

Eighteenth Series, Vol. XIV No. 18

Friday, March 13, 2026
Phalguna 22, 1947 (Saka)

LOK SABHA DEBATES

(Original Version)

Seventh Session
(Eighteenth Lok Sabha)



(Vol. XIV contains Nos. 11 to 20)

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No. 18, Friday, March 13, 2026/ Phalguna 22, 1947 (Saka)**

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LOK SABHA DEBATES

LOK SABHA

Friday, March 13, 2026/ Phalguna 22, 1947 (Saka)

The Lok Sabha met at Eleven of the Clock.

[**HON. SPEAKER** *in the Chair*]

... (Interruptions)

SHRI K. C. VENUGOPAL (ALAPPUZHA): Sir, Adjournment Motion to be moved for LPG gas (Interruptions)

माननीय अध्यक्ष : प्रश्न संख्या 301 । श्री नीलेश ज्ञानदेव ।

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, मैंने पूर्व में भी आग्रह किया था और आज पुनः आग्रह कर रहा हूँ कि प्रश्न काल सदन का सबसे महत्वपूर्ण समय होता है । आज भी प्रतिपक्ष के आठ माननीय सदस्यों के प्रश्न सूचीबद्ध हुए हैं । प्रश्न काल में जहाँ देश के मुद्दे और क्षेत्र की समस्याएँ उठती हैं और वहीं सरकार की जवाबदेही भी तय होती है ।

इसीलिए, मेरा आपसे आग्रह है कि आप प्रश्न काल में सबको बोलने का अवसर दें । आप कहते हैं कि सदन में बोलने का अवसर दिया जाए और अपनी बात को रखने दिया जाए । सदन में जब अवसर दिया जाता है, अपनी बात को रखने का समय दिया जाता है, उस समय आप बोलना नहीं चाहते हैं और सदन में गतिरोध करना चाहते हैं । यह संसदीय मर्यादा के अनुरूप नहीं है । आपको यदि कोई विषय उठाना है, तो प्रश्न काल के बाद उठा सकते हैं, लेकिन अनुदानों की माँगें और जो अन्य विषय आते हैं, उन पर...

... (व्यवधान)

डॉ. मोहम्मद जावेद (किशनगंज) : महोदय, आठ मेंबर्स बाहर बैठे हैं, चालीस दिन हो गए हैं ।

... (व्यवधान)

माननीय अध्यक्ष : सदन की मेजों पर चढ़ोगे, तो यही कार्रवाई होगी । यह क्लियर है ।

... (व्यवधान)

माननीय अध्यक्ष : मैं एक और आग्रह कर रहा हूँ । सदन की पवित्रता, चाहे संसद के परिसर में हो या संसद के बाहर हो, संसद की पवित्रता, मर्यादा और प्रतिष्ठा बनाने की जिम्मेदारी सबकी है ।

... (व्यवधान)

माननीय अध्यक्ष : जिस तरीके का आचरण और व्यवहार आप कर रहे हैं, सदन की पवित्रता को समाप्त कर रहे हैं।

... (व्यवधान)

WRITTEN ANSWERS TO QUESTIONS

(i) @Starred Question Nos. 301 to 320

राष्ट्रीय कैंसर परिचर्या नीति

***301. श्री निलेश ज्ञानदेव लंके:**

श्री संदिपनराव आसाराम भुमरे:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार का विचार देश में एक व्यापक राष्ट्रीय कैंसर परिचर्या नीति कार्यान्वित करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) वर्तमान में केवल 30 प्रतिशत जिलों की ही व्यापक कैंसर केन्द्रों तक पहुंच होने के क्या कारण हैं और इस असमानता को दूर करने के लिए क्या कदम उठाए जा रहे हैं;

(ग) क्या सरकार यह मानती है कि कैंसर के उपचार के परिणामस्वरूप रोगियों और उनके परिवारों पर वित्तीय बोझ बढ़ता है और यदि हां, तो इस बोझ को कम करने के लिए किन उपायों पर विचार किया जा रहा है;

(घ) सरकार का विचार देश में विशेषकर महाराष्ट्र में महिलाओं में कैंसर की जांच के संबंध में जन जागरूकता और भागीदारी किस प्रकार बढ़ाने का है; और

(ङ) क्या महाराष्ट्र सहित विभिन्न राज्यों में कैंसर परिचर्या संबंधी अवसंरचना में सुधार के लिए कोई विशिष्ट धनराशि आवंटित की जा रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्री; तथा रसायन और उर्वरक मंत्री (श्री जगत प्रकाश नड्डा):

(क) से (ङ): स्वास्थ्य और परिवार कल्याण विभाग राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के भाग के रूप में राष्ट्रीय गैर-संचारी रोगों की रोकथाम एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत देशभर के राज्यों और संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान करता है। यह कार्यक्रम कैंसर

सहित अन्य गैर-संचारी रोगों के लिए बुनियादी ढांचे के सुदृढीकरण, मानव संसाधन विकास, जांच, शीघ्र निदान, रेफरल, उपचार और स्वास्थ्य संवर्धन पर केंद्रित है। एनपी-एनसीडी के तहत, देशभर में 770 जिला एनसीडी क्लीनिक और सामुदायिक स्वास्थ्य केंद्रों में 6,410 एनसीडी क्लीनिक स्थापित किए गए हैं।

राष्ट्रीय स्वास्थ्य मिशन के तहत महाराष्ट्र सहित देश भर में तीन सामान्य कैंसर (मुख का कैंसर, स्तन कैंसर और सर्विकल कैंसर) सहित सामान्य एनसीडी की रोकथाम, नियंत्रण और जांच के लिए एक जनसंख्या-आधारित पहल शुरू की गई है। इस पहल में, 30 वर्ष से अधिक आयु के व्यक्तियों को आयुष्मान आरोग्य मंदिर में स्क्रीनिंग के लिए लक्षित किया गया है। प्रशिक्षित फ्रंट लाइन कार्यकर्ताओं [मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ता (आशाकर्मी) और सहायक नर्स और मिडवाइफ (एएनएम)] के माध्यम से रोकथाम, नियंत्रण और जांच सेवाएं प्रदान की जा रही हैं।

केंद्रीय बजट 2025-26 की घोषणा के अनुसार, सरकार ने आगामी 3 वर्षों में प्रत्येक जिला अस्पताल में डे केयर कैंसर केंद्र (डीसीसीसी) स्थापित करने की योजना बनाई है। आदिनांक, देश भर में 479 डे केयर कैंसर केंद्र कार्यशील हैं।

महाराष्ट्र सहित देश भर के स्वास्थ्य केंद्रों में 20 फरवरी, 2025 से 31 मार्च, 2025 तक 30 वर्ष और उससे अधिक आयु के सभी व्यक्तियों के लिए कैंसर सहित अन्य गैर-संचारी रोगों की जांच का अभियान चलाया गया। 17 सितंबर से 2 अक्टूबर 2025 तक संचालित किए गए "स्वस्थ नारी, सशक्त परिवार अभियान" के तहत आयुष्मान आरोग्य मंदिरों (एएएम), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और अन्य स्वास्थ्य केंद्रों में स्वास्थ्य शिविर आयोजित किए गए, जिनमें महिलाओं की मुख कैंसर, स्तन कैंसर और सर्विकल कैंसर की जांच की गई।

कैंसर सहित अन्य गैर-संचारी रोगों के बारे में जन जागरूकता बढ़ाने और स्वस्थ जीवनशैली को बढ़ावा देने हेतु अन्य पहलों में राष्ट्रीय कैंसर जागरूकता दिवस और विश्व कैंसर दिवस का आयोजन और निरंतर सामुदायिक जागरूकता के लिए प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग शामिल है। इसके अतिरिक्त, राज्यों और संघ राज्य क्षेत्रों द्वारा किए जाने वाले जागरूकता

सृजन (आईईसी) कार्यकलापों के लिए राष्ट्रीय कैंसर प्रबंधन (एनएचएम) के तहत वित्तीय सहायता प्रदान की जाती है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, राष्ट्रीय निःशुल्क औषधि पहल और निःशुल्क निदान सेवाएं सार्वजनिक स्वास्थ्य केंद्रों पर अनिवार्य दवाओं और नैदानिक सुविधाओं की उपलब्धता सुनिश्चित करती हैं, जिससे मरीज का अपना खर्च कम होता है। कैंसर रोधी दवाएं स्वास्थ्य केंद्रों की अनिवार्य औषधि सूची में शामिल हैं। राज्यों/संघ राज्य क्षेत्रों को उनकी राज्य कार्यक्रम कार्यान्वयन योजनाओं (एसपीआईपी) के आधार पर वित्तीय सहायता प्रदान की जाती है। वित्त वर्ष 2025-26 के दौरान, कैंसर सहित प्रमुख गैर-संचारी रोगों की रोकथाम, जांच और प्रबंधन के लिए महाराष्ट्र सहित राज्यों/संघ राज्य क्षेत्रों में कार्यक्रम संबंधी कार्यकलापों के कार्यान्वयन हेतु ₹1302.89 करोड़ रुपये की एसपीआईपी स्वीकृत की गई हैं।

स्वास्थ्य और परिवार कल्याण विभाग विशिष्ट परिचर्या कैंसर सुविधाकेंद्रों को सुदृढ़ करने की योजना का कार्यान्वयन करता है। इस योजना के तहत, देश भर में 19 राज्य कैंसर संस्थान (एससीआई) और 20 विशिष्ट परिचर्या कैंसर केंद्र (टीसीसीसी) स्वीकृत किए गए हैं। महाराष्ट्र राज्य में, औरंगाबाद के सरकारी मेडिकल कॉलेज में एक राज्य कैंसर संस्थान (एससीआई) और दो विशिष्ट परिचर्या कैंसर केंद्र (टीसीसीसी), नामतः राष्ट्रसंत तुकडोजी क्षेत्रीय कैंसर अस्पताल एवं अनुसंधान केंद्र, नागपुर और विवेकानंद फाउंडेशन एवं अनुसंधान केंद्र, लातूर को मंजूरी दी गई है।

विशिष्ट परिचर्या कैंसर सुविधाकेंद्रों के सुदृढ़ीकरण की योजना के तहत, राज्य कैंसर संस्थानों (एससीआई) के लिए ₹120 करोड़ तक और विशिष्ट परिचर्या कैंसर केंद्रों (टीसीसीसी) के लिए ₹45 करोड़ तक का एकमुश्त अनुदान प्रदान करने का प्रावधान है, जिसमें राज्य का हिस्सा भी शामिल है। महाराष्ट्र की तीन संस्थाओं सहित सभी 39 संस्थाओं के लिए स्वीकृत कुल केंद्रीय हिस्सा ₹1985.59 करोड़ है।

परमाणु ऊर्जा विभाग के तहत सहायता-अनुदान प्राप्त संस्थान टाटा मेमोरियल सेंटर (टीएमसी) ने उच्च गुणवत्ता वाली व्यापक कैंसर परिचर्या सेवाएं प्रदान करने के लिए देश भर में

अर्थात् वाराणसी, विशाखापत्तनम, न्यू चंडीगढ़, गुवाहाटी, संगरूर और मुजफ्फरपुर में छह अस्पताल स्थापित किए हैं। मुंबई स्थित टाटा मेमोरियल अस्पताल भी कैंसर परिचर्या सेवाएं प्रदान कर रहा है। साथ ही, सभी 22 नए एम्स में कैंसर उपचार सुविधाकेंद्रों को मंजूरी दी गई है।

झज्जर स्थित राष्ट्रीय कैंसर संस्थान (एनसीआई) उन्नत नैदानिक और उपचार सुविधाएं प्रदान करता है और कोलकाता में चित्तरंजन राष्ट्रीय कैंसर संस्थान का दूसरा परिसर उन्नत कैंसर परिचर्या, निदान, अनुसंधान और उपचार हेतु एक महत्वपूर्ण केंद्र के रूप में सेवाएं देने के लिए विशेष बुनियादी ढांचे और विशेषज्ञ मानव संसाधन के साथ स्थापित किया गया है।

कैंसर सहित प्रमुख गैर-संचारी रोगों का उपचार आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी पीएमजेवाई) के तहत उपलब्ध है। इस योजना में पैनलबद्ध सार्वजनिक और निजी अस्पतालों में माध्यमिक और विशिष्ट परिचर्या के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये प्रदान किए जाते हैं। प्रधान मंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) और उपचार के लिए किफायती दवाएं और विश्वसनीय प्रत्यारोपण (अमृत) फार्मेशियां किफायती कैंसर दवाओं, स्टैंट्स और प्रत्यारोपण तक पहुंच में सुधार करती हैं, जिससे मरीज के अपने खर्च में कमी आती है और दीर्घकालिक उपचार में सहायता मिलती है।

AWCS IN MADHYA PRADESH

***302. DR. LATA WANKHEDE:**

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) the total number of Anganwadi Centres (AWCs) operational in Madhya Pradesh and the number of beneficiaries covered therein;
- (b) the status of upgradation of AWCs into 'Saksham Anganwadis' with better infrastructure and smart learning aids in the State;
- (c) the details of the implementation of the 'Poshan Tracker' application to

monitor the nutritional status of children in the State;

(d) the measures taken to fill the vacancies of Anganwadi Workers and Helpers in Madhya Pradesh; and

(e) the plan of the Government to construct pucca buildings for the AWCs running in rented or temporary structures in the State?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a): The number of Anganwadi Centres and beneficiaries covered therein for the State of Madhya Pradesh is available at the link: <https://www.poshantracker.in/statistics>.

(b): A total of 24,662 Anganwadi Centres (AWCs) have been sanctioned for upgradation as Saksham Anganwadi Centres for the State of Madhya Pradesh and as informed by the State, a total of 8,038 AWCs have been upgraded as Saksham Anganwadis.

(c): Poshan Tracker application was rolled out as an important governance tool. The Poshan Tracker facilitates monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, underweight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, opening of AWCs, daily attendance of children, ECCE activities, Growth Monitoring of children, Provision of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The application also offers counselling videos on key behaviors and services which

help disseminate messages on birth preparedness, delivery of child, post-natal care, breastfeeding and complementary feeding. Regular field level trainings/workshops are conducted directly for AWWs regarding use of the Poshan Tracker Application. Poshan Tracker also features self-learning videos for AWWs, enabling continuous capacity building and on-the-job learning through digital modules.

For last mile tracking of Service Delivery, Ministry of Women and Child Development (MWCD) has developed Facial Recognition System (FRS) in Poshan Tracker Application for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker.

The Nominee Module has been introduced in Poshan Tracker to ensure uninterrupted delivery of Take-Home Ration (THR) to the beneficiaries; Pregnant Women, Lactating Mothers, and Adolescent Girls. If due to any reason, the registered beneficiary is unable to visit the Anganwadi Centre to receive their THR through FRS, she can nominate a nominee on her behalf to receive her THR. Nominee has to undergo e-KYC only ONCE. But face matching will be done every time for receiving THR on behalf of the beneficiary. Even after addition of the nominee, beneficiary can still receive the THR at the Anganwadi Center if the nominee has not received it already.

A significant number of families availing Anganwadi services are migrant workers, who move from villages to urban areas for employment. Seasonal agricultural migrants travel to cities after the agricultural season and return to villages after a few months. To ensure uninterrupted service delivery, Poshan

Tracker provides a facility for migration from one Anganwadi Centre to another, both within and across States. Through this module, beneficiaries can avail services at the nearest Anganwadi Centre at the destination location using the Migration-In facility. By entering the Aadhaar number, an AWW can migrate a beneficiary from another Anganwadi Centre.

Under the Mission, AWWs have been provided with smartphones procured by States/UTs on a cost sharing basis for data entry and use of Poshan Tracker application.

The State/UT wise data including for the State of Madhya Pradesh from Poshan Tracker regarding nutritional status of children and services at AWCs is available at the link: <https://www.poshantracker.in/statistics>.

(d): Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. The Central Government is responsible for policy and planning and the State Governments/UT Administrations are responsible for day-to-day program implementation including recruitment of staff for implementation of the scheme. The matter regarding filling up of vacant posts at various levels is regularly taken up with them through sustained engagements and video conferences so as to ensure uninterrupted delivery of services to the beneficiaries.

(e): Under Mission Saksham Anganwadi and Poshan 2.0, various steps have been undertaken to improve the infrastructure facilities at Anganwadi Centres. During 15th Finance Commission cycle, 50000 Anganwadi Centres are being constructed @10000 AWCs per year in convergence with MGNREGS wherein

Rs.8.00 Lakh is provided under MGNREGS, Rs.2.00 Lakh under 15th Finance Commission (FC) (or any other untied funds) and Rs.2.00 Lakh by MWCD per AWC shared between Centre and States/UTs in the prescribed cost sharing ratio. Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure Development Fund (RIDF), Finance Commission Grants to Panchayati Raj Institutions, Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

In convergence with Department of School Education and Literacy, Ministry of Education Guidelines for Co-locating Anganwadi Centres within Government Primary Schools have been jointly launched on 3rd September, 2025 to strengthen ECCE and Foundational Literacy and Numeracy (FLN) services. In places where physical co-location is not possible, AWCs are to be mapped with the nearest primary school.

DELAY IN REIMBURSEMENT OF CLAIMS UNDER AB-PMJAY

***303. SHRI SANJAY DINA PATIL:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Government has reviewed the persistent delays in reimbursement of claims to hospitals empanelled under Ayushman Bharat–PMJAY in Mumbai, which are reportedly disrupting services in major public and private hospitals and leading to denial or deferment of treatment to

beneficiaries;

- (b) if so, the details of pending reimbursement claims in Mumbai and across Maharashtra, along with the number of affected hospitals and patients;
- (c) the total number of reimbursement claims pending in Maharashtra during each of the last three years;
- (d) the total amount of funds pending for reimbursement to empanelled hospitals in the State, particularly in Mumbai, the average time taken for settlement and the number of hospitals empanelled under PMJAY in Maharashtra and particularly in Mumbai;
- (e) the reasons for such delays despite digital claim processing mechanisms; and
- (f) the corrective measures proposed by the Government to ensure timely reimbursements and prevent service denial to PMJAY beneficiaries in Mumbai and the State of Maharashtra?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) to (f): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), settlement of claims is a regular and uninterrupted process and claims are settled by respective State Health Agencies as per claim adjudication guidelines issued by National Health Authority. As per the guideline, the permissible turnaround time for settlement of claim to hospitals is within 15 days of claim submission for intra-state hospitals (hospitals located within the State) and within 30 days in case of portability claims (hospitals located outside the

State).

Under the scheme, the entire claim management process is carried out on the IT platform which follows the FIFO (First-In-First-Out) principle, subject to necessary medical and administrative checks. Further, the claims submitted by empanelled hospitals are scrutinized by States based on the clinical documents, investigation reports and other supporting records, in accordance with the prescribed standard treatment guidelines.

As per the empanelment guidelines under AB-PMJAY, empanelled hospitals cannot deny treatment to eligible beneficiaries. In cases of denial of treatment by an empanelled hospital, beneficiaries can register their grievances through the Centralized Grievance Redressal Management System (CGRMS) or the 24×7 toll-free helpline number 14555. Such grievances are monitored through a three-tier grievance redressal mechanism at the District, State and National level. At each level, designated nodal officers and Grievance Redressal Committees are in place to examine and resolve the grievances.

NATIONAL DISEASE CONTROL PROGRAMMES

***304. SHRI RAJA RAM SINGH:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of the National Disease Control Programmes currently being implemented in the country to prevent, control and eliminate major communicable and non-communicable diseases such as HIV/AIDS, Tuberculosis, Cancer, Leprosy, Malaria and other vector-borne diseases;

- (b) the objectives, coverage and budgetary allocation for these programmes during the last five years, indicating separately the funds allocated/released and utilised, programme-wise;
- (c) the progress achieved under major programmes including the National AIDS Control Programme, National Tuberculosis Elimination Programme and the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, in terms of disease incidence, mortality reduction and treatment coverage, State/UT-wise; and
- (d) the challenges faced in the effective implementation of these programmes including gaps in infrastructure, availability of trained manpower, diagnostic facilities, medicine supply, inter-State disparities and complaints received during the last five years, State/UT-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) to (d): Health is a State subject and the primary -responsibility of strengthening public healthcare system including up gradation and strengthening of existing health facilities lies with the respective State/ UTs.

The Ministry of Health and Family Welfare through various Centrally Sponsored Schemes and Central Sector Schemes supplements the efforts of the States / UTs in the healthcare sector.

Funds are allocated to the programme activities under National Health Mission on the basis of State/UT specific Programme Implementation Plans (PIP) and States/UTs are required to utilize funds as per their need, priority and

on the basis of their absorption capacity. Programme funds are allocated on lump sum basis under the flexible pool of NHM to offer flexibility to the States/UTs. States/UTs are allowed to ensure adequate resources to various components. The fund allocated under NHM Flexi-pool on National Disease Control Programme (NDCP) and National Programme for Non-Communicable Diseases Programme (NP-NCD) are given in the enclosed **Statement-I**.

The details of programmes being implemented to prevent, control and eliminate major communicable and non-communicable diseases such as HIV/AIDS, Tuberculosis, Cancer, Leprosy, Malaria and other vector-borne disease as under:-

1. THE NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME FOR PREVENTION AND CONTROL OF MALARIA AND OTHER VECTOR BORNE DISEASE

The National Center for Vector Borne Diseases Control (NCVBDC) under the overarching umbrella of National Health Mission (NHM) administers the National Vector Borne Disease Control programme for prevention and control of Malaria and other vector borne disease namely Kala-azar, Lymphatic Filariasis (LF), Dengue, Chikungunya and Japanese Encephalitis (JE).

Malaria:

- The goal is to eliminate malaria in India by 2030 by interrupting local transmission to achieve zero indigenous cases by 2027 and providing an enabling environment to prevent its re-establishment.
- Malaria is endemic in all States/UTs except Ladakh.

- The country has achieved a reduction of 80.16% in malaria morbidity and 85.67% in malaria mortality between 2015 and 2025 (Provisional).
- Surveillance has increased in the country, resulting in an Annual Blood Examination Rate (ABER) of 13.22% in 2025 (Provisional) as compared to 9.58% in 2015.
- In 2025 (P), National Annual Parasite Incidence (API) has reduced to 0.17 compared to 0.92 in 2015 and total 33 States/UTs have achieved API less than 1 except 3 States Tripura, Mizoram and Odisha.
- High burden districts with API > 1 reduced to 32 in 2025 (Provisional) compared to 155 in 2015.
- 160 districts in the country have reported zero indigenous cases from 2022-24 for which Sub National Malaria Elimination Verification initiated.
- As per World Malaria Report 2025:
 - a. India exited the High Burden to High Impact (HBHI) group in 2024
 - b. India on track for Global Technical Strategy (GTS) 2025 – achieved $\geq 70\%$ reduction in incidence and mortality by 2024.

Lymphatic Filariasis

- The objective of the programme is to eliminate Lymphatic Filariasis by achieving microfilaria rate below 1% in endemic areas through Mass Drug Administration (MDA).
- LF is endemic in 348 districts across 20 States/UTs.

- Mass Drug Administration (MDA) coverage among the total population increased from 78% in 2015 to 85% in 2025, driven by a strong focus on Directly Observed Consumption (DOC).
- The number of districts that discontinued MDA after successfully passing the Transmission Assessment Survey (TAS)-1 rose significantly from 41 in 2015 to 143 in 2025.
- Additionally, the involvement of medical colleges in MDA coverage surveys, expanded substantially from just 2 medical colleges in 2019 to 199 in 2024 with institutions receiving periodic orientation and sensitization.

Kala-azar

- The objective of the Kala-azar Elimination Program (KAEP) is to reduce the annual Kala-azar case incidence to less than one case per 10000 population at block level.
- Kala-azar is endemic in 633 blocks across 54 districts in 4 States (Bihar, Jharkhand, West Bengal and Uttar Pradesh).
- KA- Elimination threshold of less than one case per 10000 population has been attained in 2023 in all 633 endemic blocks of 54 districts in 4 endemic States and the same has been sustained till date

Dengue

- Objective of Dengue & Chikungunya control programme is to prevent the death due to dengue and to reduce the morbidity. National target is to sustain the CFR (number of deaths per 100 Dengue cases) <1%.

- Dengue & Chikungunya are endemic in all States/UTs except Ladakh.
- During 2025 (Provisional), the number of Dengue cases decreased by 48.19% as compared to 2024.
- The CFR (CFR – death per 100 cases) for Dengue was 0.09% during 2025 (Provisional) and sustained <1% target.

Japanese Encephalitis

- The main objectives of the JE control programme are to reduce morbidity and mortality due to JE.
- JE is endemic in 24 States/UTs across the country.
- Case Fatality Rate (CFR) reduced from 17.6% in 2014 to 10.8% in 2025 (Provisional).

2. NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

The National Leprosy Eradication Programme (NLEP) is a centrally sponsored scheme under the overarching umbrella of National Health Mission (NHM).

The programme aims to eliminate leprosy and achieve zero transmission by 2027. The objective of programme is to reduce prevalence rate to less than 1 per 10,000 populations at sub-national and district levels, Zero Child leprosy cases, Zero Grade 2 disability cases among new cases and to eliminate stigma and discrimination against persons affected by leprosy.

The following steps taken by Government to prevent, control and eliminate Leprosy.

- Leprosy Case Detection Campaign (LCDC): House-to-House surveys in

villages and urban areas in identified high burden districts

- Focused Leprosy Campaign (FLC): Active case search where a new case with Grade 2 Disability (G2D) is detected.
- ASHA-based surveillance for leprosy suspects (ABSULS) in districts not covered under LCDC to be integrated in the routine activities and continued.
- Sparsh Leprosy Awareness Campaign (SLAC) is an activity under NLEP organized across the country for general awareness upto village level and reducing stigma and discrimination.
- Leprosy services are integrated with the general health care system through all Health facilities.
- Regular training and capacity-building programmes are conducted for Medical Officers, ASHAs, ANMs and other frontline health workers for early identification, referral and treatment of leprosy.
- IEC activities for generating awareness in the public.
- Contact tracing is carried out and Post Exposure Prophylaxis (PEP) is administered to eligible contacts of index cases to interrupt transmission.
- Disability Prevention and Medical Rehabilitation (DPMR) services are provided as per programme guidelines, including reaction management, self-care training, provision of assistive devices, Micro-Cellular Rubber (MCR) footwear and reconstructive surgery.

3. **TB MUKT BHARAT ABHIYAN (NATIONAL TB ELIMINATION PROGRAMME)**

The Government has implemented TB MukT Bharat Abhiyan (National TB Elimination Programme), under the aegis of National Health Mission (NHM) across all States/UTs in the country, with the following objectives:

- Early diagnosis of TB patients, prompt treatment with quality assured drugs and treatment regimens.
- Private sector engagement to support patients seeking care in the private sector.
- TB prevention strategies through contact tracing & TB preventive treatment.
- Airborne infection control.
- Multi-sectoral response for addressing social determinants.

As per the World Health Organization's Global TB Report 2025, the annual TB incidence rate has declined by 21% from 237 cases per lakh population in 2015 to 187 cases per lakh population in 2024 and the mortality rate has declined by 25% from 28 deaths per lakh population in 2015 to 21 deaths per lakh population in 2024. The treatment coverage has improved from 53% in 2015 to 92% in 2024. The State/UT wise details of number of TB cases notified in last five years under the TB MukT Bharat Abhiyan, are given in the enclosed **Statement -II**.

4. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF NON COMMUNICABLE DISEASES (NP-NCD)

The Department of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non- Communicable Diseases (NCDs) including cancer. Under NP-NCD, 770 District NCD Clinics, 364 District Day Care Cancer Centres (DCCC) and 6,410 NCD clinics at Community Health Centres have been set up across the country.

A population-based initiative for prevention, control and screening for common NCDs including three common cancers (oral cancer, breast cancer and cervical cancer) has been rolled out in the country under NHM and also as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening. Screening of these common NCDs is an integral part of service delivery at Ayushman Arogya Mandir. Prevention, control & screening services are being provided through trained frontline workers [Accredited Social Health Activist (ASHA) & Auxiliary Nurse and Midwife (ANM)].

State-wise screening data for non-communicable diseases are given in the enclosed **Statement - III**.

5. National AIDS and STD Control Programme (NACP Phase V).

National AIDS and STD Control Programme Phase-V (NACP-V) is a Central Sector Scheme fully funded by the Government of India. The NACP Phase-V is being implemented for the five-year period, from 1st April 2021 to 31st March 2026.

The key objectives of the NACP-V are as follows:

- 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load.
- Eliminate vertical transmission of HIV and syphilis.

The details of coverage and budgetary allocations under NACP-V are given in the enclosed **Statement-IV and V**.

The annual HIV incidence in India declined from 0.06 in 2020 to 0.047 per thousand uninfected population in 2024, while AIDS-related mortality declined from 0.035 to 0.023 per thousand population during the same period.

The number of on-Anti Retroviral Treatment (ART) people living with HIV (PLHIV) at NACP facilities increased from 13,88,376 in March 2021 to 18,23,641 in December 2025 (31% increase).

State/UT-wise details of the incidence rate, mortality rate and treatment coverage are given in the enclosed **Statement-VI**.

NACP has made notable progress in combating the HIV epidemic in the country. High-risk groups, bridge and general populations are more aware of using preventive strategies to curb the spread of the HIV epidemic.

The infrastructure for HIV diagnostics has been expanded in collaboration with the National Health Mission, including sensitization of frontline staff at Primary Health Care Center and Community Health Care Center. HIV screening services are currently available at around 35,000 facilities across the country. This includes 4,657 integrated counselling and testing centers under NACP for undertaking HIV confirmatory tests.

Number of treatment facilities (Anti Retroviral Treatment (ART) centers) under NACP have increased from 553 in March 2020 to 848 in December 2025. Currently, around 18.23 lakhs People living with (HIV) are under treatment.

STATEMENT-I

Fund allocated under NHM Flexi-pool on National Disease Control Programme (NDCP) and National Programme for Non-Communicable Diseases Programme (NP-NCD)

SPIP Approvals

(Rs in Cr)

F.Y.	National Disease Control Programmes (NDCP)	Non-Communicable Disease Control Programme (NP-NCD)
2020-21	4062.69	1248.5
2021-22	4052.99	2615.63
2022-23	4308.42	3168.05
2023-24	4577.11	3312.13
2024-25	5542.18	4107.96

STATEMENT-II

State/UT wise number of TB cases notified in last five years, under TB Mukht Bharat Abhiyan (National TB Elimination Programme)					
State/ UT	2021 (Jan. to Dec.)	2022 (Jan. to Dec.)	2023 (Jan. to Dec.)	2024 (Jan. to Dec.)	2025 (Jan. to Dec.)
Andaman & Nicobar Islands	507	534	561	534	518
Andhra Pradesh	86832	92187	89064	83960	78608
Arunachal Pradesh	2724	2863	2604	2848	2500
Assam	37641	47822	51862	50456	50989
Bihar	131703	161165	186974	204309	221299
Chandigarh	4720	6066	6721	6,960	6534
Chhattisgarh	32416	38521	38924	39593	39595
DNH and DD	1013	1399	1167	1037	1296
Delhi	103038	106731	100523	105343	112973
Goa	2018	2091	2082	2079	1890
Gujarat	144731	151912	144,507	137955	131613
Haryana	69083	75838	80490	86635	88513
Himachal Pradesh	14492	16089	15648	15607	14637
Jammu & Kashmir	10826	11804	11754	12200	11959
Jharkhand	52179	57320	61717	63670	66095
Karnataka	72435	80416	81862	78369	75521
Kerala	21872	23388	21799	20843	19493
Ladakh	291	320	320	293	280
Lakshadweep	12	11	6	8	16
Madhya Pradesh	166346	186293	184691	181026	173031
Maharashtra	199976	234105	227664	230163	217694
Manipur	1793	2554	2495	2497	2587
Meghalaya	4152	4989	4908	4564	4640
Mizoram	1749	2085	2273	2312	2303
Nagaland	3648	4125	4287	4059	4127
Odisha	52381	60372	62387	60608	60343
Puducherry	3444	3835	4169	3700	3312
Punjab	50142	55150	55224	59020	61360

Rajasthan	149225	169522	165123	171921	162414
Sikkim	1373	1395	1391	1313	1205
Tamil Nadu	82823	93879	98251	93276	93136
Telangana	60714	72941	74994	76611	79672
Tripura	2543	3024	3386	3320	3367
Uttar Pradesh	453712	522850	632872	681779	708194
Uttarakhand	22789	27553	26829	29334	28478
West Bengal	90487	100972	102728	99721	101363

Data Source: Ni-kshay Portal (Data As on 09.03.2026)

STATEMENT-III

Summary of Screening Status as per NP-NCD Portal

States/UTs		Hypertension	Diabetes Mellitus	Oral Cancer	Breast Cancer	Cervical Cancer
Sl. No	Total	41,32,18,153	41,13,62,265	34,87,17,460	16,34,60,835	8,78,04,049
i.	Andaman & Nicobar Islands	1,23,130	1,22,778	1,13,577	58,013	4,260
ii.	Arunachal Pradesh	2,39,962	2,37,158	2,12,547	1,05,253	24,164
iii.	Assam	1,01,07,799	99,07,951	89,23,411	42,38,677	6,19,391
iv.	Bihar	4,10,93,193	4,07,98,538	3,98,23,077	1,51,43,803	49,83,197
v.	Chandigarh	4,64,062	4,62,586	4,53,140	1,97,662	1,37,595
vi.	Chhattisgarh	1,09,52,089	1,09,65,752	1,07,74,418	53,59,991	33,39,436
vii.	Delhi	18,04,512	17,19,278	17,07,240	7,93,412	1,01,130
viii.	Goa	3,71,341	3,72,714	3,71,273	1,98,012	50,340
ix.	Gujarat	3,41,22,295	3,41,06,062	3,38,33,775	1,64,77,413	83,15,327
x.	Haryana	99,91,766	99,23,607	97,54,396	46,82,036	22,78,023
xi.	Himachal Pradesh	37,89,437	37,79,346	36,66,428	18,19,858	8,23,316
xii.	Jammu & Kashmir	53,76,866	53,69,282	51,52,554	24,37,688	16,54,581
xiii.	Jharkhand	73,89,194	73,30,227	70,79,466	34,18,306	9,80,149
xiv.	Karnataka	2,59,19,525	2,59,55,556	2,57,94,648	1,27,07,761	1,02,63,69

						0
xv.	Ladakh	1,32,343	1,32,365	1,31,649	65,719	41,481
xvi.	Lakshadweep	24,295	24,276	23,997	12,747	9,125
xvii.	Madhya Pradesh	2,84,76,798	2,84,64,381	2,80,13,150	1,33,54,450	48,99,703
xviii.	Maharashtra	4,01,61,964	3,93,22,247	3,91,36,442	1,90,51,959	1,19,29,528
xix.	Manipur	7,98,229	7,97,910	7,59,184	3,91,617	2,15,725
xx.	Meghalaya	6,56,857	6,48,603	6,43,357	3,72,179	1,11,271
xxi.	Mizoram	4,82,573	4,82,300	4,71,318	2,44,670	1,38,268
xxii.	Nagaland	1,98,477	1,84,529	1,62,675	80,294	13,704
xxiii.	Odisha	2,06,37,131	2,06,30,670	2,03,66,984	1,04,10,658	41,83,762
xxiv.	Puducherry	2,35,104	2,35,495	2,35,007	1,25,455	91,540
xxv.	Punjab	72,59,392	72,67,895	71,15,109	34,79,316	19,16,252
xxvi.	Rajasthan	2,53,24,743	2,53,73,120	2,44,13,374	1,15,98,280	33,12,168
xxvii.	Sikkim	2,28,499	2,29,528	2,24,133	1,13,578	48,346
xxviii.	Telangana	1,90,80,789	1,90,23,258	1,85,00,296	92,17,584	86,95,114
xxix.	Tripura	16,40,392	16,26,702	15,43,014	7,41,931	2,31,323
xxx.	Uttar Pradesh	1,93,14,286	1,90,41,425	1,81,23,660	74,00,309	13,99,509
xxxi.	Uttarakhand	31,14,082	31,14,859	30,99,101	15,00,614	1,92,586
xxxii.	Andhra Pradesh	2,75,99,190	2,75,99,190	2,75,17,702	1,43,13,494	1,43,13,798
xxxiii.	Kerala	37,58,983	38,49,350	13,49,537	9,07,989	4,77,174
xxxiv.	Tamil Nadu	6,13,02,128	6,12,65,067	86,33,442	21,77,242	18,44,207
xxxv.	The DNH and DD	3,57,722	3,57,530	3,56,855	1,55,359	1,55,355
xxxvi.	West Bengal	6,89,005	6,40,730	2,37,524	1,07,506	9,511

STATEMENT-IV

Coverage of key services under NACP in last five years					
Services	2020-21	2021-22	2022-23	2023-24	2024-25
HIV screening/testing	4,13,24,195	4,83,35,613	5,77,85,994	6,48,76,359	6,62,44,203

among vulnerable population and pregnant women					
HIV-infected persons alive and on anti-retroviral treatment at NACP facilities (including newly detected HIV positive persons)	13,88,376	14,50,259	15,74,316	16,88,921	17,54,809

STATEMENT-V

Fund allocated, released and utilised under NACP (Rs in Crore)			
Year	Fund Allocated	Released	Utilized
2020-21	2934.43	2815.47	2812.75
2021-22	2349.73	2126.33	2126.32
2022-23	2032.00	1997.55	1997.55
2023-24	2318.41	2313.64	2313.58
2024-25	2858.00	2514.51	2451.42

STATEMENT-VI

State/UT-wise progress on HIV incidence, AIDS-related mortality, and treatment coverage						
State/UT	HIV incidence per 1000 uninfected population*		AIDS-related mortality per 1000 population*		Number of HIV- infected persons on anti-retroviral treatment people at NACP facilities	
	2020	2024	2020	2024	2020- 2021	December 2025
Andaman And Nicobar Islands	0.090	0.050	0.046	0.017	127	265

Andhra Pradesh	0.100	0.050	0.196	0.082	1,90,243	2,31,495
Arunachal Pradesh	0.190	0.210	0.024	0.011	183	2,424
Assam	0.070	0.050	0.018	0.007	7,880	21,716
Bihar	0.070	0.060	0.017	0.010	63,448	96,287
Chandigarh	0.130	0.140	0.011	0.029	6,478	5,486
Chhattisgarh	0.040	0.030	0.045	0.027	15,216	20,760
The Dadra And Nagar Haveli And Daman And Diu	0.070	0.070	0.015	0.008	-	714
Delhi	0.120	0.120	0.029	0.043	32,663	43,210
Goa	0.070	0.060	0.048	0.015	3,027	3,633
Gujarat	0.050	0.030	0.012	0.010	71,711	89,181
Haryana	0.080	0.100	0.023	0.009	16,085	40,103
Himachal Pradesh	0.030	0.030	0.020	0.006	4,606	6,670
Jammu And Kashmir and Ladakh	0.020	0.010	0.017	0.009	2,925	4,174
Jharkhand	0.020	0.020	0.007	0.004	4,606	18,574
Karnataka	0.100	0.070	0.131	0.084	1,69,830	1,96,560
Kerala	0.010	0.010	0.007	0.006	14,713	17,807
Lakshadweep	-	-	-	-	-	-
Madhya Pradesh	0.030	0.020	0.021	0.008	29,733	48,845
Maharashtra	0.060	0.040	0.052	0.054	2,53,636	2,90,819
Manipur	0.240	0.170	0.205	0.155	13,366	14,707
Meghalaya	0.260	0.200	0.021	0.010	3,047	7,015
Mizoram	1.500	0.900	0.199	0.109	11,365	18,137
Nagaland	0.630	0.420	0.140	0.076	10,082	15,605
Odisha	0.030	0.020	0.029	0.018	21,692	31,004
Puducherry	0.050	0.040	0.041	0.024	1,252	1,510
Punjab	0.240	0.220	0.020	0.031	40,344	70,488
Rajasthan	0.050	0.050	0.007	0.005	46,514	64,086
Sikkim	0.060	0.030	0.005	0.003	218	417
Tamil Nadu	0.030	0.020	0.035	0.017	1,20,911	1,36,946
Telangana	0.070	0.080	0.053	0.080	83,490	1,12,861
Tripura	0.280	0.280	0.010	0.012	2,061	6,538
Uttar Pradesh	0.040	0.030	0.011	0.007	90,857	1,34,370
Uttarakhand	0.050	0.050	0.029	0.010	4,459	8,320
West Bengal	0.020	0.020	0.011	0.006	44,084	62,914
India	0.060	0.047	0.035	0.023	13,88,376	18,23,641

* Source: India HIV estimates 2020 and 2024.

DREDGING ACTIVITIES UNDER NATIONAL WATERWAY - 1***305. ADV. PRIYA SAROJ:**

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) the key findings of Environmental Impact Assessments conducted for dredging activities along the Ganga stretches passing through Uttar Pradesh under National Waterway–1, particularly regarding sediment balance, riverbank stability and aquatic biodiversity;
- (b) the number of instances where dredging exceeded approved depth, timing or stretch limits and the action taken against executing agencies;
- (c) whether the stretch-wise data on ecological monitoring has been conducted, if so, the details thereof, including reports of third-party audits;
- (d) whether any adverse cumulative impact has been recorded for the State of Uttar Pradesh, if so, the details thereof, district-wise;
- (e) the number of complaints received from fisher communities regarding livelihood disruption linked to dredging operations in Uttar Pradesh, district-wise; and
- (f) the specific restoration measures, compensation frameworks and scientifically defined thresholds adopted to prevent irreversible ecological damage while maintaining Least Available Depth (LAD) for navigation?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

- (a): Key Findings of Environmental Impact Assessments (EIA) for Dredging Activities along the Ganga-Bhagirathi-Hooghly River System (National

Waterway-1) in Uttar Pradesh, Bihar, Jharkhand & West Bengal regarding sediment balance, river bank stability, and aquatic biodiversity are given in the enclosed **Statement**. Dredging activities on NW-1 in various stretches passing through Uttar Pradesh are undertaken by the Inland Waterways Authority of India (IWAI), an autonomous organisation under the Ministry of Ports, Shipping and Waterways with due diligence and in compliance with applicable environmental regulations.

(b): No such violations have been reported regarding dredging activities on NW-1 in Uttar Pradesh. IWAI maintains a robust oversight and monitoring mechanism to ensure that dredging contractors strictly adhere to approved depth, timing, and stretch limits as specified in the contractual agreements and environmental clearance conditions.

(c): IWAI undertakes ecological monitoring on NW-1 as an integral part of its environmental management obligations. Stretch-wise monitoring is conducted in accordance with the Environmental Management Plan (EMP) prepared as part of the Environmental Impact Assessment (EIA) process and the conditions stipulated under the environmental clearance granted by the Ministry of Environment, Forest and Climate Change (MoEF&CC).

The ecological monitoring covers the following parameters across various stretches in Uttar Pradesh:

- Water quality monitoring (physico-chemical and biological parameters)
- Aquatic fauna surveys, including cetacean population monitoring
- Riparian vegetation and bank stability assessments
- Ambient noise levels during dredging operations

The monitoring is done by the Technical Support Service Consultancy (TSSC), including National Technology Centre for Ports Waterways and Coasts (NTCPWC), IIT Madras, during the execution of dredging. No separate third-party audit is conducted by IWAI.

(d): Based on the monitoring data and environmental audits conducted so far, no adverse cumulative environmental impact attributable to dredging operations of IWAI on NW-1 has been recorded in the State of Uttar Pradesh.

(e): During the dredging activities on NW-1 in Uttar Pradesh, a limited number of complaints have been received from fisher communities regarding temporary disruption to their fishing activities in certain stretches during active dredging periods. These complaints have been primarily reported from districts such as Varanasi, Ghazipur, and Prayagraj. Each complaint has been duly examined by IWAI's field offices and appropriate redressal measures, including temporary relocation of dredging operations, adequate notice to communities before dredging, and engagement with local Gram Panchayats have been undertaken.

(f): IWAI is taking up maintenance dredging in a 45 m width of the deeper portion of the river, wherever the depth is observed to be less than 3 m out of a 500 m to 5000 m width of the entire river. During the execution of this work, there is no irreversible ecological damage observed while maintaining the Least Available Depth (LAD) for navigation, following guidelines issued by MoEF&CC.

STATEMENT

Key Findings of Environmental Impact Assessments (EIA) for Dredging Activities along the Ganga River (NW-1) in Uttar Pradesh, Bihar, Jharkhand and West Bengal regarding sediment balance, river bank stability, and aquatic biodiversity:

Sediment Balance

EIAs indicate that dredging operations are confined to maintenance dredging within designated navigation channels. Dredged material is disposed of at pre-approved locations, and the overall sediment dynamics of the Ganga-Bhagirathi-Hooghly River System have not been adversely impacted. Periodic hydrographic surveys are conducted to monitor sediment accretion and erosion patterns. The dredging volumes are calibrated to be the minimum necessary to achieve the required Least Available Depth (LAD) for safe navigation.

Riverbank Stability

EIAs confirm that dredging operations are planned at safe distances from riverbanks and critical infrastructure. Geomorphological assessments have been incorporated to ensure that bank erosion risks are minimized. The channel alignment and dredging extents are designed to avoid inducing lateral migration of the river course, and real-time monitoring mechanisms are in place for early detection of any bank instability.

Aquatic Biodiversity

The EIAs acknowledge the ecological sensitivity of the Ganga-Bhagirathi-Hooghly River System, particularly with respect to the Gangetic River dolphin (*Platanista gangetica*) and other protected aquatic fauna. Accordingly, dredging

operations are temporally and spatially restricted during critical breeding and migration seasons. Fish ladders, resting areas, and environmentally sensitive zones have been delineated. IWAI has also engaged with the Wildlife Institute of India (WII) and the National Mission for Clean Ganga (NMCG) to align waterway operations with the broader conservation goals of the National Ganga Council.

न्यायालयों में सूचना और संचार प्रौद्योगिकी

***306. श्री अजय भट्ट :**

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

- (क) देश के न्यायालयों में सूचना और संचार प्रौद्योगिकी (आईसीटी) को शामिल किए जाने की स्थिति क्या है ;
- (ख) क्या देश के सभी न्यायालयों में ई-फाइलिंग शुरू कर दी गई है ;
- (ग) यदि हां, तो उत्तराखंड उच्च न्यायालय सहित न्यायालय-वार ब्यौरा और इसकी वर्तमान स्थिति क्या है तथा उक्त ई-फाइलिंग पद्धति के माध्यम से कितने मामले दर्ज किए गए हैं ; और
- (घ) सरकार द्वारा देश भर में ई-फाइलिंग प्रक्रिया के बारे में जागरूकता पैदा करने के लिए क्या कदम उठाए गए हैं, अथवा उठाए जा रहे हैं ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

- (क): ई-न्यायालय मिशन मोड परियोजना को न्यायिक प्रणाली में सूचना और संचार प्रौद्योगिकी (आईसीटी) के उपयोग को मजबूत करने के उद्देश्य से देश भर में चरणबद्ध तरीके से लागू किया जा रहा है । इस परियोजना ने वीडियो कॉन्फ्रेंसिंग, वर्चुअल न्यायालय, ई-फाइलिंग, ई-भुगतान, न्यायालय अभिलेखों का डिजिटलीकरण, उन्नत केस प्रबंधन प्रणाली और राष्ट्रीय न्यायिक डेटा

ग्रिड (एनजेडीजी) के माध्यम से निगरानी जैसे विभिन्न उपाय आरंभ किए हैं। 31.01.2026 तक ई-न्यायालय परियोजना के अधीन कुछ प्रमुख पहलें निम्नानुसार हैं :

- (i) तेजी से पुनर्प्राप्ति, सुरक्षित भंडारण और निर्बाध डिजिटल कार्यप्रवाह सुनिश्चित करने के लिए विरासत अभिलेखों सहित न्यायालय के अभिलेखों के 660.36 करोड़ से अधिक पृष्ठों को न्यायालयों में डिजिटाइज किया गया है।
- (ii) ट्रैफिक चालानों के ऑनलाइन न्यायनिर्णयन को सक्षम करने के लिए 30 वर्चुअल न्यायालय स्थापित किए गए हैं। वर्चुअल न्यायालयों को 10.13 करोड़ चालान प्राप्त हुए हैं और 1002.73 करोड़ रुपये के चालान का भुगतान किया गया है।
- (iii) सभी उच्च न्यायालयों और जिला न्यायालयों में वीडियो कॉन्फ्रेंसिंग नियम लागू किए गए हैं।
- (iv) 3,240 न्यायालय परिसरों और 1,272 जेलों में वीडियो कॉन्फ्रेंसिंग (वीसी) सुविधाओं का विस्तार किया गया है। न्यायालयों ने वीडियो कॉन्फ्रेंसिंग के माध्यम से 3.97 करोड़ से अधिक सुनवाईयां की हैं, जिससे विचाराधीन कैदियों, गवाहों और वकीलों की दूरस्थ सुनवाई में सुविधा हुई है।
- (v) 11 उच्च न्यायालयों में न्यायालय कार्यवाहियों की लाइव स्ट्रीमिंग चालू है।
- (vi) मामलों की ऑनलाइन फाइलिंग और न्यायालय फीस तथा जुर्माने के डिजिटल भुगतान की अनुमति देने के लिए ई-फाइलिंग और ई-भुगतान प्रणालियों को लागू किया गया है। ई-फाइलिंग प्लेटफॉर्म के माध्यम से लगभग 1.07 करोड़ मामले दर्ज किए गए हैं और ई-भुगतान प्रणाली ने 1,404 करोड़ रुपये की न्यायालय-फीस और 75 करोड़ रुपये के जुर्माने का लेनदेन किया है।
- (vii) एनजेडीजी देश भर के न्यायालयों के मामले डेटा, आँकड़ों तक सार्वजनिक पहुंच प्रदान करता है और मामलों की पहचान करने, प्रबंधन करने और लंबन को कम करने के लिए एक निगरानी उपकरण के रूप में काम करने वाले एक बेहतर डैशबोर्ड के साथ उसे अद्यतन किया गया है।
- (viii) सीआईएस 4.0 को सभी न्यायालयों में लागू किया गया है, जिसमें बढ़ी हुई उपयोगिता, गोपनीयता सुरक्षा उपाय और एनजेडीजी, ई-फाइलिंग, वर्चुअल न्यायालय और आईसीजेएस

जैसे राष्ट्रीय प्लेटफार्मों के साथ एकीकरण शामिल है।

- (ix) एस3डब्ल्यूएस प्लेटफॉर्म 730 जिला न्यायालय वेबसाइटों को होस्ट करता है, जो सुरक्षित और सुलभ वेब अवसंरचना को सुनिश्चित करता है।
- (x) रियल-टाइम डिजिटल सेवाओं का काफी विस्तार हुआ है, एसएमएस पुश एंड पुल (प्रतिदिन 4 लाख से अधिक एसएमएस भेजे गए), ईमेल (प्रतिदिन 6 लाख से अधिक भेजे गए) और बहुभाषी ई-न्यायालय सेवा पोर्टल (प्रतिदिन 35 लाख हिट) के माध्यम से मामलों की अद्यतन जानकारीयां वकीलों और वादकारियों को भेजी जा रही हैं।
- (xi) ई-न्यायालय सर्विसेज मोबाइल ऐप (3.59 करोड़ डाउनलोड) वकीलों और वादकारियों को मामले की स्थिति, कारण सूची आदि के बारे में प्रासंगिक जानकारी प्रदान करता है।
- (xii) जस्टआईएस ऐप (22,133 डाउनलोड) न्यायाधीशों के लिए एक प्रबंधन उपकरण है जो उन्हें अपने न्यायिक कार्य को प्रभावी ढंग से व्यवस्थित करने और निगरानी करने में सहायता करता है।
- (xiii) सभी उच्च न्यायालयों में 48 ई-सेवा केंद्र और जिला न्यायालयों में 2,396 ई-सेवा केंद्र कार्यरत हैं।
- (xiv) मोबाइल आधारित और जीपीएस-सक्षम वितरण तंत्र का उपयोग करके समन और नोटिस की इलेक्ट्रॉनिक सेवा और ट्रैकिंग के लिए नेशनल सर्विस एंड ट्रैकिंग ऑफ इलेक्ट्रॉनिक्स प्रोसेस (एनएसटीईपी) प्रणाली लागू की गई है। एनएसटीईपी के अधीन, न्यायालयों ने 7.29 करोड़ ई-आदेशिकाओं को प्रक्रियागत किया है।
- (xv) डिजिटल न्यायालय 2.1 कृत्रिम बुद्धिमत्ता (एआई) का उपयोग करके अनुवाद और प्रतिलेखन की सुविधा के साथ पेपरलेस न्यायालयों के लिए एक अनुकूलित अनुप्रयोग है। यह न्यायाधीशों को सभी मामले से संबंधित दस्तावेजों, अभिवचनों और साक्ष्यों को डिजिटल रूप से अभिगमन करने में सक्षम बनाता है, जो एक पेपरलेस न्यायालय इकोसिस्टम की दिशा में एक महत्वपूर्ण छलांग है।

(ख) से (घ): ई-फाइलिंग प्रणाली विधिक दस्तावेजों की इलेक्ट्रॉनिक फाइलिंग के लिए विकसित एक समग्र समाधान है। यह वादकारियों और वकीलों को कहीं से भी और किसी भी समय मामले से संबंधित दस्तावेजों तक पहुंचने और अपलोड करने में सक्षम बनाता है, जिससे ऐसे दस्तावेजों को फाइल करने के लिए शारीरिक रूप से न्यायालयों में जाने की आवश्यकता कम हो जाती है। देश के सभी न्यायालयों में मामलों की इलेक्ट्रॉनिक फाइलिंग की प्रक्रिया को मानकीकृत करने के लिए भारत के उच्चतम न्यायालय की ई-समिति द्वारा ई-फाइलिंग के लिए मॉडल नियम तैयार किए गए थे। ई-फाइलिंग उत्तराखंड उच्च न्यायालय और उसके सभी जिला न्यायालयों सहित 25 उच्च न्यायालयों और संबंधित जिला न्यायालयों में चालू है। 31.01.2026 तक ई-फाइल किए गए मामलों की उच्च न्यायालय-वार संख्या संलग्न **विवरण** में है।

ई-न्यायालय परियोजना के अधीन, प्रशिक्षण कार्यक्रमों और न्यायालय कर्मचारियों और अधिवक्ताओं के लिए क्षमता निर्माण कार्यशालाओं, ई-न्यायालय सेवा पोर्टल और ई-फाइलिंग पोर्टल पर उपयोगकर्ता मैनुअल, न्यायालय परिसरों में स्थापित ई-सेवा केंद्र और देश भर में आउटरीच पहलों के माध्यम से ई-फाइलिंग प्रक्रिया के बारे में जागरूकता पैदा की जा रही है।

विवरण

31.01.2026 तक उच्च न्यायालयों और जिला न्यायालयों में ई-फाइल किए गए मामलों की संख्या:

क्र.सं.	राज्य का नाम	ई-फाइल किए गए कुल मामले		
		उच्च न्यायालय	जिला न्यायालय	कुल
1.	इलाहाबाद*	-	12,531	12,531
2.	आंध्र प्रदेश	23,736	44	23,780
3.	बम्बई	4,05,326	25,87,820	29,93,146
4.	कलकत्ता	12,265	2,621	14,886
5.	छत्तीसगढ़	894	3,363	4,257
6.	दिल्ली*	-	16,63,101	16,63,101
7.	गुवाहाटी-अरुणाचल प्रदेश	0	0	0
8.	गुवाहाटी-असम	40,764	50,098	90,862

9.	गुवाहाटी-मिजोरम	0	0	0
10.	गुवाहाटी-नागालैंड	0	0	0
11.	गुजरात	64,650	10,303	74,953
12.	हिमाचल प्रदेश	3,655	1,09,090	1,12,745
13.	जम्मू-कश्मीर	29,942	2,11,933	2,41,875
14.	झारखंड	70	1,375	1,445
15.	कर्नाटक	10,360	4,15,537	4,25,897
16.	केरल*	-	10,93,024	10,93,024
17.	मध्य प्रदेश*	-	18,045	18,045
18.	मद्रास	1,44,535	22,86,703	24,31,238
19.	मणिपुर	7,546	30,146	37,692
20.	मेघालय	39	1	40
21.	ओडिशा	34,988	78,437	1,13,425
22.	पटना	7,32,678	57,660	7,90,338
23.	पंजाब और हरियाणा	1,22,131	1,51,344	2,73,475
24.	राजस्थान	1,36,084	5,918	1,42,002
25.	सिक्किम	3,896	6,742	10,638
26.	तेलंगाना	10,528	52,753	63,281
27.	त्रिपुरा	4,472	36,109	40,581
28.	उत्तराखंड	341	1,01,854	1,02,195
कुल		17,88,900	89,86,552	1,07,75,452

(स्रोत: ई-समिति, एससीआई)

टिप्पण : * इलाहाबाद, दिल्ली, केरल और मध्य प्रदेश संबंधित उच्च न्यायालयों के लिए अपने स्वयं के ई-फाइलिंग एप्लीकेशन का उपयोग कर रहे हैं।

PORT EXPANSION IN ENNORE-KATTUPALLI REGION

*307. SHRI SASIKANTH SENTHIL:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

(a) the details of ongoing and proposed port expansion and infrastructure

- projects in the Ennore-Kattupalli-Chennai coastal belt of Tamil Nadu;
- (b) whether any cumulative environmental and livelihood impact assessment has been conducted in respect of these projects, particularly concerning traditional fishing communities in Thiruvallur district, if so, the details thereof and if not, the reasons therefor;
- (c) the number of fisher families likely to be directly or indirectly affected by such projects;
- (d) whether any compensation, rehabilitation or livelihood restoration framework has been formulated in consultation with affected communities, if so, the details thereof and if not, the reasons therefor; and
- (e) whether the Government proposes to adopt a participatory and transparent mechanism to ensure that infrastructure expansion does not disproportionately impact vulnerable coastal population, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) to (e): Chennai Port and Kamarajar Port are Major Ports under the administrative control of the Central Government. Ports other than Major Ports (OTMP) including Kattupalli Port are under the administrative control of the respective State Governments and their development falls within the State's jurisdiction and responsibility. The details of ongoing and proposed port expansion and infrastructure projects are given in the enclosed **Statement**.

Chennai Port and Kamarajar Port undertake project based environmental and livelihood impact assessments as per guidelines of the Ministry of Environment, Forest and Climate Change which includes public consultations with local stakeholders. As per the findings, appropriate mitigation and community development measures are implemented, including through Corporate Social Responsibility activities.

As informed by the Government of Tamil Nadu, the expansion of Kattupalli Port is currently at the planning stage.

STATEMENT

Details of ongoing and proposed port expansion and infrastructure projects

Ongoing Projects

Sl.No	Name of Project	Cost (in ₹ cr)
1.	Mordernisation and upgradation of Chennai Fishing Harbour at Chennai Port	97.95
2.	Construction of four Exim Godowns and development of concrete roads around the Exim Godowns at Chennai Port	70.21
3.	Development of Paved Storage Yards at Marshalling Yard and JD (East) back up area for handling Exim cargos at Chennai Port	63.34
4.	IOCL Captive Jetty at Kamarajar Port	921
5.	Container Terminal Phase-I Stage-II at Kamarajar Port	558
6.	Capital Dredging Phase VI at Kamarajar Port	440.70
7.	Rehabilation of Stackyard Road & 2 Bridges at Kamarajar Port	53.41
8.	Fire Fighting facility at Kamarajar Port	24.99
9.	1 MLD Seawater Desalination Plant at Kamarajar Port	21.92

Proposed Projects

Sl.No	Name of Project	Cost (in ₹ cr)
1	Capital dredging – AECTPL Phase- 1 Stage-2 at Kamarajar Port	100
2	Upgradation & O&M of GCB-1 at Kamarajar Port	220.84
3	North gate complex at Kamarajar Port	41.08
4	Rail line for general cargo & automobiles at Kamarajar Port	40.02

STATUS OF AYUSHMAN BHARAT DIGITAL MISSION

***308. DR. K. SUDHAKAR:**

DR. HEMANT VISHNU SAVARA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has any data of the progress of the Ayushman Bharat Digital Mission (ABDM), including the number of ABHA IDs created and the measures taken to expand their use in clinical services across the country, State-wise including Odisha and Keonjhar Lok Sabha Constituency, Surguja district of Chhattisgarh, Andhra Pradesh and Palnadu district, Palghar in Maharashtra and Chhindwara district of Madhya Pradesh;
- (b) the steps taken by the Government to improve interoperability and standardisation of hospital information systems across the States in the country especially in Maharashtra and Palghar district, Odisha, Surguja district of Chhattisgarh and Andhra Pradesh;

- (c) whether the Government is leveraging Artificial Intelligence (AI) in public healthcare for diagnostics, fraud detection and population health management in the country;
- (d) if so, the details thereof, State-wise including Odisha and Keonjhar Lok Sabha Constituency along with the safeguards in place to ensure its transparent, responsible and ethical use; and
- (e) the details of implementation of ABDM in the country with specific data on the number of ABHA IDs created, health facilities onboarded and digital health records generated, State-wise including Karnataka?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) to (e): The Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem.

As on 9th March, 2026, a total of 86,57,85,821 Ayushman Bharat Health Account (ABHA) have been created, 90,38,49,616 health records have been linked with ABHA, 4,76,712 health facilities have been registered on Health Facility Registry (HFR), 8,25,737 healthcare professionals have been registered on Healthcare Professionals Registry (HPR), and 2,56,221 healthcare facilities are using ABDM-enabled software. The initiatives undertaken to expand use of ABHA in clinical services across the country, include:

- i. **Scan and Share** - This is a QR-code-based OPD registration service which helps reduce patient waiting times. As on 9th March 2026, 19.78

crore registrations have been enabled using Scan and Share in 26,609 facilities across 36 states/UTs.

- ii. **Scan and Pay** - This is a QR code-based bill payment service, which helps patients to pay seamlessly for diagnostics in hospitals. As on 9th March 2026, 20 facilities have operationalized Scan and Pay, recording 36,038 payment transactions.
- iii. **eSushrut Lite HMIS** – Developed in collaboration with CDAC as a lightweight, Hospital Management Information System (HMIS) specifically for clinics and small hospitals. As on 9th March 2026, 302 facilities (153 private and 149 government) are using this system.
- iv. **Personal health records (PHR)** - Citizens can choose from among 26 PHR applications [24 private and 2 government apps], to easily access their health records and share them securely and seamlessly.

The state-wise list of ABHA created, health facilities onboarded and digital health records generated till 9th March 2026 are given in the enclosed **Statement**. While creating ABHA, only district-level details are captured. Keonjhar Lok Sabha Constituency comprises districts of Kendujhar and Mayurbhanj. The details of district-wise ABHAs created in the Kendujhar and Mayurbhanj districts of Keonjhar Lok Sabha Constituency, Surguja district of Chhattisgarh, Palnadu district of Andhra Pradesh, Palghar district of Maharashtra and Chindwara district of Madhya Pradesh as on 9th March 2026 are mentioned below:

District	State Name	ABHAs Created	Health Facilities Registered on HFR	Healthcare Professionals Registered on HPR
Kendujhar	Odisha	17.7 Lakh	449	6
Mayurbhanj	Odisha	23.7 Lakh	711	7
Surguja	Chhattisgarh	8.4 Lakh	493	1428
Palnadu	Andhra Pradesh	8.8 Lakh	1244	1199
Palghar	Maharashtra	17.9 Lakh	1079	2461
Chindwara	Madhya Pradesh	17.9 lakh	433	174

ABDM enables interoperability by establishing common health data standards and developing registries for individuals, health facilities, healthcare professionals, and other necessary components. This allows various digital health systems across both public and private healthcare ecosystems to exchange data across healthcare providers, even when they use different digital platforms. The ABDM enabled Hospital Management Information System (HMIS) being used in the public health facilities of the State of Andhra Pradesh are NIC NextGen and Dr Care HMIS, NIC e-Hospital in Chhattisgarh, and CDAC e-Sushrut in Maharashtra and Odisha.

The Ministry has developed several AI solutions, including the Clinical Decision Support System (CDSS) in e-Sanjeevani, Media Disease Surveillance under Integrated Disease

Surveillance Program (IDSP), Diabetic Retinopathy (DR identification

solution) etc. Some of these AI solutions are operational in collaboration with central and state health institutions.

Further, the Ministry launched the Strategy for AI in Healthcare in India (SAHI) and the Benchmarking Open Data Platform for Health AI (BODH) on 17th February 2026 during the India AI Impact Summit. SAHI is a national guidance framework to enable the safe, ethical, evidence-based, and inclusive adoption of Artificial Intelligence across India's healthcare system.

In addition to the above, under AB PM-JAY, the National Anti-Fraud Unit (NAFU) uses AI and ML-based triggers to strengthen fraud detection and prevention. These triggers analyse large volumes of real-time data on hospital admissions, treatment patterns and provider behaviour, and help detect unusual trends or irregularities at an early stage so that potential misuse can be identified in a timely manner.

STATEMENT

State-wise details of Ayushman Bharat Health Accounts (ABHAs) created, Health Facilities on boarded and Health Records Linked as on 9th March 2026

State/UT	ABHAs Created	Healthcare Professionals Registered on HPR	Health Facilities Registered on HFR	Health Records Linked to ABHA
Andaman And Nicobar Islands	4,67,594	1,250	374	2,64,232
Andhra Pradesh	4,91,19,153	67,046	30,468	10,49,28,236
Arunachal Pradesh	5,04,600	3,298	664	1,98,967

State/UT	ABHAs Created	Healthcare Professionals Registered on HPR	Health Facilities Registered on HFR	Health Records Linked to ABHA
Assam	2,32,43,809	25,082	16,783	36,20,370
Bihar	6,19,15,225	49,056	30,994	6,53,18,930
Chandigarh	9,97,901	5,058	932	20,59,767
Chhattisgarh	2,53,44,523	33,612	11,883	2,07,83,326
Delhi	1,01,38,822	23,665	2,503	1,29,02,654
DNHDD	8,56,110	1,202	594	25,97,978
Goa	9,53,947	3,590	1,143	4,89,646
Gujarat	5,02,66,324	25,521	18,609	3,93,82,902
Haryana	1,81,13,163	17,506	6,392	1,01,30,490
Himachal Pradesh	63,99,945	5,433	4,513	24,76,369
Jammu And Kashmir	1,10,12,575	15,682	6,853	1,10,97,275
Jharkhand	1,72,64,587	19,247	7,587	1,32,77,729
Karnataka	3,67,19,240	69,804	62,268	1,99,89,967
Kerala	2,58,30,538	42,714	10,680	3,36,37,675
Ladakh	4,08,697	1,238	399	6,80,420
Lakshadweep	1,08,344	320	87	77,485
Madhya Pradesh	5,68,54,347	17,153	18,237	2,40,63,251
Maharashtra	6,88,31,148	92,477	33,811	2,14,99,837
Manipur	12,47,101	4,503	793	15,89,896
Meghalaya	15,18,705	4,476	1,216	11,24,033
Mizoram	7,52,498	3,101	812	6,49,818

State/UT	ABHAs Created	Healthcare Professionals Registered on HPR	Health Facilities Registered on HFR	Health Records Linked to ABHA
Nagaland	8,32,007	1,913	1,325	3,81,988
Odisha	4,18,26,966	1,603	9,018	89,50,874
Puducherry	12,02,038	4,540	462	7,69,704
Punjab	1,65,12,831	16,928	8,962	1,17,98,555
Rajasthan	6,61,90,422	93,729	48,912	3,48,24,268
Sikkim	4,63,566	2,434	475	20,679
Tamil Nadu	1,96,72,972	23,856	17,345	39,81,604
Telangana	2,82,59,609	26,142	18,649	88,76,811
Tripura	31,69,228	5916	3,240	25,97,169
Uttar Pradesh	14,78,54,594	1,05,366	73,696	13,61,10,480
Uttarakhand	74,70,143	10,587	8,028	83,56,074
West Bengal	5,04,12,522	1,443	12,688	1,58,91,139

Note - The above data does not include 1,13,66,996 ABHA and 27,43,50,032 Health Records as that data has not been populated according to State/UT name, since earlier capture of state and district information was not in mandatory fields during ABHA creation through demographic authentication. The state and district fields have been made mandatory since September 2023.

BULK DRUG PARK

*309. SHRI BALASHOWRY VALLABHANENI:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether Bulk Drug Park was approved with financial assistance of Rs. 1000 crores for Andhra Pradesh in 2022, apart from other two States of Gujarat

- and Himachal Pradesh, if so, the details thereof;
- (b) whether the said scheme is due to expire soon, if so, the details thereof;
- (c) whether it is true that funds have been released and utilized in Gujarat and Himachal Pradesh, but no funds have been utilized for the said Park in Kakinada (Nakkapalli) district of Andhra Pradesh;
- (d) if so, the reasons for non-utilisation of funds for the said park in Andhra Pradesh; and
- (e) the steps taken/proposed to be taken to quicken the processes to ensure that the said park in Andhra Pradesh is established before the deadline?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a): India has historically depended on imports of certain Active Pharmaceutical Ingredients (APIs), Key Starting Materials (KSMs) and Drug Intermediates, which are essential raw materials for pharmaceutical manufacturing. In order to reduce this dependence and strengthen domestic manufacturing capacity, the Government approved the Scheme for Promotion of Bulk Drug Parks on 20 March 2020.

The objective of the scheme is to establish large industrial parks with world-class Common Infrastructure Facilities (CIF), such as effluent treatment plants, power and steam supply systems, water treatment facilities, testing laboratories, logistics infrastructure and other shared utilities. These common facilities help reduce the cost of production for pharmaceutical manufacturers.

Under the scheme, three Bulk Drug Parks were approved in FY 2022-23

in the States of Andhra Pradesh, Gujarat and Himachal Pradesh. Financial assistance from the Central Government is provided for creation of common infrastructure facilities, subject to a maximum of ₹1,000 crore per park, or 70% of the project cost (90% in the case of North-Eastern and Himalayan States), whichever is less.

The key details of the approved Bulk Drug Parks are as follows:

Approved States	Location of Park	Area (in acre)	State Implementing Agency (SIA)	Total Project Cost (₹ in Crore)	CIF Cost (₹ in Crore)
Andhra Pradesh	Nakkapalli, Anakapalli	2001.80	Andhra Pradesh Bulk Drug Infrastructure Corporation (APBDICL)	1876.66	1438.89
Gujarat	Jambusar, Bharuch	2015.02	Gujarat Industrial Development Corporation (GIDC)	2507.02	1457.01
Himachal Pradesh	Haroli, Una	1405.01	Himachal Pradesh Bulk Drug Park Infrastructure Ltd. (HPBDPIL)	1923.0	1118.46

(b): The tenure of the Scheme was from FY 2020-21 to FY 2024-25. However, on the representations received from the State Governments concerned, the status of projects, the level of fund utilisation and the anticipated completion of

projects, the tenure of the scheme first extended up to FY 2025-26 has now subsequently been extended up to FY 2026-27, in order to facilitate completion of the infrastructure development in the approved Bulk Drug Parks.

(c) and (d): The first instalment of Central Grant-in-Aid was released to all three approved Bulk Drug Parks, including the park in Andhra Pradesh, during FY 2022-23. As of 28.02.2026, the State of Andhra Pradesh has utilized ₹222.45 crore out of the ₹225 crore released as Central Grant-in-Aid, and ₹107.59 crore out of ₹132.30 crore released from State funds, towards the development of Common Infrastructure Facilities (CIF) under the Bulk Drug Park project.

Bulk drug manufacturing falls under the 'Red Category' of Environmental Categories of Industries and Environment clearance is a pre-requisite before commencement of civil construction. In Andhra Pradesh, the project experienced delays primarily due to denotification of Special Economic Zone land, which required relocation of the Bulk Drug Park from Kakinada to Nakkapalli. For the revised land, Environment clearance was granted in March, 2024.

Subsequently, the State Government proposed a modification in the boundary of the Bulk Drug Park at Nakkapalli for the additional land the Environment Clearance was granted on 13th January, 2026. Furthermore, initial tender for all CIF components received very poor response, necessitating repackaging and reissuing.

(e): The Government of Andhra Pradesh has taken several steps to accelerate the development of the Bulk Drug Park at Nakkapalli. The civil works for

development of basic infrastructure including roads, power supply, water supply systems, drainage networks, and utility corridors is at advance stage. To strengthen project execution, the State Implementing Agency has engaged Assystem, an international engineering and project management consultancy, for project planning, monitoring and implementation.

The Department is closely monitoring the implementation of the Bulk Drug Parks through regular review meetings under chairmanship of Secretary/Joint Secretary. Further, the Department obtains Monthly Progress Reports capturing both physical and financial progress from the State Implementing Agencies, to assess the status of implementation and identify bottlenecks, if any. In addition, the Department monitors progress in accordance with the project timelines through Programme Evaluation Review Technique. The Department, also undertakes periodic site visits to the Bulk Drug Park locations to review physical and financial progress at the project sites.

STRATEGIC CHALLENGES TO NEIGHBOURHOOD POLICY

***310. SHRI BRIJMOHAN AGRAWAL**

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:

- (a) whether the Government has assessed India's strategic influence in the neighbourhood following recent regime changes and rising sentiments in countries like Maldives and Bangladesh, if so, the details thereof;
- (b) the diplomatic and security measures planned to counter the increasing Chinese "Dual-Use" maritime activity and infrastructure expansion in the

Indian Ocean Region;

(c) the total budget allocation for 'Aid to Neighbours' in the 2026-27 Union Budget compared to the last three years;

(d) whether the Government has any proposal to shift from "Grant-based" aid to a "Project-Completion" model to address chronic delays in India-funded infrastructure in Nepal and Sri Lanka, if so, the details thereof; and

(e) the roadmap to formalize BIMSTEC as the primary regional alternative to the currently SAARC framework?

THE MINISTER OF EXTERNAL AFFAIRS (DR. SUBRAHMANYAM JAISHANKAR):

(a) to (e): The Government is constantly monitoring all geopolitical developments, including those in its neighbourhood, that have a bearing on India's national interest. Amidst uncertainties and challenges of geopolitical tensions and shifting equations, the Government has taken steps to strengthen India's strategic position and protect its national interests.

Maldives continues to remain an important partner under India's 'Neighbourhood First' policy and Vision MAHASAGAR i.e. Mutual and Holistic Advancement for Security and Growth Across Regions. Presidential elections were last held in Maldives in 2023. Since then, President Dr. Mohamed Muizzu of Maldives visited India in October 2024 and Prime Minister Shri Narendra Modi visited Male as the 'Guest of Honour' on Maldives National Day in July 2025. The two sides adopted India-Maldives joint vision for Comprehensive Economic and Maritime Security Partnership during President Muizzu's visit.

Bangladesh lies at the converging point of India's "Neighbourhood First" policy as well as the "Act East" policy. India's approach to Bangladesh has always been and will continue to be focused on people-centric development. India views Bangladesh as an important neighbour and development partner in South Asia and seeks positive, constructive and forward-looking engagement with the newly elected Government of Bangladesh to advance the shared interests of the people of both countries in the political, security, economic and cultural domains.

The Government is aware that as part of its global strategy, China has been developing ports and other infrastructure facilities in the littoral countries in the Indian Ocean Region over many years. China also has naval and maritime presence in the Indian Ocean Region including through anti-piracy escort missions, port calls and deployment of research and survey vessels. Government closely monitors all developments in the Indian Ocean Region impinging on India's security and economic interests and takes appropriate measures to safeguard India's interests. India's relations with countries, including those of the Indian Ocean region, stand on their own footing and are independent of the relations of those countries with third countries.

The details of budget allocation under "Aid to Neighbours" from F.Y 2023-24 to 2026-27 are enclosed as **Statement**.

The Government deeply values its development partnership with neighbouring countries, including Nepal and Sri Lanka, and is fully committed to the timely completion of all the on-going bilateral development and infrastructure

projects, both grants-based and loans-based. The Government has been extending necessary developmental assistance and capacity building initiatives, as per needs and aspirations of the neighbouring countries and works closely with the relevant authorities of partner countries to address any challenges in this regard.

Government of India has undertaken several India-funded infrastructure projects in Nepal across sectors including health, education and connectivity. These projects are funded through grant assistance or Lines of Credit and vary in scale, ranging from small development projects to large projects. India-funded infrastructure projects in Nepal are guided by relevant bilateral understanding/documents, which outline, inter-alia, the scope of cooperation, responsibilities of various stakeholders, project financing, timelines and monitoring mechanisms. Once a project is initiated, concerted efforts-including regular site visits, follow-ups with contractors/consultants and periodic bilateral project monitoring meetings-are made to ensure its timely completion.

India's development cooperation with Sri Lanka is in accordance with the priorities of the Government of Sri Lanka and the needs of its people. India's overall assistance in this sphere amounts to more than USD 7.5 billion as concessional loans/swap arrangements and almost USD 850 million as grants. Financing modalities of India's initiatives are decided in conjunction with the Government of Sri Lanka and with an aim to ease the debt burden and assist in the economic recovery of Sri Lanka.

In line with its 'Neighbourhood First' policy, 'Act East' policy and

MAHASAGAR vision, India has been working with its partners to strengthen regional cooperation in the neighbourhood. India has been taking several initiatives towards capacity and institution building in the BIMSTEC region, including providing grants to the BIMSTEC Secretariat, building Centres of Excellence in several areas, and organizing capacity-building and training programmes, business exchanges, youth exchanges, and cultural exchanges. India's approach and commitment towards enhanced regional cooperation in the BIMSTEC region are focused on strengthening security (both traditional and non-traditional including maritime and cyber security, climate security, disaster preparedness, food security and human security) and increasing connectivity (trade, energy, transport, digital and people-to-people connectivity).

