contamination was caused by a combination of ageing and poorly maintained pipelines, unsafe alignment of drinking water lines running administrative inaction despite repeated complaints from residents regarding foul and unsafe water. It further emerged that tenders for replacement of compromised pipelines had been issued years earlier but were not executed, and that routine water quality monitoring and preventive maintenance were grossly inadequate.

10. The crisis exposed serious governance failures, including delayed emergency response, inconsistent disclosures regarding the number of affected persons and fatalities, and lack of transparency and accountability. The incident was not an isolated occurrence but reflective of a broader and systemic failure in urban water management, as similar conditions and contamination risks have been reported in other cities of Madhya Pradesh such as Bhopal, Khargone, Ujjain, Gwalior, Rewa and Satna, demonstrating a continuing and state-wide environmental and public health threat.

14. Learned Counsel for the applicant Mr. Harshwardhan Tiwari has moved an I.A. No. 15/2026 in O.A. No. 05/2026 with the prayer that for cause of injuries and death the interim environmental compensation applying the Polluter Pay Principle and the doctrine of strict and absolute liability upon the respondent authorities and agencies responsible for contamination of municipal drinking water supply may be imposed.

15. Mr. Harpreet Gupta, Learned Counsel for the applicant (in O.A. No. 06/2026) has further argued that the guidelines and directions were issued from the Government of India, Ministry of Housing and Urban Affairs manually on water supply and treatment system (drinking from tap) has not been

complied with in letter and spirit and perhaps the officials of the administration have not taken care of the guidelines issued by the Central Government. He has further quoted the notification dated 10.11.2023 issued by the Ministry of Environment, Forest and Climate Change where notification in para 3 & 6 provides as follows:

*3. **Regulation of use**. (1) The user of domestic water purification system and commercial water purification system shall comply with the guidelines issued by the Board in this regard.*

(2) The guidelines shall be published by the Board for handling, storage, management and utilisation of reject water and discarded elements generated from the domestic water purification system and commercial water purification system within a period of six months from the date of publication of these rules in the Official Gazette.

(3) Every domestic water purification system manufactured, imported, produced or assembled on or after the commencement of these rules shall bear the standard mark under a license from the Bureau as per the Indian Standard IS:16240, under the Bureau of Indian Standards (Conformity Assessment) Regulations, 2018.

(4) Discarded elements from domestic water purification system shall be regulated as per the provisions of the Plastic Waste Management Rules, 2016, the E-Waste (Management) Rules, 2022 and the Hazardous and Other Waste (Management and Transboundary Movement) Rules, 2016.

(5) The State Pollution Control Board or the Pollution Control Committee of the Union territory concerned shall be the nodal agency for ensuring the compliance of the provision of this rule.

*6. **Responsibilities of water supply agencies**. Water supply agency, local bodies, Public Health Engineering Department, Jal Nigam, Municipal Corporation, Jal Board, Municipalities, private and public sector agencies engaged in potable water supply, shall inform the consumers about the water sources and quality, including total dissolved solids concentration of water being supplied through billing instruments and also through public advertisement in newspaper and other mass media means on regular basis.*

20. We are of the view that this was applicable to the District Gwalior but in view of the facts it is desires that directions and guidelines should be issued throughout the State. Accordingly, we direct the respondent/State of MP and Municipal Corporation of all the districts as follows:

(i) *Develop a water app for hearing complaints and supervising the adequate water supply to the citizen. The Municipal Corporation shall give wide publicity about the app and shall ensure its 24x7 hours work ability.*

(ii) *Eliminate transmission loss of water by taking all measures such as laying pipelines (if not already laid), repair leakages etc.*

(iii) *Remove all encroachments of and around all the water bodies including those from where the water is drawn and stop illegal infiltration by all class of persons.*

(iv) *Municipal Corporation to work out the scheme to stop construction work during summer seasons between March to July each year and regulate water supply ward vise during these months to ensure that each of the citizens gets water for consumption and other use during these months in each alternate days.*

(v) *Municipal Corporation to regenerate water for supply to the locality situated around public Wells/Bawaris and the tubewell. To achieve the same it shall layout a plan to be included in the water app.*

(vi) *Municipal Corporation in association with the State Government shall prepare comprehensive water harvesting scheme and implement the same rigorously and make provisions in the bye laws making the non-compliance by the individuals, establishment both State Government/ Union Government, all private and public institutions including Schools/ Colleges, punitive.*

(vii) *Municipal Corporation shall prepare a comprehensive scheme to supply water through tankers stipulating precondition to meet out the shortage as and when the occasion so arises.*

(viii) *Municipal Corporation to ensure chlorination of water supplied for domestic purpose.*

(ix) *Municipal Corporation shall lay down the stipulations such as Do's and Dont's regarding domestic and non-domestic water use.*

(x) *Municipal Corporation shall meter all domestic and non-domestic water supply.*

(xi) *State Government and its functionaries and the Municipal Corporation shall ensure that none of the water bodies including dams, ponds, wells and bawris are used for immersing idols.*

(xii) *Municipal Corporation and the State and its functionaries shall ensure that all the dairies having more than two milking cattle be moved outside the city at a place earmarked for them within 4 months from the date of communication of this order.*

(xiii) *Municipal Corporation shall keep all overhead water tanks and sumps utilized for supplying potable water functional all times and get them periodically cleaned and chlorinated.*

(xiv) *Municipal Corporation shall regularly take recourse to pre-chlorination, post-chlorination and aeration process.*

25. We deem it just and proper to call a report on the matter in issue, in present application, from a Joint Committee consisting of:

i. One representative from the Principal Secretary, Environment, State of MP, Bhopal (M.P.)

ii. One representative from the Principal Secretary Urban Administration and Development Department, State of MP, Bhopal (M.P.)

iii. One representative from the Water Resources Department, nominated by the head of the department, State of MP, Bhopal (M.P.)

iv. One representative from the Indian Institute of Technology, Indore nominated by the Director, Indian Institute of Technology, Indore.

v. One representative from the Regional Director, Central Pollution Control Board, Bhopal (M.P.)

vi. One representative nominated by the Member Secretary, State Pollution Control Board, (M.P.)

And Committee has been directed to visit the place and submit the factual and action taken report within 06 weeks.

In compliance of aforesaid directions of the Hon'ble NGT, following Officers have been nominated from respected Departments to visit the site and submit the report:

1	Representative Principal Secretary, Environment, State of MP, Bhopal (M.P.)	Shri P.C. Uchariya, Senior Scientific Officer, M.P. Pollution Control Board Bhopal
2	Representative from the Principal Secretary Urban Administration and Development Department	Shri Rahil Gupta, In charge Executive Engineer, Directorate Urban Administration and Development Department Bhopal
3	Representative from the Water Resources Department	Shri Mayank Parmar, Executive Engineer, WRD Indore
4	Representative from the Indian Institute of Technology, Indore	Professor Shri Manish Kumar Goyal, Department of Civil Engineering, Indian Institute of Technology, Indore
5	Representative from the Regional Director, Central Pollution Control Board	Shri Sunil Kumar Meena, Scientist-E, Central Pollution Control Board Bhopal
6	Representative nominated by the Member Secretary, State Pollution Control Board	Shri Satish Kumar Chouksey, Regional Officer, M.P. Pollution Control Board, Indore

Nomination of letters of respective departments are attached as **Annexure-1.**

As per the directions of Hon'ble NGT following Officer has visited the place on dated 07/03/2026 to verify the facts:

i. Shri P.C. Uchariya, Senior Scientific Officer, M.P. Pollution Control Board Bhopal

ii. Shri Rahil Gupta, In charge Executive Engineer, Directorate Urban Administration and Development Department Bhopal

iii. Shri Mayank Parmar, Executive Engineer, WRD Indore

iv. Professor Shri Manish Kumar Goyal, Department of Civil Engineering, Indian Institute of Technology, Indore

v. Shri Sunil Kumar Meena, Scientist-E, Central Pollution Control Board Bhopal

vi. Shri Satish Kumar Chouksey, Regional Officer, M.P. Pollution Control Board, Indore

vii. Shri Bhaskar, Executive Engineer, Indore Municipal Corporation

viii. Shri Atul Kotiya, Chief Chemist, MPPCB Indore

ix. Shri Sanjay Jain, Chief Chemist, MPPCB Indore

x. Shri S.N. Katare, Scientist, MPPCB Indore

Brief on Bhagirathpura Incident due to Polluted Drinking Water:

Bhagirathpura area of Indore city is located under **Ward No. 11, Zone No. 4**. In this area, water supply is provided through the **Narmada pipeline**. The area falls under the **Water Supply Scheme (operational since 1998–1999)**. As an additional source, approximately **80 borewells of the Municipal Corporation** have been installed.

In Bhagirathpura, when cases of **vomiting and diarrhea** were reported on **28-12-2025**, immediate information was received and the **Indore Municipal Corporation**, in coordination with the **Health Department**, initiated prompt joint action. According to the committee constituted by the Health Department.

As per the report of the **State Task Force Committee** constituted by the Health Department regarding the incident, the possible causes include:

- Intersections between the **sewer line and drinking water supply pipeline at several places**,
- Interconnection between **government tube wells and Narmada pipelines**, and
- Due to water being supplied at fixed intervals, **low pressure (negative pressure) develops in the pipeline**, which may cause **suction and mixing of sewage with the drinking water supply line**.

It is also noteworthy that the **main sewer line in Bhagirathpura was laid approximately 25–30 years ago by the Indore Development Authority (IDA)**.

Thereafter, from time to time, the **Municipal Corporation carries out repair and replacement works as required**.

Within the jurisdiction of the Indore Municipal Corporation, **sewerage-related works are being implemented under the AMRUT 1.0, AMRUT 2.0, Namami Gange projects, and municipal schemes**.

Observations during visit:

1. The Committee members have visited Bhagirathpura Area. Shri Ashish Kumar Pathak, Additional Commissioner, Indore Municipal Corporation (IMC) has brief the incident happened, in last week of December 2025.

2. During the committee visit, it was observed that water from River Narmada is treated at the Water Treatment Plant (WTP) having a capacity 360 & 180MLD, located at near Jalood. The treated water is pumped through approximately 70-80km transmission pipeline and stored in an Over Head Tank (OHT) prior to distribution.

3. From the OHT, water is supplied to Bhagirathpura (Zone-4, Ward-11) through mild steel (MS) pipelines. Following the reported contamination incident, the municipal authority has initiated replacement of old pipelines and a new HDPE pipeline of 110 mm diameter has been laid covering approximately 80% of the ward area.

4. A sewer network was laid in the area by Indore Municipal Corporation, and the collected domestic sewage is conveyed to the Sewage Treatment Plant (STP) located at Kabitkhedi having a capacity of 245 MLD.

5. Prior to commissioning of the sewer network, residents were largely dependent on septic tanks for disposal of fecal waste.

6. The area containsabout 80 IMC borewell and also privately owned borewells are exists. Prior to the incident, these borewells were used as a source of

potable water. However, following the incident, all borewells have been marked "not fit for drinking" due to reported fecal contamination as indicated in reports of MPPCB / PHED / Nagar Palik Nigam Indore.

7. Adjoining to the Bhagirathpura area,River Kanh flowing from South to North direction, Kanh River carrying mostly domestic wastewater. The Kanh River ultimately meet River Kshipra at Triveni Ujjain. The Kanh River flowing throughout the year carrying domestic wastewater. This River shows significant fecal contamination and may influence groundwater quality in the surrounding area.IMC has installed 11 STP's for treatment of domestic waste water, but domestic waste water flowing in River Kanh. IMC has not full capacity to treat domestic waste water. The water quality of Kanh River at Bhagirathpura is monitored by M.P. Pollution Control Board, report attached as **Annexure-2.**

8. It was also reported that a septic tank located behind Police Chauki near the Over Head Tank (GPS location22.745847, 75.861051) had overflowed, resulting in sewage accumulation on the ground surface. The old drinking water pipeline reportedly passes beneath this location and, being aged, may have had leakages. This location could represent a potential point of contamination of the municipal water supply pipeline.

9. However, this localized event alone does not fully explain the observed fecal contamination of borewell water, and therefore further investigation is required.

10. The municipal water supply system in the area operates on an intermittent basis, with supply provided for 30 minutes on twice a day.

11. During visit of Bhagirathpura area the Committee has visited the local area and discussed with residents regarding incident, present water supply and issues.

(i) A water sample has been collected from IMC tubewell at near Sharma caters, 583, Bhagirathpura main road near Sai Mandir.

(ii) Kamla Bai, resident of 571, Bhagirathpura, residual chlorine has been checked from stored water supply of IMC, residual chlorine found 0.2 ppm.

(iii) Shri Omprakash Kethuniya, resident of 870, Bhagirathpura told that they are using borewell water for drinking and bathing, no issue regarding water quality.

(iv) Smt. Geeta Yadav, resident of 1026, Bhagirathpura told that they are using water supply of Nagar Nigam, water is clear new line of Narmada water supply has been laid down and water is clear.

(v) Shri Jhumaklal Yadav, resident of 1058, Bhagirathpura told that water supply of Narmada river water is good quality, no issue.

(vi) A house of Rohit Rawat (641 Bhagirathpura) has also visited by team members, Rohit Rawat Mother's (Smt. Gomti Rawat, age 50 years) has died on 26th December 2025. Shri Rohit told that his mother was suffered with vomiting and loose motions on 25th December 2025. He also told that before December dirty water has been supplied last 2-4 months, he also made complaint to Ward Parshad. The water color is light yellow.

12. Google view of Bhagirathpura is attached as **Annexure-3**.

13. After the incident of Bhagirathpura, M.P. Pollution Control Board has also check quality of water being used for drinking purpose, water samples have been collected on dated 03/01/2026 from Bhagirathpura and adjoining area i.e. Pardeshipura. It is found that water supply by IMC has been stopped, also the water supply from borewell of IMC was also discontinued, the electric

connection of attached submersible pumps has been disconnected, that's why the ground water samples of private persons borewells has been collected, report of water quality is attached is **Annexure-4.** Total number of 52 samples has been collected, out of them 50 samples has reported Total Coliform and 40 samples reported E-Coli.

14. After visit of Committee members, some of information desired from Indore Municipal Corporation for which a letter has been written to IMC vide letter no. 825, 826 dated 10/03/2026 and Chief Medical Health Officer vide letter no. 824 dated 10/03/2026. Information only from Chief Medical & health Officer, Indore has submitted. No information received from Indore Municipal Corporation, again reminder was sent to IMC vide letter nos. 905 & 906 dated 17/03/2026. Copy of letter are attached as **Annexure-5**. As per report, the Madhya Pradesh Government has provided financial assistance of Rs. 2 lakh for the families of each deceased in the Bhagirathpura Area, but IMC has not provided official information regarding compensation.

15. The Committee members has decided following sampling plan for identification of actual problem :

    To identify the possible contamination pathway, water samples are proposed to be collected from the following locations.

    15.1 Water Supply System

    - WTP inlet (raw water)
    - WTP outlet (treated water)
    - OHT inlet
    - OHT outlet
    - Household tap samples (05 nos.) within affected area

    15.2 River Kanh

    - Upstream of Bhagirathpura
    - Mid-stretch near Bhagirathpura

- Downstream of Bhagirathpura

15.3 Groundwater (Borewells)

- 05 borewells within affected Bhagirathpura area
- 05 borewells located within 0–100 m from Kanh River
- 05 borewells located approximately 500 m away from Kanh River
- 05 borewells located approximately 1 km away from Kanh River

15.4 Control Samples

- 05 groundwater samples from a nearby unaffected colony

Analysis reports of above samples is attached as **Annexure-6**.

S.No.	Location	Latitude, Longitude	E.Coli (MPN/100 ml)
1	Narmada Water Supply Tap water at 631, Vijay Kashyap, Near Sai Mandir, Bhagirathpura	22.7461, 75.8621	Nil
2	Narmada Water Supply Tap water at Near Hanuman Mandir, Bhagirathpura	22.7470, 75.8632	Nil
3	Narmada Water Supply Tap water at 1012, Near Shiv Pal House, New Basti Bhagirathpura	22.7475, 75.8634	Nil
4	Narmada Water Supply Tap water at 1010, Near Satnami Mandir, Bhagirathpura	22.7473, 75.8649	Nil
5	Narmada Water Supply Tap water at 558, Near Vikash Omprakash House, Bhagirathpura	22.7474, 75.8645	Nil
6	Narmada Water Supply Tap water at 360, Pharsi Wali Gali, Bhagirathpura	22.7464, 75.8594	Nil
7	Narmada Water Supply Tap water at House No. 633, Near Committee Hall Bhagirathpura	22.7466, 75.8580	Nil
8	Narmada Water Supply Tap water at Jain Shri Mill Sweets,	22.7463, 75.8602	Nil

	Main Road, Bhagirathpura		
9	Narmada Water Supply Tap water at House No. 332, Tora Medical, Bhagirathpura	22.7465, 75.8589	Nil
10	Narmada Water Supply Tap water at house no. 275, Red Wali Gali, Bhagirathpura	22.7472, 75.8589	Nil
11	Kanh River at Up-stream of Bhagirathpura, near Ahilya Ashram Bridge	22.7327, 75.8614	900
12	Kanh River at Mid-Stream, near Bhagirathpura Bridge	22.7469, 75.8650	800
13	Kanh River at Down-stream of Bhagirathpura, Near Khatipura Bridge	22.7596, 75.8577	1000
14	Ground Water Near Shri Arun Kumar Ahirwar House No. 669, Bhagirathpura	22.7464, 75.8611	13
15	Ground Water Near Shri Suresh Verma House No. 89, Bhagirathpura	22.7466, 75.8607	Nil
16	Ground Water Near Shri Ghanshyam Parwani House No. 330, Bhagirathpura	22.7469, 75.8589	Nil
17	Ground Water Near Shri Bhagwan Nakswal, House No. 985, Bhagirathpura	22.7468, 75.8586	Nil
18	Ground Water Near Shri Chitraj Sanwariya, House No. 241/58, Bhagirathpura	22.7493, 75.8579	Nil
19	Borewell Water at 306, Lal Gali Pardeshipura, Near Kalka Mata Manir	22.7462, 75.8663	Nil
20	Borewell Water at 27/11, Pardeshipura Main Road	22.7477, 75.8664	Nil
21	Borewell Water at Shyam Sundar Kumawat, 1126, Katik Mohalla, Bhagirathpura	22.7463, 75.8639	Nil
22	Borewell Water at 1008, Nai Basti, House of Ashok Dixit	22.7472, 75.8645	Nil
23	Borewell water at Shri Gajanan Mangal Parisar, in front of Police Chouki	22.7458, 75.8611	Nil
24	Borewell water at Mother Convent HS School, Bhagirathpura	22.7472, 75.8622	Nil

25	Borewell water at 121/2, Pardeshipura Main Road	22.7446, 75.8693	Nil
26	Borewell water at Subhash Chouk, Near Pani ki Tanki, Pardeshipura	22.7432, 75.8712	Nil
27	Borewell water at Kankeshwari Mata Mandir, Pardeshipura	22.7482, 75.8689	Nil
28	Borewell water at Vishist School of Management, Near MPEB Office Pologround	22.7344, 75.8619	Nil
29	Borewell water at Shri Ardhnarishwar Mahadev Mandir, DRP Line	22.7320, 75.8616	Nil
30	Borewell water at Jagannath Narayan Kutumbi Trust Near Bansi Press, Sheelnath Camp	22.7402, 75.8680	Nil
31	Borewell water at ITI Pardeshipura	22.7517, 75.8722	Nil
32	Borewell water at Sanwariya Bhojnalay, Near Madan Mahal Garden, Sukhliya	22.7551, 75.8722	Nil
33	Borewell water at St. Joseph School Patnipura	22.7416, 75.8832	Nil
34	Borewell water at Deepak Electricals, 28/2, Patnipura	22.7394, 75.8808	Nil
35	Borewell water at Goma Ki Fall, Chanakya Complex Ke Samne, Malwa Mill	22.7335, 75.8760	Nil
36	Borewell water at 278, Sarkari Boring, Bajrang Nagar	22.7462, 75.8819	Nil
37	Borewell water at 515, Ajaysingh Bajrang Nagar Road	22.7483, 75.8819	Nil
38	Narmada Water Supply outlet from water supply tanki, Bhagirathpura	22.7453, 75.8610	Nil
39	Narmada Water Supply outlet from water supply tanki, Bhagirathpura	22.7453, 75.8610	Nil
40	Narmada Water Supply outlet from water supply tanki, Bhagirathpura	22.7453, 75.8610	Nil
41	Narmada Water, Raw water before treatment Plant, Mandleshwar Jalud, Phase-2 Indore	22.6711, 75.8343	

42	Narmada Water, control room Bijalpur, Phase-2, Indore	22.6710, 75.8338	Nil
43	Narmada Water control room Bijalpur, Phase-3, Indore	22.6710, 75.8338	Nil

Narmada Water is being supplied in Bhagitrathpura Area through overhead tank. 11 Water samples has been collected during water supply. Total Coliform, Fecal Coliform and E-Coli not found in water samples, residual chlorine found 0.5 mg/L.

Kanh River water quality has also checked in Bhagirathpura Area, these samples are positive for Total Coliform, Fecal Coliform and E-Coli.

Ground Water samples collected in Bhagirathpura Area and within 01 kilometer of Bhagirathpura Area. 20 samples has been collected. All samples are positive for Total Coliform, 13 samples are positive for Fecal Coliform and 01 sample is positive for E-Coli.

05 Nos. ground water are also collected from un-affected area. In these samples Total Coliform is positive which is in range of 1.1-3.6/100 ml, Fecal Coliform and E-Coli test is negative.

16. Water Testing Laboratory Indore Municipal Corporation, Musakhedi Indore has also tested water quality of drinking water supplied by IMC. The Laboratory has made available some reports. Accordingly, these reports following water quality observed fecal coliform, details given below:

Lab Reference No.	**Date of Sample Collection**	**Sample description**	**Fecal Coliform Bacteria reported (in CFU/100ml)**
CH/25/500	30/12/2025	House No. 95, Yadav Colony, Bhagirathpura, Source-Narmada	36
CH/25/501	30/12/2025	House No. 282, Bhagirathpura Behind DPS School, Source-RO	206
CH/25/502	30/12/2025	Bhagirathpura Tank Zone No. 04, House No. 1068, Bhagirathpura Nai Basti, Source-Narmada Water	29
CH/26/02	01/01/2026	Zone No. 4, House No. 1004 Nai Basti, Shri Satyanarayan Ji,	80

		Source-Boring	
CH/26/07	01/01/2026	Zone No. 4, Jamun Wali Gali, Durga Mata Mandir, Source-Boring	162
CH/26/08	01/01/2026	Zone No. 4, Jamun Wali Gali, Near South Kirana, Shri Ajay Prajapati, Source-Boring	76
CH/26/10	01/01/2026	Zone No. 4, House No. 1368 Jamun Wali Gali, Shri Dharmendra Ji, Source-Boring	46
CH/26/11	01/01/2026	Zone No. 4, Near Bridge, Bhagirathpura, Chawla Matan Nai Basti, Source-Boring	79
CH/26/12	01/01/2026	Zone No. 4, Bhagirathpura, In front of Jai Maa Durga Saari, Shri Sourabh Ji, Source-Boring	260
CH/26/13	01/01/2026	Zone No. 4, Behind Depesh School, Jyoti Madam Wali Gali, Source-Boring	40
CH/26/17	01/01/2026	Zone No. 4, House No. 132, Shri Ashok Patil, Source-Boring	180
CH/26/18	01/01/2026	Zone No. 4, Sitla Mata Mandir, Bhagirathpura, Source-Boring	120
CH/26/19	01/01/2026	Zone No. 4, Tekri Wala Near Vansh Bakery, Source-Boring	62
CH/26/20	01/01/2026	Zone No. 4, House No. 31, Police Chouki Garden, Source-Boring	21
CH/26/21	01/01/2026	Zone No. 4, House No. 164, Gali No. 3, Shukla Ji Gali, Source-Boring	46
CH/26/22	01/01/2026	Zone No. 4, House No. 325, Mehta Nagar, Shri Madan Yadav, Source-Boring	43
CH/26/23	01/01/2026	Zone No. 4, Near Anil Jaiswal House, Kuwa Wali Gali, Source-Boring	66
CH/26/25	01/01/2026	Zone No. 4, Behind Khatik Mandir, Dubey Ji Wali Gali, Bhagirathpura, Source-Boring	47
CH/26/27	01/01/2026	Zone No. 4, Bhagirathpura Near Hanuman Mandir, Source-Boring	96
CH/26/28	01/01/2026	Zone No. 4, House No. 816,	43

		Near Pal Aata Chakki, Source-Boring	
CH/26/29	01/01/2026	Zone No. 4, Tikswali Gali, In front of Topi lala, Source-Boring	89
CH/26/31	01/01/2026	Zone No. 4, Near Bridge Bhagirathpura, Source-Boring	25
CH/26/34	01/01/2026	Zone No. 4, Bhagirathpura Main Road, In Front of Lakera Samaj Dharmashala, Source-Boring	22
CH/26/35	01/01/2026	Zone No. 4, Near Khatu Shyam Saari Center, Source-Boring	48
CH/26/37	01/01/2026	Zone No. 4, Yadav Nagar, Source-Boring	40
CH/26/38	01/01/2026	Zone No. 4, House No. 924 Behind Imli Wali Gali, Shri Kamal Yadav, Source-Boring	87
CH/26/39	01/01/2026	Zone No. 4, House No. 662, In front of Shanti Aata Chakki, Source-Boring	16
CH/26/40	01/01/2026	Zone No. 4, House No. 1151, Near Shiv Mandir, Chirag Mohalla, Shri Rajkumar Ji, Source-Boring	14
CH/26/41	01/01/2026	Zone No. 4, House No. 706, Bhagirathpura Bank Gali, Shri Lalit Ji, Source-Boring	142
CH/26/43	01/01/2026	Zone No. 4, House No. 721, Bhagirathpura, Source-Boring	13
CH/26/44	01/01/2026	Zone No. 4, House No. 532, Bhagirathpura, Shri Mohan Ji, Source-Boring	360
CH/26/46	01/01/2026	Zone No. 4, House No. 69, Near Omprakash Kirana, Source-Boring	22
CH/26/47	01/01/2026	Zone No. 4, Near Ram Singh Thakur House, Source-Boring	82
CH/26/48	01/01/2026	Zone No. 4, In front of Ruchi Tent House, Source – Boring	120
CH/26/49	01/01/2026	Zone No. 4, In front of Dayal Bhadkare House, Source-Boring	160
CH/26/50	01/01/2026	House No. 1030, Sabji Mandi	15

		Wali Gali, New Basti Bhagirathpura, Source-Boring	

Copies of above reports are attached as **Annexure-7**. From above report it is clear that Fecal Coliform was present is ground water also.

17. Chief Medical & Health Officer has submitted following information vide their letter no. 5939 dated 13/03/2026:

(i) Chronology of illness cases reported from Bhagirathpura: Attached as **Annexure-8**.Total affected case reported are 1024 nos. up to 14/02/2026.The details there of:

Common Symptoms: The most frequently reported symptoms across the dates include:

- **Loose motion (Diarrhoea)**
- **Vomiting**
- **Abdominal Pain (Abd Pain)**
- Diarrhoea, Vomiting, and Dehydration**(DVD)**

Affected Demographic: The illness affected a wide age range, from infants as young as **1.5 years** to elderly individuals up to **80 years** old. Both males and females were affected.

Chronology of Reported Cases:

Date of case affected reported	No case reported	Nature of illness
24/12/2025	05	Abd pain, Loose motion,Vomiting
26/12/2025	09	Vomiting, Diarrheoea, Abd pain, Loose motion
27/12/2025	12	Vomiting, Diarrheoea, Abd pain, Loose motion
29/12/2025	38	Vomiting, Diarrheoea, Abd pain, Loose motion
30/12/2025	114	Vomiting, Abd pain, Loosemotion, DVD
31/12/2025	142	Vomiting, Abd pain, Loose motion
01/01/2026	95	Loose motion, DVD
02/01/2026	102	Vomiting, Loose motion, DVD

03/01/2026	87	Loose motion, DVD
04/01/2026	58	Diarrheoea, Loose motion, DVD
05/01/2026	66	Vomiting, Abd pain, Loose motion, DVD
06/01/2026	20	Abd pain, Loose motion,
07/01/2026	30	Abd pain, Loose motion, DVD
08/01/2026	36	Abd pain, Loose motion, DVD
09/01/2026	18	Loose motion
10/01/2026	39	Loose motion, DVD
11/01/2026	17	Loose motion
12/01/2026	21	Loose motion
13/01/2026	08	Loose motion
14/01/2026	06	Loose motion
15/01/2026	12	Loose motion
16/01/2026	05	Loose motion
17/01/2026	11	Loose motion
18/01/2026	05	Loose motion, DVD
19/01/2026	09	Loose motion
20/01/2026	04	Loose motion
21/01/2026	06	Loose motion
22/01/2026	06	Loose motion
23/01/2026	05	Loose motion
24/01/2026	04	Loose motion
25/01/2026	02	Loose motion
26/01/2026	06	Loose motion
27/01/2026	01	DVD
28/01/2026	05	Loose motion
29/01/2026	02	Loose motion
30/01/2026	01	Loose motion
01/02/2026	03	Loose motion
02/02/2026	03	Loose motion
03/02/2026	01	Loose motion
04/01/2026	01	Loose motion
10/02/2026 to 01/02/2026	08	Loose motion

DVD- Diarrhoea, Vomiting, and Dehydration

(ii) Death record related to the incident: Total of 35 deaths reported till 12/02/2026, Out of which 22 are related to the epidemic, 09 are not related to the epidemic and 04 are inconclusive. Summary of death audit & analytical report attached as **Annexure-9**.

(iii) Hospital admission records: Total of 459 persons admitted in hospital, the details of date of admission, Hospital Name, Patient name, discharge/death, Nature of illness are attached as **Annexure-10**.

(iv) Laboratory diagnostic report: Aerobic culture report of dated 01/01/2026,Stool culture samples report, Water culture sample report, Water testing for diarrhea disease outbreak & report of Department of Public Health &Medical Education, GoMP,Bhopal regarding finding of ADD(Cholera) outbreak investigation is Attached as **Annexure-11**.

(v) Epidemiological investigation report: Attached as **Annexure-12**.

(vi) Death audit reports:Death Audit &Analytical reports are submitted,Sample of reports attached as **Annexure-13**.

(vii) Discharge summary: Discharge summary of patientsare submitted, Sample of some discharge summary attached as**Annexure-14**.

18. IMC has submitted reply regarding compliance of Hon'ble NGT Order dated 15/01/2026, vide their letter no. 373, 375 dated 18/03/2026, copy of the letter attached as **Annexure-15**, but detailed information regarding incident, sewage network, drinking water supply details not submitted.

19. Photographs taken during visit are attached as **Annexure-16**.

Conclusion&Recommendation:

1. A report has been submitted by Department of Public Health &Medical Education, GoMP, Bhopal to District Collector Indore regarding finding of ADD (Cholera) outbreak investigation –Bhagirathpura Indore vide their letter no. 23 dated 03/01/2026, which is already attached as Annexure-11. The findings regarding the epidemiological signal that:

   "The survey findings suggest a most likely association of the outbreak with the domestic water supply. A large proportion of admitted patients reported altered taste and smell of drinking water, which may indicate possible contamination of municipal pipelines, including potential sewage ingress. The absence of any significant history of outside food consumption among cases reduces the likelihood of street food as a major transmission route. Additionally, the higher proportion of cases among women may reflect greater exposure at the household level, as women are more commonly involved in collection and handling of water for domestic use. The risk of infection may have been further increased by the absence of point-of-use water treatment practices (such as boiling or filtration) in affected households, thereby allowing continued exposure to contaminated water."

2. The ground water quality of dated 30/12/2025 and 01/01/2026, reported by IMC has also reveals that, Fecal coliform present in drinking water, it means there are contamination in drinking water.

3. The analysis report of ground water quality carried out by MP Pollution Control Board also reveals that Total Coliform & E Coli present in ground water sample. Out of the 52 samples collected, 50 samples tested positive for Total Coliform, with values ranging from 1.8 to 430, 40 samples tested positive for E. coli, with values ranging from 1.8 to 26. All other parameters were found to be within the prescribed limits.

4. IMC shall develop a citizen-centric mobile application and 24×7 helpline operationalized for complaint registration and dissemination of water quality

information. All the relevant information such as water Quality, Cleaning of OHT's, proposed date of Cleaning of OHT's, water quality reports should be display on one app. This app may be linked with existing IMC app 311.

5. Indore Municipal Corporation shall prioritize the reduction of Non-Revenue Water (NRW) to improve service reliability, water quality, and financial sustainability. This should include systematic maintenance and rehabilitation of the transmission and distribution network to minimize leakages and ensure a continuous, pressurized supply of safe drinking water to consumers. The IMC should establish a dedicated NRW cell for continuous monitoring, assessment, and effective management of water losses across the system.

6. The IMC shall strictly adhere to CPHEEO guidelines to prevent the occurrence of negative pressure in the drinking water supply system, as such conditions can lead to the ingress of contaminants, particularly under intermittent supply, as highlighted in Ministry of Housing and Urban Affairs (MoHUA) service level benchmarks. The Corporation should ensure maintenance of continuous positive pressure across the distribution network by maintaining adequate residual head, minimizing leakages, and regulating unauthorized suction practices. Transition towards a continuous (24×7) pressurized water supply system should be prioritized. Further, installation and proper maintenance of control devices such as air valves, pressure-regulating valves, and surge protection systems, along with regular hydraulic monitoring, should be undertaken to prevent pressure drops below atmospheric levels and to safeguard water quality.

7. IMC shall undertake immediate emergency measures to ensure safe drinking water supply in the affected areas, including shock chlorination, flushing of pipelines, and provision of alternate potable water through tankers/packaged supply.

8. The Municipal Corporation shall ensure that residual chlorine levels at consumer end are maintained (generally ≥0.2 mg/L as per CPHEEO Manual) and regular chlorination practices including pre- and post-chlorination are strictly followed.

9. A comprehensive survey of the entire water distribution network shall be carried out to identify leakages, cross-connections, illegal tapping, and points of sewage ingress, in line with CPHEEO recommendations on distribution system integrity.

10. IMC shall replace all damaged, old, and corroded pipelines in a phased and time-bound manner. As per CPHEEO Manual, water supply pipelines should not be laid below sewer lines, and a horizontal separation of at least 3.0 m and in case of vertical separation the bottom of the water main to be 0.5 m above the top of the drain or sewer must be ensured to prevent contamination.

11. Periodic cleaning and disinfection of overhead tanks, underground reservoirs, and sumps shall be undertaken as per standard operating procedures prescribed in CPHEEO Manual, with proper logbooks and third-party verification.

12. A robust water quality monitoring system shall be established as per CPCB guidelines, including routine and surprise sampling at source, treatment plants, and distribution points, with special emphasis on bacteriological parameters such as faecal coliform and E. coli.

13. Water quality monitoring frequency and parameters shall conform to BIS drinking water standards (IS 10500) and MoHUA guidelines, and all results shall be recorded, analysed, and placed in the public domain for transparency.
14. All water quality testing shall be conducted through NABL-accredited laboratories, and field-testing kits may be used for rapid assessment in vulnerable areas, as recommended by CPCB and MoHUA.IMC should

establish NABL accredited water testing laboratories at all water treatment plants and ensure that testing for pathogenic contamination is included within the NABL accreditation scope.

15. A GIS-based mapping of water supply and sewerage networks shall be developed to identify vulnerable locations such as pipeline intersections, low-pressure zones, and contamination-prone areas, in line with smart water management practices recommended by MoHUA.

16. A real-time monitoring system and Management Information System (MIS) shall be established for tracking water quality, supply schedules, complaints, and redressal status, ensuring transparency and accountability.

17. The concerned authorities shall strictly comply with provisions of the Water (Prevention and Control of Pollution) Act, 1974 and Environment (Protection) Act, 1986, including immediate reporting of contamination incidents and preventive action.

18. Fixation of responsibility shall be ensured for lapses in operation, maintenance, and monitoring of water supply systems.

19. The IMC shall adopt Standard Operating Procedures (SOPs) for prevention, detection, and response to water contamination incidents, as recommended in CPHEEO Manual and MoHUA advisories.

20. Capacity building and regular training programs shall be conducted for engineers, operators, and field staff on water quality management, system maintenance, and emergency response.
21. Public awareness campaigns shall be undertaken as per MoHUA guidelines to educate citizens regarding safe water practices, water conservation, reporting mechanisms, and hygiene.

22. Rainwater harvesting and groundwater recharge systems shall be implemented and enforced through local bye-laws, as recommended by MoHUA and CPHEEO for sustainable water management.

23. Third-party audits of water supply systems, including quality monitoring and infrastructure assessment, shall be conducted periodically to ensure compliance with MoHUA and CPHEEO standards.

24. Sewerage systems shall be upgraded and properly maintained to prevent leakage and overflow, ensuring that untreated sewage does not contaminate drinking water sources or distribution systems.

25. IMC shall connect all households to public sewer network to avoid discharge of domestic waste water in nallas & Kanh River.

26. IMC shall expedite requirement of STP's in Indore city as well as in villages included in IMC limit.

27. All Bawaris/Well should be rejuvenated, so water of these natural sources may be use for drinking purpose.

28. Regular Water supply of Narmada, may result less ground water extraction.

29. IMC shall ensure Geo tagging of Govt Borewell & chlorination of all ground Water Borewells.

30. The Hon'ble High Court of Indore Bench, through its interim order dated 27-01-2026 in WP/50628/2025, WP/50641/2025, WP/50646/2025, WP/496/2026, and WP No. 247/2026, constituted a Single-Member Judicial Commission. The Terms of Reference (TOR) of the Commission include identifying and fixing responsibility upon officers and officials found prima facie responsible for the Bhagirathpura water contamination incident. Investigation on all these aspects is being conducted by the Judicial Inquiry Commission, and the matter is currently sub-judice before the Court.

31. The incident taken place at Bhagirathpura, in region of Indore Municipal Corporation (IMC). IMC is responsible for supply of clean water & treatment of domestic waste water; hence IMC may be impleaded as respondent in this case.

Enclosed :Annexure 1 to 16

Mayank Parmar,
Executive Engineer,
WRD Indore

Shri Rahil Gupta,
In charge Executive Engineer, Directorate Urban Administration and Development Department Bhopal

Satish Kumar Chouksey,
Regional Officer, M.P. Pollution Control Board, Indore

Manish

Manish Kumar Goyal,
Department of Civil Engineering, Indian Institute of Technology, Indore

Sunil Kumar Meena,
Scientist-E, Central Pollution Control Board Bhopal

P.C. Uchariya,
Senior Scientific Officer, M.P. Pollution Control Board Bhopal

Annexure-1

मध्यप्रदेश शासन

पर्यावरण विभाग

मंत्रालय, वल्लभ भवन, भोपाल

क्रमांक **ENV/0033/2026-Sec-1-66(ENV),** भोपाल, दिनांक **27-01-2026**

प्रति,

सदस्य सचिव,
मध्यप्रदेश प्रदूषण नियंत्रण बोर्ड,
भोपाल ।

विषय :- माननीय एन.जी.टी. का प्रकरण क्रमांक **05/2026 (सीजेड) -** श्री राशिद नूर खान एवं प्रकरण क्रमांक **06/2026-** श्री कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन एवं अन्य ।

संदर्भ :- आपका पत्र क्रमांक **176/विधि/NGT(CZ)/प्रनिबो/2026,** दिनांक **20** जनवरी **2026.**

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विषयांकित प्रकरण में कृपया संदर्भित पत्र का अवलोकन करें । माननीय राष्ट्रीय हरित अधिकरण द्वारा पारित आदेश दिनांक **15/01/2026** के अनुक्रम में गठित सयुक्त समिति में प्रमुख सचिव, पर्यावरण विभाग के प्रतिनिधि के रूप में वरिष्ठ वैज्ञानिक अधिकारी, मध्यप्रदेश प्रदूषण नियंत्रण बोर्ड, भोपाल को नामांकित किया जाता है ।

Digitally signed by
Varsha Solanki
Date: 27-01-2026
18:36:53

VARSHA SOLANKI

DEPUTY SECRETARY

ENVIRONMENT DEPARTMENT

पृष्ठांकन क्रमांक **ENV/0033/2026-Sec-1-66(ENV),** भोपाल, दिनांक **27-01-2026**

प्रतिलिपि :-

(1) वरिष्ठ वैज्ञानिक अधिकारी, मध्यप्रदेश प्रदूषण नियंत्रण बोर्ड, मुख्यालय भोपाल ।

(2) ऑर्डर बुक ।

की ओर सूचनार्थ एवं आवश्यक कार्यवाही हेतु अग्रेषित ।

(DIGITALLY SIGNED)

VARSHA SOLANKI

DEPUTY SECRETARY

ENVIRONMENT DEPARTMENT

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मध्यप्रदेश शासन
नगरीय विकास एवं आवास विभाग
मंत्रालय, भोपाल
//आदेश//

भोपाल, दिनांक 5/2/ 2026

क्रमांक 254/UDH/0258/2026-Sec-7(Engg)-UAD :: सिविल प्रक्रिया संहिता 1908 के आदेश 27 के नियम 1 एवं 2 में प्रदत्त शक्तियों को प्रयोग में लाते हुए आदेश क्र./न्या.प्र./12/2026/340 दिनांक 23.01.2026 से सुश्री प्रिया पटेल, सहायक यंत्री, नगरीय प्रशासन एवं विकास को **एन.जी.टी. ओ.ए. क्रमांक 6/2026 श्री कमल कुमार राठी विरुद्ध मध्यप्रदेश शासन एवं अन्य** में प्रभारी अधिकारी नियुक्त किया गया था। उपरोक्त आदेश में आंशिक संशोधन करते हुए **श्री राहिल गुप्ता, प्रभारी कार्यपालन यंत्री, संचालनालय, नगरीय प्रशासन एवं विकास, म.प्र.** को मध्यप्रदेश राज्य के लिये उसकी ओर से अभिवचनों पर हस्ताक्षर करने, उन्हें सत्यापित करने, कार्य करने, आवेदन करने और उपसंज्जत होने के लिए **प्रभारी अधिकारी नियुक्त** करता है। उपरोक्त के अनुक्रम में प्रभारी अधिकारी को यह निर्देशित किया जाता है, कि वह मध्यप्रदेश शासन, विधि और विधायी कार्य विभाग की नियमावली में वर्णित कर्तव्यों के अतिरिक्त यह अपनी नियुक्ति के तुरंत पश्चात अन्य बातों के साथ ऐसी रीति में जिसके ब्यौरे नीचे दिए गए हैं, कार्य करेगा:-

(1) यह कि प्रभारी अधिकारी मामले के बारे में तुरंत ऐसी जांच करेगा, जैसे कि आवश्यकता हो और प्रकरण से संबंधित समस्त सुसंगत फाइले, दस्तावेज, नियम, अधिसूचनाएं, निर्देश तथा आदेश एकत्रित करेगा तथा उक्त रिपोर्ट एवं सामग्री के साथ शासकीय अधिवक्ता से संपर्क करेगा।

(2) यह कि प्रभारी आधकारी रिट याचिका में उठाये गए समस्त बिंदुओं पर पैरा अनुसार शासकीय अधिवक्ता की सहायता से लिखित कथन/उत्तर तैयार करवायेगा।

(3) यह कि जिस मामले के संचालन में महाधिवक्ता/शासंकीय अधिवक्ता को सहायता पहुंचाने की संभावना है, रिपोर्ट तैयार करेगा। यदि किसी प्रक्रम पर विधि और विधायी कार्य विभाग से परामर्श किया गया है, तो उस परामर्श को भी रिपोर्ट में विनिर्दिष्ट किया जाएगा।

(4) यह कि प्रभारी अधिकारी मामले को तैयार और संचालन करने में शासकीय अधिवक्ता को सहयोग प्रदान करेगा और मामले, उसके प्रक्रम और प्रगति में नियत किए गए कर्तव्यों से स्वयं को सदैव ही सचेत रखेगा।

(5) यह कि प्रभारी अधिकारी मामला तैयार करने में शासकीय अधिवक्ता को हर संभव सहयोग करेगा तथा इस बात के लिए उत्तरदायी रहेगा की कोई महत्वपूर्ण तथ्य या दस्तावेज अप्रकटित या छुपा हुआ न रह जाये। यह सुनिश्चित करने का प्रभारी अधिकारी का व्यक्तिगत दायित्व होगा, कि प्रकरण में न्यायालय में उचित रूप से प्रतिवाद किया गया है।

(6) यह कि किसी विशिष्ट प्रकरण में विपरीत आदेश पारित किए जाने की दशा में, आदेश की प्रमाणित प्रति के साथ अवश्यक मत लेने के लिए महाधिवक्ता कार्यालय से शीघ्र संपर्क करने में व्यक्तिगत उत्तरदायित्व प्रभारी अधिकारी पर होगा और यह उक्त मत के अनुसार परिसीमा के बिंदु को ध्यान में रखते हुए कार्य करेगा।

(7) यह कि प्रभारी अधिकारी प्रकरण के पूरी तरह समाप्त होने तक उसे समनुदेशित प्रत्येक प्रकरण को संभालने के लिए उत्तरदायी होगा। यह नियमित रूप से उसे समनुदेशित प्रकरण के संबंध में न्यायालयीन कार्यवाहियों का पर्यवेक्षण करेगा और मासिक रूप से न्यायालयीन प्रकोष्ठ के सक्षम अधिकारी को उक्त संबंध में प्रास्थिति प्रतिवेदन प्रेषित करेगा।

(8) यह कि प्रभारी अधिकारी अपनी रिपोर्ट के साथ आदेश निर्णय की प्रमाणित प्रति तथा शासकीय अधिवक्ता की तय आगामी कार्रवाई किये आने के लिए विभागाध्यक्ष के माध्यम से राज्य सरकार को प्रेषित करेगा।

(9) यह कि प्रभारी अधिकारी यह भी सुनिश्चित करेगा, कि अभ्यावेदन करने, प्रमाणित प्रतियां प्राप्त करने, रिपोर्ट बनाने, राय प्राप्त करने और उसकी सूचना देने में समय नष्ट न हो। प्रभारी अधिकारी का यह कर्तव्य होगा, कि जैसे ही किसी वाद का विनिश्चिय होता है, तो यह परिणाम की रिपोर्ट विभागाध्यक्ष के माध्यम से राज्य सरकार को प्रेषित करे।

(10) यह कि प्रभारी अधिकारी इस बात के लिए भी उत्तरदायी होगा, कि उन मामलों में जहां किसी वाद के प्रक्रम में पारित किए गए किसी अंतरिम आदेश में पुनरीक्षण अपेक्षित है, समय पर कार्यवाही की गई है, अतएव जैसे ही उस मामले में निर्णय पारित हो जाए, विभागाध्यक्ष के माध्यम से अपनी अनुशंसा के साथ राज्य सरकार को अग्रेषित करेगा।

Digitally signed by
PRAMOD KUMAR SHUKLA
Date: 04-02-2026
18:19:59

(प्रमोद कुमार शुक्ला)
उप सचिव
मध्यप्रदेश शासन
नगरीय विकास एवं आवास

पृ. क्र. 255/UDH/0258/2026-Sec-7(Engg)-UAD , भोपाल, दिनांक04-02-2026

प्रतिलिपि:-

1. अपर मुख्य सचिव, मध्यप्रदेश प्रसन, नगरीय विकास एवं आवास विभाग, मंत्रालय, भोपाल।
2. प्रमुख सचिव, मध्यप्रदेश शासन, विधि और विधायी कार्य विभाग, विंध्याचल भवन, भोपाल।

आयुक्त, नगरीय प्रशासन एवं विकास, मध्यप्रदेश, पालिका भवन, शिवाजी नगर, भोपाल।

4. कलेक्टर, जिला-भोपाल।

5. स्थाई शासकीय अधिवक्ता, मध्यप्रदेश शासन माननीय राष्ट्रीय हरित अभिकरण, नई दिल्ली।

6. संभागीय संयुक्त संचालक, नगरीय प्रशासन एवं विकास, भोपाल संभाग भोपाल।

7. श्री राहिल गुप्ता, प्रभारी कार्यपालन यंत्री, संचालनालय, नगरीय प्रशासन एवं विकास, भोपाल।

8. सुश्री प्रिया पटेल, सहायक यंत्री, संचालनालय, नगरीय प्रशासन एवं विकास, भोपाल।

की और सूचनार्थ एवं आवश्यक कार्रवाई हेतु अग्रेषित ।

हस्ता/-
उप सचिव
मध्यप्रदेश शासन
नगरीय विकास एवं आवास

मध्यप्रदेश शासन
जल संसाधन विभाग
मंत्रालय

पत्र क्र. 22 (ए) 394–36/एमपीएस/31//174 भोपाल, दिनांक 23/02/2026

प्रति,

श्री सतीश कुमार चौकसे
प्रभारी अधिकारी
एनजीटी प्रकरण क्र. 05/2026 एवं 06/2026
म.प्र.प्रदूषण नियंत्रण बोर्ड
पर्यावरण परिसर, ई–5, अरेरा कालोनी
भोपाल

विषय :– माननीय एनजीटी, भोपाल बेंच प्रकरण क्र. 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इंदौर व अन्य) एवं 06/2026 (कमल कुमार राठी विरूद्ध म.प्र.शासन व अन्य) में दिनांक 15.01.2026 को पारित आदेश बावत्।

संदर्भ :– आपका पत्र क्र. 479/क्षे.का.इं./2026, दिनांक 10.02.2026

विषयांतर्गत माननीय एनजीटी, भोपाल बेंच द्वारा प्रकरण क्र. 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इंदौर व अन्य) एवं 06/2026 (कमल कुमार राठी विरूद्ध म.प्र.शासन व अन्य) में दिनांक 15.01.2026 को पारित निर्णय के अनुपालन में गठित समिति में जल संसाधन विभाग की ओर से सदस्य के रूप में श्री मयंक परमार, कार्यपालन यंत्री, जल संसाधन संभाग इंदौर को नामांकित किया जाता है। श्री मयंक परमार का सम्पर्क सूत्र–9752927473 है।

Digitally signed by
RAHUL DHOTE
Date: 18-02-2026
19:42:28

(राहुल नामदेव धोटे)
उप सचिव
म.प्र.शासन, जल संसाधन विभाग

पृष्ठाकन क्र. 22 (ए) 394–36/एमपीएस/31//175 भोपाल, दिनांक 23/02/2026

प्रतिलिपि :–

1. प्रमुख अभियंता, जल संसाधन विभाग, भोपाल।
2. कलेक्टर जिला इंदौर।
3. श्री मयंक परमार, कार्यपालन यंत्री, जल ससांधन संभाग इंदौर की ओर सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित। मध्यप्रदेश प्रदूषण नियंत्रण बोर्ड, भोपाल के पत्र दिनांक 10.02.2026 के माध्यम से प्राप्त प्रकरण क्रमांक 05/2026 एवं 06/2026 में माननीय एन.जी.टी., भोपाल बेंच द्वारा दिनांक 15.01.2023 को पारित निर्णय की प्रति सुलभ संदर्भ एवं आवश्यक कार्यवाही हेतु सलग्न कर लेख है कि प्रकरण के संबंध में कृपया क्षेत्रीय अधिकारी, क्षेत्रीय कार्यालय, मध्यप्रदेश प्रदूषण नियंत्रण बोर्ड, इंदौर से सम्पर्क/समन्वय स्थापित कर अपेक्षित कार्यवाही में सहयोग प्रदान करे।

सहपत्रः– उपरोक्तानुसार

उप सचिव
म.प्र.शासन, जल संसाधन विभाग

Letter 2021

rediff MAIL Mailbox of romppcb_indore@rediffmail.com

Subject: Fwd: Nomination to the Committee constituted by the NGT -reg.

From: Registrar, IIT Indore <registrar@iiti.ac.in> on Thu, 05 Mar 2026 13:11:40

To: romppcb_indore@rediffmail.com

Cc: Registrar Secretary <registrar.secretary@iiti.ac.in>, PS to Director <psdirector@iiti.ac.in>, "Dr. Manish Kumar Goyal" <mkgoyal@iiti.ac.in>

Dear Sir,

Please refer to the trailing mail, Prof. Manish Kumar Goyal, Professor, Department of Civil Engineering Mobile no. 9435880989 is nominated as a committee member constituted by the NGT.

Thank You

Regards / सादर,

एस.पी. होता / S.P. Hota
कुलसचिव / Registrar
भारतीय प्रौद्योगिकी संस्थान इंदौर / Indian Institute of Technology Indore
सिमरोल, खंडवा रोड, इंदौर / Simrol, Khandwa Road, Indore
पिन - 453 552, भारत / PIN - 453 552, India
Tele: +91-731-6603518 (D)
: +91-731-6603535 (Office)
Website: www.iiti.ac.in

--------- Forwarded message ---------
From: **Registrar, IIT Indore** <registrar@iiti.ac.in>
Date: Sat, Jan 31, 2026 at 6:21 PM
Subject: Nomination to the Committee constituted by the NGT -reg.
To: Dr. Manish Kumar Goyal <mkgoyal@iiti.ac.in>
Cc: Head Department of Civil Engineering <hodce@iiti.ac.in>, Dean of Faculty Affairs <dofa@iiti.ac.in>, Dean of Research and Development <dord@iiti.ac.in>, PS to Director <psdirector@iiti.ac.in>, <it_mppcb@rediffmail.com>

ear Sir, Good evening.

This is to inform you that the Central Zone Bench of the National Green Tribunal (NGT), Bhopal has constituted a high-level six-member committee to investigate the recent water contamination across Madhya Pradesh including Indore city. The committee needs to submit a report within six weeks as the next hearing is scheduled on 30th March 2026.

The Observation of the NGT is as below:

"The committee comprises **an expert nominated by the Director of IIT Indore,** representative of Central Pollution Control Board, Bhopal, principal secretary of the state's environment department, principal secretary, urban administration and development department, representative of water resources department and representative of the MP Pollution Control Board as nodal agency."

Accordingly, You are nominated from the Institute to be part of the Committee. You are free to coordinate with other internal experts of the Institute.

Detail copy of the communication received from the NGT nad MP PCB will be shared with your seprately.

Thank You.

Regards / सादर,

एस.पी. होता / S.P. Hota
कुलसचिव / Registrar
भारतीय प्रौद्योगिकी संस्थान इंदौर / Indian Institute of Technology Indore
सिमरोल, खंडवा रोड, इंदौर / Simrol, Khandwa Road, Indore
पिन - 453 552, भारत / PIN - 453 552, India
Tele: +91-731-6603518 (D)
: +91-731-6603535 (Office)
Website: www.iiti.ac.in

क्षेत्रीय निदेशालय (मध्य), भोपाल

केन्द्रीय प्रदूषण नियंत्रण बोर्ड

(पर्यावरण, वन एवं जलवायु परिवर्तन मंत्रालय, भारत सरकार)

CM-13012/8/2026-LAW-RD Bhopal/24956/ 1407

दिनांक 03 फरवरी 2026

Most urgent
NGT Case

प्रति,

सदस्य सचिव
मध्य प्रदेश प्रदूषण नियत्रण बोर्ड
पर्यावरण परिसर, ई-5, अरेरा कॉलोनी
भोपाल – 462016

विषय: NGT OA No. 05/2026 (CZ) "Mr. Rashid Noor Khan Vs. Collector, Indore & Ors." and OA No. 06/2026 (CZ) "Kamal Kumar Rathi Vs. State of Madhya Pradesh & Ors." में अधिकारी के नामाकन बाबत।

संदर्भ: माननीय एन.जी.टी. द्वारा पारित आदेश दिनांकः 15/01/2026

महोदय,

कृपया माननीय एन.जी.टी. द्वारा दिनांकः 15/01/2026 को विषयांकित प्रकरण में पारित आदेश का अवलोकन करने का कष्ट करें । विषयांकित प्रकरण में माननीय एन जी.टी. द्वारा संयुक्त समिति का गठन किया गया है, जिसमें प्रमुख सचिव, पर्यावरण, मध्य प्रदेश; प्रमुख सचिव, शहरी प्रशासन एवं विकास विभाग, मध्य प्रदेश; विभाग प्रमुख, जल ससाधन विभाग, मध्य प्रदेश; डायरेक्टर, इंडियन इंस्टीट्यूट ऑफ टेक्नोलॉजी, इंदौर; केंद्रीय प्रदूषण नियंत्रण बोर्ड तथा सदस्य सचिव, मध्य प्रदेश प्रदूषण नियत्रण बोर्ड के प्रतिनिधि शामिल हैं।

आदेश के अनुसार उक्त समिति द्वारा स्थल निरीक्षण करने के उपरात Factual & Action Taken Report तैयार कर छः सप्ताह के भीतर माननीय एन.जी.टी. के समक्ष प्रस्तुत करनी होगी । प्रकरण में सुनवाई की अगली तिथि दिनांक 30/03/2026 को नियत की गई है । उक्त प्रकरण में राज्य प्रदूषण नियंत्रण बोर्ड नोडल एजेंसी होगी ।

उक्त कार्य हेतु इस कार्यालय से श्री सुनील कुमार मीणा, वैज्ञानिक 'ई' (मोबाइल नं.- 9617007250, ईमेल- sunil.cpcb@gov.in) को नामित किया गया है । अनुरोध है कि उपरोक्त हेतु निरीक्षण की तिथि निर्धारित कर इस कार्यालय को सूचित करने का कष्ट करें ।

भवदीय,
03/02/26
(डॉ. अजीत कुमार विद्यार्थी)
क्षेत्रीय निदेशक

प्रतिलिपिः

1. डिवीजनल हेड, विधि अनुभाग, के प्र.नि.बो., दिल्ली – की ओर कृपया सूचनार्थ ।
2. क्षेत्रीय अधिकारी, म.प्र.प्र.नि.बो., भोपाल एवं इंदौर } की ओर कृपया सूचनार्थ एवं
3. श्री सुनील कुमार मीणा, वैज्ञानिक- 'ई', के.प्र.नि.बो., भोपाल } आवश्यक कार्यवाही हेतु ।

क्षेत्रीय निदेशक

मध्यप्रदेश प्रदूषण नियंत्रण बोर्ड,

पर्यावरण परिसर,ई-5,अरेरा कॉलोनी,भोपाल-462016

Fax No :+91-755-2463742 E-mail : it_mppcb@rediffmail.com

LiFE Lifestyle for Environment

क्रमाक 177 /विधि/एनजीटी/प्रनिबो/2026 भोपाल, दिनांक 20 JAN 2026

// कार्यालय आदेश //

सिविल प्रकिया संहिता 1908 (1908 का अधिनियम सख्याक 5) के आदेश सत्ताईस के नियम 1 तथा 2 के अधीन प्रदत्त शक्तियों को प्रयोग में लाते हुये क्षेत्रीय अधिकारी, क्षेत्रीय कार्यालय म०प्र० प्रदूषण नियत्रण बोर्ड, इन्दौर को (पक्षकारों के नाम) माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल बेच, भोपाल के प्रकरण क्रमाक 05/2026(CZ) (राशिद नूर खॉन विरूद्व कलेक्टर, इन्दौर व अन्य), 06/2026 (कमल कुमार राठी विरूद्व मध्यप्रदेश शासन व अन्य) में म०प्र० प्रदूषण नियत्रण बोर्ड की ओर से प्रभारी अधिकारी के रूप में अभिवचनों पर हस्ताक्षर करने और उन्हे सत्यापित करने के लिये तथा कार्य करने आवेदन पत्र करने और उपसजात होने के लिये नियुक्त करते हैं। प्रभारी अधिकारी को यह आदेश दिया जाता है, कि म०प्र० विधि और विधायी कार्य विभाग नियमावली में वर्णित कतर्व्यों तथा उत्तदायित्वों के अतिरिक्त वह अपनी नियुक्त के तुरन्त पश्चात अन्य बातों के साथ ऐसी रीति में जिसके ब्यौरे नीचे दिये गये है, निम्नलिखित कार्य करेगा:-

(1) प्रभारी अधिकारी, मामले के तथ्यों के बारे में तुरन्त ऐसी जॉच करेगा जैसा कि आवश्यक हो और याचिका मे उठाये गये समस्त विन्दुओ का पैरा अनुसार उत्तर देते हुये और ऐसी अतिरिक्त जानकारी देते हुये, जिनसे कि मामले के सचालन में बोर्ड अभिभाषक को सहायता पहुचाने की सभावना हो। रिपोर्ट तैयार करेगा। यदि किसी प्रकरण पर विधि विभाग से परामर्श किया गया था तो उस विभाग की राय भी रिपोर्ट में विनिदिर्षट रूप से निर्दिष्ट की जावे।

(2) समस्त सुसगत फाइलें, दस्तावेज, नियम, अधिसूचना तथा आदेश एकत्रित करेगा।

(3) याचिका में उठाये गये समस्त बिन्दुओं का पैरा अनुसार उत्तर देते हुये और ऐसी अतिरिक्त जानकारी देते हुये जिनसे की बोर्ड द्वारा नियुक्त अभिभाषक को सहायता पहुचाने की सभावना है, एक रिपोर्ट तैयार करेगा।

(4) उक्त रिर्पोट तथा सामाग्री के साथ बोर्ड अधिवक्ता से सम्पर्क करेगा।

(5) बोर्ड अधिवक्ता की सहायता से लिखित कथन/उत्तर तैयार करवायेगा।

(6) प्रभारी अधिकारी निम्नलिखित कागजपत्र भेजेगा:-

(1) बादपत्र की एक प्रति के साथ बोर्ड की एक रिर्पोट।

(2) प्रस्तावित लिखित कथन का एक प्रारूप।

(3) उन सभी दस्तावेजों की एक पूरी सूची, जिन्हें साक्ष्य स्वरूप फाईल करना माननीय राष्ट्रीय हरित अधिकरण, प्रिंसिपल/सेन्ट्रल बेंच में प्रस्तावित है, और जिनकी प्रस्तुत रिपोर्ट अपेक्षा की गई है ।

(4) मामले के विशादीकरण के लिये आवश्यक कागज पत्रों की प्रतियां इसमें बाद की सुनवाई की तारीख भी वर्णित होनी चाहिये ।

(7) मामले की तैयारी और संचालन करने में बोर्ड अधिवक्ता का सहयोग करना और मामले उसके प्रक्रम और प्रगति में नियत किये गये कर्तव्यों से स्वय को सदैव ही अवगत रखना।

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Steno I/II
27/1/26

(8) जब भी कोई आदेश/निर्णय विशिष्ट तया बोर्ड़ के विरूद्व पारित किया जाता है तो बोर्ड़ को सूचित करना तथा उसकी प्रमाणित प्रति प्राप्त करने के लिये उसी दिन या आगामी कार्य दिवस को आवेदन करना ।

(9) अपनी रिपोर्ट के साथ आदेश/निर्णय की प्रमाणित प्रति तथा बोर्ड अधिवक्ता की राय अगली कार्यवाही के किये जाने के लिये इस बोर्ड को भेजेगा।

(10) यह देखना कि आवेदन करने मे तथा प्रमाणित प्रतियां प्राप्त करने, रिपोर्ट बनाने राय प्राप्त करने और उसकी सूचना देने मं समय नष्ट नहीं हो ।

(11) जैसे कि उसे अपना स्थानान्तरण आदेश प्राप्त होता है वह अर्धशासकीय पत्र के माध्यम से तत्काल जानकारी देगा। वह वर्तमान पद का भार सोप देने के पश्चात भी जब तक प्रभारी अधिकारी बना रहेगा, जब तक अन्य प्रभारी अधिकारी नियुक्त नहीं कर दिया जाये।

(12) प्रभारी अधिकारी,मामला तैयार करने में बोर्ड़ अधिवक्ता को हर संभव सहयोग देगा तथा इस बात के लिये उत्तरदायी होगा कि कोई महत्वपूर्ण पत्र या दस्तावेज आप्रकटिक/छुपी हुई न रह जाये।

(13) प्रभारी अधिकारी या लोक अभियोजक मुर्करर है तो वह जैसे ही विनिश्चय होता है परिणाम की रिपोर्ट सदस्य सचिव को करेगा। निर्णय की एक प्रति अभी प्राप्त की जाये और रिपोर्ट के साथ भेजी जाये।

(14) प्रभारी अधिकारी या यदि लोक अभियोजक मुर्करर है तो वह इस बात के लिये उत्तरदायी होगा कि उन मामलों में जहॉ किसी वाद के प्रक्रम में कार्य किये गये किसी अंतरिम आदेश का पुर्नरीक्षण आपेक्षित है। समय पर कार्यवाही की गई है। अतएव वह इस आदेश की प्रति जैसे ही पारित की जाये सदस्य सचिव को अपनी अनुशंसा के साथ बोर्ड़ को अग्रेषित करें ।

संलग्नः- उपरोक्तानुसार ।

सक्षम प्राधिकारी द्वारा अनुमोदित

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Date: 19-01-2026 05:04 pm

अधीक्षण यंत्री(विधि)

मध्यप्रदेश प्रदूषण नियत्रण बोर्ड,भोपाल

पृ०क्र० 178 /विधि/एनजीटी/प्रनिबो/2026, भोपाल, दिनाक 20 JAN 2026

प्रतिलिपिः-

(1) क्षेत्रीय अधिकारी, क्षेत्रीय कार्यालय, म०प्र० प्रदूषण नियंत्रण बोर्ड, इन्दौर प्रभारी अधिकारी की ओर अग्रेषित साथ ही बोर्ड अधिवक्ता से सम्पर्क करने तथा अपनी प्रत्येक भेंट (विजिट) पर बोर्ड अधिवक्ता से आगे की कार्यवाही के लिये सलाह करने और मामले मे अपनी प्रगति रिपोर्ट के साथ सदस्य सचिव को भेजने हेतु अग्रेषित मामले की प्रगति रिपोर्ट की एक प्रति बोर्ड को सदैव ही भेजी जावे। कृपया प्रकरण की आगामी सुनवाई से पूर्व रिपोर्ट माननीय अधिकरण के समक्ष प्रस्तुत करें, ताकि निर्धारित समयावधि में माननीय एनजीटी के आदेश का पालन हो सके।

(2) श्रीमती पारूल भदौरिया, रिटेनर, सी-609, यूसीआई लॉयर्स चेम्बर, भोपाल की ओर आवश्यक कार्यवाही हेतु प्रेषित।

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Date: 19-01-2026 05:04 pm

अधीक्षण यंत्री(विधि)

मध्यप्रदेश प्रदूषण नियत्रण बोर्ड,भोपाल

Annexure-2

MADHYA PRADESH POLLUTION CONTROL BOARD

Water Quality during Year

Natural Water Resource : Kanh river at Bhaghirathpura ,Indore XGN ID: 141936

Duration :2025-01-01-2026-02-05

Sr No	Parameters	Unit	Feb (18-02-2025)	March (18-03-2025)	April (29-04-2025)	May (07-05-2025)	June (11-06-2025)	July (09-07-2025)	Aug (07-08-2025)	Sep (09-09-2025)	Oct (22-10-2025)	Nov (04-11-2025)	Dec (02-12-2025)	Jan (15-01-2026)
1	Alkalinity as CaCO3	mg/l	192	240	220	272	200	220	220	292	352	300	240	272
2	Ammonical Nitrogen	mg/l	0.96	0.96	0.122	0.8	0.23	0.76	0.13	0.46	1	0.81	0.51	0.042
3	B.O.D (3 Days 27oC)	mg/l	14	20	16	14	14	25	12	14	15	10	9	7
4	Boron	mg/l	0.009	0.011	0.01	0.018	0.05	0.023	0.01	0.07	0.09	0.011	0.008	0.009
5	Calcium Hardness as CaCO3	Mg/Lts	160	200	224	200	240	200	232	236	280	220	192	268
6	Chemical Oxygen Demand	mg/l	61	80	58.8	52	56	75	56	46	55	40	47.42	32
7	Chloride	mg/l	113.96	149.95	120.53	114.96	159.68	115.7	146.78	176.11	124.47	117.96	121.96	137.97
8	Colour	Pt.Co.Scale	5	5	5	5	15	5	15	10	5	5	5	10
9	Conductivity	micromho/cm	1135.7	1308.1	1222	858.7	1110	1153.7	1180	1009.1	1137	1057.5	1050.4	1023
10	Dissolved Oxygen	mg/l	0	0	2.4	0	0	0	0	2.2	0	0	0	2.7
11	Fecal Coliform	MPN/100 ml	34	110	350	430	430	170	350	540	920	350	630	920
12	Fixed Dissolved Solids	mg/l	630	700	504	418	590	700	520	550	318	720	500	430
13	Fluoride	mg/l	0.84	1.3	0.62	1.18	0.9	1.36	1.1	0.84	1.03	1.09	1.02	1.01
14	Magnesium Hardness as CACO3	Mg/Lts	84	100	56	76	80	152	120	104	144	60	60	72
15	Nitrate	mg/l	2.8	3.04	3.3	3.8	3.96	4.1	2.98	2.86	3.94	3.03	2.84	2.11
16	Nitrite	mg/l	0.12	0.093	0.08	0.11	0.02	0.094	0.04	0.38	0.18	0.09	0.093	0.047
17	pH	pH Units	7.31	7.4	7.22	7.75	7.64	7.6	7.42	7.6	7.63	7.44	7.6	7.45
18	Phosphate	mg/l	1.69	1.82	0.74	0.98	0.86	1.4	0.62	1.28	2.08	1.64	1.6	1.41
19	Potassium	mg/l	2	2.3	2.4	6	6.96	3	2.9	2.2	2.8	3	2.5	2.8
20	Sodium	mg/l	38.6	22	46.4	54	62.86	38.3	31.89	26.9	30.14	30.6	24.5	38.13
21	Sulphate	mg/l	36.09	28.4	21.4	35.2	36.8	48.2	21.6	32.16	27.9	26.9	27.03	32.11
22	Suspended Solids	mg/l	78	120	64	108	45	80	48	57	82	81	73	60
23	Temperature	Centigrade	20	21	20.5	20.5	20	20	20	19.5	19.5	19.5	19	20
24	Total coliform	MPN/100 ml	2200	1400	1600	1700	2100	2400	920	2200	2400	1600	2100	5400
25	Total Dissolved Solids	mg/l	800	1084	757	630	766	1000	788	860	909	832	692	780
26	Total Hardness as CaCO3	mg/l	244	300	280	276	320	352	352	340	424	280	252	340
27	Total Kjeldahl Nitrogen	mg/l	11.76	15.68	13.16	11.76	14.56	28.01	12.32	10.08	9.52	11.2	8.4	11.2
28	Total Solids	mg/l	878	1204	821	738	811	1080	836	917	991	913	765	840
29	Turbidity	N.T.U.	17.2	27.7	24	19.3	11.16	25	14.9	15.6	14.7	18.8	24.8	12.6
Category			E	E	E	E	E	E	E	E	E	E	E	E

Dr. Saroj Shrivastav
Chief Chemist & In-charge
Regional Laboratory
M.P. Pollution Control Board, Indore

MADHYA PRADESH POLLUTION CONTROL BOARD

Water Quality during Year

Natural Water Resource : Kanh river near Ahilya ashram ,Indore XGN ID: 141935

Duration :2025-01-01-2026-02-05

Sr No	Parameters	Unit	Feb(17-02-2025)	March(18-03-2025)	April(04-04-2025)	May(07-05-2025)	June(11-06-2025)	July(09-07-2025)	Aug(11-08-2025)	Sep(09-09-2025)	Oct(22-10-2025)	Nov(04-11-2025)	Dec(02-12-2025)	Jan(15-01-2026)
1	Alkalinity as CaCO3	mg/l	196	244	220	280	224	220	220	272	360	320	260	296
2	Ammonical Nitrogen	mg/l	0.92	0.94	0.16	0.72	0.2	0.98	0.2	0.48	0.98	0.92	0.523	0.062
3	B.O.D (3 Days 27oC)	mg/l	16	16	8	10	14	22	18	12	10	12	11	16
4	Boron	mg/l	0.014	0.011	0.01	0.01	0.06	0.021	0.07	0.08	0.07	0.01	0.009	0.01
5	Calcium Hardness as CaCO3	Mg/Lts	224	204	230	180	244	200	240	220	240	212	220	240
6	Chemical Oxygen Demand	mg/l	78	70	48	42	50	70	80	40	40	47	59.28	79
7	Chloride	mg/l	139.95	174.94	189.62	99.96	174.65	102.2	163.92	185.89	103.72	131.95	135.95	128.1
8	Colour	Pt.Co.Scale	5	5	15	5	5	5	15	10	5	5	5	10
9	Conductivity	micromho/cm	1226	1310.9	1335	51.1	1280	1156.9	1174	1030.2	993.9	1086.8	1100	1092
10	Dissolved Oxygen	mg/l	0	0	2.4	0	0	0	0	2.6	0	0	0	1.4
11	Fecal Coliform	MPN/100 ml	94	110	14	430	430	110	430	350	540	430	700	1600
12	Fixed Dissolved Solids	mg/l	680	730	614	412	515	600	550	550	278	744	538	540
13	Fluoride	mg/l	1.08	1.09	0.9	1.12	0.98	1.04	0.99	0.79	0.82	1.06	1.03	1.06
14	Magnesium Hardness as CACO3	Mg/Lts	76	88	90	80	96	128	50	164	112	72	60	80
15	Nitrate	mg/l	3.74	2.86	2.96	2.76	3.16	3.8	3.18	3.16	3.74	2.73	3.12	2.41
16	Nitrite	mg/l	0.18	0.082	0.03	0.09	0.02	0.11	0.02	0.39	0.084	0.11	0.1	0.061
17	pH	pH Units	7.48	7.62	7.6	7.73	7.25	7.4	7.46	7.5	7.42	7.46	7.62	7.49
18	Phosphate	mg/l	2.67	1.8	0.98	0.93	0.94	1.4	0.86	1.88	1.16	1.43	1.72	1.4
19	Potassium	mg/l	2.3	2	10.93	6	6.96	3	7.02	2.16	2	3.2	2.6	3.8
20	Sodium	mg/l	28.2	20.6	78.1	48	60.86	39.3	61.12	22.6	26.8	28.43	25.8	56.1
21	Sulphate	mg/l	29.92	25.2	28.08	32.8	30	26.4	32.11	29.86	24.8	24.6	27.93	38.16
22	Suspended Solids	mg/l	122	98	82	110	60	68	74	60	60	78	79	72
23	Temperature	Centigrade	19.5	21	21	20.5	20	20	19.5	20	19.5	19.5	19	20
24	Total coliform	MPN/100 ml	2400	1200	540	1600	2400	2400	2400	1600	1600	1600	2800	7900
25	Total Dissolved Solids	mg/l	977	1022	944	610	770	922	780	810	794	868	770	782
26	Total Hardness as CaCO3	mg/l	300	292	320	260	340	328	290	384	352	284	280	320
27	Total Kjeldahl Nitrogen	mg/l	47.62	14.56	11.76	10.6	14.007	19.6	10.64	8.4	7.84	12.88	11.2	18.48
28	Total Solids	mg/l	1099	1120	1026	720	830	990	854	870	854	946	849	854
29	Turbidity	N.T.U.	6.8	25	12.7	19.2	13.8	23.6	12.4	14.1	8.3	19.6	27.6	13.8
Category			E	E	E	E	E	E	E	E	E	E	E	E

Dr. Saroj Shrivastav
Chief Chemist & In-charge
Regional Laboratory
M.P. Pollution Control Board, Indore

Water Quality during Year

Natural Water Resource : Kanh river at Khatipura ,Indore XGN ID: 141937

Duration :2025-01-01-2026-02-05

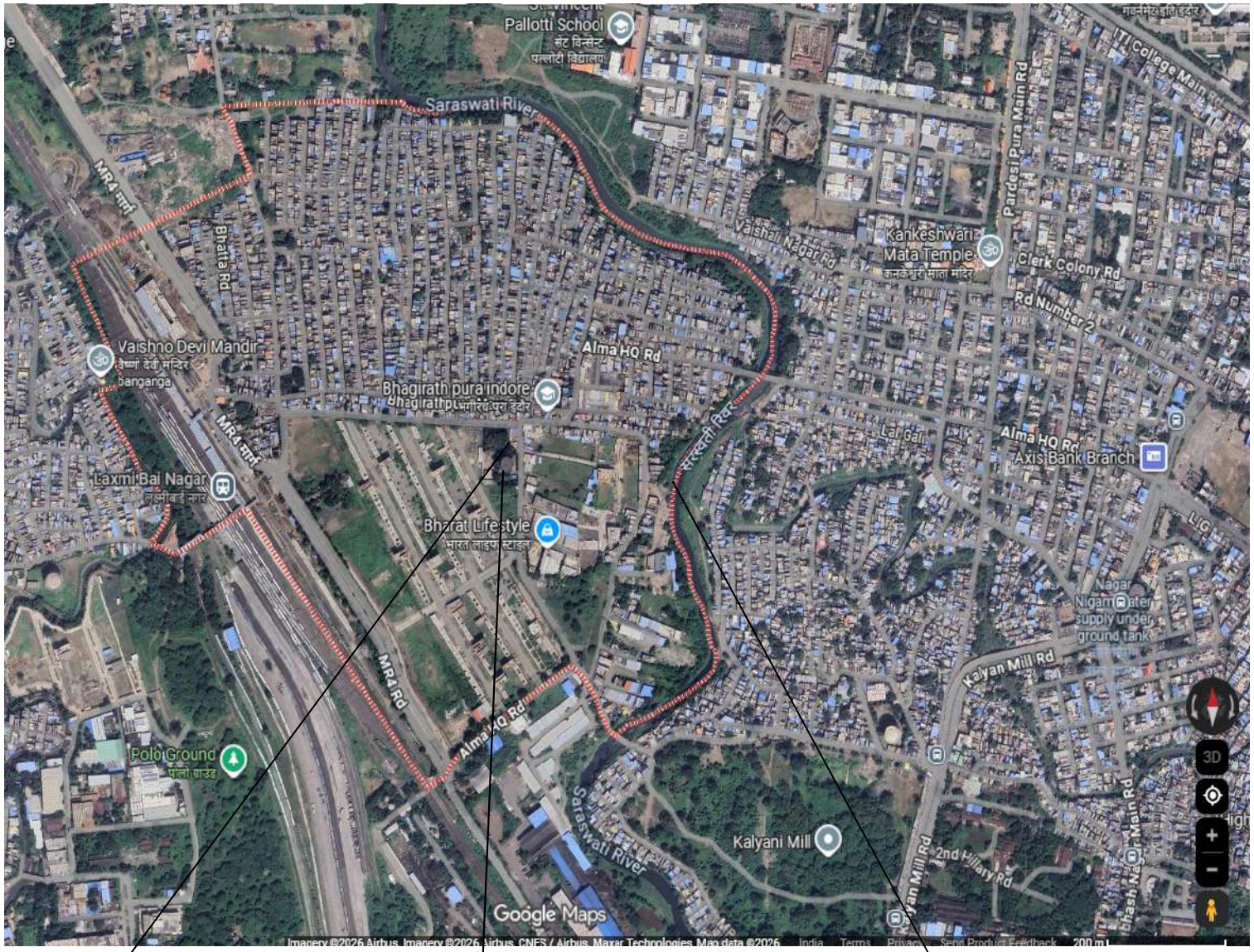
Sr No	Parameters	Unit	Feb(18-02-2025)	March(18-03-2025)	April(29-04-2025)	May(07-05-2025)	June(17-06-2025)	July(09-07-2025)	Aug(07-08-2025)	Sep(09-09-2025)	Oct(22-10-2025)	Nov(04-11-2025)	Dec(02-12-2025)	Jan(15-01-2026)
1	Alkalinity as CaCO3	mg/l	204	240	228	264	360	212	212	268	308	328	228	240
2	Ammonical Nitrogen	mg/l	1.03	0.88	0.139	0.83	0.8	0.8	0.14	0.47	0.86	0.93	0.472	0.91
3	B.O.D (3 Days 27oC)	mg/l	18	14	18	12	22	22	10	12	18	16	9	24
4	Boron	mg/l	0.011	0.009	0.002	0.011	0.041	0.025	0.12	0.09	0.01	0.014	0.008	0.009
5	Calcium Hardness as CaCO3	Mg/Lts	160	200	220	236	240	276	196	228	280	220	196	256
6	Chemical Oxygen Demand	mg/l	85	58	68.8	78	90	60	50	50	60	50	43.47	76
7	Chloride	mg/l	123.96	159.95	120.53	109.96	139.95	129.2	132.08	161.43	124.47	143.95	119.7	128.11
8	Colour	Pt.Co.Scale	5	5	5	5	15	5	15	10	5	5	5	10
9	Conductivity	micromho/cm	1290.7	1273.8	1318	785.1	1134	1147.7	1220	1011	1096	1129.4	952.9	983
10	Dissolved Oxygen	mg/l	0	0	2.9	0	0	0	0	2	0	0	1.2	2
11	Fecal Coliform	MPN/100 ml	94	94	530	540	540	220	350	430	920	920	460	540
12	Fixed Dissolved Solids	mg/l	700	710	530	422	596	642	590	544	612	740	410	450
13	Fluoride	mg/l	0.9	1.2	0.6	1.13	1.03	1.37	1.12	0.78	1.07	1.1	1	0.94
14	Magnesium Hardness as CACO3	Mg/Lts	96	96	60	92	100	84	116	100	144	72	52	116
15	Nitrate	mg/l	4.57	2.94	3.7	3.62	3.6	4.3	2.86	2.98	3.73	3.14	2.82	3.16
16	Nitrite	mg/l	0.15	0.076	0.08	0.12	0.05	0.13	0.04	0.5	0.21	0.16	0.084	0.12
17	pH	pH Units	7.51	7.78	7.39	7.8	7.41	7.6	7.3	7.6	7.63	7.38	7.58	7.57
18	Phosphate	mg/l	1.82	1.73	0.76	1.02	1.13	1.42	0.64	1.96	2.04	1.73	1.54	2.26
19	Potassium	mg/l	2.4	2.2	3	8	3.1	4	2.2	2.88	2.9	2.2	2.4	2.42
20	Sodium	mg/l	46	19.8	67.7	60	28.61	38.5	30.19	25.1	31.6	26.4	24.4	28.1
21	Sulphate	mg/l	50.45	26.6	24.4	37.4	34.01	36.2	20.1	32.06	28.4	27.8	26.9	30.32
22	Suspended Solids	mg/l	166	80	119	124	75	84	57	65	88	84	69	120
23	Temperature	Centigrade	20	21	20	20.5	20	20	20	19.5	20	19.5	19	20
24	Total coliform	MPN/100 ml	3500	1100	1700	1700	1700	2800	1100	2200	2800	2200	2100	1600
25	Total Dissolved Solids	mg/l	1000	1011	884	700	910	917	849	809	876	880	647	660
26	Total Hardness as CaCO3	mg/l	256	296	280	328	340	360	312	328	424	292	248	372
27	Total Kjeldahl Nitrogen	mg/l	13.44	13.44	13.44	13.44	15.12	28.01	10.08	12.32	11.76	17.36	8.96	12.88
28	Total Solids	mg/l	1166	1091	1003	824	985	1001	906	874	964	964	716	780
29	Turbidity	N.T.U.	57	26.3	23.2	19.6	24.8	27.8	20.1	16.8	19.4	14.8	28.2	18.2
Category			E	E	E	E	E	E	E	E	E	E	E	E

Dr. Saroj Shrivastav
Chief Chemist & In-charge
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M.P. Pollution Control Board, Indore

Annexure-3

Google view of Bhagirathpura Area, Indore

North



Dismented toilet near Over Head tank

Over Head Tank for Water supply

River Kanh

Annexure-4

क्षेत्रीय प्रयोगशाला
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फोन: 0731 2554337, e-mail: regional.lab.indore@yahoo.com

Date of collection		03.01.2026	03.01.2026	03.01.2026	03 01.2026	03.01.2026	03.01.2026	03.01.2026	
Sample Description		Narmada supply water at Smt. Kamla Laxman Gali Ward No. 24, House No. 250, Bhagirathpura, Indore (M.P.)	Tube well water at Omprakash Prajapat House NO. 22, Kulkarni, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Shubham Sawariya Ram Mandir Mali Samaj In Front of Sawariya chilled water Bhagirathpura, Indore (M.P.)	Tube well water at Shri Babulal Yadu 820, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Vinod Banoya 647, Bhagirathpura, Indore (M.P.)	Tube well water at Radha Chilled Water Shri Surjeet Yadav House No. 39, Main Road, Laxmi Bai Station Bhagirathpura, Indore (M.P.)	Tube well water at Bharat Petrolium Rudraksh Auto Energy 30/1, Bhagirathpura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.741760/75.863461	22.740927/75.863019	22.751088/75.856256	22.746693/75.861134	22.745955/75.862807	22.747715/75.856039	22.749611/75.854898	
Report No.		2249	2250	2251	2252	2253	2254	2255	
Appearance		clear	clear	clear	clear	clear	clear	clear	
Colour	Pt-co scale	5	5	5	5	5	5	5	15
Odour		Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable
pH	pH unit	7.67	6.95	7.19	7.3	6.87	6.95	7.06	6.5-8.5
Sp. Conductivity	µmho/cm	1200	1467	1464	1770	1610	1597	1469	-
Total Dissolved Solid	mg/l	744	888	870	1060	998	962	895	2000
Chloride (as Cl)	mg/l	89.97	174.94	244.92	229.92	299.5	219.93	239.92	1000
Nitrite Nitrogen	mg/l	0.026	0.03	0.022	0.02	0.027	0.024	0.025	—
Nitrate Nitrogen	mg/l	1.46	6.26	5.52	7.22	11.27	10.05	7.84	45
Alkalinity	mg/l	190	400	340	480	390	480	480	600
T. Hardness	mg/l	460	516	296	680	690	550	600	600
Ca. Hardness	mg/l	350	316	152	480	450	300	360	—
Mg.Hardness	mg/l	110	200	144	200	240	250	240	—
Total Coliform	MPN/100 mL	< 1.8	6	6.1	10	6.8	<1.8	150	0/100 mL
E.Coli	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	Nil	11	0/100 mL

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Scientist

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Date of collection		03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	
Sample Description		Tube well water at Sangita Water 206, Rabeli Bhatta Road, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Jitendra Pal House No. 236 Gali No. III, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Gyansilal Muwala, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Sohanlala Ji Purohit Nouse No. 1, Kulkarni Bhatta, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Balkishan Mukshiya 90, Kulkarni Bhatta Pipal Ki Chaal, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Dilip Saini House No. 782 Mali Mohalla Kulkarni Bhatta, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Sunil Sehdev House NO. 487, Gandhi Chowk Kulkarni Bhatta, Bhagirathpura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.749507/75.856582	22.747675/75.856722	22.744142/75.862797	22.740690/75.862844	22.741684/75.865008	22.742808/75.864757	22.74424/75.864983	
Report No.		2256	2257	2257 - A	2258	2259	2260	2261	
Appearance		clear	clear	clear	clear	clear	clear	clear	
Colour	Pt-co scale	5	5	5	5	5	5	5	15
Odour		Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable
pH	pH unit	7.25	7.24	6.98	6.91	7.07	6.98	6.86	6.5-8.5
Sp. Conductivity	µmho/cm	1333	1683	1459	1556	1435	1421.83	1481	
Total Dissolved Solid	mg/l	810	1010	910	949	841	866	903	2000
Chloride (as Cl)	mg/l	199.93	194.93	194.93	144.95	164.94	154.95	174.94	1000
Nitrite Nitrogen	mg/l	0.02	0.02	0.032	0.024	0.02	0.036	0.027	—
Nitrate Nitrogen	mg/l	2.91	4.33	6.05	7.05	1.86	14.2	10.05	45
Alkalinity	mg/l	290	460	500	450	380	450	510	600
T. Hardness	mg/l	400	640	600	530	424	500	600	600
Ca. Hardness	mg/l	340	320	320	380	230	292	400	—
Mg.Hardness	mg/l	60	320	280	150	194	208	200	—
Total Coliform	MPN/100 mL	40	31	27	31	40	150	70	0/100 mL
E.Coli	MPN/100 mL	Nil	2	6.8	4.5	2	22	14	0/100 mL

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Date of collection		03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	
Sample Description		Tube well water at Shri Bhupendra Near Sarkari School House NO. 420 Near Ganesh Atta Chakki Bhagirathpura, Indore (M.P.)	Tube well water at Shri Lokendra Lohiya Near Govt. School Gali House NO. 432, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Praveen Kumar Bhardwas House No. 236, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Narayan Manariya House No. 708, Tal Wali Gali, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Santosh Bhat Sare Sare House No. 712, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Vijay Om Sairam Bakery House NO. 6, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Santosh Patil 241, Red Wall Colony Bhagirathpura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.74759/75.86002	22.74861/75.86000	22.74883/75.8006	22.74785/75.86120	22.74840/75.86124	22.34872/75.85753	22.748821/75.857767	
Report No.		2262	2263	2264	2265	2266	2267	2268	
Appearance		clear	clear	clear	clear	clear	clear	clear	
Colour	Pt-co scale	5	5	5	5	5	5	5	15
Odour		Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable
pH	pH unit	6.89	6.86	7.1	7.07	7.15	6.98	6.94	6.5-8.5
Sp. Conductivity	µmho/cm	1401	1606	1394	1559	1669	1642	1605	
Total Dissolved Solid	mg/l	854	979	854	935	1000	985	963	2000
Chloride (as Cl)	mg/l	79.97	179.94	189.94	209.93	239.92	199.93	234.92	1000
Nitrite Nitrogen	mg/l	0.02	0.61	0.08	0.03	0.03	0.03	0.03	—
Nitrate Nitrogen	mg/l	9.33	7.4	8.83	10.06	9.35	10.06	10.06	45
Alkalinity	mg/l	460	530	460	450	500	470	450	600
T. Hardness	mg/l	540	646	520	610	600	640	600	600
Ca. Hardness	mg/l	280	566	420	450	350	400	360	—
Mg.Hardness	mg/l	260	80	100	160	250	140	240	—
Total Coliform	MPN/100 mL	430	17	25	17	210	40	540	0/100 mL
E.Coli	MPN/100 mL	41	6	2	1.8	17	2	26	0/100 mL

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Date of collection		03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	
Sample Description		Tube well water at Pinki Bairagi 100/1, Yadav Colony Bhagirathpura, Indore (M.P.)	Tube well water at Shri Bandhu Patil 68, Yadav Colony Bhagirathpura, Indore (M.P.)	Tube well water at Shri Dipesh 32, Yadav Colony Bhagirathpura, Indore (M.P.)	Tube well water at Shri Jagdish Pal 110, Yadav Colony Bhagirathpura, Indore (M.P.)	Tube well water at Shri Subhash Yadav 49, 50, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Om Prakash Patil 199, Yadav Colony Bhagirathpura, Indore (M.P.)	Tube well water at Shri Arun Kapade 116, Yadav Colony Bhagirathpura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.748822/75.857768	22.74927/75.857585	22.749693/75.857626	22.749676/75.857245	22.749594/75.8573277	22.749711/75.856969	22.749908/75.857003	
Report No.		2269	2270	2271	2272	2273	2274	2275	
Appearance		clear	clear	clear	clear	clear	clear	clear	
Colour	Pt-co scale	5	5	5	5	5	5	5	15
Odour		Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable
pH	pH unit	6.93	6.97	7.5	6.46	6.45	6.72	6.88	6.5-8.5
Sp. Conductivity	µmho/cm	1666	1531	1532	1794	1598	1628	1746	
Total Dissolved Solid	mg/l	1000	900	918	1070	990	976	1066	2000
Chloride (as Cl)	mg/l	264.91	144.95	254.92	199.93	189.94	259.91	219.93	1000
Nitrite Nitrogen	mg/l	0.36	0.04	0.04	0.03	0.03	0.09	0.03	—
Nitrate Nitrogen	mg/l	7.85	8.85	8.05	10.07	9.35	10.07	2.12	45
Alkalinity	mg/l	600	520	440	490	490	340	440	600
T. Hardness	mg/l	580	510	590	700	608	470	700	600
Ca. Hardness	mg/l	428	300	402	400	400	300	480	—
Mg.Hardness	mg/l	152	210	188	300	208	170	220	—
Total Coliform	MPN/100 mL	280	120	170	110	63	79	63	0/100 mL
E.Coli	MPN/100 mL	38	11	23	17	13	14	5.5	0/100 mL

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Date of collection		03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	
Sample Description		Tube well water at Shri Dinesh Kashyap House No. 1133 Chirag MohaYadav Colony Bhagirathpura, Indore (M.P.)	Tube well water at Shri Deepak Badkare House No. 1118 Chirag Mohalla Bhagirathpura, Indore (M.P.)	Tube well water at Shri Ankit sharma House No. 1214 Row House - Bavdi Road, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Muridhar Wade House No 1073, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Ram Swaroop Pal House No. 590, Nai Basti, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Dhansingh Bindoriya House No. 1111 Nai Basti, Bhagirathpura, Indore (M.P.)	Tube well water at Shyam Enterprises (Ashok Dixit) 1008, Satnam Dharam Shala Main Road, Bhagirathpura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.748449/75.863441	22.74698/75.862851	22.74635/75.863186	22.74843/75.863146	22.747375/75.863057	22.747635/75.864217	22.747293/75.864569	
Report No.		2276	2277	2278	2279	2280	2281	2282	
Appearance		clear	clear	clear	clear	clear	clear	clear	
Colour	Pt-co scale	5	5	5	5	5	5	5	15
Odour		Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable
pH	pH unit	6.9	6.94	6.89	7.07	7.01	7.09	6.99	6.5-8.5
Sp. Conductivity	µmho/cm	1341	1287	1589	867.6	995.6	920.6	992.7	
Total Dissolved Solid	mg/l	808	785	969	528	606	600	602	2000
Chloride (as Cl)	mg/l	164.94	154.95	174.94	89.97	119.96	74.97	79.97	1000
Nitrite Nitrogen	mg/l	0.04	0.04	0.03	0.04	0.02	0.04	0.05	—
Nitrate Nitrogen	mg/l	8.85	5.61	9.36	1.74	4.53	3.49	6.29	45
Alkalinity	mg/l	510	610	530	200	480	410	400	600
T. Hardness	mg/l	500	450	680	350	400	320	300	600
Ca. Hardness	mg/l	280	350	520	200	230	200	180	—
Mg.Hardness	mg/l	220	100	160	150	170	120	120	—
Total Coliform	MPN/100 mL	11	26	21	26	14	37	18	0/100 mL
E.Coli	MPN/100 mL	Nil	1.8	4	1.8	3.6	Nil	Nil	0/100 mL

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Date of collection		03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	
Sample Description		Tube well water at Shri Shubham Kumawat 1126 Chiray Mohalla, Bhagirathpura, Indore (M.P.)	Govt. Bore well water at Shri Raju Prajapati, Bhagirathpura, Indore (M.P.)	Govt. Bore well water at Kalka Mata Mandir Lal Gali Pardeshipura, Indore (M.P.)	Govt. Bore well water at Laddu Kureshi House, Pardeshipura, Indore (M.P.)	Govt. Bore well water at Sitaram Prajapati House, Pardeshipura, Indore (M.P.)	Govt. Bore well water at Ganpat Nirmal House Gali No. 10, Pardeshipura, Indore (M.P.)	Govt. Bore well water at Shri Bhola Krishna In Front of Lakhan Neta House Gali No. 11, Pardeshipura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.746362/75.863943	22.745828/75866298	22.746113/75.866477	22.746278/75.866778	22.747348/75.866245	22.747280/75.86698	22.748155/75.866775	
Report No.		2283	2284	2285	2286	2287	2288	2289	
Appearance		clear	clear	clear	clear	clear	clear	clear	
Colour	Pt-co scale	5	5	5	5	5	5	5	15
Odour		Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable
pH	pH unit	7.07	7.07	6.93	6.86	7.23	6.87	6.92	6.5-8.5
Sp. Conductivity	µmho/cm	993.7	1284	1413	1362	1251	1217	1507	
Total Dissolved Solid	mg/l	605	785	861	830	800	790	900	2000
Chloride (as Cl)	mg/l	154.95	179.94	179.94	189.94	154.95	139.95	154.95	1000
Nitrite Nitrogen	mg/l	0.03	0.03	0.03	C.02	0.02	0.02	0.03	—
Nitrate Nitrogen	mg/l	8.84	8.84	8.11	8.11	8.44	8.44	7.4	45
Alkalinity	mg/l	430	440	600	500	400	390	460	600
T. Hardness	mg/l	350	420	440	450	400	390	600	600
Ca. Hardness	mg/l	230	280	290	270	240	240	350	—
Mg.Hardness	mg/l	120	140	150	180	160	150	250	—
Total Coliform	MPN/100 mL	3.6	94	17	38	17	79	1.8	0/100 mL
E.Coli	MPN/100 mL	Nil	8.2	1.8	5.5	1.8	12	Nil	0/100 mL

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म॰ प्र॰ प्रदूषण नियंत्रण बोर्ड

स्कीम न॰ 78/सी, पार्ट 2, अरण्य, विजयनगर, इन्दौर–452010

फोन: 0731 2554337, e-mail: regional.labindore@yahoo.com

Date of collection		03.01.2026	03.01.2026	03.01.2026	03.01.2026	03.01.2026	
Sample Description		Tap water at Shri Prakash Muskin House No. 1337 (Near Kanh Nalla) Bhagirathpura, Indore (M.P.)	Bore Well Water at Shri Yogendra Shriwas House No. 476, Bhagirathpura, Indore (M.P.)	Tube well water at Anganwadi Kendra Sr. No. 20, Shani Mandir Parisar, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Ramesh Chandra Chouhan 163, Shukla Ji ki Gali, Bhagirathpura, Indore (M.P.)	Tube well water at Shri Suraj Shakya 553, Bhagirathpura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.742397/75.862521	22.797717/75.857614	22.746476/75.85742	22.748195/75.857763	22.748188/75.857824	
Report No.		2295	2296	2297	2298	2299	
Appearance		clear	clear	clear	clear	clear	
Colour	Pt-co scale	5	5	5	5	5	15
Odour		Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable
pH	pH unit	7.08	7.08	7.2	6.96	7.01	6.5-8.5
Sp. Conductivity	µmho/cm	1377	1498	1549	1713	1607	
Total Dissolved Solid	mg/l	834	870	940	1030	972	2000
Chloride (as Cl)	mg/l	94.97	149.95	134.95	174.94	174.94	1000
Nitrite Nitrogen	mg/l	0.03	0.03	0.03	0.03	0.03	—
Nitrate Nitrogen	mg/l	4.44	4.44	3.85	4.13	6.73	45
Alkalinity	mg/l	550	480	470	470	470	600
T. Hardness	mg/l	500	490	590	644	580	600
Ca. Hardness	mg/l	240	290	400	474	420	—
Mg.Hardness	mg/l	260	200	190	170	160	—
Total Coliform	MPN/100 mL	26	43	33	31	280	0/100 mL
E.Coli	MPN/100 mL	1.8	6.8	4.5	2	26	0/100 mL

KM Gamad
Scientist

सत्य प्रति
क्षेत्रीय कार्यालय
म.प्र. प्रदूषण नियंत्रण बोर्ड
इन्दौर

Dr. Saroj Shrivastva
Scientist & lab In-charge

मध्यप्रदेश

क्षेत्रीय प्रयोगशाला

म॰ प्र॰ प्रदूषण नियंत्रण बोर्ड

स्कीम न॰ 78/सी, पार्ट 2, अरण्य, विजयनगर, इन्दौर–452010

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Report No.		2295	2296	2297	2298	2299	
Appearance		clear	clear	clear	clear	clear	
Colour	Pt-co scale	5	5	5	5	5	15
Odour		Agreeable	Agreeable	Agreeable	Agreeable	Agreeable	Agreeable
pH	pH unit	7.08	7.08	7.2	6.96	7.01	6.5-8.5
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Nitrite Nitrogen	mg/l	0.03	0.03	0.03	0.03	0.03	—
Nitrate Nitrogen	mg/l	4.44	4.44	3.85	4.13	6.73	45
Alkalinity	mg/l	550	480	470	470	470	600
T. Hardness	mg/l	500	490	590	644	580	600
Ca. Hardness	mg/l	240	290	400	474	420	—
Mg.Hardness	mg/l	260	200	190	170	160	—
Total Coliform	MPN/100 mL	26	43	33	31	280	0/100 mL
E.Coli	MPN/100 mL	1.8	6.8	4.5	2	26	0/100 mL

RM Gamad
Scientist

सत्य प्रति
क्षेत्रीय कार्यालय
म.प्र. प्रदूषण नियंत्रण बोर्ड
इन्दौर

Dr. Saroj Shrivastva
Scientist & lab In-charge

क्षेत्रीय कार्यालय
म. प्र. प्रदूषण नियंत्रण बोर्ड
स्कीम न. 78/सी, पार्ट 2, अरण्य, विजयनगर, इन्दौर–452010 (म.प्र.)
फोन : 0731 2555436; e-mail: romppcb_indore@rediffmail.com

LiFE Lifestyle For Environment

क0 824 /क्षे.का.इं./2026 इन्दौर, दिनांक 10/03/2026

प्रति,

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
जिला–इन्दौर (म.प्र.)

विषय :– माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण कमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण कमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के अंतर्गत पारित आदेश दिनांक 15.01.2026 के अनुपालन बावत्।

उपरोक्त विषयांतर्गत एवं संदर्भ में लेख है कि माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण कमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण कमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के अंतर्गत दिनांक 15.01.2026 को पारित आदेश के बिन्दु कमांक 25 में निम्नानुसार समिति गठित की गई है :–

25. *We deem it just and proper to call a report on the matter in issue, in present application, from a Joint Committee consisting of:*

(i) *One representative from the Principal Secretary, Environment, State of MP, Bhopal (M.P.).*

(ii) *One representative from the Principal Secretary Urban Administration and Development Department, State of MP, Bhopal (M.P.).*

(iii) *One representative from the Water Resources Department, nominated by the head of the department, State of MP, Bhopal (M.P.).*

(iv) *One representative from the Indian Institute of Technology, Indore nominated by the Director, Indian Institute of Technology, Indore.*

(v) *One representative from the Regional Director, Central Pollution Control Board, Bhopal (M.P.).*

(vi) *One representative nominated by the Member Secretary, State Pollution Control Board, (M.P.).*

उपरोक्तानुसार गठित समिति के नांमांकित सदस्यों द्वारा दिनांक 07/03/2026 को भागीरथपुरा क्षेत्र का स्थल निरीक्षण नगर पालिक निगम इन्दौर के कार्यपालन यंत्री श्री भास्कर के साथ किया गया है।

माननीय राष्ट्रीय हरित अधिकरण में समिति के द्वारा प्रतिवेदन दिनांक 30/03/2026 के पूर्व प्रस्तुत किया जाना है,। प्रकरण के संबंध में भागीरथपुरा क्षेत्र में माह दिसम्बर 2025 में दूषित पानी से हुई मौतों के संबंध में निम्नानुसार जानकारी समिति के सदस्यों द्वारा चाही गई है :–

1. Chronology of illness cases reported from Bhagirathpura
2. Death records related to the incident
3. Hospital admission records
4. Laboratory diagnostic reports
5. Epidemiological investigation report
6. Health survey of affected households
7. Details of medical treatment provided
8. Vaccination or preventive health measures undertaken

कृपया उपरोक्तानुसार जानकारी अविलम्ब उपलब्ध कराये जाने का अनुरोध है।

(सतीश कुमार चौकसे)
क्षेत्रीय अधिकारी एवं प्रभारी अधिकारी
NGT Case No. 05/2026
(Rashid Noor Khan Vs Collector Indore & Othrs)
NGT Case No. 06/2026
(Kamal Kumar Rathi Vs State of MP & Ors.)

