

DR. TATYARAO LAHANE AND THE GOVERNMENT EYE CARE SERVICE - THE INTRAPRENEURSHIP QUESTION

¹Dr. Ramakant Kulkarni, ²Dr. Mukund R. Dixit

¹ Professor, Chetan Business School, Hubballi, India

Email: ramakantkv@yahoo.co.in

² Independent Management Researcher and Facilitator, Dharwad, India

ABSTRACT

There is enough literature on entrepreneurship covering startups and the success and failures, the resources mobilization, product ideas, nurturing the set up and scaling, expansion, diversification and sell off and spinoff as well as well as failed ventures. Material is available on entrepreneurs sharing their success and hardships and how they withstood the demands on time, resources and marketing struggle to emerge as successful. While the stories of entrepreneurs are motivating and prove to be a lesson yet the success also is driven by the dedicated people that work for organization promoted by them.

To meet the demands of growth the entrepreneur should appoint people who can go to the market and get orders for the products of the enterprise.

The people who work with entrepreneur with the entrepreneurial mind set for the success of organization are intrapreneurs. Not much literature is available on this subject.

The organization's rules, regulations, bureaucracy, systems, freedom of expression and experimentation, tolerance for failure drive the people to work. The following possible scenarios emerge -

- *People involve in the work and contribute.*
- *People work only as per rules and avoid the risk of failures being questioned.*
- *People test the environment and proceed as per the situations.*
- *The environment in Govt and private organizations differs. The working systems in Govt organizations are driven by close compliance to rule, regulations and bureaucracy. Working in Govt organization and still contributing as an intrapreneur is a challenging task.*

The present study has attempted to trace a case of Ophthalmic surgeon who served the Govt Hospital and succeeded in serving the eye care needs in an effort to eradicate needless blindness in parts of Maharashtra.

This case chronicles the experience of Dr. Tatyrao Lahane, an eye surgeon in the Maharashtra Government Service, as he overcame, innovatively, the lacuna of the government set up and the rural health care context to perform 1,65,000 cataract surgeries in his 35 years of service. It delineates his initiatives to counter ignorance in the rural context, improve capacity

utilization, motivate his staff to organize eye camps in remote areas, conduct surgeries in leprosy ashrams, introduce new technologies and upgrade the government medical educational institutions in Maharashtra. Despite kidney transplantation at the early stage of his career he had worked daily for 15 hours and not taken a single day off for personal work.

Key Words: *Intrapreneurship, Organization, Rules, Systems, Surgeon, Hospital.*

INTRODUCTION

“What should I tell the young medical graduates who would meet me soon?” asked Dr. Tatyrao Lahane, 65, (Dr. Tatyrao) on June 29, 2021 as he reflected on his experience of working in the government set up to deliver eye care to the poor and needy. He was aware of the perceptions and realities about the lacuna of the government set up like inadequate and sparingly maintained infrastructure, insufficient manpower, limited skill upgradation, shortage of funds, high patient load and declining concern for quality of service delivered. The health care context, especially in rural areas, was beset by superstitions, misunderstanding and ignorance. He recollected how in his early days of service he and his team members had run for their lives from the stone pelting villagers. On another occasion he had felt like the representative of ‘Yama’, the Lord of Death. Amidst this, he had performed over 165,000 cataract operations in his 35 years of service in the Maharashtra Government. He had received the Padma Shri, the fourth highest civilian award in 2008. He was popularly known as Dristi Denara Doctor, one who gives vision, in Marathi. Exhibit1 provides the list of awards received by Dr. Tatyrao.

Dr. Tatyrao hailed from a farming community in Makegaon, a village in Ranepur town, Latur district, Maharashtra State. Having joined the Maharashtra Government Service in a rural medical college as a lecturer in 1985 he had risen to be the Director - Directorate of Medical Education & Research (DMER), Government of Maharashtra, in 2018. He was to retire on July 1, 2021. A team of medical students had sought an appointment a day before retirement to discuss various aspects of working in the government set up. While he reflected on his forthcoming interactions with younger graduates, he wondered what his response should be to the question, “What would you do after retirement?” posed by the anchor of the Marathi TV Channel ‘ABP Maza’¹²³⁴.