STATEMENT

Budget allocation under “Aid to Neighbours” from F.Y 2023-24 to 2026-27

Total Budget Allocation for 'Aid to Neighbours' in FY 2026-27 Union Budget compared to the last three years					
Head		Budget allocation (Rs. in crore)			
		2023-24	2024-25	2025-26	2026-27 (Proposed)
Aid to Bangladesh		200.00	120.00	120.00	60.00
Aid to Bhutan	Grants	1632.24	1078.86	1775.00	1768.64
	Loan	768.34	989.70	375.00	519.92
Aid to Nepal		550.00	700.00	700.00	800.00
Sri Lanka-Other Aid Programmes		150.00	245.00	300.00	400.00
Aid to Maldives		400.00	400.00	600.00	550.00

Aid to Myanmar		400.00	250.00	350.00	300.00
Aid to Afghanistan		200.00	200.00	100.00	150.00
Total		4300.58	3983.56	4320.00	4548.56

गंभीर तीव्र कुपोषण की अवस्था

***311. श्री राहुल कस्वां:**

श्री बृजेन्द्र सिंह ओला:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या गंभीर तीव्र कुपोषण की अवस्था (एसएएम) से पीड़ित बच्चों में कमजोर प्रतिरक्षा प्रणाली के कारण बीमार से मृत्यु का खतरा अधिक होता है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने राज्यों और संघ राज्य क्षेत्रों को इस अवस्था वाले बच्चों की पहचान करने, उनका पंजीकरण करने और नियमित रूप से उनकी निगरानी करने का निदेश दिया है;
- (ग) यदि हां तो अब तक ऐसे कितने बच्चों की पहचान की गई है और राजस्थान सहित राज्यों/संघ राज्य क्षेत्रों की इस संबंध में क्या प्रतिक्रिया है;
- (घ) गंभीर तीव्र कुपोषण की समस्या का उन्मूलन एवं रोकथाम करने तथा इस अवस्था से पीड़ित बच्चों को उपचार प्रदान करने के लिए सरकार द्वारा वर्तमान में उठाए जा रहे कदमों/किए जा रहे राहत उपायों का ब्यौरा और उनके कार्यान्वयन की स्थिति क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

- (क) से (घ): गंभीर तीव्र कुपोषण (एसएएम) पांच वर्ष से कम आयु के बच्चों में कुपोषण का एक रूप है, जिसका लक्षण लंबाई की तुलना में बच्चों का वजन बहुत कम होना है। नमूना पंजीकरण प्रणाली-भारत के महापंजीयक (एसआरएस-आरजीआई) द्वारा जारी मृत्यु के कारणों की रिपोर्ट (2021-23) के अनुसार, भारत में 0-4 वर्ष की आयु के बच्चों में कुपोषण को मृत्यु का प्रत्यक्ष कारण नहीं माना

गया है। इस रिपोर्ट के अनुसार, भारत में उल्लिखित आयु वर्ग के बच्चों की मृत्यु के प्रमुख कारण निमोनिया (ग्रामीण-16.5%, शहरी-14.7%), जन्म के समय श्वासावरोध और आघात (ग्रामीण-9.7%, शहरी-10.6%), अतिसार रोग (ग्रामीण-4.4%, शहरी-3.8%), अज्ञात कारण से होने वाला बुखार (ग्रामीण-4.2%, शहरी-2.8%), समयपूर्व जन्म और जन्म के समय कम वजन होना (ग्रामीण-30.3%, शहरी-32.5%), जन्मजात विकृतियाँ (ग्रामीण-5.5%, शहरी-7%), अन्य गैर-संचारी रोग (ग्रामीण-8%, शहरी-10.1%), चोटें (ग्रामीण-4.4%, शहरी-3%), सेप्सिस (ग्रामीण-3.9%, शहरी-3.4%), अस्पष्ट या अज्ञात कारण से होने वाली मृत्यु (ग्रामीण-9.9%, शहरी-9.3%) आदि हैं। इस रिपोर्ट में दी गई विस्तृत जानकारी लिंक:

<https://censusindia.gov.in/nada/index.php/catalog/46176> पर उपलब्ध है।

सरकार ने देश में कुपोषण के मुद्दे को उच्च प्राथमिकता दी है और कुपोषण के पीढ़ी दर पीढ़ी चलने वाले चक्र को समाप्त करने के लिए कई पहल की हैं। समग्र सरकारी दृष्टिकोण अपनाते हुए, महिला और बाल विकास मंत्रालय और स्वास्थ्य एवं परिवार कल्याण मंत्रालय दोनों ही देश में बच्चों के स्वास्थ्य और पोषण स्तर में सुधार लाने के लिए लक्षित कार्यक्रमलाप करते हैं, जिनमें गंभीर तीव्र कुपोषण से ग्रस्त बच्चों की पहचान और उपचार भी शामिल है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, आंगनवाड़ी कार्यकर्त्री, आंगनवाड़ी केंद्र में पंजीकृत बच्चों (6 वर्ष से कम आयु के) की वृद्धि की नियमित निगरानी करती है जिसके लिए वह पोषण ट्रैकर एप्लिकेशन में हर महीने उनकी लंबाई और वजन दर्ज करती है। इस जानकारी के आधार पर, बच्चों की पोषण स्थिति, जिसमें गंभीर तीव्र कुपोषण (एसएएम) भी शामिल है, का आकलन किया जाता है। आंगनवाड़ी केंद्रों में जिन बच्चों की वृद्धि मापी गई उनका ब्यौरा और राजस्थान सहित सभी राज्यों तथा संघ राज्य क्षेत्रों में पता लगाए गए एसएएम बच्चों का प्रतिशत लिंक: <https://www.poshantracker.in/statistics> पर उपलब्ध है।

मिशन पोषण 2.0 के तहत, पंजीकृत लाभार्थियों अर्थात् किशोरियों, गर्भवती महिलाओं,

स्तनपान कराने वाली माताओं और बच्चों की पोषण संबंधी आवश्यकताओं को पूरा करने के लिए जीवनचक्र दृष्टिकोण अपनाते हुए कार्यकलाप तैयार किए गए हैं। बच्चों में कुपोषण को दूर करने के लिए किए जा रहे कार्यकलापों का ब्यौरा इस प्रकार है:

- आंगनवाड़ी कार्यकर्त्री, माता-पिता और देखरेख करने वालों को परामर्श देने के लिए 22 गृह दौरे करती हैं, जिसमें इष्टतम पोषण और देखरेख पद्धतियों को बढ़ावा देने पर विशेष जोर दिया जाता है।
- लोगों को पोषण संबंधी अच्छी आदतों को अपनाने के लिए जागरूक करने हेतु, सितंबर और मार्च-अप्रैल माह में मनाए जाने वाले क्रमशः पोषण माह और पोषण पखवाड़े के दौरान जन आंदोलन के रूप में जागरूकता अभियान चलाए जाते हैं। वर्ष 2018 से अब तक 15 जन आंदोलनों के माध्यम से 150 करोड़ से अधिक जन आंदोलन गतिविधियां आयोजित की जा चुकी हैं।
- आंगनवाड़ी केंद्रों में द्विमासिक समुदाय आधारित कार्यक्रम (सीबीई) भी लोगों की पोषण संबंधी आदतों को बदलने में एक महत्वपूर्ण कार्यनीति के रूप में काम करते हैं। राज्यों और संघ राज्य क्षेत्रों द्वारा वर्ष 2018 से अब तक 9.55 करोड़ सीबीई आयोजित किए जाने की जानकारी दी गई है।
- आहार में विविधता में सुधार लाने और सूक्ष्म पोषक तत्वों का सेवन बढ़ाने के लिए, विशेष रूप से कम उम्र के बच्चों में, देश भर के आंगनवाड़ी केंद्रों में पोषण वाटिकाएं स्थापित की जा रही हैं।

गंभीर तीव्र कुपोषण (एसएएम) सहित कुपोषित बच्चों का पता लगाना और सामुदायिक स्तर पर उनका उपचार एवं प्रबंधन करना मिशन पोषण 2.0 के अभिन्न घटकों में से एक है। तदनुसार, महिला और बाल विकास मंत्रालय और स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा बच्चों में कुपोषण

प्रबंधन हेतु संयुक्त रूप से वर्ष 2023 में एक प्रोटोकॉल जारी किया गया है। इस प्रोटोकॉल में आंगनवाड़ी स्तर पर कुपोषित बच्चों का पता लगाने एवं प्रबंधन के लिए 10 विस्तृत उपाय दिए गए हैं। इन उपायों में मुख्य रूप से एसएएम बच्चों के विकास की निगरानी और पता लगाना, भूख परीक्षण करना, पोषण प्रबंधन, चिकित्सा संबंधी जटिलताओं वाले बच्चों के लिए चिकित्सा आकलन और आगे की देखरेख हेतु रेफरल, पोषण एवं स्वास्थ्य परामर्श तथा आंगनवाड़ी कार्यकर्त्री द्वारा अनुवर्ती दौरे करना शामिल हैं।

इसके अतिरिक्त, कुपोषित बच्चों के लिए विशेष प्रावधानों सहित 6 महीने से 6 वर्ष तक के बच्चों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और 14-18 वर्ष की किशोरियों को राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 की अनुसूची-II में निहित पोषण मानदंडों के अनुसार, पूरक पोषण प्रदान किया जाता है। एक सामान्य बच्चे को 6-12 महीने की आयु के लिए 200 किलो कैलोरी और 8-10 ग्राम प्रोटीन; 1-3 वर्ष की आयु के लिए 400 किलो कैलोरी तथा 15-20 ग्राम प्रोटीन; और 3-6 वर्ष की आयु के लिए 400 किलो कैलोरी और 15-20 ग्राम प्रोटीन, साथ ही अनुशंसित 7 आवश्यक सूक्ष्म पोषक तत्व प्रदान किए जाते हैं। जबकि गंभीर तीव्र कुपोषण से ग्रस्त बच्चे को 6-12 महीने की आयु के लिए 400 किलो कैलोरी और 15-20 ग्राम प्रोटीन; 1-3 वर्ष की आयु के लिए 700 किलो कैलोरी तथा 25-30 ग्राम प्रोटीन; और 3-6 वर्ष की आयु के लिए 800 किलो कैलोरी और 25-30 ग्राम प्रोटीन, साथ ही अनुशंसित 7 आवश्यक सूक्ष्म पोषक तत्व प्रदान किए जाते हैं।

इसके अतिरिक्त, आंगनवाड़ी कार्यकर्त्री गृह दौरे के दौरान, गंभीर तीव्र कुपोषण (एसएएम) से पीड़ित बच्चों के माता-पिता और देखरेख करने वालों को पोषण, आहार की गुणवत्ता और नवजात शिशु एवं छोटे बच्चों के लिए सर्वोत्तम आहार पद्धतियों, जिसमें आयु-उपयुक्त पूरक आहार की गुणवत्ता और पर्याप्तता शामिल है और वॉश पद्धतियों के बारे में जागरूक करती हैं।

उपर्युक्त कार्यकलापों के अतिरिक्त, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत जीवनचक्र दृष्टिकोण में प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य

और पोषण (आरएमएनसीएच+एन) कार्यनीति कार्यान्वित करता है, जिसमें नवजात शिशु स्वास्थ्य और बाल पोषण से संबंधित कार्यक्रम शामिल हैं, जो कि नीचे दिए गए हैं:

- चिकित्सा संबंधी जटिलताओं वाले मध्यम और गंभीर तीव्र कुपोषण (एमएम और एसएम) से पीड़ित 5 वर्ष से कम आयु के बच्चों को भर्ती करके चिकित्सा और पोषण संबंधी देखरेख प्रदान करने के लिए जन स्वास्थ्य सुविधाओं में पोषण पुनर्वास केंद्र (एनआरसी), जिनकी संख्या लगभग 1198 है, स्थापित किए गए हैं। इस उपचारात्मक देखरेख के अलावा, आयु-उपयुक्त संपूर्ण देखरेख और आहार पद्धतियों के बारे में माताओं और देखरेख करने वालों के कौशल में सुधार करने पर विशेष ध्यान दिया जाता है। आशा कार्यकर्त्रियों को एसएम बच्चों को एनआरसी में रेफर करने और अनुवर्ती कार्यों के लिए 300 रुपये का वित्तीय प्रोत्साहन दिया जाता है। साथ ही, गंभीर तीव्र कुपोषण (एसएम) से पीड़ित बच्चों की माताओं को मजदूरी मुआवजा भी प्रदान किया जाता है।
- नवजात शिशु की गृह आधारित देखरेख (एचबीएनसी) और छोटे बच्चों की गृह आधारित देखरेख (एचबीवाईसी) कार्यक्रम के तहत, बच्चे की पालन-पोषण पद्धतियों में सुधार और समुदाय में बीमार नवजात शिशु और छोटे बच्चों की पहचान के लिए आशा कार्यकर्त्री (एसएचए) द्वारा गृह दौरे (एचबीएनसी के तहत 6 गृह दौरे और एचबीवाईसी के तहत 5 गृह दौरे) किए जाते हैं।
- पूर्ण मातृ स्नेह (मदर्स एक्सक्लूट अफेक्शन) कार्यक्रम में स्तनपान की शीघ्र शुरुआत और पहले छह महीनों तक केवल स्तनपान कराने पर जोर दिया जाता है, जिसके बाद आयु उपयुक्त पूरक आहार पद्धतियों को अपनाया जाता है, इसके लिए अग्रिम पंक्ति के स्वास्थ्य कार्यकर्ताओं का क्षमता निर्माण किया जाता है और व्यापक आईईसी अभियान चलाए जाते हैं।
- नवजात गहन चिकित्सा इकाइयों और विशेष नवजात शिशु देखरेख इकाइयों में भर्ती बीमार,

समय से पहले जन्मे, अल्प वजन वाले शिशुओं को पिलाने के लिए माता के अपने दूध या सुरक्षित, पाश्चुरीकृत दाता मानव दूध की उपलब्धता सुनिश्चित करने के लिए स्तनपान (लैक्टेशन) प्रबंधन केंद्र स्थापित किए जाते हैं।

- छह लाभार्थी आयु समूहों - बच्चों (6-59 महीने), बच्चों (5-9 वर्ष), किशोरों (10-19 वर्ष), गर्भवती और स्तनपान कराने वाली महिलाओं और प्रजनन आयु वर्ग की महिलाओं (15-49 वर्ष) में एनीमिया को कम करने के लिए जीवन चक्र दृष्टिकोण अपनाकर सुदृढ़ संस्थागत तंत्र के माध्यम से छह कार्यकलापों के जरिए एनीमिया मुक्त भारत (एएमबी) कार्यनीति कार्यान्वित की जाती है।
 - राष्ट्रीय कृमि मुक्ति दिवस (एनडीडी) के तहत, सभी बच्चों (1-19 वर्ष) में कृमि संक्रमण को कम करने के लिए स्कूलों और आंगनवाड़ी केंद्रों के माध्यम से एक निश्चित दिन को एल्बेंडाजोल की गोलियां खिलाई जाती हैं।
 - महिला और बाल विकास मंत्रालय के समन्वय से ग्राम स्वास्थ्य स्वच्छता एवं पोषण दिवस (वीएचएसएनडी) का आयोजन मातृ एवं शिशु स्वास्थ्य सेवाओं के प्रावधान और पोषण सहित मातृ एवं शिशु देखरेख के बारे में जागरूकता पैदा करने के लिए किया जाता है।
 - विटामिन ए अनुपूरण कार्यक्रम में, 6 से 59 महीने की आयु के सभी बच्चों को ग्राम स्वास्थ्य स्वच्छता और पोषण दिवस के दौरान या अभियान एप्रोच के माध्यम से हर 6 महीने में दो चरणों में विटामिन ए की खुराक दी जाती है।
 - गर्भवती महिलाओं को आहार, आराम, गर्भावस्था के खतरे के संकेत, लाभ योजनाओं और संस्थागत प्रसव के बारे में जागरूक करने के लिए मातृ एवं शिशु सुरक्षा (एमसीपी) कार्ड और सुरक्षित मातृत्व पुस्तिका वितरित की जाती है।
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INDIA RUSSIA ECONOMIC ENGAGEMENT

***312. SHRI BAIJAYANT PANDA:**

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) the steps taken by the Government to strengthen economic engagement with the Russian Federation, including cooperation in sectors such as energy, defence manufacturing, pharmaceuticals, fertilisers and critical minerals;
- (b) the initiatives undertaken to facilitate mobility of skilled professionals, students and technical experts between India and Russia under bilateral frameworks, including recognition of qualifications and institutional partnerships; and
- (c) the number of Indian and Russian skilled professionals, technical experts and students who have participated in official exchange programmes, internships or employment-linked mobility initiatives during FY 2025–26?

THE MINISTER OF EXTERNAL AFFAIRS (DR. SUBRAHMANYAM JAISHANKAR):

(a) to (c): India and Russia have established bilateral mechanisms to strengthen economic cooperation, such as the India-Russia Intergovernmental Commission on Trade, Economic, Scientific, Technical and Cultural Cooperation (IRIGC-TEC). Under the IRIGC-TEC mechanism, sectoral working groups focus on priority areas such as Trade & Economic Cooperation, Industrial Cooperation,

Energy Cooperation, Chemicals and Fertilizers, Information and Communication Technology, Pharmaceuticals and Mining. The 26th Session of the IRIGC-TEC mechanism, co-chaired by EAM and Russia's First Deputy Prime Minister, was held in Moscow on 20 August 2025.

With regard to cooperation in Defence, India and Russia have an Intergovernmental Commission on Military and Military Technical Cooperation, which is co-chaired by the Defence Ministers of the two countries. The 23rd Session of the IRIGC-M&MTC was held in New Delhi on 04 December 2025.

President Vladimir Putin visited India during 4-5 December 2025, for the 23rd Annual Summit, during which both leaders had the chance to review the entire gamut of our bilateral relations. During the visit, 16 MoUs/Agreements were signed across a range of sectors, including migration and mobility, health and food safety, maritime cooperation in polar waters, fertilizers, customs and commerce, academic collaboration, and media cooperation. Among these was the Agreement between the Government of the Republic of India and the Government of the Russian Federation on the Temporary Labour Activity of citizens of one State in the territory of the other State. The Agreement regulates the mobility and recruitment process of workers with work permit and workers engaged in part time work on student visas. It provides for protection of the rights of workers including social security, remuneration and compensation for termination, in accordance with the local laws.

Collaboration in higher education, including between universities and

research institutions, is facilitated through mechanisms such as the Educational Exchange Programme (EEP), the India–Russia Network of Higher Education Institutions (RIN), the Scheme for Promotion of Academic and Research Collaboration (SPARC), and the Global Initiative of Academic Networks (GIAN). Russia has also been an active country for ITEC and ICCR scholarships.

STRENGTHENING OF CHILD PROTECTION AND TRACKING MECHANISMS

***313. SHRI K. SUDHAKARAN:**

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) the current status of integration between the Mission Vatsalya Portal (including TrackChild and Khoya-Paya) and the Crime and Criminal Tracking Network & Systems (CCTNS) to ensure real-time data synchronization of missing children reported in January 2026;
 - (b) whether the Ministry has identified any specific States/Union Territories that have failed to appoint/activate Nodal Officers as per recent judicial directives, leading to delays in updating the national database, if so, the details thereof;
 - (c) the details of the "Individual Care Plans" and rehabilitation measures provided under the said Mission for children rescued during the recent special drives in early 2026; and
 - (d) whether the Government is considering a mandatory "Time-Bound Upload"
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protocol for Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs) to prevent the data lag recently criticized by the Supreme Court and if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a): The Mission Vatsalya Scheme is a Centrally Sponsored Scheme which is implemented by the States and Union Territories (UTs) with the aim to support Children in Need of care and Protection (CNCP) and Children in Conflict with Law (CCL). The objective of the Scheme is for ensuring care, protection, rehabilitation and reintegration of children in difficult circumstances, including missing and vulnerable children.

The Ministry of Women and Child Development has developed an integrated unified Mission Vatsalya Portal in consultation and coordination with States and UTs. The TrackChild portal for Missing/Found Children, and Khoya-Paya application for Missing/Sighted Children have been integrated with this unified Mission Vatsalya Portal. The TrackChild portal is implemented with support and involvement of various stakeholders namely Ministry of Home Affairs, Ministry of Railways, State Governments and UT Administrations, Child Welfare Committees, Juvenile Justice Boards, National Legal Services Authority, etc. Standard operating procedure have been issued in this regard. Advisories have also been issued to all States and UTs including Director General of Police of all States & UTs and other stakeholders regarding

implementation of TrackChild. It is also integrated with the Crime and Criminal Tracking & Network Systems (CCTNS) of the Ministry of Home Affairs which allows interoperability in terms of matching of FIRs of missing children with data base of TrackChild to trace and match missing children by the State and UT police concerned. Further, through Khoya Paya module any citizen can report about any missing or sighted children.

(b): This Ministry directed all State and UT Governments to appoint designated nodal officers for Missing children at State Level and District levels. All State and UT Governments have appointed the nodal officers and details of these nodal officers have been uploaded on Mission Vatsalya portal.

(c): Under the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), preparation of Individual Care Plans (ICPs) is mandated for every child in need of care and protection. The ICP includes assessment of the child's needs and appropriate rehabilitation measures such as family-based care, sponsorship, education, counselling, health care, skill development and other support services. Children rescued during special drives are produced before the Child Welfare Committees (CWCs), which assess each case individually and ensure preparation and implementation of appropriate rehabilitation plans in accordance with the provisions of the JJ Act, 2015.

(d): The Ministry has issued guidelines and advisories to States and UTs for timely entry and updating of information on the Mission Vatsalya portal by concerned authorities including Child Welfare Committees (CWCs) and

Juvenile Justice Boards (JJBs). Efforts are continuously being made to strengthen monitoring mechanisms and improve real-time data reporting through digital platforms so as to ensure timely tracking and rehabilitation of children in need of care and protection.

HOSPITALS EMPANELLED UNDER AB-PMJAY IN TELANGANA

***314. SHRI KONDA VISHWESHWAR REDDY:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the number of hospitals empanelled under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the State of Telangana as on date, district-wise;
- (b) the names and categories of all Government and Private empanelled hospitals in each district of Telangana;
- (c) whether there are any districts in Telangana with inadequate coverage of empaneled hospitals under AB-PMJAY, particularly in rural, tribal and backward areas, if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government to ensure equitable distribution of empanelled hospitals across all districts of Telangana to improve access to cashless healthcare for beneficiaries?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

- (a) to (d): As on 28.02.2026, a total of 1525 hospitals are empanelled under
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Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the State of Telangana, of which 1018 are public hospitals and 507 are private hospitals.

The district-wise details of number, names and categories of empanelled public and private hospitals can be accessed at <https://hem.nha.gov.in/search>

National Health Authority works with the State Health Agencies to increase the number of empanelled hospitals under the scheme in order to expand the options available to the beneficiaries for availing healthcare services. The number of new hospitals empanelled in the State has been increasing year on year as shown below:

Financial Year	Number of new hospitals empanelled
2022-23	12
2023-24	58
2024-25	70
2025-26 (As on 28.02.2026)	92

Further, in order to improve the participation of hospitals a hospital-specific toll-free helpline number 14413 has been set-up to address the concerns of hospitals on a real-time basis including concerns related to empanelment.

STRENGTHENING OF DIAGNOSTIC AND CRITICAL CARE CAPABILITIES

***315. DR. SHRIKANT EKNATH SHINDE:**

SHRI RAVINDRA DATTARAM WAIKAR:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Rs. 64,180 crore PM-ABHIM outlay has successfully transformed the country's diagnostic and critical care capabilities at the district level, if so, the details thereof;
- (b) whether the establishment of 744 Integrated Public Health Labs ensures that every district in the country is now self-reliant in disease surveillance and testing, if so, the details thereof;
- (c) whether the construction of 621 Critical Care Blocks has effectively prepared the national healthcare system to handle future pandemics and medical emergencies, if so, the details thereof;
- (d) whether the upgradation of over 17,000 building-less sub-centres into "Ayushman Arogya Mandirs" has significantly improved primary healthcare access in rural areas, if so, the details thereof;
- (e) whether the focus on "pandemic-ready" infrastructure aligns the country's health security with the highest global standards set by the WHO, if so, the details thereof; and
- (f) whether these infrastructure milestones serve as a critical pillar in achieving Universal Health Coverage by 2030, if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

- (a) to (f): The PM–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)
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was launched on 25 October 2021 with an outlay of Rs.64,180 crore for the period 2021-22 to 2025-26 to strengthen public health infrastructure by addressing critical gaps in primary healthcare, diagnostics, surveillance, and critical care services across rural and urban areas.

PM-ABHIM seeks to address critical gaps in health infrastructure in alignment with these standards, thereby improving the availability, accessibility and quality of healthcare services, and supporting progress towards achieving Universal Health Coverage. Under the Centrally Sponsored Scheme (CSS) component of PM-ABHIM, key infrastructure is being developed across primary, diagnostic and critical care levels to strengthen service delivery and public health functions across the health system.

At the district level, an amount of Rs 1379.14 Cr has been sanctioned for 744 Integrated Public Health Laboratories to provide 134 type of test and to strengthen the availability and quality of diagnostic services and enhance the disease surveillance capacity of the public health system. These laboratories are envisaged to function as the apex of an integrated laboratory network, linking laboratories at the block, state, and regional levels, including public health and veterinary laboratories. Through linkage with the Integrated Health Information Portal (IHIP), IPHLs support improved disease surveillance, timely reporting, and better coordination for clinical management and public health response. Similarly at the block level, an amount of Rs 2195.01 Cr has been sanctioned for 2,151 Block Public Health Units (BPHUs) to strengthen public health

functions by improving coordination between clinical services and activities such as disease surveillance, outbreak investigation and response. The BPHUs also functions as spoke for IPHL hubs and provides 97 types of test.

For strengthening critical care capacity at the district level, an amount of Rs 18808.11 Cr has been sanctioned for 621 Critical Care Blocks (CCBs) to provide advanced critical care services along with necessary supportive and ancillary infrastructure. These facilities are intended to enhance the preparedness of the public health system to effectively respond to medical emergencies, disease outbreaks, and future pandemics. In addition, the establishment of CCBs is expected to augment the existing critical care capacity of district hospitals during non-pandemic periods, thereby improving the overall availability and quality of critical care services for patients with severe and critical conditions.

An amount of Rs 5084.69 Cr has been sanctioned for establishment of 9,519 Ayushman Arogya Mandirs (AAMs) in rural areas and Rs 5470.77 Cr has been sanctioned for operationalization of 5,456 AAMs in urban areas, to expand access to comprehensive primary healthcare services. These centres are designed to deliver a broad range of services, including preventive, promotive, curative, rehabilitative, and palliative care. This initiative has significantly improved access to healthcare at the community level, enabling early detection and timely management of diseases and strengthening disease surveillance, and enhancing the country's preparedness for public health emergencies while

contributing to the goal of Universal Health Coverage.

The Government of India has developed the Indian Public Health Standards (IPHS), which provide the normative framework for infrastructure and service delivery required to ensure quality healthcare across different levels of care.

AYUSHMAN CARDS

***316. SHRI ARUN BHARTI:**

SHRIMATI SHAMBHAVI:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the creation of 35.69 crore Ayushman cards by early 2026 proves the Government's success in implementing the largest health assurance scheme, if so, the details thereof;
 - (b) whether the authorization of 5.77 crore hospital admissions has effectively prevented millions of families in the country from falling into poverty due to medical expenses, if so, the details thereof;
 - (c) whether the special saturation campaign launched in January 2026 is likely to successfully ensure that every eligible citizen is covered under the PM-JAY umbrella, if so, the details thereof;
 - (d) whether the Rs.1.15 lakh crore spent on treatments in private hospitals demonstrates a successful public-private partnership in delivering secondary and tertiary medical care, if so, the details thereof;
 - (e) whether the 5.6 per cent budget hike for AB-PMJAY in 2026-27 provides
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the necessary financial cushion to expand benefits to senior citizens above 70 years, if so, the details thereof; and

(f) whether these achievements effectively establish "health security" as a fundamental right for the economically vulnerable population of the country, particularly in the Lok Sabha Parliamentary Constituencies of Jamui, Khagaria and Samastipur in Bihar, Ghaziabad in Uttar Pradesh and Surat in Gujarat, if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) to (f): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting bottom 40% of India's population. Additionally, in March 2024, approximately 37 lakh families of Accredited Social Health Activists (ASHA), Anganwadi Workers (AWW) and Anganwadi Helpers (AWH) were included under the scheme. The scheme was further expanded to cover 6 crore senior citizens of age 70 years and above, belonging to 4.5 crore families, irrespective of their socio-economic status. As on 28.02.2026, a total of 43.52 crore Ayushman cards have been created under the scheme, which facilitates beneficiaries to access cashless healthcare services in empanelled hospitals.

The Government of India, in collaboration with States/UTs, has taken several measures to increase Ayushman card saturation which includes

implementation of “Aapke Dwar Ayushman”, a mission-mode campaign that mobilized an on-ground taskforce consisting of frontline workers and agents from service providers such as Common Service Centres, to undertake door-to-door visits to mobilize beneficiaries and assist them in creating Ayushman cards.

The Beneficiary Identification System allows self-verification thereby eliminating unnecessary intermediaries. Ayushman Mobile Application enables on-the-go beneficiary verification and card creation using face-auth technology.

The scheme has a comprehensive media and outreach strategy to spread awareness amongst beneficiaries on an ongoing basis and empower them. In addition to this, the beneficiaries may give a missed call to helpline number 1800-110-770 or call at 24x7 toll free helpline number 14555 for any scheme related assistance/queries.

National Health Authority (NHA) monitors utilization patterns and actively encourages participation of private healthcare providers. As on 31.01.2026, a total of 11.46 crore hospital admissions, amounting to Rs. 1.69 lakh crore, have been authorised under the scheme. Out of these, 5.77 crore hospital admissions amounting to Rs. 1.15 lakh crore, have been authorised in private empanelled hospitals.

As on 28.02.2026, a total of 1.14 crore Ayushman Vay Vandana cards have been created and 12.48 lakh hospital admissions amounting to Rs. 2802.20 crore have been authorised under this category.

The Budget Estimate for FY 2026-27 has been done based on actual

utilisation patterns, claim trends and the number of cards created. Based on utilisation trends, it is assessed that the Budget Estimates for FY 2026–27 are adequate to meet the financial requirements arising from the expanded senior citizen coverage.

The constituency-wise data is not captured under the scheme, however, details regarding the progress of the scheme in the concerned districts of the Lok Sabha constituencies of Jamui, Khagaria and Samastipur in Bihar, Ghaziabad in Uttar Pradesh, and Surat in Gujarat are given in the enclosed **Statement**.

STATEMENT

Progress of AB-PMJAY in the given Lok Sabha constituency (as on 28.02.2026)

Lok Sabha constituency	District	No. of Ayushman cards created (in lakh)	No. of Ayushman Vay Vandana cards created	No. of hospitals empanelled	No. of hospital admissions authorised
Jamui	Jamui	6.93	3,276	15	34,006
	Munger	4.91	5,835	12	43,620
	Sheikhpur	2.70	4,199	9	20,494
Khagaria	Khagaria	6.56	3,079	10	49,164
	Saharsa	8.38	3,853	17	65,716

Samastipur	Samastipur	17.90	9,023	43	1,15,444
	Darbhanga	19.48	13,805	55	1,64,638
Ghaziabad	Ghaziabad	6.45	38,065	116	1,19,775
	Hapur	3.70	15,277	54	80,378
Surat	Surat	18.90	1,08,031	151	4,77,647

INLAND WATER TRANSPORT IN PUNJAB

***317. SHRI MALVINDER SINGH KANG:**

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

(a) the present status of National Waterway-98 (NW-98) on the Sutlej River in Rupnagar district of Punjab;

(b) whether any Techno-Economic Feasibility Study/Detailed Project Report has been completed/under preparation for Inland Water Transport development on the Sutlej River in Punjab and if so, the details thereof;

(c) the details of funds sanctioned, released and utilized for jetties, terminals or other inland waterway infrastructure on the said river since 2016;

(d) whether any technical, hydrological or environmental constraints have affected inland waterway development on the said River, if so, the details thereof; and

(e) the steps taken under Maritime India Vision 2030 to promote inland water

transport for benefiting farmers and Micro, Small and Medium Enterprises (MSMEs) in Punjab?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) and (b): Sutlej River has been declared as National Waterway-98 (NW-98) from Bridge at Sunni (District Mandi, Himachal Pradesh) to Harike Barrage (Punjab) and passes through Rupnagar District also. The feasibility study of Sutlej River (NW-98) is being carried out and the report is expected to be submitted by May, 2026.

(c) and (d): An amount of Rs. 2.82 crore has been sanctioned for undertaking feasibility study of NW-98. The provision of waterway infrastructure such as jetties, terminals, technical, hydrological and environmental constraints etc. will be a part of the feasibility report.

(e): The preparation of feasibility report is the first step undertaken under the objectives of Maritime India Vision 2030. The developmental works will be undertaken for benefit of common public including Micro, Small, and Medium Enterprises and farmers as per the feasibility report.

MARKET DEVELOPMENT ASSISTANCE FOR ORGANIC FERTILIZERS

***318. SHRI ANANTA NAYAK:**

SHRI BIDYUT BARAN MAHATO:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the progress achieved under the Market Development Assistance (MDA) scheme for organic fertilizers produced from GOBARdhan and Compressed Biogas (CBG) Plants, State/UT-wise including the Keonjhar Lok Sabha Constituency of Odisha;
- (b) the total production volume of organic fertilisers promoted under the said scheme including details of plants operational therein, State-wise including the said Constituency;
- (c) the measures taken to facilitate marketing, branding, and offtake of organic fertilisers produced from GOBARdhan and CBG Plants;
- (d) whether the Government has made any assessment regarding the impact of the MDA scheme on adoption of organic fertilisers by farmers and reduction in usage of chemical fertilisers, if so, the details and findings thereof, State-wise including the said Constituency; and
- (e) the steps taken/proposed to be taken to expand GOBARdhan and CBG-based organic fertiliser production and utilization in the country, including support for peri-urban regions?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a): The Government has approved the Market Development Assistance (MDA) @ ₹ 1500/MT to promote organic carbon enhancers i.e., Fermented Organic Fertilizers (FOM) and Liquid FOM; and organic fertilizer i.e., Phosphate Rich Organic Manure (PROM), produced at plants under the Galvanizing Organic

Bio-Agro Resources Dhan (GOBARdhan) initiative, covering different biogas/CBG plants. Under the scheme, 120 CBG/BG plants have been registered on Integrated Fertilizer Management System (iFMS) portal as on 04.03.2026 for sale of FOM/LFOM/PROM. Year-wise, product-wise sale of FOM/LFOM/PROM and MDA released are given in the enclosed **Statement-I**. As per the iFMS portal report, there is no plant registered from the State of Odisha for sale of FOM/LFOM/PROM under the MDA scheme.

(b): The State-wise and year-wise production of FOM/LFOM/PROM under MDA Scheme are given in the enclosed **Statement-II**.

(c) to (e): All Fertilizer Marketing Companies (FMCs) are encouraged to enter into MoU with CBG operators in their catchment area for marketing of FOM/LFOM/PROM. So far, FMCs have signed 44 MoUs with CBG units for marketing of FOM/LFOM/PROM.

Since the Scheme of MDA is culminating this year, the Scheme is under evaluation by NITI Aayog. Department has approved a project on "Awareness about FOM/LFOM amongst farmers and conducting FOM demonstrations/pilot study at KVK farm and farmer's field" by Indian Council of Agricultural Research (ICAR) for a period of two years w.e.f. 29.11.2024 for a sum of Rs.11.79 crore.

Fertilizer companies were directed by Department of Fertilizers to conduct Kisan Sangoshthis for extensive field interaction with farmers, local farmer cooperatives, panchayats etc. 24 Fertilizer Marketing Companies (FMCs) conducted 17,108 Camps/Kisan Sangoshthis across the Country during

February 2025 to February, 2026. Out of 17,108, 467 camps/Kisan Sangoshthis were conducted in the State of Odisha including 11 in Keonjhar. Camps/Kisan Sangoshthis are being organised for promotion of FOM/LFOM/PROM by the Fertilizer companies. This initiative focuses on critical areas such as balanced use of fertilizers, integrated nutrient management (INM), promotion of organic farming, and soil health improvement. Awareness activities for farmers include demonstrations on the application of FOM, LFOM, PROM, PDM, and City Compost across various crops. These camps also feature technical sessions on appropriate fertilizer dosages, crop-specific application techniques, and the benefits of organic inputs.

The program aims to enhance farmers' understanding of INM, encourage adoption of balanced nutrient practices, and strengthen outreach and credibility through demonstration plots and interactive farmer engagement.

STATEMENT-I

Year-wise sale of FOM/LFOM/PROM

Year	FOM (in MT)	LFOM (in MT)	PROM (in MT)	TOTAL (in MT)
2023-24	27,899.62	28,159.00	-	56,058.62
2024-25	1,06,620.15	2,28,181.00	1,490.16	3,36,291.30
2025-26 (upto 09.03.2026)	5,89,086.33	11,22,882.26	4,879.00	17,16,847.58
Total	7,23,606.10	13,79,222.26	6,369.16	21,09,197.50

Year wise release of MDA

Year	MDA Released (Rs. in Crore)
2023-24	0.00
2024-25	28.00
2025-26 (upto 28.02-2026)	83.72
Total MDA released till 28.2.2026	111.72

STATEMENT-II
State-wise and Year-wise production of FOM/LFOM/PROM

(Qty. in MT)																
State	2023				2024				2025				2026 (upto 04.03.2026)			
	FOM	LFOM	PROM	TOTAL	FOM	LFOM	PROM	TOTAL	FOM	LFOM	PROM	TOTAL	FOM	LFOM	PROM	TOTAL
Andhra Pradesh	30.60	-	-	30.60	355.00	14,589.00	-	14,944.00	245.00	13,310.00	-	13,555.00	4,008.60	16,445.00	-	20,453.60
Bihar	-	-	-	-	-	-	-	-	5.00	-	-	5.00	-	-	-	-
Gujarat	257.80	2,006.92	65.30	2,330.02	31,383.75	59,384.33	1,762.50	92,530.58	44,857.53	88,642.00	581.00	1,34,080.53	9,835.50	34,047.50	650.00	44,533.00
Haryana	2,430.00	7,585.00	145.00	10,160.00	12,332.03	32,719.71	540.00	45,591.74	99,020.76	1,44,469.74	433.91	2,43,924.41	72,307.41	57,122.00	-	1,29,429.41
Karnataka	1,562.24	7,608.78	-	9,171.02	16,536.43	73,575.18	-	90,111.61	16,092.39	1,16,760.13	-	1,32,852.52	1,252.15	28,441.35	-	29,693.50
Madhya Pradesh	25.00	2.00	-	27.00	1,369.00	-	-	1,369.00	21,284.49	34,464.90	-	55,749.39	9,373.00	19,608.50	-	28,981.50
Maharashtra	15,735.21	6,250.00	-	21,985.21	24,439.77	12,429.65	-	36,869.42	57,919.16	4,690.00	-	62,609.16	6,380.00	27,100.00	-	33,480.00
Punjab	5,486.40	6,742.00	-	12,228.40	94,998.14	34,768.74	-	1,29,766.88	1,46,995.04	1,83,725.00	-	3,30,720.04	37,964.88	85,387.00	-	1,23,351.88
Rajasthan	-	-	-	-	1,613.00	1,550.00	-	3,163.00	4,884.50	16,412.00	-	21,296.50	11,504.00	20,979.00	28.00	32,511.00
Tamil Nadu	2,149.00	140.00	-	2,289.00	7,524.02	2,907.20	1,000.00	11,431.22	11,915.00	1,520.00	5,000.00	18,435.00	3,679.81	369.00	1,000.00	5,048.81
Telangana	-	-	-	-	393.00	-	-	393.00	2,845.00	1,006.00	-	3,851.00	915.00	609.00	-	1,524.00

13.03.2026

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Uttar Pradesh	2,066.00	8,520.0 0	-	10,586.00	35,248.37	1,07,546.8 9	-	1,42,795.2 6	2,02,051.9 6	3,94,229.9 3	200.00	5,96,481.88	85,953.39	1,28,541.0 0	-	2,14,494.39
Uttarakhand	986.01	1,346.0 2	0.01	2,332.04	3,497.58	8,032.45	-	11,530.03	3,843.50	18,936.70	-	22,780.20	511.00	5,471.00	-	5,982.00
Total	30,728.2 5	40,200. 72	210.31	71,139.28	2,29,690.0 8	3,47,503.1 5	3,302. 50	5,80,495.7 3	6,11,959.3 3	10,18,166. 4	6,214.91	16,36,340.63	2,43,684.7 4	4,24,120.3 5	1,678.00	6,69,483.09

WOMEN EMPOWERMENT SCHEMES

***319. SHRI ANUP SANJAY DHOTRE:**

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) the details of women empowerment-related schemes being run by the Government during the last three years;
- (b) the details of funds being spent by the Government on these schemes year-wise especially in the Maharashtra district-wise;
- (c) the details of the said schemes which have been successful in achieving their objectives;
- (d) the number of Anganwadis in Maharashtra, especially in Akola district;
- (e) the details of the benefits extended to the child and mother through these Centres in the said district along with the number of beneficiaries availing such benefits since 2022, year-wise and Anganwadi-wise; and
- (f) the details of the schemes being implemented/under consideration for girls below 18 years of age?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) to (c): Yes. The Government gives utmost priority to the safety, security and empowerment of women in the country. Government has adopted multi-pronged approach to address the needs of women on a life-cycle continuum basis for their educational, social, economic and political empowerment so that they become equal partners in fast paced and sustainable national development.

This 'Women led development' is essential for realising the goal of a developed India, or 'Viksit Bharat' by 2047.

The Ministry of Women and Child Development is implementing Centrally Sponsored Schemes in the country for the welfare of women and children, which are placed under three verticals, viz. (1) Mission Shakti, for safety, protection and empowerment of women; (2) Saksham Anganwadi & Poshan 2.0 for improving nutrition & health indicators in the country; and (3) Mission Vatsalya, for protection and welfare of children in difficult circumstances. The details of the schemes are as under:

(i) Mission Shakti: The 'Mission Shakti' aims at strengthening interventions for women safety, security and empowerment. It seeks to focus on proposing strategies for improving convergence across Ministries/ Departments and at different levels of governance. Mission Shakti comprises of two sub-schemes 'Sambal' and 'Samarthya' for safety and security of women and empowerment of women respectively.

The "Sambal" sub-scheme is for safety and security of women. It has the components of One Stop Centres (OSCs), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat.

- I. **One Stop Centres (OSCs)-** One Stop Centre (OSC) provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and
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advice, temporary shelter, police assistance and psycho-social counselling to needy women.

- II. **Women Helpline (WHL)-** Women Helpline (WHL-181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services all across the country.
- III. **Beti Bachao Beti Padhao (BBBP)-** Beti Bachao Beti Padhao (BBBP) Scheme was launched on 22nd January 2015 to help address Child Sex Ratio (CSR) and related issues of empowerment of girls and women over a life cycle continuum. Beti Bachao Beti Padhao (BBBP) scheme has transformed from policy initiative into national movement by mobilizing various stakeholders, including government agencies, media civil society and general public.
- IV. **Nari Adalat-** Nari Adalat scheme provides a platform for alternative grievance redressal for women at the gram panchayat level. The Adalats are mandated to help women in distress at the panchayat level in resolving smaller issues relating to domestic violence, and other gender-based violence by negotiation, mediation, and reconciliation with mutual consent for accessible justice.

The “Samarthya” sub scheme is for empowerment of women. It has the components of Pradhan Mantri Matru Vandana Yojana (PMMVY), Shakti

Sadan, Sakhi Niwas, Palna and SANKALP: Hub for Empowerment of Women (HEW).

- I. **Pradhan Mantri Matru Vandana Yojana (PMMVY)**- The PMMVY is a Centrally Sponsored Maternity Benefit Scheme under which cash incentives of ₹5,000/- is provided directly to the Bank/Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for first child. The eligible beneficiaries receive the remaining cash incentive, as per approved norms towards maternity benefit under Janani Suraksha Yojana after institutional delivery, so that on an average a woman gets ₹6,000/-. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for second child subject to the second child being a girl.
 - II. **Shakti Sadan**- Under the overarching 'Mission Shakti', erstwhile schemes of 'Swadhar Greh' for women in difficult circumstances and 'Ujjawala Home' for Prevention of Trafficking, have been merged w. e. f. 01.04.2022 and known as 'Shakti Sadan Scheme', which is an Integrated Relief and Rehabilitation Home-for women in distressful situations including trafficked women. It aims at creating a safe and enabling environment for the women in such difficult situations, to enable them to overcome the adverse circumstances.
 - III. **Sakhi Niwas**- The Sakhi Niwas Scheme (Working Women Hostel) is a demand driven centrally sponsored scheme, under which funds are released directly to the States/UTs for implementation of the scheme and
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aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and even rural areas where employment opportunity for women exist.

IV. **Palna-** Palna Scheme is implemented with the aim of expanding the outreach of crèches to ensure that women everywhere have the opportunity to work and do not drop out from workforce because of care responsibilities. Palna aims to provide day-care crèche facilities to the children (06 months – 06 years).

V. **SANKALP: Hub for Empowerment of Women (HEW)-** The SANKALP: HEW (Hub for Empowerment of Women) which functions as a Project Monitoring Unit (PMU) for all components of Mission Shakti. It serves as a single window system to bridge the information and knowledge gap regarding schemes and facilities available for women as well as guide them to avail the benefits and entitlements.

Further, the Government of India also implements several initiatives through various Ministries and Departments which contribute to the empowerment and welfare of women. One such initiative is the Pradhan Mantri Ujjwala Yojana (PMUY), implemented by the Ministry of Petroleum and Natural Gas. Pradhan Mantri Ujjwala Yojana (PMUY) was launched in May, 2016 to provide deposit free LPG connection to adult women from poor households. Use of LPG as a cooking fuel frees women from the drudgery of collecting firewood, reduces time spent on cooking and prevents deforestation.

Under the Government of India's Skill India Mission (SIM) , the Ministry of Skill Development and Entrepreneurship (MSDE) delivers skill, re-skill and up-skill training through an extensive network of skill development centres under various schemes, viz. Pradhan Mantri Kaushal Vikas Yojana (PMKVY), Jan Shikshan Sansthan (JSS), National Apprenticeship Promotion Scheme (NAPS) and Craftsman Training Scheme (CTS) through Industrial Training Institutes (ITIs), to all the sections of the society across the country including women. The SIM aims at enabling youth of India to get future ready and equipped with industry relevant skills.

Deendayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM) launched in June 2011 under the Ministry of Rural Development, is a Centrally Sponsored Scheme of Government of India aims at mobilizing rural poor women households into Self Help Groups (SHGs) and provide them long-term support so that they diversify their livelihoods, improve their incomes and lead a better-quality life

Additionally, the Department of Financial Services (DFS) under the Ministry of Finance implements key financial inclusion and enterprise-promotion schemes:

1. Stand-Up India (SUI) Scheme: Launched on 05 April 2016, this scheme facilitates loans ranging from ₹10 lakh to ₹1 crore through Scheduled Commercial Banks. Each bank branch is mandated to provide loans to at least one Scheduled Caste (SC) or Scheduled Tribe (ST) borrower and one
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woman borrower for setting up a greenfield enterprise in manufacturing, services, trading, or activities allied to agriculture.

2. Pradhan Mantri Mudra Yojana (PMMY): Introduced on 08 April 2015, this scheme offers collateral-free institutional credit to non-corporate, non-farm small entrepreneurs through Scheduled Commercial Banks, Regional Rural Banks, Non-Banking Financial Companies, and Microfinance Institutions. Eligible individuals with a viable business plan can avail loans up to ₹20 lakh for income-generating activities in manufacturing, trading, services, and allied agricultural sectors. Loans are categorized into Shishu (up to ₹50,000), Kishor (₹50,000 to ₹5 lakh), Tarun (₹5 lakh to ₹10 lakh), and Tarun Plus (₹10 lakh to ₹20 lakh).

Further, the year-wise details of fund released under Mission Shakti to the State of Maharashtra during the last three years and current year are given below:

(Rupees in Lakhs)

	2022-23	2023-24	2024-25	2025-26 (till 10.03.2026)
Mission Shakti	24152.37	3031.69	15462.12	11791.87

(d) to (f): As per Poshan Tracker, there are 1,10,630 Anganwadi Centres (AWCs) in the State of Maharashtra including 1564 AWCs in Akola District under the scheme. The State/UT wise including the State of Maharashtra data from Poshan Tracker regarding number of Anganwadi Centres, beneficiaries and

services at AWCs is available at the link: <https://www.poshantracker.in/statistics>.

Further, the Ministry of Women and Child Development is implementing Saksham Anganwadi & Poshan 2.0 and Mission Vatsalya. The details of the schemes are as under:

Saksham Anganwadi & Poshan 2.0 (Mission Poshan 2.0): In the 15th Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mothers, Adolescent Girls (14 – 18 years); Early Childhood Care and Education [3-6 years]; Anganwadi infrastructure including modern, upgraded Saksham Anganwadi, Poshan Abhiyaan and Scheme for Adolescent Girls have been reorganised under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0).

Under Mission Saksham Anganwadi and Poshan 2.0, a package of six services are provided to the eligible beneficiaries i.e Supplementary Nutrition (SNP), Pre-school Non-Formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure. Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. Central Government is responsible for the overall planning and policy under the scheme whereas its day-to-day implementation falls under the ambit of State Government or UT administration.

Further, SAG was revised from 01.04.2022 onwards and was subsumed

under Mission Saksham Anganwadi and Poshan 2.0. The Scheme aims at providing nutritional support to Adolescent Girls (AGs) [14-18 years] for improving their health and nutritional status under the nutrition component and providing them IFA supplementation, Health check-up and Referral Service, Nutrition & Health Education and Skilling etc. under non-nutrition component of the Scheme. The targeted beneficiaries under the Scheme are AGs in the age group of 14 to 18 years in Aspirational Districts and all North Eastern States.

Mission Vatsalya: Mission Vatsalya (erstwhile Child Protection Services Scheme (ICPS)) is a Centrally Sponsored Scheme (CSS) which is implemented through States/Union Territories (UTs) to deliver services for better outreach and protection for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL) which include Institutional Care and Non-Institutional Care in a mission mode with the objective to: (i) Support and sustain Children in difficult circumstances (ii) Develop context-based solutions for holistic development of children from varied backgrounds (iii) Provide scope for green field projects for encouraging innovative solutions (iv) Cement convergent action by gap funding, if required.

The scheme also provides for emergency outreach services (24x7) for children in difficult circumstances through Child Helpline (1098).

AYURSWASTHYA YOJANA

***320 SHRI BIBHU PRASAD TARAI:**

DR. SANJAY JAISWAL:

Will the Minister of **AYUSH** be pleased to state:

- (a) the implementation status of the Ayurswasthya Yojana in the country, State/UT-wise, particularly in Bharatapur, Nabarangpur and Keonjhar Parliamentary constituencies;
 - (b) the number of Centres of Excellence (CoE) that have been upgraded or established under the Scheme in the country, State/UT-wise including the said Parliamentary constituencies;
 - (c) the number of Public Health Initiative (PHI) projects funded for education, research and capacity-building purposes, particularly PHI projects operating in the Pali Parliamentary constituency including those approved and implemented in the said Parliamentary constituency;
 - (d) the details of the funds sanctioned/allocated and released under the said scheme during the last three years, State/UT-wise, particularly in the said Parliamentary constituencies, yearwise and Institution-wise;
 - (e) whether the Government has undertaken any assessment of the Institutional excellence, research output and public health impact achieved under the said scheme in the said Parliamentary constituencies and if so, the details thereof; and
 - (f) whether any projects, CoE, PHI activities or Institutional upgradations have been sanctioned, established or funded under the Scheme in North East Delhi Parliamentary constituency and if so, the details thereof including the funds allocated and released?
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THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): Ministry of Ayush is implementing a Central Sector Scheme namely Ayurswasthya Yojana having 02 components viz. i) Ayush and Public Health and ii) Centre of Excellence (CoE). The Scheme is being implemented from FY 2021-22 and valid upto March 2026. The scheme is being implemented across the Country and is not specific to any State/UT. Further, under the Ayurswasthya Yojana, no eligible proposals have been received from any Organisation/Institute situated in Bharatapur, Nabarangpur and Keonjhar Parliamentary constituencies.

(b): Under Centre of Excellence component of Ayurswasthya Yojana, total of 28 institutes/organizations have been supported for upgradation as Centre of Excellence (CoE) since inception of the scheme. The details of the CoE projects supported under the Scheme are given in the enclosed **Statement-I**.

(c): The main aim of the Ayush and Public Health component of the Ayurswasthya Yojana is to roll out of authentic classical Ayush interventions with following objectives: -

- To promote Ayush intervention for community health care.
 - To demonstrate advantages of Ayush health care in public health.
 - To support for implementing Sustainable Development Goal-2 (SDG
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2) and Sustainable Development Goal -3 (SDG 3) through integrating Ayush system.

- Documentation of the efficacy of Ayush systems through Ayush interventions in various public health issues which can be taken up in larger scale for implementation in national health programmes.

Under the Ayush and Public Health component of the Ayurswasthya Yojana, 25 projects have been supported since inception of the scheme. Under the above component, there is a provision for training and capacity building of health care providers on Ayush medicines. Further, no eligible proposals have been received from any organisation/Institute situated in Pali Parliamentary constituency under the Ayurswasthya Yojana.

(d) and (e): Under the Ayurswasthya Yojana, funds are not sanctioned/allocated State/UT wise. The details of the funds sanctioned/allocated and released to the various Institutes/Organisations under Ayurswasthya Yojana during the last three years (i.e. From FY 2022-23 to FY 2024-25), are given in the enclosed **Statement-II**. Further, no eligible proposals have been received from any Organisation/Institute situated in the Bharatapur, Nabarangpur, Keonjhar and Pali Parliamentary constituency. Ministry of Ayush has conducted evaluation of the scheme by a third party namely Quality Council of India (QCI). In its evaluation report, QCI has concluded that the scheme fits perfectly with India's national goals of providing affordable, accessible healthcare for all citizens under the vision of Viksit Bharat.

(f): Under the Ayurswasthya Yojana, the financial assistance is being provided to the eligible organisations as per the provision of Scheme guidelines and funds are not released State/UT-wise. Further, no eligible proposals have been received from any organisation/Institute situated in North East Delhi Parliamentary constituency under the Ayurswasthya Yojana. However, the details of the projects supported under the Ayurswasthya Yojana in Delhi are placed at **Statement-III**.

STATEMENT-I

List of Institutes/Organizations supported under the Centre of Excellence (CoE) component of Ayurswasthya Yojana: -

S. No.	Name of Organization/Institute	State/UT	Title of the Project	Approved amount (In Rs.)
1.	Government Ayurvedic College, Jalukbari,	Assam	CoE of Panchakarma and Upgradation of Pharmacy	10,00,00,000/-
2.	Shri Dhanwantry Ayurvedic College & Hospital, Shri Dhanwantry Educational Society (Regd), Chandigarh	Chandigarh	Centre of Excellence for Care & Ayurvedic Management of Chronic Spine Disorder patients	9,87,04,544/-
3.	Centre for Integrative Medicine and Research (CIMR), (AIIMS)	Delhi	Centre of Excellence for Yoga & Ayurveda	9,64,11,834/-

4.	Institute of Liver & Biliary Sciences (ILBS) New Delhi	Delhi	Effects of Indian Foods and Ayurvedic drugs on healthy and diseases Liver	9,92,71,040/-
5.	Jawaharlal Nehru University (JNU), New Delhi	Delhi	Functional-based CoE on Ayurveda and Systems Medicine	8,71,00,000/-
6.	Department of Design, Indian Institute of Technology, (IIT) Delhi	Delhi	Centre of Excellence in Sustainable Ayush for Advanced technological solutions, startup support and net zero sustainable solutions for Rasausadhies	8,07,06,420/-
7.	Jamia Hamdard (Deemed to be University) Hamdard Nagar	Delhi	Centre of Excellence in Unani Medicine (Pharmacognosy / Pharmacology)	10,00,00,000/-
8.	Council of Scientific & Industrial Research (CSIR)- Institute of Genomics and Integrative Biology	Delhi	Centre of Excellence for Applied Development of Ayurveda Prakriti and Genomics	9,04,23,446/-
9.	Rajiv Gandhi Government Post Graduate Ayurveda College & Hospital,	Himachal Pradesh	CoE in Ayurveda for Geriatric Health Care	5,00,00,000/-

10.	Regional Research Institute of Unani Medicine (RRIUM), Srinagar	Jammu & Kashmir	Ilaj Bit Tadbeer (Regimental Therapy)	7,07,16,600/-
11.	National Institute of Mental Health and Neuro Sciences (NIMHANS)	Karnataka	Centre of Excellence in Ayush Research	9,75,02,659/-
12.	Central Ayurveda Research Institute (CARI) Bengaluru	Karnataka	Centre of Excellence in Research and Clinical Services for Madhumeha (Diabetes Mellitus)	7,24,80,400/-
13.	Indian Institute of Science, (IISC) Bangalore	Karnataka	Centre of Excellence in Diabetes and Metabolic Disorders	9,99,96,500/-
14.	Swami Vivekananda Yoga Anusandhan Samsthana (SVYASA)	Karnataka	Centre of Excellence in Yoga	5,00,00,000/-
15.	SDM College of Naturopath and Yogic Science, Ujire, Bengaluru	Karnataka	SDM College of Naturopath and Yogic Science, Ujire, under Centre of Excellence (CoE) component of Ayurswasthya Yojana	8,79,00,365/-
16.	Arya Vaidya Sala, Kottakkal	Kerala	Setting up CoE in Cancer Research	6,64,45,170/-

17.	Tata Memorial Centre, (TMC) Mumbai	Maharashtra	Centre of Excellence for Discovery and Development of Ayush Medicine for Cancer Care	9,06,91,262/-
18.	Savitribai Phule Pune University (SPPU)	Maharashtra	Ayush Centre of Excellence, Centre for Complementary and Integrative Health School of Health Sciences, Savitribai Phule Pune	7,23,80,120/-
19.	Indian Institute of Technology, Jodhpur (IITJ), Jodhpur	Rajasthan	Centre of Excellence in AYURTech for Integrative Precision Health and Medicine	10,00,00,000/-
20.	National Institute of Ayurveda (NIA), Jaipur	Rajasthan	Establishment of Centre of Excellence in Dravyaguna for Development of Database of Key Identification Features and DNA Bank of Authentic and Market Samples of Selected Plant Based Raw Materials used in Ayush Medicines	9,32,38,620/-

21.	The Ayurvedic Trust	Tamil Nadu	CoE - Research Hospital for Rheumatology	3,65,00,000/-
22.	National Institute of Indian Medical Heritage, (NIIMH), Hyderabad	Telangana	Centre of Excellence in Medico-Historical Studies & Indian Medical Heritage	9,84,29,400/-
23	Central Drug Research Institute, Lucknow (CDRI), Lucknow	Uttar Pradesh	Centre of Excellence for Fundamental and Translational Research in Ayurveda	10,00,00,000/-
24.	Banaras Hindu University, Varanasi	Uttar Pradesh	Establishing National Resource Centre on Ksharsutra Therapy, Department of Shalya Tantra, Institute of Medical Sciences / National Referral Centre for Teaching, Research, Training and referral patients care on Ksharsutra under CoE	5,00,00,000/-
25.	Central Ayurveda Research Institute, Gwalior Road, Jhansi (Uttar Pradesh)	Uttar Pradesh	Centre of Excellence in Pharmaceutical Development and Standardization of Rasaushadhies used in Ayurveda	9,87,74,000/-

26.	Patanjali Ayurveda Hospital, Haridwar	Uttarakhand	Establishment of Centre of Excellence of Renovation and Upgradation of Patanjali Ayurveda Hospital	10,00,00,000/-
27.	Society for welfare of the handicapped persons, Bharosa, Durgapur	West Bengal	Centre of Excellence in Homeopathy for prevention of Disability	2,00,00,000/-
28.	National Institute of Homoeopathy (NIH), Kolkata	West Bengal	Centre for Excellence for Advancing Homoeopathic Research in the Management of Metabolic Disorders	9,56,52,000/-

STATEMENT-II

The details of the funds sanctioned/allocated and released to the various Institutes/Organisations under Ayurswasthya Yojana during the last three years (i.e. From FY 2022-23 to FY 2024-25)

A. Ayush and Public Health Component of Ayurswasthya Yojana							
S. No.	Name of the Organization/Institute	State/ UT	Title of the Project	Funds Sanctioned (In Rs.)	Amount released (In Rs.) 2022-23	Amount released (In Rs.) 2023-24	Amount released (In Rs.) 2024-25
1	All India Institute of Ayurveda, New Delhi	Delhi	Promotion of Knowledge, attitude, and practices and	1,50,00,000/-	60,00,000/-	00	00

			mental health status (Anxiety, Stress and Depression) among Police personals through Ayurvedic Intervention				
2	National Institute of Ayurveda, (NIA)	Rajasthan	Management of Pre-diabetes and Type 2 Diabetes mellitus in male and female patients of 25-70 years age group with Ayurvedic medicines along with yoga and lifestyle modification in Chaksu block of Jaipur district, Rajasthan	1,06,39,299/-	35,00,000/-	00	00
3	National Institute of Ayurveda, (NIA)	Rajasthan	Ayurveda Intervention to Reduce and Prevent Malnutrition in	1,41,11,200/-	33,36,084/-	00	56,44,480/-

			Children of Jamwa Ramgarh Block of Jaipur District, Rajasthan				
4	National Institute of Ayurveda, (NIA)	Rajast han	Management of Alcohol Addiction (Alcohol Use Disorders) with Ayurvedic Medicines, Yoga, Counselling and Lifestyle Modifications in Jamwa Ramgarh Tehsil of Jaipur District	1,16,26,20 1/-	59,52,000 /-	56,74,201 /-	00
5	Molecular Diagnostics , Counseling , Care and Research Centre, (MDCRC), Tamil Nadu	Tamil Nadu	Ayurveda based approach to improve the quality of life in children with Duchenne Muscular Dystrophy	1,50,00,00 0/-	00	00	26,28,856/-
6	National Institute of Siddha, Chennai, Tamil Nadu	Tamil Nadu	Promoting the Siddha interventions for iron deficiency anemia	1,49,98,40 0/-	00	59,99,360 /-	00

			(Pandu) among rural women/men at adolescent age (10-19) in South districts Madurai & Theni of Tamil Nadu				
7	Srinath Manav Sewa Mandal, Parli, Beed, Maharashtra	Maharashtra	Community Screening Program for Diabetes, Hypertension, Obesity and its Management through Ayurveda and establishment of Referral Research Centre in parli Block of Beed District, Maharashtra	1,49,51,750/-	29,90,350/-	00	00
8	Directorate of Ayush, Maharashtra	Maharashtra	Osteoporosis Screening and Intervention Programme Using Ayush Approach: A Community based Programme in Maharashtra State	80,00,000/-	16,00,000/-	00	00

9	All India Institute of Ayurveda, New Delhi	Delhi	Promotion of Ayurvedic Medicine and Rasayana Therapy for Management of (LTBI) Latent Tuberculosis in Indian Population	1,48,14,000/-	59,25,600/-	00	00
10	All India Institute of Ayurveda, New Delhi	Delhi	Promotion of Knowledge, Attitude, Practices and Oral Health Status of Children through Ayurvedic Intervention	1,09,17,802/-	49,17,802/-	00	00
11	All India Institute of Ayurveda, New Delhi	Delhi	Community based Ayurveda intervention for promotion of physical & mental health in elderly population of Faridabad district, Haryana State	1,45,53,437/-	59,98,800/-	00	00
12	Gujarat Ayurved University,	Gujarat	Management of Pandu (Anemia) in	1,49,96,000/-	29,99,200/-	00	00

	Jamnagar, Gujarat		adolescent girls and women of reproductive age group with Ayurvedic medicines in Jamnagar taluka of Jamnagar District				
13	All India Institute of Ayurveda, New Delhi	Delhi	Ayurveda care for Healthy Progeny	1,49,70,000/-	29,94,000/-	00	00
14	All India Institute of Ayurveda, New Delhi	Delhi	Management of Pain in musculoskeletal Disorders through Ayurvedic Interventions	1,49,70,000/-	29,94,400/-	00	00
15	Tilak Ayurved Mahavidyalaya, Maharashtra	Maharashtra	Implementation of Punarnavadi Mandoor and Drakshavaleha in the management of Iron Deficiency Anemia in school going children at Mulashi block in Pune	87,33,500/- (Revised Approval Rs.65,03,930/-) **	20,91,764/-	00	00

			district, Maharashtra				
	** The actual cost of the project was subsequently revised and reduced from Rs.87,33,500/- to Rs.65,03,930/- after release of 2 instalments amounting to Rs.69,86,800/-. Further, the institute has refunded the remaining fund to Consolidated Fund of India (CFI).						
16	Government Homeopathic Medical College, Bhopal, MP	Madhya Pradesh	Geriatric Health Care in Degenerative Disorders of the Elderly	1,24,83,000/-	00	24,96,600/-	00
17	North Eastern Institute of Ayurveda & Homoeopathy (NEIAH), Meghalaya	Meghalaya	Promoting the Ayurveda interventions for Iron Deficiency Anemia (IDA) among tribal females (18 to 45 years of age) in Mawpat and Myllem Block of East Khasi Hills district of Meghalaya	1,48,29,650/-	00	59,31,860/-	00
18	The Tamil Nadu Dr. M.G.R. Medical University, Tamil Nadu	Tamil Nadu	Assessment and Effectiveness of Siddha Interventions in Menstrual Disorders among High school and	1,41,43,277/-	00	00	56,57,311/-

			College students in Greater Chennai Corporation				
19	Dr. Achanta Lakshmipathi Regional Ayurveda Research Institute, Central Council for Research in Ayurvedic Sciences (CCRAS), Chennai, Tamil Nadu	Tamil Nadu	A community based study to assess the role of Ayurvedic interventions and lifestyle advocacy on Iron Deficiency Anemia in women of reproductive age in Chengalpattu district of Tamil Nadu	97,26,600/-	00	00	38,90,640/-
20	Pt. Khushilal Sharma Government Ayurveda College & Institute, Bhopal, MP	Madhya Pradesh	Awareness & Management of Diabetes Mellitus in Rural Area Bhopal	1,43,00,000/- (Revised Budget 1,12,54,853/-) **	00	00	57,20,000/-
** The actual cost of the project was subsequently revised and reduced from Rs.1,43,00,000/- to Rs.1,12,54,853/- after release of 2 instalments amounting to Rs.1,14,40,000/-.							
21	Amrita School of Ayurveda Sciences	Kerala	Ayurveda-Based Diet and Behavioral	1,40,41,404/-	00	00	56,16,562/-

			Lifestyle Intervention for Management of pre-diabetes-A community-based study				
22	Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan, Karnataka	Karnataka	Community based Prevention and Holistic Management of Alcohol Use Disorders in Channarayana Town of Hassan District, Karnataka State	1,40,12,000/-	00	00	56,04,800/-
23	Amala Ayurvedic Hospital and Research Centre, Kerala	Kerala	Ayush Intervention on Public Health for Janusandhigata Vata (Knee Osteoarthritis)	1,50,00,000/-	00	00	60,00,000/-

B. Centre of Excellence component of Ayurswasthya Yojana							
S. No.	Name of Organization/Institute	State/UT	Title of the Project	Funds Sanctioned (In Rs.)	Fund released (Amount in Rs.)		
					2022-23	2023 -24	2024 -25
1.	Central Ayurveda Research Institute (CARI) Bengaluru	Bengaluru	Centre of Excellence in Research and Clinical Services for Madhumeha (Diabetes Mellitus)	7,24,80,400/-	20,00,000/-	1,54,86,200/-	1,01,60,000/-
2.	Centre for Integrative Medicine and Research (CIMR), (AIIMS)	Delhi	Centre of Excellence for Yoga & Ayurveda	9,64,11,834/-	2,04,61,480/-	2,04,61,480/-	-
3.	Department of Design, Indian Institute of Technology, (IIT) Delhi	Delhi	Centre of Excellence in Sustainable Ayush for Advanced technological solutions, startup support and net zero sustainable solutions for	8,07,06,420/-	-	2,00,00,000/-	1,39,23,000/-

			Rasausadhies				
4.	Institute of Liver & Biliary Sciences (ILBS) New Delhi	Delhi	Effects of Indian Foods and Ayurvedic drugs on healthy and diseases Liver	9,92,71,040/-	2,60,63,504/-	-	-
5.	Jamia Hamdard (Deemed to be University) Hamdard Nagar	Delhi	Centre of Excellence in Unani Medicine (Pharmacognosy / Pharmacology)	10,00,00,000/-	-	-	89,13,224/-
6.	Jawaharlal Nehru University (JNU), New Delhi	Delhi	Functional-based CoE on Ayurveda and Systems Medicine	8,71,00,000/-	-	1,01,09,725/-	2,44,10,000/-
7.	Indian Institute of Science, (IISC) Bangalore	Karnataka	Centre of Excellence in Diabetes and Metabolic Disorders	9,99,96,500/-	-	2,00,00,000/-	1,82,35,400/-
8.	National Institute	Karnataka	Centre of Excellence in	9,75,02,659/-	8475016/-	379938/-	3,05,26,047/-

	of Mental Health and Neuro Sciences (NIMHANS)		Ayush Research under Ayurswasthya Yojana				
9.	Swami Vivekananda Yoga Anusandhan Samsthana (SVYASA)	Karnataka	Centre of Excellence in Yoga at Swami Vivekananda Yoga Anusandhana Samsthana (SVYASA)	5,00,00,000/-	-	-	83,08,441/-
10.	Arya Vaidya Sala, Kottakkal	Kerala	Setting up CoE in Cancer Research Arya Vaidya Sala, Kottakkal	6,64,45,170/-	-	-	41,41,107/-
11.	Savitribai Phule Pune University (SPPU)	Maharashtra	Ayush Center of Excellence, Center for Complementary and Integrative Health School of Health Sciences, Savitribai Phule Pune	7,23,80,120/-	-	2,00,00,000/-	52,62,840/-
12.	Tata Memorial	Maharashtra	Centre of Excellence for	9,06,91,26	-	2,00,00,00	1,94,10,182/-

	Centre, (TMC) Mumbai	htra	Discovery and Development of Ayush Medicine for Cancer Care	2/-		0/-	
13.	Indian Institute of Technolo gy, Jodhpur (IITJ), Jodhpur	Rajastha n	Centre of Excellence in AYURTech for Integrative Precision Health and Medicine	10,00,00,0 00/-	-	4,00,00,00 0/-	-
14.	Central Drug Researc h Institute, Lucknow (CDRI), Lucknow	Uttar Pradesh	Centre of Excellence for Fundamental and Translational Research in Ayurveda	10,00,00,0 00/-	-	2,00,00,00 0/-	1,99,95,232/-

STATEMENT-III**Details of the projects supported under the Ayurswasthya Yojana in Delhi**

A. Ayush and Public Health Component of Ayurswasthya Yojana			
<u>Name of the Institute: - All India Institute of Ayurveda, New Delhi</u>			
S.No.	Title of the Project	Funds Allocated (In Rs.)	Funds Released (In Rs.)
1.	Promotion of knowledge, Attitude, and Practices on Mental Health Status (Anxiety, Stress, Depression) among Police Personnel through Ayurvedic Intervention	1,50,00,000/-	1,50,00,000/-*
2.	Promotion of Ayurvedic Medicine and Rasayana Therapy for Management of (LTBI) Latent Tuberculosis in Indian Population	1,48,14,000/-	1,18,51,200/-
3.	Promotion of Knowledge, Attitude, Practices and Oral Health Status of Children through Ayurvedic Intervention	1,09,17,802/-	1,09,17,802/-*
4.	Community based Ayurveda intervention for promotion of physical & mental health in elderly population of Faridabad district, Haryana State	1,45,53,437/-	1,45,53,437/-*
5.	Ayurveda care for Healthy Progeny	1,49,70,000/-	1,49,70,000/-*
6.	Management of Pain in musculoskeletal Disorders through Ayurvedic Interventions	1,49,70,000/-	1,49,70,400/-*
*The released amount also includes the funds released prior to the 15th Finance Commission Cycle (i.e. prior to FY 2021-22) under erstwhile PHI Scheme.			

B. Centre of Excellence component of Ayurswasthya Yojana				
S. No.	Name of Organization/Institute	Project Name	Funds Allocated (In Rs.)	Funds Released (In Rs.)
1.	Centre for Integrative Medicine and Research (CIMR), (AIIMS)	Centre of Excellence for Yoga & Ayurveda	9,64,11,834/-	9,64,11,834/-*
2.	Council of Scientific & Industrial Research (CSIR)- Institute of Genomics and Integrative Biology	Centre of Excellence for Applied Development of Ayurveda Prakriti and Genomics	9,04,23,446/-	9,04,23,446/-*
3.	Department of Design, Indian Institute of Technology, (IIT) Delhi	Centre of Excellence in Sustainable Ayush for Advanced technological solutions, startup support and net zero sustainable solutions for Rasausadhies	8,07,06,420/-	6,50,82,460/-
4.	Institute of Liver & Biliary Sciences (ILBS) New Delhi	Effects of Indian Foods and Ayurvedic drugs on healthy and diseases Liver	9,92,71,040/-	8,28,11,840/-
5.	Jamia Hamdard (Deemed to be University) Hamdard Nagar	Centre of Excellence in Unani Medicine (Pharmacognosy / Pharmacology)	10,00,00,000/-	7,93,82,725/-

6.	Jawaharlal Nehru University (JNU), New Delhi	Functional-based CoE on Ayurveda and Systems Medicine	8,71,00,000/-	3,45,19,725/-
*The released amount also includes the funds released prior to the 15th Finance Commission Cycle (i.e. prior to FY 2021-22) under erstwhile CoE Scheme.				

(ii) Unstarred Question Nos. 3451 to 3680

IMPORT AND EXPORT OF MEDICAL DEVICES

3451. DR. SHARMILA SARKAR:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

the details of imports and exports of medical devices, both in volume and value (in Rs.) during the last eleven years, country-wise and year-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

Total exports and imports (value in Rs Crores) of medical devices, year-wise since 2014-15 to 2025-26 (last eleven Years) along with the details in respect of 5 major countries are given in the enclosed **Statement**.

STATEMENT

The details of exports and imports (value) of medical devices, year-wise since 2014-15 to 2025-26 (last eleven Years)

(In Rs. Crore)

Financial Year	Export	Import
2014-15	20,426	53,949
2015-16	20,999	67,442
2016-17	23,033	67,831
2017-18	23,960	65,107
2018-19	30,568	99,977
2019-20	26,915	84,929
2020-21	22,461	70,604
2021-22	39,784	120,631
2022-23	44,257	142,101
2023-24	41,030	134,701
2024-25	42,360	137,088
2025-26 (Apr-Dec)	28,106	94,664

Source: DGCIS

The details of exports and imports (value) of medical devices, year-wise since 2014-15 to 2025-26 (last eleven Years) in respect of 5 major countries:

(In Rs. Crore)

Financial Year	USA Export	USA Import	Germany Export	Germany Import	France Export	France Import	China Export	China Import	Netherlands Export	Netherlands Import
2014-15	2640	6582	1050	3880	620	940	820	4980	580	1340
2015-16	2780	7104	1080	4020	640	990	850	5620	600	1420
2016-17	2945	7318	1120	4230	690	1030	880	5940	640	1480
2017-18	3120	7845	1205	4510	710	1120	910	6420	670	1590
2018-19	3988	9442	1590	5620	940	1480	1120	7990	910	2340
2019-20	3654	8917	1410	5030	820	1320	1010	7540	820	2040
2020-21	3240	7980	1320	4420	770	1210	950	7020	770	1910
2021-22	5010	11204	2010	6520	1160	1690	1220	8820	1060	2780

2022-23	6245	13420	2420	7980	1380	1980	1420	10340	1240	3460
2023-24	6390	12856	2360	7540	1340	1890	1310	9780	1210	3320
2024-25	6608	12021	2483	7776	1400	1901	1341	9925	1245	3673

Source: DGCIS

TRADITIONAL MEDICINAL KNOWLEDGE

3452. SHRI JANARDAN SINGH SIGRIWAL:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government has undertaken any initiatives to identify, document and digitise Traditional Medicinal Knowledge relevant to the AYUSH system of medicine including Ayurveda, Yoga, Unani, Siddha, Sowa-Rigpa and Homoeopathy and if so, the details thereof, stream-wise;
 - (b) whether any mechanisms are in place to protect Traditional Medicinal Knowledge from biopiracy, misappropriation or misuse including through intellectual property safeguards and if so, the details thereof;
 - (c) whether Traditional Medicinal Knowledge has been integrated into education, research and clinical practice within AYUSH institutions and hospitals and if so, the details thereof;
 - (d) whether financial assistance, research grants or capacity-building support is being provided to traditional practitioners, vaidyas and community knowledge holders associated with AYUSH systems and if so, the details thereof; and
 - (e) whether the Government has undertaken any national or international collaborations, databases or knowledge-sharing initiatives to promote,
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validate and ensure equitable benefit- sharing of Traditional Medicinal Knowledge in the AYUSH system of medicine and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): Yes, the Traditional Knowledge Digital Library (TKDL) is a prior art database of Indian traditional knowledge established in 2001, jointly by the Council of Scientific and Industrial Research (CSIR) and the then Department of Indian Systems of Medicine and Homeopathy (now Ministry of Ayush). The TKDL currently contains information from ancient texts related to Indian Systems of Medicine such as Ayurveda, Unani, Siddha, Sowa Rigpa and Yoga. The information existing in local languages such as Sanskrit, Hindi, Tamil, Malayalam, Arabic, Persian, Urdu, Bhoti, etc., has been transcribed into five international languages, namely English, French, German, Spanish and Japanese in the TKDL database. A total of 519978 formulations/techniques from the Indian Systems of Medicine and Yoga practices have been transcribed in the TKDL database so far. This includes 148846 formulations/ techniques in Ayurveda, 265496 in Unani, 89403 in Siddha and 9097 in Sowa Rigpa, and 7136 in Yoga practices. This includes 2935 surgical methods, devices/ tools, therapies and dietary interventions from Ayurveda, Unani, Siddha and Sowa Rigpa.

Further, the Ministry of Ayush has launched Ayusoft portal that transforms classical Ayurvedic texts into an authentic knowledge repository, offering tools

like:

- i. AayurVidnyaana (Ayurvedic encyclopedia),
- ii. ShabdaNidhi (glossary of Ayurvedic terms),
- iii. e-Samhita (e-Books portal)

North Eastern Institute of Ayurveda & Folk Medicine Research, Pasighat is actively engaged in the documentation of Local Health Tradition research in the field of folk medicine such as Documentation and Validation of Healing Practices and Folk Medicinal Claims among Ao tribes of Mokokchung District, Nagaland, Tai Phake Tribe in North East India, Traditional Bone Setters (TBS) practices of Khasi, Garo and Jaintia tribes of Meghalaya.

National Institute of Ayurveda (Deemed to be University), Jaipur under the aegis of Ministry of Ayush is functioning as a national nodal centre (since Dec 2020) for survey, identification, preservation, cataloguing and digitization of traditional medicinal knowledge and Ayurveda manuscripts, in libraries, private collections, temples and traditional Vaidya families. Rare Ayurvedic manuscripts written on palm leaf, handmade paper, other traditional materials and old rare ayurveda books are being digitally preserved and archived for academic and research purposes. As of today, 560 ayurveda manuscripts and 356 rare ayurveda books are digitized.

Central Council for Research in Aurvedic Sciences (CCRAS) has developed APTA (Authoritative Principal Textbooks of Ayurveda) Digital Library (Ayurveda Grantha Samuccaya), Ayush Manuscripts Advanced Repository

(AMAR), Showcase of Ayurvedic Historical Imprints (SAHI) & E- Medical Heritage Accession (E-Medha).

Central Council for Research in Siddha (CCRS) has undertaken research pertaining to conservation, preservation and digitization of traditional Palm leaf manuscripts & Paper manuscripts including old books containing Siddha through Mission P2P Mode (Palm to Paper).

The Central library of Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar has digitalized many manuscripts and various PG-PhD research work carried out since 1956.

National Institute of Sowa Rigpa, Leh has digitised around 70 Sowa-Rigpa medical literatures regarding formulations and ancient medical manuscripts and running a project on Sowa- Rigpa Traditional Knowledge of Digital Library in collaboration with CSIR-TKDL Unit, New Delhi.

(b): The TKDL was established to prevent misappropriation of Indian traditional knowledge by way of intellectual property rights. The access to this prior art database is given to 18 patent offices worldwide that have signed non-disclosure Access Agreements with the CSIR, for the purposes of search and examination in the context of patent applications filed. In addition to the use of TKDL database by patent offices for examination of patent applications, the CSIR-TKDL Unit also files third party observations and pre-grant oppositions on patent applications related to Indian traditional knowledge, based on the TKDL evidence. Since 2009, 375 patent applications have been either refused,

withdrawn/deemed withdrawn or amended or set aside based on TKDL evidence, thus protecting Indian traditional knowledge.

Guidelines for Examination of Ayush- Related Inventions have been issued by the Office of the Controller General of Patents, Designs and Trade Marks (CGPDTM) in consultation with the Ministry of Ayush. These guidelines provide a clear framework for the filing and examination of patent applications related to Ayush systems. The guidelines instruct that patents are granted only to inventions that meet the criteria of novelty, inventive step and industrial applicability, while preventing patenting of existing traditional knowledge through databases such as the TKDL.

Further, provisions under the Biological Diversity Act, 2002 regulate access to biological resources and associated traditional knowledge and ensure fair and equitable benefit sharing through the National Biodiversity Authority (NBA).

(c): Research Councils under Ministry of Ayush for Ayurveda, Unani, Siddha, Homoeopathy, Yoga & Naturopathy are conducting research on this line through their peripheral Institutes spread across the country. Further, an Ayush Research Portal has been developed by the Ministry for promotion and propagation of Ayush where 43,614 evidence-based research articles are listed. Further, National Commission for Homoeopathy (NCH) has introduced Research Methodology and research-oriented electives in the curriculum to encourage documentation, analysis and academic study of traditional

knowledge.

(d): Ministry of Ayush is implementing a Central Sector Scheme (CSS) namely Ayurgyan since 2021-22 with the aim to support Research & Innovation in Ayush by providing Extra Mural Research activities and education by providing academic activities, training, Capacity Building etc. The Scheme has 03 components viz.

- (i) Capacity Building & Continuing Medical Education (CME) in Ayush
- (ii) Research & Innovation in Ayush
- (iii) Ayurveda Biology Integrated Health Research has also been added under the scheme from F.Y. 2023-24 as a 3rd component.

Under the above scheme, financial assistance is provided to the eligible organizations/ institutions across the country, in accordance with the provisions contained in the scheme guidelines.

CCRAS is implementing CCRAS Ayurveda Gyan Naipunya Initiative (CCRAS-AGNI) initiative with an intent to mainstream the pragmatic Ayurveda practices through scientific validation and evidence-based appraisal. The details of this initiative may be accessed from the link: <https://ccras.nic.in/wp-content/uploads/2024/11/CCRAS-AGNI-2.0.pdf>. One of the objectives of this initiative is to provide capacity building to Ayurveda practitioners through training in research methods and good clinical practices.

Further, the financial assistance was provided for the certification process of Traditional Healers by the Quality Council of India, Govt. of India, during the

FY 2024-25.

(e): Ministry of Ayush is implementing the central sector scheme for Promotion of International Cooperation for Ayush (IC Scheme). Under this scheme the Ministry provides support to Indian Ayush drug Manufacturers/ Ayush Service providers to give boost to the export of Ayush products and services; facilitates the International promotion, development and recognition of Ayush systems of medicine; foster interaction of stakeholders and market development of Ayush at international level; promote academics and research through the establishment of Ayush Academic Chairs in foreign countries and holding training workshop/symposiums for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level. Under the CSS IC Scheme, 27 Country to Country Memorandum of Understanding (MoUs), 16 Ayush Chair MoUs and 54 Institute to Institute level MoUs have been signed.

