

## **COLLECTIVE STATEMENT BY HEALTHCARE PROFESSIONALS ON THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) AMENDMENT BILL, 2026**

We, the undersigned health and mental health professionals, including doctors, surgeons, psychiatrists, endocrinologists, psychologists, social workers, nurses, allied health professionals, public health experts, medical researchers, counsellors, and health workers—express grave concern regarding the Transgender Persons (Protection of Rights) Amendment Bill, 2026 from a public health and health equity perspective.

The Supreme Court of India's landmark April 15, 2014, judgment in *The National Legal Services Authority v. Union of India* recognised transgender persons as a “third gender” and affirmed the right to self-identification of gender as part of the constitutional rights to equality, dignity and freedom of expression. The Transgender Persons (Protection of Rights) Act, 2019 incorporated this principle and prohibited discrimination in areas such as education, employment and healthcare. However, the Transgender Persons (Protection of Rights) Amendment Bill, 2026 proposes to remove the provision recognising “self-perceived gender identity” and to restrict the ability to identify as transgender to persons from a limited set of socio-cultural transfeminine identities and to those with intersex variations.

As healthcare professionals working closely with transgender persons, we have seen first-hand the courage it takes to live authentically and seek gender-affirming care. Recognition of self-perceived gender identity is not merely a legal concept; it is essential to dignity, mental health, and access to healthcare. Laws must expand protection and inclusion, not narrow them.

The principles established by the *NALSA v. Union of India* and upheld by the Supreme Court of India recognised that gender identity is deeply personal and that every individual deserves respect and constitutional protection. Policies affecting transgender persons should be guided by medical science, human rights, and lived realities—not by restrictive definitions. Restricting the definition of transgender persons only to certain socio-cultural identities ignores the lived realities of many transgender persons who do not belong to traditional communities but still experience gender dysphoria and discrimination.

Under the global standard for gender-identity related health outlined by WHO in ICD-11 (International Classification of Diseases 11th Revision), gender incongruence is defined as “a marked and persistent incongruence between an individual's experienced gender and the assigned sex”. The provisions made under the Transgender Persons (Protection of Rights) Act, 2019 to ensure access to gender-affirming health care services were in line with the framework of gender incongruence under ICD-11. However, amendments proposed in the 2026 bill are scientifically inaccurate, medically unsound, and incompatible with contemporary standards of transgender healthcare.

As health professionals, we are bound by the ethical obligations of patient autonomy, beneficence, non-maleficence, and justice. The provisions introduced in the proposed amendment undermine these foundational ethical principles of health care and threaten the ability of healthcare professionals to provide appropriate health care for transgender clients.

## KEY CONCERNS FROM A MEDICAL AND EVIDENCE-BASED PRACTICE PERSPECTIVE

### **Introduction of a Biologically Reductionist and Unscientific Definition of Transgender Persons**

The amendment proposes redefining “transgender person” primarily through biological criteria such as chromosomal variations, genital differences, or hormonal characteristics, while restricting recognition to certain socio-cultural identities.

Modern medical science clearly distinguishes between:

- intersex variations, which involve biological differences in sex with characteristics, and
- transgender identity, which relates to an individual’s experienced gender identity.

Conflating these categories reflects a fundamental misunderstanding of contemporary knowledge in endocrinology, psychiatry, and gender medicine.

Gender identity is a recognised dimension of human identity and is acknowledged in international diagnostic frameworks and clinical guidelines. Reducing gender identity solely to biological markers is inconsistent with decades of clinical research and medical consensus.

### **Loss of the Right to Self-Perceived Gender Identity**

The amendment removes the provision recognising the right to self-perceived gender identity, transferring the authority of identity recognition to state-appointed medical boards and administrative authorities. Modern clinical practice recognises that gender identity cannot be externally determined through biological testing.

