

ATRPFM supports delimitation base on 2001 census

IT News
Imphal, July 1:

All Tribal Rights Protection Forum Manipur (ATRPFM) in a press release have expressed their support to the proposed delimitation of the state for demarcating of new constituencies based on 2001 census by the central Govt. The Forum pointed that the erroneous census data of 2001 which was kept withheld by the Ministry of Home Affairs, Govt. of India has already been rectified and stand as official records today and as such the debate over the legality of the data do not exist. There have already been multiple calls to scrap the proposed delimitation by various NGOs and political parties of the state and to conduct it only after non-debatable and up to date data of 2021 census are available.

'Social stigma against migrants home returnees adds to the ongoing covid 19 pandemic'

IT News
Imphal, July 1:

Manipur Students' Association Delhi (MSAD) General Secretary Th Singhait in a press release stated that the problem faced by Corona virus patients, both recovered and unrecouped, and those migrants coming back home from different areas outside the colony (Manipur) has been increasing to a large extent. They including those tested negative are labelled, stereotyped, discriminated against, treated separately and experience loss of status due to which their caregivers, family, friends and communities are also negatively affected. More unfortunately, those recovered, tested negative and home quarantining and their families are facing serious discrimination from their own localities which is due to, as MSAD finds, a huge knowledge gap amongst the people. MSAD further state that those who have been tested corona virus positive and then recovered and again tested negative are supposed to be safer than the rest of people who have never been tested. For the rest of people who have never been tested, they are more risky than those who have been at least tested negative i.e. the former have more chances of carrying the virus at any time than the later. As they have survived the

intimation period, they are totally clean. We, people should be aware of this. Without focusing on the authenticity of the test result, we should not be blindly targeting on the number of days quarantined. It is clearly seen that there is a social stigma against the migrant Covid-19 survivors who are coming back home and staying quarantined. However, it should be known that they are safer than those who have been staying home without being tested. Moreover, it is desirable that the returnees are facilitated to be tested before coming back.

Second, they are to be tested as soon as they have landed. If a Corona virus positive patient who is still not known for the reason that she/he has not yet been tested stays longer without being tested, there is greater chance of spreading the virus during the period of their stay. But, if she/he is tested as soon as arrived, he/she could have been isolated and thus, prevent from spreading the virus. In the meantime MSAD pay sincere condolences for Naoroibam Sarju, who took her own life on Sunday 28 June the last day of her home quarantine as advised after being discharged on June 14 from the Jawaharal Nehru Institute of Medical Sciences (JNIMS) as she had been found to be Corona virus positive and was lodged in the isolation ward of the hospital.

IMA questions ethic behind self paid quarantine for COVID-19 health workers

IT News
Imphal, July 1:

The Indian Medical Association (IMA) Manipur Branch, in a press release expressed strong resentment over the office memorandum issued by the Principal Secretary (Health & FW), Govt. of Manipur on 29th June whereby doctors and health workers involved in treatment of Covid-19 patients in hospitals are required to undergo mandatory

quarantine after their duty period and also avail paid quarantine at designated hotels on self payment basis. The association had asked for revoking the said order immediately as it seems to undermine the dedication and commitment of the Covid-19 frontline health workers, who are doing a selfless act of fighting a pandemic of global scale. This Office memorandum comes at a time when other state govts. are making arrangements for free

quarantine of the front line health workers even in 5 star hotels. This disparity in treatment would surely act as dampener to the enthusiasm of health workers of the state.

The proposed system of self paid quarantine of Covid-19 frontline workers has been questioned by certain sections of the society. Khurajam Athouba, General Secretary, United Committee Manipur (UCM) is his Facebook post has termed the order as not

only abusive but discriminatory to the health care community by the Govt. concern department. "While the Govt. is spending crores of rupees to those...returnees, paying their travel fare, fooding and lodging fees at quarantine centres, sanitization works etc. The same Govt. wants to make doctors pay their quarantine fees, that to for performing the duty of curing the same people sponsored by the same Govt." - he said.