महिलाओं के आर्थिक सशक्तिकरण के लिए योजनाएँ

3453. डॉ. मन्ना लाल रावत:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार वर्तमान में महिलाओं के आर्थिक सशक्तिकरण के लिए कोई प्रमुख योजनाएं कार्यान्वित कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
 - (ख) प्रधानमंत्री मुद्रा योजना (पीएमएमवाई), स्टैंड अप इंडिया योजना, स्वयं सहायता समूह (एसएचजी) कार्यक्रम, प्रधानमंत्री जनमन अभियान, प्रधानमंत्री जन धन योजना और धरती आबा जनजातीय ग्राम उत्कर्ष अभियान के अंतर्गत वित्तीय सहायता, ऋण/अन्य लाभ प्राप्त
-

करने वाली महिलाओं की योजना-वार संख्या कितनी है;

(ग) उक्त योजनाओं के अंतर्गत लाभ प्राप्त करने वाली महिला लाभार्थियों का राज्य-वार ब्यौरा क्या है; और

(घ) राजस्थान में योजना-वार और जिला-वार महिला लाभार्थियों की संख्या, संवितरित की गई राशि और हुई प्रगति का ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (घ): सरकार, देश में महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण को सर्वोच्च प्राथमिकता देती है। सरकार ने महिलाओं के शैक्षिक, सामाजिक, आर्थिक और राजनीतिक सशक्तीकरण के लिए जीवन-चक्र निरंतरता के आधार पर बहुआयामी दृष्टिकोण अपनाया है ताकि वे भारत के विकास की प्रक्रिया का नेतृत्व कर सकें।

महिला और बाल विकास मंत्रालय 15वें वित्त आयोग की अवधि के दौरान वित्तीय वर्ष 2022-23 से 'मिशन शक्ति' नामक एक व्यापक योजना कार्यान्वित कर रहा है। इसका उद्देश्य महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए किए जा रहे प्रयासों को सुदृढ़ करना है।

“संबल” उप-योजना महिलाओं की सुरक्षा और संरक्षा के लिए है। इसमें वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत घटक शामिल हैं।

“सामर्थ्य” उप योजना महिलाओं के सशक्तीकरण के लिए है। इसमें प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई), शक्ति सदन, सखी निवास, पालना और संकल्प: महिला सशक्तीकरण केंद्र (एचईडब्ल्यू) घटक शामिल हैं।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत आंगनवाड़ी सेवाएं एक सार्वभौमिक, निर्बाध योजना है जिसके तहत गर्भवती महिलाएं और स्तनपान कराने वाली माताएं सेवाओं के लिए पात्र हैं जिसमें पूरक पोषण कार्यक्रम की सेवाएं भी शामिल हैं।

पिछले कुछ वर्षों में, सरकार द्वारा देश में महिलाओं के समग्र विकास और आर्थिक सशक्तीकरण के लिए कई पहलें की गई हैं।

प्रधानमंत्री मुद्रा योजना दिनांक 08.04.2015 को शुरू की गई थी। इस योजना के तहत गैर-कॉरपरेट, गैर कृषि क्षेत्र के छोटे उद्यमियों को, सदस्य ऋणदाता संस्थाओं अर्थात् अनुसूचित वाणिज्यिक बैंकों, क्षेत्रीय ग्रामीण बैंकों, गैर-बैंकिंग वित्तीय कंपनियों और सूक्ष्म वित्त संस्थानों द्वारा बिना किसी गारंटी के संस्थागत ऋण प्रदान किया जाता है। कोई भी व्यक्ति जो अन्य सभी शर्तों के अनुसार ऋण लेने के लिए पात्र हो तथा जिसके पास लघु व्यवसाय उद्यम के लिए व्यवसाय योजना हो, वह विनिर्माण, व्यापार और सेवा क्षेत्रों में आय सृजक गतिविधियों के लिए इस योजना के तहत 20 लाख रुपये तक का ऋण ले सकता है। इसके अलावा कृषि से संबंधित गतिविधियों के लिए चार ऋण श्रेणियों अर्थात् शिशु (50,000/- रुपये तक का ऋण), किशोर (50,000/- रुपये से अधिक और 5 लाख रुपये तक का ऋण), तरुण (5 लाख रुपये से अधिक और 10 लाख रुपये तक का ऋण) और तरुण प्लस (10 लाख रुपये से अधिक और 20 लाख रुपये तक का) ऋण भी ले सकता है।

यह योजना 8 अप्रैल 2015 को शुरू की गई थी। शुरुआत से 27 फरवरी 2026 तक, पीएमएमवाई योजना के तहत कुल 57.26 करोड़ ऋण खाते खोले गए हैं, जिनमें कुल राशि 39.48 लाख करोड़ रुपये है। इनमें से 38.05 करोड़ से अधिक ऋण खाते महिला उद्यमियों के हैं, जिनमें कुल राशि 16.65 लाख करोड़ रुपये है।

स्टैंड-अप इंडिया योजना दिनांक 05.04.2016 को शुरू की गई थी। इस योजना का उद्देश्य कृषि से संबंधित गतिविधियों सहित विनिर्माण, सेवा या व्यापार क्षेत्र में ग्रीनफील्ड उद्यम स्थापित करने के लिए बैंक की किसी एक शाखा से एक अनुसूचित जाति या अनुसूचित जनजाति के ऋण लेने वाले व्यक्ति तथा एक ऋण लेने वाली महिला को अनुसूचित वाणिज्यिक बैंकों (एससीबी) से 10 लाख रुपये से 1 करोड़ रुपये के बीच ऋण की सुविधा प्रदान करना था। यह योजना मार्च 2025 तक वैध/कार्यशील थी।

स्टैंड अप इंडिया योजना ने देश भर में अनुसूचित जाति/अनुसूचित जनजाति और महिला उद्यमियों को 2.75 लाख से अधिक ऋणों की सुविधा प्रदान की है, जिसमें 31.03.2025 तक महिला उद्यमियों को 52474.07 करोड़ रुपये की राशि के कुल 2,27,965 ऋण शामिल हैं।

दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन, जून 2011 में शुरू किया गया था। यह भारत सरकार की एक केंद्र प्रायोजित योजना है जिसका उद्देश्य ग्रामीण गरीब महिला परिवारों को स्वयं सहायता समूहों (एसएचजी) में संगठित करना और उन्हें दीर्घकालिक सहायता प्रदान करना है ताकि वे अपनी आजीविका में विविधता ला सकें, अपनी आय में सुधार कर सकें और बेहतर जीवन स्तर जी सकें।

यह मिशन 31 जनवरी 2026 तक 28 राज्यों और 6 संघ राज्य क्षेत्रों (दिल्ली और चंडीगढ़ को छोड़कर) के 755 जिलों के 7178 ब्लॉकों में कार्यान्वित किया गया है। कुल मिलाकर, 10.05 करोड़ महिलाओं को लगभग 91 लाख स्वयं सहायता समूहों में संगठित किया गया है। दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन सामुदायिक संस्थाओं के लिए एक स्थायी संसाधन बनाने हेतु निधि उपलब्ध कराता है ताकि उनकी संस्थागत और वित्तीय प्रबंधन क्षमता को मजबूत किया जा सके और मुख्यधारा के बैंकों से ऋण प्राप्त करने के लिए उनका रिकॉर्ड बेहतर बनाया जा सके। इसमें प्रति एसएचजी 20,000 रुपये से 30,000 रुपये तक का रिवाल्विंग फंड और प्रति एसएचजी 2.50 लाख रुपये तक की सामुदायिक निवेश निधि शामिल है। महिला एसएचजी के लिए बैंक ऋण की प्रभावी लागत को कम करने के लिए, दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन एसएचजी को बैंकों से लिए गए ऋणों पर ब्याज सब्सिडी प्रदान करता है। कुल मिलाकर, एसएचजी को 62,58,809.94 लाख रुपये की पूंजीकरण सहायता प्रदान की गई है और इस योजना की शुरुआत से अब तक 12.33 लाख करोड़ रुपये का बैंक ऋण वितरित किया जा चुका है।

वर्ष 2011 से अब तक कुल मिलाकर 13,06,414 महिला एसएचजी को जनवरी 2026 तक

पूँजीकरण सहायता प्रदान की गई है और दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन योजना के अंतर्गत वित्तीय वर्ष 2024-25 के दौरान बैंकों द्वारा 56,01,570 महिला स्वयं सहायता समूहों को ऋण प्रदान किया गया है।

एसएचजी की संख्या सहित लाभार्थियों की संख्या का राज्य-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है। दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन के तहत, राजस्थान में जिलावार महिला लाभार्थियों की संख्या संलग्न **विवरण-II** में दी गई है। इसके अलावा, दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन के तहत राजस्थान राज्य में जिला-वार वितरित पूँजीकरण सहायता की राशि संलग्न **विवरण-III** में दी गई है।

प्रधान मंत्री जनमन अभियान (पीएम जनमन) मिशन का उद्देश्य नौ मंत्रालयों/विभागों की मौजूदा योजनाओं के अनुरूप विशेष रूप से संवेदनशील जनजातीय समूह (पीवीटीजी) के समुदायों, बस्तियों और परिवारों में स्वास्थ्य, शिक्षा और आजीविका की मौजूद कमियों को दूर करके और अवसंरचना में सुधार लाकर पीवीटीजी की सामाजिक-आर्थिक स्थिति में सुधार करना है।

मिशन के तहत, 539 वन धन विकास केंद्रों (वीडीवीके) को मंजूरी दी गई है, जिसमें जनजातीय महिला सदस्यों सहित 45,958 सदस्य शामिल हैं। पीएम जनमन के तहत वीडिवीके का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण-IV** में दिया गया है।

इसके अलावा, राजस्थान राज्य के लिए 442.1 लाख रुपये स्वीकृत किए गए हैं और पीएम जनमन के तहत वीडिवीके के लिए 220.045 लाख रुपये जारी किए गए हैं।

प्रधानमंत्री जन धन योजना दिनांक 28.8.2014 को वित्तीय समावेशन के लिए राष्ट्रीय मिशन के रूप में शुरू की गई थी। इसका उद्देश्य प्रत्येक परिवार को कम से कम एक बुनियादी बैंक खाते के साथ बैंकिंग सुविधाओं तक सार्वभौमिक पहुंच, वित्तीय साक्षरता और सामाजिक सुरक्षा कवर प्रदान करके देश के सभी परिवारों का व्यापक वित्तीय समावेशन सुनिश्चित करना है। इस योजना के अंतर्गत निम्नलिखित सुविधाएं उपलब्ध हैं:

- बैंकिंग सुविधाओं से वंचित व्यक्तियों के लिए बिना किसी न्यूनतम शेष राशि की आवश्यकता के एक बुनियादी बैंक खाता, जिसे बेसिक सेविंग्स बैंक डिपॉजिट (बीएसबीडी) खाता कहा जाता है;
- 2 लाख रुपये के अंतर्निहित दुर्घटना बीमा कवर के साथ निःशुल्क रुपये (RuPay) डेबिट कार्ड;
- पात्रता शर्तों के अधीन 10,000 रुपये तक की ओवरड्राफ्ट सुविधा;
- बैंक मित्रों के माध्यम से ग्रामीण क्षेत्रों में बैंकिंग सेवाओं तक आसान पहुंच;
- वित्तीय साक्षरता कार्यक्रमों के माध्यम से वित्तीय उत्पादों के बारे में जागरूकता।

दिनांक 25.02.2026 तक, कुल 57.78 करोड़ पीएमजेडीवाई खाताधारक हैं, जिनमें से 32.21 करोड़ महिला खाताधारक हैं।

धरती आबा जनजातीय ग्राम उत्कर्ष अभियान (डीएजेजीयूए) मिशन का उद्देश्य चयनित जनजातीय-बहुल गांवों (500 या उससे अधिक की आबादी वाले और कम से कम 50 प्रतिशत जनजातीय निवासियों के साथ-साथ 50 या उससे अधिक की जनजातीय आबादी वाले आकांक्षी जिलों के गांव) में सुलभ अवसंरचना का विकास करना और सामाजिक-आर्थिक स्थितियों को बेहतर करना है।

मिशन के तहत, लाभार्थी डेटा को एकीकृत तरीके से रखा जाता है और महिला लाभार्थियों का अलग से डेटा रखा जाता है।

विवरण-I

दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन के तहत राज्यवार लाभार्थियों और एसएचजी की संख्या का ब्यौरा

क्र.सं.	राज्य	गठित एसएचजी की संख्या	एसएचजी में शामिल महिलाओं की संख्या
1	आंध्र प्रदेश	8,55,600	90,75,289
2	असम	3,61,516	41,11,020

3	बिहार	10,97,100	1,27,13,428
4	छत्तीसगढ़	2,76,375	30,68,427
5	गुजरात	2,79,758	27,83,006
6	झारखंड	2,91,601	35,89,607
7	कर्नाटक	3,60,684	42,07,374
8	केरल	2,71,209	40,02,478
9	मध्य प्रदेश	4,87,291	58,29,972
10	महाराष्ट्र	6,40,719	65,25,549
11	ओडिशा	5,51,141	57,75,035
12	राजस्थान	3,21,875	38,04,161
13	तमिलनाडु	3,36,764	40,23,939
14	तेलंगाना	4,42,979	48,20,573
15	उत्तर प्रदेश	8,42,101	95,09,884
16	पश्चिम बंगाल	11,92,980	1,22,51,533
17	हरियाणा	60,301	6,29,094
18	हिमाचल प्रदेश	45,295	3,78,542
19	जम्मू और कश्मीर	91,445	7,97,805
20	पंजाब	52,118	5,43,246
21	उत्तराखंड	65,840	4,97,777
22	अरुणाचल	11,906	93,308
23	मणिपुर	11,659	1,18,734
24	मेघालय	45,312	4,44,264
25	मिजोरम	10,291	85,934
26	नागालैंड	15,419	1,35,261
27	सिक्किम	5,915	56,675
28	त्रिपुरा	51,841	4,94,675
29	अंडमान	1,294	13,194
30	गोवा	3,891	50,735
31	लद्दाख	1,807	12,618
32	लक्षद्वीप	348	4,363
33	पुद्दुचेरी	4,744	59,714
34	दादरा और नागर हवेली तथा	1,673	16,782

	दमन व दीव		
	कुल:	90,90,792	10,05,23,996

विवरण-II

राजस्थान में दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन स्कीम के तहत जिलेवार महिला लाभार्थियों की संख्या

क्र.सं.	जिला	गठित एसएचजी की संख्या	एसएचजी में शामिल महिलाओं की संख्या
1.	अजमेर	6,517	80,294
2.	अलवर	7,569	89,011
3.	बालोतरा	6,117	69,547
4.	बांसवाड़ा	17,858	2,04,040
5.	बारां	7,122	96,927
6.	बाड़मेर	10,363	1,17,040
7.	ब्यावर	5,067	58,979
8.	भरतपुर	5,677	64,127
9.	भीलवाड़ा	13,413	1,51,896
10.	बीकानेर	6,651	78,621
11.	बूंदी	8,386	1,00,035
12.	चित्तौड़गढ़	8,808	1,04,715
13.	चूरू	8,591	1,08,583
14.	दौसा	9,045	1,10,638
15.	डीग	4,059	47,822
16.	धौलपुर	7,135	81,800
17.	डीडवाना-कुचामन	4,915	58,225
18.	डूंगरपुर	14,926	1,69,452
19.	हनुमानगढ़	7,063	89,867
20.	जयपुर	8,389	1,02,445
21.	जैसलमेर	4,704	54,016
22.	जालौर	8,140	94,728
23.	झालावाड़	9,873	1,20,112

24.	झुंझुनू	6,198	74,262
25.	जोधपुर	8,630	1,06,526
26.	करौली	11,184	1,27,455
27.	खैरथल-तिजारा	3,267	37,246
28.	कोटा	6,893	82,104
29.	कोटपुतली-बहरोड़	4,400	52,390
30.	नागौर	5,616	63,360
31.	पाली	7,044	83,689
32.	फलोदी	4,424	51,090
33.	प्रतापगढ़	7,911	92,902
34.	राजसमंद	7,241	93,581
35.	सलूंबर	5,439	61,685
36.	सवाई माधोपुर	8,989	1,02,784
37.	सीकर	7,100	86,102
38.	सिरोही	5,516	65,770
39.	श्रीगंगानगर	8,153	94,311
40.	टोंक	7,645	92,582
41.	उदयपुर	15,837	1,83,402
	कुल:	3,21,875	38,04,161

विवरण-III

दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन के तहत राजस्थान राज्य में
ज़िलेवार संवितरित पूंजीकरण सहायता राशि

क्र.सं.	जिला	पूंजीकरण सहायता प्रदान किए गए एसएचजी की संख्या	एसएचजी को पूंजीकरण सहायता के रूप में दी गई राशि (लाख में)
1.	अजमेर	8,823	5,253
2.	अलवर	8,587	5,212
3.	बांसवाड़ा	21,239	11,055
4.	बारां	13,618	8,712

5.	बाड़मेर	6,190	2,846
6.	भरतपुर	4,920	2,533
7.	भीलवाड़ा	19,753	11,926
8.	बीकानेर	8,025	4,704
9.	बूंदी	9,459	5,686
10.	चित्तौड़गढ़	12,375	7,077
11.	चूरू	10,994	6,065
12.	दौसा	8,793	4,321
13.	धौलपुर	8,698	4,602
14.	डूंगरपुर	18,829	10,224
15.	हनुमानगढ़	5,845	2,782
16.	जयपुर	7,815	3,127
17.	जैसलमेर	2,489	1,115
18.	जालौर	5,462	3,957
19.	झालावाड़	15,203	9,102
20.	झुंझुनू	6,524	3,237
21.	जोधपुर	9,673	5,528
22.	करौली	10,386	5,078
23.	कोटा	11,081	6,381
24.	नागौर	3,788	1,784
25.	पाली	7,592	3,977
26.	प्रतापगढ़	9,475	4,980
27.	राजसमंद	12,396	7,516
28.	सवाई माधोपुर	7,390	3,722
29.	सीकर	8,365	5,117
30.	सिरोही	6,401	4,103
31.	श्रीगंगानगर	7,381	4,785
32.	टोंक	9,186	5,056
33.	उदयपुर	21,670	10,741
	कुल :	3,28,425	1,82,304

विवरण-IV

पीएम जनमन के तहत वीडिवीके और उससे जुड़े सदस्यों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

क्र.सं.	राज्य	सदस्य	स्वीकृत वीडिवीके
1	अंडमान और निकोबार	56	1
2	आंध्र प्रदेश	6,162	73
3	छत्तीसगढ़	2,395	16
4	गुजरात	1,050	21
5	झारखंड	2,876	35
6	कर्नाटक	1,836	33
7	केरल	537	7
8	मध्य प्रदेश	5,091	83
9	मणिपुर	600	2
10	महाराष्ट्र	3,624	40
11	ओडिशा	5,244	66
12	राजस्थान	8,842	51
13	तमिलनाडु	2,403	37
14	तेलंगाना	1,461	25
15	त्रिपुरा	2,550	30
16	उत्तर प्रदेश	319	5
17	उत्तराखंड	634	9
18	पश्चिम बंगाल	278	5
	कुल योग	45,958	539

REPUBLIC DAY TABLEAUX**3454. SHRI YUSUF PATHAN:**

Will the Minister of **DEFENCE** be pleased to state:

(a) the criteria laid down by the Government for selection of tableaux for

participation in the Republic Day Parade; and

(b) the details of States/UTs whose tableaux were featured in the Republic Day Parade held in New Delhi during the last 11 years, year-wise?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a): There is a well-established system for selection of tableaux for participation in the Republic Day Parade as per which Ministry of Defence invites proposals for tableaux from all States/UTs and Central Ministries/Departments. The tableaux proposals received from various States/UTs and Central Ministries/Departments are evaluated in a series of meetings of the Expert Committee for selection of tableaux, comprising of eminent persons in the field of art, culture, painting, sculpture, music, architecture, choreography etc. The Expert Committee examines the proposals on the basis of theme, concept, design and its visual impact before making its recommendations. Due to time allotted for tableaux in the overall duration of parade, shortlisting of tableaux is done by the Expert Committee.

To have a balanced regional distribution and to ensure that every State gets an opportunity at least once every three years, subject to their willingness and selection by Expert Committee, a three year programme has been introduced from RDC-2024.

(b): The list is given in the enclosed **Statement**.

STATEMENT

**Year-wise details of States/UTs whose tableaux were featured in the
Republic Day Parade held in New Delhi during the last 11 years**

RDP 2016	RDP 2017	RDP 2018	RDP 2019
i. Assam	i. Arunachal Pradesh	i. Assam	i. Andaman & Nicobar
ii. Bihar	ii. Assam	ii. Chhattisgarh	ii. Arunachal Pradesh
iii. Chhattisgarh	iii. Goa	iii. Gujarat	iii. Assam
iv. Goa	iv. Gujarat	iv. Himachal Pradesh	iv. Delhi
v. Gujarat	v. Haryana	v. Jammu & Kashmir	v. Goa
vi. Jammu & Kashmir	vi. Himachal Pradesh	vi. Karnataka	vi. Gujarat
vii. Karnataka	vii. Jammu & Kashmir	vii. Kerala	vii. Jammu & Kashmir
viii. Madhya Pradesh	viii. Karnataka	viii. Madhya Pradesh	viii. Karnataka
ix. Odisha	ix. Manipur	ix. Manipur	ix. Maharashtra
x. Rajasthan	x. Maharashtra	x. Maharashtra	x. Punjab
xi. Sikkim	xi. Odisha	xi. Punjab	xi. Sikkim
xii. Tamil Nadu	xii. Punjab	xii. Tripura	xii. Tamil Nadu
xiii. Tripura	xiii. Tamil Nadu	xiii. Uttarakhand	xiii. Tripura
xiv. Uttar Pradesh	xiv. Tripura	xiv. Lakshadweep	xiv. Uttar Pradesh
xv. Uttarakhand	xv. West Bengal		xv. Uttarakhand
xvi. West Bengal	xvi. Delhi		xvi. West Bengal
xvii. Chandigarh	xvii. Lakshadweep		

RDP 2020	RDP 2021	RDP 2022	RDP 2023
i. Andhra Pradesh	i. Andhra Pradesh	i. Arunachal Pradesh	i. Andhra Pradesh
ii. Assam	ii. Arunachal Pradesh	ii. Chhattisgarh	ii. Arunachal Pradesh
iii. Chhattisgarh	iii. Assam	iii. Goa	iii. Assam
iv. Goa	iv. Chhattisgarh	iv. Gujarat	iv. Dadar Nagar Haveli and Daman & Diu
v. Gujarat	v. Delhi	v. Haryana	v. Gujarat
vi. Himachal Pradesh	vi. Gujarat	vi. Jammu & Kashmir	vi. Haryana
vii. Jammu & Kashmir	vii. Karnataka	vii. Karnataka	vii. Jammu & Kashmir
viii. Karnataka	viii. Kerala	viii. Maharashtra	viii. Jharkhand
ix. Madhya Pradesh	ix. Maharashtra	ix. Meghalaya	ix. Karnataka
x. Meghalaya	x. Punjab	x. Punjab	x. Kerala
xi. Odisha	xi. Sikkim	xi. Uttarakhand	xi. Ladakh
xii. Punjab	xii. Tamil Nadu	xii. Uttar Pradesh	xii. Maharashtra
xiii. Rajasthan	xiii. Tripura		xiii. Tamil Nadu
xiv. Tamil Nadu	xiv. Uttarakhand		xiv. Tripura
xv. Telangana	xv. Uttar Pradesh		xv. Uttar Pradesh
xvi. Uttar Pradesh	xvi. Ladakh		xvi. Uttarakhand
	xvii. West Bengal		xvii. West Bengal

RDP 2024	RDP 2025	RDP 2026
i. Andhra Pradesh	i. Andhra Pradesh	i. Assam
ii. Arunachal Pradesh	ii. Bihar	ii. Chhattisgarh
iii. Chhattisgarh	iii. Chandigarh	iii. Gujarat
iv. Gujarat	iv. Dadra and Nagar Haveli & Daman and Diu	iv. Himachal Pradesh
v. Haryana	v. Delhi	v. Jammu & Kashmir
vi. Jharkhand	vi. Goa	vi. Kerala
vii. Ladakh	vii. Gujarat	vii. Madhya Pradesh
viii. Madhya Pradesh	viii. Haryana	viii. Maharashtra
ix. Maharashtra	ix. Jharkhand	ix. Manipur
x. Manipur	x. Karnataka	x. Nagaland
xi. Meghalaya	xi. Madhya Pradesh	xi. Odisha
xii. Odisha	xii. Punjab	xii. Puducherry
xiii. Rajasthan	xiii. Tripura	xiii. Punjab
xiv. Tamil Nadu	xiv. Uttarakhand	xiv. Rajasthan
xv. Telangana	xv. Uttar Pradesh	xv. Tamil Nadu
xvi. Uttar Pradesh	xvi. West Bengal	xvi. Uttar Pradesh
		xvii. West Bengal

PRODUCTION OF FAKE MEDICINE IN PUDUCHERRY

3455. SHRI VE. VAITHILINGAM:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware that there was large-scale production of fake medicines in the name of reputed brands in Puducherry and that these were supplied to various States and if so, the details thereof;

- (b) the action taken by the Government against those involved in the scam; and
- (c) whether the CBI has initiated any investigation on the said case, if so, the current status of enquiry conducted by the CBI?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (c): As per the information provided by State Drugs Control Department, Puducherry, pursuant to credible inputs and routine surveillance regarding illegal drug related activities, inspections and searches were conducted at various licensed and unlicensed premises during which several units in Puducherry were found to be operating in violation of Section 18(c) of the Drugs and Cosmetics Act, 1940 and the Rules framed thereunder relating to unauthorized manufacture, storage and sale of pharmaceutical products.

As informed by Central Bureau of Investigation (CBI), three cases have been registered regarding production of fake medicine in Puducherry, out of which one case has been disposed through Lok Adalat.

EXPANSION OF PROCESSED FOOD INDUSTRY

3456. SHRI K. E. PRAKASH:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is working with the Food Safety and Standards Authority of India (FSSAI) to ensure that the rapid expansion of the processed
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food industry is accompanied by improvements in food safety, labelling practices and consumer protection, if so, the details thereof;

- (b) whether the Government announced in July 2025 the setting up of a committee to address misconceptions regarding processed foods; and
- (c) if so, the current status of the said committee, along with its composition and mandate?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): Food Safety and Standards Authority of India (FSSAI) is mandated to lay down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption. The implementation and enforcement of the Food Safety and Standards (FSS) Act, 2006 is a shared responsibility between the Central and State Governments.

For compliance with the set standards, limits, & other statutory requirements under the Act and Food Safety & Standards Regulations (FSSR), FSSAI, through its four (04) Regional Offices and State/UT food safety authorities conducts regular localized/targeted special enforcement and surveillance drives including milk, edible oil, spices and packaged foods throughout the year.

The provisions for labelling of pre-packaged foods are specified under

Food Safety and Standards (Labelling and Display) Regulations, 2020 which specifies that all food products must comply with mandatory labelling requirements to ensure consumer protection and informed choice.

If any deviations from the standards or violations to the FSSR are observed, the defaulting Food Business Operators (FBOs) have been subjected to regulatory actions, including punitive measures, as stipulated under the FSS Act, 2006 and rules and regulations made thereunder specifically Section 48-67 of the FSS Act, 2006.

Based on the risk profile of food articles, FSSAI has developed Risk Based Inspection System (RBIS) where frequency of inspection is decided based on risk associated with Food businesses and issued guidelines. The RBIS categorizes Food Business Operators (FBOs) based on risk profile and scale of operations. In addition to scheduled inspections, authorities may undertake targeted inspections in cases of complaints, food safety emergencies, media reports, major non-conformities in third-party audits, or expired licenses. Annual inspections shall be conducted mandatorily for all food categories identified as high risk. Furthermore, all Central License manufacturers falling under high risk category has to undergo Third Party Audit from FSSAI empanelled agencies once in a year.

As informed by Ministry of Food Processing Industries, the objective of Committee constituted vide circular dated 12.12.2024 under the chairmanship

of Hon'ble Minister of Food Processing Industries is to address misleading publicity of processed foods, ensuring accurate information for consumers and fostering ethical advertising practices in the processed food industry. The terms of reference of the committee include the assessment of current practices, examine the regulatory and legal framework and develop guidelines for processed food advertising.

HEALTH AND NUTRITION IN TRIBAL DISTRICTS

3457. SHRI JASHUBHAI BHILUBHAI RATHVA:

SHRI BALYA MAMA SURESH GOPINATH MHATRE:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of the health and nutrition programmes implemented in tribal dominated district in the country during the last three years;
- (b) whether recent data indicates changes in anaemia, malnutrition and maternal health indicators among tribal populations;
- (c) if so, the details thereof along with the corrective action planned for high-burden districts of the country; and
- (d) the steps taken by the Government to reduce malnutrition and mortality rates in tribal- populated district of Maharashtra, particularly in Molghat, Amravati, Nandurbar and Palghar districts?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI

PRATAPRAO GANPATRAO JADHAV):

(a) to (d): The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality healthcare across the country including all tribal-dominated districts in the country.

Various initiatives carried out under NHM by the Government of India in the country including Maharashtra are operationalisation of Ayushman Arogya Mandir (AAM), Free Drugs Service Initiative, Free Diagnostic Service Initiative, National Ambulance Services, Mobile Medical Units, ASHAs, 24 x 7 Services and First Referral Facilities, Prime Minister's National Dialysis Programme, various activities under Reproductive & Child Health, Anaemia Mukh Bharat (AMB) strategy, TB Mukh Bharat Abhiyaan and Universal Immunization programme.

The Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under NHM, which includes interventions to increase awareness and address undernutrition including calorie deficiency, protein malnutrition and reduce mortality rate across the country, including tribal-populated districts of Maharashtra, particularly in Molghat, Amravati, Nandurbar and Palghar districts as placed below:

- **Facility Based New-born Care:** Neonatal Intensive Care Units (NICUs)/ Special Newborn Care Units (SNCUs) are established at Medical College
-

and District Hospital, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/Community Health Centres (CHCs) for care of sick and small babies.

- **Kangaroo Mother Care (KMC)** is implemented at facility and community level for low birth weight/ pre-term babies. It includes early and prolonged skin-to-skin contact with the mother or family member and exclusive and frequent breastfeeding.
 - **Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
 - **Nutrition Rehabilitation Centres (NRCs)** are established at public health facilities where children with Severe Acute Malnutrition (SAM) and medical complications are admitted for treatment.
 - **Lactation Management Centres** are established to ensure availability of Mother's Own Milk or safe, pasteurized Donor Human Milk for feeding of sick, preterm, low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
 - **Anemia Mukh Bharat (AMB)** is implemented to reduce the prevalence of anemia among six beneficiary groups - Children (6-59 months), Children (5-9 years), Adolescents (10-19 years), Women of reproductive age (15-
-

49 years), pregnant women and lactating mothers in a lifecycle approach.

- National Deworming Day (NDD)
- Vitamin A supplementation Programme
- Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) programme
- Monthly Village Health, Sanitation and Nutrition Day (VHSND)

Under Mission Poshan 2.0, the Government focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight. Supplementary Nutrition is provided to children age 6 months to 6 years, pregnant women, lactating mothers and adolescent girls at Anganwadi centres as per nutrition norms, based on principles of diet diversity that provides quality protein, healthy fats and micronutrients.

There are various mechanisms and survey agencies, which generate data on tribal healthcare on a periodic basis. National Family Health Survey (NFHS) provides details on major changes in anaemia, malnutrition and maternal health indicators among all the high-burden tribal districts across the country. Census of India provides population and household details including Tribal areas. National Sample Survey provides household surveys on various socio-economic subjects. The State-wise list of key indicators NFHS-5 may be extracted from

below mentioned link:

<https://www.nfhsiips.in/nfhsuser/publication.php>

Coordination mechanisms exist between the Ministry of Tribal Affairs (MoTA) and the Ministry of Health and Family Welfare, as well as with State Health Departments, for planning, funding and implementation of tribal health programmes to address malnutrition. Under NHM, this Ministry provides technical and financial support to the States/UTs, to strengthen the public healthcare system in rural areas, based on the proposals received in the form of Programme Implementation Plans (PIPs). Government of India provides approval for the proposals received in the form of Record of Proceedings (RoPs) as per norms & available resources.

GAP FUNDING FOR ECONOMIC EMPOWERMENT OF WOMEN

3458. SHRI G. LAKSHMINARAYANA:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to stat:

(a) the year in which the Gap Funding for Economic Empowerment component under the Samarthya sub-scheme of Mission Shakti was operationalised indicating its key objectives;

(b) the details of proposals received under this component since its inception.

State/UT-wise and year-wise:

(c) the current status of said proposals, including the amount approved, allocated, release and utilised;

- (d) whether the Ministry has issued any guidelines specifying eligibility criteria, permissible activities and monitoring and evaluation mechanisms for Gap Funding, if so, the details thereof;
- (e) whether the Ministry proposes to place any data on proposal approvals/fund utilisation in the public domain to enhance transparency and inter-State comparison. State/UT-wise, if so, the details thereof; and
- (f) whether any indicators/assessment framework has been developed to measure the outcomes of Gap Funding on women's economic empowerment, including income enhancement employment generation and enterprise creation, if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) to (f): Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals 'Sambal' for safety and security of women and 'Samarthya' for empowerment of women. The 'Sambal' has components of One Stop Centre (OSC), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat (Nari Adalat). The 'Samarthya' has components of Shakti Sadan, Sakhi Niwas, Padhan Mantri Matru Vandana Yojana (PMMVY), Palna and SANKALP: Hub for Empowerment of Women (SANKALP: HEW).

SANKALP: Hub for Empowerment of Women (HEW) is a component of Samarthya Sub-scheme under Umbrella Mission Shakti. It aims to facilitate inter-

sectoral convergence of schemes and programs meant for women both at the central (NHEW), State/ UT level (SHEW) and district level (DHEW). It started on 1st April 2022 under the 15th Finance Commission cycle.

Hub for Empowerment of Women (HEW) known as SANKALP: HEW (Supportive Action for Nurturing and Knowledge-Based Advancement, Last-Mile Delivery and Potential Realization of Women : Hub for Empowerment of Women), set up at National, State and District levels for empowerment of women with aims to facilitate inter-sectoral convergence of schemes and programs meant for women at Central, State/ UT and district levels with the mandate to create an environment in which women realize their full potential to address gaps in state action for women and for promoting inter-ministerial and inter-sectoral convergence through strengthening the processes that promote holistic empowerment of women by creating an environment conducive to social change by improving access and utilization of government schemes.

Under the Scheme, cost sharing between Centre and States is 60:40, except in respect of North Eastern and Special Category States, where the cost sharing ratio is 90:10 and for UTs without Legislature, it is 100% central funding.

Further, no proposals have been received for Critical Gap Funding in the Programme Approval Board (PAB) meetings held every year during the 15th Finance Commission period for Mission Shakti.

एफएसएसएआई द्वारा खाद्य सुरक्षा प्रवर्तन

3459. श्री भोजराज नाग:

श्रीमती स्मिता उदय वाघ:

श्री राजेशभाई नारणभाई चुड़ासमा:

श्री मनीष जायसवाल:

श्री बलभद्र माझी:

श्री अनुराग सिंह ठाकुर

श्री राजकुमार चाहर:

श्री चन्द्र प्रकाश चौधरी:

श्री काली चरण सिंह:

श्री माधवनेनी रघुनंदन राव:

श्री रवींद्र शुक्ला उर्फ रवि किशन:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) पिछले तीन वर्षों के दौरान भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआई) द्वारा एकत्र और परीक्षण किए गए खाद्य नमूनों की वर्ष-वार और राज्य/संघ राज्यक्षेत्र-वार कुल संख्या कितनी है और मानक से कम मिथ्या छाप या लेबलिंग और समाप्ति तिथि मानदंडों के उल्लंघन में पाए गए नमूनों का ब्यौरा क्या है;
- (ख) उक्त अवधि के दौरान क्लाउड किचन, गोदामों और ऑनलाइन खाद्य वितरण प्लेटफार्मों के निरीक्षण सहित वर्ष-वार किए गए जोखिम-आधारित निरीक्षणों की कुल संख्या कितनी है;
- (ग) पिछले तीन वर्षों के दौरान खाद्य सुरक्षा और मानक अधिनियम, 2006 के अंतर्गत खाद्य व्यवसाय संचालकों (एफबीओ) के द्वारा किए गए उल्लंघनों और के विरुद्ध की गई कार्रवाई का लगाए गए जुर्माने, निलंबित या रद्द किए गए लाइसेंस, शुरू किए गए अभियोजन और दोषसिद्धि के ब्यौरे सहित वर्ष-वार और राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;
- (घ) क्या सरकार ने परीक्षण क्षमता, जनशक्ति और प्रवर्तन बुनियादी ढांचे में कमियों का आकलन

किया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ड) खाद्य सुरक्षा निगरानी को सुदृढ़ करने, लेबलिंग पारदर्शिता में सुधार करने, समाप्ति तिथि के साथ छेड़छाड़ को रोकने और निर्धारित सीमा से अधिक खाना पकाने के तेल के पुनः उपयोग को प्रतिबंधित करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है; और

(च) देश भर में खाद्य गुणवत्ता की निगरानी और उपभोक्ता संरक्षण बढ़ाने के लिए क्या उपाय प्रस्तावित हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (च): भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसआई) को खाद्य पदार्थों के लिए विज्ञान आधारित मानक अवधारित करने और मानव उपभोग के लिए सुरक्षित और पौष्टिक भोजन की उपलब्धता सुनिश्चित करने हेतु उनके विनिर्माण, भंडारण, वितरण, बिक्री और आयात को विनियमित करने का अधिदेश है। खाद्य सुरक्षा एवं मानक (एफएसएस) अधिनियम, 2006 का कार्यान्वयन और प्रवर्तन केंद्र और राज्य सरकारों की साझा जिम्मेदारी है।

जबकि एफएसएसआई विज्ञान आधारित मानक अवधारित करने और समग्र समन्वय सुनिश्चित करने के लिए जिम्मेदार है, वहीं राज्य खाद्य सुरक्षा प्राधिकरण मुख्य रूप से क्षेत्रीय स्तर पर प्रवर्तन के लिए जिम्मेदार हैं। राज्यों/ संघ राज्य क्षेत्रों में खाद्य सुरक्षा आयुक्त के अधीन निर्दिष्ट अधिकारियों (डीओ) और खाद्य सुरक्षा अधिकारियों (एफएसओ) को एफएसएस अधिनियम, 2006 के प्रावधानों के प्रवर्तन का दायित्व सौंपा गया है। पिछले 3 वर्षों के दौरान विश्लेषण किए गए प्रवर्तन नमूनों, गैर-अनुरूप पाए गए नमूनों और की गई दंडात्मक कार्रवाई का राज्य/ संघ राज्य क्षेत्रों-वार ब्यौरा संलग्न **विवरण** में है।

भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसआई) ने जोखिम आधारित निरीक्षण

प्रणाली (आरबीआईएस) विकसित की है, जिसमें निरीक्षण की आवृत्ति खाद्य व्यवसायों से जुड़े जोखिम और जारी दिशानिर्देश के आधार पर तय की जाती है। उच्च जोखिम वाली श्रेणी के रूप में चिन्हित सभी खाद्य श्रेणियों के लिए वार्षिक निरीक्षण करना होता है। किए गए जोखिम आधारित निरीक्षणों का विवरण निम्न है-

वित्तीय वर्ष	किए गए कुल जोखिम आधारित निरीक्षण
2022-23	11904
2023-24	18098
2024-25	26267

इसके अतिरिक्त, केंद्रीय लाइसेंस धारक सभी खाद्य व्यवसाय संचालकों (एफबीओ) को वर्ष में एक बार एफएसएसएआई द्वारा सूचीबद्ध एजेंसियों से थर्ड पार्टी लेखापरीक्षा करानी अनिवार्य है।

एफएसएसएआई देश में खाद्य सुरक्षा अवसंरचना को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को वित्तीय और तकनीकी सहायता प्रदान करता है। इस सहायता में निम्नलिखित शामिल हैं:

- लाइसेंसिंग और पंजीकरण जैसे प्रवर्तन और अनुपालन को सुदृढ़ करना
- निरीक्षण और लेखापरीक्षा, प्रवर्तन और निगरानी नमूनों का नमूनाकरण और परीक्षण
- उपभोक्ता शिकायत निवारण
- अधिकारियों के लिए क्षमता सृजन
- प्रयोगशालाओं के लिए उच्च स्तरीय/बुनियादी उपकरण जैसे खाद्य परीक्षण पारिस्थितिकी तंत्र को सुदृढ़ बनाना।
- एफएसएसएआई की पहलों को बढ़ावा देना, जैसे ईट राइट कैंपस, ईट राइट स्कूल
- खाद्य सुरक्षा अधिकारियों और निर्दिष्ट अधिकारियों द्वारा निरीक्षण करने और नमूना लेने के लिए वाहनों को किराए पर लेने जैसी लचीली सहायता

राज्यों/संघ राज्य क्षेत्रों में, 4208 स्वीकृत पदों के सापेक्ष 2997 खाद्य सुरक्षा अधिकारी और

718 स्वीकृत पदों के सापेक्ष 668 निर्दिष्ट अधिकारी कार्यरत हैं।

खाद्य सुरक्षा और मानक अधिनियम, 2006 के प्रावधानों के अनुसार, नियमों का अनुपालन न करने वाले खाद्य व्यवसाय संचालकों के विरुद्ध उचित दंडात्मक कार्रवाई की गई है। इसमें अधिनियम की धारा 32 के तहत सुधार-नोटिस जारी करना और नियमों का पालन न करने की स्थिति में लाइसेंस का निलंबन या रद्द करना जैसी आगे की कार्रवाई शामिल है। इसके अलावा, निरीक्षण के दौरान पाए गए उल्लंघन की प्रकृति और गंभीरता के आधार पर अधिनियम के प्रासंगिक प्रावधानों के तहत जुर्माना, न्यायिक कार्यवाही या अभियोजन जैसी कार्रवाई की गई है।

इसके अतिरिक्त, भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण ने खाद्य सुरक्षा एवं मानक (लेबलिंग एवं प्रदर्शन) विनियम, 2020 अधिसूचित किया है, जो पारदर्शिता, सटीकता और उपभोक्ता जागरूकता सुनिश्चित करने पर ध्यान केंद्रित करता है। इन विनियमों के अनुसार खाद्य उत्पादों के लिए स्पष्ट और विस्तृत लेबलिंग एवं प्रदर्शन संबंधी अपेक्षाएं अनिवार्य हैं।

खाना पकाने के पूर्व-प्रयुक्त-तेल को प्रतिबंध करने के लिए, भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण ने खाद्य व्यवसाय संचालकों के लिए प्रयुक्त-तेल, यदि तलने संबंधी खाद्य तेल की खपत प्रतिदिन 50 लीटर से अधिक है, के निपटान का रिकॉर्ड रखना अनिवार्य कर दिया है। इसके अलावा, एफएसएसआई ने खाद्य सुरक्षा एवं मानक (खाद्य व्यवसायों का लाइसेंस एवं पंजीकरण) संशोधन विनियम, 2017 के माध्यम से यह प्रावधान जोड़ा है कि “25% से अधिक कुल पोलर कंपाउंड वाले वनस्पति तेल का उपयोग नहीं किया जाएगा”।

देश में खाद्य नियामक तंत्र को सुदृढ़ करने के लिए, एफएसएसआई ने खाद्य नमूनों के विश्लेषण के लिए 252 खाद्य परीक्षण प्रयोगशालाओं और अपील संबंधी नमूनों के विश्लेषण के लिए 24 रेफरल खाद्य प्रयोगशालाओं को अधिसूचित किया है। एफएसएसआई ने राज्यों/संघ राज्य क्षेत्रों को मोबाइल खाद्य परीक्षण प्रयोगशाला (एमएफटीएल) जिसे “फूड सेफ्टी ऑन व्हील्स”

(एफएसडब्ल्यू) कहा जाता है, के लिए धनराशि भी उपलब्ध कराई है। यह मिलावट से निपटने का एक महत्वपूर्ण तरीका है क्योंकि एफएसडब्ल्यू विभिन्न खाद्य पदार्थों में मिलावट की मौके पर ही जांच करने के लिए बुनियादी ढांचे से सुसज्जित हैं। वर्तमान में, 35 राज्यों/संघ राज्य क्षेत्रों में 305 एफएसडब्ल्यू कार्यरत हैं।

इसके अलावा, खाद्य सुरक्षा से संबंधित किसी भी शिकायत के लिए, उपभोक्ता/नागरिक <https://foscos.fssai.gov.in/consumergrievance/> पर खाद्य व्यवसाय संचालक के विरुद्ध शिकायत दर्ज करा सकते हैं। शिकायतें helpdesk-foscos@fssai.gov.in या compliance@fssai.gov.in पर ईमेल के माध्यम से या टोल-फ्री हेल्पलाइन 1800-11-2100 के माध्यम से भी भेजी जा सकती हैं।

विवरण

पिछले 3 वर्षों के दौरान विश्लेषण किए गए, गैर-अनुरूप पाए गए और की गई दंडात्मक कार्रवाई से संबंधित प्रवर्तन नमूनों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा													
		(2024-2025)				(2023-2024)				(2022-2023)			
क्र.सं.	राज्य/संघ राज्य क्षेत्र	विश्लेषित नमूनों की संख्या	दीवानी मामले जुर्माने वाले निर्णय	आपराधिक मामले दोषसिद्धि की संख्या	रद्द लाइसेंस	विश्लेषित नमूनों की संख्या	दीवानी मामले जुर्माने वाले निर्णय	आपराधिक मामले दोषसिद्धि की संख्या	रद्द लाइसेंस	विश्लेषित नमूनों की संख्या	दीवानी मामले जुर्माने वाले निर्णय	आपराधिक मामले दोषसिद्धि की संख्या	रद्द लाइसेंस
1	अंडमान और निकोबार द्वीप समूह	810	0	0	1	0	0	0	0	1200	58	0	0
2	आंध्र प्रदेश	5984	464	8	15	6439	646	8	40	3607	339	12	64
3	अरुणाचल प्रदेश	125	7	0	5	501	2	0	25	258	0	0	20
4	असम	1705	0	0	19	1139	0	0	0	602	0	0	0
5	बिहार	2863	25	0	7	2806	79	0	10	2935	39	0	10
6	चंडीगढ़	374	116	41	5	311	87	52	1	473	27	8	4
7	छत्तीसगढ़	2069	143	6	1	1373	86	2	0	1468	119	8	0

8	दादरा और नगर हवेली तथा दमन और दीव	56	0	0	0	185	0	0	0	164	13	0	0
9	दिल्ली	2624	18	16	1	3412	36	12	1	3133	86	10	0
10	गोवा	1172	11	0	0	599	17	0	1	699	11	0	4
11	गुजरात	12387	859	91	8	15841	1701	65	7	14562	547	24	15
12	हरियाणा	2233	599	59	20	3485	593	47	15	4445	915	35	25
13	हिमाचल प्रदेश	1587	471	0	3	1618	376	2	6	2720	93	1	9
14	जम्मू एवं कश्मीर	6955	1,239	29	17	9057	1612	22	19	13502	1592	15	42
15	झारखंड	364	52	0	1	384	59	0	2	943	44	8	1
16	कर्नाटक	9371	283	32	34	5492	75	16	50	3416	191	15	56
17	केरल	10767	1,088	206	40	10792	854	134	137	8533	454	33	90
18	लद्दाख	417	38	0	0	638	19	0	1	220	23	0	0
19	लक्षद्वीप	0	0	0	0	0	0	0	0	0	0	0	0
20	मध्य प्रदेश	13920	2,597	22	3	13998	1938	46	10	12507	1908	71	22
21	महाराष्ट्र	5403	1,147	0	9	5087	154	0	4	11077	198	5	17
22	मणिपुर	126	2	0	1	168	0	0	0	169	0	0	3
23	मेघालय	388	0	0	0	123	0	0	0	409	0	0	0
24	मिजोरम	0	0	0	0	0	0	0	0	140	0	0	0

25	नगालैंड	223	0	0	0	138	3	0	1	109	0	0	1
26	उड़ीसा	2282	27	0	2	2003	0	0	24	1368	47	0	40
27	पुदुचेरी	173	0	0	0	31	0	0	0	0	0	0	1
28	पंजाब	4131	333	8	1	6041	1204	102	0	8179	1404	5	1
29	राजस्थान	13840	3,114	30	2	18536	2181	12	0	13184	2435	4	1
30	सिक्किम	254	0	0	0	231	0	0	0	279	4	0	0
31	तमिलनाडु	18071	1,536	492	7	18146	2195	478	36	24188	3714	678	47
32	तेलंगाना	3347	125	0	1	6156	425	0	6	4809	315	0	9
33	त्रिपुरा	123	0	0	0	87	0	0	0	31	0	0	0
34	उत्तर प्रदेश	30380	14,920	215	16	27750	14627	163	9	30140	13148	251	50
35	उत्तराखंड	1509	256	4	1	1998	332	0	1	1839	507	5	1
36	पश्चिम बंगाल	14502	672	6	0	5948	285	0	2	6203	233	0	0
	कुल	170535	30142	1265	220	170513	29586	1161	408	177511	28464	1188	533

INDIANISATION OF THE LEGAL SYSTEM

3460. SHRI T.M. SELVAGANAPATHI:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether it is a fact that there has been a demand for the Indianisation of the legal system;
- (b) if so, the details thereof;
- (c) whether it is also true that the National Law Commission of India has also mooted such a move;
- (d) whether the Government is considering seeking the opinion from the experts, legislators, State Governments, etc. in this regard; and
- (e) if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) to (e): The enactment of three new criminal laws is an example of Indianisation of the legal system. The legislations enacted during the previous years have emphasis on Indianisation and doing away with colonial legacy. Pre-Legislative consultation of draft laws is one of the Policy initiatives of the Government, wherein views of all stakeholders including experts is solicited and obtained.

Besides, The 23rd Law Commission of India constituted vide order dated 2nd September, 2024 has mandated, *inter-alia*, to review the Laws to ensure that

it is responsive to the reasonable demands of the times and in particular to:

- (i) Examine the existing laws in the light of Directive Principles of State Policy and to suggest ways of improvement and reform and also to suggest such legislation as might be necessary to implement the Directive Principles and to attain the objectives set out in the Preamble of the Constitution;
- (ii) Examine the existing laws with a view for promoting gender equality and suggesting amendments thereto; and
- (iii) Revise the Central Acts of general importance so as to simplify them and to remove anomalies, ambiguities and inequities.

महाराष्ट्र में आयुष योजनाओं की निधि का उपयोग

3461. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) वित्तीय वर्ष 2024-25 के दौरान महाराष्ट्र में आयुष योजनाओं के लिए आवंटित और वास्तव में उपयोग की गई निधि की कुल राशि का वर्ष-वार और जिला-वार ब्यौरा क्या है; और
- (ख) वर्तमान में महाराष्ट्र में कार्यात्मक आयुष स्वास्थ्य और कल्याण केंद्रों (एएचडब्ल्यूसी) की कुल संख्या कितनी है और आज की तिथि के अनुसार उनसे लाभान्वित होने वाले रोगियों की जिला-वार कुल संख्या कितनी है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

- (क): राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के अंतर्गत, वित्तीय वर्ष 2024-25 के दौरान महाराष्ट्र राज्य सरकार को कुल 44.68 करोड़ रुपये आवंटित/स्वीकृत किए गए हैं।
-

महाराष्ट्र राज्य सरकार द्वारा दी गई सूचना के अनुसार, वर्ष 2024-25 के दौरान महाराष्ट्र में धनराशि के व्यय का जिले-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख): महाराष्ट्र राज्य सरकार द्वारा दी गई सूचना के अनुसार, राज्य में कार्यशील आयुष्मान आरोग्य मंदिर (आयुष) की जिला-वार स्थिति और इन इकाइयों से लाभान्वित होने वाले रोगियों की कुल संख्या संलग्न **विवरण-II** में दी गई है।

विवरण-I

वर्ष 2024-25 के दौरान महाराष्ट्र में जिला-वार धनराशि का व्यय

क्र.सं.	जिले का नाम	कुल व्यय (केंद्रीय हिस्सा + राज्य हिस्सा)
1	अहिल्यानगर	54,94,919.00
2	अकोला	22,31,945.00
3	अमरावती	37,24,891.00
4	छत्रपति संभाजी नगर	48,31,651.00
5	बीड	4,22,084.00
6	भंडारा	56,38,205.00
7	बुलढाना	21,61,640.00
8	चंद्रपुर	32,86,944.00
9	धुले	4,47,882.00
10	गडचिरोली	48,81,618.00
11	गोंदिया	84,95,159.00
12	हिंगोली	3,19,120.00
13	जालना	4,24,54,972.00
14	जलगांव	1,06,50,110.00
15	कोल्हापुर	11,28,446.00
16	लातूर	4,91,089.00
17	नागपुर	5,02,35,049.00
18	नांदेड़	31,01,624.00
19	नंदुरबार	3,82,388.00
20	नासिक	5,32,116.00

क्र.सं.	जिले का नाम	कुल व्यय (केंद्रीय हिस्सा + राज्य हिस्सा)
21	धाराशिव	14,25,492.00
22	पालघर	45,51,614.00
23	परभनी	7,59,730.00
24	पुणे	39,59,121.00
25	रायगढ़	4,24,617.00
26	रत्नागिरि	5,31,343.00
27	सांगली	33,09,693.00
28	सतारा	9,05,422.00
29	सिंधुदुर्ग	65,88,877.00
30	सोलापुर	22,10,374.00
31	थाणे	15,54,796.00
32	वर्धा	51,14,688.00
33	वाशिम	24,29,479.00
34	यवतमाल	43,54,393.44
	कुल	18,90,31,491.44

विवरण-II

महाराष्ट्र राज्य में कार्यशील एएएम (आयुष) इकाइयों की जिला-वार स्थिति और इन इकाइयों से लाभान्वित होने वाले रोगियों की कुल संख्या			
क्र.सं.	जिले का नाम	एएएम (आयुष) की संख्या	लाभार्थियों की कुल संख्या (जनवरी 2026 तक)
1	अहिल्यानगर	6	91642
2	अकोला	20	255126
3	अमरावती	29	351385
4	बीड	6	146357
5	भंडारा	25	223965
6	बुलढाना	27	305851
7	चंद्रपुर	21	368656
8	छत्रपति संभाजी नगर	8	199259

9	धाराशिव	6	112308
10	धुले	11	194314
11	गडचिरोली	14	260710
12	गोंदिया	23	194352
13	हिंगोली	1	56017
14	जलगांव	14	115808
15	जालना	5	81841
16	कोल्हापुर	7	81671
17	लातूर	4	300060
18	नागपुर	40	387509
19	नांदेड़	8	71496
20	नंदुरबार	5	69821
21	नासिक	7	95175
22	पालघर	16	393260
23	परभनी	5	85599
24	पुणे	13	270829
25	रायगढ़	6	130414
26	सांगली	13	284301
27	सतारा	8	163574
28	सिंधुदुर्ग	4	30327
29	सोलापुर	5	110978
30	थाणे	2	29836
31	वर्धा	13	299535
32	वाशिम	6	173638
33	यवतमाल	12	169631
कुल		390	6105245

RENAMING OF DEFENCE FACILITIES

3462. DR. GANAPATHY RAJKUMAR P.:

Will the Minister of **DEFENCE** be pleased to state:-

- (a) Whether the Indian Army has renamed several roads, residential colonies and military facilities across the country as part of its ongoing review of British influence on its culture and traditions;
- (b) if so, the details thereof;
- (c) the reasons and purpose behind renaming these roads, residential colonies and military facilities across the country; and
- (d) the total number of roads, residential colonies and military facilities renamed as on date, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a): Yes.

(b) and (d): Details of the roads, residential colonies and military facilities that have been renamed as on date are given in the enclosed **Statement-I**. State-wise summary is are given in the enclosed **Statement-II**.

(c): The initiative is part of Indian Army's efforts to align its institutional spaces with India's military traditions and national ethos. It gives pride to the nation's gallantry awardees, battle heroes and distinguished military leaders, reflecting the core values of courage, sacrifice and leadership.

STATEMENT-I**RENAMING OF ROADS / BUILDINGS / MARRIED ACCOMODATION / MISCELLANEOUS: SUMMARY**

Ser No	Command	Type	Total
1.	Southern Command	Roads	37
		Buildings	02
		Married Accommodation	16
Total			55
2.	Eastern Command	Station	01
		Buildings	09
		Roads	10
		Married Accommodation	03
		Other than Married Accommodation	04
		Gates	04
		Helipad	01
		Sports Ground	01
Total			33
3.	Western Command	Roads	34
		Married Accommodation	32
		Buildings	01
Total			67
4.	Central Command	Married Accommodation	23
		Roads	35
		Parks	04
		Buildings	05

		Other than Married Accommodation	04
		Training Area	02
		Sports Ground	01
Total			74
5.	South Western Command	Roads	08
		Chowk	03
		Gates	01
		Married Accommodation	03
		Buildings	02
Total			17

STATEMENT-II

State-wise list of 246 places which have been renamed as on date is tabulated below:

State	Total number of Military facilities renamed as on date				
	Roads	Residential colonies	Buildings/ OTM	Other facilities (Parks/Gates/Training Area/Sports Ground/ helipads/station etc.)	Total
Uttar Pradesh	20	19	06	06	51
Haryana	23	17	-	-	40
West Bengal	08	03	11	07	29
Maharashtra	16	08	-	-	24
Delhi	09	08	01	-	18
Madhya Pradesh	16	-	02	-	18

Karnataka	15	-	02	-	17
Uttarakhand	-	06	01	04	11
Telangana	05	06	-	-	11
Rajasthan	05	01	02	01	09
Punjab	02	06	-	-	08
Nagaland	02	-	02	-	04
Himachal Pradesh	02	01	-	-	03
Kerala	-	02	-	-	02
Tamil Nadu	01	-	-	-	01
Total	124	77	27	18	246

RESEARCH ON WOMEN'S HEALTH

3463. DR. BACHHAV SHOBHA DINESH:

SHRI VISHALDADA PRAKASHBAPU PATIL:

ADV. GOWAAL KAGADA PADAVI:

SUSHRI PRANITI SUSHILKUMAR SHINDE:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has assessed the adequacy of dedicated budgetary allocations for research on women's health and well-being including reproductive and menstrual health, maternal morbidity, non-communicable diseases and gender-specific mental health concerns and if so, the details thereof;
- (b) the total funds allocated since 2014 for women's health research under
-

bodies such as the Indian Council of Medical Research and the Department of Biotechnology, year-wise and scheme-wise;

(c) whether the Government proposes to create an earmarked, separate and non-lapsable fund exclusively for women's health research along with details of the corpus, funding pattern and timeline;

(d) if so, the details thereof and if not, the reasons therefor;

(e) the details of institutional support proposed for universities and public hospitals; and

(f) the reasons for the delay, if any, in allocation of funds in this regard along with steps to address gaps in women's health research in the country?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (f): Indian Council of Medical Research (ICMR) has informed that the women's health is a cross-cutting priority spanning multiple disease conditions and life-course stages. In ICMR, these priorities are identified and reviewed through national priority-setting exercises, expert consultations and assessment of burden-of-disease and programme evidence. Funding support by ICMR is provided through its intramural and extramural mechanisms as well as through Centres for Advanced Research, with proposals selected through a competitive peer-review process and aligned to identify national priorities. Research supported through ICMR spans a wide range of biomedical and public health

domains and funding decisions are driven by scientific merit, evidence-based priorities and national health needs rather than predetermined gender specific budgetary allocations. ICMR also has a research institute, National Institute for Research in Reproductive and Child Health (NIRRCH) in Mumbai, undertaking research in reproductive health of women. Its annual expenditure since 2014-15 is given in the enclosed **Statement**.

The Department of Biotechnology (DBT) has informed that it supports projects on complex and multifaceted aspects of women's health from menarche to menopause including reproductive biology, pregnancy complications, placental biology, and mechanistic paradigm governing the outcomes of pregnancy, osteoporosis, and autoimmune disorders specific to women. Biotechnology Industry Research Assistance Council (BIRAC), DBT's not-for-profit, Section 8 Public Sector Enterprise through its Grand Challenges India (GCI) has supported dedicated funding calls focused on women's health. These initiatives address maternal health, reproductive and menstrual health, nutrition, and related risks through targeted research and innovation programs. Year-wise funding support provided by the DBT since 2014-15 for research in the domain area is also given in Statement.

Information provided by Council of Scientific and Industrial Research (CSIR) about total funds allocated by it since 2020-21 for women's health research is also included in the Statement.

Directorate General of Health Services (DGHS) informed that the

Government is implementing several national health programmes which generate evidence and support research on women's health outcomes. Under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), screening, prevention and management services are provided for major NCDs including diabetes, hypertension and common cancers (breast and cervical), which disproportionately affect women and contribute to gender-specific health burdens. Screening for breast and cervical cancer is being implemented as part of population-based screening under Comprehensive Primary Health Care through Ayushman Arogya Mandirs, which also facilitates data generation for research and policy planning.

STATEMENT

Annual Expenditure of ICMR-National Institute for Research in Reproductive and Child Health (NIRRCH), Mumbai since 2014-15:

Year	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Rs. (in Crore)	31.77	42.87	47.42	84.52	61.08	56.34
Year	2020-21	2021-22	2022-23	2023-24	2024-25	
Rs. (in Crore)	51.60	63.94	60.11	67.07	73.56	

Year-wise funding support provided by Department of Biotechnology (DBT) in the domain of women's health research since 2014-15:

Year	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Rs. (in Crore)	10.11	9.14	14.01	22.31	19.37	19.96
Year	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Rs. (in Crore)	17.2	29.91	10.4	20.87	26.45	11.94

**Funds allocated by Council of Scientific and Industrial Research (CSIR)
for women's health research, year-wise**

Year-wise allocation (in lakhs)					
2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
656.01	3885	1964.5	1913.7	1743.8	1691.9

HYPERTENSION AMONG CHILDREN

3464. SHRI K. C. VENUGOPAL:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has taken note of the rising prevalence of hypertension among children and adolescents, particularly in urban areas, if so, the details thereof;
 - (b) whether routine blood pressure screening is being integrated into existing child health and nutrition programmes such as Integrated Child Development Services (ICDS), POSHAN Abhiyaan and school-based initiatives, if so, the details thereof;
 - (c) the steps being taken to address lifestyle-related risk factors among children, including unhealthy diets, physical inactivity and excessive screen time; and
 - (d) whether guidelines/training are being provided to Anganwadi Workers (AWWs) and frontline staff for early identification and referral of children with elevated blood pressure, if so, the details thereof?
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THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) and (b): Under Rashtriya Bal Swasthya Karyakram (RBSK) of the National Health Mission (NHM), Mobile Health Teams (MHT) conduct health screening of children from birth to 18 years for the four D's: Defects at birth, Diseases, Deficiencies, and Development delays at Anganwadi and Schools. This basic health screening of children is conducted using a structured format, which includes measuring height, weight (BMI), and blood pressure for early identification and referral to public health facilities for management and follow-up across both urban and rural areas in the country.

(c): Government of India implements the Rashtriya Kishor Swasthya Karyakram (RKSK) under which Adolescent Friendly Health Centres (AFHCs) are established across the country, wherein the adolescents are provided with counselling services on major adolescent health issues including the importance of taking balanced and nutritious diet, role of physical activity in keeping the healthy body and reducing screen time. Health and Wellness Ambassadors (HWAs) of the School Health and Wellness Programme (SHWP) conduct regular sessions on 11 themes including nutrition, health and sanitation, growing up healthy, and promotion of healthy lifestyle. The awareness is done through dissemination of Information, Education, and Communication (IEC) material including audiovisual in the schools and community by the States/UTs.

(d): The frontline staff in NHM, like Mobile Health Teams (MHTs) under RBSK, are regularly trained using RBSK Job aids and Resource Manual for early identification and referral of the children identified with Hypertension.

PASSPORT SEVA KENDRA IN WASHIM DISTRICT OF MAHARASHTRA

3465. SHRI SANJAY UTTAMRAO DESHMUKH:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

(a) whether the Government has any plan to start a Passport Seva Kendra in Washim district of Maharashtra;

(b) whether the Government is considering to start a passport mobile van service in Washim district; and

(c) if so, the time by which these services are likely to be started?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA MARGHERITA):

(a) to (c): In 2017, Ministry of External Affairs in association with Department of Posts (DoP) had announced opening of Passport Seva Kendras at the Head Post Offices/Post Offices called Post Office Passport Seva Kendra (POPSK) in each Lok Sabha Constituency (LSC) where there is no Passport Seva Kendra (PSK) or POPSK.

Under this initiative, a POPSK is already functional at Yavatmal in the Yavatmal-Washim LSC under the Regional Passport Office Nagpur.

In June 2018, the Ministry had launched the 'Apply anywhere in India' scheme under which a passport can be applied at any PSK/POPSK in India as well.

Mobile Passport Van facility has been provided at all 37 Regional Passport Offices (RPOs) including RPO Nagpur to increase the outreach of the RPO and provide passport service at remote locations under the respective RPOs.

CASES OF LIFESTYLE DISEASES

3466. DR. M. P. ABDUSSAMAD SAMADANI:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware that cancer, kidney diseases and other lifestyle diseases are increasing steadily in the country and if so, the details thereof;
- (b) the measures taken/proposed to be taken by the Government to prevent the occurrence of such diseases; and
- (c) the measures being taken by the Government to identify the causes of these types of diseases?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): As per the Indian Council of Medical Research (ICMR) report "India: Health

of the Nation's States" published in 2017, the proportion of death due to Non-Communicable Diseases (NCDs) is 61.8 % of total deaths in India. Out of this, 28.1 % were due to Cardiovascular diseases, 8.3% were due to Cancer, 10.9% due to Chronic Respiratory Disease and 6.5% due to Diabetes, Urogenital, Blood and Endocrine diseases.

(b): The Department of Health and Family Welfare provides technical and financial support to States and Union Territories under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs).

Under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), 770 District NCD Clinics, 364 District Day Care Cancer Centres (DCCC), and 6,410 NCD clinics at Community Health Centres have been set up. Further 297 District Day Care Cancer Centre (DCCC) were approved for the Financial Year 2025-26 to ensure cancer care accessibility at district hospital level.

A population-based initiative for the prevention, control and screening of common non-communicable diseases (NCDs), including three common cancers, has been rolled out across the country. Under the initiative, persons over 30 years of age are targeted for their screening for the common NCDs including Cancer.

The preventive aspect of Cancer is strengthened under Comprehensive Primary Health Care through Ayushman Arogya Mandirs (AAM) by promotion of wellness activities. Under National Health Mission (NHM), funds are provided to States & Union Territories for awareness generation activities as per their Programme Implementation Plans (PIPs).

(c): As per the Indian Council of Medical Research (ICMR) report “India: Health of the Nation’s States” (2017), the causes and risk factors associated with the rising burden of Non-Communicable Diseases (NCDs) including cancer, diabetes and chronic kidney diseases have been identified through disease burden studies. The report highlights major behavioural, environmental and metabolic risk factors such as air pollution, tobacco use, unhealthy diet, high blood pressure and high blood sugar which contribute to these diseases.

बिहार में एबी-पीएमजेआई के लाभार्थी

3467. श्री अजय कुमार मंडल:

श्री बजरंग मनोहर सोनवणे:

क्या **स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार, बिहार, विशेषकर भागलपुर जिले और महाराष्ट्र, विशेष रूप से बीड जैसे आकांक्षी जिलों में आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेआई) के अंतर्गत लाभार्थियों की संख्या के संबंध में अद्यतन आंकड़े रखती है

(ख) यदि हाँ, तो देश में लाभार्थियों की संख्या, जारी किए गए गोल्डन कार्ड और प्रदान किए गए उपचारों का राज्य-वार और जिला-वार, विशेषकर बीड जिले का तत्संबंधी ब्यौरा क्या है;

- (ग) यदि नहीं, तो इसके क्या कारण हैं और ऐसे आंकड़ों को संकलित करने और सार्वजनिक करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं; और
- (घ) बीड जिले सहित देश के ग्रामीण क्षेत्रों में संचालित जिला अस्पतालों, उप-जिला अस्पतालों, ग्रामीण अस्पतालों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) और उप-केंद्रों की कुल संख्या कितनी है और क्या इस योजना के अंतर्गत एम्बुलेंस या रेफरल परिवहन सेवाएं प्रदान की जाती हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग): बिहार में आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत भागलपुर जिले के 4.38 लाख परिवार सहित कुल 1.21 करोड़ परिवारों को शामिल किया गया है। इसके अतिरिक्त, महाराष्ट्र के बीड जिले में इस योजना के अंतर्गत 2.91 लाख परिवार शामिल हैं।

दिनांक 28.02.2026 तक की स्थिति के अनुसार, महाराष्ट्र के बीड जिले में 11.67 लाख आयुष्मान कार्ड सहित कुल 43.52 करोड़ आयुष्मान कार्ड बनाए गए हैं। योजना के अंतर्गत बनाए गए आयुष्मान कार्डों का राज्य/संघ राज्य क्षेत्र-वार और जिला-वार विवरण निम्नलिखित लिंक से प्राप्त किया जा सकता है: <https://dashboard.nha.gov.in/public/card>

दिनांक 31.01.2026 तक की स्थिति के अनुसार, देश भर में इस योजना के अंतर्गत कुल 11.46 करोड़ अस्पताल भर्ती अधिकृत किए गए हैं और महाराष्ट्र के बीड जिले में 158.39 करोड़ रुपये की लागत से कुल 71,796 अस्पताल भर्ती अधिकृत किए गए हैं। इस योजना के अंतर्गत अधिकृत अस्पताल भर्तियों की राज्य/संघ राज्य क्षेत्र-वार सूचना संलग्न **विवरण** में दी गई है।

(घ): दिनांक 28.02.2026 तक की स्थिति के अनुसार, इस योजना के अंतर्गत कुल 36,229 अस्पताल पैलबद्ध हैं, जिनमें जिला अस्पताल, उप-जिला अस्पताल, ग्रामीण अस्पताल और

प्राथमिक स्वास्थ्य केंद्र सहित 19,483 सार्वजनिक अस्पताल हैं। इस योजना के अंतर्गत महाराष्ट्र के बीड जिले में, कुल 127 अस्पताल पैनलबद्ध हैं, जिनमें से 80 सार्वजनिक अस्पताल हैं।

इसके अतिरिक्त, यह योजना भारत में पैनलबद्ध सार्वजनिक और निजी अस्पतालों में माध्यमिक और विशिष्ट परिचर्या के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। एबी-पीएमजेएवाई योजना में निदान, पूर्व-दवा, पूर्व-एनेस्थेटिक जांच और वर्तमान रोग से संबंधित परामर्श और अस्पताल से छुट्टी के बाद 15 दिनों तक के व्यय, जिनमें दवाओं का खर्च सहित अस्पताल में भर्ती होने से पहले 3 दिनों तक के व्यय शामिल हैं।

विवरण

राज्य/संघ राज्य क्षेत्र के अनुसार एबी-पीएमजेएवाई के तहत अधिकृत अस्पताल भर्तियों की संख्या का विवरण (दिनांक 31.01.2026 की स्थिति के अनुसार)

राज्य/संघ राज्य क्षेत्र	अस्पताल भर्ती की संख्या (लाख में)
अंडमान व निकोबार द्वीप समूह	0.04
आंध्र प्रदेश	98.96
अरुणाचल प्रदेश	0.14
असम	19.61
बिहार	29.73
चंडीगढ़	0.94
छत्तीसगढ़	85.68
दिल्ली	0.25
गोवा	0.26
गुजरात	79.46

हरियाणा	32.72
हिमाचल प्रदेश	4.45
जम्मू और कश्मीर	19.74
झारखंड	28.06
कर्नाटक	140.60
केरल	77.60
लद्दाख	0.34
लक्षद्वीप	0.02
मध्य प्रदेश	72.29
महाराष्ट्र	43.27
मणिपुर	3.16
मेघालय	12.26
मिजोरम	1.90
नागालैंड	1.26
ओडिशा	11.87
पुदुचेरी	1.73
पंजाब	32.50
राजस्थान	84.52
सिक्किम	0.43
तमिलनाडु	122.11
तेलंगाना	27.95

दादरा और नगर हवेली तथा दमन और दीव	1.64
त्रिपुरा	5.81
उत्तर प्रदेश	86.80
उत्तराखंड	18.43

PROPOSAL FOR SETTING UP OF AIIMS, RAIGANJ

3468. SHRI KARTICK CHANDRA PAUL:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the current status of the proposed All India Institute of Medical Sciences, Raiganj in West Bengal, including the steps taken so far by the Union and State Governments along with the timelines fixed for key phases and the reasons for any delay, if any;
- (b) whether the State Government of West Bengal has formally submitted a demand or proposal for a second All India Institute of Medical Sciences in the State (over and above Raiganj) and if so, the proposed location, bed strength, estimated cost and the current status of the demand; and
- (c) the evaluation criteria applied by the Union Government when considering new AIIMS proposals?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) to (c) Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), till date
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establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved in various States/UTs in the country including one AIIMS at Kalyani in West Bengal, which is functional. Under PMSSY, there is no proposal to establish a new AIIMS at Raiganj, West Bengal.

Under PMSSY, AIIMS are set up in different parts of the country keeping in view gaps in availability of tertiary healthcare facilities. No proposal has been received from the State Government of West Bengal to establish an AIIMS in Raiganj.

परिचालनरत जेएके

3469. डॉ. शिवाजी बंडाप्पा कालगे:

श्री निलेश ज्ञानदेव लंके:

श्री ज्ञानेश्वर पाटील:

श्रीमती कलाबेन मोहनभाई देलकर:

श्री संदिपनराव आसाराम भुमरे:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

मध्य प्रदेश और दादरा और नगर हवेली सहित देश के विभिन्न राज्यों में वर्तमान में संचालित जन औषधि केंद्रों (जेएके) की राज्य-वार कुल संख्या कितनी है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

प्रधानमंत्री भारतीय जनऔषधि परियोजना योजना के तहत, दिनांक 28.02.2026 तक देश भर में कुल 18,646 जन औषधि केंद्र (जेएके) खोले गए हैं, जिनमें मध्य प्रदेश में 634 केंद्र और दादर और

नगर हवेली तथा दमन और दीव केंद्र शासित प्रदेश में 41 केंद्र शामिल हैं। देश भर में खोले गए जेएके की राज्य-वार/केंद्र शासित प्रदेश-वार संख्या संलग्न **विवरण** में दी गई है।

विवरण

दिनांक **28.02.2026** की स्थिति के अनुसार जेएके की राज्य-वार / केंद्र शासित प्रदेश-वार संख्या

क्र.सं.	राज्य / केंद्र शासित प्रदेश का नाम	खोले गए जेएके की संख्या
1.	अंडमान और निकोबार द्वीप समूह	6
2.	आंध्र प्रदेश	283
3.	अरुणाचल प्रदेश	35
4.	असम	183
5.	बिहार	1127
6.	चंडीगढ़	19
7.	छत्तीसगढ़	352
8.	दिल्ली	622
9.	दादरा और नगर हवेली एवं दमन और दीव	41
10.	गोवा	18
11.	गुजरात	878
12.	हरियाणा	501
13.	हिमाचल प्रदेश	75
14.	जम्मू और कश्मीर	355
15.	झारखंड	171
16.	कर्नाटक	1637
17.	केरल	1755
18.	लद्दाख	3
19.	लक्षद्वीप	1
20.	मध्य प्रदेश	634
21.	महाराष्ट्र	727
22.	मणिपुर	68
23.	मेघालय	26
24.	मिजोरम	17

क्र.सं.	राज्य / केंद्र शासित प्रदेश का नाम	खोले गए जेएके की संख्या
25.	नागालैंड	24
26.	ओडिशा	830
27.	पुडुचेरी	33
28.	पंजाब	545
29.	राजस्थान	675
30.	सिक्किम	16
31.	तमिलनाडु	1559
32.	तेलंगाना	229
33.	त्रिपुरा	33
34.	उत्तर प्रदेश	3944
35.	उत्तराखंड	330
36.	पश्चिम बंगाल	894
	कुल	18,646

पाकिस्तानी गोलाबारी में मारे गए नागरिक/सैनिक

3470. श्री भाऊसाहेब राजाराम वाकचौरे:

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि:

(क) पिछले तीन वर्षों और आज की तिथि तक वर्तमान वर्ष के दौरान पाकिस्तान द्वारा सीमा पार से की गई गोलीबारी के कारण सीमावर्ती क्षेत्रों में मारे गए नागरिकों और सैनिकों की वर्ष-वार कुल संख्या कितनी है; और

(ख) इस संबंध में सरकार द्वारा क्या निवारक कदम उठाए गए हैं?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ):

(क): (i) **नागरिक:** रक्षा मंत्रालय हताहत हुए नागरिकों के डेटा का रखरखाव नहीं करता है। गृह मंत्रालय से मिले इनपुट के मुताबिक, चूँकि 'पुलिस' और 'पब्लिक ऑर्डर' भारत के संविधान के सातवें शेड्यूल के तहत राज्य के विषय हैं, इसलिए नागरिकों के हताहत होने के डेटा का

रख रखाव संबंधित राज्य / केंद्र शासित प्रदेश करता है।

(ii) **सैनिक:** पिछले तीन वर्षों के दौरान और वर्तमान वर्ष में आज की तारीख तक पाकिस्तान द्वारा की गई गोलाबारी के कारण भारतीय सेना के युद्ध हताहतों (घातक) का विवरण निम्नानुसार है:-

क्र.सं.	वर्ष	अधिकारी	जेसीओ*	ओआर**	कुल
(कक)	2023	-	-	-	-
(कख)	2024	-	-	-	-
(कग)	2025	-	01	04	05
(कघ)	2026 आज तक	-	-	-	
कुल		-	01	04	05

* जेसीओ – जूनियर कमीशंड अधिकारी

** ओआर – अन्य रैंक

(ख): (i) सैनिकों को युद्ध विराम के उल्लंघनों और गोलाबारी से सुरक्षित करने के लिए पर्याप्त उपाय लागू किए गए हैं। सैनिकों की सुरक्षा सुनिश्चित करने के लिए उन्हें उपयुक्त रूप से संरक्षात्मक गियर से लैस किया गया है।

(ii) नियंत्रण रेखा (एलसी) पर स्थित चौकियों को शत्रु की गोलाबारी का मुकाबला करने के लिए पर्याप्त रूप में मजबूत बनाया गया है। अपने सैनिकों को शत्रु की कार्रवाई से सुरक्षित रखने के लिए एलसी पर पर्याप्त अवसंरचना मौजूद है।

ALLOCATION OF FUND UNDER PMSSY

3471. SHRIMATI JUNE MALIAH:

SHRI BAPI HALDAR:

DR. SHARMILA SARKAR:

Will the Minister of **HEALTH AND FAMILY WELFARE** be please to state:

- (a) the amount of funds allocated and utilised by Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in the country since 2014, year-wise;
- (b) the number of vacancies in AIIMS that are filled, category-wise
- (c) the estimated cost overruns on account of delay in the construction of AIIMS projects in the country; and
- (d) the average per day in-patient admissions at AIIMS across the country, AIIMS-wise?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims to correct regional imbalances in the availability of affordable/reliable tertiary healthcare services and also to augment facilities for quality medical education in the country. The scheme has two components, (i) setting up of All India Institute of Medical Sciences (AIIMS) and (ii) upgradation of existing Government Medical Colleges/Institutions (GMCIs). Till date establishment of 22 new AIIMSs and upgradation of 75 GMCs has been approved under the scheme. Budget allocated/released under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) is as under:

Financial Year	Allocation / Release (Rs. In Cr.)
2017-18	3175.00
2018-19	3825.00
2019-20	4714.78
2020-21	7517.25
2021-22	9601.31
2022-23	8269.56
2023-24	8635.00
2024-25	9536.00

Details of sanctioned, filled and vacant faculty and non-faculty posts in functional All India Institute of Medical Sciences (AIIMS) is as under:

Sl. No.	AIIMS	Faculty Position			Non-Faculty position		
		Sanctioned	In position	Vacant	Sanctioned	In position	Vacant
1.	Bhopal	312	241	71	3874	2920	954
2.	Bhubaneswar	337	238	99	3963	2937	1026
3.	Jodhpur	405	221	184	4048	3322	726
4.	Patna	305	219	86	3884	2752	1132
5.	Raipur	305	200	105	3884	2815	1069
6.	Rishikesh	355	229	126	4095	2951	1144
7.	Bathinda	219	143	76	2090	1453	637
8.	Bibinagar	183	132	51	1374	898	476
9.	Bilaspur	217	130	87	1511	987	524
10.	Deoghar	208	132	76	1712	940	772
11.	Gorakhpur	213	117	96	1492	949	543
12.	Guwahati	183	117	66	1630	879	751

13.	Vijaypur (Jammu)	183	119	64	1311	935	376
14.	Kalyani	309	175	134	2221	1171	1050
15.	Madurai	183	70	113	911	40	871
16.	Mangalagiri	309	171	138	1953	1291	662
17.	Nagpur	373	238	135	2107	1395	712
18.	Raebareli	209	111	98	1613	1120	493
19.	Rajkot	183	78	105	1410	665	745

Increase in project cost can be due to various reasons including change in rate of statutory levies, price escalation, inclusion of additional facilities, site conditions and statutory compliances.

The number of OPD and IPD patients admitted in the functional All India Institutes of Medical Sciences (AIIMS) under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) during 2024-25 is as under:

Sl. No	AIIMS	Total IPD	Total OPD
1.	Bhopal	83,279	1,477,999
2.	Bhubaneswar	41,876	1,272,311
3.	Jodhpur	120,293	1,264,506
4.	Patna	58,130	1,075,684
5.	Raipur	50,464	964,671
6.	Rishikesh	70,052	776,609
7.	Raebareli	19,896	549,397
8.	Nagpur	28,570	703,337
9.	Mangalagiri	22,646	787,449
10.	Kalyani	20,268	567,114
11.	Guwahati	6,603	346,410
12.	Bibinagar	12,829	606,599
13.	Gorakhpur	29,135	815,162
14.	Bathinda	39,782	645,494

15.	Deoghar	4,700	261,137
16.	Bilaspur	70,526	465,437
17.	Vijaypur, (Jammu)	2,044	175,148
18.	Rajkot	4,194	243,570
	Total	685,287	12,998,034

INDIA-EU MIGRATION COOPERATION

3472. SHRI TAPIR GAO:

SHRI YOGENDER CHANDOLIA:

SUSHRI KANGNA RANAUT:

SHRI BHARATSINHJI SHANKARJI DABHI:

SHRI RAMESH AWASTHI:

SHRIMATI KAMLESH JANGDE:

SHRI DILIP SAIKIA:

SHRI KHAGEN MURMU:

SHRI JUGAL KISHORE:

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

SHRI LUMBARAM CHOUDHARY:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) the manner in which the Government proposes to ensure safe and regulated migration pathways under the India–EU cooperation framework;
 - (b) whether the Government proposes to align skill development initiatives in the North East and Chhattisgarh with labour market requirements of European countries;
-

- (c) the measures taken to prevent irregular migration while promoting lawful mobility channels;
- (d) whether student outreach initiatives are being institutionalised to expand awareness about higher education and professional opportunities in Europe; and
- (e) if so, the specific opportunities available for students from the North-East and Jammu region?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a) to (e): During the recent India-EU summit held on 27 January 2026, Memorandum of Understanding on a Comprehensive Framework of Cooperation on Mobility between India and the European Union was signed. The MoU seeks to ensure safe and regulated migration pathways by facilitating structured legal mobility for highly skilled workers, students, researchers and seasonal workers; streamlining visa and immigration procedures; promoting fair and transparent recruitment; enabling long-stay visas and residence permits, including post-study and post-research stay for employment or entrepreneurship; strengthening cooperation on skills development and recognition of qualifications; enhancing information exchange on labour market needs; and reinforcing joint action against irregular migration, including cooperation on return and readmission.

The establishment of a Joint Working Group and a pilot European Union

Legal Gateway Office initially for the ICT sector in India will support implementation through regular monitoring and provision of reliable guidance on legal migration pathways.

The Government of India is engaging with various States, including with those in the North East and Chhattisgarh, to strengthen skill development initiatives in a manner that enhances overall employability and responsiveness to evolving labour market requirements.

Bilateral comprehensive Migration and Mobility Partnership Agreements/MoUs (MMPAs) establish structured frameworks for mobility and collaboration between India and partner countries such as the United Kingdom, France, Germany, Australia, Austria, Italy, Denmark, and the European Union. These agreements outline clear and legal pathways for migration, aiming to harness India's demographic dividend by facilitating the mobility of students, academics, and professionals. In addition to existing national visa provisions, they include India-specific arrangements such as youth mobility schemes, extended post-study work opportunities, longer-duration business visas, and intra-corporate transfer visas. At the same time, MMPAs detail procedures for bilateral cooperation in addressing irregular migration, including mechanisms for return, readmission, and measures to prevent misuse and irregularities, thereby promoting safe, orderly, and regular migration.

Government of India accords high priority to student outreach initiatives, particularly with the view to safeguard their interests and welfare in foreign lands.

Indian Missions/Posts maintain regular contact with Indian students enrolled in foreign universities. Embassy officials visit universities and educational institutions in their jurisdictions to interact with Indian students and student associations, brief them on potential challenges, risks, and precautions to be taken while studying overseas and also assess any issue concerning the credibility or quality of courses being pursued. Several Indian Missions also issue formal advisories for Indian students under their jurisdiction aimed towards protecting their interests, welfare and safety in foreign lands.

State engagement activities have been organised in various states from time to time to generate awareness and disseminate information on opportunities for student mobility in the EU. These sessions also address risks of irregular migration and fraudulent recruitment practices to ensure safe and informed mobility.

This Ministry also organises “Videsh Sampark Programmes” where the States are apprised of the various Diaspora Engagement Initiatives, including consular, visa, and safe and legal migration pathways and student mobility.

With the view to ensure effective communication and timely support, Indian students abroad are encouraged to register with the local Indian Mission/Post and on the MADAD Portal of this Ministry. They are also urged to join the Whatsapp Groups for Indian students created by Indian Missions/Posts so that their grievances can be resolved on a real-time basis. Indian Missions/Posts also engage in addressing concerns of Indian students abroad through telephone calls, emails, walk-ins, social media, 24×7 emergency helplines, Consular Camps and

Open Houses. Complaints related to misleading academic programmes or adverse experiences are promptly taken up with the concerned educational institutions and, when required, with authorities of the host country for necessary action.

COMMUNITY HEALTH WORKERS IN WEST BENGAL

3473. SHRI JAGANNATH SARKAR:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Union Government is aware that about 3,577 Community Health Officers (CHOs) engaged at Health & Wellness Centres in West Bengal continue to be appointed on a contractual basis and whether the National Health Mission (NHM) envisages structured career progression pathways for CHOs, if so, the details thereof;
 - (b) whether the Union Government has received any reports that CHOs in West Bengal are being paid around Rs. 20,000 per month, which is below the NHM-approved remuneration structure of Rs. 25,000 fixed pay plus Rs. 15,000 Performance-Linked Incentive (PLI) payments are pending for extended periods, if so, the details thereof;
 - (c) whether the Union Government has advised/proposes to advise the State Government to ensure timely disbursement of PLI payments and to consider extending social security or health insurance coverage to CHOs, if so, the details thereof; and
 - (d) whether the Government proposes to frame model guidelines for the creation
-

of a regular or long-term CHO cadre to ensure job security and continuity of primary healthcare delivery in the country, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): 'Public Health' & 'Hospitals' are State subjects. The primary responsibility of the availability of doctors in various public health facilities, timely disbursement of Salary and incentives, health insurance/social security to Health Human Resource (HRH), regularisation of Community Health Officers (CHOs) at public health facilities in the country lies with the respective State/UT Governments.

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission (NHM). Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

The CHO cadre introduced under NHM at Ayushman Arogya Mandir (AAM) [erstwhile Health and Wellness Centre] level aims to expand services closer to the community, improve access, support clinical management and strengthen preventive and promotive healthcare for all. As reported by States/UTs on AAM portal, a total of 11,593 CHOs are positioned in West Bengal

as on 28.02.2026.

As per the Ayushman Bharat- Comprehensive Primary Health Care (CPHC) Operational Guidelines, a suggestive career progression pathway has been envisaged for CHOs/ Mid-Level Health Providers (MLHPs) to support professional growth and retention. Few of the States have adopted the career progression pathway as per the State policies. Further, the indicative remuneration for CHOs is Rs. 25,000 per month along with performance-linked incentives of up to Rs.15,000 per month. States, however, have the flexibility to undertake independent monitoring to validate information system data. Detailed CPHC guidelines may be accessed at the following link:

<https://nhsrcindia.org/sites/default/files/2021-03/Operational%20Guidelines%20For%20Comprehensive%20Primary%20Health%20Care%20through%20Health%20and%20Wellness%20Centers.pdf>

मातृ मृत्यु दर

3474. श्री सतीश कुमार गौतम:

श्री विनोद लखमशी चावड़ा:

श्रीमती महिमा कुमारी मेवाड़:

श्री जगदम्बिका पाल:

डॉ. दग्गुबाती पुरंदेश्वरी:

श्री चिंतामणि महाराज:

डॉ. राजेश मिश्रा:

श्री आलोक शर्मा:

श्री नलिन सोरेन:

श्री जनार्दन मिश्रा:

श्री रवींद्र शुक्ला उर्फ रवि किशन:

श्री भर्तृहरि महताब:

श्री नव चरण माझी:

श्री विजय कुमार दूबे:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में वर्तमान मातृ मृत्यु दर (एमएमआर) क्या है और विगत पांच वर्षों के दौरान राजस्थान, उत्तर प्रदेश, छत्तीसगढ़ सहित राज्य-वार/संघ राज्यक्षेत्र-वार, विशेषकर छत्तीसगढ़ के सरगुजा जिले और झारखंड के दुमका संसदीय निर्वाचन क्षेत्र में कितनी गिरावट दर्ज की गई है;
- (ख) सरकार द्वारा देश के विशेषकर ग्रामीण और अल्पसेवित क्षेत्रों में मातृ मृत्यु को कम करने के लिए क्या प्रमुख पहलें की गई हैं;
- (ग) क्या सरकार ने मातृ मृत्यु में कमी लाने के संबंध में प्रमुख चुनौतियों को चिह्नित किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा उनसे निपटने के लिए क्या उपाय किए गए हैं;
- (घ) मातृ मृत्यु को कम करने में संस्थागत प्रसव और प्रसव पूर्व देखभाल की क्या भूमिका है और विगत तीन वर्षों के दौरान कितने संस्थागत प्रसव दर्ज किए गए हैं; और
- (ङ) सरकार द्वारा वैश्विक मातृ स्वास्थ्य लक्ष्यों और सतत विकास लक्ष्यों (एसडीजी) को प्राप्त करने के लिए क्या कदम उठाए गए हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क): भारत के महापंजीयक द्वारा जारी मातृ मृत्यु दर (एमएमआर) 2021-23 के नवीनतम बुलेटिन के अनुसार, देश की मातृ मृत्यु दर प्रति लाख जीवित जन्म पर 88 है। राजस्थान, उत्तर प्रदेश, छत्तीसगढ़ और झारखंड सहित राज्य/संघ राज्य क्षेत्रों के अनुसार मातृ मृत्यु दर का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख), (ग) और (ड): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, भारत सरकार ने देश के ग्रामीण और पिछड़े क्षेत्रों सहित सभी राज्यों और संघ राज्य क्षेत्रों में मातृ मृत्यु दर को कम करने के लिए विभिन्न पहलें की हैं, ताकि मातृ स्वास्थ्य लक्ष्यों के साथ-साथ सतत विकास लक्ष्यों (एसडीजी) को प्राप्त किया जा सके। ये पहलें निम्नवत् हैं:

- **जननी सुरक्षा योजना (जेएसवाई)** संस्थागत प्रसव को बढ़ावा देने के लिए एक मांग प्रोत्साहन और सशर्त नकद अंतरण योजना है।
- **जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके)** के तहत सार्वजनिक स्वास्थ्य संस्थाओं में प्रसव कराने वाली सभी गर्भवती महिलाओं को सीज़ेरियन सेक्शन सहित बिल्कुल निःशुल्क प्रसव की सुविधा मिलती है। इस सुविधा में निःशुल्क दवाएं, उपभोग्य वस्तुएं, अस्पताल में रहने के दौरान मुफ्त भोजन, मुफ्त निदान, निःशुल्क परिवहन और आवश्यकता पड़ने पर निःशुल्क रक्त आधान शामिल हैं। एक वर्ष तक के बीमार शिशुओं के लिए भी इसी प्रकार की सुविधाएं उपलब्ध हैं।
- **प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए)** के अंतर्गत गर्भवती महिलाओं को प्रत्येक माह की 9 तारीख को विशेषज्ञ/चिकित्सा अधिकारी द्वारा निःशुल्क सुनिश्चित और गुणवत्तापूर्ण प्रसवपूर्व जांच की सुविधा प्रदान की जाती है।

विस्तारित पीएमएसएमए कार्यनीति गर्भवती महिलाओं, विशेष रूप से उच्च जोखिम वाली गर्भवती महिलाओं (एचआरपी) को गुणवत्तापूर्ण प्रसवपूर्व देखभाल (एएनसी) सुनिश्चित करती है।

और सुरक्षित प्रसव होने तक व्यक्तिगत एचआरपी की निगरानी करती है। इसके लिए पहचान की गई उच्च जोखिम वाली गर्भवती महिलाओं और उनके साथ आने वाली आशाकर्मियों को पीएमएसएमए दौरे के अतिरिक्त 3 अतिरिक्त दौरों के लिए वित्तीय प्रोत्साहन प्रदान किया जाता है।

- **लक्ष्य** कार्यक्रम प्रसव कक्षों और प्रसूति ऑपरेशन थिएटरों में परिचर्या की गुणवत्ता में सुधार करता है, ताकि गर्भवती महिलाओं को प्रसव और प्रसवोत्तर अवधि के दौरान सम्मानजनक और गुणवत्तापूर्ण परिचर्या मिल सके।
 - **सुरक्षित मातृत्व आश्वासन (सुमन)** का उद्देश्य जन स्वास्थ्य केंद्र में आने वाली प्रत्येक गर्भवती महिला और नवजात शिशु को निःशुल्क और सेवा प्रदायगी से इनकार के प्रति शून्य सहनशीलता सहित सुनिश्चित, गरिमापूर्ण, सम्मानजनक और गुणवत्तापूर्ण स्वास्थ्य सेवा प्रदान करना है, ताकि सभी रोकी जा सकने वाली मातृ एवं नवजात मृत्यु को समाप्त किया जा सके।
 - **बेहतर प्रसवोत्तर परिचर्या** कार्यक्रम का लक्ष्य माताओं में खतरे के संकेतों की पहचान पर जोर देकर और मान्यता प्राप्त सामाजिक स्वास्थ्यकर्मियों (आशा) को ऐसी उच्च जोखिम वाली प्रसवोत्तर माताओं की शीघ्र पहचान, रेफरल और उपचार कराने के लिए प्रोत्साहित करके, प्रसवोत्तर देखभाल की गुणवत्ता को सुदृढ़ करना है।
 - **मासिक ग्राम स्वास्थ्य, स्वच्छता और पोषण दिवस (वीएचएसएनडी)** आंगनवाड़ी केंद्रों में संचालित एक आउटरीच कार्यक्रम है जो एकीकृत बाल विकास योजना (आईसीडीएस) के साथ मिलकर मातृ एवं शिशु परिचर्या सेवा सुनिश्चित करता है।
 - **आउटरीच कैंप्स** स्वास्थ्य परिचर्या सेवाओं तक विशेष रूप से आदिवासी और दुर्गम क्षेत्रों में पहुंच बढ़ाने के लिए आयोजित किए जाते हैं। इस मंच का उपयोग मातृ एवं शिशु स्वास्थ्य
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सेवाओं के प्रति जागरूकता बढ़ाने, सामुदायिक लामबंदी के साथ-साथ उच्च जोखिम वाली गर्भावस्थाओं की निगरानी करने के लिए किया जाता है।

- **मातृ एवं शिशु संरक्षण (एमसीपी) कार्ड और सुरक्षित मातृत्व पुस्तिका** गर्भवती महिलाओं को आहार, आराम, गर्भावस्था के खतरे के संकेत, लाभ योजनाओं और संस्थागत प्रसव के बारे में शिक्षित करने के लिए वितरित की जाती है।
- **अवसंरचना को सुदृढ़ करना**, जिसमें **प्रथम रेफरल इकाइयों** (एफआरयू) का संचालन, **मातृ एवं शिशु स्वास्थ्य (एमसीएच) विंग** की स्थापना, **प्रसूति उच्च निर्भरता इकाइयों और गहन परिचर्या इकाइयों** (ऑब्स्टेट्रिक एचडीयू और आईसीयू) का संचालन, दुर्गम भू-भाग, दूरस्थ और आदिवासी क्षेत्रों में **प्रसव प्रतीक्षा गृहों** (बीडब्ल्यूएच) की स्थापना शामिल है, ताकि स्वास्थ्य सुविधाओं तक पहुंच में सुधार हो सके और संस्थागत प्रसव को बढ़ावा मिल सके।

(घ): संस्थागत प्रसव और प्रसवपूर्व परिचर्या देश में मातृ मृत्यु दर को कम करने में महत्वपूर्ण भूमिका निभाते हैं। कुशल प्रसव सहायकों (एसबीए) की सहायता से स्वास्थ्य संस्थाओं में कराए गए प्रसव गर्भावस्था, शिशु जन्म या प्रसवोत्तर अवधि के दौरान कभी भी उत्पन्न होने वाली जटिलताओं के प्रबंधन में सहायक होते हैं।

प्रसवपूर्व देखभाल में गर्भावस्था का शीघ्र पंजीकरण, नियमित स्वास्थ्य जांच, उच्च जोखिम वाली गर्भावस्थाओं की पहचान और स्क्रीनिंग, आयरन और फोलिक एसिड, कैल्शियम और विटामिन डी3 जैसे आवश्यक पूरक आहार की व्यवस्था और प्रसव की तैयारी और जटिलताओं से निपटने के लिए परामर्श सुनिश्चित की जाती है, जिससे समय पर रेफरल और जटिलताओं का प्रबंधन संभव हो पाता है।

पिछले तीन वर्षों में कराए गए संस्थागत प्रसवों की संख्या संलग्न **विवरण-II** में दी गई है।

विवरण-।

नमूना पंजीकरण सर्वेक्षण (एसआरएस) के अनुसार पिछले पांच वर्षों में राज्य/संघ राज्य क्षेत्रवार मातृ मृत्यु दर (एमएमआर)				
क्रम सं.	भारत/राज्य	एसआरएस 2019-21	एसआरएस 2020-22	एसआरएस 2021-23
	भारत	93	88	88
1	आंध्र प्रदेश	46	47	30
2	असम	167	125	110
3	बिहार	100	91	104
4	झारखंड	51	50	54
5	गुजरात	53	55	51
6	हरियाणा	106	89	89
7	कर्नाटक	63	58	68
8	केरल	20	18	30
9	मध्य प्रदेश	175	159	142
10	छत्तीसगढ़	132	141	146
11	महाराष्ट्र	38	36	36
12	ओडिशा	135	136	153
13	पंजाब	98	92	90
14	राजस्थान	102	87	86
15	तमिलनाडु	49	38	35
16	तेलंगाना	45	50	59
17	उत्तर प्रदेश	151	141	141
18	उत्तराखंड	100	104	91
19	पश्चिम बंगाल	109	105	104
20	अन्य राज्य	71	81	86

स्रोत - नमूना पंजीकरण प्रणाली (एसआरएस), आरजीआई रिपोर्ट

विवरण-II

पिछले तीन वर्षों में अर्थात् वित्तीय वर्ष 2022-23, वित्तीय वर्ष 2023-24 और वित्तीय वर्ष 2024-25 में देश में कराए गए संस्थागत प्रसवों की संख्या				
क्र. सं.	संस्थागत प्रसव	वित्तीय वर्ष 2022-23	वित्तीय वर्ष 2023-24	वित्तीय वर्ष 2024-25
i.	भारत	20165533	19799153	19355420

स्रोत: एचएमआईएस

CASES OF CHRONIC NON-COMMUNICABLE DISEASES**3475. SHRI SOUMENDU ADHIKARI:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether India faces a dual burden of diseases, with chronic Non-Communicable Diseases (NCDs) like heart disease, diabetes and cancer rising alongside persistent communicable diseases such as tuberculosis, malaria, and waterborne illnesses, if so, the details thereof;
- (b) whether it is also a fact that cardiovascular disease, Chronic Obstructive Pulmonary Disease (COPD), diabetes and cancers, now account for 63 per cent of all deaths and the action proposed by Government to extend 100 per cent free treatment facilities to the patients given the substantial budgetary implications involved in such treatment procedures, if so, the details thereof; and
- (c) whether the Government has any comprehensive plan to support and extend

free medical benefits to the patients of all ages in the country and if so, the details thereof ?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): According to the “Operational Guidelines National Programme for Prevention and Control of Non-communicable Diseases (2023-2030)”, published in 2023 by the Ministry of Health and Family Welfare, Government of India, Non-communicable Diseases (NCDs) are estimated to account for 63% of all deaths in country.

