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OFFICERS OF LOK SABHA

THE SPEAKER

Shrimati Sumitra Mahajan

THE DEPUTY SPEAKER

Dr. M. Thambidurai

PANEL OF CHAIRPERSONS

Shri Arjun Charan Sethi

Shri Hukmdeo Narayan Yadav

Shri Anandrao Adsul

Shri Pralhad Joshi

Dr. Ratna De (Nag)

Shri Ramen Deka

Shri Konakalla Narayana Rao

Shri Hukum Singh

Shri K.H. Muniyappa

Dr. P. Venugopal

SECRETARY GENERAL

Shri Anoop Mishra

LOK SABHA DEBATES

LOK SABHA

Tuesday, July 19, 2016/Ashadha 28, 1938 (Saka)

The Lok Sabha met at Eleven of the Clock

[HON. SPEAKER *in the Chair*]

REFERENCES BY THE SPEAKER

Loss of lives in various tragic incidents

माननीय अध्यक्ष : माननीय सदस्यगण, 18 जुलाई, 2016 को बिहार के औरंगाबाद जिले के चकरबांदा-डुमरीनाला जंगल में एक आईईडी विस्फोट से केन्द्रीय रिजर्व पुलिस बल के लगभग 10 कार्मिक शहीद हो गए और अन्य 5 घायल हो गए।

एक घटना में 31 मई, 2016 को महाराष्ट्र के वर्धा जिले में पुलगांव में सेना के केन्द्रीय आयुध डिपो में आग लग जाने के कारण 17 लोगों के मारे जाने और अनेक अन्य लोगों के घायल होने की एक दुखद सूचना भी प्राप्त हुई है।

एक अन्य घटना में श्रीनगर, जम्मू कश्मीर के बाहरी इलाके पम्पोर में 25 जून, 2016 को जवानों को ले जा रही एक बस पर आतंकवादियों द्वारा घात लगाकर किए गए हमले में सीआरपीएफ के आठ जवान शहीद हो गए और 20 अन्य लोग मारे गए।

माननीय सदस्यगण, प्राकृतिक आपदाओं की विभिन्न दुखद घटनाओं में उत्तराखंड, मध्य प्रदेश, असम, महाराष्ट्र अरुणाचल प्रदेश, उत्तर प्रदेश, बिहार, हिमाचल प्रदेश और ओडिसा एवं अन्य जगहों पर भी बादल फटने, भू-स्खलन, भारी वर्षा, बाढ़ और बिजली गिरने के कारण करीब-करीब 96 लोगों के मारे जाने और अनेक अन्य के प्रभावित होने की सूचना भी प्राप्त हुई है।

माननीय सदस्यगण, यह सभा काबुल में 20 जून, 2016 को निर्दोष लोगों के मारे जाने की घटना पर गहरी दुख व्यक्त करती है जिसमें एक बस में किए गए आत्मघाती बम हमले में उस बस में सवार दो भारतीय मारे गए। एक अन्य दुखद घटना में काबुल में 30 जून, 2016 को अफगान पुलिस कैडेटों को ले जा रही बसों के काफिले पर किए गए दो आत्मघाती बम हमलों में 40 लोग मारे गए और 58 अन्य घायल हो गए।

इस्तानबुल हवाई अड्डे पर 28 जून, 2016 को किया गया आतंकवादी हमला एक क्रूर तथा भयावह कृत्य था जिसने पूरे विश्व को स्तब्ध कर दिया। हम इस त्रासदी के पीड़ितों के प्रति शोक व्यक्त करते हैं और दुख की इस घड़ी में तुर्की के लोगों के साथ संवेदना और एकता की भावना व्यक्त करते हैं।

माननीय सदस्यगण, हम 1-2 जुलाई, 2016 को ढाका में आतंकवादियों द्वारा निर्दोष लोगों पर किए गए घृणित हमले से भी अत्यंत दुखी हैं जिसके फलस्वरूप अन्य लोगों के साथ-साथ एक भारतीय की भी

मृत्यु हो गई। यह सभा इस कायरतापूर्ण हमले की कड़ी निन्दा करती है और मृतकों के परिवारों के प्रति संवेदना व्यक्त करती है।

आतंकवाद के विरुद्ध इस लड़ाई में हम बांग्लादेश की सरकार और जनता के साथ दृढ़ता से खड़े हैं।

माननीय सदस्यगण, यह सभा सउदी अरब के जेद्दा, कातिफ और पवित्र शहर मदीना में 4 जुलाई, 2016 को हुए घृणित आतंकवादी हमले की भी कड़ी निन्दा करती है। हम मृतकों के परिवारों के प्रति अपनी हार्दिक संवेदना व्यक्त करते हैं तथा घायल लोगों के शीघ्र स्वस्थ होने की कामना करते हैं।

भारत किसी भी स्वरूप में आतंकवाद के खतरे का मुकाबला करने के लिए सउदी अरब के साथ निकट और सक्रिय रूप से कार्य करने के लिए प्रतिबद्ध है।

माननीय सदस्यगण, फ्रांस के नीस शहर में 14 जुलाई, 2016 को जब लोग फ्रांस का राष्ट्रीय दिवस मना रहे थे, एक आतंकी हमले की घटना हुई। इस कायरतापूर्ण हमले में बहुत से बच्चों सहित 84 से अधिक लोगों की जानें गईं और दर्जनों लोग घायल हो गए।

हम दुख की इस घड़ी में फ्रांस के लोगों के प्रति अपनी संवेदना व्यक्त करते हैं और उनके साथ खड़े हैं। हम इस हमले के पीड़ितों और उनके परिवार के प्रति गहरी संवेदना और मृतकों एवं घायलों के प्रति अपनी सहानुभूति व्यक्त करते हैं और जिस प्रकार वे इस संकट का साहस से सामना करते हुए मानवता के शत्रुओं का मुकाबला करने के लिए और अधिक मजबूत एवं दृढ़ता के साथ सामने आए हैं, उसके लिए हम फ्रांस की सरकार और वहां की जनता का दृढ़तापूर्वक समर्थन करते हैं।

ये आतंकवादी हमले आतंकवाद के अभिशाप से लड़ने के लिए अंतर्राष्ट्रीय समुदाय द्वारा ठोस कार्यवाही किए जाने की आवश्यकता की याद दिलाते हैं। हम विश्व समुदाय से आतंकवाद के प्रति शून्य समर्थन की नीति (**Zero Tolerance Policy**) को अपनाने और पूरे विश्व से आतंकवाद के भय का सामना करने और उसका उन्मूलन करने का पुनः आह्वान करते हैं।

यह सभा इन दुखद घटनाओं और प्राकृतिक आपदाओं पर अपनी गहरी संवेदना व्यक्त करती है जिसके कारण मृतकों और घायलों के परिवारों को बहुत कष्ट उठाना पड़ा।

अब यह सभा दिवंगतों के सम्मान में थोड़ी देर के लिए मौन खड़ी रहेगी।

11.05 hours

The Members then stood in silence for short while.

श्री मल्लिकार्जुन खड़गे (गुलबर्गा) : अध्यक्ष महोदया, मैंने आपके चैम्बर में आकर रिक्वेस्ट की थी कि रूल 56 के तहत मुझे पांच शब्द बोलने के लिए अनुमति दें क्योंकि इस सदन में सबके नोटिस में इसे लाना जरूरी है Repeated malicious attempts have been made to destabilize the elected State Governments, undermine the Constitution and also create an apprehension among the people of the country.

HON. SPEAKER: I will allow it after Question Hour.

श्री मल्लिकार्जुन खड़गे : उत्तराखंड में ऐसा हुआ, अरुणाचल में हुआ...(व्यवधान)

SHRI P. KARUNAKARAN (KASARGOD): Madam Speaker, I also want to speak on this matter. ... (*Interruptions*)

HON. SPEAKER: I will allow you also in 'Zero Hour.'

... (*Interruptions*)

HON. SPEAKER: Please take your seats.

11.07 hours**ORAL ANSWERS TO QUESTIONS**

HON. SPEAKER: Now Question No. 21.

(Q. 21)

श्री जनार्दन सिंह सीग्रीवाल: महोदया, मैं माननीय मंत्री जी को इस क्वेश्चन का बहुत ही विस्तारपूर्वक उत्तर देने के लिए बधाई देता हूँ। मैं जिन बिन्दुओं को अपने माध्यम से देश के सामने लाना चाहता था, उन्होंने कोई भी बिन्दु छोड़ा नहीं है। मैं इस संदर्भ में एकाध बात और मंत्री जी से जानना चाहता हूँ। उस स्थिति में जहां भंडारण की कमी की वजह से आज भी बड़े पैमाने पर खाद्यान्न सड़ रहे हैं और जनता में वितरण के योग्य नहीं है। वर्तमान में मंत्री जी ने साइलो के भंडार वाले क्षमता को इन्होंने लिया है जैसा उन्होंने विवरण में दिया है।

मैं मंत्री जी से जानना चाहता हूँ कि एफसीआई ने अपनी भंडारण क्षमता को बढ़ाने के लिए विशेष साइलो निर्माण हेतु कोई रोडमैप तैयार किया है। खासकर बिहार, जहां से मैं आता हूँ उसकी क्या स्थिति है? यह प्रश्न इसलिए भी महत्वपूर्ण है कि इस बार भारी वर्षा हो रही है और वर्षा के कारण किसानों का मनोबल बढ़ा है यानि बड़े पैमाने पर उपज होने वाला है। इस स्थिति में खाद्यान्न और बढ़ेंगे और उसे भंडारण करने की दिशा में साइलो के निर्माण की दृष्टि से क्या कदम उठा रहे हैं। विशेष रूप से बिहार में भंडारण की कमी न रहे इस दिशा में क्या कदम उठा रहे हैं?

उपभोक्ता मामले, खाद्य और सार्वजनिक वितरण मंत्रालय में राज्य मंत्री (श्री सी.आर.चौधरी) : माननीय अध्यक्ष महोदया, मैं आपसे इसी स्थान से बोलने की अनुमति मांगना चाहता हूँ, क्योंकि मेरे मंत्री वहां विराजे हैं।

महोदया, सर्वप्रथम तो मैं माननीय प्रधान मंत्री जी का हृदय से धन्यवाद अर्पित करना चाहता हूँ, क्योंकि उन्होंने मुझे क्वेश्चन पूछने वाली जगह से जवाब देने वाली जगह पर बैठाया है।

महोदया, मैं आपको और अपने मंत्री जी को भी धन्यवाद दूंगा क्योंकि आज पहले क्वेश्चन का जवाब देने का मुझे अवसर दिया गया है।

माननीय सदस्य ने जो बात कही है, यदि वह सही निकले, तो बहुत अच्छी बात है। मैं सोचता हूँ कि भारत के लिए यह बहुत अच्छी बात होगी, क्योंकि अच्छी वर्षा होना और खाद्यान्नों की ज्यादा उपलब्धता

होना, यह अच्छा है। यदि इसमें कुछ खराब भी हो जाए, तो कोई दिक्कत नहीं, बशर्ते कि खाद्यान्नों की मात्रा ज्यादा आ जाए, क्योंकि माननीय सदस्य ने अच्छी वर्षा के बारे में भी कहा है।

मैं, माननीय सदस्य को अवगत कराना चाहूंगा कि आज की तारीख में खाद्यान्नों के भंडारण की कमी के कारण किसी प्रकार का नुकसान नहीं हो रहा है। **We have a capacity of 811.92 lakh metric tonnes** और 812 लाख मीट्रिक टन की हमारे पास कैपेसिटी है, जबकि हमारे पास मैक्सिमम भंडारण के लिए जो प्रक्योरमेंट हुआ है वह **not more than 650 lakh metric tonnes**. वर्ष 2011-12 में इससे ज्यादा प्रक्योरमेंट हुआ होगा, लेकिन मैं अर्ज़ कर रहा था कि हमारी भंडारण कैपेसिटी का अभी भी **not more than 77 per cent** से ज्यादा उपयोग नहीं हुआ है। इसलिए कैपेसिटी की कमी के कारण कोई खराबी नहीं आ रही है।

महोदया, हमारे पास भंडारण के लिए कुछ ओल्ड साइलोज थे, जो सीमेंट और कांक्रीट के बने हुए थे। **Now, they are in a dilapidated condition.** उनकी जगह अब हमारा जो एक रोड मैप तैयार हो रहा है, उसके आधार पर आप बिलकुल सही कह रहे हैं कि नई साइलोज बनाए जा रहे हैं। माननीय शांता कुमार साहब की अध्यक्षता में एक कमेटी गठित की गई थी और उसमें यह निर्णय हुआ था कि स्टील के लेटेस्ट और साइंटीफिक तरीके से बने हुए साइलोज खरीदे जाएं, जिनमें खाद्यान्न बिलकुल खराब नहीं हो। इस बारे में कमेटी ने रिपोर्ट दी और कहा कि इनका यूज किया जाए।

महोदया, साइलोज के बारे में वर्ष 2005 में बात आई और वर्ष 2007 से पीपीपी मोड के तहत साइलोज बनने शुरू हुए और आज की तारीख तक 5.50 लाख मीट्रिक टन खाद्यान्न का इन साइलोज में भंडार किया जा रहा है।

महोदया, मध्य प्रदेश गवर्नमेंट ने अपने लैवल पर करीबन 4.50 लाख मीट्रिक टन के साइलोज बनाए हैं, लेकिन वे रेलवे लाइन के साइड में नहीं हैं। मगर साइलोज बने हुए हैं।

माननीय अध्यक्ष महोदया, जहां तक रोड मैप की बात है, मैं इस बारे में निवेदन करना चाहूंगा कि, **that is under pipeline. Even** साइलोज का जो रोड मैप है, चूंकि उसे हाई लैवल और हाई पॉवर्ड कमेटी ने रिक्मेंड किया था, उसके अनुसार **at least, 100 lakh tonnes** के साइलोज बनाए जाएं और उसी के आधार पर विभाग ने प्रस्ताव तैयार किए हैं कि कहां-कहां साइलोज बनाए जाएंगे और उनमें किस प्रकार से भंडारण किया जाएगा।

महोदया, मैं माननीय सदस्य को अवगत कराना चाहूंगा कि फर्स्ट फेज के अंदर 5 लाख मीट्रिक टन खाद्यान्न भंडारण की क्षमता के साइलोज बनकर तैयार हो गए हैं। सैकिंड फेज के अंदर 30 लाख

मीट्रिक टन खाद्यान्न क्षमता तक पहुंचाना है। वर्ष 2019-20 तक टोटल 100 लाख मीट्रिक टन खाद्यान्न का साइलोज के अंदर भंडारण होगा। यह साइलोज की स्थिति है।

महोदया, जहां तक बिहार का प्रश्न है, मैं अवगत कराना चाहता हूं कि हमारे माननीय मंत्री जी बिहार से आते हैं। फर्स्ट फेज के अंदर 2.50 लाख मीट्रिक टन खाद्यान्न भंडारण क्षमता के साइलोज बनाए जाएंगे। सैकेंड फेज के अंदर बिहार में 7.00 लाख मीट्रिक टन खाद्यान्न भंडारण की क्षमता के साइलोज बनाए जाएंगे और इस प्रकार से कुल मिलाकर वहां 9 लाख मीट्रिक टन क्षमता के साइलोज बनाने का कार्यक्रम रोड मैप में है। मैं माननीय सदस्य से यही अनुरोध करना चाहता हूं कि भारत सरकार और हमारे डिपार्टमेंट की अनुमति के पश्चात् ही इन्हें क्रियान्वित किया जाएगा।

श्री जनार्दन सिंह सीग्रीवाल: माननीय अध्यक्ष महोदया, हम सब जानते हैं कि भारत खाद्यान्न, फल और सब्जियों के उत्पादन में विश्व में अपना अलग स्थान बनाए हुए है और आज भी हमारे देश के 60 प्रतिशत से ज्यादा लोग कृषि पर निर्भर होकर अपना जीवन यापन करते हैं। इस दृष्टि से उनके खाद्यान्न, फल और सब्जियों के उचित भंडारण न होने से उन्हें सस्ती दरों पर अपने खाद्यान्न, फल और सब्जियों को बाजार में बेचना पड़ता है।

महोदया, माननीय मंत्री महोदय ने अपने लिखित उत्तर के भाग “क” और “ख” में दर्शाया है कि समस्त सावधानियों के बावजूद भंडारण के दौरान कीटों के प्रकोप, गोदामों में लीकेज, वर्षा, बाढ़ में भीगने आदि के कारण खाद्यान्नों की कुछ मात्रा क्षतिग्रस्त हो जाती है। इसे दृष्टिगत रखते हुए मैं आपके माध्यम से माननीय मंत्री जी से जानना चाहता हूं कि उक्त वर्षों में क्षतिग्रस्त हुए खाद्यान्नों के लिए क्या सरकार ने संबंधित अधिकारी एवं कर्मचारियों की जिम्मेदारी तय की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महोदया, जहां लीकेज है, वहां आज भी भंडारण की सही क्षमता नहीं है और न ही सही ढंग से रख-रखाव किया जा रहा है। इसमें कहीं न कहीं कर्मचारी और अधिकारी दोषी जरूर हैं। इस वजह से हजारों टन खाद्यान्न प्रतिवर्ष सड़ और गल रहा है और आम जन के बीच जाने योग्य नहीं रह गया है।

क्या इस पर अधिकारियों और कर्मचारियों के लिए कोई मापदंड तय किया है कि किनकी वजह से खाद्यान्न नष्ट हुआ है? अगर तय किया है तो इसमें कितने अधिकारी और कर्मचारी अभी तक आए हैं और अब तक क्या कार्यवाही हुई है? मैं इसके बारे में आपके माध्यम से माननीय मंत्री जी से जानना चाहता हूं।

श्री सी.आर.चौधरी : माननीय अध्यक्ष जी, माननीय सदस्य ने दो बातें अलग-अलग कही हैं, फल- सब्जियां और इसके अलावा खाद्यान्न में खराबी हो रही है। उत्पादन के साथ जो डैमेज हो रहा है, उसके बारे में चिंता जताई है। मैं माननीय सदस्य से निवेदन करना चाहता हूं, जहां तक फल और सब्जियों का मामला है,

यह फूड और पब्लिक डिस्ट्रीब्यूशन मिनिस्ट्री में नहीं आता है। जहां तक खाद्यान्नों की बात है, मैं माननीय सदस्य से अनुरोध करना चाहता हूं, खाद्यान्नों में जो खराबी हुई है, वह वर्ष 2013-14 में निश्चित रूप से करीब 25,000 मैट्रिक टन है। इसके बाद वर्ष 2014-15 में कम हुई जो कि 19,000 मैट्रिक टन थी। वर्ष 2015-16 में हमारी सरकार के आने के बाद चिंता व्यक्त की गई और कार्य ज्यादा सुचारु रूप से करने की कोशिश की गई, इस कारण वर्ष 2015-16 में खराबी 3100 मैट्रिक टन हो गई और वर्ष 2016-17 में करीब 4,000 मैट्रिक टन हो गई। इस तरह से खराबी कम होती जा रही है।

खराबी के दो कारण हैं, एबायोटिक और बायोटिक। In abiotic, it happens because of the fire, because of the flood and also because of the heavy rains. इस कारण से कई बार खराबी हो जाती है। बायोटिक में पैस्ट हैं, इन्सेक्ट्स हैं, सीलन आने से फफूंदी पैदा हो जाती है। If anything happens because of the natural calamities, we cannot take action against the officers but where there are lacunae on the part of the employees, the Government has taken strict action. 153 आदमियों के खिलाफ पिछले दो-तीन वर्षों में 2013 से चार्जशीट इश्यू की गई है। इसमें दो जनरल मैनेजर रैंक के अधिकारियों को टर्मिनेट कर सेवाओं से मुक्त कर दिया गया, 31 लाख रुपए रिकवरी वसूल की गई। इसी प्रकार से 18 व्यक्ति ऐसे हैं जिनकी सैलेरी कम की गई, इन्कीमेंट रोके गए। The Department is taking strict action against those persons who were negligent and who have not cared about these things. उनके खिलाफ कार्यवाही की गई है। मैंने अभी साइलोज के बारे में बताया है, पुराने भंडारण के बारे में कभी ऐसा लगता है कि इसे सुधारने के बजाय नया बनाया जाए, इसकी कोशिश की जा रही है। मैं माननीय सदस्य से निवेदन करना चाहता हूं, वह बिहार के पूर्व मंत्री भी रहे हैं, हम अच्छा कार्य करेंगे ताकि कम से कम नुकसान हो। आप देखें कि वर्ष 2016 में 0.01 परसेंट टोटल प्रोक्वोरमेंट की खराबी हुई है। जहां लाखों मैट्रिक टन प्रोक्वोरमेंट किया जाता है, उसमें 0.01 परसेंट नैग्लिजिबल है। हम नहीं चाहते कि ऐसा हो, कभी नहीं होगा और इसके लिए कोशिश की जाएगी।

श्री धर्मेन्द्र यादव: माननीय अध्यक्ष जी, खाद्य सुरक्षा अधिनियम आने के बाद इस मंत्रालय की ओर विशेषकर एफसीआई की भूमिका बहुत बढ़ी है। माननीय मंत्री जी ने अपने जवाब में स्वीकार किया है कि वर्ष 2015-16 और 2016-17 में अनाज कहीं न कहीं ज्यादा खराब हुआ है। मंत्री जी ने विस्तार से जवाब दिया है, इसमें कोई शक नहीं है। पूरा देश चाहता है, पूरे देश की इच्छा है कि अन्न का एक दाना भी खराब न हो।

हमारी शुभकामना, सद्भावना है कि आप उसमें सफल हों। लेकिन माननीय मंत्री जी, अभी आप इसमें सफल नहीं हैं। वर्ष 2015-16 और 2016-17 में आपकी खराबी बढ़ी है। यह सही है कि वर्ष 2013-14 और 2014-15 में यह खराबी घटी थी, लेकिन आगे बढ़ी है इसलिए इसे रोकने की जरूरत है।

माननीय मंत्री जी, अगर जनसंख्या की दृष्टि से देखें तो देश में जनसंख्या की सबसे बड़ी तादाद उत्तर प्रदेश में है, आपने साइलोज बनाने के लिए टारगेट निर्धारित किया है। मैंने जब वह आंकड़ा पढ़ा, तो मुझे बहुत अफसोस होता है कि आपने उत्तर प्रदेश को जरूरत के हिसाब से काफी नीचे रखा है।

मेरा माननीय मंत्री जी से स्पेसीफिक सवाल है कि क्या उत्तर प्रदेश में साइलोज के माध्यम से आप भंडारण की क्षमता बढ़ायेंगे? यदि उसे बढ़ायेंगे तो उसका रोड मैप क्या है और उसे कब तक बढ़ायेंगे?

श्री रामविलास पासवान : अध्यक्ष महोदया, माननीय सदस्य ने जैसा कहा कि हमारे पास एक सौ लाख टन स्टोरेज का टारगेट है। अब सबसे ज्यादा उपज हरियाणा और पंजाब में होती है। पंजाब में 24 लाख टन, मध्य प्रदेश में 10 लाख टन, महाराष्ट्र में 50 हजार टन, बिहार में 5 लाख टन, हरियाणा में 6.50 लाख टन, आंध्र प्रदेश में 5 लाख टन, उत्तर प्रदेश में 5 लाख टन, पश्चिम बंगाल में 3.5 लाख टन, गुजरात में 2 लाख टन, ओडिशा में 2 लाख टन और राजस्थान में 1.25 लाख टन की योजना है। इसके अतिरिक्त भारतीय खाद्य निगम विभिन्न राज्यों में 29 लाख टन के साइलो बनाएगा। उत्तर प्रदेश में टोटल गोदाम की क्षमता 64 लाख 53 हजार टन की है और एफसीआई की 50 लाख 37 हजार टन की क्षमता है। इसमें राज्य सरकार की 14 लाख 12 हजार टन की क्षमता है। अभी वहां पीईजी स्कीम के तहत 15 लाख 50 हजार टन स्वीकृत किया है, जिसमें से 12 लाख टन का निर्माण हो चुका है। जो 2 लाख 73 हजार टन है, वह निर्माणाधीन है। इसके अलावा 12 लाख टन के साइलोज बनाये जायेंगे। हमें चार माह के लिए 26 लाख 67 हजार टन चाहिए और सालाना 46 लाख 10 हजार टन की आवश्यकता है।

HON. SPEAKER: Do you want to ask something?

DR. M. THAMBIDURAI: Yes, Madam.

Madam Speaker, the hon. Minister has given the figures regarding production and procurement of rice. He has given everything in Annexure No.V.

Madam, we know very well that the farmers are taking a lot of efforts to produce their goods. At the same time, marketing is their main problem. That is why, the Government is coming forward to procure and distribute these things to the common people. In this connection, if we take the year 2012-13, in Tamil Nadu the production was 40 lakh tonnes. This is the figure that he has given. The

procurement was 4.81 lakh tonnes. In the same way, if we take the year 2013-14, production was 53.50 lakh tonnes and procurement was 6.84 lakh tonnes. In the same way, if we take the year 2014-15, production was 57.28 lakh tonnes and procurement was 10.51 lakh tonnes. Next, if we take the year 2015-16, production was 75.09 lakh tonnes but procurement was 11 lakh tonnes.

I have already met our Minister regarding procurement of paddy by FCI in Tamil Nadu. Our hon. Chief Minister of Tamil Nadu has written a letter to the Ministry stating that the Central Government and FCI must come forward to procure paddy from the Delta area also. Procured in states like Punjab and distributing it in other areas has to be stopped. It has to be stopped because if you are procuring in more quantities in Punjab, Odisha, etc., you are distributing those things in the areas of Tamil Nadu. But what about the other farmers producing there? If you are dumping all these things to that State, their production cannot be marketed. Therefore, the problem that the farmers are facing is that they could not market their products. That is why, the hon. Chief Minister of Tamil Nadu has requested that the Central Government must come forward to procure not only from the delta area but also from other areas of the Tamil Nadu State.

In that connection, I have met and requested him also. The Minister was kind enough to give order but nothing has happened afterwards. That is what I want to know. What are the steps that the Government is taking to procure rice and paddy other than delta area of Tamil Nadu, as requested by the hon. Chief Minister of Tamil Nadu?

श्री रामविलास पासवान: अध्यक्ष जी, दो तरह के स्टेट्स हैं - एक, डीसीपी स्टेट्स हैं जो स्वयं खरीदती हैं और लोगों की आवश्यकता के मुताबिक उनमें बांटती हैं। यदि किसी स्टेट को एक्स्ट्रा आवश्यकता होती है तो हम लोग भी देते हैं। दूसरे, नॉन डीसीपी स्टेट्स हैं, जहां एफसीआई भी खरीदती है, लेकिन हमने एफसीआई को कहा है कि जो डीसीपी स्टेट्स हैं, यदि वे भी चाहें तो हम खरीदने के लिए तैयार हैं। मैं माननीय सदस्य और सदन को विश्वास दिलाना चाहता हूँ कि हमारे अंडर में चावल और गेहूँ, दोनों हैं। देश का किसान देश के किसी भी कोने से जो भी बेचना चाहे, बेच सकता है, जितना बेचना चाहे, बेच सकता

है, हम खरीदने के लिए तैयार हैं। हम एक लाख 30 हजार करोड़ रुपये की सब्सिडी देते हैं, अगर उससे भी अधिक आवश्यकता होगी तो देंगे, उसमें कहीं कोताही करने की बात नहीं है।

SHRI MUTHAMSETTI SRINIVASA RAO (AVANTHI): Thank you, Madam Speaker, for giving me this opportunity. The Food Corporation of India is a big organisation. It purchases and distributes quality foodgrains through the Public Distribution System in the country.

Recently, we have read in the newspapers that contract workers working in the FCI have become *crorepati* and FCI is not going to engage them further. This is a good decision. FCI should have a transparent policy.

I would like to know from the hon. Minister the details of the storage capacity of foodgrains in my State and about the additional capacity that has been created in the new State both in public as well as private sectors.

श्री रामविलास पासवान: अध्यक्ष जी, मैं माननीय सदस्य को, उनके प्रश्न के बारे में जानकारी भेज दूंगा।

श्री जगदम्बिका पाल : अध्यक्ष महोदया, मैं आभारी हूँ कि आपने मुझे प्रश्न पूछने की अनुमति दी है।

अभी माननीय मंत्री जी ने अपने उत्तर में कहा है कि भारत सरकार सब्सिडी देने के लिए तैयार है और किसान के पास जितना उत्पादन होगा, उसे खरीदने के लिए हम तैयार हैं। निश्चित तौर से भारत सरकार का खाद्य मंत्रालय और फूड कारपोरेशन ऑफ इंडिया दो कार्यक्रमों - पब्लिक डिस्ट्रीब्यूशन सिस्टम और अदर वेलफेयर स्कीम्स के लिए खरीद करते हैं। इनका एक उद्देश्य यह है कि देश की जनता को राज्यों की मांग एवं आवश्यकता के अनुसार, चार माह में जितनी आवश्यकता हो, उसके अनुसार एक उच्चतम स्टॉक का भण्डारण करें। दूसरा उद्देश्य यह है कि देश के किसानों को मिनिमम सपोर्ट प्राइस मिले। अभी माननीय तंबिदुरै जी ने भी यह बात उठाई है। आखिर दो बातें महत्वपूर्ण हैं कि किसानों को उनकी फसल के लिए मिनिमम सपोर्ट प्राइस मिले, चाहे उनकी रबी और खरीफ की फसल हो या पीडीएस की जितनी आवश्यकता हो। लेकिन आज किसानों के उत्पाद की खरीद न होने के कारण आज किसानों को बिचौलियों को अपनी फसल बेचनी पड़ती है। उत्तर प्रदेश में, आज निश्चित तौर से जो मिनिमम सपोर्ट प्राइस भारत सरकार घोषित करती है, उसके बजाय उन किसानों का लोकल लेवल पर एक्सप्लायटेशन होता है। इसका साफ स्पष्ट आंकड़ा मैं जानना चाहता हूँ। उत्तर प्रदेश में वर्ष 2012-13 में 144.16 लाख टन पैदावार हुई, लेकिन केवल 22 लाख टन अनाज का आपने भण्डारण किया। इसी तरह से वर्ष 2013-14 में 146 लाख टन पैदावार के सापेक्ष केवल 11 लाख टन का भण्डारण किया गया। वर्ष 2014-15 में 121 लाख टन

पैदावार के सापेक्ष केवल 16 लाख टन का भण्डारण किया गया और वर्ष 2015-16 में 125 लाख टन के सापेक्ष केवल 29 लाख टन का भण्डारण किया गया। क्या माननीय मंत्री जी इसके बारे में भविष्य में कोई उपाय करेंगे? किसान का जो उत्पादन है, उसका एक-चौथाई भी नहीं खरीदा जा रहा है, वह किसान अपना उत्पाद बिचौलियों को बेचने के लिए बाध्य है। इस संबंध में खाद्य मंत्रालय क्या कदम उठाएगा? आपने खुद माना है कि जितनी आपकी भण्डारण क्षमता है, उससे कम स्टॉक है। अगर यह स्थिति है तो इसके बावजूद भी, पिछले साल 3115.684 लाख टन का नुकसान हुआ था तो इस बार वर्ष 2016-17 में 4383.259 लाख टन क्षति हुई है। पिछले साल की तुलना में अगर फिर क्षति हो गयी तो खाद्यान्न को बचाने के लिए एफसीआई ने क्या उपाय किया? कम से कम पिछले साल की तुलना में इस साल खाद्यान्न की क्षति कम होनी चाहिए थी। अगर पिछले साल की तुलना में खाद्यान्न की अधिक क्षति हुई है तो उसके लिए कौन जिम्मेदार है? उन अधिकारियों के खिलाफ क्या कार्रवाई की गयी? ... (व्यवधान)

माननीय अध्यक्ष : आपका प्रश्न हो गया।

श्री जगदम्बिका पाल: आपने एक तरफ कह दिया किया कि हम साइलोज बना रहे हैं, किसानों के उत्पाद रखने के लिए व्यवस्था सुनिश्चित करेंगे, लेकिन वास्तविकता के धरातल पर वे साइलोज बनें!... (व्यवधान)

माननीय अध्यक्ष : जगदम्बिका पाल जी, भाषण नहीं, प्रश्न पूछिए।

श्री जगदम्बिका पाल: इसके संबंध में आप क्या कदम उठा रहे हैं?

श्री रामविलास पासवान : माननीय अध्यक्ष जी, जैसे मैंने कहा कि दो तरह के स्टेट्स हैं, एक स्टेट तो वह है जहां राज्य सरकार स्वयं खरीदती है और दूसरा स्टेट है जहां राज्य सरकार और एफसीआई दोनों खरीदते हैं। उत्तर प्रदेश में राज्य सरकार और केन्द्र दोनों मिलकर खरीदने का काम करते हैं और एच.एल.सी. की सिफारिश है जिसमें प्राइवेट बॉडीज को भी लगाया गया है। मैं इतना ही कहना चाहता हूं और मैं कुछ भी तथ्य छिपाता नहीं हूं, मैंने अपने जवाब में पूरी जानकारी दे दी है। जितना जवाब दिया गया है, उसके बाद सप्लीमेंट्री का कोई औचित्य नहीं था। लेकिन आप देखेंगे कि चावल का उत्पादन वर्ष 2015-16 में 1030 लाख टन हुआ। वर्ष 2014-15 में 1054 लाख टन था और खरीद 320 लाख टन हुई। इसलिए उत्पादन एक अलग चीज है और खरीद एक अलग चीज है। हम प्रोक्योरमेंट अपने द्वारा भी करते हैं, दस प्रतिशत प्रोक्योरमेंट हम करते हैं और 90 प्रतिशत राज्य सरकार करती है। राज्य सरकार को हम पैसा देते हैं।

इसलिए दोनों मिलाकर हमने कहा कि ऐसी योजना बनाएं क्योंकि एफसीआई के पास इतना इंफ्रास्ट्रक्चर नहीं है कि हम सैकड़ों परचेजिंग सेन्टर खोल सकें। इसलिए राज्य सरकार के सहयोग से और केन्द्र सरकार दोनों मिलकर हमारी योजना रहती है कि कोई भी किसान ऐसा नहीं बचे जिसका एक दाना अनाज भी नहीं खरीदा जाए। हम इस योजना पर चल रहे हैं।

(Q. 22)

SHRI D.K. SURESH : Madam, the menace of wild boars is very high in the country. Almost all the States, including Karnataka, are facing this problem. Farmers are already in distress due to number of problems. Crop damage by wild boars is pushing farmers from bad to worst condition. Every year thousands of crores of rupees' losses are reported due to damage to the standing crops. So, I would like to know from the hon. Minister whether the Union Government has received any representation from Karnataka seeking permission for killing or hunting of wild boars in farmland in order to protect the standing crops and prevent losses to our poor farmers. If so, what steps are taken by the Government to put an end to wild boar menace?

Thank you.

श्री अनिल माधव दवे : माननीय अध्यक्ष जी, देश के पांच राज्यों से पशु और मनुष्य के बीच में जो वर्ग संघर्ष है, उसके लिए आवेदन प्राप्त हुए थे। कर्नाटक सरकार से भी प्राप्त हुए हैं लेकिन यहां एक-दो बातें स्पष्ट करना जरूरी है कि पशु को मारने का कोई आदेश केन्द्र सरकार की ओर से नहीं दिया गया है और राज्य सरकार ने उसे मांगा भी नहीं है। बेसिकली एनीमल-मैन कांफ्लिक्ट में मैनेजमेंट कैसे करना है, इसको लेकर पूछा गया था कि हम क्या करें। उसके अंदर दिसम्बर 2015 में केन्द्र सरकार ने अपने पत्र में यह स्पष्ट किया कि इसे शैड्यूल 3 से शैड्यूल 5 के अंदर रखा जाता है और उसमें 'वर्मिन' शब्द प्रयोग किया- अर्थात् ऐसा पशु जो व्यक्ति के लिए, किसान के लिए और उसकी खेती के लिए हानिकारक है। बिहार के 31 जिले, नीलगाय से 10 जिले, सूअर से उत्तरांचल, हिमाचल, ... (व्यवधान) उत्तर प्रदेश, आप मुझे देश के सारे राज्य बोलने के लिए दस सैकंड का तो समय दीजिए। उसको वह प्राप्त हुआ है लेकिन भारत का 2.4 भू-भाग विश्व के भू-भाग की तुलना में हमारे पास है। उसमें विश्व के 17 प्रतिशत मनुष्य रहते हैं और 17 प्रतिशत जिसको हमने पशुधन कहा, लाइवस्टॉक कहा, वह रहता है। किसी भी सरकार के सामने एक प्रश्न होता है कि वह 2.7, 17 प्रतिशत और 17 प्रतिशत के बीच में ऐसा सामंजस्य स्थापित करे कि धरती भी बची रहे, उसकी फसल भी बची रहे, किसान भी बचा रहे और उसके साथ में किसी प्रकार की पशुओं की कोई हानि न हो। इसलिए जो पत्र लिखा गया, उस पत्र के आधार पर क्योंकि दिसम्बर में वह एक साल के अंदर पूरा होगा, एक साल के बाद हम उसका विश्लेषण करेंगे और उसके बाद हम इस पर पुनर्विचार करेंगे कि इस प्रकार के पत्रों की यदि अन्य प्रदेशों को आवश्यकता है तो उसका क्या करना है।

SHRI D.K. SURESH : Madam, I would like to draw the attention of the Government to the fact that in last 2 ½ years in my Lok Sabha constituency alone about 22 persons were killed by elephants. Last week itself, at Kabbalu village in Kanakapura Taluk, an elephant killed a man. Apart from this, Sundagatta, Muggur, Kadushivana halli of Kanakapura Taluk three persons were killed in the last three months. Every year, about 6,000 to 7,000 farmers are seeking compensation for crop losses, and around 250 cattle deaths were reported in the last three years, but the compensation paid by the Government is very meagre.

Therefore, I would like to know from the hon. Minister about the steps that are being taken by the Union Government to prevent losses of human lives and crop losses from wild animals. Is the Government taking any steps to enhance the compensation for crop damage and losses of human life? Thank you, Madam.

श्री अनिल माधव दवे : माननीय अध्यक्ष जी, कोई भी कमपनसेशन मनुष्य की रिक्तता को पूरा नहीं कर सकता फिर भी कमपनसेशन है लेकिन जहां तक इस प्रकार के वाइल्ड एनीमल को डील करने का सवाल है, यह बात हमारे एनीमल राइट्स में और किसान के जो अधिकार हैं, उनके अंदर स्पष्ट है। चूंकि हमने शैड्यूल 3 से शैड्यूल 5 में उसको शिफ्ट किया है, इसलिए मैं आपके माध्यम से माननीय सदस्य से निवेदन करता हूं कि कर्नाटक सरकार की ओर से जो वर्तमान की समस्या है, इसको लेकर यदि केन्द्र सरकार को अगर कोई पत्र दिया जाएगा तो उसका निश्चित ही जवाब दूंगा। लेकिन यहां दो प्रश्न खड़े होते हैं, जिनको लेकर एक अजीब प्रकार का व्यवहार खड़ा होता है और वह व्यवहार यह है कि जब दो एकड़ का छोटा किसान जिसकी फसल जब खड़ी हो गई है और जब वह नष्ट हो जाती है तो उसके ऊपर क्या बीतती है। इसीलिए इसको शैड्यूल 3 से शैड्यूल 5 में रखा गया है कि हम उसे डंडा लेकर पशु को भगाने का अधिकार देते हैं और इसमें अगर उसकी कहीं मृत्यु हो जाती है तो वह अपराधी नहीं ठहराया जाएगा। लेकिन योजनाबद्ध ढंग से किलिंग का कोई आदेश केन्द्र सरकार ने कभी नहीं दिया है।

डॉ. रमेश पोखरियाल निशंक: माननीय अध्यक्ष जी, मैं आपके माध्यम से माननीय मंत्री जी से जानना चाहता हूं कि देश में पर्यावरण की शीर्ष संस्था 'टेहरी' द्वारा वन्य जीव और मानव संघर्षों को रोकने के लिए नीति निर्धारकों, आम जनता, वन्य जीव विभाग, राज्य और केन्द्र के बीच बेहतर समन्वय का जो सुझाव दिया गया था, क्योंकि वह सुझाव देती रही है। मैं जानना चाहता हूं कि उसमें अभी तक मंत्रालय ने क्या किया? जो उत्तराखंड-हिमांचल से हिमालय बैल्ट के जो सघन वन्य क्षेत्र हैं, वहां से आम आदमी परेशान

होकर बुरी तरह से पलायन कर रहा है, खेती नष्ट हो रही है और वन्य जंतु घर के अंदर घुसकर बच्चों को उठाकर ले जाते हैं, बच्चा मिलता भी नहीं है और उसका मुआवजा तक उनको नहीं मिलता। इसलिए मैं जानना चाहता हूँ कि क्या फसल परिवर्तन की दिशा में कोई नीति बनाई गई है और उनको मुआवजा देने के लिए उन क्षेत्रों में यदि कोई नीति बनाई गई है तो वह क्या है और यदि नहीं बनाई गई है तो कब तक बनाई जाएगी?

श्री अनिल माधव दवे : माननीय अध्यक्ष जी, मुआवजा देने की नीति स्पष्ट है, फिर भी अगर कोई विशेष केस किसी भी राज्य सरकार के ध्यान में लाया जाता है और अगर केन्द्र सरकार के ध्यान में लाया जाएगा तो मैं विश्वास दिलाता हूँ कि जो भी उचित कमपनसेशन होगा, वह दिया जाएगा। लेकिन फिर भी एक बात निश्चित है कि कई प्रकार के प्रशिक्षण, कई प्रकार के कार्यक्रम, कई प्रकार की सेंसेटाइजेशन की योजनाएं, वन विभाग और एनीमल विषय के अंदर की जाती है, इसको हम आगे भी बढ़ाना चाहते हैं क्योंकि अगर पशुओं के द्वारा किसानों के ऊपर किसी भी प्रकार का हमला होगा या उसकी खेती खत्म होगी तो सबसे पहले उसका विरोधी, वन के पास का किसान खड़ा हो जाता है और फिर हम कितनी भी कोशिश करेंगे लेकिन वगह उसे नहीं छोड़ेगा और वह प्रयत्न करता रहता है। इसलिए हम आसपास के सारे किसानों को सेंसेटाइज करते हैं, हम राज्य सरकारों को गाइडलाइन्स देते हैं, एडवाइजरी भी देते हैं, फंड भी देते हैं और कोशिश करते हैं कि यह सेंसेटाइजेशन का कार्यक्रम चले और ये कांफ्लिक्ट्स कम से कम हों लेकिन फिर भी अगर कोई विशेष बात ध्यान में आती है और यदि ध्यान में लाई जाएगी तो उसका मैं पूरी तत्परता से पालन करूंगा।

SHRI BAIJAYANT JAY PANDA: Madam, there are two kinds of problems here. One is crop loss, which has been talked about. The other point, which my hon. Colleague from Karnataka mentioned, is about human life. In my constituency, in Kendrapara, which is on the East Coast of India, every year, there are dozens of attacks by animals on human beings, many of which lead to deaths. We have deaths being caused by crocodiles, we have deaths being caused by wild boar, and some of these are classified as farmer-animal conflict or human-animal conflict. That is not the only problem. The bigger problem is that the natural balance in nature has been lost because many predators like cheetahs and tigers have been poached and killed. That balance is not being maintained.

The hon. Minister just said that the rules permit farmers to chase away these animals with sticks and that they will not be held liable if an animal is inadvertently killed in the process. I would like to bring to the hon. Minister's attention that the local forest officials are not aware of this. Every year, I deal with nearly a dozen cases and more than half a dozen deaths of my constituents. They are very clear that the farmers have no right to chase after the wild boar. It needs to be clarified further. I would request the hon. Minister to please issue a new letter to all local forest officials throughout the country so that they are aware of this ruling. Otherwise, this problem continues. I would seek an assurance from the Minister that he would clarify this to his officials throughout the country.

श्री अनिल माधव दवे : अध्यक्ष महोदया, वैसे एडवाइजरी और पत्र सभी राज्यों को और राज्यों के माध्यम से सभी जिलों को दिया जा चुका है। फिर भी अगर आपको कोई विशेष बात ध्यान में लाई जाती है तो कृपया करके वह बतायें। हम वहां के सम्बन्धित अधिकारी को राज्य के माध्यम से सूचित करेंगे। मैं यहां स्पष्ट करना चाहता हूं कि इस प्रकार की जो हानि होती है, यह निश्चित ही नहीं होनी चाहिए, क्योंकि ह्यूमन लॉस सबसे बड़ा नुकसान है। उसका कॉम्पनसेशन व्यक्ति के जाने पर दो लाख रुपया है, अगर उसे बहुत गंभीर चोट पहुंचती है तो दो लाख का तीस प्रतिशत और इलाज उसके अंदर जुड़ा हुआ है और माइनर इन्जरी में भी ट्रीटमेंट की जो कॉस्ट है, वह उसमें जुड़ा हुआ है, यह इस समय है। लेकिन इसके ऊपर आगे और भी सदभावना से विचार करके किया जा सकता है।

फिर भी, मैं स्पष्ट करना चाहता हूं कि आपको कोई ऐसा जिला लगता है, जिस जिले के अंदर अभी वहां का फॉरेस्ट ऑफिसर इसे नहीं मान रहा है, विशेषकर जो एडवाइजरी, मैंने चार प्रकार के, हिंसक नहीं कहना चाहिए, हिंसक बन चुके नीलगाय, सुअर और विशेष प्रजाति के बंदर, इन तीनों के सम्बन्ध में जिन राज्यों ने आवेदन किया था, उनको हमने उन्हें शेड्यूल तीन से शेड्यूल पांच के अंदर रख दिया है। अगर राज्य के किसी जिले को जानकारी नहीं है तो कृपया मुझे सूचित करें, तत्काल मैं उन्हें उसके लिए सन्तुष्ट करूंगा।

माननीय अध्यक्ष : बहुत सारे लोग प्रश्न पूछना चाह रहे हैं। आप इससे समझ लें कि संघर्ष बड़ा कठिन है और सदभावनापूर्वक आप ऐक्शंस लेंगे।

(Q. 23)

श्री चन्द्र प्रकाश जोशी: अध्यक्ष महोदया, साइबर क्राइम से सम्बन्धित, चूंकि पिछले कई वर्षों से यह अपराध देश में बढ़ रहा है। इंसान अपनी गाड़ी कमाई इकट्ठा करता है और कोई नक्सलाइट एरिया से फोन आता है और एटीएम से, ऑनलाइन कोड से उसका पैसा ट्रांसफर हो जाता है। कई पोस्ट्स ऐसे डाले जाते हैं जो देश की एकता और अखंडता के खिलाफ है। भारत माता के टुकड़े करने वाली बात आती है, वीडिओ वायरल होते हैं। पिछले कई वर्षों से यह अपराध बहुत तेजी से बढ़ रहा है। क्या विदेशी देश के साथ ऐसे साइबर क्राइम को रोकने के लिए कोई तंत्र विकसित किया गया है? ऐसे बड़े अपराध को रोकने के लिए, जो इस देश की एकता पर भी प्रश्न चिन्ह लगाते हैं, ऐसे लोगों को रोकने के लिए क्या बहुत कड़े प्रावधान बनाये गये हैं और बनाये गये हैं तो अभी तक इस प्रावधान के तहत कितने लोगों को सजा मिली है?

श्री किरेन रिजीजू : अध्यक्ष महोदया, माननीय सदस्य ने पूछा है कि अंतर्राष्ट्रीय स्तर पर क्या समझौता किया गया है और दूसरे देशों के साथ मिलकर हमने इस संबंध में क्या क़दम उठाए हैं? आज के समय में साइबर क्राइम हमारे देश में बहुत व्यापक रूप से चुनौती बन गया है और यह बात सभी को मालूम है क्योंकि हर किसी की रोज़ की जिंदगी में इसका प्रभाव है। यह इवोल्विंग मामला है जिसे हमें समय-समय पर देखना पड़ेगा कि क्या-क्या करना है। मैंने लिखित ब्यौरे में डिटेल दी है कि पिछले तीन साल में हमने साइबर क्राइम से रिलेटिड कितना क़ैक डाउन किया, कितनी साइट्स को बंद किया और कितना एक्शन लिया है, इसलिए मैं दोबारा इस डिटेल को नहीं दोहराऊंगा। सरकार अपनी तरफ से क़दम उठाती हैं हमारे यहां कोर्डिनेशन कमेटी है, इसमें लॉ मिनिस्टरी, होम मिनिस्टरी, इंफोर्मेशन टेक्नोलोजी मिनिस्टरी और लॉ एंड जस्टिस मिनिस्टरी के संयुक्त सचिव स्तर के अधिकारी को मिलाकर कमेटी बनी हुई है। उसकी एक प्रक्रिया है, जिसके तहत कार्रवाई की जाती है।

इसके अलावा जब कोई मामला कोर्ट में जाता है, उसके निर्देश पर भी कार्रवाई की जाती है, उसका भी ब्यौरा मैंने लिखित में काफी विस्तृत रूप से दिया है।

श्री चन्द्र प्रकाश जोशी: मंत्री जी ने निश्चित रूप से लिखित में उत्तर दिया है, लेकिन आज भी देश में केवल 35 प्रतिशत लोग ही इस संबंध में अपराध दर्ज करा पाते हैं। कई लोगों को तो इसकी जानकारी भी नहीं है। महिलाओं के बारे में तो चाहे साइबर स्पाइंग हो, चाहे साइबर पोर्नोग्राफी हो, चाहे साइबर बुलिंग हो, इस प्रकार के अपराध होते हैं। ऐसे अपराधों के लिए आई.पी. अड्रेस पता करने में बहुत समय लग जाता है। इस प्रकार के अपराधी बहुत शातिर किस्म के होते हैं, उन पर तुरंत कार्यवाही हो और कठोर सजा मिले तथा ऐसे अपराध दोबारा न हों, इसके लिए सरकार ने बहुत से इंतजाम किए हैं लेकिन फिर भी इस तरह

के अपराध महिलाओं के संबंध में हो रहे हैं। इन अपराधों को रोकने के लिए आपने क्या विशेष इंतजाम किए हैं?

श्री किरन रिजीजू : अध्यक्ष महोदया, बच्चों और महिलाओं के लिए तो खास ध्यान रखा ही गया है और रखना भी चाहिए। जो इंफोर्मेशन टेक्नोलॉजी ऐक्ट बना है, उसके प्रोविजन 69(ए) में प्यूनितिव एक्शन को डिस्क्राइब्ड किया गया है। उसके अनुसार हम कार्यवाही करते हैं और प्रोविजन 65 से 68 के बीच में कितने साल का क्या प्रावधान है, उसकी भी मैंने लिखित रूप में जानकारी दी है। अगर माननीय सदस्य चाहते हैं तो मैं उन्हें अलग से जानकारी उपलब्ध करवा सकता हूँ। कुछ आनलाइन नेचर आफ आफेंसिस हैं जैसे चाइल्ड पोर्नोग्राफी का एक बड़ा मुद्दा है, आनलाइन स्कैम्स, फ्रॉड और साइबर स्टॉकिंग होते हैं और इसके अलावा आइडेंटिटी थैफ्ट, ई-मेल, स्पैम, फिशिंग, वगैरह तो होते ही हैं। इसके और भी कई कारण हैं, लेकिन खासकर महिलाओं और बच्चों से संबंधित आफेंसिस की तरफ हमने ध्यान दिया है। जो प्रावधान इंफोर्मेशन टेक्नोलॉजी ऐक्ट में है, इसके साथ ही बच्चों के लिए जो अलग से कानून बनाया गया था, प्रिवेशन ऑफ आफेंसिस अगेंस्ट चिलड्रेन में भी प्रावधान है। अगर बच्चों के संदर्भ में कोई मामला आता है तो कड़ी से कड़ी कार्यवाही की जाती है।

श्री विष्णु दयाल राम: महोदया, गृह मंत्रालय द्वारा दिए गए विस्तृत उत्तर के प्रति आभार व्यक्त करते हुए मैं आपके माध्यम से माननीय गृह राज्य मंत्री जी से जानना चाहता हूँ कि क्या राष्ट्रीय सुरक्षा से ज्यादा महत्वपूर्ण व्यक्तिगत गोपनीयता है यानी कि इंडिविजुअल रिस्पॉसिबिलिटी है क्योंकि आज के समय में ऐसे व्यक्तियों के बारे में हम जानकारी प्राप्त नहीं कर पाते हैं जो राष्ट्र विरोधी गतिविधियों में संलग्न होते हैं। बहुत-सारी सर्विस प्रोवाइडर कम्पनियां ऐसी हैं जो एंड टू एंड एनक्रिप्टिंग की बात करती हैं, इनकी गारंटी देती हैं। इसके साथ-साथ मैं माननीय मंत्री जी से यह भी जानना चाहता हूँ कि जिन आर्गनाइजेशंस को, जिन एजेंसीज को, पुलिस तंत्र के लोगों की जवाबदेही तय की गई है कि वे साइबर क्राइम को डिटेक्ट करें, उसे प्रिवेंट करें और ऐसे व्यक्तियों के विरुद्ध तत्काल कार्यवाही करें जो राष्ट्र विरोधी गतिविधियों में संलिप्त हैं। ऐसी परिस्थिति में मैं यह जानना चाहता हूँ कि क्या ये आर्गनाइजेशंस, ये एजेंसीज और राज्य पुलिस का जो तंत्र है क्या वह इस काम में पूरी तरह सक्षम है, क्या उन्हें पूरी तरह से प्रशिक्षण दिया गया है? क्या उनके पास पर्याप्त मैन पावर, मशीनरी और मैकेनिज्म है और यदि नहीं है तो पूरे सिस्टम को रिवैम्प करने के लिए सरकार क्या विचार कर रही है और कब तक पूरे सिस्टम को रिवैम्प करेगी?

श्री किरन रिजीजू : माननीय अध्यक्ष महोदया, माननीय सदस्य ने यह क्वेश्चन पूछा है, क्योंकि वे पूर्व डीजीपी रह चुके हैं। उन्होंने एक अच्छा सवाल पूछा है। भारत सरकार की तरफ से जो कदम उठाये गये हैं,

में उनकी जानकारी देना चाहता हूँ। इस समय हमारे पास काफी चुनौतियाँ हैं। वे ऑफिसर्स, जिन्हें साइबर सिक्योरिटी के बारे में जानकारी का अभाव है। इसके लिए हमने जो कदम उठाये हैं, उनमें इंफोर्समेंट एजेंसीज़ को मजबूत करने के लिए 90 हजार पुलिसकर्मियों को ट्रेड करने की प्रक्रिया शुरू की है। इसके अलावा, 15 हजार पब्लिक प्रोसिक््यूटर्स को भी इस संबंध में ट्रेड करने का कार्य होगा क्योंकि वे कोर्ट में जाते हैं, तो उनको इसके बारे में जानकारी होनी चाहिए। इसके अतिरिक्त 15 हजार जूडिशियल ऑफिसर्स को भी इसकी जानकारी और मामले की जानकारी रहना बहुत जरूरी है। साथ ही, 36 साइबर क्राइम ट्रेनिंग सेन्टर खोले गये हैं, जो एडवांस साइबर क्राइम को ट्रेक करने के लिए खोले गये हैं। 2000 स्पेशल ऑफिसर्स को छः महीने का एक सर्टिफिकेशन प्रोग्राम कराने की तैयारी की गयी है। इसके अलावा, 500 ऑफिसर्स के लिए एक साल का एक डिप्लोमा कार्यक्रम भी तैयार किया गया है और 100 ऑफिसर्स के लिए एम-टेक प्रोग्राम, एक हाइली स्पेशियलाइज्ड प्रोग्राम कराने का काम किया है।

भारत में जो रिक्रूटेड यूनिवर्सिटीज एंड इंफॉर्मेशन टेक्नोलॉजी रिलेटिड यूनिवर्सिटीज है, उन सबसे संपर्क करते हुए, हमने यह काम शुरू किया है। यह इसलिए किया गया है क्योंकि आज जितने भी अंतर्राष्ट्रीय स्तर पर टेररिज्म का श्रेट्स हैं, खासकर अल-कायदा, तालिबान, आई.एस.आई.एस., अल-शबा, बोको हराम, हिजबुल मुज़ाहिदीन आदि ने जो इंटरनेट और सोशल मीडिया के माध्यम से रिक्रूटमेंट करने का प्रयास किया है, यदि उससे भारत को निपटना है, तो हमने जो कदम उठाया है, हम समझते हैं कि उससे हम बहुत प्रभावशाली ढंग से डील करेंगे और आगे जो भी जरूरी कदम उठाने हैं, उनके लिए हम प्रयास कर रहे हैं।

SHRI K.C. VENUGOPAL: Madam Speaker, malicious campaigns are going on in the social media nowadays and they are dividing the country and creating communal hatred among the people. We can see that people are being divided on both sides of an issue on the social media. Whenever a terror attack happens, somebody is criticizing it on the basis of religion. Actually this is creating communal hatred and dividing the people in the country. What action has been taken by the Government in this regard? These things are happening more in recent times. Is the Government going to stop these malicious campaigns on the social media which are trying to divide the country and divide the people?