Healthcare guidelines for gender-affirming care rely on patient-reported identity and informed consent models. Requiring bureaucratic or medical certification of identity constitutes an unnecessary medicalisation of identity rather than a therapeutic intervention.

### **Exclusion of Trans men, Non-Binary and Gender-Diverse Identities**

The proposed definition effectively excludes individuals who identify as trans men, non-binary, gender queer, or otherwise gender-diverse from the scope of recognition under the Act.

By excluding trans men and non-binary identities from legal recognition, the amendment risks denying such individuals access to medically necessary gender-affirming care and routine healthcare needs

Trans men and non-binary individuals frequently seek forms of gender-affirming care that may include counselling, hormone therapy, or specific surgical interventions tailored to their needs. These treatments are recognised within modern standards of gender-affirming healthcare.

## **Creation of State-Appointed Medical Boards to Determine Identity**

The amendment introduces medical authorities or boards tasked with evaluating and recommending recognition of transgender identity. There is no evidence in medical literature that such boards improve patient outcomes. On the contrary, international experience demonstrates that administrative or medical gatekeeping creates barriers to care, delays treatment, and exacerbates health disparities.

Gender-affirming care globally is increasingly based on patient-centred and informed consent models rather than state certification of identity.

## **Mandatory Disclosure of Gender-Affirming Procedures**

The amendment requires medical institutions to disclose details of individuals undergoing gender-affirming surgical procedures to administrative authorities. This provision raises serious concerns regarding doctor–patient confidentiality, medical privacy, and patient safety. Mandatory disclosure of sensitive health information to state authorities risks exposing patients to stigma, discrimination, and potential harm.

## **Mischaracterisation of Medical Care in Criminal Law**

The amendment introduces criminal provisions referring to surgical, hormonal, or chemical procedures performed with the intent of compelling individuals to assume a transgender identity.

While coercion or violence must unquestionably be criminalised, the language of the provision risks mischaracterising legitimate gender-affirming medical care as potentially criminal activity, particularly in contexts where the legal framework does not clearly distinguish coercion from consensual healthcare. This ambiguity is likely to make healthcare professionals hesitant to provide medically necessary care due to fear of legal repercussions.

In reality many transgender persons face the opposite, where they are coerced into hormonal, psychiatric and other medical and non-medical procedures to change their gender identity to fit into norms of cisgender gender expression. This is referred to as conversion therapy or Gender Identity Change Efforts. Conversion therapy, and has been categorised as "professional misconduct" by the National Medical Commission (NMC) in 2022 following a landmark Madras High Court ruling.

## **IMPACT ON HEALTH (INCLUDING MENTAL HEALTH) SERVICE DELIVERY AND PUBLIC HEALTH**

### **Impact on medical practice and reduced access to health care**

The provisions of the amendment risk:

- undermining the doctor–patient relationship
- discouraging clinicians from treating transgender patients

- criminalising or discouraging evidence-based gender-affirming care
- violating fundamental principles of medical ethics
- curtailing access to necessary healthcare

Healthcare professionals must be able to practice medicine according to scientific evidence and ethical standards. Extensive research across psychiatry, endocrinology, and public health demonstrates that gender-affirming care significantly improves mental health outcomes, quality of life, and overall wellbeing among transgender individuals. Policies that restrict access to such care are associated with increased mental health distress, delayed treatment, and reduced healthcare utilisation. Legislation that disregards medical evidence risks exacerbating health disparities and worsening health outcomes for an already marginalised population.

Even under the current legal framework, transgender persons in India face significant discrimination and structural barriers in healthcare. If legal recognition becomes harder to obtain, administrative barriers may increase, such as requirement of screening committees, or medical verification, difficulty updating identity documents, and leading to delays in accessing gender-affirming services.

The consequences may include avoidance of health facilities due to stigma, discontinuation of hormone therapy and increased use of unsafe or informal medical care. Legal identity documents are required to access health insurance, government welfare schemes and public health services. Restrictions on identity recognition can therefore directly affect healthcare utilisation.