DR. TATYARAO’S FAMILY BACKGROUND AND MEDICAL STUDIES

Born on February 12, 1957 to Pundalik Rao and Anjanbai Lahane as the eldest of seven siblings, Dr. Tatyrao grew up in an impoverished environment. He studied in the local government school up to fourth standard. Dr. Tatyrao secured the first rank in the fourth and seventh standard examinations and secured the government of Maharashtra scholarship. In the

Tenth standard public examination, he secured the tenth rank. Dr. Tatyrao joined the Vidyanath College in Parli, District Beed, Maharashtra State in 1975. See Exhibit 2 for the map of Maharashtra. Dr. Tatyrao was motivated to join the medical college for higher education while studying in the first year at Vidyanath College, when a student in the nearby village was facilitated for securing admission in the medical college. Dr. Tatyrao secured admission in the MBBS course in 1976 at Aurangabad Government Medical College⁵. He borrowed books from the college library and studied in the library itself.

He completed his MBBS in 1981. He chose ophthalmology as there was a provision for earning a stipend of INR 700 during the studies and he needed an income source to meet his family's financial needs. He completed the MS course in 1985. When asked whether he regretted his decision, Dr. Tatyrao replied:

No this was perhaps the best decision for me. It gave me such a great opportunity to serve the underprivileged and old people whose blessing I received every day morning when I went on rounds, I found a great motivation in my work which I thought no other area would have given me.⁶

After completing his MS, Dr. Tatyrao joined Rural Medical College⁷, Ambejogai, Beed District, as a lecturer on May 15, 1985.

The National Blindness Control Programme in Maharashtra had witnessed challenges in its implementation and a survey⁸ conducted in the Nandurbar area of the State revealed that the main reasons were lack of awareness (41%), long wait (18%) non-accessibility due to distance (12%). Apart from these the other reasons were belief that blindness was due to fate, lack of facility, non-availability of support from family members to help patients to take to surgery, fear of surgery, fear of losing sight post-surgery, affordability.

ATTEMPT AT ORGANISING AN EYE CAMP AND BEING HIT BY STONES

In the initial days of his practice at the rural college hospital, he did not get patients with eye ailments. After joining the college, he met his friend, a deputy collector, at his residence and noted that his father was put up in the backyard of the house because he was blind. At the backyard he could attend to his natural calls without disturbing the home environment. Dr. Tatyrao felt that if the father of a deputy collector was reduced to the state of being put up in the backyard, there could be many in that situation in many homes. He decided to help such people by conducting community camps, diagnosing patients needing eye care service and treat them there itself. He went to Nadurgaon, a village near Ambejogai and met the village chief

and explained the purpose of his visit and intention. As soon as villagers who had gathered around heard the proposal, they got furious and started pelting stones at Dr. Tatyrao and his team. He and his team had to run away from there to save themselves from the fury of the villagers. After returning to the college, he learnt that the villagers did not trust eye treatment, especially surgery. One of the villagers had died after the eye surgery. Therefore, they had developed a belief that anyone who got his eyes treated would die. On investigation, Dr. Tatyrao noted that the villager had died not after the surgery but after hitting his head against the temple pillar.

SECOND ATTEMPT AND FEELING LIKE YAMA, THE GOD OF DEATH

Dr. Tatyrao decided to try again. He went to the village to meet his relative and noticed that her father-in-law was blind. In a conversation with him, the old man narrated his woes to Dr. Tatyrao. Noticing that he had developed cataract in both the eyes, he offered to perform surgery and restore his vision. The old man accompanied him thinking that it would be better to die than live a dejected life at the village. While taking the old man to the hospital through the village by lanes, the villagers treated him as if he was the God of death. Dr. Tatyrao recollected,

As I was walking with him, one of the villagers greeted the old man and garlanded as if to say good bye for ever. I felt as though I was the God of Death, ‘Yama taking the old man’s life.