SHRI KIREN RIJJU: Madam Speaker, I agree and admit to the fact that there many campaigns on the platform of social media being used to create and fan

communal tension or many other issues which would disturb the peaceful coexistence and harmonious situation in our society. We have effective mechanisms in place to deal with this. We have the Indian Computer Emergency Response Teams which looks into this matter and reports to the coordinating group which I mentioned earlier. We have a Crisis Management Plan also which sees that when any such situation erupts, it is cracked at the initial stage. Besides that, to sensitize the whole system we conduct Cyber Mock Drills also so that we come to know and update ourselves from time to time about the challenges before hand. Madam, to upgrade our systems further for proactive and preventive and protective measures, the National Cyber Coordination Centre has been created.

SHRI K.C. VENUGOPAL: In how many cases action has been taken?

SHRI KIREN RIJJU: The figures which the hon. Member Shri Venugopal wanted to know have already been submitted by me in the written statement. Probably he might not have read it.

Most of the cases of crackdown have come through court orders. On our own, we have given the figures for the last three years. It is 12 and 13 for 2013 and 2014. The figure has jumped in 2015 primarily because we have everything in place and we could act. There was the Dadri incident and some other incident in which it was used to create tension. That is why we had to crackdown on many websites and many portals. That is why the figure has jumped. If you see the figures for 2013-14, the figure has jumped. We have various mechanisms which we have explained earlier also. The Government is very sensitive about the whole social media being used and the cyber crime is a real threat for any civilized society in the world today. This is a reality and we are ready to deal with that.

SHRI SUDIP BANDYOPADHYAY: Hon. Speaker Madam, cyber crime is a very fantastic crisis but the question is that the conviction rate is at its lowest. I will go through the paper circulated by the Minister wherein details of cases chargesheeted, cases convicted and the number of persons arrested which have been given. I will give you the details. In 2013, 9322 cases were registered but

the conviction is zero. In 2014, cases registered and persons arrested were 5643 and conviction is 65 only. In 2015, persons arrested were 8044 and the conviction is 224 only. So, what is reflected from this reply is that cyber crime persons are being arrested, they are being prosecuted but somewhere there are some deficiencies that they are not being convicted. Can the Government initiate the process through major steps by which those who are genuinely arrested and prosecuted can be convicted at the earliest possible time? The Government should make an overall investigation on the whole process.

SHRI KIREN RIJU: The hon. Member is right. In the initial stage, when the cases started coming before the Government, cases were registered in large numbers and the conviction rate has been slow. It was primarily because of the reasons which I have cited earlier that we don't have trained manpower all over the country. That is why we have taken a series of steps for that, which I have mentioned earlier. When a cyber crime case goes to court, it is a very complex legal matter. It is very difficult to say on my part why the cases are not being convicted by the Court. That is why we have made a provision so that the process of sensitization should start from the prosecuting officers to the law officers and the conviction rate can be high

Moreover, many cases are not being reported. We have limitations also to go to the core of the issue where there is a cyber crime. It is a complicated and very difficult situation. To deal with that, I am very happy to inform the House that those steps which we have taken are massive steps and will definitely embolden our capacity and we should be able to deal with these challenges.

माननीय अध्यक्ष : राजेश जी, आप शॉर्ट में क्वेश्चन पूछिए।

श्री राजेश रंजन: अध्यक्ष महोदया, सोशल मीडिया नाम का जो बाघ है, वह हमारे घर में प्रवेश कर चुका है। माननीय मंत्री महोदय से हम जानना चाहेंगे कि जो बाघ प्रवेश कर चुका है, उसको या तो हम ट्रेन करें या वह हमको खाएगा। मैं माननीय मंत्री महोदय से कहना चाहूंगा कि आदर्श की स्थापना के लिए देश की स्थिति नहीं है, नैतिक मूल्य नहीं है। आप जो कह रहे हैं कि घटना के बाद आप कार्रवाई करते हैं, लेकिन

घटना होने के पहले आप किसी प्रकार की कोई कार्रवाई, जैसे सोशल मीडिया पर पत्रकार बैठ जाते हैं, कुछ नेता बैठ जाते हैं और लगातार दिन भर नेता और पत्रकार के बीच में जो डिबेट चलता रहता है, उससे समाज के निचले तबके के जो बच्चे हैं, यूथ हैं, उनमें जो केओस पैदा होता है, उसके कारण से घटना घटती है और कोई एक घटना नहीं, कई घटना। क्या आप इस सबको रोकने के लिए कोई प्रयास कर रहे हैं या आपका कोई ऐसा मकेनिज्म है, जिससे सोशल मीडिया पर लगाम लगाया जा सके?

श्री किरन रिजीजू : महोदया, माननीय सदस्य शायद मेरे उत्तर को मिस कर गए। मैंने जैसा पहले कहा था कि हम मॉक ड्रिल करते हैं और साथ ही साथ अलर्ट मैसेजिस भी भेजते हैं। हमारी जितनी स्पेशल टीम्स बनायी गयी हैं, जब उनकी जानकारी में कोई चीज आती है तो हम अडवांस में अलर्ट करते हैं और यह सब होता है। इसलिए मैंने कहा कि प्रिवेंटिव और प्रोटेक्टिव मैजर्स लेते हैं ताकि कोई ऐसी घटना न हो और होने की सम्भावना है तो उसको रोकने के लिए हम कदम उठा रहे हैं। घटना होने के बाद तो है ही, लेकिन घटना को रोकने के लिए भी व्यापक कदम उठाए गए हैं। इस सबको रोकने के लिए इनफोर्मेशन टेक्नोलॉजी एक्ट में भी प्रावधान दिए गए हैं, जिनके बारे में मैं पहले ही बता चुका हूँ।

12.00 hours

गृह मंत्री (श्री राजनाथ सिंह) : अध्यक्ष महोदया, मैं पूरे सदन को यह जानकारी देना चाहता हूँ कि जिस तरह सारा सदन इस बात से चिंतित है कि साइबर क्राइम की घटनाएं इस देश में ही नहीं, बल्कि सारी दुनिया में तेजी से बढ़ रही हैं। जिस समय हम लोगों ने मंत्रालय की जिम्मेदारी संभाली थी, उसके छः-सात महीने के अंदर ही साइबर क्राइम को फर्मली डील करने के लिए कोई न कोई एक इफैक्टिव सिस्टम होना चाहिए, यह सोचकर मैंने तुरंत डा. गुलशन राय की अध्यक्षता में 24 दिसम्बर, 2014 को एक एक्सपर्ट ग्रुप का गठन किया था। उनकी रिपोर्ट अब हमें प्राप्त हो चुकी है। उस रिपोर्ट के आधार पर साइबर क्राइम से फर्मली डील करने के लिए हमें क्या-क्या करना चाहिए, हम लोग इस समय इस दिशा में काम कर रहे हैं। वैसे बहुत सारी कमियां हैं, हम यह दावा नहीं कर सकते कि इस समय हमारे पास जो सिस्टम है, वह फुलप्रूफ है और हम साइबर क्राइम को पूरी तरह से रोक देंगे। मैं इसका दावा नहीं करना चाहता, क्योंकि ऐसी कई कमियां हैं और कई ऐसे सिस्टम्स हैं, हमें उन कमियों को दूर करना है और सिस्टम को स्ट्रेंथन करने की आवश्यकता है। मैं ऐसा भी महसूस करता हूँ कि ऑनलाइन रिपोर्टिंग का भी एक सेंट्रल सिस्टम होना चाहिए और साथ ही साथ जैसा हमारे राज्य मंत्री, श्री किरन रिजीजू ने बताया कि ट्रेंड साइबर प्रोफेशनल्स होने चाहिए, कहने का मतलब है कि कुछ न कुछ काम हम लोगों ने इस दिशा में प्रारम्भ कर दिया है। इस संबंध में लोगों के अंदर अवेयरनेस भी पैदा करने की जरूरत है। इसमें टेक्नोलॉजी और रिसर्च

की भी कमी है, से कैसे अपडेट किया जा सकता है, ये सब स्टैप्स अब हम लोग उठा रहे हैं, ताकि साइबर क्राइम को पूरी तरह से हम चैक कर सकें और इससे फर्मली हम डील कर सकें।

SHRI SUDIP BANDYOPADHYAY: These are too slow and too low, it is difficult to send any message. ... (*Interruptions*)

श्री राजनाथ सिंह : सुदीप जी, आप चिंता मत कीजिए, थोड़ा समय और लगेगा।

माननीय अध्यक्ष : प्रश्नकाल समाप्त हुआ।

12.02 hours**FELICITATION BY THE SPEAKER****Congratulations to Scientists of ISRO on launch of Satellites**

माननीय अध्यक्ष : माननीय सदस्यगण, जैसा कि आप जानते हैं, भारतीय अंतरिक्ष अनुसंधान संगठन (इसरो) ने आंध्र प्रदेश के श्रीहरिकोटा में स्थित सतीश धवन अंतरिक्ष केन्द्र से 22 जून, 2016 को एक ही प्रक्षेपण में रिकार्ड 20 उपग्रह सफलतापूर्वक छोड़े, जिनमें पृथ्वी प्रेक्षण उपग्रह (Earth Observation Satellite) कार्टोसैट-2 भी शामिल है।

हम अपने अंतरिक्ष वैज्ञानिकों की इस ऐतिहासिक उपलब्धि पर अत्यंत गौरवान्वित हैं।

यह सभा इस अभियान को सफल बनाने के लिए भारतीय अंतरिक्ष अनुसंधान संगठन के वैज्ञानिकों और प्रौद्योगिकीविदों के समर्पित दल को बधाई देती है।

12.03 hours**PAPERS LAID ON THE TABLE**

HON. SPEAKER: Now, Papers to be laid on the Table of the House.

Shri Ramvilas Paswan.

उपभोक्ता मामले, खाद्य और सार्वजनिक वितरण मंत्री (श्री राम विलास पासवान) : महोदया, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ:-

(1) (एक) नेशनल को-ऑपरेटिव कंज्यूमर्स फेडरेशन ऑफ इंडिया लिमिटेड, नई दिल्ली के वर्ष 2013-2014 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) नेशनल को-ऑपरेटिव कंज्यूमर्स फेडरेशन ऑफ इंडिया लिमिटेड, नई दिल्ली के वर्ष 2013-2014 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

(2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 4873/16/16]

(3) (एक) नेशनल को-ऑपरेटिव कंज्यूमर्स फेडरेशन ऑफ इंडिया लिमिटेड, नई दिल्ली के वर्ष 2014-2015 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) नेशनल को-ऑपरेटिव कंज्यूमर्स फेडरेशन ऑफ इंडिया लिमिटेड, नई दिल्ली के वर्ष 2014-2015 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

(4) उपर्युक्त (3) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 4874/16/16]

(5) आवश्यक वस्तु अधिनियम, 1955 की धारा 3 की उप-धारा (6) के अंतर्गत विनिर्दिष्ट खाद्य सामग्रियों पर (अनुज्ञापन अपेक्षाएं, स्टॉक सीमाएं और संचलन प्रतिबंध) निराकरण संशोधन आदेश, 2016 जो 29 अप्रैल, 2016 के भारत के राजपत्र में अधिसूचना संख्या कोओ 1584(अ) में प्रकाशित हुआ था, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 4875/16/16]

THE MINISTER OF STATE IN THE MINISTRY OF AGRICULTURE AND FARMERS WELFARE AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI S.S. AHLUWALIA): Madam, I beg to lay on the Table a copy each of the following Ordinances (Hindi and English versions) under article 123(2)(a) of the Constitution:-

- (1) The Indian Medical Council (Amendment) Ordinance, 2016 promulgated by the President on 24th May, 2016 (No. 4 of 2016).

[Placed in Library, See No. LT 4876/16/16]

- (2) The Dentist (Amendment) Ordinance, 2016 promulgated by the President on 24th May, 2016 (No. 5 of 2016).

[Placed in Library, See No. LT 4877/16/16]

- (3) The Enemy Property (Amendment and Validation) Third Ordinance, 2016 promulgated by the President on 31st May, 2016 (No. 6 of 2016).

[Placed in Library, See No. LT 4878/16/16]

THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS (SHRI KIREN RIJIJU): Madam, I beg to lay on the Table:-

(1) A copy of the Proclamation (Hindi and English versions) dated 11th May, 2016, issued by the President under clause (2) of Article 356 of the Constitution revoking earlier Proclamation issued by him on 27th March, 2016 in relation to the State of Uttarakhand, published in Notification No. G.S.R.499(E) in Gazette of India dated 11th May, 2016 under article 356(3) of the Constitution of India.

[Placed in Library, See No. LT 4879/16/16]

(2) A copy of the Notification No. S.O.2133(E) (Hindi and English versions) published in Gazette of India dated 16th June, 2016 framing the Rules under the Foreign Contribution (Regulation) Act, 2010 in terms of Section 41 read with Section 35 and Rule 17 of Foreign Contribution (Regulation) Rules, 2011 under Section 49 of the Foreign Contribution (Regulation) Act, 2010.

[Placed in Library, See No. LT 4880/16/16]

सामाजिक न्याय और अधिकारिता मंत्रालय में राज्य मंत्री (श्री विजय सांपला): महोदया, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ :-

(1) संविधान के अनुच्छेद 338 क की धारा (6) के अंतर्गत निम्नलिखित पत्रों की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) -

(एक) राष्ट्रीय अनुसूचित जाति आयोग, नई दिल्ली के वर्ष 2014-15 का वार्षिक प्रतिवेदन।

(दो) राष्ट्रीय अनुसूचित जाति आयोग, नई दिल्ली के वर्ष 2014-15 के वार्षिक प्रतिवेदन के बारे में व्याख्यात्मक ज्ञापन।

(2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 4881/16/16]

(3) संविधान के अनुच्छेद 338क की धारा (6) के अंतर्गत निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) -

- (एक) ईट भट्टा क्षेत्र में अनुसूचित जाति के श्रमिकों के एक्सप्लॉइटेशन के संबंध में राष्ट्रीय अनुसूचित जाति आयोग में मामलों की जांच।
(दो) उपर्युक्त रिपोर्ट के बारे में व्याख्यात्मक ज्ञापन।

[Placed in Library, See No. LT 4882/16/16]

(4) (एक) नेशनल इंस्टीट्यूट ऑफ सोशल डिफेंस, नई दिल्ली के वर्ष 2013-2014 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) नेशनल इंस्टीट्यूट ऑफ सोशल डिफेंस, नई दिल्ली के वर्ष 2013-2014 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

(5) उपर्युक्त (4) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 4883/16/16]

12.03 ½ hours

**MESSAGE FROM RAJYA SABHA
AND
BILL AS AMENDED BY RAJYA SABHA ***

SECRETARY-GENERAL: Madam, I lay on the Table the Indian Trusts (Amendment) Bill, 2015, as returned by Rajya Sabha with amendments on the 18th May, 2016.

* Laid on the Table.

12.04 hours**ASSENT TO BILLS***

SECRETARY-GENERAL: Madam, I lay on the Table the following ten Bills passed by the Houses of Parliament during the Eighth Session of Sixteenth Lok Sabha and assented to by the President since a report was last made to the House on the 26th April, 2018:-

1. The Sikh Gurdwaras (Amendment) Bill, 2016;
2. The Appropriation Acts (Repeal) Bill, 2016;
3. The Repealing and Amending Bill, 2016;
4. The Appropriation (Railways) No. 2 Bill, 2016;
5. The Industries (Development and Regulation) Amendment Bill, 2016;
6. The Finance Bill, 2016;
7. The Appropriation (No. 2) Bill, 2016;
8. The Anti-Hijacking Bill, 2016;
9. The Dr. Rajendra Prasad Central Agricultural University Bill, 2016; and
10. The Uttarakhand Appropriation (Vote on Account) Bill, 2016.

I also lay on the Table copies, duly authenticated by the Secretary-General, Rajya Sabha, of the following three Bills passed by the Houses of Parliament and assented to by the President:-

1. The Constitution (Scheduled Castes) Order (Amendment) Bill, 2016;
2. The Mines and Minerals (Development and Regulation) Amendment Bill, 2016; and
3. The Insolvency and Bankruptcy Code, 2016.

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* Laid on the Table and also placed in Library See No. LT 4884/16/16.

12.05 hours**RESIGNATIONS FROM THE MEMBERSHIP OF LOK SABHA**

HON. SPEAKER: Hon. Members, I have to inform the House about the resignation of three Members from the membership of Lok Sabha.

Shri Sarbananda Sonowal, elected member from the Lakhimpur Parliamentary Constituency of Assam tendered his resignation *vide* his letter dated 27th May, 2016. I have accepted his resignation with effect from 28th May, 2016.

Shri Suvendu Adhikari, elected Member from the Tamruk Parliamentary Constituency of West Bengal tendered his resignation *vide* his letter dated 28 May, 2016. I have accepted his resignation *w.e.f.* 28 May, 2016.

Kumari Mehbooba Mufti, elected Member from the Anantnag Parliamentary Constituency of Jammu and Kashmir tendered her resignation *vide* her letter dated 30 June, 2016. I have accepted her resignation *w.e.f.* 4 July, 2016.

12.06 hours

BUSINESS ADVISORY COMMITTEE
32nd Report

THE MINISTER OF STATE IN THE MINISTRY OF AGRICULTURE AND FARMERS WELFARE AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI S.S. AHLUWALIA): Madam, I rise to present the 32nd Report of the Business Advisory Committee.

12.07 hours**MOTION RE: APPOINTMENT OF MEMBERS OF LOK SABHA AND RAJYA SABHA TO JOINT COMMITTEE ON THE ENFORCEMENT OF SECURITY INTEREST AND RECOVERY OF DEBTS LAWS AND MISCELLANEOUS PROVISIONS (AMENDMENT) BILL, 2016**

डॉ. संजय जायसवाल (पश्चिम चम्पारण) : अध्यक्ष महोदया, मैं प्रस्ताव करता हूँ कि -

“ यह सभा श्री पी.पी. चौधरी की मंत्री के रूप में नियुक्ति होने पर प्रतिभूति हित का प्रवर्तन और ऋण वसूली विधि तथा प्रकीर्ण उपबंध (संशोधन) विधेयक, 2016 संबंधी संयुक्त समिति से उनके त्यागपत्र देने से उनके स्थान पर डॉ. किरीट सोमैया को संयुक्त समिति के सदस्य के रूप में कार्य करने के लिए नियुक्त करती है। ”

HON. SPEAKER: The question is:

“That this House do appoint Dr. Kirit Somaiya to serve as Member of the Joint Committee on the Enforcement of Security Interest and Recovery of Debts Laws and Miscellaneous Provisions (Amendment) Bill, 2016 vice Shri P.P. Chaudhary resigned from the Joint Committee on his appointment as Minister.”

The motion was adopted

डॉ. संजय जायसवाल: अध्यक्ष महोदया, मैं प्रस्ताव करता हूँ कि -

“ यह सभा राज्य सभा से सिफारिश करती है कि राज्य सभा श्री प्रफुल पटेल, श्री सतीश चंद्र मिश्र और श्री के.सी. त्यागी के राज्य सभा से सेवानिवृत्त होने के कारण उनके स्थान पर प्रतिभूति हित का प्रवर्तन और ऋण वसूली विधि तथा प्रकीर्ण उपबंध (संशोधन) विधेयक, 2016 संबंधी संयुक्त समिति के सदस्यों के रूप में कार्य करने के लिए राज्य सभा के तीन सदस्यों को नियुक्त करने के लिए सहमत हो तथा इस प्रकार राज्य सभा द्वारा संयुक्त समिति के लिए नियुक्त किए गए सदस्यों के नाम इस सभा को सूचित करें।”

HON. SPEAKER: The question is:

“That this House do recommend to Rajya Sabha that Rajya Sabha do agree to appoint three Members of Rajya Sabha to serve as Members of the Joint Committee on the Enforcement of Security Interest and

Recovery of Debts Laws and Miscellaneous Provisions (Amendment) Bill, 2016 vice Shri Praful Patel, Shri Satish Chandra Misra and Shri K.C. Tyagi retired from Rajya Sabha and do communicate to this House the names of the Members so appointed by Rajya Sabha to the Joint Committee. ”

The motion was adopted

12.08 hours

GOVERNMENT BILLS -Introduced

(i) Indian Medical Council (Amendment) Bill, 2016*

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Madam, I beg to move for leave to introduce a Bill further to amend the Indian Medical Council Act, 1956.

HON. SPEAKER: The question is:

“That leave be granted to introduce a Bill further to amend the Indian Medical Council Act, 1956.”

The motion was adopted

SHRI JAGAT PRAKASH NADDA: Madam, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 19.7.2016

12.08 ½ hours**STATEMENT RE: INDIAN MEDICAL COUNCIL (AMENDMENT)
ORDINANCE, 2016***

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Madam, I rise to lay on the Table an explanatory Statement (Hindi and English versions) showing reasons for immediate legislation by promulgation of the Indian Medical Council (Amendment) Ordinance, 2016 (No.4 of 2016).

* Laid on the Table and also placed in Library, See No. LT 4885/16/16.

12.09 hours

**GOVERNMENT BILLS -Introduced ...Contd.
(ii) Dentists (Amendment) Bill, 2016***

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Madam, I beg to move for leave to introduce a Bill further to amend the Dentists Act, 1948.

HON. SPEAKER: The question is:

“That leave be granted to introduce a Bill further to amend the Dentists Act, 1948. ”

The motion was adopted

SHRI JAGAT PRAKASH NADDA: Madam, I introduce the Bill.

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12.09 ½ hours**STATEMENT RE: DENTISTS (AMENDMENT)
ORDINANCE, 2016***

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Madam, I rise to lay on the Table an explanatory Statement (Hindi and English versions) showing reasons for immediate legislation by promulgation of the Dentists (Amendment) Ordinance, 2016 (No.5 of 2016).

* Laid on the Table and also placed in Library, See No. LT 4886/16/16

12.10 hours**GOVERNMENT BILLS -Introduced ...Contd.**
(iii) High Courts (Alteration of Names) Bill, 2016*

THE MINISTER OF LAW AND JUSTICE AND MINISTER OF ELECTRONICS AND INFORMATION TECHNOLOGY (SHRI RAVI SHANKAR PRASAD): Madam, I beg to move for leave to introduce a Bill to alter the names of the High Courts of Bombay, Calcutta and Madras.

HON. SPEAKER: The question is:

“That leave be granted to introduce a Bill to alter the names of the High Courts of Bombay, Calcutta and Madras. ”

The motion was adopted

SHRI RAVI SHANKAR PRASAD: Madam, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 19.7.2016

12.12 hours**(iv) Citizenship (Amendment) Bill, 2016***

THE MINISTER OF HOME AFFAIRS (SHRI RAJNATH SINGH): Madam Speaker, I beg to move for leave to introduce a Bill further to amend the Citizenship Act, 1955.

HON. SPEAKER: The question is:

“That leave be granted to introduce a Bill further to amend the Citizenship Act, 1955.”

The motion was adopted.

SHRI RAJNATH SINGH : Madam, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 19.7.2016

माननीय अध्यक्ष : माननीय सदस्यगण, मुझे एडवोकेट जोएस जॉर्ज, प्रो. के.वी. थॉमस, श्री मोहम्मद बदरुद्दोज़ा खान, श्री दुष्यंत चौटाला जी, श्री पी.करुणाकरन, श्री एम.बी.राजेश, श्री एन.के.प्रेमचन्द्रन, श्री कौशलेन्द्र कुमार, श्री मल्लिकार्जुन खड्गे जी, श्री ज्योतिरादित्य माधवराव सिंधिया, श्री के.सी. वेणुगोपाल, श्री निनॉग इरिंग, श्रीमती पी.के.श्रीमथि टीचर, श्री अधीर रंजन चौधरी और श्री जय प्रकाश नारायण यादव से विभिन्न विषयों पर स्थगन प्रस्ताव की सूचना प्राप्त हुई है। मामले महत्वपूर्ण हैं, लेकिन इसके लिए आज के कार्य व्यवधान डालना अनिवार्य नहीं है। अन्य अवसरों पर इन्हें उठाया जा सकता है। अतः मैंने स्थगन प्रस्ताव की सूचनाओं को अनुमति प्रदान नहीं की है।

...(व्यवधान)

श्री जय प्रकाश नारायण यादव (बाँका) : महोदया, इस पर आधा घंटे की स्पेशल डिबेट दे दीजिए।...(व्यवधान)

माननीय अध्यक्ष : आपको मौका मिलेगा। अब जीरो ऑवर होगा।

...(व्यवधान)

माननीय अध्यक्ष : दे देंगे।

...(व्यवधान)

12.13 hours**SUBMISSION BY MEMBER****Re: Alleged attempts made by the Union Government to destabilize elected State Governments**

श्री मल्लिकार्जुन खड़गे (गुलबर्गा) : महोदया, आपका धन्यवाद, क्योंकि आपने इस महत्वपूर्ण विषय पर मुझे अपनी बात रखने के लिए समय दिया, इसलिए मैं आपका आभारी हूँ। खासकर के आज जो हम एडजर्नमेंट मोशन के रूप में लाए थे, यह बहुत ही महत्वपूर्ण सब्जेक्ट है। एक तो लोकतंत्र की दृष्टि से, संविधान की रक्षा की दृष्टि से और सारे देश में जो डेमोक्रेटिकली इलेक्टिड गवर्नमेंट्स हैं यानी प्रजातंत्र के आधार पर, उसूलों पर, तत्वों पर जो सरकारें बनती हैं, उन सरकारों की हिफाजत करना सरकार का कर्तव्य होता है और सरकार को इस तरफ ध्यान देकर अपना कदम उठाना चाहिए। ऐसा हो रहा है कि उनके जो दिल में है, उन्होंने यह ठान लिया है कि इस देश में कांग्रेस मुक्त भारत करने का स्लोगन वे देते जा रहे हैं।... (व्यवधान) आप सुनिए, आप उड़िए मत।... (व्यवधान) आप जरा बैठ जाइए।... (व्यवधान)

महोदया, इसीलिए इनका यह प्रयास रहा, इनकी यह कोशिश रही कि जिस जगह भी उनको अवसर मिलता है, उस जगह डीस्टेबलाइज करके अपनी गवर्नमेंट लाने की कोशिश कर रहे हैं।... (व्यवधान) ऐसा ही अरुणाचल प्रदेश में हुआ, ऐसा ही उत्तराखंड में हुआ और मणिपुर में भी कोशिश किए, वह नहीं हुआ, हिमाचल प्रदेश में भी कोशिश करने की उन्होंने अपनी पूरी ताकत लगाई, वह नहीं हुआ।... (व्यवधान) हर जगह वे अपनी कोशिश कर रहे हैं और... * अधिकार ग्रहण करने की कोशिश कर रहे हैं।... (व्यवधान)

माननीय अध्यक्ष : आप बीच में क्यों बोल रहे हैं? वे सक्षम हैं।

श्री मल्लिकार्जुन खड़गे: ये चीजें लोक हित में और जनतंत्र में ठीक नहीं हैं। आज हुआ क्या है कि सुप्रीम कोर्ट ने अपना जजमेंट 13 जुलाई को दिया और जो अरुणाचल प्रदेश में इन्होंने कदम उठाया था और इनके गवर्नर ने जो किया था, उनके एक्शन के खिलाफ आज सुप्रीम कोर्ट ने ऐसा... * है कि शायद आइन्दा ऐसी हरकतें वे कभी नहीं करेंगे, ऐसा मैं समझता हूँ।... (व्यवधान) लेकिन फिर भी उनकी यह आदत है। ... (व्यवधान)

माननीय अध्यक्ष : लंबा भाषण नहीं देना है।

... (व्यवधान)

* Not recorded as ordered by the Chair.

श्री मल्लिकार्जुन खड़गे: क्योंकि यह बहुत महत्वपूर्ण है और मैं आपको धन्यवाद देता हूँ कि आपने हमें बोलने का मौका दिया। सुप्रीम कोर्ट ने अरुणाचल प्रदेश सरकार को रिस्टोर करने का फैसला किया।...(व्यवधान)

रसायन और उर्वरक मंत्री तथा संसदीय कार्य मंत्री (श्री अनन्तकुमार): माननीय अध्यक्ष महोदया, असंसदीय शब्द का जो इस्तेमाल किया, ... *शब्द का जो इस्तेमाल किया, उसे रिकार्ड से हटाना चाहिए।

माननीय अध्यक्ष : अब तक जो भी असंसदीय शब्द होंगे, उनको कार्यवाही से निकाल देंगे। **तमाचा** शब्द को भी कार्यवाही से निकाल देंगे।

श्री मल्लिकार्जुन खड़गे: हिन्दुस्तान के इतिहास में यह फैसला सुनहरे अक्षरों में लिखा जाएगा।...(व्यवधान)
होम मिनिस्टर उत्तर देने वाले हैं, आप क्यों बोलते हैं? ...(व्यवधान)

माननीय अध्यक्ष : ज़ीरो आवर में थोड़े शब्दों में बात करते हैं खड़गे जी।

श्री मल्लिकार्जुन खड़गे: यह फैसला सुनहरे अक्षरों में लिखा जाएगा क्योंकि किसी राज्य में मौजूदा सरकार को हटाकर पुरानी सरकार को वापस लाने का सुप्रीम कोर्ट का यह पहला आदेश है। हम सुप्रीम कोर्ट को धन्यवाद देते हैं। सुप्रीम कोर्ट ने संविधान को अपहैल्ड किया और कभी कभी यहाँ कहते हैं कि सुप्रीम कोर्ट एक्ज़ीक्यूटिव पावर एसर्ट कर रही है, सुप्रीम कोर्ट अपने को एसर्ट करके नए कानून बना रही है। हम कहते हैं और बाहर भी मैंने ऐसा सुना कि सरकार के लोगों ने ऐसे शब्द उनके विरोध में अपनाए। लेकिन मैं पूछता हूँ कि जब ऐसी हरकतें आप करते हैं जो कानून के विरोध में, संविधान के विरोध में, और वहाँ की जनता-जनार्दन की इच्छा के विरोध में हों, जब आप ऐसे काम करते हैं, तब सुप्रीम कोर्ट को इंटरफियर करना पड़ता है और कहना पड़ता है कि आप जो कर रहे हैं, वह गलत कर रहे हैं, इसलिए इस सरकार को फिर से लाना पड़ेगा। यह जो उनकी आदत है, इसको छोड़ना चाहिए। 9 दिसम्बर, 2015 को दिए गए गवर्नर के आदेश पर लिए गए विधान सभा के सभी फैसलों को भी रद्द कर दिया गया है।

माननीय अध्यक्ष : इतना लंबा भाषण नहीं देते है। मैंने केवल मामला उठाने के लिए कहा। आप फिर किसी नियम के तहत डिमांड करो तो हम इस पर चर्चा भी करवा देंगे।

...(व्यवधान)

श्री मल्लिकार्जुन खड़गे: मैं थोड़े में अपनी बात कहूँगा। यह डेट बताना इसलिए ज़रूरी है कि किस ढंग से यह हुआ।...(व्यवधान)

माननीय अध्यक्ष : वह तो सबको मालूम है। I am sorry.

श्री मल्लिकार्जुन खड़गे: मैं आपके नोटिस में लाना चाहता हूँ क्योंकि यह लोकतंत्र के ढाँचे के ऊपर आक्रमण है और लोकतंत्र को खत्म करने की बात हो रही है, उसकी हत्या हो रही है, संविधान की हत्या हो रही है। ... (व्यवधान) मैं सिर्फ एक पैराग्राफ आपको सुनाऊँगा।

माननीय अध्यक्ष : अभी नहीं।

श्री मल्लिकार्जुन खड़गे: सिर्फ पाँच वाक्य हैं।

“On 3.11.2015, the Governor of Arunachal Pradesh issued an order under article 174(1) of the Constitution of India on the aid and advice of the Chief Minister and his Council of Ministers summoning the State Assembly for its Sixth Session on 14.1.2016. On 16.11.2015, a notice of Resolution was given by 16 MLAs of INC for removal of the Deputy-Speaker, Shri T.N. Thongdok. On 19.11.2015, a notice of resolution was given by 11 MLAs belonging to the BJP alongwith two independent MLAs for removal of the elected Speaker of the Legislative Assembly, Shri Nabam Rebia.”

यानी आपके पास संख्या बल नहीं है, लेकिन फिर भी आप जोड़-तोड़ कर वहाँ पर सरकार बनाने के लिए और जनता की तरफ से वहाँ इलैक्ट हुई दो-तिहाई मेजॉरिटी को तोड़कर अगर आप अपनी सरकार वहाँ पर बैठाना चाहते हैं तो आप संविधान का कितना सम्मान कर रहे हैं, इससे ज़ाहिर होता है। हम बाबासाहब अंबेडकर की 125वीं साल की जयंती मना रहे हैं। संविधान के लिए हर जगह भाषण हो रहा है। पूरा साल अंबेडकर के जीवन के बारे में बात हो रही है। ... (व्यवधान)

12.20 hours**GOVERNMENT BILLS - Introduced ...Contd.****(v) National Institutes of Technology, Science Education and Research
(Amendment) Bill, 2016***

HON. SPEAKER: The House will now take up item no. 14.

Shri Prakash Javadekar.

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI PRAKASH JAVADEKAR): I beg to move for leave to introduce the National Institutes of Technology, Science Education and Research Act, 2007.

HON. SPEAKER: The question is:

“That leave be granted to introduce the National Institutes of Technology, Science Education and Research Act, 2007.”

The motion was adopted.

SHRI PRAKASH JAVADEKAR: Madam, I introduce the Bill.

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... (Interruptions)

माननीय अध्यक्ष : खड़गे जी, आप बैठिए। मैं रिप्लाय करवा देती हूँ।

...(व्यवधान)

HON. SPEAKER: Please wait for a minute. I will allow the hon. Minister to reply.

... (Interruptions)

श्री मल्लिकार्जुन खड़गे (गुलबर्गा) : मैडम, ये लोग को-ऑपरेटिव फेडरलिज्म की बात करते हैं।...(व्यवधान)

HON. SPEAKER; I will allow him.

... (Interruptions)

माननीय अध्यक्ष : बैठिए।

...(व्यवधान)

माननीय अध्यक्ष : माननीय मंत्री जी रिप्लाय देंगे। बीच में थोड़ा इसे एलाउ किया है। इसे होने दीजिए।

...(व्यवधान)

HON. SPEAKER: After this I will allow the Home Minister.

... (Interruptions)

HON. SPEAKER: I am sorry. Please sit down.

... (Interruptions)

माननीय अध्यक्ष : मैं उसे कर दूंगी। माननीय गृह मंत्री रिप्लाय देंगे।

...(व्यवधान)

माननीय अध्यक्ष : खड़गे जी, वह कम्प्लीट हो गया। अब आप नहीं बोलेंगे। आप बैठिए।

...(व्यवधान)

माननीय अध्यक्ष : अब कुछ रिकॉर्ड में नहीं जाएगा। आप बैठिए।

... (Interruptions)... *

माननीय अध्यक्ष : अगर होम मिनिस्टर जी बोलना चाहेंगे तो मैं उन्हें एलाउ करूंगी। यह थोड़ा-सा एक इंटरैक्शन रह गया था। इतना करा देती हूँ।

...(व्यवधान)

माननीय अध्यक्ष : हर कोई नहीं सिखाएगा। आप लोग प्लीज़ बैठिए।

* Not recorded.

...(व्यवधान)

माननीय अध्यक्ष : मेरी बात सुनिए। मैं समझ गयी हूं। अगर होम मिनिस्टर बोलना चाहेंगे, मैं उनको बोलने को कहूंगी, मैं उन्हें रोकूंगी नहीं।

...(व्यवधान)

माननीय अध्यक्ष : आप सब उठ कर बोलेंगे तो किसी को कुछ भी एलाउ नहीं करूंगी।

...(व्यवधान)

माननीय अध्यक्ष : प्लीज़, आप लोग बैठिए। I know, please sit down.

...(व्यवधान)

रसायन और उर्वरक मंत्री तथा संसदीय कार्य मंत्री (श्री अनन्तकुमार): माननीय गृह मंत्री जी जरूर बोलेंगे। इस बिजनेस के बाद वे बोलेंगे।...(व्यवधान)

12.22 hours**GOVERNMENT BILLS - Introduced ...Contd.**
(vi) Institutes of Technology (Amendment) Bill, 2016*

HON. SPEAKER: The House will now take up item no. 15.

Shri Prakash Javadekar.

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI PRAKASH JAVADEKAR): I beg to move for leave to introduce a Bill further to amend the Institutes of Technology Act, 1961.

HON. SPEAKER: Motion moved:

“That leave be granted to introduce a Bill further to amend the Institutes of Technology Act, 1961.”

PROF. SAUGATA ROY (DUM DUM): Madam Speaker, under Rule 72 (1), I oppose the introduction of the Institutes of Technology (Amendment) Bill, 2016. ... (*Interruptions*) I have nothing against the substance of the Bill.

HON. SPEAKER: Only the speech of Prof. Saugata Roy will go on record.

... (*Interruptions*)... **

PROF. SAUGATA ROY: All I want to say is that IITs have raised their fees to Rs. 2 lakh. ... (*Interruptions*) The IITs have raised their annual fees to Rs. 2 lakh, which is putting it beyond the reach of the common people. I want an assurance from the Minister that fees in IITs will not be increased beyond Rs. 1 lakh. I want an assurance from the Minister. Let him do something for the poor students of this country who want to study in the IITs. It is not possible for many families to pay the fees of Rs. 2 lakh per year.

* Published in the Gazette of India, Extraordinary, Part-II, Section 2 dated 19.7.2016.

** Not recorded.

SHRI PRAKASH JAVADEKAR: Prof. Saugata Roy ji, the hon. Member has raised the issue. I opposed it only on one point. Let me assure him that we have already taken three decisions – the Scheduled Castes, the Scheduled Tribes, and the OBC – in regard to waivers as per the rules. Persons who are not in those categories but are poor, whose income is Rs.9 lakh per annum, they will be provided with interest-free loans. We would bear the interest.

HON. SPEAKER: The question is:

“That leave be granted to introduce a Bill further to amend the Institutes of Technology Act, 1961.”

The motion was adopted.

SHRI PRAKASH JAVADEKAR: I introduce the Bill.

SUBMISSION BY MEMBER ...Contd.**Re: Alleged attempts made by the Union Government to destabilize elected State Governments**

माननीय अध्यक्ष : आई एम सॉरी राजनाथ जी, जब मैं अगले आइटम पर गई, मैंने आपकी तरफ देखा नहीं था, इसलिए मैं इस पर चली गई थी। You can make a statement, if you want to.

प्लीज बैठिए।

...(व्यवधान)

माननीय अध्यक्ष : आपकी बात कंप्लीट हो गई।

...(व्यवधान)

HON. SPEAKER: Nothing will go on record.

... (Interruptions)... *

माननीय अध्यक्ष : राजनाथ जी, बोलिए।

...(व्यवधान)

माननीय अध्यक्ष : ऐसा थोड़े ही होता है, चित में भी और पुट में भी, आई एम सॉरी।

...(व्यवधान)

माननीय अध्यक्ष : राजनाथ जी, केवल आपकी बात रिकार्ड में जाएगी।

..... (Interruptions) *

गृह मंत्री (श्री राजनाथ सिंह) : अध्यक्ष महोदया, कांग्रेस संसदीय दल के नेता श्री खड़गे जी ने हम लोगों के ऊपर आरोप लगाए हैं। ... (व्यवधान)

HON. SPEAKER: Nothing will go on record but the statement of Shri Rajnath Singh.

... (Interruptions)... *

श्री राजनाथ सिंह : सही है या गलत है, इसका फैसला तो बाद में होगा। ... (व्यवधान) मैं इस पर बहुत डिटेल में चर्चा करने के लिए नहीं खड़ा हुआ हूँ। अगर चाहेंगे तो मैं उसके लिए तैयार हूँ। अगर चाहेंगे तो मैं तैयार हूँ। ... (व्यवधान) एक मिनट, मेरी बात सुनिए। ... (व्यवधान)

श्री ज्योतिरादित्य माधवराव सिंधिया (गुना) : मैडम, बहस करा लीजिए। ... (व्यवधान)

* Not recorded.

माननीय अध्यक्ष : कोई नोटिस देंगे तो बहस होगी। क्या ऐसे बहस होती है? आप भी समझते हैं। आप तय करो, करेंगे। आज क्यों उठाया फिर?

...(व्यवधान)

HON. SPEAKER: Nothing will go on record but the statement of Shri Rajnath Singh.

... (Interruptions)... *

श्री राजनाथ सिंह : अध्यक्ष महोदया, चाहे अरुणाचल राज्य की सरकार का प्रश्न हो अथवा उत्तराखंड राज्य की सरकार का प्रश्न हो, उसकी चर्चा करते हुए खड़गे साहब ने यह कहा है कि इस गवर्नमेंट की एक आदत हो गई है, इस गवर्नमेंट का यह स्वभाव है, पॉपुलर गवर्नमेंट को डिस्टैब्लाइस करना, वहां प्रेसीडेंट रूल इंपोज करना, यह इस गवर्नमेंट का स्वभाव है। ... (व्यवधान) यह इस गवर्नमेंट की आदत है। यह आरोप उन्होंने हमारी सरकार के ऊपर लगाया है। ... (व्यवधान) मैं खड़गे साहब से यह कहना चाहता हूं कि सचमुच गवर्नमेंट्स को डिस्टैब्लाइस करना, पॉपुलर गवर्नमेंट को भंग करना, यदि किसी की इस आजाद भारत में सबसे पुरानी आदत है तो वह कांग्रेस पार्टी की आदत है। ... (व्यवधान) मैं उदाहरण देना चाहता हूं कि जब से आजादी हासिल हुई है, तब से लेकर आज तक 105 बार बराबर पॉपुलर गवर्नमेंट को डिस्टैब्लाइस करने का काम यदि किसी ने किया है तो इनकी सरकार ने किया है, हमारी सरकार ने कभी नहीं किया। ... (व्यवधान)

दूसरी बात, मैं यह कहना चाहता हूं कि उत्तराखंड और अरुणाचल में जो संकट पैदा हुआ है, उस संकट को मैं दुर्भाग्य मानता हूं। किसी भी पॉपुलर गवर्नमेंट को, किसी को भी डिस्टैब्लाइस नहीं करना चाहिए। यह हेल्दी डेमोक्रेसी का तकाजा है, क्योंकि बराबर यदि पॉपुलर गवर्नमेंट्स को ही डिस्टैब्लाइस करते रहेंगे तो हेल्दी डेमोक्रेसी हमारी कंट्री में किसी भी सूरत में सर्वाइव नहीं कर पाएगी। इसलिए मैं कहना चाहता हूं कि उत्तराखंड और अरुणाचल में जो कुछ भी दुर्भाग्यपूर्ण संकट पैदा हुआ, वह कांग्रेस के आंतरिक संकट के कारण पैदा हुआ। ... (व्यवधान) यह इनकी इंटरनल क्राइसिस है जिसके कारण यह पैदा हुआ। ... (व्यवधान) मैं आपको उदाहरण देना चाहता हूं। ... (व्यवधान) जिस समय उत्तराखंड की असैम्बली चल रही थी, उस समय कांग्रेस के नौ विधायकों ने खड़े होकर अपनी सरकार का विरोध किया था। ... (व्यवधान) इसीलिए उत्तराखंड में यह संकट पैदा हुआ है। ... (व्यवधान) जहां तक अरुणाचल प्रदेश के संकट का प्रश्न है, भारतीय जनता पार्टी ने कहीं पर कांग्रेस के विधायकों के बीच डिसइन्टिग्रेशन कराने, तोड़ने का काम नहीं

* Not recorded.

किया है बल्कि स्वयं कांग्रेस पार्टी अरुणाचल प्रदेश में टूट गई और उसके बाद टू थर्ड लोगों ने अलग होकर सरकार बनाई है।...(व्यवधान) इससे भारतीय जनता पार्टी का कोई लेना-देना नहीं है।...(व्यवधान)

मैं अंतिम बात कहना चाहता हूं कि यदि इनकी नाव में छेद हो और उस छेद वाली नाव को यदि आप पानी में डालेंगे तो नाव का डूबना तय है।...(व्यवधान) उसके लिए पानी को दोषी नहीं ठहराया जा सकता कि पानी नाव में घुस गया, इसलिए नाव डूब गई। ... (व्यवधान) सचमुच यदि छेद है तो आपकी नाव में है और जिस नाव में छेद है, उसका डूबना तय है, दुनिया की कोई ताकत नहीं बचा सकती।...(व्यवधान) यदि पानी में डालेंगे तो उसमें पानी घुसेगा।...(व्यवधान)

श्री अशोक महादेवराव नेते (गढ़चिरोली-चिमुर्): अध्यक्ष महोदया, मैं आपके माध्यम से महाराष्ट्र के मेरे संसदीय क्षेत्र गढ़चिरोली-चिमुर् जो देश का सबसे पिछड़ा, घना, आदिवासी बहुल, नक्सल प्रभावित, अविकसित, धार्मिक और ऐतिहासिक स्थल के नाम से जाना जाता है, मैं इन क्षेत्रों की तरफ आपका ध्यान आकर्षित कराना चाहता हूँ।...(व्यवधान)

माननीय अध्यक्ष : अशोक नेते जी की बात के अलावा और किसी की बात रिकार्ड में नहीं जाएगी।

... (Interruptions)... *

श्री अशोक महादेवराव नेते: महाराष्ट्र राज्य के गढ़चिरोली-चिमुर् संसदीय क्षेत्र के अंतर्गत कछाड़गढ़, तालुका सालेकसा, जिला गोंदिया में लिंगोजंगो, जो आदिवासियों के देवता हैं, उनका एक प्रमुख एवं अति प्राचीन गुफा व मंदिर है।...(व्यवधान) यह देश के आदिवासियों का एक बहुत बड़ा धार्मिक स्थल है तथा पर्वतीय क्षेत्र में स्थित है। यहां पर महाराष्ट्र राज्य के ही नहीं बल्कि देश के विभिन्न राज्यों जैसे छत्तीसगढ़, मध्य प्रदेश, झारखंड, ओडिसा सहित अन्य आदिवासी बहुल क्षेत्रों से आदिवासी श्रद्धालुओं का बहुत बड़ी संख्या में आना-जाना होता है तथा प्रत्येक वर्ष फरवरी माह में विशेष उत्सव के दौरान प्राचीन गुफा व मंदिर के दर्शन करने वाले आदिवासी श्रद्धालुओं की संख्या लगभग 4-5 लाख तक पहुंच जाती है।...(व्यवधान)

12.33 hours

(Shri Mallikarjun Kharge and some other hon. Members then left the House.)

मेरे क्षेत्र के अंतर्गत तालुका चामोर्शी में मारखंडा देवस्थान एक बहुत बड़ा धार्मिक स्थल है तथा यह काशी देवस्थान के नाम से भी प्रसिद्ध है।...(व्यवधान) इस धार्मिक स्थल का बड़ा महत्व है तथा इस मंदिर के निकट के पवित्र वेणगंगा गुजरती है।...(व्यवधान)

माननीय अध्यक्ष : अशोक जी, इतना लम्बा-चौड़ा नहीं पढ़ते।

...(व्यवधान)

श्री अशोक महादेवराव नेते: यहां पर महाराष्ट्र राज्य के ही नहीं बल्कि देश के अन्य क्षेत्रों से भी बड़ी संख्या में श्रद्धालुओं का आना-जाना होता है तथा महा शिवरात्रि पर्व पर यहां आने वाले श्रद्धालुओं की संख्या लगभग 15-20 लाख के आसपास होती है।...(व्यवधान) इस धार्मिक स्थल का महत्व पुराणों में भी वर्णित है। लेकिन श्रद्धालुओं के लिए यहां पर जरूरी मूलभूत सुविधाओं का भारी अभाव है।...(व्यवधान)

* Not recorded.

मेरे संसदीय में टिप्पागढ़, वैरागढ़, कछाड़गढ़, अरकतुंडी, रामदेगी, गोमुख के स्थल भी विकसित करने के लायक हैं।... (व्यवधान) अतः मेरा केन्द्र सरकार से अनुरोध है कि उपरोक्त स्थल के महत्व को देखते हुए इनको केन्द्रीय पर्यटन की सूची में शामिल करते हुए पर्यटन के रूप में विकसित करने और सौन्दर्यीकरण करने के साथ-साथ वहां जरूरी मूलभूत सुविधाएं उपलब्ध कराने एवं आवागमन मार्ग को सुविधाजनक बनाए जाने हेतु आवश्यक कार्यवाही करें, ऐसा मैं सरकार से अनुरोध करता हूं। धन्यवाद।

माननीय अध्यक्ष : कुंवर पुष्पेन्द्र सिंह चन्देल को श्री अशोक महादेवराव नेते द्वारा उठाए गए विषय के साथ संबद्ध करने की अनुमति प्रदान की जाती है।

SHRI RAM PRASAD SARMAH (TEZPUR): Madam Speaker, I thank you for allowing me to speak on this very important issue relating to Assam and other Northeast States.

Madam, there is a 4046 km. long border between India and Bangladesh starting from Tripura to West Bengal. This border is an open border. The open border has been the encouraging factor for infiltration of Bangladeshis. About one crore estimated Bangladeshis have infiltrated into India. There is a smuggling of cattle and other items from India to Bangladesh. Just imagine, last year, the number of total cattle smuggled was 23 lakh!

Now, there is a tremendous increase in *jihadi* activities in Assam. Those *jihadis*, who are intruding from Bangladesh, operating in Bangladesh, are also making Assam their playfield. So, I would request the Government of India to fully seal the border between India and Bangladesh, which is 4,046 kilometre long so that the infiltration of Bangladeshis, who are smuggling items and cattle, is stopped; and also the infiltration of *jihadis* can be stopped immediately.

Madam, Assam is, now, suffering the adverse impact of *jihadis*. There have been training camps running of *jihadis* in various villages and other areas in Assam. So, the border fencing should be as good as between India and Pakistan.

When Pakistani border can be sealed totally and not a single infiltrator is allowed to cross to India, why should the Bangladesh border with India be kept

open, which is not in the interest of Assam, and not in the interest of the whole of India?

So, Madam Speaker, I would humbly request the Government of India to take stern action to seal these borders. Thank you.

HON. SPEAKER: Shri Gajendra Singh Shekhawat, Shri Alok Sanjar, Dr. Kirit P. Solanki, Shri Bhairo Prasad Mishra, Shri C.P. Joshi, Shri Sudhir Gupta, Shri Rodmal Nagar, Shri Sharad Tripathi, Kunwar Pushpendra Singh Chandel and Kumari Shobha Karandlaje are permitted to associate with the issue raised by Shri Ram Prasad Sarmah. ... (*Interruptions*)

HON. SPEAKER: Now. Dr. Boora Narsaiah Goud – Not present.

Now, Shri Anwhar Raajhaa

SHRI A. ANWHAR RAAJHAA (RAMANATHAPURAM): Madam, the Sri Lankan Navy have been harassing and arresting the Indian fishermen from Tamil Nadu continuously, and have been detaining their fishing boats even after the release of the fishermen. They also destroyed the fishing nets and boats of these fishermen.

The hon. Chief Minister of Tamil Nadu, Puratchi Thalaivi Amma being very sensitive to the sufferings of the poor fisherman and their families, has been writing, time and again, to the Prime Minister, requesting him to make personal intervention on this issue; and for setting free the arrested fishermen and their boats. Hon. Amma has even provided appropriate relief measures and help to repair the released boats which were destroyed by the Sri Lankan Navy, to save the lives of the poor fishermen.

While no visible action was initiated by the Ministry of External Affairs for the release of arrested fishermen and their boats and all our genuine requests have been falling on deaf ears, it has emboldened the Sri Lankan Navy to harass them unabatedly.

The hon. Chief Minister, Amma, has repeatedly emphasized the importance of the Government of India undertaking a strong diplomatic offensive to uphold the rights and interests of Indian fishermen from Tamil Nadu.

The permanent solution to solve this problem is the retrieval of Katchatheevu and encouraging the deep sea fishing. This is the view of our hon. Chief Minister, Amma, who has repeatedly insisted to the Centre. But the Centre has not come forward to listen to the views of our Amma to find a permanent solution to this issue.

Hence, I would request the hon. Prime Minister to intervene in this matter to secure the immediate relief of 77 fishermen and 104 fishing boats from Sri Lankan custody and to provide a permanent solution of this serious issue. Thank you.

HON. SPEAKER: Shri Bhairo Prasad Mishra and Shrimati V. Sathyabama are permitted to associate with the issue raised by Shri A. Anwhar Raajhaa.

SHRI MUTHAMSETTI SRINIVASA RAO (AVANTHI) (ANAKAPALLI): Madam, I am thankful to you, for allowing me to raise an urgent matter of public importance during Zero Hour.

The Government of India had assured, in the Andhra Pradesh Reorganization Act, 2014, that a new Railway Zone will be set up in Andhra Pradesh comprising three Divisions, namely, Vijayawada, Guntur and Guntakal, and the Waltair Division of the East Coast Railway.

For almost a decade now, there has been a demand for a new Railway Zone with Visakhapatnam as its headquarters, as the present Waltair Division is the highest revenue earner in the East Coast Railway Zone. The total earnings of the Waltair Division was about Rs. 6,280 crore in 2013-14, which is about 50 per cent of the total annual revenue of the East Coast Railway Zone.

Respected Madam, Visakhapatnam has a natural advantage of having two major ports. Abundant land bank is readily available near the Visakhapatnam

Railway Station. So, the Waltair Division has the biggest loco shed and an excellent coach maintenance depot.

As we all know, Visakhapatnam is the fastest growing city in Asia having several reputed organizations like Eastern Naval Command, NSTL, BHEL, BARC, HPCL Refinery, Hinduja Power Project etc., and the present Waltair Railway Division has all medical, educational, sports infrastructure etc. to meet the requirement of the New Railway Zone.

After the bifurcation of Andhra Pradesh, the formation of a new Railway Zone in Andhra Pradesh has become imperative as the headquarters of the South Central Railway is located at Secunderabad of Telangana State. It is obvious to integrate the three Divisions of South Central Railway with Waltair Division of the East Coast Railway and give Andhra Pradesh a new Railway Zone to give fillip to its economy. Of course, Visakhapatnam is the ideal choice for locating the Headquarters of the proposed new Railway Zone.

In view of the natural advantages, I urge upon the Government of India to announce the creation of a new Railway Zone with headquarters at Visakhapatnam without any further delay. Thank you, Madam.

HON. SPEAKER: Kunwar Pushpendra Singh Chandel is permitted to associate with the issue raised by Shri Muthamsetti Srinivasa Rao.

जीरो ऑवर में अपनी बात को बहुत प्रिसाइसली रखना चाहिए।

श्रीमती संतोष अहलावत (झुंझुनु): माननीय अध्यक्ष महोदया, आपने मुझे बहुत गम्भीर विषय पर बोलने की अनुमति दी है। इसलिए आपको बहुत-बहुत धन्यवाद।

महोदया, मेरा संसदीय क्षेत्र पानी की अनुपलब्धता के कारण डार्क जोन घोषित हो चुका है। यमुना बेसिन राज्यों के मध्य वर्ष 1994 में एक समझौता हुआ था। उस समझौते के तहत राजस्थान को 1.199 बीसीएम यमुना जल का आबंटन हुआ था और अपर यमुना नदी बेसिन को यमुना जल आबंटन हेतु अधिकृत कर दिया गया था।

महोदया, दिनांक 21 दिसम्बर, 2001 को अपर नदी यमुना बेसिन की 22वीं बैठक में निर्णय लिया गया था कि राजस्थान को 1,917 क्यूसिक्स पानी ताजेवाला हैड से और 1,281 क्यूसिक्स जल ओखला

हैडवर्क्स से मॉनसून की अवधि में दिया जाएगा। राजस्थान सरकार ने उपरोक्त आबंटित यमुना जल के उपयोग के लिए तीन जिले भरतपुर, चूरु और झुंझुनू की एक प्रस्तावित रूपरेखा केन्द्रीय जल आयोग को प्रस्तुत कर दी थी।

महोदया, मैं आपका ध्यान आकृष्ट कराना चाहती हूँ कि आयोग ने उपरोक्त दोनों प्रस्तावों को इस शर्त के साथ अनुमोदित कर दिया था कि हरियाणा सरकार से स्वीकृति प्राप्त कर ली जाए।

महोदया, यह बहुत महत्वपूर्ण विषय है। इसलिए कृपया मुझे अपनी बात कहने की अनुमति दी जाए। दिनांक 14 फरवरी, 2003 को राजस्थान सरकार द्वारा एक एमओयू हरियाणा सरकार को सहमति के लिए भेजा गया था, लेकिन हरियाणा सरकार ने उस पर हस्ताक्षर नहीं किए। उस समय वहाँ कांग्रेस की सरकार थी। हरियाणा ने ताजेवाला यमुना जल आबंटन के समझौते पर इस आधार पर असहमति व्यक्त कर दी कि अगर राजस्थान को पानी दिया जाता है, तो हरियाणा को जो प्राप्त जल है, वह प्रभावित होगा।

महोदया, हरियाणा ने अपना हक बचाने के लिए एक ऐसी स्थिति क्रीएट कर दी और आज दिन तक उस समस्या का समाधान नहीं हो सका है। इसलिए अपर यमुना जल आबंटन रिव्यू कमेटी को प्रस्ताव भेज दिया गया। चेयरमैन, अपर यमुना जल आबंटन रिव्यू कमेटी ने यह प्रस्ताव राज्य को द्विपक्षीय वार्ता के लिए भी भेजा, लेकिन तब से आज तक राजस्थान सरकार द्वारा हरियाणा सरकार से अनेक बार निवेदन किया गया, लेकिन इस बारे में अभी तक समाधान नहीं निकला है। दिनांक 14 फरवरी, 2003 को एमओयू पर हस्ताक्षर किए जाने और राजस्थान ने अपने हिस्से का जल मांगने हेतु केन्द्र सरकार से भी निवेदन किया। चूंकि उस समय केन्द्र और राज्य, दोनों जगह हमारी सरकारें नहीं थीं, इसलिए इस समस्या का समाधान नहीं हो सका। अतः मैं आज आपके माध्यम से निवेदन करना चाहती हूँ कि आज तक डार्क जोन की मार से झेल रहे राजस्थान के तीन जिलों, भरतपुर, चूरु और झुंझुनू को पानी की सप्लाई हेतु यमुना के जल में जो हिस्सा राजस्थान का बनता है, वह यथाशीघ्र मिले। धन्यवाद।

कुँवर पुष्पेन्द्र सिंह चन्देल (हमीरपुर): अध्यक्ष महोदया, मैं अपने आपको उपर्युक्त विषय से सम्बद्ध करता हूँ।

श्री भैरों प्रसाद मिश्र (बांदा) : अध्यक्ष महोदया, मैं अपने आपको उपर्युक्त विषय से सम्बद्ध करता हूँ।

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): Thank you, Madam Speaker. Madam Speaker, as we all know, quality health care can only be provided through quality medical institutions. Hospitals staffed with highly trained professionals, equipped with state-of-the-art infrastructure alone can provide improved and affordable health care to the masses. That is why the All India Institute of Medical Sciences has established such a reputation here in Delhi.