"Apple App store" and "Google Play store" remove "Tik Tok"; Alternatives available to replace Chinese apps

IT Correspondent
Mumbai/Delhi, July 1:

As a sequel to ban on 59 Chinese apps in the country by Union Government, one of the most popular short video applications "Tik Tok" has been taken down from "Apple App store" and "Google Play store". "TikTok" had nearly 119 million active users in India and was among the top 10 apps on "Google Play store" and "Apple App store". Users who still have the "TikTok" app on their mobile phone can still use it,

however, the app can't be downloaded anymore. Most other Chinese apps banned in India are still available for download. "Nikhil Gandhi, Head of "Tik Tok" in India said that "Tik Tok" continues to comply with all data privacy and security requirements under Indian law and has not shared information of its users with any foreign government, including the Chinese Government. Whereas China, through newspaper, "Global Times" has said that "Modi government needs to prevent economic conflict" and India's Chinese app ban will hurt Indian IT workers and escalate tensions. Indian users are now on the lookout for alternatives to

replace these Chinese apps and some alternatives are available. They are: **Banned Chinese apps:** CTikTok, Helo, Bigo Live, Vigo Video, VMate and Kwai. **Alternative:** The Indian apps including Mitron and Chingari, can be used although they aren't quite as established as their Chinese counterparts. UC Browser, DU Browser, CM Browser and APUS Browser. **Alternative:** Google Chrome and Mozilla Firefox are two of the best alternatives. Both the apps constantly add new features and are very safe options. One can also try JioBrowser, which is one of the most popular Indian mobile browsers that offer a fast and secure internet surfing

experience. It also offers an experience similar to UC Browser when it comes to its engaging News and Entertainment content. YouCam Makeup, BeautyPlus and Photo Wonder Alternative. **Alternative:** B612-Beauty & Filter Camera is a good alternative to replace any popular photo editing tools on handset. The app also comes with more 1,500 diverse stickers and a range of real-time beauty effects. SHAREit and Xender. **Alternative:** SuperBeam is a popular alternative to file sharing apps like SHAREit and Xender. Users can use Wifi Direct, NFC or QR codes for sharing large files and can also use it to transmit files to and from one's computer.

★ Editorial

Apologetic misnomer

Shouldn't it be an apologetic misnomer, if one tried his level best to prove self as the best in front of their superiors when the society knows the fact that 50% of the reason for the failure of government runs schools in the state are because of the irresponsible officers of the state education department and the teachers to be left aside the irresponsible attitude of the Education Ministry? Had they performed earlier equal to what they had expressed yesterday then the state education sector particularly the government-run schools would have been much better than the private schools.

The present Education Minister Th. Radheshyam talking during a mega consultative meet in connection with whether to open or remain shuts the education sectors in the backdrop of the COVID-19 pandemic held at City Convention had stated that - the state education sector was abnormal with full of loopholes and drawbacks even during normal times. If that was a situation imagine the situation of this sector during crisis time.

During the series of the penal discussion held yesterday, that was moderated by various well-known academicians, many stakeholders mostly from teaching communities gave mind-blowing suggestions on how to impart education to students amidst COVID-19 lockdown. The needs for the opening of the school is felt by each and everyone but what is surprising is the enthusiasm of some members of the teaching community who are eager to open the school without giving proper and logical proposal of how it will be done by assuring that the students, who are the future of the nation are safe and secure from the attack by the invisible enemy.

Nothing practical was discussed during the day-long consultative meets to assure that children get education amidst this pandemic. Even the Education Minister and other top officials of the State Education Department gave no logical ideas on how to accommodate the students with proper education without affecting their careers.

Everybody knows, the WHO had directed to maintain physical distancing, and people are aware that close contact with people is a high risk of getting infected with the virus. So, why not any of the authority from the state education department suggested to replace the desk bench as single-seated table chair for students. Finding ways by ensuring the safety of the student is what is responsible for those running the sector and blah blah with theories and ideas borrowed from kitchen talk expert is not going to make sure that the future of the nation gets adequate education.

Nagaland declared disturbed area for 6 more months

'Law and order situation in Nagaland, disturbed and dangerous' - Home Ministry

IT News
Imphal, July 1:

The Union Home Ministry today declared extension of disturbed area tag to the entire state of Nagaland for 6 more months till December end of this year. The ministry in a notification had termed the prevailing law and order situation in the state as disturbed and dangerous, which necessitates

the use of armed forces in aid of the civil power. "Now therefore, in exercise of the powers conferred by Section 3 of the armed forces (Special powers) Act, 1958 (No.28 of 1958) the central Govt. hereby declares that whole of the said state to be a 'disturbed area' for a period of 6 months with effect from 30th June, 2020 for the purpose of that Act," a notification by

the Home ministry said. It may be mentioned that the state has been under the coverage of Armed Forces (Special Powers) Act, 1958 ever since the formulation of the Act. This new development comes aftermath a 4 page letter written by the Governor of the State RN Ravi who in a scathing remark had termed the Chief Minister Nephui Rio led government as mute