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क्षेत्रीय कार्यालय
म. प्र. प्रदूषण नियंत्रण बोर्ड
LiFE Lifestyle For Environment
स्कीम न. 78/सी, पार्ट 2, अरण्य, विजयनगर, इन्दौर–452010 (म.प्र.)
फोन : 0731 2555436; e-mail: romppcb_indore@rediffmail.com

क0 825 /क्षे.का.इं./2026 इन्दौर, दिनांक 10/03/2026

प्रति,

आयुक्त,
नगर पालिक निगम
इन्दौर (म.प्र.)

विषय :– माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण क्रमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण क्रमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के अंतर्गत पारित आदेश दिनांक 15.01.2026 के अनुपालन बावत्।

उपरोक्त विषयांतर्गत एवं संदर्भ में लेख है कि माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण क्रमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण क्रमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के अंतर्गत दिनांक 15.01.2026 को पारित आदेश के बिन्दु क्रमांक 25 में निम्नानुसार समिति गठित की गई है :–

25. *We deem it just and proper to call a report on the matter in issue, in present application, from a Joint Committee consisting of:*

(i) *One representative from the Principal Secretary, Environment, State of MP, Bhopal (M.P.).*

(ii) *One representative from the Principal Secretary Urban Administration and Development Department, State of MP, Bhopal (M.P.).*

(iii) *One representative from the Water Resources Department, nominated by the head of the department, State of MP, Bhopal (M.P.).*

(iv) *One representative from the Indian Institute of Technology, Indore nominated by the Director, Indian Institute of Technology, Indore.*

(v) *One representative from the Regional Director, Central Pollution Control Board, Bhopal (M.P.).*

(vi) *One representative nominated by the Member Secretary, State Pollution Control Board, (M.P.).*

उपरोक्तानुसार गठित समिति के नांमांकित सदस्यों द्वारा दिनांक 07/03/2026 को भागीरथपुरा क्षेत्र का स्थल निरीक्षण नगर पालिक निगम इन्दौर के कार्यपालन यंत्री श्री भास्कर के साथ किया गया है।

माननीय राष्ट्रीय हरित अधिकरण में समिति के द्वारा प्रतिवेदन दिनांक 30/03/2026 के पूर्व प्रस्तुत किया जाना है,। प्रकरण के संबंध में भागीरथपुरा क्षेत्र में माह दिसम्बर 2025 में दूषित पानी से हुई मौतों के संबंध में निम्नानुसार जानकारी समिति के सदस्यों द्वारा चाही गई है :–

1. नगर पालिक निगम इन्दौर द्वारा म.प्र. शासन को घटना के संबंध में हुए समस्त पत्राचार एवं भेजे गये प्रतिवेदनों की प्रति।
2. घटना के दौरान नगर पालिक निगम इन्दौर द्वारा स्वच्छ जल प्रदाय हेतु किये गये कार्यों की विस्तृत जानकारी।
3. घटना के परिपेक्ष्य में नगर पालिक निगम इन्दौर द्वारा जल प्रदाय हेतु पाईपलाईन बदलने संबंधी कार्यआदेशों एवं कार्य पूर्ण होने के संबंध में प्रतिवेदन एवं भागीरथपुरा क्षेत्र में वर्ष 2025 में सीवेज एवं जल प्रदाय के संबंध में दिये गये कार्य आदेश की प्रति।
4. संलग्नक–1 एवं संलग्नक–2 के अनुसार चाही गई जानकारी।
5. भागीरथपुरा में दूषित पानी प्रदाय संबंधी घटना की जांच हेतु माननीय न्यायिक जांच आयोग को नगर पालिक निगम इन्दौर द्वारा उपलब्ध कराये गये समस्त अभिलेखों की जानकारी।

संलग्न :– उपरोक्तानुसार।

(सतीश कुमार चौकसे)
क्षेत्रीय अधिकारी एवं प्रभारी अधिकारी
NGT Case No. 05/2026
(Rashid Noor Khan Vs Collector Indore & Othrs)
NGT Case No. 06/2026
(Kamal Kumar Rathi Vs State of MP & Ors.)

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क्षेत्रीय कार्यालय
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फोन : 0731 2555436; e-mail: romppcb_indore@rediffmail.com

संलग्नक–1

माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण कमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण कमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के संबंध में बिन्दुवार आवश्यक जानकारी :

Category	Data Required	Specific Details
Water Supply Network	Digital water supply pipeline network map (.shp / GIS)	1. Pipe properties: length, diameter, material, installation year 2. Pipe depth from ground and slope 3. Junction points, valves, and pump stations 4. Overhead tanks and reservoir locations 5. Pressure records at different points 6. Time of operation / water supply schedule
Sewerage Network	Digital sewer pipeline network map (.shp / GIS)	1. Sewer pipe diameter, slope, and depth 2. Manhole locations 3. Sewer blockage and overflow records
Stormwater Drainage	Stormwater drainage network map (.shp / GIS)	1. Stormwater drain capacity
Water Quality Monitoring	Water quality monitoring reports	1. Residual chlorine monitoring records 2. All old reports of water quality data
Terrain Data	Digital elevation / ground elevation data	1. Ground elevation profile of the study area
Public Health Data	Hospital admission records	1. Cases related to respiratory distress
Infrastructure Interaction	Proximity of sewer and drinking water pipelines	1. Locations where pipelines share trenches or run parallel
Maintenance Records	Pipeline maintenance and repair history	1. Leak repair records 2. Pipe burst incidents
Population Exposure Data	Population distribution	1. Ward-wise population density

क्षेत्रीय कार्यालय
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संलग्नक–2

माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण क्रमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण क्रमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के संबंध में बिन्दुवार आवश्यक जानकारी :

1. Layout map of sewer network
1. Layout map of drinking water pipeline network
2. Borewell location map
3. Details of water supply sources and treatment facilities
4. Sewer maintenance and desilting records
5. Records of sewer leakage complaints
6. Tanker water supply records during emergency period
7. Drain desilting records
8. Emergency response actions taken following the incident
9. Design details of the water supply system
10. Chlorination records
11. Water quality monitoring reports for the last one year
12. Pipeline pressure monitoring records
13. Pipeline repair and replacement history
14. Inspection reports regarding cross-connections between sewer and drinking water pipelines.
15. Chronology of Events

Event	Date
First complaint regarding illness	
First hospital admission	
First death reported	
Detection of contaminated water	
Closure of borewells	
Alternative water supply arranged	
Sampling and investigation initiated	

क्षेत्रीय कार्यालय
म. प्र. प्रदूषण नियंत्रण बोर्ड
स्कीम न. 78/सी, पार्ट 2, अरण्य, विजयनगर, इन्दौर–452010 (म.प्र.)
फोन : 0731 2555436; e-mail: romppcb_indore@rediffmail.com

LiFE Lifestyle For Environment

क0 826 /क्षे.का.इं./2026 इन्दौर, दिनांक 10/03/2026

प्रति,

आयुक्त,
नगर पालिक निगम
इन्दौर (म.प्र.)

विषय :– माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण कमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण कमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के अंतर्गत पारित आदेश दिनांक 15.01.2026 के अनुपालन बावत्।

उपरोक्त विषयांतर्गत एवं संदर्भ में लेख है कि माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण कमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण कमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के अंतर्गत दिनांक 15.01.2026 को पारित आदेश के मुख्य बिन्दु निम्नानुसार है :–

20. We are of the view that this was applicable to the District Gwalior but in view of the facts it is desires that directions and guidelines should be issued throughout the State. Accordingly, we direct the respondent/State of MP and Municipal Corporation of all the districts as follows :

(i) Develop a water app for hearing complaints and supervising the adequate water supply to the citizen. The Municipal Corporation shall give wide publicity about the app and shall ensure its 24x7 hours work ability.

(ii) Eliminate transmission loss of water by taking all measures such as laying pipelines (if not already laid), repair leakages etc.

(iii) Remove all encroachments of and around all the water bodies including those from where the water is drawn and stop illegal infiltration by all class of persons.

(iv) Municipal Corporation to work out the scheme to stop construction work during summer seasons between March to July each year and regulate water supply ward vise during these months to ensure that each of the citizens gets water for consumption and other use during these months in each alternate days.

(v) *Municipal Corporation to regenerate water for supply to the locality situated around public Wells/Bawaris and the tubewell. To achieve the same it shall layout a plan to be included in the water app.*

(vi) *Municipal Corporation in association with the State Government shall prepare comprehensive water harvesting scheme and implement the same rigorously and make provisions in the bye laws making the non-compliance by the individuals, establishment both State Government/ Union Government, all private and public institutions including Schools/ Colleges, punitive.*

(vii) *Municipal Corporation shall prepare a comprehensive scheme to supply water through tankers stipulating precondition to meet out the shortage as and when the occasion so arises.*

(viii) *Municipal Corporation to ensure chlorination of water supplied for domestic purpose.*

(ix) *Municipal Corporation shall lay down the stipulations such as Do's and Dont's regarding domestic and non-domestic water use.*

(x) *Municipal Corporation shall meter all domestic and nondomestic water supply.*

(xi) *State Government and its functionaries and the Municipal Corporation shall ensure that none of the water bodies including dams, ponds, wells and bawris are used for immersing idols.*

(xii) *Municipal Corporation and the State and its functionaries shall ensure that all the dairies having more than two milking cattle be moved outside the city at a place earmarked for them within 4 months from the date of communication of this order.*

(xiii) *Municipal Corporation shall keep all overhead water tanks and sumps utilized for supplying potable water functional all times and get them periodically cleaned and chlorinated.*

(xiv) *Municipal Corporation shall regularly take recourse to prechlorination, post-chlorination and aeration process.*

21. *Respondents State Urban Development Department and Municipal Corp[oration are to strengthen and operationalize a robust Management Information System (MIS) and a consumer-facing mobile application for drinking water supply, enabling regular disclosure of water quality parameters, test results from accredited laboratories, supply schedules, alerts in case of contamination, and grievance redressal status, so as to enhance public awareness, transparency, and informed consumer participation regarding the quality of water being supplied on a regular basis and to undertake public awareness programs and ensure public participation with respect to drinking water safety, including dissemination of information regarding water quality, risks of contamination, grievance redressal*

mechanisms, and preventive measures, through print, electronic, and digital media, in order to promote transparency and informed citizen engagement and also to undertake comprehensive GIS-based mapping of all drinking water pipelines, including Narmada-based supply lines, and sewerage/drainage networks across urban areas of the State, and to identify points of close proximity, intersection, reverse gradients, and vulnerable segments, with a view to preventing sewage ingress into potable water systems and enabling data-driven planning, monitoring, and timely rectification.

उपरोक्तानुसार माननीय राष्ट्रीय हरित अधिकरण द्वारा दिये गये आदेश के पालनार्थ की गई कार्यवाही का पालन प्रतिवेदन अविलम्ब उपलब्ध कराये जाने का अनुरोध है, ताकि माननीय राष्ट्रीय हरित अधिकरण को आगामी सुनवाई के पूर्व उपलब्ध कराया जा सके।

(सतीश कुमार चौकसे)
क्षेत्रीय अधिकारी एवं प्रभारी अधिकारी
NGT Case No. 05/2026
(Rashid Noor Khan Vs Collector Indore & Othrs)
NGT Case No. 06/2026
(Kamal Kumar Rathi Vs State of MP & Ors.)

क्षेत्रीय कार्यालय
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LiFE Lifestyle For Environment
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क0 905 /क्षे.का.इं./2026 इन्दौर, दिनांक 17/03/26

प्रति,

आयुक्त,
नगर पालिक निगम
इन्दौर (म.प्र.)

विषय :– माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण कमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण कमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के अंतर्गत पारित आदेश दिनांक 15.01.2026 के अनुपालन बावत्।

संदर्भ :– इस कार्यालय का पत्र कमांक 825 दिनांक 10/03/2026

उपरोक्त विषयांतर्गत संदर्भित पत्र का अवलोकन करने का अनुरोध है। संदर्भित पत्र के माध्यम से माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण कमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण कमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के अंतर्गत दिनांक 15.01.2026 को पारित आदेश के अनुपालन में भागीरथपुरा क्षेत्र में माह दिसम्बर 2025 में दूषित पानी से हुई मौतों के संबंध में जानकारी समिति के सदस्यों द्वारा चाही गई थी। माननीय राष्ट्रीय हरित अधिकरण में समिति के द्वारा प्रतिवेदन दिनांक 30/03/2026 के पूर्व प्रस्तुत किया जाना है। जानकारी प्राप्त नहीं होने के कारण रिपोर्ट प्रस्तुत करने में विलम्ब संभावित है। अतः जानकारी शीघ्र ही उपलब्ध कराये जाने का अनुरोध है।

(सतीश कुमार चौकसे)
क्षेत्रीय अधिकारी एवं प्रभारी अधिकारी
NGT Case No. 05/2026
(Rashid Noor Khan Vs Collector Indore & Othrs)
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(Kamal Kumar Rathi Vs State of MP & Ors.)

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क्षेत्रीय कार्यालय
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LiFE Lifestyle For Environment

क0 906 /क्षे.का.इं./2026 इन्दौर, दिनांक 17/03/2026

प्रति,

आयुक्त,
नगर पालिक निगम
इन्दौर (म.प्र.)

विषय :– माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण कमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण कमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के अंतर्गत पारित आदेश दिनांक 15.01.2026 के अनुपालन बावत्।

संदर्भ :– इस कार्यालय का पत्र कमांक 826 दिनांक 10/03/2026

उपरोक्त विषयांतर्गत संदर्भित पत्र का अवलोकन करने का अनुरोध है। संदर्भित पत्र के माध्यम से माननीय राष्ट्रीय हरित अधिकरण, सेन्ट्रल जोन बैंच भोपाल द्वारा प्रकरण कमांक 05/2026 (राशिद नूर खान विरूद्ध कलेक्टर, इन्दौर व अन्य) में प्रकरण कमांक 06/2026 (कमल कुमार राठी विरूद्ध मध्यप्रदेश शासन व अन्य) के अंतर्गत दिनांक 15.01.2026 को पारित आदेश के बिन्दु कमांक 20 एवं 21 के संबंध में नगर पालिक निगम इन्दौर द्वारा की गई कार्यवाही का पालन प्रतिवेदन चाहा गया था, जो अप्राप्त है। माननीय राष्ट्रीय हरित अधिकरण में समिति के द्वारा प्रतिवेदन दिनांक 30/03/2026 के पूर्व प्रस्तुत किया जाना है। जानकारी प्राप्त नहीं होने के कारण रिपोर्ट प्रस्तुत करने में विलम्ब संभावित है। अतः जानकारी शीघ्र ही उपलब्ध कराये जाने का अनुरोध है।

(सतीश कुमार चौकसे)
क्षेत्रीय अधिकारी एवं प्रभारी अधिकारी
NGT Case No. 05/2026
(Rashid Noor Khan Vs Collector Indore & Othrs)
NGT Case No. 06/2026
(Kamal Kumar Rathi Vs State of MP & Ors.)

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Annexure-6

मध्यप्रदेश

क्षेत्रीय प्रयोगशाला
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फोन: 0731 2554337, e-mail: regional.labindore@yahoo.com

NARMADA WATER SUPPLY MONITORING REPORT AT BHAGIRATHPURA, INDORE (M.P.)

Date of collection		09.03.2026	09.03.2026	09.03.2026	09.03.2026	09.03.2026	
Sample Description		Narmada Water Supply Tap Water at 631 Vijay Kashyap Near Sai Mandir Bhagirathpura, Indore (M.P.)	Narmada Water Supply Tap WaterNear Hanuman Mandir, Bhagirathpura, Indore (M.P.)	Narmada Water Supply Tap Water1012 Near Shivpal House New Basti at Bhagirathpura, Indore (M.P.)	Narmada Water Supply Tap Water 1010 Near Satnami Mandir, Bhagirathpura, Indore (M.P.)	Narmada Water Supply Tap Water No. 558 Near Vikash Omprakash House Bhagirathpura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.746162/75.86218	22.74706/75.863258	22.747526/75.863419	22.747311/75.864947	22.747483/75.864504	
Report No.		2815	2816	2817	2818	2819	
pH	pH unit	7.91	7.96	7.41	7.78	7.66	6.5-8.5
Total Dissolved Solid	mg/l	184	180	180	178	170	2000
Chloride (as Cl)	mg/l	29.5	31.5	29.5	31.5	27.5	1000
COD	mg/l	5	6	5	6	5	
Ammo. Nitrogen	mg/l	ND	ND	ND	ND	ND	0.5
Nitrate Nitrogen	mg/l	0.93	0.86	0.96	0.95	0.81	45
Total Coliform	MPN/100 mL	<1.1	<1.1	<1.1	<1.1	<1.1	0/100 mL
Fecal Coliform	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	0/100 mL
E.Coli	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	0/100 mL
Residual Chlorine	mg/l	0.5	0.5	0.5	0.5	0.5	-

Atul Kotiya
Chief Chemist
Regional Laboratory
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Dr. Saroj Shrivastva
Chief Chemist & lab In-charge

Dr. S. Shrivastav
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मध्यप्रदेश

क्षेत्रीय प्रयोगशाला
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NARMADA WATER SUPPLY MONITORING REPORT AT BHAGIRATHPURA, INDORE (M.P.)

Date of collection		10.03.2026	10.03.2026	10.03.2026	10.03.2026	10.03.2026	
Sample Description		Narmada Water Supply Tap Water From House No. 360 Pharsi Wali Gali Bhagirathpura, Indore (M.P.)	Narmada Water Supply Tap Water From House No. 633 Near Comitti Hall Bhagirathpura, Indore (M.P.)	Narmada Water Supply Tap WaterFrom Jain Shri Mill Sweets Main Road Bhagirathpura, Indore (M.P.)	Narmada Water Supply Tap Water From House No. 332, Tora Medical Bhagirathpura, Indore (M.P.)	Narmada Water Supply Tap WaterFrom House No. 275 Red wali Gali Bhagirathpura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.746483/75.859444	22.746682/75.8580650	22.7463625/75.860203	22.74654/75.85897	22.747253/75.858927	
Report No.		2821	2822	2823	2824	2825	
pH	pH unit	7.26	7.3	7.18	6.8	7.3	6.5-8.5
Total Dissolved Solid	mg/l	173	171	174	189	186	2000
Chloride (as Cl)	mg/l	27.39	27.39	29.85	23.48	29.35	1000
COD	mg/l	7	7	8	6	8	
Ammo. Nitrogen	mg/l	ND	ND	ND	ND	ND	0.5
Nitrate Nitrogen	mg/l	0.72	0.72	0.7	0.62	0.74	45
Total Coliform	MPN/100 mL	<1.1	<1.1	<1.1	<1.1	<1.1	0/100 mL
Fecal Coliform	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	0/100 mL
E.Coli	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	0/100 mL
Residual Chlorine	mg/l	0.5	0.5	0.5	0.5	0.5	-

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KANH RIVER MONITORING NEAR BHAGIRATHPURA, INDORE (M.P.)

Date of collection		12.03.2026	12.03.2026	12.03.2026
Sample Description		U/S of Bhagirathpura Near (Ahilya Ashram Bridge under Indore (M.P.)	Mid Stream Near Bhagirathpura Bridge, Indore (M.P.)	D/S of Bhagirathpura Near Khatipura Bridge Indore (M.P.)
Latitude/Longitude		22.732712/ 75.861413	22.746927/ 75.865087	22.759668/ 75.857755
Report No.		2903	2904	2905
pH	pH unit	6.6	6.7	6.8
Total Dissolved Solid	mg/l	640	732	776
Chloride (as Cl)	mg/l	145	120	155
COD	mg/l	92	65	84
Ammo. Nitrogen	mg/l	1.96	1.99	1.5
Nitrate Nitrogen	mg/l	3.99	4.5	13.23
Total Coliform	MPN/100 mL	>16000	>16000	>16000
Fecal Coliform	MPN/100 mL	8000	9000	9000
E.Coli	MPN/100 mL	900	800	1000
Category		E	E	E

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क्षेत्रीय प्रयोगशाला
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GROUND WATER MONITORING AT BHAGIRATHPURA, INDORE (M.P.)

Date of collection		12.03.2026	12.03.2026	12.03.2026	12.03.2026	12.03.2026	
Sample Description		Ground Water Near Shri Arun Kumar Ahirwar House No. 669, at Bhagirathpura, Indore (M.P.)	Ground Water Near Shri Suresh Verma House No. 89, at Bhagirathpura, Indore (M.P.)	Ground Water Near Shri Ghanshyam Parwani House No. 330, at Bhagirathpura, Indore (M.P.)	Ground Water Near Shri Bhagwan Nakswal House No. 985, at Bhagirathpura, Indore (M.P.)	Ground Water Near Shri Chitraj Sanwaria House No. 241/58, at Bhagirathpura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.746442/75.861127	22.746647/75.860722	22.746977/75.858913	22.746834/75.858666	22.749349/75.857905	
Report No.		2906	2907	2908	2909	2910	
pH	pH unit	6.5	6.4	6.5	6.5	6.3	6.5-8.5
Total Dissolved Solid	mg/l	868	994	824	716	934	2000
Chloride (as Cl)	mg/l	185	225	150	200	210	1000
COD	mg/l	15	20	15	19	25	
Ammo. Nitrogen	mg/l	0.86	0.19	0.17	0.18	0.23	0.5
Nitrate Nitrogen	mg/l	2.5	23.62	9.35	9.55	13.23	45
Total Coliform	MPN/100 mL	1600	23	6.9	23	350	0/100 mL
Fecal Coliform	MPN/100 mL	94	Nil	Nil	Nil	25	0/100 mL
E.Coli	MPN/100 mL	13	Nil	Nil	Nil	Nil	0/100 mL

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मध्यप्रदेश

क्षेत्रीय प्रयोगशाला

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BORE WELL WATER LOCATED WITHIN 100M. FROM KANH RIVER

Date of collection		16.03.2026	16.03.2026	16.03.2026	16.03.2026	16.03.2026	
Sample Description		Bore Well Water at 306, Lal Gali Pardesipura Near Kalka Mata Mandir Pardesipura, Indore (M.P.)	Bore Well Water at 27/11 No. 11, Pardesipura Main Road Pardesipura, Indore (M.P.)	Bore Well Water at Shyam Sundar Kumawat 1126, Katik Mohalla Bhagirathpura, Indore (M.P.)	Bore Well Water at 1008 Nayi Basti House of Ashok Dixit Bhagirathpura, Indore (M.P.)	Bore Well Water at 1104 Godavari Electric Main Road Bhagirathpura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.746206/75.86636	22.747758/75.866479	22.746398/75.863904	22.747295/75.864514	22.746934/75.864143	
Report No.		2921	2922	2923	2924	2925	
pH	pH unit	6.29	6.28	6.6	6.66	6.82	6.5-8.5
Total Dissolved Solid	mg/l	110	1028	848	780	548	2000
Chloride (as Cl)	mg/l	142.8	134.6	113.2	74.16	70.26	1000
COD	mg/l		15	11	24	9	
Ammo. Nitrogen	mg/l	ND	ND	ND	ND	ND	0.5
Nitrate Nitrogen	mg/l	9.47	9.79	1.39	3.39	1.99	45
Total Coliform	MPN/100 mL	16	16	>23	>23	>23	0/100 mL
Fecal Coliform	MPN/100 mL	3.6	3.6	6.9	5.1	12	0/100 mL
E.Coli	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	0/100 mL

Atul Kotiya
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मध्यप्रदेश

क्षेत्रीय प्रयोगशाला

म॰ प्र॰ प्रदूषण नियंत्रण बोर्ड

स्कीम न॰ 78/सी, पार्ट 2, अरण्य, विजयनगर, इन्दौर–452010

फोन: 0731 2554337, e-mail: regional.labindore@yahoo.com

BORE WELL WATER LOCATED WITHIN 500 M. FROM KANH RIVER

Date of collection		16.03.2026	16.03.2026	16.03.2026	17.03.2026	17.03.2026	
Sample Description		Bore Well Water at Shri Gajanand Mangal Parisar In Front of Police Chauki Bhagirathpura, Indore (M.P.)	Bore Well Water at Mother convent H.S. School Bhagirathpura, Indore (M.P.)	Bore Well Water at 121/2, Pardeshipura Main Road, Indore (M.P.)	Bore Well Water at Subhash Chowk Near Pani ki Tanki Pardesipura, Indore (M.P.)	Bore Well Water at Kankeshwaari Mata Mandir Pardesipura, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.745803/ 75.861159	22.747209/ 75.862238	22.744663/ 75.869312	22.743215/ 75.871288	22.748281/ 75.868916	
Report No.		2926	2927	2928	2931	2932	
pH	pH unit	6.78	6.1	6.26	6.9	6.7	6.5-8.5
Total Dissolved Solid	mg/l	1440	1310	840	546	680	2000
Chloride (as Cl)	mg/l	275.2	275.2	91.73	56.74	103.71	1000
COD	mg/l	34	11	6	18	4	
Ammo. Nitrogen	mg/l	ND	ND	ND	ND	ND	0.5
Nitrate Nitrogen	mg/l	9.21	9.51	4.36	2.32	5.32	45
Total Coliform	MPN/100 mL	>23	>23	>23	23	2.2	0/100 mL
Fecal Coliform	MPN/100 mL	16	23	12	16	<1.1	0/100 mL
E.Coli	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	0/100 mL

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BORE WELL WATER LOCATED WITHIN 1.0 K.M. FROM KANH RIVER

Date of collection		17.03.2026	17.03.2026	17.03.2026	17.03.2026	17.03.2026	
Sample Description		Bore Well Water at Vishist School of Management Near MPEB Office Pologround, Indore (M.P.)	Bore Well Water at Shri Ardhnarishwar Mahadev Mandir DRP Line, Indore (M.P.)	Bore Well Water at Jagannath Narayan Kutumbi Trust Near Banshi Press, Sheelnath Camp, Indore (M.P.)	Bore Well Water at ITI Pardesipura, Indore (M.P.)	Bore Well Water at Sanwariya Bhojnalaya Near Madanmahal Garden Sukhliya, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.73448/75.861984	22.732018/75.861602	22.740229/75.868086	22.751773/75.872242	75.872242/22.755169	
Report No.		2933	2934	2935	2936	2937	
pH	pH unit	6.74	7.24	7.03	6.8	6.92	6.5-8.5
Total Dissolved Solid	mg/l	1399	788	636	1016	473	2000
Chloride (as Cl)	mg/l	178.07	264.77	64.57	195.68	58.7	1000
COD	mg/l	15	6	8	9	7	
Ammo. Nitrogen	mg/l	0.007	0.011	0.008	0.009	0.016	0.5
Nitrate Nitrogen	mg/l	17.06	1.81	1.3	2.42	2.97	45
Total Coliform	MPN/100 mL	>23	2.2	1.1	2.2	2.2	0/100 mL
Fecal Coliform	MPN/100 mL	9.2	Nil	Nil	Nil	Nil	0/100 mL
E.Coli	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	0/100 mL

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BORE WELL WATER NEARBY UNAFFECTED AREA, INDORE

Date of collection		17.03.2026	17.03.2026	17.03.2026	17.03.2026	17.03.2026	
Sample Description		Bore Well Water at Sant Joseph School Patnipura, Indore (M.P.)	Bore Well Water at Deepak Electricals 28/2, Patnipura, Indore (M.P.)	Bore Well Water at Goma Ki Fall, Chanakya Complex ke Samne Malwa Mill, Indore (M.P.)	Bore Well Water at 278 Sarkari Boring Bajrang Nagar, Indore (M.P.)	Bore Well Water at 515, Ajaysingh Bajrangnagar Road, Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.741668/75.883227	22.739431/75.880812	22.733517/75.876004	22.746252/75.881904	22.748366/75.881916	
Report No.		2938	2939	2940	2941	2942	
pH	pH unit	6.7	6.81	7.07	7.3	6.82	6.5-8.5
Total Dissolved Solid	mg/l	831	643	402	511	637	2000
Chloride (as Cl)	mg/l	105.66	109.58	50.87	58.7	97.84	1000
COD	mg/l	12	4	3	4	5	
Ammo. Nitrogen	mg/l	ND	ND	ND	ND	ND	0.5
Nitrate Nitrogen	mg/l	3.84	1.66	0.99	2.77	2.32	45
Total Coliform	MPN/100 mL	3.6	2.2	1.1	2.2	2.2	0/100 mL
Fecal Coliform	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	0/100 mL
E.Coli	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	0/100 mL

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NARMADA WATER SUPPLY MONITORING, BHAGIRATHPURA AT INDORE (M.P.)

Date of collection		07.03.2026	09.03.2026	10.03.2026	12.03.2026	12.03.2026	12.03.2026	
Sample Description		Narmada Water Supply Outlet from Water Supply Tanki at Bhagirathpura, Indore (M.P.)	Narmada Water Supply Outlet from Water Supply Tanki at Bhagirathpura, Indore (M.P.)	Narmada Water Supply Outlet from Water Supply Tanki at Bhagirathpura, Indore (M.P.)	Narmada Water Raw Water Before Treatment Plant (Mandleshwar Jallod) Phase - 2 Indore (M.P.)	Narmada Water Control Room Bijalpur Phase - 2 Indore (M.P.)	Narmada Water Control Room Bijalpur Phase - 3 Indore (M.P.)	Permissible Limit IS 10500 2012 (Permissible Limit in the absence of alternative source)
Latitude/Longitude		22.745306/ 75.861032	22.745306/ 75.861032	22.745306/ 75.861032	22.671179/ 75.8343	22.671021/ 75.833872	22.671021/ 75.833872	
Report No.		2812	2814	2820	2900	2901	2902	
pH	pH unit	7.62	7.76	7.22	7.2	7.2	7.2	6.5-8.5
Total Dissolved Solid	mg/l	190	186	172	246	210	227	2000
Chloride (as Cl)	mg/l	29.5	29.56	25.43	24	26	24	1000
COD	mg/l	7	5	5	20	19	16	
Ammo. Nitrogen	mg/l	ND	ND	ND	0.07	0.017	0.01	0.5
Nitrate Nitrogen	mg/l	0.9	0.81	0.69	0.8	0.86	0.89	45
Total Coliform	MPN/100 mL	<1.1	<1.1	<1.1	<1.1	<1.1	<1.1	0/100 ml.
Fecal Coliform	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	Nil	0/100 ml.
E.Coli	MPN/100 mL	Nil	Nil	Nil	Nil	Nil	Nil	0/100 ml.
Residual Chlorine	mg/l	0.5	0.5	0.5	0.5	0.8	2	-

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Annexure-7

Test Report

Lab Reference No CH/25/500	Report Page No. 1/1	Date	01.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	30.12.2025
		Date of Commencement	30.12.2025
Zone No. 04, H. No. 95, Yadav Colony, Bhagirathpura Tank Name:- Bhagirathpura Source:- Narmada Volume 1 liter (Approx) Jerry Can In unsealed		Date of sample Collection if specified	30.12.2025

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	36

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval
4. Sample not drawn by the laboratory.
5. The result apply to the sample as received

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/25/501	Report Page No. 1/1		Date	01.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	30.12.2025
			Date of Commercement	30.12.2025
Zone No. 04, H. No. 282, Bhagirathpura, Behind D.P.S. School Tank Name:- Bhagirathpura Source:- RO Volume 1 liter (Approx) Jerry Can in unsealed			Date of sample Collection if specified	30.12.2025

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	NO	206

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected, 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/25/502	Report Page No. 1/1		Date	01.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	30.12.2025
Zone No. 04, H. No. 1068, Bhagirathpura, Nai Basti Tank Name:- Bhagirathpura Source:- Narmada Volume 1 liter (Approx) Jerry Can in unsealed			Date of Commercement	30.12.2025
			Date of sample Collection if specified	30.12.2025

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	29

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/02	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commercement	01.01.2026
Zone No. 04, H. No. 1004, Bhagirathpura, Nai Basti No. :- 9009085347 (Styanarayan) Bit No. 03 Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed		Mobile	Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	80

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/07	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, Jamun Wali Gali, Durga Mata Mandir Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in absent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	162

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/08	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, Jamun Wali Gali, Near South Kirana No. :- 9926315842 (Ajay Prajapati) Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed		Mobali	Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	76

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/10	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (W5) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commercement	01.01.2026
Zone No. 04, H.No. 1368 Jamun Wali Gali 9993339880 (Dharmendra Jl) Bit No. :- 29 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed		Moblie No. :-	Date of sample Collection If specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in absent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	46

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/11	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commercement	01.01.2026
Zone No. 04, Near Bridge Bhagirathpura, Chawala Mattan Nal Basti Mobile No. :- 9981007128, Bit No. :- 03 Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in absesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	79

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/17	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, Bhagirathpura (Basti), Infront of Jal maa Durga Saree, Near Abhilasha Shcool Mobile No. :- 8602777552 (Shourab Ji), Bit No. :- 04 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	260

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/13	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, Behind Dipesh School, Jyoti Madam Wall Gali , Bit No. :- 18/22 Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed		Mobile No. :	Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	40

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/17	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, H.No. 132 Bhagirathpura, 7745936023(Ashok Patil) , Bit No. :- 15 Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed		Moblie No. :-	Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 3622 - 1981	CFU / 100 ml	ND	ND	180

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/18	Report Page No. 1/1	Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commercement	01.01.2026
Zone No. 04, Sitla Mata Mandir Bhagirathpura, Moblie No. :- 8319779861, Bit No. :- 12 Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed		Date of sample Collection If specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in absent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	120

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/19	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, Tekri wala, Near Vansh Bakri Bit No. :- 18 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed		Mobile No. :- ,	Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	62

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected, 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/20	Report Page No. 1/1	Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commencement	01.01.2026
Zone No. 04, H.No. 31 Police Chowki Garden Bit No. :- 31 Mobile No. :-, Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed		Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	21

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/21	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commercement	01.01.2026
Zone No. 04, H.No. 164 Gali No. 03 Shukla Jl Gall No. :-9425065642 (Dharmendar Pal) , Bit No. :- 21 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed		Moblie	Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	46

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CII/26/22	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, H.No. 325, Mehta Nagar 9926048440 (Madan Yadav), Bit No. :- 24 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed		Mobile No. :-	Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in absent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	43

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received

Abbreviation 'ND' Not detected, 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CII/26/23	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04,Near Anil Jaiswal House, Kua Wali Gali Moblie No. :- , Bit No. :- 12 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in absent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	66

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/25	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commercement	01.01.2026
Zone No. 04, Behind Khatik Mandir Dubeji Wali Gali Bhagirathpura Moblie No. :- , Bit No. :- 05 Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	47

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/27	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, Bhagirathpura Near Hanuamn Mandir Moblie No. :- , Bit No. :- 06 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed			Date of sample Collection If specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	96

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

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Test Report

Lab Reference No CH/26/28	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commercement	01.01.2026
Zone No. 04, H.No. 816, Bhagirathpura, Near Pal Atta Chaki Ke Pass Moblie No. :- , Bit No. :- 06 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	43

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/29	Report Page No. 1/1	Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commencement	01.01.2026
Zone No. 04, Tiks Wali Gali, Infront of Topi Lala Mobile No. :- , Bit No. :- 08 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed		Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit In abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	89

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

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Test Report

Lab Reference No CH/26/31	Report Page No. 1/1	Date	01.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commencement	01.01.2026
Zone No. 04, Near Bridge Bhargirathpura Mobile No. :-, Bit No. :- 05 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed		Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit In absent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	25

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

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Test Report

Lab Reference No CH/26/34	Report Page No. 1/1	Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commencement	01.01.2026
Zone No. 04, Bhagirathpura Main Road, Infront of Lakera Samaj Dharmashala, Mobile No. :- , Bit No. :- 02 Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed		Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	22

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/35	Report Page No. 1/1	Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commencement	01.01.2026
Zone No. 04, Near Khatu Shyam Saree Center, Infront of Mother Convent School Mobile No. :- , Bit No. :- 02 Source:- Boring (Govt.) Volume 500ml (Approx) Plastic Bottel In unsealed		Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	48

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

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Technical Manager
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Test Report

Lab Reference No CH/26/37	Report Page No. 1/1	Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commencement	01.01.2026
Zone No. 04, Yadav Nagar , Bit No. :- 16 Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed	Mobile No. :-	Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	40

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/38	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, H.No. 924, Bhagirathpura, Behind Imli Wali Gali Moblie No. :- 9826499700 (Kamal Yadav) , Bit No. :- 27 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	87

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/39	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commercement	01.01.2026
Zone No. 04, H.No. 662, Bhagirathpura, Infront of Shanti Atta Chakki Mobile No. :- 9993123849 (Rajkumar Ji) , Bit No. :- 27 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	16

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/40	Report Page No. 1/1	Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commercement	01.01.2026
Zone No. 04, H.No. 1151, Bhagirathpura, Near Shiv Mandir, Chirag Mohalla Moblie No. :- 9993123849 (Rajkumar Ji) , Bit No. :- 02 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed		Date of sample Collection If specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit In abesent of alternative Source	
1	Fecal Colifom Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	14

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/41	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, H.No. 706, Bhagirathpura, Bank Gali 9993386202 (Lalita Ji) , Bit No. :- 28 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed		Mobile No. :-	Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2017		Result
				Requirment Aceeptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Colliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	142

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Water Testing Laboratory
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Test Report

Lab Reference No CH/26/43	Report Page No. 1/1	Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commencement	01.01.2026
Zone No. 04, H.No. 721, Bhagirathpura, 9893892309 (Suresh Kumar), Bit No. :- 27 Mobile No. :- Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed		Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	13

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

Technical Manager
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Test Report

Lab Reference No CH/26/44	Report Page No. 1/1	Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commencement	01.01.2026
Zone No. 04, H.No. 532, Bhagirathpura, Moblie No. :- 6261804299 (Mohan Ji), Bit No. :- 27 Source:- Boring Volume 500ml (Approx) Plastic Bottel in unsealed		Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	360

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

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Test Report

Lab Reference No CH/26/46	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, H.No. 69 Near Om Prakash Kirana Mobile No. :-, Bit No. :- 09 Source:- Boring (Sample No. 02) Volume 500ml (Approx) Plastic Bottel in unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in absent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	22

Note:-

1. The legal liabilities limited up to the analytical charges only.
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4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/67	Report Page No. 1/1	Date	01.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commencement	01.01.2026
Zone No. 04, Near Ram Singh Thakur House Mobile No. :-, Bit No. :- 09 Source:- Boring (Sample No. 03) Volume 500ml (Approx) Plastic Bottel In unsealed		Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in absent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	82

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/48	Report Page No. 1/1	Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore		Date of Receipt	01.01.2026
		Date of Commencement	01.01.2026
Zone No. 04, Infront of Ruchi Tent House Mobile No. :-, Bit No. :- 10 Source:- Boring (Sample No. 01) Volume 500ml (Approx) Plastic Bottel In unsealed		Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in absent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	120

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

Abbreviation 'ND' Not detected , 'BDL' Below Determination limit

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Test Report

Lab Reference No CH/26/49	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, Infront of Dayal Bhadkare House Mobile No. :-, Bit No. :- 09 Source:- Boring (Sample No. 04) Volume 500ml (Approx) Plastic Bottel in unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Acceptable Limit	Permissible Limit in absent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	160

Note:-

1. The legal liabilities limited up to the analytical charges only.
2. The results are related only to the sample tested.
3. The reports shall not be reproduced except in full without approval.
4. Sample not drawn by the Laboratory.
5. The result apply to the sample as received.

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Test Report

Lab Reference No CH/76/50	Report Page No. 1/1		Date	03.01.2026
Customer Name, Assistant Engineer (WS) Zone No. 04 IMC Indore			Date of Receipt	01.01.2026
			Date of Commencement	01.01.2026
Zone No. 04, H.No. 1030 Sabji Mandi Wali Gali New Basti Bhagirathpura Moblie No. :-, Bit No. :- 30 Source:- Boring Volume 500ml (Approx) Plastic Bottel In unsealed			Date of sample Collection if specified	01.01.2026

S.No.	Characteristic	Method of Test ref. to	Unit	IS-10500-2012		Result
				Requirment Aceeptable Limit	Permissible Limit in abesent of alternative Source	
1	Fecal Coliform Bacteria	IS 1622 - 1981	CFU / 100 ml	ND	ND	15

Note:-

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4. Sample not drawn by the Laboratory.
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Annexure-8

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UPHC Bhagirathpura - Affected Cases list						
No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
1	24.12.2025	krishna	Male	10	99 Bhagirathpura	Abd Pain
2	24.12.2025	vishal	Male	30	1199 Bhagirathpura	Abd Pain
3	24.12.2025	sunita	Female	38	1518 Bhagirathpura	loose motion,vomiting
4	24.12.2025	sumitra	Female	55	275 Bhagirathpura	Abd Pain,loose motion
5	24.12.2025	madhubala	Female	44	4314 Bhagirathpura	loose motion
6	26.12.2025	jaishree	Female	27	504/33 bhagirathpura	ANC ii with Diarrheoea
7	26.12.2025	chandresh	Male	19	299/3, bhagirathpura	Vomiting and Weakness
8	26.12.2025	Bhawna	Female	58	108, bhagirathpura	Vomiting and Weakness
9	26.12.2025	devi prasad	Male	27	bhagirathpura	Diarrhoea and vomiting
10	26.12.2025	madhu	Female	3	224, kulkarni naga	diarrhoea
11	26.12.2025	kavita	Female	50	865 bhagirathpura	Abd Pain
12	26.12.2025	lata bai	Female	65	bhagirathpura	Abd Pain
13	26.12.2025	lakhanlal	Male	43	bhagirathpura	diarrhoea
14	26.12.2025	abhishek	Male	22	800/26, redwal colony	Abd Pain
15	27.12.2025	atharv	Male	8	1252 bhagirathpura	Diarrhoea
16	27.12.2025	Sheela	Female	45	123 bhagirathpura	Diarrhoea with voimiting
17	27.12.2025	Arpit	Male	8	bhagirathpura	Diarrhoea with voimiting
18	27.12.2025	jaishvi	Female	2	1252 bhagirathpura	Diarrhoea
19	27.12.2025	kunal	Male	4	392b hagirathpura	Diarrhoea with voimiting
20	27.12.2025	chirag	Male	1.5	bhagirathpura	Diarrhoea with URI
21	27.12.2025	Munnalal	Male	68	bhagirathpura	Abd Pain
22	27.12.2025	pramlata	Female	53	280 bhagirathpura	Diarrhoea
23	27.12.2025	jaiyas	Male	8	bhagirathpura	Diarrhoea with vomitinh
24	27.12.2025	Janvi	Female	3	108, bhagirathpura	Diarrhoea
25	27.12.2025	Preeti	Female	26	bhagirathpura	Diarrhoea
26	27.12.2025	ABHISHEK	Male	28	800/26 bhagirathpura	Abd Pain
27	29.12.2025	dharmdas	Male	63	138 bhagirathpura	Abd Pain
28	29.12.2025	Tanishaka	Female	21	bhagirathpura	Diarrhoea

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
29	29.12.2025	namashvi	Female	4	bhagirathpura	Diarrhoea
30	29.12.2025	ram	Male	2	bhagirathpura	Diarrhoea
31	29.12.2025	phul bai	Female	70	bhagirathpura	Vomiting and HTN
32	29.12.2025	ashok	Male	62	339 bhagirathpura	Diarrhoea
33	29.12.2025	mahi	Female	5	124 bhagirathpura	Diarrhoea
34	29.12.2025	radhyshyam	Male	70	35 bhagirathpura	Diarrhoea
35	29.12.2025	laxmi	Female	28	285 bhagirthpura	Abd Pain
36	29.12.2025	rajkumari	Female	60	443 bhagirathpura	Diarrhoea
37	29.12.2025	ayansh	Male	2	bhagirathpura	Diarrhoea
38	29.12.2025	devendra	Male	38	bhagirathpura	Abd Pain
39	29.12.2025	shrikant	Male	13	bhagirathpura	Diarrhoea
40	29.12.2025	Abhishek	Female	23	bhagirathpura	Abd Pain
41	29.12.2025	sumit	Male	18	bhagirathpura	Diarrhoea
42	29.12.2025	anand	Male	14	bhagirathpura	Abd Pain
43	29.12.2025	mayuri	Female	26	bhagirathpura	Diarrhoea
44	29.12.2025	gopiram	Male	2	bhagirathpura	Diarrhoea
45	29.12.2025	shyam	Male	60	bhagirathpura	vomiting
46	29.12.2025	adesh	Male	10	bhagirathpura	Diarrhoea
47	29.12.2025	Vansh	Male	13	bhagirathpura	Diarrhoea
48	29.12.2025	ridhav	Male	4	bhagirathpura	Diarrhoea
49	29.12.2025	anvi	Female	8	bhagirathpura	Diarrhoea
50	29.12.2025	poonam	Female	22	bhagirathpura	Abd Pain
51	29.12.2025	krishna	Female	35	1303 bhagirathpura	Diarrhoea
52	29.12.2025	janvi	Female	5	120 bhagirathpura	Diarrhoea
53	29.12.2025	sonu	Female	30	904 bhagirathpura	Diarrhoea
54	29.12.2025	hansa	Female	23	bhagirathpura	Diarrhoea
55	29.12.2026	RAMESH	Male	58	440 BHAGIRPURA	DVD
56	29.12.2026	SRITA	Female	43	1070 BHAGIRPURA	DVD
57	29.12.2026	SHIVEKA	Female	28	1036 BHAGIRPURA	DVD

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
58	29.12.2026	ATARHV	Male	3	240 BHAGIRPURA	DVD
59	29.12.2026	VINAL	Female	60	340 BHGIRPURA	DVD
60	29.12.2026	TEJAPRKASH	Male	21	122 BHAGIRATPURA	DVD
61	29.12.2026	anshi	Male	5	1518 bhagirath pura	DVD/vomiting
62	29.12.2026	PIYUSH	Male	6	172 YADAV COLONY	DVD
63	29.12.2026	DEEPAK	Male	1.5	172 YADAV COLONY	DVD
64	29.12.2026	kirti jayaswal	Female	35	875 bhagirath Pura	DVD cough vomiting
65	30.12.2025	Jannalal	Male	60	413 rafeli	Diarrhoea
66	30.12.2025	vimla	Female	45	740 bhagirathpura	Diarrhoea
67	30.12.2025	Amrita	Male	32	226 bhagirathpura	Abd And Headeach
68	30.12.2025	Narayan	Male	50	bagirathpura	vomiting and Diarrhoea
69	30.12.2025	Mohit	Male	18	487 bhagirathpura	Diarrhoea
70	30.12.2025	Metansh	Male	3	bhagirathpura	Diarrhoea and vomiting
71	30.12.2025	DAYA	Female	21	bagirathpura	Diarrhoea and vomiting
72	30.12.2025	Sushila	Female	65	384 bhagirathpura	Diarrhoea
73	30.12.2025	Dipendra	Male	30	89 bhagirathpura	Diarrhoea
74	30.12.2025	pragati	Female	3	bhagirathpura	Diarrhoea
75	30.12.2025	harshita	Female	17	1310 bhagirathpura	vomiting Diarrhoea
76	30.12.2025	simrita	Female	35	409 bhagirathpura	Diarrhoea
77	30.12.2025	lakshita	Female	14	409 bhagirathpura	Diarrhoea
78	30.12.2025	kamla	Female	55	319 bhagirathpura	vomtimg and Diarrhoea
79	30.12.2025	chandrashekhar	Male	40	bhagirathpura	vomtimg and Diarrhoea
80	30.12.2025	sangita	Female	26	bhagirathpura	Diarrhoea
81	30.12.2025	dulichandra	Male	55	588/1 bagirathpura	vomtimg and Diarrhoea
82	30.12.2025	Ganeshram	Male	32	bhagirathpura	Diarrhoea
83	30.12.2025	aman	Male	21	1336 bhairatpura	vomtimg and Diarrhoea
84	30.12.2025	jitendra	Male	52	204 bhagirathpura	Diarrhoea
85	30.12.2025	santosh	Female	44	241 bhagirathpura	Diarrhoea
86	30.12.2025	Rahul Kushwah	Male	30	bhagirathpura	loose motion ,vomiting

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
87	30.12.2025	Kamya Kori	Female	7	1505 bhagirathpura	Abd Pain
88	30.12.2025	Priya	Female	26	328 bhagirathpura	Abd Pain , vomiting
89	30.12.2025	shobha	Female	17	328 Bhagirathpura	Abd Pain, Vomiting , loose motion
90	30.12.2025	mamta	Female	45	Bhagirathpura	Abd Pain
91	30.12.2025	Manvik	Male	2	540 Bhagirathpura	loose motion ,vomiting
92	30.12.2025	navya	Female	13	bhagirathpura	Abd Pain, loose motion
93	30.12.2025	kartik	Male	12	Bhagirathpura	loose motion ,vomiting
94	30.12.2025	kinjal	Female	7	1331 bhagirathpura	loose motion
95	30.12.2025	Dharmendr	Male	40	476 bhagirathpura	loose motion
96	30.12.2025	bhavishya	Male	19	1361 bhagirathpura	loose motion ,vomiting
97	30.12.2025	shobha	Female	17	369 Bhagirathpura	loose motion
98	30.12.2025	vishal	Male	29	bhagirathpura	loose motion
99	30.12.2025	Sourabh	Male	30	573 Bhagirathpura	loose motion
100	30.12.2025	Mohini	Female	16	419/3 Bhagirathpura	Abd Pain
101	30.12.2025	Ravi KUmar	Male	35	Bhagirathpura	loose motion
102	30.12.2025	Shiva	Male	24	396 Bhagirathpura	Abd Pain
103	30.12.2025	usha mali	Female	38	235 bhagirsthpura	Abd Pain
104	30.12.2025	Paridhi	Female	12	Bhagirathpura	loose motion
105	30.12.2025	Santosh	Male	25	237 bhagirathpura	loose motion
106	30.12.2025	Rajnandini	Female	30	295/3 bhagirsathpura	Abd Pain
107	30.12.2025	Usha	Female	55	888 bhagirathpura	loose motion
108	30.12.2025	Arohi	Female	14	Bhagirathpura 218	Abd Pain
109	30.12.2025	Uma	Female	55	bhagirathpura	loose motion, chakkar
110	30.12.2025	vivek	Male	20	Bhagirathpura	loose motion
111	30.12.2025	Nitesh	Male	23	Bhagirathpura	loose motion
112	30.12.2025	Palak	Female	24	343 Bhagirathpura	Vomiting, loose motion
113	30.12.2025	Rekha	Female	45	nai basti bhagirthpura	loose motion
114	30.12.2025	Chhota	Female	2	bhagirathpura	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
115	30.12.2025	Vaishnavi	Female	7	Bhagirathpura	loose motion
116	30.12.2025	Riddhi	Female	8	334 bhagirathpura	Abd Pain , loose motion
117	30.12.2025	vaishali	Female	34	1001 bhagirathpura	loose motion
118	30.12.2025	priya	Female	30	498 bhagirathpura	Vomiting, loose motion
119	30.12.2025	purshootam	Male	57	968 bhagirathpura	Vomiting, loose motion
120	30.12.2025	savitri	Female	60	bhagirathpura	loose motion
121	30.12.2025	Madhuri	Female	43	523 bhsgirathpura	loose motion
122	30.12.2025	abhay	Male	12	523 bhagirtathpura	loose motion
123	30.12.2025	hitesh	Male	1.5	209 bhagirathpura	loose motion
124	30.12.2025	lalita	Female	51	2 bhagirathpura	loose motion
125	30.12.2025	Ashok	Male	64	bhagirathpura	loose motion
126	30.12.2025	mithlesh	Male	51	285 bhagirathpura	loose motion
127	30.12.2025	shraddha	Female	12	755/12 bhagirathpura	loose motion
128	30.12.2025	pooja	Female	35	bhagirathpura	loose motion
129	30.12.2025	Avni	Female	9	bhagirathpura	Abd Pain
130	30.12.2025	anshu	Male	18	931 bhagirathpura	Abd Pain ,loose motion
131	30.12.2025	goura	Female	50	bhagirathpura	loose motion,vomiting
132	30.12.2025	dolly	Female	3	bhagirathpura	loose motion
133	30.12.2025	Tushar	Male	25	700bhagirathpura	loose motion ,vomiting
134	30.12.2025	sonali	Female	26	1112 bhagirathpura	DVD
135	30.12.2025	leeladhar	Male	51	647 bhagirathpura	DVD
136	30.12.2025	riyansh	Male	2	559 bhagirathpura	DVD
137	30.12.2025	Niesh	Male	22	559 bhagirathpura	DVD
138	30.12.2025	Kiran	Female	55	bhagirathpura	DVD
139	30.12.2025	shraddha	Female	25	72 bhagirathpura	DVD
140	30.12.2025	vinay	Female	23	391 bhagirathpura	DVD
141	30.12.2025	anika	Female	9	354 bhagirathpura	DVD
142	30.12.2025	Rimjhim	Female	16	654 bhagirathpura	Abd Pain
143	30.12.2025	kajal	Female	25	776 bhagirathpura	vomet ,loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
144	30.12.2025	priyansh	Male	3	77 bhagirathpura	loose motion
145	30.12.2025	shakuntala	Female	45	1019 bhagirathpura	loose motion
146	30.12.2025	kavya	Female	2.6	bhagirathpura	vomet ,loose motion
147	30.12.2025	pramila	Female	41	31 bhagirathpura	vomet ,loose motion
148	30.12.2025	sarju	Female	50	bhagithpura	loose motion
149	30.12.2025	devki	Female	80	bhagirathpura	loose motion
150	30.12.2025	manjula	Female	70	847 bhagirathpura	loose motion
151	30.12.2025	aayush	Male	27	193 bhagirathpura	loose motion
152	30.12.2025	bharat	Male	8	77 bhagirathpur	lcose motion
153	30.12.2025	rama	Female	52	bhagirathpura	vomet ,loose motion
154	30.12.2025	shourya	Male	6	990 bhagiurathpura	vomet ,loose motion
155	30.12.2025	priyanshi	Female	10	237 bhagirathpura	vomet ,loose motion
156	30.12.2025	sunita	Female	40	bhagirathpura	Abd Pain
157	30.12.2025	manju	Female	58	520 bhagirathpura	loose motion
158	30.12.2025	neelu	Female	33	1004 bhagirathpura	vomet ,loose motion
159	30.12.2025	sakshi	Female	22	bhagirathpura	DVD
160	30.12.2025	kuwarji	Male	72	1337 bhagirathpura	DVD
161	30.12.2025	Abhilasha	Female	52	364/2 bhagirathpura	DVD
162	30.12.2025	kirti	Female	4	49 bhagiratrhpura	DVD
163	30.12.2025	Ram	Male	20	bhagirathpura	DVD
164	30.12.2025	Rajni	Female	39	428 Bhagiraathpura	Abd Pain
165	30.12.2025	Gayatri	Female	50	1018 bhagirathpura	DVD
166	30.12.2025	Geeta	Female	45	bhagirathpura	Abd Pain
167	30.12.2025	heena	Female	32	Bhagirahtpura	DVD
168	30.12.2025	Omprakash	Male	50	1026 bhagirathpura	DVD
169	30.12.2025	Ganesh	Male	74	820 bhagirathpura	DVD
170	30.12.2025	Unnati	Female	14	bhagirathpura	DVD
171	30.12.2025	sheetal	Female	16	391 Bhagirathpura	DVD
172	30.12.2025	Raghvi	Female	10	bhagirathpura	DVD

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
173	30.12.2025	Pradeep	Male	32	551Bhagirathpura	DVD
174	30.12.2025	Anita	Female	44	930 bhagirathpura	DVD
175	30.12.2025	Rudra	Male	5	758 bhagirathpura	DVD
176	30.12.2025	Nirmal	Male	6	758 bhagirathpura	DVD
177	30.12.2025	rupnarayan	Male	36	758 bhagirathpura	DVD
178	30.12.2025	puja	Female	30	758 bhagirathpura	DVD
179	31.12.2025	urvashi	Female	5	bhagirathpura	loose motion,cough cold
180	31.12.2025	khushi	Female	4	210 bhgairathpura	vomiting
181	31.12.2025	Nirmala	Female	58	bhagirathpura	vomet
182	31.12.2025	Kamal singh	Male	22	49 bhagirathpura	vomiting
183	31.12.2025	Reema	Female	28	754 bhagirathpura	loose motion
184	31.12.2025	Sheela	Female	62	780 bhagirathpura	vomiting ,loose motion
185	31.12.2025	kusum	Female	17	339/3 bhagirathpura	loose motion
186	31.12.2025	Narendra	Male	47	49/4 Bhagirathpura	vomiting ,loose motion
187	31.12.2025	Nitya	Female	1	bhagirathpura	loose motion
188	31.12.2025	Krishna	Male	16	999Bhagirathpura	loose motion
189	31.12.2025	pratik	Male	14	989 Bhagirathpura	loose motion, cough,cold
190	31.12.2025	Gopal	Male	37	961 bhagirathpura	loose motion
191	31.12.2025	viren	Male	14	25 bhagirathpura	loose motion
192	31.12.2025	gokul	Male	27	bhagirathpura	loose motion
193	31.12.2025	daksh	Male	2	bhagirathpura	loose motion
194	31.12.2025	ajay	Male	38	1654 bhagirathpura	loose motion
195	31.12.2025	chironjilal	Male	68	675 bhagirathpura	loose motion
196	31.12.2025	radha	Female	70	396 bhagirathpura	loose motion
197	31.12.2025	sejal	Female	21	268 bhagirathpura	loose motion
198	31.12.2025	Leela bai	Female	74	bhagirathpura	loose motion
199	31.12.2025	ramdulari	Female	59	210 bhagirathpura	loose motion
200	31.12.2025	Kapil	Male	27	bhagirathpura	loose motion
201	31.12.2025	Payal	Female	36	35/2 bhagirathpura	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
202	31.12.2025	sangeeta	Female	29	bhagirathpura	loose motion
203	31.12.2025	Ratna	Female	63	Bhagirathpura	loose motion
204	31.12.2025	Nilesh	Male	58	1072 bhagirathpura	loose motion
205	31.12.2025	ajay	Male	25	MR 4 bhagirathpura	loose motion
206	31.12.2025	Narendra	Male	50	1006 Bhagirathpura	loose motion
207	31.12.2025	ameet	Male	20	999 bhagirathpura	Abd Pain ,loose motion
208	31.12.2025	Rukmani	Female	60	566 bhagirathpura	vomiting ,loose motion
209	31.12.2025	Dhruv	Male	3	1199 bhagirathpura	vomiting ,loose motion
210	31.12.2025	Rishika	Female	15	837 bhagirathpura	vomiting ,loose motion
211	31.12.2025	Naitik	Male	14	814 bhagirathpura	loose motion
212	31.12.2025	Virendra	Male	44	814 bhagirathpura	loose motion
213	31.12.2025	Ritesh	Male	45	1285 Bhagirathpura	loose motion
214	31.12.2025	sunil	Male	52	205 bhagirathpura	vomiting ,loose motion
215	31.12.2025	Ramswaroop	Male	65	820 bhagirathpura	DVD
216	31.12.2025	Akash	Male	20	1069/2 bhagirathpura	DVD
217	31.12.2025	Yashwant	Male	45	1270 bhagirathpura	DVD
218	31.12.2025	Madhu	Female	70	125 bhagirathpura	DVD
219	31.12.2025	Aditi	Female	2.5	268 bhagirathpura	DVD
220	31.12.2025	Aryan	Male	2	1221 bhagirathpura	DVD
221	31.12.2025	VAnshika	Female	4	147 bhagirathpura	DVD
222	31.12.2025	Vijay	Male	36	147 bhagirathpura	DVD
223	31.12.2025	Satyam	Male	42	3425 Bhagirathpura	loose motion
224	31.12.2025	Rekha	Female	53	Bhagirathpura	vomiting ,loose motion
225	31.12.2025	Bhumika	Female	11	1066 Bhagirathpura	loose motion
226	31.12.2025	Rohit	Male	49	1311 Bhagirathpura	loose motion
227	31.12.2025	Harshita	Female	17	1010 bhagirathpura	loose motion
228	31.12.2025	Laxmi	Female	65	Bhagirathpura	vomiting ,loose motion
229	31.12.2025	Manisha	Female	35	Bhagirathpura	vomiting ,loose motion
230	31.12.2025	Varsha	Female	38	Bhagirathpura	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
231	31.12.2025	aditya	Male	12	Bhagirathpura	loose motion
232	31.12.2025	Vidhi	Female	1.6	Bhagirathpura	loose motion
233	31.12.2025	shankarlal	Male	65	1080 bhagirathpura	loose motion
234	31.12.2025	kunal	Male	4	377/2 bhagirathpura	loose motion
235	31.12.2025	balram	Male	32	Bhagirathpura	loose motion
236	31.12.2025	Rishabh	Male	21	406 bhagirathpura	loose motion
237	31.12.2025	Dipanshu	Male	3	805/997 Bhagirathpura	loose motion
238	31.12.2025	bhavyanshu	Male	5	805/997 Bhagirathpura	loose motion
239	31.12.2025	soorajprakash	Male	55	bhagirahtpura	loose motion
240	31.12.2025	Divyanshi	Female	10	701 bhagirathpura	loose motion
241	31.12.2025	Narayan	Male	50	701 vbhagirathpura	loose motion
242	31.12.2025	muskan	Female	24	Bhagirathpura	loose motion
243	31.12.2025	sanskar	Male	8	443/6 bhagirarthpura	vomiting ,loose motion
244	31.12.2025	Kavyansh	Male	11	1043 bhagirathpura	loose motion
245	31.12.2025	Raja	Male	31	bhagirathputra	vomiting ,loose motion
246	31.12.2025	Mohit	Male	19	442 Bhagirathpura	loose motion
247	31.12.2025	Tanya	Female	24	442 bhagirathpura	loose motion
248	31.12.2025	Rahul	Male	32	192/2 bhagirathpura	loose motion
249	31.12.2025	pinki	Female	10	14 bhagirathpura	loose motion
250	31.12.2025	Jagriti	Female	24	183 bhaguirathpura	vomiting ,loose motion
251	31.12.2025	Trishant	Male	6	49 Bhagirathpura	vomiting ,loose motion
252	31.12.2025	shivang	Male	17	209 bhagirathpura	vomiting ,loose motion
253	31.12.2025	ananya	Female	5	1299 bhagirathpurA	loose motion
254	31.12.2025	durga	Female	30	Bhagirathpura	loose motion
255	31.12.2025	Arti	Female	25	185 bhagirathpura	loose motion
256	31.12.2025	rohit	Male	36	Bhagirathpura	loose motion
257	31.12.2025	vimla	Female	60	1999 bhagirathpura	loose motion
258	31.12.2025	naman	Male	45	bhagirathpura	loose motion
259	31.12.2025	Rati bai	Female	60	340 bhagirathpura	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
260	31.12.2025	kiran	Female	7	bhagirathpuira	loose motion
261	31.12.2025	suman	Female	58	341 bhagirathpura	vomiting ,loose motion
262	31.12.2025	ayansh	Male	8	bhagirathpura	loose motion
263	31.12.2025	shrashthi	Female	3	775 bhagirasthpura	loose motion
264	31.12.2025	priyansh	Male	75	1010 bhagirathpura	loose motion
265	31.12.2025	geeta	Female	65	bhagirathpura	loose motion
266	31.12.2025	hemraj	Male	50	345/6 bhagirathpura	loose motion
267	31.12.2025	priyanshu	Female	15	bhagirathpura	loose motion
268	31.12.2025	riya	Female	18	945 bhagirathpura	loose motion
269	31.12.2025	anita	Female	62	bhagirathpurAa	loose motion
270	31.12.2025	pankaj	Female	60	635 bhagirathpura	loose motion
271	31.12.2025	shivansh	Male	7 month	bhagirathpura	vomiting ,loose motion
272	31.12.2025	hema	Female	40	947 bhagiratghpura	vomiting ,loose motion
273	31.12.2025	Garima	Female	3	1199 bhagirathpura	vomiting ,loose motion
274	31.12.2025	divyanshi	Female	7	1199 bhagirathpura	vomiting ,loose motion
275	31.12.2025	Harshita	Female	12	1199 bhagiurathpura	vomiting ,loose motion
276	31.12.2025	kartik	Male	10	1199 bhagiurathpura	vomiting ,loose motion
277	31.12.2025	kajal	Female	26	1199 bhagiurathpura	vomiting ,loose motion
278	31.12.2025	basanti	Female	65	bhagirathpura	loose motion
279	31.12.2025	sheela	Female	45	bhagirathpura	loose motion
280	31.12.2025	KaviIta	Female	49	1015 bhagirathpura	loose motion
281	31.12.2025	asha	Female	50	bhagirathpura	loose motion
282	31.12.2025	Raghav	Male	4	bhagirathpura	loose motion
283	31.12.2025	Vinayak	Male	14	bhagirathpura	loose motion
284	31.12.2025	shibvani	Male	4	1518 bhagi8rathpura	loose motion
285	31.12.2025	shibvam	Male	21	1026 MAGI	loos motion
286	31.12.2025	sanskriti	Female	3	63 bhagirathpurs	loose motion
287	31.12.2025	bhavishya	Female	5	611 bhagirathpura	loose motion
288	31.12.2025	rani	Female	12	49 bhagirayhpura	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
289	31.12.2025	asha	Female	62	1168 bhagirathpuyra	loose motion
290	31.12.2025	prince	Male	4	bhagireathpura	loose motion
291	31.12.2025	prema	Female	50	876 b hagirathpura	loose motion
292	31.12.2025	radha	Female	50	1221 bhagirathpura	loose motion
293	31.12.2025	pooja	Female	30	bhagirathpura	loose motion
294	31.12.2025	mayuri	Female	26	bhagirathpura	loose motion
295	31.12.2025	Vedant	Male	4	498 bhagirathpura	vomiting and URI
296	31.12.2025	Nikita	Female	29	498 bhagirathpura	Diarrhoea and URI
297	31.12.2025	Kuldeep	Male	10	bhagirathpura	Vomiting and Headeach
298	31.12.2025	Tnisha	Female	2	766 bhagirathpura	Diarrhoea and URI
299	31.12.2025	ponam	Female	22	1077 bhagirathpura	Abd And ANC
300	31.12.2025	Rani	Female	65	556 bhagirathpura	Diarrhoea HTN
301	31.12.2025	ompraksh	Male	64	942 bhagiratpura	Diarrhoea and URI
302	31.12.2025	sajri	Female	3	bhagirathpura	Diarrhoea and URI
303	31.12.2025	Sagar	Male	18	bhagirathpura	Vomiting Abd Pain
304	31.12.2025	Durga	Female	10	238 bhagirathpura	Abd Pain , body Pain
305	31.12.2025	Sidhanshu	Male	17	392 bhagirathpura	Abd Pain , ghabrahat
306	31.12.2025	Asha bai	Female	70	322 Bhagirathpura	Vomiting, body Pain
307	31.12.2025	Yagniya	Female	2	955 Bhagirathpura	loose motion , cough
308	31.12.2025	heeralal	Male	75	419 bhagirathpura	loose motion,cough ,cold
309	31.12.2025	laxmi	Female	52	347/2 bhagirathpura	Vomiting, loose motion
310	31.12.2025	yogita	Female	36	347/12 bhagirathpura	Vomiting, loose motion
311	31.12.2025	dimpal	Female	2	Bagirathpura	vomitig,cough,cold
312	31.12.2025	Sarthak	Male	10	bhagirathpura	Vomiting, loose motion
313	31.12.2025	Darsh	Male	6	Redwal colony	Vomiting, loose motion
314	31.12.2025	karishma	Female	22	979bhagirathpura	vomiting
315	31.12.2025	ruprani	Female	70	bhagirathpura	chakkar,vomiting
316	31.12.2025	Manoj	Male	42	141bhagrithpura	vonmating
317	31.12.2025	YUNESH	Male	35	172 YADAV COLONY	DVD

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
318	31.12.2025	VEDIAK	Male	1	219 BHAGIRATPURA	DVD
319	31.12.2025	PRDEEP	Male	52	445 BHAGIPURA	DVD
320	31.12.2025	samar	Male	13	480 bhagirath pura	DVD
321	01.01.2026	REKHA	Female	50	BHAGIRTAHPURA	DVD
322	01.01.2026	MAMATA DEVSINGH	Female	15	1192BHAGIRTAHPURA	DVD
323	01.01.2026	NILADAHR	Male	74	BHAGIRTAHPURA	DVD
324	01.01.2026	MANSBEE	Female	15	BHAGIRTAHPURA	DVD
325	01.01.2026	RANU	Male	46	BHAGIRTAHPURA	DVD
326	01.01.2026	SANTOSH	Male	37	BHAGIRTAHPURA	DVD
327	01.01.2026	ANIL	Male	62	863 BHAGIRATHPUR	DVD
328	01.01.2026	SAMARTH	Male	19	2613 BHGIRATHPURA	DVD
329	01.01.2026	ASHA	Female	1.2	1279 BHAGIRATHPURA	DVD
330	01.01.2026	CHANCHAL	Female	10	520 BHAGIRGATPURA	DVD
331	01.01.2026	KOMAL	Female	22	956 BHAGIRATPURA	DVD
332	01.01.2026	PARTHAM	Male	9	`99 BHAGIRATHPURA	DVD
333	01.01.2026	ASHOK	Male	63	1227 BHAGIRTHPUR	DVD
334	01.01.2026	MUSKAN	Female	2	1165 BHAGIRATHPUR	DVD
335	01.01.2026	PIRYANSHU	Male	17	1739 BHAGIRATHPURA	DVD
336	01.01.2026	PRSHANT	Male	19	74 BHAGIRATHPURA	DVD
337	01.01.2026	RAKSHA	Female	37	155 BHAGAIRATHPURA	DVD
338	01.01.2026	GOKUL	Male	28	445 BHAGIRATHPURA	DVD
339	01.01.2026	ANIL	Male	56	162 BHAGIRATHPURA	DVD
340	01.01.2026	ARADHANA	Female	10	611 BHAGIRATHAPURA	DVD
341	01.01.2026	VIMAL	Male	53	324 BHAGIRATHPURA	DVD
342	01.01.2026	PURNIMA	Female	30	876 BHAGIRATHPURA	DVD
343	01.01.2026	SHUBHAM	Male	23	423 BHGIRATHPURA	DVD
344	01.01.2026	GOURV	Male	18	423 BHAGIRATPURA	DVD
345	01.01.2026	VIDHI	Female	5	350 BHAGIRTHPURA	DVD

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
346	01.01.2026	NINTIN	Male	34	62 BHGIRATHPURA	DVD
347	01.01.2026	JIVAN	Male	43	517 BHAGIRATHPURA	DVD
348	01.01.2026	BHAGWAN	Male	26	461/111 BHAGIRATHPURA	DVD
349	01.01.2026	MAMTA	Female	31	BHAGIRTAHPURA	DVD
350	01.01.2026	KUSHLIYA	Female	53	BHAGIRTAHPURA	DVD
351	01.01.2026	RAMRATI	Female	63	266 BHAGIRATHPURA	DVD
352	01.01.2026	ANSHIKA	Female	11	769 BHAGIRATHPURA	DVD
353	01.01.2026	ROHIT	Male	21	BHAGIRTAHPURA	DVD
354	01.01.2026	SUJATA	Female	14	755 BHAGIRATHPURA	DVD
355	01.01.2026	MEERA	Female	46	BHAGIRTAHPURA	DVD
356	01.01.2026	RAJA RAM	Male	72	686 BHAGIRATHPURA	DVD
357	01.01.2026	SURAJ	Male	35	103/ BHAGIRATHPURA	DVD
358	01.01.2026	SANGEETA	Female	46	645 BHAGIRATHPURA	DVD
359	01.01.2026	HEMA	Female	40	947 BHAGIRTHPU	DVD
360	01.01.2026	LAXY	Male	1	702 BHAGIRATHPURA	DVD
361	01.01.2026	HEMLATA	Female	49	1827 BHAGIRTHPURA	DVD
362	01.01.2026	CHANDARA	Male	27	723 BHAGIRTHPURA	DVD
363	01.01.2026	LAXMI	Female	45	1128 BHAGIRATHPURA	DVD
364	01.01.2026	PADMA	Female	45	643 BHAGIRTHPURA	DVD
365	01.01.2026	NAKSH	Male	8 month	BHAGIRTAHPURA	DVD
366	01.01.2026	TANISHAK	Female	12	71 BHAGIRATHPURA	DVD
367	01.01.2026	HARI RAM	Male	80	229 BHAGIRATHPUR	DVD
368	01.01.2026	LAXMI	Female	29	1272 BHAGIRATHPURA	DVD
369	01.01.2026	SAMRIDHI	Female	4	1272 BHAGIRATHPURA	DVD
370	01.01.2026	ABHAU	Male	4	BHAGIRTAHPURA	DVD
371	01.01.2026	DEEPIKA	Female	1	BHAGIRTAHPURA	DVD
372	01.01.2026	RAHUL	Male	29	BHAGIRTAHPURA	DVD
373	01.01.2026	MAYIRA	Female	3	1016 BHAGIRPURA	DVD
374	01.01.2026	RAJESH	Male	36	716 BAHGIRATPURA	DVD

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
375	01.01.2026	RADHIKA	Female	9	1164 BHAGIRATHPRA	DVD
376	01.01.2026	SHREEYA	Female	4	812 BHAGIRATHPURA	DVD
377	01.01.2026	CHUTOLAL	Male	65	1115 BHAGIRATPURA	DVD
378	01.01.2026	HIMSHU	Male	7	582 BHGIRATHPURA	DVD
379	01.01.2026	HARSHITA	Female	1	241 BHAGIRATHPURA	DVD
380	01.01.2026	LAXMI	Female	48	750 BHAGIRTPURA	DVD
381	01.01.2026	CHNDRA SHAKHAR	Male	47	BHAGIRTAHPURA	DVD
382	01.01.2026	SIDHARTH	Male	10	404 BHAGIRATPURA	DVD
383	01.01.2026	KUSHI	Female	8	5858 BHAGIRATPUR	DVD
384	01.01.2026	ALUGRAM	Male	71	201 BHAGIRATPURA	DVD
385	01.01.2026	SANJEEVNI	Female	15	214 BHAGIRATPURA	DVD
386	01.01.2026	NITA	Female	45	720 BHAIGRATPURA	DVD
387	01.01.2026	MANISHA	Female	35	528 BHAGIRATPURA	DVD
388	01.01.2026	YOGENDRA	Male	42	511 BHAGIRTHPURA	DVD
389	01.01.2026	SONU	Male	45	353 BHAGIRTPURA	DVD
390	01.01.2026	ANSHIKA	Female	20	643 BHAGIRTHPURA	DVD
391	01.01.2026	KURUTIKA	Female	18	341/1 BHAGIRATHPUR	DVD
392	01.01.2026	JETENREA	Male	17	322 BHAGIRTHPURA	DVD
393	01.01.2026	GOURI LAL	Male	13	BHAGIRTAHPURA	DVD
394	01.01.2026	DARSHAN	Male	17	241 BHAGIRATHPUR	DVD
395	01.01.2026	VESHANVI	Female	7	240 BHAGIRATHPURA	loose motion
396	01.01.2026	KAJAL	Male	4	240 BHAGIRATHPURA	loose motion
397	01.01.2026	PINKI	Female	31	479 BHAGIRATHPUR	loose motion
398	01.01.2026	GAYTRI	Female	16	322 BHAGIRATPURA	loose motion
399	01.01.2026	KULDEEP	Male	25	384 BHAIGARATHPUR	loose motion
400	01.01.2026	PRASHANT	Male	52	968 BHAGIRTPURA	DVD
401	01.01.2026	ANJLI	Female	5	31 BHAGIRATPURA	loose motion
402	01.01.2026	YASH	Male	2	983/2 BHAGIRTPURA	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
403	01.01.2026	SANTOSHI	Female	52	425 BHAGIRATHPURA	loose motion
404	01.01.2026	ANJLI	Female	25	BHAGIRTAPURA	loose motion
405	01.01.2026	RUDRANSH	Male	3	345 BHAGIRATHPURA	loose motion
406	01.01.2026	SHIWAY	Male	10 month	BHAGIRTPURA	loose motion
407	01.01.2026	ABHISHEK	Male	3	734 BHAGIRTPURA	loose motion
408	01.01.2026	TRISHAN	Male	1	338 BHAGIRATHPURA	loose motion
409	01.01.2026	TEJAS BEE	Female	2	476 BHAGIRATPURA	loose motion
410	01.01.2026	SHALINI	Female	27	594 BHAGIRATPURA	loose motion
411	01.01.2026	NAVEEN	Male	14	BHAGIRAPUR	loose motion
412	01.01.2026	BUREKHA	Female	50	346 BHAGIRPURA	loose motion
413	01.01.2026	URMILA	Female	55	432 BHAGIRATHPURA	loose motion
414	01.01.2026	RAMESH	Male	13	275 BHAGIRATHPURA	loose motion
415	01.01.2026	REENA	Female	35	825 BHAGIRTHPUR	DVD
416	02.01.2026	SARTHAK	Male	1	99 BHAGIRATHPUR	loose motion
417	02.01.2026	CHADAN	Male	36	530 BHAGIRATHPUR	loose motion
418	02.01.2026	PIYSHA	Male	18	54 BHAGIRAHTPURA	DVD COLD
419	02.01.2026	KUSUM	Female	41	BHAGIRTAHPURA	Vomiting
420	02.01.2026	SHRISHTI	Female	3	1272 BHAGIRATHPURA	Vomiting
421	02.01.2026	UMAA	Female	49	BHAGIRTAHPURA	Vomiting
422	02.01.2026	KESHV	Male	11	469 BHAGIRATPURA	loose motion
423	02.01.2026	NANURAM	Male	75	BHAGIRAPURA	DVD
424	02.01.2026	VIMLESH	Female	49	747 BHAGIRATPURA	loose motion
425	02.01.2026	MAYANK	Male	11	1190 BHAGIRATHPURA	Vomiting
426	02.01.2026	KANISHAK	Male	11	241 BHAGIRATHPURA	loose motion
427	02.01.2026	ANKIT	Male	11	BHAGIRTHPURA	loose motion
428	02.01.2026	GOLU	Male	35	BHAGIRATHPURA	loose motion
429	02.01.2026	KARISHAM	Female	14	BHGIRATHPURA	Vomiting
430	02.01.2026	VIJAY	Male	5	BHGIRATHPURA	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
431	02.01.2026	KAMLA	Female	57	BHAGIRPURA	loose motion
432	02.01.2026	KASHISH	Female	16	BHGIRATHPURA	DVD
433	02.01.2026	JANKI	Female	61	BHGIRATHPURA	DVD
434	02.01.2026	DEWANSH	Male	13	BHGIRATHPURA	loose motion
435	02.01.2026	BIREJESH	Male	10	BHGIRATHPURA	loose motion
436	02.01.2026	PARI	Female	12	BHGIRATHPURA	Vomiting
437	02.01.2026	vijay jha	Male	25	965 bhagiratpura	vomiting and headeach
438	02.01.2026	nanuram pannalal	Male	75	bhagirathpura	vomiting
439	02.01.2026	rekha balram solanki	Female	52	dargahhwali gali bhagirathpura	Abd Pain and vomiting
440	02.01.2026	chanda	Female	50	bhagirathpura	vomiting
441	02.01.2026	indra pal	Male	55	bhagirathpura laxmi bai	DVD
442	02.01.2026	SRIYANSHU	Male	4	355 Bhagirathpura	DVD
443	02.01.2026	jalsa	Male	61	raidwal colony	vomiting
444	02.01.2026	ishika	Female	10	589 bhairathpura	DVD
445	02.01.2026	sapna	Female	38	bhagirathpura	vomiting
446	02.01.2026	devendra	Male	47	342 bhairathpura	DVD
447	02.01.2026	vinay	Male	32	266 bhairathpura	DVD
448	02.01.2026	pari sen	Female	2	mali dharmsala bhagirathpura	DVD
449	02.01.2026	abha bharti	Female	32	241 bhagirathpura	DVD
450	02.01.2026	mangita	Female	3	818 bhagirathpura	vomiting
451	02.01.2026	papu chndra prkash	Male	30	205 bhagrathpura	loose motion
452	02.01.2026	vansh chndra prkash	Male	22	241bhagirathpura	vomiting
453	02.01.2026	Raju Bharat singh	Female	40	157 bhagirathpura	DVD
454	02.01.2026	tejash gajesh	Male	9	542 bhagirthapura	loose motion
455	02.01.2026	monika gajesh	Male	13	542 bhagirthapura	loose motion
456	02.01.2026	shushma Gopal	Female	6	bhagirhpura	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
457	02.01.2026	Ashwini	Female	28	837 bhagirathpura	loose motion
458	02.01.2026	Naresh babli	Male	45	976 bhagirathpura	loose motion
459	02.01.2026	pooja manoj	Female	36	Bhagiratpura	DVD
460	02.01.2026	Fatima aajim	Male	8	1654 bhagirtpura	loose motion
461	02.01.2026	Ramnarayan	Male	11	230 bhagirtpura	loose motion
462	02.01.2026	ketan bitu rav	Male	40	315 bhagirpura	loose motion
463	02.01.2026	harsidhi sunny	Female	1.5	379 bhagirathpura	loose motion
464	02.01.2026	sangeeta santosh	Female	32	241 bhagirathpura	loose motion
465	02.01.2026	motilal balchand	Male	49	bhagiratpur	loose motion
466	02.01.2026	rohit ashu	Male	29	bhagirtpura	loose motion
467	02.01.2026	kavita rajesh	Female	38	Bhagirtpura	loose motion
468	02.01.2026	dilip punam chand	Female	42	70 yadav nagar colony	loose motion
469	02.01.2026	Priya anil	Female	17	Bhagirathpura	loose motion
470	02.01.2026	namavshu lokesh	Male	2.5	1036 bhagirathpura	loose motion
471	02.01.2026	roshni lokesh	Female	22	1036 bhagirathpura	loose motion
472	02.01.2026	Hardik vishal	Male	5	105 Bhagirathpura	loose motion
473	02.01.2026	janki sanjay	Female	35	518Bhagirathpura	loose motion
474	02.01.2026	pinki eklesh	Female	40	497 Bhagirathpura	loose motion
475	02.01.2026	Narmada Datare	Female	65	20 Bahgiratpura	loose motion
476	02.01.2026	omprkash prmod	Male	67	1227 Bhagirathpura	loose motion
477	02.01.2026	Ayush	Male	7	1227 Bhagirathpura	loose motion
478	02.01.2026	Sumita Dharmveer	Female	45	1744 Bhagirathpura	loose motion
479	02.01.2026	Nisha Vinod	Female	28	457 Bhagirathpura	DVD
480	02.01.2026	himanshi satish	Female	1.5	Bhagirathpura	loose motion
481	02.01.2026	Suman	Female	42	343 Bhagirathpura	loose motion
482	02.01.2026	Shamikasha kamlesh	Female	16	Bhagirathpura	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
483	02.01.2026	Mohit	Male	15	95 Bhagirathpura	loose motion
484	02.01.2026	Madhu	Female	17	125 Bhagirathpura	loose motion
485	02.01.2026	Manjo prakash	Female	54	1160 Bhagirathpura	loose motion
486	02.01.2026	Manshi Abhishaek	Female	26	345 Bhagirathpura	loose motion
487	02.01.2026	umaa Rajesh	Female	55	369 Bhagirathpura	loose motion
488	02.01.2026	Kavyansh manish	Male	15	Bhagirathpura	loose motion
489	02.01.2026	Rani Yogesh	Female	32	360 Bhagirathpura	loose motion
490	02.01.2026	Nayam prveen	Male	6	361 Bhagirathpura	loose motion
491	02.01.2026	Vimala Rajednra	Female	4	13003 Bhagirathpura	loose motion
492	02.01.2026	khushi Sandeep	Female	10	13003 Bhagirathpura	loose motion
493	02.01.2026	raveena Jaypal	Female	22	953 Bhagirathpura	loose motion
494	02.01.2026	Hitanshi prmood	Female	6	103 Bhagirathpura	loose motion
495	02.01.2026	Manisha Mahendra	Female	38	999 Bhagirathpura	loose motion
496	02.01.2026	Ishwari ramdeep	Female	35	616 Bhagarathpura	loose motion
497	02.01.2026	umaa vinod	Female	38	241 bhagirathpura	loose motion
498	02.01.2026	Rajendra Balram	Male	56	1266 Bhagirathpura	loose motion
499	02.01.2026	Priyanshi prem singh	Female	11	762 Bhagirathpura	loose motion
500	02.01.2026	shilpa	Female	42	145 Bhagirathpura	loose motion
501	02.01.2026	teena jayprdeep	Female	42	548 Bhagiratpura	loose motion
502	02.01.2026	Karisham pratik	Female	28	582 Bhagiratpura	loose motion
503	02.01.2026	hitashi pratika	Female	2	582 Bhagiratpura	loose motion
504	02.01.2026	Harshika Jaypradeep	Female	14	582 Bhagiratpura	loose motion
505	02.01.2026	Nirmal vinod	Female	50	582 Bhagiratpura	loose motion
506	02.01.2026	Pankaj mahendra	Male	19	999 Bhagirathpura	loose motion
507	02.01.2026	teena dharmendra	Female	28	40 Bhagirathpura	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
508	02.01.2026	laxmi mohan lal	Female	65	bhagirathpura	loose motion
509	02.01.2026	kirti naredra	Female	6	45 Bhagirathpura	loose motion
510	02.01.2026	chandrwati mahendra	Female	11	45 Bhagirathpura	loose motion
511	02.01.2026	Shaligaram Dharmr singh	Male	75	503 Bhagirathpur	DVD
512	02.01.2026	Reyansh prmood	Male	4	1078Bhagirathpur	loose motion
513	02.01.2026	SARLA	Female	47	842 BHGIRATPURA	DVD
514	02.01.2026	ANITA	Female	50	BHGIPURA	DVD
515	02.01.2026	SHIWANSH	Male	3	524 BHGIRATPURA	DVD
516	02.01.2026	MUSKAN	Female	20	1255 BHAGIRPURA	DVD
517	02.01.2026	NIRMAL	Female	48	466 BHGRIPURA	DVD
518	03.01.2026	KUSUM BOARASI	Female	42	BHGIRATHPURA	loose motion
519	03.01.2026	ARCHNA	Female	27	BHGIRATHPURA	DVD
520	03.01.2026	DURGHA	Female	55	BHGIRATHPURA	DVD
521	03.01.2026	PRIYANKA RAVISHANKAR	Female	30	BHGIRATHPURA	DVD
522	03.01.2026	VIIKEYA DEEPAK	Male	8	BHGIRATHPURA	DVD
523	03.01.2026	SUHANI	Female	17	REWAL COLONY	DVD
524	03.01.2026	SHATRU	Male	50	1200 BHAGIRATPURA	DVD
525	03.01.2026	DINESH NAYAK	Male	40	718 BHAGIRATPURA	loose motion
526	03.01.2026	AAKASH PAL	Male	25	1240 BHAGIRATPURA	loose motion
527	03.01.2026	ANAND SINGH CHOUHAN	Male	60	536 BHAGIRATPURA	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
528	03.01.2026	PUNAM RAMASUR	Male	47	68 BHAGIRATHPURA	loose motion
529	03.01.2026	SHIKHA SAGAR	Female	31	214/6 BHAGIRATHPURA	loose motion
530	03.01.2026	HARSHITA	Female	10	10/10 BHAGIRTPURA	loose motion
531	03.01.2026	shika	Female	51	BHAGIRATHPURA	loose motion
532	03.01.2026	DEEPAK	Male	31	BHAGIRATHPURA	loose motion
533	03.01.2026	REKHA	Female	48	BHAGIRATHPURA	loose motion
534	03.01.2026	NITIMA	Female	35	BHAGIRATHPURA	DVD
535	03.01.2026	LALITA	Female	50	BHAGIRATHPURA	loose motion
536	03.01.2026	VARDNA	Male	7	BHAGIRATHPURA	DVD
537	03.01.2026	MRUTUNJAY	Male	26	BHAGIRATHPURA	DVD
538	03.01.2026	PRME	Female	52	BHAGIRATHPURA	loose motion
539	03.01.2026	MAHESH	Male	49	BHAGIRATHPURA	DVD
540	03.01.2026	SHUSHAM	Female	7	327 BHAGIRATAHPURA	loose motion
541	03.01.2026	NEHA	Female	16	255 BAHGIRATHPURA	loose motion
542	03.01.2026	POOJA	Female	13	2298 BHAGIRATHPURA	loose motion
543	03.01.2026	LAXMI	Female	18	358 BHAGIRATHPURA	loose motion
544	03.01.2026	ANJLI	Female	20	302 BHGARIPURA	loose motion
545	03.01.2026	SUNITA	Female	36	BHAGIRATHPURA	DVD
546	03.01.2026	ANUSUIYA	Female	75	89 BHAGIRAPURA	loose motion
547	03.01.2026	AARTI	Female	38	1227 BHAGIRATPURA	loose motion
548	03.01.2026	RUBY	Female	34	877 BHAGIRATHPURA	loose motion
549	03.01.2026	DURGESH	Male	69	560 BHAGARITPURA	DVD
550	03.01.2026	JIYA	Female	12	BHAGIRATHPURA	DVD
551	03.01.2026	JANKI BAI	Female	61	BHAGIRATHPURA	DVD
552	03.01.2026	LAXMI	Female	7	1189 BAHGIRATHPURA	DVD
553	03.01.2026	NEHA	Female	31	1199 BHAGIRATPURA	DVD
554	03.01.2026	DEVIKA	Female	22	1199 BHAGIRPURA	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
555	03.01.2026	KAMCHAND	Male	17	360 BHAGIRATHPUR	. DVD
556	03.01.2026	ABHAY	Male	13	BHAGIRATHPURA	loose motion
557	03.01.2026	Divyanshi	Female	8	961 Bhagirath pura	loose motion
558	03.01.2026	SHREYANSHI	Female	6	1044 BHAGIRAPURA	loose motion
559	03.01.2026	ANSHUL	Male	5	1004 BHAGIRATHPURA	loose motion
560	03.01.2026	Arman	Male	63	1351bhagirthpura	loose motion
561	03.01.2026	Mahesh	Male	32	518bhagrithpura	loose motion
562	03.01.2026	NAGESH	Male	57	144 BHAGIRATPURA	loose motion
563	03.01.2026	VINAY	Male	58	283 BHAGIRATPURA284	loose motion
564	03.01.2026	vimala	Female	58	284bhagrithpura	loose motion
565	03.01.2026	PUSHAPA	Male	55	398 BHAGIRAURA	DVD
566	03.01.2026	CHETANA	Female	6	BHAGIRPUA	loose motion
567	03.01.2026	LOKESH	Male	40	685 BHAGIRATHPURA	loose motion
568	03.01.2026	DIKASHA	Female	28	811 BHAGIRPURA	loose motion
569	03.01.2026	sudha	Female	40	108 Bhagirath pura	Abd Pain
570	03.01.2026	VINITA	Female	15	1255 BHAGIRPURA	DVD
571	03.01.2026	RADHIKA	Female	5	518 BHAGIRPURA	loose motion
572	03.01.2026	ASHOK	Male	66	340 BHAGIRPURA	DVD
573	03.01.2026	ROSHNI	Male	31	408 BHAGIRATHUPURA	DVD
574	03.01.2026	KASHISH	Female	25	664 BHAGIRATPURA	DVD
575	03.01.2026	LOVEYANSHU	Male	4	166 BHAGIRPURA	loose motion
576	03.01.2026	DEEPANSHU	Male	2	bhagirathpura	loose motion
577	03.01.2026	VISHAL	Male	30	266 BHAGIRATPURA	loose motion
578	03.01.2026	NITA	Female	44	328 BHAGIRPURA	DVD
579	03.01.2026	ANJU	Male	16	592 BHAGIRATPURA	loose motion
580	03.01.2026	VARSHA	Female	36	708 BHAGRIPURA	loose motion
581	03.01.2026	ishan	Male	8	1911bhagrithpura	loose motion
582	03.01.2026	CHNDRIKA	Female	30	BHAGIPRAUA	DVD
583	03.01.2026	JAYSHREE	Female	41	345 BHAGIRATPURA	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
584	03.01.2026	RAMCHANDRK ANT	Male	67	1:80 BHAGIRPURA	DVD
585	03.01.2026	SHIVE NARAYAN	Male	71	64 BHAGIRATHPURA	DVD
586	03.01.2026	SHANKAR	Male	48	190 BHAGIRTHPURA	DVD
587	03.01.2026	EKATA	Female	16	134 BHAGIRATPURA	DVD
588	03.01.2026	VIOND	Male	32	1248 BHAGIRPURA	DVD
589	03.01.2026	PIHU	Female	10	250 BHAGIRATPURA	DVD
590	03.01.2026	MITANSHI	Female	5	Bhagirathpura	DVD
591	03.01.2026	hirtika	Female	2	15 Bhagirath pura	loose motion
592	03.01.2026	PARWATI	Female	80	662 BHAGIRATPURA	DVD
593	03.01.2026	VRANDA	Female	12	702 BHAGIPURA	loose motion
594	03.01.2026	BRIJESH	Male	33	661 BHAGIRPURA	loose motion
595	03.01.2026	LILA	Male	51	647 BHAGIRPURA	loose motion
596	03.01.2026	PRIYANKA	Female	13	Bhagirath pura	DVD
597	03.01.2026	Lata Verma	Female	50	7291bhagrithpura	diarrhoea vonmating
598	03.01.2026	MANJU	Female	42	1373 BHGIRATPURA	DVD
599	03.01.2026	PRIYANSHI	Female	1	816 BHAGIRATHPURA	DVD
600	03.01.2026	RITIKA	Female	25	Bhagirath pura	DVD
601	03.01.2026	KRISHAN	Male	22	1032 BHAGIRATPUR	DVD
602	03.01.2026	LADOU	Female	18	BHAGIRATHPUAR	DVD
603	03.01.2026	RADHIKA	Female	16	BHGIRATPURA	DVD
604	03.01.2026	PRISHANCH	Male	1	345 BHAGIRPURA	DVD
605	04.01.2026	INDRPAL	Male	55	371 BHGIRATHPURA	loose motion
606	04.01.2026	VANSH	Male	4	1176 BHAGIRATH PURA	DVD
607	04.01.2026	PRMOD	Male	23	BHAGIRATHPURA	DVD
608	04.01.2026	SWATI	Female	31	1051 BHAGIRAPURA	DVD
609	04.01.2026	PRLAHD	Male	44	BHAGIRATHPURA	DVD
610	04.01.2026	nilesh	Female	36	378 farasi colony	L/M

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
611	04.01.2026	pooja sagar singh	Female	38	931 bhagirath pura	L/M vomiting
612	04.01.2026	purushottam	Male	13	bhagrithpura	loose motion
613	04.01.2026	Mohit rajkumar	Male	15	486 bhagirath pura	diarrhea
614	04.01.2026	Yuvan	Male	4	112 bhagirath pura	L/M
615	04.01.2026	chetali	Female	29	Bhagirathpura	L/M
616	04.01.2026	vimala	Female	70	33bhavrithpura	loose motion
617	04.01.2026	tanaya	Male	13	261 bhagirathpura	dyd
618	04.01.2026	NEHA	Female	19	BHAGIRAPURA	loose motion
619	04.01.2026	MANOJ PAL	Male	42	206 BHAGIRPURA	loose motion
620	04.01.2026	PALESH	Male	18	BHAGIRATPURA	loose motion
621	04.01.2026	POOJA	Female	40	101 BHAGIRPURA	loose motion
622	04.01.2026	pinky	Female	25	Bhagirath pura	loose motion
623	04.01.2026	RAJA RMA	Male	63	683 BHAGIRPPURA	loose motion
624	04.01.2026	Daksh	Male	6	261bhagrithpura	diarrhoea
625	04.01.2026	SUNITA	Female	30	177 BHAGIRPURA	loose motion
626	04.01.2026	ragini	Female	10	261bhagrithpura	diarrhoea
627	04.01.2026	BADRIPRSAAD	Male	60	BHAGIRPURA	loose motion
628	04.01.2026	vedant	Female	3	BHAGIRPURA	diarrhoea
629	04.01.2026	LALA CHNDRA	Male	34	BHAGIRATHPURA	loose motion
630	04.01.2026	AMIT	Male	28	BHAGIRATHPURA	loose motion
631	04.01.2026	ATHARV	Male	9	BHAGIRATHPURA	DVD
632	04.01.2026	SANGEETA	Female	46	BHAGIRATHPURA	loose motion
633	04.01.2026	VIVEK	Male	17	SARKARI SCHOOL	loose motion
634	04.01.2026	SUJEET	Male	43	302 BHAGIRAHPURA	DVD
635	04.01.2026	KASHISH	Female	20	214 BHAGIRATHPURA	loose motion
636	04.01.2026	shankar	Male	45	101 bhagrithpura	diarrhoea
637	04.01.2026	pratik	Male	23	101bhagrithpura	diarrhoea
638	04.01.2026	GORUV	Male	31	BHAGIRATHPURA	DVD
639	04.01.2026	ramkali	Female	63	252 mahaveer colony	diarrhea

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
640	04.01.2026	ASHA	Female	52	BHGIRATHPURA	DVD
641	04.01.2026	RANI	Female	38	BHAGIRATHPURA	loose motion
642	04.01.2026	CHETNA	Female	15	1270 BHAGIRPURA	DVD
643	04.01.2026	Sitaram	Male	50	bhagrithpura	diarrhoea
644	04.01.2026	Vijay khemchand	Male	35	247 bhagirath pura	DVD
645	04.01.2026	hemant	Female	45	994bhagrithpura	DVD
646	04.01.2026	HEMANT	Male	32	994 BHGIRATHPURA	DVD
647	04.01.2026	abhay	Male	32	993 BHAGIRATHPURA	DVD
648	04.01.2026	vijay mohan	Male	36	bhagirath pura colony	L/M
649	04.01.2026	ANUSHAK	Female	13	809 BHAGIRATHPURA	DVD
650	04.01.2026	RANU	Female	50	1229 BHAGIRPURA	DVD
651	04.01.2026	AJAY	Male	28	964 BHAGIRATHPURA	DVD
652	04.01.2026	TANISHAKA	Female	12	418 BHAGIRAHPURA	DVD
653	04.01.2026	golu jain premchandra	Male	48	1034 nayi basati	L/M
654	04.01.2026	Mayank	Male	26	bhagrithpura	diarrhoea
655	04.01.2026	KISHAN	Female	50	498 BHAGIRPURA	DVD
656	04.01.2026	RAMESH	Male	41	1007 BHAGIRATHPURA	DVD
657	04.01.2026	krishna	Male	11	589 bhagrithpura	diarrhoea
658	04.01.2026	PINKI	Female	41	356 BHAGIRATPURA	DVD
659	04.01.2026	TANIYA	Female	18	396 BHAGIRPURA	Abd Pain
660	04.01.2026	prakash khemchand	Male	50	Bhagirathpura	diarrhea
661	04.01.2026	RAVI	Male	62	367 BHGIRATHPURA	DVD
662	04.01.2026	DEVIRAM	Male	70	BHAGIRATHPURA	DVD
663	05.01.2026	deshraj	Male	45	redwal colony	DVD
664	05.01.2026	Jyoti	Female	40	redwal colony	DVD
665	05.01.2026	bhanu	Male	8	485 bhagirathpura	DVD
666	05.01.2026	teju	Male	54	1076 bhagirathpura	DVD

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
667	05.01.2026	akshat	Male	1.5	508 bhagirathpura	DVD
668	05.01.2026	ritik	Male	24	241/36 bhagirathpura	loose motion
669	05.01.2026	ekta	Female	41	648/1 bhgirathpura	loose motion vomiting
670	05.01.2026	praveen	Male	41	266/4 bhagirathpura	loose motion
671	05.01.2026	deepika	Female	6	266/4 bhagirathpura	loose motion vomiting
672	05.01.2026	praveen	Male	50	232/2 bhagirathpura	loose motion
673	05.01.2026	jagdish	Male	70	1007 bhagirathpura	loose motion
674	05.01.2026	shimla	Female	23	299 bhagirathpura	Abd Pain
675	05.01.2026	aman	Male	21	1336 bhagirathpura	Abd Pain and vomiting
676	05.01.2026	rekha	Female	50	3/11 pardeshipura	Abd Pain
677	05.01.2026	maya	Female	40	758/14 bhagirathpura	vomiting and loose motion
678	05.01.2026	raju	Male	45	bhagirathpura	Abd Pain
679	05.01.2026	mayank	Male	25	562 bhagirathpura	Abd Pain ,loose motion
680	05.01.2026	pooja	Female	42	819bhagirathpura	vomiting and loose motion
681	05.01.2026	ansh	Male	2	31 bhagirathpura	loose motion
682	05.01.2026	rajkishore	Male	13	1160 bhagirathpura	Abd Pain
683	05.01.2026	ritik	Male	22	170/171 bhagirathpura	loose motion
684	05.01.2026	aashish	Male	14	384 bhagirathpura	loose motion
685	05.01.2026	anmol	Male	35	326 bhagirathpura	loose motion
686	05.01.2026	purvi	Female	24	1089 bhagirathpura	vomiting and loose motion
687	05.01.2026	dipesh	Male	19	606bhagirathpura	Abd Pain ,loose motion
688	05.01.2026	suhani	Female	17	538 bhagirathpura	loose motion
689	05.01.2026	mayank	Male	13	538 bhagirathpura	vomiting and loose motion
690	05.01.2026	prakash	Male	49	170/171bhagirathpura	loose motion
691	05.01.2026	sapna	Female	28	bhagirathpura	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
692	05.01.2026	priti	Female	27	391 bhagirathpura	loose motion
693	05.01.2026	vinay	Male	22	391 bhagirathpura	vomiting and loose motion
694	05.01.2026	khubched	Male	75	757 bhagirathpura	loose motion and Abd Pain
695	05.01.2026	stuti	Female	9	301 bhagirathpura	Abd Pain
696	05.01.2026	yashoda	Female	55	1188 bhagirathpura	Abd Pain
697	05.01.2026	aaditya	Male	13	bhagirathpura	loose motion and Abd Pain
698	05.01.2026	aaradhya	Female	6	647/2 bhagirathpura	loose motion
699	05.01.2026	divyanshi	Female	10	1288 bhagirathpura	DVD
700	05.01.2026	kartika	Female	17	1115 bhagirathpura	Abd Pain ,loose motion
701	05.01.2026	meena	Female	46	678 bhagirathpura	DVD
702	05.01.2026	Nanda	Female	50	1081 Bhagirathpura	loose motion
703	05.01.2026	Sandhya	Female	22	849 Bhagirathpura	loose motion
704	05.01.2026	mala	Female	30	10790 Bhagirathpura	Abd Pain
705	05.01.2026	pankaj	Male	20	999 Bhagirathpura	loose motion
706	05.01.2026	panti	Female	2.5	619 Bhagirathpura	loose motion
707	05.01.2026	devkar bai	Female	75	315 bhagirathpura	loose motion
708	05.01.2026	kanak	Female	17	816 bhagirathura	vomiting and loose motion
709	05.01.2026	vaishnavi	Female	19	816 bhagirathpura	vomiting and loose motion
710	05.01.2026	kanika	Female	6	rafeli	loose motion
711	05.01.2026	rano	Female	50	rafeli	Abd Pain
712	05.01.2026	daksha	Male	15	redwal colony	Abd Pain
713	05.01.2026	jyoti	Female	35	kot wali gali	Abd Pain
714	05.01.2026	niraj	Male	10	272 bhatta road	Abd Pain
No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness

715	05.01.2026	komal	Female	28	sai mandir boring wali gali	loose motion and Abd Pain
716	05.01.2026	rekha	Female	45	darga wali gali	loose motion
717	05.01.2026	sadhna	Female	20	702 bhagirathpura	Abd Pain
718	05.01.2026	anita	Female	56	post office wali gali	loose motion
719	05.01.2026	darsh	Male	11	328/9 bhatta road	loose motion
720	05.01.2026	rekha	Female	50	shiv mandir wali gali	Abd Pain
721	05.01.2026	vedant	Male	5 month	farshi wali gali	loose motion
722	05.01.2026	sunil	Male	34	268 dipesh school ke piche	loose motion
723	05.01.2026	hemant	Male	35	borasi wali gali	loose motion and Abd Pain
724	05.01.2026	prisha	Female	2	jain doodh wali gali	loose motion
725	05.01.2026	vishal	Male	39	binjwa market	loose motion and vomiting
726	05.01.2026	nilu	Female	32	1004bhagirathpura	loose motion
727	05.01.2026	unnati	Female	11	1040 nayi basti	loose motion
728	05.01.2026	anita	Female	50	1040 nayi basti	loose motion and vomiting
729	06.01.2026	kanika	Female	6	MR 4 first gali	loose motion
730	06.01.2026	jack	Male	24	241/4 redwal colony	loose motion
731	06.01.2026	ruhi	Female	9	962 bhagirathpura	Abd Pain
732	06.01.2026	manoj	Male	49	507 bhagirathpura	Abd Pain
733	06.01.2026	atharva	Male	7	1958 bhagirathpura	loose motion
734	06.01.2026	nishu	Female	32	1116 bhagirathpura	loose motion
735	06.01.2026	sona	Female	2	635 bhagirathpura	loose motion and cold
736	06.01.2026	pankaj	Male	20	999 bhagirathpura	loose motion and vomiting
737	06.01.2026	kavya	Female	11	457 bhagirathpura	loose motion
738	06.01.2026	tarachand	Male	45	767 bhagirathpura	loose motion
739	06.01.2026	meera	Female	55	04 kalyan mill ke piche	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
740	06.01.2026	raj	Male	23	643 bhagirathpura	loose motion
741	06.01.2026	maya	Female	40	1518 bhagirathpura	Abd Pain
742	06.01.2026	kinjal	Female	10	1071/4 bhagirathpura	Abd Pain
743	06.01.2026	vansh	Male	4	484 bhagirathpura 04	loose motion
744	06.01.2026	sangeeta varma	Female	32	716 bagirathpura	loose motion
745	06.01.2026	DEEPIKA	Female	35	BHAGIRATHPURA 35	LOOSE MOTION
746	06.01.2026	SATISH	Male	40	960 BHAGIRATHPURA	LOOSE MOTION
747	06.01.2026	RENU	Female	55	480 BHAGIRATHPURA	LOOSE MOTION
748	06.01.2026	AVANI	Female	12	556 BHAGIRATHPURA	LOOSE MOTION AND Abd Pain
749	07.01.2026	priyansh	Male	5	1/58 bhagirathpura	DVD
750	07.01.2026	yashoda	Female	39	redwal colony	loose motion
751	07.01.2026	basanti bai	Female	65	945 bhagirathpura	loose motion, vomiting
752	07.01.2026	ramkuwar	Female	60	111near school bhagirathpura	Abd Pain, loose motion
753	07.01.2026	rakhi	Female	33	479 bhagirathpura	Abd Pain, loose motion
754	07.01.2026	kushal	Male	38	1341/1 bhagirathpura	Abd Pain, loose motion
755	07.01.2026	pihu	Female	9	1341/1 bhagirathpura	Abd Pain, loose motion
756	07.01.2026	siddhivinayak	Male	7	1341/1 bhagirathpura	Abd Pain, loose motion
757	07.01.2026	shyamkumar	Male	69	334 bhagirathpura	loose motion
758	07.01.2026	rohit	Male	25	bhagirathpura	loose motion
759	07.01.2026	mrushi	Male	27	bhagirathpura	loose motion, vomiting
760	07.01.2026	priti	Female	23	647 bhagirathpura	loose motion
761	07.01.2026	santosh	Male	38	1035 bhagirathpura	loose motion
762	07.01.2026	aalok	Male	23	600 bhagirathpura	Abd Pain, loose motion
763	07.01.2026	maya	Female	42	1516 bhagirathpura	Abd Pain, loose motion
764	07.01.2026	leela bai	Female	58	648 bhagirathpura	loose motion
765	07.01.2026	ashok	Male	16	739 bhagirathpura	loose motion
766	07.01.2026	mahendr	Male	39	44 bhagirathpura	loose motion, Abd Pain
767	07.01.2026	ishika	Female	14	683 bhagirathpura	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
768	07.01.2026	komal	Female	28	948 bhagirathpura	loose motion
769	07.01.2026	vedansh	Male	6	jeetu maloriya k pas bhagirathpura	loose motion, Abd Pain
770	07.01.2026	nikhil	Male	25	bhagirathpura	DVD
771	07.01.2026	satish	Male	40	bhagirathpura	DVD
772	07.01.2026	Kusum	Male	43	patel kirana bhagirathpura	Vomet , Abd o Pain
773	07.01.2026	alok	Male	13	bhagirathpura	stomach Pain
774	07.01.2026	sunita	Female	49	baba koirana store bhagirathpura	DVD
775	07.01.2026	rani	Female	28	334 bhagirathpura	DVD
776	07.01.2026	kamal	Male	34	681 bhagirathpura	DVD
777	07.01.2026	sangeeta	Female	40	681 bhagirathpura	DVD
778	07.01.2026	nilam	Female	38	baba kirana bhagirathpura	DVD
779	07.01.2026	sanju	Male	35	952 bhagirathpura	loose motion
780	08.01.2026	jyoti	Female	60	bhagirathpura	DVD
781	08.01.2026	shrada	Female	34	arya samaj mandir k pass bhagirathpura	loose motion,vomet
782	08.01.2026	Rohit	Male	25	bhagirsthpura	loose motion,vomet
783	08.01.2026	himanshu	Male	13	gali no.3 bhagirathpura	loose motion,vomet
784	08.01.2026	shubham	Male	28	776 bhagirathour	loose motion, aAbd o Pain
785	08.01.2026	niharika	Female	1	1007 bhagirathpura	loose motion
786	08.01.2026	pinky	Female	42	durag vali gali bhagirathpura	vomiting, stomch Pain
787	08.01.2026	sonam	Female	24	bhagirathpura	loose motion
788	08.01.2026	kavyansh	Male	10	999 bhagirathpura	loose motion
789	08.01.2026	sangeeta	Female	32	716 bhagirathpura	vomiting,weakness,Abd Pain
790	08.01.2026	deepchand	Male	69	1826bhagirathpura	loose motion
791	08.01.2026	mahendr	Male	48	923 bhagirathpura	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
792	08.01.2026	bhavyanshi	Female	1	365 bhagirathpura	loose motion
793	08.01.2026	vaibhav	Male	3	673 bhagirathpra	loose motion
794	08.01.2026	vimla	Female	60	999 Bhagirathpura	loose motion
795	08.01.2026	narendr	Male	44	524 Bhagirathpura	DVD
796	08.01.2026	bhagwan	Male	49	355 Bhagirathpura	loose motion
797	08.01.2026	rita	Female	55	524 Bhagirathpura	loose motion
798	08.01.2026	meena	Female	46	678 Bhagirathpura	weakness
799	08.01.2026	sangeeta	Female	46	645 bhagirathpura	loose motion
800	08.01.2026	kanak	Female	20	316 bhagirathpura	loose motion
801	08.01.2026	arti	Female	30	durga wali gali	loose motion
802	08.01.2026	nagesh	Male	57	topilachai vale ki gali bhagirathpura	loose motion
803	08.01.2026	nitin	Male	46	777 bhagirathpura	loose motion
804	08.01.2026	palak	Female	11	902 bhagirathpura	loose motion
805	08.01.2026	kalabai	Female	70	209 bhagirathpura	loose motion
806	08.01.2026	shivika	Female	1	1779 bhagirathpura	loose motion
807	08.01.2026	ramdas	Male	63	1298 farshi vali gali	loose motion
808	08.01.2026	pooja	Female	27	1351 bhagirathpura	DVD
809	08.01.2026	sunita	Female	46	mali dharmshala bhagirathpura	DVD
810	08.01.2026	aaradhya	Female	2	farshi vali gali	DVD
811	08.01.2026	ansh	Male	10	bhagirathpura	DVD
812	08.01.2026	devedr	Male	41	1303 bhagirathpura	loose motion
813	08.01.2026	rambharose	Male	70	884 bhagirathpura	loose motion
814	08.01.2026	bhagwansing	Male	49	355 bhagirathpura	DVD
815	08.01.2026	tari	Female	45	1226 bhagirathpura	loose motion
816	09.01.2026	himanshi	Female	14	768 bhagirathpura	loose motion, vomet
817	09.01.2026	kirti	Female	5 month	iit bhatta vali gali	loose motion,vomet
818	09.01.2026	PRITI	Female	45	111 BHAGIRATHPURA	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
819	09.01.2026	ANSH	Male	15	625 BHAGIRATHPURA	loose motion
820	09.01.2026	VANSHIKA	Female	10	KUE VALI GALI	loose motion
821	09.01.2026	CHANDRKALA	Female	22	1121 BHAGIRATHPURA	loose motion
822	09.01.2026	TASHVI	Female	2	1252 BHAGIRATHPURA	loose motion
823	09.01.2026	DEEPIKA	Female	35	55 BHAGIRTHPURA	loose motion, VOMITING
824	09.01.2026	VICKY	Male	33	445 BHAGIRATHPURA	loose motion
825	09.01.2026	LAXMAN	Male	65	484 BHAGIRATHPURA	loose motion
826	09.01.2026	JYOTI	Female	30	384 BHAGIRATHPURA	loose motion
827	09.01.2026	MORVIK	Male	2.5	384 BHAGIRATHPURA	loose motion
828	09.01.2026	GHANSHYAM	Male	45	214 BHAGIRATHPURA	loose motion
829	09.01.2026	DEEPA	Female	40	820 BHAGIRATHPURA	loose motion
830	09.01.2026	GUNJAN	Female	6	RAFELI	loose motion
831	09.01.2026	KANAK	Female	20	316 BHAGIRATHPURA	loose motion
832	09.01.2026	VAISHANAVI	Female	19	816 BHAGIRATHPURA	loose motion
833	09.01.2026	ALGURAM	Male	69	201 BHAGIRATHPURA	VOMET,WEAKNESS
834	10.01.2026	vansh	Male	15	923 bhagirsthpura	loos motion
835	10.01.2026	rekha	Female	35	758/8 bhagirathpura	loos motion
836	10.01.2026	babli	Female	30	1262 bhagirathpura	loos motion
837	10.01.2026	manisha	Female	40	523 bhagirathpura	loos motion
838	10.01.2026	navya	Female	12	241/6 bhagirathpura	loos motion
839	10.01.2026	rani	Female	29	334 bhagirathpura	loos motion
840	10.01.2026	vidhi	Female	11	942 bhagirathpura	loos motion
841	10.01.2026	laxman	Male	65	478 bhagirathpura	loos motion
842	10.01.2026	sandhya	Female	22	849 bhagirathpura	loos motion
843	10.01.2026	mahesh	Male	42	518 bhagirathpura	loos motion
844	10.01.2026	saroj	Female	27	541 bhagirathpura	loos motion
845	10.01.2026	sushila	Female	30	491 bhagirathpur	loos motion
846	10.01.2026	veer	Male	10	1313 bhagirathpura	loos motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
847	10.01.2026	vaishnavi	Female	7	206 bhagirathpura	loos motion
848	10.01.2026	diksha	Female	25	bhagi	loos motion
849	10.01.2026	kanchan	Female	43	station road	DVD
850	10.01.2026	seema	Female	36	bhagirath	DVD
851	10.01.2026	tushar	Male	25	Bhagirathpura	loos motion
852	10.01.2026	batti bai	Female	55	bhagir	DVD
853	10.01.2026	kavita	Female	30	1140 bhagirathpura	loos motion
854	10.01.2026	usha	Female	30	bhagirathpura	loos motion
855	10.01.2026	roshni	Female	17	120 bhagirathpura	Sever Abd Pain
856	10.01.2026	Aradhya	Female	5	1195 bhagirathpura	loos motion
857	10.01.2026	nisha	Female	35	1195 bhagirathpura	loos motion
858	10.01.2026	chirag	Male	22	190 bhagirathpura	loos motion
859	10.01.2026	mahesh	Female	59	44 bhagirathpura	loose motion
860	10.01.2026	sonu	Male	32	purani choki bhagirathpura	loose motion
861	10.01.2026	AMIT	Male	30	374 BHAGIRATHPURA	VOMITING
862	10.01.2026	kHUSHBOO	Female	33	536 bhagirathpura	Abd Pain
863	10.01.2026	Rishi	Male	32	bhagirathpura	stomach Pain
864	10.01.2026	daksh	Male	2	536 bhagirathpura	loose motion
865	10.01.2026	Pushpa	Female	60	403 bhagirathpura	Abd Pain
866	10.01.2026	arvind	Male	35	bhagirathpura	DVD
867	10.01.2026	shubham	Male	30	502 bhagirathpura	Abd Pain
868	10.01.2026	garvit	Male	5.5 month	1185 bhagirathpura	DVD
869	10.01.2026	garima	Female	2	628 bhagirathpura	DVD
870	10.01.2026	kabir	Male	36	628 bhagirathpura	DVD
871	10.01.2026	Vedika	Female	24	bhagirathpura	loose motion
872	10.01.2026	mahendra	Male	50	bhagirathpura	Abd Pain
873	11.01.2026	ravi	Male	38	629 Bhagirathpura	loose motion
874	11.01.2026	anita	Female	55	126 Bhagirathpura	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
875	11.01.2026	anushka	Female	13	809 Bhagirathpura	loose motion
876	11.01.2026	priti	Female	39	876 Bhagirathpura	DVD
877	11.01.2026	vedant	Male	4	498 Bhagirathpura	loose motion
878	11.01.2026	bal kuwar yadav	Female	100	Bhagirathpura	loose motion
879	11.01.2026	nilesh	Male	36	378 Bhagirathpura	loose motion
880	11.01.2026	mahendr bhatti	Male	42	1594 bhagirathpura	loose motion
881	11.01.2026	leela bai	Female	60	648 bhagirathpura	loose motion
882	11.01.2026	diksha	Female	28	811 bhagirathpura	loose motion,vomet
883	11.01.2026	ashok	Male	55	252 chand vali gai	loose motion
884	11.01.2026	aarav	Male	10	Bhagirathpura	loose motion
885	11.01.2026	omprakash	Male	65	Bhagirathpura	loose motion
886	11.01.2026	muskan	Female	23	Bhagirathpura	loose motion
887	11.01.2026	devshri	Female	34	1003/2 bhagirathpura	loose motion
888	11.01.2026	soni pal	Female	14	1003/2 bhagirathpura	loose motion
889	11.01.2026	dharmendr	Male	35	43 bhagirathpura	loose motion
890	12.01.2026	suraj	Male	35	1034 bhagirathpura	loose motion, vomet
891	12.01.2026	abhishek	Male	12	702 bhagirathpura	vometing, loose motion
892	12.01.2026	bharti	Female	35	bhagirathpura	loose motion, vomet
893	12.01.2026	devanshi	Female	10	394 bhagirathpura	loose motion, vomet
894	12.01.2026	mohan	Male	70	3 bhagirathpura	loose motion
895	12.01.2026	pihu	Female	15	888 bhagirathpura	loose motion, vomit
896	12.01.2026	basanti	Female	50	603 bhagirathpura	loose motion
897	12.01.2026	anita	Female	44	930 bhagirathpura	loose motion
898	12.01.2026	shivprakash	Male	39	303 bhagirathpura	loose motion
899	12.01.2026	baijanti	Female	60	696 bhagirathpura	loose motion
900	12.01.2026	aditya	Male	13	bhagirathpura	loose motion
901	12.01.2026	hitansh	Male	2	1360 bhagirathpura	loose motion,vomet
902	12.01.2026	shanta bai	Female	70	112 bhagirathpura mali dharmshala k piche	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
903	12.01.2026	VINOD	Male	56	395/5 BHAGIRATHPURA	vomet fever
904	12.01.2026	mohanlal	Male	70	3,near laxmi bai railwat station	vomet,loosmtion
905	12.01.2026	lakhan	Male	42	124,bhagirathpura	loose motion, vomit
906	12.01.2026	shreyansh	Male	2.5	926 bhagiratjpura	loose motion
907	12.01.2026	nikhil	Male	25	406 bhagirathpura	loose motion
908	12.01.2026	drishti	Female	21	86 bhagirathpura	loose motion
909	12.01.2026	jitendr	Male	32	143 bhagirathpura	loose motion
910	12.01.2026	vinay	Male	1	bhagirathpura	loose motion ,vomet
911	13.01.2026	sunil	Male	45	953 Bhagirathpura	loose motion
912	13.01.2026	sanjay	Male	60	new basti Bhagirathpura	DVD
913	13.01.2026	babli	Male	40	405 bhagirathpura	loose motion
914	13.01.2026	dipak	Male	49	326 bhagirathpura	loose motion
915	13.01.2026	radhika	Female	62	264 mahaveer school bhagirathpura	loose motion
916	13.01.2026	khushi	Female	16	1166 farsi vali gali bhagirathpura	loose motion
917	13.01.2026	barkha	Female	45	1166 farsi vali gali bhagirathpura	loose motion
918	13.01.2026	ganesh	Male	30	1195 baba kiran bhagirathpura	vomet, loose motion
919	14.01.2026	pushpa	Female	56	1004 bhagirathpurA	loose motion
920	14.01.2026	ravindr	Male	40	bhagirathpura	loose motion
921	14.01.2026	mithun	Male	42	bhagirathura	loose motion
922	14.01.2026	ashok	Male	62	bhagirathpura	loose motion
923	14.01.2026	resham	Male	60	bhagirathpura	loose motion
924	14.01.2026	vaishnavi	Female	19	816 bhagirathpura	vomet, loose motion
925	15.01.2026	dipesh yadav	Male	14	bhagirathpura	loose motion
926	15.01.2026	mamta	Female	48	945 bhagirathpura	loose motion
927	15.01.2026	saloni	Female	4	585 bhagirathpura	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
928	15.01.2026	uma	Female	62	708 bhagirathpura	loose motion
929	15.01.2026	babulal	Male	38	708 bhagiraathpura	loose motion
930	15.01.2026	minakshi	Female	25	964 bhagirathpura	loose motion
931	15.01.2026	rajkumari	Female	69	1368 bhgairathpura	loose motion
932	15.01.2026	karishma	Female	49	1010 bhagirathpura	loose motion
933	15.01.2026	prabhudayal	Male	72	1184 bhagirathpura	loose motion
934	15.01.2026	anita	Female	40	bhagirathpura	DVD
935	15.01.2026	prachi	Female	6	bhagirathpura 328 mr4	loose motion
936	15.01.2026	sapna	Female	31	644 bhagirathpura	loose motion
937	16.01.2026	nilima	Female	33	1360 bhagirathpura	loose motion
938	16.01.2026	geetanshi	Female	4	509 bhagirathpura	DVD
939	16.01.2026	jigyansh	Male	5	106 bhagirathpura	loodmotion
940	16.01.2026	mohit	Male	20	715 bhagiratpura	DVD
941	16.01.2026	aradhya	Female	15	1272 bhagirathpura	DVD
942	17.01.2026	yuvanshi	Female	2	575 bhagirthpura	loose motion
943	17.01.2026	sujit	Male	35	268 bhagirathpura	loose motion
944	17.01.2026	ayushi	Female	26	694 bhagirathpuura	loose motion
945	17.01.2026	mohan	Male	60	495 bhagirathpura	loose motion
946	17.01.2026	rooma	Female	30	405 bhagirathpura	DVD
947	17.01.2026	mithun	Female	41	32/1 redwal colony	loose motion
948	17.01.2026	shital	Female	23	131/2 bhagirathpura	loose motion
949	17.01.2026	chandrkala	Female	53	131/2 bhagirathpura	loose motion
950	17.01.2026	sonu	Female	25	bhagirathpura	loose motion
951	17.01.2026	renuka	Female	56	224 bhagirathpura	loose motion
952	17.01.2026	KUNAL	Male	15	bhagirathpura	loose motion
953	18.01.2026	sandeep	Male	33	bhagirathpura	DVD
954	18.01.2026	ishan	Male	7	999 bhagirhtpura	DVD
955	18.01.2026	arun	Male	65	bhagirathpura	loose motion
956	18.01.2026	pinki	Female	35	bhagirathpura	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
957	18.01.2026	anand	Male	21	bhagirathpura	loose motion
958	19.01.2026	radheshyam	Male	60	123 bhagirathpura	loose motion
959	19.01.2026	rohit	Male	32	bhagirathpura	loose motion
960	19.01.2026	arjun	Male	12	904 bhagirathpura	loose motion
961	19.01.2026	darshit	Male	6	671 bhagirathpura	loose motion
962	19.01.2026	jitendr	Male	28	401 bhagirathpura	loose motion
963	19.01.2026	sadhna	Female	60	2233 bhagirathpura	loose motion
964	19.01.2026	shyama	Female	50	872 bhagirathpura	loose motion
965	19.01.2026	shyama	Female	76	bhagirathpura	loose motion
966	19.01.2026	shyama	Female	50	bhagirathpura	loose motion
967	20.01.2026	SIDDHESH	Male	9 month	117bhagirathpura	loose motion
968	20.01.2026	madhav	Male	2	587 bhagirathpura	loose motion
969	20.01.2026	dinesh	Male	45	1028 bhagirathpura	loose motion
970	20.01.2026	tina	Female	21	bhagirathpura	loose motion
971	21.01.2026	shreyan	Male	2.5	926 bhagirathpura	loose motion
972	21.01.2026	madhav	Male	1.5	409 bhagirathpura	loose motion
973	21.01.2026	daksh	Male	4 month	268 bhagirathpura	loose motion
974	21.01.2026	kamla bai	Female	62	bhagirathpura	loose motion
975	21.01.2026	AJAY	Male	35	bhagirathpura	loose motion
976	21.01.2026	KASHISH	Female	21	bhagirathpura	loose motion
977	22.01.2026	agpratap yadav	Male	7	405 bhagirathpura	loose motion
978	22.01.2026	shruti	Female	12	kulkarni bhatta	loose motion
979	22.01.2026	durga	Female	25	127 bhagirathpura	loose motion
980	22.01.2026	kumkum	Female	26	\61 bhagirathpura	loose motion
981	22.01.2026	pinky	Female	40	773 bhagirathpura	loose motion
982	22.01.2026	shivay	Male	1	1596 bhagirathpura	loose motion
983	23.01.2026	mayank	Male	20	790/2 bhagirathpura	loose motion
984	23.01.2026	yatika	Female	34	165 bhagirathpura	loose motion
985	23.01.2026	subhawati	Female	45	bhagirathpura	loose motion

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
986	23.01.2026	anil	Male	30	117 bhagirathpura	loose motion
987	23.01.2026	nagesh	Male	55	bhagirathpura	loose motion
988	24.01.2026	SUBWATI	Female	45	742 BHAGIRATHPURA	loose motion
989	24.01.2026	RANI	Female	30	117 BHSGIRATHPURA	loose motion
990	24.01.2026	ANIL	Male	30	118 BHSGIRATHPURA	loose motion
991	24.01.2026	NAGESH	Male	57	BHAGIRATHPURA	loose motion
992	25.01.2026	MANGLA	Female	41	260 BHAGIRATHPURA	DVD
993	25.01.2026	KOUSHAL	Male	30	BHAGIRATHPURA	loose motion
994	26.01.2026	VIRENDR	Male	13	BHAGIRTHPURA	DVD
995	26.01.2026	GOPAL	Male	47	165 BHAGIRATHPURA	loose motion
996	26.01.2026	SANGEETA	Female	37	806 BHAGIRATHPURA	loose motion
997	26.01.2026	GAYATRI	Female	70	BHAGIRATHPURA	loose motion
998	26.01.2026	SOHAM	Male	12	BHAGIRATHPURA	loose motion
999	26.01.2026	ISHIMA	Female	40	BHAGIRATHPURA	loose motion
1000	27.01.2026	MAHI	Female	9	29 BHAGIRATHPURA	DVD
1001	28.01.2026	PRANJAL	Male	14	109 BHASGIRATHPURA	loose motion
1002	28.01.2026	RUDRAKSH	Male	2	13 BHAGIRATHPURA	loose motion
1003	28.01.2026	PRIYA	Female	15	BHAGIRATHPURA	loose motion
1004	28.01.2026	MUKESH	Male	48	BHAGIRATHPURA	loose motion
1005	28.01.2026	SUHANI	Female	17	REDWAL COLONY	loose motion
1006	29.01.2026	SUNDAR BAI	Female	35	207 BHAGIRATHPURA	vomet, loose motion
1007	29.01.2026	CHANCHAL	Female	28	274 BHAGIRATHPURA	loose motion
1008	30.01.2026	MANISH	Male	31	1058 BHAGIRATHPURA	loose motion
1009	01.02.2026	AYANSH	Male	2.6	BHAGIRATHPURA	loose motion
1010	01.02.2026	VIMAL	Male	58	284 BHAGIRATHPURA	loose motion
1011	01.02.2026	SUREKHA	Female	52	404 BHAGIRATHPURA	loose motion
1012	02.02.2026	surekha	Female	52	404 bhagirathpura	loose motion
1013	02.02.2026	priya	Female	27	209 bhagirathpura	loose motion
1014	02.02.2026	itema	Female	42	399 bhagirathpura	loose motion

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
1015	03.02.2026	vishal	Male	30	bhagirathpura	loose motion
1016	04.02.2026	keshav	Male	4 month	52bhagirartthpura	loose motion
1017	10.02.2026	khushika	Female	3	BHAGIRATHPURA	loose motion
1018	11.02.2026	rameshwar	Male	65	483 bhagirathpura	loose motion
1019	12.02.2026	krishna	Female	1.6 month	bhagirathpura	loose motion
1020	13.02.2026	usha	Female	59	384 bhagirathpura	loose motion
1021	13.02.2026	rameshwar	Male	40	111 bhagirt\athpura	loose motion
1022	13.02.2026	sunita	Female	42	95 bhagirathpura	loose motion
1023	14.02.2026	neha	Female	15	523 bhagirathpura	loose motion
1024	14.02.2026	praveen	Male	50	143 bhagirathpura	loose motion

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MMSC Bhagirathpura - Affected Cases list						
No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
1	26-12-2025	yash	Male	54	861 bhagirathpura	Loose Motion, Abdominal Pain
2	29-12-2025	हेमराज s/o नारायण सिंह	Male	45	629, भागीरथपुरा	Loose Motion, Abdominal Pain
3	29-12-2025	रीना w/o रामकिशन	Female	35	1123/3, भागीरथपुरा	Abdominal Pain, Backache
4	30-12-2025	प्रियंका जैन w/o संदीप जैन	Female	70	भागीरथपुरा	Loose Motion, Abdominal Pain
5	30-12-2025	आशा बाई w/o महेशचंद	Female	53	588, नई बस्ती, भागीरथपुरा	Loose Motion, Abdominal Pain
6	30-12-2025	राजकुमारी w/o नारायण सूर्यवंशी	Female	67	739, भागीरथपुरा	Loose Motion, Nausea
7	30-12-2025	अनुष्का d/o मुकेश	Female	2	कुलकर्णी का भट्टा	Loose Motion, Nausea
8	30-12-2025	अनीता w/o मुकेश	Female	25	कुलकर्णी का भट्टा	Loose Motion, Nausea, Vomiting
9	30-12-2025	मुकेश s/o प्रेमलाल	Male	28	कुलकर्णी का भट्टा	Loose Motion, Nausea
10	30-12-2025	हिमांशु s/o रामचन्द्र यादव	Male	23	938, भागीरथपुरा	Loose Motion, Cough
11	30-12-2025	दिव्या d/o प्रदीप कोन्डे	Female	1.5	भागीरथपुरा	Loose Motion
12	30-12-2025	रितिका d/o योगेन्द्र	Female	12	तेजाजी मंदिर के पास, भागीरथपुरा	Loose Motion
13	30-12-2025	हंसा w/o नवीन	Female	30	भागीरथपुरा	Loose Motion, Vomiting
14	30-12-2025	सलिका गौर d/o प्रकाश	Female	10	भागीरथपुरा	Loose Motion, Abdominal Pain
15	30-12-2025	मृगनयनी	Female	64	भागीरथपुरा	Loose Motion, Abdominal Pain, Nausea
16	30-12-2025	राजू वर्मा s/o नानकराम	Male	55	1006, भागीरथपुरा	Loose Motion
17	30-12-2025	ललित सूर्यवंशी	Male	30	763, भागीरथपुरा	Loose Motion, Vomiting
18	30-12-2025	गीता w/o शंभू यादव	Female	38	भागीरथपुरा	Loose Motion, Vomiting
19	30-12-2025	निक्की यादव d/o श्रीराम यादव	Female	16	भागीरथपुरा	Loose Motion, Vomiting
20	30-12-2025	सचिन जैसवाल s/o दामोदर	Male	42	भागीरथपुरा	Loose Motion, Vomiting
21	30-12-2025	काजल w/o शुभम	Female	25	भागीरथपुरा	Loose Motion, Vomiting
22	30-12-2025	कविता गुर्जर	Female	40	भागीरथपुरा	Vomiting, Abdominal Pain
23	30-12-2025	भगवानदास s/o खड़गे	Male	66	547, भागीरथपुरा	Loose Motion, Abdominal Pain
24	31-12-2025	रजनी w/o मनोज	Female	40	248, भागीरथपुरा	Loose Motion, Abdominal Pain
25	31-12-2025	वैजयन्ती बाई w/o हुकूमचंद	Female	53	भागीरथपुरा	Loose Motion, Abdominal Pain
26	31-12-2025	देवकुमार s/o हल्केराम	Male	59	862,भागीरथपुरा	Loose Motion, Abdominal Pain
27	31-12-2025	अभिषेक दीक्षित s/o सुभाष	Male	24	1125, भागीरथपुरा	Loose Motion, Abdominal Pain
28	31-12-2025	मैहू पटेल s/o लालताप्रसाद	Male	26	1122, भागीरथपुरा	Loose Motion, Abdominal Pain

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
29	31-12-2025	विजयसिंह s/o रामरतन कुमायूं	Male	70	817, भागीरथपुरा	Loose Motion, Abdominal Pain, Bodyache
30	31-12-2025	दिव्या सेन d/o सोनू	Female	12	689, भागीरथपुरा	Loose Motion, Abdominal Pain, Headache
31	31-12-2025	लक्ष्मी w/o सोनू	Female	26	689, भागीरथपुरा	Loose Motion, Abdominal Pain, Headache
32	31-12-2025	शोभा पाल w/o नीतिन पाल	Female	36	1039, भागीरथपुरा	Loose Motion
33	31-12-2025	संतोष दीक्षित s/o बाबूलाल	Male	42	1122, भागीरथपुरा	Loose Motion
34	31-12-2025	फूलबाई w/o खुमान सिंह	Female	55	758, भागीरथपुरा	Loose Motion
35	31-12-2025	सिमरन d/o बाबूलाल	Female	10	708, भागीरथपुरा	Loose Motion, Abdominal Pain
36	31-12-2025	उमा बाई w/o गोकुल प्रसाद	Female	64	708, भागीरथपुरा	Loose Motion, Vomiting, Headache
37	31-12-2025	रूपनारायण तिवारी	Male	36	भागीरथपुरा	Loose Motion, Abdominal Pain
38	31-12-2025	आकांक्षा साहू d/o राजेन्द्र	Female	20	731, भागीरथपुरा	Loose Motion, Acidity
39	31-12-2025	नेहा वर्मा w/o जयकिशन	Female	29	1958, भागीरथपुरा	Loose Motion, Abdominal Pain
40	31-12-2025	सोनम d/o रमेशचंद्र	Female	16	भागीरथपुरा	Loose Motion, Abdominal Pain
41	31-12-2025	हीरालाल हंस s/o प्रभुलाल	Male	60	कोली मोहल्ला, परदेशीपुरा	Loose Motion, Abdominal Pain
42	31-12-2025	मिथुन s/o शंकर	Male	28	614, भागीरथपुरा	Loose Motion, Fever, Weakness
43	31-12-2025	पलक / गणेश खत्री	Female	24	भागीरथपुरा	Loose Motion, Abdominal Pain, Vomiting
44	31-12-2025	हिमांशु / दिलीप	Male	13	भागीरथपुरा	Loose Motion, Abdominal Pain, Vomiting
45	03-01-2026	मोहित s/o राज ठाकुर	Male	30	भागीरथपुरा	Abdominal Pain
46	01-01-2026	सार्थक बरडे s/o घनश्याम	Male	7	640/1, भागीरथपुरा	Loose Motion
47	01-01-2026	सीमा w/o जितेंद्र	Female	37	556, भागीरथपुरा	Loose Motion, Abdominal Pain
48	01-01-2026	मुस्कान d/o संतोष	Female	27	556, भागीरथपुरा	Loose Motion, Abdominal Pain
49	01-01-2026	ईशिता d/o विकास कश्यप	Female	11	1133, भागीरथपुरा	Loose Motion
50	01-01-2026	सेजल d/o विकास कश्यप	Female	13	1133, भागीरथपुरा	Loose Motion
51	01-01-2026	जयरामसिंह राजपूत s/o सुंदरलाल	Male	33	कुलकर्णी का भट्टा	Loose Motion, Abdominal Pain, Headache
52	01-01-2026	बबीता यादव w/o मनोहर	Female	45	भागीरथपुरा	Loose Motion, Vomiting
53	01-01-2026	मनोहर s/o बाबादीन	Male	60	भागीरथपुरा	Loose Motion, Vomiting, Cold-Cough

No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
54	02-01-2026	सुनील कश्यप s/o रामप्रसाद	Male	50	भागीरथपुरा	Abdominal Pain
55	02-01-2026	भगवानदास s/o खड़गे	Male	65	547, भागीरथपुरा	Loose Motion, Abdominal Pain
56	02-01-2026	रोहित s/o नंदराम	Male	26	763, भागीरथपुरा	Loose Motion, Abdominal Pain
57	02-01-2026	हिमांशु यादव s/o रामचन्द्र	Male	23	938, भागीरथपुरा	Loose Motion, Abdominal Pain
58	03-01-2026	पूजा तिवारी w/o रूपनारायण	Female	30	2298, भागीरथपुरा	Loose Motion , Abdominal Pain, Vomiting
59	03-01-2026	गीता यादव w/o मोहन	Female	38	भागीरथपुरा	Loose Motion , Nausea, Acidity
60	03-01-2026	माही d/o मोहन	Female	12	भागीरथपुरा	Loose Motion , Vomiting, Fever
61	03-01-2026	चैतन्य s/o मोहन	Male	15	भागीरथपुरा	Loose Motion , Abdominal Pain
62	03-01-2026	सुनीता w/o लालू वर्मा	Female	40	540, भागीरथपुरा	Loose Motion , Abdominal Pain
63	03-01-2026	रोहित वर्मा s/o जयसिंह	Male	33	344, भागीरथपुरा	Loose Motion , Abdominal Pain, Throat Pain
64	03-01-2026	उषा सूर्यवंशी w/o मोहनलाल	Female	56	773, भागीरथपुरा	Loose Motion , Abdominal Pain, Throat Pain
65	03-01-2026	धर्मेन्द्र बरोनिया s/o मोहनलाल बरोनिया	Male	60	670, भागीरथपुरा	Loose Motion
66	03-01-2026	उमाकांत मिश्रा s/o द्वारकाप्रसाद	Male	70	भागीरथपुरा	Loose Motion , Abdominal Pain
67	04-01-2026	संतोष छोटेलाल	Male	42	भागीरथपुरा, वार्ड 12	Loose Motion, Vomiting
68	05-01-2026	वरदान यादव s/o संतोष	Male	13	903, भागीरथपुरा	Loose Motion , Abdominal Pain
69	05-01-2026	रवि सेन s/o सुरेश	Male	32	1145, भागीरथपुरा	Abdominal Pain
70	05-01-2026	भगवती बाई w/o सुंदरलाल	Female	70	758, भागीरथपुरा	Loose Motion , Nausea
71	05-01-2026	रीता सूर्यवंशी d/o लाखन	Female	55	भागीरथपुरा	Loose Motion , Vomiting
72	05-01-2026	चम्पालाल s/o मांगीलाल	Male	69	392, भागीरथपुरा	Loose Motion , Abdominal Pain
73	05-01-2026	सेजल रायकवार d/o मुकेश	Female	21	607, भागीरथपुरा	Loose Motion, Vomiting
74	05-01-2026	उमाकांत मिश्रा s/o द्वारकाप्रसाद	Male	64	टोपीलाल दुकान वाले की गली, भागीरथपुरा	Loose Motion, Generalised Weakness with Abdominal Pain
75	06-01-2026	विनोद चौधरी	Male	59	P.T.C. इंदौर	Stomach Pain, Weakness, Vomiting
76	06-01-2026	रूद्रांशी रघुवंशी	Female	7 Month	भागीरथपुरा	Diarrhea, Vomit, Loose Motion, Fever
77	06-01-2026	सोनम प्रजापत	Female	21	भागीरथपुरा	StomachAche, Diarrhea
78	06-01-2026	कांची सुनेल	Female	55	भागीरथपुरा	Loose Motion
79	07-01-2026	दिनेश नंदवार s/o भैयालाल	Male	61	664, भागीरथपुरा	Loose Motion , Abdominal Pain

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No.	Date of Illness	Name	Gender	Age	Address	Nature of Illness
80	07-01-2026	प्रतीक घरावनिया s/o श्याम	Male	11	950, भागीरथपुरा / बड़नगर	Loose Motion , Vomiting
81	08-01-2026	दीपिका w/o सौरभ दुरानी	Female	25	470, भागीरथपुरा	Vomiting, Abdominal Pain
82	08-01-2026	महेंद्र भाटी s/o हनुमान भाटी	Male	50	923, भागीरथपुरा	Diarrhea, Loose Motion
83	09-01-2026	कमल	Male	58	रेव वाली गली	Abdominal Pain
84	09-01-2026	अनीता ग्रोक	Female	40	चिराग मोहल्ला, भागीरथपुरा	Nausea, Bloum
85	09-01-2026	रायचंद्र कोठ	Male	56	1266, फ़र्शी वाली गली, भागीरथपुरा	Loose Motion, Vomiting, Abdominal Pain
86	09-01-2026	पूनमदेवी w/o ललन शर्मा	Female	35	साईं मंदिर भागीरथपुरा	Abdominal Pain
87	09-01-2026	अमृतलाल s/o सूरतदीन साहू	Male	49	1091, नई बस्ती, भागीरथपुरा	Vomiting, Acidity
88	10-01-2026	Vishal s/o mahesh	Male	47	721 Bhagirathpura	Diahorrea
89	10-01-2026	Aradhya D/O Kishore	Female	5	Bhagirathpura	Loose Motion abd. Pain
90	10-01-2026	Nisha w/o Kishore	Female	35	Bhagirathpura	Abd. pain, Loose motion , Vomiting
91	11-01-2026	Munnalal	Male	64	1123 Bhairathpura	Abd. pain, Loose motion , Vomiting
92	15-01-2026	SHIV CHOUHAN	Male	90	KORI SAMAJ DHARAMSHALA	LOOSE MOTION
93	16-01-2026	vishal sharma	Male	45	meghdoot nagar 45/2	DVD
94	16-01-2026	rasmi suryavanshi	Female	33	524 bhagirathpura	DVD
95	17-01-2026	Adhvik sharma	Male	44	45/2 meghdoot nagar	DVD
96	17-01-2026	varsha	Female	42	Bhagirathpura	DVD
97	20-01-2026	teena	Female	21	Bhagirathpura	DVD
98	20-01-2026	yashasvi	Female	11	631 bhagirathpura	DVD
99	21-01-2026	mangal	Male	22	gomet giri (nagar nigam worker)	DVD
100	23-01-2026	Ayush	Male	84	Bhagirathpura	DVD
101	25-01-2026	umakant	Male	65	Bhagirathpura	DVD
102	26-01-2026	rohit malhotra	Male	27	Bhagirathpura	DVD

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Annexure-9

Summary of Death Analysis Report (Total 21 Deaths) till date 12.01.2026

S. No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1	Already declared by CMHO due to epidemic	6	1. Urmila 60/F 2. Tara 65/F 3. Nandlal 70/M 4. Heeralal 65/M 5. Arvind Nikar* 43/M 6. Avyan 5 months/M	*Mr. Arvind Nikar 43/M – Preliminary Post-mortem report received. Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material.	Yes
2	Preliminary PM Report	1	7. Manjula 65/F	Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material.	Yes
3	Hospital/IPD Deaths	4	8. Geeta 64/F 9. Uma Kori 31/F. 10. Gomti 47/F 11. Shravan 80/M	Probably related to current epidemic	Yes
4	Death during transit	1	12. Seema 40/F	Possibility of death due to current Gastroenteritis epidemic according to the history available	Yes
5	Home Death	3	13. Jeevan Lal 80/M 14. Ramkali 47/F 15. Harkuwar Bai 81/F		Yes
6	Inconclusive	2	16. Sumitra 55/F 17. Santosh Bigoliya 75/M	Death on 21.12.25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)	Inconclusive
7	Not related to Epidemic	4	18. Ashok 62/M 19. Shankarlal 75/M 20. Kamla 60/F 21. Sunita 49/F		No
	Total	21			

Dr. Sanjay Dubey

Dr. Akhilesh Pratap Singh Tomer

Dr. Suraj Sirohi 12/01/26

Dr. Dharmanshu Chaube

Dr. Sunil Soni

1780 22/01/2026

Steno MD 22/1/2026 (4)

DEATH AUDIT AND ANALYTICAL REPORT

As per the order of dean office No. 253/steno/2026, Indore dated 03.01.2026, a committee was constituted for analysis of the current Gastroenteritis epidemic deaths occurred at Bhagirathpura, Indore, MP. To date, the committee has analyzed a total of 22 deaths based on information, case sheets, and verbal autopsy details provided by the CMHO and RJD Health offices.

- Information of 1 new death (1. Hemant) have been sent by the Joint Director Office, Indore.

Hospital deaths probably related to current epidemic

Patient 1: Name: Hemant

- **Age/Sex:** 51/M
- **Address:** Police Choki Wali Gali 81, Bhagirathpura, Indore
- **Hospital:** Sri Aurobindo Hospital (SAIMS)
- **Timeline:**
  - **Admission:** 08/01/2026
  - **Symptoms:** Loose stools (x3 days), Fever (x2 days), Vomiting (x3 days), Shortness of breath (x2 days), Abdominal Pain, Bilateral lower limb weakness x 2 days.
  - **At admission:** Delayed skin turgor, Dry oral mucosa, Pallor +, Edema +
  - **Death:** 20/01/2026 at 9:41 PM
- **Comorbidities:** Metastatic Renal Cell Carcinoma (Clear Cell) with vertebral metastasis (x1 week), Diabetes (x7 years)
- **Diagnostics:**
  - **Blood Culture:** *Staphylococcus aureus*
  - **Pus:** *Morganella morganii*
  - **Renal:** Creatinine 4.53; underwent 3 cycles of hemodialysis
- **Cause of Death:** Cardiopulmonary Arrest, Sepsis, AKI, Renal Cell Carcinoma

- Subsequently, she suffered a cardiac arrest, three cycles of CPR were given, ROSC (Return of Spontaneous Circulation) achieved, but she remained in post-CPR shock requiring inotropic support. Despite intensive monitoring and treatment, her condition continued to deteriorate, and she again went into cardiac arrest. Six cycles of CPR were administered, but resuscitation was unsuccessful, and she was declared dead on 10/01/2026 at 12:45 PM.

- **Death:** She was declared dead on 10/01/2026 at 12:45 PM.

Categorisation of the 2 Analysed Cases

I. **Hospital deaths probably not related to current epidemic**
   1. Kamla w/o Tulsiram 60/F
   2. Sunita w/o Satish 49/F

Summary:

- Out of 2 new deaths, both deaths (Kamla 60/F, Sunita 49/F) were hospital deaths probably not related to current epidemic.

Summary of Death Analysis Report

S. No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1.	Hospital deaths probably not related to current epidemic	2	1. Kamla 60/F 2. Sunita 49/F		No
	Total	2			

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Dr. Dharmanshu Chaube

Dr. Sunil Soni

around 03:00 AM, she developed refractory hypotension (BP 70/50 mmHg) with worsening sensorium and hypoxia; requiring intubation, mechanical ventilation and dual inotropic support. She subsequently suffered cardiac arrest. CPR was initiated as per ACLS protocol, but ROSC could not be achieved. She was declared dead on 09/01/2026 at 06:00 AM.

- **Death:** 09/01/2026 at 06:00 AM.
- **Cause:** Cardiac arrest, Refractory hypotension, Worsening renal/metabolic failure.

Patient 2: Mrs. Sunita

- **Name:** Mrs. Sunita w/o Satish
- **Age/Gender:** 49/F
- **Address:** Resident of Bhagirathpura, Indore.
- **Admission:** Admitted to MY Hospital on 07/01/2026.
- **Medical History:** K/C/O CKD Stage 5 (not on maintenance haemodialysis), Hypothyroidism (on Thyroxine 50mcg), Bronchial Asthma, HFrEF (EF ~40%), Severe Mitral Regurgitation with moderate tricuspid regurgitation.
- **Symptoms:** Vomiting (1-2 episodes), blood-tinged sputum, acute shortness of breath associated with orthopnoea, paroxysmal nocturnal dyspnoea, pedal edema for 1 day. She also had a single episode of generalized seizure (abnormal movement of all four limbs with uprolling of eyeballs and frothing, followed by loss of consciousness and spontaneous recovery)
- **Course during admission:**
  - On admission she was hemodynamically stable (Pulse 86/min, BP 140/80mmHg, SpO2 98% on RA, RBS 108 mg/dL)
  - Investigations showed severe anaemia: Hb 6.7, advanced renal failure (S. Creatinine upto 9.55 mg/dL, Urea 299 mg/dL).
  - During hospital stay, she underwent one haemodialysis session; developed status epilepticus during the second session, which was treated with Midazolam, Phenytoin, and Levetiracetam, and she was intubated and started on Midazolam infusion.

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Steno 12/1/2026 (3)

DEATH AUDIT AND ANALYTICAL REPORT

- As per the order of dean office No. 253/steno/2026, Indore dated 03.01.2026, a committee was constituted for analysis of the current Gastroenteritis epidemic deaths occurred at Bhagirathpura, Indore, MP. To date, the committee has analyzed a total of 19 deaths based on information, case sheets, and verbal autopsy details provided by the CMHO and RJD Health offices.
- Information of 2 new deaths **(1. Kamla w/o Tulsiram 2. Sunita w/o Satish)** have been sent by the Joint Director Office, Indore.

Hospital deaths probably not related to current epidemic

Patient 1: Kamla

- **Name:** Kamla w/o Tulsiram
- **Age/Sex:** 60/F
- **Address:** R/O Jiven Ki Phel, Indore
- **Admission:** 08/01/2026
- **Hospital Stay:** ~24 hours
- **Symptoms:** Vomiting (2–3 episodes/day for 5 days), ghabrahat, abdominal pain, altered sensorium, decreased urine output from 2 days.
- **Condition on admission:** Admitted in shock (BP 94/60mmHg), Pulse 70/min, SpO2 96% on NRBM @10L/min, GCS: E4V2M5, Bilateral crepitations, Reduced urine output. She was in shock with altered sensorium and respiratory distress.
- **Labs:** Hb: 6.3–6.4 g/dL, TLC: 16,000–16,500/mm^3, Platelets: 159,000 → 129,000/mm^3, Urea: 270 → 249 mg/dL, Creatinine: 6.96 → 7.54 mg/dL, Uric acid: 15.8 → 17 mg/dL, SGOT: 512 → 490 U/L, SGPT: 141 → 160 U/L, ALP: 450 → 531 U/L, Ferritin: ~7530 ng/mL, PTH: ~1086 pg/mL, Low Vitamin D, Hypoalbuminemia, Electrolyte imbalance
- **Ultrasound:** Bilaterally raised renal echotexture (Suggestive of Chronic Renal Parenchymal Disease).
- **Clinical Course:** Despite aggressive ICU management, the patient remained in progressive shock with worsening renal and metabolic failure. On 09/01/2026 at

Summary of Death Analysis Report

S. No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1	Already declared by CMHO due to epidemic	6	1. Urmila 60/F 2. Tara 65/F 3. Nandlal 70/M 4. Heeralal 65/M 5. Arvind Niker* 43/M 6. Avyan 5 months/M	*Mr. Arvind Niker 43/M – Preliminary Post-mortem report received. Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material.	Yes
2	Preliminary PM Report	1	7. Manjula 65/F	Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material.	Yes
3	Hospital/IPD Deaths	4	8. Geeta 64/F 9. Uma Kori 31/F 10. Gomti 47/F 11. Shraven 80/M	Probably related to current epidemic	Yes
4	Death during transit	1	12. Seema 40/F	Possibility of death due to current Gastroenteritis epidemic according to the history available	Yes
5	Home Death	3	13. Jeevan Lal 80/M 14. Ramkali 47/F 15. Harkuwar Bai 81/F		Yes
6	Inconclusive	2	16. Sumitra 55/F 17. Santosh Bigoliya 75/M	Death on 21.12.25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)	Inconclusive
7	Not related to Epidemic	2	18. Ashok 62/M 19. Shankarlal 75/M		No
	Total	19			

Dr. Sanjay Dubey

Dr Akhilesh Pratap Singh Tomar

Dr. Suraj Sirohi

Dr. Dharmendra Chauhan

Dr. Sunil Soni

Summary of Death Analysis Report

S. No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1	Home Death	1	Harkuwar Bai 81/F		Yes
2	Inconclusive	1	Santosh Bigoliya 75/M	Death on 21.12.25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)	Inconclusive
	Total	2			

Dr. Sanjay Dubey

Dr. Akhilesh Pratap Singh Tomar

Dr. Suraj Sirohi

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Dr. Sunil Soni

Inconclusive (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)

Patient 1: Santosh Bigoliya

- **Name:** Santosh Bigoliya s/o Kalyan Bigoliya. R/o 997, Dargah wali gali Bhagirathpura.
- **Age/Sex:** 75/M.
- **Comorbidity:** No Comorbidity.
- **Symptoms:** Vomiting/loose motion since 22.12.2025.
- **History:** Took treatment By Dr. Vinod Pandey at Home on 22.12.2025 and 23.12.20.25 and didn't get relieved.
- **Death:** His condition worsened & died on the way to hospital on 24.12.2025.
- **Source:** Dr. Vinod Pandey (statement on Phone).

Categorisation of the 2 Analysed Cases

I. **Home Death=1 (Possibility of death due to current Gastroenteritis epidemic according to the history available)**
   1. Harkuwar Bai 81/F

II. **Inconclusive=1 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)**
   2. Santosh Bigoliya 75/M (died on 24.12.25)

Summary:

- Out of 2 new deaths, 1 death (Harkuwar Bai 81/F) is considered as home death (Possibility of death due to current Gastroenteritis epidemic according to the history available).
- Another death (Santosh Bigoliya 75/M) is inconclusive as the death occurred on 24.12.25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)

(2)

Steno

DEATH AUDIT AND ANALYTICAL REPORT

- As per the order of dean office No. 253/steno/2026, Indore dated 03.01.2026, a committee was constituted for analysis of the current Gastroenteritis epidemic deaths occurred at Bhagirathpura, Indore, MP.
- Information of 2 new deaths (1. Santosh Bigoliya 2. Harkuwar Bai) have been sent by Joint Director Office, Indore.

Home Death (Possibility of death due to current Gastroenteritis epidemic according to the history available)

Patient 1: Harkuwar Bai

- **Name:** Harkuwar Bai w/o Ratanlal Gerelya. R/o 1006 Nanda Mali ka Bagicha Kulkarni Nagar.
- **Age/Sex:** 81/F.
- **Comorbidity:** Hypertension.
- **Symptoms:** Vomiting, loose motion, fever since 28.12.2025.
- **History:**
  - She came to visit her daughter at 457, Bhagirathpura, near government school (21.12.2025 to 29.12.2025).
  - Vomiting, loose motion, fever since 28.12.2025, for which she took medicine form local medical store.
  - On 29.12.2025, she went back to her residence at Kulkarni Nagar. Symptoms persisted for which she went to private doctor on 31.12.2025.
- **Death:** 02.01.2026 Morning 5 AM Died at Home (Kulkarni Nagar).

Sl. No.	Status of Death	No of Deaths	Remarks
1	Already declared by CMHO due to epidemic	6	
2	Preliminary PM Report	1	Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material
3	Hospital/IPD Deaths	4	Probably related to current epidemic
4	Death during transit	1	Possibility of death due to current Gastroenteritis epidemic according to the history available
5	Home Death	2	
6	Inconclusive	1	Death on 21.12.25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)
7	Not related to Epidemic	2	
	Total	17	

Committee Members	Signature
1. Dr. Sanjay Dubey	Sanjay Dubey 6.1.2026
2. Dr Akhilesh Pratap Singh Tomar	06/01/26
3. Dr. Suraj Sirohi	06/01/26
4. Dr. Dharmanshu Chaube	6/1/26
5. Dr. Sunil Soni	

Categorisation of the 11 Analysed Cases

I. **Deaths In Hospital probably related to current epidemic=4**
7. Geeta 64/F
8. Uma Kori 31/F
9. Gomti 47/F
10. Shraven 80/M

II. **PM Report (Preliminary Post-Mortem report received) =1**
11. Manjula 65/F

III. **Home Death=2 (Possibility of death due to current Gastroenteritis epidemic according to the history available)**
12. Jeevan Lal 80/M
13. Ramkali 47/F

IV. **Death During Transit=1 (Possibility of death due to current Gastroenteritis epidemic according to the history available)**
14. Seema 40/F

V. **Inconclusive=1 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)**
15. Sumitra 55/F (died on 21.12.25)

VI. **Death not related to current epidemic**
16. Ashok 62/M
17. Shankarlal 75/M

Summary:

- Out of 17 deaths, 6 deaths declared by CMHO due to epidemic.
- 11 deaths analysed by the committee.
- Out of 11 deaths, 2 deaths, (Mr. Ashok and Mr. Shankarlal) seems not to be related with current epidemic outbreak and 1 death (Sumitra Bai 55/F) is inconclusive as the death occurred on 21.12.25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025), Preliminary PM (Postmortem) Report of 1 death (Manjula 65/F) received (Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material).
- Rest 7 deaths seems to be related to current epidemic outbreak, as per the circumstances and documents available.

Inconclusive (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)

Patient 15: Sumitra Bai (Home Death)

- **Name/Age:** Sumitra Bai, 55/F.
- **Symptoms:** Loose motion/vomiting since 19/12/2025.
- **History:** Taken some treatment nearby doctor.
- **Death:** Death on 21.12.2025.

Death not related to current Epidemic

Patient 16: Ashok Panwar

- **Name/Age:** Ashok Panwar 62/M, R/O Arya Samaj Mandir wali Gali, Bhagirathpura.
- **Admitted:** SAIMS on 23/12/2025.
- **Symptoms:** Chest pain, Ghabrahat, Shortness of breath, Altered sensorium, H/O fall on ground.
- **History:** On 25/12/2025 at 2:50PM reached MYH with C/O altered sensorium, Chest pain, Ghabrahat with H/O fall (22/12/2026) and shortness of breath.
- **Co- Morbidities:** Hypertension (3-5 years), Cerebro Vascular accident- 2021, Chronic Alcoholic.
- **CT Brain** showed Acute Hemorrhagic Stroke.
- **Clinical finding & Blood reports:** RBS 226, SpO2 94%, Hypernatremia, Creatinine 5.63.
- **Death:** 25.12.2025 at 7:15 PM.
- **Cause of Death:** Intracranial Bleed, Cardiopulmonary arrest.

Patient 17: Shankarlal Paridwal

- **Location:** Gali Khatik Mohalla Bhagirathpura.
- **History:**
  - Admitted to Verma Hospital on 27.12.2025 with difficulty in urination and shortness of breath (also h/o fracture right tibia, duration – not known).
  - Admitted to Cloth Market Hospital on 29/12/2025 with similar complaints.
- **Comorbidity:** Chronic obstructive pulmonary disease.
- **Death:** 30.12.2025 at 8 PM due to Cardiorespiratory arrest.

PM Report

Patient 11: Manjula

- **Name/Age:** Manjula, 65/F.
- **Symptoms:** Complaint of abdominal pain, loose motion, vomiting. Symptoms started 29/12/2025 at 11 PM.
- **Death:** Died on the way to MYH by Ambulance at 11 AM on 30.12.2025.
- **Note:** Preliminary PM (Postmortem) Report received. Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material.

Home Death (Possibility of death due to current Gastroenteritis epidemic according to the history available)

Patient 12: Jeevan Lal

- **Name/Age:** Jeevanlal, 80/M.
- **Symptoms:** Complaint of loose motion/vomiting since 27.12.2025.
- **Death:** Death on 28.12.2025.

Patient 13: Ramkali

- **Name/Age:** Ramkali, 47/F.
- **Symptoms:** Vomiting & loose motion since morning.
- **Death:** Death on 28.12.2025.

Death during Transit (Possibility of death due to current Gastroenteritis epidemic according to the history available)

Patient 14: Seema

- **Name/Age:** Seema, 40/F.
- **Symptoms:** Complaint of loose motions, vomiting. Symptoms since 29/12/2025 at 7 AM.

Death: Died on the way to Panday's Clinic.

Patient 8: Uma Kori

- **Name/Age:** Uma Kori, 31/F, Bhagirathpura
- **Hospital/Status:** SAIMS, Brought dead on 29-12-2025. Pulse, B.P were Non recordable. Brought in an unconscious state by husband. Husband Mr Bihari Kori reported history of loose motion, vomiting, multiple episodes at home.

Patient 9: Gomti Rawat

- **Name/Age:** Gomti Rawat, 47Y/F, W/o Gopal Singh.
- **Hospital/Status:** Admitted on 26/12/2025 at 5:21 PM with complaints of Altered sensorium, Acute gastroenteritis (uncontrolled RBS, Creatinine 2.43).
- **Comorbidity:** Uncontrolled RBS, Hypothyroidism.
- **Onset of symptoms:** 24.12.2025 approx 2 PM.
- **Death:** 26/12/2025 at 2:00 AM.

Patient 10: Shravan

- **Name:** Shravan s/o Nathu
- **Age/Gender:** 80/M
- **Admission:** Admitted on 27/12/25 at 12:46 PM at MYH.
- **Complaints:** Multiple episodes of loose stools, vomiting since 2-3 days, abdominal pain, decreased urine output.
- **History:** Chronic Bidi smoker, No comorbidity (according to attendant). After admission, Renal Parenchymal Disease -grade V , was found in USG.
- **Vitals:** BP 84/50, SpO2 92% RA.
- **Diagnostics:**
  - **USG Abdomen:** B/L (Bilateral) Renal Parenchymal disease-grade-V
  - **Labs:** Hb 11.5, WBC 12.5, Creatinine 4.5, K+ (Potassium) 3.06, Calcium 7.7.
- **Death:** Declared dead on 29.12.25 at 3 AM.
- **Cause/Diagnosis:** Acute gastroenteritis, hypovolemic shock, Acute on CKD (Chronic Kidney Disease).

Steno

DEATH AUDIT AND ANALYTICAL REPORT

- As per the order of dean office No. 253/steno/2026, Indore dated 03.01.2026, a committee was constituted for analysis of the current Gastroenteritis epidemic deaths occurred at Bhagirathpura, Indore, MP. The above said committee analysed the documents, clinical case sheets of the deceased which was provided by CMHO Indore and Joint Director Office, Indore.
- Total 17 Deaths have been notified till date due to current epidemic. Out of 17 deaths, 6 deaths have already been declared by CMHO:
  (1. Tara 2. Nandlal 3. Urmila 4. Heeralal 5. Arvind Nikar 6. Avyan)
- Rest 11 deaths were analysed by Death audit committee.

Already Declared Deaths

Patient 1: Urmila 60/F

Patient 2: Tara 65/F

Patient 3: Nandlal 70/M

Patient 4: Heeralal 65/M

Patient 5: Arvind Nikar 43/M

Patient 6: Avyan 5 months/M

Deaths in Hospital probably related to current epidemic

Patient 7: Geeta W/O Raju

- Name/Age: Geeta W/O Raju, 68/F
  - Hospital/Status: Admitted to MYH on 24.12.2025 to 31.12.2025 with complains of loose motion ,vomiting.
  - Admitted to SAIMS from 31.12.2025 to 2.01.2026 similar complaints.
- Comorbidity: Bronchial asthma, Diabetes mellitus.
- Diagnosis: Acute GE/Septic shock/MODS/Rt lower lobe pneumonia/Metabolic acidosis. Intubation was done.
- Death: 02.01.2026 at 8:32 AM

प्रति,

प्रभारी अधिकारी,
विधानसभा शाखा,
स्थानीय कार्यालय

इन्दौर, दिनांक 14.02.2026

3534
16/2/2026

विषय :–इंदौर के भागीरथपुरा में दूषित पेयजल से मौतें के संबंध में विधानसभा तारांकित प्रश्न कमांक 2448।

संदर्भ :–1. संचालनालय, नगरीय प्रशासन एवं विकास, मध्यप्रदेश, भोपाल का पत्र कमांक/यां. प्र./07/2026/2688 भोपाल दिनांक 13.02.2026
2. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, जिला इन्दौर का पत्र कमांक/IDSP/आईडीएसपी/2026/3828 दिनांक 13.02.2026

उपरोक्त विषयांतर्गत इंदौर के भागीरथपुरा में दूषित पेयजल से मौत के संबंध में विधानसभा तारांकित प्रश्न कमांक 2448 की चाही गई जानकारी निम्नानुसार है :–

(क) नगर निगम इंदौर के भागीरथपुरा में अब तक कुल कितनी मौतें हुई और मृत्यु होने के क्या–क्या कारण रहे हैं ? मृतकों के नाम और उनकी पोस्टमार्टम रिपोर्ट की प्रतिसहित बतावें।
उत्तरः–**संबंधित नहीं। (आज दिनांक तक क्षेत्रिय संचालक, स्वास्थ्य सेवायें, इन्दौर द्वारा डेथ एनालिसीस समिति को कुल 35 मृतकों के दस्तावेज एवं जानकारी उपलब्ध कराई गई है, रिपोर्ट संलग्न है।)**

(ख) भागीरथपुरा में यदि मौतें पानी पीने से हुई हैं तो पानी में किन–किन कारकों/तत्वों के होने के कारण मौतें हुई, जैसे कोई टॉक्सिन या कोई बैक्टीरिया, या कौन–कौन से बैक्टीरिया से मौतें हुई ? प्रतिसहित बतावें।
उत्तरः–**संबंधित नहीं।**

(ग) क्या मृतकों की मेडिकल पोस्टमार्टम/मेडिकल डेथ ऑडिट हुए हैं, जिससे यह सुनिश्चित किया जा सके कि किन–किन बैक्टीरिया के कारण मौतें हुई? प्रतिसहित बतावें। यदि मेडिकल पोस्टमार्टम या मेडिकल डेथ ऑडिट नहीं हुए तो विधिसम्मत कारण बतावें।
उत्तरः–डेथ एनालिसीस किया गया है। रिपोर्ट संलग्न है।

(घ) कितनी बार मेडिकल डेथ ऑडिट हुई, समस्त डेथ ऑडिट की रिपोर्ट देवें।
उत्तरः–मृत्यु होने के पश्चात समय–समय पर दस्तावेज मिलने के उपरांत समिति द्वारा डेथ एनालिसीस किया गया। कुल मिलाकर 08 रिपोर्ट जमा की गई। रिपोर्ट संलग्न है।

(ड़) पानी की जो सैंपलिंग ली गई, क्या उसमें बैक्टिरिया के साथ में कोई प्वाईजन मिला ? मृतकों के पोस्टमार्टम बायोप्सी और कल्चर विसरा की बायोप्सी में मृत्यु के कारण क्या रहे? प्रतिसहित बतावें।
उत्तरः–संबंधित नहीं ।

(च) नगर निगम इंदौर में पानी की गुणवत्ता जांच की क्या प्रक्रिया ? सक्षम लैबोरेटरी कितनी हैं, कितनी एनएबीएल द्वारा संबद्ध हैं ? किस लैब में कब–कब, कैसे–कैसे जांच की जाती है, कब जांच रिपोर्ट मिलती हैं ? जांच रिपोर्ट के आधार पर कब–कब कौन–कौन क्या कार्यवाही करते हैं? विगत 2 वर्षो की उक्त प्रक्रिया पालन की प्रतिसहित बतावें।
उत्तरः–संबंधित नहीं ।

(छ) नगर निगम इंदौर में पेयजल पाइपलाइनों की एक्सपायरी क्या निर्धारित हैं? कितनी पाइपलाइन की एक्सपायरी हो चुकी हैं।
उत्तरः–संबंधित नहीं ।

14/02/2026

डॉ. संजय दुबे

डॉ. अखिलेश प्रताप सिंह तोमर

डॉ. सूरज सिरोही

डॉ. धर्मान्शु चौबे

डॉ. सुनील सोनी

Summary:

- 1 new death (Hemant 51/M) is inconclusive.

Summary of Death Analysis Report

S. No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1.	Inconclusive	1	Hemant 51/M	On going through the documents provided by the SAIMS definitive cause of death could not be ascertained because patient has multiple severe co-morbidities	Inconclusive
	Total	1			

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Dr. Akhilesh Pratap Singh Tomar

Dr. Suraj Sirohi

Dr. Dharmanshu Chaube

Dr. Sunil Soni

Summary of Death Analysis Report (Total 23 Deaths) till date 22.01.2026

S. No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1	Already declared by CMHO due to epidemic	6	1. Urmila 60/F 2. Tara 65/F 3. Nandlal 70/M 4. Heeralal 65/M 5. Arvind Nikar* 43/M 6. Avyan 5 months/M	*Mr. Arvind Nikar 43/M – Preliminary Post-mortem report received. Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material.	Yes
2	Preliminary PM Report	1	7. Manjula 65/F	Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material.	Yes
3	Hospital/IPD Deaths	5	8. Geeta 64/F 9. Uma Kori 31/F 10. Gomti 47/F 11. Shravan 80/M 12. Bhagwan Tukaram Bharne 64/M	Probably related to current epidemic	Yes
4	Death during transit	1	13. Seema 40/F	Possibility of death due to current Gastroenteritis epidemic according to the history available	Yes
5	Home Death	3	14. Jeevan Lal 80/M 15. Ramkali 47/F 16. Harkuwar Bai 81/F		Yes
6	Inconclusive	3	17. Sumitra 55/F 18. Santosh Bigotiya 75/M	Death on 21.12.25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)	Inconclusive
			19. Hemant 51/M	On going through the documents provided by the SAIMS definitive cause of death could not be ascertained because patient has multiple severe co-morbidities	
7	Not related to Epidemic	4	20. Ashok 62/M 21. Shankerlal 75/M 22. Kamla 60/F 23. Sunita 49/F		No
	Total	23			

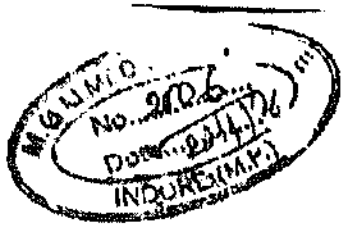
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Dr. Suraj Sirohi

Dr. Dharmanshu Chaube

Dr. Sunil Soni



Steno
27/1/2026

(5)

DEATH AUDIT AND ANALYTICAL REPORT

Date: 27/01/2026

- As per the order of dean office No. 253/steno/2026, Indore dated 03.01.2026, a committee was constituted for analysis of the current Gastroenteritis epidemic deaths occurred at Bhagirathpura, Indore, MP. To date, the committee has analyzed a total of 26 deaths based on information, case sheets, and verbal autopsy details provided by the CMHO and RID Health offices.
- Information of 03 new death (1. Omprakash, 2. Vidhya Bai, 3. Rajaram) have been sent by the Joint Director Office, Indore, today at 9.30 AM on Whatsapp (27/01/2026).
- The documents of Badriprasad & Subhadra bai is not provided till now (27/01/2026, 11.41 AM).

Patient 1: Name: Omprakash Sharma

- **Age/Sex:** 69/M
- **Address:** C12, Shiv Vihar Colony, Dhar
- **Hospital:** Bombay Hospital
- **Timeline:**
  - **Admission:** 01/01/2026
  - **Symptoms:** Loose stools 5-6 times a day, Altered sensorium and Oral ulcers
  - **Death:** 04/01/2026 at 1:35 PM
- **Comorbidities:** k/c/o Hypertension and diagnosed Normal Pressure Hydrocephalous on 12/12/2025
- **Cause of Death:** Multi organ failure, Acute gastroenteritis, AKI with UTI, Respiratory failure with Septic Shock

Patient 2: Name: Vidhya Bai w/o Ramdayal

- **Age/Sex:** 85/F
- **Address:** Bhagirathpura, Indore
- **Hospital:** SAIMS Hospital

AnyScanner

- **Timeline:**
  - **Admission: 22/01/2026 at 08.00 PM**
  - **Symptoms:** SOB, Abdominal pain, Fracture Right hip (Old X ray)
  - **Clinically unconscious at presentation**
  - **Death: 22/01/2026 at 10:56 PM**
- **Comorbidities:** Hypertension
- **Cause of Death:** Sepsis, Shock and Respiratory Acidosis

Patient 3: Name: Rajaram Borasi

- **Age/Sex:** 75/M
- **Address:** 997, Dargah wali Gali, Bhagirathpura, Indore
- **Hospital:** Shalby & Superspeciality Hospital
- **Timeline:**
  - **Admission:** 24/01/2026 at 9.30 AM and LAMA at 9.45 AM (Shalby Hospital) then referred to Superspeciality MYH at gasping state at 11.11 AM
  - **Symptoms:** Weakness and SOB since 2 days
  - **Clinically Crepitation, Pedal oedema, Saturation 75%**
  - **Death:** 25/01/2026 at 08.53 AM
- **Comorbidities:** Type 2 DM, Hypertension, Coronary Artery Disease
- **Cause of Death:** Cardiopulmonary Arrest, Congestive Heart failure

AnyScanner

Summary:

- **2 new death (1. Vidhya bai 85/F, 2. Rajaram 75/M) is seems to be not related to current epidemic.**
- **1 death (1. Ompmkash 63/M) is a resident of Dhar presented with gastroenteritis (inconclusive).**

S. No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1.	Inconclusive	1	Omprakash 63/M	On going through the documents provided the definitive cause of death could not be ascertained (Resident of Dhar, not Bhagirathpura) and presented with Gastroenteritis	Inconclusive
2.	Not related to current epidemic	2	Vidhya Bai 85/F Rajaram 75/M		Not related to current epidemic
	Total	3			

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Dr. Suraj Sirohi 27/01/26

Dr. Dharmanshu Chaube

Dr. Sunil Soni

Summary of Death Analysis Report (Total 28 Deaths) till date 27.01.2026

S. No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1	Already declared by CMHO due to epidemic	6	1. Urmila 60/F 2. Tara 65/F 3. Nandlal 70/M 4. Heeralal 65/M 5. Arvind Nikar* 43/M 6. Avyan 5 months/M	*Mr. Arvind Nikar 43/M – Preliminary Post-mortem report received. Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material.	Yes
2	Preliminary PM Report	1	7. Manjula 65/F	Cause of Death remains open. Final opinion regarding cause of death will be given after receiving the examination reports of preserved material.	Yes
3	Hospital/IPD Deaths	5	8. Geeta 64/F 9. Uma Kori 31/F 10. Gomti 47/F 11. Shravan 80/M 12. Bhagwan Tukaram Bharne 64/M	Probably related to current epidemic	Yes
4	Death during transit	1	13. Seema 40/F	Possibility of death due to current Gastroenteritis epidemic according to the history available	Yes
5	Home Death	3	14. Jeevan Lal 80/M 15. Ramkali 47/F 16. Harkuwar Bai 81/F		Yes
6	Inconclusive	4	17. Sumitra 55/F 18. Santosh Bigoliya 75/M	Death on 21.12.25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24.12.2025)	Inconclusive
			19 Hemant 51/M	On going through the documents provided by the SAIMS definitive cause of death could not be ascertained because patient has multiple severe co-morbidities	
			20. Omprakash 63/M	On going through the documents provided the definitive cause of death could not be ascertained (Resident of Dhar, not Bhagirathpura) and presented with Gastroenteritis	
7	Not related to Epidemic	6	21. Ashok 62/M 22. Shankarlal 75/M 23. Kamla 60/F 24. Sunita 49/F 25. Vidhya Bai w/o Ramdayal 85/F 26. Rajaram Borasi		No

8	Documents not provided	2	27. Badriprasad 28. Subhadra bai		
	Total	28			

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Dr. Suraj Sirohi 27/01/26

Dr. Dharmanshu Chaube

Dr. Sunil Saini

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2966 6/2/26

6

DEATH AUDIT AND ANALYTICAL REPORT

Date: 06/02/2026

- As per the order of dean office No. 253/steno/2026, Indore dated 03.01.2026, a committee was constituted for analysis of the current Gastroenteritis epidemic deaths occurred at Bhagirathpura, Indore, MP.
- Primary data i.e. information and documents of the deceased along with hospital case papers (wherever applicable) were provided by RD health office, Indore Division.
- Death Audit and Analytical Committee constituted by the Dean of M.G.M. Medical College, Indore has analysed the deaths on the basis of primary data provided by the RD Health office, Indore Division.

Already declared by CMHO due to Gastroenteritis epidemic (Case 1 to Case 6)

Case 1: Name- Urmila

1. **Patient Name:** Urmila
2. **Father/Husband Name:** Algu Yadav
3. **Age/Sex:** 60/F
4. **Address:** 201, Bhagirathpura, Indore
5. **Date of Admission:** Admitted on 27/12/2025 to Cloth Market Hospital
6. **History:** Loose motion, vomiting
7. **Comorbidities:** Hypertension
8. **Date & Place of Death:** 28/12/2025 in Shree Cloth Market Hospital
9. **Conclusion:** Death of Mrs. Urmila was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 2: Name- Tara

1. **Patient Name:** Tara
2. **Father/Husband Name:** Mahesh Kori
3. **Age/Sex:** 65/F
4. **Address:** 581, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** Loose motion, vomiting since 29/12/2025
7. **Comorbidities:** No
8. **Date & Place of Death:** 30/12/2025 at residence

9. **Conclusion:** Death of Mrs. Tara was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 3: Name- Nandlal

1. **Patient Name:** Nandlal
2. **Father/Husband Name:** Nathuram Pal
3. **Age/Sex:** 70/M
4. **Address:** 450, Bhagirathpura, Indore
5. **Date of Admission:** Admitted on 28/12/2025 to Verma Hospital
6. **History:** Abdominal Pain, Loose motion, vomiting since 25/12/2025
7. **Comorbidities:** No
8. **Date & Place of Death:** 30/12/2025 on the way to DNS Hospital
9. **Conclusion:** Death of Mr. Nandlal was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 4: Name- Heeralal

1. **Patient Name:** Heeralal
2. **Father/Husband Name:** Kishan Ji
3. **Age/Sex:** 65/M
4. **Address:** Sheetal Nagar, Indore
5. **Date of Admission:** NA
6. **History:** NA
7. **Comorbidities:** Hypertension
8. **Date & Place of Death:** 31/12/2025 – brought dead by relatives to UPHC Bhagirathpura
9. **Conclusion:** Death of Mr. Heeralal was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 5: Name- Arvind Nikar

1. **Patient Name:** Arvind Nikar
2. **Father/Husband Name:** Heeralal
3. **Age/Sex:** 43/M
4. **Address:** Lakshman Mali ka Khet, Kulkarni ka Bhatta, Ward 24
5. **History:** Loose motion, vomiting (multiple episodes)
6. **Comorbidities:** Nil
7. **Medical Summary:**
   - Patient was found unconscious at his home following which was immediately brought to MYH by Police man Heeralal of Police Station Pardesipura. At the time of presentation to MY hospital, patient was found to be brought dead on 31/12/2025. Following which postmortem has been done.
8. **Date & Place of Death:** 31/12/2025 – brought dead to MYH Hospital

9. **Conclusion:** Death of Mr. Arvind was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee.
10. **Note:** PM report awaited

Case 6: Name- Avyan

1. **Patient Name:** Avyan
2. **Father/Husband Name:** Sunil Sahu
3. **Age/Sex:** 6 months/M
4. **Address:** 1077, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** Loose motion
7. **Comorbidities:** No
8. **Date & Place of Death:** 29/12/2025 – brought dead at 6.00 AM to Care CHL Hospital
9. **Conclusion:** Death of Master Avyan was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 7: Name- Manjula

1. **Patient Name:** Manjula bai
2. **Father/Husband Name:** Digambar
3. **Age/Sex:** 65/F
4. **Address:** 942, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** loose motion, vomiting since 30/12/2025
7. **Comorbidities:** Breast cancer
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 30/12/2025 – brought dead to MYH hospital
10. **Conclusion:** Death related to current epidemic.
11. **Note:** PM done, reports awaited.

Case 8: Name- Geeta

1. **Patient Name:** Geeta
2. **Father/Husband Name:** Raju
3. **Age/Sex:** 64/F
4. **Address:** 69, Bhagirathpura, Indore
5. **Date of Admission:** 25/12/2025 – MYH hospital;
   - 31/12/2025 – SAIMS
6. **History:** Loose motion and Vomiting (multiple episodes) since 24/12/2025
7. **Comorbidities:** Bronchial Asthma, Diabetes mellitus
8. **Medical Summary:**
9. **Course in MY hospital:** The patient presented with complaints of loose stools and vomiting for last 2 days to MYH Emergency on 25/12/2025. At the time of admission

Case 10: Name- Shravan

1. **Patient Name:** Shravan
2. **Father/Husband Name:** Nathu
3. **Age/Sex:** 80/M
4. **Address:** Farsi wali Gali ke saamne, Jai Baba Kirane Store ke paas, Bhagirathpura, Indore
5. **Date of Admission:** 25/12/2025 – Verma hospital, then referred to MY hospital on the same day
6. **History:** Multiple episodes of loose stools, vomiting, abdominal pain, decreased urine output since 2-3 days.
7. **Comorbidities:** Renal Parenchymal Disease -grade V, Chronic Bidi smoker
8. **Medical Summary:**
   - Patient presented to Verma hospital and then referred to MY hospital on 25/12/2025 with complaints of Multiple episodes of loose stools, vomiting, abdominal pain, decreased urine output since 2-3 days. On examination, he was having hypotension with signs of hypovolemic shock. I/V fluids and I/V antibiotics, ionotropic support was started immediately. During hospital stay USG abdomen was done which was suggestive of Bilateral Renal parenchymal disease. On the basis of blood examination and other relevant reports patient was diagnosed as Chronic Kidney Disease. During the hospital stay, patient's condition gradually deteriorated and on 29/12/2025, patient suffered cardiac arrest. Despite best resuscitative efforts patient could not be revived.
9. **Cause of death:** Acute gastroenteritis, Hypovolemic shock, Acute on Chronic Kidney disease.
10. **Date & Place of Death:** 29/12/2025 – MYH Hospital
11. **Conclusion:** Death is probably due to current epidemic.

Case 11: Name- Bhagwan Tukaram Bharne

- **Patient Name:** Bhagwan Bharne
- **Father/Husband Name:** Tukaram
- **Age/Sex:** 64/M
- **Address:** 909, Bhagirathpura, Indore
- **Date of Admission:** Admitted to Shalby Hospital on 31/12/2025 to 03/01/2026, shifted to Bombay Hospital on 03/01/2026
- **History:** Gastroenteritis, Watery Diarrhea, Fever, Abdominal Pain since 30/12/2025
- **Comorbidities:** Diabetes, Post-CABG (2022)
- **Medical Summary:**
  - **Course in Shalby Hospital:** Patient initially admitted to Shalby hospital with complaint of severe diarrhoea associated with nausea and vomiting where he was diagnosed as acute gastro-enteritis with AKI with metabolic

the patient was hypotensive, I/V fluids and antibiotics and other supportive care was given. Patient responded to the treatment and was discharged on 27/12/2025 from MY hospital.

Course in SAIMS: The patient was admitted on December 31, 2025, with severe vomiting and diarrhea (10–20 episodes a day), leading to Severe Dehydration and Acute Gastroenteritis (AGE).

- Her condition rapidly deteriorated to Multi-Organ failure and Septic Shock.
- She developed Acute Kidney Injury (AKI) requiring hemodialysis and Right Lower Lobe Pneumonia, which caused respiratory distress.
- She was placed on a ventilator and inotropes like Noradrenaline and Vasopressin to maintain her blood pressure.
- During treatment, she suffered a pneumothorax and experienced multiple cardiac arrests.
- Despite Cardiopulmonary Resuscitation and all possible efforts, cardiac arrest occurred and was declared dead at 8:32 AM on February 2, 2026.

10. **Cause of death:** Acute Gastroenteritis/Septic shock/MODS/Rt lower lobe pneumonia/Right Pneumothorax.
11. **Date & Place of Death:** 02/01/2026 – SAIMS
12. **Conclusion:** Death is probably related to current epidemic.

Case 9: Name- Gomti

1. **Patient Name:** Gomti Rawat
2. **Father/Husband Name:** Gopal Singh
3. **Age/Sex:** 47/F
4. **Address:** Bhagirathpura, Indore
5. **Date of Admission:** 25/12/2025 – MY hospital
6. **History:** Loose motion, vomiting, altered sensorium since 24/12/2025
7. **Comorbidities:** Uncontrolled RBS, Hypothyroidism.
8. **Medical Summary:**
   - Patient presented to MY hospital with complaints of multiple episodes of loose motion, vomiting, followed by bodyache and abdominal pain. On 25/12/2025 morning, she developed altered sensorium for which she was brought to hospital. At the time of admission, GCS was poor with Hypovolemic shock, Metabolic encephalopathy. During the hospital stay she was diagnosed as Uncontrolled Diabetes for which insulin infusion was started along with I/V antibiotics and other life supportive care medication.
   - Patient's condition did not improved and her condition gradually deteriorated. Despite best resuscitative efforts she could not be revived.
9. **Cause of death:** Acute gastroenteritis with hypovolemic shock with Sepsis
10. **Date & Place of Death:** 26/12/2025 – MYH Hospital
11. **Conclusion:** Death is probably due to current epidemic.

- **Course in SAIMS:** Patient presented with complains of shortness of breath, loose motion and vomiting, weight loss, generalized weakness since 7-8 days before admission. Treatment was started and investigation was done, as the conditions remain critical, ionotropic support was started on 17/01/2026. On 21/01/2026, condition further deteriorated and Patient was put on ventilatory support. On 23/01/2026, patient got cardiac arrest and despite best efforts of resuscitation he could not be revived.
- 2D ECHO was suggestive of Heart failure with ejection fraction of 35%.

9. **Cause of death:** Cardiogenic shock, Ventricular fibrillation and Respiratory failure, Sepsis, Miliary TB, CAD, Hypertension, Diabetes
10. **Date & Place of Death:** 23/01/2026 at 12.56 PM – at SAIMS
11. **Conclusion:** Death probably related to current epidemic.

Case 13: Name- Eknath Suryawanshi

1. **Patient Name:** Eknath Suryawanshi
2. **Father/Husband Name:** NA
3. **Age/Sex:** 65/M
4. **Address:** 589, Nayi Basti, Bhagirathpura, Indore
5. **Date of Admission:** 30/12/2025 to 03/01/2026 – Shalby Hospital
   - 03/01/2026 to 29/01/2026 – Bombay Hospital
6. **History:** multiple episodes of loose motion, vomiting for 1 day
7. **Comorbidities:** No
8. **Medical Summary:**
   - **Course in Shalby Hospital:** Patient presented with above mentioned complain. At the time of admission, he was hypotensive and hypoxic. I/V fluids and I/V antibiotics with supportive care were started. Investigations were suggestive of Metabolic acidosis with dyselectrolytemia for which hemodialysis was done on 02/01/2026. In view of persistent deterioration the patient was referred to Bombay Hospital.
   - **Course in Bombay Hospital:** patient was admitted to Bombay Hospital Indore, on arrival patient was dull, drowsy. On examination R/S: b/l wheeze, crepts +, P/A: soft, distended, bs+, all relevent investigation done, ABG done s/o metabolic acidosis and seen by nephrologist and planned for haemodialysis, opinion of gastroenterologist taken a treatment optimized accordingly.
   - USG KUB done suggestive of bilateral raised cortical echogenicity maintained cortico-medullary junction, had sudden episode of bradycardia f/b arrest, immediately attained and CPR started according to ACLS protocol, I/V adrenaline given, intubated and taken on mechanical ventilatory support, patient revived after approx. 5 minute of CPR, post return of spontaneous ventilation myoclonic jerks present, GCS: E1Vtm, neurologist opinion taken and started on neuroprotective medications, tracheostomized on 7-1-2025, EEG done s/ non-convulsive status epilepticus, generalised epileptiform

acidosis with sepsis. He underwent cardiac arrest and CPR done, patient revived but his GCS is on lower side - E1VTM2, then reffered to BHI for further management.

- **Course in Bombay Hospital:** He was started with antibiotics, Lasix, anticonvulsants, antacid along with other supportive treatment and taken on mechanical ventilation. A neurology opinion taken in view of low GCS E1VTM2 and MRI brain done s/o hypoxic ischemic encephalopathy. A nephro opinion is taken i.v.o AKI and advise followed. A plastic surgeon opinion taken i.v.o diabetic foot and dressing done and advise followed. He continued to remain critical and continued on supportive treatment.
- 2D Echo done s/o severe LV dysfunction (LVEF-15%). ENT reference is given for tracheostomy and tracheostomy done. USG abdomen done shows non visualisation of left kidney in left renal fossa ? Agenesis ?? Atrophic. He continued to remain critical with GCS persistent on lower side and continued with supportive treatment. On 12/01/26 at around 06:45 AM he goes in sudden bradycardia hence CPR started according to ACLS protocol but he could not revived, an ECG was taken at around 07:32 AM which shows flat line and he was declared dead.

- **Cause of death:** Sepsis with septic shock, Severe metabolic acidosis, Acute GE, Hypoxic Encephalopathy, Severe LV dysfunction.
- **Date & Place of Death:** 12/01/2026 – Bombay Hospital

Case 12: Name- Badriprasad

1. **Patient Name:** Badriprasad
2. **Father/Husband Name:** Narmada Prasad
3. **Age/Sex:** 63/M
4. **Address:** 367/3, Bhagirathpura, Indore
5. **Date of Admission:** 06/01/2026 to 15/01/2026 – MYH hospital, then admitted in SAIMS on 16/01/2026.
6. **History:**
   - Fever, cough, loose motion and vomiting for 5 days – in MYH hospital
   - Shortness of breath, loose motion and vomiting, Ghabrahat, Fever, Weight loss, generalized weakness since 7-8 days before admission to SAIMS
7. **Comorbidities:** Coronary Artery Disease, Hypertension, Post PTCA status, Chronic tobacco chewer
8. **Medical Summary:**
   - **Course in MYH hospital:** Patient presented to MYH hospital with complaints of Fever with chills, loose motion and vomiting. He also had complains of productive cough for last 4-5 days On examination and investigations, patient was found to have acute viral hepatitis (IgM HAV positive) and Miliary Tuberculosis. Anti-tuberculosis drugs and other supportive treatment was started and patient was discharged on 15/01/2026.

9

1. **Patient Name:** Uma Kori
2. **Father/Husband Name:** Bihari Kori
3. **Age/Sex:** 31/F
4. **Address:** Bhagirathpura, Indore
5. **History:** Loose motion, vomiting – multiple episodes
6. **Comorbidities:** Nil
7. **Medical Summary:**
    a. Patient had complains of loose motion, vomiting (multiple episodes). On 28/12/2025, for these complains patient was taken to SAIMS hospital Emergency. On examination, patient's pulse and BP was not recordable and both pupils were fixed and dilated. An ECG was done which showed a flat line. Patient was declared brought dead to the hospital.
8. **Cause of death:** Acute gastroenteritis.
9. **Date & Place of Death:** 29/12/2025 – brought dead to SAIMS
10. **Conclusion:** Death is probably related to current epidemic

Case 16: Name- Seema

1. **Patient Name:** Seema
2. **Father/Husband Name:** Gaurishankar
3. **Age/Sex:** 50/F
4. **Address:** 1051, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** loose motion, vomiting since 29/12/2025
7. **Comorbidities:** No
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 29/12/2025 – brought dead to Dr. Pandey's Clinic
10. **Conclusion:** Death related to current epidemic.

Case 17: Name- Jeevanlal

1. **Patient Name:** Jeevanlal Barde
2. **Father/Husband Name:** Nagjiram
3. **Age/Sex:** 80/M
4. **Address:** 640/1, Bhagirathpura, Indore
5. **Date of Admission:** No
6. **History:** loose motion, vomiting since 27/12/2025
7. **Comorbidities:** No
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 28/12/2025 – at Residence.
10. **Conclusion:** Death related to current epidemic.

discharges and antiepileptics started accordingly, gradual urine output improves and creatinine decrease, but his neurological status remained critical despite continuous supportive treatment GCS (E1VtM1). Patient is taken on ionotropic support for hypotension which gradually tapered off. Despite critical condition, relatives took the patient to home and discharged against medical advice.

9. **Cause of death:** Acute gastroenteritis with Acute kidney injury with hypoxic ischemic encephalopathy.
10. **Date & Place of Death:** 30/01/2026 – at Residence
11. **Conclusion:** Death probably related to current epidemic.

Case 14: Anita Kushwah

1. **Patient Name:** Anita Kushwah
2. **Father/Husband Name:** Champalal
3. **Age/Sex:** 65/F
4. **Address:** 342, Bhagirathpura, Indore
5. **Date of Admission:** 02/01/2026 – SAIMS; 04/01/2026 – Bombay Hospital
6. **History:** Loose motion (multiple episodes) and vomiting since 29/12/2025
7. **Comorbidities:** Hypertension
8. **Medical Summary:**
   - Patient had complains of loose motion, vomiting (multiple episodes) since 29/12/2025 and was admitted in SAIMS on 02/01/2026 or the same. Then she was referred to Bombay Hospital on 04/01/2026 with kidney failure and decrease urine output. Biochemical examination shows, increased WBC, raised Creatinine and stool culture showed E.coli (08/01/2026). Nephrologist opinion has been taken and twice weekly hemodialysis was started. On 19/01/2026, patient had an episode of seizures, followed by cardiac arrest. CPR was done and patient was revived and put on Ventilatory support. Patient developed progressive muscle weakness for which Neurologist reference was taken. Gradually she improved and was extubated. After couple of days, her condition deteriorated and developed breathlessness. Xray chest was done suggestive of Left sided consolidation. Pulmonologist reference was taken and the patient was kept on mechanical ventilatory support and ionotropic support. Patient had cardiac arrest on 01/02/2026, CPR was initiated but could not be revived.
9. **Cause of death:** Acute gastroenteritis, Pneumonia with Septic shock, Multi organ failure, AKI, Cardiac arrest
10. **Date & Place of Death:** 01/02/2026 – at Bombay hospital
11. **Conclusion:** Death is probably related to current epidemic

Case 15: Name- Uma Kori

Case 21: Name- Sumitra

1. **Patient Name:** Sumitra
2. **Father/Husband Name:** NA
3. **Age/Sex:** 55/F
4. **Address:** Resident of Bihar – visited her Son residing in Bhagirathpura
5. **History:** Loose motion, vomiting since 21/12/2025
6. **Comorbidities:** No
7. **Medical Summary:**
   - As per the information collected by the relatives of the deceased, the patient had complaints of loose motion and vomiting since 21/12/2025.
8. **Cause of death:** Acute gastroenteritis.
9. **Date & Place of Death:** 21/12/2025 – at Residence, at Bhagirathpura
10. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as death occurred on 21.12.25 and as per declaration provided by Epidemiological investigation report, epidemic started on 24.12.2025

Case 22: Name- Santosh Bigoliya

1. **Patient Name:** Santosh Bigoliya
2. **Father/Husband Name:** Shri Kalyan
3. **Age/Sex:** 75/M
4. **Address:** 997, Dargah wali gali, Bhagirathpura, Indore
5. **History:** Loose motion, vomiting since 22/12/2025
6. **Comorbidities:** Bidi Smoker
7. **Medical Summary:**
   - For complaints of vomiting and loose motion, patient was taken to Dr. Vinod Pandey's clinic on 22/12/2025 and 23/12/2025. As symptoms persisted and patient was not relieved, he was taken to MYH hospital on 24/12/2025, but died on the way to the hospital following which the deceased was taken back to his home.
8. **Cause of death:** Acute gastroenteritis with hypovolemic shock
9. **Date & Place of Death:** 24/12/2025 – on the way to the hospital
10. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as symptoms started on 22/12/2025 and as per declaration provided by Epidemiological investigation report, epidemic started on 24.12.2025

Case 23: Name- Hemant

1. **Patient Name:** Hemant
2. **Father/Husband Name:** Govind
3. **Age/Sex:** 51/M
4. **Address:** Police Choki Wali Gali 81, Bhagirathpura, Indore
5. **Date of Admission:** 08/01/2026 – SAIMS

Case 18: Name- Ramkali

1. **Patient Name:** Ramkali
2. **Father/Husband Name:** Jagdish
3. **Age/Sex:** 47/F
4. **Address:** 434, Bhagirathpura, Indore
5. **Date of Admission:** No
6. **History:** loose motion, vomiting since 28/12/2025
7. **Comorbidities:** H/o Paralysis, Tobacco chewer
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 28/12/2025 – at Residence.
10. **Conclusion:** Death related to current epidemic.

Case 19: Name- Harkunwar Bai

1. **Patient Name:** Harkunwar Bai
2. **Father/Husband Name:** Ratanlal
3. **Age/Sex:** 81/F
4. **Address:** 1006, Kulkarni Nagar, Indore
5. **Date of Admission:** No
6. **History:** Loose motion, vomiting, fever since 28/12/2025
7. **Comorbidities:** Hypertension
8. **Medical Summary:** took medicines from Medical store – as symptoms persisted went to a local doctor on 31/12/2025 where medication and I/V fluid were given. Again went to the same doctor on 01/01/2026.
9. **Cause of Death:** Acute Gastroenteritis
10. **Date & Place of Death:** 02/01/2026 – at Residence.
11. **Conclusion:** Death related to current epidemic.
12. **Note:** Patient Harkuwar bai, came to visit her daughter at 457, Bhagirathpura, near government school (21.12.2025 to 29.12.2025).

Case 20: Name- Khubchand

1. **Patient Name:** Khubchand
2. **Father/Husband Name:** Gannudas
3. **Age/Sex:** 74/M
4. **Address:** 757, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** loose motion, vomiting since 25/01/2026
7. **Comorbidities:** Paralysis for 7-8 years
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 27/01/2026 – at Residence
10. **Conclusion:** Death related to current epidemic.

11. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as the patient is resident of Dhar, as per the hospital records available and not of Bhagirathpura – where the current gastrointestinal epidemic took place.

Case 25: Name- Ashok Panwar

1. **Patient Name:** Ashok Panwar
2. **Father/Husband Name:** Motilal
3. **Age/Sex:** 62/M
4. **Address:** 142, Bhagirathpura, Indore
5. **History:** H/O fall on ground, followed by Chest pain, Ghabrahat, Shortness of breath, Altered sensorium since 22/12/2025
6. **Comorbidities:** Hypertension, Cerebrovascular Accident, Chronic Alcoholic
7. **Medical Summary:**
   - Patient Ashok, on 20/12/2025 had history of fall associated with loss of speech, weakness of all four limbs and urinary incontinence followed by altered sensorium. He presented to MYH Emergency on 24/12/2025.
   - I/V fluids and I/V antibiotics and supportive care was started.
   - Blood investigations and clinical examination was suggestive of Hypernatremia and Chronic kidney disease.
   - CT Head was done which was suggestive of Acute Hemorrhagic Stroke – Left Basal ganglia bleed.
   - On 25/12/2025, patient suffered Cardiopulmonary arrest but despite best resuscitative effort patient could not be revived.
8. **Cause of death:** Intracranial Bleed, Chronic Kidney Disease, Cardiopulmonary arrest
9. **Date & Place of Death:** 25/12/2025 – MYH Hospital
10. **Conclusion:** Death is probably not related to current epidemic.

Case 26: Name- Shankarlal

1. **Patient Name:** Shankarlal
2. **Father/Husband Name:** Bherulal
3. **Age/Sex:** 75/M
4. **Address:** 897, Bhagirathpura, Indore
5. **Date of Admission:** 27/12/2025 – Verma Hospital; 29/12/2025 – Cloth Market Hospital
6. **History:** Shortness of breath, Ghabrahat, Difficulty in urination
7. **Comorbidities:** Known case of Chronic Obstructive Pulmonary Disease, Fracture Right Tibia, Bhang addiction
8. **Medical Summary:**
   - Patient presented to Verma Hospital on 27.12.2025 with difficulty in urination and shortness of breath (also h/o fracture right tibia, duration – not known).

6. **History:** Bilateral lower limb weakness since 3 days, Shortness of breath for 1 day. Loose motion, vomiting 8-9 days back, got resolved on primary treatment prior to the admission.
7. **Comorbidities:** Type 2 Diabetes, Renal Cell Carcinoma with Left Diabetic foot
8. **Medical Summary:**
   - Patient came to SAIMS Emergency room with complaints of Bilateral lower limb weakness since 3 days, Shortness of breath for 1 day. Investigations were done, which was suggestive of anaemia and sepsis and dyselectrolytemia.
   - On examination, patient was found to have left diabetic foot with non- healing ulcer. I/V antibiotics and other supportive care were given.
   - USG guided biopsy suggested of Renal Cell Carcinoma and Venous doppler right lower limb suggestive of Cellulitis. Blood culture showed *Staphylococcus aureus* and pus culture grew *Morganella morganii*. Deranged renal function with Creatinine 4.53; underwent 3 cycles of hemodialysis.
9. **Cause of death:** Cardiopulmonary Arrest, Sepsis, AKI, Renal Cell Carcinoma
10. **Date & Place of Death:** 20/01/2026 – SAIMS
11. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as ongoing through the documents provided by the SAIMS definitive cause of death could not be ascertained as patient had history of Acute gastroenteritis 8 days before admission to SAIMS but patient also had metastatic Renal cell Carcinoma with Sepsis.

Case 24: Name- Omprakash Sharma

1. **Patient Name:** Omprakash Sharma
2. **Father/Husband Name:** NA
3. **Age/Sex:** 69/M
4. **Address:** C10, Shiv Vihar Colony, Dhar
5. **Date of Admission:** 01/01/2026 – Bombay Hospital
6. **History:** Loose motion 5-6 times since 1 day, altered sensorium since 1 day and oral ulcer for last 12 days before admission
7. **Comorbidities:** Hypertension, recently diagnosed Normal Pressure Hydrocephalus
8. **Medical Summary:**
   - Patient presented with the complaints of Loose motion 5-6 times since 1 day, altered sensorium since 1 day and oral ulcer for last 12 days before admission. On examination, he was found to have penile ulcer. ENT & Urology referral was done. His condition remain critical. In view of desaturation and hypotension, ventilatory and ionotropic support was started. On 04/01/2026 morning, this conditions further deteriorated and he suffered cardiac arrest. Despite best resuscitative efforts he could not be revived.
9. **Cause of death:** Multiorgan failure, AKI with UTI, with Acute gastroenteritis, Respiratory failure, Sepsis with septic shock
10. **Date & Place of Death:** 04/01/2026 – Bombay Hospital

4. **Address:** Bhagirathpura, Indore
5. **History:** Vomiting (1-2 episodes) since 1 day, blood tinged sputum since 1 day and shortness of breath since 1 day of admission.
6. **Comorbidities:** CKD Stage V (Not on Hemodialysis), Hypothyroidism, Asthma, Valvular Heart disease, Heart failure.
7. **Medical Summary:**
   - Patient presented to MYH Hospital on 07/01/2026 and treatment was started in form of I/V fluids and I/V antibiotics with other supportive care.
   - On admission she was hemodynamically stable (Pulse 86/min, BP 140/80mmHg, SpO2 98% on RA, RBS 108 mg/dL)
   - Investigations showed severe anaemia: Hb 6.7, advanced renal failure (S. Creatinine upto 9.55 mg/dL, Urea 299 mg/dL).
   - During hospital stay, she underwent one haemodialysis session; developed status epilepticus during the second session, which was treated with midazolam, phenytoin, and levetiracetam, and she was intubated and started on midazolam infusion.
   - Gradually condition deteriorated, taken on ventilatory and ionotropic support. Patient suffered cardiac arrest despite resuscitative efforts could not be revived.
8. **Cause of death:** Uremic encephalopathy, CKD Stage V, Heart failure, Hypothyroidism with Shock
9. **Date & Place of Death:** 10/01/2026 – at MYH Hospital
10. **Conclusion:** Death is probably not due to current epidemic.

Case 29: Name- Vidhya Bai Yadav

1. **Patient Name:** Vidhya Bai Yadav
2. **Father/Husband Name:** Ramdayal Yadav
3. **Age/Sex:** 85/F
4. **Address:** Bhagirathpura, Indore
5. **History:** Shortness of breath, Abdominal pain.
6. **Comorbidities:** Hypertension, Fracture Right Hip.
7. **Medical Summary:**
   - Patient presented to SAIMS Emergency on 22/01/2026 at 8.55 PM. On examination, patient had Bradycardia with Non-recordable blood pressure. I/V fluids & other supportive care was given. Patient suffered cardiac arrest for which CPR was given but patient could not be revived back. ECG was done which showed flat lines.
8. **Cause of death:** Shock, Sepsis, Septicemia, Asthma, Respiratory Acidosis
9. **Date & Place of Death:** 22/01/2026 – at SAIMS Hospital
10. **Conclusion:** Death is probably not related to current epidemic.

- Admitted to Cloth Market Hospital on 29/12/2025 with similar complaints, treatment in form of I/V fluid and I/V antibiotics were started, as the condition deteriorated, the patient was put on ventilatory and ionotropic support.
- USG suggestive of hepatomegaly with ileocaecal, Large bowel oedema. Aanemia- Hb: 9.5 gm/dl, TLC: 13,200
- Urine R/M showed Pus cells- 10-12
- Sodium: 125 mEq/L (low), Chloride: 94 mEq/L (low)

9. **Cause of death:** Cardiorespiratory arrest with Septicemia
10. **Date & Place of Death:** 30/12/2025 – Shree Indore Cloth Market Hospital
11. **Conclusion:** Death not related to current epidemic.