The Government in 2015 had promised to establish an All India Institute, an AIIMS, in the State of Kerala to promote medical research, encourage dissemination of information and provide affordable health care to the State citizens. This will also provide excellent opportunities in higher education for medicine and jobs to young medical professionals.

The State of Kerala finalized the required logistics and identified suitable locations to establish this institution including one location in rural Thiruvananthapuram, the State capital, which would also cater to the southern districts of Tamil Nadu right next door. However, the Central Government has failed to include Kerala in the first list of States in which new AIIMS will be established.

I, therefore, urge the Government to add the State of Kerala to the list immediately, to conduct at least an inspection visit of the sites offered by the State Government, in keeping with the promise of the Central Government, and, therefore, to establish an AIIMS in Thiruvananthapuram at the earliest. Thank you, Madam Speaker.

HON. SPEAKER: Mohammed Faizal, Shri N.K. Premachandran, Shri Bhairon Prasad Mishra, Shri P.K. Biju and Adv. Joice George are permitted to associate with the issue raised by Dr. Shashi Tharoor.

*SHRI K. PARASURAMAN (THANJAVUR): Hon. Madam Speaker, Vanakkam. Tamil Nadu is a pioneering State in promoting Renewable Energy in the country. Today, Tamil Nadu, with an installed capacity of 7600 MW of wind power contributes about 27 % of the country's total installed wind capacity. In addition, there is an installed capacity of 1142 MW of solar power. Our goal is to add a further 4500 MW of wind power and 5000 MW of solar power over the next 5 years. It was decided by the Tamil Nadu Government to have an Intra-State Green Energy Corridor. Our Beloved Leader Hon. Chief Minister of Tamil Nadu *Puratchithalaivi* Amma had written a letter to the then Hon. Prime Minister on 16

* English translation of the speech originally delivered in Tamil.

September 2013 seeking assistance from the National Clean Energy Fund to establish the Inter-State Green Energy Corridor. As a result of funds received from the National Clean Energy Fund and KfW of Germany, the Inter-State Green Energy Corridor is ready for becoming functional. Tamil Nadu after having already met its Renewable Purchase Obligation, is now in a position to sell about 1000 MW of wind power to other States, which require this power to meet their Renewable Purchase Obligation (RPO). To facilitate the sale of surplus wind power to the States in need of renewable energy, it is important to establish a dedicated Inter-State Green Energy Corridor.

This may pave way for successful evacuation of the surplus wind energy from Tamil Nadu and for selling it to other States. Hon. *Puratchithalaivi* Amma is aware of the proposal of the Power Grid Corporation of India for setting up a dedicated Inter-State Green Energy Corridor.

On behalf of Hon. Chief Minister of Tamil Nadu *Puratchithalaivi* Amma, I urge upon the Union Minister of Power for expeditiously setting up the Inter-State Green Energy Corridor for evacuation of 1000 MW of excess wind power generated from Tamil Nadu to the neighbouring States. In the meantime, the Power Grid Corporation may be directed by the Union Government to allocate dedicated transmission capacity on a priority basis, so as to enable to evacuate the surplus wind energy available in Tamil Nadu to other States, this season. Keeping in view the urgency and importance of this matter, I urge upon the Union Government to take immediate action in this regard. Thank you.

HON. SPEAKER: Shrimati V. Sathyabama is permitted to associate with the issue raised by Shri K. Parasuraman.

श्रीमती रंजीत रंजन (सुपौल): माननीय अध्यक्ष जी, एक बार हम सबने बहुत डिस्कशन निर्भया को लेकर रेप के बारे में किया था। यहां बहुत गंभीर चर्चा हुई थी और बहुत से नियम भी बनाए गए थे लेकिन आज जो देश की स्थिति है, वह हम सबको मारमिक भी करती है और सिर शर्म से झुक जाता है। एक घटना रोहतक, हरियाणा में हुई। वह लड़की 20 साल की हो चुकी है। 2013 में उसके साथ गैंग रेप हुआ।

जिन्होंने गैंग रेप किया, कुछ महीनों बाद जेल गए। जेल जाने के कुछ महीने बाद उनकी जमानत हुई। वे बीच में बार-बार उसे धमकियां देते रहे कि केस वापिस लिया जाए। उसे कोई प्रोटेक्शन नहीं मिली। एक बार फिर उन्हीं लोगों ने उसके साथ गैंग रेप किया। आज उस लड़की की क्या हालत होगी? उसके अंदर क्या चल रहा होगा? किस तरह की प्रोटेक्शन सरकार कर रही है, चाहे सैंटर में हो या स्टेट में हो? महिलाओं की सुरक्षा देश में नहीं है, क्या हमें यह समझ लेना चाहिए?

दूसरा कांड महाराष्ट्र के अहमद नगर में हुआ। टीवी में दिखाया जा रहा है कि फिर से एक बार निर्भया जैसा कांड हुआ। 15 साल की बच्ची चायपत्ती लेने जाती है, तीन-चार लड़के उसके साथ गैंग रेप करते हैं, गैंग रेप ही नहीं करते हैं, उसके इन्टर्नल पार्ट को क्षति भी पहुंचाते हैं। उसकी दोनों बाजुओं की हड्डी तोड़ देते हैं। यह सब आज सबके सामने है।

तीसरा कांड, बुलंदशहर में एक लड़की के साथ एक साल पहले रेप हुआ था। वह प्रेगनेंट थी, आज उसे बच्चा हुआ है, उसे अस्पताल में जाकर धमकाया जा रहा है कि केस वापिस लो। वह एसएसपी के पास भागकर जा रही है। क्या पुरुष जानवर है या मानवता बची हुई है? मुझे नहीं लगता कि महिलाओं या बच्चियों को न्याय मिल रहा है चाहे जितने भी कानून हों। यहां बोलकर मैं सिर्फ अपने मन को सैटिसफेक्शन देना चाहती हूं, शांति देना चाहती हूं और उन बच्चों को सिर्फ यह बताना चाहती हूं कि कहीं न कहीं अगर मैं कुछ नहीं कर पा रही हूं तो अपने गुबार को सदन में निकालकर उनके साथ हूं।

मैं सिर्फ इतना बताना चाहती हूं कि आज मुझे भी विश्वास नहीं हो रहा है। कहीं पर भी, किसी भी प्रदेश में यह राजनीति न हो कि कहां पर किसकी सरकार है, जिसकी भी सरकार हो, महिलाएं और बच्चियां तो हमारी हैं। वह किसी पार्टी या धर्म की नहीं हैं। कहीं दलित के साथ ऐसा हो रहा है, कहीं ओबीसी के साथ हो रहा है, तो कहीं फारवर्ड क्लास के साथ हो रहा है। यह सब महिलाओं और बच्चियों के साथ हो रहा है। क्या हमारे देश में उन्हें न्याय मिलेगा या हम सिर्फ शर्म से सिर झुकाते रह जायेंगे?

अध्यक्ष महोदया, यह जो तीसरी घटना हुई है, उसमें जब उस लड़की का मर्डर हो जायेगा, तब क्या हम पूरा शोर मचायेंगे? जब वह बच्चा भी जाये और बच्ची भी जाये, तब क्या हम उन बदमाशों को जेल भिजवा सकेंगे?

अध्यक्षा जी, यह बहुत गंभीर विषय होता जा रहा है। आज हर मुद्दे एक तरफ हैं और यह मुद्दा एक तरफ है। आज हमारे घर की मां-बच्चियां खासकर गरीब, दलित की मां-बच्चियां सुरक्षित नहीं हैं, तो ऐसे देश में हम सिर्फ चर्चा करके क्या करेंगे? आज फिर से हमारा सिर शर्म से झुका है। मैं आशा करूंगी कि कोई न कोई ऐसा उपाय निकाला जाये, जिससे उन दरिदों को सजा मिल सके, कुछ सबक मिल सके। बहुत-बहुत धन्यवाद। ...(व्यवधान)

माननीय अध्यक्ष : श्री भैरों प्रसाद मिश्र, श्री अजय मिश्रा टेनी, कुंवर पुष्पेन्द्र सिंह चन्देल, श्रीमती नीलम सोनकर, श्रीमती पी.के. श्रीमथि टीचर और श्रीमती रेखा वर्मा को श्रीमती रंजीत रंजन द्वारा उठाए गए विषय के साथ संबद्ध करने की अनुमति प्रदान की जाती है।

...(व्यवधान)

SHRIMATI P.K. SHREEMATHI TEACHER (KANNUR): Madam, I associate with this matter.... (*Interruptions*)

SHRI KODIKUNNIL SURESH (MAVELIKKARA): Madam, the Government should make a statement. This is a very serious matter. The hon. Parliamentary Affairs Minister is sitting here.... (*Interruptions*) It is a rape of Scheduled Caste woman.... (*Interruptions*)

प्रो.चिंतामणि मालवीय (उज्जैन) : अध्यक्ष महोदया, आपने मुझे लोक महत्व के अति संवेदनशील और मानवीय मुद्दे पर बोलने का अवसर दिया, उसके लिए आपका बहुत-बहुत धन्यवाद। ...(व्यवधान)

माननीय अध्यक्ष : केवल श्री चिन्तामणि मालवीय जी की ही बात रिकार्ड में जायेगी।

...(Interruptions)*

प्रो.चिंतामणि मालवीय : अध्यक्ष महोदया, आये दिन समाचार-पत्रों में पढ़ने को मिलता है कि किसी बोरवेल के गड्ढे में कोई बच्चा गिर गया। यह घटना टीवी पर चौबीसों घंटे चलती रहती है। ...(व्यवधान) सारा प्रशासन, सरकारी मशीनरी और यहां तक कि कई बार सेना को भी बुलाकर उस बच्चे को निकालने के प्रयास किये जाते हैं। आज ऐसी बहुत सारी घटनाएं होने लगी हैं और 99 प्रतिशत मामलों में ...(व्यवधान)

अध्यक्ष महोदया, यह बहुत संवेदनशील विषय है। ऐसे 99 प्रतिशत मामलों में वह बच्चा जिंदा नहीं निकल पाता। ...(व्यवधान) पूरे देश में इस तरह की कोई गाइडलाइन नहीं है, कोई सख्त कानून नहीं है। मैं आपके माध्यम से सदन और सरकार को अवगत कराना चाहता हूं कि ऐसे गंभीर विषय पर जिम्मेदारी तय होनी चाहिए, नियम बनने चाहिए, गाइडलाइन बननी चाहिए और कोई सख्त कानून भी होना चाहिए। ...(व्यवधान)

* Not recorded.

अध्यक्ष महोदया, ये घटनाएं बहुत आम हो गयी हैं और ऐसे मौत के कुएं स्थान-स्थान पर बिखरे पड़े हैं। वे तब प्रकाश में आते हैं जब कोई बच्चा उनमें गिर जाता है, जब कोई मां बिलखती है, जब पूरा परिवार बिलखता है। उस परिवार की हम मनःस्थिति समझ सकते हैं कि कैसे यह वातावरण उस समय रहा होगा।

अध्यक्ष महोदया, मैं आपके माध्यम से पुनः निवेदन करना चाहता हूँ कि इस विषय पर कोई गाइडलाइन जारी होनी चाहिए। ... (व्यवधान)

माननीय अध्यक्ष: श्री भैरों प्रसाद मिश्र, श्री शरद त्रिपाठी, श्री आलोक संजर, श्री सी.पी. जोशी, कुंवर पुष्पेन्द्र सिंह चंदेल, श्री सुधीर गुप्ता और श्री रोडमल नागर को प्रो.चिंतामणि मालवीय द्वारा उठाए गए विषय के साथ संबद्ध करने की अनुमति प्रदान की जाती है।

... (*Interruptions*)

HON. SPEAKER: Let me complete the list. I will be allowing Supriya Sule Ji also. Please take your seat.

Shri P. Srinivasa Reddy – he is not present here.

SHRI P. KARUNAKARAN (KASARGOD): Madam, I would like to place before this House a very, very serious issue. It is in connection with my own State. It is really an issue of not my own State but it is really a general issue that I want to place before this House.

Madam, two months back about 21 persons, including six women and three children, were missing in my State. Among them, two are doctors, two are engineers and others are also well educated. There was no communal tension or any other activities in this area. Madam, 11 persons are from one Panchayat, that is, Padanna Panchayat, six persons are from Trikaripur Panchayat and one each from Palakkad, Ernakulam and Thiruvananthapuram.

According to their relatives, they were missing for the last two months. They disclosed this fact only a few days back. They said many of them were going outside for jobs and also for business. Some of them left the families earlier for religious studies but they were returning to their homes after 10 days or regularly after two weeks.

For the last two months, their families have no information at all and their mobile phones are also getting no response. In such a situation, their relatives informed this incident. Considering the seriousness of the issue, I met the hon. Chief Minister of Kerala. I also informed the hon. Home Minister, Shri Rajnath Singh about this issue. Since the incident relates to my constituency, I have visited all the family members personally and I asked them to give all detail and evidence like passport details, telephone calls, etc. to police as this is a serious issue and we do not know anything about it.

The Chief Minister of Kerala has taken this issue very seriously and immediately ordered for setting up of a police investigation team under the DGP of the State. It was told that some of them have gone to Sri Lanka and further proceeded to Tehran, the Capital of Iran. But the police could not trace their whereabouts and their intention or motive is still unknown.

Family members of these people are fully cooperating with police. They have provided all the evidence which they had. But in such a situation the State police at its own could not reveal the facts. Since they have already left the country, the Central Government has to take all possible steps to find them out and reveal the reasons for their disappearance. We cannot say anything whether they have gone with religious purpose or they have any connection with any extreme groups. After the reply from the hon. Minister in the morning, media persons are also giving their views in this respect but we do not know whether they are right or wrong.

I request the Central Government, as all the investigating agencies are with it, to provide all support in this regard. The State Government has already registered an FIR and investigating it. But it is not possible for them alone because these people have left the country. So, I request the Central Government to investigate into it and reveal the facts. Though I have got a reply from the hon. Home Minister, the Government should reveal in this House as to what the present position in this case is or whether they have got any information or not.

HON. SPEAKER: S/Shri Mullappally Ramachandran, P.K. Biju, Jose K. Mani, Bhairon Prasad Mishra, Shrimati P.K. Shreemathi Teacher, Dr. A. Sampath and Adv. Joice George are permitted to associate with the issue raised by Shri P. Karunakaran.

SHRI K.C. VENUGOPAL (ALAPPUZHA): Hon. Member, Shri P. Karunakaran has raised a very serious issue. Madam, 21 people are missing and all of them are from Kerala. There are some unconfirmed media reports that they have joined some terrorist organisation. It should be confirmed only by the Central Investigating Agency, that is, NIA.

Madam, in the morning I also pointed out that through these reports some malicious campaign is going on to divide the country on this issue. However, in the aftermath of the reported incident, there is a deliberate attempt to spread out islamophobia among the citizens of the country. To my knowledge, all Muslim organisations and influential Islamic scholars in the country have severely criticized and rejected the radical ideology put forward by the ISIS. ISIS is the enemy of the country. The terrorism has no religion. But when the Government is investigating on these recent reported cases, somebody is trying to divide the country and trying to misuse it for communal advantage. This should be controlled.

The Government of India should come forward and say if they have got any information about it. They should come forward and clear the ambiguity. Thank you, Madam.

श्री राजेन्द्र अग्रवाल (मेरठ): अध्यक्ष जी, पश्चिम उत्तर प्रदेश के मेरठ में स्थित सरदार वल्लभ भाई पटेल कृषि एवं प्रौद्योगिक विश्वविद्यालय, उत्तर प्रदेश के 18 जिलों को अपने से सम्बद्ध करते हुए 262 हेक्टेअर में फैला हुआ है, जिसमें 42.5 हेक्टेअर में फसल शोध केन्द्र कार्यरत हैं। उत्तर प्रदेश के नौ कृषि जलवायु पारिस्थितिकी क्षेत्रों में से तीन क्षेत्र इस विश्वविद्यालय के कमाण्ड एरिया में स्थित हैं। बुलन्दशहर, बिजनौर के नगीना क्षेत्र तथा बदायूं जनपद के उझानी में इस विश्वविद्यालय के तीन जोनल शोध स्टेशन अलग-अलग कृषि जलवायु पारिस्थितिकियों में कार्य करते हुए, उत्तर प्रदेश को कृषि शोध एवं उपज में समृद्ध बना

रहे हैं। विश्वविद्यालय से सम्बद्ध 13 कृषि विज्ञान केन्द्र विश्वविद्यालय में किए जा रहे शोध को क्षेत्र के किसानों के खेतों तक पहुंचा रहे हैं। उपरोक्त शिक्षण, शोध एवं कृषि उपज में समुन्नति को तीव्र से तीव्रतर करने हेतु उपरोक्त विश्वविद्यालय को केन्द्रीय विश्वविद्यालय के रूप में उच्चिकृत किया जाना आवश्यक है, ताकि सम्पूर्ण पश्चिम उत्तर प्रदेश में कृषि एवं कृषि आधारित उद्योगों के विकास के साथ, यह क्षेत्र भारत में कृषि के गौरव का केन्द्र बन सके।

13.00 hours

इसलिए मेरा आपके माध्यम से सरकार से अनुरोध है कि मेरठ स्थित सरदार बल्लभ भाई पटेल कृषि एवं प्रौद्योगिकी विश्वविद्यालय को केन्द्रीय कृषि एवं प्रौद्योगिकी विश्वविद्यालय के रूप में उच्चिकृत करने का कष्ट करें। धन्यवाद।

माननीय अध्यक्ष : श्री भैरों प्रसाद मिश्र और कुंवर पुष्पेन्द्र सिंह चंदेल को श्री राजेन्द्र अग्रवाल द्वारा उठाए गए विषय के साथ संबद्ध करने की अनुमति प्रदान की जाती है।

...(व्यवधान)

माननीय अध्यक्ष : अजय जी, यह टोटली स्टेट मैटर है।

श्री अजय मिश्रा टेनी (खीरी) : माननीय अध्यक्ष जी, मैं आपकी अनुमति से उत्तर प्रदेश में 4 लाख 86 हजार रिक्तियों का विषय उठाना चाहता हूं।

भारतीय संविधान के 86वें संशोधन द्वारा स्थापित अनुच्छेद 21 (ए) के सृजन से संसद द्वारा पारित व महामहिम राष्ट्रपति महोदय द्वारा अनुमोदित “निःशुल्क व अनिवार्य बाल शिक्षा का अधिकार अधिनियम-2009” की धारा 23 (1) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए केन्द्र सरकार द्वारा राष्ट्रीय अध्यापक शिक्षा परिषद (एन.सी.टी.ई.) को शिक्षक पद पर नियुक्ति हेतु पात्र व्यक्ति के लिए न्यूनतम अर्हताओं का निर्धारण करने वाले शैक्षिक प्राधिकरण के रूप में प्राधिकृत किया गया है।

दिनांक 23-08-2010 (यथा संशोधित दिनांक 29-07-2011) को एन.सी.टी.ई. ने सभी राज्यों के शिक्षा सचिवों व शिक्षाविदों के परामर्श से शिक्षक नियुक्ति हेतु न्यूनतम अर्हताओं का निर्धारण करते हुए अधिसूचना जारी की गयी है जिसमें शिक्षा की गुणवत्ता के लिए बी.एड. परीक्षा (टी.ई.टी.) उत्तीर्ण करना अत्यावश्यक व अनिवार्य किया गया, जिसे माननीय सर्वोच्च न्यायालय की संवैधानिक पीठ ने इसे 416/2012 में संवैधानिक घोषित किया है।

आर.टी.ई. एक्ट 2009 की धारा 25(1) एक्ट के लागू होने के 6 माह के भीतर समस्त राज्यों के परिषदीय विद्यालयों में निर्धारित छात्र-शिक्षक अनुपात (30.1) की पूर्ति हेतु रिक्त शिक्षक पदों पर टी.ई.टी.

उत्तीर्ण प्रशिक्षित अभ्यर्थियों की नियुक्ति अनिवार्य किया गया व किसी भी दशा में शिक्षकों के पद रिक्त न रहने के स्पष्ट दिशा-निर्देश जारी किये गये हैं।

उपरोक्त अनिवार्य संवैधानिक प्रावधानों व माननीय सर्वोच्च न्यायालय के विभिन्न सख्त आदेशों की अवमानना करते हुए उत्तर प्रदेश सरकार रिक्त शिक्षक पदों पर वर्ष 2011 से उपलब्ध 2 लाख टी.ई.टी. उत्तीर्ण प्रशिक्षित अभ्यर्थियों की नियुक्ति नहीं कर रही है जबकि प्रदेश के परिषदीय विद्यालयों में 4.86 लाख से अधिक शिक्षक पद रिक्त हैं। मेरा आपके माध्यम से अनुरोध है कि आवश्यक निर्देश जारी करके उक्त अध्यापकों की शीघ्र नियुक्ति करायी जाए।

माननीय अध्यक्ष : श्री भैरों प्रसाद मिश्र, कुंवर पुष्पेन्द्र सिंह चंदेल और श्री शरद त्रिपाठी को श्री अजय मिश्रा टेनी द्वारा उठाए गए विषय के साथ संबद्ध करने की अनुमति प्रदान की जाती है।

SHRI KARADI SANGANNA AMARAPPA (KOPPAL): Respected Madam, I thank you very much for giving me such an opportunity to speak a few words on a very serious matter of public interest.

Madam, before start, I would like to congratulate hon. Prime Minister, Shri Narendra Modiji, who is not only thinking but also performing on his several thoughts. Prime Minister's National Relief Fund is one among them.

Madam, Prime Minister's National Relief Fund is a fund from the Prime Minister's Account which is used for helping those persons who are facing any kind of emergency, or severe emergency, in getting treatment on urgent basis. It is for those who are not able to get proper treatment from hospitals for lack of initial funds which they have to pay against their treatment. PMNRF is helping a lot such kind of patients to get proper aid, and the financial assistance which is limited to a maximum of Rs. 3,00,000 per patient, according to the treatment suggested to them by the hospital doctors. Due to this financial aid, many citizens of India are able to look after their dependents in getting them proper treatment.

Madam, to get this aid, there are some guidelines which the patient or his family has to follow, but due to the lack of proper guidance or knowledge, people are actually not getting the benefit of this wonderful facility which is being provided by the Government.

Madam, I would like to give two or three suggestions to make it more successful. There is a guideline that after diagnose of any serious disease and ascertaining the budget required for treatment of that disease, the patient should inform the PMO along with all the necessary documents. In such cases, if the patient is self-sufficient, first he can get treatment and then submit all his bills along with a No Dues Certificate from the hospital, within 30 days. But people are not aware of this guideline. So, in many cases, the patients had applied and waited a long, first for approval and then for disbursement. Hence, it is kindly requested that some awareness program may be formulated for creating an awareness of this scheme.

Secondly, in such cases, if the patient has expired during the treatment, in that case, his sanctioned amount get cancelled and all the liabilities would lie on the family of the deceased. Hence, it is also requested to issue further directions to the PMO to release the sanctioned amount for such patients who have expired. This would allow the dependents of the deceased not to face any trouble for their livelihood.

Madam, there is an acute need to create awareness of this scheme as most of the needy persons and their families are not getting financial aid on time. The Government has to take some major steps and make some changes for the benefit of the people of India by which more people become aware; avail this facility; and live long with their families. Thank you, Madam.

HON. SPEAKER : Kunwar Pushpendra Singh Chandel and Shri Devendra Singh Bhole are permitted to associate with the issue raised by Shri Karadi Sanganna Amarappa.

SHRI C. GOPALAKRISHNAN (NILGIRIS): Hon. Speaker, *Vanakkam*. Before raising the issue, I extend my sincere gratitude to my dynamic Leader, *Puratchi Thalaivi Amma* and I raise an important and urgent public issue.

NH 67 that originates from Nagapattinam travels through a highly tourism-attracted place of Ooty and ends in Mysore. The Nilgiris being a tourism-attracted

place, tourists from various places use NH 67 from Coimbatore to reach Ooty. Also, the stretch from Coimbatore to Kallar is a highly populated region, which has very congested traffic movement where frequent accidents occur due to insufficient carriageway, which requires immediate attention for improvement of this road to cater to the present and future traffic requirements.

The stretch from Mettupalayam (Km 380/0) to Kallar (foot hill of Nilgiris) (Km 390/0) is also having only two lane carriageway (7 m.), which needs to be widened to two lane carriageway with paved shoulders (10 m.).

The project may please be considered and taken up in a phased manner in the following priority. Firstly, widening from double lane to four lane and improvements in Km 360/6 - 373/2 to NH 67 (Narasimmanaickenpalayam to Karamadai) and the estimated cost of which is Rs. 95 crore; secondly, widening from double lane to four lane and improvements in Km 374/2 - 380/0 of NH 67 (Karamadai to Mettupalayam and the estimated cost of which is Rs. 25 crore; and widening from double lane to double lane paved shoulders and improvements in Km 380/0 - 390/0 of NH 67 (Mettupalayam to Kallar (foot hill of Nilgiris) and the estimated cost of which is Rs. 25 crore.

So, I urge upon the hon. Minister of Highways and Road Transport of India to take this matter seriously and request you to expedite the project. Thank you, Madam.

HON. SPEAKER : Kunwar Pushpendra Singh Chandel is permitted to associate with the issue raised by Shri C. Gopalakrishnan.

SHRI KAMAKHYA PRASAD TASA (JORHAT): Thank you, Madam. I am speaking on behalf of the people of Assam, especially, as the people of Assam are now suffering from flood and erosion.

Erosion has become a problem. हम लोगों का असम बहुत छोटा है, वहां नदियों ने बहुत इरोजन किया। वाटर रिसोर्स डिपार्टमेंट और 'डोनर', दोनों को स्टेट की तरफ से बहुत प्रोजेक्ट्स दिये गये हैं लेकिन अभी तक कोई फंडिंग नहीं हुआ है। इसी कारण, पूरे रिवर बैंक्स धंस गए हैं, इरोजन के कारण खत्म हो गये हैं, हम लोग बहुत ट्रबल में हैं, स्टेट गवर्नमेंट ने प्रोवाइड किया है। मैं आपके माध्यम से गवर्नमेंट से

रिक्वेस्ट करना चाहता हूँ कि नदियों की ड्रेजिंग की जाए। जैसे, ट्रांसपोर्ट डिपार्टमेंट ने वाटर वेज किया है, उसको चलाया जाये, शिप चलाया जाये और ड्रेजिंग करने के बाद, इसमें जो फंडिंग्स हैं, उसे असम स्टेट बीयर नहीं कर सकता है। वाटर रिसोर्स डिपार्टमेंट और मिनिस्ट्री ऑफ 'डोनर', दोनों को काम करना चाहिए। 'डोनर' ने अभी तक एक पैसा भी नहीं छोड़ा है। अभी दो माननीय सदस्य उसके बारे में बोलेंगे।

मैं रिक्वेस्ट करता हूँ कि आप 'डोनर' को इंस्ट्रक्शन दे दीजिए कि वह इरोजन के लिए पैसा छोड़े और इरोजन रूके, नहीं तो हम लोगों का वहां रहना भी बहुत मुश्किल है। मैंने बहुत बार 'डोनर' मिनिस्टर को चिट्ठी लिखा है, वाटर रिसोर्स मिनिस्टर को भी चिट्ठी लिखा है, कोई काम नहीं किया है। हम लोगों का स्टेट गवर्नमेंट भी नया है।

मैं आपके माध्यम से 'डोनर' मिनिस्ट्री से रिक्वेस्ट करता हूँ कि हम लोगों की जो गैप फंडिंग्स हैं, उसमें भी काम करे। मैं यह रिक्वेस्ट करते हुए अपनी बात समाप्त करता हूँ।

HON. SPEAKER : Kumari Sushmita Dev and Kunwar Pushpendra Singh Chandel are permitted to associate with the issue raised by Shri Kamakhya Prasad Tasa.

श्री सुखबीर सिंह जौनापुरिया (टोंक -सवाई माधोपुर): महोदया, मैं अपने संसदीय क्षेत्र सवाई माधोपुर सिटी में रेलवे विभाग द्वारा वर्ष 1924 से संचालित स्कूल की तरफ आपका ध्यान आकर्षित कराना चाहता हूँ। पंडित दीनदयाल उपाध्याय जी ने भी इसमें शिक्षा प्राप्त की थी। सात वर्ष की आयु में उनके माता-पिता का देहांत हो गया था। उनके मामा जी श्री राधा रमण शुक्ल जी ने उनका पालन-पोषण किया था और वे राजस्थान में गंगापुर सिटी रेलवे स्टेशन पर गार्ड के पद पर कार्यरत थे और पंडित दीनदयाल जी ने वर्ष 1924 में अपनी प्रारंभिक शिक्षा यही से ग्रहण की थी। वर्तमान में यह सीबीएससी बोर्ड द्वारा रेलवे विभाग का एकमात्र हिंदी माध्यमिक विद्यालय है जो कि कोटा मंडल के अंतर्गत आता है। इस विद्यालय में अधिकांश दलित, निर्धन एवं अल्पसंख्यकों के करीब 374 बच्चे शिक्षा ग्रहण कर रहे हैं परंतु पश्चिमी मध्य रेलवे प्रशासन के दिनांक 15.04.2016 के आदेशानुसार इस विद्यालय को इसी वर्ष बंद करने का आदेश दिया गया है। इस विषय पर विभिन्न सामाजिक संगठनों में काफी आक्रोश है क्योंकि वहां के 374 बच्चों का भविष्य अंधकारमय हो गया है।

मेरा आपके माध्यम से निवेदन है कि माननीय रेल मंत्री जी, माननीय शिक्षा मंत्री जी इस स्कूल को चालू रखें। मैं आपके माध्यम से यह भी निवेदन करना चाहता हूँ कि गंगापुर सिटी में करीब दो लाख की आबादी है, वहां कालेज की भी जरूरत है इसलिए वहां एक कन्या महाविद्यालय खोला जाए।

माननीय अध्यक्ष: श्री भैरों प्रसाद मिश्र और कुंवर पुष्पेन्द्र सिंह चंदेल को श्री सुखबीर सिंह जौनापुरिया द्वारा उठाए गए विषय के साथ संबद्ध करने की अनुमति प्रदान की जाती है।

SHRI BHEEMRAO B. PATIL (ZAHEERABAD): Madam, rising prices of almost all items, including the essential commodities, have become a regular and common feature now-a-days. The rise in prices is to some extent unavoidable due to varying demand and supply situations *vis-à-vis* rapidly increasing population in India. One of the major reasons for rising prices is lack of timely and effective measures taken by the Government Departments concerned to check the malpractices of unscrupulous traders who create artificial shortage and charge exorbitant prices from needy persons. It is seen that even life-saving drugs are not being spared. The worst affected lot is the middle-class, especially the salaried working class having fixed income, who have to maintain a reasonable standard of living and, at the same time, have to manage to pay the increasing prices of essential commodities.

It is high time the Government should have a regular and effective system of maintaining control on rising prices of these essential commodities and life-saving drugs, to offer some relief to common man from this increasing burden of rising prices. Rising prices is a phenomenon which is particularly acute in developing countries like in India. A slight rise in prices is not a bad thing as it accounts for the growth in economy and rise in employment opportunities and better days for the workers.

The socialistic pattern of society collapses under this type of burden. The rich tend to become richer and the poor become poorer. The prices of food grains have been rising continuously. The Government should do something in this direction and only then the real welfare of the masses will be ensured. Thank you.

HON. SPEAKER: Shri Bhairon Prasad Mishra is permitted to associate with the issue raised by Shri Bheemrao B. Patil.

श्री गजेन्द्र सिंह शेखावत (जोधपुर) : अध्यक्ष महोदया, भारत की सरकार देश में शिक्षा की गुणवत्ता के स्तर को सुधारने और साथ ही साथ शिक्षा को सर्व सुलभ बनाने के निमित्त सर्व शिक्षा अभियान के मद से देश भर में शिक्षा के लिए पैसा खर्च करती है और जो सर्व शिक्षा मद के माध्यम से जो पैसा जाता है, उसके आधार पर सर्व शिक्षा अभियान में कार्यरत शिक्षकों और कर्मचारियों को वेतन मिलता है, जिसमें 75 प्रतिशत

कम्पोनेंट केंद्र सरकार और 25 प्रतिशत कम्पोनेंट राज्य सरकार देती है। देश की सरकार द्वारा 75 प्रतिशत पैसा मासिक स्तर पर रिलीज होकर राज्यों को दिया जाता है और मासिक स्तर पर रिलीज होने के कारण शिक्षकों को जो पैसा मिलता है, उसमें कई बार करीब एक महीने का गैप हो जाता है। आज 19 तारीख है लेकिन अभी तक पिछले महीने का वेतन शिक्षकों को नहीं मिला है। इसके दो तरह के दुष्परिणाम होते हैं। पहला यह है कि रेग्युलर सैलरी न मिलने के कारण शिक्षकों को तकलीफ का सामना करना पड़ता है और दूसरा दुष्परिणाम यह है कि हर माह की दस तारीख को उनके स्टेट इंश्योरेंस, जीपीएफ, एलआईसी और ग्रुप इंश्योरेंस का पैसा जमा हो जाना चाहिए, वह पैसा जमा नहीं हो पाता है। इस कारण जो बेनिफिट्स उन्हें मिलने चाहिए, वे नहीं मिल पाते हैं।

मैं आपके माध्यम से देश की सरकार से इस बात का आग्रह करना चाहता हूँ कि वेतन में सैंटर द्वारा जो कम्पोनेंट दिया जाता है, वह मासिक रूप से रिलीज करने की बजाय वर्ष में एक बार या दो बार रिलीज किया जाएगा तो इन अल्प वेतनभोगी शिक्षकों को बहुत सहूलियत मिलेगी।

माननीय अध्यक्ष : श्री सी.पी. जोशी, श्री सुधीर गुप्ता, श्री रोडमल नागर, श्री आलोक संजर, कुंवर पुष्पेन्द्र सिंह चंदेल और श्री भैरों प्रसाद मिश्र को श्री गजेन्द्र सिंह शेखावत द्वारा उठाए गए विषय के साथ संबद्ध करने की अनुमति प्रदान की जाती है।

DR. BOORA NARSAIAH GOUD (BHONGIR): Madam, I thank you and at the same time, I am sorry I was not here when I was called.

Today, when I see the newspapers and the magazines about the performance of the Road Transport Ministry, I find that earlier the target for national highways used to be between seven kilometres to 12 kilometres per day but now the target is 25 kilometres per day. When Shri Gadkariji has fixed that target, it really makes us very happy.

There is a strong correlation between Sansad and *Sarak*. Today, my parliamentary constituency has got 300 kilometres of national highways. Since the time I became the MP, I brought it to the notice of the Ministry and also the Chairman, NHAI about the two critical points. When the national highways was laid, it has not followed the security protocols because of which 49 accidents occurred with 23 mortality. In other places, there are almost 15 mortality on the same pot. It was happening on the key junction from the main city unto the

highways. I had brought this to the notice of the Minister as well as the Chairman, NHAI. They have agreed with me and also proposed that vehicular underpass need to be taken up. They sent the agency also for this. The Technical Committee has seen it twice and made an estimate of Rs.7 crore. The fund also exists for this. About fifty per cent of my time has gone but it has not been implemented.

I would like to request the Minister to take it up as early as possible. Every time when I travel about 300 kilometres in my constituency, I see at least one or two accidents occurring. Now, I am keeping a medical kit in my car. I am telling this sincerely and I am not exaggerating. I am seeing at least one accident daily. Being a doctor, I carry a medical kit. As recently as one week before, one electrician was crossing on the scooter and met with an accident. I had to revive him and sent to the hospital. My request would be, through you, to take it up as early as possible without further delay.

श्री सुशील कुमार सिंह (औरंगाबाद) : माननीय अध्यक्ष महोदया, आपने एक अति महत्त्वपूर्ण विषय पर मुझे बोलने का मौका दिया है, इसके लिए मैं आपका आभारी हूँ।

मैं बिहार के औरंगाबाद संसदीय क्षेत्र से चुनकर आता हूँ। गया जिले के बांके बाजार और आमस थाने की सीमा पर कल एक बहुत ही दर्दनाक और शर्मनाक घटना घटी है, जिसमें सीआरपीएफ के कोबार बटालियन के 10 जवान नक्सलियों के द्वारा कराये गये बम विस्फोट में मारे गये। तीन नक्सलियों के भी मारे जाने की सूचना है। मैं आपको बताना चाहता हूँ कि कल 10 बजे पहली गोली चली और नक्सलियों के द्वारा 70 आईडीज़ का विस्फोट किया गया, जिसमें सीआरपीएफ के 10 जवान हताहत हो गये।

महोदया, मैं आपके माध्यम से कहना चाहता हूँ कि सरकार चाहे राज्य की हो या केन्द्र की हो, मेरा यह मानना है कि अब इस विषय को कानून और व्यवस्था का विषय मानकर राज्य सरकारों पर थोपना उचित नहीं होगा। वैसे बिहार की जो सरकार है, मुझे यह लगता है कि राज्य सरकार को इस समस्या के निदान में कोई रुचि नहीं है। अभी हाल में 15-20 दिन पहले सीआरपीएफ का एक जवान बम विस्फोट में मारा गया। ... (व्यवधान) इसमें गरीब, निर्दोष, सुरक्षाकर्मी आदि मारे जा रहे हैं। आये दिन ऐसी घटनाएँ घट रही हैं, जब कोई किसान, मज़दूर, सुरक्षाकर्मी, ट्रक चालक आदि नक्सलियों की भेंट चढ़ रहे हैं। हमारी विकास की योजनाएँ रुकी हुई हैं। कहीं पुल का निर्माण हो रहा है, तो मशीन जला दिये जाते हैं, कहीं सड़क-निर्माण हो रहा है, तो वहाँ की मशीन जला दी जाती है और मज़दूरों को मार दिया जाता है।

मेरा कहना है कि देश की आंतरिक सुरक्षा पर यह एक गंभीर खतरा है। वैसे यह समस्या देश के कई राज्यों में है। लेकिन बिहार में और खासकर मेरे संसदीय क्षेत्र के देव, ढिबरा, डुमरिया, इमामगंज, लुटुआ, बरहा, छकरबन्दा जैसे इलाकों के लिए यह अत्यधिक गंभीर मामला है।

आपके माध्यम से, दोनों सरकारों के लिए मेरा सुझाव है कि यदि राज्य सरकार इसमें रुचि नहीं ले रही है, तो केन्द्र सरकार उस पर दबाव बनाये। दोनों तरफ से इसमें पुलिसिंग की जाए। डवलपमेंट के जो काम हैं, उनको भी चलाया जाए। इन जिलों में आईएपी का जो काम चलता था, वह भी बंद हो गया। एलडब्ल्यूई के तहत जो सड़क-निर्माण का कार्य होता था, वह भी बंद हो गया। इसलिए विकास के कार्य भी चलाए जाएं और पुलिसिंग भी की जाए। इसके लिए बिल्कुल कड़ा निर्णय लिया जाए। सरकार की इच्छाशक्ति दृढ़ हो और दृढ़ इच्छाशक्ति के साथ इस गंभीर समस्या की ओर ध्यान दिया जाए। ... (व्यवधान) इस समस्या की ओर राज्य सरकार का कोई इंटेस्ट नहीं है। ... (व्यवधान) इसलिए राज्य सरकार से मैं कोई उम्मीद नहीं करता हूँ। इसे राज्य सरकार नहीं करेगी। ... (व्यवधान) इसलिए मेरा अनुरोध है कि इस ओर कोई सख्त कदम उठाया जाए।

माननीय अध्यक्ष : सर्वश्री अश्विनी कुमार चौबे, भैरो प्रसाद मिश्र, कुँवर पुष्पेन्द्र सिंह चन्देल, सर्वश्री शरद त्रिपाठी, चन्द्र प्रकाश जोशी, सुधीर गुप्ता, रोडमल नागर, आलोक संजर को श्री सुशील कुमार सिंह द्वारा उठाये गये विषय से संबद्ध करने की अनुमति प्रदान की जाती है।

आपकी बात रिकार्ड में आ गयी है, अब आप बैठ जाइए।

श्रीमती सुप्रिया सुले (बारामती) : अध्यक्ष महोदया, मैं आपकी आभारी हूँ कि आपने मुझे महाराष्ट्र के कोपरडि में घटित घटना पर बोलने का समय दिया। मेरी बहन रंजिता रंजन ने भी मामला उठाया था।

मेरी आपसे विनती है कि महाराष्ट्र में 14 साल की एक लड़की जो शाम को घर से अपने नाना से मिलने के लिए जा रही थी, वापस आते वक्त पास वाले गांव के चार लड़कों ने उसे छेड़ा, बलात्कार किया और सिर्फ बलात्कार नहीं, जिस तरह से उसका खून किया गया, उसको मैं बयान नहीं कर सकती हूँ कि कैसी परिस्थिति में वह सब हुआ? दुःख की बात यह है कि लड़की मां दो दिन तक भटकती रही, लड़की को ढूँढ़ा, उसके बाद वह कम्प्लेंट करने पुलिस थाने गयी, लेकिन उसको दो दिन तक कोई न्याय नहीं मिला। लेकिन जब यह बात सोशल मीडिया में आयी तो यह बात पूरे राज्य में फैल गयी। उसके बाद अहमदनगर के लोकल एसपी वहां गए और तब जाकर यंत्रणा शुरू हुई। मेरे ख्याल से दो-तीन साल पहले दिल्ली में जो घटना हुई थी, उसके बाद हम सभी ने एक सुर और आवाज में इस देश को नये कायदे दिए, लेकिन आज मुझे बोलते हुए दुःख होता है कि चाहे वह बुलंदशहर की घटना हो, कल हरियाणा में जो घटना

हुई है और चाहे वह महाराष्ट्र की घटना हो, समाज में कोई बदलाव नहीं आ रहा है। मैं यह मानती हूँ कि कोई सरकार चाहे किसी की हो, यह नहीं कहती है कि वह सही है या गलत है, सभी एमपीज़ एक आवाज में इस बात को बोलते हैं। मुझे लगता है कि अब वक्त आ गया है कि हम सब एक साथ खड़े होकर यह देखें कि इस बारे में और क्या किया जा सकता है? मुझे लगता है कि जो मेंटैलिटी है, जब तक फास्ट ट्रेक सिस्टम या कोई एक्स्ट्रीम स्टेप, जिसमें पब्लिकली फांसी दे दें, मुझे पता है कि ऐसा बोलना गलत है, लेकिन कुछ न कुछ एक्शन लेने की जरूरत है।

मैडम, आपको यह सुनकर दुःख होगा, लेकिन अहमदनगर के सारे स्कूलों में आज लड़कियां नहीं गयी हैं। हर मां यह बोल रही है कि बच्ची को स्कूल भेजने पर उन्हें डर लग रहा है।

यह जो सोच आज समाज में आ रही है, वह बुरी है। हम एक तरफ तो बोल रहे हैं कि महिलाओं को सारे अधिकार मिलने चाहिए और दूसरी तरफ रिग्रसिव हो रहा है। अगर हम इस पर अच्छे से चर्चा करें और पुलिस सेंसिटिविटी, लोकल थाने में जो पुलिस वाले काम करते हैं, एसपी ध्यान दे देता है, लेकिन जो कांस्टेबल या हवलदार होता है, उसको अगर सेंसटाइज करें ताकि ऐसे लोगों में पुलिस का डर और दहशत हो सके।

माननीय अध्यक्ष : आपने बहुत संवेदनशील मामला उठाया है और आपने सही कहा है।

श्री भैरों प्रसाद मिश्र और कुँवर पुष्पेन्द्र सिंह चंदेल को श्री सुप्रिया सुले द्वारा उठाए गए विषय के साथ संबद्ध करने की अनुमति प्रदान की जाती है।

The House stands adjourned to meet again at 2:25 pm.

13.23 hours

The Lok Sabha then adjourned till Twenty-Five Minutes past Fourteen of the Clock.

14.25 hours

The Lok Sabha re-assembled at Twenty- Five Minutes past Fourteen of the Clock.

(Hon. Deputy Speaker in the Chair)

MATTERS UNDER RULE 377*

HON. DEPUTY SPEAKER: Hon. Members, the matters under Rule 377 shall be laid on the table of the House. The Members who have been permitted to raise matters under Rule 377 today, and are desirous of laying them may personally hand over the text of the matter at the Table of the House within 20 minutes.

Only those matters shall be treated as laid for which text of the matter has been received at the Table within stipulated time. The rest will be treated as lapsed.

* Treated as laid on the Table.

(i) Need to take up the issue of reconstruction of Samadhi and Temple of Swami Adwaitanand Ji Maharaj 'Paramhans' in Teri village in Khyber Pakhtunkhwa's Karak district of Pakistan.

श्री जनार्दन सिंह सीग्रीवाल (महाराजगंज) : श्री श्री 1008 श्री स्वामी अद्वैतानन्द जी महाराज "परमहंस" की समाधि एवं मंदिर पाकिस्तान में खैबर पख्तूनख्वाह प्रांत के कारक जिला टेरी में स्थित है। लगभग 170 वर्ष पूर्व बिहार प्रदेश के छपरा के दहियांवा मुहल्ले के एक संत देश के विभिन्न हिस्सों का भ्रमण कर अंत में पाकिस्तान के टेरी पहुंचे थे। वहीं पर विशेष लगाव के कारण इन्होंने अपना डेरा जमा लिया तथा वर्षों तक लोगों के बीच भक्ति का ज्ञान बांटते रहे और अंतिम समय में टेरी में ही समाधि ले ली। महाराज परमहंस जी के समाधि स्थल पर हिन्दू सम्प्रदाय के लोगों द्वारा एक हिन्दू मंदिर का भी निर्माण कराया गया। यह मंदिर 1997 तक यथावत रहा और इस पंथ के लाखों अनुयायी दर्शन व आशीष के लिए पहुंचते रहे थे। इसी वर्ष 1997 में मुस्लिम चरमपंथियों ने मंदिर व समाधि स्थल को बुरी तरह से क्षतिग्रस्त कर दिया और इस पर एक धार्मिक नेता द्वारा कब्जा कर लिया गया। बाद में हिन्दू सम्प्रदाय के लोगों द्वारा पाकिस्तान सर्वोच्च न्यायालय में हिन्दू मंदिरों को पहुंचाये जा रहे नुकसान के मामले में हस्तक्षेप की अपील की गई थी। इसी अपील पर पाकिस्तान सर्वोच्च न्यायालय ने प्रांतीय सरकार को प्रशासनिक देख-रेख में पुनः मंदिर निर्माण कराये जाने का आदेश पारित किया।

अतः मेरा सरकार से अनुरोध है कि उपरोक्त मामले को संज्ञान में लेते हुए इस संदर्भ में कार्यवाही किया जाना नितान्त आवश्यक है ताकि इस महान संत के लाखों अनुयायियों की श्रद्धा बरकरार रहे और पाकिस्तान में हिन्दुओं का अस्तित्व बना रहे। सरकार से पुनः आग्रह है कि प्रशासनिक स्तर से शीघ्रताशीघ्र कार्यवाही करने का कष्ट करें ताकि पाकिस्तान के सर्वोच्च न्यायालय के आदेश को अमल में लाया जा सके।

**(ii) Regarding reservation in promotion for officers of
Public Sector Banks**

DR. UDIT RAJ (NORTH WEST DELHI) : The orders of Hon'ble Supreme Court of India dated 9th January 2015 have given a different interpretation to the word concession as mentioned in paragraph 2 of the DOPT CM dated 1st November 1990, which is detrimental to the officers working in Public Sector Banks with respect to the concessions provided to them for promotion. It is imperative that the Government of India, through the Ministry of Finance, immediately issue a circular/Office Memorandum providing reservation till level 6 for officers in Public Sector Banks. Now that the lakhs of employees have already been demoted in Uttar Pradesh and similar situation prevails in States such as Madhya Pradesh, Jammu and Kashmir and Himachal Pradesh amongst others, it is also imperative that the Government immediately bring into force an Act of Parliament regarding reservation in promotion.

**(iii) Need to fill up the vacancies of Judges in various
High Courts of Country**

SHRI FEROZE VARUN GANDHI (SULTANPUR) : Out of the sanctioned strength of 1079 judges in High Courts of India, 470 posts i.e. 45% of the total posts are vacant. Data on vacancies shows that eight High Courts in the country are functioning with acting Chief Justices.

India already has one of the poorest judges per million population ratios at 10.5 unlike 41.6 of Australia, 50.9 in England, 75.2 in Canada and 107 in United States. As per the Law Commission of India report, the ideal strength of judges should be 107 per million to handle the present case load. NCRB data reveals that 68 percent of inmates in Indian prisons are under trials with at least 40% remaining in jail for more than six months. 38 lakh cases are pending in 24 High Courts with more than 2 crore cases pending at various levels of courts.

Justice delayed is justice denied and with the present overburdened judiciary, the number of pending cases is bound to increase with a possible impact on the quality of judgment. This pending results in the infringement of right of judicial remedy. Thus, it is my humble request to the Law Ministry to finalize the Memorandum on Procedure (MOP) expeditiously for appointment of judges so that vacancies can be filled and there is no violation of constitutional rights of citizens to seek justice.

(iv)Need to provide ‘No Dues Certificate’ online to Bank customers.

श्री लक्ष्मी नारायण यादव (सागर) : मेरा निवेदन है कि देश में राष्ट्रीयकृत बैंकों ने आधुनिक तकनीकों का अपने कई कार्यों में उपयोग किया है और आये दिन बैंक उपभोक्ताओं को अनेकों कम्प्यूटराइज्ड सुविधा मिल रही है। जिससे बैंक उपभोक्ता के कार्य आसान और उनको बैंक कार्य में पहले की अपेक्षा अब काफी समय लगता है। परंतु मैं राष्ट्रीयकृत बैंकों की एक कमी की ओर ध्यान दिलाना चाहता हूँ, जिस पर राष्ट्रीयकृत बैंकों ने आधुनिक तकनीक को विकसित नहीं किया है, वह है ऑनलाइन माध्यम से बैंक उपभोक्ताओं को नो ड्यूज प्रमाण पत्र जारी करना। अभी भी बैंकों से नो ड्यूज प्रमाण पत्र लेने हेतु कई काउंटर्स एवं अधिकारियों के पास जाना पड़ता है। दुनिया के लगभग सभी देशों में बैंकों के माध्यम से नो ड्यूज प्रमाण पत्र जारी किए जा रहे हैं।

सरकार से अनुरोध है कि राष्ट्रीयकृत बैंकों को ऑनलाइन माध्यम से नो ड्यूज प्रमाण पत्र की सुविधा दिलवाने के कार्य को शीघ्र किया जाये।

(v) Need to set up a Trauma Centre along National Highway No. 75 in Palamu Parliamentry Constituency in Jharkhand.

श्री विष्णु दयाल राम (पलामू) : मेरे संसदीय क्षेत्र पलामू में पड़वा से मुरीसेमर वाया गढ़वा राष्ट्रीय राजमार्ग-75 का निर्माण कार्य लगभग पूरा होने की स्थिति में है और जल्द ही इस राजमार्ग पर तेज रफ्तार वाले वाहनों की संख्या भी बढ़ने वाली है। तेज रफ्तार वाहन चालकों पर सरकारी अंकुश नहीं के बराबर है। समय-समय पर सड़क परिवहन एवं राजमार्ग मंत्रालय सरकारी विज्ञापन, चेतावनी जैसे अन्य उपायों द्वारा वाहन चालकों को राष्ट्रीय राजमार्गों पर तेज गति से वाहन नहीं चलाने के लिए प्रेरित करता है परंतु इसका असर बहुत कम ही देखने को मिलता है। देश में प्रत्येक मिनट एक गंभीर रोड हादसा होता है और तकरीबन 16 लोग हर घंटे सड़क हादसों में मौत के शिकार हो जाते हैं। वर्ष 2014 के दौरान ही 1,39,671 लोगों ने सड़क हादसों में अपनी जान गंवाई है जिसमें से लगभग 41 प्रतिशत लोगों (57,844) का जान गंवाने का कारण तेज गति से वाहन चलाना है।

राष्ट्रीय राजमार्गों पर गंभीर सड़क हादसों के शिकार लोगों को उचित स्वास्थ्य सेवाएं न मिल पाने के कारण भी मरने वाले लोगों की संख्या में बढ़ोतरी हो रही है। मैं सरकार के संज्ञान में लाना चाहता हूँ कि स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने सड़क, परिवहन और राजमार्ग मंत्रालय के साथ मिलकर राष्ट्रीय राजमार्गों के किनारे प्रत्येक 100 किलोमीटर पर ट्रॉमा सेंटर की स्थापना करने संबंधी योजना कार्यान्वित करने की शुरुआत की है। मेरा माननीय स्वास्थ्य और परिवार कल्याण मंत्री तथा सड़क, परिवहन और राजमार्ग मंत्री जी से विनम्र अनुरोध है कि एक ट्रॉमा सेंटर, पर्याप्त संख्या में एंबुलेंस की व्यवस्था के साथ, मेरे संसदीय क्षेत्र पलामू में राष्ट्रीय राजमार्ग-75 पर स्थापित करवाने की कृपा करें जिससे किसी भी आपात स्थिति में लोग इस सुविधा का लाभ ले सकें। मैं इसके लिए सदैव आपका आभारी रहूँगा।

(vi) Need to permit all the candidates fulfilling the minimum eligibility criteria to appear in competitive examinations for Senior Secondary Recruits and Artificer Apprentices in Indian Navy.

श्री राहुल कस्वां (चुरु) : भारतीय नौ सेना में भर्ती नियमों के अनुसार सिपाही भर्ती (एसएसआर एवं एए एवं अधिकारी वर्ग भर्ती (एनडीए) के लिए अविवाहित भारतीय नागरिक/ न्यूनतम योग्यता 10+2 या समकक्ष परीक्षा गणित, भौतिकी एवं बायोलॉजी/रसायन शास्त्र/कम्प्यूटर विज्ञान विषयों में समग्र रूप से 60 प्रतिशत या अधिक अंकों के साथ उत्तीर्ण की हो तथा भर्ती परीक्षा उत्तीर्ण करने के साथ-साथ अन्य मानदण्ड पूर्ण करता हो, तो ऐसी स्थिति में सिपाही भर्ती में शॉर्टलिस्टिंग के नाम पर अलग-अलग राज्यों के लिए अलग-अलग प्रतिशत क्यों? यह स्थान विशेष/ राज्य में रहने के आधार पर भेदभाव की श्रेणी में आता है तथा भारतीय संविधान के अनुच्छेद 14 में उल्लिखित समानता के अधिकार का खुला उल्लंघन है। जब लिखित परीक्षा के माध्यम से ही भर्ती होनी हो तो प्रतिशत के आधार पर शॉर्टलिस्टिंग क्यों? सभी न्यूनतम योग्यताधारी पात्र अभ्यर्थियों को बराबर मौका मिलना चाहिए। जहाँ तक ज्यादा अभ्यर्थियों द्वारा फॉर्म भरने का प्रश्न है, संसाधन बढ़ाकर सभी को मौका मिले तो अच्छे व काबिल सिपाही मिल पायेंगे एवं गुणवत्ता में सुधार होगा। भर्ती के लिए आवेदन ऑनलाइन मांगे जाते हैं तो फिर हार्ड कॉपी को सर्वमान्य तरीके तथा रजिस्ट्री डाक, स्पीड पोस्ट, व्यक्तिशः से भी लिया जा सकता है। केवल साधारण डाक से ही पोस्ट बॉक्स एड्रेस पर फॉर्म मंगवाकर न तो रिकॉर्ड रखा जाता है, न ही फॉर्म के समयावधि के मय दस्तावेज पहुंचाने की प्रमाणिकता रहती है। यह अभ्यर्थियों के साथ भेदभाव व परेशानी है। नौ सेना भर्ती ऑफिसर ग्रेड (एनडीए) के पदों पर न्यूनतम योग्यता 10+2 या समकक्ष परीक्षा गणित, भौतिकी एवं बायोलॉजी/रसायन शास्त्र/कम्प्यूटर विज्ञान विषयों में समग्र रूप से 60 प्रतिशत या अधिक अंकों के साथ उत्तीर्ण अभ्यर्थी भर्ती योग्य एवं अन्तिम चयनित हो जाते हैं जबकि सिपाही भर्ती में शॉर्टलिस्टिंग के नाम पर मेरिट बनाकर न्यूनतम योग्यता 10+2 और 80 प्रतिशत या अधिक अंकों के साथ उत्तीर्ण अभ्यर्थी भर्ती योग्य नहीं माने जाकर उन्हें बाहर का रास्ता दिखा देते हैं जो कि भेदभावपूर्ण एवं फोर्स के नियंत्रण एवं कमाण्ड पर भी विपरीत प्रभाव डालता है तथा यह अभ्यर्थी के समानता के अधिकार का हनन है।

(vii) Need to provide funds for construction of building for Kendriya Vidyalaya in Jamshedpur Parliamentary Constituency, Jharkhand and also set up a Kendriya Vidyalaya or Navodaya Vidyalaya there.