At the hospital, Dr. Tatyrao performed the surgery and restored his vision. When the old man went back to the village and resumed his normal activities, the villagers were surprised. When the news of his success in regaining the vision spread in the village, 38 blind people went to college hospital to get treated. Dr. Tatyrao performed surgeries on them and succeeded in restoring their vision. He became the most sought-after eye surgeon in the area. He and his team at the hospital had to stretch beyond their capacities to meet the demand. The facilities of the hospital were also stretched. Earlier the utilisation of the hospital facilities was near zero. The staff used to spend their time waiting for the patients. The staff got motivated by the success of the camps and their initiatives. They worked along with Dr. Tatyrao and to enable him to succeed. In October 1993, Dr. Tatyrao was transferred as a professor to the newly set up Medical College in Dhule, Maharashtra State. As he established himself in the field, Dr. Tatyrao began entertaining the idea of setting up his own private practice. This would not only give him autonomy to serve the people but also enable him to earn well.

TO DEATH AND BACK

One day in November 1993 when Dr. Tatyrao was taking rounds in the ward, he fell down and was unconscious. His blood pressure was higher than normal. He was rushed to a hospital in Pune and later to another hospital in Mumbai for diagnosis and treatment. Dr. Kripalani, a well-known kidney transplant expert, concluded after investigation that both the kidneys of Dr. Tatyrao were not functioning well and there was no chance of survival. He advised him to take an appropriate life insurance policy (LIC). Accordingly, Dr. Tatyrao took an LIC policy that involved a monthly premium of INR 43,000, though he could not afford it on a meager salary of INR 7,000. One of the insurance advisors asked him to hide the information that he was suffering from kidney failure. He did not heed to his advice and shared the true picture in the policy form. His premise was that INR 43,000 was a onetime premium as he was destined to die next month.

He took treatment to manage his kidney health. As per doctor's advice he began going to the hospital in Bombay for dialysis once in two weeks.

AT J.J. HOSPITAL, BOMBAY

In 1994, Dr. Tatyrao requested the Government of Maharashtra to post him in Mumbai to enable him to undergo dialysis every week. Travelling every week from the remote region of Maharashtra to Mumbai was becoming difficult. He was transferred to Grant Medical College and J. J. Group of hospitals as a professor and head of the department of ophthalmology in July 1994. He was made the medical director of J. J. Hospital⁹ in 1995. During his tenure as the medical director, his senior remarked that he was deficient in English and asked him to go for coaching and learn English properly. Dr. Tatyrao mentioned:

I was 40-year-old then. I decided to join private English classes, attended those regularly with a strong will to learn this new language. It benefited me as later on I had to visit several countries where I dealt with everybody with ease¹⁰.

As the dialysis continued and Dr. Tatyrao showed signs of gaining strength, Dr Kripalani examined him again and found that Dr. Tatyrao was fit to undergo kidney transplantation. Though all his family members volunteered to donate their kidneys, it was his mother's kidney that fitted him the most. The kidney was transplanted successfully on February 22, 1995. Dr. Tatyrao mentioned that on that day he got his second life and he decided to give up his idea of setting up a private practice and devote himself to social service.

CATARACT SURGERY FOR LEPROSY PATIENTS

In 1998, Mr. Baba Amte,¹¹ a social worker who worked extensively on rehabilitation of leprosy affected people, approached Dr. Tatyrao to visit his ashram, Anandvan at Worora, Maharashtra, and treat the blind people there. There were thirty-six leprosy patients suffering from eye care issues. Dr. Tatyrao mentioned that the leprosy patients were regarded as undesirable cataract patients because there were significant complications after the surgery. A permanent loss of eyes of at least 70 per cent was reported in the medical literature. Dr. Tatyrao, operated on all of them and helped them restore their vision. The final results of the surgeries went against all the general findings and all of them got cured. Dr. Tatyrao mentioned that the technological developments and awareness of sterile procedures allowed him to minimize complications in leprosy patients¹². From that year onwards, he made it an annual practice to organise camps for leprosy affected people and operate on them wherever required. In 2000, he operated on 1491 leprosy patients. By 2022 he had given sight to more than 1600 leprosy patients.