spectators to rampant extortion and violence by armed gangs in the states. Governor RN Ravi also the chief Interlocutor of the Naga peace talks in his letter written to the Chief Minister on 25th June had quoted provisions of Article 371 (1)(b) of the Indian Constitution through which he seeks to usurp the powers of the Government with

matters to law and order in the state. He had said the State Government has been unable to reign in the illegal activities of the armed groups. It has failed to safeguard the legitimacy of the Constitutionally-elected state government which was being "challenged on a day-to-day basis by the armed gangs who question the sovereignty and integrity of the nation.

Smile Train India Strengthens Support To Cleft Patients During COVID19

IT News
Imphal, July 1:

The COVID-19 lockdown affected all non-Covid related health issues since OPDs and regular hospital services had been paused due to government guidelines. This not only led to suspension of time sensitive cleft lip and palate surgeries, but also left cleft patients and their families anxious and confused. This is where NGO Smile Train India's Toll Free National Cleft Helpline - 1800 103 8301 - proved to be a blessing. The cleft helpline became a support system during the lockdown to answer queries of parents ranging from how to feed a newborn with cleft lip and palate, when would they be able to seek free cleft

treatment for their child, to a young mother calling in after she was abandoned by her family because of her daughter was born with a cleft lip. 300 such calls were received during the lockdown. Cleft lip and palate, a birth anomaly, can be completely cured but it is important that children get treatment at the right age to live a healthy and productive life. This involves surgery and other related ancillary care. Delayed treatment can lead to speech and hearing problems, besides social stigma and isolation for the cleft patient. Smile Train India is an NGO which supports totally free cleft treatment. In the last 20 years, they have supported more than 6 Lakh free surgeries for children across

India. Talking about the situation, **Mamta Carrol, Smile Train's Vice President and Regional Director for Asia** said, "Our Toll Free Cleft Helpline was launched with the objective of creating a readily accessible national resource for cleft patients and it proved to be a huge support to patients and their families during the lockdown. With enhanced safety guidelines to protect both patients and health workers, our partner hospitals across the country are now slowly resuming cleft surgeries. In fact, surgeries have resumed in Manipur and we are supporting free treatment for cleft patients." Smile Train Partner surgeon **Dr. Kh. Palin Singh, Smile**

Train Project Director at Shija Hospitals and Research Institute Private Limited said, "Treatment for cleft lip and palate should not be delayed beyond a certain time as it leads to larger problems such as incorrect speech, orthodontic problems etc. With the support of Smile Train, we have been able to provide safe and quality treatment to children born with cleft lip and palate to ensure they lead a productive life. Cleft is treatable and we are committed to help many more children across Manipur and Nagaland." Smile Train has supported more than 4,000 surgeries in Manipur and Nagaland through its partner Shija Hospitals and Research Institute Private Limited. Cleft

surgeries are also conducted at Oking Hospital, Kohima on a regular basis by Dr Kh. Palin Singh and his team. To avail free cleft treatment, please call Toll Free Cleft Helpline - 1800 103 8301. **About Smile Train** Smile Train empowers local medical professionals with training, funding, and resources to provide free cleft surgery and comprehensive cleft care to children globally. We advance a sustainable solution and scalable global health model for cleft treatment, drastically improving children's lives, including their ability to eat, breathe, speak, and ultimately thrive. To learn more about how Smile Train's India's sustainable approach, please visit smiletrainindia.org.

Pandemic of Tobacco Consumption

By: Sanjenbam Jugeshwor Singh

“World No Tobacco Day” is celebrated with different theme each year with this year’s theme “Protecting Youth From Industry Manipulation & Preventing Them From Tobacco & Nicotine” around the World every year on 31st May, to inform the public on the dangers of using tobacco, the business practices of tobacco companies, what World Health Organisation (WHO) is doing to fight the tobacco EPIDEMIC and what people around the World can do to claim their right to health and healthy living and to protect future generation. Then what is tobacco? How tobacco & Tobacco products are permitted to sale openly inspite of statutory warning written in all tobacco products as “Tobacco Causes Painful Death/ Tobacco Kills, Causes Cancer/ Smoking is injurious to health etc”. Yes, Tobacco is the agricultural product of leaves of plants in the genus Nicotiana. All species of Nicotiana contain addictive drug nicotine-a stimulant and sedative contained in all parts of the plants except the seeds-which occurs in varying amounts depending on the species and variety cultivated. The vast majority of commercially available tobacco is derived from the species “Nicotiana tabacum”, although it is also produced from Nicotiana glauca and to a lesser extent Nicotiana glauca, Nicotiana longiflora and Nicotiana rustica among others. Nicotiana rustica in particular contains much more nicotine than N-tabacum and other species of nicotiana and forms the basis of a number of unique tobacco products, including several preparations used in Latin American shamanic ceremonies.