श्री विद्युत वरन महतो (जमशेदपुर) : मेरे संसदीय क्षेत्र जमशेदपुर के अंतर्गत मुसाबनी सुरदा स्थित केन्द्रीय विद्यालय का भवन काफी पुराना एवं जर्जर अवस्था में है। यहां के बच्चों को दूसरी जगह पर पढ़ाया जा रहा है। नये भवन के निर्माण के लिए राज्य सरकार के द्वारा जमीन उपलब्ध कराने के बावजूद केन्द्र सरकार के द्वारा अभी तक पैसा नहीं देने के कारण नये भवन का निर्माण नहीं हो पा रहा है। मैं माननीय मंत्री जी से मांग करता हूँ कि राज्य सरकार को अविलंब राशि उपलब्ध करायी जाये। साथ ही साथ जमशेदपुर के अंतर्गत पटमदा, पोटका प्रखण्ड में केन्द्रीय विद्यालय /नवोदय विद्यालय की स्थापना की जाये।

(viii) Need to declare MSP for paddy in Maharashtra.

श्री अशोक महादेवराव नेते (गढ़चिरोली-चिमुर्) : महाराष्ट्र के विदर्भ क्षेत्र में गढ़चिरोली, चन्द्रपुर, भंडारा-गोंदिया तथा नागपुर जिले का कुछ भाग धान की फसल लेने वाला क्षेत्र है। विगत वर्षों में विलंब से और कम मात्रा में हुई बारिश की वजह से 50 से 60 प्रतिशत किसानों का नुकसान हुआ है। पहले ही हर साल की अकाल और इस वर्ष भी असामयिक तथा कम बारिश होने से किसान चिंता में है। ऐसी स्थिति में किसानों के पास जो भी फसल आयी है, उसे बाजार में पर्याप्त मूल्य न मिलने के कारण किसानों के घर तथा गोदाम में माल पड़ा हुआ है। किसान अगर धान बेचना चाहे तो व्यापारियों को कौड़ी के दाम में बेचना पड़ता है। इस स्थिति में किसान भारी असंतोष में है। यदि किसानों की फसल को सही दाम नहीं मिला तो किसानों द्वारा आत्महत्या करने की नौबत आ सकती है।

अतः मेरा केन्द्र सरकार से अनुरोध है कि वह उत्पादन खर्च के आधार पर सरकार गारंटी मूल्य की घोषणा करें ताकि बाज़ार में फसल का सही मूल्य किसानों को मिल सके।

**(ix) Need to undertake electrification of villages under
Ranchi Parliamentay Constituency, Jharkhand.**

श्री राम टहल चौधरी (राँची) : मैं सरकार का ध्यान झारखण्ड राज्य में चल रहे ग्रामीण विद्युतीकरण के कार्यों की तरफ दिलाना चाहता हूँ। झारखण्ड में अभी भी ऐसे सैंकड़ों गाँव हैं, जहाँ विद्युतीकरण का कार्य नहीं हुआ है। कई गाँवों में खम्बे लगे हैं परंतु उन पर तार नहीं है एवं कई गाँवों में अभी तक खम्बे नहीं लगे हैं। मेरे संसदीय क्षेत्र राँची में अभी भी ऐसे कई गाँव हैं जहाँ पर अभी तक बिजली नहीं पहुंची है और गाँवों में 10 केवी या 15 केवी के ट्रांसमीटर लगे हैं जो बिजली का लोड सहन नहीं कर पाते और फुंक जाते हैं। ट्रांसमीटर फुंक जाने पर या बिजली आपूर्ति संबंधी किसी उपकरण के खराब होने पर महीनों तक ट्रांसमीटर खराब पड़े रहते हैं उनको समय पर ठीक नहीं किया जाता है। ग्रामीण विद्युतीकरण योजना में एक गाँव के एक-दो घर का विद्युतीकरण होने पर आसपास के गाँवों का विद्युतीकरण मान लिया जाता है जबकि इन गाँवों में न तो बिजली के खम्बे हैं और न ही तार है।

इस संबंध में मेरा सरकार से अनुरोध है कि सरकार द्वारा ग्रामीण क्षेत्रों में बिजली उपलब्ध कराने हेतु नई विद्युतीकरण योजना को शुरू किया गया है। इस योजना को केवल झारखण्ड में नहीं अपितु पूरे देश में अच्छे ढंग से लागू किया जाये। जिन गाँवों में उपकरणों की कमी है वहाँ पर उपकरणों की आपूर्ति की जाये जिससे झारखण्ड के ग्रामीण क्षेत्रों का विद्युतीकरण हो सके। मेरे संसदीय क्षेत्र राँची में जिन गाँवों में विद्युतीकरण नहीं हो पाया है, उनका विद्युतीकरण शीघ्र करवाने हेतु झारखण्ड शासन को निर्देश दिये जाये।

(x) Need to provide passenger facilities at railway stations at Latehar, Barwadih and Tori in Jharkhand and develop the stations as model stations.

श्री सुनील कुमार सिंह (चतरा) : रेलवे द्वारा यात्री सुविधाओं में विस्तार की घोषणा के बावजूद जिला मुख्यालय लातेहार का रेलवे स्टेशन अब तक उपेक्षित ही है, फलतः इसकी स्थिति दयनीय बनी हुई है। पूर्व में भी पत्र द्वारा तथा संसद में रेल बजट पर भाषण करते हुए मैंने उक्त स्टेशन पर यात्री सुविधाओं की दयनीयता के संबंध में मंत्रालय का ध्यानाकर्षण किया था। यहाँ पर अनिवार्य सुविधाओं यथा बिजली, पेयजल, बैठने के लिए बेंच, शौचालय, प्रतीक्षालय एवं पूछताछ केन्द्र बगैरह की कमी है।

स्मरण कराना चाहता हूँ कि रेल मंत्री जी ने दिनांक 20.02.2016 को पत्रांक 77 के माध्यम से लातेहार एवं इसके अलावा मेरे संसदीय क्षेत्र के बरवाडीह और टोरी रेलवे स्टेशन पर यात्री सुविधाओं में प्राथमिकता देने का आश्वासन दिया गया है। उल्लेखनीय है कि लातेहार जिस रेलखंड पर अवस्थित है, उसी में सेन्ट्रल कोल फिल्ड्स लि. का बरकाकाना प्रक्षेत्र पड़ता है जहां से भारी मात्रा में कोयले के परिवहन के मद में रेलवे को भारी आय होती है। स्वयं लातेहार जिले के रेलवे स्टेशन कोयला, बॉक्साइट की दुलाई के माध्यम से प्रचुर मात्रा में राजस्व देता है।

अतः मेरा रेल मंत्री जी से अनुरोध है कि लातेहार, बरवाडीह और टोरी रेलवे स्टेशन को मॉडल स्टेशन बनाने की दिशा में कार्य करें तथा अविलंब यात्री सुविधाएं उपलब्ध करवाने की व्यवस्था करायें।

(xi) Need to ensure adequate supply of water from Ban Sagar Dam to Bihar as per agreement.

श्री अश्विनी कुमार चौबे (बक्सर) : बिहार के बक्सर, कैमूर, रोहतास और भोजपुर जिलों भूमि अत्यधिक उपजाऊ है और खेती ही यहां की अर्थव्यवस्था का मुख्य आधार है। सोन नहर प्रणाली यहां की कृषि भूमि की सिंचाई का मुख्य साधन है। बाण सागर जलाशय के निर्माण के बाद सोन नदी के पानी का उत्तर प्रदेश, मध्य प्रदेश और बिहार राज्यों के बीच बंटवारे के लिए बाण सागर समझौता किया गया था, जिसकी मुख्य बात यह थी कि बिहार राज्य की सोन नहर प्रणाली के लिए इन्द्रपुरी बैराज पर पर्याप्त पानी उपलब्ध रहेगा और खेतों की सिंचाई के लिए पानी की उपलब्धता को प्राथमिकता दी जाएगी। परंतु उत्तर प्रदेश द्वारा बार-बार समझौता का उल्लंघन किया जा रहा है, जिसके कारण बाण सागर तथा रिहन्द जलाशय का संचालन न्यायोचित ढंग से नहीं हो रहा है और बिहार को अपने हिस्से का पानी नहीं मिल पा रहा है। जल के प्रवाह में कमी के कारण महत्वाकांक्षी "कदवन जलाशय योजना" केन्द्र सरकार के यहां 1987 में प्रस्तावित थी, जिसका निर्माण कार्य वर्षों से लंबित है। इस क्षेत्र में कृषि और कृषक संकट में है और सिंचित क्षेत्रों को भी न तो रबी और न ही खरीफ फसलों के लिए पर्याप्त पानी उपलब्ध हो पाता है।

इसलिए केंद्र सरकार से अनुरोध है कि बाण सागर समझौते के तहत बिहार को आवंटित पानी की आपूर्ति प्राथमिकता के आधार पर किया जाना सुनिश्चित करे ताकि इस क्षेत्र में फसलों को बर्बाद होने से बचाया जा सके। साथ ही "कदवन जलाशय" की लंबित योजना का कार्य अविलंब प्रारंभ किया जाए। इसके अतिरिक्त सोन नहर का आधुनिकीकरण और पक्कीकरण अति आवश्यक है। जिससे बिहार के बक्सर सहित संपूर्ण शाहबाद, औरंगाबाद तथा पटना के लाखों किसान लाभान्वित हो सकें।

केन्द्रीय जल आयोग की अध्यक्षता में उक्त विषय से संबंधित अंतर्राज्यीय बैठक (बिहार, झारखंड एवं उत्तर प्रदेश) दिनांक 05.02.2016 को हुई, जिसमें उ.प्र. सरकार की ओर से सूचित किया गया कि इस आशय (क्षेत्र दृढ़ 169 श्र.:गज़ दृढ़ 171 श्र.) की सहमति पत्र उ.प्र. सरकार द्वारा दिनांक 31.12.07 को ही बिहार सरकार को भेजा जा चुका है। साथ ही, बैठक में भी यह आपसी सहमति बनी कि बिहार सरकार इस आशय का अद्यतन डी.पी.आर. तैयार कर भेजे। सन 1973 (43 वर्ष) से कदवन जलाशय योजना के निर्माण हेतु मेरे द्वारा लगभग दो वर्ष पूर्व भी संसद में नियम 377 के माध्यम से उठाये जाने के बावजूद अधर में लटकी हुई है तथा बिहार सरकार लगभग 9 वर्षों से अनावश्यक विलंब कर रही है। साथ ही, आपसी सहमति के लगभग पांच माह बाद भी राज्य सरकार अद्यतन डी.पी.आर. तैयार कर नहीं भेज पाई है। अतः लाखों किसानों के जनहित में केंद्र सरकार से अविलंब कार्यवाही सुनिश्चित करने हेतु आग्रह करता हूँ।

(xii) Need to provide funds sanctioned under Vidarbha Intensive Development Programme.

श्री रामदास सी. तडस (वर्धा) : मेरा माननीय मंत्री जी से आग्रह है कि विदर्भ की सुखाड़ एवं किसानों में बढ़ती आत्महत्या को देखते हुए वर्ष 2012 में केंद्र सरकार ने विदर्भ सघन विकास कार्यक्रम हेतु 3250 करोड़ रूपए मंजूर किए थे, जिसमें विदर्भ के आम नागरिक एवं किसानों की समस्याओं के समाधान एवं आत्महत्या को रोकने के लिए सिंचाई, आवास, ऋण, पथ व्यवसाय तथा बेरोज़गारी को रोकने के लिए कार्यक्रम शामिल थे किंतु इस योजना के तहत 2017 तक के लिए मात्र 900 करोड़ रूपए जारी किया गया है एवं कार्य भी धीमा है तथा जन-जन तक इस योजना का लाभ नहीं मिल पाया है। जिसके कारण आज भी किसान आत्महत्या कर रहे हैं तथा सुखाड़ की स्थिति और भी दयनीय हो गई है।

अतः आग्रह है कि इस विदर्भ सघन विकास कार्यक्रम के लिए दिए गए 3250 करोड़ रूपए की धनराशि का उपयोग करते हुए विदर्भ के सभी 11 जिलों में कार्यक्रम चलाने की आवश्यकता है एवं आत्महत्या को रोकने के लिए किसानों को जागरूक करना चाहिए। साथ ही साथ जीविकोपार्जन की योजना को विदर्भ में अधिक से अधिक चलाने की जरूरत है।

(xiii) Need to undertake repair of bridge (NH-86) on Sambhua railway crossing in Akbarpur Parliamentary Constituency, Uttar Pradesh.

श्री देवेन्द्र सिंह भोले (अकबरपुर) : मैं अपने संसदीय क्षेत्र अकबरपुर, उत्तर प्रदेश के घाटमपुर विधान सभा क्षेत्र के अंतर्गत कानपुर-सागर राष्ट्रीय राजमार्ग सं.-86 में शम्भुआ रेलवे क्रॉसिंग पर नवनिर्मित पुल के निर्माण में हुई व्यापक धांधली और वित्तीय अनियमितताओं की ओर सरकार का ध्यान आकर्षित करना चाहता हूँ। इस पुल के निर्माण में मानकों की इस हद तक अनदेखी हुई है कि कुछ समय पहले चालू हुआ पुल चार बार क्षतिग्रस्त हो चुका है। पूरे पुल पर बड़े-बड़े गड्ढे साफ नज़र आते हैं और एक जगह तो पुल का बड़ा हिस्सा पांच फीट तक धंस गया है जिसके कारण पुल पर भयंकर जाम की स्थिति बनी रहती है और जनता को अत्यधिक कष्ट का सामना करना पड़ता है। स्थानीय समाचार-पत्रों की रिपोर्ट से आप स्वयं इसका अंदाजा लगा सकते हैं। इस पुल के निर्माण की अनियमितताओं को राष्ट्रीय राजमार्ग प्राधिकरण के उच्च अधिकारियों ने भी अपनी जाँच में सही पाया था, लेकिन आज तक दोषी अधिकारियों, निर्माता कंपनी और ठेकेदारों के खिलाफ कोई कार्यवाही नहीं की गयी है। इस संदर्भ में माननीय सड़क, परिवहन एवं राजमार्ग मंत्रालय के दिनांक 01 अप्रैल, 2016 के उस पत्र का भी हवाला देना चाहूंगा जो 31.03.2016 को कोलकाता में हुए भयंकर फ्लाइओवर हादसे के बाद संबंधित अधिकारियों को लिखा गया था। जिसमें निर्माण की गुणवत्ता खरी रखने एवं अभी निर्मित एवं निर्माणाधीन पुलों की जाँच रिपोर्ट के संबंध में स्पष्ट आदेश दिए गए थे। विभाग के अधिकारी मा. मंत्री जी के आदेशों की भी अवहेलना करने से नहीं चूंक रहे हैं, जिससे इनके परिणाम अत्यंत कष्टदायी हो सकते हैं। खेद के साथ कहना पड़ रहा है कि शम्भुआ क्रॉसिंग पर बने पुल की दुर्दशा के बाबत कई बार मौखिक एवं अपने पत्र संख्या 1464/अ.लो./2014-15 दिनांक 14.06.2016 के द्वारा लिखित रूप से अवगत कराये जाने के बावजूद आज तक कोई कार्यवाही नहीं हुई। इससे जन सामान्य को असुविधा, जन-जीवन को खतरा तो मौजूद है ही, विभाग और सरकार की साख पर भी सवाल खड़ा होता है।

अतः निवेदन है कि जन-जीवन की सुरक्षा और सुविधा के साथ खिलवाड़ करने वाले अधिकारियों, निर्माता कंपनी एवं ठेकेदारों के खिलाफ उच्च स्तरीय जाँच करवाकर ऐसी कड़ी कार्यवाही करें जो मिसाल बने और भविष्य में कोई कंपनी या अधिकारी जन-जीवन के साथ खिलवाड़ न कर सके।

(xiv) Need to construct dam on rivers of Himachal Pradesh and Haryana.

श्री रत्न लाल कटारिया (अम्बाला) : देश के विभिन्न हिस्सों में मानसून का आगमन हो चुका है, प्रधानमंत्री जी ने वर्षा के पानी की एक-एक बूंद बचाने का आह्वान किया है। मैं आदरणीय जल संसाधन मंत्री जी के ध्यान में लाना चाहूँगा कि मेरे लोक सभा क्षेत्र अम्बाला का 100 किमी. से भी अधिक क्षेत्र हिमाचल प्रदेश के पहाड़ी क्षेत्र के साथ लगता है। मेरे क्षेत्र के यमुनानगर जिले में जिस प्रकार से पांच राज्यों ने मिलकर हथिनीकुंड बैराज बनाया है, अगर इसी प्रकार से हिमाचल में रेणुका व किसाऊ नदी पर बांधों का निर्माण कर दिया जाता है और हरियाणा में यमुना नदी और सहायक नदियों पर बांधों के निर्माण कर दिया जाता है तो हरियाणा, राजस्थान व दिल्ली सहित कई अन्य राज्यों की जल समस्याओं का समाधान हो सकता है और वर्षा का जो 85 प्रतिशत से भी अधिक जल बेकार चला जाता है उस जल का संचय करके हम हाइड्रो पावर का निर्माण कर सकते हैं। मैं माँग करता हूँ कि उपरोक्त बांधों के अतिरिक्त मेरे लोक सभा क्षेत्र के साथ लगती नदियों में आ रहे वर्षा के जल प्रबंधन के लिए भी छोटे-छोटे डैम बनाए जायें, ताकि हम अपनी जल संबंधी आवश्यकताओं को पूरा कर सकें।

(xv) Regarding problems faced by students of Minority Communities in getting Merit-cum-Means Scholarship

SHRI K.C. VENUGOPAL (ALAPPUZHA) : The Merit-cum-Means scholarship for minority students studying in Professional and Technical courses under the Ministry of Minority affairs has not been distributed to all eligible students in states like Kerala. The scholarship is aimed at providing subsistence financial support for minority students in the country. As per the reports during 2013-14 academic year, 590 students in Kerala have not received their renewed scholarship amount. During 2014-15, 1158 students have not received their scholarship. Moreover there are many complaints regarding the newly introduced National Scholarship Web Portal. Students doing BSC Nursing cannot select their duration of course, i.e. four years, during online application. They are forced to select the duration as three years and consequently their applications are considered for Post Matric Scholarship instead of Merit-cum-Means Scholarship. These issues demand urgent intervention from the Government.

(xvi) Need to tackle Diphtheria in Kerala

SHRI MULLAPPALLY RAMACHANDRAN(VADAKARA):The return of the once dreaded disease Diphtheria which was believed to have been eradicated has caused panic and concern in Malappuram district in Kerala following the death of 27 persons. Lack of vaccination awareness appears to be main reason for this. The spread of this disease must be contained at all cost. Today, Kerala is reeling under various types of fevers during the monsoon. I urge upon the Government to ensure central support for immunisation and for a programme to enhance the awareness among the people on the need for immunisation. There is acute shortage of vaccine for Diphtheria. There is a need to ensure sufficient supply of the vaccine.

(xvii)Need to take steps to prevent coastal erosion in the country

SHRI SHASHI THAROOR (THIRUVANANTHAPURAM) : There could be no more timely issue for Monsoon Session that are threatening our country. The Shoreline Change Assessment conducted by the Ministry of Environment found that 63% of Kerala's 580- Kilometer coastline faces a grave problem of erosion. This vast stretch of coast is only partly protected by artificial barriers to preserve the coast against the onslaught of the seas.

We need more and upgraded structures urgently to meet the growing menace of Coastal Erosion. The livelihoods of large communities in Kerala hang in the balance as a result of shrinking coastline. We fight to defend on an inch of territory, but when we lose kilometres of Indian soil to the sea we are indifferent. This threat is bound to get worse in the years to come.

In the light of rapidly progressing Monsoon, our efforts need to be scaled up to meet this challenge and prevent the loss of Indian territory to coastal erosion. Given our commitment towards combating climate change, I urge the Prime Minister to urgently direct more funds to coastal States such as Kerala to shore up our coastal defence.

(xviii) Need to establish a Knitwear Board in Tirrupur in Tamil Nadu

SHRIMATI V. SATHYABAMA (TIRUPPUR) :The Union Government has recently announced a Special Package for Textile and Apparel Sector with specific objective of creating one crore jobs in the next three years. In order to succeed in this initiative, it is imperative that existing textile clusters like Tiruppur, which is contributing to around 25% of apparel export and 46% of Knitwear exports from the country, should be provided with adequate infrastructure and facilities so as to facilitate rapid growth. Especially creation of large scale housing infrastructure for labour, either under PPP model or under Housing for all by 2022 initiative is the need of the hour.

Another area to be addressed is skill development. The existing labour are self groomed with inherent lacunae and shortcomings. One time skill upgradation initiative from the Government is required. This will not only enhance the quality and image of the country's products but also result in the overall growth of the Industry.

Establishing a dedicated 'Knitwear Board' at Tiruppur would certainly make India the Global Leader in Apparel Manufacturing creating millions of jobs uplifting the poor, especially rural women. I urge the Government to form the Knitwear Board as early possible and make Tiruppur its headquarters.

**(xix) Need to exempt Tamil Nadu from National Eligibility
cum Entrance Test**

SHRIMATI K. MARAGATHAM (KANCHEEPURAM) : National Eligibility cum Entrance Test (NEET), is being conducted for Undergraduate Admission in Medical and Dental Colleges, which causes serious concern and injustice to students from Rural Areas and Depressed Communities in Tamil Nadu.

Tamil Nadu is already admitting students in these courses by a fair and transparent basis. Admissions in MBBS and BDS Courses are done strictly by Selection Committee Directorate of Medical Education, Government of Tamil Nadu, based on merit. To appear for NEET, poor students have to suffer badly as they have to undergo coaching classes, this in turn causes huge financial burden for them.

Chief Minister of Tamil Nadu has appealed to the Prime Minister for exempting Tamil Nadu from NEET and allow Tamil Nadu to continue with the current transparent system.

Hence, I urge upon the Union Government and Hon'ble Prime Minister to act upon the request of our Hon'ble Chief Minister by exempting Tamil Nadu from NEET.

**(xx) Need to commemorate the Namasudra Movement of
19th Century Bengal**

DR. TAPAS MANDAL (RANAGHAT): Thakur Harichand is God in Bengal. He worked among the subaltern population. He was born in this community in Bengal on 11 March 1812 in Orakandi located in present-day Bangladesh. Harichand received little formal education. At a very large age, he accepted the path of religious reformation for giving service to and uplifting the subaltern people of Bengal. Harichand's doctrine is based on three basic principles-truth, love, sanctity. He preached his ideologies and religious philosophy in twelve commandments and asked his followers to pursue his works.

He cultivated the Matua Sect. the Matua believes that male and female are equal. They discourage early marriage. Widow remarriage is allowed. The sect became popular in East Bengal and he led the untouchability movement called the Chandal movement in India. He built an English medium high school at Orakandi for the people of lower community called Nama Shudra (untouchable community). He united the people of this community but was against religion conversion.

Shri Harichand Thakur and his son, Shir Guruchand Thakur, have been the leaders for the depressed people of Bengal and struggled relentlessly to do away with social ills like untouchability, inequalities of caste systems, right to enter temples or shrines and an overall development of rural Bengal in the 19th century.

I urge upon the Union Government for commemorating this memory and announce a special award in the memory of Shri Harichand Thakur and Shri Shri Guruchand Thakur for outstanding role in effecting holistic development in the socio-economic life-structure of the scheduled caste/tribe, publish their biographies in Hindi, English and all vernacular languages, to release postage stamps in their memory and include Thakurnagar Matua dham in PRASAD scheme.

(xxi) Need to check release of industrial effluents into the rivers and creeks in Paradip region of Odisha

DR. KULAMANI SAMAL (JAGATSINGHPUR): I would like to state that due to frequent oil leak and release of effluents into rivers and creeks in Paradip region of Odisha has left fishermen of Jagatsinghpur district worried. Recently in the month of June, a large number of dead fishes were found floating in river Kaudia and Bata as well as in the Santra and Pattakani creeks adjacent to the IOCL at Paradip, Odisha. The oil spilled from IOCL pipeline and discharge of effluents by IOCL and other industries has led to heavy pollution of the water bodies in the region. It is well known that pollution leads to shortage of oxygen in the water bodies thereby killing fishes, prawns and crabs.

In spite of visit by the team of State Pollution Control Board, the IOCL authorities are yet to ascertain whether oil spill and release of effluents by their set up are the reasons behind drop in oxygen level in the above said rivers and creeks or there are other reasons.

In this regard, I urge upon the Ministry of Petroleum and Natural Gas as well as the Ministry of Environment, Forest and Climate Change to look into the matter and take steps to ensure pollution free water resources in the region which is the livelihood of fishermen community in the vicinity.

(xxii) Need to provide educational loans to students belonging to economically weaker sections on low interest rates.

श्री सदाशिव लोखंडे (शिर्डी) : गरीब परिवार के छात्रों को उच्च शिक्षा ग्रहण किए जाने के लिए बैंकों द्वारा शैक्षणिक ऋण प्रदत्त किया जाता है। गरीब परिवार के छात्र सिविल, मैकेनिकल, कम्प्यूटर इंजीनियरिंग, चिकित्सा इत्यादि की शिक्षा प्राप्त करने के बाद नौकरी पाते हैं तो उनके ऊपर शैक्षणिक ऋण एवं इसके ब्याज को अदा करने की बड़ी भारी जिम्मेदारी आ जाती है। मगर, आज स्थिति यह है कि कई वर्षों की शिक्षा प्राप्त करने के बाद उन्हें काफी लंबे अंतराल के बाद कुछ हजार रूपए प्रतिमाह की नौकरी मिलती भी है तो ऋण एवं उसका ब्याज अदा करने में उनको एवं उनके परिवार को मानसिक वेदना झेलनी पड़ती है। यदि समय रहते हुए इस ओर ध्यान नहीं दिया गया तथा गरीब परिवार के छात्रों को शिक्षा प्राप्त किए जाने हेतु शैक्षणिक ऋण की ब्याज दर को कम नहीं किया गया तो छात्रों एवं उनके परिवार को उसी विकट स्थिति का सामना करना पड़ेगा, जैसा कि आज हमारे देश के किसान ऋण अदा करने में आत्महत्या जैसे अमानवीय कदम को उठाने में कर रहे हैं।

अतः मेरा केंद्र सरकार से अनुरोध है कि वह देश के गरीब परिवार के छात्रों को बैंकों से मिलने वाले शैक्षणिक ऋण की ब्याज दर 2 प्रतिशत किए जाने एवं जिस निजी इंस्टीट्यूट में छात्र शिक्षा ग्रहण करता है, उसी शिक्षण संस्था द्वारा छात्र के अध्ययन करने की अवधि तक शिक्षा ऋण की ब्याज अदायगी की जिम्मेदारी सुनिश्चित किए जाने से संबंधित बैंक, इंस्टीट्यूट एवं छात्र के माता-पिता के साथ करार किए जाने हेतु शीघ्र आवश्यक कदम उठाये।

(xxiii) Regarding the problem of unemployment in the country

SHRI RAM MOHAN NAIDU KINJARAPU (SRIKAKULAM) : In today's world if there is one problem that is still plaguing our country, then it is the issue of unemployment. Millions of Indians are without proper employment and this is also leading to their exploitation. About a third of our working population is still illiterate, which is causing a major hindrance to them to seek employment. Schemes like Skill India, Start up and Stand up India have helped millions get access to the job market. The Government has to ensure that the people get access to quality jobs. There are 44 million people in India who still need to be employed in order to secure a bright future for themselves. Given the number of youth who are entering the job market every year, the youth unemployment percentage of 12.90% is worrying and we have to find a solution to this problem together. I suggest that the Government release more funds to the States to aid for employment along the lines of MNREGA. This will be of great help to the unemployed people of this country.

(xxiv) Regarding setting up of a separate High Court for Telangana

SHRI KOTHA PRABHAKAR REDDY (MEDAK) : I would like to draw the attention of the Hon'ble Minister for Law and Justice towards the need to set up a separate High Court for newly formed Telangana. Lack of separate High Court is leading to many difficulties between the Andhra Pradesh and Telangana. It was, in fact, a promise and provision made in the AP Reorganisation Act. Lawyers of the present AP High Court went on a strike seeking establishment of separate High Court for Telangana. Even after passing of nearly 2 years of the bifurcation of the State, no step has been taken by the Central Government in this matter.

Further, the then Minister for Law and Justice had also assured and informed that he would convene a meeting of both the Chief Minister of Andhra Pradesh and Telangana along with the Chief Justice of present AP High Court to solve the matter. The then Parliamentary Affairs Minister had also informed the House that the Government is considering the setting up of a separate High Court for Telangana but the matter is getting delayed inordinately for the reasons not known. Hon'ble Supreme Court had also stated that it is the responsibility of the Central Government to establish the High Court and allocate sufficient funds as per the AP Reorganisation Act.

In view of the above, I strongly urge upon the Government of India to take immediate steps for setting up a separate High Court for Telangana without any further delay.

(xxv) Need to set up an international Airport alongwith cargo Terminal in Hisar, Haryana

SHRI DUSHYANT CHAUTALA (HISAR) : I would like to urge the Government for setting up an International airport along with cargo terminal at Hisar, Haryana. Hisar is one of the important and developed urban cities of the country with a large number of industries, companies, elite educational institutions and research centres of Central Government. Further, above 10,000 Micro, Small and Medium Industries and large scale industries including public sector undertakings are situated here. Now the Government plans to construct a second airport in the National Capital Region (NCR) as the existing Indira Gandhi International Airport is likely to see an increased load. In this connection, the Central Government had already proposed setting up of International airport along with international terminal at Hisar, Haryana. But there is no further progress in that proposal. Therefore, I request the Government to take initiative for setting up of second International airport along with international cargo terminal at Hisar and release an amount of Rs. 5000 crore initially and expedite the acquisition of adequate land for this purpose.

(xxvi) Need to restore Scheduled Tribe status to people belonging to Lohar caste in Bihar.

श्री राजेश रंजन (मधेपुरा) : मैं सरकार से बिहार के लोहार जाति के 18-20 लाख लोगों के साथ हो रहे अन्याय के संबंध में बताना चाहता हूँ। लोहार जाति के लोग वर्ष 1931 से ही अनुसूचित जनजाति का दर्जा प्राप्त करते रहे हैं। वर्ष 1976 में पारित एक्ट संख्या 108/1976 के आधार पर जो अनुसूचित जनजातियों की सूची बनी, उस सूची में एस.टी. श्रेणी में 'लोहार' का नाम अंकित था और उस सूची के अनुसार लोहार जाति को एस.टी. (अनुसूचित जनजाति) का जाति प्रमाण-पत्र भी 1 जुलाई 2007 तक मिलता रहा। परंतु दिनांक 02 जुलाई, 2007 से लोहार समाज के हमारे ये भाई-बहन यू.पी.ए. सरकार के दौरान पारित एक्ट (48/2006) में उल्लिखित प्रावधानों के कारण अपने अनुसूचित जनजाति के दर्जे से वंचित होने की स्थिति में आ गए हैं। इस एक्ट में 'लोहार' को अंग्रेजी स्टाईल में बदलकर "लोहारा" (ख्रिस्टएडर) कर दिया गया जबकि यह सर्वविदित है कि बिहार में "लोहारा" नाम से कोई जाति है ही नहीं। पिछले 8 वर्षों से मूल आदिवासी "लोहार" जाति का संवैधानिक हक छीना जा रहा है और उनका संवैधानिक अस्तित्व ही खतरे में पड़ गया है। अपने अधिकार को पाने के लिए इस समाज के लोग दर-दर की ठोकें खाने पर विवश है। एस.टी. का जाति प्रमाण-पत्र नहीं मिलने से ये लोग बिहार में न तो अति-पिछड़ा की श्रेणी में है और न ही एस.टी. की श्रेणी में है। इसी कारण से इन्हें कहीं भी आरक्षण का लाभ भी नहीं मिल रहा है। आरक्षण नहीं मिलने के कारण शिक्षा एवं रोजगार पाने में 'लोहार' जाति पिछड़ने लगी है और इनकी आर्थिक स्थिति बद से बदतर होती जा रही है। सरकार की नज़र में तो इनका कोई अस्तित्व ही नहीं है। अधिकारियों के गैर-जिम्मेदाराना हरकत के कारण आज लोहार समाज के लोग दर-दर भटक रहे हैं। लोहार को अंग्रेजी में ख्रिस्टएडर लिखा जा सकता है, लेकिन हिन्दी में लोहार ही होगा। जोकि संवैधानिक एवं न्यायोचित है। वर्षों से हो रहे इनके विरुद्ध अन्याय को समाप्त कर न्याय सुनिश्चित करना चाहिए।

अतः मैं सरकार से मांग करता हूँ कि वर्ष 2006 में पारित एक्ट संख्या 48/2006 को निरस्त किया जाये और उनकी जगह एक्ट संख्या 108/1976 को प्रभावी बनाने की दिशा में पहल की जाये ताकि हमारे 'लोहार' समाज के लोगों को पूर्व की भांति एस.टी. का दर्जा प्राप्त हो सके।

**(xxvii) Need to provide adequate financial assistance to Kerala for
the Puttingal Temple disaster**

SHRI N. K. PREMACHANDRAN (KOLLAM): The pyro technical tragedy at Puttingal Temple Paravur, Kollam requires the financial assistance from the Government. The State of Kerala already submitted request for financial assistance from the Government to meet the requirement of an amount of Rs. 117,34,66,000 the actual loss due to disaster. No special financial assistance has been released from the Government for management of Puttingal disaster. The contention of the Government is that the central share of SDRF released to State of Kerala is not sufficient for management of a disaster in which 109 lives were lost and building and properties worth crores of rupees were damaged. A detailed report with memorandum for treating Puttingal tragedy as a special category and request for assistance for Central Government was submitted by State of Kerala. Hundreds of injured persons admitted in hospitals due to this disaster are not in a position to continue their treatment due the lack of fund with State Government. It is the duty of both Central and State Government to protect the interest of victims in the disaster. The request from hundreds of people who lost their livelihoods due the disaster is yet to be taken up. The damage to the buildings and other social issues have not been addressed due to lack of fund with the State Disaster Management Authority. Considering the special nature of disaster, special financial assistance from the Central is required.

Hence I urge upon the Government to sanction sufficient financial assistance to State of Kerala as per the memorandum submitted with regard to Puttingal disaster.

14.26 hours**STATUTORY RESOLUTION RE: DISAPPROVAL OF INDIAN MEDICAL
COUNCIL (AMENDMENT) ORDINANCE, 2016
AND
THE INDIAN MEDICAL COUNCIL (AMENDMENT) BILL, 2016**

HON. DEPUTY SPEAKER: Now we take up Item No. 19, 20, 21 & 22 together.

Shri N.K. Premachandran to move the Statutory Resolution.

SHRI N.K. PREMACHANDRAN (KOLLAM): I beg to move:

“That this House disapproves of the Indian Medical Council (Amendment) Ordinance, 2016 (Ordinance No. 4 of 2016) promulgated by the President on 24th May, 2016”.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): I beg to move:

“That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration.”

SHRI N.K. PREMACHANDRAN: Hon. Deputy Speaker, my submission is that we should be given an opportunity to move the amendments also. Since the Bill is introduced only today. We could not put the amendments yesterday. So, a special direction be given so that we can move the amendments also. The Bill is being introduced and being taken into consideration for passing on the same day. So, the right of the Members to move the amendments is being curtailed. I have already given two or three amendments. Those may be taken into consideration at the time of consideration of the Bill.

Another submission which I would like to make before you is that a very similar and identical Bill that is the Dentist (Amendment) Bill 2016 is also there. All the contents and the matter of both the Bill are same. I think I can move both the Statutory Resolutions so that we can have a discussion together of these two Statutory Resolutions as well as the two Bills.

HON. DEPUTY SPEAKER: As requested by the hon. Member, if the House agrees, we may take up both the Bills together.

SEVERAL HON. MEMBERS: We agree.

14.28 hours

**STATUTORY RESOLUTION RE: DISAPPROVAL OF DENTISTS
(AMENDMENT) ORDINANCE, 2016
AND
THE DENTISTS (AMENDMENT) BILL, 2016**

HON. DEPUTY SPEAKER: Now we take up Item No. 21 and 22 together. Shri N.K. Premachandran to move the Statutory Resolution.

SHRI N.K. PREMACHANDRAN (KOLLAM): I beg to move:

“That this House disapproves of the Dentists (Amendment) Ordinance, 2016 (No. 5 of 2016) promulgated by the President on 24th May, 2016.”

SHRI JAGAT PRAKASH NADDA: I beg to move:

“That the Bill further to amend the Dentists Act, 1948 be taken into consideration.”

HON. DEPUTY SPEAKER: Shri N.K. Premachandran, now you can speak.

SHRI N.K. PREMACHANDRAN : Hon. Deputy Speaker Sir, first of all I take this opportunity to express my opinion regarding the contents of the Bill as well as the contents of the Ordinance. I have moved this Statutory Resolution only to record my formal objections to the route of legislation by means of Ordinance. As far as the contents of the Bill and Ordinance, I fully agree with the contents of the Bill and Ordinance.

It is the demand from the State of Kerala also to have some immediate steps to be taken to protect the interests of the student community in the country, those who are appearing for the National Eligibility-cum-Entrance Test. I feel, the Government has risen to the occasion and immediate steps have been taken.

I fully agree to it but even then I would like to say something regarding the Ordinance. All of us know that this Ordinance is an independent legislation being brought out by the Executive under article 123 of the Constitution. In Article 123, there is no such provision so that an Ordinance could be replaced by an Act of Parliament or a Bill before Parliament. Here, an eventuality has come, that is, on the 28th April, 2016 and on the 9th May, 2016, the Supreme Court has given two verdicts. The first verdict was on the 28th April in which the Supreme Court held that imminent action had to be taken to conduct the National Eligibility-cum-Entrance Test; and subsequently on the 9th May again the Supreme Court directed the Government to have the test on particular specified dates.

I do agree with the Government absolutely. The Ordinance route of legislation is not a good practice in a parliamentary democracy but in this case there is some genuine justification because on the 28th April the first verdict on conducting the examination had come from the hon. Supreme Court and on the 9th May the final verdict came from the Supreme Court. My point is, if the Government had been more pro-active, definitely the Government had the opportunity to bring a Bill before the House by extending the Session for two or three days because the final verdict came on the 9th May while the House was adjourned *sine die* on the 13th May. If the Government was more pro-active it could have been brought before the House as a Bill instead of an Ordinance. That is a formal objection I would like to make regarding the promulgation of the Ordinance because Ordinance promulgation is not a sign of good governance. That is the point I would like to make.

Even in all the Presidential Addresses to Members of both Houses of Parliament, the hon. President is always talking against the promulgation of

Ordinances. Minimizing the promulgation of Ordinances is a mark and sign of good governance. So, I urge upon the Government to try its level best to promulgate fewer Ordinances and bring Bills to be discussed in the House so that the people's opinion could be elicited and fresh laws can be made through means of the parliamentary democratic system even though I appreciate the steps taken by the Government in resolving the issue of the students by bringing an Ordinance since the provision is there.

I am coming to the contents of the Ordinances and the Bills. We are discussing two Ordinances – the first is the Medical Council of India (Amendment) Ordinance, 2016 and the second is the Dentists (Amendment) Ordinance, 2016. Almost all the contents of these two Ordinances are same, similar, and identical. That is why we are discussing them together where the first is regarding the courses of MBBS and PG courses and the other one is regarding BDS and PG courses. Since the contents are same, similar, and identical, we are discussing both of them.

The Medical Council of India (Amendment) Ordinance is promulgated with the objective to amend the Indian Medical Council Act of 1956. The Medical Council Act of 1956 was enacted by this Parliament, empowering and giving the responsibility to the Medical Council of India for maintaining the highest standard of medical education in the country. The very purpose of the formation of the Medical Council of India is to maintain the highest standard of medical education in the country.

This is the only statutory authority by which the medical education can be regulated in the country. What happened in the year 2010? We saw that even the Medical Council of India was dipped in financial irregularities. It was full of corruption. It was being superseded by the Board of Governors appointed by the Government. That was the experience which we did have in the year 2010. The Medical Council of India is the statutory authority to see that the medical education in the country is the best so that we have the best doctors, the best

professionals in our country but unfortunately the same Medical Council of India misusing their powers indulged in financial irregularities and corrupt practices. As a result, the Medical Council of India was finally replaced by the nominated Board of Governors by the Government of India. That was the position of the Medical Council of India.

I am not going into the present position of the Medical Council of India but subsequent to 2010 a number of amendments to the Medical Council of India Act were made and a number of corrective steps were taken. My impression is that today the Medical Council of India is running in a good way but I am not sure.

Coming to the standard of medical education in the country, even after all these years we are not able to cope up with the international standards of medical colleges in our country. Who is responsible for this? According to me, the main reason for the lower standards of medical education in the country is commercialisation of medical education in India. We can very well accept the privatisation of medical education or higher education but we can never accept the commercialisation of medical education. If we go through the statistics of the number of medical seats and the number of medical colleges in India, we have 381 medical colleges in India. The State-run medical colleges are 180 and the private colleges are 188. Seats in the Government colleges are 25,085 and private colleges have 38,715 seats. In total, we have 63,800 medical seats in India. This is the actual position with regard to the medical seats and medical colleges in both private and Government sector.

The medical education in India has now become a very lucrative business. As hon. Deputy Speaker is also from South India, you may notice that out of 381 medical colleges in the country, 154 medical colleges are in the South. Everybody knows what is happening in all these medical colleges. For getting admission in a medical college under the management quota, it requires lakhs of rupees for an undergraduate course and crores of rupees for a postgraduate course. It is an accepted fact in the country. What would be the fate of the doctors who have

graduation or post graduation degrees from these medical colleges after paying this much capitation fee? One has to pay Rs.2 crore or Rs.2.5 crore as capitation fee or donation, whatever we may call it, for getting admission to a medical college. If such doctors come out of the colleges as skilled professionals, what will be the fate of the poor patients in the country?

I would say that stringent regulations are required to control and also regulate the medical education in the country. Otherwise, there will be a big casualty in the health sector of our country as it is directly affecting the people of India. Stringent regulatory mechanism has to be there otherwise the health scenario of our country will be in a very poor shape. It will be creating an adverse impact in our health sector. That is the point which I would like to make.

With regard to uniform entrance examination, my suggestion to the hon. Minister is when we have a uniform entrance examination why can we not have a uniform fee structure also. The Government is regulating the admissions so as to get qualified personnel for medical education. Now, the Government of India or the Medical Council of India has decided to conduct National Eligibility Entrance Test (NEET) at the national level. If the Government proposes some norms and guidelines so as to have a National Eligibility Entrance Examination, then along with it – my suggestion is – fee structure should also be regulated by putting in place a regulatory mechanism. To do that, some enactment or legislation is required.

Sir, what is the purpose of this Ordinance or the Bill that we are discussing today? The entire purpose of the Bill is to provide a statutory mechanism or to conferring a statutory status to the Medical Entrance Examination. That is the purpose of the Bill. If that be the purpose of the Bill and students are admitted to the medical colleges as per the merit list of the entrance examination conducted by the Government of India or the Medical Council of India, then the fee structure has to be definitely regulated by means of a legislation or by any other means either by the Medical Council of India or by the Government of India so that the

poor students of our country also gets an opportunity to have their education in the medical colleges. That is a suggestion that I would like to make.

Sir, my next point is on the National Eligibility Entrance Test. What is the purpose of this? This is to improve the quality of medical education in the country. The Medical Council of India in the year 2013 decided to conduct the National Eligibility Entrance Test. Unfortunately, many of the private medical colleges had filed petitions before various Courts. Various State Governments approached the courts. All those cases were transferred to the Supreme Court. The matter was discussed in the Supreme Court on 18th July, 2013. In the judgement of 2013, the Supreme Court had quashed the notification for the National Eligibility Entrance Test. Nobody knew the reason for quashing that notification. Even a Member of the Division Bench hearing the case had openly said that before pronouncing the judgement on the issue there had been no discussion on this amongst the judges. To my information, the judge who pronounced the judgement was to retire the next day. That was a 2013 judgement. Who is at fault for the students who could not get admission for the last three to four in the medical colleges? The credibility of the Judiciary is in question. I am not questioning the Judiciary, but credibility of the judicial pronouncements is in question.

Sir, against the judgement of the 2013, on a review petition submitted by the Government of India as well as the Medical Council of India on 28th April and 9th May, 2016, the Supreme Court directed that the National Eligibility Entrance Test shall come into effect immediately. These are two totally contradictory judgements. In the year 2013 the Government of India decided to have the NEET examination which was declared null and void and in 2016 on April 28th and May 9th the same Supreme Court had ruled that the Government has to commence the NEET examination and it should come into effect immediately. Further the Supreme Court has directed to conduct the examination in two phases, that is, NEET Phase I and NEET Phase II. The first one is on 1st May and the second one is on 24th July, 2016. Who is at fault for this? This is the same thing that we

discussed when we discussed the National Judicial Appointment Commission Bill. There is a question on the credibility of the judicial verdicts that are being pronounced. Now the Supreme Court without giving breathing time to the Government directed that this should be applicable to the whole country. What is the role of the Judiciary? They are discharging the functions of the Executive. Nowadays Judiciary is discharging the functions of the Executive. They are becoming the law-makers of the country and they are trespassing every sphere of activity, be it the Executive or the law-making powers. The Supreme Court is directing that the Government should conduct the Entrance Examination on 1st May and then on 24th of July.

What is the legality of all these judgements? If we go through all these judgements, we may say that they cannot be accepted even for a moment. It is the responsibility of the judiciary to interpret the Constitution and the existing statutes. That responsibility is not being done by the judiciary. Instead of that, they are discharging the executive and law-making functions.

My point is, 2013 judgement had a lot of controversies. Reports emerge that the judgement was leaked before the order was pronounced. Even the judge who descended in 2013 alleged that there was no discussion among the bench before the ruling against the validity of the common test. What would be the fate of the country if the judiciary acts like this? Even the latest judgement in 2016 which I have already mentioned also creates utter confusion that the exam should be conducted on the specified dates and making it mandatory. The Supreme Court has not even applied its mind to safeguard the interest of the student community in our country.

In my State, Kerala, the Entrance Examination was already conducted by the State Government. Most of the State Governments have already completed the Entrance Examination. The Supreme Court is saying that all the Entrance Examinations in which the students have appeared are to be treated as null and void. There is no validity of that Examination. What is the right of the Supreme

Court to say all these things? The Supreme Court can give a mandatory direction that they should have a National Medical Entrance Examination. All the States have acted on the basis of the Medical Council of India Act. This Entrance Examination has been conducted by the respective State on the basis of the Medical Council of India Act and the Supreme Court, one fine morning, declares that all the Entrance Examinations held in various States are to be declared as null and void. Under the leadership of Medical Council of India, the CBSE has been entrusted with the task of conducting the medical test on particular two days and the entire student community has to appear once again for the examination. This was the first condition.

The second condition is, it will be in two languages, namely, English and Hindi. What about other students? A student appearing in Kerala, Tamil Nadu and South Indian States has to appear in the examination in English or in Hindi and the Supreme Court is dictating on this.

Thirdly, kindly go through the syllabus, Sir. The syllabus for the Pre-Medical Examination which is a national examination conducted by the Medical Council of India and the syllabus for the State Entrance Examination are entirely different. What is the authority of the Supreme Court to dictate all these things? And the Supreme Court is saying that all these examinations are getting cancelled and they have to appear the examination either in English or in Hindi and the syllabus will be entirely different. There are just two months before another examination is taking place in July. This is punishing the students in the country. Without even applying common sense, the Supreme Court is making pronouncements and putting the students in big difficulty. How could it be accepted?

I fully appreciate the Government. Though we have political differences, Shri Nadda Ji, I fully appreciate the Government's immediate action on this issue. You have convened the all-Party meeting and had consultations with all the State Health Ministers and came to a consensus that Ordinance or some other

mechanism has to be applied so as to resolve this issue. That is why, this Ordinance has been promulgated. I am only having technical and formal objections in the case of the pronouncements of the Ordinance. Otherwise, I fully agree with the contents of the Bill.

I have another point to make. The year, 2016-17 is exempted in this regard. It is very good. The States that have not opted for the National Entrance Examination are exempted for this year, 2016-17. Also, the language problem is resolved. But as far as private seats are concerned, namely, the State Government seats in the Private Medical Colleges and Government Medical Colleges are fully protected. It is a well balanced decision taken by the Government of India. The entire future of the students has been protected by means of this act.

I have another point to make regarding my constituency. I would like to make a submission regarding the ESI Corporation. Shri Mallikarjun Kharge, the leader of the Congress Party, who was the Labour Minister in the UPA Government, is present here. The hon. Prime Minister, Shri Narendra Modi, is always talking about population – doctor ratio. He also says that in India there is not sufficient number of doctors in order to meet the requirements of our population. The doctor – population ratio is very poor. The UPA Government has decided to impart medical education through the ESI Corporation. So many medical colleges were started. When the NDA Government came to power an unfortunate decision was taken. What was that decision? Under the leadership of Prime Minister a decision was taken to withdraw ESI Corporation from imparting medical education. The NDA Government feels that it is not the duty of the ESI Corporation to impart medical education and so we must withdraw ESI from imparting medical education.

As a result, the students are in big trouble. Finally, the Government of India has decided to entrust these colleges to the State Government. Mr. Deputy-Speaker, Sir, in your State also, the State Government has taken over the Coimbatore ESI Medical College. Similarly, in my constituency, the State

Government has decided to take over the Paripally ESI Medical College and that process is complete now. There the inspection by the Medical Council of India is not yet over. So far Rs. 550 crore have been invested by the Government of India. The entire infrastructure has been built up. But unfortunately from 2014 to 2016, this is being kept idle and it is a national waste. ... (*Interruptions*)

So, my humble submission to the hon. Minister and to the Government is to kindly see the position and exemption be given so that we can admit 100 students in this year itself. Otherwise, it will be a big waste. This is the case not only with Paripally ESI Medical College but also with other colleges.

HON. DEPUTY-SPEAKER: Shri Premachandran, please conclude. There are many Members who want to speak on this.

SHRI N.K. PREMACHANDRAN: I am concluding. Please give me some more time. After all, I am speaking on two Ordinances and two Bills.

My point is, kindly see that letter of permit is given to the ESI Medical College, Paripally. All the formalities have been completed. The Principal has been appointed. Other staff members such as supervisors have been appointed. Already it has a *pucca* infrastructure. So, the admission has to be started this year itself for which some action and some initiative has to be taken by the Government of India. I hope that it will be done.

My concluding point is this. This legislation is not comprehensive. This is also a piecemeal legislation. So, my submission is that, let us have a comprehensive legislation in respect of medical education in order to maintain the highest standards in medical education in our country, not only in the case of admission but also in all other aspects, like the fee structure, etc. So, a comprehensive legislation is required.

With these words, I conclude and support the Bills. Thank you very much.

HON. DEPUTY-SPEAKER: Motions moved:

“That this House disapproves of the Indian Medical Council (Amendment) Ordinance, 2016 (Ordinance No. 4 of 2016) promulgated by the President on 24th May, 2016. ”

“That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration. ”

“That this House disapproves of the Dentists (Amendment) Ordinance, 2016 (Ordinance No. 5 of 2016) promulgated by the President on 24th May, 2016. ”

“That the Bill further to amend the Dentists Act, 1948, be taken into consideration. ”

SHRI MALLIKARJUN KHARGE (GULBARGA): I would just like to bring to the kind notice of the Health Minister some points regarding the ESI Medical Colleges. I congratulate him. He took interest in certain cases, like Bengaluru, Gulbarga, and Hyderabad. In States like Kerala, Tamil Nadu, Rajasthan, and Himachal Pradesh, the ESI is not taking interest. Fortunately, in these three or four months they have become active. Otherwise, they wanted to close it completely. The ESI has got nearly Rs. 29,000 crore. Why was this opened? This was opened not only to help the insured persons but also the non-insured ones in those areas because we have got population from other segments like the unorganized sector, who are not contributing. But if they pay the general fees at the Government rate then they are allowed to take treatment in those institutions. Anyway, you are opening AIIMS all over the country. These buildings are better than that of the AIIMS. You can verify; you can go through. Every State particularly Tamil Nadu, Kerala, Maharashtra, West Bengal, Karnataka, Telangana, and Andhra Pradesh are the major contributors – nearly 60-70 per cent money comes from these States. Therefore, I would request you to take interest. Why should they waste all the money? Moreover, it is going to help the poor people.

SHRI K.C. VENUGOPAL (ALAPPUZHA): Thank you very much, Sir, for giving me an opportunity to participate on one of the small pieces of legislation which has been brought by the hon. Health Minister to this august House. Actually, the Bill is intended to amend the Indian Medical Council Act, 1956. The Bill, as mentioned in the Statement of Objects and Reasons, aims at maintaining highest standard of medical education throughout the country.

Most importantly, the Bill proposed a uniform entrance examination for all medical education institutions in the country called National Eligibility cum Entrance Test (NEET) by amending the Graduates Medical Education Regulations, 1997 and the Post-Graduates Medical Education Regulations, 2000. This would be applicable at the Under-Graduate level and at the Post-Graduate level courses. It is true that uniform entrance test to all medical colleges is a necessity to avoid irregularities, corruption activities; confusion and complexities are already existing. To avoid these complexities, there was a thinking in 2012 itself. There was already a move. Shri Premachandran has already cited that. There was a move to bring in a National Entrance Test. In 2013, the same Supreme Court had given a judgement stating that NEET would refrain State-run universities and medical colleges from their right to admit students as per their own procedure and declared that the test is 'unconstitutional' – that was the word used by the Supreme Court.

Why was this Ordinance promulgated? I am totally supporting the hon. Health Minister for promulgating the Ordinance and for also bringing in this piece of legislation. I am one of the Members of Parliament who raised this issue in this august House. What has happened in Kerala? Students in Kerala have written the examination; State Government has already conducted the examination. Not only in Kerala, Gujarat has also conducted the examination. Students are expecting the results. One fine morning, the Supreme Court said that on such and such date the Government would conduct uniform entrance test. What does it mean? What type

of pressure is put on the students? What will be the consequences? How can the Supreme Court dictate the Government that by such and such date you conduct the examination? I have never seen such a thing. Already the State Governments have their own rules. In Kerala, thousands of students are in difficulty; they had called us frantically to know as to what would be their future. What is going to happen? All the family members are in a very difficult situation. At that time, only one way was available, and that is to promulgate the Ordinance. That is what the Government has done. I really congratulate the Minister. That was the need of the hour. Hon. Kharge *ji* and other Members have also raised the issue.

I am pointing out a thing. Firstly, the CBSE has given a calendar to the Supreme Court. Before raising the issue in Parliament, the Government told the Supreme Court that the Government is ready to conduct uniform entrance examination this year itself. This was the commitment given by the Government.

15.00 hours

In the second stage, the Government changed its stand and said that it is not practical because some of the State Governments are not following this and therefore they do not want this Entrance Examination this year and this may be postponed to next year. This is what happened. Anyway, the Government brought this Ordinance and that is why this piece of legislation has come before this House now. Actually what happened?

The Supreme Court gave two dates for examination. How is it possible? We are saying that equal justice should be given to all students. On one day, you are conducting an examination and on the same subject you are conducting another examination on another day? Will the question paper be the same? Will it be easy for both examinations? Definitely there will be a disparity. If two examinations are conducted on two different days on the same subject, definitely there will be disparity. Nobody brought this to the notice of the Supreme Court. Then what happened?

The conduct of two Common Entrance Examinations within a short span of time has put pressure on the students when they were focussing at the State level examination. On the same day, the Supreme Court said that you go in for another examination. This has created confusion among the students. That is what had happened.

Therefore, we are for the conduct of National Entrance Examination. But the Government should do sufficient homework. In 2012 itself, we were in favour of it because it reduces corruption and it reduces complexities. So, I totally welcome the move of conducting a Common National Entrance Examination for admission into medical colleges. Putting pressure on the students is not good. So we are fully supporting this Bill.