THREATENED BY A ROBBERY GANG

Dr. Tatyrao travelled from village to village with his team to organise camps and conduct surgeries. On one occasion, while travelling through Nandurbar, a district in Maharashtra, he was advised by the police not to travel in the night as there was the risk of robbery on the road. Dr. Tatyrao and his team decided not to heed to the advice and travel in the night as it was important to reach the next village early and make preparations for the surgery. That night his team encountered a wayside robber gang, frightened by the inevitable consequence, Dr. Tatyrao and team members requested the gang to take away all their belongings but spare their lives. The chief of the gang, sitting far away on the roadside, got up and came to Dr. Tatyrao and asked whether he was Dr. Tatyrao. When he realised that it was Dr. Tatyrao, he touched his feet, recalled that he had done the surgery of his eyes and thanked him for the operation. He not only instructed his gang members not to harm the team and loot but ensured that their trip to the destination was smooth and free from any attack from other such gangs on the way. As they conducted camps in various villages, Dr. Tatyrao met villagers who had been operated and were doing well in their life. They spread the good word around and helped him conduct the activities of the camp smoothly.

SWITCHING OVER TO SUTURELESS SURGERY

By 1996, the technique of phacoemulsification¹³ for removal of cataract had stabilised. The technique removed the cataract by powdering the lens and removing it by suction. It required

an incision of the cornea, the covering film of the eye, of less than 2 mm against 14 mm in case of the then prevalent method of Extracapsular Cataract Extraction (ECCE).¹⁴ The incision was self-healing and hence it did not require sutures or four to five days of hospitalisation as in ECCE. By 1996, a few private eye hospitals had begun to offer Phaco surgery at higher fees. Dr. Tatyrao decided to introduce this procedure in the government hospitals and offer Phaco surgery at no cost to the patient. He attended a training course on Phacoemulsification in Israel before the introduction. Dr. Tatyrao mentioned that operating the Phaco machine required the use of both the hands. The initial days of training were spent on strengthening the left hand of the surgeon. He did not have to go through that part of the training as his left hand was already stronger from his practice of working on the farms. He learnt faster than other surgeons. In 1996 Dr. Tatyrao got the sanction from Government of Maharashtra to buy Phaco machines for use in the government hospitals. Commenting on the situation in J. J. Hospital, Dr. Tatyrao said:

When I joined the hospital, it was in bad shape: 30 patients every day and only 600 surgeries in a year. They were aiming to improve the hospital. ... I said I will try¹⁵.

The execution of Phaco project began in 1997. In this, he received support from his colleague Dr Ragini Parekh, who was already exposed to the technology. By 2003, the hospital reported completing 9,000 cataract surgeries. Dr. Tatyrao also continued his tradition of conducting eye camps. He took Phaco machines and operating microscopes with him to the camps. He also used disposable tools. Dr. Tatyrao mentioned:

I started suture less surgery and Phaco surgery camps in the rural area of the Maharashtra and the tribal area in the Maharashtra. I operated on more than 10,000 tribal patients. I was also working with the leprosy patients. And I operated on 1,311 leprosy cases for cataract.

The surgeries were followed up three times and the patients were provided with spectacles. The complications were taken to J. J. Hospital and treated. In his experience he encountered one or two complications in 25,000 cases. Commenting on the nature of surgeries done, Dr Parekh mentioned¹⁶:

I joined him after I finished my graduation, and I keep working with him because I have never found someone so dedicated and devoted. If we have a cornea in the night, you'll find him operating in the middle of the night.

The type of surgery he does in India, it's nothing different from what is done now in the [United] States. In fact, they say that the patients or the cataracts are much more difficult than what you see over there because we are a tropical country. What we try to

do is maintain the quality at the world level, not that we are a Third World country or backward. He sees to it that he maintains those standards.

By August 2007, he had conducted 100,000 cataract surgeries. He had also treated the VIPs of Maharashtra State. In 2008 he was awarded the Padma Shri by the President of India.