Case 27: Name- Kamla

1. **Patient Name:** Kamla
2. **Father/Husband Name:** Tulsiram
3. **Age/Sex:** 60/F
4. **Address:** R/O Jiven Ki Phel, Indore
5. **History:** Vomiting (2–3 episodes/day for 5 days), Non passage of faeces and urinesince 2 days, ghabrahat, shortness of breath since 3 days, abdominal pain, altered sensorium since 3 days.
6. **Comorbidities:** Nil
7. **Medical Summary:**
   - Patient presented to MYH Hospital on 07/01/2026, with above mentioned complaints. On examination, patient had neck rigidity and kernig's sign positive. Patient also had complaints of Renal failure on the basis of reports and examination. Treatment was started and investigations were done. Hemodialysis was done. Condition gradually detenorated, patient was intubated and ventilatory and ionotropic support was started. Despite best resuscitative efforts patient could not be revived.
   - USG finding shows Bilateral Renal Parenchymal disease - CKD
   - **Labs:** Hb: 6.3–6.4 g/dL, TLC: 16,000–16,500/mm^3, Platelets: 159,000 → 129,000/mm^3, Urea: 270 → 249 mg/dL, Creatinine: 6.96 → 7.54 mg/dL, Uric acid: 15.8 → 17 mg/dL, SGOT: 512 → 490 U/L, SGPT: 141 → 160 U/L, ALP: 450 → 531 U/L, Ferritin: ~7530 ng/mL, PTH: ~1086 pg/mL, Low Vitamin D, Hypoalbuminemia, Electrolyte imbalance
8. **Cause of death:** Uremic encephalopathy with CKD with Severe metabolic acidosis
9. **Date & Place of Death:** 09/01/2026 – at MYH Hospital
10. **Conclusion:** Death is probably not due to current epidemic.

Case 28: Name- Sunita

1. **Patient Name:** Sunita
2. **Father/Husband Name:** Satish
3. **Age/Sex:** 49/F

10. **Date & Place of Death: 18/01/2026 – at Metro Hospital**
11. **Conclusion:** Death not related to current epidemic.

Case 32: Laxmi Rajak

1. **Patient Name:** Laxmi Rajak
2. **Father/Husband Name:** NA
3. **Age/Sex: 74/F**
4. **Address:** 419/3, Bhagirathpura, Indore
5. **Date of Admission:** 27/01/2026 – CHL Hospital (Scheme 114)
6. **History:** Generalized weakness and Abdominal pain radiating to back since 4-5 days, Cold, cough and fever for 2 days before admission on 26/01/2026
7. **Comorbidities:** Diabetes, Hypertension
8. **Medical Summary:**
   - Patient presented for weakness, abdominal pain and Cough and cold, the patient took treatment from Local physician but could not get relieved. So, patient went to CHL hospital (114) and treatment was started on 27/01/2026 morning. She developed Type I Respiratory failure with Metabolic acidosis and Acute Kidney injury, dyselectrolytemia for which hemodialysis was started, in view of respiratory distress non-invasive ventilatory support was started. On 10.30 AM patient developed Atrial fibrillation for which treatment was initiated. Patient's condition deteriorated further at 10 PM, CPR was done but despite best resuscitative efforts patient could not be revived.
9. **Cause of death:** LRTI with Type I Respiratory failure, Urosepsis, AKI, Septicemia, Multiorgan dysfunction, Atrial fibrillation
10. **Date & Place of Death:** 27/01/2026 – at Care CHL Hospital (Scheme 114)
11. **Conclusion:** Death not related to current epidemic.

Case 30: Rajaram Borasi

1. **Patient Name:** Rajaram Borasi
2. **Father/Husband Name:** Omkarlal
3. **Age/Sex:** 75/M
4. **Address:** Bhagirathpura, Indore
5. **Date of Admission:** 24/01/2026 – Shalby Hospital – took LAMA and went to Superspeciality MYH hospital on same day.
6. **History:** Weakness and Shortness of breath since 2-3 days
7. **Comorbidities:** Type 2 Diabetes, Hypertension, Coronary Artery Disease – Double Vessel Disease
8. **Medical Summary:**
   - Patient presented to Shalby hospital on 24/01/2026 at 9.30 AM with Cardiac failure, hypoxia and tachypnea. Here, primary management was done and patient was immediately taken to Superspeciality hospital, MGM Medical College. Patient reached the casualty of Superspeciality hospital in gasping state, shifted to Cardiac ICU, immediately CPR was started but patient cannot be revived.
   - ECHO finding suggestive of LVEF 20-25%, RA/RV dilated, mild AR, mild MR.
9. **Cause of death:** Acute diastolic Heart Failure with old Coronary artery disease.
10. **Date & Place of Death:** 24/01/2026 – MYH Superspeciality Hospital
11. **Conclusion:** Death not related to current epidemic.

Case 31: Subhadra Bai

1. **Patient Name:** Subhadra Bai
2. **Father/Husband Name:** Basant Panwar
3. **Age/Sex:** 78/F
4. **Address:** 592, Bhagirathpura, Indore
5. **Date of Admission:** 09/01/2026 – Metro Hospital
6. **History:** Shortness of breath (7 days), Abdominal pain (4 days) Swelling in B/L upper and lower limbs (10 days), Body ache (12 days), burning micturition (7 days), Generalized weakness (7 days) before admission.
7. **Comorbidities:** Hypertension, Hypothyroidism
8. **Medical Summary:**
   - Patient present with the above mentioned complains and investigations were done. Patient was desaturated, I/V antibiotics and fluid support was started with oxygenation. Patient remained dull and drowsy and hemodynamically unstable for which ionotropes were started. During the hospital stay, condition further deteriorated with dyselectrolytemia and acute kidney injury. The patient then went to Cardiac failure, sepsis and multiorgan failure and despite efforts of resuscitation he could not be revived.
9. **Cause of death:** Congestive Cardiac Failure, Cardiomyopathy, Sepsis, Multiorgan failure

1	Not related to Epidemic	8	25. Ashok 62/M 26. Shankarlal 75/M 27. Kamla 60/F 28. Sunita 49/F 29. Vidhya Bai 85/F 30. Rajaram Borasi 75/M 31. Subhadra bai 78/F 32. Laxmi Rajak 74/F	Cause of death in this patient probably is not due to current Gastroenteritis epidemic as per the hospital records available.	No
	Total	32			

Summary of Death Analysis Report (Total 32 Deaths) till date 06.02.2026

S No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1	Already declared by CMHO due to epidemic	6	1. Urmila 60/F 2. Tara 65/F 3. Nandlal 70/M 4. Heeralal 65/M 5. Arvind Nikar* 43/M 6. Avyan 6 months/M	*Mr. Arvind Nikar: PM done, report awaited.	Yes
2	Preliminary PM Report	1	7. Manjula 65/F	PM done, report awaited.	
3	Hospital/IPD Deaths	7	8. Geeta 64/F 9. Gomti Rawat 47/F 10. Shravan 80/M 11. Bhagwan Bhame 64/M 12. Badriprasad 63/M 13. Eknath Suryawanshi 65/M 14. Anita Kushwah 65/F	Probably related to current epidemic	
4	Death during transit	2	15. Uma Kori 31/F 16. Seema 60/F	Possibility of death due to current Gastroenteritis epidemic according to the history available	
5	Home Death	4	17. Jeevan Lal 80/M 18. Ramkali 47/F 19. Harkuwar Bai 81/F 20. Khubchand 74/M		
6	Inconclusive	4	21. Sumitra 55/F	Death on 21/12/25 (As per declaration provided by Epidemiological investigation report given by committee, epidemic started on 24/12/2025)	Inconclusive
			22. Santosh Bigoliya 75/M	Death due to this Gastroenteritis epidemic remains inconclusive as symptoms started on 22/12/2025 & death occurred on 24/12/2025 (as per declaration provided by Epidemiological investigation report, epidemic started on 24/12/2025)	
			23. Hemant 51/M	On going through the documents provided by the SAIMS definitive cause of death could not be ascertained because patient has multiple severe co-morbidities	
			24. Omprakash 69/M	Resident of Dhar, not Bhagirathpura, as per documents provided to committee	

**We have used "INCONCLUSIVE" word in death analysis of 4 patients (1. Sumitra, 2. Santosh, 3. Hemant, 4. Omprakash), which has literal meaning not leading to definite decision or result.

INCONCLUSIVE term was used in the report for those few cases where cause of death was not directly attributed to the outbreak/epidemic event on the basis of time/place/person.

Since their reported symptoms were mimicking diarrheal manifestation in variable intensity, they cannot be absolutely refuted from it and that's why they are part of the list categorised as 'Inconclusive'.

To elaborate it further, one patient had severe co-morbidity i.e. was suffering from fatal renal cancer at an advanced stage, which in itself could be an independent cause of death in this case. Thus, was given categorisation of 'Inconclusive'.

One case was not a resident of the outbreak/epidemic area, in fact he was a resident of Dhar arrived in Indore, got symptoms and succumbed to death. His connectivity to the outbreak/epidemic area was not established as per the information given to the committee, therefore had been categorised as 'Inconclusive'.

As per the universally accepted scientific procedure, in investigation of an outbreak/epidemic of any infectious disease, by rule, a primary case has to be searched, who supposedly first extracted the infection. Many times the primary case is not feasible to be found, in that situation, an index case is identified. This is the first case of the area who had presented with the symptoms. All the cases with the same symptoms after this index case are included in the outbreak/epidemic. Two cases had older history and died before the index case, hence were not included in the count of outbreak/epidemic affected persons. However, since the primary case could not be recognised, they are part of the list and categorised as 'Inconclusive'.

06/02/26

Dr. Sanjay Dubey

06/02/26

Dr. Akhilesh Pratap Singh Tomar

06/02/26

Dr. Suraj Sirohi

Dr. Dharmanshu Chaube

Dr. Sunil Soni

Name of Deceased	Remarks	Death probably related to epidemic
1. Urmila 60/F 2. Tara 65/F 3. Nandlal 70/M 4. Heeralal 65/M 5. Arvind Nikar* 43/M 6. Avyan 5 months/M 7. Manjula 65/F* 8. Geeta 64/F 9. Gomti 47/F 10. Shravan 80/M 11. Bhagwan Sharma 64/M 12. Badriprasad 69/M 13. Eknath Suryawanshi 65/M 14. Anita Kushwah 65/F 15. Uma Kori 31/F 16. Seema 40/F 17. Jeevan Lal 80/M 18. Ramkali 47/F 19. Harkuwar Bai 81/F 20. Khubchand 74/M	Cause of death probably related to current Gastroenteritis epidemic *Note: Decease name Manjula 65/F (Serial No. 7) PM done, report awaited.	Yes
21. Sumitra 55/F	Death on 21/12/25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24/12/2025)	Inconclusive
22. Santosh Bigoliya 75/M	Death due to this Gastroenteritis epidemic remains inconclusive as symptoms started on 22/12/2025 & death occurred on 24/12/2025 (as. per declaration provided by Epidemiological investigation report, epidemic started on 24/12/2025	
23. Hemant 51/M	Cause of death due to this Gastroenteritis epidemic remains inconclusive as ongoing through the documents provided by the SAIMS definitive cause of death could not be ascertained because patient had metastatic Renal cell Carcinoma with Sepsis.	
24. Omprakash 69/M	Cause of death due to this Gastroenteritis epidemic remains inconclusive as the patient is resident of Dhar, as per the hospital records available and not of Bhagirathpura – where the current gastrointestinal epidemic took place.	
25. Ashok 62/M	Intracranial Bleed, Cardiopulmonary arrest	No
26. Shankarlal 76/M	Cardiorespiratory arrest with Septicemia/Cardiopulmonary Shock/Anaemia/Hyponatremia	
27. Kamla 60/F	Uremic encephalopathy with CKD with Severe metabolic acidosis	
28. Sunita 49/F	Uremic encephalopathy, CKD Stage V, Heart failure, Hypothyroidism with Shock	
29. Vidhya Bai 85/F	Shock, Sepsis, Septicemia, Asthma, Respiratory Acidosis	
30. Rajaram Borasi 76/M	Acute diastolic Heart Failure with old Coronary artery disease.	
31. Subhadra bai 78/F	Congestive Cardiac Failure, Cardiomyopathy, Sepsis, Multiorgan failure	
32. Laxmi Rajak 74/F	LRTI with Type I Respiratory failure, Urosepsis, AKI, Septicemia, Multiorgan dysfunction, Atrial fibrillation	

In the previous submitted report, the death of Mr. Santosh was wrongly mentioned due to typographic error.

9. **Conclusion:** Death of Mrs. Tara was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 3: Name- Nandlal

1. **Patient Name:** Nandlal
2. **Father/Husband Name:** Nathuram Pal
3. **Age/Sex:** 70/M
4. **Address:** 450, Bhagirathpura, Indore
5. **Date of Admission:** Admitted on 28/12/2025 to Verma Hospital
6. **History:** Abdominal Pain, Loose motion, vomiting since 25/12/2025
7. **Comorbidities:** No
8. **Date & Place of Death:** 30/12/2025 on the way to DNS Hospital
9. **Conclusion:** Death of Mr. Nandlal was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 4: Name- Heeralal

1. **Patient Name:** Heeralal
2. **Father/Husband Name:** Kishan Ji
3. **Age/Sex:** 65/M
4. **Address:** Sheetal Nagar, Indore
5. **Date of Admission:** NA
6. **History:** NA
7. **Comorbidities:** Hypertension
8. **Date & Place of Death:** 31/12/2025 – brought dead by relatives to UPHC Bhagirathpura
9. **Conclusion:** Death of Mr. Heeralal was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 5: Name- Arvind Nikar

1. **Patient Name:** Arvind Nikar
2. **Father/Husband Name:** Heeralal
3. **Age/Sex:** 43/M
4. **Address:** Lakshman Mali ka Khet, Kulkarni ka Bhatta, Ward 24
5. **History:** Loose motion, vomiting (multiple episodes)
6. **Comorbidities:** Nil
7. **Medical Summary:**
   - Patient was found unconscious at his home following which was immediately brought to MYH by Police man Heeralal of Police Station Pardesipura. At the time of presentation to MY hospital, patient was found to be brought dead on 31/12/2025. Following which postmortem has been done.
8. **Date & Place of Death:** 31/12/2025 – brought dead to MYH Hospital

M.G.M. No. 31/68 Dated 10/2/26

Death audit committee 10/2/2026

(7)

1

DEATH AUDIT AND ANALYTICAL REPORT

Date: 09/02/2026

- As per the order of dean office No. 253/steno/2026, Indore dated 03.01.2026, a committee was constituted for analysis of the current Gastroenteritis epidemic deaths occurred at Bhagirathpura, Indore, MP.
- Primary data i.e. information and documents of the deceased along with hospital case papers (wherever applicable) were provided by RD health office, Indore Division.
- Death Audit and Analytical Committee constituted by the Dean of M.G.M. Medical College, Indore has analysed the deaths on the basis of primary data provided by the RD Health office, Indore Division.

Already declared by CMHO due to Gastroenteritis epidemic (Case 1 to Case 6)

Case 1: Name- Urmila

1. **Patient Name:** Urmila
2. **Father/Husband Name:** Algu Yadav
3. **Age/Sex:** 60/F
4. **Address:** 201, Bhagirathpura, Indore
5. **Date of Admission:** Admitted on 27/12/2025 to Cloth Market Hospital
6. **History:** Loose motion, vomiting
7. **Comorbidities:** Hypertension
8. **Date & Place of Death:** 28/12/2025 in Shree Cloth Market Hospital
9. **Conclusion:** Death of Mrs. Urmila was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 2: Name- Tara

1. **Patient Name:** Tara
2. **Father/Husband Name:** Mahesh Kori
3. **Age/Sex:** 65/F
4. **Address:** 661, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** Loose motion, vomiting since 29/12/2025
7. **Comorbidities:** No
8. **Date & Place of Death:** 30/12/2025 at residence

the patient was hypotensive, I/V fluids and antibiotics and other supportive care was given. Patient responded to the treatment and was discharged on 27/12/2025 from MY hospital.

Course in SAIMS: The patient was admitted on December 31, 2025, with severe vomiting and diarrhea (10–20 episodes a day), leading to Severe Dehydration and Acute Gastroenteritis (AGE).

- Her condition rapidly deteriorated to Multi-Organ failure and Septic Shock.
- She developed Acute Kidney Injury (AKI) requiring hemodialysis and Right Lower Lobe Pneumonia, which caused respiratory distress.
- She was placed on a ventilator and inotropes like Noradrenaline and Vasopressin to maintain her blood pressure.
- During treatment, she suffered a pneumothorax and experienced multiple cardiac arrests.
- Despite Cardiopulmonary Resuscitation and all possible efforts, cardiac arrest occurred and was declared dead at 8:32 AM on February 2, 2026.

10. **Cause of death:** Acute Gastroenteritis/Septic shock/MODS/Rt lower lobe pneumonia/Right Pneumothorax.
11. **Date & Place of Death:** 02/01/2026 – SAIMS
12. **Conclusion:** Death is probably related to current epidemic.

Case 9: Name- Gomti

1. **Patient Name:** Gomti Rawat
2. **Father/Husband Name:** Gopal Singh
3. **Age/Sex:** 47/F
4. **Address:** Bhagirathpura, Indore
5. **Date of Admission:** 25/12/2025 – MY hospital
6. **History:** Loose motion, vomiting, altered sensorium since 24/12/2025
7. **Comorbidities:** Uncontrolled RBS, Hypothyroidism.
8. **Medical Summary:**
   - Patient presented to MY hospital with complaints of multiple episodes of loose motion, vomiting, followed by bodyache and abdominal pain. On 25/12/2025 morning, she developed altered sensorium for which she was brought to hospital. At the time of admission, GCS was poor with Hypovolemic shock, Metabolic encephalopathy. During the hospital stay she was diagnosed as Uncontrolled Diabetes for which insulin infusion was started along with I/V antibiotics and other life supportive care medication.
   - Patient's condition did not improved and her condition gradually deteriorated. Despite best resuscitative efforts she could not be revived.
9. **Cause of death:** Acute gastroenteritis with hypovolemic shock with Sepsis
10. **Date & Place of Death:** 26/12/2025 – MYH Hospital
11. **Conclusion:** Death is probably due to current epidemic.

9. **Conclusion: Death of Mr. Arvind was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee.**
10. **Note: PM report awaited**

Case 6: Name- Avyan

1. **Patient Name:** Avyan
2. **Father/Husband Name:** Sunil Sahu
3. **Age/Sex:** 6 months/M
4. **Address:** 1077, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** Loose motion
7. **Comorbidities:** No
8. **Date & Place of Death:** 29/12/2025 – brought dead at 6.00 AM to Care CHL Hospital
9. **Conclusion:** Death of Master Avyan was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 7: Name- Manjula

1. **Patient Name:** Manjula bai
2. **Father/Husband Name:** Digambar
3. **Age/Sex:** 65/F
4. **Address:** 942, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** loose motion, vomiting since 30/12/2025
7. **Comorbidities:** Breast cancer
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 30/12/2025 – brought dead to MYH hospital
10. **Conclusion:** Death related to current epidemic.
11. **Note:** PM done, reports awaited.

Case 8: Name- Geeta

1. **Patient Name:** Geeta
2. **Father/Husband Name:** Raju
3. **Age/Sex:** 64/F
4. **Address:** 69, Bhagirathpura, Indore
5. **Date of Admission:** 25/12/2025 – MYH hospital;
   - 31/12/2025 – SAIMS
6. **History:** Loose motion and Vomiting (multiple episodes) since 24/12/2025
7. **Comorbidities:** Bronchial Asthma, Diabetes mellitus
8. **Medical Summary:**
9. **Course in MY hospital:** The patient presented with complaints of loose stools and vomiting for last 2 days to MYH Emergency on 25/12/2025. At the time of admission

sepsis. He underwent cardiac arrest and CPR done, patient revived but his GCS is on lower side - E1VTM2, then reffered to BHI for further management.

- **Course in Bombay Hospital:** He was started with antibiotics, Lasix, anticonvulsants, antacid along with other supportive treatment and taken on mechanical ventilation. A neurology opinion taken in view of low GCS E1VTM2 and MRI brain done s/o hypoxic ischemic encephalopathy. A nephro opinion is taken i.v.o AKI and advise followed. A plastic surgeon opinion taken i.v.o diabetic foot and dressing done and advise followed. He continued to remain critical and continued on supportive treatment.
- 2D Echo done s/o severe LV dysfunction (LVEF-15%). ENT reference is given for tracheostomy and tracheostomy done. USG abdomen done shows non visualisation of left kidney in left renal fossa ? Agenesis ?? Atrophic. He continued to remain critical with GCS persistent on lower side and continued with supportive treatment. On 12/01/26 at around 06:45 AM he goes in sudden bradycardia hence CPR started according to ACLS protocol but he could not revived, an ECG was taken at around 07:32 AM which shows flat line and he was declared dead.

9. **Cause of death:** Sepsis with septic shock, Severe metabolic acidosis, Acute GE, Hypoxic Encephalopathy, Severe LV dysfunction.
10. **Date & Place of Death:** 12/01/2026 – Bombay Hospital

Case 12: Name- Badriprasad

1. **Patient Name:** Badriprasad
2. **Father/Husband Name:** Narmada Prasad
3. **Age/Sex:** 63/M
4. **Address:** 367/3, Bhagirathpura, Indore
5. **Date of Admission:** 06/01/2026 to 15/01/2026 – MYH hospital, then admitted in SAIMS on 16/01/2026.
6. **History:**
   - Fever, cough, loose motion and vomiting for 5 days – in MYH hospital
   - Shortness of breath, loose motion and vomiting, Ghabrahat, Fever, Weight loss, generalized weakness since 7-8 days before admission to SAIMS
7. **Comorbidities:** Coronary Artery Disease, Hypertension, Post PTCA status, Chronic tobacco chewer
8. **Medical Summary:**
   - **Course in MYH hospital:** Patient presented to MYH hospital with complaints of Fever with chills, loose motion and vomiting. He also had complains of productive cough for last 4-5 days On examination and investigations, patient was found to have acute viral hepatitis (IgM HAV positive) and Miliary Tuberculosis. Anti-tuberculosis drugs and other supportive treatment was started and patient was discharged on 15/01/2026.

Case 10: Name- Shravan

1. **Patient Name:** Shravan
2. **Father/Husband Name:** Nathu
3. **Age/Sex:** 80/M
4. **Address:** Farsi wali Gali ke saamne, Jai Baba Kirana Store ke paas, Bhagirathpura, Indore
5. **Date of Admission:** 25/12/2025 – Verma hospital, then referred to MY hospital on the same day
6. **History:** Multiple episodes of loose stools, vomiting, abdominal pain, decreased urine output since 2-3 days.
7. **Comorbidities:** Renal Parenchymal Disease -grade V, Chronic Bidi smoker
8. **Medical Summary:**
   - Patient presented to Verma hospital and then referred to MY hospital on 25/12/2025 with complaints of Multiple episodes of loose stools, vomiting, abdominal pain, decreased urine output since 2-3 days. On examination, he was having hypotension with signs of hypovolemic shock. I/V fluids and I/V antibiotics, ionotropic support was started immediately. During hospital stay USG abdomen was done which was suggestive of Bilateral Renal parenchymal disease. On the basis of blood examination and other relevant reports patient was diagnosed as Chronic Kidney Disease. During the hospital stay, patient's condition gradually deteriorated and on 29/12/2025, patient suffered cardiac arrest. Despite best resuscitative efforts patient could not be revived.
9. **Cause of death:** Acute gastroenteritis, Hypovolemic shock, Acute on Chronic Kidney disease.
10. **Date & Place of Death:** 29/12/2025 – MYH Hospital
11. **Conclusion:** Death is probably due to current epidemic.

Case 11: Name- Bhagwan Tukaram Bharne

1. **Patient Name:** Bhagwan Bharne
2. **Father/Husband Name:** Tukaram
3. **Age/Sex:** 64/M
4. **Address:** 909, Bhagirathpura, Indore
5. **Date of Admission:** Admitted to Shalby Hospital on 31/12/2025 to 03/01/2026, shifted to Bombay Hospital on 03/01/2026
6. **History:** Gastroenteritis, Watery Diarrhea, Fever, Abdominal Pain since 30/12/2025
7. **Comorbidities:** Diabetes, Post-CABG (2022)
8. **Medical Summary:**
   - **Course in Shalby Hospital:** Patient initially admitted to Shalby hospital with complaint of severe diarrhoea associated with nausea and vomiting where he was diagnosed as acute gastro-enteritis with AKI with metabolic acidosis with

discharges and antiepileptics started accordingly, gradual urine output improves and creatinine decrease, but his neurological status remained critical despite continuous supportive treatment GCS (E1VtM1). Patient is taken on ionotropic support for hypotension which gradually tapered off. Despite critical condition, relatives took the patient to home and discharged against medical advice.

9. **Cause of death:** Acute gastroenteritis with Acute kidney injury with hypoxic ischemic encephalopathy.
10. **Date & Place of Death:** 30/01/2026 – at Residence
11. **Conclusion:** Death probably related to current epidemic.

Case 14: Anita Kushwah

1. **Patient Name:** Anita Kushwah
2. **Father/Husband Name:** Champalal
3. **Age/Sex:** 65/F
4. **Address:** 342, Bhagirathpura, Indore
5. **Date of Admission:** 02/01/2026 – SAIMS; 04/01/2026 – Bombay Hospital
6. **History:** Loose motion (multiple episodes) and vomiting since 29/12/2025
7. **Comorbidities:** Hypertension
8. **Medical Summary:**
   - Patient had complains of loose motion, vomiting (multiple episodes) since 29/12/2025 and was admitted in SAIMS on 02/01/2026 or the same. Then she was referred to Bombay Hospital on 04/01/2026 with Kidney failure and decrease urine output. Biochemical examination shows, increased WBC, raised Creatinine and stool culture showed E.coli (08/01/2026). Nephrologist opinion has been taken and twice weekly hemodialysis was started. On 19/01/2026, patient had an episode of seizures, followed by cardiac arrest. CPR was done and patient was revived and put on Ventilatory support. Patient developed progressive muscle weakness for which Neurologist reference was taken. Gradually she improved and was extubated. After couple of days, her condition deteriorated and developed breathlessness. Xray chest was done suggestive of Left sided consolidation. Pulmonologist reference was taken and the patient was kept on mechanical ventilatory support and ionotropic support. Patient had cardiac arrest on 01/02/2026, CPR was initiated but could not be revived.
9. **Cause of death:** Acute gastroenteritis, Pneumonia with Septic shock, Multi organ failure, AKI, Cardiac arrest
10. **Date & Place of Death:** 01/02/2026 – at Bombay hospital
11. **Conclusion:** Death is probably related to current epidemic

Case 15: Name- Alguram Yadav

1. **Patient Name:** Alguram Yadav
2. **Father/Husband Name:** Bhagwatiprasad Yadav

- **Course in SAIMS:** Patient presented with complains of shortness of breath, loose motion and vomiting, weight loss, generalized weakness since 7-8 days before admission. Treatment was started and investigation was done, as the conditions remain critical, ionotropic support was started on 17/01/2026. On 21/01/2026, condition further deteriorated and Patient was put on ventilatory support. On 23/01/2026, patient got cardiac arrest and despite best efforts of resuscitation he could not be revived.
- 2D ECHO was suggestive of Heart failure with ejection fraction of 35%.

9. **Cause of death:** Cardiogenic shock, Ventricular fibrillation and Respiratory failure, Sepsis, Miliary TB, CAD, Hypertension, Diabetes
10. **Date & Place of Death:** 23/01/2026 at 12.56 PM – at SAIMS
11. **Conclusion:** Death probably related to current epidemic.

Case 13: Name- Eknath Suryawanshi

1. **Patient Name:** Eknath Suryawanshi
2. **Father/Husband Name:** NA
3. **Age/Sex:** 65/M
4. **Address:** 589, Nayi Basti, Bhagirathpura, Indore
5. **Date of Admission:** 30/12/2025 to 03/01/2026 – Shalby Hospital
   - 03/01/2026 to 29/01/2026 – Bombay Hospital
6. **History:** multiple episodes of loose motion, vomiting for 1 day
7. **Comorbidities:** No
8. **Medical Summary:**
   - **Course in Shalby Hospital:** Patient presented with above mentioned complain. At the time of admission, he was hypotensive and hypoxic. I/V fluids and I/V antibiotics with supportive care were started. Investigations were suggestive of Metabolic acidosis with dyselectrolytemia for which hemodialysis was done on 02/01/2026. In view of persistent deterioration the patient was referred to Bombay Hospital.
   - **Course in Bombay Hospital:** patient was admitted to Bombay Hospital Indore, on arrival patient was dull, drowsy. On examination R/S: b/l wheeze, crepts +, PA: soft, distended, bs+, all relevent investigation done, ABG done s/o metabolic acidosis and seen by nephrologist and planned for haemodialysis, opinion of gastroenterologist taken a treatment optimized accordingly.
   - USG KUB done suggestive of bilateral raised cortical echogenicity maintained cortico-medullary junction, had sudden episode of bradycardia f/b arrest, immediately attained and CPR started according to ACLS protocol, I/V adrenaline given, intubated and taken on mechanical ventilatory support, patient revived after approx. 5 minute of CPR, post return of spontaneous ventilation myoclonic jerks present, GCS: E1Vtm, neurologist opinion taken and started on neuroprotective medications, tracheostomized on 7-1-2025, EEG done s/ non-convulsive status epilepticus, generalised epileptiform

Case 16: Name- Uma Kori

1. **Patient Name:** Uma Kori
2. **Father/Husband Name:** Bihari Kori
3. **Age/Sex:** 31/F
4. **Address:** Bhagirathpura, Indore
5. **History:** Loose motion, vomiting – multiple episodes
6. **Comorbidities:** Nil
7. **Medical Summary:**
    a. Patient had complains of loose motion, vomiting (multiple episodes). On 28/12/2025, for these complains patient was taken to SAIMS hospital Emergency. On examination, patient's pulse and BP was not recordable and both pupils were fixed and dilated. An ECG was done which showed a flat line. Patient was declared brought dead to the hospital.
8. **Cause of death:** Acute gastroenteritis.
9. **Date & Place of Death:** 29/12/2025 – brought dead to SAIMS
10. **Conclusion:** Death is probably related to current epidemic

Case 17: Name- Seema

1. **Patient Name:** Seema
2. **Father/Husband Name:** Gaurishankar
3. **Age/Sex:** 50/F
4. **Address:** 1051, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** loose motion, vomiting since 29/12/2025
7. **Comorbidities:** No
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 29/12/2025 – brought dead to Dr. Pandey's Clinic
10. **Conclusion:** Death related to current epidemic:

Case 18: Name- Jeevanlal

1. **Patient Name:** Jeevanlal Barde
2. **Father/Husband Name:** Nagjiram
3. **Age/Sex:** 80/M
4. **Address:** 640/1, Bhagirathpura, Indore
5. **Date of Admission:** No
6. **History:** loose motion, vomiting since 27/12/2025
7. **Comorbidities:** No
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 28/12/2025 – at Residence.
10. **Conclusion:** Death related to current epidemic.

9

3. **Age/Sex:** 70/F
4. **Address:** Bhagirathpura, Indore
5. **Date of Admission:** Admitted on 09/01/2026 to SAIMS Hospital
6. **History:** Loose motion (8-10 episodes), vomiting (2-3 episodes), Abdominal pain, H/o fall 4-5 days back before admission.
7. **Medical Summary:**
   - Patient came with complain of 2-3 episode of vomiting, 8-10 episode of loose stool & Abdominal pain since 1-2 days to SAIMS. IV fluids & antibiotics were started. On routine investigation he was found to have pancytopenia (Hb-7.1 / TLC-4500 / Plt 95K) for which Medical Oncology opinion taken & he was planned for Repeat CBC & Bone marrow smear & biopsy subsequently. On 11/01/2026 at around 4 am patient had fall in bathroom & the attender also give history of fall 4-5 days back at home as well before admission.
   - NCCT Brain was done which was suggestive of acute left temporo parietal bleed with frontal hygroma & chronic SDH [Subdural Hematoma]. Patient's GCS was 11/15 & he became dull & drowsy so he was shifted to ICU on 11/01/2026. Hip Xray was done & he was found to have Right intertrochanteric femur fracture. Neurology & Neurosurgery consultation was done in which he was advised to continue anti-edema measures. From Neurosurgery he was advised to undergo CT angio & to continue conservative & medical management.
   - Orthopedic consultation were done & for the Right intertrochanteric femur fracture he was advised skeletal traction. His general condition started improving but during the course of hospitalization he developed lower respiratory tract infection & his O2 requirement increased. Chest physiotherapy done regularly & Respiratory Medicine opinion was also taken.
   - Patient was not maintaining O2 saturation & his ABG was suggestive of severe acidosis (metabolic). Patient was intubated on 3/02/26 as he was tachypneic, had tachycardia & he was not maintaining saturation. He was put on inotropic support. His urine output started falling for which Nephrology consultation was taken & he was planned to undergo SLED [Sustained Low Efficiency Dialysis]. During SLED his inotropic supports were put on maximum & 1 L Ultrafiltration was removed. Inotropic supports were put on maximum but his systolic BP was still around 60-70 mmHg.
   - On 05/02/26 patient went into Sudden Bradycardia & his saturation started falling. CPR was started acc [according] to latest ACLS guidelines. But despite all resuscitation efforts the patient could not be revived & was declared dead on 05/02/26 at 8:03 PM.
8. **Comorbidities:** Nil
9. **Cause of Death:** Acute gastroenteritis, Sepsis with Septic shock, MODS with Lower Respiratory Tract Infection, AKI, Hepatitis, Respiratory and Metabolic Acidosis
10. **Date & Place of Death:** 05/02/2026 - SAIMS
11. **Conclusion:** Death probably related to current epidemic

Case 22: Name- Sumitra

1. **Patient Name:** Sumitra
2. **Father/Husband Name:** NA
3. **Age/Sex:** 55/F
4. **Address:** Resident of Bihar – visited her Son residing in Bhagirathpura
5. **History:** Loose motion, vomiting since 21/12/2025
6. **Comorbidities:** No
7. **Medical Summary:**
   - As per the information collected by the relatives of the deceased, the patient had complaints of loose motion and vomiting since 21/12/2025.
8. **Cause of death:** Acute gastroenteritis.
9. **Date & Place of Death:** 21/12/2025 – at Residence, at Bhagirathpura
10. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as death occurred on 21.12.25 and as per declaration provided by Epidemiological investigation report, epidemic started on 24.12.2025

Case 23: Name- Santosh Bigoliya

1. **Patient Name:** Santosh Bigoliya
2. **Father/Husband Name:** Shri Kalyan
3. **Age/Sex:** 75/M
4. **Address:** 997, Dargah wali gali, Bhagirathpura, Indore
5. **History:** Loose motion, vomiting since 22/12/2025
6. **Comorbidities:** Bidi Smoker
7. **Medical Summary:**
   - For complaints of vomiting and loose motion, patient was taken to Dr. Vinod Pandey's clinic on 22/12/2025 and 23/12/2025. As symptoms persisted and patient was not relieved, he was taken to MYH hospital on 24/12/2025, but died on the way to the hospital following which the deceased was taken back to his home.
8. **Cause of death:** Acute gastroenteritis with hypovolemic shock
9. **Date & Place of Death:** 24/12/2025 – on the way to the hospital
10. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as symptoms started on 22/12/2025 and as per declaration provided by Epidemiological investigation report, epidemic started on 24.12.2025

Case 24: Name- Hemant

1. **Patient Name:** Hemant
2. **Father/Husband Name:** Govind
3. **Age/Sex:** 51/M
4. **Address:** Police Choki Wali Gali 81, Bhagirathpura, Indore
5. **Date of Admission:** 08/01/2026 – SAIMS

Case 19: Name- Ramkali

1. **Patient Name:** Ramkali
2. **Father/Husband Name:** Jagdish
3. **Age/Sex:** 47/F
4. **Address:** 434, Bhagirathpura, Indore
5. **Date of Admission:** No
6. **History:** loose motion, vomiting since 28/12/2025
7. **Comorbidities:** H/o Paralysis, Tobacco chewer
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 28/12/2025 – at Residence.
10. **Conclusion:** Death related to current epidemic.

Case 20: Name- Harkunwar Bai

1. **Patient Name:** Harkunwar Bai
2. **Father/Husband Name:** Ratanlal
3. **Age/Sex:** 81/F
4. **Address:** 1006, Kulkarni Nagar, Indore
5. **Date of Admission:** No
6. **History:** Loose motion, vomiting, fever since 28/12/2025
7. **Comorbidities:** Hypertension
8. **Medical Summary:** took medicines from Medical store – as symptoms persisted went to a local doctor on 31/12/2025 where medication and I/V fluid were given. Again went to the same doctor on 01/01/2026.
9. **Cause of Death:** Acute Gastroenteritis
10. **Date & Place of Death:** 02/01/2026 – at Residence.
11. **Conclusion:** Death related to current epidemic.
12. **Note:** Patient Harkuwar bai, came to visit her daughter at 457, Bhagirathpura, near government school (21.12.2025 to 29.12.2025).

Case 21: Name- Khubchand

1. **Patient Name:** Khubchand
2. **Father/Husband Name:** Gannudas
3. **Age/Sex:** 74/M
4. **Address:** 757, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** loose motion, vomiting since 25/01/2026
7. **Comorbidities:** Paralysis for 7-8 years
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 27/01/2026 – at Residence
10. **Conclusion:** Death related to current epidemic.

11. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as the patient is resident of Dhar, as per the hospital records available and not of Bhagirathpura – where the current gastrointestinal epidemic took place.

Case 26: Name- Ashok Panwar

1. **Patient Name:** Ashok Panwar
2. **Father/Husband Name:** Motilal
3. **Age/Sex:** 62/M
4. **Address:** 142, Bhagirathpura, Indore
5. **History:** H/O fall on ground, followed by Chest pain, Ghabrahat, Shortness of breath, Altered sensorium since 22/12/2025
6. **Comorbidities:** Hypertension, Cerebrovascular Accident, Chronic Alcoholic
7. **Medical Summary:**
   - Patient Ashok, on 20/12/2025 had history of fall associated with loss of speech, weakness of all four limbs and urinary incontinence followed by altered sensorium. He presented to MYH Emergency on 24/12/2025.
   - I/V fluids and I/V antibiotics and supportive care was started.
   - Blood investigations and clinical examination was suggestive of Hypernatremia and Chronic kidney disease.
   - CT Head was done which was suggestive of Acute Hemorrhagic Stroke – Left Basal ganglia bleed.
   - On 25/12/2025, patient suffered Cardiopulmonary arrest but despite best resuscitative effort patient could not be revived.
8. **Cause of death:** Intracranial Bleed, Chronic Kidney Disease, Cardiopulmonary arrest
9. **Date & Place of Death:** 25/12/2025 – MYH Hospital
10. **Conclusion:** Death is probably not related to current epidemic.

Case 27: Name- Shankarlal

1. **Patient Name:** Shankarlal
2. **Father/Husband Name:** Bherulal
3. **Age/Sex:** 75/M
4. **Address:** 897, Bhagirathpura, Indore
5. **Date of Admission:** 27/12/2025 – Verma Hospital; 29/12/2025 – Cloth Market Hospital
6. **History:** Shortness of breath, Ghabrahat, Difficulty in urination
7. **Comorbidities:** Known case of Chronic Obstructive Pulmonary Disease, Fracture Right Tibia, Bhang addiction
8. **Medical Summary:**
   - Patient presented to Verma Hospital on 27.12.2025 with difficulty in urination and shortness of breath (also h/o fracture right tibia, duration – not known).

6. **History:** Bilateral lower limb weakness since 3 days, Shortness of breath for 1 day. Loose motion, vomiting 8-9 days back, got resolved on primary treatment prior to the admission.
7. **Comorbidities:** Type 2 Diabetes, Renal Cell Carcinoma with Left Diabetic foot
8. **Medical Summary:**
   - Patient came to SAIMS Emergency room with complaints of Bilateral lower limb weakness since 3 days, Shortness of breath for 1 day. Investigations were done, which was suggestive of anaemia and sepsis and dyselectrolytemia.
   - On examination, patient was found to have left diabetic foot with non- healing ulcer. I/V antibiotics and other supportive care were given.
   - USG guided biopsy suggested of Renal Cell Carcinoma and Venous doppler right lower limb suggestive of Cellulitis. Blood culture showed *Staphylococcus aureus* and pus culture grew *Morganella morganii*. Deranged renal function with Creatinine 4.53; underwent 3 cycles of hemodialysis.
9. **Cause of death:** Cardiopulmonary Arrest, Sepsis, AKI, Renal Cell Carcinoma
10. **Date & Place of Death:** 20/01/2026 – SAIMS
11. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as ongoing through the documents provided by the SAIMS definitive cause of death could not be ascertained as patient had history of Acute gastroenteritis 8 days before admission to SAIMS but patient also had metastatic Renal cell Carcinoma with Sepsis.

Case 25: Name- Omprakash Sharma

1. **Patient Name:** Omprakash Sharma
2. **Father/Husband Name:** NA
3. **Age/Sex:** 69/M
4. **Address:** C10, Shiv Vihar Colony, Dhar
5. **Date of Admission:** 01/01/2026 – Bombay Hospital
6. **History:** Loose motion 5-6 times since 1 day, altered sensorium since 1 day and oral ulcer for last 12 days before admission
7. **Comorbidities:** Hypertension, recently diagnosed Normal Pressure Hydrocephalus
8. **Medical Summary:**
   - Patient presented with the complaints of Loose motion 5-6 times since 1 day, altered sensorium since 1 day and oral ulcer for last 12 days before admission. On examination, he was found to have penile ulcer. ENT & Urology referral was done. His condition remain critical. In view of desaturation and hypotension, ventilatory and ionotropic support was started. On 04/01/2026 morning, this conditions further deteriorated and he suffered cardiac arrest. Despite best resuscitative efforts he could not be revived.
9. **Cause of death:** Multiorgan failure, AKI with UTI, with Acute gastroenteritis, Respiratory failure, Sepsis with septic shock
10. **Date & Place of Death:** 04/01/2026 – Bombay Hospital

Case 29: Name- Sunita

1. **Patient Name:** Sunita
2. **Father/Husband Name:** Satish
3. **Age/Sex:** 49/F
4. **Address:** Bhagirathpura, Indore
5. **History:** Vomiting (1-2 episodes) since 1 day, blood tinged sputum since 1 day and shortness of breath since 1 day of admission.
6. **Comorbidities:** CKD Stage V (Not on Hemodialysis), Hypothyroidism, Asthma, Valvular Heart disease, Heart failure.
7. **Medical Summary:**
   - Patient presented to MYH Hospital on 07/01/2026 and treatment was started in form of I/V fluids and I/V antibiotics with other supportive care.
   - On admission she was hemodynamically stable (Pulse 86/min, BP 140/80mmHg, SpO2 98% on RA, RBS 108 mg/dL)
   - Investigations showed severe anaemia: Hb 6.7, advanced renal failure (S. Creatinine upto 9.55 mg/dL, Urea 299 mg/dL).
   - During hospital stay, she underwent one haemodialysis session; developed status epilepticus during the second session, which was treated with midazolam, phenytoin, and levetiracetam, and she was intubated and started on midazolam infusion.
   - Gradually condition deteriorated, taken on ventilatory and ionotropic support. Patient suffered cardiac arrest despite resuscitative efforts could not be revived.
8. **Cause of death:** Uremic encephalopathy, CKD Stage V, Heart failure, Hypothyroidism with Shock
9. **Date & Place of Death:** 10/01/2026 – at MYH Hospital
10. **Conclusion:** Death is probably not due to current epidemic.

Case 30: Name- Vidhya Bai Yadav

1. **Patient Name:** Vidhya Bai Yadav
2. **Father/Husband Name:** Ramdayal Yadav
3. **Age/Sex:** 85/F
4. **Address:** Bhagirathpura, Indore
5. **History:** Shortness of breath, Abdominal pain.
6. **Comorbidities:** Hypertension, Fracture Right Hip.
7. **Medical Summary:**
   - Patient presented to SAIMS Emergency on 22/01/2026 at 8.55 PM. On examination, patient had Bradycardia with Non-recordable blood pressure. I/V fluids & other supportive care was given. Patient suffered cardiac arrest for which CPR was given but patient could not be revived back. ECG was done which showed flat lines.
8. **Cause of death:** Shock, Sepsis, Septicemia, Asthma, Respiratory Acidosis

- Admitted to Cloth Market Hospital on 29/12/2025 with similar complaints, treatment in form of I/V fluid and I/V antibiotics were started, as the condition deteriorated, the patient was put on ventilatory and ionotropic support.
- USG suggestive of hepatomegaly with Ileocaecal, Large bowel oedema. Aanemia- Hb: 9.5 gm/dl, TLC: 13,200
- Urine R/M showed Pus cells- 10-12
- Sodium: 125 mEq/L (low), Chloride: 94 mEq/L (low)

9. **Cause of death:** Cardiorespiratory arrest with Septicemia
10. **Date & Place of Death:** 30/12/2025 – Shree Indore Cloth Market Hospital
11. **Conclusion:** Death not related to current epidemic.

Case 28: Name- Kamla

1. **Patient Name:** Kamla
2. **Father/Husband Name:** Tulsiram
3. **Age/Sex:** 60/F
4. **Address:** R/O Jiven Ki Phel, Indore
5. **History:** Vomiting (2–3 episodes/day for 5 days), Non passage of faeces and urinesince 2 days, ghabrahat, shortness of breath since 3 days, abdominal pain, altered sensorium since 3 days.
6. **Comorbidities:** Nil
7. **Medical Summary:**
   - Patient presented to MYH Hospital on 07/01/2026, with above mentioned complaints. On examination, patient had neck rigidity and kernig's sign positive. Patient also had complaints of Renal failure on the basis of reports and examination. Treatment was started and investigations were done. Hemodialysis was done. Condition gradually deteriorated, patient was intubated and ventilatory and ionotropic support was started. Despite best resuscitative efforts patient could not be revived.
   - USG finding shows Bilateral Renal Parenchymal disease - CKD
   - **Labs:** Hb: 6.3–6.4 g/dL, TLC: 16,000–16,500/mm^3, Platelets: 159,000 → 129,000/mm^3, Urea: 270 → 249 mg/dL, Creatinine: 6.96 → 7.54 mg/dL, Uric acid: 16.8 → 17 mg/dL, SGOT: 512 → 490 U/L, SGPT: 141 → 160 U/L, ALP: 450 → 531 U/L, Ferritin: ~7530 ng/mL, PTH: ~1086 pg/mL, Low Vitamin D, Hypoalbuminemia, Electrolyte imbalance
8. **Cause of death:** Uremic encephalopathy with CKD with Severe metabolic acidosis
9. **Date & Place of Death:** 09/01/2026 – at MYH Hospital
10. **Conclusion:** Death is probably not due to current epidemic.

The patient then went to Cardiac failure, sepsis and multiorgan failure and despite efforts of resuscitation he could not be revived.

9. **Cause of death:** Congestive Cardiac Failure, Cardiomyopathy, Sepsis, Multiorgan failure
10. **Date & Place of Death:** 15/01/2026 – at Metro Hospital
11. **Conclusion:** Death not related to current epidemic.

Case 33: Laxmi Rajak

1. **Patient Name:** Laxmi Rajak
2. **Father/Husband Name:** NA
3. **Age/Sex:** 74/F
4. **Address:** 419/3, Bhagirathpura, Indore
5. **Date of Admission:** 27/01/2026 – CHL Hospital (Scheme 114)
6. **History:** Generalized weakness and Abdominal pain radiating to back since 4-5 days, Cold, cough and fever for 2 days before admission on 26/01/2026
7. **Comorbidities:** Diabetes, Hypertension
8. **Medical Summary:**
   - Patient presented for weakness, abdominal pain and Cough and cold, the patient took treatment from Local physician but could not get relieved. So, patient went to CHL hospital (114) and treatment was started on 27/01/2026 morning. She developed Type I Respiratory failure with Metabolic acidosis and Acute Kidney injury, dyselectrolytemia for which hemodialysis was started, in view of respiratory distress non-invasive ventilatory support was started. On 10.30 AM patient developed Atrial fibrillation for which treatment was initiated. Patient's condition deteriorated further at 10 PM, CPR was done but despite best resuscitative efforts patient could not be revived.
9. **Cause of death:** LRTI with Type I Respiratory failure, Urosepsis, AKI, Septicemia, Multiorgan dysfunction, Atrial fibrillation
10. **Date & Place of Death:** 27/01/2026 – at Care CHL Hospital (Scheme 114)
11. **Conclusion:** Death not related to current epidemic.

9. **Date & Place of Death:** 22/01/2026 – at SAIMS Hospital
10. **Conclusion:** Death is probably not related to current epidemic.

Case 31: Rajaram Borasi

1. **Patient Name:** Rajaram Borasi
2. **Father/Husband Name:** Omkarlal
3. **Age/Sex:** 75/M
4. **Address:** Bhagirathpura, Indore
5. **Date of Admission:** 24/01/2026 – Shalby Hospital – took LAMA and went to Superspeciality MYH hospital on same day.
6. **History:** Weakness and Shortness of breath since 2-3 days
7. **Comorbidities:** Type 2 Diabetes, Hypertension, Coronary Artery Disease – Double Vessel Disease
8. **Medical Summary:**
   - Patient presented to Shalby hospital on 24/01/2026 at 9.30 AM with Cardiac failure, hypoxia and tachypnea. Here, primary management was done and patient was immediately taken to Superspeciality hospital, MGM Medical College. Patient reached the casualty of Superspeciality hospital in gasping state, shifted to Cardiac ICU, immediately CPR was started but patient cannot be revived.
   - ECHO finding suggestive of LVEF 20-25%, RA/RV dilated, mild AR, mild MR.
9. **Cause of death:** Acute diastolic Heart Failure with old Coronary artery disease.
10. **Date & Place of Death:** 24/01/2026 – MYH Superspeciality Hospital
11. **Conclusion:** Death not related to current epidemic.

Case 32: Subhadra Bai

1. **Patient Name:** Subhadra Bai
2. **Father/Husband Name:** Basant Panwar
3. **Age/Sex:** 78/F
4. **Address:** 592, Bhagirathpura, Indore
5. **Date of Admission:** 09/01/2026 – Metro Hospital
6. **History:** Shortness of breath (7 days), Abdominal pain (4 days) Swelling in B/L upper and lower limbs (10 days), Body ache (12 days), burning micturition (7 days), Generalized weakness (7 days) before admission.
7. **Comorbidities:** Hypertension, Hypothyroidism
8. **Medical Summary:**
   - Patient present with the above mentioned complains and investigations were done. Patient was desaturated, I/V antibiotics and fluid support was started with oxygenation. Patient remained dull and drowsy and hemodynamically unstable for which ionotropes were started. During the hospital stay, condition further deteriorated with dyselectrolytemia and acute kidney injury.

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7	Not related to Epidemic	8	26. Ashok 52/M 27. Shankarlal 75/M 28. Kamla 60/F 29. Sunita 49/F 30. Vidhya Bai 65/F 31. Rajaram Borasi 75/M 32. Subhadra bai 78/F 33. Laxmi Rajak 74/F	Cause of death in this patient probably is not due to current Gastroenteritis epidemic as per the hospital records available.	No
	Total	33			

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Summary of Death Analysis Report (Total 33 Deaths) till date 08.02.2026

S. No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1	Already declared by CMHO due to epidemic	6	1. Urmila 60/F 2. Tara 65/F 3. Nandlal 70/M 4. Heeralal 65/M 5. Arvind Nikar* 43/M 6. Avyan 6 months/M	*Mr. Arvind Nikar: PM done, report awaited.	Yes
2	Preliminary PM Report	1	7. Manjula 65/F	PM done, report awaited.	
3	Hospital/IPD Deaths	8	8. Geeta 64/F 9. Gomti Rawat 47/F 10. Shravan 80/M 11. Bhagwan Bhama 64/M 12. Badripresad 63/M 13. Eknath Suryawanshi 65/M 14. Anita Kushwah 65/F 15. Alguram Yadav 70/M	Probably related to current epidemic	
4	Death during transit	2	16. Uma Kori 31/F 17. Seema 50/F	Possibility of death due to current Gastroenteritis epidemic according to the history available	
5	Home Death	4	18. Jeevan Lal 60/M 19. Ramkali 47/F 20. Harkuwar Bai 81/F 21. Khubchand 74/M		
6	Inconclusive	4	22. Sumitra 55/F	Death on 21/12/25 (As per declaration provided by Epidemiological investigation report given by committee, epidemic started on 24/12/2025)	Inconclusive
			23. Santosh Bigoliya 75/M	Death due to this Gastroenteritis epidemic remains inconclusive as symptoms started on 22/12/2025 & death occurred on 24/12/2025 (as per declaration provided by Epidemiological investigation report, epidemic started on 24/12/2025)	
			24. Hemant 51/M	On going through the documents provided by the SAIMS definitive cause of death could not be ascertained because patient has multiple severe co-morbidities	
			25. Omprakash 69/M	Resident of Dhar, not Bhagirathpura, as per documents provided to committee	

**We have used "INCONCLUSIVE" word in death analysis of 4 patients (1. Sumitra, 2. Santosh, 3. Hemant, 4. Omprakaah), which has literal meaning not leading to definite decision or result.

INCONCLUSIVE term was used in the report for those few cases where cause of death was not directly attributed to the outbreak/epidemic event on the basis of time/place/person.

Since their reported symptoms were mimicking diarrheal manifestation in variable intensity, they cannot be absolutely refuted from it and that's why they are part of the list categorised as 'Inconclusive'.

To elaborate it further, one patient had severe co-morbidity i.e. was suffering from fatal renal cancer at an advanced stage, which in itself could be an independent cause of death in this case. Thus, was given categorisation of 'Inconclusive'.

One case was not a resident of the outbreak/epidemic area, in fact he was a resident of Dhar arrived in Indore, got symptoms and succumbed to death. His connectivity to the outbreak/epidemic area was not established as per the information given to the committee, therefore had been categorised as 'Inconclusive'.

As per the universally accepted scientific procedure, in investigation of an outbreak/epidemic of any infectious disease, by rule, a primary case has to be searched, who supposedly first extracted the infection. Many times the primary case is not feasible to be found, in that situation, an index case is identified. This is the first case of the area who had presented with the symptoms. All the cases with the same symptoms after this index case are included in the outbreak/epidemic. Two cases had older history and died before the index case, hence were not included in the count of outbreak/epidemic affected persons. However, since the primary case could not be recognised, they are part of the list and categorised as 'Inconclusive'.

Dr. Sanjay Dubey

Dr. Akhilesh Pratap Singh Tomar

Dr. Suraj Sirohi

Dr. Dharmanshu Chaube

Dr. Sunil Soni

Name of Deceased	Remarks	Death probably related to epidemic
1. Urmila 60/F 2. Tara 65/F 3. Nandlal 70/M 4. Heeralal 65/M 5. Arvind Nikar* 43/M 6. Avyan 5 months/M 7. Manjula 65/F* 8. Geeta 64/F 9. Gomti 47/F 10. Shravan 80/M 11. Bhagwan Bharne 64/M 12. Badriprasad 63/M 13. Eknath Suryawanshi 65/M 14. Anita Kushwah 65/F 15. Alguram Yadav 70/M 16. Uma Koli 31/F 17. Seema 40/F 18. Jeevan Lal 80/M 19. Ramkali 47/F 20. Harkuwar Bai 81/F 21. Khubchand 74/M	Cause of death probably related to current Gastroenteritis epidemic *Note: Decease name Manjula 65/F (Serial No. 7) PM done, reports awaited.	Yes
22. Sumitra 55/F	Death on 21/12/25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24/12/2025)	Inconclusive
23. Santosh Bigoliya 75/M	Death due to this Gastroenteritis epidemic remains inconclusive as symptoms started on 22/12/2025 & death occurred on 24/12/2025 (as per declaration provided by Epidemiological investigation report, epidemic started on 24/12/2025	
24. Hemant 51/M	Cause of death due to this Gastroenteritis epidemic remains inconclusive as ongoing through the documents provided by the SAIMS definitive cause of death could not be ascertained because patient had metastatic Renal cell Carcinoma with Sepsis.	
25. Omprakash 69/M	Cause of death due to this Gastroenteritis epidemic remains inconclusive as the patient is resident of Dhar, as per the hospital records available and not of Bhagirathpura – where the current gastrointestinal epidemic took place.	
26. Ashok 62/M	Intracranial Bleed, Cardiopulmonary arrest	No
27. Shankerlal 75/M	Cardiorespiratory arrest with Septicemia/Cardiopulmonary Shock/Anaemia/Hyponatremia	
28. Kamla 60/F	Uremic encephalopathy with CKD with Severe metabolic acidosis	
29. Sunita 49/F	Uremic encephalopathy, CKD Stage V, Heart failure, Hypothyroidism with Shock	
30. Vidhya Bai 85/F	Shock, Sepsis, Septicemia, Asthma, Respiratory Acidosis	
31. Rajaram Borasi 75/M	Acute diastolic Heart Failure with old Coronary artery disease.	
32. Subhadra bai 78/F	Congestive Cardiac Failure, Cardiomyopathy, Sepsis, Multiorgan failure	
33. Laxmi Rajak 74/F	LRTI with Type I Respiratory failure, Urosepsis, AKI, Septicemia, Multiorgan dysfunction, Atrial fibrillation	

In the previous submitted report, the death of Mr. Santosh was wrongly mentioned due to typographic error.

DEATH AUDIT AND ANALYTICAL REPORT

Date: 12/02/2026

- As per the order of dean office No. 259/atano/2026, Indore dated 03.01.2026, a committee was constituted for analysis of the current Gastroenteritis epidemic deaths occurred at Bhagirathpura, Indore, MP.
- Primary data i.e. information and documents of the deceased along with hospital case papers (wherever applicable) were provided by RD health office, Indore Division.
- Death Audit and Analytical Committee constituted by the Dean of M.G.M. Medical College, Indore has analysed the deaths on the basis of primary data provided by the RD Health office, Indore Division.

Already declared by CMHO due to Gastroenteritis epidemic (Case 1 to Case 6)

Case 1: Name- Urmila

1. **Patient Name:** Urmila
2. **Father/Husband Name:** Algu Yadav
3. **Age/Sex:** 60/F
4. **Address:** 201, Bhagirathpura, Indore
5. **Date of Admission:** Admitted on 27/12/2025 to Cloth Market Hospital
6. **History:** Loose motion, vomiting
7. **Comorbidities:** Hypertension
8. **Date & Place of Death:** 28/12/2025 in Shree Cloth Market Hospital
9. **Conclusion:** Death of Mrs. Urmila was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 2: Name- Tara

1. **Patient Name:** Tara
2. **Father/Husband Name:** Mahesh Kori
3. **Age/Sex:** 65/F
4. **Address:** 581, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** Loose motion, vomiting since 29/12/2025
7. **Comorbidities:** No
8. **Date & Place of Death:** 30/12/2025 at residence

steno Death audit Committee report 12/2/2026.

(8)

To,

The Dean & CEO,

MGM Medical College,

Indore (M.P.)

Date:12/02/2026

M.G.M. MEDICAL COLL. No. 3408 Date 12/2/2026 INDORE (M.P.)

Subject: Death Analysis Report of 35 deceased of Bhagirathpura Incident

Reference: Regarding Letter No/2850/steno/2026 dated 11/02/2026 from your office, with reference to letter dated 09/02/2026 from Honorable Justice Shri Sushil Kumar Gupta, Office of the Justice Sushil Kumar Gupta, former Judge of Madhya Pradesh High Court, One-Man Commission of Inquiry.

Respected Sir,

In reference to the above-mentioned letter: Letter No/2850/steno/2026 dated 11/02/2026, we are submitting death analysis of 35 deceased.

Kindly find the enclosed documents.

Dr. Sanjay Dubey

Dr. Akhilesh Pratap Singh Tomar

Dr. Suraj Sirohi 12/02/26

Dr. Dharmanshu Chaube

Dr. Sunil Soni

9. **Conclusion:** Death of Mrs. Tara was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 3: Name- Nandlal

1. **Patient Name:** Nandlal
2. **Father/Husband Name:** Nathuram Pal
3. **Age/Sex:** 70/M
4. **Address:** 450, Bhagirathpura, Indore
5. **Date of Admission:** Admitted on 28/12/2025 to Verma Hospital
6. **History:** Abdominal Pain, Loose motion, vomiting since 25/12/2025
7. **Comorbidities:** No
8. **Date & Place of Death:** 30/12/2025 on the way to DNS Hospital
9. **Conclusion:** Death of Mr. Nandlal was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 4: Name- Heeralal

1. **Patient Name:** Heeralal
2. **Father/Husband Name:** Kishan Ji
3. **Age/Sex:** 65/M
4. **Address:** Sheetal Nagar, Indore
5. **Date of Admission:** NA
6. **History:** NA
7. **Comorbidities:** Hypertension
8. **Date & Place of Death:** 31/12/2025 – brought dead by relatives to UPHC Bhagirathpura
9. **Conclusion:** Death of Mr. Heeralal was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 5: Name- Arvind Nikar

1. **Patient Name:** Arvind Nikar
2. **Father/Husband Name:** Heeralal
3. **Age/Sex:** 43/M
4. **Address:** Lakshman Mali ka Khet, Kulkarni ka Bhatta, Ward 24
5. **History:** Loose motion, vomiting (multiple episodes)
6. **Comorbidities:** Nil
7. **Medical Summary:**
   - Patient was found unconscious at his home following which was immediately brought to MYH by Police man Heeralal of Police Station Pardesipura. At the time of presentation to MY hospital, patient was found to be brought dead on 31/12/2025. Following which postmortem has been done.
8. **Date & Place of Death:** 31/12/2025 – brought dead to MYH Hospital

9. **Conclusion:** Death of Mr. Arvind was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee.
10. **Note:** PM report awaited

Case 6: Name- Avyan

1. **Patient Name:** Avyan
2. **Father/Husband Name:** Sunil Sahu
3. **Age/Sex:** 6 months/M
4. **Address:** 1077, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** Loose motion
7. **Comorbidities:** No
8. **Date & Place of Death:** 29/12/2025 – brought dead at 6.00 AM to Care CHL Hospital
9. **Conclusion:** Death of Master Avyan was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Case 7: Name- Manjula

1. **Patient Name:** Manjula bai
2. **Father/Husband Name:** Digambar
3. **Age/Sex:** 65/F
4. **Address:** 942, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** loose motion, vomiting since 30/12/2025
7. **Comorbidities:** Breast cancer
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 30/12/2025 – brought dead to MYH hospital
10. **Conclusion:** Death is probably related to current epidemic.
11. **Note:** PM done, reports awaited.

Case 8: Name- Geeta

1. **Patient Name:** Geeta
2. **Father/Husband Name:** Raju
3. **Age/Sex:** 64/F
4. **Address:** 69, Bhagirathpura, Indore
5. **Date of Admission:** 25/12/2025 – MYH hospital;
   - 31/12/2025 – SAIMS
6. **History:** Loose motion and Vomiting (multiple episodes) since 24/12/2025
7. **Comorbidities:** Bronchial Asthma, Diabetes mellitus
8. **Medical Summary:**
9. **Course in MY hospital:** The patient presented with complaints of loose stools and vomiting for last 2 days to MYH Emergency on 25/12/2025. At the time of admission

the patient was hypotensive, I/V fluids and antibiotics and other supportive care was given. Patient responded to the treatment and was discharged on 27/12/2025 from MY hospital.

Course in SAIMS: The patient was admitted on December 31, 2025, with severe vomiting and diarrhea (10–20 episodes a day), leading to Severe Dehydration and Acute Gastroenteritis (AGE).

- Her condition rapidly deteriorated to Multi-Organ failure and Septic Shock.
- She developed Acute Kidney Injury (AKI) requiring hemodialysis and Right Lower Lobe Pneumonia, which caused respiratory distress.
- She was placed on a ventilator and inotropes like Noradrenaline and Vasopressin to maintain her blood pressure.
- During treatment, she suffered a pneumothorax and experienced multiple cardiac arrests.
- Despite Cardiopulmonary Resuscitation and all possible efforts, cardiac arrest occurred and was declared dead at 8:32 AM on February 2, 2026.

10. **Cause of death:** Acute Gastroenteritis/Septic shock/MODS/Rt lower lobe pneumonia/Right Pneumothorax.
11. **Date & Place of Death:** 02/01/2026 – SAIMS
12. **Conclusion:** Death is probably related to current epidemic.

Case 9: Name- Gomti

1. **Patient Name:** Gomti Rawat
2. **Father/Husband Name:** Gopal Singh
3. **Age/Sex:** 47/F
4. **Address:** Bhagirathpura, Indore
5. **Date of Admission:** 25/12/2025 – MY hospital
6. **History:** Loose motion, vomiting, altered sensorium since 24/12/2025
7. **Comorbidities:** Uncontrolled RBS, Hypothyroidism.
8. **Medical Summary:**
   - Patient presented to MY hospital with complaints of multiple episodes of loose motion, vomiting, followed by bodyache and abdominal pain. On 25/12/2025 morning, she developed altered sensorium for which she was brought to hospital. At the time of admission, GCS was poor with Hypovolemic shock, Metabolic encephalopathy. During the hospital stay she was diagnosed as Uncontrolled Diabetes for which insulin infusion was started along with I/V antibiotics and other life supportive care medication.
   - Patient's condition did not improved and her condition gradually deteriorated. Despite best resuscitative efforts she could not be revived.
9. **Cause of death:** Acute gastroenteritis with hypovolemic shock with Sepsis
10. **Date & Place of Death:** 26/12/2025 – MYH Hospital
11. **Conclusion:** Death is probably related to current epidemic.

Case 10: Name- Shravan

1. **Patient Name:** Shravan
2. **Father/Husband Name:** Nathu
3. **Age/Sex:** 80/M
4. **Address:** Farsi wali Gali ke saamne, Jai Baba Kirana Store ke paas, Bhagirathpura, Indore
5. **Date of Admission:** 25/12/2025 – Verma hospital, then referred to MY hospital on the same day
6. **History:** Multiple episodes of loose stools, vomiting, abdominal pain, decreased urine output since 2-3 days.
7. **Comorbidities:** Renal Parenchymal Disease -grade V, Chronic Bidi smoker
8. **Medical Summary:**
   - Patient presented to Verma hospital and then referred to MY hospital on 25/12/2025 with complaints of Multiple episodes of loose stools, vomiting, abdominal pain, decreased urine output since 2-3 days. On examination, he was having hypotension with signs of hypovolemic shock. I/V fluids and I/V antibiotics, ionotropic support was started immediately. During hospital stay USG abdomen was done which was suggestive of Bilateral Renal parenchymal disease. On the basis of blood examination and other relevant reports patient was diagnosed as Chronic Kidney Disease. During the hospital stay, patient's condition gradually deteriorated and on 29/12/2025, patient suffered cardiac arrest. Despite best resuscitative efforts patient could not be revived.
9. **Cause of death:** Acute gastroenteritis, Hypovolemic shock, Acute on Chronic Kidney disease.
10. **Date & Place of Death:** 29/12/2025 – MYH Hospital
11. **Conclusion:** Death is probably related to current epidemic.

Case 11: Name- Bhagwan Tukaram Bharne

1. **Patient Name:** Bhagwan Bharne
2. **Father/Husband Name:** Tukaram
3. **Age/Sex:** 64/M
4. **Address:** 909, Bhagirathpura, Indore
5. **Date of Admission:** Admitted to Shalby Hospital on 31/12/2025 to 03/01/2026, shifted to Bombay Hospital on 03/01/2026
6. **History:** Gastroenteritis, Watery Diarrhea, Fever, Abdominal Pain since 30/12/2025
7. **Comorbidities:** Diabetes, Post-CABG (2022)
8. **Medical Summary:**
   - **Course in Shalby Hospital:** Patient initially admitted to Shalby hospital with complaint of severe diarrhoea associated with nausea and vomiting where he was diagnosed as acute gastro-enteritis with AKI with metabolic acidosis with

sepsis. He underwent cardiac arrest and CPR done, patient revived but his GCS is on lower side - E1VTM2, then reffered to BHI for further management.

- **Course in Bombay Hospital:** He was started with antibiotics, Lasix, anticonvulsants, antacid along with other supportive treatment and taken on mechanical ventilation. A neurology opinion taken in view of low GCS E1VTM2 and MRI brain done s/o hypoxic ischemic encephalopathy. A nephro opinion is taken i.v.o AKI and advise followed. A plastic surgeon opinion taken i.v.o diabetic foot and dressing done and advise followed. He continued to remain critical and continued on supportive treatment.
- 2D Echo done s/o severe LV dysfunction (LVEF-15%). ENT reference is given for tracheostomy and tracheostomy done. USG abdomen done shows non visualisation of left kidney in left renal fossa ? Agenesis ?? Atrophic. He continued to remain critical with GCS persistent on lower side and continued with supportive treatment. On 12/01/26 at around 06:45 AM he goes in sudden bradycardia hence CPR started according to ACLS protocol but he could not revived, an ECG was taken at around 07:32 AM which shows flat line and he was declared dead.

9. **Cause of death:** Sepsis with septic shock, Severe metabolic acidosis, Acute GE, Hypoxic Encephalopathy, Severe LV dysfunction.
10. **Date & Place of Death:** 12/01/2026 – Bombay Hospital.
11. **Conclusion:** Death is probably related to current epidemic.

Case 12: Name- Badriprasad

1. **Patient Name:** Badriprasad
2. **Father/Husband Name:** Narmada Prasad
3. **Age/Sex:** 63/M
4. **Address:** 367/3, Bhagirathpura, Indore
5. **Date of Admission:** 06/01/2026 to 15/01/2026 – MYH hospital, than admitted in SAIMS on 16/01/2026:
6. **History:**
   - Fever, cough, loose motion and vomiting for 5 days – in MYH hospital
   - Shortness of breath, loose motion and vomiting, Ghabrahat, Fever, Weight loss, generalized weakness since 7-8 days before admission to SAIMS
7. **Comorbidities:** Coronary Artery Disease, Hypertension, Post PTCA status, Chronic tobacco chewer
8. **Medical Summary:**
   - **Course in MYH hospital:** Patient presented to MYH hospital with complaints of Fever with chills, loose motion and vomiting. He also had complains of productive cough for last 4-5 days On examination and investigations, patient was found to have acute viral hepatitis (IgM HAV positive) and Millary

Tuberculosis. Anti-tuberculosis drugs and other supportive treatment was started and patient was discharged on 15/01/2026.

- **Course in SAIMS:** Patient presented with complains of shortness of breath, loose motion and vomiting, weight loss, generalized weakness since 7-8 days before admission. Treatment was started and investigation was done, as the conditions remain critical, ionotropic support was started on 17/01/2026. On 21/01/2026, condition further deteriorated and Patient was put on ventilatory support. On 23/01/2026, patient got cardiac arrest and despite best efforts of resuscitation he could not be revived.
- 2D ECHO was suggestive of Heart failure with ejection fraction of 35%.

9. **Cause of death:** Cardiogenic shock, Ventricular fibrillation and Respiratory failure, Sepsis, Miliary TB, CAD, Hypertension, Diabetes
10. **Date & Place of Death:** 23/01/2026 at 12.56 PM – at SAIMS
11. **Conclusion:** Death is probably related to current epidemic.

Case 13: Name- Eknath Suryawanshi

1. **Patient Name:** Eknath Suryawanshi
2. **Father/Husband Name:** NA
3. **Age/Sex:** 65/M
4. **Address:** 589, Nayi Basti, Bhagirathpura, Indore
5. **Date of Admission:** 30/12/2025 to 03/01/2026 – Shalby Hospital.
   - 03/01/2026 to 29/01/2026 – Bombay Hospital
6. **History:** multiple episodes of loose motion, vomiting for 1 day
7. **Comorbidities:** No
8. **Medical Summary:**
   - **Course In Shalby Hospital:** Patient presented with above mentioned complain. At the time of admission, he was hypotensive and hypoxic. I/V fluids and I/V antibiotics with supportive care were started. Investigations were suggestive of Metabolic acidosis with dyselectrolytemia for which hemodialysis was done on 02/01/2026. In view of persistent deterioration the patient was referred to Bombay Hospital.
   - **Course in Bombay Hospital:** patient was admitted to Bombay Hospital Indore, on arrival patient was dull, drowsy. On examination R/S: b/l wheeze, crepts +, PA: soft, distended, bs+, all relevent investigation done, ABG done s/o metabolic acidosis and seen by nephrologist and planned for haemodialysis, opinion of gastroenterologist taken a treatment optimized accordingly.
   - USG KUB done suggestive of bilateral raised cortical echogenicity maintained cortico-medullary junction, had sudden episode of bradycardia f/b arrest, immediately attained and CPR started according to ACLS protocol, I/V adrenaline given, intubated and taken on mechanical ventilatory support, patient revived after approx. 5 minute of CPR, post return of spontaneous ventilation myoclonic jerks present, GCS: E1Vtm, neurologist opinion taken

and started on neuroprotective medications, tracheostomized on 7-1-2025, EEG done s/ non-convulsive status epilepticus, generalised epileptiform discharges and antiepileptics started accordingly, gradual urine output improves and creatinine decreases, but his neurological status remained critical despite continuous supportive treatment GCS (E1VtM1). Patient is taken on ionotropic support for hypotension which gradually tapered off. Despite critical condition, relatives took the patient to home and discharged against medical advice.

9. **Cause of death:** Acute gastroenteritis with Acute kidney injury with hypoxic ischemic encephalopathy.
10. **Date & Place of Death:** 30/01/2026 – at Residence
11. **Conclusion:** Death is probably related to current epidemic.

Case 14: Anita Kushwah

1. **Patient Name:** Anita Kushwah
2. **Father/Husband Name:** Champalal
3. **Age/Sex:** 65/F
4. **Address:** 342, Bhagirathpura, Indore
5. **Date of Admission:** 02/01/2026 – SAIMS; 04/01/2026 – Bombay Hospital
6. **History:** Loose motion (multiple episodes) and vomiting since 29/12/2025
7. **Comorbidities:** Hypertension
8. **Medical Summary:**
   - Patient had complains of loose motion, vomiting (multiple episodes) since 29/12/2025 and was admitted in SAIMS on 02/01/2026 or the same. Then she was referred to Bombay Hospital on 04/01/2026 with Kidney failure and decrease urine output. Biochemical examination shows, increased WBC, raised Creatinine and stool culture showed E.coli (08/01/2026). Nephrologist opinion has been taken and twice weekly hemodialysis was started. On 19/01/2026, patient had an episode of seizures, followed by cardiac arrest. CPR was done and patient was revived and put on Ventilatory support. Patient developed progressive muscle weakness for which Neurologist reference was taken. Gradually she improved and was extubated. After couple of days, her condition deteriorated and developed breathlessness. Xray chest was done suggestive of Left sided consolidation. Pulmonologist reference was taken and the patient was kept on mechanical ventilatory support and ionotropic support. Patient had cardiac arrest on 01/02/2026, CPR was initiated but could not be revived.
9. **Cause of death:** Acute gastroenteritis, Pneumonia with Septic shock, Multi organ failure, AKI, Cardiac arrest
10. **Date & Place of Death:** 01/02/2026 – at Bombay hospital
11. **Conclusion:** Death is probably related to current epidemic.

Case 15: Name- Alguram Yadav

1. **Patient Name:** Alguram Yadav
2. **Father/Husband Name:** Bhagwatiprasad Yadav
3. **Age/Sex:** 70/F
4. **Address:** Bhagirathpura, Indore
5. **Date of Admission:** Admitted on 09/01/2026 to SAIMS Hospital
6. **History:** Loose motion (8-10 episodes), vomiting (2-3 episodes), Abdominal pain, H/o fall 4-5 days back before admission.
7. **Medical Summary:**
   - Patient came with complain of 2-3 episode of vomiting, 8-10 episode of loose stool & Abdominal pain since 1-2 days to SAIMS. IV fluids & antibiotics were started. On routine investigation he was found to have pancytopenia (Hb-7.1 / TLC-4500 / Plt 95K) for which Medical Oncology opinion taken & he was planned for Repeat CBC & Bone marrow smear & biopsy subsequently. On 11/01/2026 at around 4 am patient had fall in bathroom & the attender also give history of fall 4-5 days back at home as well before admission.
   - NCCT Brain was done which was suggestive of acute left temporo parietal bleed with frontal hygroma & chronic SDH [Subdural Hematoma]. Patient's GCS was 11/15 & he became dull & drowsy so he was shifted to ICU on 11/01/2026. Hip Xray was done & he was found to have Right intertrochanteric femur fracture. Neurology & Neurosurgery consultation was done in which he was advised to continue anti-edema measures. From Neurosurgery he was advised to undergo CT angio & to continue conservative & medical management.
   - Orthopedic consultation were done & for the Right intertrochanteric femur fracture he was advised skeletal traction. His general condition started improving but during the course of hospitalization he developed lower respiratory tract infection & his O2 requirement increased. Chest physiotherapy done regularly & Respiratory Medicine opinion was also taken.
   - Patient was not maintaining O2 saturation & his ABG was suggestive of severe acidosis (metabolic). Patient was intubated on 3/02/26 as he was tachypneic, had tachycardia & he was not maintaining saturation. He was put on inotropic support. His urine output started falling for which Nephrology consultation was taken & he was planned to undergo SLED [Sustained Low Efficiency Dialysis]. During SLED his inotropic supports were put on maximum & 1 L Ultrafiltration was removed. Inotropic supports were put on maximum but his systolic BP was still around 60-70 mmHg.
   - On 05/02/26 patient went into Sudden Bradycardia & his saturation started failing. CPR was started acc [according] to latest ACLS guidelines. But despite all resuscitation efforts the patient could not be revived & was declared dead on 05/02/26 at 8:03 PM.
8. **Comorbidities:** Nil

9. **Cause of Death:** Acute gastroenteritis, Sepsis with Septic shock, MODS with Lower Respiratory Tract Infection, AKI, Hepatitis, Respiratory and Metabolic Acidosis
10. **Date & Place of Death:** 05/02/2026 - SAIMS
11. **Conclusion:** Death is probably related to current epidemic.

Case 16: Name- Uma Kori

1. **Patient Name:** Uma Kori
2. **Father/Husband Name:** Bihari Kori
3. **Age/Sex:** 31/F
4. **Address:** Bhagirathpura, Indore
5. **History:** Loose motion, vomiting – multiple episodes
6. **Comorbidities:** Nil
7. **Medical Summary:**
    a. Patient had complains of loose motion, vomiting (multiple episodes). On 28/12/2025, for these complains patient was taken to SAIMS hospital Emergency. On examination, patient's pulse and BP was not recordable and both pupils were fixed and dilated. An ECG was done which showed a flat line. Patient was declared brought dead to the hospital.
8. **Cause of death:** Acute gastroenteritis.
9. **Date & Place of Death:** 29/12/2025 – brought dead to SAIMS
10. **Conclusion:** Death is probably related to current epidemic.

Case 17: Name- Seema

1. **Patient Name:** Seema
2. **Father/Husband Name:** Gaurishankar
3. **Age/Sex:** 50/F
4. **Address:** 1051, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** loose motion, vomiting since 29/12/2025
7. **Comorbidities:** No
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 29/12/2025 – brought dead to Dr. Pandey's Clinic
10. **Conclusion:** Death is probably related to current epidemic.

Case 18: Name- Jeevanlal

1. **Patient Name:** Jeevanlal Barde
2. **Father/Husband Name:** Nagiram
3. **Age/Sex:** 80/M
4. **Address:** 640/1, Bhagirathpura, Indore
5. **Date of Admission:** No
6. **History:** loose motion, vomiting since 27/12/2025

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7. **Comorbidities:** No
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 28/12/2025 – at Residence.
10. **Conclusion:** Death is probably related to current epidemic.

Case 19: Name- Ramkali

1. **Patient Name:** Ramkali
2. **Father/Husband Name:** Jagdish
3. **Age/Sex:** 47/F
4. **Address:** 434, Bhagirathpura, Indore
5. **Date of Admission:** No
6. **History:** loose motion, vomiting since 28/12/2025
7. **Comorbidities:** H/o Paralysis, Tobacco chewer
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 28/12/2025 – at Residence.
10. **Conclusion:** Death is probably related to current epidemic.

Case 20: Name- Harkunwar Bai

1. **Patient Name:** Harkunwar Bai
2. **Father/Husband Name:** Ratanlal
3. **Age/Sex:** 81/F
4. **Address:** 1008, Kulkarni Nagar, Indore
5. **Date of Admission:** No
6. **History:** Loose motion, vomiting, fever since 28/12/2025
7. **Comorbidities:** Hypertension
8. **Medical Summary:** took medicines from Medical store – as symptoms persisted went to a local doctor on 31/12/2025 where medication and I/V fluid were given. Again went to the same doctor on 01/01/2026.
9. **Cause of Death:** Acute Gastroenteritis
10. **Date & Place of Death:** 02/01/2026 – at Residence.
11. **Conclusion:** Death is probably related to current epidemic.
12. **Note:** Patient Harkuwar bai, came to visit her daughter at 457, Bhagirathpura, near government school (21.12.2025 to 29.12.2025).

Case 21: Name- Khubchand

1. **Patient Name:** Khubchand
2. **Father/Husband Name:** Gannudas
3. **Age/Sex:** 74/M
4. **Address:** 757, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** loose motion, vomiting since 25/01/2026

7. **Comorbidities:** Paralysis for 7-8 years
8. **Cause of Death:** Acute Gastroenteritis
9. **Date & Place of Death:** 27/01/2026 – at Residence
10. **Conclusion:** Death is probably related to current epidemic.

Case 22: Name - Shaligram Thakur

1. **Patient Name:** Shaligram Thakur
2. **Father/Husband Name:** Dharu Singh
3. **Age/Sex:** 76/M
4. **Address:** 503/3, Bhagirathpura, Indore
5. **Date of Admission:** Shalby Hospital (Jan 2 – Jan 3, 2026); Bombay Hospital Indore (Jan 3 – Jan 17, 2026); SAIMS (Jan 24 – Feb 9, 2026)
6. **History:** Altered sensorium since 2 days, loose motions on 30-31 December 2025
7. **Comorbidities:** Old CVA (18 years ago) with Right Hemiparesis, Diabetes Mellitus Type II.
8. **Medical Summary:**
   - **Shalby Hospital (Jan 2 – Jan 3, 2026):** Admitted with complaints of loose motions on 30-31 dec 2025 with altered sensorium for 2 days and history of AGE and AKI 15 days ago at some private hospital for 5 days. At the time of admission PR 130/min, BP140/90mmHg, RBS 339mg/dL. CT Brain showed sequelae of old ischemic insult. He was transferred to Bombay Hospital on 03/01/2026.
   - **Bombay Hospital Indore (Jan 3 – Jan 17, 2026):** Admitted with complaints of generalized weakness, loose motion, non-projectile non-bilious vomiting. He was intubated in view of respiratory distress and later developed dyspnoea with Chest X ray suggestive of Ventilator associated Pneumonia (VAP). He underwent a tracheostomy due to prolonged intubation. He was discharged on request on 17/01/2026.
   - **SAIMS (Jan 24 – Feb 9, 2026):** Admitted with complaints of shortness of breath (SOB), fever on and off and weight loss. Haemoglobin 8.8g/dL, Platelet 81000, WBC 14190, Sodium 129 mEq/L, Potassium 3.7 mEq/L, Chest X ray (07/02/2026) suggestive of dense non-homogenous opacity in left lower zone. Patient came with TT insertion prior to admission and was found to have left sided lung consolidation and right sided pneumothorax. Patient initially on oxygen support with NIV support which was gradually tapered despite explanation of current condition and high risk status, patient's attendant requested discharge against medical advice (LAMA) on 09/02/2026.
9. **Cause of death:** Probably due to Acute Gastroenteritis, it's complications and co-morbidity.
10. **Date & Place of Death:** Death at home on 10/02/2026 at 11:00 PM.
11. **Conclusion:** Death is probably related to current epidemic.

Case 23: Name- Sumitra

1. **Patient Name:** Sumitra
2. **Father/Husband Name:** NA
3. **Age/Sex:** 55/F
4. **Address:** Resident of Bihar – visited her Son residing in Bhagirathpura
5. **History:** Loose motion, vomiting since 21/12/2025
6. **Comorbidities:** No
7. **Medical Summary:**
   - As per the information collected by the relatives of the deceased, the patient had complaints of loose motion and vomiting since 21/12/2025.
8. **Cause of death:** Acute gastroenteritis.
9. **Date & Place of Death:** 21/12/2025 – at Residence, at Bhagirathpura
10. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as death occurred on 21.12.25 and as per declaration provided by Epidemiological investigation report, epidemic started on 24.12.2025

Case 24: Name- Santosh Bigoliya

1. **Patient Name:** Santosh Bigoliya
2. **Father/Husband Name:** Shri Kalyan
3. **Age/Sex:** 75/M
4. **Address:** 997, Dargah wati gali, Bhagirathpura, Indore
5. **History:** Loose motion, vomiting since 22/12/2025
6. **Comorbidities:** Bidi Smoker
7. **Medical Summary:**
   - For complaints of vomiting and loose motion, patient was taken to Dr. Vinod Pandey's clinic on 22/12/2025 and 23/12/2025. As symptoms persisted and patient was not relieved, he was taken to MYH hospital on 24/12/2025, but died on the way to the hospital following which the deceased was taken back to his home.
8. **Cause of death:** Acute gastroenteritis with hypovolemic shock
9. **Date & Place of Death:** 24/12/2025 – on the way to the hospital
10. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as symptoms started on 22/12/2025 and as per declaration provided by Epidemiological investigation report, epidemic started on 24.12.2025

Case 25: Name- Hemant

1. **Patient Name:** Hemant
2. **Father/Husband Name:** Govind
3. **Age/Sex:** 51/M
4. **Address:** Police Chokl Wali Gali 81, Bhagirathpura, Indore
5. **Date of Admission:** 08/01/2026 – SAIMS
6. **History:** Bilateral lower limb weakness since 3 days, Shortness of breath for 1 day. Loose motion, vomiting 8-9 days back, got resolved on primary treatment prior to the admission.
7. **Comorbidities:** Type 2 Diabetes, Renal Cell Carcinoma with Left Diabetic foot
8. **Medical Summary:**
   - Patient came to SAIMS Emergency room with complaints of Bilateral lower limb weakness since 3 days, Shortness of breath for 1 day. Investigations were done, which was suggestive of anaemia and sepsis and dyselectrolytemia.
   - On examination, patient was found to have left diabetic foot with non- healing ulcer. I/V antibiotics and other supportive care were given.
   - USG guided biopsy suggested of Renal Cell Carcinoma and Venous doppler right lower limb suggestive of Cellulitis. Blood culture showed *Staphylococcus aureus* and pus culture grew *Morganella morganii*. Deranged renal function with Creatinine 4.53; underwent 3 cycles of hemodialysis.
9. **Cause of death:** Cardiopulmonary Arrest, Sepsis, AKI, Renal Cell Carcinoma
10. **Date & Place of Death:** 20/01/2026 – SAIMS
11. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as ongoing through the documents provided by the SAIMS definitive cause of death could not be ascertained as patient had history of Acute gastroenteritis 8 days before admission to SAIMS but patient also had metastatic Renal cell Carcinoma with Sepsis.

Case 26: Name- Omprakash Sharma

1. **Patient Name:** Omprakash Sharma
2. **Father/Husband Name:** NA
3. **Age/Sex:** 69/M
4. **Address:** C10, Shiv Vihar Colony, Dhar
5. **Date of Admission:** 01/01/2026 – Bombay Hospital
6. **History:** Loose motion 5-6 times since 1 day, altered sensorium since 1 day and oral ulcer for last 12 days before admission
7. **Comorbidities:** Hypertension, recently diagnosed Normal Pressure Hydrocephalus
8. **Medical Summary:**
   - Patient presented with the complaints of Loose motion 5-6 times since 1 day, altered sensorium since 1 day and oral ulcer for last 12 days before admission. On examination, he was found to have penile ulcer, ENT & Urology referral was done. His condition remain critical. In view of desaturation and

hypotension, ventilatory and ionotropic support was started. On 04/01/2026 morning, this conditions further deteriorated and he suffered cardiac arrest. Despite best resuscitative efforts he could not be revived.

9. **Cause of death:** Multiorgan failure, AKI with UTI, with Acute gastroenteritis, Respiratory failure, Sepsis with septic shock
10. **Date & Place of Death:** 04/01/2026 – Bombay Hospital
11. **Conclusion:** Cause of death due to this Gastroenteritis epidemic remains inconclusive as the patient is resident of Dhar, as per the hospital records available and not of Bhagirathpura – where the current gastrointestinal epidemic took place.

Case 27: Name- Ashok Panwar

1. **Patient Name:** Ashok Panwar
2. **Father/Husband Name:** Motilal
3. **Age/Sex:** 62/M
4. **Address:** 142, Bhagirathpura, Indore
5. **Date of Admission:** Presented in OPD on 24/12/2025.
6. **History:** H/O fall on ground, followed by Chest pain, Ghabrahat, Shortness of breath; Altered sensorium since 22/12/2025
7. **Comorbidities:** Hypertension, Cerebrovascular Accident, Chronic Alcoholic
8. **Medical Summary:**
   - Patient Ashok, on 20/12/2025 had history of fall associated with loss of speech, weakness of all four limbs and urinary incontinence followed by altered sensorium. He presented to MYH Emergency on 24/12/2025.
   - I/V fluids and I/V antibiotics and supportive care was started.
   - Blood investigations and clinical examination was suggestive of Hypernatremia and Chronic kidney disease.
   - CT Head was done which was suggestive of Acute Haemorrhagic Stroke – Left Basal ganglia bleed.
   - On 25/12/2025, patient suffered Cardiopulmonary arrest but despite best resuscitative effort patient could not be revived.
9. **Cause of death:** Intracranial Bleed, Chronic Kidney Disease, Cardiopulmonary arrest
10. **Date & Place of Death:** 25/12/2025 – MYH Hospital
11. **Conclusion:** Death is probably not related to current epidemic.

Case 28: Name- Shankarlal

1. **Patient Name:** Shankarlal
2. **Father/Husband Name:** Bherulal
3. **Age/Sex:** 75/M
4. **Address:** 897, Bhagirathpura, Indore

5. **Date of Admission:** 27/12/2025 – Verma Hospital; 29/12/2025 – Cloth Market Hospital
6. **History:** Shortness of breath, Ghabrahat, Difficulty in urination
7. **Comorbidities:** Known case of Chronic Obstructive Pulmonary Disease, Fracture Right Tibia, Bhang addiction
8. **Medical Summary:**
   - Patient presented to Verma Hospital on 27.12.2025 with difficulty in urination and shortness of breath (also h/o fracture right tibia, duration – not known).
   - Admitted to Cloth Market Hospital on 29/12/2025 with similar complaints, treatment in form of I/V fluid and I/V antibiotics were started, as the condition deteriorated, the patient was put on ventilatory and ionotropic support.
   - USG suggestive of hepatomegaly with Ileocaecal, Large bowel oedema. Aanemia- Hb: 9.5 gm/dl, TLC: 13,200
   - Urine R/M showed Pus cells- 10-12
   - Sodium: 125 mEq/L (low), Chloride: 94 mEq/L (low)
9. **Cause of death:** Cardiorespiratory arrest with Septicemia
10. **Date & Place of Death:** 30/12/2025 – Shree Indore Cloth Market Hospital
11. **Conclusion:** Death is probably not related to current epidemic.

Case 29: Name- Kamla

1. **Patient Name:** Kamla
2. **Father/Husband Name:** Tulsiram
3. **Age/Sex:** 60/F
4. **Address:** R/O Jiven Ki Phel, Indore
5. **Date of Admission:** Presented in OPD on 07/01/2026.
6. **History:** Vomiting (2–3 episodes/day for 5 days), Non passage of faeces and urine since 2 days, ghabrahat, shortness of breath since 3 days, abdominal pain, altered sensorium since 3 days.
7. **Comorbidities:** Nil
8. **Medical Summary:**
   - Patient presented to MYH Hospital on 07/01/2026, with above mentioned complaints. On examination, patient had neck rigidity and kernig's sign positive. Patient also had complaints of Renal failure on the basis of reports and examination. Treatment was started and investigations were done. Hemodialysis was done. Condition gradually deteriorated, patient was intubated and ventilatory and ionotropic support was started. Despite best resuscitative efforts patient could not be revived.
   - USG finding shows Bilateral Renal Parenchymal disease - CKD
   - **Labs:** Hb: 6.3–6.4 g/dL, TLC: 16,000–16,500/mm³, Platelets: 159,000 → 129,000/mm³, Urea: 270 → 249 mg/dL, Creatinine: 6.96 → 7.54 mg/dL, Uric acid: 15.8 → 17 mg/dL, SGOT: 512 → 490 U/L, SGPT: 141 → 160 U/L, ALP: 450 → 531 U/L, Ferritin: ~7530 ng/mL, PTH: ~1086 pg/mL, Low Vitamin D, Hypoalbuminemia, Electrolyte imbalance

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9. **Cause of death:** Uremic encephalopathy with CKD with Severe metabolic acidosis
10. **Date & Place of Death:** 09/01/2026 – at MYH Hospital
11. **Conclusion:** Death is probably not related to current epidemic.

Case 30: Name- Sunita

1. **Patient Name:** Sunita
2. **Father/Husband Name:** Satish
3. **Age/Sex:** 49/F
4. **Address:** Bhagirathpura, Indore
5. **Date of Admission:** Presented in OPD on 07/01/2026.
6. **History:** Vomiting (1-2 episodes) since 1 day, blood tinged sputum since 1 day and shortness of breath since 1 day of admission.
7. **Comorbidities:** CKD Stage V (Not on Hemodialysis), Hypothyroidism, Asthma, Valvular Heart disease, Heart failure.
8. **Medical Summary:**
   - Patient presented to MYH Hospital on 07/01/2026 and treatment was started in form of I/V fluids and I/V antibiotics with other supportive care.
   - On admission she was hemodynamically stable (Pulse 86/min, BP 140/80mmHg, SpO2 98% on RA, RBS 108 mg/dL)
   - Investigations showed severe anaemia: Hb 6.7, advanced renal failure (S. Creatinine upto 9.55 mg/dL, Urea 299 mg/dL).
   - During hospital stay, she underwent one haemodialysis session; developed status epilepticus during the second session, which was treated with midazolam, phenytoin, and levetiracetam, and she was intubated and started on midazolam infusion.
   - Gradually condition deteriorated, taken on ventilatory and Ionotropic support. Patient suffered cardiac arrest despite resuscitative efforts could not be revived.
9. **Cause of death:** Uremic encephalopathy, CKD Stage V, Heart failure, Hypothyroidism with Shock
10. **Date & Place of Death:** 10/01/2026 – at MYH Hospital
11. **Conclusion:** Death is probably not related to current epidemic.

Case 31: Name- Vidya Bai Yadav

1. **Patient Name:** Vidya Bai Yadav
2. **Father/Husband Name:** Ramdayal Yadav
3. **Age/Sex:** 85/F
4. **Address:** Bhagirathpura, Indore
5. **Date of Admission:** Presented in OPD on 22/01/2026.
6. **History:** Shortness of breath, Abdominal pain.
7. **Comorbidities:** Hypertension, Fracture Right Hip.
8. **Medical Summary:**

- Patient presented to SAIMS Emergency on 22/01/2026 at 8.55 PM. On examination, patient had Bradycardia with Non-recordable blood pressure. I/V fluids & other supportive care was given. Patient suffered cardiac arrest for which CPR was given but patient could not be revived back. ECG was done which showed flat lines.

9. **Cause of death:** Shock, Sepsis, Septicemia, Asthma, Respiratory Acidosis
10. **Date & Place of Death:** 22/01/2026 – at SAIMS Hospital
11. **Conclusion:** Death is probably not related to current epidemic.

Case 32: Name - Rajaram Borasi

1. **Patient Name:** Rajaram Borasi
2. **Father/Husband Name:** Omkarlal
3. **Age/Sex:** 75/M
4. **Address:** Bhagirathpura, Indore
5. **Date of Admission:** 24/01/2026 – Shalby Hospital – took LAMA and went to Superspeciality MYH hospital on same day.
6. **History:** Weakness and Shortness of breath since 2-3 days
7. **Comorbidities:** Type 2 Diabetes, Hypertension, Coronary Artery Disease – Double Vessel Disease
8. **Medical Summary:**
   - Patient presented to Shalby hospital on 24/01/2026 at 9.30 AM with Cardiac failure, hypoxia and tachypnea. Here, primary management was done and patient was immediately taken to Superspeciality hospital, MGM Medical College. Patient reached the casualty of Superspeciality hospital in gasping state, shifted to Cardiac ICU, immediately CPR was started but patient cannot be revived.
   - ECHO finding suggestive of LVEF 20-25%, RA/RV dilated, mild AR, mild MR.
9. **Cause of death:** Acute diastolic Heart Failure with old Coronary artery disease.
10. **Date & Place of Death:** 24/01/2026 – MYH Superspeciality Hospital
11. **Conclusion:** Death is probably not related to current epidemic.

Case 33: Name- Subhadra Bai

1. **Patient Name:** Subhadra Bai
2. **Father/Husband Name:** Basant Panwar
3. **Age/Sex:** 78/F
4. **Address:** 592, Bhagirathpura, Indore
5. **Date of Admission:** 09/01/2026 – Metro Hospital
6. **History:** Shortness of breath (7 days), Abdominal pain (4 days) Swelling in B/L upper and lower limbs (10 days), Body ache (12 days), burning micturition (7 days), Generalized weakness (7 days) before admission.
7. **Comorbidities:** Hypertension, Hypothyroidism
8. **Medical Summary:**

- Patient present with the above mentioned complains and investigations were done. Patient was desaturated, I/V antibiotics and fluid support was started with oxygenation. Patient remained dull and drowsy and hemodynamically unstable for which ionotropes were started. During the hospital stay, condition further deteriorated with dyselectrolytemia and acute kidney injury. The patient then went to Cardiac failure, sepsis and multiorgan failure and despite efforts of resuscitation he could not be revived.

9. **Cause of death:** Congestive Cardiac Failure, Cardiomyopathy, Sepsis, Multiorgan failure
10. **Date & Place of Death:** 15/01/2026 – at Metro Hospital
11. **Conclusion:** Death is probably not related to current epidemic.

Case 34: Name- Laxmi Rajak

1. **Patient Name:** Laxmi Rajak
2. **Father/Husband Name:** NA
3. **Age/Sex:** 74/F
4. **Address:** 419/3, Bhagirathpura, Indore
5. **Date of Admission:** 27/01/2026 – CHL Hospital (Scheme 114)
6. **History:** Generalized weakness and Abdominal pain radiating to back since 4-5 days, Cold, cough and fever for 2 days before admission on 26/01/2026
7. **Comorbidities:** Diabetes, Hypertension
8. **Medical Summary:**
   - Patient presented for weakness, abdominal pain and Cough and cold, the patient took treatment from Local physician but could not get relieved. So, patient went to CHL hospital (114) and treatment was started on 27/01/2026 morning. She developed Type I Respiratory failure with Metabolic acidosis and Acute Kidney injury, dyselectrolytemia for which hemodialysis was started, in view of respiratory distress non-invasive ventilatory support was started. On 10.30 AM patient developed Atrial fibrillation for which treatment was initiated. Patient's condition deteriorated further at 10 PM, CPR was done but despite best resuscitative efforts patient could not be revived.
9. **Cause of death:** LRTI with Type I Respiratory failure, Urosepsis, AKI, Septicemia, Multiorgan dysfunction, Atrial fibrillation
10. **Date & Place of Death:** 27/01/2026 – at Care CHL Hospital (Scheme 114)
11. **Conclusion:** Death is probably not related to current epidemic.

Case 35: Name- Siya Prajapati

1. **Patient Name:** Siya Prajapati (Shruti Prajapati)
2. **Father/Husband Name:** Suraj Prajapati
3. **Age/Sex:** 2/F
4. **Address:** Bhagirathpura
5. **Date of Admission:** 31/01/2026 - Chacha Nehru Bal Chikitsalaya

6. **History:** Excessive irritability, fever for 7 days.
7. **Comorbidities:** None
8. **Medical Summary:**
   - For above mentioned complaints, the child was admitted on 31/01/2026 at Chacha Nehru Bal Chikitsalaya. Investigations were sent and supportive management was started. On examination right hypochondrium tenderness was present. USG Abdomen was suggestive of multiple liver abscesses. Paediatric surgery opinion was taken and management for the same was initiated. Patient was discharged from Chacha Nehru Bal Chikitsalaya from 05/02/2026 and admitted to Super Speciality Hospital on the same day under paediatric surgery department for the treatment of liver abscess. USG guided pigtail insertion was done. Post-procedure patient was managed with higher antibiotics, fluids, blood and albumin transfusion was done. On 09/02/2026, at 10:20PM patient had seizures and cyanosis of lips and peripheries. Patient was immediately intubated and kept on ventilator support. On 10/02/2026, 04:20 AM, patient started desaturating and had bradycardia, resuscitation was started but despite best resuscitative efforts, child could not be revived and declared dead on 10/02/2026.
9. **Cause of death:** Aspiration Pneumonitis, Seizures, Sepsis, Multiple liver abscess
10. **Date & Place of Death:** Super Speciality Hospital, Indore. 10/02/2026
11. **Conclusion:** Death is probably not related to Epidemic

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Summary of Death Analysis Report (Total 35 Deaths) till date 12.02.2026

Sr No.	Status of Death	No of Deaths	Name of Deceased	Remarks	Death probably related to epidemic (Yes/No)
1	Already declared by CMHO due to epidemic	6	1. Urmila 60/F. 2. Tara 65/F 3. Nandlal 70/M 4. Heeralal 65/M 5. Arvind Nikar* 43/M 6. Avyan 6 months/M	*Mr. Arvind Nikar: PM done, report awaited.	Yes
2	Preliminary PM Report	1	7. Manjula 65/F	PM done, report awaited.	
3	Hospital/IPD Deaths	8	8. Geeta 64/F 9. Gomti Rawat 47/F 10. Shravan 80/M 11. Bhagwan Bharne 64/M 12. Badriprasad 63/M 13. Eknath Suryawanshi 65/M 14. Anita Kushwah 85/F 15. Alguram Yadav 70/M	Probably related to current epidemic	
4	Death during transit	2	16. Uma Kori 31/F 17. Seema 50/F	Possibility of death due to current Gastroenteritis epidemic according to the history available	
5	Home Death	5	18. Jeevan Lal 80/M 19. Ramkali 47/F 20. Harkuwar Bai 81/F 21. Khubchand 74/M 22. Shaligram Thakur 76/M		
6	Inconclusive	4	23. Sumitra 55/F	Death on 21/12/25 (As per declaration provided by Epidemiological investigation report given by committee, epidemic started on 24/12/2025)	Inconclusive
			24. Santosh Bigoliya 75/M	Death due to this Gastroenteritis epidemic remains inconclusive as symptoms started on 22/12/2025 & death occurred on 24/12/2025 (as per declaration provided by Epidemiological investigation report, epidemic started on 24/12/2025)	
			25. Hemant 51/M	On going through the documents provided by the SAIMS definitive cause of death could not be ascertained because patient has multiple severe co-morbidities.	