These exclusions will disproportionately impact vulnerable groups. Transmen, non-binary, gender-fluid and gender queer people stand to lose legal recognition entirely. Marginalised communities, including Dalit, Adivasi, Muslim, rural, disabled, and neurodivergent transgender persons, would face even greater barriers because of layered discrimination.

Crucially, these changes will reduce access to public sector gender affirming care. Doctors in public health systems are unlikely to contradict government instructions, making it more difficult to access gender affirming healthcare through public hospitals. Transgender and gender diverse people will be pushed toward unregulated private providers, increasing financial burden, exploitation, and exposure to unsafe medical practices.

Changing the legal definition shifts the “goalpost,” making insurance companies less willing or able to cover gender affirming interventions. These changes will reduce or complicate access to insurance coverage, increasing out of pocket expenditure and delaying care.

### **Mental Health Consequences**

Self-identification is central to gender affirmation. Removing this right can intensify gender dysphoria, anxiety and depression. Research globally shows that when trans identities are delegitimised or subjected to bureaucratic gatekeeping, the rates of mental health problems increase.

In India, research already shows a high burden of psychosocial stress, common mental disorders, and suicidality among trans and gender-diverse people. Against this backdrop, the amendment's proposed legal and policy exclusions would be catastrophic for those excluded by its restrictive definition. Likely effects include increased depression and anxiety, heightened gender dysphoria, loss of self-esteem and dignity, and increased suicidal ideation.

### **Effects on Public Health Programs**

If individuals cannot easily obtain official recognition as transgender, they may be excluded from targeted health programs for HIV prevention. Legal exclusion may affect community outreach services.

### **Consequences for Medical Training**

The proposed changes may disrupt care and reduce healthcare access for transgender persons in medical colleges and transgender health clinics. Healthcare professionals who are trained under this restrictive framework will not be trained to understand and provide effective care for transmen, non-binary, gender-diverse individuals and many sections of transwomen who will not be covered under the proposed narrow definition.

### **Social Determinants of Health**

If recognition becomes restricted, transgender persons may face greater unemployment, housing instability, educational exclusion, and police harassment. These conditions affect nutrition, mental wellbeing, vulnerability to illness, and access to healthcare.

## **OUR RECOMMENDATIONS**

We therefore urge the Government of India to:

1. Withdraw the Transgender Persons (Protection of Rights) Amendment Bill, 2026 in its present form.
2. Initiate meaningful consultation with transgender communities, healthcare professionals, public health experts, and civil society organisations before introducing amendments affecting transgender healthcare.
3. Ensure that any future legislation relating to transgender persons aligns with established medical evidence, internationally recognised standards of care, the ethical obligations of healthcare professionals and protects healthcare professionals from legal liability when providing gender-affirming care to consenting adults.

## **CONCLUSION**

Healthcare must be guided by science, ethics, and compassion. Legislation that contradicts established medical knowledge, restricts essential healthcare, and puts clinicians at legal risk for providing medically indicated treatment, threatens the integrity of medical practice and public health.

We call on policymakers to ensure that laws affecting transgender persons are grounded in medical evidence, constitutional values, and respect for human dignity.