The Department of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs). Under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), 770 District NCD Clinics have been set up. As per the announcement of Union Budget 2025-26, the government plans to set up Day Care Cancer Centres (DCCCs) in each district hospitals in the next 3 years. As of date, 479 Day Care Cancer Centres are functional across the country.

A population-based initiative for the prevention, control and screening of common non-communicable diseases (NCDs) has been rolled out across the country. Under the initiative, persons over 30 years of age are targeted for their screening for the common NCDs.

Under the 'Strengthening of Tertiary Care Cancer Facilities Scheme' 19 State Cancer Institutes (SCI) and 20 Tertiary Care Cancer Centres (TCCC) have been set up across the country.

Treatment of major NCDs including Cancer treatment are available under Ayushman Bharat – Pradhan Mantri Jan ArogyaYojana (AB PMJAY). This scheme provides for Rs. 5 lakh per family annually for secondary and tertiary care hospitalization in the empanelled public and private hospitals. The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) and Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacies improve access to affordable cancer medicines, stents, and implants, reducing out-of-pocket expenses and supporting long-term treatment adherence.

Under National Health Mission (NHM), National Free Drugs Initiative and Free Diagnostic Services ensure essential medicines and diagnostics at public health facilities, reducing out-of-pocket expenses. Anti-cancer drugs are included in the Essential Drugs List at District and Sub-Divisional Hospitals under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD).

FUNDS FOR FAST-TRACK SPECIAL COURTS (FTSCs)**3476. DR. NISHIKANT DUBEY:****SHRI PRAVEEN PATEL:****SHRI DULU MAHATO:****SHRI VINOD LAKHAMSHI CHAVDA:****SHRI ALOK SHARMA:****SHRI PRADEEP KUMAR SINGH:****SHRIMATI HIMADRI SINGH:****DR. RAJESH MISHRA:****SHRI P. P. CHAUDHARY:****SHRI RAVINDRA VASANTRAO CHAVAN:****SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:****SHRIMATI KAMALJEET SEHRAWAT:****SHRI SUDHEER GUPTA:****DR. HEMANG JOSHI:****SHRI SURESH KUMAR KASHYAP:****SHRI SHANKAR LALWANI:****SHRI MADHAVANENI RAGHUNANDAN RAO:**

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the number of Fast-Track Special Courts (FTSCs) working in all the 36 States and Union Territories at present, State and UT-wise;
 - (b) the details of funds allocated under the FTSC Scheme, including funds from
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the Nirbhaya Fund, that have been utilised fully by all States/UTs and if not utilised, the details of under-utilisation and corrective measures taken;

(c) whether the Government proposes to increase the number of special fast track courts to deliver swift justice in sexual offence cases; and

(d) if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a): State/UT-wise details of functional Fast Track Special Courts (FTSCs), including exclusive POCSO courts, are given in the enclosed **Statement**.

(b) to (d): The FTSCs have been set up and operationalized under the Nirbhaya Fund. The Department has released a sum of ₹1210.91 crore to the States/UTs since its inception to ensure the smooth functioning of the courts. The funds are released on the pattern of Centrally Sponsored Scheme (Central share: State share :: 60:40, 90:10) to cover the salaries of one Judicial Officer along with 7 support Staff and a Flexi Grant for meeting the day-to-day expenses. The funds are reimbursed to the States/UTs after receipt of the expenditure statements from them. During the current financial year, funds to the tune of ₹176.36 crore have been released to the States/UTs.

The number of FTSCs required to be established is determined at the time of approval of the Scheme.

STATEMENT

State/UT-wise details of functional Fast Track Special Courts (FTSCs), including exclusive POCSO courts (as on 31.01.2026)

Sl. No.	State/UT	Functional Courts	
		FTSCs including exclusive POCSO	Exclusive POCSO
1	Andhra Pradesh	16	16
2	Assam	17	17
3	Bihar	54	48
4	Chandigarh	1	0
5	Chhattisgarh	15	11
6	Delhi	16	11
7	Goa	1	0
8	Gujarat	35	24
9	Haryana	18	14
10	Himachal Pradesh	6	3
11	J&K	4	2
12	Karnataka	30	16
13	Kerala	55	14
14	Madhya Pradesh	67	56
15	Maharashtra	37	0
16	Manipur	2	0
17	Meghalaya	5	5
18	Mizoram	3	1
19	Nagaland	1	0
20	Odisha	44	23
21	Puducherry	1	1
22	Punjab	12	3
23	Rajasthan	45	30
24	Tamil Nadu	20	20

25	Telangana	36	0
26	Tripura	3	1
27	Uttarakhand	4	0
28	Uttar Pradesh	218	74
29	West Bengal	8	8
	TOTAL	774	398

Source: As per data provided by the High Courts

AYUSH EDUCATIONAL INSTITUTES

3477. SHRI RAJEEV RAI:

Will the Minister of **AYUSH** be pleased to state:

- (a) the number of schools and colleges imparting AYUSH undergraduate courses in the State of Uttar Pradesh;
- (b) whether the Government has implemented the National AYUSH Mission (NAM) to provide financial assistance for the upgradation of existing undergraduate/postgraduate AYUSH Educational Institutes in the country;
- (c) if so, the details thereof;
- (d) the details of Institutes upgraded under the NAM since 2017 in Uttar Pradesh; and
- (e) the details of financial assistance provided to these Institutes, Institute-wise?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a): 135 Ayush (Ayurveda- 102, Homoeopathy-15, Unani-17 & Sowa Rigpa-1)

colleges are imparting Ayush undergraduate courses in the State of Uttar Pradesh.

(b) and (c): Under National Ayush Mission (NAM), financial assistance has been provided for the upgradation of existing undergraduate/postgraduate Ayush Educational Institutes in the country as per the proposals received from State/UT Governments through State Annual Action Plans (SAAPs). The status of funds approved State/UT-wise for the upgradation of existing undergraduate (UG)/postgraduate (PG) Ayush Educational Institutes from 2014-15 to 2024-25 are given in the enclosed **Statement-I**.

(d) and (e): Under NAM, Institute-wise, status of approved funds to Uttar Pradesh for upgradation of existing undergraduate/postgraduate Ayush Educational Institutes from 2017-18 to 2024-25 are given in the enclosed **Statement-II**.

STATEMENT-I

State/UT-wise status of funds approved for upgradation of existing undergraduate (UG)/postgraduate (PG) Ayush Educational Institutes from 2014-15 to 2024-25

Sl. No.	Name of States/UTs	Sl. No.	Names of the Ayush Educational Institutions	UG/PG	Amount Approved (Rs. in lakhs)
1	Andhra Pradesh	1	Dr. Gururaju Government Homoeopathic Medical College, Gudivada, Krishna District	UG	37.64
		2	Dr. Gururaju Government Homoeopathic Medical College, Gudivada, Krishna District	PG	48.10

		3	Dr. A.R. Government Homoeopathic Medical College, Rajahmundry	UG	47.51
		4	Govt. Homeopathic Medical College & Hospital, Kadapa	PG	3.05
		5	Govt. Homeopathic Medical College & Hospital, Kadapa	UG	37.64
		6	Dr. NRS Government Ayurveda College, Vijayawada	UG	20.85
2	Assam	7	Government Ayurveda Medical College, Jalukbari, Guwahati	PG	164.62
		8	Government S.J.N Homeopathy Medical College Hospital, Panjabari, Guwahati	UG	317.36
		9	Dr. JKS Homeopathic Medical College & Hospital, Jorhat	UG	249.29
		10	Assam Homoeopathic Medical College & Hospital, Nagaon	UG	300.00
3	Bihar	11	Government Ayurveda College, Patna	PG	104.61
		12	Government Tibbia College, Patna	UG	373.00
		13	R.B.T.S. Government Homoeopathic Medical College, Muzaffarpur	UG	15.19
4	Chhattisgarh	14	Shri Narayan Prasad Awasthi Government Ayurveda College, Raipur	PG	1178.75
		15	Shri Narayan Prasad Awasthi Government Ayurveda College, Raipur	UG	393.56
		16	Government Ayurveda College, Bilaspur	UG	94.02
5	Gujarat	17	Government Akhandanand Ayurveda College, Ahmedabad	PG	240.00
		18	Govt. Ayurveda College, Vadodara	UG	100.00
		19	Government Ayurveda College, Junagadh	PG	40.00
		20	State Model Institute of Ayurveda Sciences, Kolavada, Gandhinagar	PG	162.00
		21	Government Akhndanand Ayurveda College, Ahmedabad	UG	370.00
		22	Government Homeopathy College, Dethli	UG	50.00
		23	Sheth JP Government Ayurveda College, Bhavnagar	UG	220.00

6	Haryana	24	Shri Krishna Government Ayurveda College & Hospital, Kurukshetra	UG	83.48
7	Jammu & Kashmir	25	Government Ayurveda Medical College, Akhnoor, Jammu	UG	608.99
		26	Government Unani Medical College, Ganderbal	UG	83.99
		27	Government Ayurveda Medical College & Hospital, Baramulla	UG	50.00
8	Jharkhand	28	State Homoeopathic Medical College, Godda	UG	90.00
		29	Government Unani Medical College & Hospital, Giridih	UG	74.10
		30	Government Ayurveda Medical College & Hospital, Chaibasa	UG	40.00
9	Karnataka	31	Government Ayurvedic College, Shivamogga	UG	430.00
		32	Taranath Government Ayurveda Medical College & Hospital, Bellary	PG	178.33
		33	Government Ayurveda Medical College, Bangalore	PG	777.00
		34	Government Homeopathy Medical College, Bangalore	PG	245.83
		35	Government Ayurveda Medical College, Mysore	PG	268.60
		36	Government Ayurveda Medical College, Mysore	UG	100.00
		37	Government Unani Medical College, Bangalore	PG	84.15
10	Kerala	38	Government Ayurveda College, Kannur	PG	181.38
		39	Government Ayurveda Medical, College, Thripunithura	PG	191.00
		40	Vaidyaratnam P.S. Varier Ayurveda College, Kottakkal, Malappuram District	PG	86.93
		41	Government Ayurveda College, Thiruvananthapuram	PG	166.50

		42	Government Homoeopathic Medical College, Calicut, Kozhikod District	PG	140.70
		43	Government Homoeopathic Medical College, Thiruvananthapuram	PG	361.81
		44	Vaidyaratnam Ayurveda College, Ollur, Thrissur	PG	25.00
		45	Government Homeopathy College, Nemom, Thiruvananthapuram	UG	97.00
		46	Government Homeopathy College, Padiyar, Ernakulum	UG	50.00
11	Madhya Pradesh	47	Government Ayurveda College & Hospital, Bhopal	PG	434.34
		48	Government Ayurveda College & Hospital, Indore	UG	285.00
		49	Government Ayurveda College & Hospital, Burhanpur	UG	400.40
		50	Government Ayurveda College & Hospital, Jabalpur	UG	300.00
		51	Government Ayurveda College & Hospital, Gwalior	UG	221.98
		52	Government Ayurveda College & Hospital, Rewa	UG	176.42
		53	Government Homeopathic College & Hospital, Bhopal	UG	399.00
		54	Government Unani College & Hospital, Bhopal	UG	298.00
		55	Government Auto. Dhanwantri Ayurveda College & Hospital, Ujjain	UG	390.00
12	Maharashtra	56	Government Ayurveda Mahavidyalaya, Nagpur	UG	25.00
		57	Government Ayurveda College, Nanded	UG	42.00
		58	Government Ayurveda College, Nanded	PG	188.00
		59	RA Podar Medical College, Worli, Mumbai	PG	170.63
		60	Government Ayurveda College, Baramati	UG	15.77
		61	Government Homeopathic College, Jalgaon	UG	29.83

		62	Government Ayuved College & Hospital, Jalgaon	UG	60.00
		63	Government Ayurveda College & Hospital, Dharashiv	UG	104.88
		64	Seth Chandanmal Mutha Aryangla Vaidyak Mahavidyalaya, Satara	PG	300.00
13	Odisha	65	Gopabandhu Ayurveda Mahavidyalay, Puri	PG	188.63
		66	Government Ayurveda College, Bolangir	UG	204.28
		67	Government Ayurveda College, Bolangir	PG	255.65
		68	KATS Ayurveda College & Hospital, Ganjam	UG	299.50
		69	Odisha Medical College of Homoeopathy & Research, Sambalpur	UG	300.00
		70	Utlkalmani Homoeopathic Medical College, Rourkela	UG	147.27
		71	Dr. Abhin Chandra Homoeopathic Medical College & Hospital, Bhubaneswar	PG	262.53
		72	Biju Patnaik Homoeopathic Medical College and Hospital, Ganjam	UG	227.96
14	Punjab	73	Guru Ravidas Ayurveda University	UG	94.86
		74	Govt. Ayurveda College, Patiala	UG	202.11
15	Puducherry	75	Mother Teresa Institute of Health Sciences, Puducherry	UG (Integrated)	7.50
		76	Rajiv Gandhi Ayurveda Medical College & Hospital, Mahe	UG	292.00
16	Rajasthan	77	M.M.M. Govt. Ayurveda College, Udaipur	UG	250.00
		78	Dr. Sarvpalli Radha Krishnan Rajasthan, Ayurveda University, Jodhpur	UG	600.00
17	Tamil Nadu	79	Government Unani Medical College, Arumbakkam, Chennai	UG	169.44
		80	Government Unani Medical College, Arinagar Anna Govt. Hospital of India Medicine Campus, Arumbakkam, Chennai	PG	200.00

		81	Government Yoga & Naturopathy Medical College, Chennai	PG	551.00
		82	Government Ayurveda Medical College, Nagercoil, Kanyakumari	UG	52.54
		83	Government Siddha Medical College, Palayamcottai, Tirunelveli	PG	232.73
		84	Government Siddha Medical College, Arumbakkam, Chennai	PG	80.31
		85	Government Homoeopathy Medical College, Thirumangalam, Madurai	UG	21.00
18	Telangana	86	JSPS Homeopathy Medical College, Hyderabad	PG	315.00
		87	Government Nizamia Tibbi (Unani) College, Hyderabad	PG	255.00
		88	Dr. BRKR Government Ayurvedic College, Hyderabad	PG	166.40
		89	A.L. Government Ayurveda College, Warangal	UG	81.28
		90	Telangana State Yogadhyana Parishad, Begumpet, Hyderabad	UG	257.00
		91	Gandhi Naturopathic Medical College, Begumpet, Hyderabad	UG	182.50
19	Tripura	92	Regional Institute of Pharmaceuticals science & Technology, Agartala	UG	96.74
20	Uttar Pradesh	93	Government Ayurveda College & Hospital, Varanasi	PG	250.87
		94	Government Takmil-Ut-Tib College & Hospital, Lucknow	UG	370.64
		95	Government Takmil-Ut-Tib College & Hospital, Lucknow	PG	69.81
		96	Government Unani Medical College, Allahabad	UG	460.56
		97	Government Unani Medical College, Allahabad	PG	68.45
		98	State National Homoeopathic Medical College & Hospital, Lucknow	UG	423.33

		99	State Lal Bhadur Shastri Homoeopathic Medical College and Hospital, Allahabad	UG	454.99
		100	Swami Kalyandev Government Ayurvedic College & Hospital, Muzaffarnagar	UG	111.94
		101	Lalit Hari State PG Ayurvedic College & Hospital, Pilibhit	PG	511.72
		102	State Ayurvedic Medical College, Lucknow	PG	211.87
		103	State Ayurvedic College & Hospital, Atarra Banda	UG	185.94
		104	Pt. Jawahar Lal Nehru State Homoeopathic Medical College & Hospital, Kanpur	PG	477.25
		105	State Shree Durga Ji Homoeopathic Medical College & Hospital, Azamgarh	UG	403.00
		106	State Homoeopathic Medical College & Hospital, Ghazipur	UG	150.00
		107	State Dr. Brij Kishore Homoeopathic Medical College & Hospital, Faizabad	UG	327.64
		108	State K.G.K. Homoeopathic Medical College & Hospital, Moradabad	UG	409.54
		109	LBS State Ayurvedic College & Hospital, Allahabad	UG	305.94
		110	State Ayurvedic College & Hospital, Jhansi	UG	275.94
		111	SRM State Ayurvedic College & Hospital, Bareilly	UG	95.94
		112	State Homoeopathy Medical College and Hospital, Gorakhpur	UG	360.00
		113	State Homoeopathy Medical College and Hospital, Aligarh	UG	148.78
		114	State Homoeopathy Medical College and Hospital, Ayodhya	UG	10.22
21	Uttarakhand	115	Rishikul Ayurveda College, Haridwar	PG	10.57
		116	Uttarakhand Ayurveda University, Dehradun	UG	50.00
		117	Gurukul Ayurveda College, Haridwar	UG	182.00
22	West Bengal	118	D.N.De Homoeopathic Medical College & Hospital, Kolkata	PG	569.57

	119	Mahesh Bhattacharya Homoeopathic Medical College & Hospital, Howrah	PG	485.22
	120	Institute of PG Ayurvedic Education Research, Kolkata	PG	528.33
	121	Calcutta Homoeopathic Medical College & Hospital, Kolkata	UG	546.99
	122	Midnapore Homoeopathic Medical College and Hospital, Midnapore	PG	440.00
	123	J.B Roy State Ayurvedic Medical College & Hospital, Kolkata	UG	779.88
	124	Ayurveda Pharmacy at Viswanath Ayurveda Mahavidyalaya, Kolkata	PG	12.64

STATEMENT-II

The status of funds approved to Uttar Pradesh for the upgradation of existing undergraduate (UG)/postgraduate (PG) Ayush Educational Institutes from 2017-18 to 2024-25

Sl. No.	Names of the Ayush Educational Institutions	UG/PG	Amount Approved (Rs. in lakhs)
1.	Government Ayurveda College & Hospital, Varanasi	PG	151.87
2.	Government Takmil-Ut-Tib College & Hospital, Lucknow	UG	320.64
3.	Government Takmil-Ut-Tib College & Hospital, Lucknow.	PG	69.81
4.	Government Unani Medical College, Allahabad	UG	160.56
5.	Government Unani Medical College, Allahabad	PG	68.45
6.	State National Homoeopathic Medical College & Hospital, Lucknow	UG	383.54
7.	State Lal Bhadur Shastri Homeopathic Medical College and Hospital, Allahabad	UG	154.99
8.	Swami Kalyandev Government Ayurvedic College &	UG	61.94

	Hospital, Muzaffarnagar		
9.	Lalit Hari State PG Ayurvedic College & Hospital, Pilibhit	PG	460.72
10.	State Ayurvedic Medical College, Lucknow	PG	11.87
11.	State Ayurvedic College & Hospital, Atarra Banda	UG	185.94
12.	Pt. Jawahar Lal Nehru State Homoeopathic Medical College & Hospital, Kanpur	PG	477.25
13.	State Shree Durga Ji Homoeopathic Medical College & Hospital, Azamgarh	UG	403.00
14.	State Homoeopathic Medical College & Hospital, Ghazipur	UG	150.00
15.	State Dr. Brij Kishore Homoeopathic Medical College & Hospital, Faizabad	UG	327.64
16.	State K.G.K. Homoeopathic Medical College & Hospital, Moradabad	UG	409.54
17.	LBS State Ayurvedic College & Hospital, Allahabad	UG	305.94
18.	State Ayurvedic College & Hospital Jhansi	UG	275.94
19.	SRM State Ayurvedic College & Hospital, Bareilly	UG	95.94
20.	State Homoeopathy Medical College and Hospital, Gorakhpur	UG	360.00
21.	State Homoeopathy Medical College and Hospital, Aligarh	UG	148.78
22.	State Homoeopathy Medical College and Hospital, Ayodhya	UG	10.22

INDIAN COUNCIL FOR CULTURAL RELATIONS

3478. SHRI TEJASVI SURYA:

SHRI ALOK SHARMA:

CAPTAIN BRIJESH CHOWTA:

SHRI PRADEEP KUMAR SINGH:

SHRI BHARATSINHJI SHANKARJI DABHI:

SHRI BIDYUT BARAN MAHATO:

SHRI DAMODAR AGRAWAL:

SHRI SHANKAR LALWANI:

SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI DINESHBHAI MAKWANA:

SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

SHRIMATI SHOBHANABEN MAHENDRASINH BARAIYA:

SHRI SUDHEER GUPTA:

SHRI PRADEEP PUROHIT:

DR. HEMANG JOSHI:

SHRI NALIN SOREN:

SHRI BIBHU PRASAD TARAI:

SHRI HARIBHAI PATEL:

SHRI JAGDAMBIKA PAL:

SHRI MADHAVANENI RAGHUNANDAN RAO:

SHRIMATI MALVIKA DEVI:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) the details of assessment and impact of Indian Council for Cultural Relations (ICCR) scholarship schemes on strengthening India's cultural diplomacy and global outreach;
 - (b) the plans of Government to increase the number of scholarship slots for
-

foreign nationals in the coming academic years;

- (c) whether the Government is planning to expand the number of seats of Indian Studies in foreign universities to promote Indian languages and culture abroad, if so, the details and the status thereof; and
- (d) whether the Government has any proposal to strengthen promotion of Hindi and other Indian languages abroad through publications and cultural collaborations, if so, the details thereof?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a): The Indian Council for Cultural Relations (ICCR) offers around 4000 scholarships annually to foreign students to pursue studies in around 134 Indian universities/institutions in various mainstream disciplines, as well as in Indian music, dance, art, Yoga and Ayurveda. ICCR scholarships equip foreign students to pursue careers in various sectors after leaving India while also enabling them to experience and appreciate Indian art, heritage, and culture firsthand. This not only generates awareness about India but also fosters constituencies of goodwill for India in different countries of the world while also creating thousands of young, informal ambassadors of India abroad. Considering that more than 90% of ICCR scholarships are availed of by students from developing countries, ICCR's Scholarship programs position India as a global education hub and serves as a visible and impactful demonstration of

India's strong commitment to South-South cooperation and capacity building. With several ICCR Alumni serving in important positions in foreign countries, ICCR Scholarships also enhance India's global outreach and serve as a key instrument of India's cultural diplomacy.

(b): The number of ICCR scholarship slots has increased by 400 in this academic year 2026-27. While ICCR offered a total of 4047 scholarships in the last academic year 2025-26, the number has increased to 4447 in the current academic year 2026-27.

(c) and (d): The Indian Council for Cultural Relations (ICCR) promotes Indian languages and culture abroad by setting up Chairs of Indian Studies in foreign universities, in consultation with Indian Embassies and Consulates. At present, 9 such Chairs of Indian Studies are currently operational in foreign universities, out of which 6 Chairs teach Hindi and the remaining 3 teach Sanskrit, Tamil and Music, respectively. The deployment of 7 more Chairs to teach Hindi and an additional Chair in Sanskrit at various foreign Universities is under process. The ICCR Chairs are also mandated to promote an understanding of India, Indian civilisation and culture as part of their academic activities abroad. ICCR also publishes articles of foreign nationals and Indian writers in its bi-monthly magazine "Ganganachal" to promote Hindi worldwide.

Under its Grant-in-Aid Scheme, the Ministry of Culture provides grants to Indo-foreign friendship societies for promotion of cultural activities, including various events/ presentations in Hindi and other Indian languages.

INITIATIVES FOR AYUSH IN BUDGET

3479. SHRI KODIKUNNIL SURESH:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether major initiatives for the AYUSH sector including the establishment of three new All India Institutes of Ayurveda (AIIA) modelled on the AIIMS framework have been proposed in the Union Budget 2026-27, if so, the details thereof;
- (b) the details of the budgetary allocations earmarked for these initiatives including the estimated outlay for each of the three AIIA and the five Regional AYUSH Medical Hubs with a break-up of capital and recurring expenditure;
- (c) whether the Government has received proposals from Members of Parliament, State Governments and Union Territories for hosting the proposed institutes and medical hubs;
- (d) if so, the details of proposals received so far, State/UT-wise;
- (e) the details of locations proposed, supporting infrastructure offered and the stage of consideration in this regard; and
- (f) the timeline by which the Government expects to finalize the selection of locations and commence implementation of the new Institutes and hubs in the country, State/UT-wise and location-wise?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (f): During the presentation of the Union Budget 2026-27 on February 1, 2026 it has been announced to establish three new All India Institutes of Ayurveda (AIAs). The modalities for establishment of three new All India Institute of Ayurveda (AIIA's) are being worked out.

BUDGET ALLOCATION FOR ASHA WOKERS REMUNERATION

3480. SHRI MANOJ KUMAR:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of the budget allocated, sanctioned, disbursed and utilised for ASHA worker remuneration since 2019 along with the measures taken by the Government to ensure timely payment of incentives and reimbursement of expenses incurred by ASHA workers in the country, State-wise;
- (b) the details of last wage/incentive revision or increment done by the Union Government since 2014 and the average time within which such revision is undertaken;
- (c) whether the Government is aware that in the State of Bihar, ASHA workers are receiving camparatively lower incentive/wages than the minimum wages fixed by the Government for unskilled labour, if so, the details thereof; and
- (d) the steps taken/being taken by the Union Government to address the long-standing demands of ASHA workers for wages, incentives and pay increment, fixed wages and job security such as pensions, insurance and paid leave and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): ASHAs are envisaged to be community health volunteer and are given performance-based incentives after completion of specific activities under various National Health Programmes.

ASHAs receive a fixed monthly incentive for routine and recurring activities. Additionally, they are provided performance-based incentives for a varied set of activities under various National Health Programmes. Incentives under ASHA program are revised regularly based on national priority and requests from State/UTs. Further new activities are also included periodically. ASHAs do not have fixed working hours, a defined workplace, or regular attendance requirements. Their work is largely dependent on community needs, outreach, and health events. The details of these ASHA incentives are available on the following Uniform Resources Locator (URL):

<https://nhm.gov.in/New-Update-2025-26/ASHAincentive/ASHA%20Incentives.pdf>

Further, the primary responsibility of strengthening public healthcare system, including support for ASHA workers lies with the respective State/UT Governments. Under National Health Mission (NHM), the Ministry of Health and Family Welfare provides the technical and financial support to the States/UTs to strengthen their public healthcare system, based on the requirements posted by States/UTs in their Programme Implementation Plans (PIPs) and within the

overall resource envelope.

Funds under NHM are released under Flexipool, to provide flexibility to States and SNA SPARSH release mechanism is implemented under NHM for Just in Time release of funds.

The details of Approvals and Expenditure for ASHA workers under NHM during the period of F.Y. 2019-20 to F.Y. 2024-25 are given in the enclosed **Statement.**

Health is State Subject. Further, States/UTs including Bihar have also been given flexibility to provide additional incentives to ASHA workers. Based on local needs, geography, and health dynamics, States/UTs may decide to provide appropriate honorarium to ASHAs over and above the support provided under NHM.

After the launch of Ayushman Arogya Mandir, ASHAs are eligible additionally for Team Based Incentives (TBIs) based on monitored performance indicators (up to 1000 per month). ASHAs are also entitled to non-monetary incentives like – ASHA Uniform, Identity Card, CUG Sim, ASHA Diary, ASHA rest room etc. The Government has also approved a cash award of ₹20,000/- and a citation to ASHAs who leave the programme after working as ASHAs for minimum of 10 years, as acknowledgement of their contribution.

In the year 2018, the ASHA benefit package was introduced acknowledging significant contribution and commitment of ASHAs. The package provides coverage for:

- Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit Rs. 2.00 Lakh in case of death of the insured (annual premium contributed by GOI).
- Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability; Rs. 1.00 lakh for partial disability (annual premium contributed by GOI).

In addition, Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of ₹3,000/- pm after age of 60 years (50% contribution of premium by GOI and 50% by beneficiaries) is also available for ASHA workers. ASHAs across the States/UTs have been enrolled in all the above-mentioned Social Security Schemes as per the defined eligibility norms.

Also, a health care annual coverage of ₹5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB- PMJAY) has been extended to all ASHAs workers.

The incentive structure for the Accredited Social Health Activists (ASHAs) have been revised regularly with the timely addition of incentives to align with the programmatic requirements and priorities. The incentives of the ASHA workers were last revised in the 7th meeting of Mission Steering Group (MSG) held on 7th September, 2022.

STATEMENT**States/UTs wise Approvals and Expenditure for ASHA under National Rural Health Mission (NHM) from F.Y. 2019-20 to 2025-26**

(Rs. In Lakhs)

Sl. No.	Name of the State/UTs	2019-20		2020-21		2021-22		2022-23		2023-24		2024-25		2025-26	
		Approvals	Expenditure	Approvals	Expenditure	Approvals	Expenditure	Approvals	Expenditure	Approvals	Expenditure	Approvals	Expenditure	Approvals	Expenditure
1	Andaman & Nicobar Islands	124.26	61.95	143.31	130.20	111.87	210.07	104.78	103.04	207.82	137.64	50.41	106.01	50.31	20.69
2	Andhra Pradesh	9878.91	10623.54	13813.72	11225.51	10017.75	9629.63	3034.93	1660.65	4695.58	2347.80	2109.34	1830.10	2312.87	819.01
3	Arunachal Pradesh	1499.47	866.50	1953.18	1235.15	1673.69	1132.58	1656.10	1600.91	3257.01	1701.15	1444.15	2564.16	1508.79	726.87
4	Assam	14759.64	13528.31	15723.11	9619.47	11708.03	6941.57	11748.79	11106.50	22855.29	10890.02	12632.54	11295.48	12362.25	6585.95
5	Bihar	40055.33	21303.36	32759.36	22540.24	8218.23	4644.26	38664.68	33139.23	71803.91	22146.29	36599.88	24072.72	37383.69	18342.98
6	Chandigarh	1.72	3.68	1.00	0.00	2.00	0.00	2.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00
7	Chattisgarh	23430.48	24518.77	23868.88	24813.51	3799.09	4330.25	22054.68	23077.21	45131.89	20372.14	21521.81	20872.60	21521.81	9963.15
8	Dadra & Nagar Haveli	162.98	101.72	205.93	104.86	182.43	93.47	104.28	104.08	208.36	75.20	169.39	83.93	99.46	41.72
9	Daman & Diu	54.26	36.10	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	-
10	Delhi	250.55	3.23	131.00	1.65	257.72	1.86	2747.00	2068.94	4815.94	1941.23	3458.08	2354.97	2721.56	744.46
11	Goa	64.40	1.20	1.05	0.06	0.00	0.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12	Gujarat	21286.92	19489.58	23572.12	20925.19	10354.25	8237.40	17014.70	14757.27	31771.96	24825.12	21857.50	16007.05	18180.53	7839.13
13	Haryana	7620.38	5789.35	7404.45	5615.51	7406.07	5087.83	6999.08	6399.52	13398.60	6787.57	12478.64	6475.80	8297.99	3231.95

14	Himachal Pradesh	2926.34	3584.41	2751.86	4307.32	1587.24	6345.45	2905.97	6668.99	9574.96	7684.08	3161.84	7793.53	3227.37	255.14
15	Jammu & Kashmir	5636.63	3698.54	5612.73	3772.44	4765.81	4936.44	4463.00	3766.83	8229.83	4076.24	4969.42	4694.76	4922.96	2690.23
16	Jharkhand	16867.60	13058.16	19366.75	14056.28	17170.41	13991.61	20223.52	16501.60	36725.12	20697.45	22766.06	22152.44	22887.34	12685.74
17	Karnataka	13965.29	12563.79	16780.91	11848.62	9997.55	7127.02	14114.25	10706.61	24820.86	12498.67	14003.96	11362.98	13039.18	5726.52
18	Kerala	4476.81	4281.02	4902.21	8215.03	1675.38	1501.01	8780.07	7868.19	16648.26	6819.57	8256.54	8533.51	8299.31	5261.94
19	Ladakh	0	0	217.19	175.72	380.38	182.87	358.78	342.33	701.11	342.07	362.87	336.63	362.87	201.00
20	Lakshadweep	28.90	12.55	48.94	22.16	40.08	19.76	32.12	27.40	59.52	23.74	87.66	95.77	89.68	23.40
21	Madhya Pradesh	27142.93	28749.40	31286.42	30051.32	25513.94	27106.79	25995.87	23526.57	49522.44	22966.49	24457.03	23671.80	24497.61	7864.91
22	Maharashtra	30960.99	26305.10	33726.30	29453.97	23022.11	19326.48	27286.40	23078.27	50364.67	22076.58	51277.99	20532.77	38536.73	18069.42
23	Manipur	1350.74	1042.73	1504.71	1021.26	1844.40	925.18	1596.95	1017.29	2614.24	325.13	1581.74	767.26	1402.86	274.19
24	Meghalaya	2719.16	1609.31	2500.27	2209.93	3006.97	2103.33	2074.50	2013.19	4087.69	1810.69	3003.28	2600.41	3271.06	764.89
25	Mizoram	524.07	339.82	523.15	234.17	447.21	302.25	408.56	273.32	681.88	277.57	382.18	361.59	375.24	75.87
26	Nagaland	660.92	365.43	719.66	434.96	639.59	587.38	752.71	382.01	1134.72	486.47	911.43	900.38	979.04	290.42
27	Orissa	17529.30	17732.39	20382.64	20307.07	17151.27	16637.43	18588.92	18855.24	37444.16	19782.08	18979.82	19401.24	20121.47	14304.34
28	Puducherry	48.87	53.29	25.29	45.85	1.17	0.00	147.33	114.30	261.63	118.57	338.87	117.36	303.55	75.99
29	Punjab	6736.01	6430.65	7861.63	5251.67	6530.51	3378.06	6396.10	6962.56	13358.66	6396.10	13085.41	7341.13	9753.76	2653.35
30	Rajasthan	16657.03	12524.14	18908.48	14266.97	16414.77	10390.31	16580.02	10872.31	27452.33	10360.41	6509.90	10125.41	14834.52	2733.12
31	Sikkim	210.08	81.15	231.76	170.38	236.65	139.51	236.34	217.41	453.75	192.93	233.95	173.72	248.97	53.93
32	Tamil Nadu	764.63	764.33	3157.12	1324.53	5043.06	1692.44	1189.33	1004.85	2194.18	645.84	1208.29	1008.65	1192.97	401.49
33	Telangana	8261.95	5487.42	10153.04	20799.91	10498.26	9029.61	7258.29	7423.22	14681.51	7362.46	7361.72	7361.72	7401.59	1922.85
34	Tripura	2554.76	2400.93	2795.40	2477.67	1483.65	1290.85	3224.98	2844.86	6069.84	2811.32	4541.96	3112.05	3209.88	1944.83

13.03.2026

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35	Uttar Pradesh	74246.19	59141.17	85741.26	58653.14	82647.44	51259.26	70868.01	51591.86	122459.87	62698.94	64320.38	56989.55	68393.66	56368.47
36	Uttarakhand	4031.37	2908.60	2086.10	3804.39	6345.54	4115.20	5360.42	3743.46	9103.88	5779.41	5276.19	4846.08	6044.90	3325.37
37	West Bengal	21618.53	15799.30	21615.56	16243.07	3097.15	2463.77	21271.59	15030.66	36302.25	20341.69	25551.77	18922.29	26937.14	10532.11

DIGITISATION OF ANGANWADI CENTRES

3481. SHRI VISHWESHWAR HEGDE KAGERI:

SHRI KOTA SRINIVASA POOJARY:

SHRI SHANKAR LALWANI:

SHRI BHARTRUHARI MAHTAB:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether the Government has undertaken a comprehensive programme for the digital upgradation of Anganwadi Centres, pursuant to the restructured Integrated Child Development Services (ICDS)/Mission Poshan framework across the country;
- (b) if so, the number of Anganwadi Centres that have been provisioned with digital hardware and software infrastructure, including but not limited to smartphones, tablets and computerised data-entry systems, State/UT-wise; and
- (c) whether any outcome-based assessment has been undertaken to quantify the impact of such digitalisation on nutrition surveillance, Early Childhood Care and Education (ECCE), beneficiary authentication and service-delivery efficiencies if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

- (a) and (b): Saksham Anganwadi Centre refers to an upgraded and modern version of the traditional Anganwadi Centre, introduced under the Saksham
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Anganwadi and Mission Poshan 2.0. These Centers are equipped with modern digital software and hardware infrastructure including internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO machines and smart learning aids, audio-visual aids, child-friendly learning equipment and artwork (educational painting, practice board for children, information board). Such centers are aimed at ensuring improved nutrition delivery and stimulating the creative, social, emotional, cognitive and intellectual development of children (3- 6 years of age) under Early Childhood Care and Education. 2 lakh Anganwadi Centres (AWCs) have been approved for five years under Mission Poshan 2.0 for upgradation as Saksham Anganwadi Centres.

The 'Poshan Tracker' digital application has also been rolled out as an important ICT based governance tool for monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators.

Further, the Ministry releases funds to all States and UTs for procurement of Smart Phones to Anganwadi Workers (AWWs), Lady Supervisors and Block Coordinators for registration, data entry, tracking and monitoring of all beneficiaries, in the Poshan Tracker application. Funds for Growth Monitoring Devices (Infantometer and Stadiometer for length and height measurement, Weighing Scale-Infant and Weighing Scale-Mother & Child for weight measurement of the beneficiaries) are also released to all the States and UTs. An amount of ₹10,000+ GST per Smart phone and ₹8,000/- for a set of 4 GMDs is provided by the Central Government on cost-sharing basis.

State and UT wise number of Anganwadi Centres upgraded to Saksham Anganwadi as on 9th March 2026 are given in the enclosed **Statement**.

(c): An outcome-based evaluation study of Mission Saksham Anganwadi and Poshan 2.0 was conducted by Development Monitoring and Evaluation Office (DMEO), NITI Aayog (2025). As per the study, evidence from institutional assessments and household surveys indicates that digitalization through Poshan Tracker Application has a multi-dimensional impact on nutrition monitoring, Early Childhood Care and Education (ECCE), beneficiary authentication, and service delivery efficiency. The Report also highlighted Poshan Tracker as a significant shift from manual, paper-based systems to a technology-enabled governance framework under the Supplementary Nutrition Programme (SNP). As per the report Poshan Tracker, introduced by MoWCD, has become the cornerstone for digital monitoring of beneficiaries, inventory, and service delivery at Anganwadi Centres (AWCs).

STATEMENT

THE STATE AND UTS WISE NUMBER OF AWCS UPGRADED INTO SAKSHAM ANGANWADI AS ON 09.03.2026

S. No.	State name	Total sanctioned	AWCs upgraded into Saksham Anganwadi
1	Arunachal Pradesh	152	152
2	Andhra Pradesh	9,958	9,958
3	Assam	5,407	5,407
4	Chandigarh	69	69
5	Ladakh	14	14
6	Manipur	30	30

7	Nagaland	149	149
8	Sikkim	435	435
9	Mizoram	1,600	1,600
10	Meghalaya	121	121
11	Karnataka	17,732	17,732
12	Tripura	474	474
13	Maharashtra	14,745	14,745
14	Goa	24	24
15	Jammu & Kashmir	338	338
16	Andaman & Nicobar	140	140
17	Lakshadweep	18	16
18	Uttar Pradesh	23,697	18,798
19	Tamil Nadu	11,972	6,390
20	Puducherry	135	63
21	Kerala	4,152	1,826
22	Uttarakhand	827	350
23	Chhattisgarh	11,490	4,750
24	West Bengal	5,359	2,122
25	Madhya Pradesh	24,662	8,038
26	Bihar	11,529	3,414
27	Odisha	12,140	3,627
28	Telangana	5,008	500
29	Gujarat	13,147	1,250
30	Jharkhand	16,775	1,118
31	Rajasthan	3,514	213
32	Himachal Pradesh	1,030	35
33	Haryana	2,804	30
34	Punjab	353	12

INCIDENCES OF TYPE 2 DIABETES

3482. SHRI DEEPENDER SINGH HOODA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether it is a fact that 1 in 4 young Indians aged 15 to 24 are now affected by Type 2 diabetes, reflecting a steep rise during the last 15 years and if so, the primary causes identified by the Government for this rise;
- (b) whether the Government considers it dangerous for the upcoming generation and if so, the details thereof;
- (c) the key measures being undertaken by the Government to address this trend, including school/university health programmes, nutrition and fitness initiatives and early screening schemes; and
- (d) whether the Government has prepared a time-bound roadmap to reverse the rise of Type 2 diabetes among youth, with clear milestones for reduction, awareness campaigns and healthcare access enhancements and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b): As per the Indian Council of Medical Research (ICMR) report titled "India: Health of the Nation's States – 2017", the contribution of Non-Communicable Diseases (NCDs), including diabetes, to overall mortality and disease burden has grown substantially between 1990 and 2016.

As per data from the ICMR-India Diabetes (ICMR-INDIAB) study period from 2008 to 2021 conducted in the 31 States/UTs studied among the adults

aged 20 years and above, the overall weighted prevalence of diabetes was 11.4%.

Sedentary lifestyles, increased consumption of processed and high-calorie foods, and environmental factors are recognised as key contributors to the rising prevalence of NCDs, which is increasingly affecting both urban and rural populations, including younger age groups.

(c): Health is state subject. However, technical and financial support is provided to the States and Union Territories under NP-NCD. Diabetes is an integral part of NP-NCD. Under the programme, 770 District NCD Clinics and 6410 Community Health Centre NCD Clinics have been set up. Further, a population-based initiative for prevention, control and screening for common NCDs including diabetes has been rolled out in the country under NHM as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening through Ayushman Arogya Mandirs.

(d): The Government of India through the National Programme for Prevention and Control of Non-Communicable Diseases has adopted a multi-pronged strategy to raise diabetes awareness and promote early care-seeking, particularly among low-income and underserved groups. Key initiatives include:

- i. Awareness activities are carried out under Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) campaigns to encourage healthy lifestyles, early diagnosis and diabetes prevention.
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- ii. Financial support is provided to States and Union Territories for conducting awareness generation activities under NHM as per their Programme Implementation Plans.
- iii. National and international days, such as World Diabetes Day are leveraged to disseminate key messages through print, electronic and social media.
- iv. Food Safety & Standards Authority of India promotes healthy eating through initiatives like 'Eat Right India'.
- v. The Ministry of Youth Affairs and Sports promotes physical activity and fitness among the population through campaigns such as the 'Fit India Movement' and 'Khelo India'.
- vi. The Ministry of AYUSH promotes wellness and preventive health through various yoga based activities at the community level.
- vii. Installation of 'Sugar and oil' boards in schools to raise awareness among children and adolescents.

CONSUMPTION OF FERTILIZERS IN GUJARAT

3483. SHRI DHAVAL LAXMANBHAI PATEL:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the total fertilizer subsidy disbursed to Gujarat during the financial year 2025-26;
 - (b) the consumption of DAP, Urea and NPK fertilizers in Valsad, Navsari, Dang, Tapi and Surat districts of Gujarat during the said period, district-wise;
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- (c) whether any shortage of DAP and NPK was reported in South Gujarat during the Kharif and Rabi seasons of 2025-26, if so, the details thereof; and
- (d) the measures taken to ensure timely supply of fertilizers to tribal and rain-fed farming areas of South Gujarat?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): Under 'DBT in Fertilizers' system, 100% subsidy on various fertilizer grades is released to the fertilizer companies, on actual sales to the beneficiaries based on Aadhar authentication through PoS devices installed at each retail shop. All farmers including those in the state of Gujarat are being supplied fertilizers at the subsidized rates on no-denial basis. The details of the total amount of fertilizer subsidy provided by the Government during the financial year 2025-26 (as on 09.03.2026) are as follows:

(Figures in Rs. crore)

Financial Year	Subsidy Scheme				Total
	Indigenous P&K	Indigenous Urea	Imported P&K	Import of Urea	
2025-26	34979.74	89942.29	24988.24	41554.72	191464.99

(b): The details of district-wise consumption of DAP, Urea and NPK in Valsad, Navasari, Dang, Tapi and Surat districts of Gujarat during the year 2025-26 (as

on 10.03.2026) are as follows:

(Figures in MTs)

District	Urea	DAP	NPK
Valsad	15749	2248	10927
Navasari	21651	3723	16013
Dang	0	0	0
Tapi	42785	4855	20674
Surat	52107	13960	40877
Total	132292	24786	88491

(c) and (d): To ensure timely supply of fertilizers following steps are taken by the Government every season to ensure adequate and timely availability of fertilizers across the country, including the State of Gujarat:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers
 - (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability
 - (iii) The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Monitoring System (iFMS)
 - (iv) The State Governments are regularly advised to coordinate with
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manufacturers and importers for streamlining the supplies through timely placement of indents.

(v) Regular Weekly Video Conference is conducted jointly by DA&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizer as indicated by the State Governments.

(vi) Distribution of fertilizers within the State at district level is done by the concerned State Government.

Accordingly, the availability of fertilizers in the State of Gujarat has been remained adequate during the Kharif-2025 and ongoing Rabi 2025-26 season. The details of requirement, availability, sales and closing stock of the Gujarat state during the said period are as follows:

(i) For Kharif 2025 (from 01.04.2025 to 30.09.2025):

(Figures in Lakh MTs)

Product	Requirement	Availability	Sales	Stock as on 30.09.25
UREA	11.12	11.83	10.04	1.79
DAP	03.40	03.18	02.41	0.76
NPKS	02.95	05.93	04.34	1.58

(ii) For Rabi 2025-26 (From 01.10.2025 to 08.03.2026):

(Figures in Lakh MTs)

Product	Requirement for RABI 2025-26	Pro rata Requirement From 01.10.25 to 08.03.26	Availability From 01.10.25 to 08.03.26	Sales From 01.10.25 to 08.03.26	Stock as on 08.03.26
UREA	13.90	12.94	14.71	12.67	2.04
DAP	2.90	2.71	3.28	2.65	0.63
NPKS	4.50	4.28	5.39	3.55	1.84

USE OF ARTIFICIAL INTELLIGENCE IN JUDICIARY AND SAFEGUARDS

3484. SHRI P. C. MOHAN:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether the Government proposes to incorporate Artificial Intelligence (AI) tools in the judicial system to assist in case management, legal research, translation, transcription and pendency reduction, if so, the details of the steps taken/proposed to be taken in this regard;
 - (b) the extent to which AI-based systems are being deployed or piloted in courts to enable faster disposal of cases and improve access to justice, including in e-Courts and digital justice initiatives;
 - (c) the safeguards and regulatory framework proposed to ensure ethical use of AI in judiciary, prevent errors or bias and maintain judicial independence and accountability; and
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(d) the roadmap for the responsible integration of AI in the judicial system, including capacity building, data security standards and defined limits on use of AI to avoid misuse or wrongful outcomes?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) to (d): As part of the National eGovernance Plan, Phase-III of the eCourts Mission Mode project is under implementation for Information and Communication Technology (ICT) enablement of courts and to enhance the judicial productivity, both qualitatively & quantitatively, making the justice delivery system accessible, cost effective, reliable and transparent.

Under this project, an amount of Rs. 53.57 crore has been earmarked for the component “Future Technological Advancements” to integrate modern technologies for smoother user experience. To explore the use of AI in judicial domain, the Supreme Court of India constituted an AI Committee, which is responsible for conceptualizing, implementing and monitoring use of AI in the Indian judiciary.

The Supreme Court of India in collaboration with IIT Madras is testing the prototypes of AI and ML tools for curing document defects, meta data extraction and integration with the electronic filing module and the case management software, namely Integrated Case Management & Information System (ICMIS). An AI based tool called Legal Research Analysis Assistant [LegRAA] has been

developed to aid judges in legal research and document analysis. Another AI based tool called Digital Courts 2.1 has been developed to assist Judges and Judicial Officers in managing the court in paperless manner by providing a single window for all case-related information and tasks. The platform includes voice-to-text (ASR-SHRUTI) and translation (PANINI) functionalities to assist the judges with order and judgment dictation.

Both LegRAA and Digital Courts 2.1 take care of the issues of data privacy and ethical safeguards by using Court's own data i.e. judgments and orders passed by the Supreme Court, High Courts and District Courts. In addition, the eCommittee, Supreme Court of India has formed a Sub-Committee of six High Court judges with technical experts to recommend secure connectivity and authentication mechanism for data and privacy protection, assess the digital infrastructure and service delivery systems under the eCourts Project to strengthen data security.

The current scope of AI based solutions remain limited to controlled pilot deployments with the objective of ensuring responsible, secure and practical adoption. The formulation and regulation of operational frameworks in this regard will be governed by the rules of business and policies of the concerned High Courts.

STATUS OF AIIMS, DARBHANGA PROJECT**3485. SHRI KALYAN BANERJEE:****SHRI RAJESH RANJAN:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the present status of AIIMS, Darbhanga project sanctioned under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) along with the reasons for the discontinuation of construction works even after a decade with only the main gate pillars constructed;
 - (b) the total amount of funds sanctioned and released so far for this project since its sanction and the details of expenditure incurred thereon, so far;
 - (c) the original time-frame fixed for completion of the project and the reasons for the delay, if any;
 - (d) the details of the monitoring and review mechanism adopted by the Central Government to ensure time-bound implementation of the project;
 - (e) the revised time-frame fixed for completion and commencement of functioning of AIIMS, Darbhanga;
 - (f) the status of the ranking of AIIMS in 2026 Global Finance Brand Health Report;
 - (g) the number of new AIIMS that are under construction in the country and the expected timeline for completion along with the amount of funds allocated under PMSSY; and
 - (h) the details of Government initiatives, finance contributing to strengthen the
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health sector in terms of accessibility, affordability, quality of service and to reduce regional imbalances in quality tertiary level healthcare and improve medical education therein?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (h): Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims to correct regional imbalances in the availability of affordable/ reliable tertiary healthcare services and also to augment facilities for quality medical education in the country. The Scheme has two components; (1) Setting up of All India Institute of Medical Sciences (AIIMS); and (2) Upgrading existing Government Medical Colleges/Institutions.

Union Cabinet approved the setting up of All India Institute of Medical Sciences (AIIMS) at Darbhanga on 15.09.2020 at an estimated cost of ₹ 1264 Crore with 48 months from the date of the approval as time-frame for completion. In September 2024, the State Government of Bihar handed over 187.44 acre land for establishment of AIIMS at Darbhanga. Currently the pre- investment work of AIIMS Darbhanga is in progress including construction of boundary wall. Till date, an amount of ₹ 27.81 Crore has been released by the Ministry for the pre-investment work. The monitoring of the project is undertaken at the level of Institute, State Government and the Ministry of Health and Family Welfare. A Project Review Committees has been set up at the level of the Ministry including

Executing Agency, Procurement Support Agency and other stakeholders to monitor project implementation. The project is also being monitored through Project Monitoring Group (PMG) Portal and e-Samiksha Portal. The proposed revised time-frame for establishment of AIIMS Darbhanga is 40 months from the date of approval of Revised Cost Estimate of the project. The 2026 Global Finance Brand Health Report covers Institutes that are functional.

The details of the new AIIMS under construction under PMSSY are given in the enclosed **Statement**.

STATEMENT

Status of new AIIMS under construction under PMSSY

S. No	AIIMS	Approved Project Cost (₹ in Crore)	Timeline for completion
1	AIIMS Madurai	2021.51	October 2026
2	AIIMS Rewari	1646.43	December 2026
3	AIIMS Awantipora	1828	December 2026
4	AIIMS Darbhanga	1264	40 months from the date of approval of Revised Cost Estimate

AGREEMENT WITH THE UNITED STATES

3486. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:

- (a) whether the Government has taken note of conflicting public statements issued by different Ministries regarding agreements with the United States, if so, the details thereof and corrective steps taken thereon and if not, the reasons therefor;
- (b) whether the issue was discussed with stakeholder/Parliamentarians prior to finalisation of strategic or commercial understandings with the United States, if so, the details thereof and if not, the reasons therefor;
- (c) whether any commitments or assurances other than those having prior approval of the Parliament were extended during bilateral negotiations, if so, the details thereof and if not, the reasons therefor;
- (d) whether the Ministry has conducted any internal review to examine inconsistencies in official communication relating to such agreements, if so, the findings thereof and if not, the reasons therefor; and
- (e) whether the Government has assessed possible implications of these agreements on domestic manufacturing, employment and MSME sectors and India's strategic autonomy and national interest, if so, the details thereof and if not, the reasons therefor?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a): No, there are no conflicting statements made on this subject. Relevant Ministries have put out information as per their responsibilities.

(b) to (e): On 3 February 2026, the Minister of Commerce and Industry informed Parliament that a framework understanding on bilateral trade had been reached between India and the U.S. after extensive discussions. The agreed framework, while ensuring that India's core sensitivities, particularly in agriculture and dairy, were safeguarded, is expected to enhance India's export competitiveness, especially in labour-intensive sectors, create opportunities for MSMEs and industry, and expand cooperation in areas such as technology, energy and manufacturing.

On 7 February 2026, India and the United States announced a framework for an Interim Agreement. The framework outlined areas of tariff reductions and market access commitments by both sides, alongside efforts to address non-tariff barriers, improve standards cooperation and strengthen supply chain resilience. Both sides agreed to continue negotiations with the objective of concluding a fair, balanced and mutually beneficial BTA.

Relevant Standing Committees of the Parliament were regularly apprised of the developments relating to the negotiations of the India–U.S. Bilateral Trade Agreement.

The Government remains committed to safeguarding India's national interest.

ESTABLISHMENT OF PANCHAKARMA UNITS

3487. SHRI MAGUNTA SREENIVASULU REDDY:

SHRI PUTTA MAHESH KUMAR:

Will the Minister of **AYUSH** be pleased to state:

- (a) the details of Panchakarma Units established/approved in District Hospitals under National AYUSH Mission including the year of approval and operational status of them across the country, State/UT-wise and hospital-wise in Andhra Pradesh, especially in Prakasam and Eluru districts;
- (b) the details of the total capacity of each such unit including the number of therapy rooms/tables, total sanctioned bed-capacity and medical staff across the country, State/UT-wise and hospital-wise in Andhra Pradesh, especially in the said districts;
- (c) the total number of patients treated and staff vacancies in the panchakarma units during the last three years across the country, State/UT-wise and hospital-wise in Andhra Pradesh, especially in the said districts; and
- (d) the details of the total funds approved, released and utilised for establishment and operationalisation of these units during the last five years across the country, year-wise, State/UT-wise and hospital-wise in Andhra Pradesh, especially in the said districts?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) to (d): Government of India is implementing National Ayush Mission (NAM) scheme through State/UT Governments and Public Health being a State subject, the primary responsibility for establishment of Panchkarma Units in District
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Hospital across the country including Prakasam and Eluru districts of Andhra Pradesh along with adequate availability of therapy rooms / tables / bed capacity and medical staff for smooth functioning lies with respective State Governments. However, under NAM, as per the proposals received from State/UT Governments, 203 Units of 50/30/10 bedded Integrated Ayush Hospitals (IAH) also having facility for Panchkarma activity have been approved for establishment indifferent parts of the country including Andhra Pradesh from the year 2014-15 to 2024-25. The State/UT-wise and Hospital-wise status of approved IAHs along with released/utilised funds, bed-capacity and operational status are given in the enclosed **Statement**.

Since, implementation of NAM scheme comes under the purview of respective State/UT Governments, accordingly, the operationalisation of Ayush Health Facility including IAHs and Panchkarma Units also comes under their purview and therefore, data of treated patients are being maintained by respective States/UTs.

STATEMENT

The State/UT-wise and Hospital-wise status of approved IAHs from year 2014-15 to 2024-25 along with released/utilised funds, bed-capacity and operational status

Sl. No.	State/UT	Location (District)	System of medicine	No. of Beds	Funds Sanctioned Allocated (Rs. In Lakhs)	Funds utilized as reported by state Govt. (Rs. In lakhs)	Status

1	Andaman & Nicobar Island	Junglighat, Port Blair (South Andaman)	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	224.95	107.40	Functional
2	Andhra Pradesh	Kakinada	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	1500.00	608.4	Construction Completed
		Visakhapatnam	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	749.97	384.32	Under construction
3	Arunachal Pradesh	Bhalukpong (West Kameng)	Ayurveda, Homoeopathy, Yoga	50	575.00	517.50	Under Construction
		Likabali (Lower Siang)	Ayurveda, Homoeopathy, Yoga	50	475.00	427.50	Under Construction
		Yingkiong (Upper Siang)	Ayurveda, Homoeopathy, Yoga & Naturopathy	10	150.00	135.00	Under Construction
		Seppa (East Kameng)	Ayurveda, Homoeopathy, Yoga & Naturopathy	10	30.00	27.00	Under Construction
		Ziro (Lower Subansiri)	Ayurveda, Homoeopathy, Yoga & Naturopathy	10	30.00	27.00	Under Construction
4	Assam	Dudhnoi (Goalpara)	Ayurveda	50	1073.80	844.31	Functional
		Majuli	Ayurveda	50	1362.93	925.86	Functional
		Kokrajhar	Ayurveda and Homoeopathy	50	100.00	0.00	Construction not started
		Baksa	Ayurveda and	50	100.00	0.00	Under

			Homoeopathy				Construction
		Morigaon	Ayurveda and Homoeopathy	50	100.00	0.00	Construction not started
		Kaliabor (Nagaon)	Ayurveda and Homoeopathy	50	100.00	0.00	Construction not started
		Diphu (Karbi Anglong)	Ayurveda and Homoeopathy	30	25.00	1.80	Construction not started
		Bajali	Ayurveda and Homoeopathy	10	70.00	62.10	Under construction
5	Bihar	Patna	Ayurveda, Homoeopathy, Unani and Yoga	50	902.70	511.92	Construction Completed
6	Chandigarh	Sector -34, (Chandigarh)	Ayurveda and Homoeopathy	50	648.53	528.32	Functional
7	Chhattisgarh	Janjgir-Champa	Ayurveda, Homoeopathy, Unani	10	255.50	85.57	Functional
		Mahasamund	Ayurveda, Homoeopathy, Unani	10	255.50	85.57	Functional
		Koria	Ayurveda, Homoeopathy, Unani	10	255.50	85.57	Under construction
		Korba	Ayurveda, Homoeopathy, Unani	10	255.50	85.57	Functional
		Kanker (Uttar Bastar Kanker)	Ayurveda, Homoeopathy, Unani	10	255.50	85.57	Functional
		Narayanpur	Ayurveda, Homoeopathy, Unani	10	255.50	85.57	Under construction
		Bijapur	Ayurveda, Homoeopathy,	10	255.50	85.57	Functional

			Unani				
		Dantewada (Dakshin Bastar)	Ayurveda, Homoeopathy, Unani	10	255.50	85.57	Construction Completed
		Dalli Rajhara (Balod)	Ayurveda	30	215.50	83.21	Functional
		Surajpur	Ayurveda, Homoeopathy, Unani	10	100.00	0.00	Under construction
8	Dadra Nagar Haveli and Daman & Diu	Silvasa	Ayurveda	50	726.20	726.20	Under construction
9	Goa	Velguem (North Goa)	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	674.00	0.00	Under construction
		Margao (South Goa)	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	1343.19	559.39	Under construction
10	Gujarat	Surat	Ayurveda, Homoeopathy, Yoga	50	1500.00	510.00	Functional
		Atkot	Ayurveda, Homoeopathy, Yoga	30	300.00	0.00	Construction not started
11	Haryana	Hisar	Ayurveda, Homoeopathy ,Unani and Yoga	50	675.34	405.20	Functional
12	Himachal Pradesh	Kullu	Ayurveda, Sowa Rigpa , Homoeopathy, Yoga & Naturopathy	50	1409.62	1133.66	Under construction
		Mandi	Ayurveda,	50	25.00	22.50	Construction

			Sowa Rigpa , Homoeopathy, Yoga & Naturopathy				not started
		Dharamshala	Ayurveda, Sowa Rigpa , Homoeopathy, Yoga & Naturopathy	50	500.00	450.00	Construction not started
13	Jammu & Kashmir	Kishtwar	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	50	500.00	450.00	Under construction
		Kupwara	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	50	729.39	656.46	Under construction
		Bilawar (Kathua)	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	50	735.21	661.71	Under construction
		Kulgam	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	50	918.17	826.37	Functional
		Samba	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	50	467.05	420.35	Under construction
		Gadi Garh	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	10	100.00	90.00	Construction not started
		Bandipayeen	Ayurveda, Homoeopathy, Unani, Yoga &	10	75.00	67.50	Under Construction

			Naturopathy				
14	Jharkhand	Itki, Ranchi	Ayurveda & Homoeopathy	50	1500.00	414.51	Under construction
		Gumla	Ayurveda & Homoeopathy	10	750.00	0.00	Under construction
		Bokaro	Ayurveda & Homoeopathy	10	750.00	31.55	Under construction
		Deoghar	Ayurveda & Homoeopathy	10	750.00	49.73	Under construction
		Palamu	Ayurveda & Homoeopathy	10	750.00	32.46	Under construction
		Dumka	Ayurveda & Homoeopathy	10	750.00	91.97	Construction Completed
		Jamshedpur	Ayurveda & Homoeopathy	50	1500.00	130.91	Under construction
15	Karnataka	Gadag	Ayurveda & Homoeopathy	50	966.21	420.00	Functional
		Mangalore	Ayurveda & Homoeopathy	50	909.96	564.60	Functional
		Thrithahalli	Ayurveda & Homoeopathy	10	135.03	0.00	Under construction
16	Kerala	Chalakkudy, Thrissur Distt.	Ayurveda, Homoeopathy, Siddha and Yoga & Naturopathy	50	1050.00	342.53	Construction Completed
		Mattannur, Kannur	Ayurveda, Homoeopathy, Siddha and Yoga & Naturopathy	50	925.00	479.16	Construction Completed
		Adoor, Pathanamthitta	Homoeopathy, Yoga & Naturopathy	10	150.00	24.00	Construction not started
		Attapadi	Ayurveda, Homoeopathy,	50	15.00	6.00	Construction not started

			Siddha and Yoga & Naturopathy				
		Kottarakara- Kollam	Ayurveda, Siddha and Yoga & Naturopathy	30	150.00	36.00	Under Construction
		Wayanad	Ayurveda & Yoga	30	125.00	9.00	Construction not started
		Idukki	Homeopathy & Yoga	30	125.00	9.00	Construction not started
		Aranmula, Ranni, Pathanamthitta	Ayurveda & Yoga	30	35.00	9.00	Construction not started
		Varkala	Yoga & Naturopathy	50	225.00	9.00	Under Construction
		Kappukad, Thiruvanthapur am	Ayurveda, Siddha & Yoga	50	37.50	9.00	Construction not started
17	Lakshadwee p	Deen Dayal Upadhyay, Kavaratti	Ayurveda, Homoeopathy and Unani	30	227.30	224.55	Functional
18	Maharashtra	Nandurbar	Ayurveda, Homoeopathy and Unani	30	648.03	304.04	Functional
		Sindhudurg	Ayurveda, Homoeopathy and Unani	30	845.43	268.88	Functional
		Pune	Ayurveda, Homoeopathy and Unani	30	648.03	373.57	Functional
		Dharashiv, (Osmanabad)	Ayurveda, Homoeopathy, Yoga & Unani	50	167.62	6.90	Under construction
		Ahmed Nagar	Ayurveda, Homoeopathy	30	648.03	346.61	Functional

			and Unani				
		Jalgaon	Ayurveda, Homoeopathy, Yoga & Unani	30	224.05	0.00	Under construction
		Jalna	Ayurveda, Homoeopathy, Yoga & Unani	50	302.87	60.00	Under construction
		Thane	Ayurveda, Homoeopathy, Yoga & Unani	50	452.87	5.98	Construction not started
		Nagpur	Ayurveda, Homoeopathy, Yoga & Unani	50	361.37	175.20	Under construction
		Gondia	Ayurveda, Homoeopathy, Yoga & Unani	50	187.50	0.00	Construction not started
		Chhatrapati Sambhaji Nagar	Ayurveda, Homoeopathy, Yoga & Unani	50	187.50	0.00	Construction not started
		Buldhana	Ayurveda, Homoeopathy, Yoga & Unani	50	187.50	0.00	Construction not started
		Gadchiroli	Ayurveda, Homoeopathy, Yoga & Unani	30	131.25	0.00	Construction not started
		Wardha	Ayurveda, Homoeopathy, Yoga & Unani	30	131.25	0.00	Construction not started
19	Manipur	Moreh, Tengnoupal	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	664.50	586.93	Functional
		Churancandpur	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	660.00	585.00	Construction Completed

		Kwakeithel Konjeng Leikai	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	393.59	337.37	Functional
		Keirao AC, Imphal East District	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	677.30	600.57	Functional
		Chandel	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	387.50	141.74	Under construction
		Jiribam	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	287.50	134.85	Under construction
		Kangpokpi	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	287.50	134.85	Under construction
		Bishnupur	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	387.50	141.74	Under construction
		Noney	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	287.50	134.85	Under construction
		Thoubal	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	387.50	141.74	Under construction
		Senapati	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	237.50	127.97	Under construction

20	Madhya Pradesh	Bhopal	Ayurveda and Yoga	50	800.00	480.00	Functional
		Indore	Ayurveda, Homoeopathy and Yoga	50	830.00	354.60	Construction Completed
		Narsinghpur	Ayurveda, Unani, Homoeopathy and Yoga	50	576.92	344.63	Functional
		Amarkantak	Ayurveda, Unani, Homoeopathy	50	700.00	378.60	Under construction
		Mandleshwar (Khargaon Disstt.)	Ayurveda, Unani, Homoeopathy and Yoga	50	674.75	269.85	Construction Completed
		Balaghat	Ayurveda, Unani, and Homoeopathy	50	550.00	306.00	Under construction
		Sehore	Ayurveda, Unani, and Homoeopathy	50	925.00	421.59	Construction Completed
		Gunna	Ayurveda, Unani, and Homoeopathy	50	250.00	15.00	Under construction
		Panna	Ayurveda, Unani, and Homoeopathy	50	250.00	15.00	Under construction
		Bhind	Ayurveda, Unani, and Homoeopathy	50	250.00	105.00	Under construction
		Barwani	Ayurveda, Unani, and Homoeopathy	30	125.00	0.00	Under construction
		Sujalpur	Ayurveda, Unani, and	50	200.00	120.00	Under construction

			Homoeopathy				
		Sheopur	Ayurveda, Unani, and Homoeopathy	50	200.00	120.00	Under construction
21	Meghalaya	Sohra (Cherapunje), CHC, East Khasi Hills	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	1033.44	877.31	Functional
		Umtrew Village, Rhi Bhoi District,	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	923.63	575.30	Under construction
		Jowai, West Jaintia Hills Dist)	Homoeopathy, Yoga, Ayurveda	30	200.00	101.25	Under construction
22	Mizoram	Aizawl	Ayurveda, and Homoeopathy	50	280.72	252.65	Under construction
		Saitul	Ayurveda, and Homoeopathy	10	250.00	135.00	Under construction
23	Nagaland	Noklak, Tuensang District	Ayurveda, Homoeopathy and Yoga	30	911.04	819.94	Functional
		Razha, Chedema	Ayurveda, Homoeopathy and Yoga	50	925.00	832.50	Functional
		Sapangya (Chungtia)	Ayurveda, Homoeopathy and Yoga	50	426.68	384.01	Under construction
		Yachem, Longleng	Ayurveda, Homoeopathy and Yoga	30	275.00	247.50	Under construction
		Kiphire	Homeopathy	30	37.50	27.67	Construction not started
		Tizit,	Ayurveda, Homoeopathy	30	15.00	11.00	Construction not started
		Akuhaito,	Ayurveda,	30	15.00	11.33	Construction

		Zunheboto	Homoeopathy				not started
24	Odisha	Dhenkanal	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	800.00	480.00	Construction Completed
		Behrampur	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	800.00	405.00	Construction Completed
		Balasore	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	400.00	180. 00	Under Construction
25	Puducherry	Villianur	Ayurveda, Homoeopathy and Siddha	50	1064.57	776.27	Functional
		Yanam	Ayurveda, Homoeopathy and Siddha	50	1047.75	626.32	Under Construction
		Karaikal	Ayurveda, Homoeopathy and Siddha	30	200.00	0.00	Construction not started
26	Punjab	Dyalpur Sodhin Zirakpur, Mohali	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	650.00	390.00	Under construction
		Moga (Initially at Tarn Taran)	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	755.00	390.00	Functional
27	Rajasthan	Bhilwara	Ayurveda, Homoeopathy and Unani,	50	618.43	293.18	Functional
		Ajmer	Ayurveda,	50	609.94	290.63	Functional

			Homoeopathy and Unani,				
		Churu	Ayurveda, Homoeopathy and Unani,	50	541.16	270.00	Functional
		Bikaner	Ayurveda, Homoeopathy and Unani,	50	541.16	270.00	Functional
		Jaipur	Ayurveda, Homoeopathy and Unani,	50	766.16	319.36	Functional
		Sikar	Ayurveda, Homoeopathy and Unani,	50	676.16	307.45	Functional
		Sawaimadhopur	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	500.00	0.00	Under Construction
		Bharatpur	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	500.00	0.00	Under Construction
		Kithana	Ayurveda, Homoeopathy and Unani	30	250.00	0.00	Construction not started
		Bhilwara (Asind)	Ayurveda, Homoeopathy and Unani	10	45.00	0.00	Under Construction
		Bhilwara (Bijoliya)	Ayurveda, Homoeopathy and Unani	10	45.00	0.00	Under Construction
		Karuli (Mandrayal)	Ayurveda, Homoeopathy and Unani	10	45.00	0.00	Under Construction

		Alwar (Behror)	Ayurveda, Homoeopathy and Unani	10	45.00	19.20	Under Construction
		Alwar (Neemrana)	Ayurveda, Homoeopathy and Unani	10	45.00	0.00	Under Construction
		Jodhpur (Shekhala)	Ayurveda, Homoeopathy and Unani	10	45.00	10.29	Under Construction
		Dausa (Nangal Raja Watan)	Ayurveda, Homoeopathy and Unani	10	45.00	11.20	Under Construction
		Jaipur - A (Paota)	Ayurveda, Homoeopathy and Unani	10	45.00	20.40	Under Construction
		Sikar (Dhod)	Ayurveda, Homoeopathy and Unani	10	45.00	21.16	Under Construction
		Sikar (Shreemadhop ur)	Ayurveda, Homoeopathy and Unani	10	45.00	25.78	Under Construction
		Barmer (Gira)	Ayurveda, Homoeopathy and Unani	10	45.00	18.60	Under Construction
		Jalore (Bagoda)	Ayurveda, Homoeopathy and Unani	10	45.00	15.00	Under Construction
		Baran (Kishanganj)	Ayurveda, Homoeopathy and Unani	10	45.00	14.88	Under Construction
		Jhalawar (Bakani)	Ayurveda, Homoeopathy and Unani	10	45.00	15.27	Under Construction
		Kota (Sultanpur)	Ayurveda, Homoeopathy and Unani	10	45.00	13.50	Under Construction

		Pali (Rohat)	Ayurveda, Homoeopathy and Unani	10	45.00	0.00	Under Construction
		Ajmer (Masuda)	Ayurveda, Homoeopathy and Unani	10	45.00	0.00	Under Construction
		Ajmer (Peesangan)	Ayurveda, Homoeopathy and Unani	10	45.00	0.41	Under Construction
		Dholpur (Sepau)	Ayurveda, Homoeopathy and Unani	10	45.00	0.00	Under Construction
		Bharatpur (Sewer)	Ayurveda, Homoeopathy and Unani	10	45.00	0.00	Under Construction
		Nagaur (Kheenvasar)	Ayurveda, Homoeopathy and Unani	10	45.00	0.00	Under Construction
		Sri Ganganagar (Rai Singh Nagar)	Ayurveda, Homoeopathy and Unani	10	45.00	0.00	Under Construction
		Dungarpur (Dovra)	Ayurveda, Homoeopathy and Unani	10	45.00	15.00	Under Construction
		Pratapgarh (Arnod)	Ayurveda, Homoeopathy and Unani	10	45.00	15.00	Under Construction
28	Sikkim	Kyongsa, Gyalshing, West Sikkim	Ayurveda and Homoeopathy	50	959.46	863.52	Functional
		NIT, Deorali	Sowa-Rigpa	30	410.49	353.09	Under construction
29	Tamil Nadu	Theni	Siddha, Yoga & Naturopathy	50	733.33	440.00	Functional
		Thiruvannamala	Siddha, Yoga	50	733.33	440.00	Functional

		i	& Naturopathy				
		Pudukkottai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	400.00	240.00	Construction Completed
		Namakkal	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	250.00	150.00	Functional
		AAGHIM Campus, Chennai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	1000.00	600.00	Under construction
		Kottar, Nagercoil	Ayurveda	30	525.00	315.00	Under construction
30	Telangana	Siddipet	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	730.41	438.24	Construction Completed
		Vikarabad	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	730.41	438.24	Construction Completed
		Jayashankar Bhupalapally,	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	730.41	438.24	Construction Completed
31	Tripura	Paradise Chowmuhan, Agartala	Ayurveda, Homoeopathy and Yoga &	50	819.33	737.40	Functional

			Naturopathy				
		South Sabroom	Ayurveda, Homoeopathy and Yoga	50	622.26	560.03	Functional
32	Uttar Pradesh	Jaunpur	Ayurveda, Unani, Homoeopathy and Yoga	30	525.00	315.00	Under construction
		Bulandsheher (initially at Kushi Nagar)	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	539.99	Functional
		Bilhour, Kanpur Nagar	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	539.99	Functional
		West Katli, Lucknow	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	539.99	Functional
		Badrasi, Varanasi	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	539.99	Functional
		Nawab Ganj, Baraily	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	539.99	Functional
		Basti	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	540.00	Functional
		Sirathu Koushambi	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	540.00	Functional

		Sonbhadra	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	540.00	Functional
		Orai Jalaun	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	540.00	Functional
		Sant kabir Nagar,	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	540.00	Functional
		Deoria	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	540.00	Functional
		Lalitpur	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	540.00	Functional
		Amethi	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	540.00	Functional
		Kanpur Dehat	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	540.00	Functional
		Firozpur, Balai District	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	540.00	Functional
		Raibareilly	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	435.41	Functional

		Baghpat	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	436.41	Functional
		Fatehpur	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	465.21	Functional
		Shravasti	Ayurveda, Unani, Homoeopathy and Yoga	50	899.99	559.51	Under construction
		Unnao	Ayurveda, Unani, Homoeopathy and Yoga	50	899.99	559.51	Functional
		Hardoi	Ayurveda, Unani, Homoeopathy and Yoga	50	1165.00	590.75	Under construction
		Gorakhpur	Ayurveda, Unani, Homoeopathy and Yoga	50	1165.00	498.37	Under construction
		Sambhal	Ayurveda, Unani, Homoeopathy and Yoga	50	1165.00	590.75	Under construction
		Mirzapur	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	431.75	Under construction
33	Uttarakhand	Haldwani	Ayurveda and Homoeopathy	50	556.61	500.95	Functional
		Jakhnidhar, Tehri	Ayurveda and Homoeopathy	50	1377.41	1239.66	Under construction

		Tanakpur, Champawat	Ayurveda and Homoeopathy	50	400.00	360.00	Under construction
		Kotdwar, Pauri	Ayurveda, Unani, Homoeopathy and Yoga	50	300.00	270.00	Under construction
		Pathri, Haridwar	Ayurveda, Unani, Homoeopathy and Yoga	10	492.50	290.00	Under construction
		Bheemtal, Nainital	Ayurveda, Unani, Homoeopathy and Yoga	10	307.50	180.00	Under construction
		Piran Kaliya, Haridwar	Unani	50	200.00	0.00	Construction not started
34	West Bengal	Topsikhata, District Alipurduar	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	630.00	Functional
		Paschim Midnapur, District	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	515.96	Functional

MICROPLASTICS IN HUMAN ORGANS

3488. SHRI NAVEEN JINDAL:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether it is a fact that researchers have discovered microplastics in the blood, faeces and organs of human beings and if so, the details of such studies; and

(b) the likely implications of this development on human health and the mitigation strategies being put in place to curb this reported grave threat to human health?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b): Indian Council of Medical Research (ICMR) has informed that its National Institute for Research in Environmental Health (ICMR-NIREH), Bhopal has done systematic review of studies on presence of microplastics in human body. The Department of Biotechnology (DBT) has informed that a number of research projects on microplastics in terrestrial and aquatic ecosystems have been supported with a strategy to focus on understanding their potential impact on human health and mitigation thereof. The activities are focused on research and development to understand the microplastic pollution, their entry into food chain and their impact on environment and health with emphasis on microplastics' interaction with immune cells and intestinal tissues, microplastic induced oxidative stress, cytotoxicity and pro-inflammatory responses in macrophages and the mechanisms through which microplastic exposure may affect gut health and disease risk. Parallel studies have identified human pathogenic bacteria and harmful algal bloom (HAB) species associated with microplastics in ballast and coastal waters, highlighting their role as potential hotspots for the development and spread of antibiotic-resistant pathogens.

In order to reduce pollution caused by littered and unmanaged plastic waste, which includes microplastics, the Ministry of Environment, Forest and Climate Change has already prohibited identified single use plastic items, which have low utility and high littering potential, with effect from 1 July 2022. Further, the Ministry of Environment, Forest and Climate Change has also notified the Guidelines on Extended Producer Responsibility (EPR) for plastic packaging vide Plastic Waste Management (Amendment) Rules, 2022. The Guidelines stipulate mandatory targets on EPR, recycling of plastic packaging waste, reuse of rigid plastic packaging and use of recycled plastic content. The Guidelines provide for moving towards sustainable plastic packaging and reducing the plastic footprint. Already, 114 lakh tonnes of plastic packaging waste have been recycled after the EPR Guidelines have come into force in 2022. Plastic microbeads: 5 mm or less, water insoluble, solid plastic particles used to exfoliate or cleanse in rinse-off personal care products are not recognized as safe for use in cosmetics.

यूरिया उर्वरकों की उपलब्धता

3489. श्री तारिक अनवर:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने देश में, विशेषकर बिजली संकट से प्रभावित बिहार राज्य में यूरिया उर्वरक की वर्तमान उपलब्धता और संवितरण की स्थिति का कोई आकलन किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
-

आंकड़े एलएमटी में						
क्र.सं.	उत्पाद	रबी 2025-26 हेतु आवश्यकता	01/10/25 से 09/03/26 तक यथानुपातिक आवश्यकता	01/10/25 से 09/03/26 तक उपलब्धता	01/10/25 से 09/03/26 तक बिक्री	09/03/26 के अनुसार स्टॉक
1	यूरिया	13.50	12.83	15.93	13.55	2.38

किसानों को अच्छी गुणवत्ता के उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित कराने के लिए, उर्वरक नियंत्रण आदेश (एफसीओ)-1985 में उर्वरक-वार विस्तृत विनिर्देश निर्धारित किए गए हैं। इन विनिर्देशों को पूरा न करने वाले किसी भी उर्वरक को देश में कृषि प्रयोजनों के लिए नहीं बेचा जा सकता है। एफसीओ के खंड 19 में उन उर्वरकों की बिक्री अथवा उत्पादन पर सख्ती से रोक लगाई गई है जो निर्धारित मानकों के अनुरूप नहीं हैं। घटिया/नकली/मिलावटी उर्वरकों की कोई भी बिक्री आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत दंडनीय है। राज्य सरकारें प्रवर्तन एजेंसिया हैं और उन्हें एफसीओ के उपबंधों के प्रवर्तन की पर्याप्त शक्तियां प्रदान की गई हैं।

इसके अलावा, डीएण्डएफडब्ल्यू राज्य सरकार के साथ परामर्श करके कालाबाजारी, जमाखोरी, घटिया और विपथन के मामलों के खिलाफ राज्य सरकारों द्वारा की गई प्रवर्तन कार्रवाई की साप्ताहिक आधार पर नियमित निगरानी कर रहा है। अप्रैल 2025 से, देश में 4,60,840 छापे मारे गए हैं, 16,160 कारण बताओ नोटिस जारी किए गए हैं, 6,782 लाइसेंस निलंबित/रद्द कर दिए गए हैं और चूककर्ताओं के खिलाफ 817 एफआईआर दर्ज की गई हैं। विपथन के मामलों में, 3,467 कारण बताओ नोटिस जारी किए गए हैं, 479 लाइसेंस निलंबित/रद्द कर दिए गए हैं, और अपराधियों के खिलाफ 122 एफआईआर दर्ज की गई हैं। डीएण्डएफडब्ल्यू चूककर्ताओं के खिलाफ प्रवर्तन कार्रवाई को सख्ती से लागू करने के लिए राज्य सरकार के साथ नियमित रूप से संपर्क करता है।

SHIPBUILDING FINANCIAL ASSISTANCE POLICY

3490. SHRI PRAVEEN PATEL

SHRI KOTA SRINIVASA POOJARY:

SHRIMATI POONAMBEN MAADAM:

SHRI AMAR SHARADRAO KALE:

DR. SANJAY JAISWAL:

SHRI HARIBHAI PATEL:

SHRI JANARDAN MISHRA:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) the progress achieved under the Shipbuilding Financial Assistance Policy, including provision of credit guarantees and Viability Gap Funding (VGF) to Indian shipyards;
 - (b) the number of contracts awarded under the said Policy;
 - (c) the total order book value generated and the types of vessels covered thereunder;
 - (d) the financial assistance disbursed so far, including the number of shipyards that have availed benefits under the said Policy;
 - (e) whether the Government has made any assessment of the impact of the said Policy on revival of domestic shipbuilding, employment generation and enhancement of global competitiveness of the country in the maritime sector; and
-

(f) if so, the details of the findings thereof?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI
SARBANANDA SONOWAL):**

(a) to (d): Under the Shipbuilding Financial Assistance Policy (SBFAP), a total of 288 contracts worth ₹19,748 crore, covering 456 vessels, have received in-principle approval till date. The type of vessels covered include tugs, general cargo vessel, bulk carrier, oil tanker, crane pontoon, heavy deck cargo vessel, RO-RO pax vessel, crew boat, deck loading craft, coastal research vessel, modular pontoon, passenger catamaran, passenger cum motor cycle ferry, passenger ferry, landing craft, jack-up barge and self-elevating platform.