DEAN OF GRANT MEDICAL COLLEGE

In 2010, Dr. Tatyrao was appointed as the Dean of Grant Medical College and J. J. Hospitals (JJH). As the dean, he worked on injecting new technologies in the college and the hospital. He negotiated with the concerned ministries in Maharashtra to get a budget of Rupees Forty crore sanctioned to add facilities and instruments for different treatment areas. He built up facility for the stay of care takers who accompanied the patients. The western types of toilets were built in the hospital. A separate administrative block was built. In 2010 itself, he embarked upon a cleanliness drive and led it by joining the drive on every Saturday and Sunday. He attempted to make JJH free from any medicinal smell. During his tenure from 2010 and 2017 as the dean, the number of patients visiting the complex, increased from five lakh to ten lakhs per year. The number of surgeries per day rose from sixteen thousand to forty thousand. He commenced the project on making JJH the super speciality hospital that could take care of treatment for all the ailments. The project also had a plan to build helipad on the terrace of JJH to help transport patients from Airport to JJH directly and effectively use the one hour of golden time in emergency and speed up treatment and enhance survival chances of the patients. These efforts helped JJH achieve the fifth rank among the best hospitals in India from the earlier fifty-fifth rank in ratings. He also faced a court case when he was accused of atrocity against SC and ST¹⁷ but he was exonerated by the Hon. Court¹⁸. Dr. Tatyrao handed over charge to a senior professor in October 2017 after working for seven years and seven months¹⁹. Later Dr Saple²⁰ took charge as the dean.

DIRECTOR OF MEDICAL EDUCATION AND RESEARCH

In October 2017, Dr. Tatyrao was appointed as the Deputy Director of Medical Education and Research by the Government of Maharashtra. As the Deputy Director, he was to support the Director in providing administrative support to ensure efficiency and transparency in the administration of various Government Medical colleges. Within a year he was promoted as the Director of Medical Education and Research. He along with his colleagues had conducted 667 eye camps and checked the eyes of 3 million participants and provided them treatment. J. J. itself provided treatment to 2 million patients. Dr. Tatyrao himself had conducted 180 camps and done the surgeries of 150,000 patients. He was responsible for increasing the number of

eye surgeries from 600 per year to 19,000 per year at J. J. hospital. The total number of patients visiting J. J. Hospital doubled from 500,000 to 1,000,000. The number of surgeries increased from 16,000 to 42,000. A Choultry was built for accommodating the poor patients. The number of post graduate seats was increased from 97 to 175²¹.

FACING THE COVID CRISIS

During the closing part of 2019 the corona virus that was located in Wuhan, China spread rapidly to the other parts of the World and by March 2020, from the experimental lockdown to total lockdown was imposed in India to curtail the spread of virus and protect the lives of people. That severely impacted the movement of people but the medical emergencies due to Covid and other ailments calling for urgent attention put the medical staff and health care infrastructure in hospitals under severe stress.

During the Covid crisis of 2020 and 2021, he ensured that the impact of the infection was controlled and people lived safely. During the Covid-19 pandemic, he played a key role as a part of the core team that was advising Maharashtra Chief Minister Uddhav Thackeray. He was a member of Covid taskforce set up by the government of Maharashtra. He acted as the nodal officer in the Covid Task force. He took initiative to drive the Covid worriers and other medical staff in his institute and other private medical hospitals. He ensured that the testing labs increased from 3 to 215 during Covid times. He kept himself abreast of the daily changing guidelines on Covid and ensured that those guidelines were communicated to the concerned. Though he was kidney patients but set the example by visiting all Covid camps and wards which helped other medical staff to gain the confidence that if they get exposed to Covid they would be safe by following the Covid related precautions.

TWIN TASKS FOR DR. TATYARAO

Dr. Tatyrao was to retire on July 1, 2021. Despite the kidney transplant and continued medication, he had worked daily for 15 hours and not taken a single day off for personal work²². A day before the retirement day, a team of young medical graduates had sought his appointment for discussing various aspects of serving in the government set up. Dr. Tatyrao wondered what he should share with them. What he should do post-retirement was another question that had engaged his attention for more than a fortnight.