Sir, this Bill is regarding the Medical Council of India. Shri Premachandran pointed out some irregularities in the functioning of the Medical Council of India. Since the Bill talks about the Medical Council of India, I would like to share my concerns with regard to the functioning of the Medical Council of India. The Medical Council of India is supposed to regulate and monitor the medical education, from granting approval to medical colleges to allocating seats and later monitoring the conduct of doctors. Have they succeeded in it? They have failed in their duties in setting up a higher standard of healthcare system in this country.

The Parliamentary Standing Committee has come out with a Report on the functioning of the Medical Council of India. The Standing Committee says that it has become a club of influential medical practitioners who act without any fear of governance and regulations.

I would like to quote from the Report of the Standing Committee. The Departmentally-Related Standing Committee on Health and Family Welfare has, in its recent Report, pointed out huge irregularities and massive corruption charges in the Medical Council of India. The Parliamentary Standing Committee says:

“The composition of MCI, at present, does not represent professional excellence nor follow medical ethos. The current composition of Council reflects that more than half of the members are either from corporate hospitals or in private practice.”

I think the hon. Minister has noticed this. The Committee further says:

“Even doctors nominated to MCI by State and Central Governments have been nominated from corporate/private hospitals which are not only highly commercialized and provide care at exorbitant cost but have also been found to be violating value frameworks.”

In addition, I think the Government should bring a comprehensive law to amend the present MCI system. What is happening there, you should verify.

Mr. Minister, I have my own experience in this regard. In my constituency, only one medical college – Alappuzha Government Medical College – is there. You had been there to inaugurate the PMSSI Programme. In Alappuzha, there is no private medical college and there is no private medical hospital also. Low income people are living there. That is why there is no private hospital. Entire people of that area are depending on the public hospital.

Whenever the MCI team visits the hospital, they would find some small and minor errors and then say: “You will not get the permission from the MCI for additional seats.”

The MCI is the sole body to regulate: (i) standards of medical education; (ii) permission to start colleges, courses or increase the number of seats; (iii) registration of doctors, and (iv) standards of professional conduct of medical practitioners; etc.

However, from my own experience, I would like to point out certain grievances in the functioning of the MCI delivering these duties. Time and again, the MCI has removed the affiliation of courses in Government colleges and rejected proposals for starting new courses in Government colleges.

These decisions had been taken after some minute technical issues and infrastructure deficiencies. I am not arguing to make an adjustment in the quality of medical education and practicing Government medical colleges. However, rejecting all possible development of Government colleges in the name of some 'minute technical issues' cannot be justified. You can verify. They give sanction to the private medical colleges very fast; there is no problem for any private medical college. But when the issue of Government medical colleges come, they would bring some small errors and say 'no affiliation'!

In the case of Alappuzha Government Medical College also, the Medical Council of India did not recognize additional seats at both Graduation and Post-Graduation level. I have already told that it is the only Government hospital in the area inhabited by the poor fishermen and others. After the inspection by the MCI on 25th April, 2016, it was decided not to recognize 50 enhanced seats in the MBBS course. I would like to mention the reasons put forward by the MCI. They cited these reasons: Deficiency of faculty by 12 per cent.

Why is this deficiency happening as per the MCI? 'Faculty members on leave sanctioned earlier by the appropriate authority or on other duty like examination/court duties/ duties in KUHS etc., will not be available for headcount on the day of inspection. The MCI inspection team do not accept this fact, usually presented by the Principal and these faculties are marked as absent. This is the increased percentage of staff deficiency!

Somebody, who goes for court duty or somebody who has taken leave, the MCI will not allow it. They will mark them as 'absentees'.

SHRI MALLIKARJUN KHARGE: Moreover it is a Government college.

SHRI K.C. VENUGOPAL : Yes, it is happening in a Government college.

The second thing, which they said is that 'two lecture theatres are not gallery type.' There are lecture theatres in the Government colleges. You know the constraints of funds in the Government medical colleges. There are a lot of

formalities in the Government medical colleges to be fulfilled unlike private medical colleges.

The third thing, which they said is that ‘the central library is only partially air-conditioned, not fully air-conditioned’. This is the reason cited by the MCI! Another reason is: ‘No recent journals in the central library’ and then ‘Non-acceptance of e-journals’ These are the reasons cited by the MCI. Sir, we are thinking about the digital era. But the MCI will not accept the e-journals! What does it mean? The amount of money required for the procurement of print journal is very high, especially procurement of international ones. So, the libraries are learning resources; and current e-journals are made available. But the MCI insisted for print journals. What does it mean? These are minor, technical issues, which can be solved. The Government had already given the assurance; the college authorities had also given the assurance but these people from the MCI did not accept it. This type of attitude should be changed. Whenever a Government medical college is coming, it has got a lot of infrastructure; 100 students study MBBS; for 50 students additional seats have been allocated by the Government of India itself since five years ago. Already MBBS students are outside. But their future is in danger because of this attitude.

I know, you have no authority to interfere in the matter. That is the problem here. The democratic Government has no power to give direction to the MCI people. They have the autonomy. We are living in a democratic country. Every day we are discussing these things. I know your helplessness. But it should be changed; it should be drastically changed. It is because, once a Government medical college is sanctioned by the Government, it should be protected. That is what my feeling is. I am not telling about any sort of adjustment in the quality of medical education. But MCI should take step to promote and enhance the quality of medical education in Government colleges particularly in the rural areas.

In addition to this, I would like to share a larger concern in this area. Nowadays we are discussing about the NEET examination. We are discussing

about the national level entrance examination. Already Premachandran *ji* told, regional language should be there. I think the hon. Minister will agree that whenever we are going for a national entrance examination, all regional languages should be allowed and the examination should be conducted in their respective language. You know better than me. Nowadays, a lot of institutions are flourishing all over India for giving camp to the entrance examinations. In entrance coaching centres, exorbitant fees are taken away from the students. You can see the results of the entrance examinations. If you go in for a research on that, you can see that the percentage of the students from poor ground is very low. Why is it happening? It is because, you have to spend a lot of money for succeeding in the examinations. You have to go to tuitions, special tuition classes, coaching centres, coaching camps. In my State, there are two-three centres; I am not naming. Everybody goes there and stays there for two-three years and spends a lot of money.

HON. DEPUTY SPEAKER: There are a lot of coaching centres, which are commercial centres. Let them depend on plus two examination for selection. That is good.

SHRI K.C. VENUGOPAL: Plus two examination is also a very good thing.

HON. DEPUTY SPEAKER: The State Government is conducting the examination; let them depend on that.

SHRI K.C. VENUGOPAL: The State Government is also conducting plus two examination. Otherwise, if you are going for the entrance examination, it is the duty of the Government to give protection to the poor people.

HON. DEPUTY SPEAKER: Students only would give importance to the plus two examination; they will only concentrate on plus two examination.

PROF. SAUGATA ROY (DUM DUM): Sir, I am also supporting you.

SHRI K.C. VENUGOPAL : I totally agree with you, Sir. Unhealthy practices are being encouraged by these entrance examinations, these coaching centres. But when we are discussing about this Bill for safeguarding the interest of the students

this year, we have to support it. That is why we are supporting. My point is this. Then we are going for the national level entrance examinations. You should create a mechanism how the poor students are also getting through these types of examinations successfully. That mechanism should be ensured by the Government itself. That is what my feeling is. Either you attach the medical colleges. In medical colleges, a lot of doctors are available. Otherwise, in plus two level itself, there should be special coaching systems. The Government should think about those things. Actually it is the need of the hour. Otherwise, poor students will not succeed in these types of examinations. These types of irregularities will also continue. Therefore, with these words, once again I would like to congratulate you for bring the Bill at this time.

Sir, I have one more important thing. My medical college college is also there. You also know about that college and you have come there. Now, cancer is spreading all over the coastal area and particularly, more in Kerala. We have a good cancer unit. The Government of India had also supported that. But it is not sufficient. Therefore, you should support establishing a cancer laboratory in all medical colleges. That is still pending.

The same thing is happening in nephrology also. Many dialysis patients are there. Many poor people, coir workers and fishermen are there in my State who are suffering. They are going for dialysis everyday. We can have sufficient dialysis units if we use our MPLAD funds. Technicians and doctors are not available. There is a proposal for post graduation course in nephrology in the Alappuzha medical college. That is still pending with the MCI. I am appealing that your intervention is needed for the approval of additional 50 seats and post graduate seats at Alappuzha.

There are dental colleges at Alappuzha and Thrissur. I would request that hon. Minister to intervene in this matter. This is the complaint of respective medical colleges and general colleges.

डॉ. संजय जायसवाल (पश्चिम चम्पारण) : माननीय उपाध्यक्ष जी, आपने मुझे इंडियन मेडिकल काउंसिल अमेंडमेंट बिल और डेंटल मेडिकल काउंसिल अमेंडमेंट बिल पर बोलने का मौका दिया, इसके लिए मैं आपका बेहद आभारी हूँ। मैं माननीय प्रेमचन्द्रन जी से कहना चाहता हूँ कि एक तरफ उन्होंने कहा कि ऑर्डिनेंस way की क्या जरूरत थी और दूसरी तरफ सरकार को धन्यवाद दिया कि पूरी पार्टी से कन्सल्ट किया, सारी गवर्नमेंट से कन्सल्ट किया, अगर सारी स्टेट गवर्नमेंट से कन्सल्ट करना था, सारी पार्टीज़ से कन्सल्ट करना था तो दो दिन में कैसे लोकसभा में लाया जा सकता था? प्रेमचन्द्रन जी की स्वयं की बात एक दूसरे को कन्ट्राडिक्ट कर रही है। मैं पेशे से डॉक्टर हूँ, मैंने सपने में भी नहीं सोचा था कि यह सरकार इतनी जल्दी कोर्ट के आदेश के बाद निट एग्जाम कन्डक्ट कराने के लिए तैयार हो जाएगी। मैं इसके लिए माननीय प्रधानमंत्री जी और माननीय जे.पी. नड्डा जी को बहुत धन्यवाद देता हूँ और उन हजारों-लाखों गरीब छात्रों की तरफ से दुआ देता हूँ क्योंकि इसके चलते गरीब और मिडल क्लास के लोगों को मेरिट से जाने का मौका हिंदुस्तान के मेडिकल कॉलेजिस में मिला है। यह काम आजादी के 70 साल बाद कोई नहीं कर पाया था कि मेडिकल कॉलेज के एन्ट्रेंस का स्टैंडर्ड इजेशन हो। यह कार्य एनडीए सरकार ने किया, इसके लिए मैं उनको बहुत धन्यवाद देता हूँ।

दुनिया में जितने भी विकसित देश हैं, इनमें सबसे मुश्किल कोई एन्ट्रेंस एग्जाम या स्टडी है तो वह मेडिकल कॉलेज की मानी जाती है। यहां तक कि चाहे इंग्लैण्ड हो, आस्ट्रेलिया हो, अमेरिका हो, सभी जगह एन्ट्रेंस टैस्ट के माध्यम से ही एडमिशन होता है। कहीं भी पैसे से एडमिशन नहीं ले सकते हैं। यूएस 24 परसेंट जीडीपी हेल्थ पर खर्च करता है, वहां 12वीं को भी एलिजिबल नहीं माना जाता है। 12वीं के बाद तीन साल पढ़ना पड़ता है, उसके बाद मेडिकल कॉलेज में एन्ट्रेंस एग्जाम के थू लेना होगा। एग्जाम के चार साल देने के बाद फिर एग्जिट टैस्ट देना पड़ेगा, एग्जिट टैस्ट देने के तीन साल तक रेजीडेंसी कोर्स होगा, तब कहीं जाकर मेडिकल सर्टिफिकेट मिलता है ताकि वह प्रेक्टिस कर सके। हमारे यहां था कि पीसीएम में 50 परसेंट मार्क्स होने चाहिए, उसके बाद बाकी सब कुछ प्राइवेट मेडिकल कॉलेज में मैनेजिबल था। गवर्नमेंट मेडिकल कॉलेज का फिर भी बहुत अच्छा स्टैंडर्ड था, कम्पीटिशन था लेकिन प्राइवेट मेडिकल कॉलेज में इस तरह की कोई चीज नहीं थी। 50 परसेंट मार्क्स कैसे लाए जाएं? अभी तो बिहार में ही प्रौडिगल साइंस का एग्जाम्पल देख चुके हैं। ऐसा नहीं है कि सिर्फ बिहार में ही यह सब होता है, कश्मीर से कन्याकुमारी तक जिसके पिता के पास जुगाड़ टेक्नोलॉजी हो, 50 परसेंट मार्क्स के लिए कहीं कोई दिक्कत नहीं है, चाहे कैसा भी स्टुडेंट क्यों नहीं हो।

इसके साथ मैं माननीय मंत्री श्री जे.पी. नड्डा जी को बहुत धन्यवाद देता हूँ, क्योंकि उन्होंने यह पूरा गोरखधंधा बंद कराया है। मैं खुद उस स्टैंडिंग कमेटी ऑफ हैल्थ का सदस्य था, जिसने यह रिकमंड किया था कि एक सिंगल एग्जाम पूरे इंडिया लेवल पर होना चाहिए। इसे इतने अजीबो-गरीब तरह से सुप्रीम कोर्ट ने क्रैश कर दिया, जो किसी की भी समझ से परे है। हम आज दोपहर को सुप्रीम कोर्ट की बड़ाई कर रहे थे, लेकिन यह ऐसा अनोखा जजमेंट था, जिसमें सुप्रीम कोर्ट के जज जिस महीने रिटायर होने जा रहे हैं, उसी महीने उन्होंने कह दिया कि यह अनकांस्टीट्यूशनल है और उन्होंने बिना कुछ किये इसे कैंसिल करके सारे प्राइवेट मेडिकल कालेजेज को फ्री (free) करा दिया। अब ऐसा क्यों हुआ, यह समझना न लोक सभा के लोगों के लिए मुश्किल है और न हिन्दुस्तान के नागरिकों के लिए समझना मुश्किल है। अब रिटायरमेंट के बाद बहुत सारी प्रॉब्लम्स होती हैं, यह हम भी समझते हैं। उसी में एक जस्टिस, उनका मैं नाम नहीं लूंगा, क्योंकि मैं अनावश्यक रूप से उसमें कंट्रोवर्सी नहीं करना चाहता लेकिन उन्होंने साफ-साफ कहा कि --

“In the same, Justice Dave rendered a dissenting opinion and held that holding of NEET is legal and practical and is the need of the society. He also mentioned that prior to preparation of draft judgements, he had no discussion on the subject with CJI who wrote the majority verdict.”

इस तरह की चीजें सुप्रीम कोर्ट में होती हैं और इसलिए जब हम एनजेएसी लाते हैं, तो सुप्रीम कोर्ट को हर जगह प्रॉब्लम और इस सरकार से हर तरह की तकलीफ होनी शुरू हो जाती है। मैं आज वेणुगोपाल जी को भी धन्यवाद देना चाहूंगा। मुझे बहुत अच्छा लगा कि उन्होंने इस अमेंडमेंट को फुलफलेज्ड सपोर्ट किया। लेकिन मुझे आज तक समझ नहीं आता कि कांग्रेस का यह दोहरा चरित्र क्यों है? जब यह अमेंडमेंट बिल लाया गया, आप देखिये कि कितने खूबसूरत फोटो के साथ कहा कि -- “Congress rejects Ordinance on NEET, alleges Government serving medical lobbies’ interest.” ये लोग लोक सभा में कुछ बोलते हैं और पब्लिक के बीच जाते हैं तो कुछ और बोलते हैं। इस तरह की चीजें नहीं होनी चाहिए। मैं वेणुगोपाल जी का बेहद आभारी हूँ, कांग्रेस का भी बेहद आभारी हूँ।
...(व्यवधान)

SHRI K.C. VENUGOPAL : No.

डॉ. संजय जायसवाल: यह आपके ही स्पोकसमैन का बोला हुआ है। ...(व्यवधान) जो ऑल पार्टी मीटिंग हुई थी, उसमें आपने क्या बोला था, वह भी मैं यहां पढ़ देता हूँ--

“Shri Jairam Ramesh, Indian National Congress indicated that no one is against NEET.” ... (*Interruptions*) ठीक है, मैं मेशन नहीं करना चाहूंगा।

HON. DEPUTY SPEAKER: Why are you going into too many controversies when everybody is supporting it?

डॉ. संजय जायसवाल: यदि इस तरह की बातें न हों, तो अच्छा रहता है। ... (व्यवधान)

SHRI K.C. VENUGOPAL: The Leader of the Congress Party raised the issue that there was an apprehension... (*Interruptions*)

HON. DEPUTY SPEAKER: You please continue.

... (*Interruptions*)

डॉ. संजय जायसवाल: ठीक है, मैं इस मैटर को नहीं उठाता। ... (व्यवधान) All right, I am really thankful Mr. Venugopal that you are supporting this Bill, and we are very thankful to you.

उपाध्यक्ष महोदय, मेडिकल कालेज में हर कोई जानता है कि यू.जी. और पी.जी. में जो प्राइवेट मेडिकल कालेजेज हैं, उनमें ट्रांजैक्शन मनी का होता है। It is an open fact. इस एग्जाम के बाद कम से कम यह रुक जायेगा। प्रेमचन्द्रन जी ने इस बात को उठाया था। लेकिन मैं मंत्री जी को सावधान करना चाहता हूँ कि यह एक बहुत रैकेट रोका जा रहा है, तो ऐसा न हो कि एग्जामिनेशन में धांधली शुरू हो जाये। कम से कम निट को बिल्कुल यू.पी.एस.सी. की तरह होना चाहिए। उसमें फुलप्रूफ एग्जाम हो, यह देखना भारत सरकार का कर्तव्य है, क्योंकि जो निट वन हुआ था, उसमें बहुत तरह की कंट्रोवर्सी हुई थी। उसके अगले दिन न्यूज पेपर में निकला था कि वाराणसी में पेपर लीक कर गया, अंडमान में पेपर लीक कर गया। मैं माननीय मंत्री जी से जानना चाहूंगा कि क्या इन सबकी जांच हुई है? जो पहला एग्जाम हुआ है, वह पेपर भारत सरकार के द्वारा न होकर ए.आई.पी.एम.टी. द्वारा हुआ था। इसलिए ए.आई.पी.एम.टी. का वह टैस्ट ट्रांसपेरेंट था या नहीं, यह मैं जानना चाहूंगा।

दूसरा, एम.सी.आई. स्क्रीनिंग एग्जामिनेशन लेगी, तो वह पूरी तरह से ट्रांसपेरेंट रहेगा या नहीं, इसका एश्योरेंस भी मंत्री जी द्वारा लोक सभा को दिया जाना बहुत जरूरी है, क्योंकि अभी हम लोग देखते हैं कि फॉरेन मेडिकल ग्रेजुएट का जो टैस्ट होता है, वह नेशनल बोर्ड ऑफ एग्जामिनेशन लेता है। अब एन.बी.ई. में क्या-क्या होता है, उस तरफ मैं आप लोगों का ध्यान आकर्षित करना चाहूंगा। एक आर्टिकल है, लास्ट ट्वैल्व ईयर्स में जो मेडिकल ग्रेजुएट्स एग्जाम देते हैं, उनका क्या होता है? वर्ष 2015 में 6 हजार बच्चे एपीयर किये, जिनमें 731 ने पास किया। That is 11 per cent. जून, 2015 में 5,967

बच्चों ने प्रवेश लिया, 603 बच्चे पास हुए, जो केवल दस प्रतिशत है। जून, 2014 में 5,724 बच्चों ने एग्जाम दिया, केवल 282 बच्चे पास हुए, जो केवल चार प्रतिशत है। लास्ट दो वर्षों से हम देख रहे हैं कि फॉरेन मेडिकल एंट्रेंस टेस्ट में चार से दस प्रतिशत रिजल्ट आ रहा है, लेकिन अगर आप सितम्बर, 2005 का रिजल्ट देखें, तो 2,851 बच्चों में से 2,192 बच्चों ने क्वालीफाई कर लिया, जो 76 प्रतिशत है, जबकि उस समय बाहर के ग्रेजुएट्स केवल रशिया और सीआईएस कंट्रीज से आते थे, जो इंग्लिश में पढ़ाई भी नहीं करते थे। वर्ष 2005 में अचानक क्या हुआ कि 76 प्रतिशत बच्चों ने क्वालीफाई कर लिया? उसी प्रकार वर्ष 2008 में 58 प्रतिशत बच्चों ने क्वालीफाई कर लिया। यह तब तक पॉसिबल नहीं है, जब तक क्वेश्चन पेपर लीक नहीं हुआ हो। इसीलिए मैं आपके माध्यम से मंत्री जी को ध्यान दिलाना चाहूंगा कि इस चीज पर वह बहुत कांशस रहें कि एग्जाम में किसी भी तरह की गड़बड़ी न होने पाए।

महोदय, इसके साथ ही एक नई प्रॉब्लम शुरू होगी - वह है इंडियन बच्चों का फॉरेन जाना। सभी को पता है कि बांग्लादेश और नेपाल हमारे पड़ोसी देश हैं, नेपाल और मेरी कांस्टीट्यूंसी का कॉमन बॉर्डर है। वहां पर आजकल ग्रेजुएट कॉलेज कम खुलते हैं, मेडिकल कॉलेज ज्यादा खुल रहे हैं। कोई भी ऐसा शहर या टाउनशिप नहीं है, जहां एक मेडिकल कॉलेज नहीं खुला हो। जो बच्चे यहां पैसे देने में असफल होंगे, वे वहां जाएंगे, सीआईएस कंट्रीज में जाएंगे, फिलीपीन्स जाएंगे। इन सभी को रोकने का सबसे अच्छा तरीका यह है कि हम अपने यहां ज्यादा से ज्यादा मेडिकल कॉलेज खुलवाएं। हमारे मंत्री जी भी बोलते हैं कि वीएचआरसी को, रूरल हेल्थ को एलाऊ किया जाए। हमारे पास ये जो 6000 बच्चे हैं, जो चार साल से कम्पीट नहीं कर रहे हैं, आठ साल से कम्पीट नहीं कर रहे हैं, क्यों न हम एमसीआई में इनको रजिस्टर्ड कर दें, इनको कहें कि तीन साल तक गांवों में जाकर नौकरी करो और जब वापस आओगे तो आपका एमसीआई में रजिस्ट्रेशन हो जाएगा, **because they have already taken course for five and a half years.** इस तरह करने से इन सभी फॉरेन से पढ़े बच्चों का एडजस्टमेंट हो जाएगा और जो हम लोग रूरल डॉक्टर्स के लिए परेशान हैं कि गांवों में डॉक्टर्स नहीं जाते हैं, उस समस्या के समाधान के लिए एक झटके में आपको 6000 डॉक्टर्स मिल जाएंगे।

उसी तरह से मेडिकल कॉलेज खोलने के नॉर्म्स को भी कम करने की जरूरत है, जो आज वेणुगोपाल जी भी कह रहे थे। मेडिकल कॉलेज में दो जरूरी चीजें हैं- पेशेंट और टीचर। **Why do we need auditoriums?** आज हम गूगल पर सब कुछ देख सकते हैं। **Why do we need 256 foreign journals in a medical college?** **Why do we need examination halls?** कहीं किसी भी यूनिवर्सिटी के एग्जामिनेशन हॉल में कंडक्ट कर सकते हैं। इस तरह से करके इस पूरी चीज को इतना

डिफिकल्ट कर दिया गया है कि मेडिकल कॉलेज नहीं खुल सकते हैं। आज देखिए इंजीनियरिंग कॉलेजेज की क्या स्थिति है। जब हम लोग स्टूडेंट थे तो इंजीनियरिंग कॉलेजेज में भी डोनेशन लगता था, आज इतने इंजीनियरिंग कॉलेजेज खुल गए हैं कि जो बच्चा चाहता है, अपनी फीस देता है और एडमिशन लेता है, उसे कोई दिक्कत नहीं है।

मैं माननीय मंत्री जी अनुरोध करूंगा कि मेडिकल कॉलेज के नॉर्म्स को सिम्पलीफाई किया जाए, क्लीनिकल ओरिएण्टेड बनाया जाए। अगर टीचर्स की कमी है तो खास करके उन जिलों में मेडिकल कॉलेज खोलने की परमीशन दी जाए, जहां पहले से मेडिकल कॉलेज नहीं हैं। आपके राज्य के बगल में पुदुच्चेरी है, वहां पांच लाख पापुलेशन है और नौ मेडिकल कॉलेजेज हैं। उनमें भी जिपमेर जैसा मेडिकल कॉलेज है। वहां पर स्टूडेंट्स को क्या पेशेंट्स मिलते होंगे और वे क्या सीखते होंगे, मैं नहीं समझ पाता हूं। मेरा यही कहना है कि इस काम में प्राइवेट प्लेयर्स को एनकरेज करना चाहिए। आप वीएचआरसी पर 50 करोड़ रुपये देने को तैयार हैं तो आप जिस जिले में कोई मेडिकल कॉलेज नहीं है, वहां किसी प्राइवेट प्लेयर को परमीशन दीजिए क्योंकि एमसीआई का नॉर्म है कि 80 प्रतिशत मरीज फ्री में देखना होगा। जो भी इन-पेशेंट एडमिट होगा, उसके बारे में एमसीआई का नॉर्म है कि उसे फ्री में देखना है। अगर कोई भी मेडिकल कॉलेज ऐसी जगह पर आता है, जहां पर मेडिकल कॉलेज नहीं है तो उससे आप वहां पर टर्शरी ट्रीटमेंट भी प्रोवाइड कर देंगे, मेडिकल कॉलेज के डाक्टर्स की कमी भी खत्म कर देंगे और उसके साथ ही एक ऐसा एनवायरमेंट भी बनाएंगे जहां डाक्टर-पापुलेशन रेशियो अच्छा हो सके।

इन सभी बातों के साथ मैं नीट का पूरा समर्थन करता हूं और मैं पूरी उम्मीद करता हूं कि यह एग्जाम पूरी ट्रांसपेरेंसी से होगा जिससे बच्चों को सुविधा मिल सके। धन्यवाद।

SHRI T.G. VENKATESH BABU (CHENNAI NORTH): Mr. Deputy Speaker, Sir, on behalf of my party, All India Anna Dravida Munnetra Kazhagam, I rise to put forward the views of the Chief Minister of Tamil Nadu, Dr. Puratchi Thalaivi Amma on the Indian Medical Council (Amendment) Bill, 2016.

Sir, I am deeply indebted to our beloved leader and hon. Chief Minister of Tamil Nadu, Dr. Puratchi Thalaivi Amma, for rendering me this opportunity to speak on this very important Bill, the Indian Medical Council (Amendment) Bill, 2016.

Sir, before coming to the Bill *per se*, I would like to place on record in Parliament that under the able guidance and proficient stewardship of hon. Amma, once again our party pulled out a historic win in the recently concluded Assembly elections in our State. By this huge and commendable success engineered by hon. Amma, Sir, our party has retained power for the second consecutive term, which is a record in itself after 32 years. This feat could not have been achieved but for hon. Amma's seamless, tireless and selfless efforts supplementing the many welfare measures extended for the people of Tamil Nadu. The victory is seen as an appreciation of the very many welfare measures that hon. Amma has unleashed for the people of Tamil Nadu, like distribution of 25 kilograms of rice per month to the people, distribution of mixie, grinder and fans, four grams of gold for girls at the time of marriage with marriage expenses, distribution of laptops, cycles etc. to student community to mention a few. This victory reiterated that people have confidence and faith in her leadership. This success of the Chief Minister of Tamil Nadu is being lauded not only by the people of this country but also by the entire Tamil population worldwide. They also recognise that hon. Amma had struck a hat-trick having won the 2011 Assembly elections, the 2014 parliamentary elections and the 2016 Assembly elections.

Having said this, Sir, I would like to dwell on the Medical Council (Amendment) Bill. This Bill, intended to provide for uniform entrance

examination to all medical educational institutions for UG and PG courses, does a gross injustice to the various States and will shatter the dreams of the students from rural areas and villages who aspire to seek admission in UG and PG seats in medical colleges, particularly in government medical and dental colleges in their home States.

Mr. Deputy Speaker, Sir, the introduction of NEET is against the federal system of Government and is a direct infringement of States' rights. Here, it is worth mentioning what our Chief Minister said in the 11th Meeting of the Inter State Council held in New Delhi on 16th July, 2016, a few days back. She said and I quote :

“The Government of Tamil Nadu has taken a number of steps, starting from 2005, towards systematizing the admission process to professional colleges including medical colleges, and after careful consideration, abolished entrance examinations for professional undergraduate courses in the State, by enacting the Tamil Nadu Admission in Professional Educational Institutions Act, 2006. This Act was given effect to after receiving the assent of the President under Article 254(2) of the Constitution. This measure is intended to protect the interests of students, particularly from the weaker sections and rural areas. Admissions to undergraduate professional courses in Tamil Nadu are based on the results of the Class XII examination. The secondary school examinations in Tamil Nadu are conducted with total integrity, fairness and transparency based on an up to date syllabus. The introduction of a National Eligibility cum Entrance Test (NEET) for medical admissions would be a direct infringement on the rights of the State and would cause grave injustice to the students of Tamil Nadu who are already covered by a fair and transparent admission policy which has been working well. Rural students and students from poorer socio-economic backgrounds will be unable to compete with urban elite students in Common Entrance Examinations. Tamil Nadu and any State that has a similar system must be permitted through appropriate legislative intervention to continue the existing fair and transparent system of admission to medical colleges and dental colleges in State and not be forced to implement the NEET.”

Sir, first of all, education is to enrich ones knowledge, which is better acquired through ones mother tongue. This is a universally-accepted fact and one cannot deny this. Hence, our forefathers have included education in the State List. But, over the years, it has been taken over by the Centre to the Concurrent List leading to utter chaos and peril for the students' community. Our forefathers included it in the State List considering the diverse nature of the States in the country, particularly, based on different languages and cultures. But, unmindful of the dangers, the Centre has brought it into the Concurrent List.

Sir, making a mention about this, the hon. Chief Minister of Tamil Nadu said this in the Inter-State Council Meeting held a few days back and I quote : "This is an opportune moment to consider returning the subject of education to the State List where it originally was.". The Chief Minister also said and I quote : "The responsibilities for actual delivery of many resource-intensive public services -- maintenance of public order, public health, agriculture, education, to name just a few -- have always been vested with the States, which are much closer to the people." So, I request the Government of India to consider returning this subject to the State List so that education is better taken care of by the States concerned.

I would further say that if there is a common syllabus throughout the country, then one can say that it is justified to conduct a common test. In the absence of a common syllabus, any common entrance exams like NEET will be untenable from the point of view of students' community. Since, there is no uniform syllabus in the country at the plus-two level, compelling the students to take NEET in CBSE syllabus would result in denial of fair opportunity to lakhs of students aspiring to pursue medical and other professional education. More than 70 per cent of the questions in NEET would be out of syllabus for lakhs of State Board students. So, there will be unequal competition. ... (*Interruptions*)

PROF. SAUGATA ROY: Sir, it is a very correct point. They are favouring the CBSE.

SHRI T.G. VENKATESH BABU: There will be unequal competition between two sets of students.

It is also pertinent to mention that the professional courses such as medicine, engineering, agriculture, veterinary sciences, teachers, etc. are meant to serve the needs of the local people of respective States because a person from Bihar, for example, may not be able to serve to his full capacity in Tamil Nadu nor can a student from Andhra Pradesh serve to his full capacity in a State like UP basically because of the issue of local language.

Certain State Governments conduct common entrance test for admission into professional courses and they are conducted in vernacular languages to facilitate students from rural areas and BPL students. Such students would have studied up to secondary-level only in their vernacular languages. So, here too, NEET would put them to great disadvantage. The Tamil Nadu Government, under the leadership of hon. *Amma*, provides free education to all students in Tamil Nadu. Invariably, such schools educate students in their vernacular language only up to higher-secondary level. This is also one of the reasons why NEET cannot be held because this would cause serious prejudice to poor rural students and they cannot compete with rich urban students.

The students belong to different States, speak different languages, and come from diverse socio-economic backgrounds. Any common system that is introduced must be practical and feasible. It should not be hastily thrust on unwilling or unprepared sections of society without due deliberations. So, I request the Government to hold discussions with different States before arriving at a decision on this matter.

Moreover, the State Governments spend huge chunks of money for the establishment of professional colleges only to cater to the needs of the people of the State. That being so, how can the Centre take upon itself to impose single common entrance test for admissions to professional courses? Hence, the Centre should not make it mandatory to have this single test system for admissions.

The Centre may consider setting up a committee consisting of legal experts and others so that the constitutional, legal and other aspects could be examined for bringing about a change in the present system and for quashing proposed single common entrance test for various admissions.

Moreover, under NEET, the focus is primarily on the Plus-2 marks. The examinations which are conducted by the States, when there is a huge dependence on Plus-2 marks obtained by the students, which is the criteria for allowing a student to compete for common entrance examination, then why can the Centre not make Plus-2 marks the sole criteria for selection, which will be based on merit? So, if at all there has to be a streamlining, which the Centre is insisting on, the streamlining should be in the syllabus for 12th Standard, which should be common throughout the country based on which exams could be conducted by the States and merit lists should be drawn up on the basis of Plus-2, that is, the higher secondary exams.

As far as Tamil Nadu is concerned, Government of Tamil Nadu, under the dynamic leadership of Puratchi Thalaivi Amma, has been consistently saying that rural students and students from poorer socio-economic backgrounds will be unable to compete with the urban elite students in common entrance examination and that the rural students will be put to great disadvantage because they lack the resources to enroll in coaching institutions and their access to study materials is absolutely nil compared to urban students.

The introduction of NEET would nullify the implementation of the policy initiatives and socio-economic objectives of the State as the regulations of a national test would not have such enabling provisions. The single common national test is out of tune with the prevailing socio-economic milieu and administrative requirements of Tamil Nadu.

Even now, 15 per cent of MBBS seats are carried out through a common exam only, which is conducted by the Centre. For the remaining seats which are under the State pool, this exam is exempted and the cut-off marks obtained in the

Plus-2 exam are taken for reckoning for selection process. If now, the NEET exam is emphasised for these seats also, then it will be an encroachment of the State's powers which goes against the principle of federalism.

There is also an apprehension in the minds of the people that introduction of NEET will only lead to commercialisation and exploitation by private coaching institutes. There will be mushrooming of such coaching institutes and the Centre will find it difficult again to control them later on.

So, I request the Centre to permit Tamil Nadu through appropriate legislative intervention to continue its existing fair and transparent system of admission to medical colleges and dental colleges, engineering and other professional colleges in the State at the undergraduate and post-graduate levels on a permanent basis and not be forced to implement the NEET.

Coming to the Medical Council of India, there is a feeling that MCI is unnecessarily interfering and meddling in the affairs of the State Government and medical institutions also. When the State Government applies for enhancing seats in the Government colleges or when they apply for new medical colleges, approvals are not being given. But when the private self-financing institutions apply for either enhancing the seats or new colleges, immediately approvals are given. There is a suspicion in the minds of the people that there is something fishy in the whole affair.

To elaborate and emphasise on this point, I would like to say that even the Standing Committee of Parliament has expressed doubts about the conduct of MCI in one of its reports. Such activities of the MCI are highly condemnable and the Government should see that the MCI steers clear of all such charges for the sake of students' community. When such charges are made against the MCI, no serious action was taken by the previous UPA Government nor is being taken by the present NDA Government also. So, the MCI should be above board and it should function in a manner that it brings laurels to itself. The Centre should see that it is headed by a person worthy of it who does not encourage favouritism.

Coming to the Bill and the Ordinance, I would like to say that it is a matter of immense relief for lakhs of students that the Supreme Court decided not to stay the Centre's Ordinance granting a one year exemption to State Government institutions from NEET for medical courses. So, we welcome this Ordinance which is going to give relief to students this year. But in the overall analysis, I would say that this matter should be left to the State Government concerned to deal with in the manner they feel appropriate. The Centre should not thrust this on the entire country without due deliberations.

With these words, I welcome the Bill to replace the Ordinance for exempting the State Government medical colleges from the Supreme Court mandated single All India Entrance Examination for a year. I would urge upon the Union Government to make necessary amendment to the Indian Medical Council (Amendment) Bill, 2016 to protect the sovereign rights of the State Government.

Thank you.

PROF. SAUGATA ROY (DUM DUM): Sir, our Party's point of view will be made clear by Dr. Kakoli Ghosh Dastidar. I am supporting the point made by Shri M.K. Premachandran and Shri Mallikarjun Kharge. This is with regard to medical colleges run by the ESI. The ESI Corporation because of the large corpus it had in hand, nearly Rs.29,000 crore decided to open medical colleges. It would be in the interest of the students because they would be run by the Government. The ESI is under the Labour Ministry. They have decided to closed down certain medical colleges including a medical college that the ESI had opened in Joka in West Bengal. I would urge upon the Health Minister to take over these medical colleges under ESI and allow the ESI to have more medical colleges under it. We cannot tolerate the burden of these private medical colleges. There is one single private medical college in our State. It takes capitation fees through auction, starting from Rs.35 lakhs and above. To stop this very throat-cutting experiment of the private medical colleges through their capitation fee, I would like the Government to expand its area and allow the ESI medical hospital. There is one in my constituency Kamarhati to open medical colleges.

DR. KAKOLI GHOSH DASTIDAR (BARASAT): Sir, I thank you for allowing me to speak on this very important discussion today. We are discussing the Indian Medical Council (Amendment) Bill together with the Dentist (Amendment) Bill, 2016.

We have seen this important issue to have received contradictory judgments by the learned Supreme Court. Many of us are confused as to what is the feeling of the hon. learned Court regarding this matter even today. This is very important because it deals with the life of the people because doctors in turn, when they qualify and come out as specialized professionals, take care of our health system. There is no doubt that we need merit infusion into the medical fraternity. A doctor in one hospital may disagree from the treatment modality from another hospital. For example, our hon. Leader of the Party here Shri Sudip Bandyopadhyay suffered from acute pain. He was admitted in a renowned hospital in New Delhi, one year back. When I went to see him, I told him that he was suffering from stones in the gall bladder. But the doctors said, “no, it is gastritis and it will go down.” But to our dismay, his gall bladder ruptured. The stones were thrown all over his peritoneal cavity. He got septicemia and he was on the verge of death when he was flown to Kolkata and his life was saved. So, within a span of two to three days, two specialized hospitals, two specialized doctors treated him. One was sending him to death and the other one brought him to life. So, we agree that we have to have quality doctors and quality medical education not only for people like Shri Sudip Bandyopadhyayji but also for every common man of this country who cannot afford private hospital and who go to the Government set up, the public hospitals.

Now we are discussing whether the examination which the students have to undertake when they go to study the undergraduate medical course of MBBS or the postgraduate course of MD, has to be regional, has to be done through the State Boards, or it has to be centrally done through the National Eligibility cum Entrance Test. The first point that I would like to make here is that though it is

impeaching upon the State authority to hold the examination, this is going to be legislated and we have certain recommendations, while supporting it with this condition.

As regards the time of examination, if the examination is held simultaneously with the Board examinations going on in a State of the country, the students are going to suffer. As regards the language of the examination, it says that it is going to be Hindi, English and other languages. But I demand that all the languages in the Eighth Schedule of our Constitution be considered.

The students who are preparing for the examination in the remote areas of our country - whether Tamil, whether Telugu, whether Marathi, whether Bengali – do not get the opportunity to study the same syllabus as the CBSE students. Only 18 per cent of the students in this country get the opportunity of studying in English. The rest are studying in their mother tongue or in the regional languages. So, it is very important that their plight is taken into consideration. The question papers should be made in such a way that the students can understand things in their own language.

Also, there is a discrepancy in the syllabus. For example, there is nearly 37 per cent difference between the West Bengal Board and the CBSE. In these competitive examinations, half a mark of difference makes a difference of 50 students getting a chance or not getting a chance. So, if the standard is of the CBSE syllabus, then many of our vernacular and regional language studying students are going to be deprived, which is going to be a gross injustice on them.

This will have to be decided before we start this examination. So as we had suggested before, we are saying now that it be done in phases, let the syllabus be stabilised throughout the country, let all the students study the same syllabus and then appear for the examination so that they are not deprived. To ensure that economically backward students are not deprived, we have to have strict vigilance and monitoring over the private setups who give tuitions to these rich students for admissions straightaway into the private colleges. It is a welcome move that a

common entrance test is going to be held for private and public colleges. But we have to keep in mind these two points and they are of language and syllabus.

The other point is with regard to convenience of the students. For example, when we are having examinations in West Bengal, we are having multiple number of centres all over the State in every District covering nearly all Subdivisions where centres are held so that the students of that Subdivision can easily go by bus or some can also walk because it is near to their house and go and sit for the examination. What is the proposal of the Government regarding holding this examination? If they are only held in major cities, then who is going to pay for the travel expenses and who is going to take care of the students when they come considering the present state of affairs in the country where little girls are raped and murdered, as my dear friend Supriya was speaking about in the morning, in Maharashtra, in Haryana? So, how can we protect the girl children when they are going to sit for the examinations far away. You have to consider that every Subdivision has to have more than one centre where they can go and appear for this examination.

The other thing that we want to emphasise is the time of the examination. All the States do not hold their Class 10 and Class 12 examinations at the same time. So, the examination will have to be held at such a time when all over the country the Plus 2 examination is over and the students get about two to three months to prepare. It would rather be easier if the Plus 2 results were held as the cut-off marks and a uniform syllabus is followed throughout the country and medical admission takes place through that cut-off mark of Plus 2 level through the country giving respect to the regional languages.

We also agree with the hon. Member when he was speaking about eating into the numbers of domicile seats. The domicile seats have to be addressed because we have about 85 per cent domicile seats in the States with 15 per cent seats being common. We don't want this common test to eat into our 85 per cent. With these suggestions, I would like to elaborate that the health policy of the

country seems lopsided. The health structure should be such that it is bottom-heavy where we have rural hospitals, where we have more primary healthcare centres. The common man can reach easily within his ability and get checked for common diseases and can get referred to tertiary centres only when difficult diseases or operating procedures come into being. So, the tertiary healthcare centres or the teaching hospitals or referral centres like the All India Institute of Medical Science here get only the difficult cases.

As the hon. Members present in this august House will agree with me, every time they go to their constituency, constituents come with the request of getting admitted into AIIMS because the common man is not getting proper treatment in his State or the regional hospital. Such is the discrepancy of knowledge in the medical fraternity. I don't know who makes the health policies here but it is appalling that only 1.6 per cent budget is allocated for the medical sector. A lot of instruments and equipments have to be imported having 300 per cent import duty. It is true that if we follow the World Health Organisation's ratio between patient and doctor, India is lagging far behind developed countries. So, if we call ourselves a developed nation, if we are planning towards better days ahead with a lot of innovation and Make In India, we also have to guarantee the health of our nation through us.

Hon. Member here was speaking about dialysis. India is going to become the diabetic capital of the world. Diabetes leads to kidney failure, it leads to cardiac failure, and it leads to blindness. So, if the Government is not agreeable to increase the budgetary allowance, how can we prevent our people from going into renal failure or cardiac failure? It is our lopsided policy, it is our erroneous health policy for which students have to sit at home and go on reading multiple choice questions. These MCQs come in books and students spend hours mugging those questions to sit for these examinations. I don't know who did away with the house staff. Who did away with the system in which students after passing the final MBBS were incorporated as junior house staff for one year, senior house staff for

one year and then residents? The American system has this practice in which after qualifying the undergraduate examination, they work as residents in the hospitals and learn things that they will have to do all their lives, saving lives and doing operations.

When students are sitting at home mugging the multiple choice questions for the examinations, they are not using their acumen, they are not using their heads. They are not hands-on in training. God forbid, if any hon. Member gets a heart attack here, it would take a doctor like me one second to decide and give him cardio-pulmonary resuscitation here on the floor of the House. But today I doubt whether 99 per cent of the students who are qualifying in the different medical colleges after undergraduate course, have ever heard of cardio-pulmonary resuscitation or even heard of heimlich procedure being given when a food particle gets stuck in the windpipe. So, they don't work. They are only sitting at home and reading books.

This is the policy error of the Government in which they are allowing students to just go on and read books. Medical practice is not reading books; medical practice is working on the patients in the hospitals for 24 hours, doing the things that senior doctors teach. The house staff shift has to be brought back because that coaches the students to qualify for the postgraduate degree. If I am looking inside a dark room, I can't see anything; I need torchlight to see.

16.00 hours

Similarly, I need a retinoscope to see the retina; I need a cath lab to do angiography or angioplasty. Here we do not have the infrastructure in the country. Only increasing the stress on the students by making them appear for test after test is not going to improve the health delivery system of the country. We have to improve the infrastructure also but that is not being taken care of by the Government.

The house job that the students used to do when we were students has been done away with I do not know with whose knowledge and whose wisdom. If the

house job is brought back students qualify the undergraduate final MBBS examination and get into the subject of their choice. Suppose they do general surgery, the allied subject should be made available to them; if he does not get qualification enough to join general surgery, he can join other branches of surgery like thoracic surgery, cardiothoracic surgery, head neck surgery, or even gynaecology.

A person who is working in medical-related fields can branch out into medical-related subjects but that is not being discussed. That is the way that an undergraduate student will work for two years and for another three years in residency and qualify as a postgraduate but due to policy paralysis and erroneous policy, the Government is not thinking in these terms. They are exposing and they are trying to expose the students for the final MBBS examination, the exit examination and then the entrance examination. Is it not ridiculous that a single child has to sit for three examinations just to qualify to get into postgraduate life? He can do the house job; from there, straightway according to his choice and score, automatically he can get into that branch as is the case in the United States of America. The hon. Member Dr. Sanjay was saying that they were in the hospital as residents, learnt hands on about the different branches of medicine and according to their interests they branched off and joined different departments where they went to do post-graduation and after three years qualified to become postgraduate doctors. That should be the way.

The hon. Minister is here. They should also try to enhance the number of Diplomate of National Board so that they can work in the State hospitals. I agree completely with my learned friend Shri Premachandran when he was talking about the Medical Council of India. You are trying to have a single examination. But who is going to hold the examination? Is it the Medical Council of India which is submerged in irregularities and malpractices, which cancel the number of seats in undergraduate and postgraduate level in government hospitals because they are getting money and five-star facilities in private hospitals? How can the Medical

Council of India be entrusted the job of holding this examination? It is the life and profession not only of lakhs of students who are aspiring to become medical doctors but also of us because in our old age we are going to depend on these doctors to take care of our health. So, the Medical Council of India cannot be given the charge to hold this examination. There has to be another body taking care of all the factors like regional language, frequency of examination centres, time of holding examination, not cutting into our 85 per cent, and a uniform syllabus for the whole country.

In our State, within a period of four-and-a-half years, our infant mortality rate has come down; our maternal mortality rate has come down; our institutional delivery has become 99 per cent; footfall in a small hospital in my constituency, that is a public hospital in Barasat has gone up to one lakh every month from hardly one thousand. All of this has happened because of the correct health policy adopted by the hon. Chief Minister Kumari Mamata Banerjee. She is giving free treatment to patients, free operation, free pacemaker, free cardiothoracic surgery, and free delivery for women; the women are being brought from home in the State ambulance, after check-up and delivery they are left home in the State hospital ambulance and given other supplementary help. So, the policy has to be good to have an effect on the health system. But having only a universalised examination is not going to help our health system. For these doctors who are qualifying, it is better that the examination be conducted, the marks be taken from their ten plus two level and straightway admission given into the medical side if they want to; and from there, admission to the postgraduate courses. From there they may again be admitted to the postgraduate course. If this common examination is to be implemented, we will have to have a serious body having people who are not corrupt. A supervisory board had been placed on MCI in 2010 because of corruption. So, we cannot allow such a body to hold the examination. We have to have a system in which the States are not neglected and the children are not deprived. Thank you, Sir.

SHRI BHARTRUHARI MAHTAB (CUTTACK): Thank you Deputy Speaker, Sir. I stand here to participate in the deliberation on the Indian Medical Council (Amendment) Bill, 2016 and the Dentists (Amendment) Bill, 2016.

I start from the issues that were flagged off by my predecessor from Trinamool Congress. There are certain issues which still remain unanswered because the Minister while introducing this Bill did not elaborate the necessity why only these two amendments have been factored into which has led to a lot of confusion. Confusion is still there. One of that confusion is that the respective State Governments have to ensure that their students get admitted to the colleges in their provinces. Of course, 15 per cent of the seats, for the last many years, have been filled by the students from far off States. They study in those colleges, do their housemanship and go back to their States.

In Odisha for instance, in my constituency Cuttack we have Shrirama Chandra Bhanj Medical College. In Berhampur we have MKCG Medical College. These are Government colleges. A large number of students come from Northeast and other far off States, study there and after completing their post graduation they go back. I think two-three years back a student was studying in SCB Medical College. He got selected and got a position in the Civil Services examination. He was from Kerala. He was doing his post-graduation here. Very peculiarly his father said : “ my son was studying not in Shrirama Chandra Bhanj Medical College (SCB College) but in Subhash Chandra Bose Medical College. So, that is the ignorance that actually many people have because we use acronyms just to name certain medical colleges but students do come from far off places, study and go back to their own provinces to do job there. But this is only 15 per cent.

I would like to understand from the Minister what would happen with this all India entrance examination? It depends on the students, as in GMAT examination, as they give their preference to get admission in a college if they secure a certain percentage of number. My apprehension is, as has been expressed by Dr. Dastikar, that all the seats that my State has to get will not be filled up by

the students of my State. In that respect, do you have a system in place today to ensure that if somebody is qualified to get admitted in Kerala...

HON. DEPUTY-SPEAKER: Even if the Government of India comes forward to ensure that 85 per cent of the seats are filled by the State Government the Supreme Court may give some other direction. What will we do afterwards?

SHRI BHARTRUHARI MAHTAB: I was coming to that, Sir. Thank you for reminding me. What the Government is doing today is only carrying out the instructions of the Supreme Court. That is why, your amendment, Sir, is only on two aspects, that is 10(d); uniform entrance examination at undergraduate and postgraduate levels and the second amendment is relating to language.

Other than these two, I do not see much amendment that is there. By bringing the first amendment in 10(d), there is going to be a tremendous impact on the system. There is positioning relating to private colleges, relating to Government colleges. Nobody doubts that. A lot of money is changing hands. Capitation fee is being extracted. A word just now was used by an hon. Member. I would like to mention here that there was a C&AG report relating to the functioning of Medical Council of India. 54 किलो गोल्ड ज़ब्त हुआ था। कोई लेकर गया था या घर पर था। These are all recent history. Very recently we also heard about the Vyapam case – concentration of all examination under one body where you do not have that much of oversight. They can play hara-kiri on anyone and play with the future of students. What has happened there? Now you are concentrating all these things on one body. What experience does that body have? I remember in 2010 when we were repeatedly charging the then Minister of Health, he said that he had no power over MCI. What more power does the Government want? It is the creation of Government. That autonomous body was created by the Government. That autonomy has been given by the Government to function in a certain manner. If that autonomous body does not function in that manner, then the Government has to step in. For the last six years, even today, we do not have a perfect system in place to monitor as to what would be the curriculum and what type of standard

of teaching would be there. More importantly, I would say, what Medical Council of India has to do.

The Act of 1956 in this regard says that it will regulate the standards of medical education; permissions to start colleges, courses or increase the number of seats; registration of doctors; standard of professional conduct of medical practitioners etc. This Bill seeks to introduce a uniform entrance examination for all medical institutions. The entrance examination will be conducted in Hindi, English and some other languages. We are told that the Solicitor General told before the Bench that the examination will also be conducted in languages of Gujrati, Marathi, Telegu, Bangla and Urdu. This was published on 11th May. This was the view of the Government, otherwise how come the Solicitor General made this statement before the Court? It is only Gujrati, Marathi, Telegu, Bangla and Urdu apart from English and Hindi. Some amendments are being moved today and I think the Government also will be agreeable to include all the languages that are there in the Eighth Schedule. That would be a good thing. But how come this type of a statement was submitted before the court? Why was it submitted? Did the respective State Governments give the information that they are only interested in these languages and no other languages? I am really surprised.

This Bill gives the MCI the powers to frame regulations with regard to the authority designated with the conduct of exams. I would be happy if the Minister can convince me that yes, MCI is qualified to conduct exams. Has, at any point of time, MCI conducted exams? The mandate says that it regulates standards of medical education. But here, see the manner of conducting exams and specifying languages other than English and Hindi.

Sir, in Tamil Nadu and Puducherry, you have a system, the age old system, the accepted system where 10+2 result is the criteria for taking admission into medical colleges. Odisha also had that system. In their wisdom, at some time, they took a decision that they will have a State entrance exam. And now, we are going to National Entrance Exam.

HON. DEPUTY SPEAKER: All the State Board Exams are conducted by the State Governments. If we do not have faith in the State Government, how are we going to have faith in new system?

SHRI BHARTRUHARI MAHTAB: That is what I was coming to. If we do not have faith in our Higher Secondary Council Exams, we also do not have faith in our State Entrance Exams. After ten years, I think somebody here will be standing and asking the Government as to why should we have faith in NEET which is being conducted by the MCI. If we start doubting the system itself from the very beginning, is there any guarantee that there will not be hara-kiri in NEET as it has happened in Madhya Pradesh in Vyapam case? First, we have to strengthen the system that exists. We have Higher Secondary Council Examination for 10+2. If that examination is perfect, why should we doubt that Examination?

But a problem arose in Odisha which I would like to mention very briefly. A number of students who came from rural background and from non-English curriculum background, for different reasons, got admission in different engineering colleges. They left the medical curriculum and went back to some other curriculum. That is why, to bring in seriousness that somebody is interested for medical education, this Medical Entrance Examination at State level was conducted. A number of States are having State level medical education and as I said, in Puducherry and Tamil Nadu, we do not have that because somebody who is focused in medical education keeps focused in medical education. They do not divert to other education. But that is a point which the Government has to tell us because once we are determining on merit, that merit should be the criterion. That also needs to be looked into.

There was a Question put in Rajya Sabha on Indian Medical Council on 23rd December, 2014. That Question was relating to admission. A lot of talk is now going on relating to admission of students. A lot of corruption is taking place at the time of admission of students. A lot of money is changing hands at the time of admission of students but as Medical Council of India is entrusted with the job

to find out and monitor how a doctor is performing, have we, at any point of time, heard that there has been some action taken against some doctors who have not performed their duty perfectly?

A question was posed on 23rd March, 2014 and the answer given by the hon. Minister was, “The Medical Council of India, with the previous approval of the Central Government, has notified Indian Medical Council Professional Conduct, Etiquette and Ethics Regulation, 2002, which *inter alia*, prescribe that a physician should participate in professional meetings as a part of continuing medical education programmes for updation of medical knowledge for at least 30 hours every five years organised by the reputed professional academic bodies or any other authorised organisation. The MCI provides financial assistance through CME programmes to various medical colleges and institutions.”

I will just give you an instance. The hon. Minister hails from a hilly region and has vast experience about the life style of northern part of our country. If a person from Odisha goes to a doctor in Delhi and suppose he is suffering from malaria, the instant response of that doctor would be to advise him to get his blood tested and show the report and then only he will continue with the treatment. That is a healthy practice. But if that same patient goes to a doctor in Jharkhand or in Odisha or in Assam, immediately that doctor will say, ‘You are suffering from this type of malaria and take this medicine immediately.’ It is because he knows. Locally, at certain places, doctors know what types of diseases are affecting the people very frequently. But instantly giving a medicine for malaria or for such types of diseases is area specific.

16.22 hours

(Shri Hukum Singh *in the Chair*)

Doctors there are confident. We have heard stories of Dr. Bidhan Chandra Roy, who used to look at the patient and instantly say without even touching him that you are suffering from such and such disease. Such was the quality of doctors. I do not mean to say that in the present times also the doctors should practice or endeavour in that manner. But how often does the MCI conduct this type of

programmes? Or are they just relegated to the medical colleges and institutions so that they conduct the programmes and the MCI provides only the funds?

There is always a question in my mind. That is : How will the State Government fill the 85 per cent quota in their own medical colleges through an all-India test? The answer that has been given is, 'Like in the case of GMAT a Student will apply to individual colleges with the same score. Other criteria can be sorted out at the time of counselling, but there will be no dilution of existing quota'. This is the answer which had come.

The issue of corruption relating to admission is an issue which needs to be deliberated today I would like to understand from the Minister as to what has happened since 2010 relating to the corruption issue in the MCI. What action has been taken? Dispensation in the Union Government has changed and we had high hopes that corruption will be tackled ruthlessly. I hope some steps must have been taken. The whole country is in a dual mind when it comes to NEET in the sense whether it is a good idea. A common entrance exam would ensure consistency in courses offered across the States. Standardised education ensures increase in skill levels and mobility in all States so that doctors can go from one State to another. It would increase the possibility of students getting seats in colleges outside their own State. Students will not have to give separate exams for State and National colleges, thus, reducing their burden. These are the positive aspects.

What are the negative aspects, Sir? Decentralisation of education ensures that realities of the States are considered when fees are set. If a student from Odisha goes to Bengaluru or some other place in Karnataka where fees are very high, are you not denying him his education in medical college, which he could have easily done in Odisha?

National Curriculum dilutes personalisation according to culture, mindset and social realities in different regions of the country. There are 25 different curricula in the country, and as many different media of instruction. This is a problem for all States because they come out giving their high school exams in

Class X, try to cope up with English or other language – this is not a problem in Hindi. It is a problem in other Indian languages - we have to not only master the other foreign language that I am talking but also learn a little bit of Hindi. But I have to think in my own mother tongue and translate it, and then, I have to speak. These are the predicaments of the people who are not from Hindi speaking States. This will be a problem with all those children who will be forced to go to other States to study.