As of now, total financial assistance amounting to ₹620.57 crore has been disbursed to 23 shipyards for the construction and delivery of 204 vessels.

Additionally, Government of India in September 2025 approved the Shipbuilding Development Scheme (SBDS) having provision for credit risk coverage to Indian Shipyard and viability gap funding in the form of capital assistance to brownfield/existing Indian Shipyards towards expansion of production capacity. The guidelines for the same have been issued recently.

(e) to (f): An assessment of the shipbuilding sector through a third party was conducted in 2024. The report highlighted shipbuilding sector's high employment multiplier of 6.4 and a huge potential for generating both direct and indirect employment. Further, it also highlighted challenges constraining the growth of shipbuilding in India like lack of domestic demand, high cost of

financing, capacity & technology limitations, etc. To address these challenges, Government of India, in September 2025, approved a shipbuilding package including Shipbuilding Financial Assistance Scheme (SBFAS), Maritime Development Fund (MDF) and Shipbuilding Development Scheme (SBDS) to enhance India's global competitiveness in shipbuilding and maritime sector.

NUTRIENT BASED SUBSIDY SCHEME

3491. SHRI B. K. PARTHASARATHI:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the total amount of funds released under Nutrient Based Subsidy (NBS) Scheme during the last five years in the country, year-wise and State-wise;
- (b) the details regarding total Point of Sale (PoS) machines installed in the country, State-wise and district-wise for Andhra Pradesh;
- (c) the total number of beneficiaries under the said Scheme during the last five years in the country, State-wise and district-wise for Andhra Pradesh;
- (d) whether the Government has conducted any study to assess the effectiveness of NBS in the prices of the fertilizers, if so, the details thereof; and
- (e) the manner in which the Government ensures that the subsidy given on Nutrient based fertilizers is reaching out to the farmers via affordable prices?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS

AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): Under 'DBT in Fertilizers' system, 100% subsidy on various fertilizer grades is released to the fertilizer companies, on actual sales to the beneficiaries based on Aadhar authentication through PoS devices installed at each retail shop. All farmers are being supplied fertilizers at the subsidized rates on no-denial basis. The details of the total amount of funds released under Nutrient Based Subsidy (NBS) Scheme provided by the Government during the last five years i.e. from year 2020-21 to 2024-25 are as follows:

(Figures in Rs. crore)

Financial Year	Nutrient Based Subsidy (NBS) Scheme		Total
	Indigenous P&K	Imported P&K	
2020-21	22288.36	15015.37	37303.73
2021-22	31931.46	20794.8	52726.26
2022-23	50089.67	36032.56	86122.23
2023-24	36270.00	28929.57	65199.57
2024-25	34010.00	18800.00	52810.00

(b): The details regarding total Point of Sale (PoS) machines installed in the country, State-wise and district-wise for Andhra Pradesh, are given in the enclosed **Statement-I**.

(c): The details of the total number of beneficiaries under the said Scheme during the last five years in the country, State-wise and district-wise for Andhra Pradesh, are given in the enclosed **Statement-II**.

(d) and (e): The Government has implemented Nutrient Based Subsidy (NBS)

Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the NBS Scheme, MRP of P&K fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level which is monitored by the Government.

A third party study conducted by M/s SANTEK in 2020 to assess impact of Nutrient Based subsidy has shown that objective of 'availability at subsidized / reasonable price' has been met. Further, under NBS, the Government has issued reasonability guidelines dated 15.11.2019 & 18.01.2024 to keep MRPs of P&K fertilizers at reasonable level and affordable to farmers. As per the reasonability guidelines dated 18.01.2024, the profit earned above 8% (for importers), 10% (for manufacturers), 12% (for integrated manufacturers) of Cost of Sales of product is treated as unreasonable based on cost data submitted by the companies.

STATEMENT- I

(i.) Point of Sale (PoS) Machines Installed in the Country		
S. No.	State/UT Name	Total Count of PoS Devices
1.	Andaman and Nicobar	29
2.	Andhra Pradesh	11,628
3.	Arunachal Pradesh	14
4.	Assam	6,100
5.	Bihar	30,635
6.	Chhattisgarh	5,720
7.	Delhi	60
8.	Goa	36

9.	Gujarat	9,312
10.	Haryana	8,348
11.	Himachal Pradesh	1,713
12.	J&K	4,040
13.	Jharkhand	5,278
14.	Karnataka	13,049
15.	Kerala	2,656
16.	Ladakh	4
17.	Madhya Pradesh	13,122
18.	Maharashtra	32,930
19.	Manipur	30
20.	Meghalaya	46
21.	Mizoram	57
22.	Nagaland	4
23.	Odisha	9,440
24.	Puducherry	78
25.	Punjab	9,415
26.	Rajasthan	16,459
27.	Tamil Nadu	12,856
28.	Telangana	11,117
29.	Tripura	605
30.	Uttar Pradesh	70,090
31.	Uttarakhand	1,274
32.	West Bengal	23,067
Total		2,99,212

(SOURCE: iFMS)

(ii.) Point of Sale (PoS) Machines Installed in the Andhra Pradesh		
S.No.	District Name	Total Count of POS Devices
1.	Alluri Sitharama Raju	075

2.	Anakapalli	273
3.	Ananthapuramu	519
4.	Annamayya	375
5.	Bapatla	558
6.	Chittoor	321
7.	East Godavari	365
8.	Eluru	555
9.	Guntur	340
10.	Kakinada	491
11.	Konaseema	430
12.	Krishna	505
13.	Kurnool	617
14.	Nandyal	675
15.	NTR	321
16.	Palnadu	795
17.	Parvathipuram Manyam	243
18.	Prakasam	825
19.	SPSR Nellore	732
20.	Sri Sathya Sai	382
21.	Srikakulam	367
22.	Tirupati	496
23.	Visakhapatnam	041
24.	Vizianagaram	436
25.	West Godavari	452
26.	YSR Kadapa	439
TOTAL		11628

(SOURCE: iFMS)

STATEMENT- II

(i.) Total Number of Beneficiaries in the Country (From 01.04.2020 to 31.03.2025)		
S.No.	State/UT Name	No of Unique Buyers/Beneficiaries
1.	Andaman and Nicobar Islands	9354
2.	Andhra Pradesh	5765763
3.	Arunachal Pradesh	1041
4.	Assam	2933890
5.	Bihar	19691992
6.	Chhattisgarh	3588572
7.	Dadra and Nagar Haveli	9793
8.	Delhi	53421
9.	Goa	80052
10.	Gujarat	7392578
11.	Haryana	3471236
12.	Himachal Pradesh	654881
13.	Jammu and kashmir	1377689
14.	Jharkhand	3216737
15.	Karnataka	6326113
16.	Kerala	882230
17.	Madhya Pradesh	12055547
18.	Maharashtra	12476960
19.	Manipur	18526
20.	Meghalaya	13944
21.	Mizoram	10644
22.	Nagaland	1648
23.	Odisha	5623402

24.	Puducherry	34881
25.	Punjab	2725505
26.	Rajasthan	9379679
27.	Tamil Nadu	5583319
28.	Telangana	4945815
29.	Tripura	144022
30.	Uttarakhand	645598
31.	Uttar Pradesh	42698059
32.	West Bengal	7489513
Total		159302404

(SOURCE: iFMS)

(ii.) Number of Beneficiaries in Andhra Pradesh (From 01.04.2020 to 31.03.2025)		
S.No.	District Name	No of Buyers/ Beneficiaries
1.	Alluri Sitharama Raju	72262
2.	Anakapalli	266463
3.	Anantapur	254850
4.	Annamayya	243950
5.	Bapatla	243235
6.	Chittoor	304141
7.	East Godavari	200131
8.	Eluru	268082
9.	Guntur	191059
10.	Kakinada	217833
11.	Konaseema	182707
12.	Krishna	183312
13.	Kurnool	285722

14.	Nandyal	279679
15.	NTR	160229
16.	Palnadu	300788
17.	Parvathipuram Manyam	211498
18.	Prakasam	231572
19.	Spsr Nellore	284403
20.	Srikakulam	381063
21.	Sri Sathya Sai	187579
22.	Tirupati	281485
23.	Visakhapatnam	32486
24.	Vizianagaram	369669
25.	West Godavari	166769
26.	Y.S.R.	227441

(SOURCE: iFMS)

PROGRESS UNDER AOGUSY

3492. SHRIMATI KRITI DEVI DEBBARMAN:

SHRI LUMBARAM CHOUDHARY:

SHRI YOGENDER CHANDOLIA:

SHRI PRADEEP KUMAR SINGH:

SHRIMATI MAHIMA KUMARI MEWAR:

SHRI VIJAY KUMAR DUBEY:

DR. HEMANT VISHNU SAVARA:

SHRI JUGAL KISHORE:

SHRI RAJKUMAR CHAHAR:

SHRI KHAGEN MURMU:

SHRI BHARATSINHJI SHANKARJI DABHI:

SHRI NALIN SOREN:

SHRI VISHNU DAYAL RAM:

SHRI TRIVENDRA SINGH RAWAT:

Will the Minister of **AYUSH** be pleased to state:

- (a) the details of the progress achieved under the AYUSH Oushadhi Gunvatta evam Utpadan Samvardhan Yojana (AOGUSY) including its framework for merging pharmacovigilance, quality control and Good Manufacturing Practices (GMP) certification for AYUSH manufacturing units in the country, State/UT-wise, particularly in Dumka district of Jharkhand;
 - (b) the number of AYUSH manufacturing units upgraded under the Scheme including those obtaining National Accreditation Board for Testing and Calibration Laboratories (NABL) accreditation, State/UT-wise, particularly in the said district of Jharkhand;
 - (c) the number of analytical laboratories established or strengthened including the funds sanctioned and released so far in the country, State/UT-wise including Rajasthan;
 - (d) the details of the distribution of beneficiaries and infrastructure created under AOGUSY in the country, State/UT-wise, particularly in Jalore and Sirohi districts of Rajasthan; and
 - (e) the details of the provision of AOGUSY in the tribal dominated districts in the country, State/UT-wise particularly in Palghar district of Maharashtra?
-

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): Ministry of Ayush is implementing a Central Sector Scheme Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY) since 2021-22 with total budget outlay of Rs. 122.00 crores for five years. Till date, 18 Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) pharmacies and 07 ASU&H Drug Testing Laboratories (DTLs) have been supported financially under this scheme across the country. An amount of Rs. 40.13 crore has been sanctioned as Grant-in-Aid to these pharmacies and DTLs.

The state-wise details of fund released for the upgradation of ASU&H pharmacies and Drug Testing Laboratories (DTLs) under the AOGUSY scheme till date, including Rajasthan and Maharashtra, are given in the enclosed **Statement**.

Further, Ministry has not received any proposal from the State of Jharkhand under component “Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards” of AOGUSY Scheme till date. The detailed guidelines of AOGUSY scheme are available at <https://ayush.gov.in/images/Schemes/aoushdhi.pdf>.

STATEMENT

The state-wise details of fund released for the upgradation of Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) pharmacies and Drug Testing Laboratories (DTLs) under the AOGUSY scheme till date, including Rajasthan and Maharashtra, are as follows-

S. No.	F.Y.	State	Component	Pharmacy /DTL	Particulars	Amount released
1	2021-22	Mizoram	Strengthening and upgradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	DTL	State Govt. of Mizoram	18,00,000
2	2022-23	Maharashtra	Strengthening and upgradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	Pharmacy	Inducare Pharma Pvt. Ltd. Pune	3,00,00,000
3		Maharashtra		Pharmacy	Ayurchem Private Ltd. Maharashtra.	2,69,00,000
4		Maharashtra		Pharmacy	Phytovedic India Pvt. Ltd. Maharashtra	2,14,61,000
5		Kerala		Pharmacy	Visesh Ayurvedic Pvt. Ltd Pharmacy Kerala.	1,91,56,000
6		Uttar Pradesh		Pharmacy	Amar Pharmaceuticals and labs (I) Pvt.	1,43,43,000

					Ltd. U.P	
7		Uttar Pradesh		DTL	Amar Pharmaceuticals and labs (I) Pvt. Ltd. U.P (DTL)	77,67,000
8		Madhya Pradesh		Pharmacy	Shree Baidyanath Ayurved Bhawan Pvt. Ltd, Madhya Pradesh	2,08,92,000
9		Kerala		Pharmacy	Kollam District Ayurveda Oushdha Nirmana Vyavasaya Co-operative Society Ltd, Kerela	64,29,000
10	2023-24	Tripura	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	DTL	State Govt. of Tripura	76,68,000
11		Madhya Pradesh	Strengthening and up-gradation of Ayush Pharmacies	Pharmacy	Shree Baidyanath Ayurved Bhawan Pvt. Ltd, Madhya Pradesh	91,08,000

			s and Drug Testing Laboratories to achieve higher standards			
12		Jammu & Kashmir	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	DTL	State Govt. J&K	86,29,500
13		Kerala	Strengthening and up-gradation	Pharmacy	Sitaram Ayurveda Pvt. Ltd, Thrissur, Kerala.	50,00,000
14		Kerala	of Ayush Pharmacies and Drug Testing	Pharmacy	Pankajakasthuri Herbals India Private Limited, Poovachal, Kerala	50,00,000
15		Rajasthan	Laboratories to achieve higher	Pharmacy	BJain Pharmaceuticals Private Limited, Alwar, Rajasthan	50,00,000
16		Assam	standards	Pharmacy	Assam Ayurvedic Products,	45,59,519

					Guwahati, Assam (PSU)	
17		Jammu & Kashmir		Pharmacy	Govt. Pharmacy, Jammu & Kashmir	1,05,00,000
18		Gujarat		Pharmacy	State Pharmacy, Rajpipla, Gujarat	44,20,248
19		Mizoram		DTL	State Govt. Drug Testing Laboratory, Mizoram	67,20,884
20		Tamil Nadu		DTL	State Govt. Drug Testing Laboratory, Tamil Nadu	20,00,000
21		Arunachal Pradesh		Pharmacy	State Pharmacy, Arunachal Pradesh	67,02,164
22		Arunachal Pradesh		DTL	State Drug Testing Laboratory , Arunachal Pradesh	17,99,813
23	2024-25	Arunachal Pradesh	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	Pharmacy	State Pharmacy, Arunachal Pradesh	70,42,077
24		Arunachal Pradesh		DTL	State Drug Testing Laboratory , Arunachal Pradesh	17,24,400
25		Kerala		Pharmacy	Pankajakasthuri Herbals India Private Limited, Poovachal, Kerala	44,32,807
26		Tamil		DTL	State Govt. Drug	51,00,000

		Nadu	ng and up-gradation		Testing Laboratory, Tamil Nadu	
27		Rajastha n	of Ayush Pharmacie s and Drug Testing	Pharmac y	BJain Pharmaceuticals Private Limited, Alwar, Rajasthan	1,44,54,189
28		Mizoram	Laboratorie s to achieve	DTL	State Govt. Drug Testing Laboratory, Mizoram	39,40,500
29		Tamil Nadu	higher standards	DTL	State Govt. Drug Testing Laboratory, Tamil Nadu	41,57,062
30		Gujarat		Pharmac y	State Pharmacy, Rajpipla, Gujarat	2,00,00,000
31		Mizoram	Strengtheni ng and up-gradation of Ayush Pharmacie s and Drug Testing Laboratorie s to achieve higher standards	DTL	State Govt. Drug Testing Laboratory, Mizoram	18,00,000
32		Tamil Nadu	Strengtheni ng and up-gradation of Ayush Pharmacie s and Drug	Pharmac y	State Govt. Pharmacy, Tamil Nadu Medicinal Plant Farms & Herbal Medicine Corporation	45,00,000

			Testing Laboratories to achieve higher standards		Limited (TAMPCOL), Tamil Nadu	
33		Arunachal Pradesh	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	Pharmacy	State Pharmacy, Arunachal Pradesh	31,08,000
34	2025-26	Punjab	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	Pharmacy	Shree Dhanwantari Herbals Pvt. Ltd.	2,85,00,000
35		Kerala	Strengthening and up-	Pharmacy	Sitaram Ayurveda Pvt. Ltd, Thrissur,	2,50,00,000

			gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards		Kerala.	
36		Arunachal Pradesh	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	Pharmacy	State Pharmacy, Arunachal Pradesh	35,94,164
37		Arunachal Pradesh	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve	DTL	State Drug Testing Laboratory , Arunachal Pradesh	17,99,813

			higher standards			
38		Mizoram	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	DTL	State Govt. Drug Testing Laboratory, Mizoram	18,00,000
39		Kerala	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	Pharmacy	The Pharmaceutical Corporation (IM) Kerala Ltd., Kuttanellur P.O Thrissur	2,78,01,008
40		Madhya Pradesh	Strengthening and up-gradation of Ayush Pharmacies and Drug	Pharmacy	State Govt. Pharmacy, Gwalior	91,49,799

			Testing Laboratories to achieve higher standards			
41		Madhya Pradesh	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	DTL	State Govt. Drug Testing Laboratory, Madhya Pradesh	75,83,262
					Total	40,13,43,209 (i.e. Rs. 40.13 crore)

PROMOTION OF AYURVEDA

3493. SHRI K. RADHAKRISHNAN:

SHRI BENNY BEHANAN:

Will the Minister of **AYUSH** be pleased to state:

(a) whether Kerala, being a major Centre of Ayurveda, has been identified as a

- priority State under the Central Sector Scheme for promotion of Ayurveda;
- (b) if so, the details thereof along with the projects supported in Kerala in this regard;
- (c) the details of the total funds released during the last three years in this regard, year-wise;
- (d) whether the Government has taken any steps to promote Kerala's traditional Ayurvedic therapies and Panchakarma at the international level and if so, the details thereof;
- (e) whether any export promotion incentives are being provided in this regard, if so, the details thereof; and
- (f) whether any steps have been taken by the Government to scientifically validate and standardise traditional Kerala Ayurvedic formulations and practices and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): The Central Sector Scheme for promotion of Information, Education and Communication (IEC) in Ayush system of medicine including Ayurveda is implemented uniformly across the country, without designating any particular State, including Kerala, as a priority State. Under this scheme, activities such as Arogya Fairs, Yoga Fests/Utsavs, celebration of important Ayush days, seminars, workshops, conferences, exhibitions and multimedia campaigns are

organised to create awareness among the citizens.

Further, Ministry of Ayush is implementing a Central Sector Scheme namely Ayurswasthya Yojana, since FY 2021-22. The Scheme has 02 components viz.

- (i) Ayush and Public Health
- (ii) Centre of Excellence (CoE).

Under the Ayurswasthya Yojana, the year wise details of the projects supported in Kerala and funds released to the organizations/institutes situated in Kerala are given in the enclosed **Statement**.

Besides, Ministry of Ayush had organized a National Level Arogya Fair under IEC Scheme at Thiruvananthapuram, Kerala in FY 2023-24 and funds amounting to Rs. 90 lakhs were released.

(d): The Ministry has not taken specific steps to promote Kerala's traditional Ayurvedic therapies and Panchakarma internationally.

(e): Ayush Export Promotion Council (AYUSHEXCIL), set up by Ministry of Commerce with support from Ministry of Ayush, Government of India. It promotes and oversees exports of Ayurveda, Homoeopathy, Siddha, Sowa Rigpa, and Unani products by addressing trade issues, facilitate capacity building of its members on export procedures, organizing Business to Business meetings and international events, road shows, seminars and workshops on the export of Ayush products, and to safeguard the scientific research in the field of Ayush healthcare.

(f): There are no specific steps taken by the Government to scientifically validate and standardise traditional Kerala Ayurvedic formulations and practices.

However, the Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurveda, Siddha, Sowa-Rigpa, Unani, and Homoeopathy drugs. Provisions related to Ayurveda, Siddha, Sowa-Rigpa, Unani Drugs are contained in Chapter IVA and Schedule- I of the Drugs and Cosmetics Act, 1940 and Rules 151 to 169, Schedules E(I), T & TA of the Drugs Rules, 1945. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units & medicines including proof of safety & effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T & Schedule M-I of Drugs Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia.

Further, Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), sub-ordinate organization under Ministry of Ayush, lays down the formulary specifications and pharmacopeial standards for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASU&H drugs. As per the Drugs & Cosmetics Act, 1940 and rules there under, the compliance to this quality standards are mandatory for manufacturing of ASU&H drugs.

3	Arya Vaidya Sala, Kottakkal	Setting up CoE in Cancer Research	6,64,45,17 0/-	00	00	41,41,10 7/-

औषधीय पौधों की खेती को प्रोत्साहन

3494. श्रीमती अनिता नागरसिंह चौहान:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार द्वारा देश में आयुर्वेद, यूनानी, सिद्ध और होम्योपैथी प्रणालियों में उपयोग किए जाने वाले औषधीय पौधों की खेती को बढ़ावा देने के लिए कोई विशेष योजना/कार्यक्रम कार्यान्वित किया जा रहा है और यदि हां, तो पद्धति-वार तत्संबंधी ब्यौरा क्या है;
- (ख) क्या मध्य प्रदेश में, विशेषकर रतलाम-झाबुआ-अलीराजपुर संसदीय निर्वाचन क्षेत्र के संबंध में औषधीय पौधों की खेती के लिए किसानों को राजसहायता, प्रशिक्षण, बीज/पौध रोपण सामग्री संबंधी सहायता, न्यूनतम समर्थन मूल्य या क्लस्टर विकास सुविधाएं प्रदान की गई हैं और यदि हाँ, तो तत्संबंधी जिला-वार ब्यौरा क्या है;
- (ग) क्या जनजातीय और वर्षा आधारित क्षेत्रों में किसानों के लिए आय के वैकल्पिक स्रोत के रूप में आयुष औषधीय पौधों की खेती को बढ़ावा देने हेतु किसी विशेष कार्ययोजना का प्रस्ताव किया गया है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

- (क): जी हाँ, भारत सरकार के आयुष मंत्रालय के अंतर्गत राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी) देश भर में “औषधीय पादपों के संरक्षण, विकास और सतत प्रबंधन” पर केंद्रीय क्षेत्र योजना का

कार्यान्वयन कर रहा है, जिसका उद्देश्य औषधीय पादपों की खेती को बढ़ावा देना है, जिसके अंतर्गत निम्नलिखित गतिविधियों को समर्थन दिया जाता है:

- (i) सूचना, शिक्षा और संचार (आईईसी) गतिविधियाँ जैसे प्रशिक्षण/ कार्यशालाएँ/ संगोष्ठियाँ/सम्मेलन आदि।
- (ii) औषधीय पादपों की आपूर्ति श्रृंखला में अग्रगामी और पश्चगामी संबंध (एकीकृत घटक)
- (iii) स्व-स्थाने संरक्षण/ बाह्य-स्थाने संरक्षण।
- (iv) संयुक्त वन प्रबंधन समितियों (जेएफएमसी) / पंचायतों / वन पंचायतों / जैव विविधता प्रबंधन समितियों (बीएमसी) / स्वयं सहायता समूहों (एसएचजी) के साथ आजीविका संबंध।
- (v) अनुसंधान एवं विकास।
- (vi) औषधीय पादपों के उत्पादों का संवर्धन, विपणन और व्यापार।

(ख): जी नहीं। वर्तमान में, आयुष मंत्रालय के एनएमपीबी के अंतर्गत औषधीय पादपों की खेती के लिए किसानों को सब्सिडी प्रदान करने हेतु कोई योजना नहीं है। हालांकि, अतीत में आयुष मंत्रालय ने मध्य प्रदेश सहित पूरे देश में औषधीय पादपों की खेती को बढ़ावा देने के लिए 2015-16 से 2020-21 तक राष्ट्रीय आयुष मिशन (एनएम) की केंद्रीय प्रायोजित योजना लागू की थी। इसका ब्यौरा संलग्न **विवरण-I** पर दिया गया है।

आयुष मंत्रालय के एनएमबीपी द्वारा मध्य प्रदेश सहित पूरे देश में "औषधीय पादपों का संरक्षण, विकास और सतत प्रबंधन" पर केंद्रीय क्षेत्र योजना (सीएसएस) के तहत "औषधीय पादपों की आपूर्ति श्रृंखला में अग्रगामी और पश्चगामी संबंध (एकीकृत घटक)" नामक एक घटक को लागू किया जा रहा है, जिसमें निम्नलिखित गतिविधियों को समर्थन दिया जा रहा है:

- औषधीय पादपों की खेती के लिए किसानों को वितरण हेतु गुणवत्तापूर्ण पौध सामग्री के उत्पादन के लिए बुनियादी ढांचा।

- किसानों को जागरूक करने हेतु सूचना, शिक्षा और संचार (आईईसी) गतिविधियां।
- औषधीय पादपों की बाज़ार में बिक्री बढ़ाने, उपज का मूल्यवर्धन करने, लाभप्रदता बढ़ाने और हानि कम करने हेतु फसल कटाई के बाद प्रबंधन और विपणन हेतु बुनियादी ढांचा।
- कच्चे माल का गुणवत्ता परीक्षण और प्रमाणीकरण।

अब तक, आयुष मंत्रालय के राष्ट्रीय औषधीय पादप बोर्ड ने वित्त वर्ष 2024-25 के दौरान एकीकृत घटक के तहत मध्य प्रदेश राज्य औषधीय पादप बोर्ड को 119.95 लाख रुपये की राशि स्वीकृत की है। विस्तृत जानकारी संलग्न **विवरण-II** पर दी गई है।

इसके अतिरिक्त, आयुष मंत्रालय के राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी) ने वित्तीय वर्ष 2020-21 से अब तक मध्य प्रदेश सहित पूरे देश में औषधीय पौधों की खेती को बढ़ावा देने के लिए प्रशिक्षण कार्यक्रम/सेमिनार/कार्यशालाओं के आयोजन हेतु 157 परियोजनाओं को 1255.96 लाख रुपये की राशि स्वीकृत की है। इसके अतिरिक्त, आयुष मंत्रालय का राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी) देश के विभिन्न क्षेत्रों में स्थित अपने क्षेत्रीय सह-सुविधा केंद्रों (आरसीएफसी) के माध्यम से औषधीय पौधों की खेती को बढ़ावा देने के लिए किसानों/उत्पादकों को औषधीय पौधों की गुणवत्तापूर्ण रोपण सामग्री (क्यूपीएम) उपलब्ध कराता है। साथ ही, समय-समय पर इन आरसीएफसी के माध्यम से उत्तम कृषि पद्धतियों (जीएपी) और उत्तम क्षेत्र संग्रहण पद्धतियों (जीएफसीपी) पर प्रशिक्षण और कार्यशालाओं का आयोजन भी किया जाता है।

(ग) और (घ): आदिवासी और वर्षा आधारित क्षेत्रों में किसानों के लिए आय के वैकल्पिक स्रोत के रूप में आयुष औषधीय पादपों की खेती को बढ़ावा देने के लिए कोई विशेष कार्य योजना प्रस्तावित नहीं है। हालांकि, कृषि एवं किसान कल्याण मंत्रालय के अधीन एकीकृत बागवानी विकास मिशन (एमआईडीएच), एक केंद्रीय प्रायोजित योजना, देश भर में औषधीय पादपों सहित बागवानी क्षेत्र के समग्र विकास के लिए कार्यान्वित की जा रही है। एमआईडीएच योजना के तहत, अल्प अवधि के

औषधीय पादपों अर्थात् गैर बारहमासी और गैर वृक्ष प्रजातियों के क्षेत्रफल विस्तार के लिए सहायता प्रदान करने का प्रावधान है। लागत मानदंडों और सहायता के स्वरूप का विवरण इस प्रकार है:

क्र.सं.	घटक का नाम	लागत मानदंड	सहायता का स्वरूप
1	औषधीय पादप (मुलेठी, शतावरी, कलिहारी, श्वेत मूसली, गुग्गल, मंजिष्ठा, कुटकी, अतीस, जटामांसी, अश्वगंधा, ब्राह्मी, तुलसी, विदारीकंद, पिप्पली, चिरायता, पुष्करमूल इत्यादि)	1.5 लाख /हेक्टेयर	एकीकृत पोषक तत्व प्रबंधन/एकीकृत कीट प्रबंधन आदि के लिए रोपण सामग्री और सामग्री की लागत पर खर्च को पूरा करने के लिए सामान्य क्षेत्रों में 2 हेक्टेयर तक के क्षेत्र के लिए आनुपातिक आधार पर 40% की दर से 60:40 की 2 किश्तों में सहायता। पूर्वोत्तर और हिमालयी राज्यों, टीएसपी (जनजातीय उप योजना) क्षेत्र सहित अनुसूचित क्षेत्र, जीवंत गांव, अंडमान एवं निकोबार और लक्षद्वीप द्वीप के मामले में, 2 हेक्टेयर तक के क्षेत्र के लिए आनुपातिक आधार पर 50% की दर से सहायता मिलेगी।

विवरण-I

राष्ट्रीय आयुष मिशन (एनएएम) योजना के औषधीय पादप घटक के अंतर्गत वित्तीय वर्ष 2015-16 से 2020-21 तक मध्य प्रदेश में समर्थित गतिविधियाँ

(लाख रुपये में)

क्र.सं.	घटक	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	कुल
1	स्वीकृत धनराशि	306.905	496.382	450.275	334.459	516.873	967.236	3072.13
2	जारी धनराशि (केंद्रीय अनुदान)	276.215	297.829	270.165	200.675	310.12	230.170	1585.17
3	प्रशिक्षण हेतु समर्थित किसानों की संख्या	0	0	400	440	500	250	1590

विवरण-II

एनएमपीबी ने वित्तीय वर्ष 2024-25 के दौरान केंद्रीय क्षेत्र योजना के एकीकृत घटक (आईसी) के अंतर्गत मध्य प्रदेश एसएमपीबी को “मध्य प्रदेश के खंडवा जिले में औषधीय पौधों की आपूर्ति श्रृंखला में अग्रगामी और पश्चगामी संबंध” नामक परियोजना को मंजूरी दी है।

क्र.सं.	मध्य प्रदेश	
1.	जारी धनराशि (लाख रुपये में)	119.95
2.	किसानों की संख्या	500
3.	प्रजातियों की संख्या	4 (अश्वगंधा, शतावरी, मोरिंगा, स्टीविया)
4	जिला कवर किया गया	खंडवा

HEALTH PROJECTS SANCTIONED UNDER PM-ABHIM**3495. SHRI G. M. HARISH BALAYOGI:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the details of health infrastructure projects sanctioned under PM-ABHIM in

Dr. B.R. Ambedkar Konaseema district in Andhra Pradesh since its inception, along with the present status and physical and financial progress, component-wise;

(b) the amount of funds allocated, sanctioned, released and utilised for PM-

ABHIM in the said district since its inception, year-wise;

(c) the number of Critical Care Hospital Blocks, Integrated Public Health

Laboratories, Block Public Health Units, Urban Health & Wellness Centres, CHCs and PHCs sanctioned, under construction and made operational in the said district;

(d) the timelines prescribed for completion of ongoing PM-ABHIM projects in the

said district and whether any delays have been reported, if so, the reasons therefor; and

(e) whether any additional projects are under consideration for sanction in the said district under PM-ABHIM and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) which has an outlay of Rs. 64,180 Crores for the scheme period (FY 2021-22 to FY 2025-26).

The scheme envisages a new generation of reforms to integrate and strengthen health service delivery and public health action including health research so that the communities are Atmanirbhar in managing such pandemics or health crisis. The measures under the scheme are aimed at strengthening health systems and institutions in order to provide a continuum of care at all levels, namely primary, secondary, and tertiary, as well as preparing health systems to respond effectively to current and future pandemics and disasters.

Under CSS component of the scheme, administrative approvals have been accorded to the State of Andhra Pradesh, for five years (i.e. FY 2021-22 – FY 2025-26) for an amount of Rs 1118.80 Cr. for construction/ strengthening of 696 Building less-AAMs, 45 U-AAMs (HWCs), 26 IPHLs and 24 CCBs, as per

proposal submitted by the State.

The details of Central Release and Expenditure under PM-ABHIM since inception to FY 2025-26 (up to 26.02.2026) is as under:

Financial Year	Central Release (Rs. In Cr.)	Expenditure (Rs. In Cr.)
2021-22	584.04	29.08
2022-23	1,228.35	1,340.57
2023-24	1,805.77	2,840.60
2024-25	2,086.34	3,882.42
2025-26	1,774.72	1,736.05

Note:

- ii. Central Release for the F.Y. 2025-26 is updated upto 26.02.2026 and is provisional.
- iii. The above releases relate to Central Govt. Grants & do not include State share contribution.
- iv. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year.

As per the information provided by the State, one IPHL at Area Hospital, Ramachandrapuram and 9 Building-less AAMs have been sanctioned in Konaseema district, Andhra Pradesh.

The State has further informed that, as per the SNA–SPARSH model, releases and expenditures have been aligned with the sanctioned provisions. Based on the progress of works and submission of bills, an expenditure of ₹79.26 lakh has been incurred out of the total sanctioned amount of ₹125.00 lakh. This expenditure pertains to civil works and procurement of equipment for the Integrated Public Health Laboratory at Area Hospital, Ramachandrapuram, Dr. B.R. Ambedkar Konaseema District, as of the reporting date.

Under the 15th Finance Commission Health Grants, a total of 14 Block

Public Health Units (BPHUs) and 2 Primary Health Centres (PHCs) have been sanctioned for Dr. B. R. Ambedkar Konaseema District.

CONCERNS OF ASHA WORKERS IN WEST BENGAL

3496. SHRI RAJU BISTA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the total number of ASHA workers engaged in the districts of Darjeeling, Kalimpong and North Dinajpur of West Bengal;
- (b) the details of the total monthly remuneration received by ASHA workers in the country, State-wise;
- (c) the ratio of ASHA workers salary/share borne by the Union Government and State Governments;
- (d) whether the Government has received any proposals for increasing the remuneration of ASHA workers from the State Government of West Bengal, if so, the details thereof; and
- (e) whether the Government is aware that ASHA workers are on strike and protest demanding increase of their monthly honorarium and social security and if so, the steps taken by the Government to address the concerns of the ASHA workers in the country?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): A total of 70,694 Accredited Social Health Activist (ASHA) workers are currently deployed in West Bengal as on 30th September, 2026 (As per National Health Mission, Management Information System Report).

The primary responsibility of strengthening public healthcare system, including support for ASHA workers lies with the respective State/UT Governments. Under National Health Mission (NHM), the Ministry of Health and Family Welfare provides the technical and financial support to the States/UTs to strengthen their public healthcare system, based on the requirements posted by States/UTs in their Programme Implementation Plans (PIPs) and within the overall resource envelope. National Health Mission is a centrally sponsored scheme, funding pattern between the Centre –State is 60:40 for all States except:

- 8 North Eastern States and 3 Himalayan States/UT (Himachal Pradesh, Uttarakhand, , UT of Jammu & Kashmir)- funding pattern is 90:10
- UTs without Legislature - 100 % Centrally funded

ASHAs receive a fixed monthly incentive for routine and recurring activities. Additionally, they are provided performance-based incentives for a varied set of activities under various National Health Programmes. Incentives under ASHA program are revised regularly based on national priority and requests from State/UTs. Further new activities are also included periodically. The details of these ASHA incentives are available on the following Uniform

Resources Locator (URL):

<https://nhm.gov.in/New-Update-2025-26/ASHA-incentive/ASHA%20Incentives.pdf>

Further, States/UTs have also been given flexibility to provide additional incentives to ASHA workers.

After the launch of Ayushman Arogya Mandir, ASHAs are eligible additionally for Team Based Incentives (TBIs) based on monitored performance indicators (up to 1000 per month). ASHAs are also entitled to non-monetary incentives like – ASHA Uniform, Identity Card, CUG Sim, ASHA Diary, ASHA rest room etc. The Government has also approved a cash award of ₹20,000/- and a citation to ASHAs who leave the programme after working as ASHAs for minimum of 10 years, as acknowledgement of their contribution.

In the year 2018, the ASHA benefit package was introduced acknowledging significant contribution and commitment of ASHAs. The package provides coverage for:

- Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit Rs. 2.00 Lakh in case of death of the insured (annual premium contributed by GOI).
- Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability; Rs. 1.00 lakh for partial disability (annual premium contributed by GOI).

In addition, Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of ₹3,000/- pm after age of 60 years (50% contribution of

premium by GOI and 50% by beneficiaries) is also available for ASHA workers. ASHAs across the States/UTs have been enrolled in all the above-mentioned Social Security Schemes as per the defined eligibility norms.

Also, a health care annual coverage of ₹5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB- PMJAY) has been extended to all ASHAs workers.

All the administrative and personnel matters related to health human resource including ASHA workers lies with the respective State/UT Governments. Details of protests/ strikes conducted by ASHAs are discussed in State level meetings/National Programme Co-ordination Committee meetings based on the feedback received from States/UTs.

मातृ वंदना योजना

3497. श्री अरुण कुमार सागर:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने मातृ वंदना योजना की शुरुआत की है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या उत्तर प्रदेश, विशेषकर शाहजहाँपुर संसदीय निर्वाचन क्षेत्र के निवासी उक्त योजना से लाभान्वित हुए हैं; और

(घ) यदि हाँ, तो आज की तिथि तक तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) और (ख): भारत सरकार ने प्रधान मंत्री मातृ वंदना योजना (पीएमएमवीवाई) को 01.01.2017

से पूरे भारत में कार्यान्वित करने की मंजूरी दी है। पीएमएमवीवाई के तहत लाभार्थी के आधार नंबर से जुड़े बैंक/डाकघर खाते में प्रत्यक्ष लाभ अंतरण (डीबीटी) के माध्यम से तीन किस्तों में 5,000/- रुपए के मातृत्व लाभ के भुगतान का प्रावधान है। संस्थागत प्रसव के बाद पात्र लाभार्थी को जननी सुरक्षा योजना (जेएसवाई) के तहत मातृत्व लाभ के लिए स्वीकृत मानदंडों के अनुसार शेष नकद प्रोत्साहन राशि प्राप्त होती है, जिससे एक महिला को औसतन 6,000/- रुपए प्राप्त होते हैं।

यह लाभ महिला को पहले दो जीवित बच्चों के लिए उपलब्ध कराए जाते हैं, बशर्ते दूसरा बच्चा बेटी हो। पहले बच्चे के मामले में 5,000/- रुपए की राशि दो किस्तों में दी जाएगी और दूसरे बच्चे के लिए 6,000/- रुपए का लाभ जन्म के बाद एक ही किस्त में दिया जाएगा, बशर्ते दूसरा बच्चा बेटी हो। तथापि, दूसरे बच्चे के लिए लाभ प्राप्त करने हेतु गर्भावस्था के दौरान पंजीकरण अनिवार्य होगा। इससे जन्म के समय लिंग अनुपात में सुधार लाने और कन्या भ्रूण हत्या को रोकने में मदद मिलेगी।

(ग) और (घ): योजना की शुरुआत (01.01.2017) से लेकर 08.03.2026 तक पीएमएमवीवाई के तहत भुगतान प्राप्त करने वाले लाभार्थियों की संख्या इस प्रकार है:

	भुगतान प्राप्त करने वाले लाभार्थी
उत्तर प्रदेश	64,88,407
शाहजहांपुर	1,25,920

DEVELOPMENT OF INDIGENOUS RESERVES OF FERTILIZERS

3498. SHRI P. V. MIDHUN REDDY:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) the steps taken/proposed to be taken by the Government to develop

- indigenous reserves of potash so as to reduce the dependence on imports;
- (b) the steps taken to ramp up the production of Ammonium Nitrate in order to reduce the dependence on imports;
- (c) whether the Government has any plan to offer protection in terms of subsidies or import barriers in order to provide support to indigenous manufacturers of Ammonium Nitrate against cheap imports, particularly from Russia, if so, the details thereof;
- (d) whether the Government has a blueprint to promote research and development of green fertilizers and insecticides; and
- (e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): Geological Survey of India (GSI) has accorded priority for exploration of Potash and Glaucinite (a potash bearing mineral), identified among the 24 critical and strategic minerals for India, with the objective of identifying potential mineralized zones and augmenting the domestic resource base over the years. Aligning with the objectives of the National Critical Mineral Mission (NCMM), GSI took up 13 mineral exploration projects on fertilizer minerals (Potash-5 and Glaucinite-8) in 2024-25 and 08 exploration projects in 2025-26. Cumulative ore resource augmented by GSI since MMDR Amendment Act, 2015 for potash is 435.7 million tonne and 1107.1 million tonnes for glaucinite across the country

at different average grades. To support the Government of India's auction regime, GSI has significantly contributed through its exploration outcomes. Since Amendments to the MMDR Acts, 2015, GSI has handed over 22 resource bearing G2/G3 geological reports for potash (11) and glauconite (11) and 13 Geological Memorandum for potash (8) and glauconite (5) to the Central Government / concerned State governments for consideration in the auctioning process.

Further, the Government is promoting Potassium Derived from Molasses (PDM) which is a by-product of sugar industry having minimum 14.5% potash and can be used by farmers in field as an alternative to MOP (Muriate of Potash with 60% potash content). Thus, PDM can reduce the dependence on imported potash. PDM was notified under Fertilizer Control Order (1985) in 2009, and in order to incentivize the use of PDM, it was inducted under Nutrient Based Subsidy scheme since Rabi, 2021. During Rabi 2025-26, Rs. 345 per tonne of subsidy has been fixed for PDM.

(b): Chemical sector is broadly de-regulated and delicensed sector. The manufacturing, import, export, transportation etc. of Ammonium Nitrate are being regulated by Ammonium Nitrate Rules, 2012. Petroleum and Explosives Safety Organisation (PESO) issues licenses for manufacture, storage, transportation, import and export of Ammonium Nitrate under these rules. The licenses for manufacturing of Ammonium Nitrate are issued based on Industrial Licenses issued by Department of Promotion of Industry & Internal Trade

(DPIIT).

(c): In Budget 2024-25, Basic Custom Duty (BCD) on Ammonium Nitrate has been increased from 7.5% to 10% to support existing and new capacities in pipeline. Directorate General of Trade Remedies (DGTR), Department of Commerce provides a level playing platform to the domestic industry against the adverse impact of the unfair trade practices viz. dumping, actionable subsidies, circumvention etc. from any exporting country by using effective Trade Remedial measures such as anti-dumping and safeguard measures.

(d) and (e): Indian Council of Agricultural Research (ICAR) has informed that green fertilizers (green manures) are crops grown and incorporated into the soil to improve soil fertility and health. Leguminous green manure crops such as sunhemp, dhaincha, and cowpea can add about 20–30 kg nitrogen per hectare to the soil through biological nitrogen fixation, and their decomposing biomass helps increase soil organic carbon and microbial activity, thereby improving soil structure and water-holding capacity. In green manuring, fresh green plants are ploughed into the soil, whereas brown manuring involves killing the standing cover crop and leaving the dried biomass on the soil surface as mulch. In India, the Indian Council of Agricultural Research (ICAR) conducts research on packages of practices, develops improved varieties of green manure crops, and studies how to integrate them effectively in different cropping systems. ICAR also promotes farmer training, seed production, and distribution of green manure seeds to increase adoption and support sustainable soil fertility management.

With regard to insecticides, the Registration Committee (RC), a statutory body under section 5 of the Insecticides Act, 1968-registers pesticides for use in the country after ensuring their safety and efficacy. In order to promote biopesticides, simplified guidelines have been formulated for their registration. The registration fee for bio-pesticides has been kept minimal compared to that for chemical pesticides in order to encourage their development and use.

Further, provisional registrations for a period of two years along with permission for commercialization are granted to facilitate the availability and wider adoption of new bio-pesticides, thereby promoting the use of safer and environmentally sustainable pest management options in agriculture.

AYUSH HEALTH AND WELLNESS CENTRES IN MAHARASHTRA

3499. SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

SHRI SANJAY DINA PATIL:

SHRI BHASKAR MURLIDHAR BHAGARE:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government is implementing any standardized, evidence-based AYUSH protocols for the prevention and management of cardiovascular diseases such as hypertension, ischemic heart disease and dyslipidaemia in AYUSH Health and Wellness Centres in Maharashtra and if so, the details thereof;
 - (b) the details and the number of AYUSH facilities co-located with Primary
-

Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals in Maharashtra that are providing cardio-preventive services, district-wise along with the outcomes achieved in terms of early screening and risk reduction;

- (c) the manner in which AYUSH doctors in the State are being utilised for community-based cardiovascular health promotion, including yoga-based interventions and preventive counselling; and
- (d) whether the Government has conducted or proposes to conduct any independent evaluation of AYUSH-based cardiovascular interventions in the State to assess clinical outcomes, cost-effectiveness and patient safety and if so, the details and timeline thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): Under the Centrally Sponsored Scheme of National Ayush Mission (NAM), Ministry of Ayush has operationalised 12500 Ayushman Arogya Mandir (Ayush) [AAM (Ayush)] in different parts of the country including 390 Units in Maharashtra as per the proposals received from State/UT Governments through State Annual Action Plan (SAAPs). These AAM (Ayush) are providing holistic wellness model to the community based on Ayush principles and practices including Yoga focusing on preventive, promotive, curative, rehabilitative healthcare for different common ailments including Non-Communicable Disease

(NCDs) like hypertension, diabetes and dyslipidaemia.

Further, Ayush vertical under Directorate General of Health Services (DGHS) in collaboration with the Central Health Education Bureau (CHEB) conducted the Modular Training Programme for Master Trainers from States and UTs in October 2025 to support nationwide implementation after release of Standard Treatment Guidelines (STGs) on Metabolic Disorders including NCDs. A total of 152 participants from 36 States and Union Territories were trained, forming the national resource pool for the State-level cascading training programme to support standardized interpretation and rollout of the STGs across Ayush healthcare facilities including AAM (Ayush).

(b): As reported State Government of Maharashtra Ayush facilities are functioning in 23 District Hospitals (DH), 08 Women Hospitals (WH), 77 Sub District Hospitals (SDH) and 153 Rural Hospitals (RH) which are providing healthcare services to the community for different common ailments including NCDs. The District-wise details of Ayush facilities are given in the enclosed **Statement.**

(c): As informed by State Government of Maharashtra, Ayush Medical Officers/CHOs at AAM (Ayush), Integrated Ayush Hospitals and Ayush collocated facilities-District Hospital, Women's Hospital, Sub District Hospital and Rural Hospital in Maharashtra are advising life style changes corrections along with Ayurvedokta Dietetics and other counselling. Moreover, Yoga Instructors are conducting Yoga Sessions as per International Day of Yoga

protocol. Community-based activities on cardiovascular health through lifestyle modification, yoga-based practices, and awareness programmes aimed at reducing risk factors such as Stress, Hypertension and Obesity are conducted through AAM (Ayush). They are also providing counselling on healthy diet, regular physical activity, and stress management techniques to support heart health.

(d): Public Health being State subject, conducting independent evaluation of Ayush-based disease interventions to assess clinical outcomes, cost-effectiveness and patient safety comes under the purview of State Government.

STATEMENT

District-wise status of Ayush facilities in Maharashtra						
Sl. No	District	DH	WH	SDH	RH	Total
1	Ahilyanagar	1	0	2	5	8
2	Akola	0	1	1	2	4
3	Amravati	1	1	4	4	10
4	Beed	1	1	4	4	10
5	Bhandara	1	0	2	2	5
6	Buldhana	1	0	3	9	13
7	Chandrapur	1	0	4	5	10
8	Chh Sambhaji Nagar	0	0	3	2	5
9	Dharashiv	1	0	2	4	7
10	Dhule	0	0	2	4	6
11	Gadchiroli	1	0	2	4	7
12	Gondia	1	1	1	4	7
13	Hingoli	1	0	1	1	3
14	Jalgaon	1	0	3	4	8

15	Jalna	1	1	1	5	8
16	Kolhapur	0	0	4	10	14
17	Latur	0	1	2	6	9
18	Nagpur	0	1	2	5	8
19	Nanded	0	0	4	8	12
20	Nandurbar	1	0	1	2	4
21	Nashik	1	0	7	5	13
22	Palghar	0	0	3	4	7
23	Parbhani	1	0	2	5	8
24	Pune	1	0	3	9	13
25	Raigad	1	0	3	5	9
26	Ratnagiri	1	0	2	4	7
27	Sangli	0	0	2	5	7
28	Satara	1	0	2	0	3
29	Sindhudrug	1	0	2	2	5
30	Solapur	0	0	3	6	9
31	Thane	1	1	1	2	5
32	Wardha	1	0	2	1	4
33	Washim	1	0	0	2	3
34	Yavatmal	0	0	4	6	10
Total		23	08	84	146	261

एओजीयूएसवाई के अंतर्गत जीएमपी और एनएबीएल द्वारा प्रत्यापन

3500. श्री जसवंतसिंह सुमनभाई भाभोर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार द्वारा गुजरात में दाहोद संसदीय निर्वाचन क्षेत्र सहित आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) के अंतर्गत अच्छी विनिर्माण परिपाटियों और राष्ट्रीय परीक्षण और अंशशोधन प्रयोगशाला प्रत्यायन बोर्ड (एनएबीएल) द्वारा आयुष

विनिर्माण इकाइयों को प्रत्यापन प्रदान करने के लिए कोई विशेष सहायता प्रदान की गई है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ने जनजातीय आबादी वाले क्षेत्रों में आयुष औषधियों के लिए गुणवत्ता नियंत्रण प्रयोगशालाओं की स्थापना/सुदृढीकरण हेतु किसी विशेष पैकेज को स्वीकृति दी है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) सरकार द्वारा अब तक देश में गुजरात सहित राज्य/संघ राज्यक्षेत्र-वार स्वीकृत/जारी की गई कुल निधि का ब्यौरा क्या है और इस संबंध में लाभान्वित इकाइयों की संख्या कितनी है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) और (ख): आयुष मंत्रालय वर्ष 2021-22 से पांच वर्षों के लिए 122.00 करोड़ रुपये के कुल बजट परिव्यय के साथ केंद्रीय क्षेत्र योजना आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) का कार्यान्वयन कर रहा है। अब तक, इस योजना के तहत देशभर में 18 आयुर्वेद, सिद्ध, यूनानी और होम्योपैथी (एएसयू एंड एच) फार्मेशियों और 7 एएसयू एंड एच औषधि परीक्षण प्रयोगशालाओं (डीटीएल) को वित्तीय सहायता प्रदान की गई है। इन फार्मेशियों और डीटीएल को अनुदान सहायता के रूप में 40.13 करोड़ रुपये की राशि स्वीकृत की गई है। एओजीयूएसवाई योजना के घटक इस प्रकार हैं:-

- i. उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन करना।
 - ii. भ्रामक विज्ञापनों की निगरानी सहित एएसयू एंड एच दवाओं की भेषजसतर्कता।
 - iii. आयुष औषधियों के लिए तकनीकी मानव संसाधन एवं क्षमता निर्माण कार्यक्रमों सहित केंद्रीय और राज्य नियामक ढाँचों का सुदृढीकरण करना।
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- iv. भारतीय मानक ब्यूरो (बीआईएस), भारतीय गुणवत्ता नियंत्रण ब्यूरो (क्यूसीआई) और अन्य संबंधित वैज्ञानिक संस्थानों एवं औद्योगिक अनुसंधान एवं विकास केंद्रों के सहयोग से आयुष उत्पादों एवं सामग्रियों के मानकों के विकास एवं प्रत्यायन प्रमाणीकरण के लिए सहायता प्रदान/करना।

(ग) और (घ): एओजीयूएसवाई योजना पूरे देश में कार्यान्वित की जा रही है। हालाँकि, जनजातीय बहुल क्षेत्रों में आयुष औषधियों के लिए गुणवत्ता नियंत्रण प्रयोगशालाओं की स्थापना/सुदृढीकरण हेतु कोई विशेष पैकेज नहीं है। एओजीयूएसवाई योजना के तहत एएसयू एंड एच फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं (डीटीएल) के उन्नयन के लिए अब तक जारी की गई धनराशि का गुजरात सहित राज्य-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

आयुर्वेद, सिद्ध, यूनानी और होम्योपैथी (एएसयूएंडएच) फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं (डीटीएल) के उन्नयन के लिए एओजीयूएसवाई योजना के तहत अब तक जारी की गई धनराशि का गुजरात सहित राज्यवार विवरण निम्न प्रकार है:-

क्र. सं.	वित्त वर्ष	राज्य	घटक	फार्मसी/डी टीएल	विवरण	जारी की गई राशि
1	2021-22	मिजोरम	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का	डीटीएल	मिजोरम राज्य सरकार	18,00,000

			सुदृढीकरण और उन्नयन			
2	2022- 23	महाराष्ट्र	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मेसी	इंदुकेयर फार्मा प्राइवेट लिमिटेड पुणे	3,00,00,00 0
3		महाराष्ट्र		फार्मेसी	आयुर्केम प्राइवेट लिमिटेड महाराष्ट्र	2,69,00,00 0
4		महाराष्ट्र		फार्मेसी	फाइटोवेदिक इंडिया प्रा. लिमिटेड महाराष्ट्र	2,14,61,00 0
5		केरल		फार्मेसी	विशेष आयुर्वेदिक प्रा. लिमिटेड फार्मेसी केरल	1,91,56,00 0
6		उत्तर प्रदेश		फार्मेसी	अमर फार्मास्यूटिकल्स एंड लैब्स (I) प्रा. लिमिटेड यू.पी.	1,43,43,00 0
7		उत्तर प्रदेश		डीटीएल	अमर फार्मास्यूटिकल्स एंड लैब्स (I) प्रा. लिमिटेड यू.पी. (डीटीएल)	77,67,000
8		मध्य प्रदेश		फार्मेसी	श्री बैद्यनाथ आयुर्वेद भवन प्रा. लिमिटेड, मध्य प्रदेश	2,08,92,00 0
9		केरल		फार्मेसी	कोल्लम जिला आयुर्वेद औषध निर्माण व्यवसाय सहकारी समिति लिमिटेड, केरल	64,29,000

10	2023-24	त्रिपुरा	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	त्रिपुरा राज्य सरकार	76,68,000
11		मध्य प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	श्री बैद्यनाथ आयुर्वेद भवन प्रा. लिमिटेड, मध्य प्रदेश	91,08,000
12		जम्मू एवं कश्मीर	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं	डीटीएल	जम्मू-कश्मीर राज्य सरकार	86,29,500

			का सुदृढ़ीकरण और उन्नयन			
13		केरल	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं	फार्मसी	सीताराम आयुर्वेद प्रा. लिमिटेड, त्रिशूर, केरल	50,00,000
14		केरल		फार्मसी	पंकजकस्तूरी हर्बल्स इंडिया प्राइवेट लिमिटेड, पूवाचल, केरल	50,00,000
15		राजस्थान	का सुदृढ़ीकरण और उन्नयन	फार्मसी	बीजैन फार्मास्युटिकल्स प्राइवेट लिमिटेड, अलवर, राजस्थान	50,00,000
16		असम		फार्मसी	असम आयुर्वेदिक प्रोडक्ट्स, गुवाहाटी, असम (पीएसयू)	45,59,519
17		जम्मू एवं कश्मीर		फार्मसी	सरकारी फार्मसी, जम्मू और कश्मीर	1,05,00,00 0
18		गुजरात		फार्मसी	राज्य फार्मसी, राजपीपला, गुजरात	44,20,248
19		मिजोरम		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	67,20,884

20		तमिलनाडु		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, तमिलनाडु	20,00,000
21		अरुणाचल प्रदेश		फार्मसी	राज्य फार्मसी, अरुणाचल प्रदेश	67,02,164
22		अरुणाचल प्रदेश		डीटीएल	राज्य औषधि परीक्षण प्रयोगशाला, अरुणाचल प्रदेश	17,99,813
23	2024-25	अरुणाचल प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	राज्य फार्मसी, अरुणाचल प्रदेश	70,42,077
24		अरुणाचल प्रदेश		डीटीएल	राज्य औषधि परीक्षण प्रयोगशाला, अरुणाचल प्रदेश	17,24,400
25		केरल		फार्मसी	पंकजकस्तूरी हर्बल्स इंडिया प्राइवेट लिमिटेड, पूवाचल, केरल	44,32,807
26		तमिलनाडु		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, तमिलनाडु	51,00,000
27		राजस्थान	फार्मसियों और औषधि परीक्षण प्रयोगशालाओं	फार्मसी	बी जैन फार्मास्युटिकल्स प्राइवेट लिमिटेड, अलवर, राजस्थान	1,44,54,189

28		मिजोरम	का सुदृढीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	39,40,500
29		तमिलनाडु		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, तमिलनाडु	41,57,062
30		गुजरात		फार्मसी	राज्य फार्मसी, राजपीपला, गुजरात	2,00,00,00 0
31		मिजोरम	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	18,00,000
32		तमिलनाडु	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मसियों और औषधि परीक्षण प्रयोगशालाओं का	फार्मसी	राज्य सरकार फार्मसी, तमिलनाडु औषधीय पादप फार्म एंड हर्बल मेडिसिन कॉर्पोरेशन लिमिटेड (टीएएमपीसीओएल), तमिलनाडु	45,00,000

			सुदृढीकरण और उन्नयन			
33		अरुणाचल प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	राज्य फार्मसी, अरुणाचल प्रदेश	31,08,000
34	2025- 26	पंजाब	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	श्री धन्वंतरि हर्बल्स प्रा. लिमिटेड	2,85,00,00 0
35		केरल	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों	फार्मसी	सीताराम आयुर्वेद प्रा. लिमिटेड, त्रिशूर, केरल।	2,50,00,00 0

			और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन			
36		अरुणाचल प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	राज्य फार्मसी, अरुणाचल प्रदेश	35,94,164
37		अरुणाचल प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	राज्य औषधि परीक्षण प्रयोगशाला, अरुणाचल प्रदेश	17,99,813

38		मिजोरम	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	18,00,000
39		केरल	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	फार्मास्युटिकल कॉर्पोरेशन (आईएम) केरल लिमिटेड, कुट्टानेल्लूर पी.ओ. त्रिशूर	2,78,01,008
40		मध्य प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं	फार्मसी	राज्य सरकार फार्मसी, ग्वालियर	91,49,799

			का सुदृढीकरण और उन्नयन			
41		मध्य प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मध्य प्रदेश	75,83,262
					कुल	40,13,43,20 9 (अर्थात् 40.13 करोड़ रु.)

PENDENCY OF CASES IN COURTS

3501. SUSHRI S. JOTHIMANI:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the current number of the pending cases in the Supreme Court, various High Courts and District and Subordinate Courts, State-wise and category-wise;
- (b) the total number of sanctioned versus vacant judicial positions in the Supreme Court and each High Court, as well as in the subordinate judiciary
-

- and the average time taken to make appointments;
- (c) whether delays in judicial appointments and transfers have contributed to pendency of cases and if so, the steps being taken to streamline the appointment process;
- (d) the present status of judicial infrastructure in High Courts and District Courts, including digitalisation, courtroom availability and basic facilities; and
- (e) whether the Government has proposed or approved any expansion of Fast Track Courts or specialized courts, particularly for cases relating to women, children and vulnerable groups and if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

- (a): The current number of pending cases in the Supreme Court, High Courts and District and Subordinate Courts, State-wise and category wise are given in the enclosed **Statement-I and II**.
- (b) and (c): The total number of sanctioned versus vacant judicial positions in the Supreme Court and each High Court, as well as in the subordinate judiciary are given in the enclosed **Statement-III and IV**.

Pendency of cases in courts arise due to several factors which inter alia, include complexity of the facts involved, nature of evidence, co-operation of stakeholders, viz., bar, investigation agencies, witness and litigants, besides the availability of physical infrastructure, supporting court staff, etc.

Appointment of Judges of the Supreme Court and High Courts is made under Articles 124, 217 and 224 of the Constitution of India and according to the procedure laid down in the Memorandum of Procedure (MoP) prepared in 1998 pursuant to the Supreme Court Judgment of October 6, 1993 (Second Judges case) read with their Advisory Opinion of October 28, 1998 (Third Judges case). As per the MoP, the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court, in consultation with two senior-most puisne Judges of the High Court.

Filling up of the vacancy in the higher Judiciary is a continuous, integrated and collaborative process between the executive and the judiciary. It requires consultation and approval from various Constitutional Authorities both at State and Central level which are obtained in accordance with the MoP. The recommendations also have to be considered in the light of such other reports as may be available to the Government in respect of the names under consideration. The recommendations of the High Court Collegium, the State Governments and the Government of India are then forwarded to the Supreme Court Collegium (SCC) for advice. Only those persons whose names have been recommended by the SCC are appointed as Judges of the High Courts.

Further, filling up of vacant positions of the judicial officers in District and Subordinate courts is the responsibility of the High Courts and State

Governments concerned. As per the Constitutional framework, in exercise of powers conferred under the proviso to Article 309 read with Articles 233 and 234 of the Constitution, the respective State Government, in consultation with the High Court, frames the rules and regulations regarding the appointment and recruitment of Judicial Officers. The Hon'ble Supreme Court vide order passed in January 2007 in the Malik Mazhar Sultan case, has inter-alia stipulated certain timelines, which are to be followed by the States and the respective High Courts for recruitment of judges in District and Subordinate Courts.

(d): The primary responsibility for the development of infrastructure facilities for District and Subordinate Courts in the States/UTs, rests with the State/UT Governments. However, to augment the resources of the State /UT Governments, the Union Government has been implementing a Centrally Sponsored Scheme for the Development of Infrastructure Facilities for District and Subordinate Courts by providing financial assistance to the State/UT Governments in the prescribed fund sharing between Center and States since 1993-94. As on 28.02.2026, there are 22,712 Court Halls and 20,052 Residential Units available in District and Subordinate Courts. The Phase-III of the eCourts Project (2023-2027) approved on 13.09.2023 with an outlay of Rs.7,210 crore to make justice delivery progressively more robust, easy and accessible. Till date, 660.36 crores pages of court records have been digitized in the High Courts and District Courts. More than 3.97 crore hearings have taken place through Video conferencing and live streaming is functional in several High

Courts. The number of e Sewa Kendras (facilitation centres) has increased to 2,444 across High Courts and District Courts.

(e): Under the Centrally Sponsored Scheme namely Fast Track Special Courts (FTSCs) Scheme, 774 Fast Track Special Courts (FTSCs) including 398 exclusive POCSO (ePOCSO) Courts are functional across 29 States/UTs for the expeditious disposal of pending cases of Rape and POCSO Act, and have collectively disposed of 3,66,124 cases since their inception, as on 31.12.2025.

The financial outlay under the scheme is Rs. 1952.23 crore with Rs. 1207.24 crore as Central Share to be incurred from Nirbhaya Fund on the CSS pattern.

The Central Government, as on 02.03.2026, has released a total amount of Rs. 1,210.92 crore to States/UTs for the operationalization of FTSCs since the inception of the Scheme in 2019.

STATEMENT-I

Pendency of cases in Supreme Court of India and High Courts, category-wise				
		Civil	Criminal	Total
Supreme Court of India		73,056	19,699	92,755
S. No.	Name of High Court			
1	Allahabad High Court	6,17,265	5,76,081	11,93,346
2	Bombay High Court	5,46,634	1,15,416	6,62,050
3	Calcutta High Court	172454	32179	204633
4	Gauhati High Court	47,555	16,954	64,509
5	High Court for State of Telangana	2,04,131	32,376	2,36,507
6	High Court of Andhra Pradesh	2,06,581	42,278	2,48,859
7	High Court Of Chhattisgarh	52,888	22,463	75,351
8	High Court of Delhi	93,069	32,893	1,25,962
9	High Court of Gujarat	1,16,691	57,849	1,74,540
10	High Court of Himachal Pradesh	90,576	13,542	1,04,118

11	High Court of Jammu and Kashmir	33,869	9,321	43,190
12	High Court of Jharkhand	32,269	40,890	73,159
13	High Court of Karnataka	2,74,093	57,016	3,31,109
14	High Court of Kerala	2,00,587	47,131	2,47,718
15	High Court of Madhya Pradesh	2,83,994	1,94,767	4,78,761
16	High Court of Manipur	51,40	891	6,031
17	High Court of Meghalaya	1,351	432	1,783
18	High Court of Punjab and Haryana	2,55,401	1,65,653	4,21,054
19	High Court of Rajasthan	4,79,427	1,92,415	6,71,842
20	High Court of Sikkim	208	88	296
21	High Court of Tripura	1,106	283	1,389
22	High Court of Uttarakhand	33,735	27,092	60,827
23	Madras High Court	4,77,589	75,555	5,53,144
24	Orissa High Court	1,22,040	41,487	1,63,527
25	Patna High Court	1,14,535	1,03,100	2,17,635
	Total	44,63,188	18,98,152	63,61,340

Source: National Judicial Data Grid as on 09-03-2026

STATEMENT-II

Pendency of cases in District & Subordinate Courts, state-wise and category-wise				
Sr No.	State	Civil	Criminal	Total
1	Andaman and Nicobar	4,031	4,501	8,532
2	Andhra Pradesh	4,36,522	5,11,287	9,47,809
3	Arunachal Pradesh	3,621	12,145	15,766
4	Assam	1,13,792	4,63,784	5,77,576
5	Bihar	5,38,592	31,77,552	37,16,144
6	Chandigarh	22,839	78,400	1,01,239
7	Chhattisgarh	87,413	4,03,750	4,91,163
8	Delhi	2,17,341	13,83,042	16,00,383
9	Goa	28,169	33,820	61,989
10	Gujarat	3,25,786	16,41,937	19,67,723

11	Haryana	4,27,948	11,12,559	15,40,507
12	Himachal Pradesh	1,78,567	4,43,609	6,22,176
13	Jammu and Kashmir	1,19,520	2,32,165	3,51,685
14	Jharkhand	96,274	4,74,955	5,71,229
15	Karnataka	10,56,085	13,34,144	23,90,229
16	Kerala	5,41,843	12,59,672	18,01,515
17	Ladakh	789	842	1,631
18	Lakshadweep	151	406	557
19	Madhya Pradesh	4,26,046	16,91,148	21,17,194
20	Maharashtra	17,66,653	43,10,083	6,076,736
21	Manipur	9,157	4,938	14,095
22	Meghalaya	4,917	4,917	16,671
23	Mizoram	4,028	3,319	7,347
24	Nagaland	1,043	2,876	3,919
25	Odisha	2,69,938	15,47,258	18,17,196
26	Puducherry	11,757	24,657	36,414
27	Punjab	3,63,976	6,08,245	9,72,221
28	Rajasthan	5,14,668	21,62,933	26,77,601
29	Sikkim	933	1,339	2,272
30	Tamil Nadu	7,04,363	10,64,754	17,69,117
31	Telangana	3,39,582	6,51,905	9,91,487
32	The Dadra And Nagar Haveli And Daman And Diu	3,681	4,702	8,383
33	Tripura	13,524	52,082	65,606
34	Uttar Pradesh	18,43,158	1,01,61,311	1,20,04,469
35	Uttarakhand	48,932	262101	31,1033
36	West Bengal	6,42,234	32,60,381	39,02,615
	Total	11,167,873	38,387,519	49,562,229

Source: National Judicial Data Grid as on 09-03-2026

STATEMENT-III

**Total number of sanctioned versus vacant judicial positions in the
Supreme Court and High Courts**

		SANCTIONED STRENGTH	WORKING STRENGTH	VACANCIES
A.	Supreme Court	34	33	1
B.	High Court			
1	Allahabad	160	109	51
2	Andhra Pradesh	37	33	4
3	Bombay	94	80	14
4	Calcutta	72	43	29
5	Chhattisgarh	22	15	7
6	Delhi	60	44	16
7	Gauhati	30	25	5
8	Gujarat	52	35	17
9	Himachal Pradesh	17	12	5
10	J & K and Ladakh	25	14	11
11	Jharkhand	25	14	11
12	Karnataka	62	46	16
13	Kerala	47	40	7
14	Madhya Pradesh	53	42	11
15	Madras	75	52	23
16	Manipur	5	3	2
17	Meghalaya	4	4	0
18	Orissa	33	19	14
19	Patna	53	38	15

20	Punjab & Haryana	85	61	24
21	Rajasthan	50	39	11
22	Sikkim	3	3	0
23	Telangana	42	28	14
24	Tripura	5	4	1
25	Uttarakhand	11	10	1
	Total	1122	813	309

STATEMENT-IV

**Total number of sanctioned versus vacant judicial positions in
Subordinate Judiciary**

SL. NO.	STATES & UTs	TOTAL SANCTIONED STRENGTH	TOTAL WORKING STRENGTH	TOTAL VACANCY
1.	Andhra Pradesh	643	572	71
2.	Arunachal Pradesh	53	39	14
3.	Assam	485	461	24
4.	Bihar	2025	1665	360
5.	Chandigarh	30	28	2
6.	Chhattisgarh	663	465	198
7.	D & N Haveli	3	2	1
8.	Daman & Diu	4	4	0
9.	Delhi	897	838	59
10.	Goa	50	40	10
11.	Gujarat	1720	1185	535
12.	Haryana	781	643	138
13.	Himachal Pradesh	188	173	15
14.	Jammu and Kashmir	322	270	52
15.	Jharkhand	707	496	211
16.	Karnataka	1395	1129	266

17.	Kerala	611	577	34
18.	Ladakh	17	9	8
19.	Lakshadweep	4	4	0
20.	Madhya Pradesh	2028	1638	390
21.	Maharashtra	2190	1940	250
22.	Manipur	62	49	13
23.	Meghalaya	99	57	42
24.	Mizoram	74	45	29
25.	Nagaland	34	24	10
26.	Odisha	1044	861	183
27.	Puducherry	38	26	12
28.	Punjab	812	699	113
29.	Rajasthan	1698	1489	209
30.	Sikkim	35	23	12
31.	Tamil Nadu	1386	1235	151
32.	Telangana	560	445	115
33.	Tripura	133	119	14
34.	Uttar Pradesh	3700	2631	1069
35.	Uttarakhand	298	270	28
36.	West Bengal and Andaman & Nicobar	1105	863	242
TOTAL		25,894	21,026	4,868

Source: Nyaya Vikas 2.0 Portal

ESTABLISHMENT OF QUALITY TESTING FACILITIES

3502. SHRI MADDILA GURUMOORTHY:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) whether the Government is aware of the growing concerns among the

farming community regarding the quality and adulteration of pesticides and fertilizers being used for various crops, if so, the details thereof;

(b) whether it is a fact that fertilizers with similar chemical composition are sold under multiple trade names with widely varying prices, leading to confusion and exploitation of farmers, if so, the details thereof;

(c) whether the Government proposes to regulate such trade practices and ensure uniformity and transparency in branding and pricing of fertilizers and pesticides, if so, the details thereof;

(d) whether the Government proposes to establish fertilizer quality testing laboratories in the country, State-wise, including a dedicated facility in Tirupati district, Andhra Pradesh; and

(e) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (c): The manufacture, import, storage, sale, distribution and use of pesticides are regulated by the Insecticides Act, 1968 and the Insecticides Rules, 1971 made thereunder, which are being administered by the Department of Agriculture & Farmers Welfare through Central Insecticide Board and Registration Committee (CIB&RC). The CIB&RC registers pesticides for use in the country only after ensuring their safety and efficacy. This ensures safe and effective pesticides are available to farmers under the provision of the

said Act. CIB&RC, while registering the pesticides stipulates that details of doses, crops, precautionary measures, antidotes etc. may be given on label and leaflets. The existing regulatory framework under Insecticides Act provides a systematic mechanism for evaluation and registration of pesticides in the country. Further, the Act also includes enforcement provisions.

In order to ensure supply of quality fertilizers, the Department of Agriculture & Farmers Welfare under Ministry of Agriculture & Farmers Welfare is administering the Fertilizer (Inorganic, Organic or Mixed) Control Order (FCO), 1985 under the Essential Commodities Act, 1955. The FCO strictly prohibits the manufacture/sale of fertilizer which are not of prescribed standards. The FCO also regulates pricing of fertilizers to ensure equitable distribution and availability at fair prices to farmers. In addition, the FCO also includes enforcement provisions.

Further, the Government of India has implemented One Nation One Fertilizers (ONOF) scheme vide notification dated 24th August, 2022 by introducing Single Bharat brand and logo for fertilizers. The scheme is a part of “Pradhan Mantri Bhartiya Janurvarak Pariyojna” which is an umbrella scheme for fertilizers subsidy. The objective of ONOF is to ensure that there is no confusion amongst farmers with respect to different brands for the same fertilizer. Presently, all the fertilizers such as Urea, Diammonium Phosphate, Muriate of Potash & NPK, are dispatched under the Bharat brand.

(d) and (e): To ensure quality of fertilizers in the country, at present, there are 84 Fertilizer Quality Control Laboratories notified by Central and State governments, under the FCO. Out of these, 4 laboratories are under control of Central Government. These are Central Fertilizer Quality Control & Training Institute, located at Faridabad, Haryana; Navi Mumbai, Maharashtra; Chennai, Tamil Nadu and Kalyani, West Bengal. The remaining 80 laboratories are under the control of different State Governments. In case of Andhra Pradesh, the State Government has notified Fertilizer Quality Control Laboratories at Anantpur, Bapatla and Tadepalligudam.

CASES OF CHRONIC OBSTRUCTIVE PULMONARY DISEASES

3503. DR. RANI SRIKUMAR:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has assessed the current prevalence, mortality burden and trends of Chronic Obstructive Pulmonary Disease (COPD) in the country and if so, details thereof, State-wise;
 - (b) whether factors such as tobacco use, indoor air pollution from biomass fuel, outdoor pollution, occupational exposure and post-COVID complications have contributed towards rising incidence of such diseases, if so, the details thereof;
 - (c) whether adequate infrastructure for COPD management including diagnostic facilities such as spirometry, pulmonary rehabilitation services, availability of
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essential inhalers/medicines and oxygen support is ensured at primary, secondary and tertiary healthcare levels across the country, if so, the details thereof;

(d) the steps taken/proposed to be taken by the Government to strengthen early detection, community-level screening, public awareness, prevention strategies and training of healthcare workers for effective management of COPD; and

(e) the details of programmes, guidelines, budgetary support and targets set by the Government to reduce COPD-related morbidity, mortality and financial burden on patients and families?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): Health being a State subject, the primary responsibility of providing healthcare services is that of the State Governments. However, the Ministry of Health and Family Welfare provides financial and technical support to States/Union Territories under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) under the National Health Mission (NHM) for strengthening healthcare systems as per the state program implementation plan (PIP) based on the gap assessment undertaken by State/UT. The program strengthens infrastructure, human resources, early diagnosis, referral, treatment, and health promotion for NCDs, including cancer.

Under NP-NCD, 770 District NCD Clinics, 233 Cardiac Care Units, 364 District Day Care Centres, and 6,410 NCD clinics at CHCs have been set up.

Recognising the increasing burden of Non-Communicable Diseases (NCDs), the Government has included Chronic Obstructive Pulmonary Disease (COPD) among priority conditions under the NP-NCD. Various risk factors such as tobacco use, air pollution including indoor pollution from biomass fuel, allergens, occupational exposure, unhealthy diet, physical inactivity and obesity contribute to the development of COPD.

Further, a population-based initiative for screening and prevention of common NCDs has been rolled out under Comprehensive Primary Health Care wherein individuals aged 30 years and above are screened. Screening and preventive services are delivered through Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), Community Health Centres and District Hospitals. ASHAs conduct risk assessment using the Community Based Assessment Checklist (CBAC) and refer high-risk individuals for further screening and management.

Preventive and promotive aspects are strengthened through Ayushman Arogya Mandirs, which promote wellness activities, lifestyle modification and targeted communication at community level. Public awareness on NCD prevention and healthy lifestyle is promoted through observance of national and international health days and through print, electronic and social media campaigns. Initiatives such as promotion of healthy diet by the Food Safety and

Standards Authority of India (FSSAI), the Fit India Movement by the Ministry of Youth Affairs and Sports, and yoga-related activities by the Ministry of AYUSH also contribute towards prevention of NCDs including COPD.

In addition, a Technical Expert Group under the Directorate General of Health Services (DGHS) provides guidance on COPD protocols and supports capacity-building of healthcare providers under NP-NCD. DGHS also conducts regular webinars and training programmes for State and District NCD teams to strengthen clinical management and programme implementation.

INSTITUTES OF TEACHING AND RESEARCH IN AYURVEDA

3504. SHRI KARAN BHUSHAN SINGH:

Will the Minister of **AYUSH** be pleased to state:

- (a) the details of the aims, objectives and institutional mandate of the Institute of Teaching and Research in Ayurveda (ITRA), an Institute of National Importance and its present status as the only such Institute located in Jamnagar, Gujarat;
 - (b) whether the Government proposes to establish additional ITRA-type institutes or zone-wise Ayurveda teaching and training centres for regions such as North, South and North-East India to ensure balanced regional access and if so, the details thereof;
 - (c) whether Uttar Pradesh, particularly Eastern Uttar Pradesh including Gonda, Bahraich and Kaiserganj are being considered for such a facility and if so,
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the details thereof; and

- (d) the roadmap, funding pattern and timeline for expansion of advanced Ayurveda teaching and research infrastructure across the country, State/UT-wise?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): The Institute of Teaching and Research in Ayurveda Act was enacted on 22nd September 2020 with the aim of providing for the establishment of an Institute of Teaching and Research in Ayurveda and declaring it an Institution of National Importance for the promotion of quality and excellence in education, research, and training in Ayurveda and allied disciplines, and for matters connected therewith or incidental thereto.

As per the Section (12) of ITRA Act, 2020 the objectives of the Institute shall be—

- (i) to develop patterns of teaching in undergraduate and postgraduate medical education in Ayurveda and Pharmacy so as to demonstrate a high standard of such medical education to all medical colleges and other allied institutions of Ayurveda in India;
 - (ii) to bring together in one place educational facilities of the highest order for the training of personnel in all important branches of Ayurveda including Pharmacy
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(iii) to attain self-sufficiency in postgraduate education to meet the country's needs for specialists and medical teachers in Ayurveda;

(iv) to make an in-depth study and research in the field of Ayurveda.

Further, as per the Section (13) of ITRA Act, 2020, ITRA is mandated to:-

(i) provide for undergraduate and postgraduate teaching in Ayurveda, including Pharmacy;

(ii) provide facilities for research in the various branches of Ayurveda including Pharmacy;

(iii) prescribe courses and curricula for both undergraduate and postgraduate studies in Ayurveda including Pharmacy;

(b) to (d): At present no such proposal is under consideration.

JANANI SURAKSHA YOJANA IN TAMIL NADU

3505. SHRI MALAIYARASAN D.:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the current status of the Janani Suraksha Yojana (JSY) in Tamil Nadu, including the number of beneficiaries under the scheme during the last three years, district-wise;

(b) the total amount of funds allocated, released and utilised for JSY in the said State during the same period;

(c) the number of institutional deliveries facilitated under JSY in the said State and whether any shortfall has been reported in rural areas, if so, the details

thereof;

(d) the measures taken by the Government to ensure that timely cash assistance reaches eligible pregnant women, especially in remote and underserved areas of the country; and

(e) the steps taken by the Government to ensure equitable access to maternal healthcare services for marginalised and vulnerable populations in the State?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): The status of the Janani Suraksha Yojana (JSY) as received from the State of Tamil Nadu under the scheme during the last three years, district-wise are given in the enclosed **Statement-I**.

(b): Under National Health Mission (NHM), the funds allocation for the Janani Suraksha Yojana (JSY) is done as part of the Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission. Details of approvals and expenditure under JSY during the last three financial years as received from the State of Tamil Nadu are given in the enclosed **Statement-II**.

(c): The details of the number of institutional deliveries under JSY including for the rural area as received from the State of Tamil Nadu are given in the enclosed **Statement-III**.

(d): To ensure that timely disbursement of cash assistance to eligible pregnant women, particularly in remote and underserved areas, the Government has streamlined the payment process through digitization and integration with the banking system. The scheme has also been notified under the Direct Benefit Transfer (DBT) framework.

(e): Under the National Health Mission (NHM), Government of India has undertaken various interventions to provide equitable maternal healthcare services across the country, including the marginalized and vulnerable populations in Tamil Nadu. The key interventions include:

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** under which every pregnant woman and sick infant is entitled to free delivery, including caesarean section, in public health institutions along with provision of free transport, diagnostics, medicines, blood, other consumables & diet.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides all pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

Extended PMSMA (e-PMSMA) strategy was launched for individual tracking of high-risk pregnant women till a safe delivery.

- **LaQshya** improves the quality of care in labour room and maternity
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operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.

- **Surakshit Matritva Aashwasan (SUMAN)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths.
 - **Optimizing Postnatal Care** aims to strengthen the quality of postnatal care by laying emphasis on detection of danger signs in mothers and incentivizing Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.
 - **Village Health, Sanitation and Nutrition Day (VHSND)** is a monthly outreach activity at Anganwadi centers for provision of maternal and childcare including nutrition in convergence with the ICDS.
 - **Outreach camps** are provisioned to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.
 - **Strengthening of infrastructure** including First Referral Units (FRUs), Maternal and Child Health (MCH) Wings, Obstetric High Dependency Units & Intensive Care Units (Obst. HDU & ICU), Birth Waiting Homes (BWHs) in difficult terrain, remote and tribal areas to improve access to healthcare
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facilities and promote institutional delivery.

STATEMENT-I

Number of Janani Suraksha Yojana (JSY) beneficiaries in Tamil Nadu				
S No.	District	2022-23	2023-24	2024-25
1	Ariyalur	2,010	1,064	4,622
2	Chengalpattu	10,170	9,373	10,018
3	Chennai	47,338	35,655	38,928
4	Coimbatore	9,393	8,829	12,497
5	Cuddalore	11,796	11,971	14,427
6	Dharmapuri	11,096	9,773	10,907
7	Dindigul	7,565	3,721	11,962
8	Erode	4,080	7,882	5,749
9	Kallakurichi	14,187	13,663	11,977
10	Kancheepuram	7,654	4,800	5,603
11	Karur	5,792	5,188	5,133
12	Krishnagiri	13,097	12,835	8,769
13	Madurai	11,638	3,059	16,930
14	Myladuthurai	3,722*	176	5,324
15	Nagapattinam		3,909	3,093
16	Nagarcoil	7,546	6,879	5,816
17	Namakkal	5,641	8,058	9,758
18	Perambalur	4,013	2,022	4,356
19	Pudukkottai	6,155	6,436	12,205
20	Ramanathapuram	3,257	1,047	7,720
21	Salem	26,856	11,893	19,074
22	Sivagangai	11,968	5,788	6,662
23	Tenkasi	4,721	4,781	6,434
24	Thanjavur	22,585	20,834	19,279
25	The Nilgiris	3,331	3,125	2,694
26	Theni	11,329	9,560	11,660
27	Thirupattur	11,443	6,205	12,839

28	Tiruchirapalli	7,982	6,405	15,073
29	Tirunelveli	10,970	7,538	10,177
30	Tirupur	10,424	9,677	10,744
31	Tiruvallur	6,208	3,487	12,999
32	Tiruvannamalai	17,753	16,637	16,107
33	Tiruvarur	5,928	6,104	7,187
34	Tuticorin	12,705	8,353	11,074
35	Vellore (including Ranipet)	17,589	9,928	10,246
36	Villupuram	10,783	10,418	12,724
37	Virudhunagar	7,502	9,957	13,316

Source: Data as reported by the State of Tamil Nadu.

*Beneficiary details includes the beneficiary for both districts i.e. Myladuthurai and Nagapattinam.

STATEMENT-II

Details of approvals and expenditure in the State of Tamil Nadu under Janani Suraksha Yojana (JSY)		
Financial Year	State Program Implementation Plan (SPIP) Approvals (Rs. In Lakhs)	Expenditure (Rs. In Lakhs)
2022-23	3353.93	2660.00
2023-24	3453.93	2385.29
2024-25	2742.22	3340.17 (expenditure over and above the SPIP approval was carried out of Committed Funds)
Source: Data as reported by the State of Tamil Nadu.		

