Pregnancy and childbirth are very important events in the lives of women and families and represent a time of intense vulnerability. Women’s experience with maternity caregivers has the power to give strength and comfort or to cause lasting damage and emotional trauma (Kruk et al., 2009). Very often mother seeking maternity care becomes the victim of disrespect and abuse in care settings (Humiliation reported in Kenya, 2012). Diana Bowser and Kathleen Hill released a landscape analysis commissioned by the USAID, ‘Translating Research into Action (TRAction) Project’. Data collected from maternity care systems of over 18 countries, including the wealthiest to the poorest nations, indicated that disrespect and abuse of women seeking maternity care were becoming urgent problem worldwide (Kruk et al., 2009; Bowser & Hill, 2010).

A previous negative experience not only causes under-utilisation of skilled birth care but it can cause a lasting emotional trauma to a woman. So, the way of giving care definitely is an important point to reach the optimum goal of maternity care. That’s why ‘Humanisation of Childbirth movement’, began in Brazil in the 1970s. This focused on providing a birth experience that is fulfilling and empowering to women and their providers, and promotes the active participation and decision making of women. International Initiative on ‘Maternal Mortality and Human Rights’ (IIMMHR) also has given importance and recognised the integration of human right principles as significant to eliminate unnecessary maternal death and injury.

Respectful maternity care (RMC) means caring of mother during maternity, with maintaining women’s rights, social justice, social norms and giving importance to women’s decision making.

### Objectives

This study was undertaken with the following objectives:

- To develop and validate awareness programme on RMC.
- To assess knowledge level of antenatal women of control group regarding RMC without any intervention.
- To assess knowledge level of antenatal women of experimental group regarding RMC before and after administration of awareness programme.
- To find out the effect of awareness programme regarding RMC in terms of change in knowledge.

### Abstract

A quantitative study was undertaken to evaluate the effect of awareness programme on knowledge regarding respectful maternity care (RMC) among antenatal women in a selected hospital of West Bengal. In this study, quasi experimental research approach along with non-randomised control group design was adopted. Non-probability purposive sampling technique was used to select 60 antenatal women (30 each in experimental and control group) admitted in the antenatal ward, Medical College & Hospital (MCH) Kolkata during 1 Oct to 30 Nov 2013. Data was collected by a valid and reliable (r=0.86) structured interview schedule. Pre-test and post-test of control group was completed first. Then pre-test followed by awareness programme was given to experimental group and post-test was taken on Day 8. Results revealed that the mean post-test knowledge score (32.53) of experimental group was significantly higher [t (df29)=43.84**, p<0.05, p<0.01] than mean pre-test knowledge score (18.50). There was significant difference [t (df 58) = 9.99**, p<0.05, p<0.01] between the mean post-test knowledge scores of experimental and control groups, indicating the effectiveness of awareness programme. The study also found significant association between knowledge score of women with educational qualification ($\chi^2 df_1$ = 6.54, $p<0.05$) and socio-economic status ($\chi^2 df_1$ = 6.04, $p<0.05$). The study has implications in different nursing fields. The study recommends for a qualitative and survey on adherence to RMC.
To find out the association between pre-test knowledge score and selected demographic variables of antenatal women in experimental group.

Hypotheses

$H_1$ Mean post-test knowledge scores of antenatal women of experimental group after receiving awareness programme is significantly higher than mean pre-test knowledge scores at 0.05 level of significance.

$H_2$ Mean post-test knowledge scores of antenatal women of experimental group after receiving awareness programme is significantly higher than mean post-test knowledge scores of antenatal women of control group at 0.05 level of significance.

Literature Review

Poor quality of care and previous negative experiences with health facilities and little role in making decisions restrict women for institutional delivery in Ethiopia (S Shiferaw, M Spigt, M Godefrooij, Y Melkamu, M Tekie 2013). Memories of disrespect and abuse may stay with the women life long and strongly affect women’s feelings about their babies, about themselves as mothers (Stoffregen, 2010); this may cause profound consequences on the reproductive lives of the women, affecting sexuality, desire to have child and expectation of mode of delivery and it can influence the lives of women during pregnancy and childbirth (A Mette, H Kjaergaad, J Midtgaard, 2013).

Methodology

In this study, a quasi-experimental research approach with quasi-experimental non-randomised control group design was adopted.

Symbolic presentation of the design-

\[
\begin{align*}
E & : \text{Experimental Group (E)} & \text{Day-1 x Day-8} \\
C & : \text{Control Group (C)} & O_1 \rightarrow O_2 \rightarrow O_3 \rightarrow O_4 \\
\end{align*}
\]

Where

$O_1$ - Pre-test knowledge of experimental group.

