Ritanya Sanstha

A decade-old effort connecting India's alumni and professional communities

ritanyasanstha.in alumbond.in openear.in

Subject: An invitation to help your doctors discover a community of their own, through DocConnect

Dear Sir / Madam,

Associations like yours give India's doctors something invaluable: a collective voice, a directory, standing for negotiation, and a body to turn to when protection is needed. What no association is structured to provide, precisely because its energy must go into governance and advocacy, is the feeling of a thickly engaged, emotionally knit family: instant peer support at two in the morning, a warm referral in place of a cold application, a name to write to about burnout before it becomes a crisis. That is a different kind of institution altogether, and it is what we believe doctors deserve alongside the representation you already give them.

I write to you as the founder of Ritanya Sanstha, and as someone who has become a passionate advocate for the dignity India's doctors deserve over the past year. **My published paper on this subject** sets out that argument at length, and its conclusion is one I believe matters as much for the future of medical services in India as for doctors themselves. The deeper problem I have come to believe in is structural: unlike the Bar or the police, doctors have never had one unified, non-partisan community, only a patchwork of bodies that speaks loudest right after a tragedy and falls quiet soon after.

That gap, a community and not another association, is exactly what we have already closed once, for a different profession. AlumBond, Ritanya Sanstha's flagship community, connects over 10,000 IIT Roorkee alumni today as one thickly engaged family: a verified directory, mentorship, peer support, referrals, and a think tank, entirely free and volunteer run, and unaffected by who currently holds office. DocConnect brings that same platform, and that same family feeling, to doctors nationwide, regardless of which institute, hospital, or association they already belong to. You can view the **AlumBond brochure here**.

> **OUR OFFER TO YOU**
>
> Any doctor can join DocConnect individually by **registering here**. We ask only that you help your members discover it, through a mention in your newsletter, a shared link, or a note to your state chapters.
>
> If your organisation would welcome a deeper partnership, such as a co-branded rollout for your members, we would be glad to discuss what would work best for you.

We ask only this: allow us to introduce DocConnect to your members, and let those who want a peer community of their own come find one. The enclosed note explains what this has proven, why it matters, and how it could work with your organisation.

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Enclosed: a four page note on why this cannot wait, what this has proven at IIT Roorkee, why a unified community matters for doctors, and how this could work with your organisation.

A Founder's Note: Why Doctors Need This Now

I am not a doctor. But over the past year I have become a passionate advocate for the dignity India's doctors deserve, and I want to set out here, in more detail than a cover letter allows, exactly why.

3 in 4
Indian doctors report facing violence in their careers

~10%
of registered cases reach court after a charge sheet

0
convictions in Maharashtra under its doctor protection law since 2010

358
suicides in India's medical community, 2010 to 2019

Twenty six of twenty eight states criminalise violence against healthcare workers, yet enforcement is close to nonexistent, unlike the Bar Council of India, which can move every advocate in the country in unison within a day of one attack. Doctors have no equivalent: representation splits across FORDA, FAIMA, state associations, and the IMA, producing outrage after each tragedy and little that is sustained.

The damage is not only external. Nearly one in four residents feels overwhelmed most days, often citing sixteen to eighteen hour shifts, and ragging continues to surface despite being banned. The exit is already visible: nearly 100,000 India born doctors now work abroad, up seventy six percent since 2000, as India runs short by an estimated 500,000 doctors.

I do not believe this is deliberate persecution. It is fragmentation: a profession without the unity that gives the Bar and police their leverage, and without the support that keeps people from breaking. I believe doctors can build what every cohesive profession already has and doctors do not: a connected, non-partisan community that outlasts any office bearer or news cycle. That is what Ritanya Sanstha exists to build, and why I have put my own name behind DocConnect.

PUBLISHED RESEARCH

I set this argument out formally, with full sourcing, in *"Who Bats for the Doctor? Violence, Broken Protections, and Internal Fracture in India's Medical Profession"* (Vishnu Kant, 2026), at **doi.org/10.5281/zenodo.21279826**. I have argued this case publicly elsewhere too; the conclusion has stayed the same.