			26. Omprakash 69/M	Resident of Dhar, not Bhagirathpura, as per documents provided to committee	
7	Not related to Epidemic	9	27. Ashok 62/M 28. Shankarlal 75/M 29. Kamla 60/F 30. Sunita 49/F 31. Vidya Bai 85/F 32. Rajaram Borasi 75/M 33. Subhadra bai 78/F 34. Laxmi Rajak 74/F 35. Siya Prajapati/Shruti 2/F	Cause of death in this patient probably is not due to current Gastroenteritis epidemic as per the hospital records available.	No
	Total	35			

Name of Deceased	Remarks	Death probably related to epidemic
1. Urmila 80/F 2. Tara 65/F 3. Nandlal 70/M 4. Heeralal 65/M 5. Arvind Nikar* 43/M 6. Avyan 5 months/M 7. Manjula 65/F* 8. Geeta 64/F 9. Gomti 47/F 10. Shravan 80/M 11. Bhagwan Bhame 64/M 12. Badriprasad 63/M 13. Eknath Suryawanshi 65/M 14. Anita Kushwah 65/F 15. Alguram Yadav 70/M 16. Uma Kori 31/F 17. Seema 40/F 18. Jeevan Lal 80/M 19. Ramkali 47/F 20. Harkuwar Bai 81/F 21. Khubchand 74/M 22. Shaligram Thakur 76/M	Cause of death probably related to current Gastroenteritis epidemic *Note: Decease name Manjula 65/F (Serial No. 7) PM done, reports awaited.	Yes
23. Sumitra 55/F	Death on 21/12/25 (As per declaration provided by Epidemiological investigation report given by committee, Epidemic started on 24/12/2025)	Inconclusive
24. Santosh Bigotiya 75/M	Death due to this Gastroenteritis epidemic remains inconclusive as symptoms started on 22/12/2025 & death occurred on 24/12/2025 (as per declaration provided by Epidemiological investigation report, epidemic started on 24/12/2025	
25. Hemant 51/M	Cause of death due to this Gastroenteritis epidemic remains inconclusive as ongoing through the documents provided by the SAIMS definitive cause of death could not be ascertained because patient had metastatic Renal cell Carcinoma with Sepsis.	
26. Omprakash 69/M	Cause of death due to this Gastroenteritis epidemic remains inconclusive as the patient is resident of Dhar, as per the hospital records available and not of Bhagirathpura – where the current gastrointestinal epidemic took place.	
27. Ashok 62/M	Intracranial Bleed, Cardiopulmonary arrest	No
28. Shankarlal 75/M	Cardiorespiratory arrest with Septicemia/Cardiopulmonary Shock/Anaemia/Hyponatremia	
29. Kamla 60/F	Uremic encephalopathy with CKD with Severe metabolic acidosis	
30. Sunita 48/F	Uremic encephalopathy, CKD Stage V, Heart failure, Hypothyroidism with Shock	
31. Vidya Bai 86/F	Shock, Sepsis, Septicemia, Asthma, Respiratory Acidosis	
32. Rajaram Borasi 75/M	Acute diastolic Heart Failure with old Coronary artery disease.	
33. Subhadra bai 78/F	Congestive Cardiac Failure, Cardiomyopathy, Sepsis, Multiorgan failure	
34. Laxmi Rejak 74/F	LRTI with Type I Respiratory failure, Urosepsis, AKI, Septicemia, Multiorgan dysfunction, Atrial fibrillation	
35. Siya Prajapati 2/F	Aspiration Pneumonitis, Seizures, Sepsis, Multiple liver abscess	

*In the previous submitted report, the death of Mr. Santosh was wrongly mentioned due to typographic error.

**We have used "INCONCLUSIVE" word in death analysis of 4 patients (1. Sumitra, 2. Santosh, 3. Hemant, 4. Omprakash), which has literal meaning not leading to definite decision or result.

INCONCLUSIVE term was used in the report for those few cases where cause of death was not directly attributed to the outbreak/epidemic event on the basis of time/place/person.

Since their reported symptoms were mimicking diarrheal manifestation in variable intensity, they cannot be absolutely refuted from it and that's why they are part of the list categorised as 'Inconclusive'.

To elaborate it further, one patient had severe co-morbidity i.e. was suffering from fatal renal cancer at an advanced stage, which in itself could be an independent cause of death in this case. Thus, was given categorisation of 'Inconclusive'.

One case was not a resident of the outbreak/epidemic area, in fact he was a resident of Dhar arrived in Indore, got symptoms and succumbed to death. His connectivity to the outbreak/epidemic area was not established as per the information given to the committee, therefore had been categorised as 'Inconclusive'.

As per the universally accepted scientific procedure, in investigation of an outbreak/epidemic of any infectious disease, by rule, a primary case has to be searched, who supposedly first extracted the infection. Many times the primary case is not feasible to be found, in that situation, an index case is identified. This is the first case of the area who had presented with the symptoms. All the cases with the same symptoms after this index case are included in the outbreak/epidemic. Two cases had older history and died before the Index case, hence were not included in the count of outbreak/epidemic affected persons. However, since the primary case could not be recognised, they are part of the list and categorised as 'Inconclusive'.

Dr. Sanjay Dubey

Dr. Akhilesh Pratap Singh Tomar

Dr. Suraj Sirohi 12/02/26

Dr. Dharmanshu Chaube

Dr. Sunil Soni

माइक्रोबायोलॉजी विभाग

महात्मा गाँधी स्मृति चिकित्सा महाविद्यालय, इंदौर

"अंगदान –महादान" "Donate Organ Save Life"

एम.जी.एम.एम.सी./माइक्रो./2026/..... **दिनांक:- 16/02/2026**

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16/02/26

प्रति,

प्रभारी अधिकारी
विधानसभा शाखा
एम.जी.एम. मेडिकल कॉलेज इंदौर (म.प्र.)

विषय:- विधान सभा प्रश्न क्रमांक 3214/ विधानसभा/2026 दिनांक:- 16/02/2026 के उत्तर प्रस्तुत करने के संबंद्ध में.

महोदय,

उपरोक्त संदर्भित पत्र में चाही गयी जानकारी निम्नानूसर आपकी और प्रेषित है

क	नगर निगम इंदौर के भागीरथपुरा में अब तक कुल कितनी मौतें हुईं और मृत्यु होने के क्या-क्या कारण रहे? मृतकों के नाम और उनकी पोस्टमार्टम रिपोर्ट की प्रतिसहित बतावें।	संबंद्धित नहीं
ख	भागीरथपुरा में यदि मौतें पानी पीने से हुई हैं तो पानी में किन-किन कारकों/ तत्वों के होने के कारण है मौतें हुई, जजैसे कोई टॉक्सिन या कोई बैक्टीरिया, या कौन-कौन से बैक्टीरिया से मौतें हुई? प्रतिसहित बतावें।	संबंद्धित नहीं
ग	क्या मृतकों की मेडिकल पोस्टमार्टम/मेडिकल डेथ ऑडिट हुए हैं, जिससे यह सुनिश्चित किया जा सके कि किन-किन बैक्टीरिया के कारण मौतें हुई? प्रतिसहित बतायें। यदि मेडिकल पोस्टमार्टम या मेडिकल डेथ ऑडिट नहीं हुए तो विधिसम्मत कारण बतायें।	संबंद्धित नहीं
घ	कितनी बार मेडिकुल डेथ ऑडिट हुई, समस्त डेथ ऑडिट की रिपोर्ट देवें।	संबंद्धित नहीं
ड	पानी की जो सैंपलिंग ली गई, क्या उसमें बैक्टेरिया के साथ में कोई प्वाईजन मिला? मृतकों के पोस्टमार्टम बायोप्सी और कल्पर विसरा की बायोप्सी में मृत्यु के कारण क्या रहे? प्रतिसहित बतायें।	संबंद्धित नहीं
च	नगर निगम इंदौर में पानी की गुणवत्ता जांच की क्या प्रक्रिया है? सक्षम लैबोरेटरी कितनी हैं, कितनी एनएबीएल द्वारा संबद्ध है? किस लैब में कब-कब, कैसे-कैसे जांच की जाती है, कब जांच रिपोर्ट मिलती है? जांच रिपोर्ट के आधार पर कब-कब कौन-कौन क्या कार्यवाही करते हैं? विगत 2 वर्षों की उक्त प्रक्रिया पालन की प्रतिसहित बतायें।	संबंद्धित नहीं
छ	नगर निगम इंदौर में पेयजल पाइपलाइनों की एक्सपायरी क्या निर्धारित है? कितनी पाइपलाइन की एक्सापायरी हो चुकी हैं?	संबंद्धित नहीं

धन्यवाद,

डॉ. मनीष पुरोहित
विभागाध्यक्ष
माइक्रोबायोलॉजी विभाग
एम.जी.एम. मेडिकल कॉलेज इंदौर (म.प्र.)
Head of Department
Department of Microbiology
MGM, Medical College, Indore

Annexure-10

Pvt. Hospital Admitted Case Line list - Bhagirathpura

No.	Hospital's Name	Date of Admission/ Date of Illness	Name	Gender	Age	Address	Status (Discharge/ Death)	Discharge/ Death Date	Diagnosis / Nature of Illness
1	Apollo Hospital	24.12.2025	Mr. ANURAG YADAV	Male	21	BHAGIRATHPURA INDORE	Discharge	29.12.2025	ACUTE GASTROENTERITIS WITH SEVERE DEHYDRATION WITH HYPOVOLEMIC SHOCK WITH ACUTE KIDNEY INJURY
2	Apollo Hospital	25.12.2025	Mr. ANKIT SHUKLA	Male	36	516 BHAGIRATHPURA INDORE	Discharge	28.12.2025	SEVERE ACUTE GASTROENTERITIS
3	Apollo Hospital	25.12.2025	Anju Chouhan	Female	40	414 Bhagirathpura	Discharge	30.12.2025	SEVERE ACUTE GASTROENTERITIS WITH SEVERE DEHYDRATION WITH ACUTE KIDNEY INJURY
4	Care CHL Hospital	25.12.2025	SAVITRI BAI JAISWAL	Female	69	8/3 NANDA NAGAR INDORE	Discharge	27.12.2025	Acute Gastroenteritis with degydration
5	DNS Hospital	25.12.2025	Jyoti Sen	Female	38	1154, Bhagirathpura Nai Basti, Indore	Discharge	30.12.2025	Acute Dysentry
6	SAIMS	25.12.2025	Mrs.Nirmala yadav	Female	37	Bhagirathpura Indore	Discharge	02.01.2026	Acute Gastroenteritis with severe Dehydration / Pre-renal AKI
7	Sashi hospital	25.12.2025	koushalya kushwah	Female	61	Bhagirathpura, Indore	Discharge	01.01.2026	Severe Acute Gastroenteritis , Cardiac dysfuntion
8	Shalby Hospital	25.12.2025	Chandrakala Nahar	Female	77	20/21, Vibrant Vivan Race Cource Road, Indore	Discharge	31.12.2025	Acute diarrhea with Severe Dehydration
9	Triveni Hospital	25.12.2025	SARLA SUNHARE	Female	58	Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis with Hypokalaemia / AKI
10	Bhandari hospital - BHRC	26.12.2025	REKHA BAIS	Female	59	361/1 BHAGIRATHPURA INDORE	Discharge	01.01.2026	ACUTE GASTROENTERITIS / ILD / HIATUS HERNIA
11	Care CHL Hospital	26.12.2025	PRADEEP KUMAR BATHAM	Male	72	29- BICHOLI MARDANA NEAR VAISHNAV MATA MANDIR INDORE	Discharge	29.12.2025	CAD / ACS

12	mediplus hospital	26.12.2025	Mrs. Varsha	Female	46	1245 Bhagirathpura indore	Discharge	06.01.2026	Acute Gastroenteritis /AKI
13	Sashi hospital	26.12.2025	Bhagwati kori	Female	45	BHAGIRATHPURA,INDORE	Discharge	29.12.2025	Severe Gastritis with Acute Gastroenteritis
14	Apollo Hospital	27.12.2025	ms. Lakshmi	Female	41	1958 bhagirathpura	Discharge	29.12.2025	ACUTE GASTROENTERITIS WITH DEHYDRATION
15	Arihant Hospital	27.12.2025	Mrs. Bhawna Jaswani	Female	58	108, Bhagirathpura, Indore	Discharge	31.12.2025	ACUTE GADTROENTERITIES/DEHYDRATION/HYPOVOLEMIC SHOCK/TROP-I POSITIVE WITH AKI (RECOVERED)/K/C/O HTN/APPENDECTOMY-20 YEAR BACK
16	Ayesha Nursing Home	27.12.2025	sarina ansari	Female	25	592 Bhagirathpura	Discharge	29.12.2025	Acute Gastroenteritis
17	ROBERTS NURSING HOME	27.12.2025	mr naveen sharma	Male	62	488 bhagirathpura pooja tent house	Discharge	02.01.2026	Acute Gastroenteritis with AKI on sepsis with HTN
18	Shri Indore Cloth market Hospital	27.12.2025	Mrs. Urmila Bai	female	64	201 Bhagirathpura indore	Death	28.12.2025	Acute Gastroenteritis, Septicaemia, Severe dehydration
19	TRINETRA HOSPITAL	27.12.2025	MRS. VIDHYA BAI	Female	70	75/3 BHGIRATH PURA	Discharge	02.01.2026	Acute Gastroenteritis with Dehydration/ AKI
20	Banthia Hospital	28.12.2025	Durgalal Mankere	Male	65	206-B Block Victoriya Oasis Society Chota Bangada	Discharge	03.01.2026	Acute Gastroenteritis, Subacute Intestinal Obstruction, Dehydration, Known Case of Bronchial Asthma
21	Bhandari hospital - BHRC	28.12.2025	SIDDI KASHYAP	Female	13	1249 BHAGIRATHPURA INDORE	Discharge	01.01.2026	Acute Gastroenteritis WITH SEVERE DEHYDRATION WITH AKI
22	Charak hospital	28.12.2025	Ram Karan shrinivas	Male	55	Bhagirathpura indore	Discharge	01.01.2026	Acute Gastroenteritis with Dehydration
23	medanta hospital	28.12.2025	lila cevi	Female	61	shukla ji gali bhagirathpura	Discharge	03.01.2026	Acute Gastroenteritis with Dehydration
24	SAIMS	28.12.2025	Nirmala W/o Ram Chandra	Female	57	1758, Bhagirathpura Indore	Discharge	02.01.2026	Acute Gastroenteritis with severe Dehydration
25	SAIMS	28.12.2025	Shobha Jonwal W/o Rup Singh	Female	51	Emreald City Indore	Discharge	02.01.2026	Sepsis / Acute Gastroenteritis with severe Dehydration / Hypothyroidism
26	Sashi hospital	28.12.2025	PRIYA PALVI	Female	25	BHAGIRATHPURA,INDORE	Discharge	31.12.2025	Severe Gastritis

27	Sashi hospital	28.12.2025	KAMLA BAI KAITHWAS	Female	77	BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Severe Gastritis
28	Shalby Hospital	28.12.2025	Hitesh Bairagi	Male	22	100/A, Yadav Colony Indore	Discharge	31.12.2025	Acute Gastroenteritis with severe Dehydration / AKI
29	Shalby Hospital	28.12.2025	Seema Kale	Female	42	348, Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis with severe Dehydration / AKI
30	Shalby Hospital	28.12.2025	Navin Sharma	Male	62	488, Bhagirathpura Indore M.P.	Discharge	30.12.2025	Acute Gastroenteritis (? Vibreo cholerea) with hypovolemic shock with AKI
31	Triveni Hospital	28.12.2025	SUMAN BHARAT	Female	46	Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis / AKI/ Severe dehydration
32	Triveni Hospital	28.12.2025	DHAPU BAI	Female	92	Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis with dehydration
33	True Care Hospital	28.12.2025	Rani tiwari	Female	38	617 Bhagirathpura indore	Discharge	01.01.2026	Acute Gastroenteritis with severe Dehydration
34	Verma Nursing Home, Pardeshipura Chouraha, Indore	28.12.2025	Rajni W/o Murlidhar Wadhe	Female	5	1080, Bhagirathpura Indore	Discharge	29.12.2025	Acute Gastroenteritis
35	Verma Nursing Home, Pardeshipura Chouraha, Indore	28.12.2025	Avni D/o Rakesh Bhanopa	Female	10	379, Bhagirathpura Indore	Discharge	29.12.2025	Acute Gastroenteritis
36	Verma Nursing Home, Pardeshipura Chouraha, Indore	28.12.2025	Nandlal s/o Mutthulal Pal	Male	75	450, Bhagirathpura Indore	Death	30.12.2025	Acute Gastroenteritis
37	Verma Nursing Home, Pardeshipura Chouraha, Indore	28.12.2025	Kamal S/o Omkar Shakyawar	Male	50	Bhagirathpura Indore	Discharge	30.12.2025	Acute Gastroenteritis
38	Arpan Hospital	29.12.2025	Saloni Raikwad D/o Kanhiya Raikwad	Female	24	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis
39	Arpan Hospital	29.12.2025	Rajkumari bai w/o Late Ram Charan	Female	63	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis
40	Ayesha Nursing Home	29.12.2025	sakina ansari	Female	45	592 Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis
41	Bhandari hospital - BHRC	29.12.2025	RAJKUMAR PAL	Male	55	367/1 BHAGRITHPURA INDORE	Discharge	31.12.2025	ACUTE GASTROENTERITIS WITH AKI (Recovered)

42	Bhandari hospital - BHRC	29.12.2025	SURESH PAL	Male	57	367/1 BHAGIRATHPURA INDORE	Discharge	31.12.2025	Acute Gastroenteritis
43	Birla hospital	29.12.2025	master aarush parihar	Male	4	Bhagirathpura	Discharge	30.12.2025	Acute Gastroenteritis With Dehydration
44	Care CHL Hospital	29.12.2025	Narendra Yadav	Male	40	Bhagirathpura lakshmi Station Indore	Discharge	02.01.2026	Acute Gastroenteritis with degydration , shock
45	Care CHL Hospital	29.12.2025	Mr Motilal karole	Male	66	28/11 Pardeshi pura, Indore	Discharge	30.12.2025	Acute Gastroenteritis With bronchial asthma
46	Charak hospital	29.12.2025	subhadra pawar	Female	78	Bhagirathpura indore	Discharge	31.12.2025	Acute Gastroenteritis with Dehydration
47	Coral Hospital	29.12.2025	baby misthi	Female	11 month	Bhagirathpura indore	Discharge	31.12.2025	Acute Gastroenteritis with Moderate dehydration with Anemia
48	CUREWELL HOSPITAL Pvt. Ltd.	29.12.2025	LATA SUNHARE	Female	50	864, BHAGIRATHPURA	Discharge	31.12.2025	Acute Gastroenteritis with Dehydration
49	CUREWELL HOSPITAL Pvt. Ltd.	29.12.2025	REKHA BAI JASIWAL	Female	62	762/4, BHAGIRATHPURA	Discharge	03.01.2026	Acute Gastroenteritis with shock with AKI with electrolyte imbalance
50	Laxmi memorial hospital	29.12.2025	Kalyan Singh	MALE	50	Bhagirathpura indore	Discharge	31.12.2025	Acute Gastroenteritis With Dehydration
51	LNCT Medical College & Associated Sewakunj Hospital	29.12.2025	Mrs. Radha Sharma	Female	75	Bhagirathpura INDORE Madhya Pradesh	Discharge	02.01.2026	Acute Gastroenteritis/ Hyperurecemia
52	SAIMS	29.12.2025	Mr. pankaj	Male	33	Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis with severe Dehydration / Urosepsis / AKI
53	SAIMS	29.12.2025	Ms.Monika prajapat	Female	18	Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis /AKI
54	Sashi hospital	29.12.2025	SHEETAL RUPANI	Female	27	272 BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Severe Gastritis with Hypotension
55	Sashi hospital	29.12.2025	DIPIKA PRAJAPAT	Female	29	BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Severe Gastritis
56	Sashi hospital	29.12.2025	KIRAN PRAJAPAT	Female	48	BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Severe Gastritis
57	Sashi hospital	29.12.2025	REKHA PRAJAPAT	Female	50	BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Acute Gastroenteritis with Dehydration
58	Sashi hospital	29.12.2025	RAM RATI JHARKHARIYA	Female	75	BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Severe Gastritis

59	Shalby Hospital	29.12.2025	Sarojni Yadav	Female	52	315, Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis with severe Dehydration with Pre- Renal Azotemia, T2DM
60	Shalby Hospital	29.12.2025	Omkar Rajalwal	Male	68	Pancham Ki Phel	Discharge	31.12.2025	Acute Gastroenteritis with severe Dehydration /AKI
61	Shri Indore Cloth market Hospital	29.12.2025	Mr. Shankarlal	male	75	Khatik Moh. 897 Bhagirathpura	Death	29.12.2025	COPD
62	TRINETRA HOSPITAL	29.12.2025	MR. AAKASH YADAV	Male	24	BHGIRATH PURA YADAV COLONEY	Discharge	02.01.2026	Acute Gastroenteritis with Dehydration/ AKI
63	Triveni Hospital	29.12.2025	ANAMIKA SINGH	Female	17	Somnath ki nai chaal	Discharge	31.12.2025	Acute Gastroenteritis
64	Triveni Hospital	29.12.2025	SHEELA BAI	Female	55	376 Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis with dehydration
65	Triveni Hospital	29.12.2025	SHANTI BAIYANI	Female	70	Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis / AKI/ Severe dehydration
66	Triveni Hospital	29.12.2025	VINOD BANDHYANI	Male	52	Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis with dehydration
67	Unique Hospital Annapurna	29.12.2025	LALITA BAI KAUSHAL	Female	53	75 BHAGIRATHPURA,INDORE	Discharge	04.01.2026	Acute Gastroenteritis , Septic, Hypovolemic shock
68	UNIVERSAL HOSPITAL & CARE CENTRE	29.12.2025	ASHA YADAV	Female	48	98/5,BHAGIRATHPURA,INDORE.	Discharge	03.01.2026	Acute Gastroenteritis, Sepsis/ AKI
69	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Ritik S/o Devilal Malhotra	Male	3	588/3, Bhagirathpura Indore	Discharge	30.12.2025	Acute Gastroenteritis
70	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Vimlesh W/o Kamlesh Verma	Female	37	Bhagirathpura Indore	Discharge	29.12.2025	Acute Gastroenteritis
71	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Vijay Bai W/o Shyamlal Yadav	Female	75	92, Bhagirathpura Indore	Discharge	30.12.2025	Acute Gastroenteritis

72	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Meena W/o Girdharilal Sunhere	Female	48	424, Bhagirathpura Indore	Discharge	30.12.2025	Acute Gastroenteritis
73	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Vidhay Bai W/o Ramayan Vishvkarma	Female	55	401, Bhagirathpura Indore	Discharge	30.12.2025	Acute Gastroenteritis
74	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Ritesh S/o Kailash Verma	Male	32	1582/20, Nanda Nagar, Indore	Discharge	30.12.2025	Acute Gastroenteritis
75	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Narmada Prasad S/o Ramlal	Male	36	339, Shivaji Nagar, Indore	Discharge	31.12.2025	Uretric calculus
76	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Savitri Ahirwar	Female	15	Bhagirathpura, Indore	Discharge	31.12.2025	Acute Gastroenteritis
77	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Gayatri Hardia	Female	35	Bhagirathpura, Indore	Discharge	31.12.2025	Acute Gastroenteritis
78	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Etwari Bai Verma	Female	60	Bhagirathpura, Indore	Discharge	31.12.2025	Acute Gastroenteritis
79	Verma Nursing Home, Pardeshipura Chouraha, Indore	29.12.2025	Durga Bai Verma	Female	35	Bhagirathpura, Indore	Discharge	31.12.2025	Acute Gastroenteritis
80	Anmol hospital	30.12.2025	Mr munnalal kashyap	Male	62	589 Bhagirathpura main road	Discharge	01.01.2026	Acute Gastroenteritis With Anaemia
81	Apollo Hospital	30.12.2025	POOJA YADAV	Female	20	1162 BHAGIRATHPURA	Discharge	02.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION (RECOVERED) WITH HYPOTENSION (RECOVERED)

82	Apollo Hospital	30.12.2025	Mr. GENDALAL GHURAIYA	Male	68	686 TRANSFARMER WALI GALI BHAGIRATHPURA,	Discharge	02.01.2026	SEVERE ACUTE GASTROENTERITIS WITH SEVERE DEHYDRATION WITH HYPOVOLEMIC SHOCK WITH ACUTE KIDNEY INJURY WITH ECG - LBBB
83	Bapat Plus Hospital	30.12.2025	Mr.Sonu Yadav	Male	24	Bhagirathpura	Discharge	02.01.2026	Acute Gastroenteritis
84	BAROD HOSPITAL, SUKHLIYA, INDORE	30.12.2025	Baby Aditi Yadav	Female	2.6	268, Bhagirathpura, Indore	Discharge	02.01.2026	Acute Dysentery with Dehydration
85	Bhandari hospital	30.12.2025	Pooja vishwakarma	Female	36	BHAGIRATHPURA, INDORE	Discharge	30.12.2025	Acute Gastroenteritis
86	Bhandari hospital - BHRC	30.12.2025	MAST. ABIR GAUR	Male	3	16/3 VIJAY NAGAR INDORE	Discharge	04.01.2026	ACUTE GASTROENTERITIS WITH SEVERE DEHYDRATION WITH (ESBL)
87	Birla hospital	30.12.2025	Tara bai verma w/o heera lala verma	Female	58	620 Bhagirathpura	Discharge	02.01.2026	Dysentry /Acute Gastroenteritis/ sever Dehydration
88	Coral Hospital	30.12.2025	Mast Dharya Sunere	Male	1 month	564 Bhagirathpura indore	Discharge	02.01.2026	Acute Gastroenteritis with severe dehydration
89	DNS Hospital	30.12.2025	BABY PRAGATI REPURIYA	Female	3	I-55/29, SOUTH T T MATA MANDIR HUZUR, INDORE	Discharge	01.01.2026	Acute Gastroenteritis with Dehydration
90	DNS Hospital	30.12.2025	MRS. PINKI YADAV	Female	41	BHAGIRATHPURA, INDORE	Discharge	31.12.2025	Acute Gastroenteritis with Dehydration
91	DNS Hospital	30.12.2025	MRS. SUSHILA PANDEY	Female	68	FARSIWALI GALI 344/1 BHAGIRATHPURA	Discharge	01.01.2026	Acute Gastroenteritis
92	DNS Hospital	30.12.2025	MRS. RANI BAI PRAJPATI	Female	63	BHAGIRATHPURA , INDORE	Discharge	01.01.2026	Acute Gastroenteritis
93	DNS Hospital	30.12.2025	MRS. MAMTA THAKUR	Female	34	BHAGIRATHPURA , INDORE	Discharge	02.01.2026	Acute Gastroenteritis with severe Dehydration
94	DNS Hospital	30.12.2025	MRS. SHOBHA YADAV	Female	71	NAV ANKUR SCHOOL KE PICHE 369BHAcute GastroenteritisERATHPURA INDORE,INDORE	Discharge	31.12.2025	Acute Gastroenteritis with Dehydration
95	DNS Hospital	30.12.2025	MR. KAMAL SHAKYAWAR	Male	47	322, Bhagirathpura INDORE INDORE	Discharge	02.01.2026	Acute Gastroenteritis

96	Dolphine Hospital	30.12.2025	Mast. Labhansh Sisodiya	Male	6	451/2 Bhagirathpura. Indore	Discharge	04.01.2026	Acute Gastroenteritis with Dehydration
97	Geetabhawan hospital	30.12.2025	Gyarsi Bai Arya	Female	65	760, Bhagirathpura , Pawan tent house wali gali	Discharge	31.12.2025	Acute Gastroenteritis with Dehydration
98	Geetabhawan hospital	30.12.2025	Maya bai Jaiswal	Female	65	762 Bhagirathpura indore	Discharge	01.01.2026	Acute Gastroenteritis with Dehydration
99	Geetabhawan hospital	30.12.2025	Ishika Jaiswal	Female	18	762 Bhagirathpura indore	Discharge	01.01.2026	Acute Gastroenteritis with Dehydration
100	Geetabhawan hospital	30.12.2025	Usha Yadav	Female	36	Bhagirathpura indore	Discharge	02.01.2026	Acute Gastroenteritis with Dehydration
101	Laxmi memorial hospital	30.12.2025	madan verma	Male	48	Bhagirathpura indore	Discharge	03.01.2026	Acute Gastroenteritis With Dehydration with AKI
102	Laxmi memorial hospital	30.12.2025	Vijay more	Male	60	556 Bhagirathpura indore	Discharge	03.01.2026	Acute Gastroenteritis With Dehydration with AKI
103	Laxmi memorial hospital	30.12.2025	vishvjeet more	Male	54	556 Bhagirathpura indore	Discharge	02.01.2026	Acute Gastroenteritis with severe Dehydration
104	Laxmi memorial hospital	30.12.2025	Deepa Verma	Female	32	540, bhagirathpura	Discharge	02.01.2026	Acute Gastroenteritis with severe Dehydration
105	Life Care Hospital, Vijay Nagar, Indore	30.12.2025	DURGA KETHUNIYA W/O MR MANOJ KETHUNIYA	Female	46	588-Bhagirathpura Indore MADHYA PRADESH	Discharge	01.01.2026	Acute Gastroenteritis with Dehydration with DM
106	mediplus hospital	30.12.2025	Mrs.Santosh Bai	Female	57	Char giri kue ke pass 813 Bhagirathpura indore	Discharge	06.01.2026	Acute Gastroenteritis /AKI (recoverd)
107	SAIMS	30.12.2025	MRS KUNTI	Female	48	BHAGIRATHPURA, INDORE	Discharge	07.01.2026	Acute Gastroenteritis with Dehydration / AKI/ Hypovolemic and Distributive shock
108	Sashi hospital	30.12.2025	DURGA KUMAWAT	Female	57	BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Severe Gastritis
109	Sashi hospital	30.12.2025	BHAVANA RUPANI	Female	45	BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Severe Gastritis
110	Shalby Hospital	30.12.2025	Mr. Kiran Shakywar	Female	55	Bhagirathpura Indore M.P.	Discharge	06.01.2026	Acute Gastroenteritis with Dehydration
111	Shalby Hospital	30.12.2025	Mr.Shakshi	Female	21	Bhagirathpura Indore M.P.	Discharge	02.01.2026	Acute Gastroenteritis
112	Shalby Hospital	30.12.2025	MRS MANJU JAISWAL	Female	58	BHAGHIRATH PURA INDORE MP	Discharge	05.01.2026	Acute Gastroenteritis
113	Shalby Hospital	30.12.2025	MRS SUNITA BOURASI	Female	43	44/Bhagirathpura INDORE, MP	Discharge	03.01.2026	Acute Gastroenteritis

114	Shalby Hospital	30.12.2025	MRS DIKSHA VISHWAKRMA	Female	31	543/BHAGHIRATH PURA INDORE MP	Discharge	02.01.2026	Acute Gastroenteritis
115	Verma Nursing Home, Pardeshipura Chouraha, Indore	30.12.2025	Rajoo S/o Heera Lal Yadav	Male	62	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis
116	Verma Nursing Home, Pardeshipura Chouraha, Indore	30.12.2025	Bharti W/o Devendra Sengar	Female	54	Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis
117	Verma Nursing Home, Pardeshipura Chouraha, Indore	30.12.2025	Pushpa Bai W/o BharatNath Yogi	Female	57	Bhagirathpura Indore	Discharge	31.12.2025	Acute Gastroenteritis / HTN
118	Verma Nursing Home, Pardeshipura Chouraha, Indore	30.12.2025	Ravi Shankar S/o Roop Narayan	Male	54	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis
119	Verma Nursing Home, Pardeshipura Chouraha, Indore	30.12.2025	Shubham S/o Basant Bhavsar	Male	28	Bhagirathpura Indore	Discharge	30.12.2025	Acute Gastroenteritis
120	Verma Nursing Home, Pardeshipura Chouraha, Indore	30.12.2025	Rani W/o Santosh Singh Parihar	Female	39	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis
121	Verma Nursing Home, Pardeshipura Chouraha, Indore	30.12.2025	Reena W/o kailash kethwas	Female	24	Bhagirathpura Indore	Discharge	02.01.2026	Acute Gastroenteritis
122	Verma Nursing Home, Pardeshipura Chouraha, Indore	30.12.2025	Usha W/o pannalal surtawanshi	Female	55	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis
123	Verma Nursing Home, Pardeshipura Chouraha, Indore	30.12.2025	RADHESHYAM NAcute GastroenteritisSHWAR	Male	80	PARDESI PURA INDORE	Discharge	06.01.2026	Acute Gastroenteritis
124	Verma Nursing Home, Pardeshipura Chouraha, Indore	30.12.2025	Priya Panwar	Female	30	bhagirathpura indore	Discharge	02.01.2026	Acute Gastroenteritis

125	Ayesha Nursing Home	31.12.2025	gyulsan khatoon	Female	25	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis
126	Care CHL Hospital	31.12.2025	KRASHIKA KHARE	Female	5 month	PARDESI PURA 888 INDORE	Discharge	31.12.2025	Acute Gastroenteritis
127	Coral Hospital	31.12.2025	baby suhani	Female	13	Bhagirathpura indore	Discharge	01.01.2026	Acute Gastroenteritis with dehydration
128	DNS Hospital	31.12.2025	MRS. RAKHI KORI	Female	46	176, SANJAY NAGAR, PAGNIS KA BAGICHA, INDORE	Discharge	01.01.2026	Acute Gastroenteritis
129	DNS Hospital	31.12.2025	MR. SATISH KUMAR AGRAWAL	Male	58	131 JEEN MATA MANDIR INDORE INDORE	Discharge	02.01.2026	Acute Gastroenteritis with AKI
130	DNS Hospital	31.12.2025	MR. ABHISHEK YADAV	Male	58	109, YADAV COLONY, BHAGIRATHPURA,	Discharge	03.01.2026	Acute Gastroenteritis with Dehydration
131	Dolphine Hospital	31.12.2025	Baby Swarna Yadav	Female	10	174, Bhagirathpura, Indore	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
132	Jyoti Multi Speciality Hospitals	31.12.2025	Mr.Nitish sharma	Male	41	927, Bhagirathpura,Indore (M.P.)	Discharge	03.01.2026	Acute Diarrheal Disease
133	Laxmi memorial hospital	31.12.2025	Sapna pal	Female	40	781 Bhagirathpura indore	Discharge	03.01.2026	Acute Gastroenteritis with severe Dehydration
134	Life Care Hospital, Vijay Nagar, Indore	31.12.2025	BABY MOKSHIKA THAKUR D/O SHAKTI SINGH THAKUR	Female	2	1596,, BHAGIRATHPURA, INDORE, INDORE, INDORE, MADHYA PRADESH, 452003	Discharge	04.01.2026	Acute Gastroenteritis with dehydration , E. Coli Sepsis.
135	mediplus hospital	31.12.2025	MR. RAJESH KASHYAP	Male	58	509 BHAGIRATHPURA,INDORE	Discharge	12.01.2026	Acute Gastroenteritis Severe Dehydration with AKI / HTN / DM II
136	SAIMS	31.12.2025	Mrs. Sarju bai	Female	53	Bhagirathpura Indore	Discharge	04.01.2026	Acute Gastroenteritis / T2DM /HTN
137	SAIMS	31.12.2025	mrs. Ramdulari	Female	58	Bhagirathpura Indore	Discharge	05.01.2026	Acute Gastroenteritis
138	SAIMS	31.12.2025	mrs.radha	Female	75	Bhagirathpura Indore	Discharge	03.01.2026	Acute Gastroenteritis with severe Dehydration
139	SAIMS	31.12.2025	mrs lila bai	Female	74	Bhagirathpura Indore	Discharge	02.01.2026	Acute Gastroenteritis with severe Dehydration

140	SAIMS	31.12.2025	mr kamal singh	Male	22	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis
141	SAIMS	31.12.2025	mrs sunita	Female	40	Bhagirathpura Indore	Discharge	03.01.2026	Acute Gastroenteritis
142	SAIMS	31.12.2025	mrs narendra	Male	50	Bhagirathpura Indore	Discharge	09.01.2026	Acute Gastroenteritis
143	SAIMS	31.12.2025	mr sunil khare	Male	56	Bhagirathpura Indore	Discharge	04.01.2026	Acute Gastroenteritis with severe Dehydration
144	SAIMS	31.12.2025	Arti	Female	20	Bhagirathpura Indore	Discharge	02.01.2026	Acute Gastroenteritis with severe Dehydration
145	SAIMS	31.12.2025	vishnu	Male	60	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis
146	SAIMS	31.12.2025	muskan jaiswal	Female	24	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis with severe Dehydration
147	SAIMS	31.12.2025	raja	Male	42	Bhagirathpura Indore	Discharge	03.01.2026	Acute Gastroenteritis
148	SAIMS	31.12.2025	poonam chand	Male	34	Bhagirathpura Indore	Discharge	05.01.2026	Acute Gastroenteritis
149	SAIMS	31.12.2025	dipika kaithwas	Female	30	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis with severe Dehydration
150	SAIMS	31.12.2025	rajkumari bai	Female	77	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis
151	SAIMS	31.12.2025	MR. suraj prakash	Male	34	Bhagirathpura Indore	Discharge	01.01.2026	Acute Gastroenteritis with severe Dehydration
152	SAIMS	31.12.2025	Baby Kavya Rohit	Female	3 month	Bhagirathpura Indore	Discharge	02.01.2026	Mild Acute Bronchiolitis

153	SAIMS	31.12.2025	Baby kanak kayal	Female	10 month	Bhagirathpura Indore	Discharge	02.01.2026	Acute Gastroenteritis
154	SAIMS	31.12.2025	Mr. Rohit Manoj	Male	23	Bhagirathpura Indore	Discharge	03.01.2026	Acute Gastroenteritis
155	SAIMS	31.12.2025	ayushi jain	Female	26	Bhagirathpura Indore	Discharge	05.01.2026	Acute Gastroenteritis with severe Dehydration
156	SAIMS	31.12.2025	baby sonam	Female	16	Bhagirathpura Indore	Discharge	02.01.2026	Acute Gastroenteritis
157	SAIMS	31.12.2025	Baby kanak	Female	15	Bhagirathpura Indore	Discharge	02.01.2026	Acute Gastroenteritis with severe Dehydration
158	SAIMS	31.12.2025	rajani w/o vishnu	Female	39	Bhagirathpura Indore	Discharge	02.01.2026	Acute Gastroenteritis
159	SAIMS	31.12.2025	nikhil dhiman	Male	20	Bhagirathpura Indore	Discharge	02.01.2026	Acute Gastroenteritis
160	SAIMS	31.12.2025	mrs jamana	Female	40	Bhagirathpura Indore	Discharge	05.01.2026	Acute Gastroenteritis
161	SAIMS	31.12.2025	Ms. karishma	Female	22	Bhagirathpura indore	Discharge	07.01.2026	Acute Gastroenteritis
162	SAIMS	31.12.2025	mrs geeta	Female	68	Bhagirathpura Indore	Death	02.01.2026	Septic shock, MODS, Acute Gastroenteritis with severe Dehydration
163	Sashi hospital	31.12.2025	Bhumika bhati	Female	14	508 BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Acute Gastroenteritis
164	Shalby Hospital	31.12.2025	MISS MAHAK VERMA	Female	25	743 Bhagirathpura INDORE MP	Discharge	02.01.2026	Acute Gastroenteritis

165	Shalby Hospital	31.12.2025	MRS PUSHPA VISHWAKARMA	Female	48	Bhagirathpura INDORE MP	Discharge	04.01.2026	Acute Gastroenteritis
166	Shalby Hospital	31.12.2025	Mrs pushpa Bai	Female	57	Bhagirathpura INDORE MP	Discharge	02.01.2026	Acute Gastroenteritis
167	Shalby Hospital	31.12.2025	MAST. HIMANSHu rajak	Male	3	Bhagirathpura INDORE MP	Discharge	03.01.2026	Acute Gastroenteritis with Mod. Dehydration
168	Shalby Hospital	31.12.2025	mrs mohanee	Female	48	Bhagirathpura INDORE MP	Discharge	04.01.2026	Acute Gastroenteritis
169	Shalby Hospital	31.12.2025	mr rajendra kumar verma	Male	62	Bhagirathpura INDORE MP	Discharge	05.01.2026	Acute Gastroenteritis with severe Dehydration
170	Shalby Hospital	31.12.2025	mr chironji lal	Male	67	Bhagirathpura INDORE MP	Discharge	03.01.2026	Acute Gastroenteritis / AKI
171	Shalby Hospital	31.12.2025	vartika jain	Female	30	Bhagirathpura INDORE MP	Discharge	03.01.2026	Acute Gastroenteritis with Dehydration
172	Shalby Hospital	31.12.2025	MR. NAND KISHORE	Male	61	BHAGHIRATH PURA INDORE, MP	Discharge	02.01.2026	Acute Gastroenteritis
173	Shri Indore Cloth market Hospital	31.12.2025	Mr. Someshwar prajapat	Male	57	447,mamaji ka bhatta Bhagirathpura	Discharge	05.01.2026	Coronary artery disease
174	Verma Nursing Home, Pardeshipura Chouraha, Indore	31.12.2025	Neha W/o Surendra Vishwakarma	Female	21	Bhagirathpura, Indore	Discharge	02.01.2026	Acute Gastroenteritis
175	Verma Nursing Home, Pardeshipura Chouraha, Indore	31.12.2025	Ritika W/o Sachin Yadav	Female	15	Bhagirathpura, Indore	Discharge	01.01.2026	Acute Gastroenteritis
176	Verma Nursing Home, Pardeshipura Chouraha, Indore	31.12.2025	Rekha W/o Radheshyam karadiya	Female	45	Bhagirathpura, Indore	Discharge	04.01.2026	Acute Gastroenteritis
177	Verma Nursing Home, Pardeshipura Chouraha, Indore	31.12.2025	Chandrapal Singh	Male	60	bhagirathpura indore	Discharge	31.12.2025	Acute Gastroenteritis
178	Verma Nursing Home, Pardeshipura Chouraha, Indore	31.12.2025	Devicharan Nishad	Male	40	bhagirathpura indore	Discharge	01.01.2026	Acute Gastroenteritis
179	Verma Nursing Home, Pardeshipura Chouraha, Indore	31.12.2025	Hema Kushwah	Female	60	bhagirathpura indore	Discharge	01.01.2026	Acute Gastroenteritis

180	Verma Nursing Home, Pardeshipura Chouraha, Indore	31.12.2025	Rishika Yadav	Female	15	bhagirathpura indore	Discharge	01.01.2026	Acute Gastroenteritis
181	Verma Nursing Home, Pardeshipura Chouraha, Indore	31.12.2025	Ashok Choudhry	Male	70	bhagirathpura indore	Discharge	01.01.2026	Acute Gastroenteritis
182	BAROD HOSPITAL, SUKHLIYA, INDORE	01.01.2026	Mrs. SWETA YADAV	Female	25	383, Bhagirathpura, Indore	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
183	Care CHL Hospital	01.01.2026	Master Pariskshit Kori	Male	5	Bhagirathpura	Discharge	05.01.2026	Acute Gastroenteritis with degydration
184	Care CHL Hospital	01.01.2026	Mr Rakesh Tiwari	Male	55	278,BHAGIRATHPURA	Discharge	09.01.2026	FEVER,LIVER ABSCESS,ALTERD SENSORIUM,LOOSE MOTIONS
185	Dolphine Hospital	01.01.2026	Ishika Baswal	Female	18	376, Bhagirathpura, Indore	Discharge	11.01.2026	Pulmonary tuberculosis
186	Dolphine Hospital	01.01.2026	Vyom Kushwah	Male	2	Bhagirathpura, Indore	Discharge	06.01.2026	Acute Gastroenteritis with Dehydration
187	Geetabhawan hospital	01.01.2026	Bhavyansh Jaiswal	Male	13	762/B Bhagirathpura Indore	Discharge	03.01.2026	Acute Gastroenteritis with Dehydration
188	mediplus hospital	01.01.2026	Munna Lal Yadav	Male	49	Dubey ka bagicha indore	Discharge	03.01.2026	Acute Gastroenteritis Severe Dehydration with AKI
189	SAIMS	01.01.2026	MR. ANIL	Male	40	BHAGIRATHPURA, INDORE	Discharge	10.01.2026	Acute Gastroenteritis with severe Dehydration / Disseminated TB
190	SAIMS	01.01.2026	MR. SANTOSH MURASHI	Male	55	BHAGIRATHPURA, INDORE	Discharge	01.01.2026	Acute Gastroenteritis with severe Dehydration
191	SAIMS	01.01.2026	MR RAJOO YADAV	Male	62	BHAGIRATHPURA, INDORE	Discharge	13.01.2026	Acute Gastroenteritis / Liver Abscess
192	SAIMS	01.01.2026	Mrs. Roshni yadav	Female	40	BHAGIRATHPURA, INDORE	Discharge	03.01.2026	Acute Gastroenteritis
193	SAIMS	01.01.2026	Sanjay yadav	Male	47	BHAGIRATHPURA, INDORE	Discharge	02.01.2026	Acute Gastroenteritis with severe Dehydration
194	SAIMS	01.01.2026	Kusum verma	Female	44	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
195	SAIMS	01.01.2026	Narendra paliwal	Male	56	BHAGIRATHPURA, INDORE	Discharge	04.01.2026	Acute Gastroenteritis

196	Sashi hospital	01.01.2026	sujata verma	Female	41	754 BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Acute Gastroenteritis with severe Dehydration
197	Sashi hospital	01.01.2026	chanchal kumawa	Female	11	520 mohata nagar BHAGIRATHPURA,INDORE	Discharge	02.01.2026	Acute Gastroenteritis with Dehydration
198	Shalby Hospital	01.01.2026	MR RAVISHANKAR YADAV	Male	58	BHAGHIRATHPURA INDORE M.P	Discharge	03.01.2026	Acute Gastroenteritis / HTN
199	Shalby Hospital	01.01.2026	Mr. Gaurav Verma	Male	29	BHAGHIRATHPURA INDORE M.P	Discharge	02.01.2026	Acute Gastroenteritis with Dehydration
200	Shalby Hospital	01.01.2026	MS. Rekha Chourasiya	Female	48	BHAGHIRATHPURA INDORE M.P	Discharge	05.01.2026	Acute Gastroenteritis
201	Shalby Hospital	01.01.2026	Mrs. Vijya kharetiya	Female	51	BHAGHIRATHPURA INDORE M.P	Discharge	03.01.2026	Acute Gastroenteritis
202	Shalby Hospital	01.01.2026	Mrs. Arti nayak	Female	30	BHAGHIRATHPURA INDORE M.P	Discharge	03.01.2026	Acute Gastroenteritis
203	Shalby Hospital	01.01.2026	Megha Patni	Female	51	348-BHAGHIRATH PURA INDORE, MP	Discharge	02.01.2026	Acute Gastroenteritis , coronary artery disease
204	Shalby Hospital	01.01.2026	Hrishika Yadav	Female	15	BHAGHIRATHPURA INDORE M.P	Discharge	03.01.2026	Acute Gastroenteritis
205	Shalby Hospital	01.01.2026	Mr Mahesh	Male	58	BHAGHIRATHPURA INDORE M.P	Discharge	03.01.2026	Acute Gastroenteritis
206	Shalby Hospital	01.01.2026	Mr Chandan	Male	36	BHAGHIRATHPURA INDORE M.P	Discharge	03.01.2026	Acute Gastroenteritis
207	Shalby Hospital	01.01.2026	Miss Anshika	Female	19	BHAGHIRATH PURA INDORE, MP	Discharge	03.01.2026	Acute Gastroenteritis
208	Triveni Hospital	01.01.2026	MRS. CHANDRAKALA YADAV	Female	65	1115, BHAGIRATHPURA INDORE	Discharge	03.01.2026	Acute Gastroenteritis with dehydration
209	Verma Nursing Home, Pardeshipura Chouraha, Indore	01.01.2026	PREETI JAKHUNIYA	Female	39	bhagirathpura indore	Discharge	06.01.2026	Acute Gastroenteritis
210	Verma Nursing Home, Pardeshipura Chouraha, Indore	01.01.2026	SANGEETA GUPTA	Female	46	bhagirathpura indore	Discharge	04.01.2026	Acute Gastroenteritis
211	BOMBAY HOSPITAL	02.01.2026	MRS. PARVATI KONDLA	Female	67	1034, BHAGIRATHPURA, INDORE	Discharge	11.03.2026	Acute Gastroenteritis/AKI/CYSTITIS/SEPTICEMIA WITH SEPTIC SHOCK/HYPOKALEMIC/QUADRIPLEGIA

212	Coral Hospital	02.01.2026	Mast Jaksh	male	09 month	635 , Bhagirathpura , INDORE	Discharge	04.01.2026	Acute Gastroenteritis with dehydration
213	Dolphine Hospital	02.01.2026	Jay Yadav	Male	27	174, Bhagirathpura, Indore	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
214	SAIMS	02.01.2026	Mrs.chanda bai	Female	53	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
215	SAIMS	02.01.2026	Mrs Anita	Female	65	BHAGIRATHPURA, INDORE	Discharge	04.01.2026	Acute Gastroenteritis/ AKI/ HTN/ T2 DM
216	SAIMS	02.01.2026	Mrs.Sareeta	Female	50	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
217	SAIMS	02.01.2026	Ashok	Male	64	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
218	SAIMS	02.01.2026	pankaj	Male	34	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis with severe Dehydration
219	SAIMS	02.01.2026	meera devi	Female	59	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
220	SAIMS	02.01.2026	Eeshvare bai varma	Female	69	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
221	SAIMS	02.01.2026	kavita	Female	24	BHAGIRATHPURA, INDORE	Discharge	04.01.2026	Acute Gastroenteritis with Dehydration
222	SAIMS	02.01.2026	sushila	Female	70	BHAGIRATHPURA, INDORE	Discharge	07.01.2026	Acute Gastroenteritis with Dehydration
223	SAIMS	02.01.2026	pooja kori	Female	38	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
224	Shalby Hospital	02.01.2026	Mrs. Anjali Soni	Female	35	BHAGHIRATH PURA INDORE, MP	Discharge	03.01.2026	Acute Gastroenteritis
225	Shalby Hospital	02.01.2026	Sunita bai	Female	48	BHAGHIRATH PURA INDORE, MP	Discharge	05.01.2026	Acute Gastroenteritis

226	Shalby Hospital	02.01.2026	Mrs. Laxmi Bai Panthi	Female	68	BHAGHIRATH PURA INDORE, MP	Discharge	05.01.2026	Acute Gastroenteritis
227	Shalby Hospital	02.01.2026	Mr. Shivam Kushwah	Male	20	BHAGHIRATH PURA INDORE, MP	Discharge	06.01.2026	Acute Gastroenteritis with Dehydration
228	UNIVERSAL HOSPITAL & CARE CENTRE	02.01.2026	PRIYA PANWAR	Female	30	85/3, GOMA KI PHEL, INDORE.	Discharge	03.01.2026	Acute Gastroenteritis
229	Verma Nursing Home, Pardeshipura Chouraha, Indore	02.01.2026	KHUSHI SURYA	Female	23	bhagirathpura indore	Discharge	04.01.2026	Acute Gastroenteritis
230	Apollo Hospital	03.01.2026	Mrs. RAMALAI I YADAV	Female	69	115 YADAV COLONY Bhagirathpura INDORE	Discharge	09.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION WITH AKI (RECOVERING), HBSAG POSITIVE ,OLD CVA
231	Apollo Hospital	03.01.2026	Mr. JAYENDRA	Male	42	820 Bhagirathpura INDORE	Discharge	08.01.2026	ACUTE FEBRILE ILLNESS WITH ACUTE GASTROENTERITIS WITH DEHYDRATION K/C/O – DIABETES MELLITUS TYPE II
232	Apollo Hospital	03.01.2026	Mr. PANNALAL	Male	61	1054 Bhagirathpura INDORE	Discharge	09.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION ACUTE KIDNEY INJURY K/C/O – HTN/OLD CVA
233	Apollo Hospital	03.01.2026	Mr. MUNNALAL YADAV	Male	49	65/1 NEW DEWAS ROAD DUBEY KA BAGICHA INDORE	Discharge	13.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION AKI ON HD
234	BOMBAY HOSPITAL	03.01.2026	SHIVNARAYAN MOURYA	Male	72	779 Bhagirathpura INDORE	Discharge	05.02.2026	ACUTE GASTROENTERITIS/ ACUTE KIDNEY INJURY/SEPSIS/POST CPR

235	BOMBAY HOSPITAL	03.01.2026	MR EKNATH SURYAWANSHI	Male	65	589 NAI BASTI BHAGIRATHPURA Indore 3 452003/ kashyap ki multi	Discharge	29.01.2026	ACUTE KIDNEY INJURY SECONDARY TO ACUTE GASTRO-ENTERITIS, WITH HYPOXIC ISCHEMIC ENCEPHALOPATHY
236	BOMBAY HOSPITAL	03.01.2026	MR HEERALAL	Male	75	523/Bhagirathpura INDORE MP	Discharge	17.01.2026	ACUTE GASTROENTERITIS WITH PRERENAL ACUTE KIDNEY INJURY,ARDS INFECTIVE-VIRAL PNEUMONITIS, RIGHT RENAL MASS UNDER EVALUATION-RCC
237	BOMBAY HOSPITAL	03.01.2026	Mr. Saligram Thakur	Male	75	503/3 Bhagirathpura Indore 3	Discharge	17.01.2026	ACUTE GASTROENTERITIS, ATRIAL TACHYARRHYTHMIA
238	BOMBAY HOSPITAL	03.01.2026	Mr Pratik Verma	Male	29	111, GOVT SCHOOL 442 BHAGIRATHPURA Indore 3	Discharge	15.01.2026	ACUTE BILATERAL ACA TERRITORY, LEFT MCA TERRITORY INFARCTS, LARGE ARTERY ATHEROSCLEROTIC DISEASE, LEFT ICA STENOSIS (40-50%)
239	BOMBAY HOSPITAL	03.01.2026	MR BHAGWAN BHARNE	Male	73	909 Bhagirathpura Indore 3 452005	Death	12.01.2026	ACUTE GASTROENTERITIS WITH AKI, SEVERE METABOLIC ACIDOSIS, SEPSIS WITH SEPTIC SHOCK, RIGHT DIABETIC FOOT GANGRENE, CARDIAC ARREST (31/12/2025)P-CPR-31/12/2025) OUTSIDE HOSPITAL, HYPOXIC ENCEPHALOPATHY SECONDARY TO PROLONG CPR)
240	BOMBAY HOSPITAL	03.01.2026	SHIV Puranlal KETHWAS	Male	52	1239 Bhagirathpura Indore 3 452003	Discharge	10.01.2026	ACUTE ON CHRONIC KIDNEY DISEASE WITH VOLUME OVERLOAD DIABETES MELLITUS (HBA1C-9.0) WITH NEPHROPATHY & RETINOPATHY

241	BOMBAY HOSPITAL	03.01.2026	ANAND SINGH	Male	59	111 GOVT. SCHOOL 563 Bhagirathpura Indore 3 452003	Discharge	07.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION WITH PRERENAL AKI
242	Care CHL Hospital	03.01.2026	Jyoti Pal	Female	43	bajrang mandir ke pass 1117 Bhagirathpura	Discharge	08.01.2026	Acute Gastroenteritis With AKI with metabolic acidosis
243	Care CHL Hospital	03.01.2026	Mrs. DURGA .	Female	56	REDWAL COLONY 31 Bhagirathpura INDORE	Discharge	07.01.2026	Infective Colitis with Severe Dehydration
244	SAIMS	03.01.2026	pooja tiwari	Female	30	BHAGIRATHPURA. INDORE	Discharge	05.01.2026	Acute Gastroenteritis
245	Sashi hospital	03.01.2026	Murari lal	Male	32	754 BHAGIRATHPURA,I NDORE	Discharge	04.01.2026	Acute Gastroenteritis
246	Shalby Hospital	03.01.2026	Mrs. ROSHNI RAMDAS GAWANDE	Female	32	408-BHAGHIRATH PURA INDORE, MP	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
247	Shalby Hospital	03.01.2026	MR. LOKESH BHAGORIYA	Male	37	685-BHAGHIRATH PURA INDORE, MP	Discharge	05.01.2026	Acute Gastroenteritis with Dehydration
248	Shalby Hospital	03.01.2026	MRS. LATA VERMA	Female	50	817-BHAGHIRATH PURA INDORE, MP	Discharge	05.01.2026	Acute Gastroenteritis
249	Shalby Hospital	03.01.2026	MR.JAGDISH BANSAL	Male	63	Bhagirathpura INDORE, MP	Discharge	05.01.2026	Acute Gastroenteritis with chest pain
250	Apollo Hospital	04.01.2026	MR.GANESH PRASAD	Male	38	646/2 DISK WALI GALI BHAGIRATHPURA INDORE	Discharge	08.01.2026	ACUTE GASTROENTERITIS WITH AKI WITH SEVERE DEHYDRATION WITH BILATERAL PLEURAL EFFUSION
251	Apollo Hospital	04.01.2026	MR VIJAY BORASI	Male	25	GALI NO. 1 REDWAL NIWAS 245 BHAGIRATHPURA INDORE	Discharge	06.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION (RECOVERED), ALCOHOLIC HEPATITIS
252	Apollo Hospital	04.01.2026	MR. RAMU	male	78	165 bhagirathpura	Discharge	10.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION WITH AKI – LEPTOSPIROSIS UNCONTROLLED DIABETES MELLITUS TYPE II HYPERTENSION
253	Apollo Hospital	04.01.2026	Ramsewak Yadav	male	60	522 Bhagirathpura	Discharge	08.01.2026	ACUTE GASTROENTERITIS, COAD ,PULMONARY EDEMA ,AKI ,TYPE II DIABETES MELLITUS ,HYPERTENSION

254	BOMBAY HOSPITAL	04.01.2026	Anita Champalal Kushwaha	FEMALE	65	342 Bhagirathpura INDORER	Death	01.02.2026	Acute Gastroenteritis WITH AKI
255	Care CHL Hospital	04.01.2026	Mrs Neha Balmiki	Female	18	HOUSE NO 1072-BHAGIRATHPURA REDWAL COLONEY	Discharge	09.01.2026	Acute Gastroenteritis
256	Care CHL Hospital	04.01.2026	Mrs Parvati Bai	Female	68	26/3, REDWAL COLONY BHAGIRATHPURA	Discharge	07.01.2026	Acute Gastroenteritis With AKI with acidosis with Electrolyte
257	Care CHL Hospital	04.01.2026	Sachin Yadav	Male	39	1041 NAI BASTI BHAGIRATHPURA	Discharge	06.01.2026	Acute Gastroenteritis
258	Care CHL Hospital	04.01.2026	Shanti Bai	Male	66	BHATTA ROAD 339 BHAGIRATHPURA	Discharge	08.01.2026	Acute Gastroenteritis With AKI with Electrolyte
259	Care CHL Hospital	04.01.2026	Prabhulal Navre	Female	65	700 BHAGIRATHPURA	Discharge	12.01.2026	Acute Gastroenteritis with AKI with septic shock
260	Care CHL Hospital	04.01.2026	Mr Akash	Male	58	100-1/2, PATEL CHOURAHA BHAGIRATHPURA ,INDORE	Discharge	10.01.2026	Acute Gastroenteritis With AKI on MHD
261	SAIMS	04.01.2026	MRS. JYOTI NAYDU	FEMALE	65	Bhagirathpura	Discharge	06.01.2026	Acute Gastroenteritis
262	SAIMS	04.01.2026	MR. RISHAB YADAV	MALE	21	Bhagirathpura	Discharge	05.01.2026	Acute Gastroenteritis with severe Dehydration
263	SAIMS	04.01.2026	MR. VIRU	MALE	42	Bhagirathpura	Discharge	05.01.2026	Acute Gastroenteritis with severe Dehydration
264	SAIMS	04.01.2026	MR. MAHESH	MALE	45	Bhagirathpura	Discharge	05.01.2026	Acute Gastroenteritis with severe Dehydration
265	SAIMS	04.01.2026	MR. AAKASH PAL	MALE	26	Bhagirathpura	Discharge	05.01.2026	Acute Gastroenteritis
266	SAIMS	04.01.2026	MRS PINKI NAMDEV	FEMALE	31	Bhagirathpura	Discharge	24.01.2026	Acute Gastroenteritis with severe Dehydration / AKI
267	Verma Nursing Home, Pardeshipura Chouraha, Indore	04.01.2026	RAHUL KUSHWAHA	Male	30	bhagirathpura indore	Discharge	06.01.2026	Acute Gastroenteritis
268	Verma Nursing Home, Pardeshipura Chouraha, Indore	04.01.2026	RAKHI KORI	Female	33	bhagirathpura indore	Discharge	06.01.2026	Acute Gastroenteritis

269	Verma Nursing Home, Pardeshipura Chouraha, Indore	04.01.2026	VARSHA VERMA	Female	35	bhagirathpura indore	Discharge	06.01.2026	Acute Gastroenteritis
270	Apollo Hospital	05.01.2026	MR. RITIK MEENA	MALE	22	BHAGIRATHPURA INDORE	Discharge	07.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION BILATERAL RENAL CALCULI WITH LEFT IDURETERIC CALCULUS WITH RIGHT HYDRONEPHROSIS
271	Apollo Hospital	05.01.2026	Sadhna Sahu	FEMALE	38	1032/1 Bhagirathpura indire	Discharge	07.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION
272	Care CHL Hospital	05.01.2026	Pooja Repuria	FEMALE	38	457 , Bhagirathpural , indore	Discharge	08.01.2026	Acute Gastroenteritis
273	Care CHL Hospital	05.01.2026	LEELA BAI SADH	FEMALE	38	518, BHAGIRATHPURA , POST OFFICE WALI GALI	Discharge	07.01.2026	Acute Gastroenteritis
274	care CHL Hospital	05.01.2026	Devka Bai	FEMALE	75	315 Bhagirathpure	Discharge	12.01.2026	Acute Gastroenteritis with degydration
275	Dolphine Hospital	05.01.2026	Baby Bhanu Maroniya	FEMALE	8	111-Bhagirathpura, Indore	Discharge	13.01.2026	Acute Gastroenteritis with moderate Dehydration ,Down syndrome with CHD
276	SAIMS	05.01.2026	Mrs Rekha Nishad	female	39	Bhagirathpura INDORE, MP	Discharge	10.01.2026	UTI
277	SAIMS	05.01.2026	MR. SUNIL	MALE	45	Bhagirathpura	Discharge	07.01.2026	Acute Gastroenteritis with severe Dehydration
278	SAIMS	05.01.2026	MR. RITIK	MALE	26	Bhagirathpura	Discharge	09.01.2026	Acute Gastroenteritis with Dehydration
279	SAIMS	05.01.2026	Sandhya	Female	27	Bhagirathpura	Discharge	09.01.2026	Acute Gastroenteritis with Dehydration
280	DNS Hospital	06.01.2026	Master Shreyansh Tiwari	MALE	5	56 yadav colony bhagirathpura	Discharge	09.01.2026	Viral hepatitis
281	Shalby Hospital	06.01.2026	Baby Patil	FEMALE	50	Bhagirathpura	Discharge	08.01.2026	Acute Gastroenteritis with Dehydration
282	Shalby Hospital	06.01.2026	Sadhana Yogi	FEMALE	55	Bhagirathpura	Discharge	08.01.2026	Acute Gastroenteritis with Dehydration
283	Shalby Hospital	06.01.2026	Kartik Sharma	MALE	17	Bhagirathpura	Discharge	08.01.2026	Acute Gastroenteritis with Dehydration

284	BOMBAY HOSPITAL	07.01.2026	SANVI D/O AJIT SISODIYA	FEMALE	1	bhagitarhpura	Discharge	11.01.2026	ACUTE GASTROENTERITIS WITH SOME DEHYDRATION WITH (INFECTIVE DIARRHOEA) WITH IRON DEFICIENCY ANEMIA
285	BOMBAY HOSPITAL	07.01.2026	SHRUDDHI D/O AJIT SISODIYA	FEMALE	1	bhagitarhpura	Discharge	11.01.2026	ACUTE GASTROENTERITIS WITH SOME DEHYDRATION WITH (INFECTIVE DIARRHOEA) WITH IRON DEFICIENCY ANEMIA
286	SAIMS	07.01.2026	Basanti bai yadav	FEMALE	65	bhagirathpura	Discharge	13.01.2026	Acute Gastroenteritis / HTN
287	SAIMS	07.01.2026	Ramkunwar	FEMALE	60	bhagirathpura	Discharge	11.01.2026	Acute Gastroenteritis / HTN
288	SAIMS	07.01.2026	Baby ishika	FEMALE	15	bhagirathpura	Discharge	09.01.2026	Acute Gastroenteritis
289	trinetra hospital	07.01.2026	kusum verma	FEMALE	43	833 bhagirathpura	Discharge	09.01.2026	Acute Gastroenteritis with Dehydration
290	Apollo Hospital	08.01.2026	Mrs. Jyoti Naidu	FEMALE	65	bhagitarhpura	Discharge	10.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION WITH HYPERTENSION
291	Apollo Hospital	08.01.2026	Mrs. SANGITA VERMA	FEMALE	32	716 BHAGIRATHPURA INDORE	Discharge	09.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION
292	Apollo Hospital	08.01.2026	Mr.Satish agrawal	male	58	bhagirathpura	Discharge	07.02.2026	ACUTE GASTROENTERITIS ACUTE ON CKD ACS RIGHT FOOT GANGRENE
293	BOMBAY HOSPITAL	08.01.2026	Niharika Ahirwar	FEMALE	1 Y	bhagirathpura	Discharge	12.01.2026	ACUTE GASTROENTERITIS WITH SOME DEHYDRATION WITH SEVERE ANEMIA
294	SAIMS	08.01.2026	Mast Alok	FEMALE	13	bhagitarhpura	Discharge	09.01.2026	Acute Gastroenteritis
295	SAIMS	08.01.2026	Mrs.Pinky nawariya	FEMALE	42	bhagitarhpura	Discharge	10.01.2026	Acute Gastroenteritis with Dehydration
296	SAIMS	08.01.2026	Mrs.Maya bai	female	45	bhagirathpura	Discharge	13.01.2026	Acute Gastroenteritis
297	SAIMS	08.01.2026	Mrs Meena mahoviya	female	46	bhagirathpura	Discharge	10.01.2026	Acute Gastroenteritis with Dehydration

298	care CHL Hospital	09.01.2026	Chnadrakali Kushwah	FEMALE	23	bhagirathpura	Discharge	27.01.2026	Acute Gastroenteritis / Miliary TB with Tubercular Meningitis with · Hydrocephalus with Severe Hypertension with Hyponatremia,
299	Care CHL Hospital	09.01.2026	Kanak	FEMALE	21	315 bhagirathpura	Discharge	11.01.2026	Acute Gastroenteritis
300	DNS Hospital	09.01.2026	Mrs Shanti kori	female	50	566, BHAGIRATHPURA,	Discharge	10.01.2026	Acute Gastroenteritis with PSVT
301	SAIMS	09.01.2026	Pooja	feMALE	27	bhagirathpura	Discharge	11.01.2026	Acute Gastroenteritis with Dehydration
302	SAIMS	09.01.2026	Alguram Yadav	male	70	bhagirathpura	Death	05.02.2026	Acute Gastroenteritis/ AKI/ Septic Shock
303	SAIMS	09.01.2026	Hemant	male	51	bhagirathpura	Death	20.01.2026	Metastatic renal cell carcinoma with Sepsis / AKI
304	Shalby Hospital	09.01.2026	Mr Rahul Rathiya	male	30	bhagirathpura	Discharge	12.01.2026	Acute Gastroenteritis with Dehydration
305	Shalby Hospital	09.01.2026	Ms nirmala	female	47	bhagirathpura	Discharge	12.01.2026	Acute Gastroenteritis
306	Apollo Hospital	10.01.2026	Mrs Kanchan	FEMALE	42	BHAGIRATHPURA INDORE	Discharge	12.01.2026	ACUTE GASTROENTERITIS WITH DEHYDRATION LEPTOSPIRA (POSITIVE)
307	BOMBAY HOSPITAL	10.01.2026	Dhapubai Kumawat	FEMALE	93	883,Bhagirathpura Indore (M.P)	Discharge	17.01.2026	ACUTE GASTROENTERITIS, ACUTE,BILATERAL PNEUMONIA
308	SAIMS	10.01.2026	Chirag tirkey	male	22	bhagirathpura	Discharge	13.01.2026	Acute Gastroenteritis with severe Dehydration
309	SAIMS	10.01.2026	Mahesh kethwas	male	67	bhagirathpura	Discharge	13.01.2026	Acute Gastroenteritis with severe Dehydration
310	SAIMS	10.01.2026	Laxman kumsr	male	65	bhagirathpura	Discharge	13.01.2026	Acute Gastroenteritis with severe Dehydration / iron Deficiency-
311	Apollo Hospital	11.01.2026	Mrs.LILA BAI	female	60	PULWALI GALI 648 BHAGIRATHPURA	Discharge	17.01.2026	ACUTE GASTROENTERITIS, HYPERTENSION, COAD WITH ACUTE EXACERBATION, TYPE 2 RESPIRATORY FAILURE,MORBID OBESITY
312	Dolphine Hospital	11.01.2026	KARTIK PATIL	MALE	5.8	117-YADAV COLONY BHAGIRATHPURA, INDORE	Discharge	15.01.2026	Acute Gastroenteritis with moderate Dehydration ,

313	SAIMS	11.01.2026	mrs balkuwar yadav	FEMALE	80	BHAGIRATHPURA	Discharge	15.01.2026	Acute Gastroenteritis with Dehydration
314	SAIMS	11.01.2026	MR. RAJESH YADAV	MALE	40	BHAGIRATHPURA	Discharge	15.01.2026	Acute Gastroenteritis with Dehydration / AKI / HTN
315	SAIMS	11.01.2026	MR. MAHENDRA BHATI	MALE	50	BHAGIRATHPURA	Discharge	15.01.2026	Acute Gastroenteritis with Dehydration
316	SAIMS	11.01.2026	MS.. ROSHANI PRAJAPATI	FEMALE	17	BHAGIRATHPURA	Discharge	13.01.2026	Acute Gastroenteritis
317	SAIMS	11.01.2026	MRS DEEPIKA CHOUHAN	FEMALE	29	BHAGIRATHPURA	Discharge	13.01.2026	Acute Gastroenteritis with severe Dehydration
318	SAIMS	11.01.2026	Munna Lal	MALE	64	BHAGIRATHPURA	Discharge	15.01.2026	Acute Gastroenteritis with Dehydration / HTN
319	SAIMS	12.01.2026	Diksha	female	29	BHAGIRATHPURA	Discharge	14.01.2026	Acute Gastroenteritis with Dehydration
320	SAIMS	12.01.2026	Shanti bai	female	70	BHAGIRATHPURA	Discharge	14.01.2026	Acute Gastroenteritis with Dehydration /HTN
321	SAIMS	12.01.2026	Vejanti Bai	female	56	BHAGIRATHPURA	Discharge	13.01.2026	Acute Gastroenteritis
322	SAIMS	12.01.2026	Vanmala Solanki	female	37	BHAGIRATHPURA	Discharge	15.01.2026	Iron Deficiency Anaemia
323	SAIMS	12.01.2026	Guddi Bai	female	40	BHAGIRATHPURA	Discharge	15.01.2026	Acute Gastritis
324	Shalby Hospital	15.01.2026	Miss VAISHNAVI	female	3	BHAGIRATHPURA	Discharge	16.01.2026	Acute Gastroenteritis with Mod. Dehydration
325	SAIMS	17.01.2026	mr. badriprasad	male	63	bhagirathpura	Death	23.01.2026	Old CAD
326	SAIMS	18.01.2026	Baby gopi	FEMALE	15	bhagirathpura	Discharge	23.01.2026	Acute Gastroenteritis
327	SAIMS	19.01.2026	PRAGATI	FEMALE	33	BHAGIRATHPURA	Discharge	21.01.2026	Acute Gastritis/ Adjustment disorder
328	Charak hospital	20.01.2026	Harsh Joseph	MALE	24	455/1 Bhagirathpura	Discharge	21.01.2026	Acute Febrile Illness with Vomiting
329	SAIMS	20.01.2026	MRS LAKSMEE	FEMALE	66	BHAGIRATHPURA	Discharge	27.01.2026	T2RF / Encephalopathy
330	Shalby Hospital	20.01.2026	Sunil	male	35	BHAGIRATHPURA, INDORE	Discharge	22.01.2026	Acute Gastritis, Diabetic ketoacidosis
331	SAIMS	21.01.2026	vinod	male	50	BHAGIRATHPURA	Discharge	27.01.2026	Multiple liver Abscess / HTN /T2DM / Oral candidiasis

ESIC - Govt. Hospital Admitted Case Line list - Bhagirathpura

No.	Hospital's Name	Date of Admission/ Date of Illness	Name	Gender	Age	Address	Status (Discharge/ Death)	Discharge/ Death Date	Diagnosis / Nature of Illness
332	ESIC Model Hospital and ODC(SSH)	25.12.2025	DEVIKI BAI	Female	65	Bhagirathpura	Discharge	30.12.2025	AGE
333	ESIC Model Hospital and ODC(SSH)	28.12.2025	Rajesh	Male	57	509 Bhagirathpura	Discharge	02.01.2026	AGE / T2DM/ HTN / Hyperkalemia / Metabolic Acidosis
334	ESIC Model Hospital and ODC(SSH)	28.12.2025	Trinkal	Female	11	271 bhagirathpura	Discharge	06.01.2026	AGE with Mod. Dyhydration with gall bladder stones
335	ESIC Model Hospital and ODC(SSH)	29.12.2025	Ramchandra	Male	57	140 Bhagirathpura	Discharge	02.01.2026	AGE /AKI/ Hypokalemia / ?sepsis/KCO HTN
336	ESIC Model Hospital and ODC(SSH)	29.12.2025	shivshankar	Male	41	Bhagirathpura Indore	Discharge	02.01.2026	AGE / Pre Renal AKI
337	ESIC Model Hospital and ODC(SSH)	29.12.2025	Arvind	Male	37	1026 Bhagirathpura	Discharge	02.01.2026	AGE
338	ESIC Model Hospital and ODC(SSH)	29.12.2025	YASHIKA RAWAL	Female	15	Bhagirathpura	Discharge	30.12.2025	AGE / AKI
339	ESIC Model Hospital and ODC(SSH)	29.12.2025	GOMATI BAI	Female	35	Bhagirathpura	Discharge	30.12.2025	AGE / Hypothyroidism
340	ESIC Model Hospital and ODC(SSH)	29.12.2025	MANGALA	Female	35	Bhagirathpura	Discharge	30.12.2025	AGE
341	ESIC Model Hospital and ODC(SSH)	29.12.2025	MADHU JAISWAL	Female	30	Bhagirathpura	Discharge	30.12.2025	AGE / RIGHT OVARY CYST
342	ESIC Model Hospital and ODC(SSH)	29.12.2025	HEMLATA	Female	35	Bhagirathpura	Discharge	30.12.2025	Gastritis / ? GERD
343	ESIC Model Hospital and ODC(SSH)	29.12.2025	RANI	Female	64	Bhagirathpura	Discharge	30.12.2025	AGE
344	ESIC Model Hospital and ODC(SSH)	29.12.2025	Baby of yashmin	Male	9 month	74121 bhagirathpura	Discharge	06.01.2026	AGE with dehydration With Mod. Anaemia with head trauma
345	ESIC Model Hospital and ODC(SSH)	30.12.2025	SUSHILA BAI	Female	43	Bhagirathpura	Discharge	02.01.2026	AGE / Rheumatoid Arthritis
346	ESIC Model Hospital and ODC(SSH)	30.12.2025	HANSHA BAI	Female	58	Bhagirathpura	Discharge	03.01.2026	AGE / Hypokalemia
347	ESIC Model Hospital and ODC(SSH)	30.12.2025	RAMLALI YADAV	Female	69	Bhagirathpura	Discharge	02.01.2026	AGE with Dehydration / AKI/Hypokalemia
348	ESIC Model Hospital and ODC(SSH)	30.12.2025	KASTURI BAI	Female	71	Bhagirathpura	Discharge	06.01.2026	Susp. GBS / AGE / Hypokalemia
349	ESIC Model Hospital and ODC(SSH)	30.12.2025	REKHA PATEL	Female	42	Bhagirathpura	Discharge	02.01.2026	left pleural effusion
350	ESIC Model Hospital and ODC(SSH)	30.12.2025	GEETA	Female	45	Bhagirathpura	Discharge	02.01.2026	AGE
351	ESIC Model Hospital and ODC(SSH)	30.12.2025	Kanta sengar	Female	45	Bhagirathpura	Discharge	03.01.2026	AGE
352	ESIC Model Hospital and ODC(SSH)	30.12.2025	kamla bai pal	Female	68	Bhagirathpura	Discharge	02.01.2026	AGE
353	ESIC Model Hospital and ODC(SSH)	30.12.2025	lakshmi bai verma	Female	71	Bhagirathpura	Discharge	02.01.2026	AGE / HTN /T2DM
354	ESIC Model Hospital and ODC(SSH)	30.12.2025	Abhishek	Male	22	Bhagirathpura	Discharge	02.01.2026	Acute Gastroenteritis

355	ESIC Model Hospital and ODC(SSH)	30.12.2025	Vishal	Male	44	Bhagirathpura	Discharge	02.01.2026	Acute Gastritis
356	ESIC Model Hospital and ODC(SSH)	30.12.2025	ARJUN PRAJAPAT	Male	36	Bhagirathpura	Discharge	02.01.2026	Acute Gastritis / Diabetes Mellitus
357	ESIC Model Hospital and ODC(SSH)	30.12.2025	REENA	Female	45	Bhagirathpura	Discharge	02.01.2026	AGE
358	ESIC Model Hospital and ODC(SSH)	30.12.2025	PRAMILA	Female	41	Bhagirathpura	Discharge	02.01.2026	AGE / Hypothyroidism
359	ESIC Model Hospital and ODC(SSH)	30.12.2025	priyanshi giri	Female	11	237 bhagirathpura	Discharge	06.01.2026	AGE
360	ESIC Model Hospital and ODC(SSH)	31.12.2025	ompraksh	male	58	19/12 bhagirathpura	Discharge	02.01.2026	AGE /HTN /T2DM / ?CAD / AKI / Alcoholics
361	ESIC Model Hospital and ODC(SSH)	01.01.2026	lalit kumar	male	73	Bhagirathpura	Discharge	02.01.2026	AGE with Dehydration
362	ESIC Model Hospital and ODC(SSH)	01.01.2026	dimple	Female	4	Bhagirathpura	Discharge	06.01.2026	URTI With Anaemia
363	ESIC Model Hospital and ODC(SSH)	02.01.2026	kartikeya	male	2	587 bhagirathpura area	Discharge	06.01.2026	AGE with Anaemia
364	ESIC Model Hospital and ODC(SSH)	02.01.2026	Bharti devi	male	38	Kushwah nagar Indore	Discharge	08.01.2026	AGE
365	ESIC Model Hospital and ODC(SSH)	02.01.2026	Deepali	Female	43	62 Shree ram Apratmnet Tilak Nagar Indore	Discharge	07.01.2026	AGE / AUB
366	ESIC Model Hospital and ODC(SSH)	02.01.2026	Pooja Kokare	Female	26	Redwal Colony	Discharge	07.01.2026	AGE / Hypokalemia
367	ESIC Model Hospital and ODC(SSH)	02.01.2026	Ramchandra	Male	39	Bhagirathpura Indore	Discharge	07.01.2026	AGE
368	ESIC Model Hospital and ODC(SSH)	02.01.2026	Arjun	male	39	Bhagirathpura Indore	Discharge	07.01.2026	Acute Gastritis / Diabetes Mellitus
369	ESIC Model Hospital and ODC(SSH)	02.01.2026	Lalit	male	44	Bhagirathpura Indore	Discharge	09.01.2026	AGE with Dehydration / AKI /Hypokalemia
370	ESIC Model Hospital and ODC(SSH)	02.01.2026	Shailendra	Male	51	Bhagirathpura Indore	Discharge	07.01.2026	AGE / KCO CA Buccal Mucosa
371	ESIC Model Hospital and ODC(SSH)	02.01.2026	Arvind	Male	35	Bhagirathpura Indore	Discharge	07.01.2026	AGE / Hypokalemia
372	ESIC Model Hospital and ODC(SSH)	02.01.2026	Meena Vishwakarma	Female	46	Bhagirathpura Indore	Discharge	08.01.2026	AGE
373	ESIC Model Hospital and ODC(SSH)	02.01.2026	Payal Chouhan	Female	20	Bhagirathpura Indore	Discharge	07.01.2026	AGE
374	ESIC Model Hospital and ODC(SSH)	04.01.2026	SUNITA YADAV	Female	55	BHAGIRATHPURA	Discharge	07.01.2026	Gastritis / T2DM / CA cervix
375	ESIC Model Hospital and ODC(SSH)	10.01.2026	Sidhardh Yadav s/o yatendra	male	4	1052 bhagirathpura	Discharge	15.01.2026	AGE
376	ESIC Model Hospital and ODC(SSH)	12.01.2026	Anita	female	47	930 bhagirathpura	Discharge	15.01.2026	AGE
377	ESIC Model Hospital and ODC(SSH)	13.01.2026	Sampat Bai	female	77	378 bhagirathpura	Discharge	15.01.2026	AGE

Govt. Hospital Admitted Case Line list - Bhagirathpura

No.	Hospital's Name	Date of Admission/ Date of Illness	Name	Gender	Age	Address	Status (Discharge/ Death)	Discharge/ Death Date	Diagnosis / Nature of Illness
378	M.Y.HOSPITAL, INDORE	24.12.2025	SONALI	Female	26	BHAGIRATHPURA, INDORE	Discharge	10.01.2026	Acute Gastroenteritis
379	M.Y.HOSPITAL, INDORE	27.12.2025	KANCHAN	Female	43	BHAGIRATHPURA, INDORE	Discharge	06.01.2026	Acute Gastroenteritis moderate Anemia
380	M.Y.HOSPITAL, INDORE	28.12.2025	ANJALI	Female	23	NAI BASTI BHAGIRATHPURA, INDORE	Discharge	03.01.2026	Acute Gastroenteritis
381	M.Y.HOSPITAL, INDORE	28.12.2025	AKASH	Male	62	NAI BASTI BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis, sepsis with AKI
382	M.Y.HOSPITAL, INDORE	29.12.2025	SWAPNIL	Male	34	366, BHAGIRATHPURA, INDORE	Discharge	03.01.2026	Acute Gastroenteritis
383	M.Y.HOSPITAL, INDORE	29.12.2025	POOJA	Female	34	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis
384	M.Y.HOSPITAL, INDORE	29.12.2025	SHIVA	Male	17	1174, BHAGIRATHPURA, INDORE	Discharge	03.01.2026	Acute Gastroenteritis
385	M.Y.HOSPITAL, INDORE	29.12.2025	DEVENDRA	Male	44	107, NANDAN NAGAR, INDORE	Discharge	05.01.2026	Acute Gastroenteritis, severe Anemia
386	M.Y.HOSPITAL, INDORE	29.12.2025	SHIVANI	Female	25	BHAGIRATHPURA, INDORE	Discharge	31.12.2025	Acute Gastroenteritis
387	M.Y.HOSPITAL, INDORE	30.12.2025	GUNVANTA	Female	51	724, BHAGIRATHPURA, INDORE	Discharge	04.01.2026	Acute Gastroenteritis
388	M.Y.HOSPITAL, INDORE	31.12.2025	KAPIL	Male	27	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis
389	M.Y.HOSPITAL, INDORE	31.12.2025	MOHAN	Male	38	571, BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis
390	M.Y.HOSPITAL, INDORE	31.12.2025	MANISHA	Female	36	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis
391	M.Y.HOSPITAL, INDORE	31.12.2025	PRINCE	Male	55	1300, BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis
392	M.Y.HOSPITAL, INDORE	31.12.2025	KAMLA BAI	Female	55	843, BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis
393	M.Y.HOSPITAL, INDORE	01.01.2026	AJEEMA KHAN	Male	30	BHAGIRATHPURA, INDORE	Discharge	07.01.2026	Acute Gastroenteritis
394	M.Y.HOSPITAL, INDORE	01.01.2026	KHUSHIYALI	Female	33	BHAGIRATHPURA, INDORE	Discharge	06.01.2026	Acute Gastroenteritis
395	M.Y.HOSPITAL, INDORE	01.01.2026	BHUMI	Female	17	MALHAR GANJ, INDORE	Discharge	06.01.2026	Acute Gastroenteritis, Giardiasis
396	M.Y.HOSPITAL, INDORE	02.01.2026	RAM SWRCOP	Male	67	820, BHAGIRATHPURA, INDORE	Discharge	06.01.2026	Acute Gastroenteritis
397	M.Y.HOSPITAL, INDORE	02.01.2026	NANU RAM	Male	75	26/3, BHAGIRATHPURA, INDORE	Discharge	07.01.2026	Acute Gastroenteritis
398	M.Y.HOSPITAL, INDORE	02.01.2026	SURJEET	Male	50	KULKARNI KA BHATA , INDORE	Discharge	07.01.2026	Acute Gastroenteritis
399	M.Y.HOSPITAL, INDORE	02.01.2026	NEETU	Female	36	26/3, BHAGIRATHPURA, INDORE	Discharge	06.01.2026	Acute Gastroenteritis
400	M.Y.HOSPITAL, INDORE	02.01.2026	GAFFAR	Male	75	BHAGIRATHPURA INDORE	Discharge	09.01.2026	Acute Gastroenteritis
401	M.Y.HOSPITAL, INDORE	02.01.2026	URMILA	Female	55	438, BHAGIRATHPURA INDORE	Discharge	06.01.2026	Acute Gastritis
402	M.Y.HOSPITAL, INDORE	02.01.2026	ANJALI	Female	50	SAI MANDIR BHAGIRATHPURA INDORE	Discharge	07.01.2026	Acute Gastroenteritis
403	M.Y.HOSPITAL, INDORE	03.01.2026	babita	Female	33	BHAGIRATHPURA, INDORE	Discharge	05.01.2026	Acute Gastroenteritis

404	M.Y.HOSPITAL, INDORE	04.01.2026	Rakesh	Male	50	BHAGIRATHPURA, INDORE	Discharge	10.01.2026	Acute Gastroenteritis
405	M.Y.HOSPITAL, INDORE	04.01.2026	Goram	Male	64	BHAGIRATHPURA, INDORE	Discharge	09.01.2026	Acute Gastroenteritis
406	M.Y.HOSPITAL, INDORE	05.01.2026	TEJU	Male	54	1076, BHAGIRATHPURA	Discharge	07.01.2026	Acute Gastroenteritis
407	M.Y.HOSPITAL, INDORE	06.01.2026	Badri Prasad	MALE	62	357/3 Bhagirathpur	Discharge	16.01.2026	Acute Febrile Illness, Hepatitis A, H/O Acute Gastroenteritis
408	M.Y.HOSPITAL, INDORE	07.01.2026	Kushmi devi w/o premchand	Female	40	22 laxm bai nagar, bhagirathpura	Discharge	09.01.2026	Acute Gastroenteritis
409	M.Y.HOSPITAL, INDORE	09.01.2026	Reeta w/o lakhan	Female	54	524 bhagirathpura	Discharge	13.01.2026	Acute Gastroenteritis
410	M.Y.HOSPITAL, INDORE	09.01.2026	Narendra s/o Lakhan	male	44	108 bhagirathpura	Discharge	16.01.2026	Acute Gastroenteritis
411	M.Y.HOSPITAL, INDORE	09.01.2026	Arti w/o Lokesh	Female	30	997 bhagirathpura	Discharge	13.01.2026	Acute Gastroenteritis
412	M.Y.HOSPITAL, INDORE	11.01.2026	RAJENDRA PAL	male	60	232 BHAGIRATHPURA	Discharge	13.01.2026	Acute Gastroenteritis
413	M.Y.HOSPITAL, INDORE	13.01.2026	Mona	Female	29	Shiv mandir Bhagirathpura	Discharge	16.01.2026	Acute Gastroenteritis
414	M.Y.HOSPITAL, INDORE	16.01.2026	PRAKASH VAGH	Male	52	105, BHAGIRATH PURA	Discharge	22.01.2026	Acute Gastroenteritis
415	M.Y.HOSPITAL, INDORE	16.01.2026	SHANTI	Female	71	573, BHAGIRATHPURA	Discharge	24.01.2026	Acute Gastroenteritis
416	M.Y.HOSPITAL, INDORE	16.01.2026	ANITA	Female	40	BHAGIRATH PURA	Discharge	19.01.2026	Acute Gastroenteritis
417	M.Y.HOSPITAL, INDORE	18.01.2026	shikha	Female	24	BHAGIRATH PURA	Discharge	23.01.2026	Acute Gastroenteritis, Assess for CKD
418	M.Y.HOSPITAL, INDORE	21.01.2026	URMILA VERMA	Female	45	BHAGIRATHPURA, INDORE	Discharge	28.01.2026	Acute Gastroenteritis
419	M.Y.HOSPITAL, INDORE	22.01.2026	SHYAM SUNDAR TIWARI	Male	76	19, BHAGIRATHPURA, INDORE	Discharge	28.01.2026	Acute Gastroenteritis

Govt. Hospital Admitted Case Line list - Bhagirathpura

No.	Hospital's Name	Date of Admission/ Date of Illness	Name	Gender	Age	Address	Status (Discharge/ Death)	Discharge/ Death Date
420	Chacha nehru Bal chikitsalaya	27.12.2025	taniya d/0 atish	Female	3	bhagirathpura indore	Discharge	30.12.2025
421	Chacha nehru Bal chikitsalaya	28.12.2025	tejas s/0 kishore	Male	3	bhagirathpura indore	Discharge	01.01.2026
422	Chacha nehru Bal chikitsalaya	28.12.2025	yash s/0 Ramprasad	Male	5	bhagirathpura indore	Discharge	01.01.2026
423	Chacha nehru Bal chikitsalaya	29.12.2025	lavanya d/0 sachin	Female	2 month	bhagirathpura indore	Discharge	03.01.2026
424	Chacha nehru Bal chikitsalaya	29.12.2025	Laxmi d/0 dhanraj	Female	12	bhagirathpura indore	Discharge	31.12.2025
425	Chacha nehru Bal chikitsalaya	29.12.2025	shivay s)0 sanjay	Male	11 month	bhagirathpura indore	Discharge	31.12.2025
426	Chacha nehru Bal chikitsalaya	31.12.2025	mayank s/0 mahendra	Male	8	bhagirathpura indore	Discharge	02.01.2026
427	Chacha nehru Bal chikitsalaya	31.12.2025	kunal s/o hemant	Male	4	bhagirathpura indore	Discharge	05.01.2026
428	Chacha nehru Bal chikitsalaya	31.12.2025	Darsh S/o kuldeep	Male	6	bhagirathpura indore	Discharge	02.01.2026
429	Chacha nehru Bal chikitsalaya	31.12.2025	Poonam D/o govind	Female	3	bhagirathpura indore	Discharge	02.01.2026
430	Chacha nehru Bal chikitsalaya	01.01.2026	Himanshu S/0 dilip	Male	13	Farsi wali gali home no-1222, bhagirathpura	Discharge	02.01.2026
431	Chacha nehru Bal chikitsalaya	01.01.2026	Sarthak s/o Aakash	Male	08 month	359 Bhagirathpura Indore	Discharge	05.01.2026
432	Chacha nehru Bal chikitsalaya	01.01.2026	Ansh s/o Kuldeep	Male	18 month	1279 Bhagirathpura Indore	Discharge	03.01.2026
433	Chacha nehru Bal chikitsalaya	01.01.2026	Sumer s/o Sakir	Male	12 month	bhagirathpura Indore	Discharge	03.01.2026
434	Chacha nehru Bal chikitsalaya	01.01.2026	Rani d/o Dinesh	Female	12	49 Bhagirathpura Indore	Discharge	03.01.2026
435	Chacha nehru Bal chikitsalaya	02.01.2026	Pari d/o Rohit	Female	2	mali dharamshala ke piche Bhagirathpura Indore	Discharge	05.01.2026
436	Chacha nehru Bal chikitsalaya	02.01.2026	Hardik s/o Premverma	male	11	1115 bhagirathpura indore	Discharge	05.01.2026

437	Chacha nehru Bal chikitsalaya	02.01.2026	Harsh s/0 Shishupal	male	3	319 bhagirathpura indore	Discharge	05.01.2026
438	Chacha nehru Bal chikitsalaya	02.01.2026	Riyansh s/o Pramod	male	4	neemuch jewellers ke pas bhagirathpura indore	Discharge	05.01.2026
439	Chacha nehru Bal chikitsalaya	03.01.2026	Shivay s/o Vicky	Male	4	Farsiwali gali Bhagirathpura Indore	Discharge	05.01.2026
440	Chacha nehru Bal chikitsalaya	03.01.2026	Sushma d/o Govind	Female	7	327 Bhagirathpura Indore	Discharge	07.01.2026
441	Chacha nehru Bal chikitsalaya	03.01.2026	Kavyansh s/o Ravi	Male	11 month	Bhagirathpura Indore	Discharge	08.01.2026
442	Chacha nehru Bal chikitsalaya	03.01.2026	Vranda d/o Pushpendra	Female	11 month	Bhagirathpura Indore	Discharge	08.01.2026
443	Chacha nehru Bal chikitsalaya	03.01.2026	Trishansh s/o Devendra	Male	12 month	345/2 Bhagirathpura Indore	Discharge	05.01.2026
444	Chacha nehru Bal chikitsalaya	03.01.2026	Arnav s/o Arjun	Male	09 month	Bhagirathpura Indore	Discharge	05.01.2026
445	Chacha nehru Bal chikitsalaya	03.01.2026	Ananya d/o Sannu	Female	3	Bhagirathpura Indore	Discharge	08.01.2026
446	Chacha nehru Bal chikitsalaya	03.01.2026	Suraj s/o Dogarsingh	Male	7	111 Bhagirathpura Indore	Discharge	08.01.2026
447	Chacha nehru Bal chikitsalaya	03.01.2026	Vaidik s/o Ranjit	Male	14 month	209/4 Bhagirathpura Indore	Discharge	05.01.2026
448	Chacha nehru Bal chikitsalaya	05.01.2026	Akshat s/o Jagdish	Male	18 month	Ruchi tent house ke pas bhagirathpura indore	Discharge	07.01.2026
449	Chacha nehru Bal chikitsalaya	08.01.2026	Dolly	FEMALE	5	bhagirathpura	Discharge	12.01.2026
450	Chacha nehru Bal chikitsalaya	10.01.2026	Priya Bablu	female	13	405 BHAGIRATHPURA	Discharge	12.01.2026
451	Chacha nehru Bal chikitsalaya	10.01.2026	Tanishka D/o Pushpendra	female	2.6	BHAGIRATHPURA	Discharge	12.01.2026
452	MTH hospital	03.01.2026	pooja w/o rohit	Female	28	BHAGIRATHPURA, INDORE	Discharge	12.01.2026
453	new chest ward ,myh indore	28.12.2025	akshay s/0 santosh	Male	4	bhagirathpura indore	Discharge	30.12.2025
454	new chest ward ,myh indore	29.12.2025	pranshi d/0 pinu	Female	2.5	bhagirathpura indore	Discharge	30.12.2025
455	new chest ward ,myh indore	30.12.2025	Piyush s/0 dhulichand	Male	4	358 bhagirathpura indore	Discharge	30.12.2025
456	new chest ward ,myh indore	31.12.2025	ashita d/0 santosh	Female	9	529 bhagirathpura indore	Discharge	02.01.2026

457	new chest ward ,myh indore	31.12.2025	mahi d/0 Shriram	Female	14	334 bhagirathpura indore	Discharge	02.01.2026
458	new chest ward ,myh indore	31.12.2025	kavya d/0 devendra	Female	2.5	691 bhagirathpura indore	Discharge	02.01.2026
459	new chest ward ,myh indore	03.01.2026	Tanisk	Male	9	BHAGIRATHPURA, INDORE	Discharge	13.01.2026

Annexure-11

OUTBREAK SAMPLE REPORTING Date : 01/01/2026							
Aerobioc Culture Report							
S.NO.	Date & Time sample receiving/collection	Lab. ID	Received from	NAME	AGE	Stool for Hanging Drop	Stool C/S
1	30/12/2025 - 02:30PM	OB F-1	RR TEAM	Suhaani	NA	No Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
2	30/12/2025 - 02:30PM	OB F-2	RR TEAM	Harsh	NA	Dartingly motile Vibrio cholerae like organism seen	Vibrio cholerae grown in culture
3	30/12/2025 - 05:00PM	OB F-3	CMHO (Triveni Hsp.)	Suman bharat	46y/F	No Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
4	30/12/2025 - 05:00PM	OB F-4	CMHO (Triveni Hsp.)	Vinod bandhu	52y/M	No Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
5	30/12/2025 - 05:00PM	OB F-5	CMHO (Triveni Hsp.)	Sheela bai	46y/F	No Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
6	30/12/2025 - 05:00PM	OB F-6	CMHO (Triveni Hsp.)	Shanti baiyami	46y/F	No Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
7	30/12/2025 - 07:30PM	OB F-7	CMHO (APOLLO)	Pooja	25Y/F	No Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
8	31/12/2025 - 02:30PM	OB F-8	CMHO (APOLLO)	Gendalal	68/M	No Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture

* No History of Antibiotic Intake available

*Isolation and identification done by conventional method

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Head of Department
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MGM, Medical College, Indore

OUTBREAK SAMPLE REPORTING Date : 01/01/2026							
Aerobic Culture Report							
S.NO.	Date & Time sample receiving	OUTBREAK NO.	NAME	AGE	LOCATION	Stool for Hanging Drop	Stool C/S for Vibrio cholerae
1	30/12/2025 2:30pm	OB-1	SHIVA	17Y/M	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
2	30/12/2025 2:30pm	OB-2	DIVENDRA	44Y/M	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
3	30/12/2025 2:30pm	OB-3	SWAPNIL	34Y/M	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
4	30/12/2025 2:30pm	OB-4	SHIVANI	25Y/F	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
5	30/12/2025 2:30pm	OB-5	POOJA	34Y/F	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
6	30/12/2025 2:30pm	OB-6	TEJAS	3Y/M	Dept. of Pediatrics, CNBC	**Dartingly motile Vibrio cholerae like organism seen**	**Mixed Bacterial growth found, further Isolation & Identification under process FINAL REPORT : No Vibrio cholerae grown in culture**
7	31/12/2025 11:30am	OB-7	Anjali	23Y/F	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
8	31/12/2025 12:30pm	OB-8	Kishore	26Y/F	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
9	31/12/2025 12:30pm	OB-9	Aishika	9Y/F	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
10	31/12/2025 2:30pm	OB-10	Lavanya	2M/F	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
11	31/12/2025 5:00pm	OB-11	laxmi	12Y/f	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
12	31/12/2025 5:00pm	OB-12	Pranshi	2.5/F	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture

13	1/1/2026 12:25pm	OB-13	KUNAL	4Y/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
14	1/1/2026 12:25pm	OB-14	SARTHAK	8M/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
15	1/1/2026 12:25pm	OB-15	MAYANK	8Y/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
16	02/01/2026 12:15pm	OB-16	ANSH	18M/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
17	02/01/2026 12:15pm	OB-17	TARANI	3.5Y/F	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
18	02/01/2026 12:15pm	OB-18	YASH	5Y/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
19	02/01/2026 2:00pm	OB-19	RANI	12Y/F	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
20	02/01/2026 2:00pm	OB-20	DARSH	6Y/M	Dept. of Pediatrics,	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
21	02/01/2026 2:00pm	OB-21	HIMANSHU	13Y/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
22	03/01/2026 12:15pm	OB-22	BABITA	33Y/F	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
23	03/01/2026 12:15pm	OB-23	SUMER	12M/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
25	03/01/2026 12:15pm	OB-24	HARDIK	13/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
25	3/01/2026 2:45pm	OB-25	REYANSH	48M/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
26	3/01/2026 2:45pm	OB-26	POOJA	27Y/F	Dept. of Obg & Gyn, MTH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
27	4-1-2026 2:00pm	OB-27	VRINDA	11M/F	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
29	4-1-2026 2:00pm	OB-28	KAVYANSH	11M/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture

	4-1-2026 2:00pm	OB-29	PARI	2Y/F	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
31	4-1-2026 2:00pm	OB-30	SURAJ	7Y/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
32	4-1-2026 2:00pm	OB-31	VAIDIK	14M/M	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
33	5-1-2026 11:00am	OB-32	ANJALI	50Y/F	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
34	5-1-2026 11:00am	OB-33	BABITA	33Y/F	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
35	5-1-2026 11:00am	OB-34	GOUTAM	64Y/M	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
36	5-1-2026 11:00am	OB-35	ANANYA	3Y/F	Dept. of Pediatrics, CNBC	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
37	6-1-2026 11:00am	OB-36	TEJU	54Y/M	Dept. of Medicine, MYH	NO Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture

* No History of Antibiotic intake available

*Isolation and identification done by conventional method

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DISTRICT INTEGRATED PUBLIC HEALTH LABORATORY

Integrated disease surveillance programme
Directorate of health services M.P.
District Indore

To
The CMHO
District Indore (M.P.)

Date:-16/01/2026

Subject: - 4 Stool culture Samples Reports.
Reference: - You're letter no. /SAM/MS/Leter no 26/16

Respected sir,

In reference to above mentioned subject (as per CMHO orders), kindly find report of 04 stool culture samples, which we received on 13/01/2026 from Shri Aurobindo Institute of Medical College & Hospital District Indore (M.P.).

Stool culture -

S.no.	Name of Patient	Age	Use Transport Medium	Cyst/ova/Parasite Observed	Report
1.	Sahanti w/o Jugal	70Y/F	No	Cyst/ova/Parasite not Seen. Darting Motility Not Seen.	Normal Flora Grown on culture after 48 hrs of incubation.
2.	Vaijyanti w/o Hukum	56Y/F	No	Cyst/ova/Parasite not Seen Darting Motility Not Seen.	Normal Flora Grown on culture after 48 hrs of incubation.
3.	Mahendra bhati s/o Hanuman	50Y/M	No	Cyst/ova/Parasite not Seen. Darting Motility Not Seen.	Normal Flora Grown on culture after 48 hrs. Of incubation.
4.	Vanmala w/o Arjun	37Y/M	No	Cyst/ova/Parasite not Seen. Darting Motility Not Seen.	Normal Flora Grown on culture after 48 hrs. Of incubation.

District Microbiologist
DIPHL LAB (IDSP) Indore
Govt.P.C.Sethi Hospital Indore M.P.