$X$ - Introduction of awareness programme.

$O_2$ - Post-test knowledge of experimental group.

$O_3$ - Pre-test knowledge of control group.

$O_4$ - Post-test knowledge of control group without introduction of awareness programme.

--- - No intervention.

Pilot study was conducted at Lady Duffrin Victoria Hospital, a part of MCH and final study was conducted at antenatal ward, Medical College and Hospital, Kolkata. Population for this study was the all antenatal women of West Bengal. Samples were antenatal women admitted in the antenatal ward of that hospital and who had fulfilled sampling criteria. Non-probability purposive sampling technique was adopted to select sample. Total 35 and 37 samples were selected for control group and experimental group respectively but due to sample mortality (DORB/ discharge/ onset of labour pain) final sample size was 30 in each group.

Inclusion Criteria: Newly admitted antenatal women (admitted within 8 am – 4 pm) during the data collection period irrespective of gestational age; antenatal women who were supposed to stay in hospital for at least 7 days, who understood Bengali/English, and were willing to participate in the study.

Exclusion Criteria: Antenatal women who were very sick and those who were mentally challenged.

Data Collection Tools and Techniques

Structured Interview schedule included demographic variables like age, inhabitation, educational qualifications, occupation, socio-economic status and gravida. Structured Knowledge Questionnaire elicited knowledge of participants regarding RMC.

Validity and reliability of the tool: The tool and awareness programme were validated by 9 experts of different fields of nursing including an advocate to verify the content and legal aspect. Reliability was found 0.86 by Cronbach’s alpha method.

Ethical consideration: Ethical permission was received from MCH, Kolkata. Informed written consent was taken from the subject and confidentiality was maintained.

Final data collection: Pre-test and post-test of control group was completed first with a 7 days gap. After discharge of last participant in control group selection of participants in experimental group was started to avoid contamination of sample. Pre-test followed by awareness programme in same day was given to experimental group and post-test was taken on day-8. Data was collected from 1 October to 30 November, 2013.

Results

Awareness programme on RMC: There was 98 percent agreement in majority of areas of content and power point slide and pamphlet. Awareness programme was modified as per suggestions given by experts.

Table 1 shows that half of women (50%) in experimental and majority (60%) control group were in the age group of 19-25 years, majority of women belonged to urban community and APL socio-economic status in both the groups; all women were home makers.
Majority in experimental group (50%) and control group (46.67%) had educational qualification of 5th to 10th standard and above 10th standard respectively. In experimental and control group majority (56.67%) were primi-gravida and multi-gravida respectively.

Knowledge score of antenatal women of control and experimental group and effectiveness of awareness programme

Data presented in Table 2 shows that:

- There was no significant mean difference \( t (58) = 0.28; p>0.05 \) between pre-test knowledge score of control and experimental group which confirmed homogeneity of the groups.

- The mean post-test knowledge score (19.13) of control group is non significantly higher \( t (29) = 0.85; p> 0.05 \) than the mean pre-test knowledge score (18.9) without any intervention.

- The mean post-test knowledge score (32.53) of experimental group was significantly higher \( t (29) = 43.84^{**}; p<0.05, p<0.01 \) than the mean pre-test knowledge score (18.5) after administering awareness programme which showed effectiveness of awareness programme.

- The mean post-test knowledge score (32.53) of experimental group was significantly higher \( t (58) = 9.99^{**}; p<0.05, p<0.01 \) than the mean post-test knowledge score (19.13) of antenatal women of control group also showed the effectiveness of awareness programme to increase knowledge on RMC.

Association of knowledge score with selected demographic variables

Significant association was noticed between knowledge score of women with educational qualification \( (\chi^2 df = 6.54, p<0.05) \) and socio-economic status \( (\chi^2 df = 6.04, p<0.05) \) while no statistical association was found between knowledge score with age, inhabitant and gravida (Table 3).

Discussion

In the present study, lack of knowledge (below 50% mean knowledge score) during pre-test in both control and experimental group were in the areas of respectful maternity care with meaning (46.64%, 44.55% respectively); right to have information and informed consent and refusal (45.40%, 37.40% respectively); right for dignity and respect (43.33%, 33.33% respectively); right for liberty, autonomy, self-determination (34.33%, 39% respectively); prevention of disrespect and abuse (46.67%, 43.33% respectively) (Fig 1). In the pre-test there was inadequate knowledge (adequate knowledge \geq 75% \text{ knowledge score}) in all the areas of RMC among control and experimental group and beside this maximum number of antenatal women in experimental group (96.67%) and control group (90%) had inadequate knowledge regarding RMC. That means a large number of antenatal women are not aware about their rights.
These findings are supported by study conducted by Josephine Changole, Chiwoza Bandawe, Bonus Makanani, Kondwani Nkanaunena, Frank Taulo, Eddie Malunga and others where 51.0 percent had ever heard of patient’s rights. 57.4 percent knew that it is the right of the patient to have considerate and respectful care. Other rights mentioned by the respondents were medical information (26%), making decision about the plan of care (23%). Therefore, it is evident that, women have lack of awareness regarding their childbearing rights and concept of RMC.