## REFERENCES

- 1 Agarwal, A., & Thiyam, A. (2023). Healthcare, culture & curriculum: addressing the need for LGBT+ inclusive medical education in India. *The Lancet Regional Health – Southeast Asia*, 8.
- 2 ATHI & Jamia Hamdard, (2021). Indian Standards of Care for Persons with Gender Incongruence and People with Differences in Sexual Development/Orientation, Delhi: Wisdom Publications
- 3 Chakrapani V., Newman P.A., Shunmugam M., Rawat S., Mohan B.R., Baruah D., et al. (2023) A scoping review of lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people’s health in India. *PLOS Glob Public Health* 3(4): e0001362.
- 4 Chatterjee, A., & Mukherjee, T. (2021). On conversion talk in Indian clinical contexts: a pilot venture. *Journal of Psychosexual Health*, 3(4), 308-314.
- 5 Government of India, (2019). The Transgender Persons (Protection of Rights) Act, Ministry of Law and Justice.
- 6 Government of India, (2026). The Transgender Persons (Protection of Rights) Amendment Bill, Ministry of Social Justice and Empowerment.
- 7 Majumder, A., Chatterjee, S., Maji, D., Roychoudhuri, S., Ghosh, S., Selvan, C., ... & Sanyal, D. (2020). IDEA group consensus statement on medical management of adult gender incongruent individuals seeking gender reaffirmation as female. *Indian Journal of Endocrinology and Metabolism*, 24(2), 128-135.
- 8 Pai, N.M., Naik, S.S., Kumar C.N., Bada Math, S. (Eds.), (2021). Manual on Mental Healthcare of Transgendered persons in India. NIMHANS Publication No: 205; ISBN: 978-93-91300-07-4
- 9 Pandya, A. K., & Redcay, A. (2021). Access to health services: Barriers faced by the transgender population in India. *Journal of Gay & Lesbian Mental Health*, 25(2), 132-154.
- 10 Ranade, K., Chakravarty, S., Nair, P., & Shringarpure, G. (2022). Queer affirmative counselling practice – a resource book for mental health practitioners in India. *Mumbai: Mariwala Health Initiative*.
- 11 Ranade, K., Kumar, N., Raju, M.S., Somaiya, A., Pai, P., Roychowdhuri, I., Singh, A. (2023). Trans Affirmative Mental Health Care Guidelines: results of a mixed-method inquiry in three cities of India, TISS, Mumbai
- 12 S Sushma v/s Commissioner of Police, Chennai, (2021). W.P.No.7284 of 2021.
- 13 Sappho for Equality, (2019). A Good Practice Guide to Gender-Affirmative Care.
- 14 Saraff, S., Singh, T., Kaur, H., & Biswal, R. (2022). Stigma and health of Indian LGBT population: A systematic review. *Stigma and Health*, 7(2), 178–195.
- 15 Sartaj, D., Krishnan, V., Rao, R., Ambekar, A., Dhingra, N., & Sharan, P. (2021). Mental illnesses and related vulnerabilities in the Hijra community: A cross-sectional study from India. *International journal of social psychiatry*, 67(3), 290-297.
- 16 Supreme Court of India. (2014, April). Judgement: National legal services authority vs. Union of India and others. Civil Original Jurisdiction, Writ Petition (CIVIL) No.400 of 2012, With Writ Petition (CIVIL) No. 604 of 2013.

## SIGNATORIES

Number	Name	Affiliation*
1	Dr L Ramakrishnan	Senior Vice President, SAATHII
2	Air Cmde (Dr) Sanjay Sharma (Retd)	Association for Transgender Health in India
3	Dr. Aqsa Shaikh	Professor of Community Medicine, Hamdard Institute of Medical Sciences & Research, Delhi

