

Candidates who have obtained a PhD degree as per the UGC (Minimum Standards and Procedure for Award of a PhD Degree) regulations (2009) are exempted from the requirement of NET-LS/SLET. However, certain central universities prefer candidates with both PhD degree and the NET-LS certificates for recruitment and appointment of Assistant Professors. This poses a threat to the PhD degree holders with high GATE score. In fact, they were permitted to enroll into the PhD programme – as JRFs – based on the high scores they had obtained in the GATE. Unfortunately, after obtaining their PhD degree, they find themselves ineligible to be considered for Assistant Professor positions in certain central universities. Of relevance, both GATE and NET-CSIR-UGC are conducted by recognized – IITs-IISc/CSIR-UGC – bodies.

Both the examinations test the intellectual capacity of candidates with MSc degree. Evidently, CSIR/UGC permits the GATE qualified candidates to be considered for JRF-GATE/SPMF, suggesting that they recognize the GATE score. Given this, why would state/central universities prefer candidates with NET-LS certificates over GATE qualified candidates? It is unreasonable to assume that NET-LS qualified candidates are better than the GATE qualified candidates.

To circumvent this problem, CSIR-UGC can consider the following options: (i) Exempt PhD holders with GATE score above 90 or a rank below 200, from appearing from the LS examination. Since qualifying in the NET-LS examination guarantees neither an assistant professor/scientist position nor a fellowship

(unlike JRF/SPMF/JRF-GATE schemes), CSIR-UGC can consider exempting PhD holders (with MSc degree (55%) obtained after September 1991 plus GATE score above 90 or a rank below 200) from taking lectureship examination. Further, CSIR-UGC can instruct universities that PhD/MSc holders who have cleared GATE with score above 90 or obtained a rank below 200 are eligible to be considered for Assistant Professor positions. (ii) In the near future, CSIR-UGC/IITs/IISc should consider conducting one national eligibility test for research/lectureships.

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Hand sanitizers

Dipshikha Chakravorty¹ is of the hypothetical opinion that hand sanitizers kill 99.9% of the germs and their pathogenic remnants or pathogen-associated molecular patterns (PAMPs) remain in hand, which is a major concern for causing bowel syndrome when consumed.

Hand washing is an important means of preventing the spread of infection if practised in the right way using proven detergents. Yet recent studies indicate that lack of improper hand washing still contributes significantly to disease transmission in situations wherein availability of potable water and time is the main constraint. In such cases hand sanitizers are most useful to reduce the microbial load, thus controlling the rate of infection. In this context, the use of alcohol-based hand sanitizers by improving accessibility and providing periodic hand hygiene training sessions to users is strongly recommended for decreasing the infections².

The period of exposure of microbes to the hand sanitizers, their interaction and finally their probable modifications on microbial load are crucial in determining their disease-causing ability. In general, if PAMPs are exposed to sanitizers they may be denatured by the virtue of their alcohol content and might lose their dis-

ease-causing potency. Further, alcohol-based hand sanitizers contain mainly water and alcohol, which are completely safe if the traces are swallowed. It is advised that hand sanitizers should be used by children under the supervision of elders to ensure proper usage³. In case PAMPs are potent enough after treating with hand sanitizer, before they reach the bowel they are exposed to rigorous conditions while passing through the upper gastrointestinal tract where most of the microbes are attenuated/denatured by the action of varied pH and gastric secretions. Further, if the bowel endothelial barrier is intact, bacterial/PAMPs antigen may not gain access to antigen presenting cells, thus limiting the cause of irritable bowel syndrome or any other inflammatory conditions. Hence during impaired bowel endothelial barrier, the chances of infections are more⁴. But, it has been shown that multifactorial intervention emphasizing alcohol-based hand sanitizer use at home reduced transmission of gastrointestinal illness within families with children during child care⁵.

Hence such hypothetical reports without scientific justification and valid scientific/clinical studies are detrimental for public health and hygiene maintenance.

In this context, it is apt to quote the instance of a retracted article published by *Lancet*, linking MMR vaccines with autism, which misled the public from getting vaccinated for years and also halted further studies on MMR vaccine. Thus the merits of hand sanitizers should not be overlooked in light of such hypothesis.

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