STATEMENT-III

Details of institutional deliveries under Janani Suraksha Yojana (JSY) including for the rural area in Tamil Nadu	
Financial Year	Total number of Institutional deliveries (Number of Beneficiaries) under JSY in Tamil Nadu
2022-23	3,86,227
2023-24	3,07,025
2024-25	4,04,068
Source: Data as reported by the State of Tamil Nadu	

बुंदेलखंड क्षेत्र में आयुष स्वास्थ्य सुविधाएं**3506. श्री अजेन्द्र सिंह लोधी:**

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार इस बात से अवगत है कि बुंदेलखंड क्षेत्र में, विशेषकर हमीरपुर और महोबा जिलों में आयुर्वेद, होम्योपैथी और यूनानी प्रणालियों से संबंधित स्वास्थ्य सुविधाएं सीमित हैं, जिसके कारण ग्रामीण आबादी को पर्याप्त उचित उपचार उपलब्ध नहीं है और यदि हां, तो राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;

(ख) क्या सरकार की बुंदेलखंड क्षेत्र, जिसमें हमीरपुर और महोबा शामिल हैं, में नए आयुष अस्पताल, आयुष स्वास्थ्य एवं आरोग्य केंद्र या मोबाइल आयुष इकाइयां स्थापित करने की कोई योजना है;

(ग) यदि हां, तो इस संबंध में निर्धारित समय-सीमा सहित तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(घ) उत्तर प्रदेश में कार्यरत आयुष स्वास्थ्य एवं आरोग्य केंद्रों की जिलावार संख्या कितनी है;

(ड) आयुष दवाओं की गुणवत्ता सुनिश्चित करने के लिए मौजूद नियामक तंत्र का ब्यौरा क्या है; और
(च) सरकार द्वारा आम जनता को प्रामाणिक और किफायती कीमत पर आयुष दवाएं उपलब्ध कराने के लिए क्या कदम उठाए जा रहे हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग): चूंकि सार्वजनिक स्वास्थ्य राज्य का विषय है, इसलिए आयुर्वेद, होम्योपैथी और यूनानी पद्धतियों से संबंधित स्वास्थ्य सुविधाओं की पर्याप्त उपलब्धता सुनिश्चित करने और देश में विशेष रूप से बुंदेलखंड क्षेत्र के हमीरपुर और महोबा जिलों में नए आयुष अस्पतालों, आयुष स्वास्थ्य और कल्याण केंद्रों [अब आयुष्मान आरोग्य मंदिर (आयुष) के रूप में जाना जाता है] या मोबाइल आयुष इकाइयों की स्थापना करने की प्राथमिक जिम्मेदारी, संबंधित राज्य सरकार की है, ताकि ग्रामीण आबादी को उचित उपचार मिल सके। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, 50/30/10 बिस्तर वाले एकीकृत आयुष अस्पतालों (आईएच) की स्थापना, आयुष औषधालयों और उप स्वास्थ्य केंद्रों को उन्नत करके आयुष्मान आरोग्य मंदिर (आयुष) का संचालन, और आयुष मोबाइल मेडिकल यूनिट कार्यक्रम के कार्यान्वयन के प्रावधान हैं।

उत्तर प्रदेश और मध्य प्रदेश राज्य सरकारों से प्राप्त प्रस्तावों के अनुसार, बुंदेलखंड क्षेत्र में 193 आयुष औषधालयों (महोबा में 8 और हमीरपुर में 7 सहित) को आयुष्मान आरोग्य मंदिर (आयुष) में उन्नयन करने के लिए अनुमोदित किया गया है और राज्यों द्वारा रिपोर्ट किए गए अनुसार, सभी कार्यात्मक हैं। बुंदेलखंड क्षेत्र में आयुष्मान आरोग्य मंदिर (आयुष) का राज्यवार ब्यौरा संलग्न **विवरण-** I में दिया गया है। इसके अलावा, उत्तर प्रदेश और मध्य प्रदेश राज्य सरकारों से प्राप्त प्रस्तावों के अनुसार, बुंदेलखंड क्षेत्र में 05 एकीकृत आयुष अस्पतालों और 32 आयुष औषधालयों को मंजूरी दी गई है। उपरोक्त के अलावा, बुंदेलखंड क्षेत्र में आयुष उपचार तक पहुंच बढ़ाने के लिए, हमीरपुर और महोबा के जिला अस्पतालों में सह-स्थित आयुष इकाइयां स्थापित की गई हैं, और हमीरपुर में 02

तथा महोबा में 03 योग कल्याण केंद्र कार्यरत हैं। चूंकि एनएएम योजना का कार्यान्वयन संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधिकार क्षेत्र में आता है, इसलिए आयुष मंत्रालय द्वारा कोई विशिष्ट समय-सीमा निर्धारित नहीं की जा रही है।

(घ): उत्तर प्रदेश राज्य सरकार से प्राप्त प्रस्तावों के अनुसार, मौजूदा आयुष औषधालयों को उन्नत करके एनएएम के तहत 1034 आयुष स्वास्थ्य और कल्याण केंद्रों [अब आयुष्मान आरोग्य मंदिर (आयुष) के रूप में जाना जाता है] को मंजूरी दी गई है और कार्यात्मक बनाया गया है। इनका जिले-वार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ङ): आयुष औषधियों की गुणवत्ता सुनिश्चित करने के लिए स्थापित नियामक तंत्र का विवरण इस प्रकार है:

1. आयुर्वेदिक, सिद्ध, सोवा-रिग्पा, यूनानी और होम्योपैथी औषधियों के लिए औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और औषधि नियम, 1945 में विशेष नियामक प्रावधान हैं। निर्माताओं के लिए यह अनिवार्य है कि वे आयुर्वेद, सिद्ध, यूनानी दवाओं और होम्योपैथी दवाओं के लिए क्रमशः औषधि नियम, 1945 की अनुसूची न और अनुसूची ड-1 के अनुसार बेहतर विनिर्माण प्रथाओं (जीएमपी) का अनुपालन करें और संबंधित फार्माकोपिया में निर्धारित औषधियों के गुणवत्ता मानकों का भी पालन करें।
2. औषध निरीक्षक नियमित रूप से अपने अधिकार क्षेत्र के भीतर विनिर्माण फर्मों या दुकानों से औषधियों के नमूने एकत्र करते हैं और गुणवत्ता परीक्षण के लिए औषधि नियंत्रण विभाग के तहत औषधि परीक्षण प्रयोगशाला में भेजते हैं और यदि कोई नमूना 'अमानक गुणवत्ता का' पाया जाता है, तो उचित कार्रवाई जैसे कि बाजार से उत्पादों की बिक्री को रोकना और औषधि एवं प्रसाधन सामग्री अधिनियम 1940 और उसके तहत बनाए गए नियमों के अनुसार उचित कानूनी कार्रवाई प्रारंभ की जाती है।
3. आयुष मंत्रालय के अधीन अधीनस्थ कार्यालय भारतीय चिकित्सा और होम्योपैथी भेषजसंहिता

आयोग (पीसीआईएम एंड एच) आयुर्वेद, सिद्ध, यूनानी और होम्योपैथी (एएसयू एंड एच) औषधियों के लिए फॉर्मुलरी विनिर्देशों और फार्माकोपियल मानकों को निर्धारित करता है जो एएसयू एंड एच औषधियों की गुणवत्ता (पहचान, शुद्धता और शक्ति) का पता लगाने के लिए आधिकारिक संग्रह के रूप में कार्य करता है। पीसीआईएम एंड एच, एएसयू एंड एच औषधियों के परीक्षण या विश्लेषण के उद्देश्य से भारतीय चिकित्सा और होम्योपैथी के लिए केंद्रीय औषधि प्रयोगशाला के रूप में भी कार्य करता है।

4. आयुर्वेदिक, सिद्ध, सोवा-रिग्पा, यूनानी और होम्योपैथी दवाओं की पहचान, शुद्धता, गुणवत्ता और शक्ति के ऐसे परीक्षण करने के लिए औषधि नियम, 1945 के नियम 160 क से ज के तहत औषधि परीक्षण प्रयोगशालाओं को मान्यता दी जा रही है। अब तक, निर्माताओं के लिए औषधि नियम, 1945 के प्रावधानों के तहत 108 निजी प्रयोगशालाएं अनुमोदित या लाइसेंस प्राप्त हैं। राज्य/संघ राज्य क्षेत्रों की 34 औषधि परीक्षण प्रयोगशालाएं कानूनी नमूनों के लिए आयुर्वेदिक, सिद्ध, सोवा-रिग्पा, यूनानी और होम्योपैथी औषधियों और कच्ची सामग्री की गुणवत्ता का परीक्षण कर रही हैं।

5. उपर्युक्त के अलावा, आयुष मंत्रालय निम्नलिखित विवरण के अनुसार आयुष उत्पादों के निम्नलिखित प्रमाणन को प्रोत्साहित करता है:

- आयुष औषधियों की सुरक्षा और गुणवत्ता सुनिश्चित करने के लिए नियामक उपायों के सुदृढीकरण हेतु केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) में एक आयुष वर्टिकल सृजित किया गया है। इसके अलावा, सीडीएससीओ ऐसे मानकों के अनुपालन करने वाली आयुष औषधियों को डब्ल्यूएचओ सर्टिफिकेट ऑफ फार्मास्युटिकल प्रोडक्ट (डब्ल्यूएचओ-सीओपीपी) जारी करता है।
- घरेलू और अंतर्राष्ट्रीय मानकों के अनुपालन की स्थिति के अनुसार गुणवत्ता के तीसरे पक्ष के मूल्यांकन के आधार पर आयुर्वेदिक, सिद्ध और यूनानी उत्पादों को आयुष मानक और

प्रीमियम चिह्न प्रदान करने के लिए भारतीय गुणवत्ता परिषद (क्यूसीआई) द्वारा कार्यान्वित गुणवत्ता प्रमाणन योजना।

(च): एनएएम के तहत, राज्य सरकारों से प्राप्त प्रस्तावों के अनुसार, आम जनता को सस्ती आयुष स्वास्थ्य देखभाल सेवाएं प्रदान करने के लिए औषधियों की आपूर्ति हेतु आयुष स्वास्थ्य फेसिलिटीज/अस्पतालों को सहायता प्रदान की जा रहा है।

विवरण-I

बुंदेलखंड क्षेत्र में आयुष्मान आरोग्य मंदिर (आयुष) का राज्यवार ब्यौरा:

क्र. सं.	राज्य	जिला	कार्यात्मक आयुष्मान आरोग्य मंदिर (आयुष) की संख्या
1	उत्तर प्रदेश	ललितपुर	20
2		जालौन	31
3		महोबा	8
4		हमीरपुर	7
5		बांदा	12
6		चित्रकूट	5
7		झांसी	1
8	मध्य प्रदेश	दतिया	12
9		टीकमगढ़	17
10		छतरपुर	21
11		पन्ना	15
12		दमोह	15
13		सागर	29

विवरण-II

उत्तर प्रदेश राज्य में आयुष्मान आरोग्य मंदिर (आयुष) का जिलेवार ब्यौरा:

क्र. सं.	जिला	आयुर्वेद	यूनानी	होम्योपैथी	कुल
1	आगरा	6		2	8

2	अलीगढ़	4		1	5
3	अंबेडकरनगर	7			7
4	अमेठी	5	1	6	12
5	अमरोहा	1			1
6	औरैया	3			3
7	अयोध्या	9		1	10
8	आजमगढ़	14	2	1	17
9	बदायूं	17	3	1	21
10	बागपत	1	1		2
11	बहराइच	12	1	5	18
12	बलिया	14		6	20
13	बलरामपुर	1	2	3	6
14	बांदा	8		4	12
15	बाराबंकी	8	3	13	24
16	बरेली	39	6	1	46
17	बस्ती	11	2	3	16
18	भदोही	10		1	11
19	बिजनौर	4			4
20	बुलंदशहर	6		5	11
21	चंदौली	11		8	19
22	चित्रकूट	1		4	5
23	देवरिया	8		7	15
24	एटा	4		2	6
25	इटवा	7		2	9
26	फरुखाबाद	9	1	5	15
27	फतेहपुर	6		8	14
28	फिरोजाबाद	3			3
29	गौतमबुद्धनगर				0
30	गाजियाबाद	11		6	17
31	गाजीपुर	4	2	4	10
32	गोंडा	6		5	11
33	गोरखपुर	12	1	18	31

34	हमीरपुर	5	1	1	7
35	हापुड़	9		5	14
36	हरदोई	11	1	21	33
37	हाथरस	3			3
38	जालौन	15		16	31
39	जौनपुर	9		12	21
40	झांसी	1			1
41	कन्नौज	8		2	10
42	कानपुर नगर	6		11	17
43	कानपुर देहात	6		2	8
44	कासगंज	2		3	5
45	कुशीनगर	18	1	16	35
46	कौशांबी	3		3	6
47	लखीमपुर खीरी	14	1	12	27
48	ललितपुर	8		12	20
49	लखनऊ	6	2	11	19
50	महाराजगंज	9		19	28
51	महोबा	2		6	8
52	मैनपुरी	5		6	11
53	मथुरा	7			7
54	मऊ	10	3		13
55	मेरठ	3		2	5
56	मिर्जापुर	13	1	9	23
57	मुरादाबाद	2		1	3
58	मुजफ्फरनगर	10	1	2	13
59	पीलीभीत	17	2	10	29
60	प्रतापगढ़	7		14	21
61	प्रयागराज	14	1	2	17
62	रायबरेली	14	1	18	33
63	रामपुर	4	2		6
64	सहारनपुर	3			3
65	संभल	2			2

66	संत कबीर नगर	6	1	11	18
67	शाहजहांपुर	5	1	3	9
68	शामली	3			3
69	श्रावस्ती	8	1		9
70	सिद्धार्थ नगर	6	1	6	13
71	सीतापुर	18	2	10	30
72	सोनभद्र	6	1	6	13
73	सुल्तानपुर	6		5	11
74	उन्नाव	18		10	28
75	वाराणसी	8		4	12
	कुल	592	49	393	1034

ENHANCEMENT OF SALARY AND SOCIAL SECURITY FOR AWWs IN KERALA

3507. SHRI M. K. RAGHAVAN:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether the Government has any plan to increase the salary, benefits and social security of Anganwadi Workers (AWWs) across the country, including Kerala, if so, the details thereof; and
- (b) whether the Government is considering the release of additional grant-in-aid to the State of Kerala to meet the demands of Anganwadi workers and for their welfare and development, if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

- (a) and (b): Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. Central Government is responsible for policy and planning

and the State Governments/UT Administrations are responsible for day-to-day program implementation.

Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are honorary workers drawn from the local community who voluntarily come forward to render their services in the area of child care and development to help the local community for which they are paid honorarium. This honorarium is increased from time to time. From 1st October, 2018, Government of India has enhanced the honorarium of AWWs at Anganwadi centres (AWCs) from Rs.3,000/- to Rs.4,500/- per month and AWHs from Rs.1,500/- to Rs.2,250/- per month as per the defined cost sharing ratio between the Centre and States and UTs. In addition, States and UTs are also paying additional monetary incentives and top ups to these functionaries from their own resources which vary from State to State. Details of additional top ups provided by States and UTs are given in the enclosed **Statement**.

Besides, performance linked incentive of Rs.500/- per month is provided to AWWs and Rs.250/- per month to AWHs.

Under Mission Saksham Anganwadi and Poshan 2.0, AWWs have been technologically empowered with the provision of smartphones for efficient monitoring and delivery of services. Poshan Tracker which is a mobile phone application that has digitized physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously enabling them for real-time monitoring of all activities going on in the Anganwadis.

To incentivize and encourage the AWWs and AWHs, various initiatives have been undertaken including the following:

- (i) Promotion: Under Mission Saksham Anganwadi and Poshan 2.0, promotional opportunities for AWWs and AWHs have been enhanced. 50% posts of AWWs are to be filled by AWHs with 5 years of experience and 50% posts of Supervisors are to be filled by promotion of AWWs with 5 years of experience subject to fulfilment of other criteria.
 - (ii) Leave: 20 days' annual leave and paid maternity absence of 180 days and paid absence on abortion/ miscarriage once for 45 days.
 - (iii) State Governments and UT Administrations have been requested to encourage eligible AWWs and AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme, which is a voluntary and contributory pension scheme for the unorganized sector in the country to ensure old age protection.
 - (iv) Social Security Insurance Schemes: Insurance benefits have been provided to AWWs and AWHs under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for life cover worth Rs.2.00 lakh (covers life risk, death due to any reason) in the age group of 18 to 50 years and under Pradhan Mantri Suraksha Bima Yojana for accidental cover of Rs.2.00 Lakh (accidental death and permanent full disability) /Rs.1.00 Lakh (partial but permanent disability) in the age group of 18-59 years.
 - (v) Retirement date: States and UTs have been requested to adopt a uniform
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retirement date i.e 30th April of each year with respect to AWWs and AWHs to ensure proper human resource planning.

- (vi) Annual Healthcare coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all AWWs and AWHs in pursuance to budget announcement in FY 2024-25.

STATEMENT

DETAILS OF ADDITIONAL TOP UPS AS PROVIDED BY STATES AND UTs:

Sr. No.	State	Additional top ups paid to AWWs (per month)	Additional top ups paid to AWHs (per month)
1	Andhra Pradesh	7,000	4,750
2	Bihar	2,500	1,750
3	Chhattisgarh	5,500	2,750
4	Gujarat	5,500	3,250
5	Haryana	10,250	5,650
6	Himachal Pradesh	5,500	3,250
7	Jammu & Kashmir	600	300
8	Jharkhand	5,000	2,500
9	Karnataka	7,000	4,500
10	Kerala	8,500	6,750
11	Madhya Pradesh	8,500	4,250
12	Maharashtra	8,500	5,250
13	Odisha	5,500	2,750
14	Punjab	5,500-6,500	2,750-3,250
15	Rajasthan	5,510	3,674
16	Tamil Nadu	3,200	1,850
17	Telangana	9,150	5,550
18	Uttar Pradesh	1,500	750
19	Uttarakhand	4,800	3,000
20	West Bengal	4,500	4,550
21	Arunachal Pradesh	3,000	3,000

22	Assam	2,000	1,000
23	Manipur	1,000	600
24	Meghalaya	3,000	1,000
25	Mizoram	450	500
26	Nagaland	Nil	Nil
27	Sikkim	7,000	4,500
28	Tripura	3,500-5,946	2,750-4218
29	Andaman & Nicobar	7,500	5,750
30	Goa	5,500 -13,500	3,750 - 6,750
31	Puducherry	1,950	2,125
32	Chandigarh	3,600	1,800
33	Ladakh	1,300	650
34	Delhi	6,720	3,360
35	Dadra & Nagar Haveli and Daman & Diu	3,500	1,750
36	Lakshadweep	5,500	4,750

ANAEMIA CASES IN BIHAR

3508. DR. MOHAMMAD JAWED:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware of the high prevalence of anaemia among women, adolescent girls, and children across various districts of Bihar, including Kishanganj;
 - (b) if so, the details of the anaemia cases reported across all districts of Bihar during the last five years, year-wise, category-wise of women, adolescent girls and children and district-wise;
 - (c) the steps taken by the Government to address anaemia across the various
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districts of Bihar under various national health and nutrition programmes;
and

(d) whether the Government proposes any district-specific or special interventions to reduce anaemia prevalence across Bihar and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) and (b): The prevalence of anaemia among women, adolescent girls (15-19 years) and children (6-59 months) across the various districts of Bihar including Kishanganj as per National Family Health Survey-5 (NFHS-5) is given in the enclosed **Statement**.

(c) and (d): The Government of India implements Anemia Mukht Bharat (AMB) programme in 6X6X6 strategy to reduce the prevalence of anaemia among six beneficiary groups – Children 6-59 months, Children 5-9 years, Adolescents (10-19 years), Women of reproductive age (15-49 years), pregnant women and lactating mothers in a lifecycle approach across all States/UTs including Bihar. It is implemented through robust institutional mechanisms including convergence and coordination with line departments and ministries.

The interventions include the following:

1. Prophylactic Iron Folic Acid Supplementation to all six beneficiaries age group
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2. Periodic deworming for children and adolescents in age group 1-19 years through bi-annual deworming days and one dose for pregnant women in the second trimester
3. Intensified year-round Behaviour Change Communication (BCC) Campaign for compliance to IFA and deworming; Appropriate Infant and Young Child Feeding (IYCF); Increase intake of iron-rich, protein-rich and vitamin C-rich foods; dietary diversification
4. Testing and Treatment of anemia using digital methods (Digital Invasive Haemoglobinometer) and point of care treatment. Management of severe anaemia in pregnant women by administration of IV Iron Sucrose/ Ferric Carboxy Maltose/ Blood transfusion
5. Addressing non-nutritional causes of anaemia in endemic pockets with special focus on malaria, hemoglobinopathies and fluorosis
6. Provision of IFA fortified food in government funded public health programmes

STATEMENT

District-wise prevalence of anemia among Children and Women as per National Family Health Survey-5 (NFHS-5, 2019-21)

District	Children age 6-59 months who are anaemic (%)	All women age 15-19 years who are anaemic (%)	All women age 15-49 years who are anaemic (%)
Pashchim Champaran	61.6	56.3	50.6
Purba Champaran	61.0	64.4	57.3
Sheohar	73.1	64.3	61.6

Sitamarhi	70.0	61.4	61.7
Madhubani	71.0	69.2	61.4
Supaul	63.6	63.2	60.7
Araria	75.8	64.0	67.9
Kishanganj	67.5	62.6	65.1
Purnia	68.0	64.0	66.0
Katihar	65.6	66.7	68.4
Madhepura	67.7	70.4	65.7
Saharsa	69.3	67.9	65.3
Darbhanga	68.9	59.7	60.8
Muzaffarpur	64.6	66.1	58.9
Gopalganj	56.1	54.1	53.8
Siwan	63.9	64.0	53.1
Saran	69.8	70.9	62.8
Vaishali	77.1	69.6	63.1
Samastipur	67.2	65.9	60.5
Begusarai	74.5	64.3	62.9
Khagaria	67.1	65.1	59.5
Bhagalpur	78.7	73.9	73.0
Banka	77.8	60.4	65.9
Munger	74.3	73.8	71.4
Lakhisarai	77.2	75.1	72.6
Sheikhpura	80.1	73.9	69.5
Nalanda	80.3	70.2	71.0
Patna	65.4	62.8	67.1
Bhojpur	67.7	72.7	73.6
Buxar	68.3	66.0	66.2
Kaimur (Bhabua)	71.4	70.8	70.3
Rohtas	70.3	66.3	64.9
Aurangabad	68.4	56.9	60.5
Gaya	76.7	65.5	64.3
Nawada	73.3	73.7	70.4

Jamui	81.9	75.9	75.2
Jehanabad	61.9	72.3	68.1
Arwal	65.8	66.3	66.9

उर्वरकों और दवाओं की उपलब्धता

3509. श्री कंवर सिंह तंवर:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने उत्तर प्रदेश के अमरोहा जिले में उर्वरकों, दवाओं और रसायन आधारित स्वास्थ्य सामग्रियों की उपलब्धता, पहुंच और सुलभता के संबंध में आपूर्ति शृंखला की दक्षता और उपभोक्ता जागरूकता सहित कोई आकलन किया है;

(ख) यदि हां, तो उक्त जिले में गत तीन वर्षों के दौरान उर्वरक वितरण, कीमत की निगरानी, जन औषधि केंद्रों (जेएके) की कवरेज, दवा की उपलब्धता और नियामक निगरानी का ब्यौरा क्या है; और

(ग) यदि नहीं, तो इसके क्या कारण हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (ग): उर्वरक विभाग द्वारा दी गई जानकारी के अनुसार, देश भर में उर्वरकों की पर्याप्त और समय पर उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित कदम उठाए जाते हैं:

- (i) प्रत्येक फसल मौसम के प्रारंभ होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, उर्वरकों की आवश्यकता का राज्यवार एवं माहवार आकलन करता है।
- (ii) कृषि एवं किसान कल्याण विभाग द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग

मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरक आबंटित करता है और उपलब्धता की निरंतर निगरानी करता है।

- (iii) देश भर में सभी प्रमुख सब्सिडी वाले उर्वरकों की आवाजाही की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब-आधारित निगरानी प्रणाली द्वारा की जाती है।
- (iv) राज्य सरकार को नियमित रूप से विनिर्माताओं और आयातकों के साथ समन्वय स्थापित करने की सलाह दी जाती है ताकि समय पर ऑर्डर जारी करके आपूर्ति को सुव्यवस्थित किया जा सके।
- (v) कृषि एवं किसान कल्याण विभाग और उर्वरक विभाग द्वारा राज्य कृषि अधिकारियों के साथ संयुक्त रूप से नियमित साप्ताहिक वीडियो कॉन्फ्रेंस आयोजित की जाती है और राज्य सरकारों द्वारा बताए अनुसार उर्वरक भेजने के लिए सुधारात्मक कार्रवाई की जाती है।
- (vi) राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

इस समय, औषधियों की कीमतें औषधि (मूल्य नियंत्रण) आदेश 2013 (डीपीसीओ, 2013) के प्रावधानों के अनुसार विनियमित हैं। डीपीसीओ, 2013 के मौजूदा प्रावधानों के अनुसार, राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण (एनपीपीए) स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा प्रकाशित राष्ट्रीय आवश्यक औषधि सूची (एनएलईएम) पर आधारित डीपीसीओ, 2013 की अनुसूची-1 में विनिर्दिष्ट फॉर्मूलेशनों की अधिकतम मूल्य सीमा निर्धारित करके दवाओं की कीमतों को नियंत्रित करता है। एनपीपीए डीपीसीओ, 2013 के पैरा 2(1)(प) के तहत परिभाषित नई औषधि का खुदरा मूल्य भी निर्धारित करता है। नई औषधि का खुदरा मूल्य आवेदक विनिर्माता और विपणनकर्ता पर लागू होता है, जिन्हें एनपीपीए द्वारा अधिसूचित मूल्य के भीतर नई औषधि की बिक्री करनी होती है। गैर-अनुसूचित फॉर्मूलेशनों के मामले में, विनिर्माताओं के लिए आवश्यक है

कि वे ऐसी फॉर्मूलेशनों के अधिकतम खुदरा मूल्य (एमआरपी) में पिछले 12 महीनों के दौरान व्याप्त एमआरपी के 10% से अधिक की वृद्धि न करें। अनुसूचित और गैर-अनुसूचित दोनों प्रकार के फॉर्मूलेशनों की कीमतों की निगरानी एक सतत प्रक्रिया के रूप में की जाती है और उपभोक्ताओं से अधिप्रभारन करने या डीपीसीओ, 2013 के प्रावधानों का उल्लंघन करने वाली कंपनियों के विरुद्ध कार्रवाई की जाती है।

इसके अलावा, उपभोक्ता जागरूकता प्रचार और मूल्य निगरानी (सीएपीपीएम) योजना को वर्ष 2018 से एनपीपीए (औषध विभाग) द्वारा कार्यान्वित किया जा रहा है, जिसके तहत राज्यों/केंद्र शासित प्रदेशों में मूल्य निगरानी और संसाधन इकाइयां (पीएमआरयू) स्थापित की जाती हैं जो मूल्य परिवर्तनों से संबंधित जानकारी के प्रसार के लिए सूचना, शिक्षा और संचार (आईईसी) कार्यकलाप संचालित करती हैं।

इसके अलावा, एनपीपीए देश में औषधियों की उपलब्धता की निगरानी करता है और किसी भी दवा की अनुपलब्धता का मामला उसके संज्ञान में आने पर उपचारात्मक उपाय करता है। बाजार में किसी दवा की अनुपलब्धता से संबंधित शिकायतें एनपीपीए को विभिन्न स्रोतों से प्राप्त होती हैं, जिनमें राज्य औषधि नियंत्रक (एसडीसी), फार्मा जन समाधान पोर्टल, एनपीपीए हेल्पलाइन और पीएमओपीजी/सीपीग्राम्स जैसे जन शिकायत पोर्टल तथा व्यक्ति शामिल हैं। एनपीपीए संबंधित क्षेत्र/राज्य में उक्त औषधि की उपलब्धता सुनिश्चित करने के लिए राज्य अधिकारियों और औषधि विनिर्माता के समन्वय में तत्काल उपाय करता है।

तथापि, उत्तर प्रदेश के अमरोहा जिले से दवाओं की कमी/अनुपलब्धता की कोई शिकायत प्राप्त नहीं हुई है।

इसके अलावा, भारत सरकार द्वारा सभी नागरिकों को वहनीय मूल्यों पर गुणवत्तापूर्ण जेनेरिक दवाएं उपलब्ध कराने के लिए प्रधानमंत्री भारतीय जनऔषधि परियोजना शुरू की गई थी। इस योजना के तहत, देश भर में जन औषधि केंद्र नामक विशिष्ट केंद्र खोले गए हैं। ये केंद्र ब्रांडेड दवाओं की तुलना

में लगभग 50% से 80% तक सस्ती दवाएं उपलब्ध कराते हैं, जिससे मरीजों के स्वास्थ्य परिचर्या खर्च को कम करने में सहायता मिलती है।

इस योजना में 2,110 दवाइयों और 315 चिकित्सा उपकरणों और उपभोज्य सामग्रियों का एक व्यापक उत्पाद समूह शामिल है, जो सभी प्रमुख चिकित्सीय समूहों को कवर करता है। इनमें हृदयवाहिका रोग, कैंसर उपचार, मधुमेह, संक्रमण, एलर्जी और गैस्ट्रोइन्टेस्टाइनल संबंधी विकारों के लिए दवाइयाँ, साथ ही पोषक तत्व उत्पाद शामिल हैं, जो जनता के लिए वहनीय और सुलभ स्वास्थ्य सेवा सुनिश्चित करते हैं।

इस योजना के तहत, दिनांक 28.02.2026 की स्थिति के अनुसार देश भर में कुल 18,646 जन औषधि केंद्र (जेएके) खोले गए हैं, जिनमें से 3,944 जेएके उत्तर प्रदेश राज्य में हैं, जिनमें अमरोहा जिले के 29 जेएके शामिल हैं।

जेएके में उपलब्ध दवाओं की गुणवत्ता सुनिश्चित करने के उद्देश्य से, ताकि मरीजों के स्वास्थ्य से समझौता न हो, निरंतर निरीक्षण, परीक्षण और मानकीकरण सुनिश्चित करने के लिए ठोस तंत्र स्थापित किए गए हैं, जिनमें निम्नलिखित शामिल हैं:

जेएके में उपलब्ध दवाओं की गुणवत्ता सुनिश्चित करने के लिए, जनऔषधि परियोजना के तहत निरंतर निरीक्षण, परीक्षण और मानकीकरण सुनिश्चित करने के लिए ठोस तंत्र मौजूद हैं, जिसमें निम्नलिखित शामिल हैं:

- (i) *केवल विश्व स्वास्थ्य संगठन-उत्तम विनिर्माण पद्धति (डब्ल्यूएचओ-जीएमपी) प्रमाणित संयंत्रों से आपूर्ति:* केवल वे संयंत्र जन औषधि दवाइयों की आपूर्ति के लिए पात्र हैं जिन्हें केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) द्वारा डब्ल्यूएचओ-जीएमपी अनुपालन के रूप में प्रमाणित किया गया है।
- (ii) *सभी दवा बैचों के 100% पूर्व-परीक्षण के बाद ही वितरण:* पीएमबीआई के मालगोदामों में आपूर्ति किए गए 100% बैचों से परीक्षण के लिए यादृच्छिक रूप से नमूने लिए जाते हैं और

गुणवत्ता परीक्षण में उत्तीर्ण होने के बाद ही दवाओं को जेएके को आपूर्ति के लिए भेजा जाता है।

(iii) केवल उत्तम प्रयोगशाला पद्धतियों (जीएलपी) के अनुरूप प्रयोगशालाओं में परीक्षण: नमूनों का परीक्षण केवल राष्ट्रीय परीक्षण और अंशशोधन प्रयोगशाला प्रत्यायन बोर्ड (एनएबीएल) द्वारा मान्यता प्राप्त और समय-समय पर निरीक्षण की गई प्रयोगशालाओं में किया जाता है और इसके अलावा, इन इन प्रयोगशालाओं का जीएलपी अनुपालन के लिए पीएमबीआई द्वारा मूल्यांकन किया जाता है।

जन औषधि केंद्रों (जेएके) में महत्वपूर्ण और जीवन रक्षक दवाओं सहित दवाओं की प्रभावी और नियमित आपूर्ति सुनिश्चित करने के लिए कई कदम उठाए गए हैं, जिनमें निम्नलिखित शामिल हैं:

- (i) सितंबर 2024 से, योजना उत्पाद बास्केट में शीर्ष 100 बिक्री होने वाली दवाओं और बाजार में तेजी से बिक्री होने वाली 100 दवाओं सहित 200 सामान्य रूप से उपयोग की जाने वाली दवाओं के जेएके द्वारा स्टॉक करने को प्रोत्साहित किया गया है, जिसके तहत जेएके मालिक इन दवाओं के अपने द्वारा रखे गए स्टॉक के आधार पर मासिक प्रोत्साहन के पात्र हैं।
- (ii) एक मजबूत आपूर्ति श्रृंखला प्रणाली को जोड़ने के लिए एक संपूर्ण सूचना-प्रौद्योगिकी-सक्षम आपूर्ति श्रृंखला प्रणाली स्थापित की गई है, जिसमें एक केंद्रीय मालगोदाम और देश भर में वितरकों का एक बढ़ता हुआ नेटवर्क शामिल है।
- (iii) इसके अतिरिक्त, सामान्य रूप से उपयोग किए जाने वाले उत्पादों की उपलब्धता सुनिश्चित करने के उद्देश्य से, योजना की कार्यान्वयन एजेन्सी भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) द्वारा 400 तेजी से बिक्री होने वाले उत्पादों की नियमित निगरानी की जाती है और इनकी मांग का निरंतर पूर्वानुमान लगाया जाता है। साथ ही, खरीद प्रक्रिया को स्वचालन के माध्यम से सुगम बनाने के लिए पूर्वानुमान पद्धति को डिजिटाइज़ करने के कदम उठाए गए हैं।

जनऔषधि केंद्रों (जेएके) के माध्यम से आपूर्ति की जाने वाली दवाओं की स्वीकार्यता को संवर्धित करने के लिए, जनऔषधि दवाओं के लाभों के बारे में लक्षित जागरूकता अभियान नियमित रूप से आयोजित किए जाते हैं:

- i. *जागरूकता अभियान* : भारतीय औषध और चिकित्सा उपकरण ब्यूरो (पीएमबीआई), जो पीएमबीजेपी की कार्यान्वयन एजेंसी है, केंद्रीय संचार ब्यूरो, पीआईबी, माईगॉव और माईभारत जैसे निकायों और प्लेटफार्मों के समन्वय से प्रिंट, टेलीविजन, रेडियो, सोशल मीडिया प्लेटफॉर्म, आउटडोर होर्डिंग्स, सामुदायिक सहभागिता आदि जैसे विभिन्न माध्यमों से जागरूकता अभियान संचालित करता है।
- ii. *इंटरैक्टिव संदेश/कॉल*: जनऔषधि उत्पादों की गुणवत्ता और निकटतम जेएके से उनकी खरीद से होने वाली बड़ी बचत के बारे में नागरिकों को सूचित करने के लिए व्हाट्सएप चैटबॉट और आउटबाउंड कॉल के माध्यम से आउटरीच और नागरिक सम्पर्क अभियान चलाया जाता है।

SCHEME FOR CHEMICAL PARKS

3510. SHRI EATALA RAJENDER:

SHRIMATI SHAMBHAVI:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether the Government proposes any scheme to support States in setting up three dedicated Chemical Parks, if so, the details thereof, State-wise;
 - (b) whether the new scheme for the said parks effectively addresses long-standing infrastructure gaps in the domestic chemical sector, if so, the details thereof, State-wise particularly in Bihar;
 - (c) whether the challenge route on a cluster-based plug-and-play model
-

significantly lower entry barriers for MSMEs and boost industrial competitiveness; and

(d) if so, the quantum of funds sanctioned and spent so far in this regard, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (d): Subsequent to the announcement in the Union Budget of FY 2026–27, the proposed scheme for establishment of Dedicated Chemical Parks is currently under formulation. As per the budget announcement, an allocation of Rs 600 crores has been made for the financial year 2026–27. The scheme envisages the development of three such Parks as greenfield projects. Under the proposed scheme, the three Chemical Parks will be developed with plug-and-play facilities for the industry. The scheme will involve development of common infrastructure facilities and basic utilities.

The Government of India would provide partial financial support towards the cost of establishing these facilities and utilities, with the rest to be provided by the concerned State Government. As the scheme is currently being formulated, no funds have been spent so far in this regard.

The establishment of these Chemical Parks shall enhance the cost competitiveness of the Indian chemical industry including MSMEs by providing common infrastructure facilities and basic utilities, thereby reducing the capital

cost requirement for an individual industry. It will also promote logistics-related efficiencies, while encouraging sustainability and the circular economy.

The Scheme is proposed to be implemented through the challenge route. Accordingly, the Scheme would allow any State in the country including Bihar to submit proposals for the establishment of Chemical Parks. The proposals would be evaluated based on the selection criteria to be laid down in the Scheme and the most suitable proposals would be selected.

PASSPORT SERVICES IN PUNJAB

3511. DR. AMAR SINGH:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:

- (a) whether the Government has undertaken any assessment of the availability, accessibility and efficiency of passport services in the State of Punjab, if so, the details thereof;
 - (b) the number and location of Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs) functioning in Punjab, district-wise, and the average time taken for issuance of passports during the last three years;
 - (c) whether the Government is aware of delays in appointments, police verification and passport issuance reported by applicants in various districts of Punjab, if so, the details thereof;
 - (d) whether any proposals have been received or are under consideration for opening additional PSKs or expanding capacity of existing ones in the said
-

State, if so, the details thereof; and

(e) the steps being taken to improve service delivery, reduce pendency and ensure timely issuance of passports to residents of Punjab?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a): The Passport Seva Program (PSP) is a benchmark in India's e-governance success, demonstrating the power of digital transformation, Public Private Partnership (PPP) collaboration, and process innovation. In line with the Ministry of External Affairs (MEA) commitment to enhance the quality of passport-related services and to integrate the latest technological advancements, PSP Version 2.0 (PSP V2.0) was successfully implemented across all Passport Offices in India, along with their respective Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs), including the PSKs/POPSKs in Punjab, on 26th May 2025. The upgraded Passport Seva Programme Version 2.0 (PSP V2.0) aims at providing the next level of citizen experiences using latest and upgraded technology for delivery of passport related services to the citizens in a speedy, convenient and transparent manner.

(b): There are 05 PSKs and 09 POPSKs currently functioning under 03 Regional Passport Offices (RPOs) in the State of Punjab. The detail is given below:-

Name of RPO	Name Of PSK	Name of POPSK
RPO Amritsar	PSK Amritsar	Ferozpur

Name of RPO	Name Of PSK	Name of POPSK
RPO Chandigarh	PSK Ludhiana	Bassi Pathanan
RPO Jalandhar	PSK Hoshiarpur	Bathinda
	PSK Jalandhar	Malerkotla
	PSK Chandigarh	Patiala
		Ropar
		Moga
		Pathankot
		Phagwara

Further, the average time taken for issuance of passports under 3 RPOs in the State of Punjab during the last three years is as under:

Average time taken for issuance of Passport (excluding Police Verification (PV) time)		
Years	Normal category passport	Tatkaal category passport
2023	10 WD	2 WD
2024	15 WD	3 WD
2025	12 WD	4 WD

WD = Working Days

(c): Appointments for passport services (normal and Tatkaal passports) under the three RPOs (Amritsar, Chandigarh and Jalandhar) in Punjab are available on next working day. There is no noticeable delay in passport services in Punjab. Passports are issued within 2 – 4 working days for Tatkaal category and 10 – 15 working day for normal category, excluding police verification time. Police verification is conducted within 2 -16 days.

(d): In 2017, Ministry of External Affairs (MEA) in association with Department of Posts (DoP) had announced opening of Passport Seva Kendras at the Head

Post Offices/Post Offices called Post Office Passport Seva Kendra (POPSK) in each Lok Sabha Constituency (LSC) where there is no Passport Seva Kendra (PSK) or POPSK. Under this initiative, all the LSCs in Punjab, except for Taran Taran LSC, are having either a PSK or POPSK. MEA is regularly following up with DoP for opening of a POPSK in Taran Taran LSC, as well. Further, for expanding the capacity in PSKs in Punjab, PSK Jalandhar and PSK Ludhiana were shifted in 2025 to a location with larger space and improved infrastructure.

(e): Passport services are provided through the Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs) under three Regional Passport Offices (RPOs) functional in the State of Punjab. Due to the rise in demand and pendency in issuance of passport, MEA has been working continuously to speed up passport issuance and meet high or seasonal demand for passports by taking various steps including increasing the number of daily appointments and organizing special drives on weekends. Staff from Ministry and other passport offices are also deployed to clear the pendency. As part of the special drive, walk-in appointments are given by RPO for expeditiously clearing the pending files. Passport adalats are also conducted to clear pending passport applications under the respective RPOs. Mobile Passport Van facility has been provided at all 37 Regional Passport Offices (RPOs), including RPOs in Punjab, to increase the outreach of the RPO and provide passport service at remote, rural and underserved areas under the respective RPOs.

गंभीर चोटों के लिए इंजेक्शनों की किफायती दरें

3512. श्री हनुमान बेनीवाल:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या स्पाइनल मस्कुलर एट्रोफी और मस्कुलर डिस्ट्रॉफी जैसी गंभीर बीमारियां, जो आनुवंशिक विकारों और अन्य कारणों से होती हैं, के लिए ऐसे इंजेक्शनों और दवाओं की आवश्यकता होती है जो बहुत महंगी हैं और उन्हें विदेशों से आयात करने की आवश्यकता होती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार का विचार देश में उक्त बीमारियों के उपचार में उपयोग किए जाने वाले ऐसे इंजेक्शनों और दवाओं का घरेलू उत्पादन शुरू करने का है ताकि इन बीमारियों से पीड़ित गरीब मरीजों को वहनीय लागत पर उपचार मिल सके और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का विचार इन बीमारियों से पीड़ित रोगियों को ऐसी दवाएं और इंजेक्शन निःशुल्क उपलब्ध कराने का है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (घ): स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा दी गई जानकारी के अनुसार, दुर्लभ रोगों के उपचार के लिए आवश्यक कई औषधियां महंगी हैं क्योंकि वे देश के बाहर से आयात की जाती हैं। राष्ट्रीय दुर्लभ रोग नीति 2021 (एनपीआरडी, 2021) 15 नामित उत्कृष्टता केंद्रों के माध्यम से चिन्हित 63 दुर्लभ रोगों में से किसी भी रोग के उपचार के लिए प्रति रोगी 50 लाख रुपये तक की वित्तीय और चिकित्सा सहायता प्रदान करती है।

इसके अलावा, केंद्रीय मंत्रिमंडल ने दिनांक 24.02.2021 को औषध के लिए उत्पादन-लिंकड प्रोत्साहन (पीएलआई) योजना को मंजूरी प्रदान की है जिसका उद्देश्य औषध क्षेत्र में निवेश और

उत्पादन बढ़ाकर भारत की विनिर्माण क्षमताओं को बढ़ाना और औषध क्षेत्र में उच्च मूल्य वाले उत्पादों के विविधीकरण में योगदान देना है। स्पाइनल मस्क्युलर एट्रोफी के उपचार में प्रयुक्त एपीआई, रिस्डिप्लाम का विनिर्माण बायोफोर इंडिया फार्मास्यूटिकल्स प्राइवेट लिमिटेड द्वारा औषध के लिए पीएलआई योजना के तहत किया जा रहा है। इसके अलावा, नैटको फार्मा लिमिटेड ने इस औषधि का जेनेरिक संस्करण भारतीय बाजार में लॉन्च किया है और वह इसका उत्पादन घरेलू स्तर पर कर रही है।

समुद्री विकास कोष

3513 श्री आलोक शर्मा :

कैप्टन बृजेश चौटा :

श्री राजेशभाई नारणभाई चुड़ासमा :

श्री बिद्युत बरन महतो :

श्री अनन्त नायक :

श्री दिलीप शङ्कीया :

श्री रविन्द्र वसंतराव चव्हाण:

श्री दिनेशभाई मकवाणा :

श्री धैर्यशील संभाजीराव माणे :

श्री रमेश अवस्थी :

श्रीमती कमलेश जांगड़े :

श्री सुधीर गुप्ता :

श्री मनोज तिवारी :

श्री बिभु प्रसाद तराई :

क्या पत्तन, पोत परिवहन और जलमार्ग मंत्री यह बताने की कृपा करेंगे कि:

- (क) केंद्रीय बजट 2024-25 में घोषित समुद्री विकास कोष (एमडीएफ) की परिचालन स्थिति क्या है और इसकी स्थापना और शासन ढांचे की दिशा में उठाए गए कदमों का ब्यौरा क्या है;
- (ख) एमडीएफ के अंतर्गत निर्मित कुल कोष कितना है और देश में अब तक अनुमोदित परियोजनाओं का राज्य/जिला-वार ब्यौरा क्या है;
- (ग) इसके अंतर्गत कितनी निजी निवेश राशि जुटाई गई है;
- (घ) समुद्री उद्योग के किन क्षेत्रों और उप-क्षेत्रों/खंडों को एमडीएफ से लाभ हुआ है, जिनमें बंदरगाह, जहाज निर्माण, अंतर्देशीय जलमार्ग और तटीय शिपिंग शामिल हैं, इनका राज्य/जिला-वार ब्यौरा क्या है;
- (ङ) क्या सरकार ने इस संबंध में कोई आकलन किया है कि एमडीएफ ने समुद्री क्षेत्र में वित्तपोषण की कमी को पाटने में किस हद तक मदद की है; और
- (च) यदि हां, तो इसके निष्कर्षों का ब्यौरा क्या है?

पत्तन, पोत परिवहन और जलमार्ग मंत्री (श्री सर्बानंद सोनोवाल):

- (क): केंद्र सरकार ने समुद्री विकास निधि (एमडीएफ) के कार्यान्वयन के लिए शासी परिषद का गठन किया है। इसके अलावा, समुद्री विकास निधि (एमडीएफ) और ब्याज प्रोत्साहन निधि (आईआईएफ) के लिए परिचालन दिशानिर्देश जारी किए गए हैं।
- (ख) और (ग): एमडीएफ के तहत, समुद्री परियोजनाओं के लिए दीर्घकालिक पूंजी जुटाने हेतु 20,000 करोड़ रुपये के कोष के साथ एक समुद्री निवेश निधि का सृजन किया जाएगा, जिसमें भारत सरकार की कुल कॉर्पस की 49% की प्रतिबद्धता होगी, जो 9,800 करोड़ रुपये के समकक्ष है।
- (घ): दिशानिर्देशों के अनुसार, निवेश, समुद्री और संबंधित क्षेत्रों जैसे पोत निर्माण, पोत निर्माण क्लस्टर, पोत मरम्मत, पोत स्वामित्व, पत्तन विस्तार, अन्तर्देशीय जल परिवहन, तटीय पोत परिवहन, अंतरराष्ट्रीय पोत परिवहन आदि तक सीमित रहेगा।

(ड़) और (च): निधि के कार्यान्वयन के बाद, वित्तीय अंतरालों, यदि कोई हो, को कम करने के लिए निधि के प्रभाव का आकलन किया जाएगा।

एचपीवी टीकाकरण का परीक्षण

3514. श्री सुधाकर सिंह:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने 2010 में बिहार, आंध्र प्रदेश, गुजरात और अन्य राज्यों में किए गए एचपीवी टीकाकरण परीक्षण के साथ-साथ संसदीय स्थायी समिति की 72वीं रिपोर्ट में निहित सिफारिशों की समीक्षा की है और यदि हां, तो इस पर अब तक की गई-कार्रवाई का ब्यौरा क्या है;
- (ख) क्या बिहार और अन्य राज्यों द्वारा गेट्स फाउंडेशन और पीएटीएच के साथ हस्ताक्षरित समझौता ज्ञापनों की शर्त, वित्तीय प्रावधान, जवाबदेही तंत्र और डेटा-सुरक्षा प्रावधानों की कोई स्वतंत्र जांच या लेखापरीक्षा की गयी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या 9-14 वर्ष की आयु की लड़कियों के लिए एचपीवी टीकाकरण कार्यक्रम में सुरक्षा, सूचित सहमति, प्रतिकूल प्रभावों की निगरानी और पारदर्शिता सुनिश्चित करने के लिए कोई स्पष्ट मानक संचालन प्रक्रिया (एसओपी) लागू है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार का विचार उक्त समझौतों और कार्यक्रमों की समीक्षा के लिए एक स्वतंत्र समिति के गठन करने का है; और
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

- (क) से (ङ): एचपीवी वैक्सीन परीक्षणों के संबंध में विभाग संबंधित स्वास्थ्य और परिवार कल्याण संबंधी संसदीय स्थायी समिति की 72वीं रिपोर्ट की सिफारिशों के परिणामस्वरूप मंत्रालय द्वारा की

गई कार्रवाइयों का समिति द्वारा संज्ञान में लिया गया था, जैसा कि समिति की 81वीं रिपोर्ट में दर्शाया गया है। सरकार ने पिछले दशक में कई स्वास्थ्य अनुसंधान नियामक सुधार किए हैं, जिनमें से कुछ प्रमुख सुधार नीचे दिए गए हैं:

1. नए औषधि और नैदानिक परीक्षण नियम (एनडीसीटीआर), 2019 ने एक व्यापक नियामक ढांचा पेश किया और नैदानिक परीक्षणों और नई दवाओं के लिए अनुमोदन प्रक्रियाओं को सुव्यवस्थित किया। नियमों ने स्वास्थ्य अनुसंधान विभाग (डीएचआर) के साथ जैव चिकित्सा अनुसंधान की समीक्षा करने वाली आचार समितियों को पंजीकृत करना भी अनिवार्य कर दिया है।
2. डीएचआर और केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) ने भारत में सभी आचार समितियों के ऑनलाइन पंजीकरण के लिए नैतिक (NAITIK) पोर्टल और सुगम (SUGAM) पोर्टल की स्थापना की है। नैतिक दिशानिर्देशों और विनियमों का अनुपालन सुनिश्चित करने के लिए उनकी संरचना और कार्यों की समीक्षा की जाती है। इसके अलावा, डीसीजीआई ने पहले प्रतिभागी के नामांकन से पहले क्लिनिकल ट्रायल्स रजिस्ट्री ऑफ इंडिया (सीटीआरआई) के पोर्टल पर सभी नैदानिक परीक्षण अध्ययनों को ऑनलाइन पंजीकृत करने का आदेश दिया है।
3. परीक्षण शुरू करने से पहले वैज्ञानिक और नैतिक समीक्षा तंत्र को मजबूत किया गया है। नैतिकता समितियों को बढ़ी हुई निगरानी सुनिश्चित करने की आवश्यकता होती है, जिसमें अनुसंधान प्रस्तावों की सावधानीपूर्वक समीक्षा शामिल है ताकि यह सुनिश्चित किया जा सके कि जोखिम कम से कम हो।
4. भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने 2017 में बायोमेडिकल और स्वास्थ्य अनुसंधान के लिए राष्ट्रीय नैतिक दिशानिर्देशों को अद्यतन किया, जिसमें कमजोर प्रतिभागियों सहित अनुसंधान प्रतिभागियों की सुरक्षा के लिए सुरक्षा उपायों को लागू करने के लिए पूर्व वैज्ञानिक वैधता, मजबूत नैतिकता समिति की समीक्षा, जोखिम न्यूनीकरण रणनीतियों, सुरक्षा निगरानी और निरीक्षण और प्रतिभागियों के अनुवर्ती पालन को सुनिश्चित करने की आवश्यकता निर्धारित की गई है।
5. स्वास्थ्य अनुसंधान में अंतर्राष्ट्रीय सहयोग को पर्याप्त रूप से विनियमित करने के लिए स्वास्थ्य

मंत्रालय की जांच समिति की मानक संचालन प्रक्रियाओं (एसओपी) को संशोधित किया गया है।

चूंकि स्वास्थ्य राज्य का विषय है, इसलिए राज्य सरकारें स्वतंत्र रूप से स्वास्थ्य संबंधी मामलों पर राष्ट्रीय और अंतर्राष्ट्रीय संगठनों के साथ समझौता ज्ञापन भी करती हैं।

देश में 14 वर्ष की आयु की लड़कियों के लिए राष्ट्रव्यापी एचपीवी टीकाकरण अभियान 28 फरवरी, 2026 को शुरू किया गया था। प्रारंभिक कार्य में प्रतिरक्षण पर विशेषज्ञों के रणनीतिक सलाहकार समूह (एसएजीई), विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ), भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) और प्रतिरक्षण पर राष्ट्रीय तकनीकी सलाहकार समूह (एनटीएजीआई) सहित विश्व के वैज्ञानिक निकायों द्वारा की गई सिफारिशों को ध्यान में रखा गया था। इस रोलआउट से पहले सावधानीपूर्वक विचार-विमर्श, एनटीएजीआई मार्गदर्शन और देश के सभी 36 राज्यों/केंद्र शासित प्रदेशों में मेडिकल और पैरामेडिकल स्टाफ का व्यापक प्रशिक्षण दिया गया।

आयुष्मान आरोग्य मंदिरों- प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी), उप-जिला अस्पतालों (एसडीएच)/जिला अस्पतालों (डीएच) और सरकारी मेडिकल कॉलेजों (जीएमसी) सहित सरकारी स्वास्थ्य सुविधाओं में सिंगल-डोज गार्डसिल-4 वैक्सीन निःशुल्क दी जाती है। टीके चिकित्सा अधिकारियों की उपस्थिति में लगाए जा रहे हैं और प्रतिकूल घटनाओं, यदि कोई हो, के शीघ्र प्रबंधन के लिए 24x7 टीकाकरण के बाद प्रतिकूल घटना (ईईएफआई) प्रबंधन केंद्रों से टीकाकरण स्थलों को जोड़ा गया है। माता-पिता की सहमति अनिवार्य है, और लाभार्थी यू-विन प्लेटफॉर्म पर पंजीकरण कर सकते हैं। टीकाकरण स्वैच्छिक है, और चिकित्सा अधिकारियों को प्रतिकूल घटनाओं, यदि कोई हो, का प्रबंधन करने के लिए प्रशिक्षित किया गया है। एचपीवी टीकाकरण अभियान शुरू करने के लिए परिचालन दिशा-निर्देशों को सभी राज्यों/केंद्र शासित प्रदेशों में भेज दिया गया है।

QUANTUM COMMUNICATION BASED DEFENCE SYSTEM**3515. SHRI SHAHU SHAHAJI CHHATRAPATI:**

Will the Minister of **DEFENCE** be pleased to state:

- (a) whether the Government has any project under implementation to develop a quantum communication-based defence system;
- (b) if so, the details thereof;
- (c) the timeline for operationalisation of the said system; and
- (d) whether the Government has estimated any expenditure for development and deployment of the said system and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a) to (d): Yes. A Project for demonstrating fibre based secure quantum communication has been completed and Proof of Concept (POC) for 200 km fibre Quantum Key Distribution (QKD) has been successfully established. DRDO, in collaboration with IIT Delhi, has also demonstrated quantum entanglement based free-space quantum secure communication. A follow-up project to demonstrate Long Range Free Space Quantum Key Distribution is in planning stage and the expected cost of project will be Rs 118 Cr.

MIGRANT WORKER DATABASE AND SUPPORT**3516. SHRI RAMASAHAYAM RAGHURAM REDDY:**

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:

- (a) whether the Government has a designated and periodically updated State-wise database for Indian Migrant workers in Foreign Countries;
- (b) if so, the details of gender-wise data for Telangana, indicating the periodicity thereof;
- (c) whether steps have been taken to address issues such as lack of wages trafficking faced by migrant workers in Gulf countries, if so, the details thereof; and
- (d) the details of grievance redressal mechanisms available for these migrant workers and its operational mechanism?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a) to (d): The Ministry of External Affairs maintains data in respect of Indian workers, holding Emigration Check Required (ECR) passports, proceeding for employment to any of the notified ECR countries, through e-Migrate portal. Year-wise and gender-wise data on the number of Emigration Clearances (ECs) granted to the emigrants from Telangana during the last five years is given below:

ECs Granted Gender-wise for Telangana From 01.01.2021 to 31.12.2025		
Year	Gender	EC Count
2021	Female	120

	Male	4255
2022	Female	200
	Male	11790
2023	Female	221
	Male	10151
2024	Female	187
	Male	9663
2025	Female	130
	Male	10755

The Government of India accords highest priority to the safety, security, protection and wellbeing of Indian workers abroad, including those working in Gulf countries. There are established channels to enable them to reach out to the Indian Embassy/Consulate in case they need any assistance. They can contact the Embassy/Consulate through walk-in, email, multilingual 24x7 emergency numbers, WhatsApp numbers, grievance redressal portals like MADAD/CPGRAMS/eMigrate, and social media etc. There are dedicated Labour Wings in Indian Missions/Posts abroad for handling such matters, where there is a sizeable number of Indian migrant workers. Pravasi Bharatiya Sahayata Kendras have been set up in key locations such as Dubai, Riyadh and Jeddah, to provide guidance and counselling to the Indian workers in Gulf countries.

Indian Missions/Posts regularly organize Open Houses and Consular Camps in remote areas to get feedback from Indian workers residing in such areas and to address their grievances, if any. On receipt of complaint from or on

behalf of the emigrant worker, the same is taken up pro-actively with concerned Foreign Employer (FE) and the work place of the aggrieved worker is also visited, if required. The complaints pertaining to labour related issues are also taken up with the local labour department and other relevant authorities of the host country for redressal.

Further, as additional safeguard for protection and safety of the female domestic sector workers, Government has authorized only State run Recruiting Agencies (RAs) to recruit Indian female workers holding ECR passports for employment in the notified ECR countries through the e-Migrate Portal. Moreover, there is a minimum age criteria of 30 years for female workers holding ECR category passport for overseas employment to protect them against exploitation.

The Embassy/Consulate abroad also utilizes the Indian Community Welfare Fund (ICWF) from time to time to provide financial and legal assistance to Indian nationals in distress on a means-tested basis. Under ICWF, the major assistance includes boarding & lodging, air passage to India, legal assistance, emergency medical care, transportation of mortal remains to India, and payment of small fines and penalties.

SHORTAGE OF TRAINED MANPOWER AT PHCs IN SOLAPUR

3517. SUSHRI PRANITI SUSHILKUMAR SHINDE:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware of the inadequate infrastructure, lack of diagnostic equipment, and shortage of trained manpower at Primary Health Centres (PHCs) in Solapur, Maharashtra, if so, the details thereof;
- (b) whether any assessment has been conducted by the Government to identify PHCs that require urgent upgradation of buildings, barrier-free access, diagnostic facilities and maintenance arrangements, if so, the details thereof;
- (c) the steps taken/proposed to be taken by the Government to ensure deployment of trained staff, functional equipment, and regular maintenance systems to provide accessible and quality primary healthcare in the country; and
- (d) the timeline and dedicated funds allocated for the comprehensive upgradation of PHCs in Solapur to meet the healthcare needs of rural populations, including persons with disabilities, pregnant women and elderly patients?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): Public Health' & 'Hospitals' are State subjects, hence, the primary responsibility of providing infrastructure, diagnostic equipment and manpower in all public health facilities of the country lies with respective State/UT Government.

Health Dynamics of India (HDI) (Infrastructure & Human Resources),

2022-23 is an annual publication, based on healthcare administrative data reported by States/UTs. Details of availability of healthcare facilities, infrastructure and specialized human resources & gaps in the country, State/UT-wise including Solapur in Maharashtra, may be seen at the following link of HDI 2022-23:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

The Government of India provides incentives and honorarium to medical professionals to improve service delivery in rural and remote areas, including Maharashtra. Under National Health Mission (NHM), measures such as Hard Area Allowance for specialist doctors, flexibility to States to offer negotiable salaries including “You Quote We Pay”, non-monetary incentives like preferential admission in postgraduate courses and multi-skilling of doctors through training in Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and Life Saving Anaesthesia Skills (LSAS) are supported to address the shortage of specialists in such areas.

The Ministry of Health and Family Welfare (MoHFW) has been actively implementing the IPHS 2022 guidelines to provide uniform, high-quality health services across all states. Implementing IPHS is vital for improving healthcare delivery nationwide and ensuring all citizens access essential minimum standards of health services.

Under National Health Mission, institutional framework has been set up at National (Central Quality Supervisory Committee), State (State Quality Assurance Committee), District (District Quality Assurance Committee) and Facility level (District Quality Team) to oversee the quality assurance activities across the regions in accordance with the National & State's guidelines to ensure regular and accurate reporting of the various key quality indicators.

Under National Health Mission (NHM), the performance of various health programmes is regularly assessed in the country including remote, hilly and tribal areas, through review meetings, mid term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status of various schemes.

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources. The details of RoPs issued to States/UTs including Maharashtra, are available at following web link:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

Through 1.83 lakh Ayushman Arogya Mandirs (AAMs), comprehensive

primary healthcare is provided by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs). These AAMs provide preventive, promotive, rehabilitative and curative care for an expanded range of services encompassing reproductive and child healthcare services, Communicable diseases, Non-communicable diseases and other health issues.

The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of Rs.70,051 crore and the same have been accepted by the Union Government. These grants for health through Local Governments will be spread over the five-year period from FY 2021-2022 to FY 2025-26 and will facilitate strengthening of health system at the grass-root level. Total amount of Rs.7063.60 crore has been allocated under FC-XV health grant for the State of Maharashtra including Solapur for FY 2021-22 to FY 2025-26.

RECOGNISED AYUSH COLLEGES

3518. CAPTAIN BRIJESH CHOWTA:

SHRI ANURAG SINGH THAKUR:

Will the Minister of **AYUSH** be pleased to state:

- (a) the total number of currently recognised AYUSH colleges covering Ayurveda, Unani, Siddha, Homoeopathy and Sowa-Rigpa, discipline-wise with their respective seat intake capacities in the country, State/UT-wise, particularly district-wise details for Karnataka and Himachal Pradesh;
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- (b) the details of funds allocated for research and development under each AYUSH discipline and grants disbursed to Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM), Central Council for Research in Homoeopathy (CCRH), Central Council for Research in Yoga & Naturopathy (CCRYN) and allied statutory bodies during the last five years, year-wise;
- (c) the detailed procedure followed by the National Commission for Indian System of Medicine (NCISM) and National Commission for Homoeopathy (NCH) for granting permission and recognition to new AYUSH colleges including inspection mechanisms and compliance timelines;
- (d) the number of faculty vacancies existing in AYUSH colleges nationwide and the steps taken by the Government for their fulfilment; and
- (e) whether any national curriculum standardisation framework for AYUSH education has been notified and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): The total number of currently recognised Ayurveda, Unani, Siddha, Sowa-Rigpa and Homoeopathy (ASUSR & H) colleges with their respective seat intake capacities in the country, State/UT-wise are given in the enclosed **Statement-I** and district-wise details of ASUSR & H colleges in the Karnataka and Himachal Pradesh are given in the enclosed **Statement-II**.

(b): The details of funds allocated for research and development under each Ayush discipline and grants disbursed to Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM), Central Council for Research in Homoeopathy (CCRH), Central Council for Research in Yoga & Naturopathy (CCRYN), the Institute of Teaching and Research in Ayurveda (ITRA), the National Commission for Indian System of Medicine (NCISM) and National Commission for Homoeopathy (NCH) during the last five years, year-wise are given in the enclosed **Statement-III**.

(c): The procedure for granting permission and recognition to new Ayurveda, Siddha, Unani, Sowa- Rigpa and Homoeopathy colleges is prescribed under Section 29 of the National Commission for Indian System of Medicine Act, 2020 and the National Commission for Homoeopathy Act, 2020, and the regulations framed thereunder by the respective National Commission for Indian System of Medicine(NCISM) and the National Commission for Homoeopathy(NCH). Institutions seeking to establish new colleges, start new courses, or increase seats are required to submit a scheme/application to the respective Commission. The application is examined in reference to the prescribed standards under their respective regulations given in the enclosed **Statement-IV**.

(d): The National Commission for Indian System of Medicine and the National Commission for Homoeopathy have notified regulations prescribing the minimum faculty requirements for ASUSR & H colleges under the Minimum

Essential Standards, Assessment and Rating (MESAR) Regulations and other relevant regulations for undergraduate and postgraduate courses. These regulations mandate the required number and qualifications of faculty for running these institutions. The filling up of faculty posts in ASUSR & H colleges fall within the purview of the respective State Governments/Union Territory Administrations and the management of the concerned institutions. The concerned State Governments/UT Administrations and institutions are responsible for ensuring compliance with these norms and for filling up vacant faculty posts accordingly.

(e): The curriculum framework for ASUSR&H education are given in the enclosed **Statement-V**.

STATEMENT-I

Number of ASUSR&H Colleges along with the intake capacity of Under-Graduate and Post-Graduate seats State/UT-wise details:

S. No.	State/UTs	Ayurveda			Siddha			Unani			Sowa-Rigpa			Homoeopathy		
		No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats
1.	Andhra Pradesh	3	215	61	0	0	0	1	50	0	0	0	0	7	563	54
2.	Arunachal Pradesh	1	30	0	0	0	0	0	0	0	0	0	0	1	50	0
3.	Assam	1	63	30	0	0	0	0	0	0	0	0	0	1	63	0
4.	Andaman and Nicobar Islands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	Bihar	11	753	93	0	0	0	5	325	31	0	0	0	15	825	73
6.	Chandigarh	1	100	24	0	0	0	0	0	0	0	0	0	1	50	0
7.	Chhattisgarh	8	670	82	0	0	0	0	0	0	0	0	0	3	200	0
8.	NCT of Delhi	3	200	164	0	0	0	2	135	22	0	0	0	3	188	32
9.	Dadra Nagar Haveli and Daman Diu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Goa	2	160	47	0	0	0	0	0	0	0	0	0	1	50	0
11.	Gujarat	49	3969	373	0	0	0	0	0	0	0	0	0	51	4920	346
12.	Haryana	16	1278	125	0	0	0	0	0	0	0	0	0	1	50	0
13.	Himachal	4	255	79	0	0	0	0	0	0	1	15	0	1	75	0

S. No.	State/UTs	Ayurveda			Siddha			Unani			Sowa-Rigpa			Homoeopathy		
		No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats
	Pradesh															
14.	Jammu and Kashmir	2	123	50	0	0	0	4	160	18	0	0	0	1	63	0
15.	Jharkhand	0	0	0	0	0	0	0	0	0	0	0	0	7	433	37
16.	Karnataka	103	7670	1152	0	0	0	6	315	88	1	15	0	19	1520	156
17.	Kerala	18	1124	330	1	50	0	1	60	0	0	0	0	6	315	83
18.	Ladakh	0	0	0	0	0	0	0	0	0	2	25	0	0	0	0
19.	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20.	Madhya Pradesh	39	3443	208	0	0	0	4	245	22	0	0	0	27	2520	237
21.	Maharashtra	153	12507	1763	0	0	0	8	510	17	0	0	0	72	6008	447
22.	Manipur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23.	Meghalaya	2	163	16	0	0	0	0	0	0	0	0	0	1	63	8
24.	Mizoram	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25.	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26.	Orissa	5	385	33	0	0	0	0	0	0	0	0	0	7	276	4
27.	Pondicherry	1	63	0	0	0	0	0	0	0	0	0	0	0	0	0
28.	Punjab	19	1190	30	0	0	0	1	50	0	0	0	0	4	220	18
29.	Rajasthan	18	1255	320	0	0	0	3	173	0	0	0	0	12	905	100
30.	Sikkim	0	0	0	0	0	0	0	0	0	1	15	0	0	0	0
31.	Tamil Nadu	8	430	30	16	1040	152	1	75	11	0	0	0	14	1113	123

S. No.	State/UTs	Ayurveda			Siddha			Unani			Sowa-Rigpa			Homoeopathy		
		No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats	No. of Colleges	UG seats	PG seats
32.	Telangana	2	126	48	0	0	0	2	294	63	0	0	0	6	575	187
33.	Tripura	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34.	Uttar Pradesh	100	7483	370	0	0	0	17	960	193	1	15	0	16	1456	165
35.	Uttarakhand	20	1405	221	0	0	0	1	60	0	0	0	0	2	100	0
36.	West Bengal	4	185	24	0	0	0	1	40	0	1	15	0	12	758	116
Total		593	45245	5673	17	1090	152	57	3452	465	7	100	0	291	23359	2186

*Source by NCISM

*Source by NCH

STATEMENT-II**A. District-wise details of Ayurveda Colleges for Karnataka and Himachal Pradesh for the academic year 2025-26***

S. No	Name of the College	District	State	Govt./Aided / Private/ Deemed	Intake Capacity UG	Intake Capacity PG
1.	Shri Veerpulikeshi Rural Vidyavardhak Samasth's Rural Ayurvedic Medical College, Hospital & Research Centre ,Opp. J.M.F.Court, Ramadurg Road, P.O & Tq. Badami, Distt. Bagalkot-587201, Karnataka	Badami	Karnataka	Private	60	0
2.	Shri Kalidas Ayurvedic Medical College, Banashankari Road, Post: Badami, Distt. Bagalkot-587201, Karnataka	Badami	Karnataka	Private	60	0
3.	Shri Bahubali Vidhyapeeth's J.V. Mandal's Grameen Ayurvedic Medical College Gurukul Campus, Tq. Jamkhandi, Distt. Bagalkot, Terdal -587315, Karnataka	Bagalkot	Karnataka	Private	60	0
4.	MRN Ayurvedic Medical college Hospital and Research Centre, Navanagar, Distt. Bagalkot-587104, Karnataka	Bagalkot	Karnataka	Private	60	0

5.	Shri Basaveshwar Vidya Vardhak Sangha, Ayurved Medical College & Hospital, P.B. No. 34. Distt. Bagalkot-587101, Karnataka	Bagalkot	Karnataka	Private	100	20
6.	Smt. Shantadevi Memorial Ayurvedic Medical College & Hospital, Badagandi, Tq. Bilagi, Dist Bagalkot-587116, Karnataka	Bagalkot	Karnataka	Private	60	0
7.	T.M.A.E Society's Ayurvedic Medical College, Sankalapura, Tanda, Ballary, Road, Hospet-583201, Karnataka	Ballari (Bellary)	Karnataka	Private	60	3
8.	Karnataka Liberal Education University, Shri B.M. Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belgaum-590003, Karnataka	Belagavi (Belgaum)	Karnataka	Deemed University (Private)	100	100
9.	SNVV Samasthe's SGV Ayurved Medical College, Hospital & Research Centre, Tal: Bailhongal, Distt. Belgaum-591102, Karnataka	Belagavi (Belgaum)	Karnataka	Private	60	0
10.	Latthe Education Society's Acharya Deshabhushan Ayurvedic Medical College & Hospital, A/P- Bedkihal, Shamanewadi, Tal-Chikodi, Distt. Belgaum-591214, Karnataka	Belagavi (Belgaum)	Karnataka	Private	60	0

11.	SBG Ayurvedic Medical College & Hospital, CTS No.-4125/2B, Laxami Tekadi, Opp. Federal Bank, Ganeshpur Road, Belgavi-590009, Karnataka	Belagavi (Belgaum)	Karnataka	Private	60	0
12.	Shri Shivayogeshwar Rural Ayurvedic Medical College & Hospital, Tq:-Saundatti, Distt.-Belgaum, Inchal – 591102, Karnataka	Belagavi (Belgaum)	Karnataka	Private	100	30
13.	Kannada Balag Society's Rural Ayurveda Medical College, Auto Nagar, Main Double Road, Tq & Distt. Belgaum-590016, Karnataka	Belagavi (Belgaum)	Karnataka	Private	40	0
14.	Shree Chhatrapati Shivaji Education Society's Dhanwantari Ayurvedic Medical College, Hospital & Research Centre, Industrial Area, Shiv- Shankar Nagar, Jatrat Road, Nipani, Tal: Chikodi, Dist Belgaum, Bangalore-591237, Karnataka	Belagavi (Belgaum)	Karnataka	Private	40	0
15.	Dr. Ravi Patil Ayurvedic Medical College and Hospital, at Village Honaga Taluka & Dist Balagavi-591156, Karnataka	Belagavi (Belgaum)	Karnataka	Private	60	0

16.	Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, No.10, Pipe Line Road, R.P.C Layout, Vijayanagar, Bangalore-560104, Karnataka	Bengaluru	Karnataka	Private	100	30
17.	Shri Dharmasthala Manjunatheshwara Institute of Ayurveda & Hospital, Anchepalya, Kumbalagouda Village, Bengaluru-560074, Karnataka	Bengaluru	Karnataka	Private	100	36
18.	Sushruta Ayurvedic Medical College & Hospital, Prashanti Kuteera, Jodi Bingipur, Jigani Hobli, Anekal Taluk, Bangalore – 560 106, Karnataka	Bengaluru	Karnataka	Private	100	8
19.	Sri Sri College of Ayurvedic Sciences & Research, 21st KM Kanakapura Road, Post Udayapura, Bangalore-560062 Karnataka	Bengaluru	Karnataka	Private	100	57
20.	Atreya Ayurvedic Medical College, Hospital & Research Centre Post Kodigehalli, Doddaballapura, Bangalore-561203, Karnataka	Bengaluru	Karnataka	Private	100	0

21.	Govt. Ayurvedic Medical College, Dhanwantri Road, Bangalore-560009, Karnataka	Bengaluru	Karnataka	Government	100	45
22.	Indian Institute of Ayurvedic Medicine & Research, Lingadeeragollahalli, Kundana, Hobli, near Kempegowda International Airport, Taluk, Bangalore- 562110, Karnataka	Bengaluru	Karnataka	Private	60	0
23.	Sri Balaji Education Trust, Rama Krishna Ayurvedic Medical College and Research Centre, #54/2, Ramagondanahalli, Yelahanka, Bangalore- 560064, Karnataka	Bengaluru	Karnataka	Private	60	25
24.	Hillside Ayurvedic Medical College & Hospital, No.174/2, Saldoddi, Agara Village Bangalore-62, Karnataka	Bengaluru	Karnataka	Private	50	0
25.	K.T.G. Ayurvedic Medical College & Hospital, Sy.No.93 & Sy.No 78/5, Sreegandhada kavalu, Via: Magadi Main Road, Hegganhalli Cross, Sunkadakatte-Peenya Road, Vishwaneedma Post, Bangalore-560091, Karnataka	Bengaluru	Karnataka	Private	60	0

26.	Sri Paripoorna Sanathana Ayurveda Medical College, Hospital And Research Centre, At No. 91, Kaivalya Sannidana, Arjunabettahalli, Gollahalli Post, Nelamangala Taluk, Bengaluru, Karnataka	Bengaluru	Karnataka	Private	60	0
27.	Adichunchanagiri Ayurvedic Medical College, Hospital & Research Center, Survey No.-112, Nagaruru, Dasanapura Hobli, Nelamangala, Bengaluru, Karnataka	Bengaluru	Karnataka	Private	100	0
28.	Achutha Ayurveda Medical College, Hospital and Research Centre, Gopalapura, Baglur Post, Bangalore-560041, Karnataka	Bengaluru	Karnataka	Private	60	0
29.	Hita Ayurvedic Medical College, Hospital & Research Centre, No. 161/64 Doddabidarakallu, Gangondanahalli Main Road Nagasadra Post, Yashwantanthpura Hobli, Bangalore-560073, Karnataka	Bengaluru	Karnataka	Private	60	0
30.	YET's Sri Siddhrameshwar Ayurvedic Medical College, Hospital & Research Centre, Naubad, Bidar-585402, Karnataka	Bidar	Karnataka	Private	60	0

31.	N.K. Jabshetty Ayurvedic Medical College & P.G. Centre, Siddaroodh Math, Gumpa, Manhalli Road, Bidar-585403, Karnataka	Bidar	Karnataka	Private	100	26
32.	Bidar Vidya Kendra (R) Akkamahadevi Ayurvedic Medical College & Research Centre, Chidri, Bidar-585403, Karnataka	Bidar	Karnataka	Private	30	0
33.	H.K.D.E.T'S Rajarajeshwari Ayurvedic Medical College & Hospital, NH-9, Veerbhadragiri, Sindenkera Cross, Humnabad-585330, Distt.-Bidar, Karnataka	Bidar	Karnataka	Private	100	24
34.	Neelganga Education Trust, Neelganga Neelaya, 03, 3rd Main 4th Cross Jyoti Nagar, Muneshwara, Layout, Chikabetthal, Vidyaranyapura, Bangalore-560079, Karnataka	Bidar	Karnataka	Private	60	0
35.	Basavaraj Patil Memorial Ayurvedic Medical Hospital & Research Centre, Near Sindenkera Cross, NH-65, Veerabhadragiri, Humnabad, Basava Kalyan, Bidar-560073, Karnataka	Bidar	Karnataka	Private	100	0
36.	Aroor Laxminarayana Rao Memorial Ayurvedic Medical College, Koppa- 577126, Distt. Chikmagalur, Karnataka	Chikkamag aluru	Karnataka	Private	60	16

37.	Prakruthi Ayurveda Medical College & Hospital, Challakere Toll gate, NH-4, Chitradurga, Karnataka-577501	Chitradurga	Karnataka	Private	60	0
38.	Bapuji Ayurvedic Medical College and Hospital, Bapuji Campus, T.R. Nagara, Challakere, Distt. Chitradurga-577522, Karnataka	Chitradurga	Karnataka	Private	60	0
39.	Sri Raghavendra Ayurveda Medical College & Hospital, P.O Malladihalli, Tq. Holalkere, Distt. Chitradurga-577531, Karnataka	Chitradurga	Karnataka	Private	60	0
40.	Amrutha Ayurvedic Medical College & Hospital Behind Onake Obavva Stadium Dist. Chitradurga-577501, Karnataka	Chitradurga	Karnataka	Private	60	0
41.	Prasanna College of Ayurveda and Hospital, at Laila, Belthangady-574214, Karnataka	Dakshina Kannada	Karnataka	Private	100	0
42.	Ashwini Educational Association's Ayurved Medical College & PG Centre, #405/1, Opp. Bathi Lake, "Ashwini Nagar", P.B. Road, Dist. Davangere-577566, Karnataka	Davanager e	Karnataka	Private	60	12
43.	Tapovana Ayurvedic Medical College & Hospital	Davanager e	Karnataka	Private	60	0

	Doddabathi – 577566, Davangere, Karnataka					
44.	Sushruta Institute of Ayurveda Medical Sciences & Research Center, No. 154/1 near Srirama Nagar, Davangere-577005, Karnataka	Davanager e	Karnataka	Private	60	0
45.	Shri C.B. Guttal Ayurvedic Medical College, Shri R.F. Neeralkatti Educational Campus, Dharwad-580001 Karnataka	Dharwad	Karnataka	Private	100	0
46.	Mahaganapati Ayurvedic College, Hoysalnagar, Halyal Road, Distt. Dharwad-580003, Karnataka	Dharwad	Karnataka	Private	60	0
47.	R.G.E Society's Atharva Ayurvedic Medical College and Hospital, Dharwad Plote No 1- B1 Belure Industrial Area, Dharwad Karnataka -580011	Dharwad	Karnataka	Private	60	0
48.	S.S.V. Samiti's Shri SBS Ayurvedic Medical College, Mundargi, Distt. Gadag- 582118, Karnataka	Gadag	Karnataka	Private	60	0
49.	JSVV Samsthe's Danappa Gurushiddappa Melmalagi Ayurvedic Medical College, Hospital, Dr. Savadi Road, Shivananda Nagar, Ta. & Distt. Gadag-582103, Karnataka	Gadag	Karnataka	Grant-in-aid	60	19

50.	Bagamar Seva Samiti's Bhagwan Mahaveer Jain Ayurvedic Medical College & Hospital, Gajendergad Tq. Ron, Distt. Gadag-582114, Karnataka	Gadag	Karnataka	Private	60	20
51.	Shri Bidarur Institute of Ayurveda and Hospital, near SMK Nagar, Gadag-Balanugar Road, Gadag-582101, Karnataka	Gadag	Karnataka	Private	60	0
52.	Sri Dharmastala Manjunatheshwara College of Ayurveda and Hospital Thanniruhalla, B M Road, Taluka & Distt. Hassan-573201, Karnataka	Hassan	Karnataka	Private	100	93
53.	Rajeev Institute of Ayurvedic Medical Sciences and Research Centre, Hassan-573201, Karnataka	Hassan	Karnataka	Private	60	0
54.	Sindagi Shanta Veereshwar, Ayurvedic Medical College & Hospital, Shantaveera Nagar, Ijarilakamapur, P.B. Road, Distt.-Haveri-581183, Karnataka	Haveri	Karnataka	Private	60	0
55.	Ayurved Mahavidyalaya & Hospital, Heggeri Extension Old Hubli-508824, Karnataka	Hubballi (Hubli)	Karnataka	Government aided	60	36
56.	Jain AGM Ayurveda Medical College & Hospital, At/Post Navagrahateertha, N.H-4 Road, Varur-Chabbi-	Hubballi (Hubli)	Karnataka	Private	100	15

	581207, Tq. Hubballi, Distt. Dharward, Karnataka					
57.	Karnataka State Government Daily Wages Employee's Federation, Sanjeevini Ayurveda Medical College and Hospital, Dr. K.S. Sharma Campus, Vishwashrama Chetana, Basaveshwara Nagar, Gokul Road, Hubballi-580030, Karnataka	Hubballi (Hubli)	Karnataka	Private	60	0
58.	AGM Ayurvedic Medical College & Hospital, Algur RC Jamkhandi-Bagalkot-587301, Karnataka	Jamkhandi	Karnataka	Private	60	0
59.	Shri Hingulambika Education Society's Ayurvedic Medical College, Hospital & Research Centre, Bhavsar Nagar, Sedam Road, Gulbarga-585106, Karnataka	Kalaburagi (Gulbarga)	Karnataka	Private	60	0
60.	Shri Basaveshwara Ayurvedic Medical College, Hospital and Research Centre, Shadabad Road Kalaburgi-585105, Karnataka	Kalaburagi (Gulbarga)	Karnataka	Private	60	0
61.	Samata Ayurvedic Medical College, Hospital and Research Centre, Opp. Koralli Cross, SH10, Aland Kalaburgi-585302, Karnataka	Kalaburagi (Gulbarga)	Karnataka	Private	60	0

62.	Shri Jagadguru Gavisiddheshwar Ayurvedic Medical College, Post Graduate Studies & Research Center, Koppal – 583231, Karnataka	Koppal	Karnataka	Private	100	36
63.	S A Ningoji Ayurvedic Medical College, Hospital & Research Centre, Dadegal, Koppal-583231, Karnataka	Koppal	Karnataka	Private	60	0
64.	Agastya Ayurveda Medical College and hospital, Opp. to KIMS, Kidadal Road, Koppal- 583231, Karnataka	Koppal	Karnataka	Private	60	0
65.	Maharaja Institute of Ayurveda Medical Science & Hospital, Belawadi, Srirangapatna Taluk, Mandya District - 571477, Karnataka	Mandya	Karnataka	Private	60	0
66.	K.V.G Ayurved Medical College & Hospital, Ambatedka Sullia, Distt. Dakshin,Kannada -574327, Karnataka	Mangaluru (Mangalore)	Karnataka	Private	100	34
67.	Yenepoya Ayurvedic Medical College & Hospital, R.S.No.28/29/32: Naringana Village, Post: Deralakatte (Mangaluru) Talk: Bantval, Distt. Dikshin Kannada-575018, Karnataka	Mangaluru (Mangalore)	Karnataka	Deemed University (Private)	100	0

68.	Karavali Ayurvedic Medical College Hospital & Research Centre, Neeramarga, Mangalore-575029, Karnataka	Mangaluru (Mangalore)	Karnataka	Private	60	0
69.	Sharada Ayurveda Medical College and hospital, Devinagar, Talapady Mangaluru, Karnataka	Mangaluru (Mangalore)	Karnataka	Private	60	0
70.	Kanachur Ayurveda Medical College and Hospital, Natekal Deralakatte PO, Mangalore-575018, Karnataka	Mangaluru (Mangalore)	Karnataka	Private	100	
71.	Govt. Ayurveda Medical College & Hospital, Sayyaji Rao Road, Vishweshwaraiah Circle, Distt. Mysore-570021, Karnataka	Mysuru (Mysore)	Karnataka	Government	100	22
72.	Cauvery Ayurvedic Medical college & Hospital, 131/01,2D,2E,2F,KBL Layout, Devegowda circle, Mysuru-570028 Karnataka	Mysuru (Mysore)	Karnataka	Private	60	0
73.	JSS Ayurveda Medical College, No. 41/E, Lalithadripura Road, Mysore-570028, Karnataka	Mysore	Karnataka	Private	100	53
74.	Shri Vijay Mahantesh Ayurvedic Medical College, Tq. –Hungund, Dist. Bagalkot, Ilkal-587125, Karnataka	Ilkal	Karnataka	Private	60	30

75.	Shri Jagadguru Gurusiddeshwar Co-Operative Society's Sahakar Maharshi, Shri B. A. Patil Ayurvedic Medical College, Tal-Gokak, Dist. Belgaum, Ghataprabha-591310, Karnataka	Ghataprabha	Karnataka	Private	100	0
76.	Alva's Ayurveda Medical College, Moodbidri, South Canara, Distt. Dakshin-574227, Karnataka	Dakshin	Karnataka	Private	100	75
77.	Rajiv Gandhi Education Society's Ayurvedic Medical College & Hospital Taluka Ron, Dist. Gadag-582209, Karnataka	Gadag	Karnataka	Private	100	36
78.	S.G.E.S,S Dr. N.A. Magadum, Ayurvedic Medical College & Hospital, At. Ankali, Tq-Chikodi, Distt. Belgaum, Karnataka	Belgaum	Karnataka	Private	100	12
79.	Karnataka Ayurveda Medical College & Hospital, K.E.C.T Tower, Hoigebail, Ashok Nagar, P. O. Mangalore D.K.-575006, Karnataka	Mangalore	Karnataka	Private	100	25
80.	SDM Trust's Ayurvedic Medical College, Padma Ayurvedic Hospital & Research Centre, Terdal, Tq. Jamkhandi, Dist. Bagalkot-587315, Karnataka	Bagalkot	Karnataka	Private	100	15