4	Dr. Gargi Dhananjayan	LGBTQIA+ affirming Healthcare provider. Queer healthcare rights activist.
5	Parth Sharma	IHEAR Sangath
6	Dr Akshay S Dinesh	Public Health Practitioner
7	Jagruti Wandrekar	Independent mental health professional, visiting faculty St. Xavier's College, Mumbai
8	Arushi Thapar	Public Health Researcher
9	Dr Swathi SB	Public Health Practitioner, Action for Equity
10	Sayesha Mani	Clinical Psychology (A)
11	Dr Jyoti Shetty	Individual
12	Pawan Kumar Gupta	Professor, department of Psychiatry, King George's Medical University, Lucknow
13	Atul Shendge	
14	Dr. Harikeerthan Raghuram	Associate Director (Health Equity), Sangath
15	Aditi	Counsellor and Social Worker
16	Dr K V SARALA DEVI	Esic Medical College and hospital Chennai
17	Mansi Aggarwal	Psychotherapist in Private Practice
18	Anagha	
19	Dr. Satendra Singh	Director-Professor of Physiology, UCMS & GTB Hospital, Delhi
20	Dr Fuad Halim	General Secretary, People 's Relief Committee, West Bengal.
21	Prachi	Ummeed Child Development Center, Therapist
22	Divya CS	Project Coordinator, AIMS Kochi
23	Kanishk Kala	Clinical Psychologist
24	Prakhar Sharma	
25	Maanit	Intern, AIIMS, New Delhi
26	Priyanka Mittal	Independent practice of clinical psychology
27	Vaneesha Behera	Health Psychologist
28	Neena Joshi	Senior Project Manager, The George Institute for Global Health
29	Dr K M Kaviya	
30	Harsh Khandelwal	
31	Dr. Jayasree. A.K	Professor and HOD. Community Medicine
32	Arjun Saraswat	Junior Resident, Department of Psychiatry, NIMHANS
33	Dr Dharshan	Consultant Plastic Surgeon

34	Sangeetha M R	3rd year MBBS at Government medical college, Thiruvananthapuram.
35	Paromita Saha	Socio-behavioural science researcher (Independent)
36	Amrithavarshini	Government Medical College Thiruvananthapuram
37	Anand Zachariah	Physician and teacher
38	Kiran Kakade	Public Health & Mental Health Researcher   PGDMLE (NLSIU)   Peer Review Board Member, Journal of Patient Experience
39	Rajalakshmi Ram Prakash	Independent
40	Shirish Rao	Travel Fellow, THI, Sittlingi
41	Nithin PI	Resident Dept of family medicine AIIMS Jodhpur
42	Amruta Bavadekar	Director, Centre for Enquiry into Health and Allied Themes (CEHAT)
43	Palani raja P	MD, CMC
44	Salman Khan	Independent
45	Vaibhavi Singh	
46	Anshul Pangti	Rehabilitation Counsellor, Independent Practice Therapy and Tales
47	Suchetana Ghosh	
48	Maamannan Venkataraj	Cardiology fellow
49	Srinidhi V Prabhu	Doctor (MBBS, Bangalore Medical College and Research Institute)
50	Sunita Sheel	
51	Sarah Agnes	Student
52	Anvita Sethi	Psychotherapist
53	CU Thresia	
54	Dr Priya Prabhu	Associate Professor, GMC, Miraj
55	Vibhuti Patel	Individual
56	Nezamuddin ahmad	Professor, Palliative Care Society of Bangladesh
57	Peace Clearance J	
58	Divya suresh	Epidemiologist, National Health Mission, Kerala
59	Sunil Kaul	Independent consultant
60	Ravikumar	Tribal Health Initiative
61	Dr. Anuradha Krishnan	Public health professional
62	Rashi Maheshwari	Psychologist - Independent Practice