Once tobacco has been grown, harvested cured and processed, it is used to produce a number of different products. These are most often consumable; however tobacco and the nicotine derived from it are also used to create pesticides. Tobacco product can generally be divided into two types: smoking tobacco and smokeless tobacco. Smoking is one of the oldest method of consuming tobacco leaves. Native Americans in both north and South America chewed the fresh leaves of the tobacco plants, frequently mixed with lime. Modern American style of chewing tobacco (colloquially known as chew or chaw especially in American south) is produced from cured and often fermented tobacco usually dampened and mixed with some type of sweetener often molasses. Twist tobacco may be an exception in this case as many brands of twist are not sweetened. In using chewing tobacco-at least types other than tobacco pellets, the consumer usually deposits the tobacco between the cheek and teeth and lightly macerates and sucks the tobacco to allow juice to flow. Thus, when chewing, it is common to spit and discard excess saliva caused by the release of

juices from the tobacco, justifying the existence of the spittoon or cuspidor. Chewing tobacco endemic to the western world is manufactured in several forms. Different types of chewing tobacco are endemic to the Indian sub-continent. Gutkha is a mixture of betelnuts, tobacco, and paraffin wax catechu and slake lime. Mava also known as mawa is a chewing tobacco product popular in Gujarat made with a mixture of betel nut, calcium carbonate and flavored tobacco. It is also known as faki or masala. A cigar is a tightly rolled bundle of dried and fermented tobacco which is ignited so that its smoke may be drawn into the smoker’s mouth and expelled. It is one of the oldest methods of preparing tobacco for consumption. Any combustible tobacco product that designed to be smoked—other than cigarette including cigars, cigarillos, little cigars blunts and bidis and other end products.

Tobacco contains nicotine, an ingredient that can lead to addiction, which is why so many people who used tobacco find it difficult to quit. There are also many other potentially harmful chemicals found in tobacco or created by burning it. Tobacco use in children and adolescence is reaching pandemic levels. The World Bank has reported that nearly 82,000 to 99,000 children and adolescents all over the world begins smoking every day. India is the third largest producer and consumer of tobacco in the world. The country has a long history of tobacco use. Tobacco is used in a wide variety of ways in India including smoking and smokeless use. Tobacco is smoked in the forms of bidis and cigarettes or by using devices like hookah, hookli, chhutta dhumi or chillum. Tobacco is also used in a number of smokeless forms in India which includes betel quid chewing, mishri, khaini, gutka, and sniff also as an ingredients of pan masala. According to the most recent Government of India’s National sample Survey data, there are 184 million tobacco consumers in India. About 40% of them use smokeless tobacco, 20% consume cigarettes and another 40% smoke bidis and about 20 million children of ages 10-14 are estimated to be tobacco addicted. Almost 34% Indians (57% men and 11% women) consume tobacco either in smoking (Cigarettes, bidis, hookah etc) or smokeless forms (gutkha, khaini, panmasala etc), the latter being more common.

Manipur occupies second rank in the use of smokeless form (47.7%) of tobacco after Tripura (48.5%). The commonest forms in the state is Betel Quid with tobacco, local term as Kwa Zarda. Its uses are ever increasing in number in the state of Manipur especially among the female population. Other forms of smokeless tobacco are Khaini (Golden Tobacco, Sajan, Kuber, Raja etc), Talab and Bombay with