DPHL Microbiology Lab (IDSP)
Govt. P.C. Sethi Hopital
INDORE (M.P.)

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Microbiology Laboratory Report of samples collected from Indore in connection with Acute Diarrhoeal Disease Outbreak in Jan- 26 (for team ICMR-NIRBI) vide order no. No/NHM/IDSP/2026/30 dated 4th Jan, 2026 from MD-NHM, MP

Team members:

1. Dr Pramit Ghosh, Scientist-E & Epidemiologist , ICMR, NIRBI, Kolkata
2. Dr Goutam Chowdhury, Scientist-D & Microbiologist, ICMR, NIRBI, Kolkata

Sample Source: Stool Rectal Swab samples collected from Department of Microbiology, MGM Medical College, Indore, MP.

SL. No	Date of Receiving at MGM Microbiology Lab	Date of Receiving RW Samples	Patient Name	Age/Sex	Pathogen Identified				
					Vibrio spp.	DEC	*Salmonella* spp.	*Shigella* spp.	*Campylobacter* spp.
1	04.01.2026	05.01.2026	VRINDA	11 month/F	Neg	Neg	Neg	Neg	Neg
2	02.01.2026	05.01.2026	ANSH	1.5Y/M	Neg	EAEC	Neg	Neg	Neg
3	02.01.2026	05.01.2026	DARSH	6Y/M	Neg	Neg	Neg	Neg	Neg
4	02.01.2026	05.01.2026	RANI	12Y/F	Neg	Neg	Neg	Neg	Neg
5	03.01.2026	05.01.2026	HARDIK	13y/M	*V. cholerae* O1 Ogawa	Neg	Neg	Neg	Neg
6	03.01.2026	05.01.2026	SUMER	12M/M	Neg	Neg	Neg	Neg	Neg
7	03.01.2026	05.01.2026	RIYANSH	48M/M	*V. cholerae* O1 Ogawa	Neg	Neg	Neg	Neg
8	03.01.2026	05.01.2026	POOJA	27Y/F	Neg	Neg	Neg	Neg	Neg
9	31.12.2025	05.01.2026	GENDALAL	68Y/M	Neg	Neg	Neg	Neg	Neg
10	30.12.2025	05.01.2026	HARSH	3.5Y/M	*V. cholerae* O1 Ogawa	Neg	Neg	Neg	Neg
11	05.01.2026	06.01.2026	ARHAN	4Y/M	Neg	Neg	Neg	Neg	*Campylobacter. coli*
12	05.01.2026	06.01.2026	SHUSHMA	7Y/F	Neg	Neg	Neg	Neg	Neg

RW: Rectal Swab
DEC: Diarrheagenic *E.coli*
EAEC: Enteroaggregative *E.coli*
Pos: Positive
Neg: Negative

Goutam 09/01/2026

09/01/2026

Bacterial Culture Source: Bacterial Cultures were collected from Department of Microbiology, MGM Medical College, Indore, MP and Shalby Hospital, Indore, MP.

SL. No	Date of Receiving at primary lab	Date of Receiving Strain	Patient Name	Place	Growth in Selective Media (TCBS)	Pathogen Identified
1	30.12.2025	05.01.2026	HARSH	MGM Medical College, Indore	Yes	*V. cholerae* O1 Ogawa
2	26.12.2025	06.01.2026	SEEMA KALE	Shalby Hospital, Indore	No Growth	-

Antimicrobial Susceptibility Testing (AST) and Virulence Profile of *V.cholerae* strains isolated from Indore in connection with Acute Diarrhoeal Disease Outbreak in Jan-2026

Sl. No.	Name of the Patient	Organism Identified	*Virulence identified	**Antibiotic Susceptibility Testing (AST) profile		
				Sensitive	Intermediate	Resistance
5	HARDIK	*V. cholerae* O1 Ogawa	*ctxA, tcpA*	CIP, NOR, OFX, TE, SXT, C, D, MEM, AZM, GM, CAZ, CTX, CRO	-	AM, NA, S
7	RIYANSH	*V. cholerae* O1 Ogawa	*ctxA, tcpA*	CIP, NOR, OFX, TE, SXT, C, D, MEM, AZM, GM, CAZ, CTX, CRO	-	AM, NA, S
10	HARSH	*V. cholerae* O1 Ogawa	*ctxA, tcpA*	CIP, NOR, OFX, TE, SXT, C, D, MEM, AZM, GM, CAZ, CTX, CRO	-	AM, NA, S

**ctxA*: cholera toxin; *tcpA*: toxin co-regulated pilus

***NA, nalidixic acid; CIP, ciprofloxacin; NOR, norfloxacin; OFX, ofloxacin; AZM, azithromycin; GM, gentamycin; S, streptomycin; AM, ampicillin; CRO, ceftriaxone; CTX, cefotaxime; CAZ, ceftazidime; MEM, meropenem; SXT, sulfamethoxazole/trimethoprim; C, chloramphenicol; TE, tetracycline; D, doxycycline,

Dr. P. Ghosh 08/01/2026

Gautam 08/01/2026

DISTRICT PUBLIC HEALTH LABORATORY

Integrated disease surveillance programme
Directorate of health services M.P.
District Indore

To
The CMHO
District Indore (M.P.)

Date:- 1/1/2026.

Subject: - 2 Water Culture Samples Reports.
Reference: -latter No./IDSP/2025/2372

Respected sir,

In reference to above mentioned subject (as per CMHO orders), kindly find report of 2 water culture samples, which we received on 30/12/2025 from **507&114 (Narmada Line) Bhagirathpura** District Indore (M.P.).

Water Culture

S.No	Source Of Water	Village/ Block	H_2S production	Grading	Organism
1	(Rajkumari) Narmada Line Drinking Water	507,Bhagirathpura Indore	+	*Un-Satisfactory*	*Faecal Coliform Bacteria E. Coli & Pseudomonas aeruginosa, Klebsiella Species, Citrobacter Species,* grown on culture after 48 hrs. Of Incubation.
2	(Renuka) Narmada Line Drinking water	114,Bhagirathpura indore	-	*Un-Satisfactory*	*Vibrio species &Faecal Coliform Bacteria E.Coli & Klebsiella Species,* grown on culture after 48 hrs.Of Incubation.

Comment:-

The water Samples collected from 507&114 (Narmada Line) Bhagirathpura Indore. The water samples are not potable for Drinking and Other Uses as per Bacteriological conditions.

Mehrunnisa Ansari
District Microbiologist (IDSP) Indore

DPHL Microbiology Lab (IDSP)
Govt. P.C. Sethi Hopital
INDORE (M.P.)

Scanned with CamScanner

DISTRICT PUBLIC HEALTH LABORATORY

Integrated disease surveillance programme
Directorate of health services M.P.
District Indore

To
The CMHO
District Indore (M.P.)

Date:- 5/1/2026

Subject: - 5 Water Culture Samples Reports.
Reference: -

Respected sir,

In reference to above mentioned subject (as per CMHO orders), kindly find report of 5 water culture samples, which we received on 02/01/202 from **Bhagirathpura, Kulkarni ka Bhatta, Adarsh Bijasan Nagar District Indore (M.P.).**

Water Culture

S.No	Source Of Water	Village/ Block	H_2S production	Grading	Organism
3	Arvind/Lekhar Lakshman mali 7354573065	Kulkarni ka bhatta Indore M.P.	Negative	*Satisfactory*	*No Growth On culture after 48 hrs* Of Incubation.
4	Trilok 9179125153	House no.138 Adarsh Bijasan Nagar (Pardesipura) Indore M.P.	Negative	*Satisfactory*	*No Growth On culture after 48 hrs* Of Incubation.
5	Multa kale 9111034532	Kulkarni ka bhatta Indore M.P.	Negative	*Satisfactory*	*No Growth On culture after 48 hrs* Of Incubation.

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8	Parshad karyalaya	Bhagirathpura (pati ki tanki) Indore M.P.	Negative	*Satisfactory*	*No Growth On culture after 48 hrs* Of Incubation.
13	Shriji Hotal	Bhagirathpura Indore M.P.	Negative	*Satisfactory*	*No Growth On culture after 48 hrs* Of Incubation.

Comment:-

The water Samples collected from Bhagirathpura, Kulkarni ka Bhatta, Adarsh Bijasan Nagar Indore.The water samples are potable for Drinking and Other Uses as per Bacteriological conditions.

District Microbiologist
DIPHL LAB (IDSP) Indore
Govt.P.C.Sethi Hospital Indore M.P.

DPHL Microbiology Lab (IDSP)
Govt. P.C. Sethi Hopital
INDORE (M.P.)

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DISTRICT PUBLIC HEALTH LABORATORY

Integrated disease surveillance programme
Directorate of health services M.P.
District Indore

To
The CMHO
District Indore (M.P.)

Date:- 5/1/2026

Subject: - 10 Water Culture Samples Reports.
Reference: -

Respected sir,

In reference to above mentioned subject (as per CMHO orders), kindly find report of 10 water culture samples, which we received on 02/01/202 from **Bhagirathpura, Kulkarni ka Bhatta, Adarsh Bijasan Nagar, Farsi wali gali, Tanker, Tea stall, Dharamshala Jivika Rashtra District Indore (M.P.).**

Water Culture

S.No	Source Of Water	Village/ Block	H_2S production	Grading	Organism
1	Khushi-Narendra 9301359090	H.No.215 Adarsh Bijasan Nagar Indore M.P.	Negative	*Un-Satisfactory*	*Faecal Coliform Bacteria E.Coli & Klebsiella Species,* grown on culture after 48 hrs. Of Incubation.
2	Mast Devansh 5M/M Rani-Rahul 7000118942	Adarsh Bijasan Nagar Indore M.P.	Negative	*Un-Satisfactory*	*Faecal Coliform Bacteria E.Coli & Pseudomonas aeruginosa, Klebsiella Species,* grown on culture after 48 hrs. Of Incubation.
3	Premlata rawat	H.No.296 Farshi wali gali Indore M.P.	Negative	*Un-Satisfactory*	*Faecal Coliform Bacteria E.Coli & Shigella Species, Klebsiella Species,* grown on culture after 48 hrs. Of Incubation.
4	482	Bhagirathpura Bhalta wali Colony Indore M.P.	Positive	*Un-Satisfactory*	*Faecal Coliform Bacteria E.Coli & Salmonella spp, Klebsiella Species,* grown on culture after 48 hrs. Of Incubation.

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5	Tanker	MP09 KB8382 Indore M.P.	Negative	*Un-Satisfactory*	*Coliform Bacteria E.Coli & Klebsiella Species,* grown on culture after 48 hrs. Of Incubation.
6	800/22	Bhagirathpura tenka colony Indore M.P.	Positive	*Un-Satisfactory*	*Faecal Coliform Bacteria E.Coli & Pseudomonas aeruginosa, Klebsiella Species, Citrobacter Species* grown on culture after 48 hrs. Of Incubation.
7	Tanker	MP09 R3004 Indore M.P.	Negative	*Un-Satisfactory*	*Coliform Bacteria E.Coli & Klebsiella Species,* grown on culture after 48 hrs. Of Incubation.
8	Topi lal	Tea stall Indore M.P.	Negative	*Un-Satisfactory*	*Faecal Coliform Bacteria E.Coli & Klebsiella Species,* grown on culture after 48 hrs. Of Incubation
9	Pradul khadude	H.No.335 mama ki dharamsala Indore M.P.	Negative	*Un-Satisfactory*	*Faecal Coliform Bacteria E.Coli & Pseudomonas aeruginosa, Shigella species* grown on culture after 48 hrs. Of Incubation.
10	Sewage line	Jivika Rastra yadav colony	Positive	*Un-Satisfactory*	*Fecal Coliform Bacteria E.Coli Vibrio Species, Shigella Species& Pseudomonas aeruginosa, Klebsiella Species, Citrobacter Species* grown on culture after 48 hrs Of Incubation.

Comment:-

The water Samples collected from Bhagirathpura, Kulkarni ka Bhatta, Adarsh Bijasan Nagar, Farsi wali gali, Tanker, Tea stall, Dharamshala Jivika Rashtra District Indore (M.P.). The water samples are not potable for Drinking and Other Uses as per Bacteriological conditions.

District Microbiologist
DIPHL LAB (IDSP) Indore
Govt.P.C.Sethi Hospital Indore M.P.

DPHL Microbiology Lab (IDSP)
Govt. P.C. Sethi Hopital
INDORE (M.P.)

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DISTRICT PUBLIC HEALTH LABORATORY

Integrated disease surveillance programme
Directorate of health services M.P.
District Indore

To
The CMHO
District Indore (M.P.)

Date:-12/01/2026

Subject: - 1 Water Culture Samples Reports.
Reference: -

Respected sir,

In reference to above mentioned subject (as per CMHO orders), kindly find report of 1 water culture samples, which we received on 09/01/2026 from Shubham Pathak 9754482105776 Bhagirathpura (nearby chargiri mandir mantri ji vali gali) **District Indore (M.P.).**

Water Culture

S.No	Source Of Water	Village/ Block	H_2S production	Grading	Organism
1	Narmada . Water	Shubham Pathak 9754482105 776 Bhagirathpura (nearby chargiri mandir mantri ji vali gali)	Positive	*Un-Satisfactory*	***Salmonella Typhi and Faecal Coliform Bacteria E.Coli & Klebsiella Species, Pseudomonas aeruginosa, grown*** on culture after 48 hrs Of Incubation.

Classification of Water Samples Based on MPN (Most Probable Number) Coliform Count Test

Class 1: Excellent	Count Zero
Class 2: Satisfactory	Count is 1-3/100ml
Class 3: Suspicious	Count is 4-10/100ml
Class 4: UN-Satisfactory	Count is >10/100ml

Comment:-

The water Samples collected from Shubham Pathak (9754482105776) Bhagirathpura (nearby chargiri mandir mantri ji vali gali) District Indore (M.P.). The water samples are not potable for Drinking and Other Uses as per Bacteriological conditions.

Copy to:-Executive Engineer, Water Supply Department Municipal Corporation Indore.

District Microbiologist
DIPHL LAB (IDSP) Indore
Govt.P.C.Sethi Hospital Indore M.P.

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DISTRICT PUBLIC HEALTH LABORATORY

Integrated disease surveillance programme
Directorate of health services M.P.
District Indore

To
The CMHO
District Indore (M.P.)

Date:-13/01/2026

Subject: - 02 Water Culture Samples Reports.
Reference: -

Respected sir,

In reference to above mentioned subject (as per CMHO orders), kindly find report of 02 water culture samples, which we received on 10/01/2026 from 201 in front of station M44 Road & 942 nearby Arya Samaj District Indore (M.P.).

Water Culture

S.No	Source Of Water	Village/ Block	H_2S production	Grading	Organism
1	Kanchan 45y/F 8839918837	201in front of station M44 Road District Indore M.P.	Positive	*Un-Satisfactory*	*Salmonella typhi, Fecal Coliform Bacteria E.Coli & Klebsiella Species, Enterococcus Fecalis* grown on culture after 48 hrs. Of Incubation.
2	Vidhi d/o Vijay 8889670269	942 nearby Arya Samaj District Indore M.P.	Negative	*Excellent*	*No Growth on Culture After 48 Hrs. of incubation.*

Classification of Water Samples Based on MPN (Most Probable Number) Coliform Count Test.

Class 1: Excellent	Count Zero
Class 2: Satisfactory	Count is 1-3/100ml
Class 3: Suspicious	Count is 4-10/100ml
Class 4: UN-Satisfactory	Count is >10/100ml

Comment:-

The water Sample collected from 201 in front of station M44 Road District Indore (M.P.). The water sample is not potable for Drinking and Other Uses as per Bacteriological conditions.

The water Sample collected from 942 nearby Arya Samaj District Indore M.P. The water sample is potable for Drinking and Other Uses as per Bacteriological conditions.

District Microbiologist
DIPHL LAB (IDSP) Indore
Govt. P.C. Sethi Hospital Indore M.P.

Microbiology Lab (IDSP)
Govt. P.C. Sethi Hospital
Govt. P.C. Sethi Hospital
INDORE (M.P.)

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DISTRICT PUBLIC HEALTH LABORATORY

Integrated disease surveillance programme
Directorate of health services M.P.
District Indore

To
The CMHO
District Indore (M.P.)

Date:-12/01/2026

Subject: - 01 Water Culture Samples Reports.
Reference: -

Respected sir,

In reference to above mentioned subject (as per CMHO orders), kindly find report of 01 water culture samples, which we received on 08/01/2026 from Bhagirathpura OB Pardesipura near nalla Tent House Wall **District Indore (M.P.).**

Water Culture

S.No	Source Of Water	Village/ Block	H_2S production	Grading	Organism
1	Narmada Water	Bhagirathpura OB Pardesipura near nalla Tent House Wall.	Negative	*Un-Satisfactory*	*Fecal Coliform Bacteria E.Coli & Klebsiella Species, Enterococcus Fecalis* grown on culture after 48 hrs. Of Incubation.

Classification of Water Samples Based on MPN (Most Probable Number) Coliform Count Test.

Class 1: Excellent	Count Zero
Class 2: Satisfactory	Count is 1-3/100ml
Class 3: Suspicious	Count is 4-10/100ml
Class 4: UN-Satisfactory	Count is >10/100ml

Comment:-

The water Samples collected from Gohar Nagar, Ganesh Nagar District Indore (M.P.). The water samples are not potable for Drinking and Other Uses as per Bacteriological conditions.

District Microbiologist
DIPHL LAB (IDSP) Indore
Govt.P.C.Sethi Hospital Indore M.P.

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DISTRICT PUBLIC HEALTH LABORATORY

Integrated disease surveillance programme
Directorate of health services M.P.
District Indore

Date:-17/01/2026

To
The CMHO
District Indore (M.P.)

Subject: - 03 Water Culture Samples Reports.

Respected sir,

In reference to above mentioned subject (as per CMHO orders), kindly find report of 03 water culture samples, which we received on 15/01/2026 from Bhagirathpura District Indore (M.P.).

Water Culture

S.No	Source Of Water	Village/ Block	H2S production	Grading	Organism
1	Bablu Dadoriya 40y/M 8827662545	405 Bhagirathpura District Indore M.P.	Positive	*Un-Satisfactory*	***Salmonella typhi, Fecal Coliform Bacteria E.Coli & Klebsiella Species, Enterococcus Fecalis* grown on culture after 48 hrs. Of Incubation.**
2	Priya pal D/oRam Avadh Pal 9171029102 Geeta pal 7489812120 Nandani pal	209 Borasi pan vali Gali Bhagirathpura District Indore M.P.	Negative	*Un-Satisfactory*	***Fecal Coliform Bacteria E.Coli & Klebsiella Species, Enterococcus Fecalis* grown on culture after 48 hrs. Of Incubation.**
3	Vaishnavi k Kiraedar	816,Bhagirathpura Aganwadi Wali Gali Munni Shree Jewelers District Indore M.P.	Positive	*Un-Satisfactory*	***Salmonella typhi, Fecal Coliform Bacteria E.Coli & Klebsiella Species,* grown on culture after 48 hrs. Of Incubation.**

Classification of Water Samples Based on MPN (Most Probable Number) Coliform Count Test.

Class 1: Excellent	**Count Zero**
Class 2: Satisfactory	**Count is 1-3/100ml**
Class 3: Suspicious	**Count is 4-10/100ml**
Class 4: UN-Satisfactory	**Count is >10/100ml**

Comment:-

The water Sample collected from Bhagirathpura District Indore (M.P.). The water sample is not potable for Drinking and Other Uses as per Bacteriological conditions.

District Microbiologist
DIPHL LAB (IDSP) Indore
Govt.P.C.Sethi Hospital Indore M.P.

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DEPARTMENT OF MICROBIOLOGY
M.G.M. MEDICAL COLLEGE, INDORE
BACTERIOLOGY SECTION

To,
The Dean
M.G.M. Medical College,
Indore (M.P.)

Subject: Regarding water testing for diarrheal disease outbreak
Reference: Letter of Dean No 22199/stano/2025 Indore <Dated 30.12.2025.

Respected Sir,
In reference to above mentioned subject water samples collected from Diarrhoea Outbreak area,Bhagirathpura Indore by Outbreak Investigation team were received in Microbiology Department on 30.12.2025 .Report is as follows:
Water Testing (PA Coliform Kit)
Date of Sampling: 02/01/2026
Date of Reporting: 05/01/2026

S.NO	SAMPLE ID	SOURCE	RESULT	REMARK
1	OBW0010	H.No 209 water from Narmada pipeline, Bhagirathpura	Coliform growth detected	Not fit for drinking purpose
2	OBW0011	H.No 210 water from Borewell, Bhagirathpura	Coliform growth NOT detected	Fit for drinking purpose
3	OBW0012	H.No. 206 water from Narmada pipeline, Bhagirathpura	Coliform growth detected	Not fit for drinking purpose
4	OBW0013	H.No. 202 water from Borewell, Bhagirathpura	Coliform growth detected	Not fit for drinking purpose
5	OBW0014	H.No. 205 water from Narmada pipeline, Bhagirathpura	Coliform growth detected	Not fit for drinking purpose

NOTE : PA Coliform test is only a presumptive test for coliform and it is a qualitative test.

05/01/26

Reported by : Dr Dharmendra Singh Rajput
Assistant Professor
Department of Microbiology
MGMMC, Indore

Approved by : Dr Manish Purohit
Head of Department
Department of Microbiology
MGMMC, Indore

DEPARTMENT OF MICROBIOLOGY

M.G.M. MEDICAL COLLEGE, INDORE

BACTERIOLOGY SECTION

To,
The Dean
M.G.M. Medical College,
Indore (M.P.)

Subject: Regarding water testing for diarrheal disease outbreak
Reference: Letter of Dean No 22199/stano/2025 Indore <Dated 30.12.2025.

Respected Sir,

In reference to above mentioned subject water samples collected from Diarrhoea Outbreak area, Bhagirathpura Indore by Outbreak Investigation team were received in Microbiology Department on 30.12.2025 .Report is as follows:

Water Testing (PA Coliform Kit)
Date of Sampling: 03/01/2026
Date of Reporting: 05/01/2026
Control passed

S.NO	SAMPLE ID	SOURCE	RESULT	REMARK
1	OBW0015	H.No 811 water of Narmada pipeline	Coliform growth detected	Not fit for drinking purpose
2	OBW0016	H.No 774 water of Narmada pipeline	Coliform growth detected	Not fit for drinking purpose
3	OBW0017	H.No. 1125 water of Narmada pipeline	Coliform growth detected	Not fit for drinking purpose
4	OBW0018	H.No. 468 water of Narmada pipeline	Coliform growth detected	Not fit for drinking purpose
5.	OBW0019	H.No. 118 water of Narmada pipeline	Coliform growth detected	Not fit for drinking purpose

NOTE : PA Coliform test is only a presumptive test for coliform and it is a qualitative test.

Reported by : Dr Dharmendra Singh Rajput
Assistant Professor
Department of Microbiology
MGMMC, Indore

Approved by : Dr Manish Purohit
Head of Department
Department of Microbiology
MGMMC, Indore

DEPARTMENT OF MICROBIOLOGY
M.G.M. MEDICAL COLLEGE, INDORE
BACTERIOLOGY SECTION

To,
The Dean
M.G.M. Medical College,
Indore (M.P.)

Subject: Regarding water testing for diarrheal disease outbreak
Reference: Letter of Dean No 22199/stano/2025 Indore <Dated 30.12.2025.

Respected Sir,
In reference to above mentioned subject water samples collected from Diarrhoea Outbreak area, Bhagirathpura Indore by Outbreak investigation team were received in Microbiology Department on 04.01.2026. Report is as follows:
Water Testing (PA Coliform Kit)
Date of Sampling: 04/01/2026
Date of Reporting: 06/01/2026
Control Passed.

S.NO	SAMPLE ID	SOURCE	RESULT	REMARK
1	OBW0020	Water of Govt. borewell near H .no. 149 Shukla ji Gali Bhagirath pura	Coliform growth detected	Not fit for drinking purpose
2	08W0021	H.No 158 Water of Personal Borewell Bhagirathpura	Coliform growth detected	Not fit for drinking purpose

NOTE : PA Coliform test is only a presumptive test for coliform and it is a qualitative test.

06/01/26

Reported by : Dr Dharmendra Singh Rajput
Assistant Professor
Department of Microbiology
MGMMC, Indore

Approved by : Dr Manish Purohit
Head of Department
Department of Microbiology
MGMMC, Indore

DEPARTMENT OF MICROBIOLOGY
M.G.M. MEDICAL COLLEGE, INDORE
BACTERIOLOGY SECTION

To,
The Dean
M.G.M. Medical College,
Indore (M.P.)

Subject: Regarding water testing for diarrheal disease outbreak
Reference: Letter of Dean No 22199/stano/2025 Indore <Dated 30.12.2025.

Respected Sir,
In reference to above mentioned subject water samples collected from Diarrhoea Outbreak area, Bhagirathpura Indore by Outbreak investigation team were received in Microbiology Department on 05.01.2026 .Report is as follows:
Water Testing (PA Coliform Kit)
Date of Sampling: 05/01/2026
Date of Reporting: 07/01/2026
Control Passed.

S.NO	SAMPLE ID	SOURCE	RESULT	REMARK
1	OBW0022	Water of Govt. borewell near H .no. 115 Gali no. 4 Bhagirathpura	Coliform growth detected	Not fit for drinking purpose
2	OBW0023	H.No 265 Water of Personal Borewell	Coliform growth detected	Not fit for drinking purpose

NOTE : PA Coliform test is only a presumptive test for coliform and it is a qualitative test.

07/01/26

Reported by : Dr Dharmendra Singh Rajput
Assistant Professor
Department of Microbiology
MGMMC, Indore

Approved by : Dr Manish Purohit
Head of Department
Department of Microbiology
MGMMC, Indore

DEPARTMENT OF MICROBIOLOGY
M.G.M. MEDICAL COLLEGE, INDORE
BACTERIOLOGY SECTION

To,
The Dean
M.G.M. Medical College,
Indore (M.P.)

Subject: Regarding water testing for diarrheal disease outbreak
Reference: Letter of Dean No.22199/Stano/2025 Indore Dated 30.12.2025.

Respected Sir,
In reference to above mentioned subject water samples collected from Diarrhoea Outbreak area, Bhagirathpura Indore by Outbreak Investigation team were received in Microbiology Department on 06.01.2026 .Report is as follows:
Water Testing (PA Coliform Kit)
Date of Sampling: 06/01/2026
Date of Reporting: 08/01/2026
Control Passed.

S.NO	SAMPLE ID	SOURCE	RESULT	REMARK
1	OBW0024	Water of Personal Borewell H .no. 424, Near Dipesh School Bhagirathpura	Coliform growth detected	Not fit for drinking purpose
2	OBW0025	Water of Govt. Borewell near H.No.432	Coliform growth detected	Not fit for drinking purpose

NOTE : PA Coliform test is only a presumptive test for coliform and it is a qualitative test.

08/01/26

Reported by : Dr Dharmendra Singh Rajput
Assistant Professor
Department of Microbiology
MGMMC, Indore

Approved by : Dr Manish Purohit
Head of Department
Department of Microbiology
MGMMC, Indore

DEPARTMENT OF MICROBIOLOGY
M.G.M. MEDICAL COLLEGE, INDORE
BACTERIOLOGY SECTION

To,
The Dean
M.G.M. Medical College,
Indore (M.P.)

Subject: Regarding water testing for diarrheal disease outbreak
Reference: Letter of Dean No 22199/stano/2025 Indore <Dated 30.12.2025.

Respected Sir,
In reference to above mentioned subject water samples collected from Diarrhoea Outbreak area, Bhagirathpura Indore by Outbreak investigation team were received in Microbiology Department on 07.01.2026 .Report is as follows:
Water Testing (PA Coliform Kit)
Date of Sampling: 07/01/2026
Date of Reporting: 09/01/2026
Control Passed.

S.NO	SAMPLE ID	SOURCE	RESULT	REMARK
1	OBW0026	Water of Personal Borewell H.no. 800/26, DP wali gali, yadav colony Bhagirathpura	Coliform growth detected	Not fit for drinking purpose
2	OBW0027	Water of Govt. Borewell near H.No.868	Coliform growth detected	Not fit for drinking purpose

NOTE : PA Coliform test is only a presumptive test for coliform and it is a qualitative test.

Reported by : Dr Dharmendra Singh Rajput
Assistant Professor
Department of Microbiology
MGMMC, Indore

Approved by : Dr Manish Purohit
Head of Department
Department of Microbiology
MGMMC, Indore

DEPARTMENT OF MICROBIOLOGY

M.G.M. MEDICAL COLLEGE, INDORE

BACTERIOLOGY SECTION

To,
The Dean
M.G.M. Medical College,
Indore (M.P.)

Subject: Regarding water testing for diarrheal disease outbreak
Reference: Letter of Dean No 22199/stano/2025 Indore <Dated 30.12.2025.

Respected Sir,

In reference to above mentioned subject water samples collected from Diarrhoea Outbreak area, Bhagirathpura Indore by Outbreak investigation team were received in Microbiology Department on 08.01.2026 Report is as follows:

Water Testing (PA Coliform Kit)
Date of Sampling: 08/01/2026
Date of Reporting: 10/01/2026
Control Passed.

S. NO	SAMPLE ID	SOURCE	RESULT	REMARK
1	OBW0028	Water of Personal Borewell H .no. 520, Bhagirathpura	No Coliform growth detected	Fit for drinking purpose
2	OBW0029	Water of Govt. Borewell near H.No.556	Coliform growth detected	Not fit for drinking purpose

NOTE : PA Coliform test is only a presumptive test for coliform and it is a qualitative test.

Reported by : Dr Dharmendra Singh Rajput
Assistant Professor
Department of Microbiology
MGMMC, Indore

Approved by : Dr Manish Purohit
Head of Department
Department of Microbiology
MGMMC, Indore

DEPARTMENT OF MICROBIOLOGY

M.G.M. MEDICAL COLLEGE, INDORE

BACTERIOLOGY SECTION

To,
The Dean
M.G.M. Medical College,
Indore (M.P.)

Subject: Regarding water testing for diarrheal disease outbreak
Reference: Letter of Dean No 22199/stano/2025 Indore <Dated 30.12.2025.

Respected Sir,

In reference to above mentioned subject water samples collected from CNBC Indore by Outbreak investigation team were received in Microbiology Department on 09.01.2026 .Report is as follows:

Water Testing (PA Coliform Kit)
Date of Sampling: 09/01/2026
Date of Reporting: 11/01/2026
Control Passed.

S.NO	SAMPLE ID	SOURCE	RESULT	REMARK
1	OBW0030	Water of Govt. Borewell near Chawla Mutton Shop Bhagirathpura	No Coliform growth detected	Fit for drinking purpose
2	OBW0031	Water of Borewell H .no. 520, Bhagirathpura	Coliform growth detected	Not fit for drinking purpose

In reference to above mentioned subject water samples collected from CNBC Indore by Outbreak

NOTE : PA Coliform test is only a presumptive test for coliform and it is a qualitative test

Reported by : Dr Dharmendra Singh Rajput
Assistant Professor
Department of Microbiology
MGMMC, Indore

Approved by : Dr Manish Purohit
Head of Department
Department of Microbiology
MGMMC, Indore

In reference to above mentioned subject water samples collected from CNBC Indore by Outbreak

NOTE : PA Coliform test is only a presumptive test for coliform and it is a qualitative test

DEPARTMENT OF MICROBIOLOGY

M.G.M. MEDICAL COLLEGE, INDORE

BACTERIOLOGY SECTION

To,
The Dean
M.G.M. Medical College,
Indore (M.P.)

Subject: Regarding water testing for diarrheal disease outbreak
Reference: Letter of Dean No 22199/stano/2025 Indore <Dated 30.12.2025.

Respected Sir,
In reference to above mentioned subject water samples collected from CNBC Indore by Outbreak investigation team were received in Microbiology Department on 21.01.2026. Report is as follows:
Water Testing (MPN Method)
Date of Sampling: 21/01/2026
Date of Reporting: 23/01/2026
Control Passed.

S.NO	SAMPLE ID	SOURCE	RESULT	REMARK
1	OBW0036	Tap Water of Narmada pipe line water tank Bhagirathpura	No Coliform growth detected	Fit for drinking purpose
2	OBW0037	H.no 635 Tap Water of Narmada pipe line, Bhagirathpura	No Coliform growth detected	Fit for drinking purpose

Reported by : Dr Dharmendra Singh Rajput
Assistant Professor
Department of Microbiology
MGMMC, Indore

Approved by : Dr Manish Purohit
Head of Department
Department of Microbiology
MGMMC, Indore

Department of Public Health & Medical Education
Government of Madhya Pradesh, Bhopal

No/NHM/IDSP/2026/123 Dated: 13.01.2026

To,

Collector & Chairman District Health Society,
Indore District, Madhya Pradesh

Subject: Directions for coordinated inter-departmental action on findings of ADD (Cholera) outbreak investigation – Bhagirathpura, Indore.

The State Task Force constituted under National Health Mission has submitted the Outbreak Investigation Report of Acute Diarrheal Disease (confirmed cholera) in Bhagirathpura, Ward No. 11, Indore, covering the period December 2025 – January 2026.

The investigation has clearly established that the outbreak was a common-source water-borne outbreak, attributable to contamination of drinking water due to vulnerabilities in water distribution and sanitation infrastructure.

The report has identified multiple risk factors, including aging pipelines, sewer–water line intersections, unsafe borewell connections, intermittent water supply leading to back-siphonage, and environmental contamination due to proximity to polluted drains.

Additionally, entomological surveillance conducted in the affected area has revealed significant mosquito breeding, indicating risk of vector-borne diseases arising from the same environmental and sanitation deficiencies.
In this context, you are requested to kindly ensure coordinated action by all concerned departments, particularly the Municipal Corporation, PHED, Urban Administration, and Revenue authorities, for the following:

1. Immediate rectification of identified pipeline leakages and cross-connections.
2. Strict adherence to clearance protocols before restoration of piped water supply, including bacteriological testing.
3. Regulation and disconnection of unauthorized borewell connections to municipal supply lines.
4. Continued provision of safe alternate water supply till all safety standards are met.
5. Intensified sanitation drives and vector control activities in the affected and adjoining areas.
6. Strengthening of joint monitoring mechanisms involving health and urban agencies.

Given the high population density and environmental vulnerability of the locality, sustained administrative oversight and multi-sectoral coordination are

NHM/0072/2026-IDSP-NHM I/734462/2026

essential to prevent recurrence of such outbreaks.

Kindly accord this matter high priority and ensure timely compliance, with periodic reporting to the Health Department.

Annexed – Detailed recommendations

Digitally signed by
Sandeep Yadav
Date: 12-01-2026

(Sandeep Yadav)
Principal Secretary
Public Health and Medical Education
Madhya Pradesh

OUTBREAK INVESTIGATION REPORT OF ACUTE DIARRHOEAL DISEASE IN BHAGIRATHPURA Ward no 11, INDORE DISTRICT, MADHYA PRADESH, DECEMBER 2025 – JANUARY 2026

Background

Acute diarrheal diseases are significant public health concerns, especially in areas with vulnerable water supply, sanitation systems and unhygienic practices in the community. Rapid detection and timely response are crucial to preventing morbidity and mortality. In December 2025, reports of increased diarrheal disease from specific areas of Indore district prompted an outbreak investigation to identify the cause, assess the magnitude, and implement control measures.

Objectives

- To investigate and confirm the cause of acute diarrheal disease cases.
- To describe the epidemiological profile and evolution of the outbreak
- To implement measures to prevent further spread of the disease and control the outbreak.
- To document clinical, laboratory, environmental, and water-supply–related findings.
- To assess likely source(s) and transmission dynamics.
- To outline immediate and short-term actions.
- To outline long term measures for prevention of water borne diseases

Methodology

The outbreak investigation was conducted by following standard outbreak investigation guidelines, comprising the sequential steps detailed below.

Outbreak Investigation Framework

1. Prepare for Field Work
2. Confirm Existence of an Outbreak
3. Verify the Diagnosis
4. Construct a Case Definition
5. Find Cases Systematically and Record Information
6. Perform Descriptive Epidemiology (Time, Place, Person)
7. Develop Hypotheses
8. Reconcile Epidemiological Findings with Laboratory and Environmental Studies
9. Implement Control and Prevention Measures
10. Initiate or Maintain Surveillance
11. Communicate Findings

1. Prepare for Field Work

Upon receiving reports of an unusual increase in acute diarrhoea and vomiting cases in specific areas of Indore district, preparatory activities for outbreak investigation were initiated in accordance with the standard outbreak investigation principles. A comprehensive field

investigation plan was developed to ensure a systematic, timely, and coordinated response, considering the potential public health impact and severity of illness.

A multidisciplinary team was formed, including district epidemiologists, clinicians, Indore Municipal Corporation, and frontline health workers.

Standardized investigation tools, including line listing formats, follow-up calling templates, household observation checklists, etc, were finalized. Data collection used a hybrid approach, combining paper-based formats and digital collection via the KOBO tool, with the Government of India team support

Logistical preparedness was ensured by arranging essential supplies like ORS, chlorine tablets, IEC materials, Mobile phones were used for real-time data entry and GIS location capture. A centralized mechanism for compiling and reporting daily data was established. Field teams were briefed on objectives, case definitions, and community engagement strategies before deployment, ensuring uniform implementation.

As per the orders issued by the Mission Director, National Health Mission (NHM), Madhya Pradesh — Order No. NHM/IDSP/2026/27 dated 02.01.2026 and Order No. NHM/IDSP/2026/30 dated 04.01.2026, a State Task Force was constituted to assess the outbreak situation and to provide technical guidance for strengthening containment, control, and prevention measures. The State Task Force was deployed to support the district administration and district health authorities in investigation, clinical management, surveillance strengthening, and intersectoral coordination.

State Task Force comprised experts from academic institutions, national public health agencies, and the State IDSP, ensuring multidisciplinary technical oversight. The composition of the State Task Force Team was as follows:

- Dr. Abhijeet Pakhre, Professor of Community Medicine, AIIMS Bhopal
- Dr. Sagar Khadanga, Additional Professor, General Medicine, AIIMS Bhopal
- Dr. Pramit Ghosh, Scientist E ICMR-NIRBI Kolkata
- Dr. Goutam Chowdhury, Project Scientist, D ICMR-NIRBI Kolkata
- Dr. Chandrashekhar Gedam, Regional Director, RoHFW- GoI
- Dr. Anubhav Srivastava, Joint Director, NCDC, MoHFW- GoI
- Dr. Kamlesh Mandriya, Consultant IDSP, NCDC, MoHFW- GoI
- Dr. Ashwin Bhagwat, State Surveillance Officer, IDSP
- Dr. Shaiwya Salam, State Epidemiologist, IDSP
- Mr. Shailendra Kumar Singh, State Entomologist, IDSP

In addition to the State Task Force, as per Order No. NHM/IDSP/2026/30 dated 02.01.2026, a District-Level Epidemiological Support Team was constituted by deputing district epidemiologists from neighboring districts to augment field investigation, surveillance, and monitoring activities. The district team members included:

- Dr. Yogesh Sharma, District Epidemiologist, Khandwa, Madhya Pradesh
- Dr. Laxmi Mahor, District Epidemiologist, Dhar, Madhya Pradesh
- Dr. Ravindra Raikwar, District Epidemiologist, Alirajpur, Madhya Pradesh
- Dr. Ravindra Rajpoot, District Epidemiologist, Burhanpur, Madhya Pradesh
- Dr. Aditya Mathur, District Epidemiologist, Ujjain, Madhya Pradesh
- Dr. Kartavya Tiwari, District Epidemiologist, Dewas, Madhya Pradesh

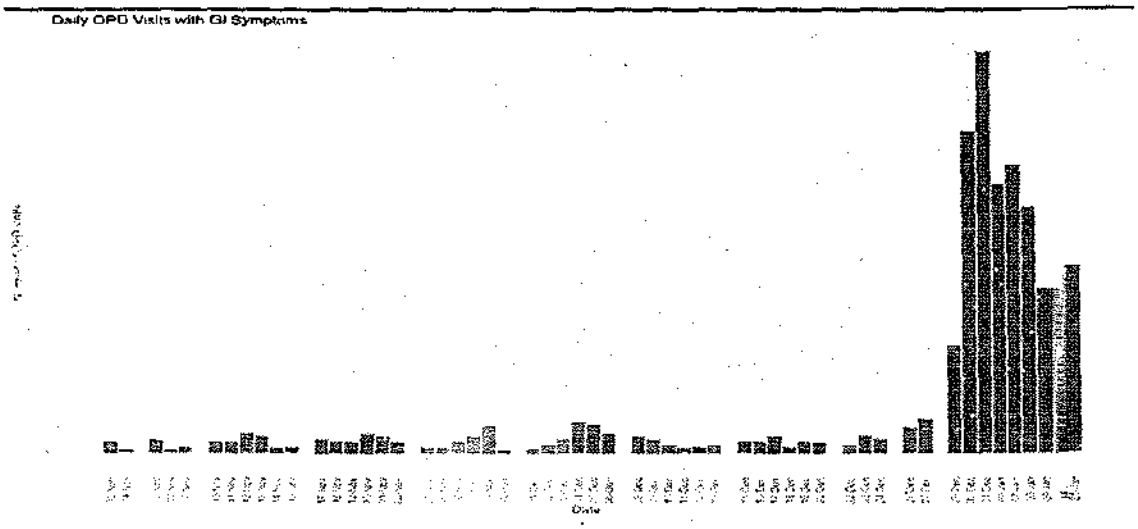
The deployment of the State Task Force and additional district epidemiologists ensured rapid technical assessment, strengthened surveillance, enhanced field investigation capacity, and coordinated implementation of control and prevention measures, contributing significantly to effective management and containment of the outbreak.

2. Confirm Existence of an Outbreak

A rapid assessment of surveillance data confirmed an outbreak, as cases exceeded the expected baseline. Field reports showed increased acute diarrhoea, vomiting, and abdominal pain cases in affected areas, prompting a detailed review of routine surveillance data.

Daily OPD records from affected areas showed a clear rise in similar illness cases from late December 2025, exceeding usual baseline levels. This increase was sustained and accompanied by a rise in hospital admissions for acute diarrhoeal illness, confirming an outbreak trend.

Findings from community surveys and health facility surveillance confirmed a real increase in cases, not due to reporting changes. Cases clustered in specific localities and time frames, indicating an epidemiologically significant event. The situation was formally recognized as an outbreak, warranting immediate investigation and public health response.



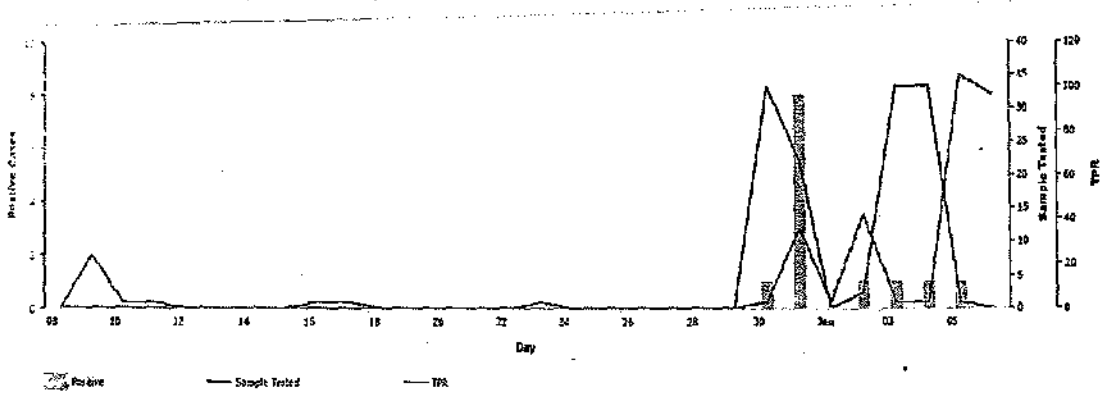
3. Verify the Diagnosis

Diagnosis was verified through clinical assessment and lab confirmation. Clinical review of cases across multiple public and private health facilities revealed a consistent pattern of illness characterized by acute onset of profuse watery diarrhoea with vomiting, rapid dehydration, and severe disease in a subset of patients. The clinical presentation was uniform across age groups and localities and was suggestive of an acute enteric infection.

Stool samples from suspected cases tested positive for Vibrio cholerae O1 at designated labs via microscopy and culture. Multiple samples across facilities and dates confirmed the pathogen, providing microbiological evidence of a cholera outbreak.

As per the L form report of IHIP-IDSP, about 77 persons were tested with 110 samples out of which 13 were found to be positive for Vibrio cholerae O1 (5 culture positive, 8 hanging drop

positive). Out of 13 positives 1 culture positive was reported by MGM Govt Medical college and rest were reported by private hospitals.



4. Construct a Case Definition

A working case definition was developed to standardize case identification and ensure uniform data collection during the outbreak investigation. The case definition was based on clinical criteria, and person, place, and time parameters, and was disseminated to all field teams and health facilities involved in surveillance and case finding.

A suspected case was defined as any person residing in or visiting the affected areas of Indore district who developed acute onset of three or more episodes of loose or watery stools within a 24-hour period, with or without vomiting, during the outbreak period.

A probable case was defined as a suspected case presenting with signs of dehydration, severe illness, or requiring hospitalization, in the absence of an alternative diagnosis.

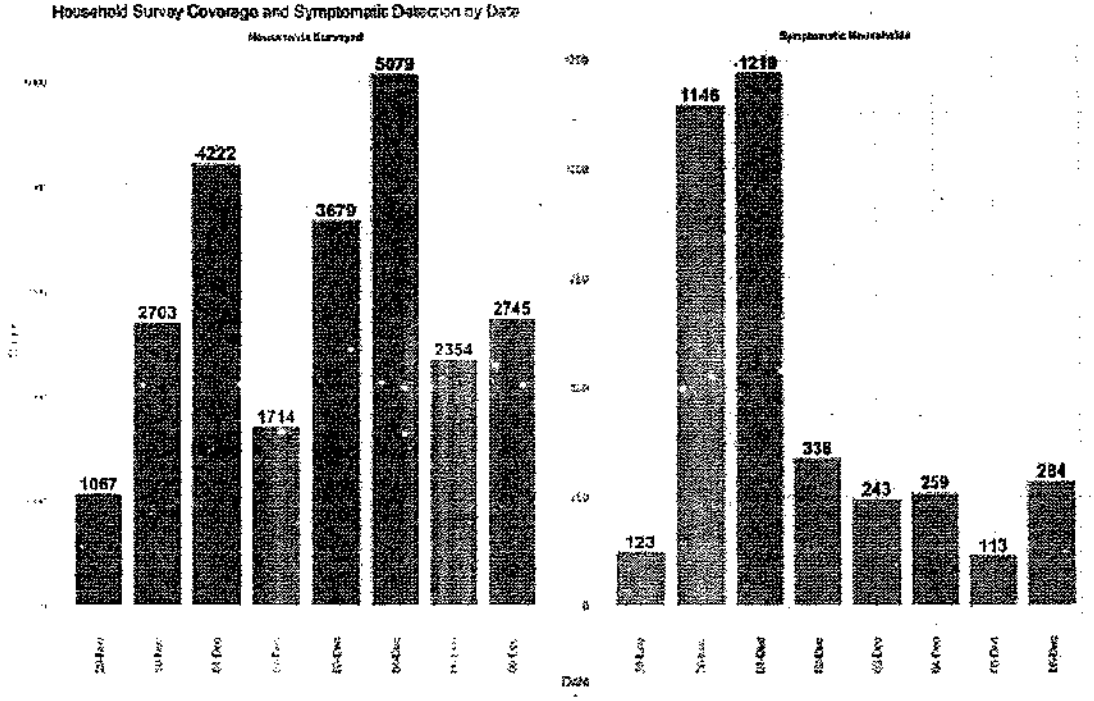
A confirmed case was defined as a suspected or probable case with laboratory confirmation of *Vibrio cholerae* O1 from stool examination by microscopy or culture.

This case definition was used consistently for active case finding during household surveys, review of health facility records, line listing, follow-up of cases, and data analysis. The definition was reviewed periodically and remained appropriate throughout the investigation based on clinical and laboratory findings.

5. Find Cases Systematically and Record Information

Systematic case finding was done using active and passive surveillance to identify the outbreak's extent. Active searches involved house-to-house surveys with ASHAs and health staff, screening individuals for symptoms. Passive surveillance reviewed health facility records daily.

The panel on left shows households surveyed and panel on right shows number of suspected cases identified.



6. Perform Descriptive Epidemiology

Descriptive epidemiological analysis was conducted to characterize the outbreak in terms of time, place, and person, using data from IDSP surveillance, active community surveys, hospital admission records, laboratory-confirmed cases, and mortality reviews. The analysis included preparation of tables, graphical trends, and an epidemic curve (epi curve) to describe the magnitude and progression of the outbreak.

6.1 Time Distribution (Epidemic Curve)

Daily OPD surveillance data were analysed to assess temporal trends. During November and most of December 2025, cases of diarrhoea and vomiting remained low and sporadic. A sharp increase was observed beginning 29 December 2025, followed by a rapid rise over the next several days, peaking between 30 December 2025 and 2 January 2026, and subsequently declining.

Table 1: Daily OPD Attendance and Diarrhoeal Illness Cases

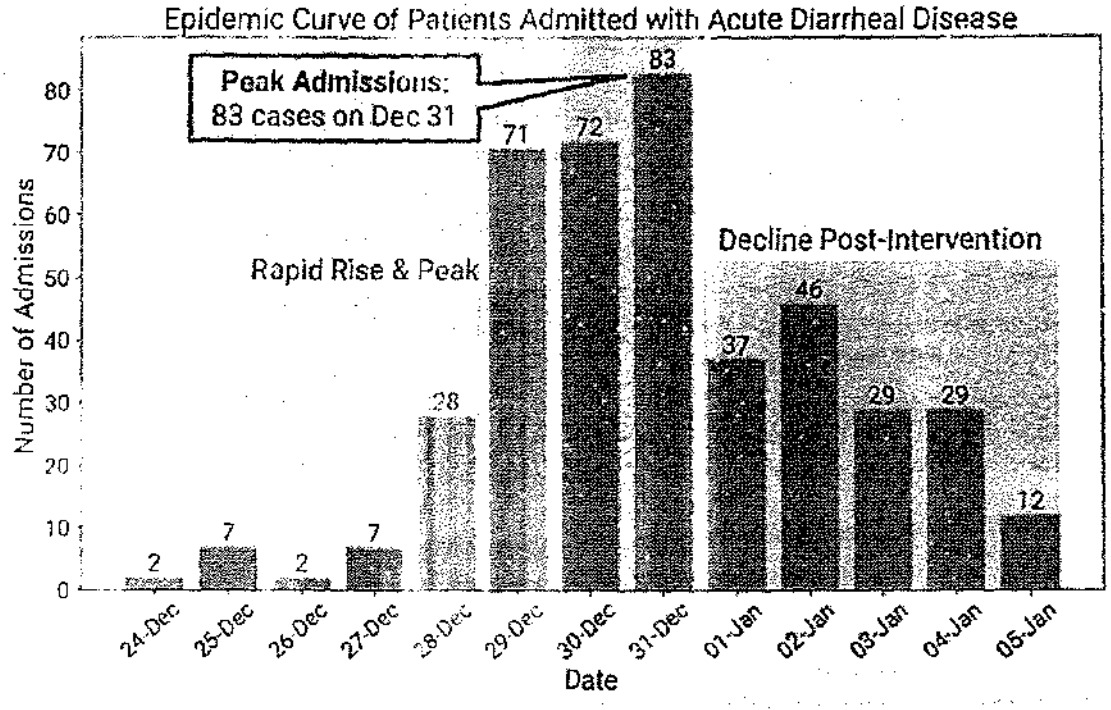
Date	Total OPD	Diarrhoea/Vomiting Cases
24-12-2025	96	5
25-12-2025	0	0
26-12-2025	88	9
27-12-2025	80	12
28-12-2025	0	0
29-12-2025	129	38
30-12-2025	240	114
31-12-2025	310	142

01-01-2026	253	95
02-01-2026	278	102
03-01-2026	255	87
04-01-2026	161	58
05-01-2026	176	66

Table 4: Hospital Admissions by Date

Date	Admitted Cases
24-12-2025	2
25-12-2025	7
26-12-2025	2
27-12-2025	7
28-12-2025	28
29-12-2025	71
30-12-2025	72
31-12-2025	83
01-01-2026	37
02-01-2026	46
03-01-2026	29
04-01-2026	29
05-01-2026	12
Total	**425**

Epi curve of the admitted cases:



6.2 Place Distribution

Geographical analysis revealed clustering of cases in Bhagirathpura. GIS-based mapping of suspected and confirmed cases demonstrated uniform spread across the area.

Data collection used a hybrid approach. Paper-based formats were digitized, and digital collection via the KOBO tool improved efficiency. The Government of India team supported KOBO design. GIS coordinates of cases were captured for spatial analysis. Data compiled, validated, and consolidated daily for analysis.

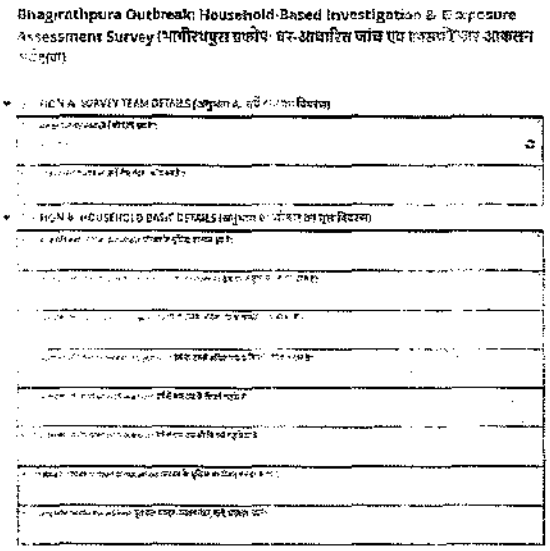

Bhagirathpura Outbreak Household-Based Investigation & Exposure Assessment Survey

Image of Kobo form (https://ee.kobotoolbox.org/x/HSEyd6s4)

Cases were recorded using standardized formats, capturing details like symptoms, treatment, and outcome. Admitted and discharged cases were followed up via calls and visits to monitor progression and recovery. High-risk groups like infants and the elderly were given special attention.

Active rapid surveillance was conducted through a large-scale house-to-house survey using multiple field teams over two consecutive days. Frontline workers (ASHA, ANM, CHO), medical officers from public and private sectors, nursing students, and NGO volunteers were mobilized and organized into approximately 200 teams for this activity.

5,013 households were visited, and a total population of 25,194 persons was covered through active search for diarrhoeal illness.

During the active rapid surveillance conducted, replenishment stocks of essential treatment supplies were distributed to affected households as follows:

Commodity	Households Covered	Quantity Distributed
ORS Sachets	4,287	28,574 sachets
Zinc Tablets	4,175	72,073 tablets
Chlorine Solution (100 ml)	4,131	7,930 bottles

Community Survey Analysis

This analysis uses data from a community household survey to understand where people with recent diarrhoeal illness (AWD) are located and whether there are areas with unusually high concentration of illness.

Step 1: Preparing the survey data

The survey data were first imported from an Excel file. From the full dataset, only the information needed for spatial analysis was retained:

- Geographic location of households (latitude and longitude)
- Whether anyone in the household reported symptoms in the last 7 days
- A flag indicating extreme or invalid records

Responses recorded in both English and Hindi were standardized into simple **Yes/No** values so that they could be analyzed consistently.

Households with missing location data, implausible values, or flagged as extreme were excluded to ensure the analysis is based on **reliable information only**.

Step 2: Identifying households with illness

Each household was classified as:

- **Symptomatic** (reported illness), or
- **Non-symptomatic** (did not report illness)

This simple classification allows comparison between households with and without illness in the same area.

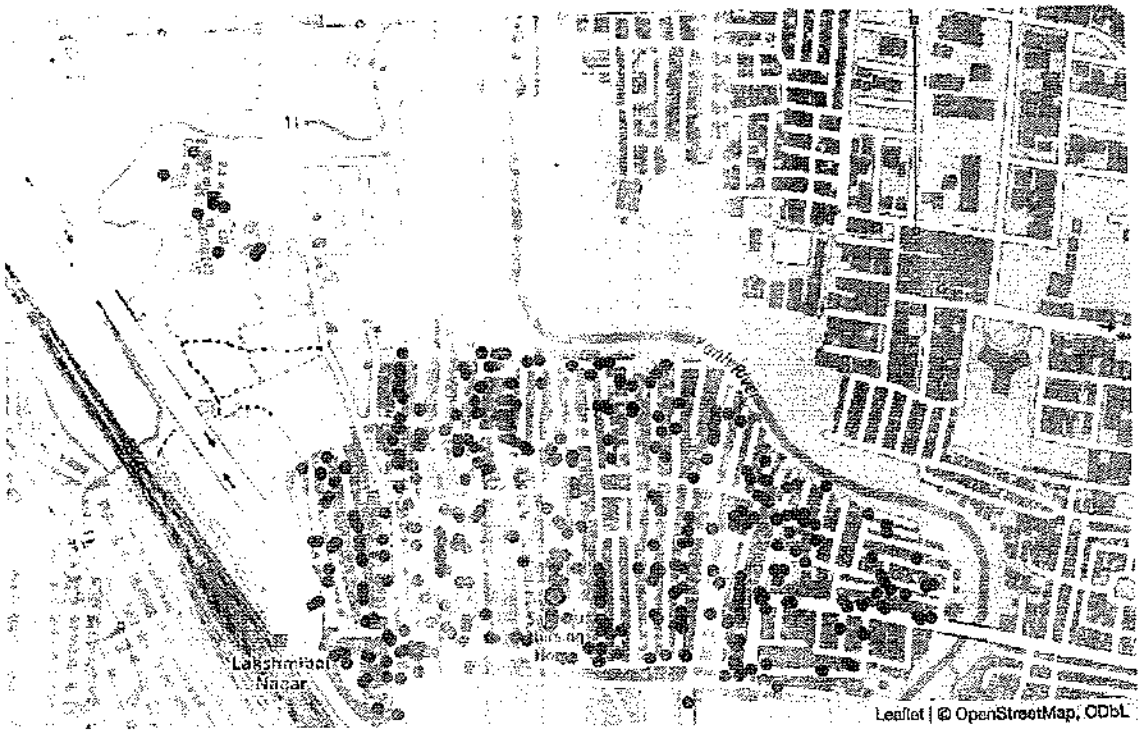
Step 3: Mapping where illness is reported

A map was created showing **only households that reported illness.**

- Each red dot represents a household where someone reported symptoms.
- The background map is a standard street map to provide geographic context.

This map helps visually answer the question: **"Are cases spread evenly, or do they appear concentrated in certain areas?"**

Distribution of AWD reported in last 7 days



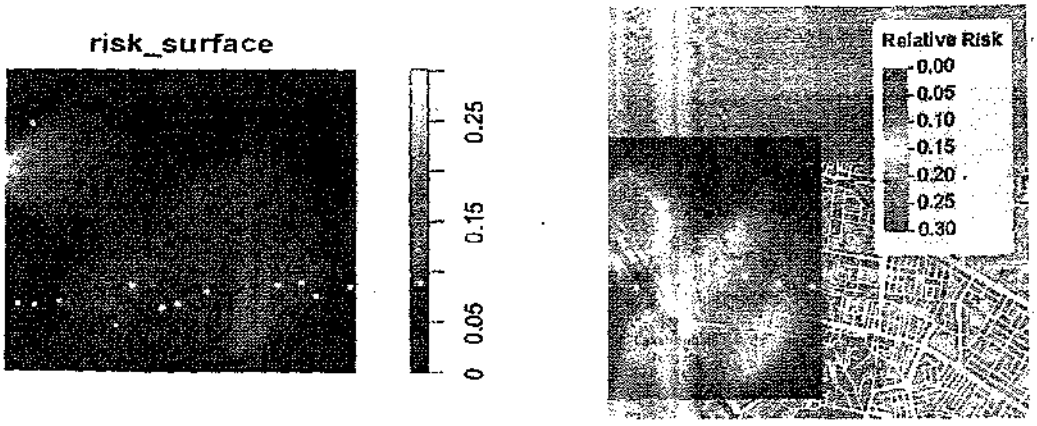
Step 4: Estimating relative risk across space

Next, a **risk surface** was calculated.

In simple terms:

- The area is divided into very small zones.
- Spatial relative risk was estimated using a smoothing approach that considers households within a **100-metre radius** of each location. This means that the estimated risk at any point reflects illness patterns among nearby households within the same immediate neighbourhood, rather than across the entire study area.
- For each zone, the analysis estimates whether the **risk of illness is higher or lower than average**, based on nearby households.
- Areas with higher estimated risk appear in warmer colours (yellow to red), and lower-risk areas appear in cooler colours (blue).
- Areas shown with higher relative risk represent locations where households within approximately **100 metres** reported illness more frequently than the study average. These areas should be interpreted as *local neighborhood signals*, not individual household risk.
- Across the affected area, risk was similar distributed with minimal difference risk. This means the whole area was cluster and sub-clusters with very high case density could not be identified.

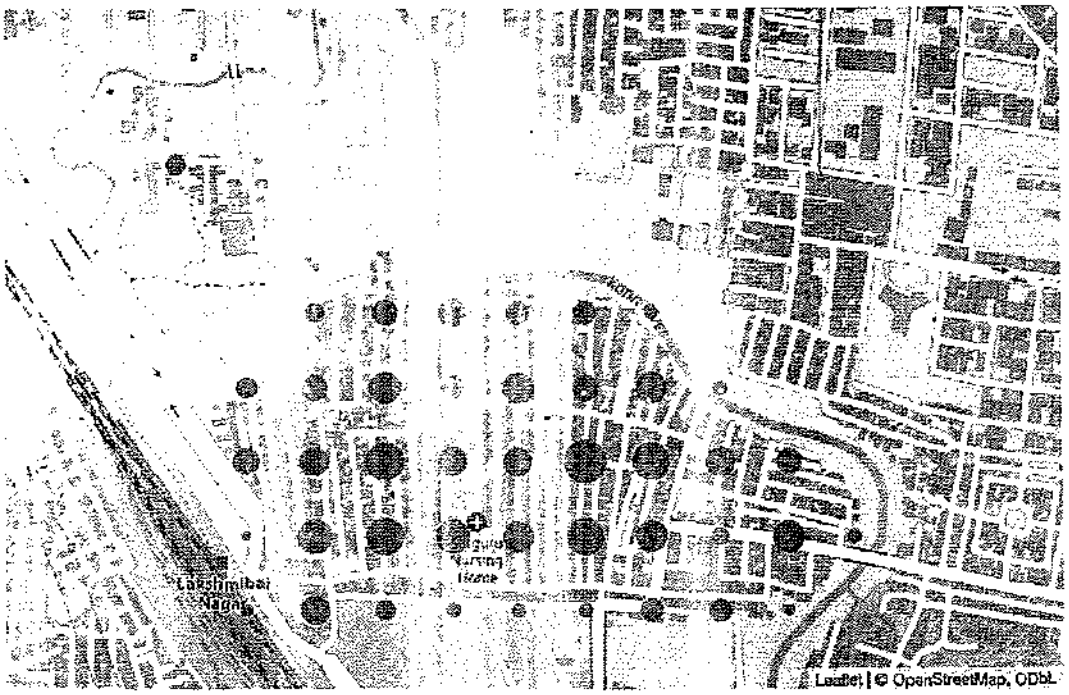
Spatial Relative Risk



Step 5: Identifying statistically significant clusters

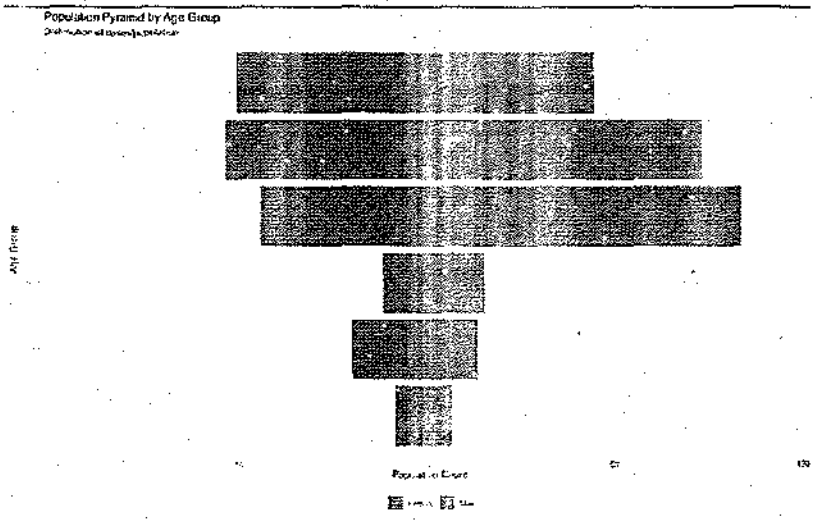
To go beyond visual patterns, a **spatial scan test** was used.

- The area is divided into small neighborhood blocks (about 100 meters).
- For each block, the number of ill households is compared with the total number of households.
- The method tests whether any area has **more illness than would be expected by chance.**
- To ensure meaningful neighborhood-level analysis, household locations were aggregated into small spatial blocks of approximately **100 meters.** This was done by rounding latitude and longitude coordinates to three decimal places, which groups nearby households into the same block Each block therefore represents a small local area roughly equivalent to a residential cluster or street segment, allowing comparison of illness counts within and between neighborhoods.
- This test didn't reveal any specific area to be unduly high risk than neighboring areas.



6.3 Person Distribution

Analysis of cases by age and sex indicated that the outbreak affected individuals across all age groups, confirming widespread community exposure. Review of laboratory-confirmed, hospitalized, and fatal cases demonstrated increased severity at the extremes of age.



Hospital admission data showed that severe disease occurred predominantly among older adults. A total of 425 patients required hospitalization episodes during the outbreak period, with peak admissions occurring during the last week of December 2025.

Hospital admission data demonstrated a rapid rise in admissions for acute diarrhoeal illness during the outbreak peak.

As per the MGM medical college Indore death audit report, out of 17 deaths: 13 attributed to acute diarrheal disease (ADD) outbreak, 1 inconclusive, 2 not epidemic-related, and 1 pending final opinion (PM report received; cause of death kept open)

Age-group wise numbers of attributable deaths (n = 13)

- <1 year: 1
- 31–40 years: 2
- 41–60 years: 4
- ≥61 years: 6

Gender of attributable deaths (n = 13)

- Female: 7
- Male: 6

Comorbidity analysis (attributable deaths)

- Among 4 hospital/IPD deaths assessed as outbreak-related, 3 had documented comorbidities (diabetes/bronchial asthma; uncontrolled RBS/hypothyroidism; CKD), while 1 case had no comorbidity recorded in the note.
- For the remaining attributable deaths (already-declared, home, transit), comorbidities are not documented in this audit note.

Overall, the person distribution analysis demonstrated that while infection occurred across all age groups and both sexes, severe disease and mortality were more frequent among elderly individuals and those with underlying medical conditions, highlighting these groups as particularly vulnerable during the outbreak.

Distribution of characteristics of First 27 admitted patients

Table: Distribution of characteristics of first 27 admitted patients

Characteristic	N = 27[1]
Predominant symptom	
Loose motions	13 (48%)
Loose motions and Vomiting	13 (48%)
Weakness	1 (3.7%)
Other household members affected	
0	21 (81%)
1	4 (15%)
2	1 (3.8%)
Outcome	
Admitted till date of data collection	2 (7.4%)
Recovered and Discharged	25 (93%)
Primary drinking water source	
Narmada Boring	2 (7.4%)
Narmada line	25 (93%)
water_storage_method	
CAN ME	1 (3.7%)
HANDA	13 (48%)
MATKA	10 (37%)
STEEL KOTHI	2 (7.4%)
TANKI	1 (3.7%)
storage_container_cleaning_frequency	
every 2nd day	18 (67%)
Every 3rd Day	5 (19%)
PER DAY	4 (15%)
water_quality_change_last_15_days	
Yes	27 (100%)
household_water_treatment	
No	27 (100%)
ate_outside_food_last_7_days	
No	27 (100%)

[1]Mean (SD); n (%)

The Epidemiological Signal:

The survey findings suggest a most likely association of the outbreak with the domestic water supply. A large proportion of admitted patients reported altered taste and smell of drinking water, which may indicate possible contamination of municipal pipelines, including potential sewage ingress. The absence of any significant history of outside food consumption among cases reduces the likelihood of street food as a major transmission route. Additionally, the higher proportion of cases among women may reflect greater exposure at the household level, as women are more commonly involved in collection and handling of water for domestic use. The risk of infection may have been further increased by the absence of point-of-use water treatment practices (such as boiling or filtration) in affected households, thereby allowing continued exposure to contaminated water.

6.6 Laboratory & Water Quality Summary

Laboratory testing confirmed cholera, with multiple stool samples positive for *Vibrio cholerae* O1.

As per the L form report of IHIP-IDSP, about 77 persons were tested with 110 samples out of which 13 were found to be positive for Vibrio cholerae O1 (5 culture positive, 8 hanging drop positive). Out of 13 positives 1 culture positive was reported by MGM Govt Medical college and rest were reported by private hospitals.

Rapid Diagnostic Kits

Rapid Diagnostic Kits were made available in the district. A total of 70 tests were supplied and placed with Microbiology Department of MGMC Indore. The usage of these kits have been demonstrated.

The sample of culture positive (V. cholerae) was re-tested with RDT and was found to be positive. Samples of total of 12 patients were handed over by MGMC to ICMR NIRBI team for further characterization.

Water Quality Testing

Water quality testing conducted by the Municipal Corporation revealed faecal coliform contamination in drinking water samples, indicating unsafe water and supporting a water-borne source.

Water Sample test data (IMC)

Date of Sample Collection	Site of Sample Drawn	No. of Samples Collected	Faecal coliform bacteria (+)
01.01.2026	Boring	69	45
03.01.2026	Narmada	26	03

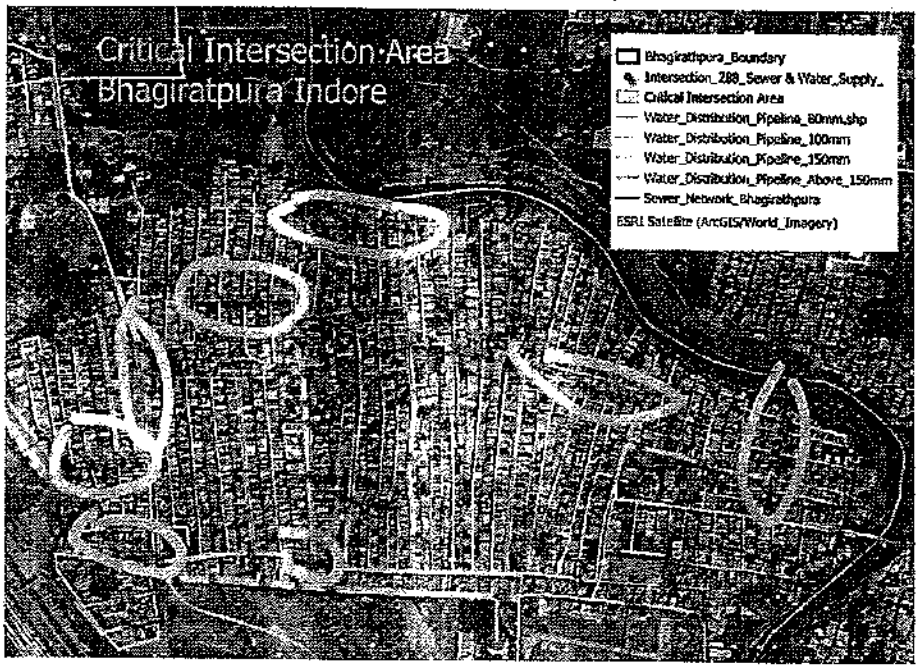
Water culture test data (DPHL)

Date of Sample Collection	Site of Sample Drawn	H2S production	Organism
30.12.2025	Narmada line drinking water	+	Faecal coliform bacteria, E coli & pseudomonas aeruginosa, Klebsiella species, grown on culture after 48 hrs of incubation
30.12.2025	Narmada line drinking water	-	Vibrio species, Faecal coliform bacteria, E coli & Klebsiella species, grown on culture after 48 hrs of incubation

Water Supply System and Sewer Networks

A detailed GIS-based map has been prepared depicting: - Bhagirathpura boundary - Water distribution pipelines of varying diameters - Sewer network layout - Critical intersection points where sewer and water pipelines intersect or run in proximity.

The map highlights multiple critical intersection zones (red), particularly along the periphery adjoining the contaminated river/nullah and within densely populated internal lanes. These locations represent high-risk points for sewage ingress into drinking water lines and are being prioritised for corrective action.



The affected area is served by three overlapping water supply systems:

1. An old Narmada water supply pipeline network
2. Government tube-wells
3. Private tube-wells used for domestic consumption.

Interconnections between Narmada pipelines and government tube-wells were observed at several locations, increasing the risk of cross-contamination.

To assess the influence of surface hydrology on groundwater safety, we employed a spatial logistic regression model to quantify the relationship between borewell contamination status and proximity to the local river network. River vector data was retrieved from OpenStreetMap (OSM) to calculate the Euclidean distance from each surveyed borewell to the nearest river segment, with distances rescaled into 100-meter increments to facilitate clinically meaningful interpretation. The analysis revealed a statistically significant protective effect of distance (Odds Ratio = 0.62; 95% CI: 0.39–0.90; p = 0.018), indicating that for every 100-meter increase in distance away from the river, the odds of a borewell being contaminated decrease by approximately 38%, thereby spatially delineating the river corridor as a critical risk zone for aquifer contamination.

6.7 Summary Interpretation

The descriptive epidemiological analysis demonstrated:

- A sharp temporal peak (epi curve)
- Geographic localization in Bhagirathpura area
- Involvement of all age groups
- Significant hospitalization
- Laboratory-confirmed cholera and contaminated water

Together, these findings strongly indicated a common-source, water-borne outbreak

7. Potential epidemiological explanation

Based on the descriptive epidemiology and field findings, hypotheses were developed to explain the source and mode of transmission of the outbreak. The temporal pattern showed a sudden surge of cases over a short period with a clear peak, the geographical distribution revealed clustering in specific locality (Bhagirathpura), and the person distribution indicated involvement of all age groups, with greater severity among vulnerable populations. These features were suggestive of a common-source exposure rather than propagated person-to-person transmission.

Given the concentration of cases in defined areas, the absence of a consistent common food exposure, and the widespread involvement of households sharing similar water supply systems, the primary hypothesis proposed was that the outbreak was water-borne, resulting from contamination of the drinking water supply. Contributing factors considered included intermittent water supply, possible pressure drops, leakage or cross-contamination between water pipelines and drainage lines, leading to faecal contamination of drinking water.

A secondary hypothesis considered was limited secondary faeco-oral transmission within households, particularly in settings with suboptimal sanitation, inadequate hand hygiene, and unsafe water storage practices, which may have contributed to the cases but was unlikely to be the primary driver of the outbreak.

Temporal analysis demonstrated that the sharp rise in cases across community surveillance, OPD attendance, hospital admissions, and reported deaths occurred within the same short time window, indicating a common exposure period.

Laboratory evidence further supported the epidemiological findings, with stool samples testing positive for *Vibrio cholerae* O1 and water samples demonstrating faecal coliform contamination at multiple locations. The alignment of epidemiological trends, spatial clustering, laboratory confirmation, and exclusion of alternative explanations provided strong epidemiological validation of the primary hypothesis.

Overall, the epidemiological evaluation confirmed that the outbreak was most consistent with a water-borne cholera outbreak, with contamination of the drinking water supply as the principal source, while there is no evidence of secondary household-level faeco-oral transmission as the control measures were already taken in time.

8. Reconcile Epidemiological Findings with Laboratory and Environmental Studies

Epidemiological findings were reconciled with lab and environmental evidence to confirm the outbreak source. Analysis showed a sudden increase in cases, spatial clustering, and widespread age involvement, pointing to a common-source exposure. Findings were reviewed alongside lab and environmental results for concordance.

The setting of locality presents a critical hydro-epidemiological landscape defined by its precarious location as a low-lying, high-density slum at the proximity of the polluted Sarswati River (Nullah), which effectively act as a sink for sewage. This topographical vulnerability is compounded by a compromised infrastructure where aging underground water pipelines run parallel to open drains, creating a high risk of cross-contamination. The combination of intermittent water supply causing negative pressure, chronic waterlogging that facilitates seepage, and a shallow aquifer heavily contaminated with fecal coliforms creates a distinct "riskscape" where the built environment itself serves as the primary vector for rapid cholera transmission.

Laboratory studies confirmed Vibrio cholerae O1 in stool samples from cases in different health facilities (as on IDSP-IHIP) and localities, establishing cholera as the outbreak cause. Environmental investigations by the Municipal Corporation found faecal coliform contamination in drinking water samples, which is unacceptable under national standards for water quality. Field assessments identified intermittent water supply, infrastructure vulnerabilities, and sanitation gaps that could have contaminated the water distribution system.

The timing of lab-confirmed cholera cases and contaminated water samples also showed foecal content matched the epidemiological peak, showing strong concordance across data sources. Spatial clustering of cases matched areas supplied by the implicated water network. Epidemiological patterns, lab confirmation, and environmental findings confirmed that the drinking water supply was the primary outbreak source

The outbreak was identified as a water-borne cholera outbreak based on the assessment. Secondary transmission within households may have occurred, but was not the primary reason. This informed targeted control measure

9. Implement Control and Prevention Measures

Based on the findings of the epidemiological, laboratory, and environmental investigations,

- Immediate and coordinated control and prevention measures implementation to contain the outbreak and prevent further transmission.
- Enhance Ongoing Surveillance for any spill-over case
- Early case management activities in the hot spot area
- Standard treatment protocols for cholera and acute diarrhoeal disease reinforcement
- Early rehydration therapy using ORS and intravenous fluids for severe cases
- Special attention to high-risk groups such as infants, elderly individuals, and patients with comorbidities at hospitals.
- IEC activities need to be intensified in affected areas
- Safe Water Supply
- Food safety and sanitation measures reinforcement
- Utilize Rapid Diagnostic Test kits to detect cases early

- Community-level preventive measures
- Community Engagement use of the IDSP Community Surveillance Tool

CLINICAL MANAGEMENT PROTOCOLS

Objective: Standardize treatment based on dehydration severity.

Group A: No Dehydration (Home-Based Care)

- **Hydration:** Oral Rehydration Solution (ORS) ad libitum.
- **WASH:** Distribution of Liquid Chlorine/Halogen tablets for point-of-use water purification.

Group B: Mild to Moderate Dehydration (Outpatient Care)

- **Rehydration:** ORS under observation.
- **Antibiotic Therapy:**
    - **Standard Adult:** Doxycycline 300 mg (Single Dose) + Metronidazole 400 mg (TDS for 3 days).
    - **Pregnant Women:** Azithromycin 1 gram (Single Dose) replacing Doxycycline.
    - **Children:** Azithromycin 20 mg / kg

Group C: Severe Dehydration (Inpatient Care)

- **Rehydration:** Rapid IV rehydration with Normal Saline (NS) or Ringer's Lactate (RL) + ORS once patient can drink.
- **Antibiotic Therapy:** As per Group B (Moderate) protocol.
- **For Persistent Diarrhea/Complications:**
- Adult: Inj. Ceftriaxone 1 gm BD + Inj. Metronidazole 400 mg TDS.
- Children: Ceftriaxone 25 mg / kg BD + Inj. Metronidazole 10mg / kg TDS

Deployment of additional Medical experts: • A total of 15 specialists from four nearby government medical colleges and the health department were deployed.

10. Maintain Surveillance

Post-control measures, enhanced surveillance is needed to monitor the outbreak, assess interventions, and detect new cases early. Active surveillance continued in affected areas through house visits, symptom screening, and follow-up of identified cases to track recovery and secondary cases. Strengthening surveillance (including IHIP-linked community reporting), and strong community engagement.

11. Communicate Findings

Effective communication of findings is crucial throughout the outbreak response for timely decision-making, stakeholder coordination, and public information sharing

Interdepartmental meetings to review the situation, discuss findings, and monitor control measures. Share daily updates with the state, update the IDSP-IHIP portal. Public messaging: safe water, hygiene, early care, follow advisories.

Conclusion:

The cholera outbreak in Bhagirathpura ward no 11, Indore, is a localized outbreak and represents a classic common-source, water-borne outbreak, compounded by structural vulnerabilities in water infrastructure, environmental contamination, unsafe household storage practices, and high population density. Epidemiological evidence, including the epidemic curve and age–sex distribution, supports widespread community exposure.

Prompt multi-sectoral interventions—including suspension of unsafe water supplies, provision of tanker-based safe water, standardized clinical management, use of rapid diagnostic tests, strengthened surveillance (including IHIP-linked community reporting), and strong community engagement—have resulted in a declining trend in new cases.

However, given the complexity of water supply systems and environmental risks, sustained vigilance, continued community participation, and completion of corrective infrastructure measures remain essential to prevent resurgence and secondary spread.

RECOMMENDATIONS

I. IMMEDIATE & SHORT-TERM RESPONSE (Containment & Restoration)

1. Water Supply Restoration Protocol

A. Municipal Piped Supply (The "Clearance" Phase)

- **Structural Integrity:** Conduct hydro-static pressure testing to identify and repair all physical leaks and potential sewage ingress points (cross-connections).
- **Disinfection (Super Chlorination) to be done as per PHED/CPPHE Manual**
- **Flushing:**
    - **Main Lines:** Flush bulk water through scour valves until residual chlorine drops to safe levels.
    - **Service Lines:** Issue advisory for households to flush taps for 2-3 minutes to clear stagnant water from individual connections.
- **Resumption Criteria:** Supply to be restored to consumers **only** after random tail-end samples demonstrate **Zero** Coliform Count and **Zero *E. coli*.**
- **Residual Maintenance Strategy:**

- Maintain Free Residual Chlorine (FRC) at **0.5 mg/L** at the consumer end till the outbreak is over which can then be gradually reduced to the usual standard of > **0.2 mg/L** at the user end.

B. Groundwater & Alternative Sources

- **Tube Wells/Borewells:**
  - Perform **Shock Chlorination** (high-dose) on all affected wells.
  - **Contact Time:** Seal well for **24 hours.**
  - **Exit Criteria:** Re-open only if bacteriological test shows **Nil Coliforms.** If repeatedly positive, permanently decommission the well and investigate nearby latrine seepage.
- **Emergency Tankers:**
  - Continue tanker supply until piped water meets safety standards.
  - Maintain elevated FRC of **2.0 mg/L** at filling stations to account for chlorine loss during transport and handling.

2. Infection Prevention & Surveillance

- **Active Surveillance:** Implement **Rapid Active Surveillance** with geo-tagging of cases to identify new clusters immediately.
- **Household Level:** Enforce mandatory emptying, scrubbing, and chlorination of household storage tanks (underground/overhead) before refilling with new supply.
- **Clinical Management:** Maintain hospital preparedness and barrier nursing protocols to prevent healthcare-associated infections.
- **Risk Communication:** Disseminate advisories regarding the "altered taste" of super-chlorinated water (explaining it is a safety measure) to prevent rejection by the community.

3. Criteria for Declaring "End of Outbreak"

- **Epidemiological Trigger:** Zero suspected cases of Acute Watery Diarrhea (AWD) testing positive (RDT/Culture) for *Vibrio cholerae* for **2 consecutive weeks** (representing two incubation periods).

II. LONG-TERM STRUCTURAL REFORM (Prevention & Resilience)

Objective: Eliminate the "Urban Slum Penalty" by engineering robust barriers against contamination.

1. Re-engineering Water Distribution (The "Pressurized" Network)

- **Elimination of Cross-Connections (The Borewell Risk):** Borewells connected directly to municipal lines create a "back-flow" risk. When municipal pressure drops (intermittent supply), the borewell pump can force contaminated groundwater into the public main, or vice-versa, creating a suction effect that draws sewage into the line. Launch a drive to physically disconnect all direct borewell-to-main line connections.

- **Regularization of Illegal Connections:** Convert "spaghetti networks" (bunches of illegal plastic pipes running through open drains) into formal, metered connections. Legal connections utilize standard materials (HDPE/DI) that are less prone to breakage and sewage intrusion than informal PVC pipes.

2. Asset Replacement & Modernization

- **Pipeline Replacement Policy:** Map and phase out aged pipelines, particularly those passing under culverts or through drainage lines.
- **Backflow Prevention:** Installation of Non-Return Valves (NRVs) at the household meter point to prevent back-siphonage of domestic water into the main line during low-pressure hours.

3. Sanitation & Environmental Engineering

- **The "Nullah" (Drain) Interface:**
  - **Borewell Ban:** Strictly enforce a "No-Drill Zone" for borewells along major sewage drains (nullahs).
  - **Canalization:** Line and cover open nullahs flowing through high-density settlements to reduce groundwater percolation of fecal matter.
- **Slum Sanitation Upgrades:** Transition to connected sewerage systems or bio-digester toilets in high-water-table areas to prevent aquifer contamination.

4. Institutionalized Surveillance

- **Surveillance Protocol:**
- **Water Quality Surveillance**
  - **Routine:** FRC monitoring at tail-end points in slums (Target: >0.2 mg/L). Periodic water testing for fecal contamination.
- **Housing Guidelines:** Enforce raising of tube-well platforms and grouting of casing pipes to prevent surface runoff entry during monsoons.
- **Syndromic, Presumptive and Laboratory Surveillance**

  The syndromic and presumptive surveillance under IDSP to be strengthened and timely reporting on IHIP portal to be ensured by both, public and private hospitals.

ENHANCED LONG-TERM STRATEGIC INTERVENTIONS

1. VULNERABILITY-BASED EXPANSION (The "Bhagirathpura Typology")

Rationale: The Bhagirathpura outbreak was driven by a specific set of environmental variables—low elevation, proximity to a river/drain confluence, and high population density which is conducive environment for waterborne disease outbreaks.

- **Slum Risk Profiling (GIS Mapping):** The Indore Municipal Corporation (IMC) must conduct a **GIS-based Vulnerability Assessment** to identify other slums that share the "Bhagirathpura Typology."

- **Criteria for "High-Risk" Designation:** Settlements located within **500 meters** of major drainage channels (e.g., Khan River, Palasia Nallah) + High Water Table (<3m bgl) + Presence of legacy underground pipelines.

- **Prioritized Infrastructure Upgrade:** These identified "High-Risk" clusters must be prioritized for the **"Nullah Interception and Diversion"** projects and the replacement of underground water lines with **above-ground, ductile iron (DI) pipes** to physically separate drinking water from the fecal environment or an alternate similar options.

2. INDEPENDENT WATER QUALITY SURVEILLANCE SYSTEM

Rationale: Self-regulation by the water supplier (PHED/Municipal Corp) creates a conflict of interest. An independent "audit" layer is essential for objective safety assurance.

- **The "surveillance" vs. "Monitoring" Distinction:**
  - **Monitoring (Internal):** PHED/IMC continues daily operational testing (FRC, Turbidity) to manage process control.
  - **Surveillance (External):** An accredited **Third-Party Agency (NABL lab)** must act as the independent regulator.
- **Statutory Audit Protocol:**
  - **Frequency:** The Independent Agency acts as a "Water Auditor," collecting random samples from **10% of slum standposts monthly.**
  - **Mandatory Disclosure:** Results must be published on a public domain dashboard (Smart City Portal or any other relevant portal) monthly. Any discrepancy between PHED's internal reports and the Independent Audit must trigger further course of actions.

3. REGULATION OF PRIVATE GROUNDWATER SOURCES (The "Grey Zone")

Rationale: Private borewells are currently outside the municipal safety net but serve as critical "fallback" sources during shortages, often tapping into contaminated shallow aquifers.

- **Mandatory Registration & Sanitary Survey:**
  - Enforce the registration of all private borewells in slum/peri-urban areas under the **Groundwater (Regulation and Control) Act.**
  - Conduct a **Sanitary Inspection** (using CPHEEO formats) for every registered well to check for proximity to soak pits/latrines (<15m).
- **The "Fitness Certificate" System:**
  - Issue a "Water Safety Pass" to private borewell owners only after bi-annual bacteriological testing.
  - **Unsafe Sources:** If a private well tests positive for *E. coli*, mark it with **Red Paint** ("Not for Drinking") and mandate its use strictly for flushing/cleaning until a "Chlorination & Retest" cycle clears it.
- **Subsidized Disinfection:** The Municipal Corporation should provide **Sodium Hypochlorite solution** or chlorine tablets at subsidized rates to registered private well owners, coupled with training on "Pot Chlorination" techniques.

4. INTER-DEPARTMENTAL COORDINATION (The "One Health" Grid)

Rationale: Health events (diarrhea cases) and Environmental events (water contamination) are currently tracked in silos. They must be integrated for early warning.

- **Syndromic-Triggered Environmental Testing:**
  - **The Trigger:** A rise in **Acute Diarrheal Disease (ADD)** cases reported in the **IDSP (Integrated Disease Surveillance Programme)** 'P-Form' or 'S-Form' from a specific ward must automatically trigger a **Water Quality Alert** for the PHED.
  - **The Response:** PHED must deploy a mobile testing unit to that specific ward within **24 hours** of the IDSP alert to test FRC and fecal coliforms.
- **Joint Task Force Meetings:**
  - **Frequency:** Coordination meetings chaired by the **Municipal Commissioner**.
  - **Participants:** Chief Medical & Health Officer (Health), Executive Engineer (Water Works), and Zonal Sanitation Officers.
  - **Agenda:** Overlaying "Disease Hotspot Maps" (Health Dept) with "Water Quality/Leakage Maps" (PHED) to identify correlation and direct engineering interventions.

5. INTENSIFIED IEC/BCC CAMPAIGNS (Behavioral Firewall)

Rationale: Infrastructure improvements take time; behavioral barriers are the immediate line of defense.

- **Targeted "Risk Perception" Campaign:** Move beyond generic "wash hands" messages to specific, technical risk behaviors found in slums:
  - *"A Booster Pump is a Suction Pump":* Educate residents that using illegal booster pumps directly on main lines sucks sewage into their own and their neighbors' water.
  - *"The First Bucket Rule":* Campaign on discarding the first 2 minutes of water flow (flushing) after supply resumption to clear stagnant contaminants.
- **Community Engagement (MAS/ASHA):**
  - Empower **Mahila Arogya Samitis (MAS)** to act as "Water Wardens."
  - Equip them with **H2S Vials** (simple black/brown bacteria test kits) for community-level surveillance. If a vial turns black, they have the authority to post a warning at the water source and alert the Municipal Engineer.

Dr. Abhijeet Pakhre, Professor of Community Medicine, AIIMS Bhopal	
Dr. Sagar Khadanga, Additional Professor, General Medicine, AIIMS Bhopal	
Dr. Pramit Ghosh, Scientist E ICMR-NIRBI Kolkata	
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Dr. Chandrashekhar Gedam, Regional Director, RoHFW- GoI	
Dr. Anubhav Srivastava, Joint Director, NCDC, MoHFW- GoI	
Dr. Kamlesh Mandriya, Consultant IDSP, NCDC, MoHFW- GoI	
Dr Ashwin Bhagwat, State Surveillance Officer, IDSP	
Dr. Shaiwya Salam, State Epidemiologist, IDSP	
Mr. Shailendra Kumar Singh, State Entomologist, IDSP	

Brief report of visit to Indore in connection with Acute Diarrhoeal Disease Outbreak in Jan- 26

(for team ICMR-NIRBI) vide order no. No/NHM/IDSP/2026/30 dated 04Jan2026 from MD-NHM, MP

Team members:

1. Dr Pramit Ghosh, Scientist-E & Epidemiologist , ICMR, NIRBI, Kolkata
2. Dr Goutam Chowdhury, Scientist-D & Microbiologist, ICMR, NIRBI, Kolkata

A. Terms of Reference:

The team from ICMR - National Institute for Research in Bacterial Infections was instructed on 02Jan2026 in the evening to visit Indore and provide technical support to local health administration in managing the ongoing outbreak. The team was expected to provide epidemiological insights, facilitate testing of biological samples and also collect some samples for detailed investigation.

B. Background (Reports as available prior to the order issued)

As per available information, a surge in cases of acute watery diarrhoea with dehydration and vomiting was noted around 24-25 December-2025. District and State Health Department started investigation and initiated mitigation measures. The numbers went up alarmingly around 30-31 December,2025. Deaths were also reported in patients admitted with ADD. DG-ICMR decided to send scientists to support district team working at ground level.

C. Methods

a. Review of relevant available reports from multiple sources like IDSP, hospitals, laboratories, water testing facilities, FLWs and media reports.

b. Record review and observation of relevant practices at health facilities, water testing facilities, food testing laboratories and community settings.

c. Interaction with stakeholders and community to understand the perception and practices, critical for controlling the outbreak.

d. Providing on-site hand-holding support during visits and sharing feedback to stakeholders at the end of the day.

e. Debriefing meetings with Director Public Health, Odisha and Health Secretary to plan next course of action.

D. Summary of day-wise activities:

Day 1: 03-Jan, 2026, Saturday: Visited the affected area at Bhagirathpura with the local health and administration, reviewed the ongoing measures taken and interacted with local community. Shared observations and suggestions in meeting chaired by Commissioner in the evening.

Day 2: 04-Jan, 2026, Sunday: In the morning attended meeting with District Collectorate to discuss strategic plan to control the outbreak. Visited 4 hospitals, Maharaja Yeshwantarao Hospital, Chacha Nehru Bal Chikitsalaya, ESIC Medical College and Hospital, Indore and Shalby Multi-Specialty Hospital, Indore. Interacted with clinicians, nurses, laboratory staff, admitted patients and family members.

Also interacted with microbiology team at MGM and demonstrated how rapid cholera kit works. Shared findings with State Surveillance Officer in the evening. Collected 10 archived rectal swab samples and 1 confirmed V.cholerae culture was taken for further investigation at ICMR-NIRBI.

Brief report of visit to Indore in connection with Acute Diarrhoeal Disease Outbreak in Jan-26

(for team ICMR-NIRBI) vide order no. No/NHM/IDSP/2026/30 dated 04Jan2026 from MD-NHM, MP

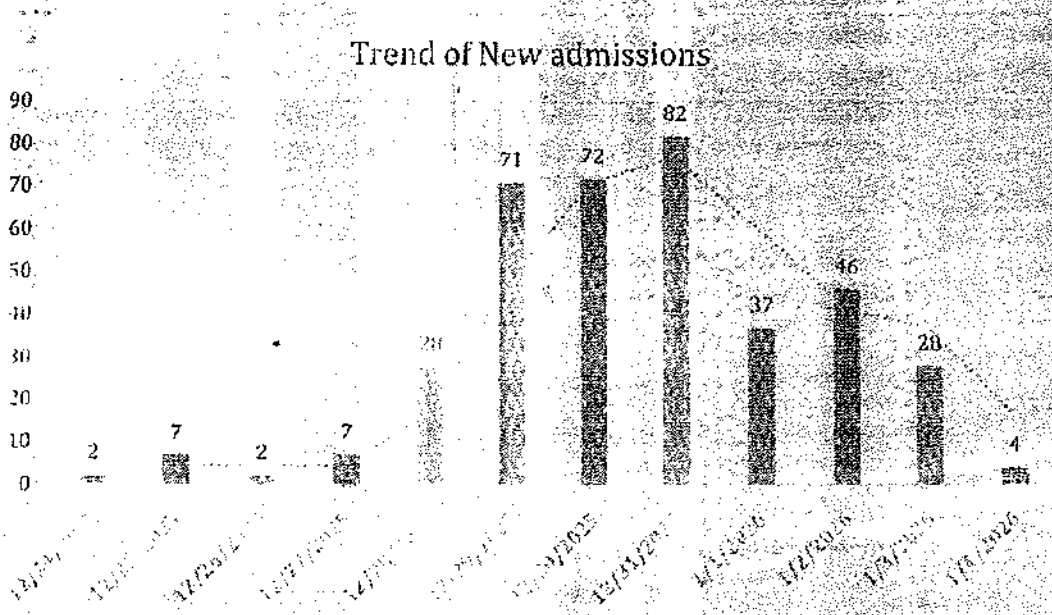
Day 3: 05-Jan, 2026, Monday: In the morning, we visited Bhagirathpura area with the team, came to Microbiology department and demonstrated rapid test directly from a freshly collected stool sample. Collected 2 more stool samples for further investigation at ICMR-NIRBI

From Shalby Hospital, collected 16 archived serum samples for vibriocidal antibody titre and one confirmed *V.cholerae* culture for further analysis at ICMR NIRBI. Shared feedback with state IDSP officials.

E. Salient observations:

a. Disease distribution (24Dec,2025 to 04Jan,2026)

i. Case distribution (as per available data):



It is evident from the graph that cases started to decline after 31-Dec,2025. If we consider index case being admitted on 24Dec2025, then it is about to reach the same in about 2 weeks. This is a pooled figure from all reporting facilities, government or private.

Age and sex distribution of admitted patients are given below:

Row Labels	0-1Y	1-5Y	5-10Y	10-20Y	20-60Y	>60Y	Total
F	7	12	4	24	136	41	224
M	10	18	8	5	78	43	162
Total	**17**	**30**	**12**	**29**	**214**	**84**	**386**
Percentage	4%	8%	3%	8%	55%	22%	

Majority of the admitted persons were aged between 20-60Years, and 22% belong to geriatric age group. Infants constitute 4% of the reported IPD patients.

Brief report of visit to Indore in connection with Acute Diarrhoeal Disease Outbreak in Jan- 26

(for team ICMR-NIRBI) vide order no. No/NHM/IDSP/2026/30 dated 04Jan2026 from MD-NHM, MP

At Microbiology department of MGM MCH. we demonstrated the following.

- We rechecked a culture positive sample with Poly O1 antisera and the culture was confirmed for *V cholerae* O1 Ogawa.
- We also checked the same culture sample with RDT and result was confirmed for *V. cholerae.*
- Another fresh stool sample was tested for RDT, but it was negative for *V. cholerae.*

Key observations and suggestions:

- The clinicians in the facilities are managing cases satisfactorily. Patients are currently responding to antibiotics used (generally ceftriaxone, doxycycline, azithromycin and metronidazole)
- In both private and government facilities doctors are aware of the protocols for managing cases in the current situations.
- Patients admitted with severe dehydration are gradually coming down, Majority are now coming on d3-d5, after receiving oral medication outside.
- Almost all admitted patients have at least one relative with milder symptoms and on oral medication.
- A few of them were from areas other than Bhagirathpura; and we could establish epidemiological linkage with Bhagirathpura outbreak. This can be an early warning signal of outbreak spilling over to adjacent areas.
- IEC activity needs to be reinforced for WASH and sanitation barriers at household level.
- Laboratory Surveillance for ADD should also be reinforced.

Suggested measures (Immediate)

- Intensified ADD surveillance: It is necessary to understand the pattern and trajectory of the outbreak.
- Microbiological testing of stool samples of patients as per norms should be done regularly. Testing of stool specimens coupled with testing water samples and ADD surveillance can provide the necessary data back up to guide action by policy makers.
- Intensified IEC to promote WASH: in the current state household level disinfection, keeping sanitation barrier intact, having safe water and food hygiene will be critical. Vigilance should be intensified for street food vendors.
- IEC for patients and family members should be integrated with discharge policy during outbreak.
- ORT corners to promote WASH and ORS, Zinc usage at AWC, Primary schools and health facilities during the outbreak phase
- Cleanliness drive, especially at the fringe of the area near the drainage and sewerage downwards of the region near the canal.
- Provision of Safe Drinking water & Ensuring quality: Eventually this would be critical to sustain all efforts to keep water-borne diseases at bay
- Coordination meeting and intelligence sharing and action taken report
- Death audit of all deaths among patients reported with ADD during this period:
- Data sharing with adjoining districts and ward for next few weeks

Long term measure,

Brief report of visit to Indore in connection with Acute Diarrhoeal Disease Outbreak in Jan- 26

(for team ICMR-NIRBI) vide order no. No/NHM/IDSP/2026/30 dated 04Jan2026 from MD-NHM, MP

1. Provision of safe drinking water through piped water supply, monitoring to ensure quality.
2. WHO recommends vaccination with oral cholera vaccine (OCV) to contain ongoing outbreaks (if implemented early) and to limit the spread of the outbreak into new areas. However, vaccination can never work in silo and is not sufficient to contain an outbreak. Risk mapping of population in the region can guide us on the rationale of mass vaccination as preemptive measure considering its vulnerability and if there are repetitive cholera outbreaks
3. Surveillance at health facilities, water and food testing facilities should be augmented and sustained. Regular intelligence sharing must be ensured formally at district level every month and at subdistrict level more frequently, between health & PHE. Any early warning signal must be captured and brought to the notice of authority for immediate action.
4. Cost effectiveness of rapid diagnostic kits for cholera may also be explored for future use.
5. Standard Workflow for department specific control measures for locally relevant outbreaks should be created and shared with all concerned. It should include contact details of the people with administrative authority for execution at different tiers.
6. Media scanning, including social media, should be done routinely to identify early signals. Social media handles should be activated. Print media briefing policy should be circulated for every staff working in different tiers.

Gautam Chaudhary 06/01/2026

Dr. Pramit Ghosh 06/01/2026

Entomological surveillance-Bhagirathpura (Indore) :-

The status of water quality (for ADD) in random households was monitored through transit walks, in which Aedes and Anopheles mosquito breeding were also surveillance in the water stored inside the houses.

Vector mosquito surveillance for Dengue, Chikungunya and Malaria.

					Aquatic stage of Vector-Aedes mosquito		Aquatic stage of Vector-Anopheles mosquito
S no	Total House Checked (Random)	Total Positive house for mosquito breeding	Total Checked Containers	Total Positive Containers for mosquito breeding	Mosquito larva stage	Pupa	Mosquito larva stage
1	58	10	410	12	35 (Ist satge-19, 3rd-11, 4th stage-5)	7	28 (1st-20 and 2nd- 08)

- Randomly total 58 house were checked, in which mosquito larvae were found in 10 houses.
- Total 410 containers were checked, in which 12 containers were found positive for Aedes and Anopheles mosquito.
- Breeding of Aedes, Anopheles vectors was found in 5 plastic containers and 7 cemented containers.
- 35 larvae (Ist satge-19, 3rd-11, 4th stage-5) and 07 pupae of Aedes vector mosquito were found.
- 28 larvae (Ist satge-20, 2nd-08, stage larvae) of Anopheles vector mosquito were found.

Entomological indices-

Entomological indices are key metrics, used to measure mosquito vector populations (like Aedes aegypti) in an area, helping assess the risk of diseases like dengue and guide control efforts by quantifying breeding prevalence in houses and containers, with common examples including the House Index (HI), Container Index (CI), and Breteau Index (BI).

House Index (HI): 17.24, Container Index (CI): 2.92 and Breteau Index (BI): 20.68 were recorded.

Significance- (According to WHO)

House Index (HI): >10% high risk, 1-10% moderate risk and <1% low risk.

Container Index (CI): >20% high risk, 3-20% moderate risk and <3% low risk.

Breteau Index (BI): >50% high risk, 5-20% moderate risk and <5% low risk.