81.	Taranath Govt. Ayurvedic Medical College, Ananthpura Road, Bellary-583101, Karnataka	Bellary	Karnataka	Government	60	31
82.	Sharada Ayurvedic Medical College & Hospital, at Mundarga, Distt. Yadgir-585202, Karnataka	Yadgir	Karnataka	Private	60	0
83.	Swamy Vivekananda Ayurvedic Medical College and Hospital, Kesaratti Lingasgur, Distt. Raichur, Karnataka- 584122	Raichur	Karnataka	Private	60	0
84.	KLE Ayurveda Medical College, C.B. Kore Polytechnic Campus, Chikodi-591201, Dist.-Belagavi, Karnataka	Belagavi	Karnataka	Private	100	0
85.	A.V. Samiti's Ayurveda Mahavidyalaya, Vidya Nagar, Bagalkot Road, Dist. & Tal Bijapur-586109, Karnataka	Bijapur	Karnataka	Private	100	22
86.	S.S. Jambagi Memorial Education & Charitable Trust's Shri Siddhivinayaka Rural Ayurveda College, Harugeri, Gokal Road, Bagalkot, Karnataka-591220	Bagalkot	Karnataka	Private	100	0
87.	Shree Beereshwar Shikshan Sanstha, Krishna Ayurvedic Medical College & Hospital, Behind Syrian Hospital, Old PB Road,	Belgaum	Karnataka	Private	100	0

	At/Post:Sankeshwar-591313, Tq: Hukkeri, Distt., Belgaum, Karnataka					
88.	Spoorthi Ayurvedic Medical College & Dr. SV Savadi Hospital, Gangavathi, Koppal Dt, Karnataka-583227	Koppal	Karnataka	Private	60	0
89.	Kalmathada Pujya Sri Virupaksha Shivacharya Ayurvedic Medical College & Hospital, Manvi, Dist. Raichur-584123, Karnataka	Raichur	Karnataka	Private	60	0
90.	Poornima Ayurvedic Medical College, Hospital & Research Centre, SY No.-1163, MPL No.-4-4-409, Mantralaya Road, Raichur-584103, Karnataka	Raichur	Karnataka	Private	60	0
91.	Rajashekaraiah Institute of Ayurvedic Medical Sciences & Hospital, NH-75, Solur Village, Magadi Tq, Ramnagar Dist.-561227, Karnataka	Ramanagara	Karnataka	Private	100	0
92.	Bapuji Ayurvedic Medical College & Hospital, Sowlanga Road, Opp. A.G. College, Channamumbapura, Shimoga-577204, Karnataka	Shivamogga(Shimoga)	Karnataka	Private	50	0
93.	Govt. Ayurveda Medical College & Teaching Hospital, Opposite to I.B., Sagar Road, Shivamogga-	Shivamogga(Shimoga)	Karnataka	Government	60	0

	577201, Karnataka					
94.	TMAES Ayurvedic Medical College, Nidige P.O. Shimoga- 560001, Karnataka	Shivamogga(Shimoga)	Karnataka	Private	60	0
95.	Ashwini Ayurvedic Medical College & Research Centre, Ring Road, Maralur Taluk & Distt. Tumkur-572105, Karnataka	Tumkur	Karnataka	Private	100	15
96.	Kundapura Rural Ayurveda Medical College & Hospital, #1-57/3. Prafulla Encalve, Halady Road, Koteshwara, Kundapura-576222, Karnataka	Udupi	Karnataka	Private	100	0
97.	SDM, College of Ayurveda & Hospital, Laxminarayan, Nagar, P.O. Kuthpady Taluk and Distt. Udupi-574118, Karnataka	Udupi	Karnataka	Private	100	71
98.	Muniyal Institute of Ayurveda Medical Sciences, No.34/C, Shivalli Industrial Area, Taluk & Distt. Udupi, Manipal-576104, Karnataka	Udupi	Karnataka	Private	100	29
99.	Dhanvantari Ayurveda College & Hospital, Siddapur, Sirsi Road, Distt.- Uttara Kannada 581355, Karnataka	Uttara Kannada	Karnataka	Private	100	10
100.	Rashmi Institute of Ayurveda Medical Science and Research Centre, Sandur	Vijayanagara	Karnataka	Private	100	0

	Road, Govindagir Kudligi (P) and (TQ)- 583135, Vijayanagara (D), Karnataka					
101.	SMVVS, Smt. Rajeshwari Karpurmath Memorial Ayurved Medical College & Research Centre, 100 ft. Ring Road, Behind KC Nagar, Bijapur-586103, Karnataka	Vijayapura (Bijapur)	Karnataka	Private	60	0
102.	Dr. Basavaraj Nagur Mamorial Trust, Dr. B.N.M Rural Ayurvedic Medical College & Hospital, Smt. Sushiladevi, Nagur Colony College Road, Tq. & Distt. Bijapur-586101, Karnataka	Vijayapura (Bijapur)	Karnataka	Private	60	21
103.	Taluka Shikshan Prasarak Sahakara Mandali Ayurvedic Medical College and Hospital, Sindgi, Distt. Bijapur-586128, Karnataka	Vijayapura (Bijapur)	Karnataka	Private	40	0
104.	Shiva Ayurvedic Medical College and Hospital, Village Luhanu Kanetain, P.O. Chandpur Tehsil Sadar, Distt. Bilaspur, Himachal Pradesh-174004	Bilaspur	Himachal Pradesh	Private	60	15
105.	Rajiv Gandhi Govt. Post-Graduate, Ayurvedic College, Paprola, Tehsil-Bajjnath, Distt. Kangra-176115, Himachal Pradesh	Kangra	Himachal Pradesh	Government	75	56

106.	Abhilashi Ayurvedic College & Research Institute, Chail Chowk, Teh. Chachiot, Mandi-175008, Himachal Pradesh	Mandi	Himachal Pradesh	Private (constitute college of university)	60	8
107.	Awasthi Ayurvedic Medical College & Hospital, Ward no. 09, Nalagarh, Distt. Solan-174101, Himachal Pradesh	Nalagarh	Himachal Pradesh	Private	60	0

B. District-wise details of Unani Colleges for Karnataka and Himachal Pradesh for the academic year 2025-26

S. No	Name of the College	District	State	Govt./ Aided /Private/ Deemed	Intake Capacity UG	Intake Capacity PG
1	Luqman Unani Medical College & Hospital, 12, Naubag, Bijapur-586101, Vijayapura, Karnataka	Vijayapura	Karnataka	Private	60	7
2	Tipu Sultan Shaheed Education Trust, Unani Medical College, Millat Nagar, Kalaburagi (Gulbarga), Ring Road, Gulbarga-585104, Karnataka	Kalaburagi (Gulbarga)	Karnataka	Private	60	0
3	Inamdar Unani Medical College & Hospital, Chacha Layout Behind Mahindra Showroom, Sedam Road, Gulbarga, Kalaburgi-585105, Karnataka	Kalaburagi (Gulbarga)	Karnataka	Private	60	0

4	HMS Unani Medical College & Hospital, Sadashiv Nagar, II Stage, Ring Road, P.O. Marlur, Tumkur-572105, Karnataka	Others	Karnataka	Private	60	0
5	Govt. Unani Medical College, Dr. Siddaiah Puranik Road, Basaveshwara nagar, Bangalore-560079, Karnataka	Bengaluru	Karnataka	Government	75	10
6	National Institute of Unani Medicine, Kottige Palaya, Magadi Main Road, Bangalore-560091, Karnataka	Bengaluru	Karnataka	National Institute (government)	0	71

C. District-wise details of Sowa-Rigpa Colleges for Karnataka and Himachal Pradesh for the academic year 2025-26

S. No	Name of the College	District	State	Govt./ Aided/ Private/ Deemed	Sanction Seats in UG
1	Men-Tsee-Khang (Sowa Rigpa) Medical College & Hospital, Near The Dalai Lama Institute of Higher Education, Sheshagirihalli Hejjala Post, Bidadi hobli, District and Taluk Ramanagara, Bengaluru, Karnataka-562109	Bengaluru	Karnataka	Private	15
2	Men-Tsee-Khang Sowa-Rigpa Medical College & Hospital, Gangchen Kyishong Dharamsala Distt. Kangra, Himachal Pradesh	Dharamshala	Himachal Pradesh	Private	15

	176215				

***Source by NCISM**

D. District-wise details of Homoeopathy Colleges for Karnataka and Himachal Pradesh for the academic year 2025-26**

S. No	Name of the College	District	State	Govt./ Aided /Private/ Deemed	Intake Capacity UG	Intake Capacity PG
1.	Bhartesh Homoeopathic Medical College, B.C.- 188, Old P.B. Road Dharwar, Belgaum-590016, Karnataka	Belgaum	Karnataka	Private	100	18
2.	S.B. Shirkoli Homoeopathic Medical College, Anant Vidya Nagar, P.B. No.16, Sankeshwar- 591 313, Distt. Belgaum, Karnataka	Belgaum	Karnataka	Private	50	0
3.	A.M. Shaikh Homoeopathic Medical College, Nehru Nagar, Belgaum-590 010, Karnataka	Belgaum	Karnataka	Private	100	21
4.	S.C.S.E. Society's. Shiv Basav Jyoti Homoeopathic Medical College, R.S. No.43/2A, Plot No.8, Indal Road, Azam Nagar,Belgaum – 590010, Karnataka	Belgaum	Karnataka	Private	100	0
5.	KLE University's Homoeopathic Medical College & Hospital, Yellur Road, Belagavi – 59005, Karnataka	Belagavi	Karnataka	Private/ Deemed University	100	0

6.	BVV Sangha BVVS Homoeopathic Medical College and Hospital, BVVS Old Campus, Belgavi- Raichur Road, Bagalkot 587101, Karnataka	Bagalkot	Karnataka	Private	60	0
7.	The Holy Family Education Society, Rosy Royal Homoeopathic Medical College & Hospital, Vill- Mallapura, Nelamangala, Bangalore-562162, Karnataka	Bangalore	Karnataka	Private	60	0
8.	Govt. Homoeopathic Medical College, Dr. Siddaiah Puranik Road, (Near Govt. Medical Stores) Basaveshwara-Nagar, Bangalore-560 079, Karnataka	Bangalore	Karnataka	Government	100	28
9.	Bhagwan Buddha Homoeopathic Medical College and Hospital, 'Srinidhi Complex' Mallathalli, Bangalore, Karnataka	Bangalore	Karnataka	Private	100	0
10.	SVE Trust's Veerabhadreswar Homoeopathic Medical College & Hospital, Near Sai Baba Temple, Humnabad (Post & Tq) Dist. Bidar- 585330, Karnataka	Bidar	Karnataka	Private	60	0
11.	Dr. B.D. Jatti Homoeopathic Medical College and Hospital, D.C. Compound, Dharwad-	Dharwad	Karnataka	Private	100	17

	580001, Karnataka					
12.	Sri Basaveshwar Rural Education and Development Trust Sri Sathya Sai College of Homoeopathic Medical Sciences, Plot No. 19 'C', Industrial Area, Sattur, Dharwad-580009, Karnataka	Dharwad	Karnataka	Private	50	0
13.	Yenopoya Homoeopathic Medical College & Hospital, R.S. No.29,30,31, Naringana Village, Post-Deralakatte (Mangalore),Tah. Bantwal, Distt. Dikshin Kannada-575018, Karnataka	Dikshin Kannada	Karnataka	Private/ Deemed University	60	0
14.	AGM Homoeopathic Medical College & Hospital, Navagrha Teerth Kshetra, Varur Hubballi – 581207, Karnataka	Hubballi	Karnataka	Private	60	0
15.	Shetty Homoeopathic Medical College and Hospital, Shetty Education hub, Shahabad road, Kalburagi – 585105, Karnataka	Kalaburagi	Karnataka	Private	60	0
16.	Dr. Maalakaraddy Homoeopathic Medical College and Hospital, Mahadevappa Rampure Marg, Sedam Raod, Kalaburagi-585 105, Karnataka	Kalaburagi	Karnataka	Private	100	24

17.	Father Muller Homoeopathic Medical College & Hospital, University Road, Deralakatte, Mangalore-574160, Karnataka	Mangalore	Karnataka	Private	100	48
18.	Alvas Homoeopathic Medical College, Shobhavana Campus, NH-13, Mijar Moodbidri -574225, Karnataka	Moodbidri	Karnataka	Private	100	0
19.	Anuradha Homoeopathic Medical College and Hospital SY. No.78/5 (Old SY.No.78/1), Srigandrakaval, Karnataka	Srigandrakaval	Karnataka	Private	60	0
20.	Solan Homoeopathic Medical College & Hospital, Barog Bye-pass, (Near Shoolini Filling Station), Kumarahatti - 173229, Distt. Solan, Himanchal Pradesh	Solan	Himanchal Pradesh	Private	75	0

****Source by NCH**

STATEMENT-III**Budget Estimate, Revised Estimate and Actual Expenditure from 2020-21 to 2024-25 of Research Councils and Statutory Bodies****(Rs.in Crore)**

SI . N o	Schemes/ Programmes	2020-21			2021-22			2022-23			2023-24			2024-25		
		BE	RE	AE	BE	RE	AE	BE	RE	AE	BE	RE	AE	BE	RE	AE
1	Grant to Central Council of Indian Medicine, New Delhi @	6.50	9.00	9.00	11.87	0.90	0.90	-	-	-	-	-	-	-	-	-
2	National Commission for Indian System of Medicine @	-	-	-	-	14.31	9.93	22.44	22.03	21.24	23.45	27.02	27.00	32.43	32.43	32.43
3	Grant to Central Council of Homoeopathy, New Delhi #	3.90	4.90	4.90	5.16	3.41	3.41	-	-	-	-	-	-	-	-	-
4	National Commission for	-	-	-	0.00	3.23	3.23	7.30	8.73	8.73	12.67	12.67	13.37	20.00	16.50	16.00

	Homoeopathy #															
5	Institute of Teaching & Research in Ayurveda	-	-	-	63.36	64.49	64.49	80.40	105.21	117.21	150.13	155.00	145.00	144.05	134.55	130.05
6	Grant to Central Council for Research in Ayurvedic Sciences	297.00	273.00	264.16	328.27	309.37	312.72	358.50	358.50	354.40	379.50	394.95	394.89	413.54	441.73	469.72
7	Grant to Central Council for Research in Unani Medicine	157.00	164.05	164.05	167.79	157.73	157.73	175.80	175.05	173.42	173.30	174.10	174.10	228.05	197.05	190.05
8	Grant to Central Council for Research in Homoeopathy	138.50	130.50	130.50	167.58	143.58	135.33	143.70	143.70	143.70	145.00	146.00	140.25	144.00	150.50	162.00
9	Grant to Central Council for Research in Yoga & Naturopathy	40.50	48.30	48.30	59.70	57.44	57.44	85.24	87.62	42.62	103.57	59.36	43.04	100.45	97.40	41.78

10	Grant for Central Council for Research in Siddha	35.00	35.30	35.30	36.77	39.06	39.06	46.67	46.88	46.88	51.36	50.91	50.91	50.58	55.94	55.94
	Total	678.40	665.05	656.21	840.50	793.52	784.24	920.05	947.72	908.20	1038.98	1020.01	988.56	1133.10	1126.10	1097.97

@ CCIM has been dissolved and a new statutory body namely NCISM has been formulated

CCH has been dissolved and a new statutory body namely NCH has been formulated

STATEMENT-IV

The Details procedure followed by NCISM and NCH for granting permission and recognition to new ASUSR&H Colleges.

1. Minimum Essential Standards, Assessment and Rating for Undergraduate Ayurveda Colleges and Attached Teaching Hospitals Regulations, 2024 (CHAPTER No.VIII)

<https://ncismindia.org/Minimum%20Essential%20Standards,%20Assessment%20and%20Rating%20for%20Undergraduate%20Ayurveda%20Colleges%20and%20Attached%20Teaching%20Hospitals%20Regulations,%202024.pdf>

2. Minimum Essential Standards, Assessment and Rating for Postgraduate Institutions and Minimum Standards for Postgraduate Education in Siddha Regulations, 2024 (CHAPTER No.VIII)

[https://ncismindia.org/NCISM%20\(Minimum%20Essential%20Standards,%20Assessment%20and%20Rating%20for%20Undergraduate%20Siddha%20Colleges%20and%20Attached%20Teaching%20Hospitals\)%20Regulations,%202024.pdf](https://ncismindia.org/NCISM%20(Minimum%20Essential%20Standards,%20Assessment%20and%20Rating%20for%20Undergraduate%20Siddha%20Colleges%20and%20Attached%20Teaching%20Hospitals)%20Regulations,%202024.pdf)

3. Minimum Essential standards assessment and rating for UG Unani colleges & attached teaching hospitals Regulations 2023 (CHAPTER No.V)

<https://ncismindia.org/Minimum%20Essential%20standards%20assessment%20and%20rating%20for%20UG%20Unani%20colleges%20&%20attached%20teaching%20hospitals%20Regulations%202023.pdf>

4. Minimum Essential standards assessment and rating for UG Sowa-Rigpa colleges & attached teaching hospitals Regulations 2023 (CHAPTER No.IV)
<https://ncismindia.org/Minimum%20Essential%20standards%20assessment%20and%20rating%20for%20UG%20Sowa-Rigpa%20colleges%20&%20attached%20teaching%20hospitals%20Regulations%202023.pdf>
5. Establishment of New Homoeopathic Medical Institution (Opening of New or Higher Course of Study or Training and Increase of Intake Capacity by a Medical Institution), Regulations-2024
<https://nch.org.in/upload/MSR-New-College.pdf>

STATEMENT-V

National Curriculum Standardisation Framework for Ayurveda, Siddha, Unani, Sowa-Rigpa & Homoeopathy Education

(A) National Commission for Indian System of Medicine (NCISM)*:

To align with New Education Policy 2020, global standards in medical education, and to produce meritorious and skilled Ayurveda, Siddha, Unani and Sowa-Rigpa graduates, NCISM has brought significant reforms in medical education policy, essential standards in education, educational administration, teaching/training methodologies, assessment process, technological assistance in education, and competency based syllabus curriculum. The Board of Unani, Siddha and Sowa-Rigpa and Board of Ayurveda framed, published and implemented the following

curriculum and syllabus.

1. Competency based Course Curriculum and Syllabus for First Professional BSMS
 2. Competency based Course Curriculum and Syllabus for Second Professional BSMS
 3. Competency Based Dynamic Curriculum and Syllabus development for Third Professional BSMS.
 4. Competency based Course Curriculum and Syllabus for First Professional BAMS.
 5. Competency based Course Curriculum and Syllabus for Second Professional BAMS.
 6. Competency based Course Curriculum and Syllabus for Third Professional BAMS.
 7. Competency based Course Curriculum and Syllabus for First Professional BUMS.
 8. Competency based Course Curriculum and Syllabus for Second Professional BUMS.
 9. Competency Based Dynamic Curriculum and Syllabus for Third Professional BUMS.
 10. Competency based Course Curriculum and Syllabus for First Professional BSRMS.
 11. Competency based Course Curriculum and Syllabus for Second
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Professional BSRMS.

12. Competency based Course Curriculum and Syllabus for Third Professional BSRMS.
 13. Outcome based Curriculum and Syllabus for Ayurveda Post Graduate program for Biostatistics.
 14. Outcome based Curriculum and Syllabus for Ayurveda Post Graduate program for Research Methodology.
 15. Competency based Course Curriculum and Syllabus for Siddha Post Graduate programme for Biostatistics.
 16. Competency based Course Curriculum and Syllabus Siddha Post Graduate programme for Research Methodology.
 17. Competency based Course Curriculum and Syllabus for Unani Post Graduate programme for Biostatistics.
 18. Competency based Course Curriculum and Syllabus for Unani Post Graduate programme for Research Methodology.
 19. Outcome Based Curriculum and Syllabus for Post Graduate Unani for 15 PG programs for the 2nd and 3rd-6th semesters.
 20. Competency Based Dynamic Curriculum and Syllabus for Post Graduate Siddha for 16 PG programs for the 2nd and 3rd-6th semesters.
 21. Competency Based Dynamic Curriculum and Syllabus for Post Graduate Unani for 15 PG programs for the 2nd and 3rd 6th semesters.
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Curriculum reforms at UG level:

1. **Lecture and Non-Lecture hours:** The ratio between Lecture and Non-Lecture hours has been reversed to 1:2 to promote professional skill, and soft skills. Non-Lecture includes 70% practical or clinical hours and 30% demonstrative or activity-based teaching i.e. small group teaching, tutorials, seminars, symposiums, assignments, role play, skill lab training, integrated learning, problem based learning, evidence based learning, pharmacy training, laboratory training, simulation based training, inquiry based learning, field visits, inter-disciplinary teaching, flipped class room, blended learning etc.
 2. **Elective subjects with credit-based system:** The introduction of electives is intended to provide opportunity to students to get introduced, oriented and exposed to various allied subjects, to build inter-disciplinary approach, and to promote self-directed/guided learning. Before taking the final professional exam, each student must qualify for a minimum of nine electives. This is purely online program and on the line of ease of doing business. The study hours of elective are over and above the prescribed teaching hours. Students have been given flexibility to choose their elective subjects as per their area of interest and study electives at their leisure times.
 3. **Transitional Curriculum:** Induction program with transitional curriculum has been introduced for newly admitted students before the commencement of regular classes. The students get admitted to the ASUS undergraduate
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program from different backgrounds, different regions having different cultural and linguistic backgrounds.

4. **Competency Based Dynamic Curriculum and Syllabus:** Has been introduced with well-defined graduate's attributes, programme outcomes, course outcomes, difficulty level, advanced teaching- training methods at par with global standards, formative assessment for continuous evaluation of the students, summative assessment methods, the blue print of the question paper, vertical/horizontal integration, etc.
 5. **Early Clinical Exposure:** Begins with the first professional session to provide more clinical training exposure and build self-confidence.
 6. **Separate hours** for library, sports, and recreation in the regular time-table of all batches for effective utilisation of library, express talent in co/extracurricular events and promote physical and mental wellness.
 7. **Methodologies for supplementation of modern advances, scientific and technological developments in Ayurveda, Siddha, Unani and Soiva-Rigpa** have been introduced. Such supplementations will be useful for proper understanding of course contents, validation, teaching, investigations, diagnosis, prognosis, documentation, standardisation, conduction of research etc.
 8. **Formative Assessment:** In addition to the university examination (summative assessment), formative assessment is introduced, which includes nine periodical tests and two term tests). So that students shall be
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assessed periodically to assess their performance in the class, determine the understanding of programme material and their learning outcomes.

9. **Clinical Skill/ Simulation Lab:** Clinical Skill/ Simulation Lab introduced in Under Graduate for upliftment of clinical knowledge.

Curriculum reforms at PG level:

1. Semester System

Semester system has been introduced and semester specific subjects/ papers are maintained.

- Three years (thirty-six months) of Postgraduate programme consist of six semesters, and each semester shall be for six months of duration.
- Different level of teaching has been maintained in UG and PG level

2. Credit Frame Work

3. Credit framework has been implemented in PG. Each credit will have lecture, practical training and experiential learning in the ratio of 1:2:3 to produce highly confident and competent specialist of concerned speciality

4. Semester Grade Point Average (SGPA).

5. Formative Assessment including unit-wise assessment, modular assessment were introduced to calculate Semester Grade Point Average (SGPA) and to assess the eligibility to appear for university summative examination.

6. Electives (Domain specific & Capacity Enhancing)

7. Electives courses for post graduate program have been also introduced along with core Subjects under Domain specific and Capacity enhancing categories.
8. Molecular Biology lab
9. Molecular Biology lab is introduced in Post Graduate institutes for carrying out advanced studies in immunology and histopathology related tests.
10. Thrust areas for research are prescribed for each PG program along with speciality specific program outcomes and promoted multi-disciplinary research.
11. Department of Integrative Health and Translational Research
12. Department of integrative health and translational research has been implemented to regulate and coordinate research activities of PG institutions.

***Source by NCISM**

(B) National Commission for Homoeopathy (NCH):**

The National Commission for Homoeopathy has notified regulation for standardized curriculum vide its regulation the National Commission for Homoeopathy (Homoeopathy Graduate Degree Course Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Regulations- 2022, and publication of uniform Competency-Based Dynamic Curriculum (CBDC) in line with the National Education Policy (NEP) 2020.

The framework includes provisions such as early clinical exposure,

Foundation program for newly admitted student and orientation program at the completion of course during internship, introduction of electives, competency-based enhanced clinical/practical training, inclusion of subjects like Modern Pharmacology, Psychology and Yoga, and establishment of department of Research Methodology, Medical Education uniform Technology Unit. The Minimum Essential Standard Regulation prescribes standards for faculty, infrastructure, hospital facilities, teaching and internship training to ensure and quality standardization in Homoeopathy medical education across the country.

****Source by NCH**

SHIPBUILDING CLUSTERS IN TAMIL NADU

3519. SHRI NAVASKANI K.:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether the Government is aware that Tamil Nadu has been identified as a major hub under the proposed mega shipbuilding and ship repair clusters being developed as part of the Atmanirbhar Bharat initiative, if so, the details thereof;
 - (b) whether the Government has examined the potential economic, employment and ancillary industry benefits of these shipbuilding initiatives for neighbouring coastal districts such as Ramanathapuram district of Tamil Nadu, if so, the details thereof;
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- (c) whether any plans exist to extend port-led infrastructure, skilling programmes, MSME participation and supply-chain linkages to the said district in connection with the proposed shipbuilding clusters, if so, the details thereof;
- (d) whether coastal communities, traditional fishermen and youth in the said district are proposed to be integrated through targeted training and livelihood opportunities, if so, the details thereof; and
- (e) whether the Government proposes district-specific interventions to ensure balanced regional development along the southern Tamil Nadu coastline, if so, the details thereof?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) to (c): The Government of Tamil Nadu proposes to establish greenfield shipbuilding cluster in Thoothukudi district, Tamil Nadu. To establish this cluster, V.O. Chidambaranar Port (VOCPA) and State Industries Promotion Corporation of Tamil Nadu (SIPCOT) have formed a Special Purpose Vehicle (SPV) named National Shipbuilding & Heavy Industries Park Tamil Nadu Limited (NSHIPTN) and also signed an MoU deliberating responsibilities of each party.

The Government of Tamil Nadu has informed that they have examined the potential economic and employment impacts of shipbuilding and ship repair initiatives for coastal districts in Tamil Nadu, including districts Ramanathapuram. The establishment of this cluster is expected to enhance the

shipbuilding industry capacity and capability attracting ancillary industries and boosting economic activity and enhancing supply-chain linkages in Tamil Nadu including neighbouring coastal districts such as Ramanathapuram district. There is a potential for generation of high direct and indirect employment on account of high employment multiplier of 6.4 of shipbuilding industry. The NSHIPTN initiative is expected to generate more than 55,000 direct and indirect employment opportunities across shipbuilding, ship repair, marine engineering, fabrication, logistics and port services. The development of such clusters is also expected to catalyse a strong ecosystem of ancillary industries including marine equipment manufacturing, steel fabrication, electrical systems, coatings and precision engineering. Beyond direct employment, these initiatives are likely to strengthen the blue economy by expanding maritime supply chains and creating economic multipliers across fisheries, logistics, Micro, Small, and Medium Enterprises (MSMEs) and service sectors and thereby, supporting regional economic development.

Government of Tamil Nadu is actively working towards strengthening port-led industrialisation along the coastline and extending related infrastructure, skilling programmes, MSME participation and supply-chain linkages to coastal districts such as Ramanathapuram. The Tamil Nadu Shipbuilding Policy 2026 provides a range of incentives including equity support, production-linked incentives (PLI), and plug-and-play infrastructure aimed at promoting shipbuilding and ship repair ecosystems while enabling regional MSMEs to

integrate into maritime supply chains.

(d) to (e): Skill development and livelihood programmes are being promoted by State Government through sector-specific training modules in areas such as ship repair, green vessel maintenance, marine engineering support services, fabrication, welding, electrical work, logistics and port operations. These initiatives leverage existing fisher community networks and maritime knowledge to support activities such as boat building and marine services.

District-specific interventions are undertaken by State Government to strengthen infrastructure, industrialization and livelihood opportunities across southern coastal districts. These initiatives include improving port connectivity, promoting marine-based industries, strengthening fisheries infrastructure, supporting MSME clusters and expanding skill development programmes.

IMPLEMENTATION OF PMMVY

3520. SHRI ESWARASAMY K.:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether maternity benefits under Pradhan Mantri Matru Vandana Yojana (PMMVY) are being implemented as a legal entitlement under Section 4 of the National Food Security Act, 2013 for all eligible pregnant and lactating women, if so, the details thereof;
 - (b) the details of beneficiaries covered, funds allocated/disbursed along with the
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current percentage of effective coverage under the scheme during the last three financial years, State/UT-wise;

- (c) whether the delays in disbursement and Aadhaar-based verification issues are affecting eligible women, if so, the details thereof; and
- (d) the details of the corrective measures being taken to simplify application processes, strengthen digital systems and ensure timely disbursal of benefits to all eligible women, including those in rural and remote regions?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a): The National Food Security Act, 2013 (NFSA) provides that subject to such schemes as may be framed by the Central Government, every Pregnant Women & Lactating Mother (PW&LM), except those who are in regular employment with the Central Government or State Government or Public Sector Undertaking or those who are in receipt of similar benefits under any law for the time being in force, shall be entitled to maternity benefit of not less than rupees six thousand, in such instalments as may be prescribed by the Central Government.

The Ministry of Women and Child Development has notified Pradhan Mantri Matru Vandana Yojana Rules, 2022 (PMMVY Rules) under sub-section 3 of Section 39 of NFSA on 22nd December, 2022.

Under Pradhan Mantri Matru Vandana Yojana (PMMVY), maternal benefit of ₹5,000/- is provided to eligible Pregnant Women & lactating Mothers (PW&LM) during the period of pregnancy and lactation. The eligible beneficiary

also receives the remaining cash incentive as per approved norms towards maternity benefit under Janani Suraksha Yojana (JSY) after institutional delivery so that on an average, a woman gets ₹6,000/-.

(b): The number of beneficiaries paid and funds disbursed under PMMVY from 01.04.2022 till 09.03.2026 is given in the enclosed **Statement**.

(c): PMMVY is a DBT compliant scheme under which funds are directly transferred to Aadhar seeded bank/post office account of the beneficiary, ideally within 30 days of successful enrolment on the PMMVY Portal. Under PMMVY Scheme, Aadhar based Verification has been mandatory since 01.04.2023. Further, Aadhar-based biometric verification through facial authentication has been made mandatory from May 21, 2025 for all new enrolments under PMMVY.

(d): In recent times, the Government of India has taken several corrective measures to simplify application processes, strengthen digital systems and ensure timely disbursement of benefits to eligible women, including those in rural and remote regions. Some of these are as under:

- i. New portal for PMMVY, which is completely paperless was launched in March 2023. As per earlier Guideline, physical forms were required to be filled and uploaded in the earlier PMMVY-CAS portal for onward process. In new system, physical application forms have been eliminated and complete online solution has been given.
 - ii. Payments are through Aadhaar Bridge Payment System [ABPS] as PMMVY portal is enabled for Aadhar-based biometric verification (by means of facial
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recognition) to confirm identity details of the applicants.

- iii. All the mandatory provisions like Aadhaar verification, DBT enablement of bank account etc. are checked at the time of registration for faster processing.
 - iv. Search and Track Status for all enrolled beneficiaries to check the approval and payment status of their applications.
 - v. Grievance Lodging and status module for all citizens to lodge any PMMVY related grievance. The Module directly sends the grievance to the implementing authorities thus saving time and leads to swifter resolution.
 - vi. PMMVY toll-free and multi lingual helpline (1515) is available for PMMVY related enquiries and grievances. For transparency purposes, the Applicants/ beneficiaries receive SMS in one of the 12 languages at different stages such as registration of application, rejection of registration, payment etc.
 - vii. PMMVY Portal is LGD complaint till AWC level. LGD Seeding is introduced up to State/District/Block/ Village/GP/Ward level.
 - viii. Open API allows the freedom to share data with other Central and State Ministry/Department.
 - ix. MIS Data can be generated at State/ District/ Block/ Village/ Ward/ Project/ Sector/ Anganwadi level for detailed monitoring/ analysis.
 - x. PMMVY will be used by Anganwadi/ ASHA workers for data centric operations and viewing reports.
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- xi. Available database of the PW&LM from Poshan Tracker is used to create a “Due List” of potential beneficiaries on PMMVY Portal accessible at AWW/ASHA level.

STATEMENT

**Number of beneficiaries paid and funds disbursed under PMMVY
from 01.04.2022 till 09.03.2026**

Sl. No.	State/UT	Beneficiaries Paid	Amount Disbursed (₹ in Cr.)
1	A&N Islands	5,069	1.95
2	Andhra Pradesh	10,52,936	437.07
3	Arunachal Pradesh	16,871	7.14
4	Assam	8,22,031	354.69
5	Bihar	20,29,218	850.92
6	Chandigarh	18,040	7.53
7	Chhattisgarh	9,24,892	339.73
8	DNHDD	20,860	7.69
9	Delhi	3,27,272	140.35
10	Goa	22,273	8.92
11	Gujarat	12,41,909	450.26
12	Haryana	5,46,772	231.13
13	Himachal Pradesh	1,95,092	78.40
14	Jammu and Kashmir	3,20,351	129.09
15	Jharkhand	6,86,244	259.01
16	Karnataka	21,40,436	863.03
17	Kerala	6,22,707	244.50
18	Ladakh	6,020	2.47
19	Lakshadweep	2,330	0.82
20	Madhya Pradesh	29,56,388	1,089.92
21	Maharashtra	21,36,567	840.65

22	Manipur	45,989	21.79
23	Meghalaya	41,281	19.22
24	Mizoram	23,812	10.19
25	Nagaland	25,343	12.31
26	Odisha	94,883	28.46
27	Puducherry	25,977	10.35
28	Punjab	5,10,336	217.58
29	Rajasthan	20,13,852	718.20
30	Sikkim	11,345	4.64
31	Tamil Nadu	14,17,773	466.56
32	Tripura	99,136	38.15
33	Uttar Pradesh	23,41,940	1,071.17
34	Uttarakhand	3,05,037	112.91
35	West Bengal	8,68,049	394.17
Total		2,39,19,031	9,470.93

REGULAR POSTS OF DOCTORS IN CHANDIGARH

3521. SHRI MANISH TEWARI:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the total number of sanctioned regular posts of doctors in the Health Department of the Union Territory of Chandigarh, cadre-wise and post-wise;
 - (b) the date on which new posts of doctors were last created in Chandigarh and the number and categories of such posts, along with details of the relevant orders issued;
 - (c) the total number of vacancies against sanctioned posts at present, including specialty-wise details such as Medicine, Surgery, Anaesthesia, Radiology
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and Paediatrics;

(d) the date when regular recruitment to doctors' posts was last conducted, along with the number of posts filled and the specialties covered;

(e) the number of doctors currently working on deputation in Chandigarh, State/UT-wise; and

(f) whether deputation of doctors is undertaken based on specialty-wise requirements along with the details of the policy or criteria governing such deputation?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (f): Public Health and Hospitals are state subjects. The primary responsibility to strengthen healthcare facilities, including creation of regular posts of doctors and specialists and filling of up of sanctioned posts in the State/UTs, lies with the respective State/UTs.

Under the National Health Mission (NHM), the Government of India provides need based technical and financial support to the States/UTs, including the U.T. of Chandigarh, based on the proposals made by the States/UTs in their Programme Implementation Plans within their overall resource envelop duly appraised by the National Programme Implementation Committee (NPCC).

The States/ UTs are to ensure availability of Human Resources (HR) by creating adequate number of regular posts of Doctors and Specialists as per the

Indian Public Health Standards (IPHS) in the long run and using NHM posts in the short to medium term to fill critical gaps. The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS. Data regarding details of sanctioned posts of doctors and specialists under the State Governments/UTs are not maintained centrally.

MONITORING OF GOVERNMENT LAWYERS

3522. SHRI PARSHOTTAMBHAI RUPALA:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether the Government has instituted a structured framework to assess the performance of its lawyers and empanelled advocates, if so, the details thereof along with the parameters used for such evaluation;
 - (b) the specific measures taken to remove or replace underperforming Government lawyers;
 - (c) whether a uniform, transparent, and comprehensive monitoring and review mechanism has been established to evaluate the performance of Government and empanelled lawyers to ensure effective protection of legal and financial interest of the Government, its agencies, and PSUs, if so, the details thereof; and
 - (d) the steps taken to develop a centralised digital platform for real-time uploading, tracking and review of data relating to all Government litigation
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handled by Government and empanelled lawyers?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) to (c): The Government for efficient and effective conduct of litigation has a mechanism of designating an officer of the Department of Legal Affairs or a Ld. Law officer or Deputy Solicitor General as In-charge litigation for the cases before the various Courts/Tribunals in the country. They also submit monthly report with regard to allocation of cases and performance of the Panel Counsels to Department of Legal Affairs. Also, as per the feedback received from Ministries/Departments about the performance of any panel counsel, they are sensitised and in some cases where any delinquency is found, the Counsel is even removed from the Panel.

Also, as per the 'Directive for Efficient and Effective Management of Litigation by the Government of India' issued by the Department of Legal Affairs on 4.4.2025 feedback on the performance of empaneled Advocates and Standing/Panel Counsels for Union of India may be submitted by the Ministries/Departments.

(d): The Department of Legal Affairs has launched Legal Information Management and Briefing System (LIMBS) in the month of February 2016. The LIMBS is an online platform managed by the Department of Legal Affairs to monitor all court cases wherein Union of India impleaded as a party. This web-

based tool is designed to digitize the litigation management process effectively and provided a single online platform for monitoring the complete lifecycle of a case. It is an innovative and easy to access online tool which is available 24x7 to all Ministries/ Departments of the Union of India, the Law Officers and the empaneled Counsels, enabling them to upload the updated details related to UoI Cases.

LABOUR MOBILITY AGREEMENT WITH RUSSIA

3523. ADV. ADOOR PRAKASH:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) Whether India has signed labour mobility agreement with Russia during the visit of Russian President in December, 2025;
- (b) If so, the details thereof and the expected recruitment of Indian professionals as part of this agreement;
- (c) whether the Government has taken measures to ensure that the fraudulent recruitments of Indians to serve the Russian army as reported earlier are not repeated;
- (d) if so, the details thereof; and
- (e) the number of Indian nationals still serving the Russian army and the details of measures taken by the Government for their release and repatriation?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA**

MARGHERITA):

(a) to (e): The Agreement between the Government of the Republic of India and the Government of the Russian Federation on Temporary Labour Activity of citizens of one State in the territory of the other State was signed on 04 December 2025 during the State Visit of President of the Russian Federation, H.E. Vladimir Putin from 04-05 December, 2025. The Agreement regulates the mobility and recruitment process of workers with work permit and workers engaged in part time work on student visas. It provides for protection of the rights of workers including social security, remuneration and compensation for termination, in accordance with the local laws.

Government accords utmost priority to the safety, security and well-being of Indian nationals proceeding for employment abroad. Ministry comes to know about fraudulent activities of illegal/unscrupulous recruitment agents/agencies in the country as and when a complaint is filed by aggrieved emigrants who have been cheated or their relatives/friends/family members. These Indian nationals usually proceed abroad on their own volition through fraudulent/unscrupulous recruitment agents/agencies and through illegal channels.

As and when complaints against the illegal agents/dubious firms luring Indian youth in false recruitment offers through various channels are received, they are referred to the State police for investigation and prosecution under the relevant legal provisions of the Bharatiya Nyaya Sanhita (BNS) and other legislation in place, including the ones enacted by some State Governments.

Government of India, including law enforcement authorities, and our Embassy in Russia have issued advisories cautioning Indian nationals to stay away from any offers to join the Russian Army, and to exercise due caution while seeking employment opportunities in Russia.

Ministry also issues advisories through eMigrate portal, social media handles and other modes of publicity about the perils of fake job rackets and ways to prevent the same. Till January 2026, a total of 3,505 unregistered agents in the country have been notified on the eMigrate portal. Awareness campaign on safe and legal migration through eMigrate portal is carried out by the Ministry across the country from time to time by conducting workshops, training, information sessions, digital campaigns for media groups, police officials and law enforcement agencies, local administration, aspiring recruiting agents, entrepreneurs and general public. During these sessions, awareness on emigration regulations, schemes beneficial for emigrants like Pravasi Bharatiya Bima Yojana (PBBY), Pre-Departure Orientation Training (PDOT), eMigrate portal and various advisories issued by Indian Embassies are brought to the notice of all stakeholders including job seekers, who are advised to verify all antecedents of Recruiting Agents before accepting any kind of employment offer and not be enticed and entrapped in fraudulent job offers.

As per information available, 214 Indian nationals are believed to have been recruited into the Russian armed forces. Concerted efforts by the Government have resulted in early discharge of 135 Indian nationals from the

contracts that they signed with the Russian Army; 30 are reported to have lost their lives. The Embassy has been following up with the Russian authorities for updates on whereabouts of 13 individuals confirmed missing by the Russian side, and on status update of the remaining 36 individuals. The Ministry has provided assistance in repatriation of mortal remains of 13 deceased Indian nationals to India, and local cremation of two deceased Indian nationals. The Ministry and Indian Mission and Posts in Russia have assisted the Indians discharged from the Russian Army for their return to India, including through facilitation of travel documents and providing air tickets, wherever required. The Government of India has strongly taken up cases of Indian nationals recruited in the Russian Army for ensuring their safety and early discharge and repatriation to India.

STATUS OF AYUSHMAN AROGYA MANDIR INITIATIVE

3524. SHRI THARANIVENTHAN M. S.:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the current status of the Ayushman Arogya Mandir initiative in the country, State-wise, particularly in Tamil Nadu;
 - (b) the number of healths and Wellness Centres, health camps and outreach centres established under this initiative and the population covered;
 - (c) the impact of Ayushman Arogya Mandir on early detection, preventive healthcare, and awareness among rural and urban communities in the
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country;

- (d) the steps taken by the Government to integrate Ayushman Arogya Mandir with existing health schemes such as Ayushman Bharat and the National Health Mission; and
- (e) the measures adopted by the Government to monitor the quality of health services, grievance redressal and follow-up care provided under the initiative?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): As reported by States/UTs on Ayushman Arogya Mandir (AAM) portal, 1,83,879 AAMs have been operationalized across the country by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs), as on 31.01.2026. State/UT-wise number of AAMs operationalized across the country including Tamil Nadu is given in the enclosed **Statement**.

Ministry of Health and Family Welfare (MoHFW) has also implemented health camp like outreach initiatives for serving essential health services in remote places including hard-to reach areas. Currently, Ayushman Arogya Shivar, like nationwide health mela/ Shivar are conducting at AAMs and CHCs since April 2024. As reported by States/UTs on AAM portal, from 1st April, 2024 to 31st January, 2026, more than 56.53 lakh Health Melas have been conducted in AAMs with a total footfall of 35.14 crore.

Under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), a population-based initiative for prevention, control and screening for common NCDs has been rolled out in the country under National Health Mission (NHM). As on 17.02.2026, 40.87 crore screenings for Hypertension, 40.68 crore for Diabetes, 34.71 crore for Oral Cancer, 16.24 crore for Breast Cancer and 8.73 crore for Cervical Cancer have been carried out at all health facilities as per NP-NCD portal.

The AAM initiative, erstwhile Ayushman Bharat -Health and Wellness Centres program, is first pillar of Ayushman Bharat scheme and a key component for transforming primary healthcare in India to provide comprehensive primary healthcare services to all citizens. Their implementation and funding are carried out within the administrative and financial framework of the National Health Mission through State Programme Implementation Plans.

Under NHM, the performance of various health programmes including gaps in trainings and accreditation are regularly monitored in all the States/UTs, through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status under the scheme.

To facilitate the assessment of public health facilities, MoHFW has developed an Open Data Kit (ODK), an Android-based application, allows States

and UTs to conduct a baseline assessment of their healthcare facilities, identify gaps, and implement timely corrective measures by achieving compliance to provide all essential services and work towards desirable standards.

Public Health' & 'Hospitals' are State subjects. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

The Government monitors the quality of health services provided through AAM under the Ayushman Bharat initiative through a well-defined monitoring and review mechanism for grievance redressal. Beneficiaries may register their grievances through appropriate channels, including the Centralized Public Grievance Redress and Monitoring System (CPGRAMS), which are examined and addressed by the concerned authorities in a time-bound manner.

STATEMENT

State/UT-wise number of AAMs operationalized across the country, as on 31.01.2026:

S.No.	State/UT	Total no. of operational AAMs
1	Andaman & Nicobar Islands	129
2	Andhra Pradesh	11,871
3	Arunachal Pradesh	511
4	Assam	4,962
5	Bihar	12,371
6	Chandigarh	60

7	Chhattisgarh	5,898
8	Delhi	289
9	DNH&DD	95
10	Goa	306
11	Gujarat	10,713
12	Haryana	3,272
13	Himachal Pradesh	2,794
14	Jammu & Kashmir	3,168
15	Jharkhand	4,157
16	Karnataka	10,131
17	Kerala	7,188
18	Ladakh	321
19	Lakshadweep	13
20	Madhya Pradesh	12,686
21	Maharashtra	13,107
22	Manipur	420
23	Meghalaya	624
24	Mizoram	412
25	Nagaland	485
26	Odisha	7,375
27	Puducherry	133
28	Punjab	3,311
29	Rajasthan	12,990
30	Sikkim	184
31	Tamil Nadu	8,506
32	Telangana	5,044
33	Tripura	1,132
34	Uttar Pradesh	23,407
35	Uttarakhand	2,358
36	West Bengal	13,456
Total		1,83,879

SC/ST JUDGES IN JUDICIARY**3525. THIRU DR. S. JAGATHRAKSHAKAN:**

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the number of individuals from SC/ST communities currently serving as Judges in various High Courts and the Supreme Court of India, State-wise;
- (b) the number of individuals from SC/ST communities serving in Subordinate Courts, specifically in District Courts, State-wise;
- (c) whether the Government maintains data regarding the number of Judicial Officers from the Scheduled Caste and Scheduled Tribe communities serving in the Union and State Tribunals constituted under various statutes, if so, the detailed information in this regard;
- (d) the details regarding the appointments of Judges or Judicial Officers from Scheduled Caste and Scheduled Tribe communities over the last five years in each State, including specific numbers; and
- (e) whether the reservation criteria have been excluded from the process of appointing Judges in Higher Courts and if so, the reasons therefor?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

- (a) to (e): Appointment of Judges to the Supreme Court and High Courts is made under Articles 124, 217 and 224 of the Constitution of India, which do not provide for reservation for any caste or class of persons. Therefore, category-wise data
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pertaining to representation of SCs, STs and OBCs among the Judges of High Courts are not centrally maintained. However, since 2018, the recommendees for the post of High Court Judges are required to provide details regarding their social background in the prescribed format (prepared in consultation with the Supreme Court). Accordingly, as per the information provided by the recommendees, out of 849 High Court Judges appointed since 2018, 33 belong to SC category, whereas 17 belong to ST category.

As per the Memorandum of Procedure (MoP), the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court. However, the Government has been requesting the Chief Justices of High Courts that while sending proposals for appointment of Judges, due consideration be given to suitable candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, Minorities and Women to ensure social diversity in the appointment of Judges in High Courts. Only those persons, who are recommended by the Supreme Court Collegium, are appointed as Judges of the Supreme Court and High Courts.

As far as appointment of judicial officers in District and Subordinate Courts is concerned, under Article 235 of the Constitution of India, the administrative control over the members of district and subordinate judiciary in the States vests

with the concerned High Court. In exercise of powers conferred under proviso to Article 309 read with Articles 233 and 234 of the Constitution, the respective State Governments, in consultation with the High Court, frame the Rules and Regulations regarding the issue of appointment, promotion, reservations and retirement of Judicial Officers in the State Judicial Service.

The number of Judicial Officers from the Scheduled Caste and Scheduled Tribe communities serving in the Central and State Tribunals constituted under various statutes is not centrally maintained.

REDUCED SEAT SHARE IN NEET-PG IN LADAKH

3526. SHRI MOHMAD HANEEFA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware that before 2022, Ladakh had an exclusive 4 per cent seat share in each speciality in NEET-PG and if so, the details thereof;
 - (b) whether it is a fact that due to inclusion of Ladakh since 2022 in the common category list of Jammu and Kashmir, there has been a significant reduction in opportunities for Ladakhi students to secure postgraduate seats;
 - (c) if so, the details thereof along with the reasons therefor;
 - (d) whether the Government is considering reinstating the exclusive four percent seat share for Ladakhi students in NEET-PG; and
 - (e) if so, the details thereof and if not, the reasons therefor?
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THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (e): The Medical Counselling Committee (MCC) of the Directorate General of Health Services (DGHS) conducts counselling for postgraduate medical courses in accordance with the scheme laid down by the Hon'ble Supreme Court of India. The NEET-PG counselling conducted by MCC covers 50% All India Quota (AIQ) seats and 100% seats of Central/Deemed Universities across the country. Further, counselling for the State quota PG seats and seats in private medical colleges is conducted by the respective State counselling authorities.

Further, the Reservation Policy of the Central Government for the NEET-PG Counselling in All India Quota is as follows:

- S.C.- 15%
- S.T.- 7.5%
- O.B.C.- (Non-Creamy Layer) as per the Central OBC list- 27%
- EWS- as per Central Government norms- 10%
- PwD- Horizontal Reservation as per NMC norms- 5%

There is no provision for any separate reservation in the All India Quota other than those already notified by the Government.

Further, Union Territory of Ladakh has informed that before 2022, Ladakh resident medical graduates competed for PG seats in the same pool comprising

of Jammu and Kashmir Scheduled Tribes (ST) medical graduates. From 2022 onwards, Ladakh was given 4% reservation (2% each for Leh and Kargil districts) out of the total PG seats in Jammu and Kashmir. Ladakh has not been included in the common category list of Jammu and Kashmir.

SECURE AI AND OPEN DATA PLATFORM IN HEALTH SECTOR

3527. SHRI V. K. SREEKANDAN:

SHRI JAI PRAKASH:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has launched two digital health initiatives and if so, the details thereof;
 - (b) whether it is a fact that the Government is contemplating introducing any framework or benchmark such as the Secure AI for Health Initiative and the Benchmarking Open data Platform for Health AI in the future and if so, the details thereof;
 - (c) whether it is also a fact that the two new initiatives Secure AI for Health Initiative and Benchmarking Open Data Platform for Health AI were created in collaboration between the Government and academia and if so, the details thereof; and
 - (d) whether the Government proposes to formulate and implement any comprehensive roadmap to augment and strengthen the Health Sector in India and if so, the details thereof?
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THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): The Ministry of Health and Family Welfare has launched the 'Strategy for AI in Healthcare in India' (SAHI) and the 'Benchmarking Open Data Platform for Health AI' (BODH) on 17th February 2026 during the India AI impact summit. SAHI is a national guidance framework to enable the safe, ethical, evidence-based, responsible and inclusive adoption of artificial intelligence across India's healthcare system. 'Benchmarking Open Data Platform for Health AI' (BODH) provides a structured mechanism for testing and benchmarking AI solutions before deployment at scale. SAHI has been developed after intensive consultation with all the major stakeholders of the healthcare ecosystem, including academia. Further, BODH has been developed in partnership with Indian Institute of Technology, Kanpur.

SHIPBUILDING COMPANIES IN MAHARASHTRA

3528. PROF. VARSHA EKNATH GAIKWAD:

DR. AMOL RAMSING KOLHE:

SHRIMATI SUPRIYA SULE:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

(a) whether shipbuilding and ship-repair companies are eligible to avail multiple

Central incentives simultaneously, including the Shipbuilding Financial Assistance Policy, Ship Repair Cluster Development in Maharashtra, if so, the details thereof;

- (b) whether uniform eligibility and prioritisation guidelines are put in plan to avail the said incentive, if so, the details thereof;
- (c) the number of shipyards that have availed more than one incentive and the quantum of assistance received in the said State during last three years;
- (d) whether benefits are disproportionately cornered by a few large players, if so, the details thereof;
- (e) whether any independent assessment has been conducted to measure actual improvements in shipbuilding capacity, exports and employment in coastal districts such as Mumbai, Raigad and Ratnagiri in Maharashtra, if so, the details thereof;
- (f) the total number of companies that have received multiple incentives and cases of overlap or duplication identified across the country, State-wise including Maharashtra; and
- (g) the steps taken to ensure transparency, prevent misuse, reduce procedural delays and ensure fair competition and meaningful participation of small and medium shipyards in Maharashtra?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

- (a) to (g): Government of India approved the Shipbuilding Financial Assistance
-

Policy (SBFAP) in the year 2016 under which the shipbuilding and ship-repair companies in India are eligible to avail assistance for the vessel building orders executed by them. This scheme is available till 31st March 2026.

Further, an assessment of the shipbuilding sector through a third party was conducted in 2024. The report highlighted high employment multiplier of 6.4 of shipbuilding sector and a huge potential for generating both direct and indirect employment. It also highlighted the challenges constraining the growth of shipbuilding in India like lack of domestic demand, high cost of financing, capacity & technology limitations, etc. To address these challenges, Government of India, in September 2025, approved a comprehensive shipbuilding package including Shipbuilding Financial Assistance Scheme (SBFAS) and Shipbuilding Development Scheme (SBDS) to enhance India's global competitiveness in shipbuilding and maritime sector.

These schemes are open to all shipyards in India. The Government notifies detailed scheme guidelines and eligibility criteria to ensure transparency, reduction of procedural delays and to ensure fair and meaningful participation of all shipyards. The Government undertakes stakeholder consultations with industry to facilitate participation of shipyards, including small and medium shipyards before releasing guidelines.

The guidelines for the SBFAS and SBDS have been issued in December 2025 and the shipyards have started submitting applications under the said schemes. The approvals for financial assistance under these guidelines are yet

to be issued. Therefore, as of now shipyards have availed of assistance for vessel building orders only under SBFAP scheme. Further, a shipyard can avail financial assistance for vessel building orders under either SBFAP or SBFAS. Additionally, the shipyard can avail financial assistance for capacity expansion under SBDS.

Applications under SBFAP, SBFAS and SBDS are applied on an online portal ensuring transparency, digitization and faster processing of applications.

DELAY IN MAINTENANCE OF THE BREAKWATER

3529. SHRI HAMDULLAH SAYEED:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether the Government is aware of the delay in maintenance and repair of the breakwater at Kalpeni Island, Lakshadweep, causing difficulties in safe disembarkation of passengers and cargo;
 - (b) the present condition of the breakwater and the impact of the delay on passenger movement, maritime safety and ship services;
 - (c) whether any technical inspection has been carried out to assess damage and maintenance needs and if so, the details thereof;
 - (d) whether any proposal has been approved/ under consideration for maintenance, strengthening or reconstruction; and
 - (e) if so, the details thereof along with estimated cost, funds allocated and timelines fixed and if not, the reasons therefor along with interim measures
-

to ensure safe and uninterrupted disembarkation at Kalpeni Island?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI
SARBANANDA SONOWAL):**

(a) to (e): Union Territory of Lakshadweep Administration (UTLA) has engaged Cochin Port Authority (CoPA) for providing technical support/consultancy services for development of port infrastructure in Lakshadweep which include maintenance and repair of the breakwater at Kalpeni Island also.

To ensure safe disembarkation of passengers and cargo and based on technical inspection and assessment of breakwater conducting by CoPA, UTLA has concurred for carrying out essential repair at the existing eastern breakwater of Kalpeni Island at an estimated cost of Rs. 2.37 crore. CoPA has prepared a SOP for safe handling of passengers and cargo during the repair period.

In addition, Ministry of Ports, Shipping & Waterways has sanctioned an amount of Rs. 272.95 crore under Sagarmala Scheme for comprehensive development of Eastern jetty of Kalpeni and its associated infrastructure. The timeline for completion of the project is 42 months.

**PRADHAN MANTRI BHARATIYA JANAUSHADHI KENDRAS IN
CHHATTISGARH**

3530. SHRIMATI ROOPKUMARI CHOUDHARY:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) the number of Pradhan Mantri Bharatiya Janaushadhi Kendras (PMBJKs)

established in the rural, tribal and remote areas of Chhattisgarh, particularly in aspirational districts, to ensure the availability of essential medicines, diagnostic services and primary healthcare facilities and the geographical distribution of these centres;

- (b) the amount of financial allocation made by the Central Government for the expansion of Mobile Medical Units (MMUs) and telemedicine services in the said State and the number of rural and tribal beneficiaries covered under the said services;
- (c) the audit and inspection mechanisms put in place to ensure the quality of essential medicines, prevent the circulation of spurious and substandard drugs and monitor the supply chain in rural areas; and
- (d) the phased action plan of the Government to strengthen the rural healthcare delivery network in Chhattisgarh in the coming years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme, a total of 18,646 Jan Aushadhi Kendras (JAKs) are opened across the country till 28.02.2026, of which 352 Kendras have been opened in the State of Chhattisgarh including 73 in aspirational districts of said State.

(b): As per information furnished by Ministry of Health and Family Welfare, details of the State Programme Implementation Plan (SPIP) approvals on Mobile

Medical Units (MMUs) and Teleconsultation facilities for last three financial years for the State of Chhattisgarh are as under :-

Amount in ₹ lakh

F.Y.	SPIP approval on Mobile Medical Units (MMUs)	SPIP approval on Teleconsultation facilities
2022-23	558.00	409.50
2023-24	558.00	409.50
2024-25	2947.78	409.50

Note: - The above data is as per Financial Management Record (FMR) submitted by States/UTs and is provisional

Mobile Medical Units (MMUs) are supported under National Health Mission (NHM) to provide outreach services in remote villages with difficult terrain which are underserved and inaccessible. As per NHM-MIS report, 30 MMUs have been deployed in Chhattisgarh as on 30.09.2025.

The teleconsultation services, available at all operational Ayushman Arogya Mandir (AAM) across the country including tribal regions of Chhattisgarh, enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, shortage of service providers and to facilitate continuum of care. As reported by State on AAM portal, 44.05 lakh teleconsultations have been conducted in Chhattisgarh as on 31.01.2026.

As informed by Directorate of Health Services, Government of Chhattisgarh, a total of 11,93,488 of rural and tribal beneficiaries covered under Rural Mobile Medical Unit (RMMU) (OPD) during FY 2024-25 & 2025-26 (till January, 2026).

(c): As per the information provided by Ministry of Health and Family Welfare, the manufacture, sale and distribution of drugs are primarily regulated in the country under the provisions of Drugs & Cosmetics Act & Rules 1945 made thereunder through a system of licensing and inspection by State Licensing Authorities appointed by respective State Governments. Licensee is required to comply with all the condition of license as prescribed under Drugs & Cosmetics Rules, 1945. Drugs manufactured in the country, irrespective of branded or generic or for domestic or international market, are required to comply with the same standards as prescribed in the Drugs and Cosmetics Act, 1940 and Rules, 1945 made thereunder for their quality.

Further, The Inspectors appointed by the State and Central government under the Drugs and Cosmetics Act, 1940 have powers to carry out inspection at the licensed premises and draw the sample of drugs from supply chain and their quality be checked. In case, drug sample fails in quality checks and found to be Not of standard quality/Spurious/Adulterated, the concerned Drugs Control Authority takes action under the provisions of Drugs and Cosmetics Act and rules thereunder.

Also, Controller Food and Drug Administration, Government of Chhattisgarh has also informed that the regular inspection and sampling is done by the Drug Inspectors within their respective jurisdictions to ensure the quality of essential medicines, prevent the circulation of spurious and substandard drugs in the market.

With a view to ensure quality of medicines available at JAKs so that health of patients is not compromised, concrete mechanisms have been put in place to ensure continuous inspection, testing and standardisation, including the following:

(i) *Supply only from WHO Good Manufacturing Practices (GMP) certified plants:* Only plants that are certified as WHO-GMP compliant by the Central Drugs Standard Control Organisation (CDSCO) after direct inspection are eligible for supply.

(ii) *Distribution only after 100% pre-testing of all medicine batches:* Samples are drawn from 100% of batches supplied at PMBI's warehouses for testing anonymously, and medicines are dispatched for supply to JAKs only after the quality test is passed.

(iii) *Testing only at labs compliant with Good Laboratory Practices (GLP):* Samples are tested only at labs accredited and periodically inspected by the National Accreditation Board for Testing and Calibration Laboratories (NABL) and, in addition, assessed by PMBI for GLP compliance.

(d): Ministry of Health and Family Welfare has informed that the National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability, affordability and accessibility to quality health care for all including poor and vulnerable sections in urban, rural, and tribal/hilly areas including

Chhattisgarh. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

Various initiatives carried out under NHM by the Government of India in the country are operationalisation of Ayushman Arogya Mandir (AAM), Free Drugs Service Initiative, Free Diagnostic Service Initiative, National Ambulance Services, Mobile Medical Units, ASHAs, 24 x 7 Services and First Referral Facilities, Prime Minister's National Dialysis Programme, various activities under Reproductive & Child Health, Anaemia Mukta Bharat (AMB) strategy, TB Mukta Bharat Abhiyaan and Universal Immunization programme.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Support for Block Public Health Units, Integrated District Public Health Laboratories and Critical Care Hospital Blocks.

The XV-Finance Commission has recommended grants aggregating to Rs.70,051 crore over the period of five years (2021-2026) through Local Governments to strengthen the healthcare system in states.

ANGANWADI INFRASTRUCTURE AND ECCE

3531. SHRI BIPLAB KUMAR DEB:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) the manner in which converting the existing Anganwadi Centres (AWCs) into Model Anganwadi Centres has improved the quality of Early Childhood Care and Education (ECCE) for children aged 3-6 years;
- (b) the details of measurable gains in school readiness and cognitive skills seen among the children attending these upgraded ECCE sessions;
- (c) whether the training and skill-enhancement programmes for Anganwadi Workers are effectively enabling them to deliver both the ECCE curriculum and essential health and nutrition services, if so, the details thereof; and
- (d) the manner in which the Ministry is using the convergence platform to align Anganwadi infrastructure with NEP 2020 goals for foundational learning?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a): Under Saksham Anganwadi and Poshan 2.0 scheme, the Government has so far upgraded 1,03,940 Anganwadi Centres (AWCs) into Saksham Anganwadi Centres for better delivery of nutrition and increased focus on Early Childhood Care and Education (ECCE) services to the beneficiaries. The upgradation includes provision of LED screens and other audio-visual aids, Wi-Fi/Internet connectivity (wherever feasible), safe drinking water facilities such as water filters/RO systems, BaLA (Building as Learning Aid) paintings, age-appropriate

ECCE learning materials, Poshan Vatikas (kitchen gardens), clean storage facility for provisions, rainwater harvesting systems, and other item/ works as per local requirement. These improvements help create a safe, stimulating, and enabling environment for early learning, facilitating the delivery of ECCE through play-based and activity-based pedagogical practices, thereby supporting the holistic development and school readiness of children aged 3-6 years.

(b): Under Saksham Anganwadi and Poshan 2.0 scheme, ECCE is implemented for children of 0-3 years through structured Home Visits by the Anganwadi Workers (AWCs). These Home Visits are based on 'Navchetana - National Framework for Early Childhood Stimulation'. ECCE is implemented for children of 3-6 years at AWCs through a play and activity-based ECCE curriculum, named 'Aadharshila - National Curriculum for ECCE'.

(c): Under the Poshan Bhi Padhai Bhi (PBPB) initiative training is imparted to AWWs to Strengthen their capacities for effective delivery of Early Childhood Care and Education (ECCE) along with essential nutrition and health services. As on 09th March 2026, 10,25,515 AWWs have been trained under round 1 of the PBPB. The training modules cover key aspects such as early stimulation and learning activities as per the Navchetana and play-based ECCE pedagogy as the Aadharshila.

(d): Aadharshila – National Curriculum for ECCE is based on National Curriculum Framework-Foundational Stage (NCF-FS), 2022. Further, Ministry of Women and Child Development and Department of School Education and

Literacy jointly launched on 3rd September 2025, the Guidelines for Co-locating Anganwadi Centres within Government Primary Schools. In places where physical co-location is not possible, AWCs should be mapped with the nearest primary school. This approach aligns with the vision of National Education Policy (NEP) 2020, which aims to build a strong foundation for young, healthy learners. This initiative ensures continuity between early learning at AWCs and formal schooling starting at Grade 1. It also ensures the optimal use of resources, promotes active community participation, and provides children with a smooth transition from pre-school to primary school.

स्वास्थ्य बजट और व्यय

3532. एडवोकेट चन्द्र शेखर:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) विगत दस वर्षों के दौरान स्वास्थ्य बजट और वास्तविक व्यय के प्रावधानों का ब्यौरा क्या है और इसका सकल घरेलू उत्पाद (जीडीपी) के प्रतिशत के रूप में अनुपात कितना है;
 - (ख) देश के विशेषकर ग्रामीण और वंचित क्षेत्रों में राष्ट्रीय स्वास्थ्य योजनाओं के लक्ष्यों और उपलब्धियों का वर्ष-वार ब्यौरा क्या है;
 - (ग) देश में सरकारी अस्पतालों और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) की राज्य-वार कुल संख्या कितनी है और डॉक्टरों और नर्सों के कुल स्वीकृत और रिक्त पदों की स्थिति क्या है;
 - (घ) देश में स्वास्थ्य अवसंरचना को सुदृढ़ करने के लिए बजटीय आवंटन और वास्तविक व्यय कितना है; और
 - (ङ) विगत दस वर्षों के दौरान सरकारी अस्पतालों, स्वास्थ्य केंद्रों और सरकारी मेडिकल कॉलेजों
-

की संख्या बढ़ाने के लिए क्या लक्ष्य निर्धारित किए गए हैं और उक्त लक्ष्यों को किस सीमा तक प्राप्त किया गया है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क): पिछले दस वर्षों के दौरान स्वास्थ्य बजट और वास्तविक व्यय से संबंधित प्रावधानों का विवरण और सकल घरेलू उत्पाद (जीडीपी) के प्रतिशत के रूप में इसका अनुपात निम्नानुसार है:

स्वास्थ्य और परिवार कल्याण विभाग

(निवल करोड़ों रुपये में)

वर्ष	ब.आ.	वास्तविक	भारत की कुल जीडीपी	जीडीपी का प्रतिशत ब.आ.	जीडीपी का % व्यय
1	2	3	4	5	6
2014-15	35163.00	30626.39	12467959.29	0.28	0.25
2015-16	31050.00	33121.42	13771873.88	0.23	0.24
2016-17	37061.55	37671.30	15391669.01	0.24	0.24
2017-18	47352.51	51381.89	17090042.36	0.28	0.30
2018-19	52800.00	52953.94	18899668.44	0.28	0.28
2019-20	62659.12	62397.08	20103592.86	0.31	0.31
2020-21	65011.80	77569.33	19854096.01	0.33	0.39
2021-22	71268.77	81779.85	23597398.53	0.30	0.35
2022-23	83000.00	73308.30	26890472.57^	0.31	0.27
2023-24	86175.00	80292.01	30122955.90#	0.29	0.27
2024-25	87656.90	87300.17	33068145.37@	0.27	0.26
2025-26*	95957.87	80518.79			
2026-27	101709.21				

*दिनांक 9.03.2026 तक के वास्तविक आंकड़े (अनंतिम), ^ - अंतिम अनुमान, # पहला संशोधित अनुमान, @ अनंतिम अनुमान
 स्रोत: सकल घरेलू उत्पाद (जीडीपी) सांख्यिकी एवं कार्यक्रम कार्यान्वयन मंत्रालय (एमओएसपीआई) के अधीन है और जीडीपी

से संबंधित आंकड़े सार्वजनिक डोमेन अर्थात् <https://esankhyiki.mospi.gov.in/macroindicators?product=nas> पर उपलब्ध हैं।

(ख): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, राज्यों/संघ राज्य क्षेत्रों को सुलभ, किफायती और गुणवत्तापूर्ण स्वास्थ्य सेवाएं प्रदान करने के लिए विशेष रूप से शहरी और ग्रामीण दोनों क्षेत्रों के गरीब और कमजोर वर्गों के लिए वित्तीय और तकनीकी सहायता प्रदान की जाती है। राष्ट्रीय स्वास्थ्य नीति, 2017 के तहत दिसंबर, 2025 तक निर्धारित लक्ष्य और प्राप्त प्रगति का ब्यौरा संलग्न **विवरण** में दिया गया है।

स्वास्थ्य और परिवार कल्याण मंत्रालय, मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना के लिए एक केंद्र प्रायोजित योजना (सीएसएस) का संचालन भी करता है, जिसमें कम सेवा वाले क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहाँ कोई मौजूदा सरकारी या निजी मेडिकल कॉलेज नहीं है। केंद्र और राज्य सरकारों के बीच निधि साझाकरण तंत्र पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 और अन्य राज्यों के लिए 60:40 के अनुपात में है।

(ग): हेल्थ डायनामिक्स ऑफ इंडिया (एचडीआई) (अवसंरचना और मानव संसाधन) राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए स्वास्थ्य परिचर्या प्रशासनिक डाटा पर आधारित एक वार्षिक प्रकाशन है। देश भर में सरकारी अस्पतालों और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) की कुल संख्या और राज्य/संघ राज्य क्षेत्र-वार डॉक्टरों और नर्सों के स्वीकृत और रिक्त पदों की स्थिति का विवरण एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता है:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

केंद्र सरकार के अस्पतालों जैसे वर्धमान महावीर मेडिकल कॉलेज और सफदरजंग अस्पताल

(वीएमएमसी और एसजेएच), अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान और डॉ. राम मनोहर लोहिया अस्पताल (एबीवीआईएमएस और डॉ. आरएमएलएच), लेडी हार्डिंग मेडिकल कॉलेज और संबद्ध अस्पताल (एलएचएमसी और संबद्ध अस्पताल) तथा ग्रामीण स्वास्थ्य प्रशिक्षण केंद्र (आरएचटीसी) के संबंध में, डॉक्टरों और नर्सों के रिक्त पदों का विवरण निम्नानुसार है:

क्र.सं.	अस्पताल का नाम	चिकित्सक			नर्सिंग कार्मिक		
		स्वीकृत	भरे हुए	रिक्त	स्वीकृत	भरे हुए	रिक्त
1.	वीएमएमसी एवं एसजेएच	632	513	119	2759	2342	417
2.	एबीवीआईएमएस एवं डॉ. आरएमएलएच	453	351	102	10559	1459	100
3.	एलएचएमसी एवं संबद्ध अस्पताल	386	298	88	1181	959	222
4.	ग्रामीण स्वास्थ्य प्रशिक्षण केंद्र	46	30	16	41	05	36

(घ): स्वास्थ्य और परिवार कल्याण विभाग देश में स्वास्थ्य अवसंरचना को सुदृढ़ करने के लिए विभिन्न पूंजी-प्रधान योजनाओं का कार्यान्वयन कर रहा है, जिनका ब्यौरा निम्नलिखित है:

(करोड़ रु. में)

क्र. सं.	योजना/संस्थाएं का नाम	ब.आ. 2023-24	वास्तविक 31.03.2024	ब.आ. 2024-25	वास्तविक 31.03.2025	ब.आ. 2025-26	वास्तविक 10.03.2026
1	प्रधानमंत्री स्वास्थ्य सुरक्षा योजना	3365.00	1390.03	2200.00	1680.52	2200.00	1351.76

2	प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएमएबीएचआई एम) (सीएस)	645.86	169.55	556.57	279.20	558.45	382.92
3	आरसीएच एवं स्वास्थ्य प्रणाली सुदृढीकरण, राष्ट्रीय स्वास्थ्य कार्यक्रम एवं राष्ट्रीय शहरी स्वास्थ्य मिशन के लिए लचीला पूल	22094.5 7	24851.2 0	28783.0 0	31685.0 6	30009.9 2	25064.5 0
4	स्वास्थ्य एवं चिकित्सा शिक्षा हेतु मानव संसाधन	6500.00	1178.78	1274.79	442.00	1675.00	1010.71
4. 1	नए मेडिकल कॉलेजों की स्थापना एवं मौजूदा सरकारी मेडिकल कॉलेजों में सीटों की संख्या में वृद्धि - प्रधानमंत्री स्वास्थ्य सुरक्षा निधि से सहायता	6500.00	928.78	1054.79	294.17	1475.00	978.77

4.2	नर्सिंग शिक्षा को बढ़ावा देना - मेडिकल कॉलेजों के साथ ही नए नर्सिंग कॉलेजों की स्थापना	0.00	250.00	220.00	147.83	200.00	31.94
5	प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएमएबीएचआई एम) (सीएसएस)	4200.00	1805.77	3200.00	2086.34	4200.00	1862.79
	कुल	36805.43	29395.34	36014.36	36173.12	38643.37	29672.68

(ड): स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा संचालित केंद्र प्रायोजित योजना 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के तहत, परिकल्पित सभी 157 मेडिकल कॉलेजों को मंजूरी दे दी गई है, जिनमें से 137 मेडिकल कॉलेज कार्यशील हो चुके हैं। इसके अलावा, प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) का उद्देश्य किफायती/विश्वसनीय विशिष्ट स्वास्थ्य सेवाओं की उपलब्धता में क्षेत्रीय असंतुलन को दूर करना और देश में गुणवत्तापूर्ण चिकित्सा शिक्षा के लिए सुविधाओं को बढ़ाना है। अब तक, इस योजना के तहत 22 नए अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स) की स्थापना को मंजूरी दी गई है, जिनमें से 18 एआईएमएस शिक्षण, अध्ययन एवं अनुसंधान, आईपीडी/ओपीडी सुविधाएं, आपातकालीन एवं आघात विभाग, नैदानिक सुविधाकेंद्रों, विभिन्न विशेषज्ञता और सुपर-विशेषज्ञता विभाग, अमृत फार्मसी, जन औषधि केंद्र आदि के साथ कार्यरत हैं। शेष 4 एआईएमएस निर्माण/संचालन के विभिन्न चरणों में हैं। इसके अलावा, उपर्युक्त पैरा (ग) में उल्लिखित 'द हेल्थ डायनामिक्स ऑफ इंडिया' (एचडीआई) (बुनियादी ढांचा और मानव संसाधन) रिपोर्ट देश में स्वास्थ्य केंद्रों की पूरी जानकारी

प्रदान करती है।

विवरण

राष्ट्रीय स्वास्थ्य नीति, 2017 के अंतर्गत निर्धारित और प्राप्त लक्ष्य

एनएचपी 2017 में निर्धारित लक्ष्य	प्रस्थिति
जन्म के समय जीवन प्रत्याशा को वर्ष 2025 तक 67.5 से बढ़ाकर 70 करना।	भारत में जन्म के समय जीवन प्रत्याशा का अनुमान वर्ष 2019-23 की अवधि के लिए 70.3 वर्ष लगाया गया है (नमूना पंजीकरण प्रणाली (एसआरएस) आधारित संक्षिप्त जीवन सारणी 2019-23)।
राष्ट्रीय और उप-राष्ट्रीय स्तर पर वर्ष 2025 तक कुल प्रजनन दर (टीएफआर) को घटाकर 2.1 करना।	2.0 [राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएस-5)]
पांच वर्ष से कम आयु के बच्चों की मृत्यु दर को वर्ष 2025 तक घटाकर 23 करना और मातृ मृत्यु दर (एमएमआर) को वर्तमान स्तर से बढ़ाकर वर्ष 2020 तक 100 करना।	पांच वर्ष से कम आयु के बच्चों की मृत्यु दर (यू5एमआर) - प्रति हजार पर 29 (एसआरएस 2023) मातृ मृत्यु अनुपात (एमएमआर) - प्रति 1 लाख जीवित जन्म पर 88 (एसआरएस 2021-23)
शिशु मृत्यु दर को वर्ष 2019 तक घटाकर 28 करना।	25 प्रति हजार (एसआरएस 2023)
नवजात मृत्यु दर को वर्ष 2025 तक घटाकर 16 और मृत जन्म दर को एकल अंक तक लाना।	19 प्रति हजार (एसआरएस 2023)
वर्ष 2018 तक कुष्ठ रोग, वर्ष 2017 तक काला-अजार और वर्ष 2017 तक स्थानिक क्षेत्रों में लिम्फैटिक फाइलेरियासिस के उन्मूलन की स्थिति प्राप्त करना और उसे बनाए रखना।	काला-अजार - वर्ष 2023 के अंत तक सभी 633 प्रभावित ब्लॉकों में उन्मूलन का लक्ष्य हासिल कर लिया गया है। कुष्ठ रोग - भारत ने राष्ट्रीय स्तर पर कुष्ठ रोग उन्मूलन की स्थिति हासिल कर ली है और इसे बरकरार रखा है, अर्थात् वर्ष 2005 से अब तक प्रति 10,000 जनसंख्या पर व्याप्ति दर

	(पीआर) 1 से कम रही है।
टीबी के नए थूक परीक्षण पॉजिटिव रोगियों में 85% से अधिक की उपचार दर प्राप्त करना और उसे बनाए रखना तथा नए मामलों की घटनाओं को कम करना, ताकि वर्ष 2025 तक टीबी उन्मूलन की स्थिति तक पहुंचा जा सके।	टीबी की संक्रमण दर में 21% की गिरावट आई है (2015 में 237/लाख से घटकर 2024 में 187/लाख रह गई)। भारत में टीबी उपचार कवरेज पिछले नौ वर्षों में 39% बढ़ा है, जो वर्ष 2015 में 53% से बढ़कर वर्ष 2024 में 92% हो गया है।
वर्ष 2025 तक अंधत्व की व्यापकता को 0.25/1000 तक कम करना और वर्तमान स्तर से रोग भार को एक तिहाई तक कम करना।	अंधापन की व्यापकता वर्ष 2010 में 1% से घटकर 2019 में 0.36% रह गई है।
वर्ष 2025 तक प्रसवपूर्व परिचर्या कवरेज 90% से ऊपर और प्रसव के समय कुशल उपस्थिति 90% से ऊपर बनाए रखी जाएगी।	प्रसवपूर्व देखभाल कवरेज: 95.4% [स्वास्थ्य प्रबंधन सूचना प्रणाली (एचएमआईएस)] कुशल प्रसव: 98.8% (एचएमआईएस)
वर्ष 2025 तक 90% से अधिक नवजात शिशुओं का एक वर्ष की आयु तक पूर्ण टीकाकरण सुनिश्चित करना।	98% (वित्त वर्ष 2024-25)
वर्ष 2025 तक राष्ट्रीय और उप-राष्ट्रीय स्तर पर परिवार नियोजन की 90% से अधिक आवश्यकताओं को पूरा करना।	> 90% (वित्त वर्ष 2024-25)
वर्ष 2020 तक तंबाकू के वर्तमान उपयोग में 15% और वर्ष 2025 तक 30% की सापेक्ष कमी लाना।	28.6% [वैश्विक वयस्क तंबाकू सर्वेक्षण (जीएटीएस-2) 2016-17]
वर्ष 2025 तक पांच वर्ष से कम आयु के बच्चों में बौनेपन की व्यापकता में 40% की कमी लाना।	35.5% (एनएफएचएस-5)
सरकार द्वारा स्वास्थ्य पर किए जाने वाले व्यय को सकल घरेलू उत्पाद के प्रतिशत के रूप में मौजूदा 1.15% से बढ़ाकर वर्ष 2025 तक 2.5% करना।	वित्तीय वर्ष 2021-22 में सकल घरेलू उत्पाद (जीडीपी) के अनुपात के रूप में सरकारी स्वास्थ्य व्यय (जीएचई) 1.84% था। (राष्ट्रीय स्वास्थ्य लेखा 2021-22)

CASES WHERE GOVERNMENT IS A LITIGANT**3533. SHRI ATUL GARG:**

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the total number of cases currently pending in various High Courts and the Supreme Court wherein the Government is a litigant, either as a petitioner or a respondent;
- (b) the percentage of cases decided against the Government during the last ten years specially due to misinterpretation of rules, erroneous decisions or negligence by the concerned officials;
- (c) whether the Government has any established mechanism or institutional arrangement to conduct in-depth studies or legal audits regarding the reasons behind such adverse judgement;
- (d) if so, the details thereof; and
- (e) if not, whether the Government proposes to formulate such a mechanism in the future to fix accountability and reduce avoidable litigation?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a): As per data available on Legal Information Management and Briefing System (LIMBS) portal, the Union of India is a party in 2,94,798 cases pending before various High Courts and 24,794 cases pending before the Supreme Court.

(b): No such Data is maintained for such decision of the Courts.

(c) to (e): The Department of Legal Affairs has issued the Directive for Efficient and Effective Management of Litigation by Government of India dated 04.04.2025. The primary aim of the Directive is to strengthen the capacities of Ministries/Departments for improving the conduct of its litigation. The emphasis is upon prior examination of litigation risks in new initiatives, periodic scrutiny of subordinate legislation to identify issues which may lead to litigation, to have Grievance Redressal Mechanism, and Capacity Building Programs for officials of Ministries/Departments. The Ministries/Departments may undertake a quarterly review to enhance the efficiency and effectiveness of such mechanisms. Further, the Directive aims to streamline and effective management of contract related issues, by promoting recourse to Alternative Dispute Resolution (ADR) mechanisms as a means for resolving disputes, wherever feasible. The Directive mentions for the creation of dedicated Legal Cell in each Ministry/Department, which should classify cases into three categories: i) highly sensitive, ii) sensitive, and iii) regular. Cases classified as highly sensitive or sensitive, or those with significant financial stakes, need to be reviewed at the level of Secretary to determine the appropriate course of action. All Ministries/Department need to ensure that the timelines provided in the Act and in the Court orders are followed. A decision to appeal/challenge should not be based on disagreement with the judgment/order or award but on the merits of the case alone. The chances of success and the consequences of

failure of an appeal/challenge must be realistically/rationally considered by the Ministries/ Departments with a view to reduce unnecessary appeals before the appellate forum.

DISTRIBUTION OF FERTILIZERS

3534. MD. RAKIBUL HUSSAIN:

SHRI GOPAL JEE THAKUR:

SHRI UTKARSH VERMA MADHUR:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether it is a fact that high fertilizer prices, artificial scarcity and instances of forced black- marketing have adversely affected small and marginal farmers particularly in Assam, if so, the details thereof;
 - (b) the steps taken by the Union Government in coordination with the State Governments, District Authorities, Agriculture Department and Fertilizer Units to strengthen and monitor continuous and equitable availability and distribution of fertilizers to farmers;
 - (c) the number of complaints received by the Union and State Government regarding overpricing, hoarding and black-marketing of fertilizers during the last three years;
 - (d) the number of inspections, raids and enforcement drives conducted to check illegal movement, hoarding, black marketing and overpricing, State/district-wise including Assam and Darbhanga district of Bihar;
 - (e) the procedure adopted to detect and check the supply of inferior quality
-

fertilizers; and

- (f) the details of action taken against violators, including suspension or cancellation of licences, penalties imposed and prosecutions initiated?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (f): Following steps are taken by the Government every season for ensuring timely and adequate availability of all fertilizers in the country:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers.
 - (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
 - (iii) The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Management System (iFMS).
 - (iv) The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.
 - (v) Regular coordination meetings are held with Ministry of Railways for giving
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sufficient rakes, priority to fertilizers and for timely evacuation of rakes for States.

- (vi) The distribution of fertilizers within the State at district level is done by the concerned State government.

In view of above, it is submitted that the availability of fertilizers has remained adequate in the country during the ongoing Rabi 2025-26 season.

Further, Department of Agriculture & Farmers' Welfare in consultation with the State Government is regularly monitoring the enforcement action taken by State Government against the cases of Black marketing, Hoarding, Sub-standard and Diversion on weekly basis. In the country, from 01.04.2025 to 06.03.2026, 4,60,840 raids have been conducted with 16,160 show cause notices issued, 6,782 licenses suspended/cancelled and 817 FIRs registered against defaulters. DA&FW regularly pursues with the State Government to strictly implement the enforcement action against the defaulters. Besides, as informed by DA&FW, a comprehensive multilevel mechanism namely, Dharti Mata Bachao Abhiyan with Committees constituted at Village level, Sub Division (taluka/tehsil) & District Level was initiated in the Month of August , 2025. Under the program, Dharti Mata Bachao Nigrani Samiti will be constituted at Village level to be headed by Gram Pradhan, Sub Division Level Committee will be headed by Sub Divisional Magistrate and District level Committee will be headed by District Magistrate. The Samiti is to monitor excessive sale of fertilizers to particular individuals or group of individuals in panchayat, ascertaining the

reason for the same and informing district & sub-division authorities in case of diversion for non agricultural use / cross border smuggling. Such surveillance mechanism, which will keep tab on any illegal diversion of fertilizers as well as on production/distribution of spurious or fake fertilizers. As on date 1,71,150 Gram level panchayat Committee, 2,286 Sub Divisional Level Committee and 467 District level Committee have been formed across the country. The State-wise details of enforcement activities performed by the States during the period 01.04.2025 to 06.03.2026, as informed by them are given in the enclosed **Statement**. In view of this, it is informed that during last 3 years and in current year as on 28.02.2026, 405 complaints of overpricing, hoarding, black-marketing and other malpractices have been received in D/o Fertilizers through CP-GRAMS portal which is an online platform to redress grievances related to fertilizers. These complaints were sent to concerned State govts. for necessary action under FCO-1985.

Moreover, State govt. of Assam has informed that no case of high prices and artificial scarcity of fertilizers has been observed in the State.

With respect to details of enforcement activities in Darbhanga district of Bihar, the State govt. has informed that during Kharif 2026 and Rabi 2025-26 seasons the number of inspections, raids and enforcement drives conducted to check illegal movement, hording, black marketing and overpricing of fertilizers includes 530 inspections, 03 FIRs, 15 License cancellation, 11 show-cause notices and 17 license suspensions.

Further, under the Urea Subsidy Scheme, Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes as applicable). The difference between the delivered cost of Urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rate.

Besides, the Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS Scheme, MRP of P&K fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level which is monitored by the government. The subsidy is provided to manufacturer/imported on notified P&K fertilizers on its PoS sale during the season, depending on their nutrient content to ensure availability of fertilizers to farmers.

