लक्ष्य ने उत्सुकता जुड़ने के साथ यदि आदमी अपनी इन्द्रियों पर संयम न रखे तो
2 यहीं से प्रलोभन आसम होता है। जीवन में प्रलोभन आया और नैतिक दशा से
3 आप जरा भी कमजोर हुए तो पतन की पूरी समभावना बन जाती है। हर
4 आदमी की अपनी कुछ कल्पनाएं होती हैं। कल्पना करने और सपने देखने में फर्क
5 है। देखते ही देखते आदमी विलासी, नशा करने वाला, आलसी, भोगी हो जाता है।
6 प्रलोभन इन्द्रियों को खींचते हैं। इनका कोई स्थायी आकार नहीं होता, न ही कोई
7 प्रत्यक्ष स्वरूप होता है। ये भी स्वतंत्र होना चाहती हैं। दुनिया में हरेक को
8 स्वतंत्रता पसंद है और उसका अभिकार है, लेकिन इस दिन इन्द्रियों का स्वतंत्रता दिवस
9 शुरू होता है, उसी दिन से आदमी की गुलामी के दिन शुरू हो जाते
10 हैं। इनके इशारे बताते हैं और इन्द्रियों स्वतंत्र होकर दौड़ भाग करने लगती हैं।
11 गुलामी इन्द्रियों को भी पसंद नहीं। इन्द्रियों एविट्ट दुई और आदमी की धिंदनशील सहप्रवृत्तियाँ
12 विकलांग होने लगती हैं। देखा जाए तो बाहरी संश्चर की वस्तुओं में अपनी और
13 खींचना नहीं होता, लेकिन जब हमारी कल्पना और उत्सुकता उस वस्तु से जुड़ती हैं,
14 तब उसमें इच्छा पैदा हो जाती है। विवेक का नियंत्रण ठीला पड़ने लगता है,
15 इन्द्रियों के प्रति हमारी सरक्ता गायब होने लगती है। इसीलिए एक जमग कहा है
16 कि अंधा–अंधा ठेलिया। अथब लोग अंधों को ही धक्का दे रहे हैं। ये हमारी
17 मनोवृत्ति है और इन्हें ठीक से नहीं समझ पाने के कारण हम अंधों की
18 तरह व्यवहार करने लगते हैं। अपने काम एवं गुस्से को दूसरे के कामों से
The family doctor is the cornerstone of the nations health care system. Many Indians are aware that problems with the nations health care system have resulted in a lack of hospital beds and medical equipment, overcrowded emergency rooms, long surgical and diagnostic waiting lists, and not enough long term care homes. But millions of Indians unable to find a family doctor, a particularly insidious and growing problem is making itself evident. The vast majority of Indians have said many times over that they want their family doctor to be their first point of contact in the health care system. Nevertheless, family doctors are becoming a dying breed. With diminishing access to that first point of contact, many Indians in need of medical help are finding it increasingly difficult to receive timely and appropriate care. In my province of public magazine, the
conservative

11 estimate is that 500,000 Indians looking for a family doctor cannot find one. There
12 are many reasons for this predicament. Over the last 10 years, the number of
13 medical students and other choosing family practice as their lifelong career has been
dropping at a
14 startling rate. Many of Indian family doctors are no longer taking on new patients.
15 The foundation of primary care needs to be strengthened in order for it to
16 be sustained. The Working Agreement between the doctors and government, ratified in
17 this July
18 by our membership of eight thousand, includes a series of primary care renewal projects
19 designed to make family practice more attractive to medical graduates, improve upon
20 working conditions,
21 and entice family doctors from outside India to hang up their shingles here. Yet
22 still more needs to be done. It used to be that 50% of students
23 chose family practice as their first choice. As of 1997, that proportion had fallen to
24 35%; in 2004, it has declined further to 24%. At a time when the
25 population is living longer and increasing in size, these are alarming statistics. When
26 asked
27 why they lack interest in family medicine, students cite a daunting student debt load
28 and the long hours required of a doctor who is managing a family practice or.
29 As in other kinds of work, young doctors today want a balance between their
30 professional and personal lives. This problem is compounded because the province
31 produces fewer medical
32 graduates per capita than any other province in India with medical colleges. The primary
33 care system is showing its cracks. Although delivering babies is a good news area of
34 medicine, the hours are long, malpractice insurance premiums are high and
35 theremuneration for bringing
new life into the world is modest. The result is that obstetrics is too much for many family physicians to contend with today. Comprehensive family practices see an increasing number of patients, many of whom have an expanding number of complex health problems. In addition, many more patients than in the past are in a holding pattern with conditions that are being monitored by their family doctor while they wait for specialist appointments and care.
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