63	Philrose Johny	Resident Medical Officer, Birth Village
64	Himanshi	Travel Fellow with Rural Healthcare Collective
65	Jagdish Patel	
66	Aakriti Roy	Undergraduate Student
67	Ayden Scheim	Principal Investigator of Our Health Matters: Indian Trans Men and Transmasculine Health Study and Senior Scholar of Public Policy, The Williams Institute, School of Law, University of California - Los Angeles
68	Ranjitha Srinivasan	Government Kilpauk Medical College
69	Ramani Atkuri	Public Health Physician
70	Dr Vidit Panchal	Basic Healthcare Services, Udaipur, Rajasthan
71	Pratishtha	
72	Vishnu Narayanan	
73	Helen Thomas	Psychiatry, Gandhi MC
74	Aalok Mehul Mehta	Field Doctor, Basic Healthcare Services Udaipur.
75	Sarojini N	Public Health Researcher
76	Avani	
77	Shakun Doundiyakhed	
78	Anuradha Kapoor	Feminist Activist
79	Dr Sourabh Sharma	Junior resident, AIIMS DEOGHAR
80	Vineeta Bal	Retired Scientist
81	Nithin	Resident. Department of family medicine , AIIMS Jodhpur
82	Sagari Ramdas	Food Sovereignty Alliance
83	Ritu Priya	Professor (Retd), Centre of Socvual Medicine and Community Health, JNU
84	Prof.Mohan Rao	Former professor, Centre of Social Medicine and Community Health, JNU.
85	Gurpreet Kaur	Researcher, Independent
86	Dr KV Babu	Consultant Ophthalmologist, Kannur, Kerala
87	kalyani	
88	Anand Pawar	Executive Director, SAMYAK, Pune
89	Dewal	Public Health Worker
90	Pritam Potdar	Managing Director, SAMYAK, Pune
91	Alka Barua	CommonHealth
92	Sundari Ravindran	Retired professor of Public Health

93	Sunayana Walia	Independent Consultant- senior gender and development specialist
94	Sanjay Kalra	Bharti Hospital, Karnal; Treasurer, International Society of Endocrinology
95	Dr. Ganthimathi Jayaraman	Independent
96	Dr Jayati Kukreti	MD Community Medicine JR - 3
97	Sri Vamsi Matta	Independent practice
98	Pallavi	Independent practice
99	Dr Kanchan Pawar	Independent practice Pune
100	Mohini Singh	Mental health practitioner
101	M Shankar	CSO
102	Ikroop Kaur Kullar	
103	Devaki Nambiar	public health scientist
104	Jaison Joseph	Research Fellow The George Institute for Global Health India
105	Dr G Ragesh	
106	Lakshmi	
107	Samsthithaa	Individual
108	Srishti	PhD scholar, Ambedkar University, Delhi
109	Kavya subhuraaj	CRTP Fellow, PGI
110	Dr Narendra Kaushik	Director and Chief Plastic Surgeon Olmec Healthcare
111	JM	Psychologist (Clinical) and Psychotherapist
112	Dr Shirish Darak	Individual
113	Smita	MBBS
114	Savithri Devi	Medical doctor
115	Anshika Singh	Member, National Council For Transgender Persons
116	Ameera Ameer	
117	Anubhav	Psychiatrist, Naz Foundation; Karma Care
118	Sonu S Babu	
119	Tanuja Harad	
120	Amulya Nidhi	National Convenor Jan Swasthya Abhiyan India (JSAI)
121	Aiswariya	Dentist
122	Nupur Dhingra Paiva	Family Tree:mental health team founder
123	Arun Jose	

124	Senthil Ganesh	PhD Scholar, Doctor, Achuta Menon Centre for Health Science Studies, SCTIMST
125	Disha	Mental Healthcare Professional
126	Gowri Giridharan	Mount Carmel College
127	Sunita	Clinical Psychologist
128	Isha Sengupta	Mental Health Therapist Reflective Arena
129	Daisy Zacharia	PhD scholar, JNU
130	Gloria Burrett	Independent practice
131	Urvashi Jain	Independent Practice
132	Armeet Narang	Psychologist and Psychotherapist / Namaste Psychology
133	Rajashree	Independent practice
134	Vaishnavi D	
135	Dr Jithesh Veetilakath	Public Health Specialist
136	Sadaf Arafati	Founder, psychologist, Guftagu Therapy
137	Dr Anant Bhan	Yenepoya.
138	Anika Juneja	PhD fellow, Institute of Public Health Bengaluru
139	Sivakumar D	MD community medicine
140	Shatavisa Majumder	Founder and Lead Clinical Psychologist, The Affirmative Healing
141	SougatavRay	DNB Anesthesia, mission hospital, Durgapur
142	Khwaish Sharma	Private Practice
143	Dr Sudarshan R Kottai	Indian Institute of Technology Palakkad
144	Madhurima Nundy	
145	Vani	Psychologist/ therapist
146	PULKIT	REHABILITATION PSYCHOLOGY TRAINEE
147	Kalpana Parihar	LHMC (student)
148	Jagrat Neet	
149	Niharika Bhati	MBBS student
150	Phiban	Intern Doctor, Lady Hardinge Medical College
151	Mithra	Psychologist - Even Healthcare
152	Thaniga Thamizh	Social worker, Banyan
153	Amrita Sarkar	UNAIDS PCB NGO DELEGATION, Co-chair: World Professional Association for Transgender Health (WPATH)