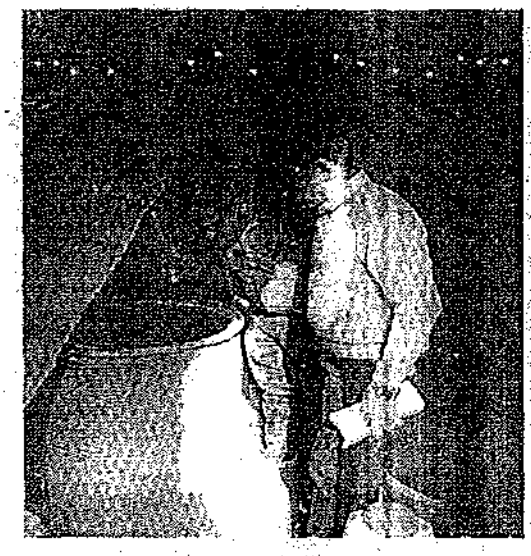
IDD affected area HI 17.24 high risk, CI 2.92 low risk and BI 20.68 moderated risk were recorded.

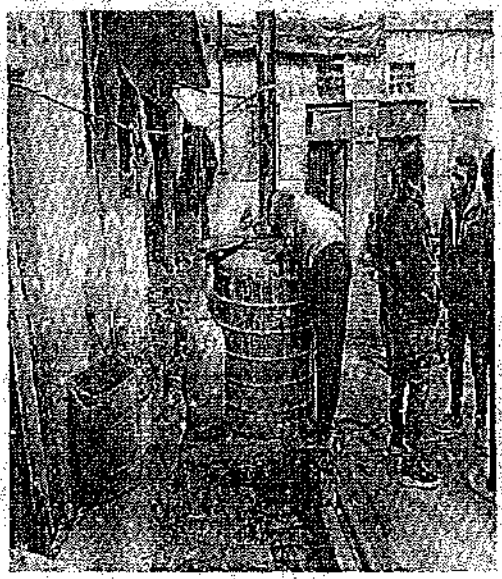
Recommendation: -

- Eliminate stagnant water where vectors breed (Containers).
- Larval control use insecticides to kill larvae before they mature.
- Personal Protection- Repellent use DEET-based repellents on skin and clothes
- Protective clothing- Wear long sleeves, trousers, closed shoes, tucking pants into socks.
- Barriers -Use window/door screens, air conditioning, and mosquito nets.

- Informing communities about risks and prevention methods, encouraging active participation.

Photo-



State Entomologist
IDSP-NHM

Summary of the Microbiological Testing Report:

During the visit of ICMR-NIRBI Scientists from 3rd to 6th January 2026 at Indore, clinical specimens were collected from two healthcare facilities: **Department of Microbiology, MGM Medical College, Indore**, and **Shalby Hospital, Indore**. A total of **12 rectal swab stool specimens** and one ***Vibrio cholerae* stab culture** were obtained from MGM Medical College, while **16 serum samples** and one ***V. cholerae* stab culture** were collected from Shalby Hospital. All samples had been collected by the respective hospitals from patients presenting with **acute diarrhoeal disease (ADD)** during the period **26 December 2025 to 5 January 2026.**

The 12 rectal swab stool specimens were screened for major **enteric bacterial pathogens** commonly associated with diarrhoeal illness, including *Vibrio* spp., diarrhoeagenic *Escherichia coli*, *Shigella* spp., *Salmonella* spp., and *Campylobacter* spp. Of these, **three specimens (25%) were positive** for ***V. cholerae* O1 serotype Ogawa, one specimen (8.3%)** yielded **Enteroaggregative** *E. coli* (EAEC), and **one specimen (8.3%) was positive for** ***Campylobacter coli***.

Both *V. cholerae* stab cultures were processed for confirmation. The isolate received from **MGM Medical College** was confirmed as ***V. cholerae* O1 serotype Ogawa**, whereas the stab culture from Shalby Hospital failed to show growth on selective Vibrio media, including **thiosulfate–citrate–bile salts–sucrose (TCBS) agar.**

Antimicrobial susceptibility of all *V. cholerae* O1 isolates in this investigation showed resistance to Ampicillin, Nalidixic acid, Streptomycin. The isolates were sensitive to Azithromycin, Norfloxacin, Ciprofloxacin, Chloramphenicol, Gentamycin, Ofloxacin, Doxycyclin Sulfamethoxazole/trimethoprim, Cefuriaxone, Cefotaxime, Ceftazidime, Meropenem and Tetracycline.

Screening for key **virulence-associated genes** demonstrated that all *V. cholerae* O1 isolates were **positive for cholera toxin subunit A** (***ctxA***) and **toxin-coregulated pilus** (***tcpA***), confirming their pathogenic potential.

Among the **16 serum samples** collected from **Shalby Hospital, vibriocidal antibody titer assays are currently in progress**. The results of these assays will be communicated upon completion, expected **within** a week.

Microbiology Laboratory Report of samples collected from Indore in connection with Acute Diarrhoeal Disease Outbreak in Jan- 26 (for team ICMR-NIRBI) vide order no. No/NHM/IDSP/2026/30 dated 4th Jan, 2026 from MD-NHM, MP

Team members:

1. Dr Pramit Ghosh, Scientist-E & Epidemiologist , ICMR, NIRBI, Kolkata
2. Dr Goutam Chowdhury, Scientist-D & Microbiologist, ICMR, NIRBI, Kolkata

Sample Source: Stool Rectal Swab samples collected from Department of Microbiology, MGM Medical College, Indore, MP.

SL. No	Date of Receiving at MGM Microbiology Lab	Date of Receiving RW Samples	Patient Name	Age/Sex	Pathogen Identified				
					Vibrio spp.	DEC	*Salmonella* spp.	*Shigella* spp.	*Campylobacter* spp.
1	04.01.2026	05.01.2026	VRINDA	11 month/F	Neg	Neg	Neg	Neg	Neg
2	02.01.2026	05.01.2026	ANSH	1.5Y/M	Neg	EAEC	Neg	Neg	Neg
3	02.01.2026	05.01.2026	DARSH	6Y/M	Neg	Neg	Neg	Neg	Neg
4	02.01.2026	05.01.2026	RANI	12Y/F	Neg	Neg	Neg	Neg	Neg
5	03.01.2026	05.01.2026	HARDIK	13y/M	*V. cholerae* O1 Ogawa	Neg	Neg	Neg	Neg
6	03.01.2026	03.01.2026	SUMER	12M/M	Neg	Neg	Neg	Neg	Neg
7	03.01.2026	05.01.2026	RIYANSH	48M/M	*V. cholerae* O1 Ogawa	Neg	Neg	Neg	Neg
8	03.01.2026	05.01.2026	POOJA	27Y/F	Neg	Neg	Neg	Neg	Neg
9	31.12.2025	05.01.2026	GENDALAL	68Y/M	Neg	Neg	Neg	Neg	Neg
10	30.12.2025	05.01.2026	HARSH	3.5Y/M	*V. cholerae* O1 Ogawa	Neg	Neg	Neg	Neg
11	05.01.2026	06.01.2026	ARHAN	4Y/M	Neg	Neg	Neg	Neg	*Campylobacter. coli*
12	05.01.2026	06.01.2026	SHUSHMA	7Y/F	Neg	Neg	Neg	Neg	Neg

RW: Rectal Swab
DEC: Diarrheagenic *E.coli*
EAEC: Enteroaggregative *E.coli*
Pos: Positive
Neg: Negative

Goutam 09/01/2026

09/01/2026

Bacterial Culture Source: Bacterial Cultures were collected from Department of Microbiology, MGM Medical College, Indore, MP and Shalby Hospital, Indore, MP.

SL. No	Date of Receiving at primary lab	Date of Receiving Strain	Patient Name	Place	Growth in Selective Media (TCBS)	Pathogen Identified
1	30.12.2025	05.01.2026	HARSH	MGM Medical College, Indore	Yes	*V. cholerae* O1 Ogawa
2	26.12.2025	06.01.2026	SEEMA KALE	Shalby Hospital, Indore	No Growth	-

Antimicrobial Susceptibility Testing (AST) and Virulence Profile of *V.cholerae* strains isolated from Indore in connection with Acute Diarrhoeal Disease Outbreak in Jan-2026

Sl. No.	Name of the Patient	Organism Identified	*Virulence identified	**Antibiotic Susceptibility Testing (AST) profile		
				Sensitive	Intermediate	Resistance
5	HARDIK	*V. cholerae* O1 Ogawa	*ctxA, tcpA*	CIP, NOR, OFX, TE, SXT, C, D, MEM, AZM, GM, CAZ, CTX, CRO	-	AM, NA, S
7	RIYANSH	*V. cholerae* O1 Ogawa	*ctxA, tcpA*	CIP, NOR, OFX, TE, SXT, C, D, MEM, AZM, GM, CAZ, CTX, CRO	-	AM, NA, S
10	HARSH	*V. cholerae* O1 Ogawa	*ctxA, tcpA*	CIP, NOR, OFX, TE, SXT, C, D, MEM, AZM, GM, CAZ, CTX, CRO	-	AM, NA, S

**ctxA*: cholera toxin; *tcpA*: toxin co-regulated pilus

***NA, nalidixic acid; CIP, ciprofloxacin; NOR, norfloxacin; OFX, ofloxacin; AZM, azithromycin; GM, gentamycin; S, streptomycin; AM, ampicillin; CRO, ceftriaxone; CTX, cefotaxime; CAZ, ceftazidime; MEM, meropenem; SXT, sulfamethoxazole/trimethoprim; C, chloramphenicol; TE, tetracycline; D, doxycycline,

Dr. P. Ghosh 04/01/2026

Gautam 04/01/2026

Annexure-12

राष्ट्रीय स्वास्थ्य मिशन
मध्यप्रदेश

लिंक रोड नंबर 3, पत्रकार कालोनी भोपाल- 462003

(1)

प्रति,

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
जिला – इंदौर , मध्यप्रदेश

विषय:- **Constitution of State-level task force team with National expert to visit District Indore for Acute Diarrheal Disease Outbreak** के संबंध में।

उपरोक्त विषयानुसार लेख है कि जिला- इंदौर में चल रहे **Acute Diarrheal Disease Outbreak** को देखते हुए, स्थिति का आकलन करने, नियंत्रण और निवारक उपायों हेतू तकनीकी मार्गदर्शन प्रदान करने के लिए केन्द्र व राज्य स्तरीय टास्क फोर्स टीम का गठन किया गया है। उक्त टीम जिला इन्दौर के दिनांक 03.01.2026 से भ्रमण पर रहेंगी।

Team members-

1. Dr Abhijeet Pakhre, Professor of Community Medicine, AIIMS Bhopal
2. Dr. Sagar Khadanga, Additional professor, General medicine, AIIMS Bhopal
3. Dr Hiamashu Chouhan, Additional Director, NCDC, GOI
4. Dr Nivedita Gupta, Scientist G, ICMR, New Delhi
5. Dr Ashiwn Bhagwat, State Surveillance Officer IDSP
6. Dr.Shaiwya Salam, State Epidemiologist IDSP
7. Mr. Shailendra Kumar Singh, State Entomologist IDSP

Digitally signed by
Saloni Sidana
Date: 02-01-2026
18:06:55

(डॉ. सलोनी सिडाना)
मिशन संचालक,
राष्ट्रीय स्वास्थ्य मिशन, म.प्र.

प्रतिलिपिः- कृपया सूचनार्थः-

1. प्रमुख सचिव लोक स्वास्थ्य एवं चिकित्सा शिक्षा विभाग म.प्र.।
2. आयुक्त स्वास्थ्य लोक स्वास्थ्य एवं चिकित्सा शिक्षा विभाग म.प्र.।
3. राष्ट्रीय कार्यक्रम अधिकारी, राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी), दिल्ली। (2)
4. संचालक, राष्ट्रीय स्वास्थ्य मिशन, म.प्र.।
5. संचालक (वित्त), राष्ट्रीय स्वास्थ्य मिशन, म.प्र.।
6. क्षेत्रीय संचालक, इंदौर संभाग स्वास्थ्य सेवायें, म.प्र.।
7. जिला कलेक्टर, जिला- इंदौर म.प्र.।
8. जिला सर्विलेंस अधिकारी आई.डी.एस.पी, जिला- इंदौर म.प्र.।
9. जिला कार्यक्रम प्रबंधक जिला- इंदौर ,म.प्र.।

मिशन संचालक,
राष्ट्रीय स्वास्थ्य मिशन, म.प्र.

संचालनालय
लोक स्वास्थ्य एवं चिकित्सा शिक्षा
भोपाल, मध्यप्रदेश

क्रमांक / 2026 / डी.डी.ओ.बी. / 28 दिनांक: 02/01/2026

(3)

—आदेश—

वर्तमान में इन्दौर में चल रहे Acute Diarrheal Disease Out Break के प्रबंधन हेतु विशेष विशेषज्ञ/चिकित्सक दल का निम्नानुसार गठन किया जाता है:—

1. डॉ. अमित परमार, सहायक प्राध्यापक (पी.एस.एम.) मेडिकल कॉलेज, नीमच।
2. डॉ. भानु प्रताप, सहायक प्राध्यापक (मेडिसिन) मेडिकल कॉलेज, नीमच।
3. डॉ. संजय रावल, सहायक प्राध्यापक (मेडिसिन) मेडिकल कॉलेज, मंदसौर।
4. डॉ. सचिन गुप्ता, सहायक प्राध्यापक (पी.एस.एम.) मेडिकल कॉलेज, मंदसौर।
5. डॉ. गोडके मिनाक्षी, सहायक प्राध्यापक (शिशु रोग) मेडिकल कॉलेज, मंदसौर।
6. डॉ. उमेश सिंह, सहायक प्राध्यापक (पी.एस.एम.) मेडिकल कॉलेज, रतलाम।
7. डॉ. संजय दुबे, सहायक प्राध्यापक (मेडिसिन) मेडिकल कॉलेज, रतलाम।
8. डॉ. सपना मेहरोत्रा, सहायक प्राध्यापक (पी.एस.एम.) मेडिकल कॉलेज, खण्डवा।
9. डॉ. गरिमा अग्रवाल, सहायक प्राध्यापक (शिशु रोग) मेडिकल कॉलेज, खण्डवा।
10. डॉ. पंकज जैन, सहायक प्राध्यापक (मेडिसिन) मेडिकल कॉलेज, खण्डवा।
11. डॉ. मनीष राठौर, सहायक प्राध्यापक (शिशु रोग) मेडिकल कॉलेज, रतलाम।
12. डॉ. रंजन ठाकुर, मेडिकल ऑफिसर, यू.पी.एच.सी. पवासा, उज्जैन।
13. डॉ. रविशंकर, मेडिकल ऑफिसर, यू.पी.एच.सी. मित्रनगर, उज्जैन।
14. डॉ. प्रकाश बुंदेला, मेडिकल ऑफिसर, यू.पी.एच.सी. छविचौक, उज्जैन।
15. डॉ. प्रवीन नेमा, मेडिकल ऑफिसर, संजीवनी क्लीनिक, बावड़िया, देवास।
16. डॉ. निलेश, मेडिकल ऑफिसर, संजीवनी क्लीनिक, जवाहर नगर, देवास।

सभी संबंधित तत्काल मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, इन्दौर को अपनी उपस्थिति देवें।

Digitally signed by
Sandeep Yadav
Date: 02-01-2026

प्रमुख सचिव
लोक स्वास्थ्य एवं चिकित्सा शिक्षा
मध्यप्रदेश

पृ.क्रमांक / 2026 / डी.डी.ओ.बी. / दिनांक: / /

1- आयुक्त इन्दौर संभाग, इन्दौर।
2- कलेक्टर, इन्दौर।
3- समस्त अधिष्ठाता मेडिकल कॉलेज, रतलाम, मंदसौर, नीमच एवं खण्डवा को तत्काल कार्यमुक्त किये जाने हेतु।
4- मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, जिला– उज्जैन एवं देवास तत्काल कार्यमुक्त किये जाने हेतु।
5- मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, जिला– इन्दौर।

प्रमुख सचिव
लोक स्वास्थ्य एवं चिकित्सा शिक्षा
मध्यप्रदेश

कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला उज्जैन म0प्र0

E.Mail- cmhoujj@nic.in or dpmuujj-mp@nic.in

क्रमांक/एनएचएम/2026/134 उज्जैन, दिनॉक 03/01/2026

(4)

प्रति,

1 डॉ. राजन ठाकुर, मेडिकल ऑफिसर
यू.पी.एच.सी. पवासा

2 डॉ. रविशंकर गौर, मेडिकल ऑफिसर
यू.पी.एच.सी. मित्रनगर

3 डॉ. प्रकाश बुंदेला, मेडिकल ऑफिसर
यू.पी.एच.सी छत्रीचौक
जिला उज्जैन

विषयः–मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर के लिए कार्यमुक्त करने के संबंध में।
संदर्भः–प्रमुख सचिव महोदय, लोक स्वास्थ्य एवं चिकित्सा शिक्षा म.प्र. भोपाल का आदेश कमांक/2026/डी.डी.ओ.वी./28 भोपाल दिनांक 02.01.2026

उपरोक्त विषयान्तर्गत लेख है कि वर्तमान में इन्दौर में चल रहे Acute Diarrheal Disease Out Break के प्रबंधन हेतु विशेषज्ञ/चिकित्सक दल का गठन संदर्भित आदेश द्वारा किया गया है। उक्त दल में आपको सम्मिलित किया गया है तथा आपको मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर को उपस्थिति देने हेतु निर्देशित किया गया है।

अतः आपको मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर के अधीन कार्य करने हेतु दिनांक 03.01.2026 को कार्यमुक्त किया जाता है एवं आदेशित किया जाता है कि आप अपनी उपस्थिति तत्काल मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर को देना सुनिश्चित करें।

संलग्न :– आदेश

(डॉ. अशोक कुमार पटेल)
मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
जिला उज्जैन म0प्र0
उज्जैन, दिनॉक 03/01/2026

पू.क0 क्रमांक/एनएचएम/2025/135
प्रतिलिपि–

1. प्रमुख सचिव महोदय, लोक स्वास्थ्य एवं चिकित्सा शिक्षा म.प्र. भोपाल ।
2. आयुक्त महोदय, लोक स्वास्थ्य एवं चिकित्सा शिक्षा म.प्र. भोपाल ।
3. मिशन संचालक महोदय, एनएचएम म0प्र0 भोपाल।
4. कलेक्टर महोदय, जिला उज्जैन।
5. क्षेत्रीय संचालक महोदय, स्वास्थ्य सेवायें उज्जैन संभाग उज्जैन।
6. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला उज्जैन म0प्र0

NHM/0023/2026-IDSP-NHM

I/713449/2026

संचालनालय
लोक स्वास्थ्य एवं चिकित्सा शिक्षा
भोपाल, मध्यप्रदेश

क्रमांक/2026/डी.डी.ओ.बी./28

दिनांक: 02/01/2026

—आदेश—

वर्तमान में इन्दौर में चल रहे Acute Diarrheal Disease Out Break के प्रबंध हेतु विशेष विशेषज्ञ/चिकित्सक दल का निम्नानुसार गठन किया जाता है:—

1. डॉ सचिन परमार, सहायक प्राध्यापक (पी.एस.एम.) मेडिकल कॉलेज, नीमच।
2. डॉ भानू प्रताप, सहायक प्राध्यापक (मेडिसिन) मेडिकल कॉलेज, नीमच।
3. डॉ. संजय रावत, सहायक प्राध्यापक (मेडिसिन) मेडिकल कॉलेज, मंदसौर।
4. डॉ. सचिन गुप्ता, सहायक प्राध्यापक (पी.एस.एम.) मेडिकल कॉलेज, मंदसौर।
5. डॉ. नाइके मिनारे, सहायक प्राध्यापक (शिशु रोग) मेडिकल कॉलेज, मंदसोर।
6. डॉ. उमेश सिंहा, सहायक प्राध्यापक (पी.एस.एम.) मेडिकल कॉलेज, रतलाम।
7. डॉ. संजय दुबे, सहायक प्राध्यापक (मेडिसिन) मेडिकल कॉलेज, रतलाम।
8. डॉ. सपना मेहशराम, सहायक प्राध्यापक (पी.एस.एम.) मेडिकल कॉलेज, खण्डवा।
9. डॉ. गरिमा अग्रवाल, सहायक प्राध्यापक (शिशु रोग) मेडिकल कॉलेज, खण्डवा।
10. डॉ. पंकज जैन, सहायक प्राध्यापक (मेडिसिन) मेडिकल कॉलेज, खण्डवा।
11. डॉ. मनीष राठौर, सहायक प्राध्यापक (शिशु रोग) मेडिकल कॉलेज, रतलाम।
12. डॉ. राजन ठाकुर, मेडिकल ऑफिसर, यू.पी.एच.सी. पवासा, उज्जैन।
13. डॉ. रविशंकर, मेडिकल ऑफिसर, यू.पी.एच.सी. मित्रनगर, उज्जैन।
14. डॉ. प्रकाश बुंदेला, मेडिकल ऑफिसर, यू.पी.एच.सी. छत्रिचौक, उज्जैन।
15. डॉ. प्रवीन नेमा, मेडिकल ऑफिसर, संजीवनी क्लीनिक, बावड़िया, देवास।
16. डॉ. निलेश, मेडिकल ऑफिसर, संजीवनी क्लीनिक, जवाहर नगर, देवास।

सभी संबंधित तत्काल मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, इन्दौर को अपनी उपस्थिति देवें

Digitally sig
Sandeep Ya
Date: 02-01

प्रमुख सचिव
लोक स्वास्थ्य एवं चिकित्स
मध्यप्रदेश

पृ.क्रमांक/2026/डी.डी.ओ.बी./ दिनांक. /

1- आयुक्त इन्दौर संभाग, इन्दौर।
2- कलेक्टर, इन्दौर।
3- समस्त अधिष्ठाता मेडिकल कॉलेज, रतलाम, मंदसौर, नीमच एवं खण्डवा को तत्काल कार्य ये जाने हेतु।
4- मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, जिला— उज्जैन एवं देवास तत्काल कार्यमुक्त किये तु।
5- मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, जिला— इन्दौर।

प्रमुख सचिव
लोक स्वास्थ्य एवं चिकित्स
मध्यप्रदेश

कार्यालय क्षेत्रीय संचालक, स्वास्थ्य सेवाएँ,इन्दौर संभाग,इन्दौर (म0प्र0)

क्रमांक/स्था./2026/88 इन्दौर, दिनाँक 2/1/2026

—:: आदेश ::—

इन्दौर शहर के भागीरथपुरा क्षेत्र में जल–जनित बीमारीयो (उल्टी–दस्त) के नियंत्रण हेतु निम्नलिखित एपीडेमियोलॉजिस्ट की ड्यूटी तत्काल प्रभाव से मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी इन्दौर के अधिन लगाई जाती है। आप आज ही अपनी उपस्थिति डॉ. माधव हासानी मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर (मोबाईल नम्बर 7566831606) को देवे। मुख्य चिकित्सा एवं स्वास्थ्य अधिकारियों को निर्देशित किया जाता है कि आप अपने जिले के सम्बधित एपीडेमियोलॉजिस्ट को तत्काल आज ही इन्दौर हेतु कार्यमुक्त करे।

क.	अधिकारी का नाम	पदनाम	पदस्थापना स्थल	मोबाईल नम्बर
1	डॉ. लक्ष्मी माहोर	एपीडेमियोलॉजिस्ट	मुख्य चिकित्सा एव स्वा. अधिकारी जिला धार	7440552484
2	डॉ. योगेश शर्मा	एपीडेमियोलॉजिस्ट	मुख्य चिकित्सा एव स्वा. अधिकारी जिला खण्डवा	9826039770
3	डॉ. रविन्द्र कुमार राजपूत	एपीडेमियोलॉजिस्ट	मुख्य चिकित्सा एव स्वा. अधिकारी जिला बुरहानपुर	7067575281
4	डॉ.रविन्द्र कुमार रायकवार	एपीडेमियोलॉजिस्ट	मुख्य चिकित्सा एव स्वा. अधिकारी जिला अलीराजपुर	9329226597

Smita
क्षेत्रीय संचालक,
स्वास्थ्य सेवाएँ, इंदौर संभाग,
इन्दौर(म0प्र0)
इन्दौर, दिनाँक 2/1/2026

CMHO
2/1/2026

क्रमांक/स्था./2026/89

प्रतिलिपि :– सूचनार्थ एवं आवश्यक कार्यवाही हेतु:–

1. स्वास्थ्य आयुक्त, संचालनालय स्वास्थ्य सेवायें म.प्र.।
2. आयुक्त, इंदौर संभाग इंदौर।
3. अपर संचालक,(प्रशासन) संचालनालय स्वास्थ्य सेवायें म.प्र.भोपाल।
4. जिला कलेक्टर–इंदौर/धार/खण्डवा/बुरहानपुर/अलीराजपुर की ओर सूचनार्थ।
5. उप संचालक (विज्ञप्त) लोक स्वास्थ्य एवं चिकित्सा शिक्षा विभाग म.प्र.भोपाल।
6. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर की ओर सूचनार्थ एवं आवश्यक कार्यवाही हेतु।
7. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,जिला–धार/खण्डवा/बुरहानपुर/अलीराजपुर की ओर लेख है कि उपरोक्त चिकित्सा अधिकारियों को तत्काल आज ही कार्य मुक्त करें।
8. सम्बधित एपीडेमियोलॉजिस्ट व्दारा मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,जिला–धार/खण्डवा/बुरहानपुर/अलीराजपुर की ओर पालनार्थ।

Smita
क्षेत्रीय संचालक,
स्वास्थ्य सेवाएँ, इंदौर संभाग,
इन्दौर(म0प्र0)

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कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला बुरहानपुर

क्रमांक/स्थापना/2026/ 42 बुरहानपुर दिनांक 02/01/2026

//आदेश//

क्षेत्रीय संचालक महोदय इंदौर संभाग इंदौर के आदेश क्रमांक/स्था./2026/88 बुरहानपुर दिनांक 02.01.2026 में प्राप्त निर्देशानुसार इंदौर शहर के वार्ड भागीरथपुरा क्षेत्र में जल जनित बिमारियों की रोकथाम हेतु श्री रविन्द्र सिंह राजपूत एपिडेमियोलॉजिस्ट कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला बुरहानपुर की ड्यूटी मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इंदौर की अधीन लगाई है । प्राप्त निर्देश के अनुपालन मे श्री रविन्द्र सिंह राजपूत एपिडेमियोलॉजिस्ट को तत्काल प्रभाव से कार्यमुक्त किया जाता है तथा निर्देशित किया जाता है कि वे उपस्थिति निर्देशित स्थल पर प्रस्तुत करे ।

(7)

यह आदेश तत्काल प्रभावशील होगा ।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला बुरहानपुर

क्रमांक/स्थापना/2026/ 43 बुरहानपुर दिनांक 02/01/2026

प्रतिलिपी:-

01. मिशन संचालक महोदय राष्ट्रीय स्वास्थ्य मिशन मध्यप्रदेश की ओर सूचनार्थ
02. कलेक्टर महोदय जिला बुरहानपुर की ओर सूचनार्थ ।
03. क्षेत्रीय संचालक स्वास्थ्य सेवाऐ इंदौर संभाग इंदौर की ओर सूचनार्थ ।
04. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी इंदौर की ओर सूचनार्थ एवं आवश्यक कार्यवाही।
05. श्री रविन्द्र सिंह राजपूत एपिडेमियोलॉजिस्ट कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला बुरहानपुर की ओर पालनार्थ।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला बुरहानपुर

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कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, जिला–पू0नि0 खण्डवा (8)

Email- cmhokhd@mp.nic.in,0733-2225990

कमांक/स्था./2026/25 खण्डवा, दिनांक 2/01/2026

–:: आदेश ::–

क्षेत्रीय संचालक स्वास्थ्य सेवायें इन्दौर संभाग इन्दौर का आदेश क्रं./स्था./2026/88 इन्दौर दिनांक 02.01.2026 के द्वारा इन्दौर शहर के भागीरथपुरा क्षेत्र मे जल–जनित बीमारियों (उल्टी–दस्त) के नियंत्रण हेतु **डॉ.योगेश शर्मा, ऐपिडेमियोलॉजिस्ट जिला खण्डवा** की ड्यूटी मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर के अधीनस्थ तत्काल प्रभाव से लगाई है ।

अतः आपकों तत्काल प्रभाव से दिनांक 02.01.2026 को दोपहर पश्चात कार्यमुक्त किया जाकर निर्देशित किया जाता है कि आप अपनी उपस्थिति मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर को आज ही अनिवार्य रूप से देना सुनिश्चित करें ।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
जिला खण्डवा

पृ.क्रं./स्था0/2026/26 खंडवा, दिनांक :–2/01/2026

प्रतिलिपी – सूचनार्थ ।

1– स्वास्थ्य आयुक्त, संचालनालय स्वास्थ्य सेवायें म.प्र.भोपाल ।
2– आयुक्त, इन्दौर संभाग इन्दौर ।
3– अपर संचालक, (प्रशासन) संचालनालय स्वास्थ्य सेवायें म.प्र.भोपाल ।
4– क्षेत्रीय संचालक, स्वास्थ्य सेवायें इन्दौर संभाग इन्दौर ।
5– कलेक्टर, जिला खण्डवा ।
6– मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर ।
7– डॉ.योगेश शर्मा, ऐपिडेमियोलॉजिस्ट जिला खण्डवा की ओर पालनार्थ ।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला खंडवा

AnyScanner

कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, जिला–धार, मध्य प्रदेश.

क्रमांक/एन.एच.एम.–स्था./2026/ 110 धार, दिनांक 02/01/2026

प्रति,

डॉ. लक्ष्मी भाहोर
एपीडेमियोलॉजिस्ट
स्थानीय कार्यालय धार
जिला धार (म.प्र.)

(7)

विषयः– जिला कार्यालय इन्दौर संभाग इन्दौर हेतु कार्यमुक्त करने बाबद।

संदर्भः– कार्यालय, क्षेत्रीय संचालक, स्वास्थ्य सेवाएँ, इन्दौर संभाग इन्दौर का पत्र क्रमांक/स्था./2026/88 इन्दौर, दिनांक 02.01.2026

उपरोक्त विषय एवं संदर्भ में लेख है कि संभाग कार्यालय इन्दौर के संदर्भित पत्र द्वारा दिए गए निर्देशानुसार इन्दौर शहर के भागीरथपुरा क्षेत्र में जल–जनित बीमारीयों (उल्टी–दस्त) के नियंत्रण हेतु आपकी ड्यूटी तत्काल प्रभाव से मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर के अधिन लगाई गई है।

संभाग कार्यालय इन्दौर के आगामी आदेश होने तक एवं उपरोक्त निर्देशों के परिपालन में आपको आज दिनांक 02/01/2026 को दोपहर उपरांत कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी इन्दौर हेतु कार्यमुक्त किया जाता है।

आप अपनी उपस्थिति मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर को तत्काल प्रस्तुत करना सुनिश्चित करेंगे।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
for जिला धार (म.प्र.)
धार, दिनांक 02/01/2026

पृ. क्रमांक/एन.एच.एम.–स्था./2026/ 111

प्रतिलिपि–

1- स्वास्थ्य आयुक्त महोदय, संचालनालय लोक स्वास्थ्य एवं चिकित्सा शिक्षा म.प्र. भोपाल।
2- आयुक्त महोदय, इन्दौर संभाग इन्दौर।
3- मिशन संचालक महोदय, राष्ट्रीय स्वास्थ्य मिशन म.प्र. भोपाल।
4- अपर मिशन संचालक महोदय, राष्ट्रीय स्वास्थ्य मिशन म.प्र. भोपाल।
5- कलेक्टर महोदय सह अध्यक्ष जिला स्वास्थ्य समिति जिला धार।
6- उपसंचालक महोदय (विज्ञप्त) लोक स्वास्थ्य एवं चिकित्सा शिक्षा म.प्र. भोपाल।
7- क्षेत्रीय संचालक महोदय, स्वास्थ्य सेवायें इन्दौर संभाग इन्दौर।
8- मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला इन्दौर संभाग इन्दौर की ओर सूचनार्थ।
9- जिला कार्यक्रम प्रबंधक/लेखा प्रबंधक, जिकाप्रई, स्थानीय कार्यालय धार।
10- नस्ती हेतु।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
for जिला धार (म.प्र.)

कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला–इन्दौर (म0प्र0)

क्र/आईडीएसपी/2026/ 1000 इन्दौर दिनांक 09/01/26

प्रति,

(10)

डॉ0 लक्ष्मी माहोर, एपिडिमियोलॉजिस्ट जिला धार
डॉ0 योगेश शर्मा, एपिडिमियोलॉजिस्ट जिला खण्डवा
डॉ0 रविन्द्र कुमार राजपूत, एपिडिमियोलॉजिस्ट जिला बुरहानपुर
डॉ0 रविन्द्र कुमार रायकवार, एपिडिमियोलॉजिस्ट जिला अलीराजपुर
डॉ0 कर्त्तव्य कुमार तिवारी, एपिडिमियोलॉजिस्ट जिला देवास
डॉ0 आदित्य माथुर, एपिडिमियोलॉजिस्ट जिला उज्जैन

विषयः–जिला एपिडिमियोलॉजिस्ट को कार्य मुक्त करने के संबंध मे।
संदर्भः–क्षैत्रीय सचांलक स्वास्थ्य सेवाऐं इन्दौर संभाग इन्दौर के पत्र क0/स्था/226/88 इन्दौर दिनांक 02.01.2026।
मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला देवास का पत्र क0/एनएचएम/2026/क्यू/देवास दिनांक 02.01.2026।
मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला उज्जैन का पत्र क0/एनएचएम/2025/105/उज्जैन दिनांक 02.01.2026।

उपरोक्त विषय एवं संदर्भित पत्रानुसार जिला धार, खण्डवा, अलीराजपुर, बुरहानपुर, उज्जैन एवं देवास के जिला एपिडिमियोलॉजिस्ट को इन्दौर जिले में भागीरथपुरा क्षेत्र में जल–जनित बीमारियों (उल्टी–दस्त) के नियन्त्रण हेतु मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी इन्दौर के अधीन ड्यूटी लगाई गई थी। आज दिनांक 09.01.2026 को दोपहर पूर्व इन्हे कार्य मुक्त किया जाता है।

(डॉ0 माधव प्रसाद हासानी)
मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला इन्दौर

क्र/आईडीएसपी/2026/ 1001 इन्दौर दिनांक 09/01/26

प्रतिलिपिः– सूचनार्थ प्रेषित ।

1 आयुक्त, लोक स्वास्थ्य एवं चिकित्सा शिक्षा विभाग, म0प्र0।
2 मिशन सचांलक, राष्ट्रीय स्वास्थ्य मिशन भोपाल म0प्र0।
3 क्षैत्रीय संचालक, स्वास्थ्य सेवाऐं इन्दौर संभाग इन्दौर ।
4 क्षैत्रीय संचालक, स्वास्थ्य सेवाऐं उज्जैन संभाग उज्जैन ।
5 मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जिला धार, खण्डवा, अलीराजपुर, बुरहानपुर, उज्जैन एवं देवास ।
6 जिला स्वास्थ्य एवं महामारी नियन्त्रण अधिकारी, जिला इन्दौर।
7 जिला एपिडिमोलाजिस्ट, जिला इन्दौर।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला इन्दौर

कार्यालय अधिष्ठाता एवं मुख्य कार्यपालन अधिकारी
नंदकुमार सिंह चौहान शासकीय चिकित्सा महाविद्यालय, खण्डवा
(पूर्व में शासकीय चिकित्सा महाविद्यालय, खण्डवा)
लाल कुआ नगर, मूंदीशेड़, खण्डवा (म.प्र.), दूरभाष-0733-2990080, Fax-0733-2990080
Email: deanmckhandwa@gmail.com, Website: www.gmckhandwa.org

क्रमांक / 59 /सामान्य/शा.चि.म./2026/ खण्डवा, दिनांक : 03/01/2026

प्रति,

—:: कार्यालयीन आदेश ::—

संचालनालय, लोक स्वास्थ्य एवं चिकित्सा शिक्षा, भोपाल म.प्र. के आदेश क्रमांक/2026/डी.डी.ओ.बी./28 दिनांक 02/01/2026 के परिपालन में वर्तमान में इंदौर में चल रहे Acute Diarrheal Disease Out Break के प्रबंधन हेतु उक्त आदेश के तहत् गठित विशेष विशेषज्ञ/चिकित्सक दल के नंदकुमार सिंह चौहान शासकीय चिकित्सा महाविद्यालय, खण्डवा में पदस्थ निम्न चिकित्सा शिक्षकों को आज दिनांक 03/01/2026 को तत्काल प्रभाव से कार्यमुक्त किया जाकर निर्देशित किया जाता है कि वे मुख्य चिकित्सा एवसं स्वास्थ्य अधिकारी, इंदौर के समक्ष तत्काल अपनी उपस्थिति सुनिश्चित करें।

अ.क्र.	चिकित्सा शिक्षक का नाम	पदनाम एवं विभाग का नाम	मोबाईल नम्बर
1.	डॉ. सपना महेशराम	सह– प्राध्यापक (पी.एस.एम विभाग)	9752598873
2.	डॉ. गरिमा अग्रवाल	सह– प्राध्यापक (शिशु रोग विभाग)	9981187342
3.	डॉ. मंकज कुमार जैन	सह– प्राध्यापक (जनरल मेडिसिन विभाग)	9827785717

अधिष्ठाता एवं मुख्य कार्यपालन अधिकारी,
नंदकुमार सिंह चौहान शा.चि.म. खण्डवा

पृ. क्रमांक / /सामान्य/शा.चि.म./2026/ खण्डवा, दिनांक : 03/01/2026

प्रतिलिपि :– सूचनार्थ प्रेषित।

1. प्रमुख सचिव, लोक स्वास्थ्य एवं चिकित्सा शिक्षा, भोपाल, म.प्र.।
2. आयुक्त, इंदौर सम्भाग, इंदौर।
3. संचालक, लोक स्वास्थ्य एवं चिकित्सा शिक्षा, भोपाल, म.प्र.।
4. कलेक्टर, इंदौर।
5. संयुक्त संचालक एवं अधीक्षक, नं.सिं.चौ.शा.चि.म. खण्डवा।
6. विभागाध्यक्ष, संबंधित विभाग, नं.सिं.चौ.शा.चि.म. खण्डवा।
7. प्रभारी अधिकारी, स्थापना/लेखा अनुभाग, नं.सिं.चौ.शा.चि.म. खण्डवा।
8. संबंधित चिकित्सा शिक्षक, नं.सिं.चौ.शा.चि.म. खण्डवा की ओर सूचनार्थ।

अधिष्ठाता एवं मुख्य कार्यपालन अधिकारी,
नंदकुमार सिंह चौहान शा.चि.म. खण्डवा

कार्यालय अधिष्ठाता एवं मुख्य कार्यपालन अधिकारी
नंदकुमार सिंह चौहान शासकीय चिकित्सा महाविद्यालय, खण्डवा
(पूर्व में शासकीय चिकित्सा महाविद्यालय, खण्डवा)
लव कुश नगर, मूंदी रोड, खण्डवा (म.प्र.), दूरभाष-0733-2990089, Fax-0733-2990080
Email: dcgnmckhandwa@gmail.com, Website: www.gmckhandwa.org

क्रमांक / /सामान्य/शा.चि.म./2026/ खण्डवा, दिनांक : 03/01/2026

(12)

प्रति,

-:: कार्यालयीन आदेश ::-

संचालनालय, लोक स्वास्थ्य एवं चिकित्सा शिक्षा, भोपाल म.प्र. के आदेश क्रमांक/2026/डी.डी.ओ.बी./28 दिनांक 02/01/2026 के परिपालन में वर्तमान में इंदौर में चल रहे Acute Diarrheal Disease Out Break के प्रबंधन हेतु उक्त आदेश के तहत् गठित विशेष विशेषज्ञ/चिकित्सक दल के नंदकुमार सिंह चौहान शासकीय चिकित्सा महाविद्यालय, खण्डवा में पदस्थ निम्न चिकित्सा शिक्षकों को आज दिनांक 03/01/2026 को तत्काल कार्यमुक्त किया जाकर निर्देशित किया जाता है कि वे मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, इंदौर के समक्ष तत्काल अपनी उपस्थिति सुनिश्चित करें।

अ.क्र.	चिकित्सा शिक्षक का नाम	पदनाम एवं विभाग का नाम	मोबाईल नम्बर
1.	डॉ. सपना महेशराम	सह- प्राध्यापक (पी.एस.एम विभाग)	9752598873
2.	डॉ. गरिमा अग्रवाल	सह- प्राध्यापक (शिशु रोग विभाग)	9981187342
3.	डॉ. पंकज कुमार जैन	सह- प्राध्यापक (जनरल मेडिसिन विभाग)	9827785717

sd/

अधिष्ठाता एवं मुख्य कार्यपालन अधिकारी,
नंदकुमार सिंह चौहान शा.चि.म. खण्डवा।

60 - 67

पृ. क्रमांक/ /सामान्य/शा.चि.म./2026/ खण्डवा, दिनांक : 03/01/2026

प्रतिलिपि :- सूचनार्थ प्रेषित।

1. प्रमुख सचिव, लोक स्वास्थ्य एवं चिकित्सा शिक्षा, भोपाल, म.प्र.।
2. आयुक्त, इंदौर सम्भाग, इंदौर।
3. संचालक, लोक स्वास्थ्य एवं चिकित्सा शिक्षा, भोपाल, म.प्र.।
4. कलेक्टर, इंदौर।
5. संयुक्त संचालक एवं अधीक्षक, नं.सिं.चौ.शा.चि.म. खण्डवा।
6. विभागाध्यक्ष, संबंधित विभाग, नं.सिं.चौ.शा.चि.म. खण्डवा।
7. प्रभारी अधिकारी, स्थापना/लेखा अनुभाग, नं.सिं.चौ.शा.चि.म. खण्डवा।
8. संबंधित चिकित्सा शिक्षक, नं.सिं.चौ.शा.चि.म. खण्डवा की ओर पालनार्थ।

Sd/

अधिष्ठाता एवं मुख्य कार्यपालन अधिकारी,
नंदकुमार सिंह चौहान शा.चि.म. खण्डवा

National Health Mission
Madhya pradesh
Link road no. 3, opposite Patrakar colony, Bhopal - 462003

No/NHM/IDSP/2026/30 Bhopal, dated: 04.01.2026

(13)

Subject: Constitution of the State level task force team with National experts (updated) to visit District Indore for Acute Diarrheal Disease Outbreak, regarding.

Team members:

1. Dr Abhijeet Pakhre, Professor of community medicine, AIIMS Bhopal
2. Dr Sagar Khadanga, Additional professor, General medicine, AIIMS Bhopal
3. Dr Pramit Ghosh, Scientist E, ICMR - NIRBI - Kolkata
4. Dr Gautam Choudhary, Project Scientist D, ICMR - NIRBI - Kolkata
5. Dr Anubhav Shrivastava, Joint Director - NCDC - MoHFW, GoI
6. Dr Chandrashekhar Gedam, Regional Director, RoHFW - GoI
7. Dr Kamlesh Mandriya, Consultant - IDSP, NCDC, MoHFW - GoI
8. Dr Ashwin Bhagwat, State Surveillance officer, IDSP
9. Dr Shaiwya Salam, State Epidemiologist IDSP
10. Shri Shailendra Kumar Singh, State Entomologist IDSP

The team will visit the Indore from 3rd January - 2026 onward.

Digitally signed by
Saloni Sidana
Date: 04-01-2026
20:17:22

(Dr Saloni Sidana)
Mission Director
National Health Mission
Madhya Pradesh

No/NHM/IDSP/2026/30 Bhopal, dated: 04.01.2026

Copy for information to:

1. Principal Secretary, Public Health and Medical Education department, GoMP
2. Commissioner Health, Public Health and Medical Education department, GoMP
3. Director AIIMS, Bhopal, MP
4. Director, NCDC- MoHFW - GoI, New Delhi
5. Regional Director, RoHFW - GoI, Bhopal, MP
6. Divisional Commissioner, Indore division, Indore - MP
7. Regional Director, Indore division, Indore - MP
8. Chief Medical and Health Officer, Indore - MP

Mission Director
National Health Mission
Madhya Pradesh

कार्यालय मुख्य कार्यपालन अधिकारी एवं अधिष्ठाता
(शासकीय स्वशासी संस्था)
महात्मा गांधी स्मृति चिकित्सा महाविद्यालय, इन्दौर
कार्यालय दूरभाष नंबर :– 0731–2527383, ईमेल :–dean.ind@mp.gov.in, वेबसाईट :–www.mgmmcindore.in
DONATE ORGAN – SAVE LIFE
अंगदान करें – जीवन बचाएँ

(14)

कमांक/ 326 /स्टेनो/ 2025 इन्दौर, दिनांक 06.1.26

//आदेश//

इंदौर के भागीरथपुरा क्षेत्र में दूषित पेय जल के उपयोग से उल्टी दस्त की शिकायत पर कुछ मरीज बॉम्बे अस्पताल, इन्दौर में गंभीर अवस्था में वेन्टीलेटर पर भर्ती मरीजों के स्वास्थ्य को दृष्टिगत रखते हुए मरीजों की उचित जांच, उपचार एवं स्वास्थ्य के संबंध में परीक्षण/मार्गदर्शन देने के लिए तथा समय–समय पर मरीजों के बेहतर स्वास्थ्य की समीक्षा करने हेतु निम्नांकित **विशेषज्ञों की समिति** का गठन किया जाता है :–

1. डॉ. धर्मेन्द्र झंवर, प्राध्यापक, जनरल मेडिसिन विभाग।
2. डॉ. दीपक बंसल, सह–प्राध्यापक, रेस्पीरेटरी मेडिसिन विभाग।
3. डॉ. अमन यादव, सहायक प्राध्यापक, जनरल मेडिसिन विभाग।

उक्त गठित समिति भर्ती गंभीर मरीजों की स्टेटस रिपोर्ट अधोहस्ताक्षरकर्ता को प्रेषित करेंगी।

(डॉ अरविंद धनघोरिया)
मुख्य कार्यपालन अधिकारी एवं अधिष्ठाता
महात्मा गांधी स्मृति चिकित्सा महाविद्यालय,इन्दौर

कमांक/ 327-36 /स्टेनो/2025 इन्दौर, दिनांक 06.1.26

प्रतिलिपी सूचनार्थ एवं आवश्यक कार्यवाही हेतु अग्रेषित :–

1. आयुक्त, लोक स्वास्थ्य एवं चिकित्सा शिक्षा विभाग, भोपाल।
2. संचालक, (अस्पताल प्रशासन), लोक स्वास्थ्य एवं चिकित्सा शिक्षा म.प्र. भोपाल।
3. संभागायुक्त, इंदौर संभाग, इंदौर।
4. कलेक्टर, जिला इंदौर।
5. क्षेत्रीय संचालक, स्वास्थ्य सेवाये, इन्दौर संभाग, इन्दौर।
6. समस्त अधीक्षक, चिकित्सालय, चिकित्सा महाविद्यालय, इन्दौर।
7. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, जिला इंदौर।
8. विभागाध्यक्ष, जनरल मेडिसिन विभाग।
9. मेडिकल सुपरिन्टेन्डेट, बॉम्बे अस्पताल, इन्दौर को भेजकर लेख है कि उक्त गठित विशेषज्ञ समिति को सहयोग प्रदान करे।
10. संबंधित संकाय को ओर सूचनार्थ एंव पालनार्थ।

(डॉ. अरविन्द धनघोरिया)
मुख्य कार्यपालन अधिकारी एवं अधिष्ठाता
महात्मा गांधी स्मृति चिकित्सा महाविद्यालय,इन्दौर

प्रति,

मुख्य कार्यपालन अधिकारी एवं अधिष्ठाता
म.गा.स्मृ.चिकित्सा महाविद्यालय,इन्दौर

विषयः— इन्दौर के भागीरथपुरा में Diarrhea Outbreak होने से रहवासियों द्वारा दूषित पानी पीने के कारण स्वास्थ्य खराब होने की घटना की विस्तृत जांच कर मरीजों का उपचार एवं परीक्षण करने हेतु चिकित्सा शिक्षकों की समिति गठित की जाने बाबत्।

संदर्भः— कार्यालय मुख्य कार्यपालन अधिकारी एवं अधिष्ठाता का पत्र क्रमांक/22199/स्टेनो/2025 इन्दौर, दिनांक 30/12/2025

उपरोक्त विषयांतर्गत लेख है कि संदर्भित आदेश के परिपालन में गठित समिति की जांच रिपोर्ट संलग्न होकर आगामी कार्यवाही हेतु प्रस्तुत है।

संलग्नः— उपरोक्तानुसार कुल 13 पृष्ठ

1. डॉ. अतुल शैंडे, सह—प्राध्यापक, जनरल मेडिसीन विभाग .....

2. डॉ. गुणवंत सिंह एस्के, सह—प्राध्यापक, शिशु रोग विभाग .....

3. डॉ. धर्मेन्द्र सिंह राजपूत, सहायक प्राध्यापक, माईक्रोबायोलॉजी विभाग .....

4. डॉ. 'शैलेष राग, सहायक प्राध्यापक, कम्युनिटी मेडिसीन विभाग 5/1/26

303
5.1.2026

FINAL REPORT OF EPIDEMIOLOGICAL INVESTIGATION REPORT: ACUTE GASTROENTERITIS OUTBREAK IN BHAGIRATHPURA (WARD 11, ZONE 4) DISTRICT- INDORE

In compliance with the order of Dean MGM Medical College, Indore, dated 30th December 2025, a team from the MY Hospital/MGM Medical College, Indore, visited Bhagirathpura locality of Indore (Urban), District Indore for epidemic investigation of Acute Diarrheal outbreak reached the affected area for house to house survey on 30th December 2025. Team consists of following members:

1) Dr. Atul Shende
Associate Professor
Department of General Medicine
MGM Medical College, Indore

2) Dr. Gunvant Singh Eske
Associate Professor
Department of Paediatrics
MGM Medical College, Indore

3) Dr. Dharmendra Singh Rajput
Assistant Professor
Department of Microbiology
MGM Medical College, Indore

4) Dr. Shailesh Rai
Assistant Professor
Department of Community Medicine
MGM Medical College, Indore

BRIEF DEMOGRAPHIC PROFILE OF BHAGIRATHPURA, DISTRICT INDORE

Bhagirathpura is a high to medium dense locality (28,693 persons/km^2), consisting predominantly working-class residential area which comes under Maharana Pratap Zone (Zone 04) of Indore-1, District Indore, Madhya Pradesh comprising 6,349 houses. The Bhagirathpura region (Ward 11) has population of approx. 29,893 of which 15,544 are males while 14,349 are females as per active surveillance data from the December 2024 Health Department Survey.

OVERALL MAP OF BHAGIRATHPURA LOCALITY DATA

Table 1. Overall Map of Bhagirathpura locality data

Particulars	Total	Male	Female
Total no. of houses	~5793	-	-
Population	~29,893	~15,544	~14,349
Children (0-6 years)	~1,488		
Literacy rate	81.7%	87.1%	76.0%

Brief Demographic Details of Bhagirathpura- Active surveillance December 2025 as per data obtained from Chief Medical & Health Officer (CMHO) office/District Epidemiologist, Indore

(2)

VERIFICATION OF ALERT

On December 24, 2025, residents reported "foul-smelling" and "bitter-tasting" water supplied via the Narmada pipeline. A sudden spike in cases of vomiting, acute diarrhea, and dehydration was reported at local clinics and government hospitals starting December 25-26.

ABOUT THE OUTBREAK OF WATER-BORNE ACUTE GASTROENTERITIS (AGE)

Team has taken detailed history of affected population from their family members by house to house survey. The team observed environmental conditions of locality and houses including water supply, sanitation, hygiene and storage of water in detail. Cases of Acute Gastroenteritis, started coming during December 24, 2025 itself as per history given by relatives/representative from the locality and the data gathered from Urban Primary Health Center (UPHC) Bhagirathpura. 3,069 cases were identified with minor to moderate symptoms between 26/12/2025 to 02/01/2026 from Bhagirathpura. Out of 3,069 total 348 cases were admitted till date.

50 houses in the locality were surveyed and a total of 186 locals, 62 adult males, 59 adult females and 65 children were screened.

A sudden spike in cases occurred on 30/12/2025 with majority of them complaining of loose motion, vomiting, abdominal pain and weakness. Chronology of cases was assessed from the localized UPHC and **index case** was identified as 88 year old woman named Sunita, a resident of Main Bhagirathpura. A rapid surge in OPD patients was observed by UPHC and nearby Clinics, which were referred to Verma Nursing Home, Triveni Hospital, Laxmi Memorial Hospital, SAIMS, MYH, and Chacha Nehru Hospital on severity of symptoms.

Remaining affected cases presented with loose motion, vomiting, abdominal pain and weakness recovered by taking treatment. We have noticed that an extensive case finding strategies, management of cases and timely referral was done by Chief Medical & Health Officer (CMHO) office. They also carried out IEC (Information Education Communication) activities.

Following the outbreak, samples of drinking water and stool samples were collected and sent to Microbiology department, MGM Medical College, Indore.

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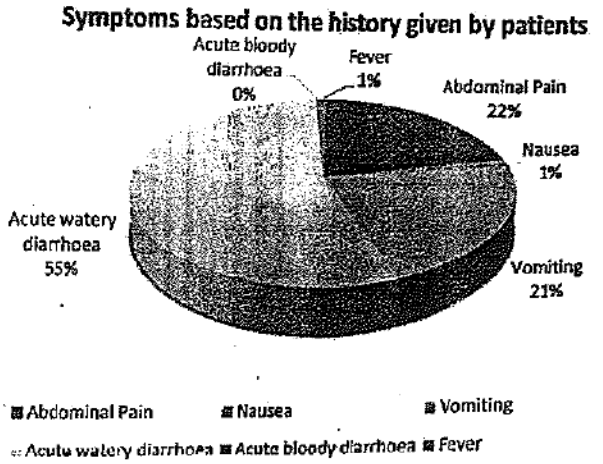


Figure 1. Symptoms based on the history given by patients

Most common symptom reported was acute watery diarrhea followed by vomiting and abdominal pain in that order.

Based on data provided by CMHO office/District Epidemiologist, Indore.

DATE WISE DISTRIBUTION OF CASES

Table 2. Date wise distribution of Cases

Date	Total House survey	Symptomatic case	Admitted	Discharge (Cumulative)
24/12/2025			3	
25/12/2025			7	
26/12/2025			2	
27/12/2025			7	
28/12/2025			28	
29/12/2025	1067	123	70	
30/12/2025	2703	1146	71	18
31/12/2025	4222	1219	83	39
01/01/2026	1714	338	36	71
02/01/2026	3679	243	41	107
Total	**13,385**	**3,069**	**348**	

Active case surveillance started from 29/12/2025

Based on data provided by CMHO office/District Epidemiologist, Indore.

Above graph shows distribution of cases as per onset of symptoms in Bhagirathpura, Indore between 26/12/2025 to 02/01/2026. Maximum cases 1,219 were reported on 31/12/2025 during the health camp.

The active surveillance was initiated by CMHO, Indore on 29th December and the data highlights a rapid and aggressive response to the AGE outbreak. Surveillance coverage was significantly scaled up, expanding from 1,126 households surveyed on December 29 to a peak coverage of 4,222 households by December 31st. The intensified screening coincided with the

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peak of morbidity on December 30 & 31, where symptomatic cases surged to 1,146 & 1,219 respectively.

The pattern of the reported cases follows a declining trend, with patient discharges rising steadily from 18 to 107 over the same period.

DISTRIBUTION OF CASES (TIME, PLACE, PERSON)

1. Time: The epidemic curve shows a **Point-source outbreak** pattern.

- *Index Cases:* Likely began appearing December 24 following consumption of supplied water.
- *Explosive Phase:* December 30-31

2. Place: Cases were heavily clustered around the **Police Check Post area & Anganwadi center of Main Bhagirathpura.** This suggests heavy contamination in and around Police Check Post area.

3. Person:

- *Most affected:* All age groups are affected but severity of symptoms are mostly seen in Children and Elderly (due to lower tolerance for dehydration).

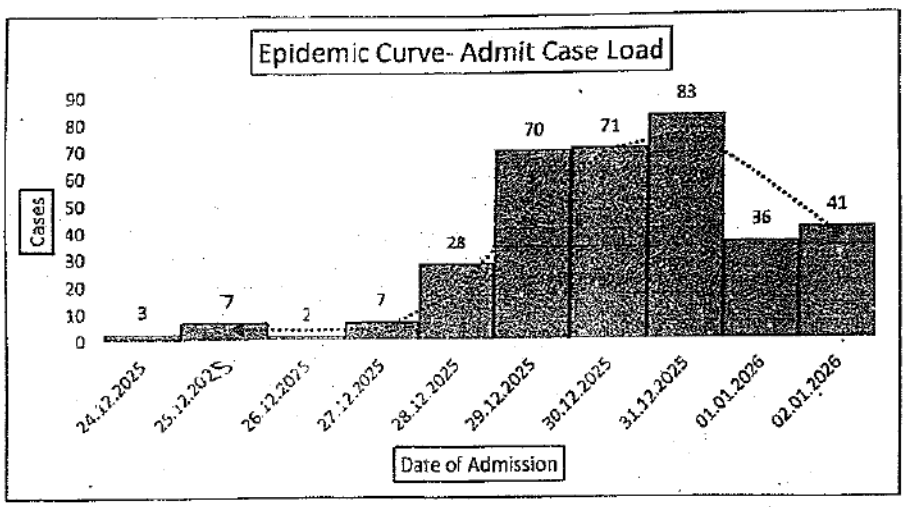


Figure 2 - Epidemic Curve showing the Admission case load.

Based on data provided by CMHO office/District Epidemiologist, Indore.

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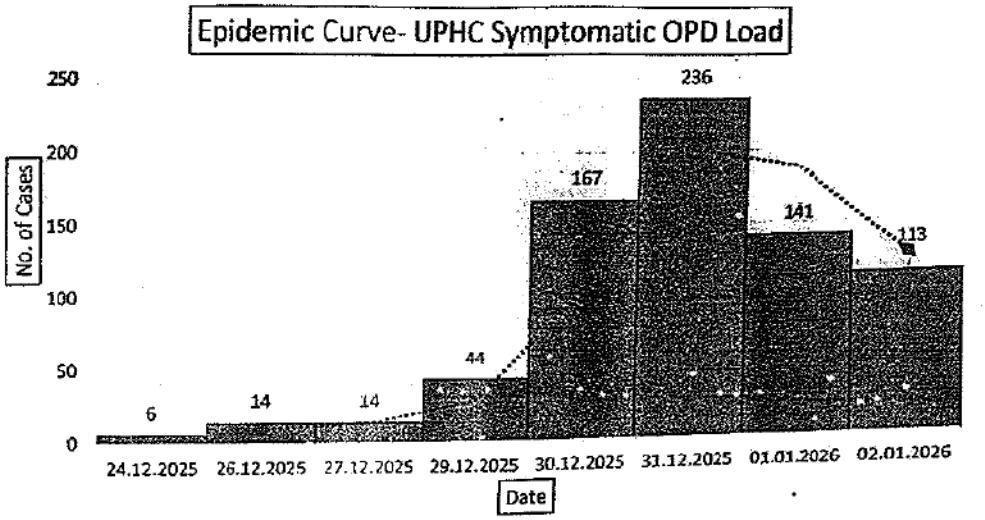


Figure 3. Epidemic Curve showing UPHC Bhagirathpura symptomatic case load.
Based on data provided by CMHO office/District Epidemiologist, Indore.

DETAILS OF HOUSEHOLD VISITED

A house to house survey of affected families (including two families where deaths have occured) carried out by team. Each affected household had one or two diseased family members including Children below 6 years.

AREA VISITED BY TEAM

The team did a thorough house to house survey of the area marking the Anganwadi center as the Epicentre/focus area. 5 lanes in the locality were examined taking the history of individuals who were having the symptoms at that time. The end point of the survey was considered to be the Police Check Post in the locality.

ENVIRONMENT INVESTIGATION (SOURCE TRACKING)

1. **Source Identified:** Cross-contamination of sewage and drinking water.
2. **Specific Defect:** A leakage was detected in the main Narmada water supply line running beneath a public toilet near the Bhagirathpura Police Check Post.
3. **Mechanism:** Negative pressure in the water pipeline (during non-supply hours) likely sucked in sewage from the damaged drainage line of the public toilet.
4. **Observation:** Residents reported water had a distinct sewage smell and "bitter" taste.

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AGE WISE DISTRIBUTION

Table 3. Patients reported in OPDs till date- based on their age groups

Age (in yrs.)	Frequency	Percentage (%)
<1	9	1.2
1-5	94	12.8
6-10	62	8.4
11-15	54	7.3
16-20	50	6.8
21-30	125	17.0
31-40	106	14.4
41-50	91	12.4
51-60	74	10.1
>60	70	9.5
Total	**735**	**100.0**

Most patients reporting in OPDs are in the age group 21-30 years
Based on data provided by CMHO office/District Epidemiologist, Indore.

Table 4. Age wise distribution of patients admitted in hospital till date

Age Group (yrs)	No of patients
<1	14
1-5	29
6-10	09
11-15	18
16-20	11
21-30	40
31-40	49
41-50	52
50-60	57
>60	69
Total	**348**

Maximum patients admitted were in the age group of >60 years followed by 50-60 yrs, 41-50 years. Out of 348 cases, 107 patients were discharged by evening of 02/01/2026.
Based on data provided by CMHO office/District Epidemiologist, Indore.

GENDER WISE DISTRIBUTION OF CASES

Table 5. Patients reported in OPDs from 26.12.25 till date- based on their gender

Gender	Frequency	Percentage (%)
Male	312	42.4
Female	423	57.6
Total	735	**100.0**

Total 735 patients were reported in OPD of which 57.6% were females
Based on data provided by CMHO office/District Epidemiologist, Indore.

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Table 6. Table showing gender distribution in various age groups

Age (in yrs.)	Male	Female	Total
<1	5 (1.6%)	4 (0.9%)	9 (1.2%)
1-5	40 (12.8%)	54 (12.8%)	94 (12.8%)
6-10	29 (9.3%)	33 (7.8%)	62 (8.4%)
11-15	24 (7.7%)	30 (7.1%)	54 (7.3%)
16-20	28 (9.0%)	22 (5.2%)	50 (6.8%)
21-30	54 (17.3%)	71 (16.8%)	125 (17.0%)
31-40	36 (11.5%)	70 (16.5%)	106 (14.4%)
41-50	35 (11.2%)	56 (13.2%)	91 (12.4%)
51-60	31 (9.9%)	43 (10.2%)	74 (10.1%)
>60	30 (9.6%)	40 (9.5%)	70 (9.5%)
Total	**312 (100.0%)**	**423 (100.0%)**	**735 (100.0%)**

In almost all the age groups, females were more affected as compared to males
Based on data provided by CMHO office/District Epidemiologist, Indore.

Table 7. Gender wise distribution of patients admitted in hospital till date

S.No.	Gender	Number	Percentage
1.	Male	142	41%
2.	Female	206	59%

Female patients were more as compared to Male patients.
Based on data provided by CMHO office/District Epidemiologist, Indore.

TOTAL NUMBER OF PATIENTS ADMITTED IN PRIVATE HOSPITAL

Table 8. Total Number of patients admitted in Private hospital

	Name of the Hospital	No of patients admitted
1.	Verma Nursing Home	35
2.	SAIMS	52
3.	ESI Hospital	43
4.	Shalby Hospital	42
5.	MY Hospital	52
6.	DNS Hospital	13
7.	Bhandari Hospital	06
8.	Apollo Hospital	06
9.	Others	102

Based on data provided by CMHO office/District Epidemiologist, Indore.

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ATTACK RATE

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Attack rate (%) = $\frac{\text{Number of new cases at risk in the population at a given time interval}}{\text{Number of the people at risk in the population}} \times 100$

$= \frac{243}{29893} \times 100 = 0.88\ \%$

So, the Attack rate of disease in the locality was **0.88%** (based on the data of 02/01/2026).

DIAGNOSIS: Water-borne Acute Gastroenteritis (AGE) (Probably Polymicrobial origin)

In paediatric population no specific findings in all age groups (infants to adolescents) with variable volume of stools with vomiting present in most children. On Clinical examination based on signs and symptoms and history of the patient, infection seems to be of polymicrobial origin. Findings are non-specific as far as etiology is concerned.

DIFFERENTIAL DIAGNOSIS:

Probable Bacterial causes:
- *E.coli*
- *Clostridium*
- *Vibrio*
- *Salmonella*

Probable Parasitic causes:
- *Entamoeba*
- *Giardia*
- *Cryptosporidium*

Probable Viral causes:
- *Norovirus*
- *Adenovirus*
- *Rotavirus*

LABORATORY INVESTIGATION:

As per report dated 01/01/2026 of Department of Microbiology, MGM Medical College Indore, of samples collected (2 stool samples and 9 water samples) on 30/12/2025:

(i) **Stool sample culture:** one sample consists of Dartingly motile *Vibrio cholerae* like organism and other has no dartingly motile *Vibrio cholerae* like organism (Lab. ID OB F-2 & OB F-1, respectively).

(ii) **Water sample culture:** Out of 9 water samples, 6 samples detected Coliform growth, and hence, were found not fit for drinking purpose, and 3 reports were still under process for further report to be followed.

So, it confirms the presence of *Vibrio cholerae* in the one of the two stool samples collected.

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CONTROL MEASURES IMPLEMENTED

1. Engineering (Immediate):

- The public toilet near the leak was discontinued and sealed.
- Water supply through the affected pipeline was stopped immediately.
- Excavation and repair of the merged drainage/supply lines initiated.

2. Medical Relief:

- **Health Camps:** 24x7 medical camps established in the ward in each affected lane.
- **Preventive measures:** Local bodies are strictly advised to consume boiled water or chlorinated water. Chlorine tablets distributed by Health Department and announcement for the same is being done.
- Announcements were made through rickshaws in every lane of the area to create awareness among residents regarding the same.
- **Treatment:** Free treatment mandated at private hospitals for referred patients.
- **Referrals:** Ambulances are deployed specifically for the ward.

3. Alternate Supply: Safe drinking water supplied via Municipal tankers until pipeline safety is certified.

RECOMMENDATIONS

1) Short term (Immediate Response):

(i) Distribution of Safe Water: Immediate distribution of Clean/Chlorinated Drinking Potable Water to the entire affected population. This must continue until clean drinking water is made available from the sources of Indore Municipal Corporation.

(ii) Provision of Water Purification Filters: Distribution of CWF (Ceramic Water Filters), to households to ensure water safety at the point of consumption as they are capable of filtering out Gastroenteritis causing bacteria like *Vibrio cholerae*. It is one of the most cost effective measures. It has been proved in studies published in indexed journals that CWFs can be used in cholera outbreak settings to remove *V cholerae*, if silver remains on the filter [1].

(iii) Public Advisory (IEC): Mandate a "Rolling Boiling Water" advisory (boil for at least 15 minutes) to kill pathogens effectively for households. Chlorination at household level should be carried out and further IEC activities should be continued for sustained change.

(iv) Pipeline Hygiene: Immediate Cleaning with Chlorination and checking of pipelines to identify and flush out stagnation or immediate contamination points.

2) Medium Term (Infrastructure Stabilization):

(i) Community Water Purification Plants: ensure establishment and operationalization of Community Water Purification Plants (CWPP) (RO plants) in Bhagirathpura at identified areas and then extending the establishment of these CWPP

in entire Indore District under jurisdiction of Indore Municipal Corporation (IMC) in a phase wise manner [2].

3) **Long term:**

(i) Source Control & Supply: Comprehensive review of Drinking Water Supply (DWS) and Sewer line (including segregation of drinking water lines from Sewage lines to prevent cross-contamination and laying new water pipelines in case of damage of infrastructure depending upon the prevailing guidelines) by Indore Municipal Corporation, followed by regular monitoring and surveillance by PHED (Public Health Engineering Department) for technical execution and MPPCB (Madhya Pradesh Pollution Control Board) for water quality compliance and water pollution monitoring. Develop this project as a "Model" for the entire Indore Municipal Corporation jurisdiction to replicate in other areas.

Date: 02/01/2026

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3) Dr. Dharmendra Singh Rajput
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2) Dr. Gunvant Singh Eske
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4) Dr. Shailesh Rai
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(11)

References:

[1] Heylen C, String G, Lantagne D. Laboratory efficacy of locally manufactured ceramic water filters in removing Vibrio cholerae. Environ Sci Water Res Technol. 2022;8(3):619-29. doi: 10.1039/d1ew00821h.

[2] Department of Drinking Water and Sanitation, Ministry of Jal Shakti. Community Water Purification Plants [Internet]. New Delhi: Government of India; [cited 2026 Jan 5]. Available from: https://ejalshakti.gov.in/IMISReports/Reports/BasicInformation/rpt_RWS_CommunityWaterPurificationPlant_S.aspx?Rep=0&RP=Y#:~:text=Community%20Water%20Purification%20Plants.3

DEPARTMENT OF MICROBIOLOGY

M.G.M. MEDICAL COLLEGE, INDORE

BACTERIOLOGY SECTION

(12)

DATE : 01/01/2026

To,
The Dean
M.G.M. Medical College,
Indore (M.P.)

04
01/01/26

Subject: Regarding water testing for diarrheal disease outbreak
Reference: Letter of Dean No 22199/stano/2025 Indore <Dated 30.12.2025.

Respected Sir,

In reference to above mentioned subject water samples collected from Diarrhoea Outbreak area, Bhagirathpura Indore by Outbreak Investigation team were received in Microbiology Department on 30.12.2025 .Report is as follows:

Water Testing (PA Coliform Kit)
Date of Sampling: 30/12/2025
Date of Reporting: 01/01/2026

S.NO	SAMPLE ID	SOURCE	RESULT	REMARK
1	OBW001	Under Water Tank of H.No 209 Bhagirathpura	Coliform growth detected	Not fit for drinking purpose
2	OBW002	H.No 209 Drinking water from Pot	Under process	Further report to be followed
3	OBW003	H.No. 190 Drinking water from pot 1	Under process	Further report to be followed
4	OBW004	H.No. 190 Drinking water from pot 2	Coliform growth detected	Not fit for drinking purpose
5	OBW005	H.No. 209 Drinking water from pot	Coliform growth detected	Not fit for drinking purpose
6	OBW006	H.No. 208 Drinking water from pot	Coliform growth detected	Not fit for drinking purpose
7	OBW007	H.No. 201 Drinking water from pot	Under process	Further report to be followed
8	OBW008	H.No. 319 Drinking water from pot	Coliform growth detected	Not fit for drinking purpose
9	OBW009	H.No. 374 Drinking water from pot	Coliform growth detected	Not fit for drinking purpose

NOTE : PA Coliform test is only a presumptive test for coliform and it is a qualitative test.
*Further report will be released for sample under process.

01/01/26

Reported by : Dr Dharmendra Singh Rajput
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Approved by : Dr Manish Purohit
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Department of Microbiology
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DEPARTMENT OF MICROBIOLOGY MGMMC,INDORE

OUTBREAK SAMPLE REPORTING Date: 01/01/2026

Aerobioc Culture Report

S.N O.	Date & Time sample receiving/collection	Lab. ID	Received from	NAME	AGE	Stool for Hanging Drop	Stool C/S
1	30/12/2025 -02:30PM	OB F-1	RR TEAM	Suhaani	NA	No Dartingly motile Vibrio cholerae like organism seen	No Vibrio cholerae grown in culture
2	30/12/2025 -02:30PM	OB F-2	RR TEAM	Harsh	NA	Dartingly motile Vibrio cholerae like organism seen	Vibrio cholerae grown in culture

* No History of Antibiotic Intake available

*Isolation and identification done by conventional method

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Final Epidemiological Investigation Report

1. BACKGROUND: - There are 85 wards under Indore Municipal Corporation. Cases were reported from the urban area of Ward 11, Nanda Nagar Zone, Indore.

2. OUTBREAK DETAILS: -

1. **Affected Area:** -

1.1. **Location:** Bhagirathpura

1.2. **Ward-** 11

1.3. **Zone-** Nanda Nagar

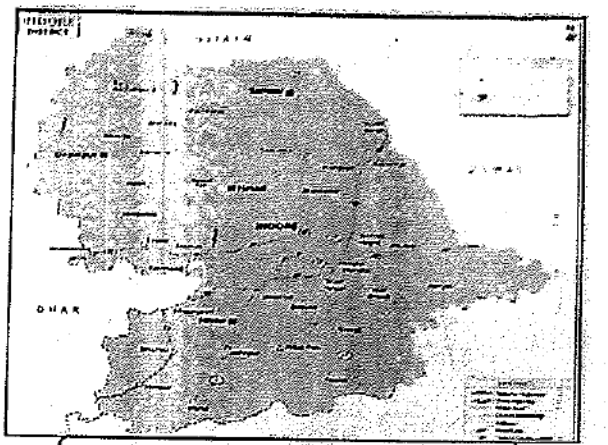


Fig 1: Map of Indore District

2. **Date of First Information:** 29.12.2025

3. **Health Facility-** UPHC Bhagirathpura

4. **Affected population:** Entire ward population considered at risk

5. **Source of First Information:** Medical Officer (MO), UPHC / Area Facility

6. **Type of Event:** Acute Diarrhea and Vomiting– Community-wide Surge, Water-borne illness

7. **Hospitalization:** 459

8. **Deaths:** 22 (as per records of Death Audit Committee report dated 14.02.2026)

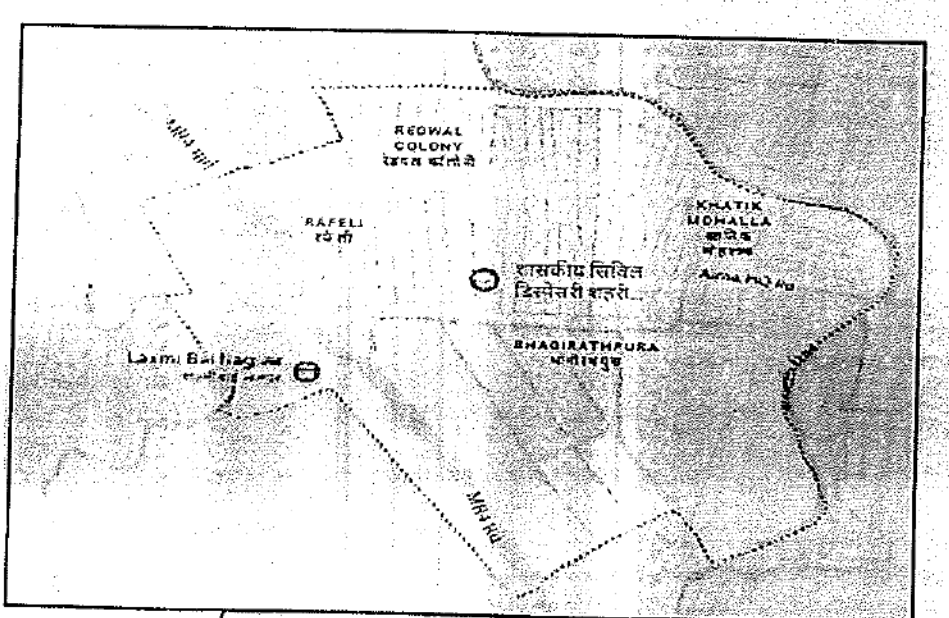


Fig 2: Map of Bhagirathpura Area

3. OUTBREAK INVESTIGATION REPORT

3.1. Background & Trigger for Investigation

- On 29.12.2025, information regarding an unusual increase in cases of loose motions, and vomiting in OPD since yesterday and few cases been also admitted in private hospitals with same symptoms, received from the Medical Officer of UPHC Bhagirathpura to District Epidemiologist.
- Given the magnitude and rapid spread, the situation was assessed as a significant public health event, and epidemiological investigation was initiated immediately under IDSP guidelines to verify the event, identify the extent and source, collect clinical and laboratory samples and recommend control measures.

3.2. District Team Composition- Under the guidance of CMHO sir, immediate local Zone level RRT & District Level RRT activated for investigation. **(Annex- 01)**

3.3. Demographic Profile of the Affected Area-

- Bhagirathpura is a densely populated urban locality.
- The population comprises:
  - Mixed socio-economic groups
  - High dependence on Narmada piped water supply
- Housing density and aging infrastructure were considered during risk assessment and analysis.

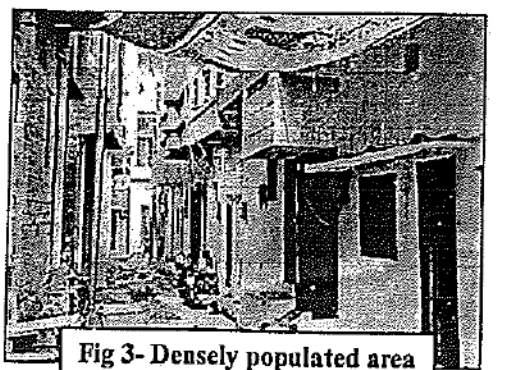


Fig 3- Densely populated area

Particulars	Total
Total no. of houses	~5793
Population	~29,893
Male	~15,544
Female	~14,349
Children (0-6 years)	~1,488

*Population and household data are based on records available at the Health Facility level (ANM working population).
*Demographic figures are indicative and subject to change, as updated Census data for the area are not currently available.

3.4. Objectives of the Investigation-

1. To assess the magnitude and spread of ADD cases in the affected area
2. To identify the probable source and mode of transmission
3. To implement immediate control and preventive measures
4. To prevent further morbidity and mortality

3.5. Epidemiological Situation Overview-

- **Population affected:** Entire ward population at risk.
- **Daily reported cases:** More than 80-100 cases/day (initial 2-3 days, then declined)
- **Date of Field Investigation:** 29.12.2025
- **Hospital admissions:** 459 cases admitted **(Annex -02)**
- **Health facilities involved:** Government hospitals & Multiple private hospitals and nursing homes. **(Annex -03)**
- **Clinical presentation:** Diarrhea, Vomiting & Abdominal pain. **(Annex- 04)**
- **Deaths:** 22 Deaths (Death Audit Committee report dated 14.02.2026) **(Annex- 05)**

4. Case definition used for this investigation- (OPERATIONAL)

4.1. Suspected Case (Water-borne Gastroenteritis / Acute Diarrheal Disease)- Any resident of Bhagirathpura or adjoining affected localities who presented with acute onset of gastrointestinal illness during the outbreak period, characterized by one or more of the following symptoms:

- Loose watery stools (≥3 episodes within 24 hours)
- Vomiting
- Abdominal pain
- Fever

with or without a history of consumption of drinking water supplied through the suspected water distribution system, occurring on or after 24.12.2025, and identified through:

- Reporting at government or private health facilities, or
- Active field surveillance conducted during outbreak investigation.

4.2. Probable Case- A suspected case with epidemiological linkage[1] to the affected locality and temporal association[2] with the defined outbreak period and/or common exposure to the suspected water supply system.

4.3. Confirmed Case- A suspected or probable case with laboratory confirmation of a water-borne pathogen, as per available testing and standard guidelines.

5. Index Case-

- During retrospective line-listing and verification, the earliest identified case was an 88-year-old female, with onset of symptoms on 24.12.2025.
- The case was identified during epidemiological review after outbreak recognition and is considered part of the early exposure phase.
- Formal outbreak detection was based on clustering of cases from 29.12.2025 onwards, as per standard epidemiological criteria.

1 Identification of related cases through shared time, place, and exposure.
2 Time-based occurrences of illness following a defined exposure.

6. Epidemiological Investigation

6.1. Descriptive Epidemiology-

6.1.1. Time Distribution- Based on retrospective line-listing and facility reporting.

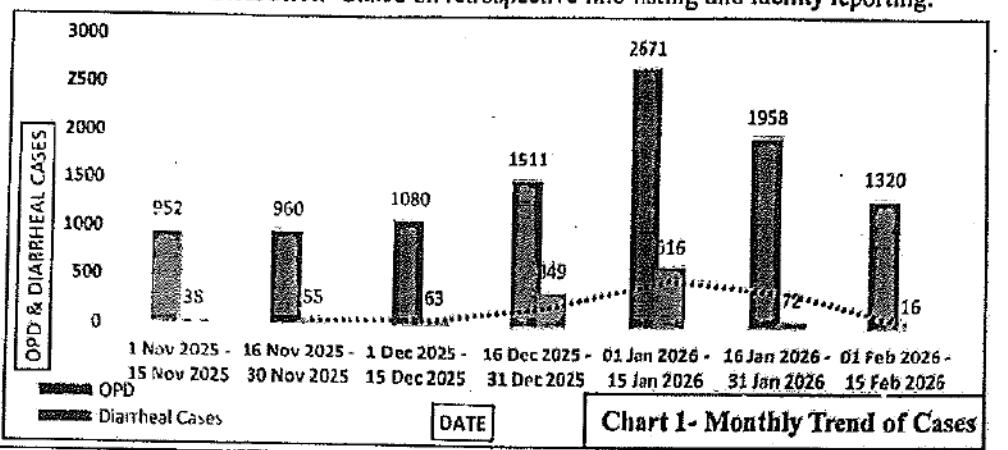


Chart 1- Monthly Trend of Cases

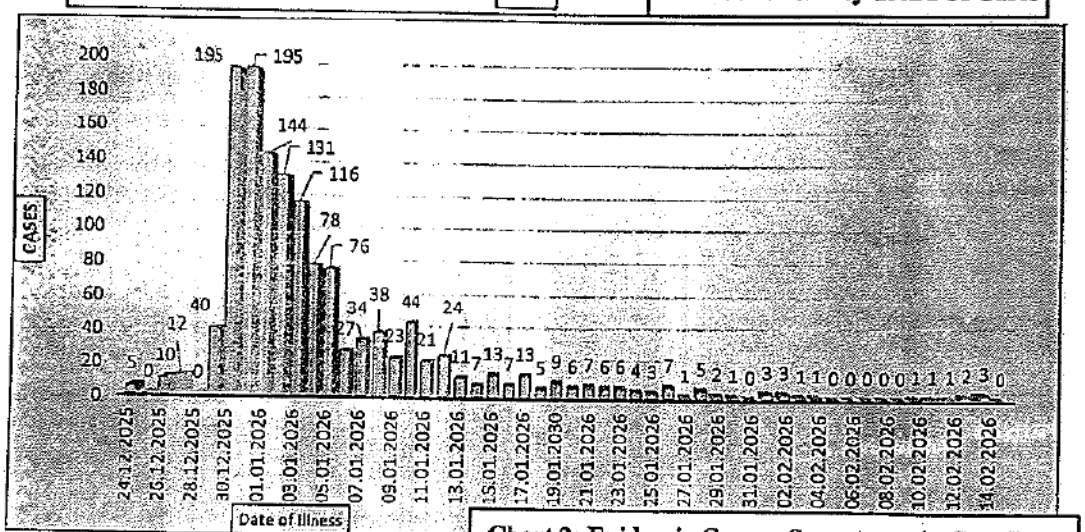


Chart 2: Epidemic Curve- Symptomatic Case Load

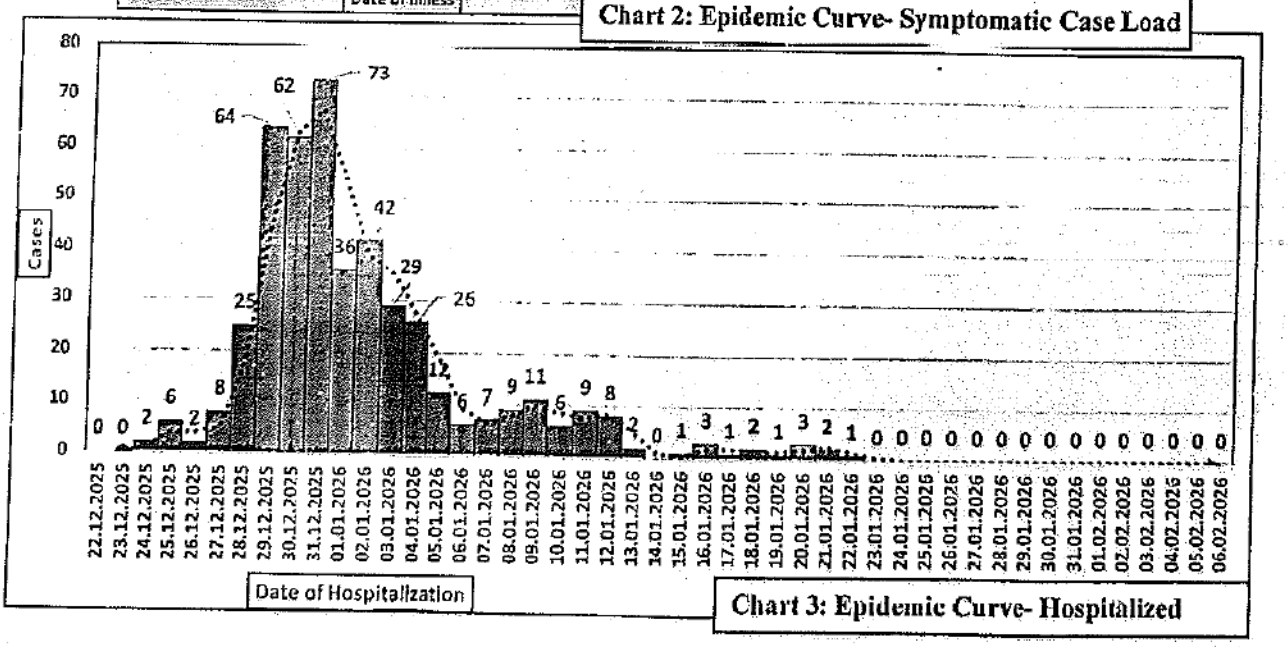


Chart 3: Epidemic Curve- Hospitalized

Note: Trends are based on reported date of illness/hospitalization and reflect surveillance data; figures may vary due to retrospective reporting and data validation.

6.1.2. Person Distribution-

a. Age-Group Wise Distribution of Cases

Age Group	Cases	Percentage (%)
Less than 1	18	3.92
1-10 year	46	10.02
11-20 year	37	8.06
21-30 year	59	12.85
31-40 year	67	14.60
41-50 year	71	15.47
51-60 year	71	15.47
61-70 year	58	12.64
71-80 year	29	6.32
Above 80	3	0.65

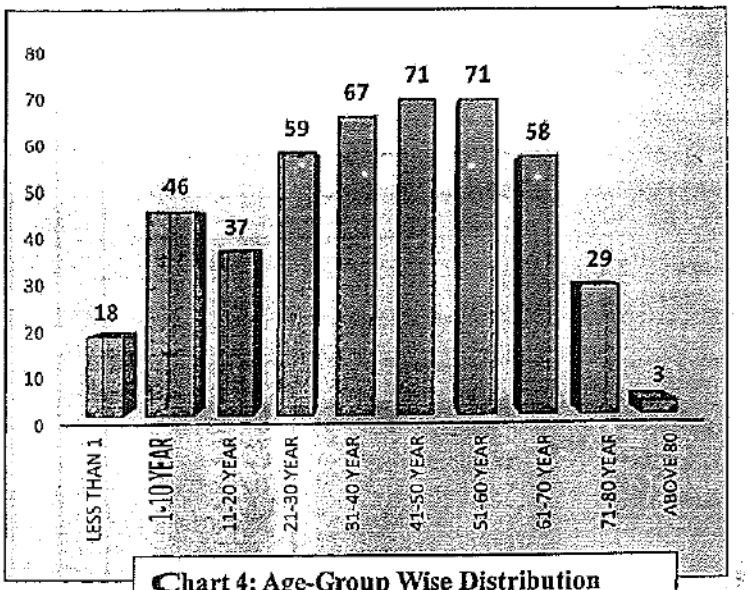


Chart 4: Age-Group Wise Distribution

b. Gender-Wise Distribution

Gender	Cases	Percentage (%)
Male	107	40.74
Female	272	59.26

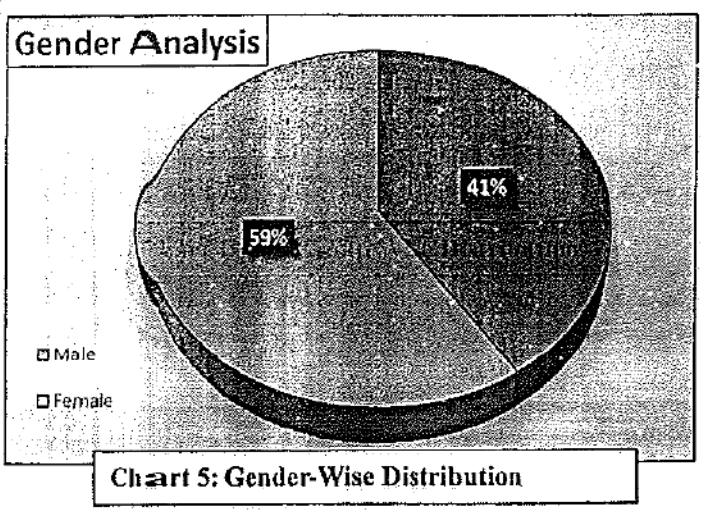


Chart 5: Gender-Wise Distribution

6.1.3. Place Distribution

a. Figure: Spot Map of Affected Area

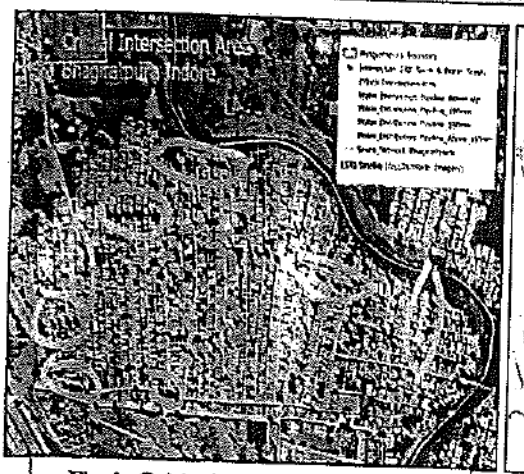


Fig 4- Critical Intersection Areas (Sewar & Water Supply Line)

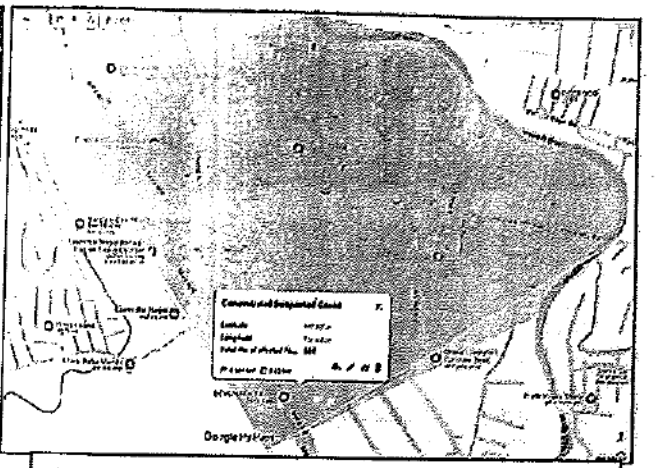


Fig 5- Affected Cases Spotted through KOBO Tool

6.1.4. Clinical Profile Summary

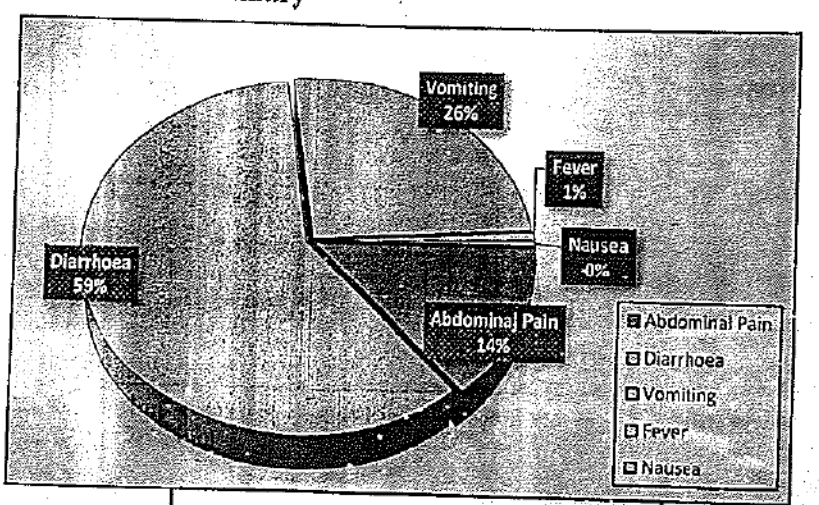


Chart 6: Symptom Profile of Cases

6.2. Analytical Epidemiology (Risk Assessment)

Based on field investigation and descriptive analysis, the following risk factors were identified:

Risk Factor	Evidence
Contaminated drinking water	Sudden ward-wide distribution
Leakage / cross-contamination	Urban water supply vulnerabilities
Poor household water storage	Reported in surveys
Inadequate hand hygiene	Observed during field visits
High population density	Rapid spread

The epidemiological pattern is consistent with a water-borne mode of transmission.

7. Public health response & actions taken - Immediate Local Zone level RRT & District Level RRT activated for investigation. District RRT Team visited affected area on 29.12.2025 and spot mapping done of the area to identify the spread of cases and possible source.

7.1. Field Survey and Case Detection-

- Immediate RRT movement done on field i.e. 29.12.2025. **(Annex- 6)**
- Intensified house-to-house survey initiated from 29.12.2025 to identify symptomatic individuals, assess severity and dehydration status, refer moderate to severe cases.
- Ring survey conducted initially around reported cases, followed by intensified survey covering the entire affected area within a short time.
- Survey teams included ASHA, ANM, MPW, Nursing Officers, supervised by Medical Officers.

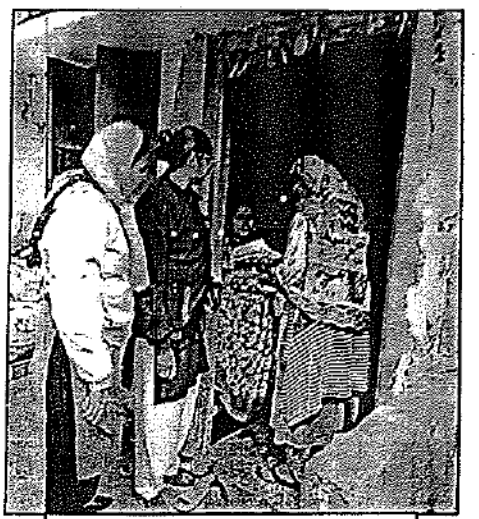


Fig 6- Active Case Survey

- Case reporting done in real time to Medical Officers stationed at all gali / lane entry points.
- Line listing format implemented and daily data compilation started.
- High-risk groups (children <5 yrs, elderly, pregnant women) prioritized.
- Teams deployed lane-wise across the ward for Active case search, Line listing, Identification of severe cases, Referral and follow-up.

7.2 Clinical Examination and Referral Mechanism-

- On-site examination of symptomatic individuals by Specialists and Medical Officers.
- Mild cases managed at field / UPHC level.
- Moderate to severe cases referred to UPHCs and higher facilities.
- Referrals conducted through dedicated ambulances, maintained round-the-clock at UPHCs. **(Annex- 07)**



Fig 7- Examination of admitted Cases

- Referral and treatment records maintained at facility level.
- Round the clock (24x7) doctors' availability ensured. **(Annex-08)**
- Specialist (MD Medicine & Pediatrician) availability at facility level ensured. **(Annex-09)**

7.3 Hospital Coordination and Patient Management

- All government and private hospitals placed on alert. (Annex-10)
- Specialist doctor teams deployed from state, engaged for regular hospital rounds and patient monitoring. (Annex-11)
- Daily follow-up of admitted cases ensured.
- Daily reporting mechanism established with private hospital related to Bhagirathpura area.
- Free of cost treatment provided to all affected cases. (Annex-12)



Fig 8- Referral through Ambulance

7.4. Medical Camps and Community-Based Clinical Services-

- In addition to routine services provided through UPHCs and MMSC facilities, special medical camps were organized in the affected locality from 30.12.2025 to 17.01.2026 to ensure accessible, timely, and comprehensive healthcare for the resident population.
- The medical camps functioned as community-level clinical support units, providing early case detection, on-site medical consultation, symptomatic treatment, referral linkage, and health counseling.
- To ensure immediate medical attention at household and lane level, approximately 17–20 Medical Officers were strategically deployed across Galli /Lanes of the affected area during the active survey period.
- Daily reporting from camps and field teams was reviewed and integrated into the outbreak monitoring and response framework.

7.5 Treatment, Preventive and Risk Communication Measures at Community & Facility Level-

- ORS distribution intensified at each and every household in the affected ward to ensure immediate management of dehydration and prevention of complications.
- Zinc supplementation provided to all individuals, with special emphasis on children under 5 years, as part of diarrheal disease management and recovery.
- Antibiotics were administered as per standard treatment guidelines, based on clinical assessment and risk of bacterial water-borne infections.
- Chlorine tablets were distributed to all households, along with demonstration and clear instructions on correct usage for household-level water disinfection.



Fig 9- Kits of ORS & Zinc Tablets

- Approximately 5,000 Cleanwat Drops were distributed within the ward, and information on proper use were provided to the community.
- Referral protocols were strictly enforced for cases showing signs of moderate to severe dehydration, with timely referral to higher facilities through dedicated ambulances.
- Community advisories to rely only on tanker water until samples are cleared.



Fig 10- Distribution of Kits

8. Environmental and Water Source Investigation-

- Joint inspection conducted with Municipal Corporation & Public Health Engineering Department (PHED). Inspected the mapping of all water sources, including Narmada supply, borewells, & underground sewage lines and water pipelines with support of District Administration.
- Physical verification of pipeline intersections and leakage points.
- Narmada supply stopped by administration immediately and availability of tankers availability maintained within affected area.
- Identified that borewell water line was interconnected with Narmada supply, posing high contamination risk.
- Recommendation given to stop borewell-linked supply immediately, which was implemented by the administration.
- Chlorination intensified in water supply.
- Public advised to boil drinking water & use tanker water until further notice.



Fig 11- Physical verification of pipeline

9. Laboratory Support: - Coordination established with Govt. microbiology laboratories & IDSP-DPHL lab. **(Annex-13)**

9.1. Stool Sample- Clinical samples from admitted cases in government and private hospitals sent to NIRBI Kolkata, MGM Microbiology Lab & DPHL Microbiology Lab. **(Summary Annex- 14, Line list Annex- 15)**

9.2. Water Sample

- Water samples collected from affected sources and tested at MGM Microbiology Lab & DPHL Lab for microbiological testing. **(Summary Annex- 16, Line list Annex- 17)**
- Coordination maintained with laboratory for expedited testing and reporting.

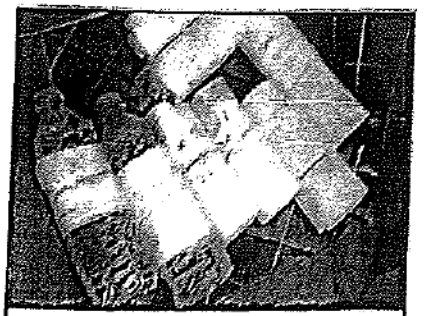


Fig 12- Water Sampling

10.Data Management and Epidemiological Analysis-

- Daily case data compiled by data entry operator.
- Line listing maintained with demographic, clinical, and geographical details.
- Time–place–person analysis conducted.
- Hotspots generated using case mapping to identify high-risk pockets.

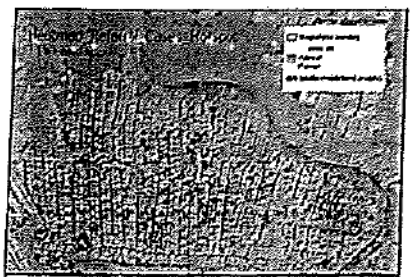


Fig 13- Hotspot Mapping

11. Technical Support, Expert Deployment, and Inter-Governmental Coordination –

During the course of the outbreak investigation and response, the district was provided multi-level technical and expert support from the State and Central levels to strengthen surveillance, analysis, clinical management, and decision-making.

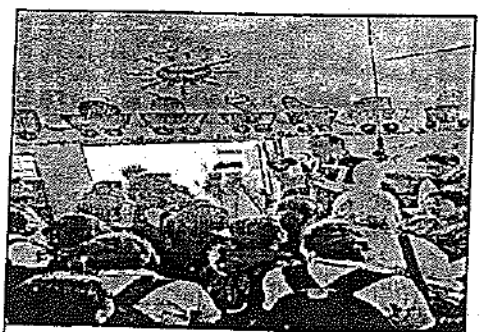


Fig 14- Training on application of KOBO Tool by GoI officer

11.1. Central Technical Support (NCDC)-

- A technical team from the National Centre for Disease Control (NCDC) visited the district and provided on-site guidance to the District Surveillance Unit and field teams.
- As part of strengthening field-level epidemiological investigation and data quality, the KOBO-based digital data collection tool was introduced on the survey conducted on 05-06th Jan 2026 for standardized household surveys, case verification, and risk factor assessment. **(KOBO Questionnaire- Annex- 18, Kobo record- Annex- 19)**

11.2. State-Level Expert Support and Deployment-

Under the directions of the State Health Authorities, and as part of strengthening outbreak response, the following expert support was extended to Indore district:

- Specialist doctors' team was deputed to Indore for clinical guidance, case management support, and on-site review of patient care practices. (Annex-20)
- Six (06) additional Epidemiologists were deployed to Indore to support Field investigation, Data analysis, Line-listing validation & Surveillance strengthening and interpretation of trends. (Annex-21)



Fig 15- Support of Additional Manpower

This augmentation ensured adequate technical manpower for intensive outbreak investigation and response activities.

11.3. State-Level Task Force

A State-level Task Force was constituted to oversee and guide outbreak response activities. The task force included State officials and NCDC representatives, ensuring coordination between district, state, and central technical agencies. (Annex-22)

The task force provided:

- Periodic review and guidance
- Technical inputs on investigation strategy
- Alignment with national outbreak management protocols

Findings of these committees were shared with district authorities for record and review. (Annex- 23)



Fig 16- Technical Guidance by State Level Task Force Team

11.4. EIS Officer Support-

An Epidemic Intelligence Service (EIS) Officer was posted from Delhi to Indore to:

- Overlook and technically support the district outbreak investigation
- Assist in epidemiological analysis and interpretation of data
- Provide expert inputs on outbreak dynamics, trends, and risk assessment
- The EIS Officer worked in coordination with the district epidemiology team, providing technical oversight and mentoring, while operational implementation remained with district health authorities.

12. Training, Briefing, and Daily Monitoring of Field Staff

- Field staff including ANMs, ASHAs, MPWs, and supervisory staff were:
  - Oriented and trained on updated survey formats and response strategies
  - Briefed daily during morning sessions regarding changes in protocols or priorities
- Daily work plans were reviewed, and:
  - Evening monitoring and feedback sessions were conducted
  - Field performance and data quality were regularly assessed
- This ensured uniform implementation of instructions and rapid course correction.