processed tobacco, are abundantly available and its uses is very much common among youths (both boys & girls). Though these tobacco & tobacco related products are ban or restricted during present lockdown of Covid-19 by CSOs & Government, it is wide open that these products are available in plenty in Manipur. And it is reported that the prices of mitha pan betel leaves, processed tobacco called Zarda and khaini (all types) are sky high in the state at present. The betel leaves (Kwa Mana), the cost of which in the normal time generally varied from Rs 1000/- to Rs 1200/- per 300 plus piece (called one Phai) spiked at Rs 10,000/- plus during lockdown. Golden Tobacco khaini which cost Rs 15/- or so per dabha and Sajan Khaini its price is Rs 10/- per packet gone up to Rs 100 plus. Betel Quid (Kwa Zarda) which cost Rs 10/- per piece in the normal time escalated to Rs 50/- per piece. Female folk (generally) run here and there to get at least one such a piece and young boys and girls are looking for the Talab and Bombay (Processed pan with tobacco), the cost of which was Rs 5/- per packet during normal period hiked to Rs 25/- per packet, which indicates addiction in tobacco products. They don’t bother about daily essential of the family but seems very worried about these tobacco products. It is generally said that a middle aged Manipuri woman consumes at least five plus Kwa matap daily, which drains out our limited economy. Then what could be the monetary situation of the family? And how such menace has happened? What’s loophole to restrict it completely? Who are responsible in this racket? Who will fix them? It would not be wrong to say that the signature style of any Manipuri lady in a beautifully make up posture with distorted face due to ball like protrusion on the cheek because of Zarda pan in the mouth but neatly dressed. Tobacco consumption is a major global public health problem. One person dies every six second due to health related effects caused by tobacco according to World Health organization (WHO). Prohibition of smoking in public places (including indoor work place) has been enacted from 2nd October 2008 in the whole India. Direct or indirect advertisement and sponsorship as well as promotion of tobacco product has been prohibited. Sale of tobacco products to minor children less than 18 years age is also strictly prohibited and at the same time sales of any tobacco products within a radius of 100 yards of any educational institution is also ban. In spite of these prohibition, use of tobacco product both in smoke and smokeless form is escalating in many part of our country, which in fact is a menace to be controlled timely.

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Why people choose to die: Suicides and what surrounds it

Would it not remain a mystery unknown to the world? Or until unless we can talk to the dead would anyone truly know why? Why do people choose to die?

By: Jangholun Haokip

Suicide is a global phenomenon. According to the World Health Organisation data, close to 800,000 people die of suicide every year, this is one person in every forty seconds. This means that by the time you finish reading this article over ten people will have already died of suicide. In the year 2016, suicide accounted for 1.4 % of all deaths worldwide, making it the 18th leading cause of death.

Why people choose to die.
When people are going through an acutely difficult time, some are naturally convinced to believe that dying will end the pain. So, basically, it can be said that people choose to die because they are mentally and emotionally broken and there seems to be no way out. While there may be certain other factors responsible or known to have led a person to suicidal thoughts or subsequent suicides, according to *health.com*, a US based magazine focussing on mental health issues, and *verywell mind*, an online portal providing mental health information, there are five factors that can largely explain why people choose to die:

Depression and other mental illnesses: While there are many factors that can influence a person’s decision to commit suicide, the most common one is severe depression. Most people make the decision to attempt suicide shortly before doing so impulsively rather than planning it out extensively. Depression can make people feel great emotional pain and loss of hope, making them unable to see another way to relieve the pain other than ending their own life.

Hopelessness: A feeling of total despair—a sense that there’s no escape from an ongoing intolerable situation—is another big risk factor. “Often people engage in suicidal thinking or suicidal behaviours because they feel like they can no longer withstand the psychological emotional pain that they’re currently in,” says Dr Maria.

Feeling like a burden: “A person with chronic pain or a terminal illness can also feel like a burden to others, as it becomes harder and harder to ask for yet another ride to the doctor’s office or more help with household duties or assistance paying for hospital bills. In fact, many people who decide to commit suicide often state that their loved ones or the world, in general, would be better off without them.

Stressful situations: Stressful situations can lead to suicidal thoughts, says Dr. Genovese. What counts as stressful covers a wide range of experiences, such as a relationship crisis, financial problems, academic or work pressures, bullying, health problems, loss of a loved one, and

so on. **Isolation:** Having family support and social structure is a protective factor against suicide, says Dr. Genovese. Conversely, people who lack support and community are at a heightened risk for suicide. Additional risk factors for suicide include previous suicide attempts, a family member who has died of suicide, alcohol or substance abuse, or a history of abuse or trauma. Not having mental health resources available is another risk factor, as is ready access to drugs, alcohol, and weapons.

Warning signs of suicide
Warning signs of suicides are indicators that a person may be in acute danger and may urgently need help. While some of these signs can be clearly noticed, some other signs can be totally vague. Some observable warning signs may include extreme mood swings of anxiety and agitation. Primarily, the people who are most vulnerable will most probably show signs of loneliness and depression, lack of interest in communication or incessant frustrated expressions, and prolong pervasive sadness among others. However, this doesn’t mean that vulnerable persons can all be recognised through these signs. There are also people who seem to experience no mental or emotional pain but who actually are otherwise. These people do not have observable warning signs of suicide and hence are most vulnerable because they are more difficult to be recognised and given timely assistance.