When the previous debate was there in the last Session for bringing in this one year relief, my friend Shri Satpathy had mentioned about it. Whom are we targeting? The words - poor students and rural students - were also used by Shri Premachandran. There is a gradation in education today. We have CBSE course and just because the Government is providing us 10 coupons to recommend names in Central School but we get 500 or 1,000 applications for Central School.

There are DAV schools and other private schools who impart education in English or in Hindi. But there are a large number of schools who impart education in their local language. Here, you have a question paper based on a single curriculum, which would mean that the students could have difficulty in not only understanding the terms but they would also not be in a position to perform well. Regarding 'language', maybe, an amendment is coming but what is the curriculum? The curriculum is CBSE. We don't have curriculum of CBSE in every district of our State. I think, this will be the position in all the States.

Now an attempt was being made trying to convince the Minister that at least we have examination centre in every sub-division. Do we have CBSE course school, higher secondary schools, in every district? We don't have them. Here, you are going to enforce; or the MCI is going to enforce – one course, one curriculum. Then, you tell all State Boards to have CBSE course; they will not impart education in any of their own course. Then, after 10 or 12 years, we would come back with this Bill. It excludes students from regions like Odisha and Bihar which are lagging behind in education.

Lastly, setting national fees is also another hindrance, which will be detrimental to poor States; a large chunk of population will be alienated if the fees structure is beyond their reach.

Sir, I met the Minister on an earlier occasion where I mentioned about opening of five medical colleges in Odisha. This is something beyond the Bill which I am mentioning here. Actually opening of five medical colleges was assured and about Rs. 55 crore was given to the Government of Odisha in three instalments. The estimated cost of these five medical colleges comes to Rs. 2,450.90 crore. The Government of India gave the money in three instalments and the Minister told me in last April that the remaining money would come, but it has not yet come. We need more medical colleges in our country.

Sir, with a heavy heart I would say I am not in a position to support this Bill. Yet, I would expect the Government to come out very clear on the questions that I posed. Please do not bring a Bill just being prodded by the Supreme Court. This is my request. You have the strength today which the earlier Governments did not have for the last 30 years. You have the strength today. So, do not get prodded to bring a Bill like this. Thank you.

DR. SHRIKANT EKNATH SHINDE (KALYAN): Mr. Chairman, Sir, I thank you for giving me an opportunity to express my views on the Indian Medical Council (Amendment) Bill, 2016.

I am standing here to express my support to the amendments to the Indian Medical Council Act. I welcome the Centre's decision to conduct the National Eligibility-cum-Entrance Test or NEET as it is being called. I am certain that this common medical entrance test will bring the much needed transparency in the admission process. It will also help the meritorious students to get admission in their preferred institutions as NEET will also bring private institutions under its ambit. It will save the students from a lot of hassles from giving multiple entrance tests and spending thousands of rupees in the process just on entrance tests to giving lakhs of rupees as capitation fees for admission in reputed private institutions. It is a known fact that parents have to spend fortunes to get their wards admitted in private institutions. The Standing Committee on Health and Family Welfare has also acknowledged this menace of capitation fee in one of its recent reports.

While we cannot deny the benefits of NEET, we must also look at its shortcomings. The amendment proposes to conduct the entrance test in regional languages apart from Hindi and English. We all respect the regional languages. They are truly the treasure of this great nation that we all cherish. Conducting entrance examination in regional languages will benefit students mainly from rural parts and economically backward regions where the spread of English education is not yet profound.

However, the entire medical syllabus is in English. Students aspiring to be doctors have to possess good knowledge of English. Otherwise, he or she will not be able to undertake medical studies. All the books are in English and medical classes are in English. Doctors participate in various conferences. They represent our country on various international platforms and present their research papers. The main medium of communication on all these platforms is English.

The point I want to make is that conducting entrance test in regional languages alone is not going to be enough. The Government will have to bridge the gap between English and regional languages. Students appearing for NEET exam in regional languages and getting admission for medical studies will have to undertake their further studies in English. Therefore, it becomes necessary to impart the knowledge of English to these students as well as to students coming from rural and economically backward areas.

I would like to know from the Government as to how the Government is going to achieve this because this Bill is silent about it. Is there any road map? Is the Government going to conduct special classes to train the selected students in English? It is my sincere belief that merely conducting entrance examination in regional languages is not enough. We will have to think about further studies of the students so selected and how they are going to cope with the English language.

It is pertinent to note that according to the Medical Council of India guidelines, any student is eligible for admission into an MBBS course only if she or he has cleared English at class XII level.

My second point is about the syllabus for NEET examination. Many States, including my home State Maharashtra, have expressed their apprehensions about NEET being based on CBSE syllabus, while each State has its own State Board syllabus. There is a difference between the State Board syllabus and the CBSE syllabus. Hence, there will not be a level playing field for the students all over the nation.

I endorse this view. Some time back, there used to be a huge chaos for three-four years in the State of Maharashtra in Standard XI admission because of the huge gap in marks earned by the State Board students and the CBSE students. The State Board students could not compete with the CBSE students and the State Government had to come up with the formula every year in order to accommodate all the students in class XI.

Therefore, there has to be a common ground for all the students. NEET examination must be based on a common syllabus. The Central Government must take efforts to reduce the disparity between the CBSE syllabus and various States Boards' syllabus. The Centre must study the syllabus of all the States and must devise a common syllabus based on the syllabus of various States and then only prepare for NEET. This will really give a level playing field for the students across the nation. Only then will we be able to give justice to all the students all over the nation.

One more point is that the students who get qualified for MBBS after NEET should be given preference in their respective States. I am saying this because if a student from North gets admission in the college in the South, it is very difficult for him to communicate with the patients in the South. So, the language barrier is the biggest hurdle in communication. So, this point has to be kept in mind.

Though the education is a State subject, there has to be uniformity. In terms of taxation, we are soon moving towards 'one nation, one tax' regime with the introduction of GST, so why not 'one nation, one education, where the whole education system all over the nation will be same and at par with the CBSE Board?' Therefore, we must strive for common education.

With these few words, I support this Bill. Thank you.

DR. RAVINDRA BABU (AMALAPURAM): Good evening, Mr. Chairman, Sir. I am thankful to you for giving me this opportunity to speak on this very important Bill.

We whole-heartedly support this Bill for the one reason that it was the Government of Andhra Pradesh, which had made a formal request to the Union Government to postpone this NEET examination, which is coming into immediate effect. Therefore, they had approached the Supreme Court and an Ordinance has been issued in this regard. So, we really thank the Union Government for accepting and accommodating not only Andhra Pradesh but also Tamil Nadu, which also made a similar request. So, now, the students have been given a chance to appear in the local languages.

But the tragedy is that two things have happened in India historically, which, I feel, are blunders, whereby the beneficiaries are deteriorating the Indian socio-economic fabric. One is, privatization of educational institutions, that is, selling the education by the private people. Another is, making the deep money out of diseases, that is, privatization of the medical healthcare.

These are the two things which happened in India whether unfortunately or fortunately, which we are not able to control. Now, we have to bring controllers like the MCI and others. But we all know, what is the story of medical practitioners and medical hospitals, which are running in the country.

As my colleagues have also mentioned about the bribery part, corruption part of the MCI, which has failed to control the rot in the medical system. It may not be entirely true. But to some extent, it may be true.

Sir, the NEET examination, when it is conducted all over India, the regional languages are also allowed; after 12th class also it is allowed; and everybody can participate. After conducting the examination in Telugu and other languages, one has to compulsorily go through English because MBBC curriculum is in English. That is, anatomy, physiology, all these things are in

English. Therefore, on the lines of the Civil Services, the NEET also can be conducted. It is one way to integrate the nation. With one stroke of examination, all people will write the same exam with the same syllabus. The NEET syllabus needs to be aligned with all the SSE syllabuses of different States. Therefore, there would not be much of anomaly with the students' preparation for the exams.

What I feel, it is high time we should introduce one paper on moral ethics. Doctors need to be told about ethics being followed. I will give you a small example. When you go to a small hospital and a poor fellow goes to that hospital to complain about headache, he will be asked to undergo CT scan. If there is any problem in the left chest, if there is pain there, he will be asked to undergo MRI. There is data available, a reliable and verifiable data that because of health care in India, four crore people are being reduced to poor people and they are suffering from poverty. They are well off before diseases. But, गरीबी आ गई, बीमारी गई तो गरीबी आ गई, कम से कम इन दोनों का दूर करने के लिए एक सिस्टम ऐसा अपनाया जाना चाहिए जिससे गरीब आदमी को मेडिकल हैल्प मिल जाए। This unscrupulous practice is being done by the medical institutions especially in the name of diagnostic aids, blood examinations, ultrasounds, MRIs and CT scans. Without necessity, we are doing all these things. Therefore, I sincerely feel there is a need for introducing some paper on ethics.

Sir, it is also a fact that the medical practitioners are brought under Consumer Protection Act. They are facing a lot of legal problems. A lot of compensation is being claimed in the consumer courts. We also see a lot of hospitals being vandalised, a lot of doctors being beaten by the patients when the patient dies because of criminal negligence or whatever it is. Therefore, some law paper also should be provided for the medical students before the entrance examination.

There is a small joke. I think my colleagues in the House will agree with me. There is a movie called '*Munna Bhai M.B.B.S.*'. That is the one which opens the medical community's eyes for ever. That is, every disease is not the same as everybody cannot be the same. There are no two people alike in the world. There

are six billion people in the present world. Six billion people were born and died. There are 12 billion people on record. None of the two people are alike. As two people are not alike, the diseases and physiology also cannot be the same. Physiology will be the same, pathology will be the same, but disease manifestations will be different because of the psychology. Therefore, there is a need to introduce a psychology paper also to integrate medical sciences with the psychological sciences. Why two people having the same bacteria in the body react differently? I have tuberculosis in my lungs; another fellow also may be having tuberculosis in his lungs; but one will have manifestation of the tuberculosis and another may not have tuberculosis manifestation. It is because of nutritional standards also. Some people may not get any symptoms also because they are very brave. There are certain historians and there are so many achievers in the world who suffered from so many diseases, life threatening diseases. Stephen Hawking has motor neurone disease. He is still alive. He got a Nobel price. How can you explain his disorder along with the achievements? We can only explain it by understanding human psychology. Human psychology has to be understood before understanding anybody's pathology or physiology. It is high time we should introduce a curriculum of psychology in the medical sciences so that the integration of the human behaviour can be understood along with the human pathology. It is because, two diseases or one disease in two persons will not be the same. Therefore, I suggest – if at all it is acceptable to the Minister – for inclusion of psychology, ethics and law, for the valid reasons which I explained. Ethics should be included because the unscrupulous practices should be curbed. I am saying that law should be there because so many doctors are being dragged to the court under the Consumer Protection Act.

My third point is about psychology because psychology determines how a man suffers, how a prognosis will depend. Some people will come out of the fever within two days; some people will suffer fever for 15 days and some people die of

fever without any reason also. Medical science is the only science which has not developed to an extent which it actually should have been.

There are four systems in the medical system. One is inspection, another is percussion, third is palpation and the fourth is auscultation. These are the four things. When a patient walks into the doctor's room, one has to inspect as to how a patient is walking into the room. For palpation, one has to touch the body to know what is happening. Percussion means we have to percuss the body where the actual fluids are there. There is auscultation and stethoscope. But how many doctors are doing this? None of them are doing.

Whenever a patient walks into the doctor's room, he is immediately ordered for blood picture, urine, bile salt, this, that and all. The bill will be about Rs. 2,000 or Rs. 3,000 or Rs. 4,000 even for a small fever. My colleague from Odisha Mahtab Ji told that in Odisha, people are going from endemic area or epidemic area and certain diseases should be diagnosed very easily. But we always go to diagnostic tools; we always use machinery; we always use x-rays. To whose detriment and to whose benefit? God only knows. It is heavily commercialized. There should be an attempt to control this commercialization also. Privatization of health care, privatization of education should be controlled through the Government. NEET should be the first step in order to inculcate the ethics of the Government doctors, the ethics of the moralities and ethics of the psychology. All these three things put together will make a man a perfect human being and also a perfect doctor for India. Jai Hindi, Jai Telugu Desam.

DR. BOORA NARSAIAH GOUD (BHONGIR): Thank you Sir for giving me an opportunity to speak on the Indian Medical Council (Ordinance) Amendment Bill. This topic is very close to my heart.

I was a doctor and now also, I am a doctor. When I was a doctor, I used to think that after becoming an MP, I could involve myself in changing the system. I wrote several letters to the Prime Minister, Finance Minister and earlier to the Health Minister. Now, the things seem to have come to a stage where something is moving. The basic thing is that there are multiple stakeholders in this aspect. One is students and their parents who have to earn a lot of money to get a seat in the private education system.

We have got a MCI which is supposed to monitor but you know how the MCI functions. We have got private investors who run the medical colleges, who invest hundreds of crores but they invest under the pretext of charity but they have to make the money also. We have got a State Government. We have a got a Central Government. This is a classic example of judicial activism and Parliament inactivism. This is reflected in this Bill.

Since 1993, I will quote various judgements. The first court case had come in 1993 in my earlier State of Andhra Pradesh, that is, Unnikrishnan vs state of Andhra Pradesh. The then Judge, Krishna Iyer gave the judgement which was one of the excellent judgements balancing the private investor and also the interests of the common meritorious students. That was struck down by the Supreme Court Judgement which consisted of 11 judges in TMA Pai Foundation vs. State of Karnataka. Then, that judgement is again revised by PA Inamdar & Others vs. State of Maharastra. You can see there. What is the gist of these judgements? The Supreme Court Chief Justice Altamas Kabir, with the three Judges Bench have given a judgement. The same thing was struck down in 2013. Again Mr. Dave, who was a judge in the three judge Bench, has again struck down it in 2015 which has led to the President's Ordinance. What is the gist of the judgement in

the case of Inamdar and T.M.A.Pai Foundation? The State and Central Governments have no role in the admission process of private medical colleges. It means, private medical colleges can admit them the way they would like to.

Second, there are no reservations in private medical colleges. The only reservation is, how much money you can put in.

And, third, all the admissions should be on merit but it is up to the management to see the merit. It is a very peculiar judgement. It is the management which decides the merit, which means, whether it is Rs.50 lakh merit or Rs.1 crore merit or Rs.20 lakh merit.

Then minority colleges can admit any student from the community, and no one shall interfere in the administration of the colleges by the Government or agencies and they should not make profit but they can make a reasonable profit. That is the judgement of the Supreme Court. No capitation shall be collected by the colleges directly or indirectly but they can make the profit. This is in gist the judgement of the Supreme Court then.

Now the recent Supreme Court judgement has come. The MCI, the Central Government comes with a legislation for one country, one test. Why has it come? I will give you a small gist. Now the scenario is that there are 50,000 medical seats in our country, out of which 25,000 seats are in the private institutes. If we look at or do a simple glance at it, what is happening is, today, 9,808 PG seats are for sale. Regarding the sale of the seats today, I will tell you an incident. The parents will cry. The parents were kept in a room. It was auctioned in a room. Whoever is going to make a bigger bid, that was given in one of the medical colleges. I do not want to quote it. There are 1500 MBBS seats which are on sale. The total black money, which is generated, is approximately Rs.12,000 crore to Rs.15,000 crore. That is the fact today.

The question is, are we going to tell the private institutes? No. Can the Central Government and the State Government really afford to invest all the money which is required for the education, which has to cater for 1.25 billion

people? No. The private institutes also have to invest. You put a clause that the private investors can invest but it is only charity. Which individual in this country is going to invest Rs.100 crore on medical college for charity? Let me tell you this. No. We are trying to treat. In Mahabharat, there is a quotation. Dharmaraja says very cleverly: " अश्वत्थामा हतः नरो वा कुंजरो। " So, we are deceiving ourselves. Self-deception is being practised.

Why I am telling you that judicial activism and parliamentary inactivism is, we always complain about the judicial activism. This happened in 2013. In 2007, there was a Supreme Court judge. There was no reservation. In this august House, all the Parties united to bring the Bill which is called, Professional Fee Management and Admission Regulation Bill. Then, what the judge said at that time I will quote. The Chief Justice at that time was Mr. Lahoti. "If this is the attitude of the Government, then wind up the courts, do whatever you want." This was stated by the Chief Justice in the open court while hearing the Attorney-General, Milan Banerjee on 23rd August. This is the gist.

Now, the point is that the Ordinance has come. Something is better than nothing. Nadda Ji is a very nice and a learned person. I can tell you as a doctor that we are treating only symptoms and not disease. It is the responsibility of the parliamentarians and the Government to bring the legislation, and not the court. Or as per the direction of the courts, like a knee-jerk, whenever the court says, do something, we do something and forget it. We have stakeholders. Parents are stakeholders. Students are stakeholders and the private investors are stakeholders.

Of course, on behalf of our Party, we are going to support the Bill. This would be my suggestion. It was a thunder from the blue sky. It is not the National Eligibility cum Entrance Test but it has become a National Emergency Entrance Test. How can a student who is studying in a State syllabus suddenly compete in the Central syllabus? Suppose I have a diesel car, how can I suddenly ride it with petrol? Of course, this ordinance is being considered and we support it. But I have a few suggestions to give because it is in the interest of the country. Why do

almost 15000 to 20000 students go to China, Nepal, Philippines and CIS countries to study? The cost of MBBS study in these countries is Rs.12 to Rs.15 lakh but in our country the cost comes between Rs.50 lakh to Rs.1 crore and even much more for PG study.

So, my first request is that you should do some homework before coming for another amendment which can address the entire problem.

Second, we are going to conduct NEET entirely on our own. The maximum number of medical colleges is in the southern and western parts of India. So, every State has to contribute and invest in it.

HON. CHAIRPERSON: Please conclude.

DR. BOORA NARSAIAH GOUD : I have just two points left.

Third, in each State there is a separate fee reimbursement system. In our State we give full reimbursement to the top ranking students and meritorious students from SC, ST, BC and OBC. So, it would be very difficult for poor students to afford the education.

Fourth, if we are going to have a common entrance test, there should be a common syllabus available. Somebody said that there is no Bengali heart attack; there is no Telugu heart attack; there is no UP heart attack. Luckily, all the doctors have uniform standards, uniform skills and provide uniform treatment. This is not only in India, but in the whole world. So, there should be uniform interests; there should be uniform quality.

My request to Shri Nadda ji is that he should set up a committee, frame thorough guidelines, do what is reasonable and come up with a complete legislation. Thank you very much.

SHRI M.B. RAJESH (PALAKKAD): Thank you, Sir, for giving me an opportunity to speak on this important Bill. This Bill will facilitate conducting of NEET in an effective manner taking the circumstances of various States into account. I appreciate the Minister and the Government for taking proper initiative to address the confusion created by a verdict of the Supreme Court.

I do agree with my esteemed colleague, Shri Bhartruhari Mahtab regarding the language issue. NEET should be conducted in all regional languages recognised under the 8th Scheduled of the Constitution. According to Section 10 D of the proposed Bill, it is stated, 'in Hindi, English and such other languages and in such manner as may be prescribed'. All regional languages recognised under 8th Scheduled of the Constitution should be included in it.

Sir, the responsibility of conducting NEET is entrusted with the Medical Council of India. Almost all of my colleagues have already explained the state of affairs prevailing in Medical Council of India. The Medical Council of India was supposed to be the regulator of medical education in India. But, unfortunately, it has become a violator. The regulator has become a violator. The case of Medical Council of India is a classic example of regulatory capture. Those who are sought to be regulators, have captured the regulatory mechanism and converted it to suit their vested interests.

17.00 hours

It is dominated and controlled by a select, and often corrupt, clique of private doctors. Hon. Minister may be well aware that this is not my view; this an observation made by the recently released 92nd Report of the Standing Committee on Health and Family Welfare. Let me quote from the Report:

“The MCI as presently elected neither represents professional excellence nor its ethos. The current composition of the Council reflects that more than half of the members are either from corporate hospitals or in private practice. The Committee is surprised to note that even doctors nominated under section 3(1)(a) and 3(1)(e) to

represent the State Governments and Central Government have been nominated from corporate private hospitals.”

This is the situation prevailing in Medical Council of India. That is why, I am saying that it is dominated and controlled by a select and corrupt clique of private doctors.

Sir, the MCI has utterly failed in discharging the responsibilities mandated to it by the Indian Medical Council Act, 1956. The MCI is one of the most corrupt institutions in our country. The MCI has been in the news for the last few years for all the wrong reasons and not because of its role in maintaining the high standards of medical education. The controversial former President of MCI continue to be the President despite several criminal charges, including one of accepting a huge bribe for a favourable inspection report in favour of a private medical college. The CBI is believed to have recovered at least 80 kilograms of silver and gold worth Rs. 35 lakh from his bank lockers in Ahmedabad. The most unfortunate thing is that despite all these charges of serious corruption, the same former President of MCI was nominated again to the Council when MCI was reconstituted. He was nominated from Gujarat. All these are facts which I am stating. Is this not an open licence to corruption?

Secondly, the MCI has utterly failed to nurture and expand medical education in our country. Currently, six States with 31 per cent of India's population account for 58 per cent of MBBS seats while eight States with 46 per cent of India's population have only 21 per cent of MBBS seats. This is the level of inequality. Most of these States belong to Northern India, North-East and Central India. These States have severe shortage of doctors because of paucity of medical colleges.

Sir, doctor-population ratio in our country is 1:1647 as against the WHO norm of 1:1000. We are far behind when we compare to WHO norm. *The Hindu* yesterday carried a front-page story regarding the alarming situation of doctors in

our country - WHO Report Sounds Alarm on 'Doctors' in India. This is *The Hindu's* report based on WHO's recent study titled 'The Health Workforce in India'. According to the WHO report, 31 per cent of allopathic doctors were educated only up to secondary school level, 57 per cent did not have any medical qualification. This is astonishing. In rural India, just 18.8 per cent of allopathic doctors had a medical qualification. Is it not shocking? The WHO Report says that density of all doctors is just 36 per lakh of population, and when it is compared to China it is 130. It was found that in 175 districts in the country there are no dentists at all with a medical qualification when the study was conducted.

HON. CHAIRPERSON : Mr. Rajesh, please conclude now.

SHRI M.B. RAJESH : Sir, I will be very brief. I have to mention 2-3 important points more. I am not mentioning any political issue, and I am only dealing with the subject.

I am going to mention the third point, and I have only one more point. The Minister is listening to me with keen attention. Thank you so much.

HON. CHAIRPERSON: He is listening to everybody.

SHRI M.B. RAJESH: Yes, Sir, and you are also.

An evil nexus of private medical college owners, MCI functionaries and MCI-mandated evaluators tasked to inspect medical colleges has been developed over a few years. The MCI regulations do not provide any clear cut criteria for recruiting suitable evaluators. In 2014, out of 261 inspections, inspectors from Gujarat were involved in 100 inspections and another 40 involved were faculty from Bihar. So, there is no clear cut criterion for recruiting evaluators.

As per the order of the Delhi High Court, assessment of medical colleges should be conducted as surprise inspections, but this is not taking place. It is known to everybody that some colleges have prior information of inspections and thus they are able to readily keep ghost teachers, ghost professors and fake patients. This is happening with the connivance of MCI throughout our country.

Sir, this is my last point. Fourthly, MCI has failed to uphold ethical practices among medical practitioners, which it is mandated to do. Between 1963 and 2009, just 109 doctors have been blacklisted by the Ethics Committee of the MCI despite reports of unethical practices by doctors and medical practitioners appearing in newspapers each and every day. On 1st February 2016, by an amendment to Clause 6.8 of the regulations of the MCI, the MCI has legitimized unethical practices by Doctors Associations. They have deleted the word 'Doctors Association' thereby they are legitimizing unethical practices by these professional associations.

The Parliamentary Standing Committee has observed and I hope that the Minister will listen to this aspect that instead of intervening to thwart the attempts of MCI at subverting the system, the Ministry has meekly surrendered to the MCI. This is not my criticism, but it is Parliamentary Committee's criticism. So, I hope that the Government will wake up now; rise up to the occasion; and will take stern and immediate steps to liberate MCI from the clutches of corrupt clique.

With these words and with this hope, I conclude. Thank you very much.

SHRI VARAPRASAD RAO VELAGAPALLI (TIRUPATI): I thank the Chair and my Party Leader Shri Jagan Mohan Reddy and my floor Leader Shri Mekapati Raja Mohan Reddy *garu* for giving me this opportunity.

As a responsible citizen, I wholeheartedly acknowledge the great work done by the Supreme Court because when the Government is not in a position to act -- and of late, whatever you call it whether it is a judicial activism or otherwise -- the Supreme Court is acting in the best interest of the society. This piece of NEET is one of the best examples, which is beneficial to the society. In fact, I personally will admire and appreciate Justices like hon. Dave and hon. Lodha.

The present system, one has to really look at that, is very much in favour of the rich people. Whoever is in a position pay more donation or the capitation fees, they are landing up in private colleges and minority institutions. In the long run, if one could see, rich people are becoming richer and also becoming more influential and powerful in the society. The poor are being deprived in different ways, and this is one of the systems.

Medicine happens to be the most important aspect of our life. Therefore, the decision of the Supreme Court is extremely appropriate and very much wanted. We wholeheartedly support this.

17.11 hours

(Hon. Deputy -Speaker *in the Chair*)

This certainly leads to standardization of medical education in India. At present, there is no standardization of medical education in different parts of the country. The present effort will lead to two important things. Firstly, the syllabus all over the country will gradually become uniform. Presently, every State follows its own syllabus and as a result, there is as much as 30 per cent of difference between CBSE syllabus and the rest of State syllabus. In a country like ours, what we need is a uniform syllabus. A system like this NEET, a common entrance exam will gradually take the country towards standardization of the syllabus as well.

Many people have spoken about MCI. The less I speak about MCI, the better it is. It has a very peculiar system where the President or the Chairperson of

the MCI is being elected. No doubt, to my knowledge, the Government does not nominate, but the President is being elected by some private universities. Why can the Government not take a decision on an important issue like the MCI where an individual, after his removal and where there is a case of CBI against him – the earlier speakers have spoken so much ill of him which he deserves – and yet he is running the MCI by a proxy? The whole world knows it. I do not think that in Parliament I am permitted to speak the way I wanted because I go by the news, what I see in the newspapers and the television channels.

The MCI, headed by the present President or the Chairperson, Dr. Jayshree Mehta, if I remember the name right, is being run by a proxy of Mr. Ketan Desai. So, is it not the responsibility of the Government?

HON. DEPUTY-SPEAKER: Shri Varaprasad, you have raised one point about the Medical Council of India, that is, how they are elected and what is the Government's role. If you take AICTE or UGC, for example, they are also maintaining the standards in technical education. However, they are under the control of the Government, that is, the Department or the Ministry concerned. But in case of MCI, it is not like that.

SHRI VARAPRASAD RAO VELAGAPALLI: I agree with you, Sir. In fact, if the Government wants it, it can always do it.

HON. DEPUTY-SPEAKER: Some elected people are running the MCI.

SHRI VARAPRASAD RAO VELAGAPALLI: In fact, what I suggest is that if the Government fails...

HON. DEPUTY-SPEAKER: Let the Government control the MCI fully.

SHRI VARAPRASAD RAO VELAGAPALLI : Even today, it is such an insulting thing for the Government of India as well as for the people of the country that a single person, after his removal and against whom there is a CBI case, still he is ruling the roost. It is equally important for the Government to react quickly. Otherwise, I do not know whether I could request, on behalf of the Parliament, the Supreme Court to come to our rescue just as it has done in the case of BCCI.

HON. DEPUTY-SPEAKER: I request the hon. Minister to take a serious note of it.

SHRI VARAPRASAD RAO VELAGAPALLI : If the Government cannot decide, then let the Supreme Court decide.

HON. DEPUTY-SPEAKER: Many Members have expressed their concerns regarding the functioning of MCI. AICTE and UGC are Government bodies. I am only suggesting to the Government. Many Members spoke about MCI, not only on this occasion but also earlier on many occasions. Since it is an autonomous body and an elected body, you are giving so much of power. So, it is very difficult for the Government to interfere and see how the things can be rectified by taking certain action. That is the problem you are facing.

The HRD Ministry is controlling the UGC and the AICTE. Those two bodies are also for maintaining the standard of education. When the MCI is also meant to maintain the medical education, why can you not bring some kind of an amendment and make MCI equivalent to the UGC and AICTE?

SHRI VARAPRASAD RAO VELAGAPALLI: It is very much required. We greatly admire this. I thank the Chair for wonderfully supporting this view.

I take this opportunity to make a request to the hon. Minister for Health. There is a system called the continuing medical education. That means, every doctor should undergo at least 30 hours of medical education every five years to update himself with the latest technology all over the country. I do not think that the Government of India and the Health Ministry is taking up this continuing medical education. I would request that this could be taken out of the MCI and could be given to the Health Ministry itself so that there is perfect, effective implementation of the continuing medical system and all doctors can update themselves with the latest developments all over the world. This is very much required. Otherwise, they will continue the practice their life time based on what they learnt in MBBS.

Some of the Members have expressed their apprehensions about the different syllabus and all that. Perhaps, to make it uniform, the Central Government, in coordination with the State Government could consider a special coaching for the weaker sections and the people hailing from the rural areas. To this extent, the gap could be resolved. I would request the Government to grab this opportunity very quickly. If one could recollect, in 2013, the same Supreme Court had ordered for the NEET and the same Supreme Court has recalled its decision. It always happens when the change of Judges takes place. I would request the Government to grab this opportunity to regularise it and make it a *pucca* NEET so that it benefits the country for ever. They should make it mandatory as per the Article 254.

No doubt, there are certain issues. All of us agree with that. As I was mentioning, there is a huge difference between the CBSE syllabus and the State syllabus. It comes to about 30 per cent. It could be a good beginning to make a uniform syllabus all over the country. But till such time, I think, the Health Ministry should evolve a process where, to bridge the gap between the State syllabus and the CBSE, some preference could be given to the States or to the rural people who cannot come up to the expectations.

The second issue is about the fee structure. I am happy that there is uniform entrance examination for the standardization of all this. Nowhere is there a mention of fee structure or an amendment has been mentioned. If tomorrow a common man or a poor man is selected and a private college charges him enormous fees, how will a poor man cope up with this? Thanks to persons like Shri Y.S. Rajasekhara Reddy, the former Chief Minister of Andhra Pradesh, education has been made free literally for all the people. If it is not provided in other States, then huge fee structure of the medical colleges would ultimately lead to lots of problems to the poor people.

We also have to give the devil its due share. The private colleges spend huge sums of money. None of us could be charitable to them because to maintain

the high quality of the infrastructure and high quality of teaching and instruments, it certainly involves lots of money. Since the Government is not able to handle the department like this, the private people have come in a large way. Therefore, in the interest of maintaining the high standards, both infrastructure and the education and teaching, I think, the Government should also consider some of the issues of the private colleges where they are investing huge money.

There is no clarity on counselling here. No doubt 85 per cent of the seats should go to the States. But the counselling has to be extremely effective and relevant. Ours is a vast country area-wise, culture-wise and language-wise with huge differences. Therefore, counselling has to be streamlined. I do not think there is any clarity as to whether the State Government is involved, the Central Government is involved, the colleges are involved, and the parents are involved. I think this counselling aspect is very important to realise the purpose of the NEET.

My next point is about the vernacular medium. As the statistics say, only 18 per cent of the candidates presently are using English as the medium for this kind of examinations. The rest 78 per cent are going in for the regional languages. As we see, in all competitive examinations usually the English medium people have a natural advantage. Also, people hailing from urban areas have a natural advantage. But how are we going to tackle this issue where the rural people who are deprived in different ways for centuries do not suffer in the years to come also?

We do respect our respective mother tongues and vernacular languages. However, I believe it is appropriate to encourage English as medium of instruction so that in the long run the individual himself is benefited in coping up with the ever changing subject of medicine. Therefore, I would request the Health Minister that we should encourage the use of English as medium of instruction. We all respect our own mother tongue, there is no doubt in that. But because English definitely gives an advantage throughout one's life - whether it is in the private sector, whether it is in ICT sector or anywhere - in the long run priority may be

given for English. Just as English is the connecting link for the Indians here, if English is made more common, it would benefit all of us in the long run.

My last point is on a common exit test. Once the Government has decided on this, thanks to the NEET that to a vast extent there is a check on standardisation of medical education in India, but there is a need for a common exit test. After the students pass out from MBBS, there is no test in their life time. Sometimes some private colleges may take a lenient view of certain students. But if an exit test is made compulsory, I am sure the students would be very effective throughout their studies because of the fear that if they do not pass the exit test, they cannot practice. I think that the Government should once again take up this issue and if possible implement that. That would benefit the society in general.

I take this opportunity once again to thank the Chair for not pressing the bell and giving me this opportunity. Thank you very much.

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): Sir, the two legislations of the Indian Medical Council (Amendment) Bill 2016, and the Dentist (Amendment) Bill 2016, have been clubbed together for discussion. The two Bills are basically related to the admission of undergraduate and postgraduate medical students in our country where both Medical Council of India and Dentist Council of India are involved and virtually both are playing the same role in enrolling the medical students in our country. The focus of this legislation is on the legal implication of Supreme Court verdict which has ruffled the feathers of medical students and which necessitated the extreme measures. But in spite of all this, I would like to move my Statutory Resolution because I thought it prudent to warn this Government that they should have anticipated this kind of a problem much earlier and they should have taken the proactive measure to deal with this situation.

This legislative document is going to insert one Section for conducting of uniform entrance examination to all medical and dental institutions at the undergraduate and postgraduate level through such designated authority in Hindi, English and in such other languages and in such matter as may be prescribed. It is also going to insert a proviso in the said Section so as to provide that notwithstanding any judgement or order of any court, the provision of this Section shall not apply in relation to the uniform entrance examination at the undergraduate level for the academic year 2016-17 conducted in accordance with any regulation made under this Act.

More than 6.5 lakh students were left in doldrums because of this verdict delivered by Supreme Court. Naturally, we had raised this issue under the leadership of Shri Mallikarjun Kharge in this House to persuade the Government that in such a situation, they would rise to the occasion and take appropriate measures. That is why the contents of the legislation are very much in compliance with our demand and that is why we must appreciate the endeavour made by this Government.

NEET was declared illegal and unconstitutional by the Supreme Court in India in 2013. I would like to raise this issue because some notions are being created here that this Government has done a historical legislation by bringing this Bill. It is not like that. In the year 2013, NEET was declared illegal. It was restored on 11th April, 2016 after a five-judge constitution bench recalled the earlier verdict and allowed the Central Government and the Medical Council of India to implement the common entrance test till the court decides afresh on its validity.

For long, we have been listening to the observation made by our esteemed colleague with rapt attention. The common refrain of all the participants is that the Medical Council of India has been mired into a wave of corruption. We may safely say that MCI has turned into a miasma of corruption in India. Naturally, there is need to overhaul the MCI and DCI in order to facilitate the future generation of our country to learn properly so that our health could be protected. It is because in our society, we recognize doctors as our semi-Gods and if our semi-Gods are not equipped with proper implements, then who would save us?

I am coming from a State named West Bengal. In this august House, there was one great parliamentary luminary whose name is Priya Ranjan Dasmuni. He held very prominent positions in the Government. Now he has become speechless; he has become listless. But during his tenure in this House he dreamt to establish one All India Institute of Medical Sciences in his constituency named Raiganj, situated in the northern part of West Bengal. Shri Priya Ranjan Dasmuni has become speechless and listless but his dream still remains alive. I feel pain to see that in spite of all resources provided to establish the hospital, still it has not seen the light of the day under one pretext or the other. First, in selecting the site the entire issue was confused and still the situation continuing like that as a result of which the people of West Bengal, especially the people of north Bengal, Jharkhand, Bihar, and Assam have been deprived of enjoying the facilities of an institution like AIIMS in West Bengal.

West Bengal is such a State where once upon a time the population of South and East India came to be treated in the hospitals of West Bengal. But gone are those days; gone are those heydays of West Bengal. Now, the entire health infrastructure in West Bengal has been deteriorating from bad to worse. You will be astonished to know that most of the patients in West Bengal always prefer to visit South India whenever they think they should have proper treatment. They have lost their confidence and faith upon the health infrastructure existing in West Bengal. You will be astonished to know that in a premier educational institution in West Bengal even a dog can get the opportunity of undergoing dialysis but not a human being. This is the sordid plight of the healthcare system in West Bengal.

I would like to draw the attention of the hon. Minister that so far as my knowledge goes the Supreme Court by an order has proposed to set up a three-member committee headed by former Chief Justice of India R.M. Lodha to perform the statutory functions of the Medical Council of India. Now it is assumed that the Lodha Panel will steer the MCI. There is hope that the key questions swept under the carpet of the Medical Council will be addressed quickly; among the most important is the need to reduce the cost of medical education and increased access in different parts of the country.

Everybody knows that India is suffering severely so far as the population to doctor ratio is concerned vis-à-vis the recommendation of the World Health Organisation. The cost of education has become so high that common people, especially for those belonging to the poorer sections it has become next to impossible to admit their children in medical institutions. Development of health facility has long been affected by sharp asymmetry between under-graduate and post-graduate seats in medicine. There are only about 25,000 post-graduate seats against the capacity of 55,000 graduate seats. The Lodha Committee is in a position to review this gap.

Sir, fraudulent practices and rampant corruption in a medical education system need to be looked at immediately. I would urge upon this Government to

bring forward a holistic legislation in order to deal with the variegated problems of the health facility available in our country. You will be astonished to know that one out of every six medical colleges in India holds cheating records as per the Government records and court filing. The study found that to pass inspection medical colleges take the help of doctors from other institutes provided by recruiting companies who stand in as faculty in return for a fee. The Study also found that healthy people are rounded up to pretend to be sick during inspection so that the teaching hospital can show that it has enough patients to provide clinical experience to medical students. Paying bribes in the form of donation, fake degrees can be procured so easily. The Indian Medical Association estimates that 45 per cent of the Indian medical practitioners, that is 17 lakh doctors, are unqualified and lack in formal training. These are the most salient features that need to be taken care of.

Sir, I would like to make some suggestions to the Minister. Since money power plays an important role in its election, the MCI should not be an elected body dominated by vested interests but should represent all stake-holders. The MCI, as presently elected, neither represents professional excellence nor its ethos. The current composition of the Council reflects that more than half of the members are either from 21 corporate hospitals or in private practice.

Sir, the MBBS syllabus has remained unchanged for 14 years but requires to be revised every four to five years to be in step with developments in medical profession. Methods of teaching too need urgent revamp.

Doctors' salaries need revision, especially, if they serve in public health care and rural sector. As for the proliferation of private hospitals, they need to be monitored to check unethical practices. MCI seems to be playing a regulatory mechanism. Sometime it plays as a persecutory body. That needs to be obviated with.

Game changer reforms of a transformational nature are needed. There is a total system failure due to which the medical education system is fast sliding

downwards and quality has been hugely sidelined in the context of increasing commercialisation of medical education and practice.

Sir, I have been nominated by my Party to participate in the Dental Council of India. I abdicate my responsibility. I would like to urge upon the Minister that around the world the use of dental amalgam has been phasing out. Sanjay Ji is here. Setting up national objectives for minimising amalgam use was very important because it promotes mercury. So, promoting mercury-free dental restoration, including raising public awareness of mercury content of amalgam was an urgent need to protect the environment and public life. Our medical students should be attached with their own identification numbers so that we can easily track our medical fraternity at one go.

With these words I conclude my speech. Thank you, Sir.

डॉ. किरिट पी. सोलंकी (अहमदाबाद) : धन्यवाद उपाध्यक्ष महोदय, आपने मुझे 'द इंडियन मेडिकल काउंसिल (अमेंडमेंट) बिल, 2016' और 'द डेंटिस्ट (अमेंडमेंट) बिल, 2016' पर बोलने की अनुमति दी है। यह बहुत अहम बिल है और मैं इसके समर्थन में खड़ा हुआ हूँ। मैं सभी पार्टियों का धन्यवाद करता हूँ कि उन्होंने इसे सपोर्ट किया है।

उपाध्यक्ष महोदय, मेडिकल में एडमिशन के लिए अभी-अभी सुप्रीम कोर्ट के फैसले की वजह से छात्रों के लिए जिस स्थिति का निर्माण हुआ, उसमें उनके सामने अपना भविष्य धुंधला दिख रहा था। तब हमारी सरकार ने, एन.डी.ए. की सरकार ने, हमारे यशस्वी प्रधान मंत्री श्री नरेन्द्र भाई मोदी के नेतृत्व एवं हमारे कुशल स्वास्थ्य मंत्री श्री जे. पी. नड्डा जी के नेतृत्व में भारत सरकार ने अध्यादेश के जरिए छात्रों को न्याय दिलाने के लिए यह बिल लाया है। इसीलिए, मैं हमारी सरकार और हमारे प्रधान मंत्री जी का खरे दिल से धन्यवाद करता हूँ, उनका आभार करता हूँ। मेडिकल स्टूडेंट्स को न्याय दिलाने के लिए यह किया गया है।

हमारे देश में मेडिकल एजुकेशन और मेडिकल प्रोफेशन के कंट्रोल के लिए ऑटोनोमस बॉडी मेडिकल काउंसिल ऑफ इंडिया और डेंटल काउंसिल ऑफ इंडिया बनाई गयी है। इसके ज़रिए आज तक जो एडमिशन की प्रक्रिया थी, इसमें अनेक प्रकार के बोर्ड के थ्रू एडमिशन होता था, पी.एम.टी. के ज़रिए एडमिशन होता था। हर राज्य के बोर्ड के हिसाब से एडमिशन होता था। आजकल शिक्षा में निजीकरण होने की वजह से निजी विश्वविद्यालय और प्राइवेट मेडिकल कॉलेज के अपने इंट्रेंस टेस्ट हुआ करते थे। इस इंट्रेंस टेस्ट की वजह से मेडिकल छात्रों को बहुत सारी मुश्किलें होती थीं। उन्हें अलग-अलग राज्यों के बोर्ड में इंट्रेंस टेस्ट देना पड़ता था। इसकी वजह से एजेंसियों में स्टैंडर्ड नहीं होता था। उनमें यूनिफॉर्मिटी का अभाव था। मेडिकल स्टूडेंट्स को अलग-अलग परिस्थितियों से गुज़रना पड़ता था। कभी उन्हें यहां भटकना पड़ता था, कभी वहां भटकना पड़ता था। उनके टेस्ट्स की डेट्स में क्लैश होता था। उनका जो सिलेबस था, वह अलग-अलग होता था। इसकी वजह से उन पर मानसिक दबाव रहता था। वे फ्रस्ट्रेशन में रहते थे और जब बच्चे फ्रस्ट्रेशन में रहते थे तो वे न जाने कैसी-कैसी हरकतें करते थे। कई बार इसके लिए स्टूडेंट्स को अलग-अलग प्रिपैरेशन करना पड़ता था। यहां-वहां जाने की वजह से धन का अपव्यय होता था, समय की बर्बादी होती थी और सबसे अहम चीज़ यह होती थी कि निजी मेडिकल कॉलेज अपने हिसाब से इंट्रेंस टेस्ट लेते थे। इसमें न कोई पारदर्शिता होती थी और न ही कोई स्टैंडर्डाइजेशन होता था। सिर्फ कैपिटेशन की वजह से लाखों रुपए मेडिकल, एम.बी.बी.एस. और बी.डीएस. कोर्सेस में खर्च किए जाते थे। पोस्ट

ग्रेजुएट कोर्स के लिए तो करोड़ों का कारोबार है। आजकल लोग रेडियोलॉजी में जाना ज्यादा पसंद करते हैं। मैंने एक बार पढ़ा था कि मुम्बई की एक कॉलेज में रेडियोलॉजी की सीट करीब करोड़ों रुपयों में बिकी थी। ऐसी हालात में हमारी सरकार जो कॉमन नेशनल इलिजिबिलिटी इंट्रेंस टेस्ट (नीट) लेकर आई है, मैं उसका समर्थन करता हूं और सरकार को बहुत-बहुत धन्यवाद देता हूं।

सुप्रीम कोर्ट में जब नीट को लाया गया तब वर्ष 2013 में सुप्रीम कोर्ट ने इसे असंवैधानिक करके खारिज कर दिया था। जब अप्रैल, 2016 में इसे लाया तो सुप्रीम कोर्ट ने एक दूसरे प्रकार का फैसला लिया और नीट को तत्काल प्रभाव से इंप्लीमेंट किया गया और इसको एक मई और जुलाई में दो फेज़ में लेने को कहा गया। हम न्यायपालिका का आदर करते हैं, न्यायपालिका का सम्मान करते हैं। मगर, शिक्षा के क्षेत्र में इन दोनों फैसलों को आप देखिए, वर्ष 2013 का फैसला और वर्ष 2016 का फैसला देखिए, दोनों फैसलों में जमीन-आसमान का अन्तर है। विद्यार्थियों को इससे परेशानी हुई थी। वर्ष 2016 में जो फैसला आया, उसका हम स्वागत करते हैं। मगर, सुप्रीम कोर्ट ने कहा कि *it will be enforced with immediate effect*, इसमें इंग्लिश एजुकेशनल लैंग्वेज रहेगा और उसे सेंट्रल बोर्ड के हिसाब से लिया जाएगा।

मैं गुजरात से आता हूं। हमारे गुजरात और पूरे देश में विद्यार्थियों में एक प्रकार का आक्रोश हो गया। इनके पैरेंट्स हमारे घर आने लगे कि इतने चंद दिनों में हमारे बच्चे कैसे इंग्लिश मीडियम में कर लेंगे? वे लोग अपनी वर्नाक्युलर लैंगुएज में करने वाले थे, कोई हिंदी में करने वाला था, कोई अपने राज्य की लैंगुएज से एपीयर होने वाला था। ऐसी स्थिति में हमारी सरकार ने जो फैसला लिया और अध्यादेश लाने का कार्य किया, मैं समझता हूं कि यह एक बहुत बोल्ट फैसला था। विद्यार्थियों को एक साल का ब्रीदिंग टाइम दिया गया और नीट फैसले के लिए अध्यादेश लाए। इस अध्यादेश को आज बिल में रूपांतरित करने के लिए, कानून बनाने के लिए बिल पेश किया गया है। मैं इसके समर्थन में बोलने के लिए खड़ा हूं।

हमारी एनडीए सरकार ने जिस तरह से लोगों के प्रति संवेदना दिखाई है, मेडिकल स्टूडेंट्स और डेंटल स्टूडेंट्स के प्रति संवेदना दिखाई है, इसकी वजह से पूरे देश में सौहार्द का वातावरण बना है। नीट की वजह से पारदर्शिता आएगी। इसकी वजह से सिलेबस में यूनिफार्मिटी आएगी। स्टूडेंट्स पर जो तनाव हुआ करता था, वह तनाव कम होगा। अलग-अलग राज्य का जो अलग-अलग इंट्रेंस टेस्ट हुआ करता था, उस पर रोक लगेगी। सिंगल इंट्रेंस टेस्ट की वजह से विद्यार्थी इसमें अपना दाखिला ले पाएंगे। पहले उसमें जो लिटिगेशंस होते थे, वे लिटिगेशंस भी बहुत कम होंगे। मैं समझता हूं कि नीट की वजह से मेडिकल स्टैंडर्ड भी बेहतर होगा। सबसे जो अहम है, जैसा मैंने पहले बताया कि निजी कॉलेज शिक्षा में व्यापार कर रहे थे,

उस पर रोक लगेगी। मैं केन्द्र सरकार को धन्यवाद करता हूँ। सरकार जो बिल लाई है, इसकी वजह से मेडिकल एजुकेशन और डेंटल एजुकेशन में मैं समझता हूँ कि आने वाले दिनों में बहुत सारे सुधार होने वाले हैं। इस बिल में शेड्यूल कास्ट, शेड्यूल ट्राइब और ओबीसी के लिए सांविधानिक आरक्षण का जो प्रावधान है, वह बरकरार रहेगा, यह बहुत अच्छी बात है। राज्यों को पहले यह शंका थी कि राज्यों के कोटे पर कुछ कटौती होगी, मगर इस बिल में कहा गया है कि राज्यों के कोटे को बरकरार रखा जाएगा। हर राज्य अपने कोटे को सम्पन्न करेंगे। इसलिए यह बिल एक लचीलापन लेकर आया है। मंत्री जी यहां बैठे हैं, तो मैं कुछ सुझाव मंत्री जी के सामने पेश करना चाहता हूँ।

जो उसमें बच्चे आएंगे, उनमें गरीब और सम्पन्न घराने के बच्चे आने वाले हैं, गांव के बच्चे भी नीट में आने वाले हैं और शहर के बच्चे भी आने वाले हैं। इंट्रेंस टेस्ट में जो लोग कोचिंग पाएंगे और जो लोग कोचिंग नहीं पा सकेंगे, उनमें कैसे तालमेल करेंगे, उसमें किस तरह से बैलेन्स करेंगे, सरकार को इस बात को सोचना पड़ेगा। गरीबों के लिए, एससी, एसटी लोगों के लिए, ओबीसी, पिछड़े लोगों के लिए भी हमें इसमें कुछ प्रावधान करना पड़ेगा, चाहे एक्सट्रा कोचिंग के जरिए से उनको आप कोचिंग दीजिए, लेकिन इनका भी हमें इसमें ख्याल रखना पड़ेगा, उनको न्याय देना होगा।

एडमिशन के संबंध में डॉ. संजय जायसवाल जी ने बताया कि एडमिशन की प्रक्रिया में कोई घोटाला न हो जाए, यूपीएससी में जिस तरह से उसके ऊपर कंट्रोल हुआ करता है, उस तरह से कंट्रोल होना चाहिए, ताकि इसमें कोई धांधली न हो पाए। मेडिकल डेंटल एजुकेशन में यूजीपीजी कोर्स में फी स्ट्रक्चर जो होने वाला है, मैं मंत्री जी को प्रार्थना करता हूँ कि फी स्ट्रक्चर में एक प्रकार की कंसीड्रेशन करना चाहिए, गरीबों के लिए कंसीड्रेशन करना चाहिए। दूर गांव और देहात से जो लोग आने वाले हैं, उनके लिए भी हमें कुछ सोचना पड़ेगा, शेड्यूल कास्ट और शेड्यूल ट्राइब के लोगों के लिए भी सोचना पड़ेगा।

जहां तक मेडिकल एजुकेशन का सवाल है, मैं खुद मेडिकल एजुकेशन से आता हूँ। मैं मेडिकल कॉलेज में आज भी टीचर के रूप में पढ़ाता भी हूँ। मैं अपने कुछ सुझाव आपके सामने प्रस्तुत करता हूँ। आज मेडिकल कॉलेजेज में रिसर्च के नाम पर जीरो हुआ करता है। मैं मंत्री जी को निवेदन करता हूँ कि रिसर्च पर बल देना होगा। हर टीचर को हर साल रिसर्च पेपर पब्लिश करने का उनको एक टार्गेट देना पड़ेगा, ताकि सही मायनों में जो एजुकेशन है, उसका अपलिफ्टमेंट हो सके। यहां मेडिकल कॉलेजेज में पहले दो प्रकार की सिस्टम रहती थी, फुल टाइम मेडिकल टीचर्स भी रहते थे और हमारे गुजरात और महाराष्ट्र में ऑनरेरी टीचर्स भी रहते थे। मैं फुल टाइम टीचर्स सिस्टम का स्वागत करता हूँ। लेकिन आज मैं फुल टाइम सिस्टम देख रहा हूँ तो न शिक्षा होती है न रिसर्च होती है। जब मैं पढ़ता था तब हमारे

ऑनरेरी टीचर सुबह साढ़े सात बजे हमारा लैक्चर लेते थे। उसके बाद वे अस्पताल जाते थे। अस्पताल बंद करने के बाद नौ बजे हमें पढ़ाते थे। रविवार के दिन एक्सट्रा पढ़ाते थे। मेरा कहने का मतलब है कि, **it is not the system which is important but it is the personal accountability which is important.** इसी वजह से हमें इस बात का भी ध्यान रखना पड़ेगा क्योंकि विद्यार्थी और टीचर के बीच तालमेल होना चाहिए। उन्हें पढ़ाने की जिम्मेदारी होती है। आजकल मेडिकल साइंस बहुत एडवांस होती है। लैप्रोस्कोपी होती है, ज्वाइंट्स होते हैं, कार्डियोलॉजी में भी कई इनोवेशन्स होते हैं। हर टीचर के लिए कंटिन्युएशन मेडिकल एजुकेशन का प्रावधान करना चाहिए क्योंकि, **he has to keep pace with the scenario of developing medical techniques and medical education.**

जहां तक डेंटल कॉलेजेस का सवाल है, इस देश में तकरीबन 80 प्रतिशत डेंटल कॉलेज निजी हैं, सरकारी कॉलेजों की संख्या बहुत कम है। मैं मंत्री जी से विनती करता हूं कि आने वाले समय में डेंटल कॉलेज सरकारी कॉलेज बनें। आपने मुझे बोलने की अनुमति दी, इसके लिए बहुत-बहुत धन्यवाद।

श्री राजेश रंजन (मधेपुरा) : उपाध्यक्ष महोदय, मैं आपके माध्यम से मंत्री जी से कहना चाहूंगा कि आप पेरियार के मंदिर जाते हैं। बाबा साहेब अम्बेडकर को एक सौ दिन से याद कर रहे हैं। महात्मा फूले को याद करते हैं, लेकिन महात्मा फूले के आचरण, चरित्र और उनके जीवन पर आप नहीं चल पाते। महात्मा फूले ने अंग्रेजों से एक बात कही थी कि जो सबसे अत्यधिक कर देता है, आप उस व्यक्ति, समाज को सबसे बेहतरीन और अच्छी एजुकेशन देंगे। उसी वक्त महात्मा फूले ने कॉमन और कम्पलसरी एजुकेशन की वकालत की थी।

1911 में डा. गोपाल गोखले कृष्ण ने स्पष्ट रूप से कहा था कि हिन्दुस्तान में किसी भी परिस्थिति में एजुकेशन का व्यावसायिकरण और निजीकरण नहीं होना चाहिए। एजुकेशन कम्प्लीट रूप से कॉमन और कम्पलसरी होगी। चाहे राजा का बेटा हो या अंतिम व्यक्ति हो, उनके लिए एजुकेशन की क्वालिटी, क्वांटिटी एक समान होनी चाहिए। इसी तरह बाबा साहेब अम्बेडकर ने एजुकेशन की अवधारणा आपके सामने रखी कि एजुकेशन कैसी होनी चाहिए। जयप्रकाश जी और लोहिया जी ने नारा भी दिया था - राजा हो या रंक, भंगी की संतान, सबकी शिक्षा एक समान। राजा हो या रंक, भंगी की संतान, सबकी शिक्षा एक समान, महात्मा फूले की अंग्रेजों से अपील थी कि जो अत्यधिक कर देता है, एजुकेशन कम्पलसरी और कॉमन हो, आप उसे भूल गए। मैंने इस बात का जिक्र कई बार किया है कि आखिर राजनीतिक व्यक्ति और राजनीतिक व्यवस्था, इन दोनों की इच्छा शक्ति 67 सालों में क्यों मृत प्रायः हो गई। आज आप बिल पर बिल, बिल पर बिल, इधर उधर थे, उधर इधर थे, जब आप दूध की रखवाली बिल्ली को देंगे तो क्या उससे दूध बचेगा। पूंजिपति, शोषण करने वाले लोग, मुझे नहीं पता कि सुप्रीम कोर्ट या हाई कोर्ट भाषा के बारे में क्या समझते हैं। भाषा समान बोध सिखाती है। लौकिक भाषा का सबसे बड़ा महत्व है। लोगों के बीच जो कॉम्प्लैक्स है, भाषा उस हीनता को समाप्त करती है। भाषा कोई एक चीज नहीं है। हिन्दी और इंग्लिश भाषा, जब भाषा कमजोर होती है तब शोषण डैवलप करता है। क्षेत्रीय भाषा को कभी कमजोर नहीं होने देना चाहिए। क्षेत्रीय भाषा के अनुरूप ही हिन्दुस्तान में काम होना चाहिए, आप चाहे हिन्दी और इंग्लिश को जितना महत्व दें, यदि क्षेत्रीय भाषा के सम्मानबोध आप कम करेंगे तो एक्सप्लाइटेड बड़ेगा, हीनता बड़ेगी और समाज के गरीबों का शोषण अत्यधिक बड़ेगा इसलिए भाषा को आप अलग मत रखिए। हिन्दुस्तान और हिन्दू में छपा है इसे आप देख लें। 57 प्रतिशत डॉक्टर बारहवीं पास है, ग्रामीण अंचल में झोलाछाप डॉक्टर हैं, पांच डॉक्टर में चार बारहवीं पास है और ग्रामीण अंचल के किसी भी अस्पताल में डॉक्टर नहीं रहते हैं।

आजादी के 67 सालों के बाद डब्ल्यूएचओ आपको आइना दिखा रही है, मुझे कभी-कभी लगता है कि मुन्नाभाई, श्री-इडिएट और पीके जैसी पिक्चर आपको लगातार आइना दिखाते रही है, क्या ये पिक्चर

हमें आइना नहीं दिखाती हैं? सवा सौ करोड़ रुपये में मात्र सात लाख डॉक्टर हैं। मंत्री जी, यदि आप किसी निजी लोगों को मेडिकल कॉलेज खोलने की मान्यता देते हैं तो मेरा आपसे आग्रह है कि पहले आप उसे वित्तीय संसाधन दें, आप उसे अनुदान दें, आप हिन्दुस्तान में कॉर्पोरेटिव सिस्टम को लागू करें, पूंजीपतियों पर कॉर्पोरेटिव के माध्यम से नहीं होगा, आप अपोलो को एक रुपये में जमीन दे देते हैं लेकिन वहां आपका कोई कानून लागू नहीं होता है। अपोलो जैसे मेडिकल कॉलेज व हॉस्पिटल में किडनी बेचे जाते हैं, गंगाराम हॉस्पिटल जैसी जगहों पर शोषण होता हो, एक रुपये में सरकार उसे जमीन देती है। हमारे कई मित्रों ने कहा कि एमसीआई दुनिया की भ्रष्टतम संस्था है, एमसीआई को बेल कौन दिया? आपको आश्चर्य होगा, आज नीट पर बहस हो रही है, हमारे मित्र जायसवाल जी ने कहा कि दुनिया जानती है कि यह आर्डर किस कारण से हुआ।

मेरा आग्रह है कि मेडिकल कॉलेज खोलने के लिए अनुदान राशि दें। आज जैसी भी स्थिति है, आप क्लिनिकल एक्ट लागू क्यों नहीं कर रहे हैं? सुप्रीम कोर्ट और हाई कोर्ट इंटरफियर नहीं करती है। मेरा दूसरा प्वाइंट है कि रि-एडमिशन और डोनेशन के लिए आप क्या करेंगे? हम थर्ड सेमेस्टर में गए भी नहीं कि चार करोड़ रुपये हमसे पी.जी. के लिए ले लिए जाते हैं जाता है। पहले ही सीट बुक हो जाती है। चार-पांच करोड़ रुपये पी.जी. के लिए ले लिए जाते हैं। ये चालीस लाख-पचास लाख रुपये डोनेशन लेते हैं। आप क्यों नहीं पूंजीपतियों पर अंकुश लगाना चाहते हैं? आप क्यों नहीं इस नागरूपी दांत को तोड़ना चाहते हैं? क्या हम राजनीतिक व्यक्ति उसके गुलाम हो चुके हैं। क्या हम पैसे के लिए दुनिया का सारे बुरे कर्म करेंगे? क्या इन पूंजीपतियों को हम चैलेंज नहीं कर सकते हैं? क्या सरकार मेडिकल और हेल्थ केयर अपनी तरफ से नहीं देगी?