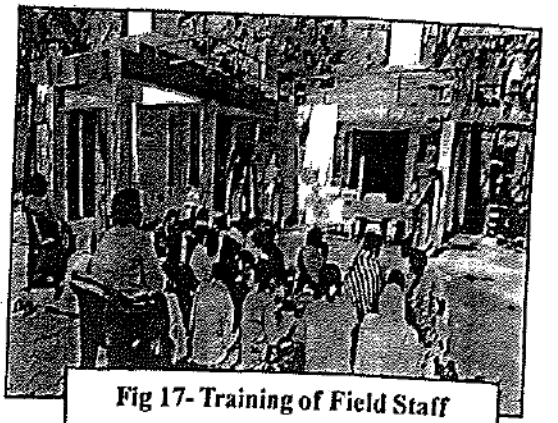


Fig 17- Training of Field Staff

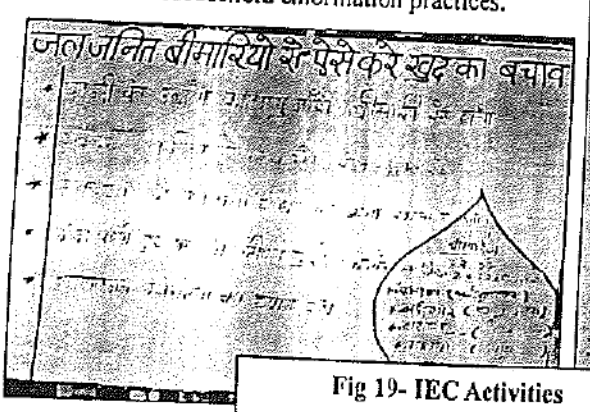


Fig 18- Daily Briefing of Field Staff

13. Risk Communication and Community Awareness Activities

13.1. Intensive IEC campaigns conducted through ASHA & ANM counseling, Loudspeaker announcements. Key messages included-

- Safe drinking water
- Handwashing with soap
- Early ORS use
- When to seek medical care
- Household chlorination practices.



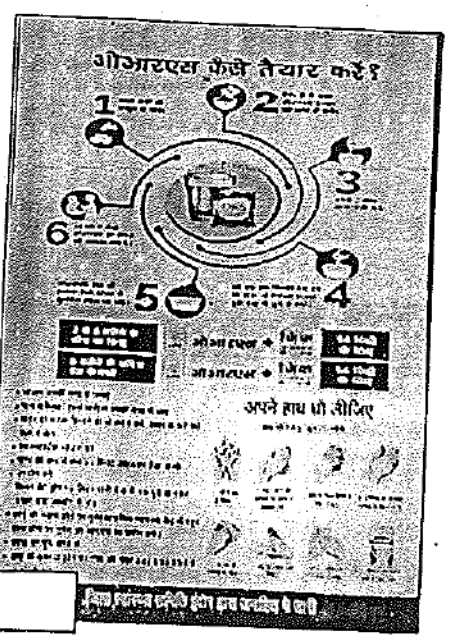


Fig 19- IEC Activities

13.2 Megaphone (miking) announcements were conducted throughout the affected area by ASHA workers and with the support of cold chain handlers, to immediately inform the community:

- Not to consume the existing Narmada & Boring drinking water supply, till Nagar Nigam informed for safe water supply.
- To use only boiled, chlorinated, or treated water.
- To report symptoms such as diarrhea, vomiting, or fever promptly to health teams.
- Maintain hand hygiene, eat freshly cooked home-made food, drink boiled water, and avoid cut or damaged fruits from the market to stay safe from water-borne diseases.

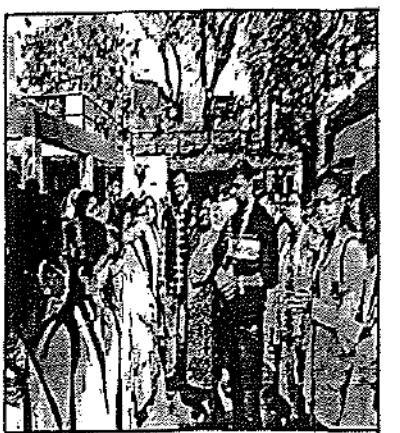


Fig 20- IEC Activities (Miking)

13.3 Press & Public Communication done through Official press note released by Health Department- (Annex-24)

- To inform public, prevent panic & disseminate preventive measures.
- Media briefed regularly to ensure accurate and responsible reporting.

These activities ensured rapid dissemination of public health advisories and enhanced community compliance with preventive measures.

14. Public Health Interventions and Additional Health Services-

14.1 Preventive and Control Measures-

- Immediate stoppage of suspected contaminated water supply.
- Alternate safe water supply arranged.
- Chlorination and flushing of pipelines initiated.
- Health education on safe water use and hygiene.

14.2 Other Health Services Integrated During Survey-

- A review meeting held under guidance of Additional Chief Secretary (ACS), on 09.01.2026. As per directions received during the review meeting, a comprehensive community health assessment was undertaken instead of limiting field activities only to diarrheal disease surveillance.

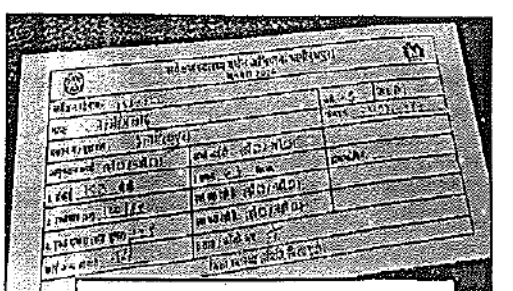


Fig 21- Health Card distributed

- A comprehensive community health assessment initiated named the "Swasthya Wardhan Campaign", wherein an integrated NCD survey, Ayurved Camps, Mental health camp was conducted from 10.01.2026 onwards.

- Health Cards distributed to identified beneficiaries for referral and follow-up through routine health services.

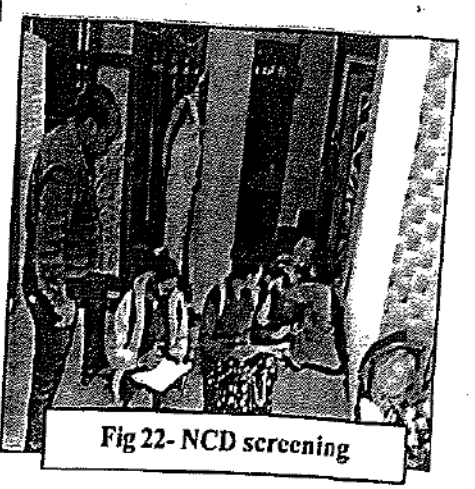


Fig 22- NCD screening

The survey covered additional health parameters including:

- NCD screening services (BP, blood sugar) provided during field visits.
- Maternal and Child Health services delivered (ANC follow-up, malnutrition children identified, Anemic children identified).
- Ayurveda medical camp organized in coordination with Private Ayurveda College to provide alternative care and consultations.
- Mental Health camp organized for affected population.
  - Psychological first aid.
  - Stress and anxiety counselling provided by trained professionals.

This approach ensured holistic health assessment, community confidence building, and long-term public health benefit.

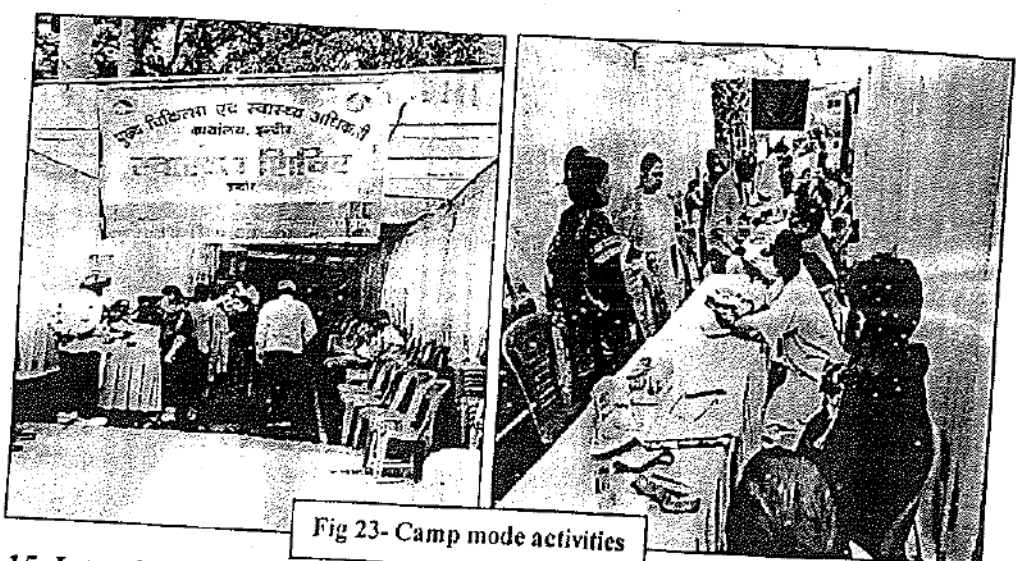


Fig 23- Camp mode activities

15. Inter-departmental and Inter-sectoral Coordination- (Annex-25)

- District Administration
- Public Health Engineering (PHE)
- Nagar Nigam (Municipal Corporation)
- MGM Medical College
- DPHL and Microbiology Laboratory
- Government and Private Hospitals
- State Surveillance Unit and Central Surveillance support through IDSP

16. Role of Medical College (MGM) – Investigation & Death Audit

- The Dean, MGM Medical College constituted two independent teams:
  1. Epidemiological Investigation Team **(Annex- 26)**
     - To assist in outbreak investigation & to support data analysis and interpretation.
  2. Death Audit Committee **(Annex- 27)**
     - To review and audit all deaths reported during the outbreak period
     - To assess any possible linkage with the outbreak
- Findings of these committees were shared with district authorities for record and review.

17. Review Meetings and Governance Oversight-

Continuous administrative monitoring and review of the outbreak situation was undertaken through regular meetings and video conferences (VCs) involving district, divisional, and state-level authorities to monitor progress, provide instructions, and expedite containment:

- The Hon'ble Chief Minister conducted a video conference with all concerned stakeholders, including district administration, health department, and state-level officials, to review preparedness, response measures, and inter-departmental coordination related to the outbreak.
- State-level review meetings chaired by ACS, with all stakeholders.
- Mission Director (MD, NHM) visited UPHC Bhagirathpura to monitor on-site review of outbreak response, and provided guidance to field and district teams. Also, Video Conference conducted by MD, NHM with expert teams on outbreak management.
- The Divisional Commissioner, Indore conducted review meetings with district administration, health department officials, and other relevant stakeholders to assess the evolving situation, review field-level actions, and provide strategic guidance for timely containment and mitigation.
- District-level review meetings, expert team interactions and reviews held with the District Collector.
- CMHO-level meetings at district level for operational coordination.
- Technical meetings with State IDSP team, epidemiologists, and experts.

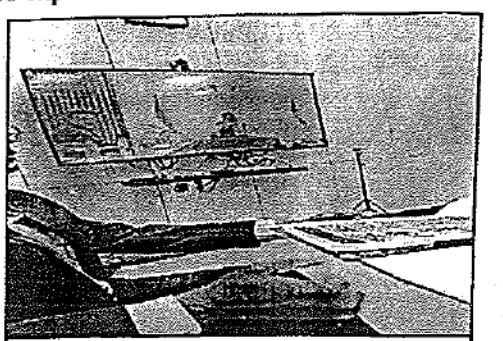


Fig 24- Video Conference by Hon'ble Chief Minister

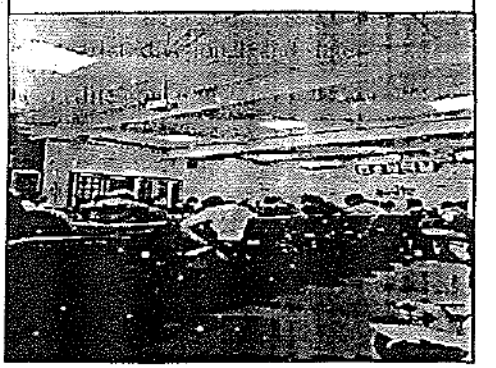




Fig 25- Meetings at District Level

18. Recommendations -

- Community awareness on safe water practices
- Strengthening community surveillance
- Training of field staff for outbreak response activities.
- Regular water quality monitoring
- Periodic pipeline inspection
- Replacement/repair of old pipelines

19. Lab Results- Laboratory testing was conducted as part of public health confirmation and surveillance, in alignment with standard outbreak investigation protocols.

19.1. Water Results

A total of 48 drinking water samples were collected during the outbreak investigation period. Of these, 37 were found unsatisfactory, indicating microbiological contamination, while 11 were satisfactory.

19.2. Human Sample Testing

- A total of 102 laboratory tests were conducted across three Government laboratories, using different diagnostic methods for confirmation of disease.
- Culture-confirmed results were as follows:
  - 3 samples positive for Vibrio cholerae from NIRBI, 1 sample positive for Vibrio cholerae from MGM Medical College and 1 sample positive for Enteroaggregative Escherichia coli (EAEC) from NIRBI, Kolkata.

***The reported number of laboratory tests includes repeat testing and does not represent unique cases. Laboratory findings were used as supportive evidence for epidemiological assessment.**

20. Summary of Findings- Based on detailed epidemiological investigation, field surveillance, laboratory findings, and implementation of comprehensive public health measures, the event reported from Bhagirathpura area was assessed as being consistent with a water-borne acute diarrheal disease outbreak.

The outbreak was characterized by temporal clustering of cases, geographic concentration within the affected locality, and epidemiological linkage consistent with a common water-related exposure. Laboratory investigations detected enteric pathogens in a limited number of samples, which were considered supportive of the overall epidemiological assessment.

Public health response measures—including enhanced surveillance, medical camps, field-level clinical support, community awareness activities, and inter-departmental

coordination—were promptly implemented. Following these interventions, a sustained decline in reported cases was observed, with no further clustering, indicating effective containment.

From a public health and epidemiological perspective, all essential outbreak response objectives have been achieved, and the situation is currently stable. Routine surveillance continues as per standard protocol.

Accordingly, the outbreak is hereby closed from an epidemiological and public health perspective.

The outbreak was first detected through clustering of cases reported on 29.12.2025 in Bhagirathpura, Ward 11, Nanda Nagar Zone. Following comprehensive response measures and sustained decline in cases, the outbreak was concluded and formally closed on 06.02.2026.

Outbreak Status: CLOSED (as on 06.02.2026)

Dist. Data Manager

Div. Microbiologist

Dist. Epidemiologist

Dist. Health & Epidemic Control Officer

Chief Medical & Health Officer

ANNEXURES

- Annex 1- District Level RRT & Local level RRT
- Annex 2- Hospital Admitted Case Line list
- Annex 3- Hospitals List (Govt & Private)
- Annex 4- Clinical Presentation of Symptoms (Pie Chart)
- Annex 5- Death Audit Committee Report
- Annex 6- Activity letter for Field Activities
- Annex 7- Letter regarding Ambulance
- Annex 8- 24x7 Doctors availability letter
- Annex 9- Specialist availability Letter at UPHC
- Annex 10- Pvt hospital to be on alert letter
- Annex 11- State doctor team engaged for Pvt hospital mgmt.
- Annex 12- Free of cost treatment letter
- Annex 13- Letter of coordination with Laboratories
- Annex 14- Stool sample summary
- Annex 15- Stool Summary Line list & Reports
- Annex 16- Water sample summary
- Annex 17- Water Summary Line list & Reports
- Annex 18- KOBO questionnaire (QR)
- Annex 19- KOBO Survey Record
- Annex 20- Additional Specialist doctor Appointed by State
- Annex 21- Additional Epidemiologist Appointed Letter
- Annex 22- State Level Task Force Team
- Annex 23- Report of State Level Team and NIRBI Report
- Annex 24- Press Notes
- Annex 25- Inter Departmental Coordination Letter
- Annex 26- Epidemiological Report by MGM Team
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- Annex 28- Data Inferences
- Annex 29- Photographs

Annexure-13

MRS. URMILA

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02	Husband Name	Algu Yadav	
03	Age	60/F	1
04	Address	201, Bhagirathpura, Indore	
05	Name of Hospital where treatment taken	Admitted on 27/12/2025 to Cloth Market Hospital	
06	Date & Place of death	28/12/2025 in Shree Cloth Market Hospital	
07	Death information format	-	2-8
08	Hospital Treatment Papers	-	
09	Conclusion	-	1

Note: Death of Mrs Urmila was already declared by CMHO, Indore before the commencement of Death Audit and Analytical Committee.

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(1)

DEATH AUDIT AND ANALYTICAL REPORT

Case 1: Name- Urmila

1. **Patient Name:** Urmila
2. **Father/Husband Name:** Algu Yadav
3. **Age/Sex:** 60/F
4. **Address:** 201, Bhagirathpura, Indore
5. **Date of Admission:** Admitted on 27/12/2025 to Cloth Market Hospital
6. **History:** Loose motion, vomiting
7. **Comorbidities:** Hypertension
8. **Date & Place of Death:** 28/12/2025 in Shree Cloth Market Hospital
9. **Conclusion:** Death of Mrs. Urmila was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Dr. Sanjay Dubey

Dr. Akhilesh Pratap Singh Tomar

Dr. Suraj Sirohi

Dr. Dharmanshu Chaube

Dr. Sunil Soni

मृतक की जानकारी

1. मृतक का नाम : इर्मिला 6268875889
2. पति का नाम : अलगूराम यादव
3. उम्र/ लिंग : 60 yrs / F
4. व्यवसाय : - आशा (डी॰ पाल विद्या मंदिर)
5. निवास का पता : बोरासी पान वाले की गली म॰नं॰ 201 आदित्यपुरा
6. Addiction if any (व्यसन) : a) हाँ b) नहीं (अगर हाँ तो निम्न मे से कृपया टिक करें)

A) तंबाकू/गुटखा, B) सिगरेट/बीड़ी, C) शराब, D) अन्य (बताए):.....

7. Comorbidity (पूर्व से कोई बीमारी): a) हाँ b) नहीं

(अगर हाँ तो निम्न मे से कृपया टिक करें) -

A) ब्लडप्रैशर B) डायबिटिस C) हृदय रोग D) किडनी रोग E) लीवर रोग F) अन्य कोई दवाई चल रही हो तो बताए:.....

8. वर्तमान बीमारी के लक्षण (कृपया टिक करें)

A) पेट दर्द B) उल्टी C) दस्त D) बुखार E) चक्कर E) अन्य कोई (बताए):.....

9. लक्षण की शुरुआत का दिनाँक : 26-12-2025
10. प्रथम उपचार का स्थान : (कृपया टिक करें)

A) आरोग्य केंद्र, B) प्राईवेट क्लीनिक, C) अस्पताल, D) घर E) अन्य कोई (बताए):..... क्लोथ मार्केट अस्पताल

11. भर्ती होने का दिनाँक : 27-12-2025
12. भर्ती होने के समय vitals: A) BP: .....B) Pulse.....C) Urine Output.....
13. मृत्यु का दिनाँक : 28-12-2025
14. मृत्यु का स्थान (कृपया टिक करें) A) घर: B) अस्पताल

अगर अस्पताल मे मृत्यु हुई है तो अस्पताल का नाम: - क्लोथ मार्केट अस्पताल

(SDO निर्मला 3rd DOS)
DHO-3

C.J. Sharma
4.1.2026

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DEPARTMENT OF HEALTH & FAMILY WELFARE, MADHYA PRADESH

DEATH INFORMATION FORMAT

No. 2460
Date 30/1/26
INDORE (M.P.)

(03)

GENERAL INFORMATION

Date & Place of Death: 28/12/25 - Shri indore cloth merket hospital

A.1	HOSPITAL INFORMATION		
	Name of the Hospital/Facility where death occurred: Shri indore cloth market hospital		
	City: Indore	District: Indore	
	Name of Contact Person: Dr Aditya sonare	Mobile Number: 98931 79799	
	Any other facility where patient was treated:	Name: -	
	Date of treatment taken: From	to	
	City:	District:	

A.2	DECEASED INFORMATION			
	Deceased Name: First Name: Urmila Bai	Middle Name:	Last Name:	
	Age: 64 Yrs F	Gender: F	Religion: Hindu	
	Marital Status: Married	BPL/APL	Cast: SC/ST/OBC/ Gen	
	Education:	Occupation:		
	Type of Locality: Moderately Congested	No. of Family Members:		
	Residence: No of living rooms:	No of persons per room:		
	Address: Village / Town of present residence: - 201, Bheyyrath purra indore			
	District of present residence: Indore	Pin Code:		
	State of present residence: (M.P.)			

A.3	RESPONDENT INFORMATION			
	Name of Best Respondent: Sanjay Yadav	Mobile Number: 9302043181		
	Relation with the deceased: Son	Age: -	Gender: Male	

SHRI INDORE CLOTH MARKET HOSPITAL
INDORE (M.P.)
0731-2480845
0731-2480872

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PRE-HOSPITALIZATION INFORMATION

B.1	HISTORY OF SIGNS AND SYMPTOMS	
	First Symptom:	Date of onset of symptom(s): ..... /..... /.....
	Fever	Giddiness
	Abdominal Pain	Other if any
	Vomiting: Yes/No	Watery/Bloody Diarrhoea: Yes/No
	Reason for shifting to/visit hospital:	
	Referred by:	

CLINICAL INFORMATION (HOSPITALIZATION) *(To be collected from hospital records, SRF/CIF)*

C.1	Clinical Course Summary	
	Pulse	NR
	BP	NR
	Respiration	NR
	Urine Output	NR
	Other (if any)	
C.2	Cause of Death (Report chain of events in due to order):	
	ICD 10 Code Mortality Classification	AUE. Septicemia
	Cause of death:	Time interval from onset to death
	Condition(s) directly leading to death	Cardio-Respiratory Arrest
C.3	Patient Symptoms at admission:	

Pain Abdomen	Watery Diarrhoea ✓	Vomiting ✓	Fever ✗
Others (if any)			

INDORE CLOTH MARKET HOSPITAL
0731-4380645
0731-4030872

05

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C.4	**Patient signs at admission:**				
	Sunken eyes		Hollow cheeks		Scaphoid Abdomen
	Subnormal Temperature		Washerman's Hands and Feet		Oral Mucosa
	Skin Turgor		Capillary Refilling Time (CRT)		Others (if any)
C.5	**Underlying medical conditions (with time interval yrs/months/days)**				
	COPD		Hypertension		Chronic neurological/ neuromuscular disorder
	Chronic Renal Disease		Asthma		Heart disease (CAD/ POST-CABG) [CAD= coronary artery disease CABG= Coronary Artery Bypass Grafting]
	Bronchitis		Pregnancy	(trimester)	Immunocompromised condition including HIV, TB
	Malignancy		Post-partum (< 6 weeks)		Nutritional status (SAM/MAM) [SAM= Severe Acute Malnutrition MAM= Moderate Acute Malnutrition]
	Diabetes		Liver Disease		Any other(mention)
C.6	**Investigations Done:**				
	Test	**Findings**			
	CBC	Hb - 11.1 gm, WBC - 25200 [cu. mm,			
	RBS				
	RFT				
	LFT	SGPT - 27			
	Serum Electrolytes	Sodium - 1406, Potassium 4.88 mm			
	ABG				
	Stool R/M				
	Stool C/S				
	Others (if any)	Creat - 3.83 mg/dl, SGP			

SHRI INDORE CLOTH MARKET HOSPITAL
0731-2380845
0731-2380872
INDORE (M.P.)

(06)

C.7	Course during hospital stay:	Day 1	Day 2	Day 3	Day 4	Day 5
	Vomiting	4 to 5 times				
	Loose Motions	8 to 10 times				
	Urine Output					
	Dehydration status					

CLINICAL MANAGEMENT INFORMATION

Sl. No	Treatment	Y/N	Remarks
Early Supportive Therapy and Monitoring			
D.1.1	Fluid Management	Yes	4V RL I Inf @ 100ml/HR, NS 100ml/HR
D.1.2	Electrolyte Management (If electrolyte imbalance is present)		
D.1.3	Antimicrobials		
D.1.4	Application of timely, effective, and safe supportive therapies		
D.1.5	Management of patient's co-morbid condition(s)		
Management of Septic Shock (if present)			
D.2.1	Recognize septic shock		
D.2.2	Treatment of shock		
D.2.3	Resuscitation from septic shock		
D.2.4	Vasopressor administration		
D.2.5	Inotrope		
Other therapeutic measures			

SHRI INDORE CLOTH MARKET HOSPITAL INDORE (M.P.)

(07)

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DEATH SUMMARY

Dr. Shankaral age 75 yrs m.

DOA → 29.12.2023 → DOD → 30/12/23

IPD → 6811.

DR. Ranju Mondal

ICCU Bed No 9. Non MLC

Sudden cardio Resp. Arrest-1 septic/neurogenic cardiogenic shock

Known

K/C/O CAD ICMP EF 35% Dilated cardiomyopathy

K/C/O HTN

K/C/O Hypothyroidism

K/C/O Bronchial asthma

K/C/O Pulmonary TB

Sudden cardio Resp Arrest → Cardiogenic shock

Sign and Seal of Unit In-charge/ Medical Superintendent

Mrs. Akka Bai

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S.No.	Deceased Particulars	Information	Page No.
01	Name of Deceased	Tara	1
02	Husband Name	Mahesh Kori	
03	Age	65/F	
04	Address	581, Bhagirathpura, Indore	
05	Name of Hospital where treatment taken	No history of hospitalization	
06	Date & Place of death	30/12/2025 at residence	
07	Death information format	-	2
08	Hospital Treatment Papers	-	—
09	Conclusion	-	1

Note: Death of Mrs Tara was already declared by CMHO, Indore before the commencement of Death Audit and Analytical Committee.

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S.No.	Deceased Particulars	Information	Page No.
01	Name of Deceased	Tara	
02	Husband Name	Mahesh Kori	
03	Age	65/F	1
04	Address	581, Bhagirathpura, Indore	
05	Name of Hospital where treatment taken	No history of hospitalization	
06	Date & Place of death	30/12/2025 at residence	
07	Death information format	-	2
08	Hospital Treatment Papers	-	—
09	Conclusion	-	1

Note: Death of Mrs Tara was already declared by CMHO, Indore before the commencement of Death Audit and Analytical Committee.

DEATH AUDIT AND ANALYTICAL REPORT

(1)

Case 2: Name- Tara

1. **Patient Name:** Tara
2. **Father/Husband Name:** Mahesh Kori
3. **Age/Sex:** 65/F
4. **Address:** 581, Bhagirathpura, Indore
5. **Date of Admission:** NA
6. **History:** Loose motion, vomiting since 29/12/2025
7. **Comorbidities:** No
8. **Date & Place of Death:** 30/12/2025 at residence
9. **Conclusion:** Death of Mrs. Tara was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Dr. Sanjay Dubey

Dr. Akhilesh Pratap Singh Tomar

Dr. Suraj Sirohi

Dr. Dharmanshu Chaube

Dr. Sunil Soni

(2) (3) (4)

मृतक की जानकारी

1. मृतक का नाम : नारायणबाई - 7806023921
2. पिता/पति का नाम : महेश कोरी
3. उम्र/ लिंग : 65 वर्ष महिला
4. व्यवसाय : - —
5. निवास का पता : - मोहन रिक्की वाली गली नं. 581 आई आगरिश पुरा
6. Addiction if any (व्यसन) : a) हाँ b) नहीं (अगर हाँ तो निम्न मे से कृपया टिक करें)

A) तंबाकू/गुटखा, B) सिगरेट/बीड़ी, C) शराब, D) अन्य (बताए):.....

7. Comorbidity (पूर्व से कोई बीमारी): a) हाँ b) नहीं

(अगर हाँ तो निम्न मे से कृपया टिक करें)

A) ब्लडप्रैशर B) डायबिटिस C) हृदय रोग D) किडनी रोग E) लीवर रोग F) अन्य कोई दवाई चल रही हो तो बताए:..... कोई बीमारी नहीं थी।

8. वर्तमान बीमारी के लक्षण (कृपया टिक करें)

A) पेट दर्द B) उल्टी C) दस्त D) बुखार E) चक्कर E) अन्य कोई (बताए):.....

9. लक्षण की शुरुआत का दिनाँक : 29-12-2025 को रात के 3-4 बजे से उल्टी/दस्त हुए थे।
10. प्रथम उपचार का स्थान : (कृपया टिक करें)

A) आरोग्य केंद्र, B) प्राइवेट क्लीनिक, C) अस्पताल, D) घर E) अन्य कोई (बताए):.....

11. भर्ती होने का दिनाँक : 30-12-2025 को घर पर मृत्यु होगई।
12. भर्ती होने के समय vitals: A) BP: .....B) Pulse.....C) Urine Output.....
13. मृत्यु का दिनाँक : 30-12-2025
14. मृत्यु का स्थान (कृपया टिक करें) A) घर: B) अस्पताल

अगर अस्पताल मे मृत्यु हुई है तो अस्पताल का नाम:

(SDO निर्मला अखंड)
DHO, 3

4.1.2026

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S.No.	Deceased Particulars	Information	Page No.
01	Name of Deceased	Nandlal	
02	Fathers Name	Nathuram Pal	
03	Age	70/M	
04	Address	450, Bhagirathpura, Indore	1
05	Name of Hospital where treatment taken	Admitted on 28/12/2025 to Verma Hospital	
06	Date & Place of death	30/12/2025 on the way to DNS Hospital	
07	Death information format	-	2
08	Hospital Treatment Papers	-	—
09	Conclusion	-	1

Note: Death of Mr Nandlal was already declared by CMHO, Indore before the commencement of Death Audit and Analytical Committee.

(3)

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S.No.	Deceased Particulars	Information	Page No.
01	Name of Deceased	Nandlal	1
02	Fathers Name	Nathuram Pal	
03	Age	70/M	
04	Address	450, Bhagirathpura, Indore	
05	Name of Hospital where treatment taken	Admitted on 28/12/2025 to Verma Hospital	
06	Date & Place of death	30/12/2025 on the way to DNS Hospital	
07	Death information format	-	2
08	Hospital Treatment Papers	-	—
09	Conclusion	-	1

Note: Death of Mr Nandlal was already declared by CMHO, Indore before the commencement of Death Audit and Analytical Committee.

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S.No.	Deceased Particulars	Information	Page No.
01	Name of Deceased	Nandlal	1
02	Fathers Name	Nathuram Pal	
03	Age	70/M	
04	Address	450, Bhagirathpura, Indore	
05	Name of Hospital where treatment taken	Admitted on 28/12/2025 to Verma Hospital	
06	Date & Place of death	30/12/2025 on the way to DNS Hospital	
07	Death information format	-	2
08	Hospital Treatment Papers	-	—
09	Conclusion	-	1

Note: Death of Mr Nandlal was already declared by CMHO, Indore before the commencement of Death Audit and Analytical Committee.

(1)

DEATH AUDIT AND ANALYTICAL REPORT

Case 3: Name- Nandlal

1. **Patient Name:** Nandlal
2. **Father/Husband Name:** Nathuram Pal
3. **Age/Sex:** 70/M
4. **Address:** 450, Bhagirathpura, Indore
5. **Date of Admission:** Admitted on 28/12/2025 to Verma Hospital
6. **History:** Abdominal Pain, Loose motion, vomiting since 25/12/2025
7. **Comorbidities:** No
8. **Date & Place of Death:** 30/12/2025 on the way to DNS Hospital
9. **Conclusion:** Death of Mr. Nandlal was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Dr. Sanjay Dubey

Dr. Akhilesh Pratap Singh Tomar

Dr. Suraj Sirohi

Dr. Dharmanshu Chaube

Dr. Sunil Soni

(A) (02)

मृतक की जानकारी

1. मृतक का नाम : नन्दलाल जी. 9752721027
2. पिता का नाम : नाथूराम पाल
3. उम्र/ लिंग : 70 वर्ष पुरुष
4. व्यवसाय : —
5. निवास का पता : म. नं. 450, भट्टा रोड, दीपेश स्कूल के पास
6. Addiction if any (व्यसन) : a) हाँ b) नहीं (अगर हाँ तो निम्न मे से कृपया टिक करें)

A) तंबाकू/गुटखा, B) सिगरेट/बीड़ी, C) शराब, D) अन्य (बताए):.....

7. Comorbidity (पूर्व से कोई बीमारी): a) हाँ b) नहीं ✓

(अगर हाँ तो निम्न मे से कृपया टिक करें)

A) ब्लडप्रैशर B) डायबिटिस C) हृदय रोग D) किडनी रोग E) लीवर रोग F) अन्य कोई दवाई चल रही हो तो बताए:.....

8. वर्तमान बीमारी के लक्षण (कृपया टिक करें)

A) पेट दर्द ✓ B) उल्टी ✓ C) दस्त ✓ D) बुखार E) चक्कर E) अन्य कोई (बताए):.....

9. लक्षण की शुरुआत का दिनाँक : 25-12-2026

10. प्रथम उपचार का स्थान : (कृपया टिक करें)

A) आरोग्य केंद्र, B) प्राइवेट क्लीनिक, C) अस्पताल, D) घर ✓ E) अन्य कोई (बताए):.....

11. भर्ती होने का दिनाँक : 28-12-2025, वर्मा अस्पताल,
12. भर्ती होने के समय vitals: A) BP: .....B) Pulse.....C) Urine Output.....
13. मृत्यु का दिनाँक : ~~30-12-2025~~ को वर्मा अस्पताल से DNS अस्पताल ले जाते समय मृत्यु हुई
14. मृत्यु का स्थान (कृपया टिक करें) A) घर: B) अस्पताल

अगर अस्पताल मे मृत्यु हुई है तो अस्पताल का नाम:

(SDO निर्मला अरवडे)
DHO-3

4.1.2026

INDEX

S.No.	Deceased Particulars	Information	Page No.
01	Name of Deceased	Heeralal	1
02	Father's Name	Kishan Ji	
03	Age	65/M	
04	Address	Sheetal Nagar, Indore	
05	Name of Hospital where treatment taken	No history of hospitalization	
06	Date & Place of death	31/12/2025 – brought dead to UPHC Bhagirathpura	
07	Death information format	-	2
08	Hospital Treatment Papers	-	--
09	Conclusion	-	--

Note: Death of Mr Heeralal was already declared by CMHO, Indore before the commencement of Death Audit and Analytical Committee.

MR. HEERALAL

INDEX

S.No.	Deceased Particulars	Information	Page No.
01	Name of Deceased	Heeralal	1
02	Father's Name	Kishan Ji	
03	Age	65/M	
04	Address	Sheetal Nagar, Indore	
05	Name of Hospital where treatment taken	No history of hospitalization	
06	Date & Place of death	31/12/2025 – brought dead to UPHC Bhagirathpura	
07	Death information format	-	2
08	Hospital Treatment Papers	-	—
09	Conclusion	-	—

Note: Death of Mr Heeralal was already declared by CMHO, Indore before the commencement of Death Audit and Analytical Committee.

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S.No.	Deceased Particulars	Information	Page No.
01	Name of Deceased	Heeralal	1
02	Father's Name	Kishan Ji	
03	Age	65/M	
04	Address	Sheetal Nagar, Indore	
05	Name of Hospital where treatment taken	No history of hospitalization	
06	Date & Place of death	31/12/2025 – brought dead to UPHC Bhagirathpura	
07	Death information format	-	2
08	Hospital Treatment Papers	-	—
09	Conclusion	-	—

Note: Death of Mr Heeralal was already declared by CMHO, Indore before the commencement of Death Audit and Analytical Committee.

(1)

DEATH AUDIT AND ANALYTICAL REPORT

Case 4: Name- Heeralal

1. **Patient Name:** Heeralal
2. **Father/Husband Name:** Kishan Ji
3. **Age/Sex:** 65/M
4. **Address:** Sheetal Nagar, Indore
5. **Date of Admission:** NA
6. **History:** NA
7. **Comorbidities:** Hypertension
8. **Date & Place of Death:** 31/12/2025 – brought dead by relatives to UPHC Bhagirathpura
9. **Conclusion:** Death of Mr. Heeralal was already declared by CMHO Indore before the commencement of Death Audit and Analytical Committee

Dr. Sanjay Dubey

Dr. Akhilesh Pratap Singh Tomar

Dr. Suraj Sirohi

Dr. Dharmanshu Chaube

Dr. Sunil Soni

मृतक की जानकारी

1. मृतक का नाम : हीरालाल
2. पिता का नाम : किशनजी
3. उम्र/ लिंग : - 65 पु.
4. व्यवसाय : -
5. निवास का पता : शीतलनगर इंदौर इसका पता मालूम नहीं।
6. Addiction if any (व्यसन) : a) हाँ b) नहीं (अगर हाँ तो निम्न मे से कृपया टिक करें)

A) तंबाकू/गुटखा, B) सिगरेट/बीड़ी, C) शराब, D) अन्य (बताए):.....

7. Comorbidity (पूर्व से कोई बीमारी): a) हाँ b) नहीं

(अगर हाँ तो निम्न मे से कृपया टिक करें)

A) ब्लडप्रेशर B) डायबिटिस C) हृदय रोग D) किडनी रोग E) लीवर रोग F) अन्य कोई दवाई चल रही हो तो बताए:..... मृत अवस्था में इनके परिजन UPHC आधिरथ पुरा लाएंगे।

8. वर्तमान बीमारी के लक्षण (कृपया टिक करें)

A) पेट दर्द B) उल्टी C) दस्त D) बुखार E) चक्कर E) अन्य कोई (बताए):.....

9. लक्षण की शुरुआत का दिनाँक :
10. प्रथम उपचार का स्थान : (कृपया टिक करें)

A) आरोग्य केंद्र, B) प्राइवेट क्लीनिक, C) अस्पताल, D) घर E) अन्य कोई (बताए):.....

11. भर्ती होने का दिनाँक :
12. भर्ती होने के समय vitals: A) BP: .....B) Pulse.....C) Urine Output.....
13. मृत्यु का दिनाँक : 31-12-2025 -
14. मृत्यु का स्थान (कृपया टिक करें) A) घर: B) अस्पताल

अगर अस्पताल मे मृत्यु हुई है तो अस्पताल का नाम:

(डा० निर्मला अखण्ड)
DHO-3

4.1.2026

BOMBAY HOSPITAL - INDORE

Ring Road, Indore - 452 010 Ph.: 0731 - 4771111
Website : www.bombayhospitalindore.com

DISCHARGE SUMMARY

IP No 2610047 **Name** PARVATI KONDLA **Age** 67 **Sex** F
Consultant Dr Rajesh Bharani **Adm Date** 02 JAN 26 **Adm Time** 13:46 **Bed No** 5001
Discharge Preparation Date & Time 09-MAR-26 13:41:15 **Disch Date & Time** **BHID** 2589666

Final Diagnosis
ACUTE KIDNEY INJURY (RESOLVED)
TOXIC POLYYNEUROPATHY (REOLVING)
SEPSIS (RESOLVED)
ACUTE NON HEMMORHAGIC INFRACTS IN MCA ACA PCA TERRITORY
T2 DM

Provisional Diagnosis
SEVERE DEHYDRATION / ACUTE GASTROENTERITIS/ ACUTE KIDNEY INJURY / T2DM

Presenting Complaints
MULTIPLE EPISODE OF LOOSE MOTION SINCE 27/12/2025
LOOS OF POWER OF BOTH UPPER LIMB AND LOWER LIMB LEFT > RIGHT

History
T2DM/ WAS ADMITTED WITH ABOVE COMPLAINTS IN VIVEK MEMORIAL HOSPITAL, INDORE

Clinical Findings
AFEBRILE, P- 103/MIN, BP- 118/65 MMG, RR -13/MIN,
CVS S1S2 NORMAL NO MURMUR
RS AEBE BILATERAL WHEEZ
PA SOFT NON TENDER NO ORGANOMEGALY
CNS DROWSY E2V1M5 POWER 0/5 ON LEFT UPPER LIMB AND LOWER LIMB 2 /5 ON RIGHT UPPER AND LOWER LIMB

Investigations
ATTACHED

Course in Hospital
MRS PARVATI KONDLA A 67 YR OLD FEMALE K/C/O OF TYPE 2 DM ADMITTED TO HOSPITAL WITH COMPLAINTS OF LOOSE MOTION SINCE 27/12/2025 FOR WHICH SHE WAS ADMITTED TO VIVEK MEMORIAL HOSPITAL , WERE SHE WAS DIAGNOSED WITH ACUTE GASTROENTERITIS WITH ACUTE KIDNEY INJURY WITH SEPTICEMIC SHOCK, WHERE SHE DEVELOPED BILATERAL UPPER LIMB AND LOWER LIMB WEAKNESS AND HENCE REFFERD TO BOMBAY HOSPITAL, INDORE. ALL NECESSARY INVESTIGATION WERE DONE AND SHE WAS MANAGED WITH IV ANTIBIOTICS, ANTI KALEMICS, IV FLUIDS, AND OTHER SUPPORTIVE TREATMENT AND ELECTIVELY INTUBATED IN VIEW OF LOW GCS.
IN VIEW OF QUADRIPARESSIS DR ATUL TAPARIYA NEUROLOGIST REFRENCE WAS TAKEN WHO ADVICED MRI BRAIN AND NCV STUDIES. MRI BRAIN WAS SUGGESTIVE OF VARIABLE SIZED PATCHY ACUTE NON-HAEMORRHAGIC INFARCTS IN ACA - MCA - PCA WATERSHED TERRITORIES BILATERALLY (RIGHT > LEFT) INVOLVING FRONTO-PARIETO-OCCIPITAL CORTICAL/SUBCORTICAL AREAS, PERIVENTRICULAR DEEP WHI

BOMBAY HOSPITAL - INDORE

Ring Road, Indore - 452 010 Ph.: 0731 - 4771111
Website : www.bombayhospitalindore.com

DISCHARGE SUMMARY

IP No	2610047	**Name**	PARVATI KONDLA	**Age**	67	**Sex**	F
Consultant	Dr Rajesh Bharani	**Adm Date**	02-JAN-26	**Adm Time**	13:46	**Bed No**	6001
Discharge Preparation Date & Time	09-MAR-26 13:43:59	**Disch Date & Time**				**BHID**	2589666

MATTER/PERITRIGONALAREASANDCENTRUMSEMIOVALEBILATERALLY.THEREARENON-HAEMORRHAGIC ACUTE INFARCTS IN BILATERAL BASAL GANGLIA. AND NCV STUDIES WERE SUGGESTIVE OF POLYNEUROPATHY. IN VIEW OF ABOVE FINDING 6 CYCLE OF PLASMAPHERESIS WAS DONE. DURONG THIS PERIOD SHE WAS MAITAING HER URINE OUTPUT, VITALLS AND WAS TRIED TO WEAN OFF FROM VENTILATOR. BUT WEANING OFF FROM VENTILATOR WAS FAILED AND HENCE DR DIVAKAR JAIN ONCO SURGEON REFRENCE WAS GIVEN FOR TREACHEOSTOMY WHICH WAS DOEN ON 08/02/2026. DR MANISH JAIN SIR REFRENCE WAS TAKEN IN VIEW OF SYMPTOMS AND T2DM WHO ADVICED TREATMENT WAS FOLLOWED. HER ANTIBIOTICS WERE CHANGED ACCORDING TO BLOOD CULTURES AND URINE CULTURES REPORT. DURING ICU STAY SHE WAS WEANED OFF FROM VENTILATOR ,HENCE SHIFTED HDU. SHE WAS MONITORED IN HDU WITH TRACHEOSTOMY TUBE IN PLACED. SHE WAS VITALLY STABLE ASYMPTAMATIC. SHE DEVELOPED PUS IN URINE DURING HDU STAY AND HENCE ANTIBIOTICS WRER CHANGED ACCOEDING CULTURE REPORT. STAY PROLONG DUE TO PERSISTENTSECRETION.HER TREACOSTOMYREMOVED ON 05/03/2026, MAINATIANG VITALLS.HENCE PLANED DISCH

Condition at Discharge

STABLE VITALLY, ASYMPTMATIC, MAINTAING STAURATION AND VITALLS OF O2 SUPPORT.

Treatment Adviced

HER CURRET POWER IN LEFT UL AND LL IS 1/5 AND IN RIGHT UL AND LL IS 4/5. SHE IS ON FOLLOWING MEDICAL MANAGEMENT.

RT FEED 200 ML EVERY 2 ND HRLY
CHANGE POSITION EVERY 2 ND HRLY
AIR MATTRESS
ALL FOLLWING MEDICATION THROUGH RT
TAB LASIX 20 MG 1 TAB AT 9 AM CONT
CAP DOSY 100 MG 1 TAB AT 10 AM AND 10 PM FOR 5 DAYS THEN STOP
TAB STORAVAS 40 MG 1 TAB AT 10 PM CONT
TAB CARDIVAS 6.25 MG AT 2 PM CONT
TAN PANTOCID 40 MG AT 9 AM CONT
TAB ECOSPRINE 75 MG AT 2 PM CONT
CAP COLIHENZE P AT 10 AM AND 10 PM FOR 7 DAYS
- TAB REMYELINE - D BD
ADV
PHYSIOTHERAPY
DIABETIC DIET
RT CHANGE EVERY 2 WWEKS
FOLEYS CHANGE EVERY 3 WEEKS

TAB SPONCE 1-0-1 x 5 DAYS

Print Date & Time: 09-MAR-26 01:44 PM

BOMBAY HOSPITAL - INDORE

Ring Road, Indore - 452 010 Ph.: 0731 - 4771111
Website : www.bombayhospitalindore.com

DISCHARGE SUMMARY

IP No 2610047 **Name** PARVATI KONDLA **Age** 67 **Sex** F
Consultant Dr Rajesh Bharani **Adm Date** 02-JAN-26 **Adm Time** 13:46 **Bed No** 5001
Discharge Preparation Date & Time 09-MAR-26 13:41:15 **Disch Date & Time** **BHID** 2589666

Patient's/Attender's Contact No 9826491034
Doctor's Contact No. 9826082202
MLC No.
Cross Ref of Doctors DR MANISH JAIN, DR ATUL TAPARIAYA, DR AVINASH JAIN
Review After

Consultant Dr Rajesh Bharani **Name & Signature of Patient/Attendant**

In case of emmergency kindly contact CMO on duty (0731-4771111, Extn. - 2004)

Print Date & Time: 09-MAR-26 01:41 PM

Discharge Summary

Dept. of GENERAL MEDICINE

PATIENT DETAILS

UHID	MPI1.0000454522	Name	Mr. ANURAG YADAV
Patient Identifier	MPI1IP95791	Age	21Yr 0Mth 5Days
Sex	Male	Date of Admission	24-Dec-2025
Type of Discharge	NORMAL DISCHARGE	Date Of Discharge	29-Dec-2025
Billing Type	CREDIT	Billing Type	CREDIT
Address	BHAGIRATHPURA INDORE,Indore,Madhya Pradesh		
Ward/Bed No	FIFTH FLOOR, Transit, Bed no:TR011	Primary Consultant	Dr. ASHOK BAJPAI DR PRANAY BAJPAI M.D.(Medicine), DTCD,MCAI,Sr Consultant in Critical Care & Respiratory Medicine,Former HOD Medicine MGM Medical College,Indore GENERAL MEDICINE

Diagnosis: ACUTE GASTROENTERITIS WITH SEVERE DEHYDRATION WITH HYPOVOLEMIC SHOCK WITH ACUTE KIDNEY INJURY

DETAILS

Chief Medical & Health Officer
INDORE (M.P.)

History of Present Illness: Mr. ANURAG YADAV 21 years old male patient presented with complaints of bilateral lower limb stiffness with severe pain since 10 days with abdominal pain with vomiting with loose motion (5-6 episodes) watery in consistency with severe dehydration with ghabrahat and uneasiness since today
Now patient is admitted here to Apollo Hospital for further evaluation and management.

Past/Personal/Family History: No H/o - Other comorbidities.
No H/o – Surgical intervention, any drug allergy or addiction.

CLINICAL EXAMINATION

On Examination: Severe dehydration present
Afebrile, Pulse: 130/min, Blood Pressure: 100/60 mmHg.
Respiratory Rate: 24/min
Oxygen saturation: 97% on room air
Chest: Bilateral air entry present
Per Abdomen: Soft, bowel sounds present
Cardiovascular System: S1S2+
Central Nervous System: Conscious, oriented

HOSPITAL COURSE / DISCUSSION

He was admitted here with above mentioned complaints. He was clinically evaluated and investigated. Investigations done and reports attached. ULTRASOUND - WHOLE ABDOMEN No significant abnormality detected Opinion of Gastroenterologist, Dr. Ashmeet Choudhary was taken for needful and managed accordingly. During hospital course, patient was managed with I/V fluids, antibiotics, analgesics, antiemetics, antacid, supplements and other supportive medication. Patient responded well to the given treatment. Now he is being discharged in stable condition.

INVESTIGATION

Investigations Done

HBS AG ELISA

24-Dec-2025 10:04 PM

HBS AG ELISA	0.10 Index	Negative <1.00 Positive >=1.00 Immunoassay using direct chemiluminometric technology on ADVIA Centaur XP

HIV ELISA

24-Dec-2025 10:04 PM

HIV ELISA	0.12 Index	Non Reactive : <1.0 Reactive : >/=1.0 Method :- ADVIA Centaur XP HIV 1/0/2 ENHANCED IMMUNOASSAY

BioChemistry

ALBUMIN - SERUM

25-Dec-2025 01:10 AM

Chief Medical Officer
INDORE

ALKALINE PHOSPHATASE - SERUM/PLASMA

25-Dec-2025 01:10 AM

ALKALINE PHOSPHATASE - SERUM/PLASMA	56 U/L	40-130

ALT(SGPT) - SERUM / PLASMA

24-Dec-2025 10:04 PM

ALT(SGPT) - SERUM / PLASMA	27.09 U/L	0 - 40

25-Dec-2025 01:10 AM

ALT(SGPT) - SERUM / PLASMA	16.5 U/L	0 - 40

AST (SGOT) - SERUM

25-Dec-2025 01:10 AM

AST (SGOT) - SERUM	20 U/L	5 - 40

BILIRUBIN, TOTAL - SERUM

25-Dec-2025 01:10 AM

BILIRUBIN, TOTAL - SERUM	0.80 mg/dL	0.2 - 1.0
BILIRUBIN CONJUGATED (DIRECT) - SERUM	0.23 mg/dL	0.00-0.25

BUN (BLOOD UREA NITROGEN)

24-Dec-2025 10:04 PM

BUN (BLOOD UREA NITROGEN)	13 mg/dl	5-20

CARBONDIOXIDE, TOTAL - SERUM/PLASMA

24-Dec-2025 10:04 PM

25-Dec-2025 06:07 AM

26-Dec-2025 05:58 AM

CHLORIDE - SERUM / PLASMA

24-Dec-2025 10:04 PM

CHLORIDE - SERUM / PLASMA	97 mmol/L	98-107

25-Dec-2025 06:07 AM

CHLORIDE - SERUM / PLASMA	106 mmol/L	98-107

26-Dec-2025 05:58 AM

CHLORIDE - SERUM / PLASMA	108 mmol/L	98-107

CK (CPK): CREATINE KINASE - SERUM

24-Dec-2025 10:04 PM

CK (CPK): CREATINE KINASE - SERUM	229 U/L	MALE 20-200 U/L FEMALE 20-180 U/L

CREATININE - SERUM / PLASMA

24-Dec-2025 10:04 PM

CREATININE - SERUM / PLASMA	1.97 mg/dL	0.90 - 1.30

25-Dec-2025 06:07 AM

CREATININE - SERUM / PLASMA	1.32 mg/dL	0.90 - 1.30

26-Dec-2025 05:58 AM

CREATININE - SERUM / PLASMA	0.72 mg/dL	0.90 - 1.30

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM

25-Dec-2025 01:10 AM

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	21 U/L	0-50

POTASSIUM - SERUM / PLASMA

24-Dec-2025 10:04 PM

POTASSIUM - SERUM / PLASMA	4.2 mmol/L	3.5-5.0

25-Dec-2025 06:07 AM

POTASSIUM - SERUM / PLASMA	3.8 mmol/L	3.5-5.0

26-Dec-2025 05:58 AM

POTASSIUM - SERUM / PLASMA	3.9 mmol/l	3.5-5.0

27-Dec-2025 09:46 PM

POTASSIUM - SERUM / PLASMA	4.4 mmol/L	3.5-5.0

PROTEIN, TOTAL - SERUM / PLASMA

25-Dec-2025 01:10 AM

PROTEIN, TOTAL - SERUM / PLASMA	7.26 g/dL	6.40-8.20
ALBUMIN - SERUM	4.25 g/dL	3.50-5.00
GLOBULIN	3.01 g/dL	1.9 - 3.5

SODIUM - SERUM / PLASMA

24-Dec-2025 10:04 PM

SODIUM - SERUM / PLASMA	142 mmol/L	135-150

25-Dec-2025 06:07 AM

SODIUM - SERUM / PLASMA	143 mmol/L	135-150

26-Dec-2025 05:58 AM

SODIUM - SERUM / PLASMA	141 mmol/L	135-150

Blood Bank - 2 Services

BLOOD GROUPING AND TYPING (ABO and Rh)

24-Dec-2025 10:04 PM

Clinical Pathology

URINE ROUTINE (CUE)

26-Dec-2025 09:56 AM

Haematology

ERYTHROCYTE SEDIMENTATION RATE (ESR)

24-Dec-2025 10:04 PM

ERYTHROCYTE SEDIMENTATION RATE (ESR)	05 mm/1st hr	METHOD: WINTROBE METHOD. REF. RANGE FOR WINTROBE... MALE : 0-9 AT END OF ONE HOUR FEMALE : 0-20 --- REF. RANGE FOR WESTER GREN... MEN UNDER 50 YEARS : UPTO 15 MM AT THE END OF ONE HOUR MEN OVER 50 YEARS : UPTO 20 MM AT THE END OF ONE HOUR WOMEN UNDER 50 YEARS : UPTO 20 MM AT THE END OF ONE HOUR WOMEN OVER 50 YEARS : UPTO 30 MM AT THE END OF ONE HOUR ---

Chief Medical & Health Officer
INDORE (M.P.)

HEMOGRAM

24-Dec-2025 10:04 PM

Hemoglobin(Optical/Impedance)	20.0 g/dl	11.5-15.5
Lymphocytes	6.6 %	20-45
Monocytes	2.2 %	1-10
Eosinophils	0.1 %	1-6
Basophils	0.2 %	0-1
PLATELET COUNT	4.42 lacs/cumm	1-5-4.5
RBC COUNT(Optical/Impedance)	5.88 Million/ul	3.7-5.6
HAEMATOCRIT(PCV)	63.8 %	38-47
MCV(Optical/Impedance)	108.5 fl	75-95
MCH(Calculated)	34.0 pg	26-32
MCHC(Calculated)	31.3 g/dl	31.0-36.0
RDW(Calculated)	13.6 %	11.5-14.5
TOTAL WBC COUNT	37500 /cu mm	4400-11000
Neutrophils	91.9 %	40-75

25-Dec-2025 06:07 AM

Hemoglobin(Optical/Impedance)	13.6 g/dl	11.5-15.5
Lymphocytes	2.6 %	20-45
Monocytes	1.7 %	1-10
Eosinophils	0.0 %	1-6
Basophils	0.1 %	0-1
PLATELET COUNT	2.49 lacs/cumm	1-5-4.5
RBC COUNT(Optical/Impedance)	3.99 Million/ul	3.7-5.6
HAEMATOCRIT(PCV)	42.0 %	38-47
MCV(Optical/Impedance)	105.3 fl	75-95
MCH(Calculated)	34.1 pg	26-32
MCHC(Calculated)	32.4 g/dl	31.0-36.0
RDW(Calculated)	13.7 %	11.5-14.5
TOTAL WBC COUNT	23400 /cu mm	4400-11000
Neutrophils	95.6 %	40-75

26-Dec-2025 05:58 AM

Hemoglobin(Optical/Impedance)	11.4 g/dl	11.5-15.5
Lymphocytes	8.3 %	20-45
Monocytes	2.2 %	1-10
Eosinophils	0.1 %	1-6
Basophils	0.1 %	0-1

PLATELET COUNT	1.90 lacs/cumm	1.5-4.5
RBC COUNT(Optical/Impedance)	3.28 Million/ul	3.7-5.3
HAEMATOCRIT(PCV)	35.3 %	36-47
MCV(Optical/Impedance)	107.3 fl	75-95
MCH(Calculated)	34.7 pg	26-32
MCHC(Calculated)	32.3 g/dl	31.0-36.0
RDW(Calculated)	13.4 %	11.5-14.5
TOTAL WBC COUNT	14300 /cu mm	4400-11000
Neutrophils	91.3 %	40-75

Microbiology

STOOL HANGING DROP

25-Dec-2025 02:43 PM

DISCHARGE MEDICATION

TABLET - ORNI-O TWICE A DAY X 3 DAYS
CAPSULE – ENUFF 100 MG TWICE A DAY X 2 DAYS
CAPSULE – VSL #3 TWICE A DAY X 5 DAYS
CAPSULE – RCIFEX 400 MG TWICE A DAY X 5 DAYS
CAPSULE – ESODAY 40 MG TWICE A DAY X 5 DAYS (AT 7 PM EMPTY STOMACH)
SYRUP – VITCOFOL 2TSF TWICE A DAY X 2 WEEKS

WHEN TO OBTAIN URGENT CARE

In case of Emergency, Please contact:02532628500

-Worsening of any symptoms
-Onset of new pain or worsening of previous pain
-New onset of fever or fever persist
-Breathing difficulty;Palpitations
-Chest pain, dizziness or fainting
-Altered behavior or altered sensorium
-Retention of Urine
-Decrease urine output,Swelling over feet/face

Chief Medical & Health Officer
INDORE (M.P.)

Please Visit Our Website:www.apollohospitals.com

CONDITION AT DISCHARGE

Patient is being discharged in stable condition
Afebrile, Pulse: 78/min, Blood Pressure: 120/80 mmHg
Respiratory Rate: 20/min
Oxygen saturation: 98% on room air
Chest: Bilateral air entry present
Per Abdomen: Soft, bowel sounds present
Cardiovascular System: S1S2+
Central Nervous System: Conscious, oriented

SPECIAL INSTRUCTIONS

Diet	Diet as advised
Follow-up Instruction	Review with DR. ASHOK BAJPAI / DR PRANAY BAJPAI after 7 days / SOS with prior appointment

Advise:
1. Bed rest for 5 days
2. Precautions as advised.
3. Creatinine/urea/S. Electrolytes/CBC after 3 days.

WE WISH THE PATIENT GOOD HEALTH AND EARLY RECOVERY.

* For any queries kindly contact 0731-3525566/0731-2445566
* To download a copy of this summary and visit your dashboard log in at www.apolloprism.com Using your registered mobile number.

Dr. ASHOK BAJPAI DR PRANAY BAJPAI
M.D.(Medicine), DTCD,MCAI,Sr. Consultant in Critical Care & Respiratory Medicine,Former HOD Medicine MGM Medical College,Indore
GENERAL MEDICINE
Primary Consultant

Chief Medical & Health Officer
INDORE (M.P.)

Please understand your discharge prescription from your doctor before using the medicines.
You can contact Emergency Room Physician, APOLLO HOSPITALS ENTERPRISE LTD at or

Discharge Summary

Dept. of GASTROENTEROLOGY

PATIENT DETAILS

UHID	MPI1.0000454536	Name	Mr. ANKIT SHUKLA
Patient Identifier	MPI1P96797	Age	36Yr 8Mth 22Days
Sex	Male	Date of Admission	25-Dec-2025
Type of Discharge	NORMAL DISCHARGE	Date Of Discharge	28-Dec-2025
Billing Type	CREDIT	Billing Type	CREDIT
Address	516,BHAGIRATHPURA,Indore,Madhya Pradesh		
Ward/Bed No	UNIT II THIRD FLOOR, UNIT II THIRD FLOOR DELUX ROOM, Bed no:PVT CR2	Primary Consultant	Dr. Dr.Ashmeet Choudhary Dr. Vivek pratap Singh GASTROENTEROLOGY
Diagnosis	SEVERE ACUTE GASTROENTERITIS		

DETAILS

History of Present Illness	Mr. ANKIT SHUKLA 36 years old male patient presented with complaints of loose motions and vomiting with multiple episodes with pain in abdomen from yesterday since 4 pm Now patient is admitted here to Apollo Hospital for further evaluation and management.
Past/Personal/Family History	No H/o - Other comorbidities. No H/o – Surgical intervention, any drug allergy or addiction

CLINICAL EXAMINATION

On Examination:
Afebrile, Pulse: 84/min, Blood Pressure: 110/84 mmHg.
Respiratory Rate: 20/min
Oxygen saturation: 97% on room air
Chest: Bilateral air entry present

Chief Medical & Health Officer
INDORE (M.P.)

Per Abdomen: Soft, bowel sounds present
Cardiovascular System: S1S2+
Central Nervous System: Conscious, oriented, but dull and drowsy

HOSPITAL COURSE / DISCUSSION

He was admitted here with above mentioned complaints. He was clinically evaluated and investigated. Investigations done and reports attached.. ULTRASOUND - WHOLE ABDOMEN 1. Grade – I fatty infiltration of liver. 2. Long segment wall thickening in the visualised large bowel loops with fluid contents and increased peristalsis - likely infective inflammatory aetiology (colitis). 3. Minimal interbowel free fluid noted- likely reactionary. During hospital course, the patient was managed with I/V fluids, antibiotics, analgesics, supplements and other supportive medication. Patient responded well to the given treatment. Now he is being discharged in stable condition.

INVESTIGATION

Investigations Done

HBS AG ELISA

25-Dec-2025 02:16 AM

HBS AG ELISA	0.16 Index	Negative <1.00 Positive >=1.00 Immunoassay using direct chemiluminometric technology on ADVIA Centaur XP

HIV ELISA

25-Dec-2025 02:16 AM

HIV ELISA	0.35 Index	Non Reactive : <1.0 Reactive : >/=1.0 Method :- ADVIA Centaur XP HIV 1/0/2 ENHANCED IMMUNOASSAY

BioChemistry

ALT(SGPT) - SERUM / PLASMA

25-Dec-2025 02:16 AM

ALT(SGPT) - SERUM / PLASMA	22.1 U/L	0 - 40

BUN (BLOOD UREA NITROGEN)

25-Dec-2025 02:16 AM

BUN (BLOOD UREA NITROGEN)	12 mg/dl	5-20

CARBONDIOXIDE, TOTAL - SERUM/PLASMA

25-Dec-2025 02:16 AM
26-Dec-2025 05:59 AM
28-Dec-2025 05:45 AM

CHLORIDE - SERUM / PLASMA

25-Dec-2025 02:16 AM

CHLORIDE - SERUM / PLASMA	109 mmol/L	98-107

26-Dec-2025 05:59 AM

CHLORIDE - SERUM / PLASMA	112 mmol/L	98-107

28-Dec-2025 05:45 AM

CHLORIDE - SERUM / PLASMA	105 mmol/L	98-107

CREATININE - SERUM / PLASMA

25-Dec-2025 02:16 AM

CREATININE - SERUM / PLASMA	1.06 mg/dL	0.90 - 1.30

26-Dec-2025 12:30 PM

CREATININE - SERUM / PLASMA	0.70 mg/dL	0.90 - 1.30

28-Dec-2025 05:45 AM

CREATININE - SERUM / PLASMA	0.88 mg/dL	0.90 - 1.30

POTASSIUM - SERUM / PLASMA

25-Dec-2025 02:16 AM

POTASSIUM - SERUM / PLASMA	4.4 mmol/L	3.5-5.0

26-Dec-2025 05:59 AM

POTASSIUM - SERUM / PLASMA	4.6 mmol/L	3.5-5.0

28-Dec-2025 05:45 AM

POTASSIUM - SERUM / PLASMA	3.7 mmol/L	3.5-5.0

SODIUM - SERUM / PLASMA

25-Dec-2025 02:16 AM

SODIUM - SERUM / PLASMA	139 mmol/L	135-150

26-Dec-2025 05:59 AM

SODIUM - SERUM / PLASMA	136 mmol/L	135-150

28-Dec-2025 05:45 AM

SODIUM - SERUM / PLASMA	138 mmol/L	135-150

Blood Bank - 2 Services

BLOOD GROUPING AND TYPING (ABO and Rh)

25-Dec-2025 02:16 AM

Clinical Pathology

STOOL ROUTINE

25-Dec-2025 11:37 AM

URINE ROUTINE (CUE)

25-Dec-2025 02:16 AM

Chief Medical & Health Of...
INDORE (M.P.)

Haematology

ERYTHROCYTE SEDIMENTATION RATE (ESR)

25-Dec-2025 02:16 AM

ERYTHROCYTE SEDIMENTATION RATE (ESR)	15 mm/1st Hr	METHOD: WINTROBE METHOD REF. RANGE FOR WINTROBE MALE : 0-9 AT END OF ONE HOUR

		FEMALE : 0-20 REF. RANGE FOR WESTER GREN... MEN UNDER 50 YEARS : UPTO 15 MM AT THE END OF ONE HOUR MEN OVER 50 YEARS : UPTO 20 MM AT THE END OF ONE HOUR WOMEN UNDER 50 YEARS : UPTO 20 MM AT THE END OF ONE HOUR WOMEN OVER 50 YEARS : UPTO 30 MM AT THE END OF ONE HOUR

HEMOGRAM

25-Dec-2025 02:16 AM

Hemoglobin(Optical/Impedance)	14.7 g/dl	11.5-15.5
Lymphocytes	3.4 %	20-45
Monocytes	1.9 %	1-10
Eosinophils	0.0 %	1-6
Basophils	0.2 %	0-1
PLATELET COUNT	2.78 lacs/cumm	1-5-4.5
RBC COUNT(Optical/Impedance)	5.20 Million/ul	3.7-5.6
HAEMATOCRIT(PCV)	47.1 %	38-47
MCV(Optical/Impedance)	90.6 fl	75-95
MCH(Calculated)	28.3 pg	26-32
MCHC(Calculated)	31.2 g/dl	31.0-36.0
RDW(Calculated)	12.4 %	11.5-14.5
TOTAL WBC COUNT	17200 /cu.mm	4400-11000
Neutrophils	94.5 %	40-75

26-Dec-2025 05:59 AM

Hemoglobin(Optical/Impedance)	9.0 g/dl	11.5-15.5
Lymphocytes	14.6 %	20-45
Monocytes	2.3 %	1-10
Eosinophils	0.3 %	1-6
Basophils	0.5 %	0-1
PLATELET COUNT	1.40 lacs/cumm	1-5-4.5
RBC COUNT(Optical/Impedance)	3.14 Million/ul	3.7-5.6
HAEMATOCRIT(PCV)	28.7 %	38-47
MCV(Optical/Impedance)	91.4 fl	75-95
MCH(Calculated)	28.7 pg	26-32
MCHC(Calculated)	31.4 g/dl	31.0-36.0
RDW(Calculated)	12.3 %	11.5-14.5
TOTAL WBC COUNT	5400 /cu.mm	4400-11000

Chief Medical & Health Officer
INDORE (M.P.)

(50)

Neutrophils	82.4 %	40-75

26-Dec-2025 05:45 AM

Hemoglobin(Optical/Impedance)	13.4 g/dl	11.5-15.5
Lymphocytes	13.9 %	20-45
Monocytes	2.9 %	1-10
Eosinophils	4.3 %	1-6
Basophils	0.7 %	0-1
PLATELET COUNT	1.50 lacs/cumm	1.5-4.5
RBC COUNT(Optical/Impedance)	4.73 Million/ul	3.7-5.6
HAEMATOCRIT(PCV)	40.9 %	36-47
MCV(Optical/Impedance)	86.5 fl	75-95
MCH(Calculated)	28.3 pg	26-32
MCHC(Calculated)	32.8 g/dl	31.0-36.0
RDW(Calculated)	12.2 %	11.5-14.5
TOTAL WBC COUNT	6800 /cu mm	4400-11000
Neutrophils	73.2 %	40-75

Microbiology

CULTURE AND SENSITIVITY [STOOL]

25-Dec-2025 11:37 AM

STOOL HANGING DROP

25-Dec-2025 11:37 AM

DISCHARGE MEDICATION

TABLET – METROGYL 400 MG (1 TABLET) THRICE A DAY X 10 DAYS
CAPSULE – DOXY 100 MG (1 TABLET) TWICE A DAY X 10 DAYS
CAPSULE – VISBIOME (1 CAPSULE) ONCE A DAY X 10 DAYS
CAPSULE – ESOMAC D 40 MG ONCE A DAY X 10 DAYS

WHEN TO OBTAIN URGENT CARE

Chief Medical & Health Officer
INDORE (M.P.)

In case of Emergency, Please contact :02533628500

-Worsening of any symptoms
-Pus/Discharge from wound
-Onset of new pain or worsening of previous pain
-New onset of fever or fever persist

-Breathing difficulty,Palpitations
-Chest pain, dizziness or fainting
-Altered behavior or altered sensorium
-Retention of Urine
-Decrease urine output,Swelling over feet/face

Please Visit Our Website:www.apollohospitals.com

CONDITION AT DISCHARGE

Patient is being discharged in stable condition
Afebrile, Pulse: 78/min, Blood Pressure: 110/70 mmHg
Respiratory Rate: 20/min
Oxygen saturation: 98% on room air
Chest: Bilateral air entry present
Per Abdomen: Soft, bowel sounds present
Cardiovascular System: S1S2+
Central Nervous System: Conscious, oriented

SPECIAL INSTRUCTIONS

Diet	Diet as advised (Soft curd based diet)
Follow up instruction	Review with Dr. Ashmeet Choudhary / Dr. Vivek Pratap Singh Dixit after 10 days / SOS with prior appointment (No.- 96442-71119).
	Advise: 1. Precautions as advised.

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* For any queries kindly contact 0731-3525566/0731-2445566
* To download a copy of this summary and visit your dashboard log in at www.apolloprism.com Using your registered mobile number.

Chief Medical & Health Officer
INDORE (M.P.)

Dr. Dr.Ashmeet Choudhary Dr. Vivek pratap Singh
GASTROENTEROLOGY
Primary Consultant

Please understand your discharge prescription from your doctor before using the medicines
You can contact Emergency Room Physician, APOLLO HOSPITALS ENTERPRISE LTD at
Issued in 7231001

Discharge Summary

Dept. of GASTROENTEROLOGY

PATIENT DETAILS

UHID	MPI1.0000322521	Name	Mrs. ANJU CHOUHAN
Patient Identifier	MPI1IP93806	Age	40Yr 5Mth 20Days
Sex	Female	Date of Admission	25-Dec-2025
Type of Discharge	NORMAL DISCHARGE	Date Of Discharge	31-Dec-2025
Billing Type	CREDIT	Billing Type	CREDIT
Address	414 BHAGIRATHPURA,Indore,Madhya Pradesh		
Ward/Bed No	THIRD FLOOR, MULTIBED, Bed no:323	Primary Consultant	Dr. Dr.Ashmeet Choudhary Dr. Vivek pratap Singh GASTROENTEROLOGY
Diagnosis	SEVERE ACUTE GASTROENTERITIS WITH SEVERE DEHYDRATION WITH ACUTE KIDNEY INJURY (RECOVERING)		

DETAILS

Chief Medical & Health Officer
INDORE (M.P.)

History of Present Illness	Mrs. ANJU CHOUHAN, 40 years old female patient presented with complaints of loose watery stools - 20-25 episodes, vomiting & abdominal pain since 1-2 days. Now patient is admitted here for further evaluation and management.
Past/Personal/Family History	S/h/o - T. T. - 10 years back.

CLINICAL EXAMINATION

On Examination:
Afebrile, Pulse: 88/min, Blood Pressure: 130/70 mm Hg.
Respiratory Rate: 20/min
Oxygen saturation: 96% on room air

Chest: Bilateral air entry present
Per Abdomen: Soft, bowel sounds present
Cardiovascular System: S1S2+
Central Nervous System: Conscious, oriented

HOSPITAL COURSE / DISCUSSION

Patient was admitted here with above mentioned complaints. She was clinically evaluated and investigated. Investigations done revealed Hb-15.0, TLC-33800, Platelets-5.54, PT-13.68, INR-1.00, urea-96, sodium-126, protein total-9.56, albumin-5.27, globulin-4.29, potassium-6.0, GGTP-30, creatinine-5.46, CPK-153, chloride-88, bilirubin total-0.42, bilirubin direct-0.25, SGOT-80, SGPT-59.4, Alkaline phosphatase-90. 2D Echo done which shows normal valvular echoes, normal chamber dimensions, No RWMA, Trivial MR, Trivial TR, mild PAH (PASP 30 mmHg), Normal LV systolic function, LVEF-65%, IVC collapsed, No clot / vegetation / effusion. ULTRASOUND - WHOLE ABDOMEN done which shows• Mildly raised echotexture of both kidneys with maintained CMD at present. Possibility of early changes of AKI / acute dehydration cannot be ruled out. Suggested correlation with serial RFT. • Mild wall thickening in cecum and proximal ascending colon with maintained gut signature at present ? inflammatory. • Minimal interbowel free fluid in abdomen. • Mild bilateral pleural effusions. • Mild splenomegaly. Opinion of Nephrologist Dr. Jai Kriplani was taken in view of AKI, managed accordingly. During the hospital stay, the patient was managed with i/v fluids, antibiotic, antiemetic, analgesic, multivitamin, Proton Pump Inhibitor and other supportive treatment. Patient responded well to the given treatment. Now she is being discharged in stable condition.

INVESTIGATION

Investigations Done

BioChemistry

ALBUMIN - SERUM
25-Dec-2025 04:23 PM

ALBUMIN AND GLOBULIN RATIO
25-Dec-2025 04:23 PM

Chief Medical ... INDORE (M.P.)

ALKALINE PHOSPHATASE - SERUM/PLASMA
25-Dec-2025 04:23 PM

ALKALINE PHOSPHATASE - SERUM/PLASMA	90 U/L	40-130

ALT(SGPT) - SERUM / PLASMA
25-Dec-2025 04:23 PM

ALT(SGPT) - SERUM / PLASMA	59.4 U/L	0 - 40

AST (SGOT) - SERUM
25-Dec-2025 04:23 PM

AST (SGOT) - SERUM	80 U/L	5 - 40

BILIRUBIN, TOTAL - SERUM
25-Dec-2025 04:23 PM

BILIRUBIN, TOTAL - SERUM	0.42 mg/dL	0.2 - 1.0
BILIRUBIN CONJUGATED (DIRECT) - SERUM	0.25 mg/dL	0.00-0.25

CARBONDIOXIDE, TOTAL - SERUM/PLASMA

26-Dec-2025 12:47 AM

27-Dec-2025 12:53 AM

28-Dec-2025 04:56 AM

29-Dec-2025 12:46 AM

30-Dec-2025 08:09 AM

CHLORIDE - SERUM / PLASMA

25-Dec-2025 04:23 PM

CHLORIDE - SERUM / PLASMA	88 mmol/L	98-107

26-Dec-2025 12:47 AM

CHLORIDE - SERUM / PLASMA	105 mmol/L	98-107

27-Dec-2025 12:53 AM

CHLORIDE - SERUM / PLASMA	108 mmol/L	98-107

28-Dec-2025 04:56 AM

CHLORIDE - SERUM / PLASMA	109 mmol/L	98-107

29-Dec-2025 12:46 AM

CHLORIDE - SERUM / PLASMA	112 mmol/L	98-107

30-Dec-2025 08:09 AM

CHLORIDE - SERUM / PLASMA	113 mmol/L	98-107

CK (CPK): CREATINE KINASE - SERUM

31-Dec-2025 08:19 AM

CK (CPK): CREATINE KINASE - SERUM	153 U/L	MALE 20-200 U/L FEMALE 20-180 U/L

CREATININE - SERUM / PLASMA

25-Dec-2025 04:23 PM

CREATININE - SERUM / PLASMA	5.46 mg/dL	0.90 - 1.30

26-Dec-2025 12:47 AM

CREATININE - SERUM / PLASMA	5.17 mg/dL	0.90 - 1.30

27-Dec-2025 12:53 AM

CREATININE - SERUM / PLASMA	5.16 mg/dL	0.90 - 1.30

28-Dec-2025 04:56 AM

CREATININE - SERUM / PLASMA	4.81 mg/dL	0.90 - 1.30

29-Dec-2025 12:46 AM

CREATININE - SERUM / PLASMA	4.91 mg/dL	0.90 - 1.30

30-Dec-2025 08:09 AM

CREATININE - SERUM / PLASMA	4.15 mg/dL	0.90 - 1.30

31-Dec-2025 08:19 AM

CREATININE - SERUM / PLASMA	3.31 mg/dL	0.90 - 1.30

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM

25-Dec-2025 04:23 PM

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	30 U/L	0-50

GLOBULIN - SERUM

25-Dec-2025 04:23 PM

POTASSIUM - SERUM / PLASMA

25-Dec-2025 04:23 PM

POTASSIUM - SERUM / PLASMA	6.0 mmol/L	3.5-5.0

26-Dec-2025 12:47 AM

POTASSIUM - SERUM / PLASMA	3.9 mmol/L	3.5-5.0

27-Dec-2025 12:53 AM

POTASSIUM - SERUM / PLASMA	3.7 mmol/L	3.5-5.0

28-Dec-2025 04:56 AM

POTASSIUM - SERUM / PLASMA	3.8 mmol/L	3.5-5.0

29-Dec-2025 12:46 AM

POTASSIUM - SERUM / PLASMA	4.2 mmol/L	3.5-5.0

30-Dec-2025 08:09 AM

POTASSIUM - SERUM / PLASMA	4.5 mmol/L	3.5-5.0

PROTEIN, TOTAL - SERUM / PLASMA

25-Dec-2025 04:23 PM

PROTEIN, TOTAL - SERUM / PLASMA	9.56 g/dL	6.40-8.20
ALBUMIN - SERUM	5.27 g/dL	3.50-5.00
GLOBULIN	4.29 g/dL	1.9 - 3.5

SODIUM - SERUM / PLASMA

25-Dec-2025 04:23 PM

Chief Medical & Health Officer
INDORE (M.P.)

SODIUM - SERUM / PLASMA	126 mmol/L	135-150

26-Dec-2025 12:47 AM

SODIUM - SERUM / PLASMA	131 mmol/L	135-150

27-Dec-2025 12:53 AM

SODIUM - SERUM / PLASMA	134 mmol/L	135-150

28-Dec-2025 04:56 AM

SODIUM - SERUM / PLASMA	135 mmol/L	135-150

29-Dec-2025 12:46 AM

SODIUM - SERUM / PLASMA	137 mmol/L	135-150

30-Dec-2025 08:09 AM

SODIUM - SERUM / PLASMA	137 mmol/L	135-150

UREA - SERUM / PLASMA

26-Dec-2025 12:47 AM

UREA - SERUM / PLASMA	96 mg/dL	Healthy Adults:19-44 mg/dL

27-Dec-2025 12:53 AM

UREA - SERUM / PLASMA	92 mg/dL	Healthy Adults:19-44 mg/dL

29-Dec-2025 12:46 AM

UREA - SERUM / PLASMA	74 mg/dL	Healthy Adults:19-44 mg/dL

Coagulation Lab

PROTHROMBIN TIME

25-Dec-2025 04:23 PM

Test	13.68 sec.	11-14
INR	1.00	0.8-1.1

Haematology

HEMOGRAM

25-Dec-2025 04:23 PM

Hemoglobin(Optical/Impedance)	15.0 g/dl	11.5-15.5
Lymphocytes	4.1 %	20-45
Monocytes	1.5 %	1-10
Eosinophils	0.0 %	1-6
Basophils	0.1 %	0-1
PLATELET COUNT	5.54 lacs/cumm	1-5-4.5
RBC COUNT(Optical/Impedance)	5.47 Million/ul	3.7-5.6
HAEMATOCRIT(PCV)	45.9 %	38-47
MCV(Optical/Impedance)	83.9 fl	75-95
MCH(Calculated)	27.4 pg	26-32
MCHC(Calculated)	32.7 g/dl	31.0-36.0
RDW(Calculated)	14.5 %	11.5-14.5
TOTAL WBC COUNT	33800/cu mm	4400-11000
Neutrophils	94.3 %	40-75

26-Dec-2025 12:47 AM

Hemoglobin(Optical/Impedance)	9.7 g/dl	11.5-15.5
Lymphocytes	6.3 %	20-45
Monocytes	2.4 %	1-10
Eosinophils	0.0 %	1-6
Basophils	0.1 %	0-1
PLATELET COUNT	2.66 lacs/cumm	1-5-4.5

RBC COUNT(Optical/Impedance)	3.57 Million/ul	3.7-5.6
HAEMATOCRIT(PCV)	29.6 %	38-47
MCV(Optical/Impedance)	82.9 fl	75-95
MCH(Calculated)	27.2 pg	26-32
MCHC(Calculated)	32.8 g/dl	31.0-36.0
RDW(Calculated)	14.4 %	11.5-14.5
TOTAL WBC COUNT	16300 /cu mm	4400-11000
Neutrophils	91.2 %	40-75

28-Dec-2025 08:48 AM

Hemoglobin(Optical/Impedance)	9.4 g/dl	11.5-15.5
Lymphocytes	11.3 %	20-45
Monocytes	2.8 %	1-10
Eosinophils	0.2 %	1-6
Basophils	0.3 %	0-1
PLATELET COUNT	2.43 lacs/cumm	1.5-4.5
RBC COUNT(Optical/Impedance)	3.43 Million/ul	3.7-5.6
HAEMATOCRIT(PCV)	29.1 %	38-47
MCV(Optical/Impedance)	84.8 fl	75-95
MCH(Calculated)	27.4 pg	26-32
MCHC(Calculated)	32.3 g/dl	31.0-36.0
RDW(Calculated)	14.7 %	11.5-14.5
TOTAL WBC COUNT	11600 /cu mm	4400-11000
Neutrophils	86.4 %	40-75

29-Dec-2025 12:46 AM

Hemoglobin(Optical/Impedance)	9.8 g/dl	11.5-15.5
Lymphocytes	18.7 %	20-45
Monocytes	3.6 %	1-10
Eosinophils	1.7 %	1-6
Basophils	0.4 %	0-1
PLATELET COUNT	2.69 lacs/cumm	1.5-4.5
RBC COUNT(Optical/Impedance)	3.58 Million/ul	3.7-5.6
HAEMATOCRIT(PCV)	30.6 %	38-47
MCV(Optical/Impedance)	85.5 fl	75-95
MCH(Calculated)	27.4 pg	26-32
MCHC(Calculated)	32.0 g/dl	31.0-36.0
RDW(Calculated)	14.9 %	11.5-14.5

Chief Medical & Health Officer
INDORE (M.P.)

TOTAL WBC COUNT	9500 /cu mm	4400-11000
Neutrophils	75.6 %	40-75

Microbiology

CULTURE AND SENSITIVITY [STOOL]
26-Dec-2025 05:51 PM
CULTURE AND SENSITIVITY [URINE]
27-Dec-2025 12:01 PM
STOOL HANGING DROP
26-Dec-2025 05:51 PM

DISCHARGE MEDICATION

CAPSULE - PANTOCID DSR, ONCE A DAY X 20 DAYS
TABLET - SUPRA PLUS, ONCE A DAY X 20 DAYS
TABLET - BONAMI PLUS, TWICE A DAY X 30 DAYS
TABLET - ATIVAN 2MG, AT BEDTIME X 10 DAYS
TABLET - ORNI-O, TWICE A DAY X 5 DAYS

WHEN TO OBTAIN URGENT CARE

1. Severe pain in abdomen
2. Nausea or vomiting
3. High grade fever
4. Any other untoward symptom.

In case of Emergency, Please contact : 1066.

CONDITION AT DISCHARGE

Chief Medical Officer
INCHARGE

Patient is being discharged in stable condition.

Afebrile, Pulse: 80/min, Blood Pressure: 120/80 mm Hg.
Respiratory Rate: 20/min
Oxygen saturation: 96% on room air
Chest: Bilateral air entry present
Per Abdomen: Soft, bowel sounds present
Cardiovascular System: S1S2+
Central Nervous System: Conscious, oriented

SPECIAL INSTRUCTIONS

Diet	NORMAL DIET / LOW FAT
Follow-up instruction	Review with Dr. Ashmeet Choudhary / Dr. Vivek Pratap Singh Dixit (98277-42433) after 3 days / SOS with prior appointment (No.- 96442-71119).

Advised:

1. Serum creatinine, CBC, Serum electrolyte after 3 days.

WE WISH THE PATIENT GOOD HEALTH AND EARLY RECOVERY.

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* For OPD appointment kindly contact 0731-2445566
* For Diet related queries kindly contact 0731-2445442
* To download a copy of this summary and visit your dashboard log in at www.apolloprism.com Using your registered mobile number.

Dr. Dr.Ashmeet Choudhary Dr. Vivek pratap Singh
GASTROENTEROLOGY
Primary Consultant

Chief Medical & Health Officer
INDORE (M.P.)

Please understand your discharge prescription from your doctor before using the medicines.
You can contact Emergency Room Physician, APOLLO HOSPITALS ENTERPRISE LTD at or .

नगर पालिक508निगम, इंदौर

नर्मदा परियोजना केम्पस, मुसाखेड़ी, इन्दौर
फोन नं. – 0731–2712846 ई–मेल amrutindore@gmail.com

आवक क्र. 923 दि. 24/3/26
Scientist I/II/III
AE I/II
A/c / Estb.
Dep I/II

क्रमांक /जलप्रदाय/25–26/इन्दौर दिनांक .....

प्रति,
आयुक्त
नगरीय प्रशासन एवं विकास
म.प्र. भोपाल

विषय :– माननीय एनजीटी प्रकरण OA 06/2026 (कमल राठी विरूद्ध मध्यप्रदेश शासन व अन्य) दिनांक 15.01.2026 के पारित आदेश में दिये गये निर्देशों का पालन करने के संबंध में।

संदर्भ :– 1. आपका पत्र क्र. एनर्जी सेल/07–03/2026/2931 भोपाल, दिनांक 19.02.2026.
2. प्रमुख अभियन्ता, नगरीय प्रशासन एवं विकास का पत्र क्र. 3728 दिनांक 09.03.2026.

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विषयान्तर्गत राष्ट्रीय हरित अधिकरण, सेन्ट्रल बेंच (कमल राठी विरूद्ध मध्यप्रदेश शासन व अन्य) द्वारा प्रकरण क्रमांक OA 06/2026 के अंतर्गत पारित आदेश दिनांक 15.01.2026 के क्रम में जानकारी का विवरण निम्नानुसार है।

1. Conduct immediate inspection of all drinking water pipelines, sewer lines, and cross-connections.

- All rising mains, distribution pipelines, feeder lines, and house service connections have been physically inspected across all zones and wards. Special focus has been given to old, damaged, and leakage-prone pipelines.
- Identification of Leakages & Contamination Risks- Critical points susceptible to leakage, low pressure, backflow, and contamination ingress have been identified. Immediate repair and replacement works are being executed on priority basis.
- Supervisory officers are conducting routine inspections and surprise checks to ensure compliance at field level.
- Illegal or accidental cross-connectoions between drinking water pipe lines and sewer/drains lines wherever found are being immediately disconnected and rectified.

2. Ensure daily chlorination and maintain proper records.

- Continuous chlorination is being ensured at all Water Treatment Plants (WTPs), overhead tanks (OHTs), and key distribution points.
- Residual chlorine levels are maintained and are monitored on a daily basis from January to till date. Indore Municipal Corporation as performed nearly about 24000 residual chlorine test.
- Field staffs are equipped with chlorine testing kits to ensure on-site verification.
- Any deviation in water quality triggers immediate remedial action, including flushing of pipelines and re-chlorination.

3. Clean and disinfect all overhead tanks and sumps on priority.

- Indore Municipal Corporation (IMC), with the objective of ensuring efficient, safe, and sustainable water supply management, has awarded the work of operation and maintenance of all Over Head Tanks (OHTs) and feeder main pipelines across the entire Indore city to M/s Ramky Infrastructure Ltd. for a period of 10 years from Year 2021.
- Under this agreement, the agency is responsible for comprehensive operation and maintenance, including but not limited to routine inspection of OHTs and feeder mains, preventive and breakdown maintenance, identification and rectification of leakages.
- All overhead tanks and underground reservoirs are being cleaned and maintained at regular intervals (minimum twice a year).
- Emergency cleaning is undertaken immediately in case of contamination or complaints.

Scanned with OKEN Scanner

4. Conduct weekly bacteriological water testing through approved laboratories.

- IMC has its own NABL accrediated laboratory for regular water quality monitoring, including bacteriological and chemical analysis..
- Water samples are collected regularly from multiple points such as WTP outlets, reservoirs, distribution network, and consumer end points.
- Reports are reviewed periodically, and corrective measures are implemented promptly in case of any non-compliance.

5. Prepare GIS-based mapping of water and sewerage networks.

- Under AMRUT 1.0, approximately 1100 km of the water supply pipeline network has been mapped on a GIS (Geographic Information System)-based platform. Feeder mains, valves, and overhead tanks (OHTs) have also been mapped on the GIS portal, enabling effective monitoring, maintenance, and identification of vulnerable points.
- The GIS platform is integrated with the AMRUT Rekha Portal, where field-level data, including zones, wards, OHTs, and staff mapping, is currently in Progress.
- In addition, under AMRUT 2.0, work order for Package 3 and Package 4 have been executed on 27/02/2026, and the survey work is presently in progress. This includes works related to pipelines, overhead tanks (OHTs), and household service connections (HSCs), all of which will also be mapped on the GIS platform upon completion. This integrated and continuously expanding GIS-based system strengthens supervision of the water supply network, facilitates better planning and monitoring, and helps minimize risks of leakage and contamination, thereby ensuring improved operational efficiency and regulatory compliance.

6. Establish a 24x7 grievance redressal mechanism fro water related complaints.

- The Municipal Corporation is taking steps to strengthen the digital grievance redressal mechanism. Complaints related to water supply are being received through available online portals/helpline systems such as the CM Helpline and Mayor Helpline (Indore 311) Portal. Both the portals are 24x7 available.
- Each complaint is registered, tracked, and resolved within defined timelines.
- Senior officers are conducting regular reviews of grievances to ensure timely resolution and accountability.

7. Publicly disclose water quality parameters through notice boards, websites and billing information.

- IMC is conducting public awareness campaigns regarding sanitation, prevention of waste disposal in drains, and water conservation.
- Citizens are being encouraged to report issues through digital platforms.
- IEC (Information, Education, Communication) activities are being carried out at community level.

इंदौर नगर निगम, माननीय राष्ट्रीय हरित अधिकरण (NGT) के निर्देशों के पूर्ण अनुपालन के लिए पूर्णतः प्रतिबद्ध है। शहर में जल गुणवत्ता में सुधार करने तथा स्वच्छता एवं पर्यावरण संरक्षण सुनिश्चित करने हेतु निरंतर प्रयास किए जा रहे हैं।
(आयुक्त महोदय द्वारा अनुमोदित)

अपर आयुक्त
(जलप्रदाय)
नगर पालिक निगम, इन्दौर

पृ. कमांक 375/जलप्रदाय/25–26/इन्दौर
दिनांक 18/03/2026

प्रतिलिपि –

1. प्रमुख अभियन्ता, नगरीय प्रशासन एवं विकास, भोपाल की ओर सूचनार्थ प्रेषित।
2. कार्यपालन यंत्री (जलप्रदाय) नगर पालिक निगम, इन्दौर की ओर सूचनार्थ एवं आवश्यक कार्यवाही हेतु।
3. क्षेत्रीय एवं प्रभारी अधिकारी म.प्र. प्रदूषण नियंत्रण बोर्ड की ओर सूचनार्थ प्रेषित।

अपर आयुक्त
(जलप्रदाय)
नगर पालिक निगम, इन्दौर

Scanned with OKEN Scanner

नगर पालिक निगम, इंदौर

नर्मदा परियोजना केम्पस, मुसाखेड़ी, इन्दौर
फोन नं. – 0731–2712846 ई–मेलamrutindore@gmail.com

कमांक /जलप्रदाय/25–26/इन्दौर

आवक क्र. 922 दि. 24/03/26
Scientist I/II/III
AE I/II
A/c / Estb.
I/II

प्रति,
नेशनल ग्रीन ट्रेब्युनल
सेन्ट्रल जोन बेंच
भोपाल

विषय :– माननीय एनजीटी भोपाल बेंच द्वारा प्रकरण क्र. 5/2026 (राशिद नुर खॉन विरूद्ध कलेक्टर इन्दौर व अन्य) के संबंध में।

संदर्भ :– प्रमुख अभियन्ता नगरीय प्रशासन एवं विकास म.प्र. भोपाल का पत्र क्र. 2929 दिनांक 19.02.2026.

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विषयान्तर्गत लेख है कि संदर्भित पत्र के माध्यम से प्रमुख अभियन्ता नगरीय प्रशासन एवं विकास म.प्र. भोपाल द्वारा प्रकरण क्रमांक 5/2026 (राशिद नुर खान विरूद्ध कलेक्टर इन्दौर मध्य प्रदेश शासन व अन्य) आदेश दिनांक 15.01.2026 के परिपेक्ष्य में आगामी सुनवाई दिनांक 30.03.2026 होने से कार्यवाही का पालन प्रतिवेदन माननीय एन.जी.टी. के समक्ष निर्धारित समयावधि से पूर्व प्रस्तुत करने हेतु निर्देशित किया गया है। इस संबंध में इस कार्यालय से संबंधित बिन्दुओं की जानकारी तैयार की गई है, जो निम्नानुसार है।

Point No.	Description	Reply
20	We are of the view that this was applicable to the District Gwalior but in view of the facts it is desires that directions and guidelines should be issued throughout the State. Accordingly, we direct the respondent/State of MP and Municipal Corporation of all the districts as follows :	
(i)	Develop a water app for hearing complaints and supervising the adequate water supply to the citizen. The Municipal Corporation shall give wide publicity about the app and shall ensure its 24x7 hours work ability.	In compliance with the directions of the Hon'ble Tribunal, the Municipal Corporation is taking steps to strengthen the digital grievance redressal mechanism. Complaints related to water supply are being received through available online portals/helpline systems such as the CM Helpline and Mayor Helpline (Indore 311) Portal. Both the portals and Apps are 24x7 available.
(ii)	Eliminate transmission loss of water by taking all measures such as laying pipelines (if not already laid), repair leakages etc.	Municipal Corporation is regularly inspecting the water transmission and distribution network. Leakages and damaged pipelines are identified through routine monitoring and are repaired on priority to minimize transmission losses and prevent contamination in the system.
(iii)	Remove all encroachments of and around all the water bodies including those from where the water is drawn and stop illegal infiltration by all class of persons.	Municipal Corporation, in coordination with the concerned departments, undertakes necessary actions for protection of water bodies and removal of encroachments wherever identified, in accordance with the applicable laws and administrative procedures.

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(iv)	Municipal Corporation to work out the scheme to stop construction work during summer seasons between March to July each year and regulate water supply ward vise during these months to ensure that each of the citizens gets water for consumption and other use during these months in each alternate days.	In order to ensure efficient water resource management and to avoid the use of potable drinking water for non-drinking purposes, the Municipal Corporation has made arrangements for the use of treated water from Sewage Treatment Plants (STPs) in construction activities. For this purpose, dedicated hydrant points have been constructed, Further, during the summer season, when the demand for water increases significantly, the Municipal Corporation undertakes additional measures to ensure adequate water supply and proper water management, the Corporation deploys more than 400 additional water tankers to cater to areas facing water shortages or higher consumption requirements.
(v)	Municipal Corporation to regenerate water for supply to the locality situated around public Wells/Bawaris and the tubewell. To achieve the same it shall layout a plan to be included in the water app.	Municipal Corporation promotes conservation and sustainable management of local water sources such as public wells and Bawaris. Approximately 185 wells/Bawaris were rejuvenated last year which can be used as non potable source
(vi)	Municipal Corporation in association with the State Government shall prepare comprehensive water harvesting scheme and implement the same rigorously and make provisions in the bye laws making the non-compliance by the individuals, establishment both State Government/ Union Government, all private and public institutions including Schools/ Colleges, punitive.	The Indore Municipal Corporation, in collaboration with the Government of Madhya Pradesh, has issued a gazette notification titled "Indore Municipal Corporation (Rainwater Harvesting By-Laws, 2022)", bearing Notification No. 152. The notification was issued by the Department of Urban Development and Housing, VallabhBhawan, on April 4, 2022, and a public notice regarding the same has also been circulated. As per this notification, Rainwater Harvesting systems are mandatory for all buildings having an area of 1,500 sq. ft. or more. It must also be ensured that treated water is utilized instead of groundwater at building construction sites and service centres. Failure to comply with these provisions will result in penalties as prescribed under the applicable regulations.
(vii)	Municipal Corporation shall prepare a comprehensive scheme to supply water through tankers stipulating precondition to meet out the shortage as and when the occasion so arises.	The Municipal Corporation undertakes additional measures to ensure adequate water supply and proper water management, the Corporation deploys **more than 400 additional water tankers** to cater to areas facing water shortages or higher consumption requirements.
(viii)	Municipal Corporation to ensure chlorination of water supplied for domestic purpose.	Chlorination of drinking water is being carried out regularly at water treatment plants and checked at distribution points to ensure that the water supplied to consumers meets the prescribed safety standards.
(ix)	Municipal Corporation shall lay down the stipulations such as Do's and Dont's regarding domestic and non-domestic water use.	Indore Municipal Corporation conduct IEC activities regarding judicious use of water.

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(x)	Municipal Corporation shall meter all domestic and nondomestic water supply.	Under the AMRUT Project, approximately 30,000 water connections provided by the Indore Municipal Corporation have been made metered. In addition, it is mandatory to install water meters on all bulk connections being provided in the city. Furthermore, under the AMRUT 2.0 Scheme, it is proposed that all water supply connections in the city will be metered in the coming period to ensure better monitoring and efficient management of water consumption.
(xi)	State Government and its functionaries and the Municipal Corporation shall ensure that none of the water bodies including dams, ponds, wells and bawris are used for immersing idols.	Necessary directions and awareness measures are issued from time to time to prevent pollution of water bodies, including regulation of idol immersion activities in coordination with district administration and other concerned authorities. Indore Municipal Corporation during Ganesh festival, Corporation make arrangement for at every zone so that people do not immerse idols in dams, ponds, wells and bawris.
(xii)	Municipal Corporation and the State and its functionaries shall ensure that all the dairies having more than two milking cattle be moved outside the city at a place earmarked for them within 4 months from the date of communication of this order.	In compliance with Mayor-in-Council Resolution No. 2713 dated 09.11.2009, necessary action is being undertaken to regulate handling and relocation of cattle and to ensure that cattle are not retained within urban limits in violation of prescribed norms. Further, in compliance with the directions issued, the Municipal Corporation, in coordination with the State authorities, has initiated action to identify and earmark suitable locations outside the city limits for relocation of dairies having more than two milking cattle within the stipulated timeframe. Notices to the concerned dairy operators are under process. Meanwhile, all concerned BOs/BIs have been directed to ensure strict field-level enforcement and to take necessary action in case of any violation.
(xiv)	Municipal Corporation shall keep all overhead water tanks and sumps utilized for supplying potable water functional all times and get them periodically cleaned and chlorinated.	The Indore Municipal Corporation ensures that overhead tanks and sumps are cleaned every six months. The Corporation has entered into an agreement for the maintenance of all overhead tanks in the city with M/s Ramky Infrastructure Limited, Hyderabad, which is responsible for the proper functioning of these overhead tanks.
(xvi)	Municipal Corporation shall regularly take recourse to pre-chlorination, post-chlorination and aeration process.	Appropriate water treatment practices including aeration pre-chlorination and post-chlorination is done continuously at each Water treatment plant. Residual chlorine is being checked through random samples so that prescribed chlorine can be achieved at consumer end.
21	Respondents State Urban Development Department and Municipal Corp[oration are to strengthen and operationalize a robust Management Information System (MIS) and a consumer-facing mobile 11 O.A. No.05/2026(CZ) Mr. Rashid Noor Khan Vs. Collector, Indore & Ors. O.A. No.06/2026(CZ) Kamal Kumar Rathi vs. State of Madhya Pradesh & Ors. application for drinking water supply, enabling regular disclosure of water quality parameters, test results from accredited	In compliance with the directions of the Hon'ble Tribunal under Point No. 21, the Municipal Corporation is taking steps to strengthen the Management Information System (MIS) relating to drinking water supply. Necessary initiatives are being undertaken for development and operationalization of a consumer-facing digital platform/mobile application through which citizens will be able to access information regarding complaint grievance. Further, the Municipal Corporation is working

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	laboratories, supply schedules, alerts in case of contamination, and grievance redressal status so as to enhance public awareness, transparency, and informed consumer participation regarding the quality of water being supplied on a regular basis and to undertake public awareness programs and ensure public participation with respect to drinking water safety, including dissemination of information regarding water quality, risks of contamination, grievance redressal mechanisms, and preventive measures, through print, electronic, and digital media, in order to promote transparency and informed citizen engagement and also to undertake comprehensive GIS-based mapping of all drinking water pipelines, including Narmada-based supply lines, and sewerage/drainage networks across urban areas of the State, and to identify points of close proximity, intersection, reverse gradients, and vulnerable segments, with a view to preventing sewage ingress into potable water systems and enabling data-driven planning, monitoring, and timely rectification.	towards systematic digitization of the water supply infrastructure which includes the work of GIS-based mapping of drinking water pipelines. Such mapping will facilitate better monitoring, preventive maintenance and timely corrective measures to avoid contamination. In addition, steps are being taken to enhance public awareness and transparency by disseminating information related to water quality, water testing reports, risks of contamination, grievance redressal mechanisms. The Respondent Municipal Corporation respectfully submits that necessary measures are being taken. Under AMRUT 2.0 scheme pipelines which are identified to be venerable are proposed to be replaced. DMA based distribution system to be laid down under this scheme and quality monitoring system such as residual chlorine will be installed at every over head tank. Also provisions are made to convert the intermittent water supply into continues water supply. Work order for these said work is already been issued and the time period for completion of these work is 36 months. The corporation will continue to improve the system in a phased manner to ensure safe, reliable and contamination-free drinking water supply to the citizens, in compliance with the directions of the Hon'ble Tribunal.

(आयुक्त महोदय द्वारा अनुमोदित)

अपर आयुक्त
(जलप्रदाय)
नगर पालिक निगम, इन्दौर

पृ. कमांक 373/जलप्रदाय/25–26/इन्दौर
दिनांक 18/03/2026

प्रतिलिपि –

1. प्रमुख अभियन्ता नगरीय प्रशासन एवं विकास म.प्र. भोपाल की ओर सूचनार्थ प्रेषित।
2. कार्यपालन यंत्री (जलप्रदाय) नगर पालिक निगम, इन्दौर की ओर सूचनार्थ एवं आवश्यक कार्यवाही हेतु।
3. क्षेत्रीय एवं प्रभारी अधिकारी म.प्र. प्रदूषण नियंत्रण बोर्ड की ओर सूचनार्थ प्रेषित।

अपर आयुक्त
(जलप्रदाय)
नगर पालिक निगम, इन्दौर

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Original Application No.05/2026(CZ)
(Mr. Rashid Noor Khan V/s Collector, Indore & Ors.)
And Original Application No.06/2026(CZ)

Photographs Taken During Visit of Bhagirathpura Area dated 07/03/2026













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