154	Meena C	Queer Trans Health Collective, Vellore
155	Kashish	
156	Tejasvini Bisht	Counselling Psychologist & Psychotherapist
157	Dr. Pauras Mhatre	Medical Officer, PHC Bhatane, Government of Maharashtra
158	Mohit Sharma	Independent practice
159	Manisha Gupte	Feminist Health Activist and Practitioner
160	savinitha	community health practitioner
161	Sundeep Vijayaraghavan	Amrita Hospital Kochi
162	Sannidhi Surop	Expressive Arts Therapist
163	Manjula.V	Private Practice
164	Aryan	Guftagu therapy
165	Shweta Marathe	George institute
166	Sandhya Srinivasan	
167	Harshita Kaushal	Counselling Psychologist, Private Practice (Telehealth)
168	Aparna Sudhakar	Faculty, Department of General Medicine, Sri Lakshmi Narayana Institute of Medical Sciences, Puducherry
169	Dr V M Niranjana	
170	Ayushman Shakya	
171	Dr Ramesh Kumar	Psychiatrist, Schizophrenia Research Foundation
172	Dr. Arun krishna	
173	Shanmathi Arun	
174	Suraj Gopal	Junior Consultant
175	Vidhu Prabha	Outreach psychiatrist, DMHP, Virudhunagar
176	Pradeepa S	Psychiatry resident, CMC
177	Ashitha	JNU
178	Soma Marik	Associate Professor, Department of History, RKSM Vivekananda Vidyabhavan
179	Tasqeen Momin	Public Health Expert, IAPSM
180	Arpita De	Consultant Psychologist and Narrative Practitioner
181	Niraj Kumar	Public health paediatrician
182	Dr Beena K	Consultant Pathologist, Quality Laboratory, Palakkad, Kerala
183	Vibha Krishnamurthy	Developmental Pediatrician and Founder, Ummeed Child Development Center

184	Girish B Dhumale	Bharati Vidyapeeth Deemed To Be University Pune
185	Sanjay Kalra	Bharti Hospital, Karnal; Treasurer, International Society of Endocrinology
186	Atreyee	
187	Parvathy Suresh Kumar	Psychologist, Amaha Health
188	Dr. Amrita Chhachhi	Academic
189	Ishita Mondal	Consultant Clinical Psychologist, TherapHeal Pvt. Ltd.
190	Sandana	Psychiatry Post graduate
191	Megha N. Nair	NIMHANS
192	Sumit Basu	Individual
193	Zubaida Shujaath Ali	Psychiatrist and Cognitive Behaviour Therapist
194	REVATHI RAJ	APOLLO HOSPITALS CHENNAI, SENIOR CONSULTANT
195	Prabir	Independent
196	Dishank Tak	MSc. Clinical Psychology, MIT ADT University
197	Aswathy PT	Assistant professor department of Medicine
198	Mahalakshmi	Counselling psychologist
199	Dr Soumya Kumar Jha	Senior Resident AIIMS Nagpur
200	Priyanka Goel	Associate professor obs gyne
201	Shatabhisha Chatterjee	Mental Health Foundation Kolkata

**\* Due to privacy concerns, some individuals have elected not to disclose their professional affiliations in this Collective Statement**