Implications

This awareness programme can be utilised as a tool for generating awareness among women in general, childbearing women, families and communities including maternity care providers, students on RMC. All maternity units can use the pamphlet on RMC and that can be distributed to mothers approaching stage of maternity care. Posters on RMC should be present in all maternity care settings and can be helpful to prevent the violation of those rights. It can serve the basic knowledge for quality maternity care and quality improvement by prevention of unwanted disrespect and abuse of childbearing women. This is also helpful to construct the outline of rules, regulations, policy formulation for ensuring rights of childbearing women.

Recommendations

- A similar study can be done on a large sample in different settings or among different population (e.g., post-natal women, women, primi-gravida mother etc.).
- Studies on (a) assessing the types and the prevalence of disrespect and abuse of labouring mothers and associated factors and (b) quality of maternity care perceived by childbearing women attending selected hospital can be conducted.
- Qualitative study on perception of maternity care by the childbearing women in childbirth settings can be undertaken.
- Survey can be conducted to assess the adherence to RMC.

Conclusion

The study concluded that although the knowledge of antenatal women regarding RMC is not adequate but some knowledge is present among them and the awareness programme on RMC is found effective enough to enhance the knowledge of the antenatal women.

References

How to Keep on Receiving Copies of TNAI Bulletin

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TNAI Bulletin is a non-priced monthly organ of TNAI mailed to members. Many times, the actual address of the member remains un-updated, only institution address exists in TNAI records entailing massive wastages. In view of costs involved in producing and mailing it, and noticing that the copies do not many times reach the proper hands, as cost curtailment measure the Editorial Advisory Board members have advised that copies of TNAI Bulletin be mailed only to genuine readers.

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कुदरती तरीके खासे सहायक हैं कैंसर से निजात दिलाने में

कैंसर दशकों से चिकित्सकों, स्वास्थ्य कर्मियों तथा सरकारों की चिंता का विषय है और चुनौती भी है। इसकी उत्पत्ति और दवाओं पर लगातार चलते शोध और मौन, इलाज, निगरानी तथा देखभाल सहित भारी रकम खर्च के बावजूद इससे मिलेगा 70 प्रतिशत व्यक्ति रोग लगने के पांच साल में मौत को पारे हो जाते हैं। अगले साल दिनों को ये समस्या बढ़ जाएगी और दवाओं, समय और स्वास्थ्य के साथ साथ पीढ़ियों होते हैं। ऐसे में आज की किरण दिखती है। प्रत्यक्ष तौर पर सरकार और शासकीय विषय होने के साथ साथ पीढ़िया होती है। उपरिक्ष आयु का केंद्र रखते हैं। विश्वसनीयता पर कैंसर के इलाज और देखभाल संबंध में 113 अरब दालर खर्च किए जाने के बावजूद इस भयावह बीमारी से लाखों 70 लाख मौत हो रही है। यह राष्ट्र 2021 में 147 अरब दालर तक पहुंच जाएगी।

शारीरिक अभाव, योग, ध्यान, कुदरती साधनों—फलों के अधिकारीव रूप, मानसार्थी त्वरीग के अब तक निर्दल्लित वैज्ञानिक प्रयोगों में प्राकृतिक जीवनशैली की कारगरता साबित हुई है। इसीलिए अमेरिकन इंस्टूट्स फॉर कैंसर रिसर्च की संस्थान है कि भोजन मानसार्थी का अन्य एस-तिहाई से अधिक थीक नहीं है।