What This Has Proven at IIT Roorkee

10,000+	Rs 0	100%	12 Houses
alumni connected on one deployment	cost to any member, ever	volunteer run, no paid staff	of activity, from 70 WhatsApp groups

Why WhatsApp alone was not enough

WhatsApp groups gave IIT Roorkee alumni instant conversation, but with real limits. Group size was capped. A few vocal, highly energetic members often crowded out quieter, more sincere ones. Heavy admin control sometimes meant a group simply reflected the personality of whoever ran it. And official forums, whether run by the institute or a formal alumni body, faced a familiar problem: much like a residents' welfare association, new initiatives tended to fade the moment office bearers changed.

The Virtual Family

After several years of experimenting with different models, a community of IIT Roorkee volunteers set out to build an unofficial "virtual family": a community ready for instant help, conducive to personal and professional support, and strong enough to enable real collective effort.

What began as a few WhatsApp groups soon grew into a dozen communities housing about 70 groups, covering both personal and professional needs. With loud, attention seeking posts brought under control, this became, by far, the community's most successful experience. Even so, WhatsApp remained a suboptimal home for work of this scale.

From WhatsApp to a platform, and now to doctors

That is how AlumBond was born. Built with sustained investment of time and effort by the volunteer community, it grew into a rules and algorithm based platform covering instant help, mentoring, jobs, start ups, think tanks and several other areas of mutual support, all running on one shared, purpose built technology. DocConnect is the same technology, built to do for doctors what AlumBond has already done for one institute's alumni.

Why a Unified Community Matters for Doctors

Not every professional community will have AlumBond's exact volunteer energy. But doctors carry something more urgent than most: a documented, structural gap between how this profession is protected and represented, and how comparable professions are. Lawyers speak through one statutory body. Police forces act as one command. Doctors speak through a patchwork that does not always agree with itself.

Official and political channels alone are not enough

Resident doctor associations, state bodies and the IMA each do real work, but each also carries a structural weakness: representation split across many bodies, priorities that shift with whoever is currently leading, and a tendency for sustained advocacy to lose out to the more urgent business of the news cycle. None of this is any one body's fault. It is what fragmentation does to any profession, over time.

> *A profession this essential to the country cannot keep depending on outrage alone to protect its own. What it needs is not another news cycle, it needs a community that is still there the day after.*

What a connected, non-partisan community offers

A community built by doctors themselves, for each other, without being bound to any single body's politics or any single office bearer's tenure, is free to focus purely on what doctors actually need: instant peer support when someone asks for it, mentoring across generations and specialities, warm referrals in place of cold applications, confidential support for the burnout the data makes undeniable, and a think tank capable of sustained, non-partisan advocacy. This is precisely what AlumBond proved is possible at IIT Roorkee, and it is what we believe DocConnect can build for the doctors who look to your organisation for representation, and in time, for doctors trained anywhere in India.

How This Could Work With Your Organisation

Two ways to help your members, your choice

For any doctor, right now

Every doctor can **register here** to join DocConnect individually, whether or not your organisation is formally involved. A mention in your newsletter or a shared link is all it takes to help your members find it.

For your organisation

If you would like a deeper partnership, we can offer a co-branded, white labelled version of the platform for your members, on terms suited to your organisation.

Our commitment to your organisation

100% private, always

Your members' data stays within their own community, never shared without consent.

Open to every doctor

Any doctor can join, regardless of specialty, city, or which institute or hospital they trained at.

Partnership stays optional

A deeper, co-branded partnership is available if your organisation wants one, never required.

Runs independent of your leadership

Doctors who join keep the community going themselves, unaffected by who currently holds office in your organisation.

Getting started

1. Interested doctors can **register here**, choosing DocConnect, independent of any association.
2. They join a WhatsApp community built around their specialty, state, or institute of training.
3. If your organisation wants a deeper partnership, we would be glad to design one together with you.

We would be glad to speak with you or your members at any time. Write to **admin@ritanyasanstha.in**.