What can you do to help?
To realise that we are responsible is the first step towards helping people in distress. If one may ask the reason why we are responsible; it is because we are as much a component of the social entity as much as we are as individuals. This naturally points to the fact that each of us are determinants of society in some way or the other; that the person that we are in some way gets to shape the society that we live in. This may be in sharp contrast with a person who believe that what a person goes through as an individual is all up to him/her. While this may also be true to a certain extent, the fact that we shape the society and the society in turn shapes us still stands unquestioned.

With it, we must deliberately heed to the warning signs in a person. We must read the behaviours of people who we think are vulnerable—people who have recently been exposed to the factors that we believe are likely to incite suicidal thoughts in a person. Subsequently, we need to project that we are there to help, and we also need to assure them that there is hope so they can open up on their own as well and progress from there. Moreover, we must focus and root for people who truly need

us in this phase of their lives.

Let us again therefore recall what causes suicide. In a compendium, it is severe depression that vitiates a person’s mental and emotional wellbeing. Therefore, it is extremely important to be kind and considerate, and tender and compassionate towards our dealings with people around us. We have to realise that people are not all the same. Even though some are comparatively bold and confident, some others can be really weak and timid. Thus it is yet again imperative to be all-embracing, optimistic and approachable. We have to be able to encourage and appreciate people. We have to help them build their self-esteem by reminding them that they are as worth as every other person as a unique individual. And for society at large, we need to build a positive environment where we do not discriminate but appreciate the dignity and integrity of every individual.

Paying homage to Sarju Naoroibam

Although medical reports are yet to be ascertained, media quoted “mental stress” to be the reason behind the death of the 21 year old girl Sarju Naoroibam, a bright and promising student and an aspirant of the coveted Civil Service Examinations, who was allegedly found hanging in her room on the end of her quarantine period.

While the distressing suicide of an actor and an achiever Sushant Singh Rajput still echoes in our hearts, it is indeed extremely unfortunate that we have yet again lost a beautiful friend, a daughter, and a sister to the prejudices of our society, of our very own arrogance and impatience.

We have failed them, and along with them many others who have faced the brunt of the unkindness of our society, of stigma and prejudice—mostly unthought. We therefore need to pay them homage today; we need to take a pledge to fight against the social evils that directly or indirectly affects the mental and emotional life of a person; that we will take into account every individual, regardless of differences, and will, to the best of our conscience, strive to making the world liveable for everyone.

Ap!ea!
And if suicide ever crosses your mind, my friend, please remember silver linings and lights in the end of a tunnel are not just myths but are for real. Time will inevitably play its part eventually. Until then, my friend, you just need to be strong, and you just need to love yourself just a little bit more or you can reach out to me anytime.

May their souls Rest In Peace!
(This article was written with valuable inputs from friends from different walks of life and of whom I am deeply grateful)

IBSD Sikkim distributes surface disinfectant to GMC

IT News
Gangtok, July 1:

As an initiative taken by Institute of Bioresources and Sustainable Development (DBT-IBSD), Regional centre, Sikkim to help fight the corona virus pandemic in Sikkim State. IBSD, Sikkim team today distributed surface disinfectant as per World Health



Organization guidelines to the employee of Gangtok Municipal Corporation. The initiative of free distribution of the above items was taken up under the guidance of Director of the institute, Prof. Pulok K Mukherjee. The distribution was

made in view of help the state to fight against the COVID-19 pandemic. IBSD, Sikkim centre has been actively distributing hand sanitizers, consumables to fight the pandemic, COVID-19.

Lost

I, the undersigned, do hereby declare that, I have lost the saw mill license of M/S Thamol Lamkang Saw Mill while reconstruction of my office. Whereabouts of the license is still untraceable till today.

Sd/-
Sankhil Thamdol Lamkang
Thamlakhuren Village, Pallel, Manipur

Passbook Lost

I have lost my Bank Passbook of SBI Bank bearing Account Number 32280422242 issued by SBI Manipur University, Canchipur Branch on the way between Manipur University, Canchipur to Babupara on 15/05/2020. Finders are requested to handover to the undersigned.

Sd/-
Bibatsu Salam
#7005345029

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