Having travelled all the way from working on farms to earning a living to guiding the future directions of medical education and research in Maharashtra state, answering the question about post-retirement career was daunting. His achievements in various stages of his career were in the context of a ready to use and improvise infrastructure, be it the hospital facilities

or the staff team. Post retirement he would be denied these. His experience, however, would continue to be with him. He had three broad directions to choose from. He could join a charitable trust hospital and continue to provide service to the people. There were fifty charitable trust hospitals in Mumbai alone. These hospitals relied mostly on the voluntary support of the surgeons to carry on their activities of providing medical services to the poor. Invariably they were constrained by funds and relied on donations. They tended to lag behind usage of advanced technologies. Dr. Tatyrao could get attached to multiple, if required, hospitals and provide voluntary surgical and administrative support. Alternatively, he could start his own eye hospital and build the infrastructure needed. These required funds support. It was estimated that a modern eye hospital with a capacity to service 150 patients a day required around INR 2crore. Being a government servant, he did not have sufficient personal savings. This meant that he had to borrow from friends or from financial institutions. Borrowing required that he earns enough to pay the instalment and the principal. The third option was to join a private medical college as a faculty. This provided opportunities to continue his teaching and research. Such colleges engaged in social work in a limited way. They relied more on the contributions provided by the paying patients. Dr. Tatyrao noted that there were positive and negative sides to each direction. What should he choose to fit his overall experience and competencies was his concern. The choice depended on how he viewed his experience as an eye surgeon in the government set up.

His family was well settled. One of his two daughters was an advocate and the other was a doctor. The son was also an ophthalmologist working in J. J. Hospital²³.

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4. This situation has been conceptualized by the case writers for the purpose of class discussion
5. Government Medical College, Aurangabad. Established on 15th August, 1956, it has commenced its activities with 50 students in the make shift bungalow of Nizam. The ophthalmology department was located in other part of the city. In October, 1964 a separate building was ready for the college and it started operating from that building. It was initially affiliated to Osmania University, Hyderabad. After 1963 it was brought under Marathwada University, (Now Dr Babasaheb Ambedkar Marathwada University) in Aurangabad
6. Interview by ABP Majha / Majha katta Marathi Channel dated 15/02/2020.