डॉक्टर जांच इसलिए लिखता है क्योंकि यह प्राइवेट लोगों के हाथ में है। क्या जांच घर पंचायत स्तर पर आप शुरू नहीं कर सकते हैं? क्या निजी लोगों के हाथ से जांच होना जरूरी है? आप सरकारी जांच घर कर दो। कॉमन और बड़े आदमी सभी को जांच के लिए फ्री कर दो तब डॉक्टर जांच लिखना बंद कर देंगे जो सबसे ज्यादा लूटते हैं।

उपाध्यक्ष महोदय, मैं केवल प्वाइंट ही बता रहा हूं। अल्ट्रासाउंड और सीटी स्कैन जैसी चीजें हैं सरकारी अस्पताल में क्यों नहीं लगाते।

18.00 hours

HON. DEPUTY SPEAKER: We will extend the time up to 7 o'clock.

PROF. SAUGATA ROY : Sir, we can extend the time of the House with the condition that the Bill will not be passed today. It can be passed tomorrow.

HON. DEPUTY SPEAKER: At 7 o'clock we will see that.

18.01 hours**MESSAGE FROM RAJYA SABHA**

SECRETARY-GENERAL: Sir, I have to report the following message received from the Secretary General of Rajya Sabha:-

‘I am directed to inform the Lok Sabha that the Rajya Sabha at its sitting held on Tuesday, the 19th July, 2016 adopted the following Motion regarding filling up of the casual vacancies in the Joint Committee on the Enforcement of Security Interest and Recovery of Debts Laws and Miscellaneous Provisions (Amendment) Bill, 2016:-

MOTION

“That this House concurs in the recommendation of the Lok Sabha that the Rajya Sabha do appoint three Members to the Joint Committee on Enforcement of Security Interest and Recovery of Debts Laws and Miscellaneous Provisions (Amendment) Bill, 2016 in the vacancies caused by the retirement of Shri Satish Chandra Misra, Shri Praful Patel and Shri K.C. Tyagi from the Rajya Sabha and communicate to the Lok Sabha the names of the Members so appointed by the Rajya Sabha to Joint Committee and resolves that Shri Ramchandra Prasad Singh; Shri Satish Chandra Misra and Shri Praful Patel be appointed to the said Joint Committee to fill the vacancies.”’

18.02 hours

**STATUTORY RESOLUTION RE: DISAPPROVAL OF INDIAN
MEDICAL COUNCIL (AMENDMENT) ORDINANCE, 2016
AND
THE INDIAN MEDICAL COUNCIL
(AMENDMENT) BILL, 2016
AND
STATUTORY RESOLUTION RE: DISAPPROVAL OF DENTISTS
(AMENDMENT) ORDINANCE, 2016
AND
THE DENTISTS (AMENDMENT) BILL, 2016 – Contd.**

HON. DEPUTY SPEAKER: Shri Rajesh Ranjan, you can continue your speech now, but please conclude soon.

श्री राजेश रंजन (मधेपुरा) : उपाध्यक्ष महोदय, डॉ. जायसवाल ने यहां कहा था कि तीन साल तक डॉक्टरों को ग्रामीण स्तर पर ट्रेनिंग के लिए भेजा जाए। यह बहुत महत्वपूर्ण है। इस पाइंट को भी आप नजरअंदाज नहीं कर सकते हैं। इससे यह होगा कि डॉक्टर्स ग्रामीण स्तर पर जाकर काम करेंगे, तो इससे हमारे ग्रामीण स्तर का जो सिस्टम है, वह सुधरेगा और आम लोगों तक डॉक्टर की पहुंच बढ़ेगी और ग्रामीण स्तर पर डॉक्टरों का जो अभाव होता है, उसमें कमी आएगी।

उपाध्यक्ष महोदय, मैं अन्त में आपके माध्यम से मंत्री जी का ध्यान बिहार की स्थिति की ओर ले जाना चाहता हूं। दिल्ली के एम्स में 60 प्रतिशत मरीज बिहार से आते हैं और उसके बाद उत्तर प्रदेश के मरीजों का प्रतिशत है। मैं आपसे पूछना चाहता हूं कि आपने बिहार में कितने एम्स खोले हैं? मैंने कोसी में एम्स खोलने के लिए आपसे कई बार आग्रह किया, कई पत्र लिखे, लेकिन कुछ नहीं हुआ। वहां पानी में आर्सेनिक सबसे ज्यादा है, जिसके कारण कैंसर रोग बढ़ रहा है। मैंने आपसे वहां एक कैंसर अस्पताल खोलने के लिए कहा, लेकिन कुछ नहीं हुआ। मैंने आपसे सुपौल, मधेपुरा या सहरसा में एक एम्स खोलने का आग्रह किया, लेकिन कुछ नहीं हुआ।

महोदय, वहां स्थिति बहुत खराब है, इसलिए मैं आपसे कहना चाहता हूं कि आप हर जिला स्तर के हॉस्पिटल में कम से कम ब्रेन ट्यूमर, कैंसर और किडनी के इलाज की व्यवस्था करें, ताकि लोगों को दिल्ली न आना पड़े और आपको दिल्ली में एम्स की अधिक व्यवस्था न करनी पड़े।

उपाध्यक्ष महोदय, मैं आपसे अंत में एक बात बड़ी विनम्रता से कहूंगा कि सदन में बातें होती हैं, लेकिन ये जो एम.सी.आई. के चेयरमैन हैं, ये राजनीतिक व्यवस्था के तहत वहां बैठते हैं। जेल जाने के बाद

भी आज वही उसे चला रहे हैं। मैं आपसे आग्रह करूंगा कि उनकी करोड़ों-अरबों रुपए की सम्पत्ति है, इसलिए उनकी जांच होनी चाहिए। आप उसकी जांच क्यों नहीं कराते हैं और क्यों उनकी सम्पत्ति को महिषासुर की तरह बढ़ने की फ्रीडम दे दी है? वह जेल से निकलता है और फिर एम.सी.आई. का चेयरमैन बन जाता है। यदि आप ऐसे लोगों को बढ़ावा देते रहेंगे, तो मेरा आग्रह है कि मेडीकल के संबंध में जो कानून आप बनाना चाहते हैं, उससे आपकी मंशा पूरी नहीं होगी। इसलिए मैं कहना चाहता हूं कि राजनीतिक लोगों को अपने चरित्र में बदलाव लाना पड़ेगा और राजनीतिक व्यवस्था को आपको आम लोगों के लिए बनाना होगा, ताकि एस.सी., एस.टी. और ओ.बी.सी. के लोग मेडीकल की शिक्षा ग्रहण कर सकें।

महोदय, इन्हीं शब्दों के साथ मैं अपनी बात समाप्त करता हूं।

श्री दुष्यंत चौटाला (हिसार) : माननीय उपाध्यक्ष महोदय, मैं इस स्थान से अपना भाषण प्रारम्भ करने की अनुमति चाहता हूँ।

महोदय, मैं इंडियन मेडीकल काउंसिल (अमेंडमेंट) बिल, 2016 पर बोलने के लिए खड़ा हुआ हूँ। यह एक बहुत महत्वपूर्ण बिल है। हम जहाँ एनईईटी की बात करते हैं, वहाँ यह बहुत महत्वपूर्ण हो जाता है, क्योंकि इसके तहत पूरे देश के अंदर एक कॉम्प्रीहेंसिव टैस्ट के लिए सुप्रीम कोर्ट के आदेश के अनुसार पहले सरकार ने ऑर्डिनेंस लाने का काम किया और आज इस बिल पर इस सदन में चर्चा हो रही है।

महोदय, चौधरी देवी लाल जी यह कहा करते थे कि उनका समय बहुत अच्छा था। तब शिक्षा और चिकित्सा, दोनों मुफ्त में मिला करती थीं, लेकिन हमारे लिए यह दुर्भाग्य की बात है, क्योंकि हमारा समय ऐसा है कि जहाँ जितना ज्यादा पैसा शिक्षा और चिकित्सा पर खर्च करेंगे, उतनी ज्यादा अच्छी शिक्षा और चिकित्सा मिलती है।

महोदय, आज यदि हम एमबीबीएस की एक सीट की बात करें, तो इस बारे में मुझ से पूर्व बोलने वाले वक्ताओं ने भी बहुत अच्छी तरह से बताया कि 8-10 लाख रुपए तो बेसिक फीस है और इसके ऊपर मैनेजमेंट कोटे और एन.आर.आई. कोटे में करोड़ों रुपए की डोनेशन ली जाती है। अगर एमडी की सीट की बात करें, तो डेढ़ से 2 करोड़ रुपए तक की डोनेशन ली जाती है। अब जब यह स्थिति है, तो आप स्वयं सोचिए कि एक गरीब व्यक्ति अपने बच्चों को कैसे मेडीकल की शिक्षा दिला पाएगा? डब्ल्यूएचओ कहता है कि 1000 व्यक्तियों पर एक डॉक्टर उपलब्ध होना चाहिए, जबकि हमारी सरकार कहती है कि आज हमारे देश में 1,681 लोगों के ऊपर एक डॉक्टर है।

एम.सी.आई. से जब पूछा जाता है कि डॉक्टरों की उपलब्धि कितनी है तो कहा जाता है कि 893 लोगों पर एक डॉक्टर है। इसमें आयुष डॉक्टरों को एड कर लेते हैं। आयुष डॉक्टरों को यह रजिस्टर नहीं करती, लेकिन जब नंबर दिखाने की बात आती है तो आयुष डॉक्टरों को अपने साथ जोड़ लेती है।

हमारे देश में मैडिकल काउंसिल और डेंटल काउंसिल का क्या उपयोग है? कॉलेजेज़ में सीट ग्रांट करनी है तो एमसीआई परमिशन देगी। क्या एक रैगुलेटरी अथारिटी के पास यह अथारिटी होनी चाहिए कि वह देश में सीट अलॉटमेंट करे। जो काम हमारे देश में हैल्थ मिनिस्ट्री का होना चाहिए, आज वह काम एमसीआई को दिया गया है। सबसे पहले सरकार को फ़ैसला लेना पड़ेगा कि क्या काउंसिल एक रैगुलेटरी अथारिटी की तरह काम करेगी या सीट आबंटन में अग्रणी होकर सबसे बड़े मामले में फोकस करने का काम करेगी?

जहां तक ज्वाइंट एन्ट्रेंस की बात है, नीट की बात है, हमारे देश में अनेक भाषाएं हैं, आज हर प्रदेश में उस प्रदेश का शिक्षा बोर्ड है। आज जब हम हरियाणा की तरफ देखते हैं तो हरियाणा बोर्ड का व्यक्ति सी.बी.एस.ई. से कम्पीट नहीं कर सकता है। बिहार बोर्ड का व्यक्ति सी.बी.एस.ई. से कम्पीट नहीं कर सकता है। अगर ज्वाइंट एन्ट्रेंस एग्जाम बनाएंगे भी तो सी.बी.एस.ई. पैटर्न पर बनाएंगे। क्या हम स्टेट के उस शिक्षण बोर्ड्स को अनुमति देंगे कि वह सी.बी.एस.ई. से कम्पीट कर पाएं? सबसे पहले सरकार को यह फैसला लेना पड़ेगा कि क्या पूरे देश में साइंसेज़ में मैडिकल स्ट्रीम के लिए एक कॉमन सलेबस, कॉमन क्राइटेरिया, कॉमन बुक्स, कॉमन कैरिकुलम एजुकेशन विभाग में एक साल में ला पाएंगी? अगर हमने नीट 2017-18 में लागू कर दिया तो यह मानकर चलना चाहिए कि गरीब का बच्चा, किसान का बच्चा, जो आज सरकारी स्कूल में स्टेट बोर्ड्स में पढ़ रहा है, हम उससे डॉक्टर बनने का अधिकार छीनने का काम कर रहे हैं।

दूसरी तरफ अगर हम किसी डॉक्टर का खर्च देखें तो लगभग 40 से 50 लाख का अतिरिक्त खर्च होता है। इसे कम किया जा सकता है, लेकिन कितना कम करेंगे? अगर हम गवर्नमेंट इंस्टीट्यूशन्स की बात करें तो देश में 422 मैडिकल कॉलेजिस हैं, 200 सरकारी हैं और 222 प्राइवेट कॉलेजेज़ हैं।

मुझे बहुत दुख के साथ कहना पड़ रहा है कि नार्थ में केवल 16 परसेंट, नार्थ-ईस्ट में केवल दो परसेंट, सेंट्रल इंडिया में दो परसेंट और साउथ इंडिया में 46 परसेंट मैडिकल कॉलेजेज़ हैं। बिहार जैसे राज्य में देश की लगभग 8.5 परसेंट आबादी है, जबकि 2.56 परसेंट मैडिकल सीट्स हैं। उत्तर प्रदेश में देश की 16.50 प्रतिशत जनसंख्या है जबकि 8.2 परसेंट मैडिकल सीट हैं। हमारे देश में यह कैसा बैलेंस है? हरियाणा प्रदेश की बात करें तो केवल पांच या छः मेडिकल कॉलेज हैं। हम कैसे प्रदेश के अंदर डॉक्टरों की उपलब्धि पूरी तरह से जनता को करा सकते हैं, जबकि हमारे बीच में डॉक्टर नहीं हैं। जहां हम मैडिकल कॉलेज बनाना चाहते हैं, लोग इन्फ्रास्ट्रक्चर प्रोवाइड कर सकते हैं, वहां सरकार की एनओसीज़ मिलने की समस्या है, मैडिकल काउंसिल्स की समस्या है। हम कैसे देश के युवा को एजुकेट करके देश की सेवा में उतार सकेंगे? जब नीट पर ऑल पार्टी बैठक थी, मुझे बोलने का मौका मिला था, हमने मंत्री जी से आग्रह किया था कि जिस तरह यू.पी.एस.सी., एस.एस.सी. में ज्वाइंट कॉमन एन्ट्रेंस एग्जाम रीजनल भाषाओं में लेते हैं, उसी तरीके से हर रीजनल भाषा में, केवल पांच नहीं बल्कि पंजाबी या किसी और प्रदेश की भाषा को इनकलूड करके नीट में ज्वाइंट एग्जाम लेना चाहिए। अवेलेबिलिटी आफ बुक्स, प्रापर कैरिकुलम प्रत्येक सरकार को अगले दो साल में लागू करना चाहिए। साथ ही साथ हम यह एश्योर करें कि स्टेट के बच्चे जो स्टेट कॉलेजेज़ में दाखिला लेना चाहते हैं, प्रदेश में उनके लिए कोटा उपलब्ध हो। अगर सरकार के पास पैसे नहीं हैं, वह गरीब आदमी को मेडिकल फील्ड में पूरी तौर पर शिक्षा प्रोवाइड नहीं कर सकती, तो जो

बड़े-बड़े पूंजीपति हैं, जो आज इस देश में लाखों-करोड़ों रुपये कमाते हैं, उन पर टैक्स बढ़ाकर इस देश में मेडिकल फैसिलिटीज के इम्प्रोवाइजेशन में, वह पैसा हमारे फ्यूचर की एजुकेशन में हमें डालना पड़ेगा, तब जाकर एन.ई.ई.टी. इस देश में कामयाब होगा। अगर ऐसा नहीं हुआ तो आप आने वाले समय में देखेंगे कि शहरी क्षेत्र के बच्चे, अच्छे घरों के बच्चे, जो महंगे-महंगे स्कूल्स में पढ़ते हैं, केवल मात्र वही आपको डाक्टर बनते हुए दिखेंगे। गरीब किसान का बच्चा कभी गांव के सरकारी स्कूल से आकर एन.ई.ई.टी. जैसे मेडिकल एग्जाम को क्लियर नहीं कर पायेगा।

मैं यही आग्रह करते हुए आपका और सरकार का आभार प्रकट करता हूं।

धन्यवाद।

SHRIMATI SUPRIYA SULE (BARAMATI): Thank you, Sir. I stand here on behalf of my party to speak on the Indian Medical Council (Amendment) Ordinance. The hon. Health Minister in his tenure has made a lot of very good interventions starting from immunization programmes to making sure that the public health reaches the common man. But I think the biggest challenge is this. I represent those thousands of parents, especially the State where I come from, who were completely devastated. It is because, today an average Indian aspires, dreams big for himself but he misses out; he wants to live through his children. It is time and ages of aspirational India. I think that is the hope these parents came from whether it is an IIT, whether it is an IIM or all the competitive exams. All these parents aspire to send their children, to give them a better quality of life and a better quality of opportunity through education. I think the NEET exam came as a shock to most of the parents. That is when we had agitations in our State. We reached out to the Higher Secondary Education Minister in Maharashtra who reached out to you in turn. We had some relief by pushing this exam ahead.

If you look at the entire picture, do we really need this exam? I quote even from what the Chair said as to what is the logic behind taking it. We are not against it at all. I am completely agreeable with you if you can have one common exam. But the impression that the parents get and the teachers get, the perception about this exam is that it is very pro-urban and it is very pro-CBSE exams because the curriculums are completely different.

In our State, we have three boards. We have the ICSE Board, the CBSE Board and the State Board. About 90 per cent students in our State go to the State Board. About 5 to 6 per cent go to the ICSE Board. Now, yes, CBSE is growing, but it is mostly used by professionals or people whose jobs constantly make them move. They have the Kendriya Vidyalayas as an option but it is very hard to get a seat today. So, given this background, what do you really have in mind? I think, most of my seniors have talked about it earlier. My colleague Dr. Dastidar extensively talked about all the issues. She herself is a doctor and her two sons are

also doctors. I know what difficulty she has gone through to put her children through this education all the way because two of her boys today study in my State in a private college. So, as a parent the difficulties that she has seen, I have seen very closely. The cost of making your son or your daughter a doctor today is about Rs. 15 lakh which is impossible for an average parent. What Dushyant said is absolutely true. If he goes to a private college, you have to book the seats at least two years ahead. I remember Kakoli was running around like a headless chicken for over two years to make sure her sons get the right marks, get the right coaching and make sure they get into a right college to do their masters degrees. So this is the whole disparity of having a good doctor. About today's doctors, like everybody else, the sense of the entire House is that it is no more a noble cause. A doctor and a lawyer in the good old days were the thinkers of a village or a city. They were not businessmen. Today, unfortunately, being a doctor has lost its sheen because clinical diagnosis no more matters in this country. Even the previous Government or this Government will have wonderful machines even put in the rural India. But what is the outcome? Do we have the technicians for it? Most of our constituencies have all these facilities. We have the facilities but we do not have the manpower for it. So, whether it is the chicken or the eggs; what are we really going to address? So, this NEET exam is a wonderful intervention. But I would really appreciate if you consult the States because it is a concurrent subject. It is not something that nobody has said before. Given this background, if we really want more doctors, are you willing to take away or provide seats for every child from the private education? I mean private education in this entire debate has been looked at very badly. But today, whether we like it or not, all the children of most of the people, who sit here, go to private schools. We are not sending our children to Zilla Parishads and Government schools because the faith, that is, in basic education, for primary education, unfortunately, in this country, we

believe, private school is a better school. So, how are you going to look at this disparity? I am not promoting any private college. But today there are a lot very, very good colleges. I mean if you talk about the college in Vellore, that was the first private college started when there was even no medical intervention and Vellore Medical college, which is a private college is a very, very good college. The Manipal college is a very good college.

One of our colleagues in Rajya Sabha runs a wonderful college. Even in Belgaum, as a matter of fact, an elected member, who is part of your team, runs a wonderful college with very minimal capitation. But how do we cover both? I mean why cannot we have an open discussion on how their costs can come down? So, you have some way of monitoring that. Or how do the Government seats come? Today, I know people, who had 99 per cent, cannot get into KEM medical college in Mumbai. I mean besides 99 per cent, there is only one mark that you have lost. So, how are we going to address this issue? I think it is not only about the entrance exam. What I think is for the hon. Health Minister is looking for a larger solution of finding good doctors. Go back to the old school of thought where we all had family doctors. There is no concept of family doctors. Even if I want to answer, I cannot get a family doctor in this country any more. Even MBBS doctors are not trusted. And by the time, these people get masters, imagine their age. I mean looking at Kakoli's children, till they are 29, they are not even settled. While if you do a business management programme today, the boys, working on Wall Street or with any foreign degree, by 24, are earning and even buying apartments for themselves. So, it is a very difficult and a high cost job. So, I urge this Government to address this issue of how we can have more doctors. The entrance exam is not the only challenge ahead of you. It is to make sure that how we can bring this disparity between private and Government. It has to be done together.

We support it but I still urge you to please have faith in the States. The State Boards cannot cope with CBSE and no rural child today will be able to become a doctor in this country if this goes on. So, please do rethink about what you are doing. We are with you. Everything must go on merit but every child deserves an opportunity.

SHRI E.T. MOHAMMAD BASHEER (PONNANI): Thank you Chairman for giving me this opportunity.

Sir, of course, this piece of legislation will have a positive impact with regard to admission in the medical colleges. There are many welcome suggestions in this Bill. There are many more things. During this debate, my learned friends were giving very effective suggestions.

As far as our country is concerned, perhaps our country may be having the highest number of medical colleges. We produce 50,000 doctors in a year. As far as our country is concerned, the most important issue is pertaining to the quality education.

We are the policy makers. Physicians and those who teach physicians must open their eyes to the opportunities, realities and responsibilities.

I am of the firm opinion that a major surgery is required for the restructuring of the entire medical education system in our country. I hope that the Minister, who is having a vision and determination, will come with a comprehensive legislation at a later stage. The first stage is that of admission. Okay we have started the move. That is the foundation. The very foundation of the medical education depends upon the quality. Of course, this is a welcome step in this.

My second important point is this. Most of my friends who are participating in this discussion were saying about corruption and that kind of things. How to curb corruption in this field? .

The hon. Chair was also saying about the role of the Government with regard to AICTE and UGC. The Government is having a control. As far as MCI is concerned, they are living in an island of their own. They believe in that. Nobody can question them. In this respect, I would like to say that our Standing Committee have made a very strong recommendation. With regard to corruption, they say,

“The Committee observe issues related to corruption in the MCI... Further, it is noted that autonomy should be balanced with accountability as MCI is funded by the Government. Therefore, it should enforce accountability on MCI. The Ministry should take measures to amend the present statute or enact a new legislation which allows the Government to intervene in the matters of corruption.”

Sir, this is a democratically elected Government. The hon. Minister is the Head of the Department. He is answerable to this House and he is answerable to the tax payers of this country. If the MCI believes that nobody can question them, it is to be corrected. So, either we should go for an amendment or go for a new legislation.

Coming to the vision document of the MCI and all these things, it is high time to examine how far they have implemented all these kinds of things. With regard to qualification of the doctors and such things, my learned friends were saying about that. I do not want to repeat it. Not only on the allopathy side, but this WHO Report also says about the total percentage of doctors in various sectors. In allopathy, it is only 42.7 per cent; in Ayurvedic, it is 60.1 per cent; in Homeopathy, it is 41.8; in Unani it is 45.8 per cent; and on the dental side, it is 42.3 per cent. It is an alarming situation.

We have to ensure that we produce only qualified doctors. We have to identify the fake kind of doctors. I urge upon the Government to take very, very effective action to eliminate this kind of fake doctors from this field.

HON. DEPUTY SPEAKER: Please wind up.

SHRI E.T. MOHAMMAD BASHEER : Yes, Sir, I am concluding.

My next point is that there is a necessity for a comprehensive legislation regulating the private institutions. My learned friends were saying about various judgements of the Supreme Court, namely, the T.M.A. Pai Foundation case, Unnikrishnan case, the Islamic Academic case and all those cases. What is the final result? Now the private institutions, without reservation and without any kind of things, are administered according to their will and pleasure. So, I urge upon the

Government to come forward to have a comprehensive legislation for regularizing the private colleges, especially, self-financing colleges.

Similarly, towards the end, I wish to say one more point with regard to medical ethics. We are all proud of our medical ethics. Laws are there. Regulations are there. Unfortunately, nobody is caring about that. These kinds of ethics are not adhered to. I humbly appeal to the hon. Minister to take an initiative in that respect also. It should not remain in dead letters. We have to take effective action to ensure that the medical ethics are adhered to.

Sir, with these few words, I once again support the Bill, and conclude. Thank you very much.

श्री कौशलेन्द्र कुमार (नालंदा) : माननीय उपाध्यक्ष जी, आपने मुझे भारतीय आयुर्विज्ञान परिषद (संशोधन) विधेयक, 2016 और दंत चिकित्सक संशोधन विधेयक, 2016 पर अपने विचार रखने का मौका दिया है, मैं इसके लिए आपको बहुत बहुत धन्यवाद देता हूँ।

सरकार ने दोनों विधेयक अपने अध्यादेश को कानूनी रूप देने के लिए पेश किये हैं। वैसे तो माननीय सर्वोच्च न्यायालय ने इस अध्यादेश पर किसी भी प्रकार की रोक लगाने से इंकार कर दिया है, किंतु माननीय न्यायालय की टिप्पणी इस ओर इशारा करती है कि राज्यों को अपनी परीक्षा आयोजित करने की अनुमति देने वाला अध्यादेश लाना सरकार के लिए उचित नहीं है। प्रथम दृष्टया यह भी अध्यादेश को संदिग्ध पा रहे हैं। कई राज्यों की अपनी-अपनी आशंकाओं को मद्देनजर रखते हुए कोर्ट ने इस पर कोई रोक नहीं लगाई है, फिर भी भविष्य में अगर कोर्ट कोई गंभीर निर्णय लेता है तो उन छात्रों को परेशानी हो सकती है।

अतः भविष्य की परेशानियों से सरकार को पूर्णतः अवगत होना चाहिए। सरकार को एक और बात स्पष्ट करनी चाहिए कि 'नीट' लागू होने की स्थिति में भी राज्य सरकार अपने 85 प्रतिशत कोटे के लिए लिस्ट तैयार कर सकती है, परन्तु वह 'नीट' के परिणाम के आधार पर ही होगा। मुख्य परेशानी क्षेत्रीय भाषा की है। क्षेत्रीय भाषा पर सभी लोगों के तर्कसंगत विचार आये हैं। लोगों का कहना है कि क्षेत्रीय भाषा होनी चाहिए। अगर उन पर किसी अन्य भाषा का बोझ डाला जाएगा तो निश्चित रूप से विद्यार्थियों को परेशानी हो सकती है।

उपाध्यक्ष महोदय, कई राज्यों ने इन आशंकाओं को ध्यान में रखते हुए, इस पर केन्द्र से दखल देने की भी मांग की है। मैं सरकार का ध्यान एक और बिन्दु की ओर आकृष्ट करना चाहूंगा कि मेडिकल की पढ़ाई काफी महंगी है। खासकर, प्राइवेट कॉलेज में यह काफी महंगी है और पी.जी. की पढ़ाई और ज्यादा महंगी है। माननीय मंत्री जी यहां बैठे हैं, मैं चाहूंगा कि आधे से ज्यादा जो प्राइवेट मेडिकल कॉलेजेज हैं, उनको आप किस स्थिति में रखेंगे और पी.जी. की पढ़ाई में जो 'बोली' लग रही है कि दो करोड़ रुपया या तीन करोड़ रुपया दिया जाये, उसकी क्या स्थिति होगी, उस पर भी विचार करने की जरूरत है। आज हमारे गरीब के बच्चे, जो दलित हैं, पिछड़े हैं, उन लोगों की पढ़ाई का क्या हिसाब होगा? अभी नीतिश कुमार जी बिहार के मुख्यमंत्री बने हैं। उन्होंने 'स्टूडेंट क्रेडिट कार्ड' देने का फैसला किया है कि जो भी आई.एस.सी. पास करेगा, उसको चार लाख रुपये का 'स्टूडेंट क्रेडिट कार्ड' मिलेगा। उसी तर्ज पर, मैं माननीय मंत्री जी से अनुरोध करूंगा कि जो 'नीट' पास करते हैं, जो मेडिकल की पढ़ाई करना चाहते हैं, वैसे विद्यार्थियों को

आप भी 15 लाख रुपये से 20 लाख रुपये का 'स्टूडेंट क्रेडिट कार्ड' देने का प्रयास करें, जिससे गरीब के भी बच्चे पढ़ सकें।

उपाध्यक्ष महोदय, मैं बिहार से चुन कर आया हूँ। बिहार में डॉक्टरों की काफी कमी है। मैं माननीय मंत्री जी से चाहूंगा कि देश के हर जिले में एक मेडिकल कॉलेज हो, यह मेरा एक सुझाव है। मैं इसलिए यह बात कह रहा हूँ कि खास कर हमारे उत्तरी बिहार में मेडिकल कॉलेजेज की काफी कमी है। बिहार में मात्र सात-आठ मेडिकल कॉलेजेज हैं। हमारे साथी बता रहे थे कि पूर्वी उत्तर प्रदेश में मेडिकल कॉलेजों की कमी है और पहाड़ी राज्यों में भी मेडिकल कॉलेज की कमी है। कई जगहों पर मेडिकल कॉलेज की कमी है, वहां पर मेडिकल कॉलेज खोलने की जरूरत है। आपने बिहार में 'एम्स' बनाया है, लेकिन आज भी 'एम्स' पूर्ण रूप से चालू नहीं हुआ है। मैं आपसे निवेदन करूंगा कि उसको भी पूर्ण रूप से चालू किया जाये।

मैं एक बात और कहना चाहता हूँ कि 'प्रधानमंत्री राहत कोष' का जो पैसा लोगों को इलाज कराने के लिए मिलता है, उसमें काफी परेशानी हो रही है। मैं आपसे यह इसलिए निवेदन कर रहा हूँ कि अभी हमारे जैसे माननीय सांसदों के पास 21 आदमियों की वेटिंग है। जो बीमार लोग आते हैं, वे गरीब होते हैं, उन्हीं को पैसा दिया जाता है। आज रोगी इलाज कराते-कराते 'एम्स' में ही रह जाते हैं, उनको पैसा नहीं मिलता है। मैं आपसे निवेदन करूंगा कि इसमें वेटिंग नहीं होनी चाहिए। जो भी रोगी, जिन्हें प्रधानमंत्री राहत कोष' से पैसा मिलना चाहिए, उनको एक महीने, दो महीने या तीन महीने में पैसा मिल जाना चाहिए, वेटिंग नहीं होनी चाहिए।

मैं यही बात कह कर अपनी बात समाप्त करता हूँ।

DR. ANBUMANI RAMADOSS (DHARMAPURI): Thank you, Sir, for letting me speak on the Indian Medical Council (Amendment) Bill, 2016 and the Indian Dental Council (Amendment) Bill, 2016.

Sir, I feel that the NEET entrance exam is against social justice, social equity, rural students, against State autonomy, vernacular issues as well as minority institutions. I mostly speak for the Government colleges and I believe that this amendment is only for one year, that is, this year. From next year onwards, both the Government and the private medical colleges will fall under the NEET category.

Coming back to NEET there are some issues which the hon. Minister has to address urgently and immediately. For example, Tamil Nadu had an entrance exam since 1984 till 2006. In 2006, all the parties got together and said that 'we do not need an entrance exam'. Then, we had an Act passed in Tamil Nadu to do away with the entrance exam. When there was entrance exam in Tamil Nadu, about 15 per cent of the rural students got admission to MBBS in medicine. Since the time we did away with the entrance exam in Tamil Nadu in 2006, 65 per cent of the students, who got admission to MBBS, were from the rural areas.

So, this NEET is definitely against social equity and against rural students. For an entrance exam, students need coaching centres and coaching centres are all located in the urban areas. To get into a coaching centre, a student has to pay between five to seven lakh rupees. A rural student definitely cannot have so much money to do it. So, this is definitely a gross injustice to the rural students. Definitely, the Government has to oppose tooth and nail for the government colleges even for next year onwards as well. This is something which is a very contentious issue.

Sir, we definitely need a lot more doctors and a lot more institutions have to come up and their quality has to be regulated. Certainly, there are issues about private colleges charging exorbitant fees or capitation fees. Some colleges charge even one crore rupees for MBBS. Some colleges charge even three crore rupees or

four crore rupees for a post-graduate course. Then, there are issues about government colleges, like in the State of Tamil Nadu. A State's autonomy is usurped here.

The State of Tamil Nadu does a lot of investment into health sector. In having an all India entrance exam, one main issue is : Why do we need an entrance exam? The student for one whole year slogs it out for XII board exams. He slogs it out day and night. This includes his parents also. Then, after one whole year of slogging it out, he writes an exam. Is that not enough? Why do you need one more exam? Why do you torture students with one more exam? Why can you not have admission based on marks obtained in XII Board exam?

There is also disparity in the syllabus. We have huge disparities in our country about the syllabuses. In Tamil Nadu, we have ICSE Board, CBSE, Oriental, Matriculation, Anglo-Indian, State Board or the Uniform Syllabus Board. Comparing the Uniform Syllabus Board or the State Board to CBSE, you cannot ever reach the standard of that Board. You imagine a student who has studied with a Uniform Syllabus Board and competing for an entrance exam based on CBSE syllabus, it is definitely not possible at all. Absolutely, it is against natural justice, against social justice and against social equity.

It is also against the State's autonomy. In fact, most of the States are opposing it. The Government should also go and take it up with the Supreme Court and oppose it tooth and nail for the government colleges. I would like to give an example of minority institutions. We have Christian Medical College, Vellore. They are doing a yeoman service to the society. There are going to be issues about that also. There are issues relating to reservation also. In Tamil Nadu, we have 69 per cent reservation. So, I would like the Minister to clarify it.

This year, it is okay, but next year onwards, when the government institutions will again be coming under the NEET, we will be having huge problems.

Sir, through you, I would request the Government to take these contentious issues into consideration and do away with the NEET exam for government colleges. The Government should do this not only for this year but subsequent years as well so that parity is restored and social justice is restored.

Thank you.

HON. DEPUTY SPEAKER: This is what most of the Members are feeling. The sense of the House is like that. Now, you have to think how you are going to proceed.

Most of the Members, like you, are raising this issue. Hon. Minister already knows very well the feeling of the House.

Dr. Heena Vijaykumar Gavit.

DR. HEENA VIJAYKUMAR GAVIT (NANDURBAR): Sir, I rise to support the Medical Council of India (Amendment) Bill, 2016 and the Dentists (Amendment) Bill, 2016.

I would like to thank the hon. Minister for bringing the Ordinance at an appropriate time. It has safeguarded the interest and dreams of the students. It has also given a big relief to the parents who had made sacrifices to educate their children.

This Bill is in accordance with our Prime Minister Modiji's vision of *sabka sath sabka vikas* wherein States have been exempted for this year for admissions in the government medical and dental colleges. The students all over the country, their parents and the teachers have been eagerly waiting for this landmark Bill which will bring transparency in the selection process and admissions to the medical and dental colleges. The NDA Government is the first Government in the country since Independence that has taken this big step and brought a remarkable change in the medical education policy in the country.

Today, when the students excel in a private medical college entrance examination, unfortunately, they are not guaranteed admission in that college because of high capitation fees. The Parliamentary Standing Committee for Health and Family Welfare in its 92nd Report has mentioned that a majority of seats in the private medical and dental colleges have a capitation fees ranging from Rs. 25 lakh to Rs. 50 lakh or even more than that and it is in this context that a common entrance test will not only help in merit-based admissions, but will also prevent the exploitation of students that happens in the name of admissions in private medical colleges.

I would like to appreciate my Government's efforts to take on board the view points of different State Governments and the concerns of the Members of Parliament cutting across party lines such as my colleagues Dr. Ghosh, Shri Rajeev Satav to promulgate an Ordinance on 24th May exempting the States from

the ambit of NEET for this year. This Bill also introduces an amendment providing the MCI and the Dental Council of India to conduct exams in regional languages, which was one of the concerns raised by many of the State Governments that the entrance should be conducted in regional languages. I completely agree that the under-graduate entrance should be in the regional languages, but I would like to suggest that the PG entrances should be only in English because the entire medical and dental courses all over the country are in English. So, it is not justifiable to conduct a PG entrance exam in a regional language. This is one of my suggestions to the hon. Minister.

The efforts of the Government are extremely welcome and I can feel that “मेरा देश बदल रहा है, आगे बढ़ रहा है।” As a doctor and citizen of this country, I would like to make certain suggestions based on my experience to ensure social justice and also successful implementation of this programme. Common entrance test is a welcome step, but common syllabus should be declared as soon as possible because the syllabus, which is mentioned for NEET, is the 11th and 12th CBSE syllabus. This is a two-year academic syllabus and I do not know how a student will be able to study a two-year academic syllabus in just 8-9 months. I am sure that today when the Bill gets passed, the syllabus -- at the earliest, if we consider it -- is going to be declared in the next one month. So, there is time from August till May when the NEET exam will be conducted. I think that this is one area where the Government should think about it.

Again, since I come from the State of Maharashtra, I would also like to mention about how there is a difference between a State Board and a CBSE Board. The 7th standard CBSE syllabus is equal to the 9th standard State Board syllabus. So, anyways, two years the State Board students are disadvantaged. So, when it comes to 11th and 12th standard CBSE Board syllabus, it means that a student from a State Board will have to study three years behind, that is, 8th, 9th and 10th CBSE plus 11th and 12th CBSE. This is going to be a very big thing for a student to study five years syllabus in just 6-8 months. So, I think that this is one area where while

finalising the syllabus for NEET examination the State Board as well as CBSE Board should be considered and the syllabus finalised.

Also, I would like to mention that if we see the 10th standard science and technology textbook, it is around 200 pages, that is, the Physics, Chemistry and Biology. If we see in the next three months when the student takes admission in 11th standard, it is almost four times more, that is, the entire syllabus is four times more of what he has studied in 10th standard. Now, I fail to understand that in three months how a student's skill is going to increase four times more. So, this is again one area where I think that while finalising the syllabus for medical entrance or any examination for that matter, the syllabus should be re-formed, re-evaluated and a new syllabus should be introduced.

NEET, for example, covers 11th and 12th CBSE portion while the State Board covers the 12th standard State Board. So, again, there is a discrepancy in the syllabus of the State as well as of the CBSE. So, I think that these are the areas where the hon. Minister must take a keen interest into and consider the students because this is a matter of their future. A student thinks of becoming a doctor right from the time he is a kid. For almost eight to ten years of his life, he dreams of becoming a doctor and when the time comes for him to actually give this entrance exam and take admission, these are all the difficulties that he has to face.

Again, being a medical student and also as a Member of Parliament representing a tribal constituency, I wish to highlight one very important issue, which comes up. In the private medical colleges where there are Scheduled Caste and Scheduled Tribe students, their scholarships are not being given to the college on time and as a result, the private medical colleges trouble the students and harass the students. They do not give them their hall-tickets, and this kind of exploitation is done. So, I would request the hon. Minister to ensure that such issues do not take place since the private medical colleges are now going to be under the ambit of NEET.

A poor student, who is meritorious and taking admission in a private medical college, is not in a condition to pay the fees. I would request the hon. Minister that some provision for educational loans should be made for these meritorious and deserving students who, unfortunately, are not in a position to pay the fees. When a student goes to a private medical college to take admission, he is asked to pay the fees right on day one when he goes to that college. If a student is not able to pay the fees, he will be deprived of the medical education, despite being one of the meritorious students.

These are the areas where the hon. Minister should look into with serious concern.

The data shows that we are falling short of 7,50,000 doctors in our country. I would also like to mention a fact that today the doctor-patient ratio in the country is 0.7 per 1,000 patients, whereas, in China, it is 1.4. So, with NEET, is the Government also planning to increase the number of seats or opening of new medical colleges so that this deficiency of 7,50,000 doctors could be met?

To keep a check on the scams which happen during the admission of medical fraternity, I would like to know whether the Government is also planning to scan the answer-sheets and do the paper-checking under strict, highly intelligent and integrated people's team. Also, I would like to suggest that precaution should be taken while doing paper-checking. It should be done under CCTV surveillance and this surveillance should be done with clarity.

Lastly, while setting a paper, the books which are referred to are mostly private publications. So, a student is not aware of which book he should read. I would like to suggest to the hon. Minister that a Central Board should make a standard text-book which should be referred to while setting a question-paper, and the student will refer to that text-book, which will, in a true sense, give justice

because in the medical entrance exams, there are different values and they differ with different publications. So, when a question-paper comes to a student, he is unable to understand which value he should mark. Since there is a negative marking system, I hope the hon. Minister will consider all these suggestions. With these words, I support the Bill. Thank you.

DR. K. KAMARAJ (KALLAKURICHI): Sir, I wish to express my sincere thanks and indebtedness to our beloved leader, hon. Chief Minister Puratchi Thalaivi Amma, for giving me an opportunity to speak in this House on this important Bill, the Indian Medical Council (Amendment) Bill and the Dentists (Amendment) Bill, 2016.

Our beloved leader, Puratchi Thalaivi Amma, has guided our Party, All India Anna Dravida Munnetra Kazhagam, to register a historic victory after 32 years. Contesting in 234 seats under our own Party symbol and registering a victory in 134 seats has created a history after 32 years. Our leader has become the Chief Minister of Tamil Nadu for a record sixth time. This is due to the overwhelming support and affection shown by the people of Tamil Nadu for the socio-economic policies of our Party leader, hon. Puratchi Thalaivi Amma.

Sir, why has this Bill come before us? In India, there are around 400 medical colleges. In earlier years, only a few Government Medical Colleges were there. But due to demand for more medical doctors, the Medical Council of India has given permission to many medical colleges. With this, many private medical colleges have come for admitting students to MBBS and Dental courses. These private medical colleges spend a lot of money in creating infrastructure and corruption becomes an issue. So, many people approached the Court to prevent corruption. First of all, in the year 2010, the MCI brought in a regulation saying that there would be a common entrance examination all over India who are appearing either for the private colleges or the Government colleges and also for the minority institution. But the Tamil Nadu Government and a few other State Governments and the private medical colleges approached the Supreme Court against the National Eligibility-cum-Entrance Examination. The judgment was delivered by the Supreme Court by a three-Judge Bench. In that Bench, majority of the Judges struck down the National Eligibility Entrance Examination. They said:

“...holding that NEET would deprive the States, State-run universities and medical colleges, including those enjoying the constitutional protection, of their right to admit students to MBBS, BDS and postgraduate courses as per their own procedures, beliefs and dispensations. In our view, the role attributed to, and the powers conferred on, the MCI and the DCI under the Indian Medical Council Act, 1956, and the Dentists Act, 1948, do not contemplate anything different, and are restricted to laying down standards which are uniformly applicable to all medical colleges and institutions to ensure the excellence of medical education.”

That was the view of a majority of the Judges. One Judge who dissented said that he dissented to rein in corruption in the medical admission. In the same judgment, a majority of the judges said that conducting an examination is not under the purview of the Medical Council of India. For this, the MCI and the Central Government filed a review petition in the Supreme Court. That judgment was delivered in April this year. This judgment was given by a five-Judge Bench headed by the same dissenting Judge who already had given an opinion on this case. This Bench, without hearing the full case, recalled their earlier order. That has resulted in this National Eligibility-cum-Entrance Test. Against this NEET, some of the students and some of the private institutions went to the Court. Again the same Judge was sitting in the three-Judge Bench. He gave a ruling that this Government and the MCI should conduct the NEET along with the CBSE for this year. That is the reason that this Government has brought this Bill. But the judgment given by the three-Judge Bench was a hasty decision. It has not taken into account the factors involved in this case. Even the MCI opposed the participation of the Tamil Nadu Government in this case. They fought against this. The MCI and the Central Government want to impose the NEET. They are citing the judgment and are trying to bring in the NEET. That is the reason why this case has come up.

The judge who gave the judgement did not consider the fact that there are many languages spoken in the country and many students study in many

languages. The judgement said that English and Hindi can be the only languages in which candidates can write the examination. It does not take into consideration other students who study in their own regional languages.

The syllabus for the examination is mostly based on the CBSE syllabus even though they say that they get subjects from the State Boards also. It is unfortunate that 30 per cent of the subjects do not overlap in the examination. The content of State syllabus is also different. So, the State students appearing for the entrance examination may not be able to compete with the students who have studied in the CBSE system. Also, students from rural areas who appear in the entrance examination will not have the same standards as the other students. Without going into all these matters, the judges have imposed the National Eligibility Cum Entrance Examination on the students.

Consequent upon the protests from State Governments and many private colleges, the Central Government has brought in this legislation to allow the State Governments to conduct their admissions under their own policies for their own seats and the private seats. If the States want to conduct the entrance examinations, they can do so. Even then they have given two entrance examinations. How do you use these marks to take the students in? They said that the policy of normalisation should be used. What is the procedure to do normalisation to take in the students based on this examination? This is the reason they brought in this case.

I am a medical doctor from Tamil Nadu. I am from the batch of 1984. I got a seat based on the qualification in the entrance examination along with an interview. Our hon. leader, the then Chief Minister, *Puratchi Thalaivar* MGR, brought the entrance examination in order to prevent use of personal influence in the interviews. That examination went well till 2004. After protests from the general public that most of the students who got MBBS seats are mainly from the urban areas and students from rural areas are being deprived of medical seats because they are not able to compete with students from urban areas, the

Government brought in the Tamil Nadu Admission in Professional Educational Institutions Act, 2006. Subsequently this Act was contested by students but upheld by the High Court and the Supreme Court. Now this regulation by the MCI overrules the Act which is enacted by the State Government and the President has given his assent to this order. This is one point.

Why do we want to conduct this examination? The purpose is to ensure that students from rural areas and economically weaker background also get admission into medical courses. That is why the Tamil Nadu Government is admitting students based on Plus-2 marks. In respect of postgraduate examination this judgment says that 50 per cent of the seats be reserved for the Central Pool and the other 50 per cent seats for the State Pool. I just want to make a point in this regard. In Tamil Nadu, all the super specialty seats are reserved only for students who studied from the State. We create medical colleges, we create medical infrastructure, and we want people to work in our medical colleges and hospitals. According to that we design and we act. What this Act says now is that from December 2016 there would be a common entrance examination for postgraduate medical courses and 50 per cent of the seats have to be reserved for students from other States. Why should we give seats to the students of other States? When our students study in our colleges, they will go and work in the rural areas, district hospitals and taluka hospitals. How can the students from other States come and study in our colleges and work in our hospitals? That is why the Tamil Nadu Government has protested against this Act.

This Union Government and the Medical Council of India want to impose a national entrance examination on students. It is very unconstitutional, anti-poor and anti-minority. I want to remind the House that after this Government has come to power, they want to impose Hindi, they want to impose Sanskrit and they want to deprive the States of their rights. They want to take away whatever rights have been given by the Constitution. So, we strongly oppose the national entrance examination. We also request the Government that till the main judgement comes,

we must continue to have the same procedure. We want the Central Government to discuss it with the States so that our State will have our own system of admission. With this, I conclude.

DR. RATNA DE (NAG) (HOOGHLY): The Dentists (Amendment) Bill 2016 has been brought before the august House to replace an Ordinance promulgated by the Government on 24th May, 2016 to amend the Dentists Act of 1948. Its primary purpose is to introduce a uniform entrance examination for all dental colleges for undergraduate and postgraduate degrees. With one stroke of power, the Supreme Court has taken away the rights of the States to hold the undergraduate medical examination for admission to MBBS and BDS courses.

The candidates at the State level would be affected from the NEET. There was a reason and logic behind such plea as the NEET is in accordance with the CBSE syllabus and the students from the State Boards will be at a disadvantage. Is it not a genuine concern of the State towards its own people? As the House is aware, the Dentists Act provides for the constitution of the Dental Council of India to regulate permission to start colleges, courses or increase the number of seats, registration of dentists and standards of professional conduct of dentists etc. If we go by the existing situation of dentists in our country, it seems the Dental Council of India has failed miserably in performing its primary functions.

There is acute unemployment of dentists. New dental graduates are going jobless. In India, we have 309 dental colleges which give us about 36,000 dentists every year. This figure is much higher. In 2010, there were 30,517 dentists whereas in 1970, we would get to see only 8,000 dental students graduate annually. Dental Council of India should have taken note of growing clash between demand and supply and accordingly adjusted the situation of the availability of dentists in the country. New dental graduates have a very low prospect of a job.

HON. DEPUTY SPEAKER: Now it is seven of the clock. There are still four Members left to speak. Afterwards, the Minister wants to pass the Bill.

THE MINISTER OF CHEMICALS AND FERTILIZERS AND MINISTER OF PARLIAMENTARY AFFAIRS (SHRI ANANTHKUMAR): Hon. Deputy Speaker, I request you to extend the House till the passing of Bill today.

19.00 hours

SHRI MALLIKARJUN KHARGE (GULBARGA): My request is this. Many Members of Parliament have spoken in favour of this Act and they are all keen to hear the Minister very patiently. ... (*Interruptions*) If any queries are there, or any other questions are there, they can also ask them. Therefore, my request is that you may extend the time of the House only to the extent of five Members whose names are there. ... (*Interruptions*) Let him come with all preparations tomorrow. We will listen to him. ... (*Interruptions*) इतना अच्छा चल रहा है। We are co-operating but why do you want to spoil this atmosphere? Shri Nadda can reply tomorrow. ... (*Interruptions*) You should remember that two Bills are combined together. We are discussing them together – one is the Dentists (Amendment) Bill and the other is the Indian Medical Council (Amendment) Bill. Therefore, you should be considerate towards us also. ... (*Interruptions*) All the Members are of the same view. Therefore, you take the views of this side and reply tomorrow. ... (*Interruptions*)

PROF. SAUGATA ROY (DUM DUM): We echo the view of Shri Kharge. Let the reply be tomorrow. That will be a proper reply. ... (*Interruptions*) अभी हाउस खाली हो गया है। इतनी महत्वपूर्ण मिनिस्ट्री है।

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): I will not take much time. I can reply as you decide. ... (*Interruptions*)

PROF. SAUGATA ROY: We know your capacity! But you can keep it tomorrow. ... (*Interruptions*)

THE MINISTER OF STATE IN THE MINISTRY OF AGRICULTURE AND FARMERS WELFARE AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI S.S. AHLUWALIA): Sir, it is seven o'clock. If we take another half-an-hour's time, it will be concluded and two legislations will be passed. ... (*Interruptions*)

SHRI ANANTHKUMAR: Shri Kharge has to appreciate that a large number of Members are present and everybody is supporting the Bills. The entire House is supporting the Bills. ... *(Interruptions)* Our hon. Minister Shri Nadda is ever ready to reply. Therefore, when such a conducive atmosphere is there, I request Shri Kharge to consider and co-operate. ... *(Interruptions)*

SHRI MALLIKARJUN KHARGE : Do not make a prestige issue. We are ready to hear him tomorrow. We want the reply tomorrow. ... *(Interruptions)* You go ahead with those five Members and the discussion can conclude today. This is a reasonable demand. ... *(Interruptions)*

PROF. SAUGATA ROY : It is very late. ... *(Interruptions)*

SHRI MALLIKARJUN KHARGE : Why are you taxing us? You are taxing the people who are sitting here. ... *(Interruptions)*

PROF. SAUGATA ROY : What is the hurry? The Session has started only yesterday. ... *(Interruptions)*

DR. RATNA DE (NAG) : Saugatada, let me finish. ... *(Interruptions)*

SHRI S.S. AHLUWALIA: I can withdraw my Members. There is no problem. ... *(Interruptions)*

HON. DEPUTY SPEAKER: As far as the Ruling Party is concerned, I am not having any Member in the list.

... *(Interruptions)*

SHRI S.S. AHLUWALIA: They are there. ... *(Interruptions)*

HON. DEPUTY SPEAKER: As far as my list is concerned, we have only four Members left today. You have to come to a conclusion. I cannot say anything.

... *(Interruptions)*

SHRI S.S. AHLUWALIA: He needs only 15 to 20 minutes. ... *(Interruptions)*

PROF. SAUGATA ROY: Many Members have spoken. He should speak at length. हमें डीटेल्ड रिप्लाय चाहिए। ... (व्यवधान)

SHRI S.S. AHLUWALIA: He will give you a detailed reply. He will answer all your questions. He has come prepared. He is already prepared. ... *(Interruptions)*

HON. DEPUTY SPEAKER: I am extending time for the discussion. Meanwhile, you may discuss and let me know. The discussion can take place; meanwhile, you come to a conclusion.

... (*Interruptions*)

SHRI MALLIKARJUN KHARGE : Why is he making it a prestige issue? The TMC, CPI (M), Congress, AIADMK and everybody is saying. If you do not want our co-operation, you do it; you address the empty benches. ... (*Interruptions*)

SHRI S.S. AHLUWALIA: Otherwise, I am not withdrawing my Members, Sir. Let them also speak. ... (*Interruptions*)

HON. DEPUTY SPEAKER: What about the reply and passing the Bill? You come to a conclusion.

So far as discussion is concerned, I will allow all the Members to speak. You may give the names of the Members from your Party who wish to speak. I will allow them to speak. I have no objection if the discussion goes on till 9.00 o'clock. You have to decide about the reply.

SHRI S.S. AHLUWALIA: Let the discussion be over first. In the mean time we will decide about the reply.

HON. DEPUTY-SPEAKER: You may continue, Madam.

DR. RATNA DE (NAG): New dental graduates have very low prospects of job. Starting his own practice cost him very much, apart from space and infrastructure. The major cause of unemployment of the dentists is mushrooming of dental colleges. The Dental Council should have regulated dental colleges keeping in mind the demand and supply of dentists. It has failed to do so. The Hon. Minister may respond to the prevailing scenario of dentists in the country.

In the end, I would like to strongly urge the Minister to streamline the dental education keeping in view the demand and ensure that those who pass out as dental graduates are provided with jobs. As I am in medical profession, I can understand the pain and agony of those dental graduates who have passed but are jobless. Hence, I would request the hon. Minister to consider a rather odd

situation in which dental graduates are placed at present junction and accede to my request.

In the end I would say that MCI and DCI should be the autonomous bodies. This is my request. Thank you, Sir.

SHRI PREM DAS RAI (SIKKIM): Thank you Deputy Speaker, Sir. I rise to support the Amendment Bills in relation to the Medical Council and the Dental Council.

There are essentially two parts to this whole issue. One is, of course, an amendment which has been brought to take care of the problem which has arisen thanks to the Supreme Court judgement. But NEET is the need of the hour because from as far as Sikkim from the North-East, all students would like to access the best of medical colleges across the country. I continuously hear certain issues related to local problems but I must remind everyone that every institution, be they in the private sector or in the Government sector, is an institution which belongs to the nation. So, each and every member of the student fraternity has the right to access the best of medical education that this country can afford.

When it comes to this, because of the demand and supply issue this becomes a political issue. Therefore, I would request the hon. Minister to see that the situation is looked at in a holistic manner taking into account the kind of education that is prevalent across the country, different kinds of Boards that are there at the school level and at the entry level.

What I would like to say is that there are issues related to social justice. But if social justice is to be taken to its logical conclusion then those who are living in far off North-East also need to get the social justice that everybody else in the country demands. I would also like to state that the other part which is who conducts NEET is the question that has been debated very emphatically today. Is the Medical Council or the Dental Council a right institution to take on this onerous task has to be debated. Maybe, in the future we will have to re-think whether they are the fittest to do this.