स्थूलतौर पर कहें, तो शरीर के जिन अंशों—प्रत्येकों से निस्तंब कार्य न लिया जाए उनमें रक्तबंध हो और रक्त क्षत होते—होते वे मृत्युप्राय हो जाते हैं। शरीर की अनुभुती तौर पर कैंसर की कारकों को पनाम का अनुकूल वातावरण प्रदान करता है। स्वस्थर होने के लिए इसीलिए तथ्यात्मक वायुमार्गी है। वैज्ञानिक गुरुओं में काटना, एंडोवस्कसो या छात्री की कैंसर और उनके महिलाओं में छात्री का कैंसर अधिक होता है। लोकसत्ता के तथा सीडीसी के पूर्व निदेशक टम फायडिंग के नाम में "शारीरिक सक्षमता से बने ही आपके वजन में गिरफ्तार न आए जूतों आपमें कैंसर, जित की बीमारियों, जीवन और अंग्रेज़ी का जोखिम घट जाएगा, इसे आप अदुस्थूर दरा मान सकते है।" कैंसर के इलाज में दवाओं के बदले या इनके साथ व्यावहार, योग, प्राकृतिक जंतु बुद्धियों और संस्कारों—फलों का समावेश आस्प करने की चर्चा माना हो रही है।

शरीर एवं नीतियों—फलों का समय विषय होते हैं। नीतियाँ त्रंस्फील्मेंट इसलिए जीवनशैली विषय होने के मीडिया हर लाख में मौत और उनके कैंसर का जोखिम घटता है। ग्रीबी टी की सेवन से बढ़ी आंत, लीर, छाती, ऊटकों, लच्छा तथा अन्य कैंसर में लाम देखें गए हैं। अंत के में दिनांक रेजसेंट्ल में स्वास्थ्य अंतर्वेदर और एंडोन्युक्सिन गूड है। जॉर्जार्डियन्स्टिंके ने अनेक परीक्षणों में अदरक और हल्दी के सेवन को बीमारियों से बच गुड़ा अधिक बोधवार बताया है। अमेरिकी कैंसर शोध संस्थान का कहना है कि गहरे रंग की पत्तेदार संस्कारों व फलों में कैंसर से मुकर्ना करती हैं। छोटे से दवाओं के सेवन को तब औपचारिक उपचार का रूप में कर दिया है।

कैंसर के नियंत्रण को दु:ंकर बनाता इसकी विभिन्न उपचार का बलामात, बेदाम स्वरूप है। वितर्कित के भारतीय साइटों के जी कूलोजी सेंटर की राय में सामाजिक खाने—मिलिन्स (मिलिन्स यानी कैंसरजन्य) कारकों की वृद्धि। और मोटे एक विशिष्ट तौर पर से होती है, इसका एक पैनेल होता है। अत: इसका कल्प में लागु करके बनना है। इसके विपरीत मिलिन्स कारकों की निस्तंब विभाजित होते—होते के शाखा तेज से प्रसारित होती है। इस मौसम भी नहीं है, बस मौसम छिड़के से ही आसार हो कर खाने—मिलिन्स कारकों के प्रचार का पूरा में आना है। रोग बढ़ सकता है।

कैंसरप्रस्त व्यक्ति को अलग—थलग छोड़ने के बजाए उससे संबंध बनाने रखें और उसकी यथासंभव मदद की जानी चाहिए।

— हरीश भड़वाल
WORLD CANCER DAY: 4 February

Considering increasing prevalence of cancer the world over, the Union for International Cancer Control (UICC) observes World Cancer Day (WCD) on 4 February to raise awareness about genesis of cancer, and to encourage its prevention, detection and treatment.

Cancer is a disease in which a group of normal cells within the body lead to uncontrolled, abnormal growth leading to formation of a lump, called a tumour. Tumour develops in all cancers except leukaemia (cancer of the blood). When left untreated, tumours spread to the surrounding tissue, or to other parts of the body via the bloodstream and lymphatic systems. Cancers affect the digestive, nervous and circulatory systems, or may release hormones that disturb body function. The rationale behind the WCD observances is that only collective endeavours of individuals, organisations and governments can reduce premature deaths due to cancer and other non-communicable deaths by 25 percent by the year 2025. WCD encourages policy makers, UICC member organisations and other health bodies to make cancer a priority.

The year 2019 marks the launch of the 3-year (2019-2021) campaign, ‘I Am and I Will’. It is an empowering call-to-action urging for personal commitment and represents the power of individual action to mitigate the woes of those living with cancer.

Founded in 1933, UICC is a leading Geneva-based consortium of 460-plus organisations across 120 countries endeavouring to bring down the global cancer burden by 2020. WHO and the International Agency for Research on Cancer (the specialised agency of WHO) collaborate with other UN bodies and other partners towards prevention and control of cancer globally. World Cancer Day provides an opportunity for everyone concerned by cancer to work together to ensure that world leaders stick to the promise made at the UN Summit for reducing the impact of cancer. The main programme is held at Geneva, Switzerland while the UICC member-countries organise it at their levels.