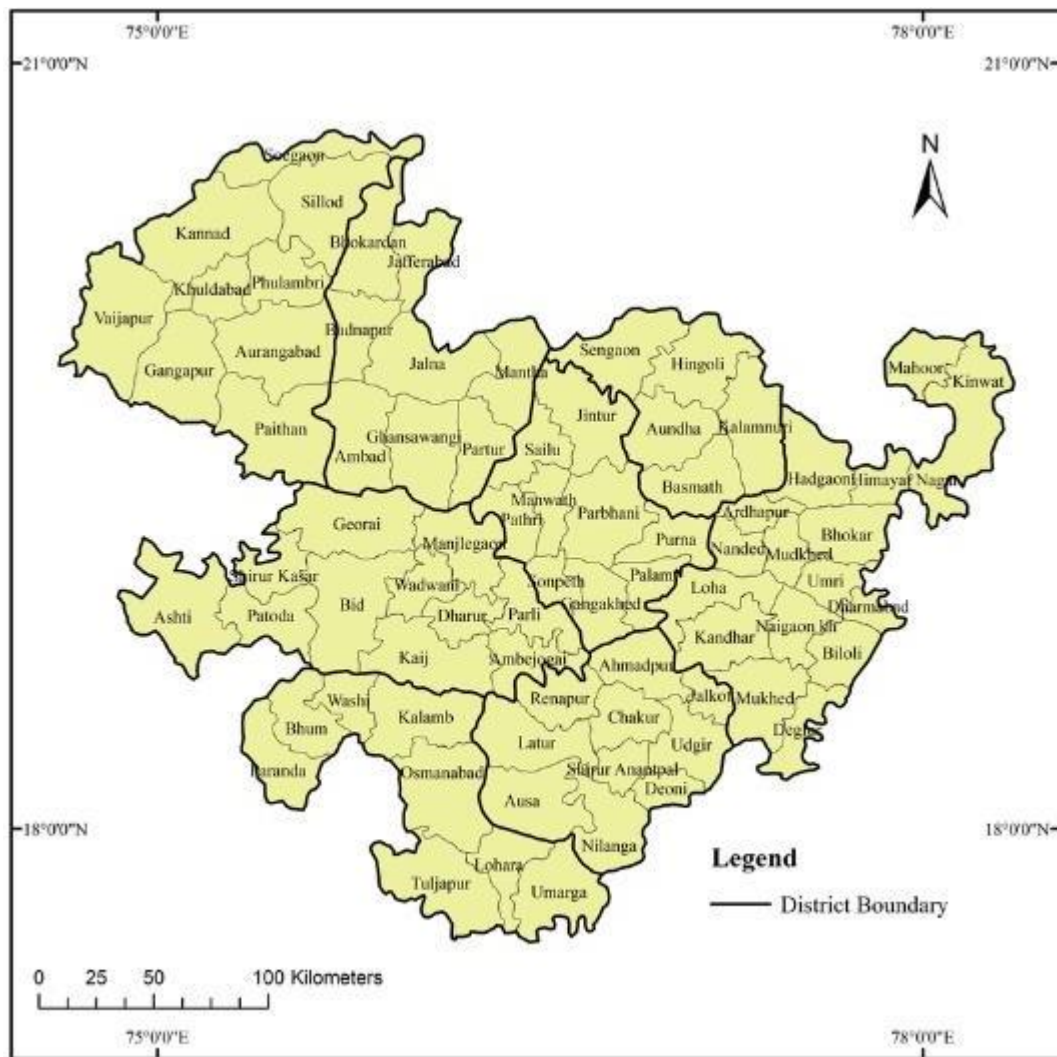
7. Set up in 1975 by the Government of Maharashtra, Swami Ramanand Teerth Rural Medical College at Ambejogai was the first rural medical college in Asia.
8. Oman Journal of Ophthalmology September, 2011 page 129-34. Prevalence and causes of avoidable blindness of and severe visual impairment in the Tribal districts of Maharashtra, India.
9. The Grant Medical college and Sir J.J. Group of hospitals were the oldest hospitals in Maharashtra. They were established in 1845.
10. Quoted in <https://www.thehitavada.com/Encyc/2020/8/27/Dr-Tatyrao-from-Makegaon-to-Mumbai-A-Journey-full-of-struggle.html> accessed on June 12, 2022
11. Sri Murlidhar Devidas Amte called as Baba Amte was an Indian Social worker and activist. He had formal education on leprosy when he took course on leprosy from Calcutta School of Tropical Medicine. He worked for empowerment of poor suffering from Leprosy.
12. <https://www.healio.com/news/ophthalmology/20120325/helping-poor-allows-physician-to-give-back-after-his-second-chance#:~:text=Tatyrao%20was%20also%20told%20that,second%20birth%2C%E2%80%9D%20he%20said>. Accessed on June 12, 2022
13. Phacoemulsification is the most common cataract surgery technique performed. Cataract surgery is used to restore vision in patients whose vision has become cloudy from cataracts, a clouding of the eye's lens. Phacoemulsification is typically performed in an outpatient surgery center and normally does not require a hospital stay. The cataract surgery procedure is performed under local anaesthesia (an anaesthetic injected around the eye) or topical anaesthesia (numbing drops inserted into the eye). The incision made in the cornea usually requires no stitches and is self-sealing. Within a few days, the incision heals completely.
14. Extracapsular cataract extraction (ECCE) is a type of eye surgery in which the lens of the eyes are removed, leaving the elastic capsule covering the lens which is left partially attached to allow the implantation of an intraocular lens (IOL).
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EXHIBIT 1

The List of Awards:

Sl. No	Awards
1	PadmaShri
2	Best Professor Award
3	Athavale Award
4	Marathwada Gaurav Purskar
5	Karveer Jeevan Gaurav Purskar
6	Gold Medal for Best Community Services
7	Utkrustha Karyakarta Purskar
8	Samajik Krutadnyata Purskar
9	Lokmat Marathwada Gaurav Purskar
10	Latur Gaurav Purskar
11	Dr. Mulay Memorial Oration Award
12	Dr. Daljitsingh Gold Medal
13	Lifetime Achievement Award
14	Giant's International Award
15	Best Doctor Award
16	Zee TV Ananya Sanman



Marathwada Region of Maharashtra Map Source: Google maps Images.