Let me, for the sake of comparison, make a point here. What is happening is in the IITs and IIMs we have a system, what is called, the Joint Entrance Examination and it is a NEET like and it is conducted by the best of the institutions that this country has. Now that is the kind of DNA in terms of the

examination process that has been instituted, whilst in the case of medical fraternity it is something which has grown organically and therefore vested interests seem to have percolated into the system.

HON. DEPUTY-SPEAKER: These IITs and IIMs are all central institutions. For that the process of examination what you are mentioning is correct. What about the State Governments? They are running their own institutions. Eighty-five per cent reservations is meant for local people in those institutions.

SHRI PREM DAS RAI : Sir, I concede your point.

HON. DEPUTY-SPEAKER: There are no vested interests. Please do not cast aspersions. Many hon. Members have raised it. Whatever you are telling is correct. You please raise your point. But do not say that other Members have vested interests. There are already 85 per cent reservations and the other 15 per cent is open and students from Sikkim can compete in those seats. Please do not say what other Members have raised and all. You say whatever you want to say. Please do not say that they are having vested interest.

SHRI PREM DAS RAI: Sir, I did not say that. I have not said about the vested interest of other Members. I have talked about the vested interest that has risen within the system of the process of examination in the medical fraternity. I have not alluded to the vested interest of other Members, or what they have said. What I am stating is my personal belief.

Sir, take, for example, the case of the Sikkim Manipal University. The Sikkim Manipal University is under MCI but because it is in the mountain State and because we have certain other issues related to the mountain States, they cannot fulfil some of the criteria that MCI has. Therefore, MCI does not take a holistic view and last year they reduced the seats in the medical college in the Sikkim Manipal University from 100 seats to 50 seats. This, I think, has done a great disservice to States like mine. I would like to request the hon. Minister to re-think whether MCI is the best way forward because whatever application of politics or application of social justice is something which they are impervious to.

Sir, with these words, I support the Bill and I thank you very much for giving me this opportunity to speak on this Bill.

Thank you.

SHRI BHARTRUHARI MAHTAB (CUTTACK): Sir, when will the Bill be put to vote so that we can go back home? It should be as early as possible. I would like to know as to when the Bill will be put to vote. Let us complete it today.

श्री राजीव सातव (हिंगोली) : उपाध्यक्ष महोदय, इंडियन मेडिकल काउंसिल बिल, 2016 और डेंटिस्ट बिल, 2016 पर हम सदन में आज चर्चा कर रहे हैं। मैं यहां पर इस सरकार के वरिष्ठ मंत्री आदरणीय श्री वैकैय्या नायडू जी ने 2 मई, 2016 को सदन में जो वक्तव्य दिया, उसकी तरफ सदन का ध्यान आकृष्ट करना चाहूंगा। 2 मई के पहले 29 अप्रैल को भी सदन में इस बारे में चर्चा हुई। 2 मई को आदरणीय वैकैय्या नायडू जी ने कहा, मैं उनको कोट कर रहा हूं। “Madam Speaker, let me make it very clear that it is not Government’s decision. Shri Rajiv Satav should have verified his facts before saying it in the House. I am not trying to find fault with anybody because the record has to be straight.” उन्होंने कहा कि इसमें केन्द्र सरकार दोषी है। लेकिन इसमें केन्द्र सरकार का कोई दोष नहीं है, यह सर्वोच्च न्यायालय का आदेश है, ऐसा वैकैय्या नायडू जी ने इस सदन में 2 मई, 2016 को कहा। सर्वोच्च न्यायालय ने इस विषय पर दो आदेश दिए। सर्वोच्च न्यायालय ने 27 अप्रैल को कहा — “All the three respondents are represented by the respective Council and they assured this court that they are ready and willing to hold NEET for admission to MBBS and BDS courses for the academic year, 2016-17.”

So, it is not the Supreme Court who has decided it. It is the Central Government and it is the Medical Council of India and it is the CBSE जिन्होंने कोर्ट में कहा कि हम यह एग्जाम लेने के लिए तैयार हैं। यह सुप्रीम कोर्ट का डिसेजन नहीं था, केन्द्र सरकार, सीबीएसई और मेडिकल काउंसिल ऑफ इंडिया ने कोर्ट के सामने स्टेटमेंट दिया। यह 27 तारीख को हुआ। 28 तारीख को कोर्ट के सामने फिर क्या हुआ। कोर्ट का जजमेंट है, मैं उसे कोट करना चाहूंगा — “It has been submitted by the learned counsel appearing for all the respondents that it is proposed to hold the examination in pursuance of notification dated 21st December, 2010.” यहां कहीं भी सुप्रीम कोर्ट ने कोई टिप्पणी नहीं की है। जो-जो केन्द्र सरकार, एमसीआई और सीबीएसई ने सुप्रीम कोर्ट के सामने रखा, उसे सुप्रीम कोर्ट ने माना है। इसीलिए मैं कहना चाहूंगा कि सरकार को पता ही नहीं था कि उनके वकील कोर्ट में जाकर क्या बता रहे हैं। अगर सरकार को यह पता होता तो वैकैय्या नायडू जी जैसे वरिष्ठ मंत्री संसद में यह बयान नहीं देते। जब सुप्रीम कोर्ट का डिसेजन आया, उसके बाद विद्यार्थियों को जिस प्रकार का साइकॉलॉजिकल ट्रॉमा सहन करना पड़ा, उनके परिवार और छात्रों को जो तकलीफ हुई, उसमें सचमुच एक भूचाल आ गया। इसे सभी लोगों ने बदलने की

बात की, हमने की और सदन के सदस्य अरविंद सावंत जी, डा. घोष आदि ने इस बारे में बात की। जब सुप्रीम कोर्ट में इस मामले की सुनवाई हुई तब यूनिफॉर्मिटी ऑफ दी सलेबस की बात हुई थी और सुप्रीम कोर्ट का आग्रह था। हम सरकार से पूछना चाहते थे कि आपने अगले साल से सलेबस तो एक कर दिया, अगले साल से नीट लागू करने के बारे में अध्यादेश निकाला, लेकिन इससे जो समस्याएं उत्पन्न हो रही हैं, क्या उनकी तरफ भी हमने ध्यान दिया है। उनकी तरफ हमारा ध्यान नहीं है।

हम कहना चाहेंगे कि महाराष्ट्र सरकार ने महाराष्ट्र अनएडेड प्राइवेट, प्रोफेशनल एजुकेशन इंस्टीट्यूशन्स एक्ट 2015 में पास किया और उसका इंटेंशन था कि ट्रांसपेरेंसी हो। उसके ऊपर अभी काम शुरू है। स्टेट ईटी और नीट में क्या फर्क है। इसमें फर्क है कि अगर स्टेट ईटी देखेंगे तो वहां 200 प्रश्न हैं, नीट में 180 प्रश्न हैं। स्टेट ईटी में एक प्रश्न के लिए एक मार्क है और नीट में चार मार्क का एक प्रश्न है। इसमें नैगेटिव मार्किंग है यानी हमारे बच्चे जिनको इस सलेबस के बारे में पता नहीं है, उन्हें नैगेटिव मार्किंग का सामना करना पड़ेगा। क्या फर्क है? अगर हम महाराष्ट्र की बात करेंगे तो 20 प्रतिशत बच्चे सीबीएसई और इसकी तरफ देखते हैं और 80 प्रतिशत बच्चे स्टेट बोर्ड पढ़ते हैं। जब 80 प्रतिशत बच्चे स्टेट बोर्ड पढ़ रहे हैं, जब ग्रामीण भागों के बच्चों को इसके बारे में पता ही नहीं है, तो अगर आपको लागू करना है तो 2017-2018 से नहीं बल्कि 2018-2019 से लागू करना चाहिए। आपने अध्यादेश निकाला, हम उसका समर्थन करते हैं। लेकिन मंत्री जी, हमारी आपसे दरखास्त है कि यह 2017-2018 के बजाए 2018-2019 के बारे में होना चाहिए क्योंकि जो बच्चा अब ग्यारहवीं पास हो गया है और बारहवीं में गया है, उसे फिर से ग्यारहवीं सीबीएसई के पैटर्न पर पढ़नी पड़ेगी जो उसके लिए दूर-दूर तक पॉसिबल नहीं है। नीट का पूरा सलेबस सीबीएसई के ऊपर है, इसमें स्टेट के बच्चे दूर-दूर तक कम्पीट नहीं कर पाएंगे। जो बात यहां कई सांसदों ने रखी, वह यह है कि जो बच्चा ग्रामीण अंचल में पढ़ रहा है, जिसके पास कोई साधन नहीं हैं, वह सीबीएसई का सलेबस कहां सीखेगा, उसे कोचिंग क्लास कहां से उपलब्ध होगी, यह भी हमारे सामने समस्या है। राज्य सरकार ने सुप्रीम कोर्ट के सामने यह बात रखी है, इसमें महाराष्ट्र को एक्सक्लूड किया जाए, महाराष्ट्र को नीट के दायरे में न रखा जाए यह राज्य सरकार की मांग है और महाराष्ट्र के कई सारे सांसदों की भी मांग है।

उपाध्यक्ष जी, मेरा आपके माध्यम से आग्रह है कि जो राज्य सरकार नीट से बाहर जाना चाहती है उन्हें बाहर जाने का सहूलियत दीजिए। यदि आप इसे नहीं कर सकते हैं तो वर्ष 2017-18 की बजाए 2018-19 से लागू कीजिए। आपको बोलने का अवसर देने के लिए धन्यवाद।

SHRI R. RADHAKRISHNAN (PUDUCHERRY): Mr. Deputy-Speaker, Sir, firstly I would like to express my gratitude to the hon. Health Minister for bringing in the Ordinance which enabled the students of Puducherry and Tamil Nadu to get admission based on the prevailing system of admission. I would also like to congratulate the hon. Health Minister and his team for bringing in a lot of initiatives in the health education, for improving health care, and reducing the cost of life saving drugs.

I would like to raise only one point regarding this NEET. The Governments of Puducherry and Tamil Nadu, after long deliberations, decided to do away with the entrance examination for the medical education. It was done so as to enable the students of rural background to get a chance to enter into the medical education. The decision was definitely right as proved by the statistics that it has helped a lot of students to get into the medical education. In this Ordinance you have extended the privilege of continuing with the same system.

I would also request the hon. Health Minister to enable the students of Puducherry and Tamil Nadu to continue with the admission procedure for the seats in the Government colleges and the seats which are allotted to the Government by the private medical colleges on the same method based on their 12th standard marks, which will definitely help the students. It will also help in ensuring social justice in the States. Thank you.

ADV. JOICE GEORGE (IDUKKI): Thank you for letting me to participate in this discussion. The very purpose and purport of this amendment is to get out of the rigour of the Supreme Court judgements dated 28th April, 2016 and 9th May, 2016. The House is unanimous in supporting the proviso of the proposed Section 10 (D) of the Amendment Act. As far as Section 10 (D) is concerned, I think, the sentiments of the House is against the very amendment.

The responsibility of the Medical Council of India is the maintenance of the higher standards of medical education throughout the country. They make

recommendations to the Central Government for the matters related to the course of study; and they conduct inspections of institutions, etc. But what is happening? The Medical Council of India has failed in discharging its duties. As far as my experience is concerned, in my constituency, the Medical Council of India has given recognition for starting a new medical college in Idukki. We have admitted students for the year 2015-16. But this year they have declined to give recognition to the Idukki Medical College and the Government will be forced to relocate the students from this Medical College to some other colleges. What is the fate of those students? What is the fate of those aspirants who want to get a medical college in their reach? This has to be addressed. While discharging their duties, the Medical Council of India is lethargic in their attitude and they are not at all responsible for discharging their mandate under the Indian Medical Council Act.

In this regard, I urge upon the Government to have a comprehensive enactment for the purpose of regulating the medical education in india.

We all know that under the Advocates Act, the Bar Council has been conferred with certain powers to regulate the legal education in India. At the same time, UGC has got the power to regularise the legal education. Here, the monopoly has been conferred on the Indian Medical Council, and they have failed in discharging their duties.

Yet another issue is that there is a laudable example of making admission to medical colleges in your State, Tamil Nadu, based on the plus two marks. Rural people have to get opportunity in getting medical education. What is the reality which we are facing? There is paucity of doctors who are willing to practice in the rural areas. In that connection also, only the academic performance will not serve the purpose; the attitude and the aptitude of the students who are aspiring to get medical admission is also an important factor. Willingness of the doctors to discharge duties in the rural areas should also be considered while giving admission in the post-graduate courses.

Hence, I urge upon the Government to have a comprehensive enactment for the purpose of regulating medical education in India; that too, aiming for improving the standard of medical education, and also to have doctors with the attitude to save the people. Thank you, Sir.

डॉ. प्रीतम गोपीनाथ मुंडे (बीड): माननीय डिप्टी स्पीकर सर, आपने मुझे इस मुद्दे पर बोलने का मौका दिया, इसके लिए मैं आपको धन्यवाद देती हूँ। इतने सालों बाद इस क्षेत्र में पारदर्शिता लाने हेतु इंडियन मेडीकल काँसिल (अमेंडमेंट) बिल और डेंटिस्ट्स (अमेंडमेंट) बिल लाए गए हैं, जिनका मैं स्वागत करती हूँ। यह बहुत ही अच्छी बात है कि मेडीकल शिक्षा का दर्जा बढ़ाने के लिए सभी छात्रों को उनकी बौद्धिक क्षमता के अनुसार योग्य और समान अवसर दिलाने के लिए हमारी सरकार ने पहली बार जो कदम उठाया है, यह सराहनीय है।

महोदय, जहां हम समान अवसर की बात कर रहे हैं, वहां यह मुद्दा जरूर उठता है कि एनईईटी का जो सिलेबस है, वह सीबीएसई बेस्ड है। मुझ से पूर्व अनेक माननीय सांसद इस पर बोल चुके हैं, इसलिए मैं सिर्फ इतना ही कहना चाहूंगी कि अगर हम देश के अन्य राज्यों की कंडीशंस देखें, तो वहां की जो स्कूलिंग है या 11वीं और 12वीं का शिक्षण है, वह स्टेट एजुकेशन बोर्ड के माध्यम से दिया जाता है, जो सीबीएसई की तुलना में काफी कम है। यहां हम एनईईटी को रीजनल भाषाओं में कंडक्ट करने की बात कर रहे हैं, क्योंकि अलग-अलग राज्यों के ग्रामीण क्षेत्रों में जो विद्यार्थी हैं, वे केवल भाषा की कमी के कारण पीछे न छूट जाएं। इसके लिए हमें इस बात पर ध्यान देना जरूरी है कि काफी क्षेत्रों में जहां जिला परिषदों के स्कूल भी ठीक से नहीं चल रहे हैं, वहां के छात्रों को हम एनईईटी की परीक्षा देने लायक किस प्रकार बना पाएंगे।

मंत्री महोदय, मैं इस बारे में आप से एक ही बात कहना चाहूंगी कि अगर हम पांच साल के बच्चे को 20 वर्ष के नौजवान के साथ रनिंग रेस में या कुश्ती के मैदान में खड़ा कर दें और फिर 20 साल के नौजवान को विजेता घोषित करें, तो यह काफी अनफेयर होगा। इसे ध्यान में रखते हुए अगर हम स्कूली माध्यम से छात्रों का शैक्षणीकरण कर पाएं, तो वह एक बेहद सराहनीय प्रयास रहेगा।

महोदय, यहां प्राइवेट कोचिंग के बढ़ते हुए खर्च का एक और मुद्दा उठाया गया था। अगर हम छात्रों को 11वीं और 12वीं में कॉलेज के माध्यम से पर्याप्त मात्रा में एनईईटी के लिए तैयार नहीं कर पाएंगे, तो वे प्राइवेट कोचिंग के लिए जरूर जाएंगे। इसलिए हमें चाहिए कि जो कॉलेज की शिक्षा है, वह सबके लिए समान बनाएं।

महोदय, इसके साथ-साथ मैं यह भी कहना चाहती हूँ कि आज के दौर में हर जगह आई.बी. स्कूल्स की एक धूम मची हुई है। उन छात्रों का तो पूरा शिक्षा क्रम ही अलग है। उन्हें भी इस धारा में लाने के लिए कोई योजना बनाना जरूरी है।

महोदय, मैं आपका एक और चीज की ओर ध्यान दिलाने की आवश्यकता समझती हूँ और वह काफी प्रेक्टीकल मुद्दा है। वह यह है कि इस परीक्षा के जो केन्द्र होंगे, वे कहां-कहां होंगे। राज्य सरकारें जो कॉमन एंट्रेंस टैस्ट लेती हैं, उनके जो केन्द्र होते हैं वे जिला लैवल पर होते हैं, जबकि ऑल इंडिया मैडीकल टैस्ट के केन्द्र रीजनल लैवल पर होते हैं। इसलिए छात्रों की सहूलियत को ध्यान में रखते हुए यदि एनईईटी के केन्द्र भी हम जिले के लैवल पर बना पाएं, तो वह छात्रों के लिए काफी अच्छा रहेगा।

महोदय, प्राइवेट कॉलेजों के कथित घोटालों को खत्म करने के लिए वर्ष 2016 में महाराष्ट्र और कई अन्य राज्यों में गवर्नमेंट कॉलेजेज को एनईईटी से छूट दी गई थी, लेकिन प्राइवेट कॉलेजों में एनईईटी की परीक्षा कंपलसरी रखी गई थी। कैपिटेशन फीस के आसमान छूते आंकड़ों को देखते हुए इस निर्णय का स्वागत भी करना चाहिए, परन्तु मैं यही कहना चाहूंगी कि जब हम कॉमन एंट्रेंस टैस्ट ले रहे हैं, तो उसी प्रकार यदि हम कोई कॉमन फीस का स्ट्रक्चर बना पाएं, तो उससे बहुत राहत मिलेगी। प्राइवेट कॉलेजों को हम किसी न किसी हैड के माध्यम से अगर गवर्नमेंट ग्रांट्स दिला पाएं, तो प्राइवेट कॉलेज भी जी पाएंगे और छात्रों का उनके माध्यम से आर्थिक शोषण भी नहीं होगा। मेरे से पूर्व काफी सांसद कह रहे थे कि सिर्फ नीट कंडक्ट करने से कुछ नहीं होने वाला है। मैं इतना ही कहना चाहती हूँ कि यह सिर्फ शुरुआत है और काफी अच्छी शुरुआत है। माननीय मोदी जी कहते हैं और यह उनका बड़प्पन है कि वह अपने आपको छोटा आदमी कहते हैं। वह कहते हैं - मैं काफी छोटा आदमी हूँ और छोटे स्टैप्स लेकर शुरुआत करता हूँ। मुझे लगता है कि नीट के माध्यम से यह स्टैप अगर छोटा है, तो सही दिशा में मंजिल पाने की तरफ अच्छी और खूबसूरत पहल होगी।

मैं मैडिकल एजुकेशन में पारदर्शिता, सक्षमता लाने की शुभकामनाओं के साथ इस बिल का तहे दिल से स्वागत करती हूँ। धन्यवाद।

श्री अरविंद सावंत (मुम्बई दक्षिण) : माननीय उपाध्यक्ष जी, मैं इस बिल का समर्थन करने के लिए खड़ा हुआ हूँ और तहे दिल से इसका स्वागत करता हूँ। मुझे आज सबसे बड़ी बात यह लग रही है और मेरे सहयोगी सांसद कह रहे हैं कि 12वीं कक्षा में कैरिकुलम सही नहीं होने की वजह से सारा मसला आ रहा है। मुझे आज यह कहते हुए खुशी हो रही है कि 2014 में महामहिम राष्ट्रपति जी के अभिभाषण में अभिनंदन प्रस्ताव में मैंने मांग की थी कि इस देश में शिक्षा में भाषा कोई भी हो लेकिन कैरिकुलम एक होना चाहिए। यह बात सिर्फ 10वीं, 11वीं या 12वीं की नहीं है, प्राथमिक शिक्षा, माध्यमिक शिक्षा से लेकर सिलेबस और कैरिकुलम सेम होना चाहिए, मैंने इस बात को बार-बार दोहराया था। आदरणीय स्मृति जी को पता है कि मैं यह मुद्दा बार-बार दोहराता रहा हूँ। मुझे इस बात की बहुत खुशी हो रही है कि आज इस मांग को लेकर मैं बात करता रहा था।

महोदय, अब जो नीट एग्जाम करने जा रहे हैं, मेरे सहयोगी साथियों ने आई.आई.टी. की बात कही, मैं दो ही मुद्दों के बारे में कहना चाहता हूँ। इसे किस ढंग से हम करने जा रहे हैं? आज मैडिकल में 57,138 सीट्स एम.सी.आई. की हैं। इसमें 27,143 सीट्स गवर्नमेंट कॉलेजेज़ की हैं और 29,995 प्राइवेट कॉलेजेज़ की हैं। मैं गर्व से कहना चाहता हूँ कि मुम्बई महानगर पालिका जो कॉलेज चलाती है उसमें 550 सीट्स हैं। वहां एम.बी.बी.एस. स्टूडेंट की फीस ओपन में 40,000 रुपए है और एस.सी., एस.टी. के लिए फीस भी नहीं है, ओ.बी.सी. के लिए भी बहुत कम है। ऐसी स्थिति में पढ़ा रहे हैं। **The best college in the country is from the Mumbai Municipal Corporation area. This medical college is known as the best college in the whole country.**

हम प्राइवेट में जो करने जा रहे हैं, नीट की आवश्यकता थी, मैं इसका स्वागत करता हूँ। हम युनिफार्म एजुकेशन सिस्टम ला रहे हैं, एन्ट्रेंस एग्जाम ला रहे हैं, क्या इसी तरह युनिफार्म फीस होगी? मुम्बई में प्राइवेट कॉलेज की फीस 10 लाख रुपए सालाना है, कैपिटेशन फीस छोड़ दीजिए। कौन पढ़ाएगा? किस गरीब का बेटा वहां जाएगा? वह बाद में जनता की सेवा क्या करेगा? सरकार को इस तरफ ध्यान देना चाहिए। अन्न, वस्त्र, निवास के बाद हैल्थ और शिक्षा आती है। सरकार को इन पांच मुद्दों के लिए बजटरी प्रोवीजन बहुत ज्यादा मात्रा में करने की आवश्यकता है। हम प्रोवीजन नहीं कर रहे हैं, बल्कि सारी चीजें प्राइवेट वालों पर छोड़ रहे हैं और प्राइवेट वाले लूट रहे हैं। इस तरह से गरीब का बच्चा पढ़ नहीं पाएगा।

महोदय, 46 परसेंट सीट्स साउथ में हैं। देश की 125 करोड़ पापुलेशन है। महाराष्ट्र का पापुलेशन 9.2 परसेंट है, जबकि मैडिकल सीट्स 11.2 परसेंट है। तमिलनाडु का परसेंट 5.9 है, जबकि मैडिकल

सीट्स 10.25 परसेंट है। Now, 85 per cent students of Tamil Nadu will get advantage of this. It is good. There is no grudge about it. But what about other people? 10.5 परसेंट में से 85 परसेंट सीट्स तमिल बच्चों को जाएंगी क्योंकि सारे मैडिकल कॉलेज वहीं हैं, नार्थ में नहीं हैं। समय कम है इसलिए मैं सारी परसेंटेज नहीं बता पाऊंगा। यह जो विषमता है, उस तरफ भी आपको ध्यान देना पड़ेगा।

उपाध्यक्ष महोदय, मैं इस बिल का स्वागत करते समय दो चीजों की दोबारा मांग करता हूं। आप जब एन.ई.ई.टी. की बात कर रहे हैं, तो मेरी नड्डा साहब से प्रार्थना है कि आप इसे सीमित न रखिए। आप अपने एजुकेशन मिनिस्टर को कहिए, एच.आर.डी. मिनिस्टर को भी कहिए कि देश में syllabus, curriculum from the primary education should be same throughout the country irrespective of the languages being taught.

Thank so much.

SHRI ANTO ANTONY (PATHANAMTHITTA): Hon. Deputy-Speaker, Sir, first of all, I express my sincere gratitude for allowing me to participate in this important discussion.

Even though I welcome the intention behind the Indian Medical Council (Amendment) Bill, I take this opportunity to express my concerns over the implications of this Bill. Millions of Keralites are residing in the Gulf countries. Tens of thousands of children are studying in the Indian schools there. The State entrance exam centres are already there. The parents of these children get very meager salary and so, their children would not be able to come to India and appear in this entrance examination.

So, when the Government is planning to fix these centres, I would urge them to fix such centres in the Gulf countries also. Otherwise, tens of thousands of students will lose the opportunity to appear in this examination.

Sir, as per the provision of this Bill, the National Eligibility Entrance Test will be conducted on the basis of CBSE syllabus. It should be noted that the majority of the students aspiring for medical and dental courses are undergoing the State syllabus. They are studying in their own regional languages. Therefore, they would have difficulties in following the NEET questions in English, Hindi and certain other selected languages. I also take this opportunity to submit before this august House that only 18 per cent students in the country have proficiency in English. Naturally, the students from the rural and economically backward classes, who do not know English, will be disqualified in the NEET exam. Therefore, the proposed system itself negates justice to the economically weaker sections of society.

I would, therefore, request the Government to conduct the entrance examination in all the regional languages that are included in the 8th Schedule of the Constitution.

With these words, I conclude. Thank you.

स्वास्थ्य और परिवार कल्याण मंत्री (श्री जगत प्रकाश नड्डा): उपाध्यक्ष महोदय, आज आई.एम.सी. बिल और डेंटिस्ट बिल, दोनों बिलों के बारे में सभी सदस्यों ने अपने बहुत ही विवेकपूर्ण विचार रखे। कुल मिलाकर हाउस का एक ऐसा मत बना कि वे बिल को कुछ शंकाओं के साथ पारित करना चाहते हैं। वे इसके स्पिरिट के साथ खड़े हैं। सबके विचार आये हैं और वे बहुत महत्वपूर्ण विचार हैं। हमने उन विचारों का समावेश ज्यादा से ज्यादा इस बिल में करने का प्रयास किया है।

उप सभापति महोदय, हम सबसे पहले यह समझ लें कि इसका उद्देश्य क्या है। इसका एक उद्देश्य है कि मल्टीप्लिसिटी ऑफ एग्जाम्स को हम समाप्त करना चाहते हैं। जब कोई स्टूडेंट एंट्रेस एग्जामिनेशन देता है तो उसे State to State, college to college, covering long distances और हर समय एक के बाद एक एग्जामिनेशन भी देना पड़ता है। जो मल्टीप्लिसिटी ऑफ एग्जामिनेशन्स है, उससे उसे बचाने और एक एग्जाम देकर अपनी रैंकिंग के माध्यम से वह मेडिकल कालेज में एडमिट हो सके, इस तरीके का प्रयास किया गया है। दूसरा उद्देश्य फेयर एंड ट्रांसपेरेंट एग्जाम है। हमारी कोशिश है, हम जानते हैं कि फेयर एंड ट्रांसपेरेंट एग्जामिनेशन की दृष्टि से देखें, तो बहुत से ऐसे इंस्टीट्यूशन्स हैं, जहां कैपिटेशन फी की बात आती है। जहां एडमिशन में फ्री एंड फेयर एग्जाम्स कंडक्ट नहीं होते हैं। तीसरी बात है - नॉन एक्सप्लॉयटिव प्रोसेस, जिसमें एक्सप्लायटेशन न हो। हमारे यहां अभी जो व्यवस्था है, उसमें एडमिशन के सिलसिले में स्टूडेंट्स का एक्सप्लायटेशन भी कई किस्म से होता है, खास करके वह कैपिटेशन फी के साथ ज्यादा जुड़ा हुआ रहता है। इन सारी चीजों को पारदर्शी बनाते हुए, एक कॉमन एंट्रेस एग्जाम हो, मल्टीप्लिसिटी ऑफ एग्जामिनेशन्स न हो, फेयर एंड ट्रांसपेरेंट एग्जामिनेशन हो, इन बातों को ध्यान में रखते हुए इस बिल को लाया गया है। यह बात जरूर है कि आर्डिनेंस इसलिए लाया गया कि सुप्रीम कोर्ट के ऑर्डर के पश्चात् कुछ ऐसे विषय आए थे, जिनके कारण आर्डिनेंस लाना पड़ा। लेकिन एक बात बहुत स्पष्ट होनी चाहिए कि यह सरकार की मंशा थी। *The intention of the Government to bring NEET was there because it was initiated by the Government that we should have a National Eligibility Cum Entrance Test (NEET) for medical examination and dental examination also.* डेंटिस्ट्स के लिए भी यह होना चाहिए।

इसी इंटेंशन को लेकर जब सरकार ने इस नोटीफिकेशन को रखा था तो सुप्रीम कोर्ट ने उसे क्वेश किया था। *The Supreme Court at that point of time had intervened but the intention of the Government was there to bring NEET. It is not that the Supreme Court has brought NEET. It is the Government which has brought NEET. It was quashed by*

the Supreme Court and later on, on the review petition, it was reconsidered. रिक्सीडरेशन के साथ सुप्रीम कोर्ट ने कहा कि हम आपके नोटीफिकेशन का पुराना स्टेटस बहाल करते हैं। We remove the orders of quashing. हम ऑर्डर ऑफ क्वैशिंग को विदड़ों करते हैं।

जब नेशनल इंट्रेंस एग्जामिनेशन टेस्ट की बात आई और हम लोगों ने उस कार्य को शुरू किया, उसी बीच में सुप्रीम कोर्ट में कोई अन्य पीआईएल लग गयी, जिसमें उन्होंने कुछ इश्यूज रेज किए। उन इश्यूज का जवाब देते-देते एक ऐसा समय आ गया, जब हमारा आल इंडिया प्रिलिमनरी एग्जामिनेशन टेस्ट, जो एक मई को होना था, की डेट आ गयी। सुप्रीम कोर्ट की जो फाइनल प्रोनाउंसमेंट आई, वह यह थी कि the All India Pre-Medical / Pre-Dental Entrance Test (AIPMT) which was held on 1st is NEET Phase I. On 24th of July, you will have NEET Phase II. On 17th of August, you will declare the results. यह सुप्रीम कोर्ट की फाइनल एनाउंसमेंट आई। इस फाइनल एनाउंसमेंट के बाद, जैसा प्रेमचन्द्रन जी ने भी कहा, उस समय पार्लियामेंट का सेशन समाप्त हो रहा था तो we could have extended and gone for it. लेकिन हुआ यह कि जब रिप्रजेंटेशन्स आने शुरू हुए पार्लियामेंट सेशन समाप्त हो चुका था। स्टेट गवर्नमेंट्स से रिप्रजेंटेशन्स, स्टूडेंट्स के पेरेंट्स की ओर से रिप्रजेंटेशन्स, हरेक की तरफ से रिप्रजेंटेशन्स आने लगीं। जो रिप्रजेंटेशन्स आई, उनमें तीन कन्सर्न्स थे। पहला कन्सर्न्स यह था कि हम अब जो एनईईटी देंगे, so, we will have to appear only in English and Hindi which we cannot do. दूसरा कन्सर्न्स था - पैरिटी ऑफ लैंग्वेज और तीसरा कन्सर्न्स था - ऑन गोइंग टेस्ट। उनका कहना था कि हमारे टेस्ट शुरू हो गए हैं, हम लोगों ने फार्म भर दिया है, हमारा टेस्ट होना है, हम उसकी तैयारी कर रहे हैं, हमने अपने आपको उसके लिए पूरा तैयार कर लिया है। इस तरीके की रिप्रजेंटेशन्स स्टेट गवर्नमेंट्स से आईं।

Three issues were there: language, syllabus and ongoing tests. जो टेस्ट्स शुरू हो गए हैं, उनका क्या होगा। हम लोगों ने हेल्थ मिनिस्टर्स की मीटिंग बुलाई। उनसे बातचीत की, उनका कन्सर्न्स इन तीनों बातों पर था और सभी हेल्थ मिनिस्टर्स का यह कन्सर्न्स था कि नीट को लागू करना चाहिए। In letter and spirit we are with NEET but at this point of time, we will not be able to go forward because our students have got no time left. आलरेडी नीट फेज-1 हो चुका है और नीट फेज-2 की डेट आ चुकी है। अब एक-डेढ़ महीने के अंदर हम क्या कर सकते हैं, इसलिए हमको इसके बारे में विचार करना चाहिए। Now, within a period of one-and-a-half month, what are we going to do? What we can do? इसलिए हमको इसके बारे में विचार करना

चाहिए। We also called an All-Party meeting. In All Party meeting, it was decided that in principle, we agree NEET, but it is prudent to see to that under-graduate examination जिसके लिए टाइम नहीं रह गया है। So, it is prudent that for this under-graduate examination, we should ask that the old system should continue. इसके लिए हमें उसमें प्रोविजन करना चाहिए। जब सभी की तरफ से यह बात आई तो फिर गवर्नमेन्ट ने इस बात को ध्यान में रखते हुए ऑर्डिनेंस लाना तय किया और ऑर्डिनेंस में जहां हम 'नीट' को कॉस्टिट्यूशनल स्टेटस दे रहे हैं, वहीं हम सिर्फ यह कह रहे हैं कि for the period of under-graduate examination, for the session of 2016-17, the old systems can be adopted by the States. They can adopt the old systems for their States. आगे चल कर जो पोस्ट ग्रेजुएशन का इग्जैमनेशन दिसम्बर में होना है That will be held under NEET examination. कुल मिला कर इसका जो लीगल आस्पेक्ट है, वह इतना ही है कि we will give a Constitutional status to the NEET examination for MBBS seats and also for dental seats but at the same time, we also see to it that under-graduate examination of 2016-17 can continue in the old system where the on-going tests स्टेट गवर्नमेंट के जो ऑन-गोइंग टेस्ट्स हैं, वे दे सकते हैं, जिनको उसे ऑफ्ट करना है वे उसको ऑफ्ट कर सकते हैं। यह ऑफ्ट करने के पश्चात् लगभग 16 स्टेट्स ऐसे हैं, जिन्होंने स्टेट इग्जैमनेशन को ऑफ्ट किया और लगभग 15 स्टेट्स ऐसे हैं, जिन्होंने 'नीट' फौलो किया। कुछ यूनियन टेरिटोरिज हैं, जिनमें से कुछ ने 'नीट' फौलो किया तो कुछ ने स्टेट इग्जैमनेशन फौलो किया। हम लोगों ने यह एक प्रोविजन दिया, जिस प्रोविजन के तहत उनको लाभ मिल सका और वे इग्जैमनेशन दे सके, उसको वे पूरा कर सके।

अब कुछ भ्रम है, उसको मैं क्लियर करना चाहूंगा। ऑल इंडिया कोटा 15 प्रतिशत का है। That all India quota is by the Judgement of the Supreme Court in the Pradeep Jain case where pan-India students उस पर आप डिसाइड कीजिए कि आपका रिजर्वेशन कोटा क्या होगा? There are students in Odisha, from Kerala, from the North East and from other places. So, that 15 per cent stands as it is. The State quota will remain the same. It remains 85 per cent as the State quota. That is not going to be disturbed. That will remain with the State. What we are going to do, what NEET is going to do, is that we will write out the name of the successful candidate, the domicile, that is to which State he belongs, his all India rank and also the percentile. These things

will be narrated and that will be sent to that respective States. Now, in those respective States, according to caste, creed and backwardness and other aspects उसको ध्यान में रखते हुए आप अपने-आप रिजर्वेशन कोटा तय कीजिए और उसके अनुसार आप उसे दे सकते हैं। जैसे तमिलनाडु का विषय आया है। Subject to the other provisions being given उसमें दिक्कत की कोई बात नहीं है। अब एक बात है, वह है- स्टैंडर्डिजेशन ऑफ सिलेबस, उसके लिए मैं थोड़ी-सी क्लैरिटी कर दूँ कि एम.सी.आई इग्जैम नहीं ले रही है। अंडर-ग्रेजुएशन का इग्जैमनेशन सी.बी.एस.ई. ले रही है और पोस्ट-ग्रेजुएशन का इग्जैमनेशन 'नेशनल बोर्ड ऑफ इग्जैमनेशन' ले रहा है। Tamil Nadu is getting the benefit because of this Ordinance. Otherwise, NEET would have been in force. This is number one.

Number two, we are not going to touch the State quota. The Tamil Nadu students will be competing among themselves in Tamil Nadu. We will be submitting all the domicile and ranking of Tamil Nadu students to Tamil Nadu only and they will be taking care of their places and ranking, and counselling will take place in Tamil Nadu itself. So, we should be very clear.

Now, there is one thing. That is about standardisation of syllabus. There is no question of MCI taking the examination. It is the CBSE which is taking the under-graduate examination. The process of standardisation of syllabus is like this. Curriculum and syllabus of eleventh and twelfth standards are formulated by NCERT under the National Curriculum Framework. यह जो सिलेबस है, उसी सिलेबस को लेकर हम आगे बढ़ेंगे। All Boards in the country and Central Boards and State Boards adopt syllabus from the NCERT itself. हम इसे कंसिड्रेशन में रख रहे हैं। एन.सी.आर.टी. फार्मूलेशन के तहत उनका सिलेबस बनेगा। हम उस सिलेबस में ध्यान रखेंगे कि जो गैप है, वह कवर हो सके और हम सिलेबस का स्टैंडर्डिजेशन करेंगे so that the students of the rural background are also taken care of it. People, who are taking 10+2 or matriculation, are also taken care of it. And, at the same time अर्बन और रूरल के अंतर की जो बात कर रहे हैं, उसे आप रिजर्वेशन से पूरा कर सकते हैं। You can give them bonus marks. If you want to give the people coming from rural areas two marks, you can do it. It is up to you. You can give them bonus marks. You can fill the gap. We are only going to rank

the students and we are going to give the set of the students to the respective States. This is the clarity which I would like to give to you.

महोदया, जहां तक फीस का सवाल है, मैं एक बात बताना चाहता हूं कि जो प्राइवेट इंस्टीट्यूशंस हैं they will not get the benefit of 2016-17. They will come under NEET. This should be loud and clear. आप जिस क्रप्शन की बात कह रहे थे, वह क्रप्शन यहां से शुरू होता है इसलिए we have not given them the permission. They will be appearing in the deemed Universities, private colleges, Board and whatever are there. They all will come under NEET. Their examination will be conducted by NEET. That is what I would like to say. जहां तक फीस स्ट्रक्चर का सवाल है, there is a committee in the respective States headed by judges which decides about the fee structure and about the private medical colleges. We do it for the Government medical colleges लेकिन फीस स्ट्रक्चर के बारे में बात कही गई है, उसे हम करने की कोशिश कर रहे हैं।

In language, what we have done, we have written letters to the respective States to give us the detailed report of the last three years the students who have given the examination and under which language they have opted for examination. And, all those examination को ध्यान में रखकर व्यवस्था करेंगे कि क्षेत्रीय भाषा में उनकी परीक्षा हो। So, language is not going to be a problem. That is what I would like to say. आपने यह जो कहा है कि केवल पांच राज्यों के लिए दे दिया है, ऐसी कोई बात नहीं है। हैल्थ मिनिस्ट्री ने सभी राज्यों को लिखा है कि पिछले तीन सालों से जो आपका स्टेट बोर्ड था, जो परीक्षा लेता था, उसने कितने विद्यार्थियों की परीक्षा ली है और कितने विद्यार्थी मराठी भाषा में, मलयालम भाषा में, तेलुगु भाषा में, कन्नड भाषा में उत्तीर्ण हुए हैं और उसके अनुसार we are going to decide and we are going to see to it that every student is able to give examination in his language. That is what we are trying to do it. So, the language issue, the fees issue and the stabilisation of syllabus इन तीनों चीजों को ध्यान में रखकर हमने इस कार्य को करने का प्रयास किया है।

एम.सी.आई के बारे में बहुत चर्चा हुई है। एम.सी.आई. का इससे संबंध नहीं है लेकिन फिर भी मैं आपको बताना चाहता हूं कि एम.सी.आई. के बारे में एक कमेटी प्रधानमंत्री जी ने बनाई थी। That is now at the final stage. Many recommendations have come from the Standing

Committee also. We have taken them also into consideration. Stakeholders have been called and almost उस कमेटी की रिपोर्ट तैयार हो गई है। Accordingly, we will go forward. We have the concern and your concern is also there. We take the concern into cognizance, and accordingly, steps will be taken. जहां तक एम.सी.आई. का सवाल है that is what I would like to assure you. मुझे लगता है कि आज जो हमने इस बिल के माध्यम से करने का प्रयास किया है, एक तो NEET में डेंटल और मेडिकल एग्जामिनेशन को कांस्टीट्यूशनल स्टेटस देने का प्रयास किया है ।...(व्यवधान)

प्रो. सौगत राय: कांस्टीट्यूशनल स्टेटस नहीं, स्टैच्युटरी स्टेटस है।

श्री जगत प्रकाश नड्डा : मैं माफी चाहता हूं, इसे स्टैच्युटरी स्टेटस देने का काम किया है और इसके अलावा वर्ष 2016-17 में जो लोग परीक्षा के प्रोसेस में चल रहे थे, उनके लिए इसे करने का प्रयास किया है। मुझे पूरा विश्वास है कि इस परीक्षा के लिए आपके जो कंसर्न थे, उन्हें क्लीयर करने की कोशिश की है। मुझे उम्मीद है कि आप सभी का मुझे समर्थन मिलेगा। जैसा मैंने कहा था कि मैं कम शब्दों में अपनी बात रखने का प्रयास करूंगा, मैं ऐसा प्रयास किया है।

SHRI N.K. PREMACHANDRAN (KOLLAM): Thank you very much, Dy. Speaker, Sir. We have heard the response of the hon. Minister. I am very much impressed with the reply and the response given by the hon. Minister. I think, almost all the issues which we have raised have been addressed and clarified.

Even after all these clarifications, the issue of setting up of question paper is still vague. Will the question paper, which is to be set up in different areas, be identical or different? If you go through the provisions of Section 10 D, what is meant by a 'uniform entrance examination'? That is the point for which I would like to seek a clarification from the hon. Minister. 'Uniform entrance examination' means that the same question paper will be given to all students. Otherwise, the standard will be different. So, the 'uniform entrance examination' was not defined in the Bill. Even in the original Act also it is not being defined.

There remains only one apprehension regarding the language issue. I have given an amendment for this also. 'Such other language' means that the discretionary power is still vested with the designated authority or the Medical Council of India. So, my suggestion is that 'such other language' should be replaced with 'as the State Government may recommend'.

HON. DEPUTY SPEAKER: The Medical Council of India is not related with examination. This is what the hon. Minister has just stated.

SHRI N.K. PREMACHANDRAN: I fully agree with it.

The point is that though the Bill will be enacted and the Act come into existence, the assurance given by the hon. Minister has to be made specific. We know that his assurance is absolutely there. But in the Bill itself, the issues of uniform entrance examination as well as the language have to be made specific. That is my point. The hon. Minister has very crystally clarified all these points. I agree with him. Let these provisions may be made clear in the Bill also.

With these words, I take this opportunity to congratulate the hon. Minister for having given such a reply. I am withdrawing my Statutory Resolution. Thank you, Sir.

HON. DEPUTY SPEAKER: Is it the pleasure of the House that the Statutory Resolution at Sl. No.19 in the List of Business moved by Shri N. K. Premachandran is withdrawn?

The Resolution was, by leave, withdrawn.

HON. DEPUTY SPEAKER: The question is:

“That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration.”

The motion was adopted.

HON. DEPUTY SPEAKER: The House will now take up clause-by-clause consideration of the Bill.

Clause 2 Insertion of new Section 10D

SHRI N.K. PREMACHANDRAN : I beg to move:

Page 1, line 9,-

for “such other languages and”

substitute “such other regional languages as any State Government may recommend to that authority and”. (1)

Page 1, after line 17, *add*,-

“Explanation:- For the purposes of this section ‘uniform entrance examination’ means same question paper having identical questions irrespective of the language of the question paper.”.

(2)

HON. DEPUTY SPEAKER: I shall now put Amendment Nos.1 and 2 moved by Shri N.K. Premachandran to the vote of the House.

The amendments were put and negatived.

HON. DEPUTY SPEAKER: Prof. Saugata Roy.

PROF. SAUGATA ROY : I beg to move:

Page 1, line 9,-

for “such other languages”

substitute “in all other languages mentioned in the Eighth Schedule to the Constitution of India”. (3)

Sir, just give me a minute to explain my amendment.

20.00 hours

Actually, here it says ‘uniform entrance examination to all medical institutions at undergraduate and postgraduate level through such designated authority in Hindi, English and such other languages in such manner as may be prescribed’. Now, when the Government went to the Supreme Court, the Solicitor General of India, Shri Ranjit Kumar, told the Bench led by Justice Anil Dave that

the students who studied in vernacular medium would suffer. So, he said that NEET should also be conducted in Gujarati, Marathi, Telugu, Bangla and Urdu apart from ... (*Interruptions*) क्लीयर नहीं हुआ है। सॉलिसिटर जनरल ने कोर्ट में यह बोला है।

Now, what the Minister has said is that he has written to all the States asking in which languages students appear in the exams, but the problem remains that a student, who is an Odia, may have appeared in the exam from West Bengal. Which language will he be allowed to choose? That is why, I propose that do not keep a bar on languages. There are 22 languages mentioned in the Eighth Schedule of the Constitution. If you just substitute 'all languages included in the Eighth Schedule', then it becomes free. Otherwise, you will write to the States and they will say that such and such language needs to be included. You said that there is clarity, but I would submit that the clarity will be lost. We want you to really introduce something so that there is no lack of clarity on the language aspect.

This statement by the Solicitor General has confused people considerably. *Indian Express* published on 11th May said that NEET would be allowed in six languages. What is this? There are 22 recognised languages in the Eighth Schedule. You must clarify whether all the 22 languages will be allowed for writing NEET exam. That is all I seek a clarification on. That is why, I have moved my amendment.

HON. DEPUTY SPEAKER: I shall now put Amendment No. 3 to clause 2 moved by Prof. Saugata Roy to the vote of the House.

The amendment was put and negatived.

HON. DEPUTY SPEAKER: There is Amendment No. 4 to clause 2 to be moved by Shrimati P.K. Shreemathi Teacher.

Shrimati P.K. Shreemathi Teacher – not present.

The question is:

“That clause 2 stand part of the Bill.”

The motion was adopted.

Clause 2 was added to the Bill.

Clauses 3 and 4 were added to the Bill.

Clause 1, the Enacting Formula and the Long Title were added to the Bill.

HON. DEPUTY SPEAKER: The Minister may now move that the Bill be passed.

... *(Interruptions)*

SHRI JAGAT PRAKASH NADDA: Sir, I beg to move:

“That the Bill be passed.”

HON. DEPUTY SPEAKER: Motion moved:

“That the Bill be passed.”

... *(Interruptions)*

HON. DEPUTY SPEAKER: I will call. I have already promised and I will call everyone.

SHRI RAJEEV SATAV (HINGOLI): The Maharashtra State Government has demanded, and it demanded it in the meeting also, that NEET may be implemented in the State of Maharashtra from the year 2018. It is a demand of the State and everybody is on the same platform in this regard. I would like to know whether the Central Government will think on these lines.

SHRI K.C. VENUGOPAL (ALAPPUZHA): I do appreciate the hon. Minister's comprehensive reply regarding the NEET examination. The Members from various parties have actually raised their concerns in respect of this examination. You ruled out all the concerns.

As Shri N.K. Premachandran and Prof. Saugata Roy have pointed out, there should be a clarification on the issue of language also. I think, we can accept the languages which are there in the Eighth Schedule. It should be a great thing because we are going for a good legislation. ... *(Interruptions)*

DR. SANJAY JAISWAL (PASCHIM CHAMPARAN): Why should the exam be held in Nepali and Maithili. ... *(Interruptions)*

PROF. SAUGATA ROY: There are students in Darjeeling who write their exams in Nepali. ... *(Interruptions)*

SHRI K.C. VENUGOPAL: Secondly, from the examination point of view, the Minister's opinion about private medical colleges is also very much appreciated. Regarding the MCI issue, the entire House was agitating against the attitude of the MCI. But, generally, that reply has not reflected the sentiments of the House. I have already cited my own experience about the inspection situations in Government medical colleges. Therefore, I need a specific answer on it. Will the Government medical college get approval or not?

SHRI P. KUMAR (TIRUCHIRAPPALLI): The hon. Minister in his reply stated that the Central Government will bring NEET in the future. We oppose NEET in the future. So, we are walking out of the House in protest.

20.06 hours

(At this stage, Shri P. Kumar and some other hon. Members left the House.)

SHRI TATHAGATA SATPATHY (DHENKANAL): Sir, I have just one or two small clarifications. One is my Leader, Shri Bhartruhari Mahtab, had categorically mentioned about the promised five new medical colleges in Odisha. There was no specific reply about it. ... *(Interruptions)*

Secondly, Shri Bhartruhari Mahtab had mentioned about the Centre promising the State of Odisha five new medical colleges out of which you had very kindly said that Rs. 55 crore have been given whereas the expenditure that is to be incurred would be Rs. 2,500 odd crore. So, no money has been given and you have not clarified about that issue.

Thirdly, as you know, Hindi alone is not the language that is unifying this country. ... *(Interruptions)*

HON. DEPUTY SPEAKER: Shri Satpathy, please limit your questions.

SHRI TATHAGATA SATPATHY: Sir, one minute only. We have 22 languages in the Constitution. So, what is your specific reply about it?

Lastly, medical services in India have virtually collapsed in the rural areas. So, what we need is not a National Eligibility Entrance Test (NEET). What we

need in reality is a test at the national level and at the end of the term we have to see whether the students passing out and getting a certificate are actually educated or not? Are they fit enough to be called doctors or not? I am saying this because in the deemed Universities ... (*Interruptions*)

HON. DEPUTY SPEAKER: No, it is enough. Now, Prof. Saugata Roy.

... (*Interruptions*)

SHRI TATHAGATA SATPATHY: Sir, please listen to me. I am saying this because in the deemed Universities they are paying money; they are having internal tests; they are setting up the questions for their exams; and they are giving certificates.

HON. DEPUTY SPEAKER: No, I do not want any speech on this issue.

... (*Interruptions*)

SHRI TATHAGATA SATPATHY: Will you address that issue or not? ... (*Interruptions*)

PROF. SAUGATA ROY: Sir, I have listened to most of the speeches that were made on the Indian Medical Council (Amendment) Bill. Most of the speakers were attacking the Medical Council for its many acts of perfidies of commissions and omissions of corruption. But actually the Bill has nothing to do with the Medical Council, which the Minister correctly pointed out.

He also pointed out that the Medical Council of India will not hold the examination at the Class XII level National Council of Educational Research and Training (NCERT) will hold the examination. ... (*Interruptions*)

SHRI BHARTRUHARI MAHTAB : No, it is not so.

PROF. SAUGATA ROY: Sorry, it is according to their syllabus and the Central Board of Secondary Education (CBSE) will hold the examination as per the syllabus laid down by the NCERT. I am sorry about it. Further, at the PG level, the National Board of Examinations will hold the examinations. It is perfect, namely, the Minister's reply, but the Minister's reply is not enshrined in this law. If you have really clarified, where in this law do you find that the exams will be

conducted by such and such body? You have not mentioned it. So, it leaves room for further confusion. ... (*Interruptions*) So, you promise that you will bring a rule so that this is removed. ... (*Interruptions*)

डॉ. संजय जायसवाल: उपाध्यक्ष महोदय, मैं माननीय मंत्री जी से कहना चाहूंगा कि जो प्राइवेट मैडिकल कालेजिज हैं, वे राइट, लैफ्ट से कोई लूपहोल न निकाल सकें, इसका मंत्री जी एश्योरेंस दें, चाहे वह एन.आर.आई. कोटा हो, चाहे रीजनल कोटा हो, वे ऐसी लूपहोल निकालकर एन.ई.ई.टी. को कैंसिल न करें, इसके बारे में मैं मंत्री जी से जानना चाहूंगा।

SHRI MOHAMMAD SALIM (RAIGANJ): Sir, as regards language, most of us have spoken and the Minister has made it very clear that he will enquire. He has already written to the States for the last three years records to see as to which language the examinees have opted. Most of the States use their regional or vernacular language, or English or Hindi. There are linguistic minorities in many States. Maybe, their number is miniscule in a particular State and that is why they have not conducted the exam in that language. However, when you are holding it at the national level, they are a sizeable number. Therefore, why do you not specify that they should not go only by the three years' record of the States? Otherwise, the linguistic minorities in various States will be affected. In that case, you should try to reconcile both these aspects, that is, record for three years and the 22 languages that we have in the Eighth Schedule. It will be helpful for all of us.

SHRI JAGAT PRAKASH NADDA: Sir, these are suggestions and I take these suggestions accordingly. Whatever best we can do, we will do it. As far as Odisha is concerned, the hon. Member talked about five medical colleges, that is, in Balasore, Baripada, Bolangir, Koraput and Puri. An amount of Rs. 34 crore has been given to each medical college. I do not remember exactly, but I think a sum of Rs. 189 crore is to be given to each medical college and we will be giving it.

HON. DEPUTY-SPEAKER: The question is:

“That the Bill be passed.”

The motion was adopted.

HON. DEPUTY-SPEAKER: Shri N.K. Premachandran.

SHRI N.K. PREMACHANDRAN: Mr. Deputy-Speaker, Sir, I have also raised a very important matter in respect of ESI Medical College, and particularly a medical college in my constituency.

SHRI JAGAT PRAKASH NADDA: Sir, two issues are being raised. One is about the Government Medical College. We see to it that the Government Medical Colleges are recognized accordingly, and whatever best we can do, we will do it.

As far as ESIC is concerned, it is related to the Labour Ministry, but I will ask my friend, Shri Bandaru Dattatreya, to look into it.

SHRI N.K. PREMACHANDRAN: Sir, I am withdrawing the Resolution.

HON. DEPUTY-SPEAKER: Is it the pleasure of the House that the Statutory Resolution at Sl. No. 21 in the List of Business moved by Shri N.K. Premachandran be withdrawn?

The Resolution was, by leave, withdrawn.

HON. DEPUTY-SPEAKER: The question is:

“That the Bill further to amend the Dentists Act, 1948 be taken into consideration.”

The motion was adopted.

HON. DEPUTY-SPEAKER: The House will now take up clause-by-clause consideration of the Bill.

Clause 2

Insertion of new Section 10D

HON. DEPUTY-SPEAKER: Shri N.K. Premachandran, are you moving your amendments?

SHRI N.K. PREMACHANDRAN: Sir, I beg to move:

“Page 1, line 9,-

for “such other languages and”

substitute “such other regional languages as any State Government may recommend to that designated authority and”.” (1)

“Page 1, after line 17, *add-*

“Explanation:- For the purposes of this section ‘uniform entrance examination’ means same question paper having identical questions irrespective of the language of the question paper.” (2)

HON. DEPUTY-SPEAKER: I shall now put amendment Nos. 1 and 2 to clause 2 moved by Shri N.K. Premachandran to the vote of the House.

The amendments were put and negatived.

HON. DEPUTY-SPEAKER: Prof. Saugata Roy.

PROF. SAUGATA ROY : Sir, I beg to move:

“Page 1, line 9,-

for “such other languages”

substitute “in all other languages mentioned in the Eighth Schedule to the Constitution of India”.” (3)

Sir, this amendment is same as the last one. So, I do not want to repeat anything. There is only one point which I want to make, Nadda Ji. In most colleges, the degree is called BDS (Bachelor of Dental Surgeon). Here, you are calling the Bill as ‘Dentists (Amendment) Bill. The Chinese dentists who are eighth pass are also called as dentists. Actually, the words “dental surgeon” should be specified. Please give a thought to it, that is, of giving respect to this profession by calling it “Dental Surgeons (Amendment) Bill.”

HON. DEPUTY-SPEAKER: I shall now put amendment No. 3 to clause 2 moved by Prof. Saugata Roy to the vote of the House.

The amendment was put and negatived.

HON. DEPUTY-SPEAKER: Shrimati P.K. Shreemathi Teacher – Not present.

The question is:

“That clause 2 stand part of the Bill.”

The motion was adopted.

Clause 2 was added to the Bill.

Clauses 3 and 4 were added to the Bill.

Clause 1, the Enacting Formula and the Long Title were added to the Bill.

SHRI JAGAT PRAKASH NADDA: Sir, I beg to move:

“That the Bill be passed.”

HON. DEPUTY-SPEAKER: Motion moved:

“That the Bill be passed.”

PROF. SAUGATA ROY: Sir, you are very democratic and that is why we like you very much.

HON. DEPUTY-SPEAKER: Thank you.

SHRI K.H. MUNIYAPPA (KOLAR): Sir, when you are giving the power to the States, you must ensure that the marks given are uniform, particularly in case of rural students. Such a direction has to be given by the Union Government. Otherwise, at present, some States give more marks, and some States give fewer marks. There will be discrimination in the selection process. That is my only request. There should be uniformity in all the States. The question whether five marks should be given to the rural students can be considered. That is my only request.

HON. DEPUTY SPEAKER: The question is:

“That the Bill be passed.”

The motion was adopted.

HON. DEPUTY SPEAKER: The House stands adjourned to meet tomorrow, the 20th July, 2016 at 11.00 a.m.

20.16 hours

The Lok Sabha then adjourned till Eleven of the Clock on Wednesday, July 20, 2016/Ashadha 29, 1938 (Saka).