<table>
<thead>
<tr>
<th>Types of Tumours and Cancer Types</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tumours:</strong> All tumours can be divided into three groups: benign, malignant or precancerous. Benign tumours are not carcinogenic (i.e. cancer causing) and rarely threaten life. They tend to grow quite slowly, do not spread to other parts of the body and are usually similar to normal, healthy cells. Malignant tumours grow faster than benign tumours and can easily spread and harm other tissues.</td>
</tr>
<tr>
<td><strong>Cancer Types:</strong> Cancer can be classified according to the type of cell they start from. Carcinoma is a cancer created, and may invade the surrounding tissues and organs and metastasise to the lymph nodes and other areas of the body. The most common forms of cancer in this group are breast, prostate, lung and colon cancer. Sarcoma is a category of malignant tumour of the bone or soft tissue (muscle, fat, blood vessels, nerves and other connective tissues). Common forms of sarcoma are leiomyosarcoma, liposarcoma and osteosarcoma. Lymphoma and Myeloma are cancers that arise in the immune system. Lymphoma is a cancer of the lymphatic system, which runs all through the body, and can occur anywhere. Myeloma (or multiple myeloma) begins in the plasma cells, a type of white blood cell that produces antibodies to help fight infection. Leukaemia is a cancer of the white blood cells and bone marrow (the tissue that forms blood cells). Brain and spinal cord cancers are called central nervous system (CNS) cancers. Some are benign while others can grow and spread.</td>
</tr>
</tbody>
</table>

National Science Day: 28 February

On 28 February in the year 1928, the renowned Indian physicist Sir Chandrasekhara Venkata Raman discovered the phenomenon of scattering of light, popular as Raman Effect, at the Indian Association for the Cultivation of Science in Kolkata.

National Science Day is celebrated every year in India on the 28 February to pay tribute to the ‘Raman effect’, discovered by the Indian physicist, Sir Chandrasekhara Venkata Raman. Dr Chandrashekara Venkata Raman was the Nobel Prize winner in Physics in 1930. The idea behind science day celebration is to promote ‘scientific spirit’ and inculcate scientific thinking, especially among the young students, so that orthodox beliefs and traditions, which impede the healthy growth of individuals and the nation, are shed.

Recognising the significance of the discovery in the field of Physics and the contribution of C.V. Raman, the National Council for Science and Technology Communication (NCSTC) proposed to celebrate 28 February as National Science Day. The Government of India approved the request and therefore since 1986.

National Science Day is celebrated by several Colleges, Universities, Schools, Researchers, Scientists, and Educational Institutions, Medical, Technical, etc. in various parts of India.
### Advertisement Rates

**Bi-Monthly *The Nursing Journal of India (NJI)* and Monthly *TNAI Bulletin***

Consequent upon the decision of TNAI Executive Committee/ Council meeting held on November 18-19, 2014 at Lucknow (Minute No. EC/CL/2014/30, the advertisement rates for the NJI and TNAI Bulletin have been modified from April 2015 issue onward, as under.

#### The Nursing Journal of India (NJI) – Bi-Monthly

<table>
<thead>
<tr>
<th>Advertisement Size</th>
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<th>Casual Rate Per issue (Rs.)</th>
<th>Foreign Advertisement Rate in US Dollar ($) Per issue</th>
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<td>63,800</td>
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1200

#### TNAI Bulletin – Monthly

<table>
<thead>
<tr>
<th>Advertisement Size</th>
<th>Contract Rate Per issue (Rs.)</th>
<th>Casual Rate Per issue (Rs.)</th>
<th>Foreign Advertisement Rate in US Dollar ($) Per issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Cover Inside/Last Cover Inside/Last Cover</td>
<td>30,400</td>
<td>36,500</td>
<td>2,025</td>
</tr>
<tr>
<td>Full Page B/W</td>
<td>22,300</td>
<td>24,300</td>
<td>1,620</td>
</tr>
<tr>
<td>Half Page B/W</td>
<td>12,200</td>
<td>16,200</td>
<td>810</td>
</tr>
<tr>
<td>Quarter Page B/W</td>
<td>8,100</td>
<td>12,200</td>
<td>405</td>
</tr>
</tbody>
</table>

**Job Work B/W**

Rs. 1215 per column centimeter with minimum size as 7 cm i.e. Rs. 8,500 minimum charge

**Lost & Found B/W**

900

- Contractual rates applicable to a minimum of 6 insertions in twelve months.
- Advertisement matter mentioning the size of advertisement, month of publication along with payment should reach TNAI office latest by the first day of the previous month (e.g., for publication in June, the advertisement matter and payment etc., should reach us latest by May 1).
- Outstation Cheques will not be accepted.
- Payment shall be made in advance through Demand draft payable at New Delhi.

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