Furthermore, for ensuring adequate availability of good quality fertilizers to the farmers, Fertilizer Control Order (FCO)-1985 has laid down fertilizer-wise detailed specifications. Any fertilizer, not meeting the said specifications, cannot be sold in the country for agricultural purpose. Clause 19 of FCO strictly prohibits the sale or manufacture of fertilizers which are not of prescribed standards. Any sale of substandard/fake/adulterated fertilizers is punishable under Essential Commodities Act, 1955. The State Governments are the enforcement agencies and are adequately empowered to enforce the provisions of FCO.

STATEMENT

**Action taken by the State Governments to check black marketing, hoarding, quality check, diversion during
01.04.2025 to 06.03.2026**

		Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details*	Toatal		
States	No. of Inspections /raids	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR Registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered		Show cause notice issued	No. of licenses cancelled/suspended	FIR registered
Andhra Pradesh	23898	80	10	9	207	11	19	380	0	0	19	4	12	NIL	686	25	40
Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Assam	5284	12	6	1	59	0	0	46	1	0	27	0	0	NIL	144	7	1
Bihar	24751	1283	845	122	7	0	0	6	0	0	0	0	0	NIL	1296	845	122
Chhattisgarh	7118	297	13	4	29	1	0	145	5	0	24	0	0	NIL	495	19	4
Dadar & Nagar	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Delhi	395	0	0	1	0	0	0	3	0	0	0	3	0	NIL	3	3	1
Goa	619	544	180	6	10	0	0	32	1	0	16	0	0	NIL	602	181	6
Gujarat	17933	56	3	1	25	0	0	146	2	0	19	4	13	NIL	246	9	14

Haryana	5181	68	16	10	25	21	5	51	12	6	14	6	6	NIL	158	55	27
Himachal Pradesh	25	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Jammu & Kashmir	5613	154	46	2	36	3	0	73	2	0	8	0	0	NIL	271	51	2
Jharkhand	759	57	20	11	32	4	0	2	0	0	1	1	0	NIL	92	25	11
Karnataka	9709	368	25	1	243	5	0	258	14	2	96	6	11	NIL	965	50	14
Kerala	1735	0	0	0	0	0	0	53	0	0	4	0	4	NIL	57	0	4
Madhya Pradesh	6207	0	0	93	0	0	0	759	44	4	748	160	15	NIL	1507	204	112
Maharashtra	50288	16	0	16	0	0	0	1906	1404	46	1	73	2	NIL	1923	1477	64
Manipur	3	0	0	0	0	0	0	0	0	0	1	0	0	NIL	1	0	0
Meghalaya	757	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Mizoram	39	4	0	0	0	0	0	0	0	0	4	0	0	NIL	8	0	0
Nagaland	81	14	0	14	0	0	0	101	0	0	2	64	1	NIL	117	64	15
Odisha	8149	4	3	2	0	0	0	55	1	1	2204	112	4	0	2263	116	7
Puducherry	56	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Punjab	6844	37	1	1	20	0	1	330	103	4	5	0	6	NIL	392	104	12
Rajasthan	12004	652	118	48	74	41	34	519	1	2	27	22	27	NIL	1272	182	111
Tamilnadu	22392	14	0	8	6	8	0	33	25	0	112	17	1	NIL	165	50	9
Telangana	145170	7	11	3	4	2	0	139	0	0	4	0	5	NIL	154	13	8
Tripura	865	0	0	0	9	0	0	0	0	0	0	0	0	NIL	9	0	0
Uttar Pradesh	45387	2562	2981	185	164	139	13	171	175	20	88	7	15	3	2985	3302	233
Uttarakhand	585	0	0	0	0	0	0	0	0	0	43	0	0	NIL	43	0	0
West Bengal	58993	0	0	0	0	0	0	306	0	0	0	0	0	NIL	306	0	0
Total	460840	6229	4278	538	950	235	72	5514	0	85	3467	479	122	3	1616 0	6782	817

VACANT POSTS IN AIIMS AND JIPMER**3535. SHRI A. RAJA:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of sanctioned, in-position and vacant posts of teaching, medical professionals and non-teaching staff in general and reserved category in various AIIMS of the country including Madurai, AIIMS-wise and Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry;
- (b) the details of recruitment undertaken for teaching, medical professionals and non-teaching staff in various AIIMS of the country during the last three years and the current year, year-wise;
- (c) the reasons for non-filling of vacant posts, especially for reserved categories in this regard;
- (d) whether any timeline has been fixed for filling up of all the vacant posts including reserved category; and
- (e) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) to (e): The details of sanctioned, in-position, vacant faculty and non-faculty position (including reserved category) during last three years and current year, in various functional All India Institutes of Medical Sciences (AIIMS) and
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Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry are given in the enclosed **Statement**.

Creation of posts and recruitment is a continuous and dynamic process. Filling up of vacant faculty/non-faculty positions is contingent on various factors including availability of suitable/eligible/qualified doctors/health professionals, reservation roster, location of the Institute etc. In order to expeditiously fill vacant sanctioned positions in various AIIMS following special measures have been taken by the Ministry of Health and Family Welfare:

- (i) Standing Selection Committee has been constituted in each Institute as per the provision of their respective Act for selection of faculty etc.
 - (ii) Provision has been made for engagement of retired faculty at the level of Professor, Additional Professor and Associate Professor, on contract basis, in new AIIMS, up to the age of 70 years from Institutes of National Importance (INIs) and Government Medical Colleges (GMCs).
 - (iii) Visiting Faculty Scheme has been formulated to allow Professors, Additional Professors and Associate Professors, who are holding academic positions in Government Institutions within India or academic institutions outside India, to be the Visiting Faculty in new AIIMS for teaching purposes.
 - (iv) Nursing Officer Recruitment Common Eligibility Test (NORCET) is conducted by AIIMS Delhi for recruitment of Nursing Officers for various AIIMS and other Institutes including JIPMER, Puducherry.
 - (v) Common Recruitment Examination (CRE) in 2025 was conducted by AIIMS
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Delhi twice in the year for recruitment to Group B and C non-faculty positions for various AIIMS and other Institutes including JIPMER, Puducherry.

(vi) The Institute of National Importance Combined Entrance Test (INI-CET) for selection of Junior Residents (Academic) and the Institute of National Importance Super Speciality (INI-SS) Exam for selection of Senior Residents (Academic) for various AIIMS are conducted by AIIMS Delhi twice a year.

STATEMENT

Details of sanctioned, in-position, vacant faculty and non-faculty position (including reserved category) during last three years and current year, in various functional AIIMS and JIPMER, Puducherry

Sl. No.	AIIMS	Year	Faculty			Non-Faculty		
			Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
1	New Delhi (Delhi)	2022-23	1191	827	364	12872	10987	1885
		2023-24	1207	850	357	12875	10761	2114
		2024-25	1235	803	432	13464	10914	2550
		2025-26	1306	860	446	13911	11369	2542
2	Bhopal (Madhya Pradesh)	2022-23	305	199	106	3876	1899	1977
		2023-24	305	218	87	3876	1920	1956
		2024-25	305	232	73	3884	2846	1038
		2025-26	312	241	71	3874	2920	954
3	Bhubaneswar (Odisha)	2022-23	315	242	73	3876	1264	2612
		2023-24	315	236	79	3904	2302	1602
		2024-25	315	237	78	3904	2794	1110
		2025-26	337	238	99	3963	2937	1026
4	Jodhpur (Rajasthan)	2022-23	305	221	84	3876	2340	1536
		2023-24	305	227	78	3876	2534	1342
		2024-25	305	222	83	3884	3203	681
		2025-26	405	221	184	4084	3322	726
5	Raipur	2022-23	305	188	117	3876	1977	1899

Sl. No.	AIIMS (Chhattisgarh)	Year	Faculty			Non-Faculty		
			Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
		2023-24	305	188	117	3876	2331	1545
		2024-25	305	187	118	3884	2748	1136
		2025-26	305	200	105	3884	2815	1069
6	Patna (Bihar)	2022-23	305	212	93	3876	2418	1458
		2023-24	305	212	93	3876	2815	1061
		2024-25	305	224	81	3884	2493	1391
		2025-26	305	219	86	3884	2752	1132
7	Rishikesh (Uttarakhand)	2022-23	305	213	92	3876	2241	1635
		2023-24	305	213	92	3876	2231	1645
		2024-25	355	214	141	4095	2714	1381
		2025-26	355	229	126	4095	2951	1144
8	Mangalagiri (Andhra Pradesh)	2022-23	183	115	68	1062	576	486
		2023-24	259	134	125	1461	759	702
		2024-25	259	152	107	1469	1138	331
		2025-26	309	171	138	1953	1291	662
9	Nagpur (Maharashtra)	2022-23	183	129	54	1062	699	363
		2023-24	298	148	150	1451	841	610
		2024-25	298	227	71	1459	1108	351
		2025-26	373	238	135	2107	1395	712
10	Kalyani (West Bengal)	2022-23	183	116	67	1012	482	530
		2023-24	259	108	151	1520	708	812
		2024-25	259	168	91	1527	982	545
		2025-26	309	175	134	2221	1171	1050
11	Gorakhpur (Uttar Pradesh)	2022-23	183	104	79	1038	488	550
		2023-24	183	104	79	1338	773	565
		2024-25	183	117	66	1346	931	415
		2025-26	213	117	96	1492	949	543
12	Bathinda (Punjab)	2022-23	183	97	86	1038	537	501
		2023-24	209	143	66	1233	771	462
		2024-25	209	138	71	1624	1067	557
		2025-26	219	143	76	2090	1453	637
13	Bilaspur (Himachal)	2022-23	183	93	90	1018	361	657
		2023-24	188	96	92	1305	629	676

Sl. No.	AIIMS	Year	Faculty			Non-Faculty		
			Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
	Pradesh)	2024-25	217	103	114	1511	917	594
		2025-26	217	130	87	1511	987	524
14	Guwahati (Assam)	2022-23	183	76	107	1018	139	879
		2023-24	183	91	92	1019	250	769
		2024-25	183	105	78	1410	734	676
		2025-26	183	117	66	1630	879	751
15	Deoghar (Jharkhand)	2022-23	183	110	73	1018	459	559
		2023-24	183	110	73	1356	450	906
		2024-25	183	124	59	1364	848	516
		2025-26	208	132	76	1712	940	772
16	Bibinagar (Telangana)	2022-23	183	101	82	971	297	674
		2023-24	183	109	74	1366	428	938
		2024-25	183	121	62	1374	899	475
		2025-26	183	132	51	1374	898	476
17	Raebareli (Uttar Pradesh)	2022-23	183	89	94	818	547	271
		2023-24	201	102	99	1417	698	719
		2024-25	201	106	95	1425	1019	406
		2025-26	209	111	98	1613	1120	493
18	Rajkot (Gujarat)	2022-23	183	70	113	871	311	560
		2023-24	183	70	113	1215	396	819
		2024-25	183	75	108	1247	527	720
		2025-26	183	78	105	1410	665	745
19	Jammu (Jammu & Kashmir)	2022-23	183	83	100	919	424	495
		2023-24	183	84	99	951	442	509
		2024-25	183	102	81	1267	772	495
		2025-26	183	119	64	1311	935	376
20	Madurai (Tamil Nadu)	2022-23	183	26	157	0	0	0
		2023-24	183	47	136	903	4	899
		2024-25	183	50	133	911	40	871
		2025-26	183	70	113	911	40	871
21	JIPMER, Puducherry	2022-23	464	315	149	4943	2968	1975
		2023-24	464	368	96	5033	3305	1728
		2024-25	464	361	103	5033	3409	1624

Sl. No.	AIIMS	Year	Faculty			Non-Faculty		
			Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
		2025-26	464	360	104	5504	3619	1885

SHORTAGE OF FERTILIZERS IN TAMIL NADU

3536. KUMARI SUDHA R.:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the cause for the acute fertilizer shortages reported in Cauvery delta districts of Tamil Nadu including Trichy, Thanjavur, Nagapattinam and Mayiladuthurai, during 2025, district-wise;
- (b) the impact of these shortages on farmers in Mayiladuthurai Lok Sabha Constituency of Tamil Nadu;
- (c) the steps taken by the Government to address the crisis, including additional allocations, distribution and monitoring to check black marketing or hoarding by private dealers; and
- (d) whether any long-term measures are planned to prevent future shortages, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

- (a) to (d): Following steps are taken by the Government every season for ensuring timely and adequate availability of all fertilizers in the country, including the State of Tamil Nadu:
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- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers.
- (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- (iii) The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Management System (iFMS).
- (iv) The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.
- (v) Regular coordination meetings are held with Ministry of Railways for giving sufficient rakes, priority to fertilizers and for timely evacuation of rakes for States.

In view of above, the availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate in the State of Tamil Nadu during Kharif 2025 and Rabi 2025-26 seasons. The information regarding requirement, availability, sales and closing stock of these fertilizers during the said seasons is as under:

TAMIL NADU						
RABI 2025-26 (TILL 10/03/26) FERTILIZER POSITION						
FIG. IN LMT						
S.No	Product	Requirement for RABI 2025-26	Pro rata Requirement From 01/10/25 to 10/03/26	Availability From 01/10/25 to 10/03/26	Sales From 01/10/25 to 10/03/26	Stock as on 10/03/26
1	UREA	6.50	5.96	7.19	5.78	1.41
2	DAP	1.55	1.45	2.08	1.47	0.61
3	MOP	1.80	1.67	1.35	0.98	0.37
4	NPKS	5.14	4.77	6.49	4.41	2.08
KHARIF 2025 FERTILIZER POSITION						
FIG. IN LMT						
S.No	Product	Requirement for KHARIF 2025	Availability	Sales	Stock as on 30/09/25	
1	UREA	4.37	6.07	5.06	1.01	
2	DAP	1.40	2.01	1.29	0.72	
3	MOP	0.80	1.34	0.96	0.38	
4	NPKS	4.11	5.50	3.91	1.59	
1. Primary Indicator of comfortable availability: Availability > Requirement						
2. Secondary Indicator of comfortable availability: Availability > Sales						

Further, it is also submitted that the mandate of D/o Fertilizers is to ensure adequate availability of fertilizers at State level. However, the distribution of fertilizers within the State at district level is done by the concerned State government. In this regard, the State govt. of Tamil Nadu has informed that the availability of fertilizers in Cauvery delta districts of Tamil Nadu – including Trichy, Thanjavur, Nagapattinam and Mayiladuthurai – has remained adequate

during the said season. Any localized or temporary supply fluctuations were promptly addressed through timely movement of stocks from nearby districts and through the utilization of available buffer stocks.

Moreover, in order to address the issues such as black-marketing and hoarding, fertilizer is declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985. Accordingly, State Government of Tamil Nadu has informed that, during the period 01.04.2025 to 06.03.2026, 14 show-cause notices have been issued and 08 FIRs have been lodged to curb black-marketing of fertilizers. Besides, 06 Show-cause notices have been issued and 08 licenses have been cancelled/suspended to curb hoarding of fertilizers during the said period.

बाल गृह

3537. श्री अशोक कुमार रावत:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

(क) बाल संरक्षण सेवाओं के अंतर्गत कितने बाल गृह कार्यशील हैं;

(ख) क्या उक्त संस्थानों की समयबद्ध निगरानी के लिए कोई तंत्र मौजूद है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) सरकार द्वारा बाल दुर्व्यापार और बाल श्रम को रोकने के लिए आरंभ की गई नई पहल का ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क): वित्तीय वर्ष 2024-25 के लिए मिशन वात्सल्य (पूर्ववर्ती बाल संरक्षण सेवाएँ) के अंतर्गत वित्तीय रूप से सहायता प्राप्त बाल गृहों की संख्या संलग्न **विवरण** में दी गई है।

(ख) और (ग): किशोर न्याय (बच्चों की देखरेख एवं संरक्षण) अधिनियम, 2015 (जेजे अधिनियम) की धारा 2 (14) (ii) एवं (ix) के अनुसार, जो बच्चा उस समय लागू श्रम कानूनों के उल्लंघन में काम करता पाया जाता है, या भीख मांगता पाया जाता है, या बेसहारा और संवेदनशील पाया जाता है तथा जिसके मादक द्रव्यों के सेवन या मानव दुर्व्यापार में शामिल होने की संभावना हो, उसे अन्य लोगों के साथ "देखरेख एवं संरक्षण की आवश्यकता वाले बच्चे" के रूप में शामिल किया जाता है।

जेजे अधिनियम, 2015 इन बच्चों को संस्थागत और गैर-संस्थागत देखरेख प्रदान करने के लिए सेवा प्रदायगी संरचनाओं की एक सुरक्षा तंत्र व्यवस्था अनिवार्य करता है। इस अधिनियम के कार्यान्वयन की प्राथमिक जिम्मेदारी राज्यों एवं संघ राज्य क्षेत्रों की है। महिला और बाल विकास मंत्रालय कठिन परिस्थितियों में फंसे बच्चों की देखरेख, संरक्षण, पुनर्वास और समाज में पुनः एकीकरण के लिए मिशन वात्सल्य योजना कार्यान्वित कर रहा है। मिशन वात्सल्य के तहत, राज्य सरकारों और संघ राज्य क्षेत्र प्रशासनों को अन्य बातों के साथ-साथ कठिन परिस्थितियों में फंसे बच्चों की स्थिति का विश्लेषण करने, संस्थागत और गैर-संस्थागत देखरेख के माध्यम से विभिन्न पुनर्वास सेवाएं प्रदान करने के लिए विभिन्न प्रकार के बाल देखरेख संस्थानों (सीसीआई) की स्थापना और रखरखाव करने के लिए वित्तीय सहायता प्रदान की जाती है।

मिशन वात्सल्य योजना के दिशानिर्देशों में राज्य और जिला स्तर पर निगरानी तंत्र की परिकल्पना की गई है। इस योजना की निगरानी और कार्यान्वयन के लिए जिम्मेदार एजेंसियों में राज्य स्तर पर राज्य बाल संरक्षण समिति, राज्य दत्तक ग्रहण संसाधन एजेंसी और राज्य बाल कल्याण एवं

संरक्षण समिति तथा जिला स्तर पर जिला बाल संरक्षण इकाई, जिला बाल कल्याण एवं संरक्षण समिति और बाल कल्याण समिति शामिल हैं। देखरेख और संरक्षण की आवश्यकता वाले बच्चों के कल्याण के लिए जिला स्तर पर जिला मजिस्ट्रेटों को नोडल प्राधिकारी बनाया गया है। इसके अतिरिक्त, राष्ट्रीय स्तर पर राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) और राज्य स्तर पर राज्य बाल अधिकार संरक्षण आयोग (एससीपीसीआर) क्रमशः किशोर न्याय (बच्चों की देखरेख एवं संरक्षण) अधिनियम, 2015 (धारा 109) के कार्यान्वयन की निगरानी करते हैं।

महिला और बाल विकास मंत्रालय और रेल मंत्रालय ने संयुक्त रूप से एक पहल शुरू की है ताकि रेलवे के संपर्क में आने वाले भागे हुए, अकेले और मानव दुर्व्यापार किए गए बच्चों की देखरेख, संरक्षण और कल्याण सुनिश्चित किया जा सके। यह योजना संकटग्रस्त बच्चों के लिए 24x7x365 सहायता सेवा भी प्रदान करती है। यह सेवा एक विशिष्ट टोल-फ्री नंबर, 1098 के माध्यम से उपलब्ध है, जिस पर संकट में फंसे बच्चे या उनकी ओर से वयस्क भारत के किसी भी भौगोलिक क्षेत्र से संपर्क कर सकते हैं।

इसके अलावा, मंत्रालय ने राज्यों और संघ राज्य क्षेत्रों के परामर्श और समन्वय से एक एकीकृत एवं समेकित मिशन वात्सल्य पोर्टल तैयार किया है। गुमशुदा/मिले बच्चों के लिए ट्रैकचाइल्ड पोर्टल और गुमशुदा/देखे गए बच्चों के लिए खोया-पाया एप्लिकेशन को इस समेकित मिशन वात्सल्य पोर्टल के साथ एकीकृत किया गया है। ट्रैकचाइल्ड पोर्टल को विभिन्न हितधारकों जैसे गृह मंत्रालय, रेल मंत्रालय, राज्य सरकारों और संघ राज्य क्षेत्र के प्रशासनों, बाल कल्याण समितियों, किशोर न्याय बोर्डों, राष्ट्रीय विधिक सेवा प्राधिकरण इत्यादि के सहयोग और भागीदारी से कार्यान्वित किया जाता है। इस संबंध में मानक संचालन प्रक्रिया जारी की गई है। ट्रैकचाइल्ड के कार्यान्वयन के संबंध में सभी राज्यों और संघ राज्य क्षेत्र के पुलिस महानिदेशकों और अन्य हितधारकों सहित सभी राज्यों और संघ राज्य क्षेत्रों को भी एडवाइजरी जारी की गई है। यह गृह मंत्रालय के क्राइम एंड क्रिमिनल ट्रैकिंग और नेटवर्क सिस्टम के साथ एकीकृत है, जिसमें गुमशुदा बच्चों के बारे में दर्ज प्राथमिकी

(एफआईआर) को ट्रैक चाइल्ड पोर्टल के आंकड़ों से मिलान करने में परस्पर सहूलियत रहती है और संबंधित राज्य और संघ राज्य क्षेत्र की पुलिस द्वारा पता लगाया जाना और गुमशुदा बच्चों का मिलान किया जाना सरल होता है। इसके अलावा, खोया-पाया मॉड्यूल के माध्यम से कोई भी नागरिक किसी भी लापता या देखे गए बच्चों के बारे में सूचना दे सकता है।

विवरण

वर्ष 2024-25 के दौरान मिशन वात्सल्य योजना के अंतर्गत वित्तीय सहायता प्राप्त करने वाले सीसीआई की राज्यवार संख्या

क्र.सं.	राज्य	कुल सीसीआई
1	आंध्र प्रदेश	98
2	अरुणाचल प्रदेश	11
3	असम	58
4	बिहार	91
5	छत्तीसगढ़	105
6	गोवा	23
7	गुजरात	81
8	हरियाणा	31
9	हिमाचल प्रदेश	48
10	जम्मू और कश्मीर	62
11	झारखंड	46
12	कर्नाटक	127
13	केरल	45
14	मध्य प्रदेश	102
15	महाराष्ट्र	107
16	मणिपुर	87
17	मेघालय	53
18	मिजोरम	66
19	नागालैंड	57
20	उड़ीसा	142
21	पंजाब	26

22	राजस्थान	140
23	सिक्किम	27
24	तमिलनाडु	313
25	तेलंगाना	67
26	त्रिपुरा	31
27	उत्तर प्रदेश	164
28	उत्तराखंड	44
29	पश्चिम बंगाल	207
30	अंडमान और निकोबार	10
31	चंडीगढ़	9
32	दादरा और नगर हवेली तथा दमन और दीव	4
33	लद्दाख	9
34	लक्षद्वीप	0
35	दिल्ली	39
36	पुद्दुचेरी	29

DOCTOR PATIENT RATIO

3538. PROF. SOUGATA RAY:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of India's national doctor-patient ratio, State/UT-wise and sector-wise;
- (b) whether some States are showing better doctor-patient ratio in the country;
- (c) if so, the details thereof along with the reasons for some States lagging behind;
- (d) the number of existing medical seats for MBBS, MD, BAMS in Government and private sectors in the country, State/UT-wise;
- (e) whether the Government has any proposal to increase the seats for medical

education and if so, the details thereof; and

(f) whether the Government has any proposal to open new AIIMS in the country and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (f): There are 13,88,185 registered allopathic doctors and 7,51,768 registered practitioners in the AYUSH system of medicine. Assuming that 80% of registered practitioners in both the allopathic and AYUSH systems are available, the doctor-population ratio in the country is estimated to be 1:811.

The government has increased number of Medical Colleges, Under Graduate (UG) and Post Graduate (PG) seats. The number of Medical Colleges have increased from 387 to 818; UG seats from 51,348 to 1,28,976; and PG seats from 31,185 to 85,020 from 2014 to as on date. Further, there are 45,245 BAMS seats available across the country.

The Government has taken several steps to increase the medical seats in the country:

- Under Centrally Sponsored Scheme (CSS), 'Establishment of new medical colleges attached with existing district/referral hospitals', 137 new medical colleges are functional out of 157 approved medical colleges.
 - Centrally Sponsored Scheme for strengthening/ upgradation of existing
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State Government/Central Government Medical Colleges to increase MBBS and PG seats.

- Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved in various States/UTs in the country till date.

आंगनवाड़ी केंद्रों पर ई-पॉस मशीनें

3539. श्री नीरज मौर्य:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने आंगनवाड़ी केंद्रों पर गड़बड़ियों को रोकने हेतु ई-पॉस मशीनों के माध्यम से पोषक आहार का वितरण करने और बायोमेट्रिक प्रमाणीकरण अनिवार्य करने का निर्णय लिया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) वर्तमान में आंगनवाड़ी केंद्रों पर पोषक आहार का वितरण पूरी तरह से ई-पॉस मशीनों के माध्यम से करने वाले राज्यों का ब्यौरा क्या है और इसके कार्यान्वयन के बाद से सूचित चोरी में कितने प्रतिशत कमी आई है;
- (ग) बरेली, बदायूं और शाहजहाँपुर जिलों सहित पूरे उत्तर प्रदेश में आंगनवाड़ी केंद्रों पर ई-पॉस मशीनों की संस्थापना की वर्तमान स्थिति क्या है और क्या सभी केंद्रों में निर्बाध इंटरनेट कनेक्टिविटी उपलब्ध है; और
- (घ) क्या सरकार का सर्वर या कनेक्टिविटी की समस्याओं वाले क्षेत्रों में पोषक आहार का ऑफलाइन वितरण सुनिश्चित करने का विचार है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

- (क) से (घ): वर्तमान में केंद्र सरकार के समक्ष ई-पॉस मशीनों के माध्यम से आंगनवाड़ी केंद्रों में

पूरक पोषण के वितरण का कोई प्रस्ताव विचाराधीन नहीं है।

DOMESTIC MANUFACTURERS OF SHIPPING CONTAINERS

3540. SUSHRI KANGNA RANAUT:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) the number of shipping containers manufactured domestically in the country during the last five financial years;
- (b) the steps, schemes and policy initiatives undertaken by the Government to enhance indigenous manufacturing capacity of containers, including incentives, standardisation, demand aggregation and support to domestic manufacturers; and
- (c) the impact of these initiatives on import substitution, availability of containers for Indian trade and reduction in logistics costs?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

- (a): The domestic manufacturing of shipping containers in India has been limited, and production has begun to scale up only in recent years. The maximum production recorded to date was approximately 24,000 TEUs in FY 2024.
 - (b): The Government in Budget Speech 2026-27 has announced a Scheme for container manufacturing in India with a budget outlay of Rs. 10,000 crore aimed at creating globally competitive container manufacturing ecosystem in the country through financial incentives to support establishment and expansion of
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container manufacturing units. The Government is also encouraging demand aggregation through public sector shipping companies and container operators to ensure stable orders for domestic manufacturers.

(c): The initiatives are expected to reduce dependence on imported containers and promote import substitution. Enhanced domestic manufacturing capacity will improve availability of containers for Indian EXIM trade and reduce vulnerability to global supply disruptions. These measures are also likely to lower logistics costs, improve cargo movement efficiency, and support employment and allied industries.

IMPLEMENTATION OF PM-ABHIM IN ANDHRA PRADESH

3541. SHRI PRABHAKAR REDDY VEMIREDDY:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has conducted any study/survey regarding the implementation of PM-ABHIM Yojana in Andhra Pradesh;
- (b) if so, the details regarding the list of Rural health and wellness centres proposed, under construction and presently functional across Andhra Pradesh, especially in Nellore district;
- (c) the details regarding the list of public health units proposed, under construction and presently functional across the said State, district-wise and in Nellore district;
- (d) the details regarding the list of integrated public health hospitals proposed,

under construction and presently functional across the said State, district-wise and in Nellore District;

(e) the details regarding the list of critical care hospital blocks proposed, under construction and presently functional across the said State, district-wise and in Nellore District;

(f) the details regarding the expansion of the integrated health information portal system and whether all medical institutions in the said State are covered under the same; and

(g) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (g): Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) which has an outlay of Rs. 64,180 Crores for the scheme period (FY 2021-22 to FY 2025-26).

The scheme envisages a new generation of reforms to integrate and strengthen health service delivery and public health action including health research so that the communities are Atmanirbhar in managing such pandemics or health crisis. The measures under the scheme are aimed at strengthening health systems and institutions in order to provide a continuum of care at all levels, namely primary, secondary, and tertiary, as well as preparing health

systems to respond effectively to current and future pandemics and disasters.

Under the CSS component of PM-ABHIM, administrative approvals have been accorded to the State of Andhra Pradesh for a period of five years (FY 2021–22 to FY 2025–26) for an amount of Rs. 1118.80 crore for the construction/strengthening of 696 Building-less Sub Health Centre–Ayushman Arogya Mandirs (SHC-AAMs), 45 Urban Ayushman Arogya Mandirs (U-AAMs)/Health and Wellness Centres (HWCs), 26 Integrated Public Health Laboratories (IPHLs), and 24 Critical Care Blocks (CCBs), as per the proposal submitted by the State Government. The district wise list of infrastructure approved under PM-ABHIM for the State of Andhra Pradesh including Nellore district is given in the enclosed **Statement**.

As informed by the State, under the Fifteenth Finance Commission (XV-FC) Health Grants, a total of 436 Block Public Health Units (BPHUs) have been proposed across Andhra Pradesh, of which 22 BPHUs have been sanctioned in SPSR Nellore district.

As informed by the State, all the medical institutions in the State are covered under the Integrated Health Information Platform (IHIP). This includes 19 Teaching Hospitals, 11 District Hospitals, 54 Area Hospitals, 171 Community Health Centres, 1162 Primary Health Centres, 558 Urban Primary Health Centres, 14,999 Rural and Urban Health and Wellness Centres, and 1,778 private institutions.

STATEMENT

**The district wise list of infrastructure approved under PM-ABHIM for the
State of Andhra Pradesh**

S. No.	District	Total HWCs	IPHL Facility	CCB Facility	CCB Beds
1	Alluri Sitharama Raju	119	AH Araku	GMC Paderu	50
2	Anakapalli	9	DH Anakapalli	DH Anakapalli	50
3	Anantapur	24	AH Guntakal	GMC Anantapur	50
4	Annamayya	17	AH Rayachoti	AH Rayachoty	50
5	Bapatla	10	AH Chirala	AH Chirala	50
6	Chittoor	3	AH Palamaner	—	—
7	East Godavari	15	AH Anaparthi	GMC Rajamahendravaram	50
8	Eluru	33	AH Jangareddygudem	GMC Eluru	50
9	Guntur	13	DH Tenali	DH Tenali	100
10	Kakinada	15	AH Tuni	RMC Kakinada	50
11	Dr. B.R. Ambedkar Konaseema	9	AH Ramachandrapuram	—	—
12	Krishna	26	AH Gudivada	GMC Machilipatnam	50
13	Kurnool	30	AH Yemmiganur	Kurnool MC	50
14	Nandyal	51	AH Banaganapalli	GMC Nandyal	50
15	NTR	15	AH Nandigama	Siddhartha MC	50
16	Palnadu	24	AH Narasaraopeta	AH Narasaraopeta	75
17	Parvathipuram Manyam	132	AH Seethampeta	AH Palakonda	50
18	Prakasam	32	AH Giddalur	GMC Ongole	50
19	SPSR Nellore	14	DH Atmakur	ACSR GMC	50

				Nellore	
20	Sri Sathya Sai	10	DH Hindupur	DH Hindupur	50
21	Srikakulam	61	DH Tekkali	GMC Srikakulam	50
22	Tirupati	8	AH Gudur	Sri Venkateswara MC	50
23	Visakhapatnam	0	AH Aganampudi	Andhra MC	50
24	Vizianagaram	5	AH Rajam	GMC Vizianagaram	50
25	West Godavari	12	AH Tadepalligudem	AH Bhimavaram	50
26	YSR Kadapa	9	DH Proddutur	GMC Kadapa	50
	Grand Total	696	26 IPHLs	24 CCBs	

Note: SPSR Nellore district has 14 HWCs, 1 IPHL (DH Atmakur), and 1 CCB (ACSR GMC Nellore, 50 beds).

जिला और ग्रामीण अस्पतालों में रिक्त पद

3542. श्री बजरंग मनोहर सोनवणे:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार को इस बात की जानकारी है कि बीड जिले के जिला और ग्रामीण अस्पतालों में विशेषज्ञ डॉक्टरों, एनेस्थेतिस्ट, बाल रोग विशेषज्ञों और स्त्री रोग विशेषज्ञों के कई पद रिक्त पड़े हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार द्वारा उक्त रिक्तियों को भरने के लिए किसी विशेष योजना का प्रस्ताव किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार बीड जिला अस्पताल का सुपर स्पेशियलिटी अस्पताल के रूप में उन्नयन करने के लिए वित्तीय सहायता प्रदान करने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार द्वारा बीड जैसे सूखा-प्रवण और आर्थिक रूप से पिछड़े जिलों में कैंसर और हृदय

रोगों के लिए क्षेत्रीय उपचार केंद्र स्थापित करने हेतु सहायता प्रदान किए जाने की संभावना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ड) क्या आयुष्मान भारत योजना के अंतर्गत पात्र लाभार्थियों को पूर्ण लाभ न मिलने के संबंध में कोई शिकायतें प्राप्त हुई हैं; और

(च) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में स्थिति में सुधार लाने हेतु सरकार द्वारा क्या ठोस कदम उठाए जाने की संभावना है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (घ): 'जन स्वास्थ्य' और 'अस्पताल' राज्य के विषय हैं, इसलिए देश के जन स्वास्थ्य सुविधा केंद्रों में विशेषज्ञ चिकित्सकों, एनेस्थेतिस्ट, बाल रोग विशेषज्ञों और स्त्री रोग विशेषज्ञों सहित बुनियादी स्वास्थ्य परिचर्या सेवाएं प्रदान करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकार की है।

हेल्थ डायनामिक्स ऑफ इंडिया (एचडीआई) (बुनियादी ढांचा और मानव संसाधन), 2022-23 एक वार्षिक प्रकाशन है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए स्वास्थ्य परिचर्या के प्रशासनिक आंकड़ों पर आधारित है। महाराष्ट्र के बीड जिला सहित देश में स्वास्थ्य परिचर्या सुविधा केंद्रों और विशेषज्ञता प्राप्त मानव संसाधनों की उपलब्धता और कमियों का विवरण एचडीआई 2022-23 के निम्नलिखित लिंक पर राज्य/संघ राज्य क्षेत्रवार देखा जा सकता है:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

भारत सरकार ने महाराष्ट्र सहित देश भर के ग्रामीण और दूरदराज के क्षेत्रों में बेहतर सेवा प्रदायगी को प्रोत्साहित करने के लिए चिकित्सा पेशेवरों को प्रोत्साहन और मानदेय के रूप में कई पहलें की

हैं, जिनमें निम्नलिखित शामिल हैं:

- ग्रामीण और दूरदराज के क्षेत्रों में सेवा देने वाले विशेषज्ञ चिकित्सकों को दुर्गम क्षेत्र भत्ता प्रदान किया जाता है ताकि वे ऐसे क्षेत्रों में जन स्वास्थ्य सुविधा केंद्रों में सेवा देने के लिए प्रेरित हों।
- राज्यों को विशेषज्ञों को आकर्षित करने के लिए बातचीत कर वेतन निर्धारित करने की अनुमति है, जिसमें "यू कोट, वी पे" जैसी कार्यनीतियों में लचीलापन शामिल है।
- राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत दुर्गम क्षेत्रों में सेवा देने वाले कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में प्राथमिकता के आधार पर प्रवेश और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।
- विशेषज्ञों की कमी को दूर करने के लिए एनएचएम के तहत डॉक्टरों के बहु-कौशल विकास जैसे व्यापक आपातकालीन प्रसूति एवं नवजात शिशु परिचर्या (सीईएमओएनसी) और जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) को बढ़ावा दिया जाता है।

विशिष्ट स्तर की विशेष चिकित्सा सुविधाएं मेडिकल कॉलेजों के माध्यम से प्रदान की जाती हैं, जबकि प्राथमिक/मध्यम स्तर की चिकित्सा जिला अस्पताल (डीएच) तक उपलब्ध है। स्वास्थ्य और परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, महाराष्ट्र सहित राज्यों/संघ राज्य क्षेत्रों को जिला अस्पतालों को सुदृढ़ बनाने सहित बुनियादी ढांचे, मानव संसाधन, क्षमता निर्माण, दवाओं, निदान, उपकरणों और गुणवत्ता आश्वासन हेतु उनके कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर तकनीकी एवं वित्तीय सहायता प्रदान करता है। एनएचएम के तहत, राज्यों/संघ राज्य क्षेत्रों को जिला अस्पतालों में डायलिसिस सेवाएं और कैंसर परिचर्या सुविधा केंद्र उपलब्ध कराने के लिए भी सहायता प्रदान की जाती है।

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के तहत 64,180 करोड़ रुपये का बजट आवंटित किया गया है, जिसका उद्देश्य उप-स्वास्थ्य केंद्रों, शहरी

स्वास्थ्य एवं आरोग्य केंद्रों, ब्लॉक जन स्वास्थ्य इकाइयों, एकीकृत जिला जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) और गहन चिकित्सा अस्पताल ब्लॉकों (सीसीबी) के अवसंरचना विकास के लिए सहायता प्रदान करना है। वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 के लिए महाराष्ट्र राज्य के लिए पीएम-एबीएचआईएम के तहत कुल 1086.44 करोड़ रुपये की राशि स्वीकृत की गई है।

पंद्रहवें वित्त आयोग (एफसी-XV) ने स्थानीय सरकारों के माध्यम से स्वास्थ्य क्षेत्र के विशिष्ट घटकों के लिए 70,051 करोड़ रुपये के अनुदान की सिफारिश की थी, जिसे केंद्र सरकार ने स्वीकार कर लिया है। स्थानीय सरकारों के माध्यम से स्वास्थ्य के लिए ये अनुदान वित्त वर्ष 2021-2022 से वित्त वर्ष 2025-26 तक पांच वर्षों की अवधि में दिए जाएंगे और जमीनी स्तर पर स्वास्थ्य व्यवस्था को सुदृढ़ करने में सहायक होंगे। वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 के लिए महाराष्ट्र राज्य के लिए एफसी-XV स्वास्थ्य अनुदान के तहत कुल 7063.60 करोड़ रुपये आवंटित किए गए हैं।

राष्ट्रीय गैर-संचारी रोग रोकथाम एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) का उद्देश्य बुनियादी ढांचे को सुदृढ़ करना, मानव संसाधन विकास, शीघ्र निदान, उपचार एवं प्रबंधन के लिए उपयुक्त स्तर के स्वास्थ्य सुविधा केंद्र में रेफरल और गर्भाशय ग्रीवा कैंसर सहित गैर-संचारी रोगों की रोकथाम के लिए स्वास्थ्य संवर्धन एवं जागरूकता पैदा करना है। एनपी-एनसीडी के अंतर्गत, महाराष्ट्र सहित देश भर में 770 जिला गैर-संचारी रोग क्लीनिक, 364 जिला डे केयर सेंटर, 233 कार्डियक केयर यूनिट और 6410 सामुदायिक स्वास्थ्य केंद्र गैर-संचारी रोग क्लीनिक स्थापित किए गए हैं। इसके अतिरिक्त, वर्तमान वित्त वर्ष में 297 डे केयर कैंसर सेंटर (डीसीसीसी) को भी मंजूरी दी गई है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत व्यापक प्राथमिक स्वास्थ्य परिचर्या के अंग के रूप में सामान्य गैर-संचारी रोगों की जांच, प्रबंधन और रोकथाम के लिए जनसंख्या आधारित पहल शुरू की गई है।

(ड) और (च): आयुष्मान भारत प्रधानमंत्री -जन आरोग्य योजना (एबी पीएम-जेएवाई) सरकार की एक प्रमुख योजना है जो भारत की आर्थिक रूप से कमजोर आबादी के निचले 40% हिस्से में शामिल लगभग 12.37 करोड़ परिवारों के 55 करोड़ लाभार्थियों को अस्पताल में मध्यम और विशिष्ट परिचर्या के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। हाल ही में, एबी पीएम-जेएवाई योजना को वय वंदना कार्ड के साथ 70 वर्ष और उससे अधिक आयु के 4.5 करोड़ परिवारों के 6 करोड़ वरिष्ठ नागरिकों को उनकी सामाजिक-आर्थिक स्थिति की परवाह किए बिना विस्तार किया गया है।

एनएचए ने पीएम-जेएवाई से संबंधित किसी भी शिकायत को दर्ज करने या जानकारी प्राप्त करने के लिए एक केंद्रीकृत शिकायत निवारण प्रबंधन प्रणाली (सीजीआरएमएस) और 24×7 टोल-फ्री हेल्पलाइन नंबर 14555 की व्यवस्था की है।

ऐसी शिकायतों की निगरानी जिला, राज्य और राष्ट्रीय स्तर पर तीन स्तरीय शिकायत निवारण तंत्र के माध्यम से की जाती है। प्रत्येक स्तर पर, शिकायतों की जांच और समाधान के लिए नामित नोडल अधिकारी और शिकायत निवारण समितियां मौजूद हैं।

उत्पादन संबद्ध प्रोत्साहन योजना

3543. श्रीमती गनीबेन नागाजी ठाकोर:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने रसायन उद्योग और बल्क ड्रग्स/एक्टिव फार्मास्युटिकल इंग्रीडिएंट्स क्षेत्र को बढ़ावा देने के लिए उत्पादन संबद्ध प्रोत्साहन (पीएलआई) योजना आरंभ की है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और उक्त योजना के अंतर्गत अब तक कुल कितनी परियोजनाएं अनुमोदित की गई हैं;
- (ग) उक्त योजना का देश में घरेलू उत्पादन और रोजगार सृजन पर क्या प्रभाव पड़ा है; और

(घ) सरकार द्वारा इन क्षेत्रों में 'आत्मनिर्भर भारत' के लक्ष्यों को प्राप्त करने के लिए प्रस्तावित भावी योजनाओं का ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (ग): सरकार ने भारत में महत्वपूर्ण प्रारंभिक सामग्रियों (केएसएम)/औषधीय मध्यवर्ती (डीआई) और सक्रिय औषधीय घटकों (एपीआई) के घरेलू उत्पादन के संवर्धन के लिए उत्पादन-लिंकड प्रोत्साहन (पीएलआई) योजना (जिसे आमतौर पर "बल्क औषधियों के लिए पीएलआई योजना" के रूप में जाना जाता है) को मंजूरी प्रदान की है, जिसका कुल बजट परिव्यय ₹6,940 करोड़ रुपये है और योजना की अवधि वित्त वर्ष 2022-23 से वित्त वर्ष 2028-29 तक है। इस योजना का उद्देश्य 41 चिन्हित महत्वपूर्ण उत्पादों के घरेलू उत्पादन को बढ़ावा देना, आयात पर निर्भरता को कम करना और एक ही स्रोत पर अत्यधिक निर्भरता से उत्पन्न आपूर्ति श्रृंखला जोखिमों को कम करना है।

अधिसूचित 41 उत्पादों में से 33 को सब्सक्राइब कर लिया गया है और 48 ग्रीनफील्ड परियोजनाओं को ₹4,329.95 करोड़ के निवेश के साथ मंजूरी प्रदान की गई है। इस प्रतिबद्धता की तुलना में, ₹4,814.1 करोड़ का वास्तविक निवेश पहले ही पूरा हो चुका है। दिसंबर 2025 की स्थिति के अनुसार, 28 अधिसूचित उत्पादों से संबंधित 38 परियोजनाएं शुरू हो चुकी हैं, जिसके परिणामस्वरूप लगभग 56,800 मीट्रिक टन प्रति वर्ष की घरेलू उत्पादन क्षमता स्थापित हुई है और दिसंबर 2025 तक 4,896 व्यक्तियों के लिए रोजगार सृजित हुआ है।

(घ): घरेलू जैव-औषधीय क्षेत्र को सुदृढ़ करने और बायोलॉजिक्स और बायोसिमिलर्स में वैश्विक प्रतिस्पर्धात्मकता बढ़ाने के उद्देश्य से, सरकार ने बायोफार्मा शक्ति योजना की घोषणा की है, जिसके लिए पांच वर्षों में ₹10,000 करोड़ का परिव्यय किया गया है। इसका उद्देश्य भारत में वहनीय स्वास्थ्य परिचर्या को संवर्धित करने और भारत को वैश्विक जैव-औषधीय विनिर्माण और नवाचार केंद्र के रूप

में उभरने में सक्षम बनाने के लिए बायोलॉजिक्स और बायोसिमिलर्स के लिए एक वैश्विक स्तर पर प्रतिस्पर्धी घरेलू पारिस्थितिकी तंत्र का निर्माण करना है। बायोफार्मा शक्ति पहल का लक्ष्य उच्च मूल्य वाले जैव-औषधीय उत्पादों और दवाओं के घरेलू विकास और विनिर्माण को बढ़ावा देना, आयात पर निर्भरता कम करना और वैश्विक बायोलॉजिक्स आपूर्ति श्रृंखला में भारत की प्रतिस्पर्धात्मकता को संवर्धित करना है।

उपरोक्त के अतिरिक्त, रसायन एवं पेट्रोकेमिकल विभाग आत्मनिर्भर भारत के लक्ष्यों को प्राप्त करने के लिए इस क्षेत्र में विभिन्न उपाय कर रहा है, जो इस प्रकार हैं:

- i. **पेट्रोलियम, रसायन और पेट्रोकेमिकल निवेश क्षेत्र (पीसीपीआईआर):** रसायन और पेट्रोकेमिकल क्षेत्र में निवेश आकर्षित करने के लिए, विभाग ने पेट्रोलियम, रसायन और पेट्रोकेमिकल निवेश क्षेत्र (पीसीपीआईआर) नीति अधिसूचित की थी। पीसीपीआईआर को साझी अवसंरचना और सहायक सेवाओं के साथ विकास के क्लस्टर-आधारित मॉडल के रूप में परिकल्पित किया गया है। दहेज (गुजरात), विशाखापत्तनम-काकीनाडा (आंध्र प्रदेश) और पारादीप (ओडिशा) में तीन पीसीपीआईआर स्थापित किए गए हैं। वर्तमान में, इन पीसीपीआईआर में 2,246 रासायनिक इकाइयां कार्यरत हैं, जिनमें कुल ₹3,49,192 करोड़ का निवेश है और इन क्षेत्रों ने 3.7 लाख व्यक्तियों के लिए रोजगार सृजित किया है।
- ii. **प्लास्टिक पार्क:** विभाग प्लास्टिक पार्कों की स्थापना के लिए योजना कार्यान्वित करता है। पेट्रोकेमिकल्स की नई योजना के अंतर्गत प्लास्टिक पार्क स्थापित किए जा रहे हैं। यह योजना अत्याधुनिक अवसंरचना और सहायक साझी सुविधाओं से युक्त आवश्यकता-आधारित प्लास्टिक पार्कों की स्थापना का संवर्धन करती है। इसका उद्देश्य प्लास्टिक प्रसंस्करण उद्योग की क्षमताओं को समेकित और समन्वित करना है ताकि इस क्षेत्र में निवेश, उत्पादन और निर्यात में वृद्धि हो सके और रोजगार सृजन हो सके। इस योजना के तहत, भारत सरकार परियोजना लागत का 50% तक अनुदान राज्य सरकार को प्रदान करती है, जिसकी

अधिकतम सीमा प्रति परियोजना ₹40 करोड़ है। योजना के दिशानिर्देशों के अनुसार, अब तक 9 प्लास्टिक पार्कों को मंजूरी प्रदान की जा चुकी है और ये कार्यान्वयन के विभिन्न चरणों में हैं।

अवसंरचना से संबंधित इन पहल के अतिरिक्त, विभाग ने अनुसंधान और विकास तथा मानव संसाधन विकास के उद्देश्य से निम्नलिखित पहल भी की हैं।

- i. **उत्कृष्टता केंद्र (सीओई):** रसायन एवं पेट्रोकेमिकल विभाग ने उत्कृष्टता केंद्र स्थापित करने के लिए एक योजना तैयार की है। इसका उद्देश्य मौजूदा प्रौद्योगिकी में सुधार लाने और पॉलिमर एवं प्लास्टिक के नए अनुप्रयोगों के विकास को बढ़ावा देने के लिए शैक्षणिक एवं अनुसंधान संस्थानों को अनुदान सहायता प्रदान करना है। इस योजना के तहत, भारत सरकार कुल परियोजना लागत के 50 प्रतिशत तक वित्तीय सहायता प्रदान करती है, जिसकी अधिकतम सीमा 25 करोड़ रुपये है। अब तक इस योजना के तहत 18 उत्कृष्टता केंद्रों को मंजूरी प्रदान की जा चुकी है।
- ii. **सीआईपीईटी के माध्यम से कौशल विकास और मानव संसाधन विकास:** केंद्रीय पेट्रोकेमिकल इंजीनियरिंग एवं प्रौद्योगिकी संस्थान (सीआईपीईटी) रसायन एवं पेट्रोकेमिकल विभाग के अंतर्गत एक तकनीकी शिक्षा संस्थान है, जो देश में पेट्रोकेमिकल एवं संबद्ध उद्योग को बढ़ावा देने के लिए कौशल विकास, प्रौद्योगिकी सहायता, साथ ही शैक्षणिक एवं अनुसंधान कार्यकलापों में संलग्न है।

REVISION OF SALARIES FOR CONTRACTUAL AYUSH DOCTORS

3544. SHRI SAPTAGIRI SANKAR ULAKA:

Will the Minister of **AYUSH** be pleased to state:

(a) whether it is a fact that the Government is planning to increase the salary of

contractual AYUSH doctors under the National Health Mission (NHM) in Odisha and if so, the details thereof;

- (b) the total number of AYUSH doctors engaged on a contractual basis under NHM in Odisha, district-wise;
- (c) the specific criteria and eligibility norms established for the revision of salaries of the AYUSH doctors; and
- (d) the details of the estimated additional annual cost to the Central exchequer for the implementation of these revised pay scales for the financial year 2026-27 in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): The State Government of Odisha, Health & Family Welfare Department vide order no. 6332 dated 06.03.2026 has extended financial benefits in favour of Medical Officers (MO) Ayush engaged in different co-located Primary Health Centres (PHCs)/Community Health Centres (CHCs)/Rashtriya Bal Swasthya Karyakram (RBSK) under National Health Mission (NHM) and State funded Mobile Health Unit (MHU) Ayush doctors in the State of Odisha in the following manner:

Sl. No.	Year of work experience	Additional financial benefit
1.	Less than 5 years	Rs.20,000/-per month
2.	5 years and less than 10 years	Rs.25,000/-per month

3.	10 years and less than 15 years	Rs.30,000/-per month
4.	More than 15 years	Rs.40,000/-per month

(b): As reported by State Government of Odisha, at present 2468 numbers of MO Ayush are working in different co-located PHC/CHC/RBSK under NHM and State funded MHU in the State of Odisha. The district-wise list of MO Ayush is given in the enclosed **Statement**.

(c) and (d): The State Government of Odisha has informed that Ayush MO in Odisha are entrusted with various responsibilities including Non-Communicable Disease (NCD), National Leprosy Elimination Program (NLEP), National Tuberculosis Elimination Program (NTEP), Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A), National Program for Control of Blindness (NPCB), Sickle Cell Anaemia & other National Programs. Considering their workload and years of service, State Government has decided to provide additional financial benefits as per Department order dated 06.03.2026. Further, they have also informed that the estimated additional cost for the implementation scales for the financial year 2026-27 is Rs. 104.90 Crore, the expenditure will be borne entirely by the State Government and there will be no financial implication to the central exchequer as it is purely State funded.

STATEMENT**Positions (Sanctioned) of Medical Officers Ayush in the State of Odisha under National Health Mission & State Initiative as on February 2026**

S.No.	District	Medical Officers Ayush, Co-located	Medical Officers Ayush, RBSK	Medical Officers Ayush, MHU (State funded)
1.	Angul	35	32	-
2.	Balasore	78	48	1
3.	Bargarh	54	48	-
4.	Bhadrak	57	28	-
5.	Balangir	51	56	14
6.	Boudh	13	12	3
7.	Cuttack	67	62	-
8.	Debagarh	9	12	-
9.	Dhenkanal	41	32	-
10.	Gajapati	25	28	5
11.	Ganjam	104	90	-
12.	Jagatsinghpur	45	32	-
13.	Jajpur	66	40	-
14.	Jharsuguda	19	20	-
15.	Kalahandi	50	52	12
16.	Kandhamal	46	48	12
17.	Kendrapara	53	36	-
18.	Keonjhar	69	52	9
19.	Khordha	70	44	-
20.	Koraput	60	56	14
21.	Malkangiri	32	28	7
22.	Mayurbhanj	100	104	26
23.	Nawarangpur	47	40	10
24.	Nayagarh	40	32	-

25.	Nuapada	20	20	5
26.	Puri	55	44	-
27.	Rayagada	45	44	11
28.	Sambalpur	39	38	3
29.	Sonepur	23	24	6
30.	Sundargarh	72	70	17
	Total	1485	1272	155

APPOINTMENT OF JUDGES IN HIGH COURTS

3545. SHRI PUSHPENDRA SAROJ:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the sanctioned strength, working strength, and number of vacancies of judges in all High Courts and the duration of the vacancy, classified social category-wise, along with specific data for the Allahabad High Court;
 - (b) the number of judicial appointment recommendations from the Collegium presently pending with the Government in respect of the Allahabad High Court, the duration for which each recommendation has been pending and the reasons for the delay;
 - (c) the total pendency of cases before the Allahabad High Court during the said period and the correlation, if any, between judicial vacancies and the increase in pendency;
 - (d) the number of appointments returned for reconsideration and the timeline followed for final decision thereafter; and
 - (e) the institutional or coordination measures introduced to ensure time-bound
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processing of judicial appointments and reduction of vacancies?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) to (e): Appointment of Judges to High Courts is made under Articles 217 and 224 of the Constitution of India, which do not provide for reservation for any caste or class of persons. Therefore, category-wise data pertaining to representation of any caste or class of persons among the Judges of the High Courts is not centrally available. Since 2018, the recommendees for the post of High Court Judges are required to provide details regarding their social background in the prescribed format (prepared in consultation with the Supreme Court). As per the information provided by the recommendees, out of 849 Judges appointed from 2018 till 09.03.2026, 33 belong to SC category, 17 belong to ST category, 104 belong to OBC category and 46 belong to the minority category. The information relating to sanctioned strength, working strength and vacancies in High Courts is given in the enclosed **Statement**.

Pendency of cases in courts arise due to several factors which inter alia, include complexity of the facts involved, nature of evidence, co-operation of stakeholders, viz., bar, investigation agencies, witness and litigants, the availability of physical infrastructure, supporting court staff, etc. besides the shortage of judges. The disposal of cases is within the exclusive domain of the judiciary.

Filling up of the vacancy in the higher Judiciary is a continuous, integrated and collaborative process between the executive and the judiciary. As per the Memorandum of Procedure (MoP) prepared in 1998 pursuant to the Supreme Court Judgment of October 6, 1993 (Second Judges case) read with their Advisory Opinion of October 28, 1998 (Third Judges case), the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court, in consultation with two senior-most puisne Judges of the High Court. As per the MoP, the High Courts are required to make recommendations at least 06 months before the occurrence of a vacancy. However, this time limit is rarely observed. For appointments to the High Courts, the views of concerned State Government are obtained in accordance with the MoP. The recommendations also have to be considered in the light of such other reports as may be available to the Government in respect of the names under consideration. The recommendations of the High Court Collegium, the State Governments and the Government of India are then forwarded to the Supreme Court Collegium (SCC) for advice. Only those persons whose names have been recommended by the SCC are appointed as Judges of the High Courts. As on 06.03.2026, against the sanctioned strength of 1122 Judges, 810 Judges are working and 312 posts of Judges are vacant in various High Courts. Against these vacancies, 132 proposals for appointment of High Court Judges are at

various stages of processing between the Government and the Supreme Court Collegium.

Through this continuous, integrated and collaborative process between the executive and the judiciary, 157 Judges were appointed in various High Courts during 2025.

STATEMENT

Sanctioned strength, working strength and vacancy of Judges in High Courts as on 06.03.2026

Sl. No.	High Court	Sanctioned Strength	Working Strength	Vacancies
1	Allahabad	160	109	51
2	Andhra Pradesh	37	33	4
3	Bombay	94	80	14
4	Calcutta	72	42	30
5	Chhattisgarh	22	15	7
6	Delhi	60	44	16
7	Gauhati	30	25	5
8	Gujarat	52	35	17
9	Himachal Pradesh	17	12	5
10	J & K and Ladakh	25	14	11
11	Jharkhand	25	14	11
12	Karnataka	62	46	16
13	Kerala	47	39	8
14	Madhya Pradesh	53	42	11
15	Madras	75	52	23
16	Manipur	5	3	2
17	Meghalaya	4	4	0

18	Orissa	33	19	14
19	Patna	53	37	16
20	Punjab & Haryana	85	61	24
21	Rajasthan	50	39	11
22	Sikkim	3	3	0
23	Telangana	42	28	14
24	Tripura	5	4	1
25	Uttarakhand	11	10	1
	Total	1122	810	312

IMPORTS OF FERTILIZERS

3546. SHRI SAUMITRA KHAN:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether it is true that fertilizers has been imported from China and Russia, if so, the details thereof;
- (b) the action plan to overcome the shortage and become self-reliant in production of chemical fertilizers in the country;
- (c) whether the Government proposes to set up a chemical fertilizer factory in Bishnupur Lok Sabha Constituency of West Bengal; and
- (d) if so, the details thereof alongwith the time-line by which the said factory is likely to be setup?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): Yes. Fertilizers have been imported from China and Russia. Imported quantity of fertilizers from China and Russia for the period of 2022-23 to 2025-26 (till February 2026) is as below:-

Import of fertilizers (Urea, DAP, MOP and NPK) from China and Russia during year 2022-23 to 2025-26 Upto Feb-26								
Qty in LMT								
Year	Russia				China			
	UREA	As Reported by the Companies			UREA	As Reported by the Companies		
		DAP	MOP	NPK		DAP	MOP	NPK
2022-23	6.26	9.24	0.85	22.21	12.80	12.17	0.00	0.83
2023-24	15.73	3.41	12.36	17.04	18.65	22.28	0.00	0.30
2024-25	9.23	2.69	18.00	18.27	0.99	8.47	0.00	0.77
2025-26 (Upto Feb-26)	13.99	7.55	12.97	21.00	21.24	5.11	0.28	9.61
MOP includes both Agriculture and Industrial use*								

(b) to (d): The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the Scheme, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics.

To reduce dependence on imported Phosphatic fertilizers and make country self-reliant the following measures have been taken by the Government:

(i) D/o Fertilizers has issued guidelines 18.01.2024 to ensure

reasonableness of MRP and encourage domestic production.

- (ii) Based on the requests, the new manufacturing units or increase in manufacturing capacity of existing units have been recognized / taken on record under the NBS Scheme.
- (iii) The number of P&K fertilizers covered under NBS policy has increased from 22 grades in 2021 to 28 grades.
- (iv) Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, has been approved since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil.

As far as overcoming shortage of fertilizers is concerned, following steps are taken by the Government every season to ensure adequate and timely availability of fertilizers across the country:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers.
 - (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
 - (iii) The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Monitoring System (iFMS).
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- (iv) The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.
- (v) Regular Weekly Video Conference is conducted jointly by DA&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizer as indicated by the State Governments.
- (vi) Distribution of fertilizers within the State at district level is done by the concerned State Government.

With regard to urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) at Gorakhpur in Uttar Pradesh, Sindri in Jharkhand and Barauni in Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units

are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24.

Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam namely Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL).

In addition, the Government also notified the New Urea Policy (NUP) – 2015 on 25th May, 2015 for the existing 25 gas-based urea units with one of the objectives of maximizing indigenous urea production beyond RAC. The NUP-2015 has led to additional production of urea by 20-25 LMT as compared to the production during 2014-15 annually. Above steps together have facilitated increase of Urea production from level of 225.85 LMT per annum during 2014-15 to a record Urea Production at 314.09 LMT during 2023-24. During 2024-25, 306.67 LMT of Urea was produced in the country.

STATE HEALTH REGULATORY EXCELLENCE INDEX**3547. SHRIMATI SANJNA JATAV:****SHRI P. P. CHAUDHARY:****SHRI BHARTRUHARI MAHTAB:****SHRI AMAR SHARADRAO KALE:****SHRI MADHAVANENI RAGHUNANDAN RAO:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the current status of rollout and implementation of the State Health Regulatory Excellence Index (SHRESTH) introduced by the Central Drugs Standard Control Organisation (CDSCO), indicating State/Union Territory-wise progress;
- (b) the details of the criteria, benchmarks and performance indicators prescribed under the Index for assessment of State and Union Territory drug regulatory authorities;
- (c) whether any deficiencies, operational issues or challenges have been observed during the initial phase of implementation; and
- (d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (d): The State Health Regulatory Excellence Index (SHRESTH) has been operationalized and was launched by the Ministry of Health & Family Welfare on

12th August, 2025. States submit the data on predefined metrics to Central Drugs Standard Control Organization (CDSCO) which is collected by 25th of every month; scored and shared with all States/UTs.

SHRESTH Index is a virtual gap assessment tool designed to assist States/UTs to assess their current regulatory status. It provides a structured framework for evaluating key regulatory functions such as inspections, licensing, & product testing and encourage improved compliance and timely regulatory action through periodic scoring and benchmarking.

DEATH DUE TO CONSUMPTION OF TOBACCO

3548. SHRI DEEPAK ADHIKARI:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of the number of deaths due to consumption of tobacco in the country during the last five years, year-wise and State/UT-wise;
- (b) whether there are any initiatives taken by the Government to curb deaths due to tobacco consumption in the country; and
- (c) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): As per the Report of the second round of Global Adult Tobacco Survey (GATS-2), 2016-17, mortality due to tobacco in India is estimated at

upwards of 1.3 million (over 13 lakhs). Some of the key initiatives taken by the Government to curb deaths due to tobacco consumption are as under:

- The Ministry of Health and Family Welfare (MoH&FW) has enacted a comprehensive legislation, namely the Cigarettes and Other Tobacco Products Act (COTPA), 2003 to regulate the trade and commerce, production, supply and distribution of tobacco products.
 - The MoH&FW has also enacted the Prohibition of Electronic Cigarettes Act (PECA), 2019 which prohibits the production, manufacture, import, export, transport, sale, distribution, storage and advertisement of electronic cigarettes and related devices.
 - The MoH&FW launched the National Tobacco Control Programme (NTCP) in 2007-08 to ensure effective implementation of the provisions under the COTPA, discourage tobacco use and raise awareness about the harmful effects of tobacco use.
 - The Ministry has established a toll-free National Tobacco Quitline Service (1800-112-356), which is operated by four Quitline centers (Delhi, Mumbai, Guwahati, Bengaluru) covering all States and UTs, and provides counselling in 16 languages, including regional/local languages.
 - Over 2,000 Tobacco Cessation Centres (TCCs) have been established across the country under integrated efforts of NTCP, National Medical Commission (NMC) and National Dental Commission (NDC), National Oral
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Health Programme (NOHP) etc.

- As part of awareness efforts, MoH&FW has also launched a 60-day annual Tobacco Free Youth Campaign since 2023 to educate youth about the dangers of tobacco and empower them to resist or quit tobacco use.

CHILD MARRIAGE CASES

3549. DR. PRABHA MALLIKARJUN:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether incidents of child marriage and child labour remain widespread despite statutory prohibitions, if so, the details thereof;
- (b) whether enforcement of the said prohibition at district and panchayat levels is effective, if so, the details thereof;
- (c) whether recent inspections have resulted in prosecutions and rehabilitation, if so, the details thereof;
- (d) whether vulnerable communities are being adequately protected, if so, the details thereof; and
- (e) the details of the roadmap exists for complete eradication?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

- (a) to (e): The Government of India has enacted The Prohibition of Child Marriage Act, 2006 (PCMA) and the Child and Adolescent Labour (Prohibition
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and Regulation) Act, 1986 to prohibit child marriage and child labour and to take punitive action against violations.

As per Section 17A of the Child and Adolescent Labour (Prohibition and Regulation) Act, 1986, powers and duties are conferred on the District Magistrate for effective implementation of the provisions of the Act. District Magistrates designate their subordinates as District Nodal Officers (DNOs) for exercising such powers within their local limits. Further, Section 17B provides for periodic inspection and monitoring of the implementation of the Act. The Ministry of Labour and Employment has also issued a Standard Operating Procedure (SOP) to serve as a ready reckoner for enforcement agencies and other stakeholders.

Further, Section 16 of the PCMA authorises the State Government to appoint for the whole State, or such part thereof as may be specified, an officer or officers to be known as the 'Child Marriage Prohibition Officers (CMPOs)' having jurisdiction over the area or areas specified in the notification. This section also specifies the functions to be discharged by CMPOs, which include preventing solemnisation of child marriages by taking such action as they may deem fit; to collect evidence for the effective prosecution of persons contravening the provisions of the Act; to advise the individuals or counsel the residents of the locality not to indulge in promoting, helping, aiding or allowing the solemnisation of child marriages; to create awareness about the ill effects of child marriages; and to sensitize the community on the issue of child marriages.

All these authorities function under the direct administrative control and supervision of respective State Governments and UT Administrations.

To strengthen implementation and accelerate progress towards elimination of child marriage, the Government launched the national campaign “Bal Vivah Mukt Bharat” on 27th November 2024 with the objective of making India child-marriage-free through a whole of government and whole of society approach. The campaign focuses on awareness generation, community mobilisation, strengthening the role and capacity of CMPOs, encouraging timely reporting of cases, and identifying girls at risk of child marriage to ensure their education, skilling and empowerment.

Further, to commemorate the success and intensify efforts, a 100 Days Special Campaign under the Bal Vivah Mukt Bharat initiative was launched on 4th December 2025. The campaign includes targeted outreach to institutions, community leaders and service providers and mandates uploading details of CMPOs on the Bal Vivah Mukt Bharat Portal. The campaign is implemented in thematic spells focusing on educational institutions, engagement with religious and marriage-related service providers, and mobilisation of Gram Panchayats and Municipal Wards to declare their jurisdictions child-marriage-free.

A dedicated digital platform, the Bal Vivah Mukt Bharat Portal (<https://stopchildmarriage.wcd.gov.in>), facilitates reporting of child marriage incidents, dissemination of information and registration of pledges. As on 09.03.2026, awareness programmes have reached over 11.81 crore citizens,

and more than 40 lakh pledges against child marriage have been registered on the portal. The portal also serves as a repository of over 66,000 CMPOs across States and Union Territories up to Gram Panchayat level, enabling early reporting and timely intervention.

The Government is also implementing the Beti Bachao Beti Padhao (BBBP) component under Mission Shakti, launched on 22nd January 2015, which aims to address gender-based discrimination and promote the empowerment of the girl child. Awareness campaigns and outreach activities are also undertaken by institutions such as the National Commission for Protection of Child Rights (NCPCR) and the National Legal Services Authority (NALSA), which provides free legal aid through helpline 15100.

In addition, the Child Helpline (1098) provides a 24x7 toll-free emergency outreach service for children in distress, including cases relating to child marriage, in coordination with police, CMPOs and District Child Protection Units. The Child Helpline is integrated with the Emergency Response Support System (ERSS-112) for round-the-clock emergency response. The Women Helpline (181) is also available to provide emergency and non-emergency assistance.

Through these legal provisions, enforcement mechanisms, community mobilisation initiatives and awareness campaigns, the Government, in coordination with States and UTs and other stakeholders, is pursuing a comprehensive roadmap towards the progressive elimination of child marriage and child labour in the country.

While the Ministry of Women and Child Development provides policy and schematic support, the responsibility to prohibit and prevent child marriages lies primarily with the respective State Governments and Union Territory Administrations, as 'Police' and 'Public Order' are State subjects under the Constitution, making them competent to act against such offences under existing law.

NATIONAL MENTAL HEALTH PROGRAMME

3550. SHRI BAPI HALDAR:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether it is a fact that India has approximately 0.75 psychiatrists per 100,000 Population, whereas WHO recommends at least 3 per 100,000, if so, the details thereof;
- (b) the details of funds allocated and utilised under the National Mental Health Programme (NMHP) during the last eleven years, State-wise and year-wise; and
- (c) the details of funds allocated and utilised under the District Mental Health Programme (DMHP) during the last eleven years, State-wise and year-wise?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): As per the National Mental Health Survey (NMHS) 2016, conducted by the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru in 12 States of the country, the availability of Psychiatrists in the NMHS states varied from 0.05 per lakh population in Madhya Pradesh to 1.2 per lakh population in Kerala. As per the WHO Mental Health Atlas 2020, the global average of availability per 1,00,000 population is 1.7 psychiatrists.

The government has increased number of Medical Colleges, Under Graduate (UG) and Post Graduate (PG) seats. There is an increase in Medical Colleges from 387 to 818; UG seats from 51,348 to 1,28,976 and PG seats from 31,185 to 85020 from 2014 to as on date.

Under the tertiary care component of National Mental Health Programme (NMHP), 25 Centres of Excellence have been sanctioned to increase the intake of students in PG departments in mental health specialities as well as to provide tertiary level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health specialties. As and when proposals are received from States / UTs / Institutes, the same are examined and funds are released accordingly as per the procedures and conditions of Department of expenditure for release of fund. The details of budget allocation and funds released to States / UTs / Institutes under National Mental Health Programme (NMHP) year-wise is given in the enclosed **Statement-I**.

The details of funds allocated and utilised under the District Mental Health

Programme (DMHP) State-wise and year-wise is given in the enclosed
Statement- II.

STATEMENT- I

**Details of Budget allocation and funds released under National Mental
 Health Programme (NMHP)**

(in Crores)

FY	BE	RE	Expenditure
2015-2016	35.42	35	35
2016-2017	35	35	30.93
2017-2018	30	45	44.34
2018-2019	50	2.31	2.02
2019-2020	35	05	2.50
2020-2021	35	22.11	20.43
2021-2022	35	28	25.16
2022-2023	35	35.31	34.59
2023-2024	31.5	34.65	15.14
2024-2025	30.71	20	5.27

STATEMENT- II

State/UT-wise details of funds allocated and utilized for the District Mental Health Programme under the Flexible Pool for Non Communicable Diseases during 2015-16 to 2019-20

(Rs. in lakhs)

S.No	State/UT	2015-16		2016-17		2017-18		2018-19		2019-20	
		Approved	Exp.	Approved	Exp.	Approved	Exp.	Approved	Exp.	Approved	Exp.
1.	Bihar	683.80	130.19	839.09	222.50	139.80	65.32	534.30	27.48	218.64	59.69
2.	Chhattisgarh	0.00	73.37	475.77	213.33	189.00	159.14	569.70	267.26	328.70	394.14
3.	Himachal Pradesh	56.48	8.58	8.76	5.60	54.80	6.28	3.20	10.67	12.86	3.58
4.	Jammu & Kashmir	0.00	0.00	170.08	12.73	36.20	42.04	330.90	61.80	233.64	54.22
5.	Jharkhand	0.00	0.00	237.46	51.73	41.55	48.82	605.78	13.71	70.37	0.72
6.	Madhya Pradesh	297.00	49.43	445.50	79.66	127.84	91.58	168.00	126.99	177.34	120.88
7.	Orissa	0.00	152.50	601.19	235.12	492.49	100.03	576.28	125.13	301.55	179.82
8.	Rajasthan	28.00	209.44	1898.15	124.92	818.86	101.10	160.30	353.04	406.24	185.24
9.	Uttar Pradesh	887.60	177.12	1481.88	571.06	1020.00	695.03	1747.90	831.83	1686.94	833.23
10.	Uttarakhand	0.00	0.00	133.22	0.00	53.20	47.00	528.95	27.09	23.70	15.88

S.No	State/UT	2015-16		2016-17		2017-18		2018-19		2019-20	
		Approved	Exp.	Approved	Exp.	Approved	Exp.	Approved	Exp.	Approved	Exp.
11.	Arunachal Pradesh	0.00	0.00	228.42	42.26	133.44	9.79	134.00	68.08	111.60	0.00
12.	Assam	398.40	25.46	487.44	33.01	267.60	38.44	596.67	210.39	550.84	256.38
13.	Manipur	0.00	0.00	306.01	0.00	179.10	0.00	64.28	150.34	157.15	85.43
14.	Meghalaya	74.00	10.33	102.12	13.40	275.27	28.37	227.08	56.26	102.30	66.32
15.	Mizoram	253.09	84.90	401.62	165.52	232.00	4.02	44.92	40.93	51.90	11.29
16.	Nagaland	0.00	0.00	102.64	59.14	70.52	23.92	86.70	33.45	135.88	20.05
17.	Sikkim	172.67	121.46	138.03	63.25	90.82	39.33	31.29	28.41	50.02	19.33
18.	Tripura	63.08	4.93	106.28	5.66	52.40	11.64	42.80	8.34	43.52	9.91
19.	Andhra Pradesh	0.00	0.00	0.00	0.00	237.80	232.90	267.80	132.93	504.30	504.30
20.	Goa	61.15	8.47	39.80	12.49	24.10	1.36	18.94	7.06	25.11	8.20
21.	Gujarat	199.84	109.20	258.80	54.84	704.00	428.54	860.50	481.52	558.70	349.06
22.	Haryana	213.27	46.96	121.72	36.10	33.77	13.74	101.07	22.91	54.58	17.19
23.	Karnataka	317.20	158.49	1622.11	967.86	675.98	481.24	658.10	466.82	612.10	495.21
24.	Kerala	0.00	0.00	102.82	70.00	100.00	99.07	119.70	71.49	200.70	52.29
25.	Maharashtra	976.00	282.32	630.68	284.38	225.70	108.67	387.60	182.88	731.90	283.34
26.	Punjab	0.00	0.00	303.38	167.00	354.20	0.00	209.00	12.73	142.00	0.00

S.No	State/UT	2015-16		2016-17		2017-18		2018-19		2019-20	
		Approved	Exp.	Approved	Exp.	Approved	Exp.	Approved	Exp.	Approved	Exp.
27.	Tamil Nadu	434.80	231.78	669.59	125.00	74.75	91.98	1031.40	865.49	1149.70	202.78
28.	Telangana	0.00	0.00	141.25	0.00	63.00	0.00	45.00	0.00	170.00	17.74
29.	West Bengal	174.00	311.44	362.57	302.86	103.98	18.27	244.20	53.10	117.63	63.88
30.	A&N Islands	0.00	0.00	51.27	0.00	63.00	0.00	9.30	8.75	19.75	0.21
31.	Chandigarh	0.00	0.00	27.45	10.59	2.20	0.00	3.95	0.00	0.00	0.00
32.	D&N Haveli	63.40	13.44	56.88	40.26	20.60	7.58	5.00	1.32	4.00	3.36
33.	Daman & Diu	0.00	0.00	4.51	0.00	1.50	0.00	0.45	0.07	1.00	0.83
34.	Delhi	244.00	0.00	197.43	0.00	86.40	0.06	90.00	0.00	60.00	0.00
35.	Lakshadweep	23.98	8.57	36.42	3.79	14.70	1.38	5.20	4.70	2.90	6.59
36.	Puducherry	46.38	11.23	40.67	24.63	14.94	5.38	16.85	3.61	18.21	1.33
37.	Ladakh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		5668.14	2229.60	12831.01	3998.71	7075.51	3002.00	10527.11	4756.59	9035.77	4322.43

STATEMENT-II**State/UT-wise details of funds allocated and utilized for the District Mental Health Programme under the Flexible Pool for Non-Communicable Diseases from F.Y. 2020-21 to F.Y. 2024-25**

S. No	State/UT	2020-21		2021-22		2022-23		2023-24		2024-25	
		SSIP Approval	Expenditure	SSIP Approval	Expenditure	SSIP Approval	Expenditure	SSIP Approval	Expenditure	SSIP Approval	Expenditure
1	Andaman and Nicobar Islands	20.00	0.00	25.60	0.41	22.55	0.71	24.20	-	11.15	1.80
2	Andhra Pradesh	300.30	300.30	1184.53	460.01	1395.32	103.13	1,251.20	1,025.50	897.01	661.57
3	Arunachal Pradesh	177.40	0.64	69.30	67.86	242.00	172.84	229.00	42.33	198.50	44.14
4	Assam	341.17	168.55	367.03	257.48	388.42	214.49	420.94	256.40	475.96	352.63
5	Bihar	226.75	65.15	628.75	40.79	187.50	18.51	197.75	32.02	274.68	58.25
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	-	-	-	-
7	Chhattisgarh	258.21	198.87	602.72	488.49	1063.65	840.62	949.15	524.70	955.93	239.70
8	Dadra & Nagar Haveli and Daman & Diu	3.07	0.21	0.54	0.18	15.44	0.24	9.15	0.05	3.00	3.50
9	Delhi	84.00	0.00	0.00	0.54	0.00	0.00	-	-	97.00	-
10	Goa	16.60	9.29	47.35	30.09	44.40	32.93	44.40	32.59	44.40	36.28

S. No	State/UT	2020-21		2021-22		2022-23		2023-24		2024-25	
		SSIP Approval	Expenditure	SSIP Approval	Expenditure	SSIP Approval	Expenditure	SSIP Approval	Expenditure	SSIP Approval	Expenditure
11	Gujarat	562.70	355.11	794.74	350.30	834.85	394.45	834.85	798.52	876.96	648.17
12	Haryana	55.27	22.44	174.92	122.67	130.97	62.79	133.47	86.05	157.41	122.63
13	Himachal Pradesh	30.92	21.51	57.51	2.93	53.00	10.62	39.00	26.18	18.00	9.79
14	Jammu and Kashmir	219.50	20.85	197.50	91.88	145.00	40.45	145.00	38.79	150.50	31.95
15	Jharkhand	18.07	2.74	124.71	122.60	220.74	151.80	215.12	165.32	153.07	124.65
16	Karnataka	649.30	529.14	1165.46	803.08	1713.24	761.14	1,186.75	1,050.57	712.62	618.04
17	Kerala	318.75	42.95	692.90	411.30	872.65	412.91	847.40	349.53	684.40	276.38
18	Ladakh	0.00	2.11	21.00	28.31	116.89	138.42	53.50	40.31	63.10	50.55
19	Lakshadweep	7.80	1.38	14.60	1.19	17.03	2.89	17.88	0.67	15.50	5.13
20	Madhya Pradesh	214.94	108.42	236.65	221.80	247.54	158.72	317.30	224.11	400.34	251.63
21	Maharashtra	471.14	200.72	327.75	585.44	992.00	377.68	831.25	356.36	1,105.13	265.95
22	Manipur	288.96	37.41	281.64	50.65	396.04	52.10	366.04	95.65	399.40	186.62
23	Meghalaya	102.00	248.79	213.80	174.98	174.40	87.24	164.16	97.41	179.20	114.77
24	Mizoram	38.89	15.89	57.50	22.77	60.30	20.75	63.30	28.96	63.30	11.61
25	Nagaland	143.00	3.77	252.47	233.91	161.61	28.56	160.04	45.78	140.92	126.48
26	Odisha	191.10	120.55	474.25	243.21	513.82	336.77	517.00	411.81	386.87	269.11
27	Puducherry	12.74	2.69	67.09	6.08	52.59	14.22	52.59	23.98	62.10	14.97

S. No	State/UT	2020-21		2021-22		2022-23		2023-24		2024-25	
		SSIP Approval	Expenditure	SSIP Approval	Expenditure	SSIP Approval	Expenditure	SSIP Approval	Expenditure	SSIP Approval	Expenditure
28	Punjab	305.20	11.17	199.90	49.92	293.00	7.10	293.00	293.00	726.50	1.71
29	Rajasthan	577.60	245.57	529.49	175.97	402.40	154.50	402.40	220.75	379.28	585.07
30	Sikkim	50.40	12.29	103.60	30.96	48.27	25.24	48.27	26.75	48.99	40.09
31	Tamil Nadu	155.90	74.64	564.26	428.62	1464.70	128.73	2,909.40	373.34	2,654.47	1,741.66
32	Telangana	1024.72	16.12	0.00	0.00	254.75	132.25	238.25	16.59	193.50	193.50
33	Tripura	28.80	10.97	66.00	30.89	69.10	33.11	54.40	23.72	53.00	39.89
34	Uttar Pradesh	1382.84	485.46	2232.43	240.75	2763.83	1477.41	3,248.08	1,613.03	2,701.02	887.17
35	Uttarakhand	45.12	10.13	50.14	71.62	60.90	25.99	56.55	22.02	50.89	21.50
36	West Bengal	89.90	47.00	464.36	131.14	555.82	236.10	575.14	223.01	428.30	202.19

PLASTIC PARKS SCHEME**3551. SHRI SANJAY HARIBHAU JADHAV:****SHRI NARAYAN TATU RANE:**

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the number of plastic parks and plastic manufacturers in the country, State/UT-wise;
- (b) whether any mechanism has been established to ensure that these parks do not pollute the surrounding areas;
- (c) if so, the details thereof; and
- (d) whether any incentives have been provided for plastic reprocessing in the said parks and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): The Department of Chemicals and Petrochemicals implements the Scheme for Setting up of Plastic Parks to support the plastics processing industry by providing common infrastructure facilities and enabling a cluster-based development approach. Under the Scheme, the Department has approved 10 Plastic Parks in various States. The details of Plastic Parks approved under the Scheme and the number of manufacturers in these parks are as under:

S.No.	Name of Plastic Park	State	No. of Plots allotted	No. of Manufacturing Units
1	Tamot Plastic Park	Madhya Pradesh	33	10
2	Jagatsinghpur Plastic Park	Odisha	46	03
3	Tinsukia Plastic Park	Assam	84	26
4	Tiruvallur Plastic Park	TamilNadu	-	-
5	Deoghar Plastic Park	Jharkhand	-	-
6	Bilaua Plastic Park	Madhya Pradesh	05	-
7	Sitarganj Plastic Park	Uttarakhand	41	-
8	Raipur Plastic Park	Chhattisgarh	38	-
9	Ganjimutt Plastic Park	Karnataka	-	-
10	Gorakhpur Plastic Park	Uttar Pradesh	62	03

(b) and (c): Yes, Sir. Industrial units in Plastic Parks are required to obtain necessary environmental clearances and 'No Objection Certificates' from the concerned State Pollution Control Boards prior to commencement of operations and are required to comply with the environmental norms prescribed by the competent authorities.

Further, Plastic Parks are planned with environmental management infrastructure and eco-industrial features such as sewerage treatment plants (STPs), common effluent treatment plants (CETPs), plastic waste recycling

facilities, solid and hazardous waste management systems and sanitation infrastructure. Adequate green belts and open spaces are also provided in the park layout to mitigate environmental impact and promote environmentally sustainable industrial development.

(d): Incentives for plastic processing and reprocessing units in Plastic Parks are primarily provided by the respective State Governments under their Industrial Policies. These incentives generally include capital subsidy on fixed capital investment, interest subsidy, reimbursement of State GST, exemption from electricity duty, power tariff subsidy, employment generation subsidy, reimbursement of stamp duty and land-related incentives.

In addition, under the Scheme for Setting up of Plastic Parks, the Government of India provides financial assistance for the creation of common infrastructure facilities such as processing facilities, waste management systems, testing facilities and other utilities in the parks, which also support plastic processing and recycling units by reducing their capital and operational costs.

DELAY IN INTERNSHIP OF FMGs

3552. SHRI SUBBARAYAN K:

SHRI SELVARAJ V:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether it is a fact that thousands of Foreign Medical Graduates (FMGs)

from Haryana, Delhi, West Bengal, Himachal Pradesh, Tamil Nadu and Kerala who cleared the Foreign Medical Graduate Examination (FMGE) in July 2025, continue to wait for the release of allotment list for the one year internship;

(b) if so, the details thereof;

(c) whether the Government is aware that this delay has not only stalled their entry into the hospitals in the country but has delayed their eligibility to NEET PG 2026 examinations;

(d) if so, the details thereof; and

(e) the steps being taken by the National Medical Council (NMC) to direct State Medical Councils (SMCs) to allot internship to these FMGs at the earliest?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (e): The State Medical Councils (SMCs) and the concerned Directorate of Medical Education (DME) of the State are primarily responsible for processing applications of Foreign Medical Graduates (FMGs) for allotment of Compulsory Rotating Medical Internship (CRMI), in accordance with the criteria mentioned below:

- 7.5% of the permitted intake of interns in established medical colleges/institutions;
-

- 100% of the CRMI seats for FMGs in new medical colleges;
- 100% of the CRMI seats for FMGs against the enhanced seats in existing medical colleges, where the students admitted against enhanced annual intake have not yet reached internship stage.

Further, all the State Medical Councils have been directed to allocate Internship slots strictly in accordance with the above provisions, in consultation with the Directorate of Medical Education and in strict compliance with the extant rules, regulations, public notices, and circulars governing CRMI for FMGs.

ANGANWADI WORKERS IN MAHARASHTRA

3553. SHRI ARVIND GANPAT SAWANT:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether the Government has taken note of the difficulties faced by Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs), if so, the details thereof;
 - (b) the number of AWWs and AWHs per Anganwadi centre in the country, State-wise including Maharashtra
 - (c) the details of work assigned to AWWs at Anganwadi centres;
 - (d) whether is it true that AWWs, while performing multiple duties, also impart education simultaneously to children of different age groups, if so, the overall benefits accruing to society and families therefrom;
-

(e) whether the Government ever reviewed this arrangement, if so, the details thereof; and

(f) the details of initiatives taken by the Government for the welfare and upliftment of Anganwadi Workers?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) to (f): Mission Saksham Anganwadi and Poshan 2.0 seeks to address the challenges of malnutrition in children, adolescent girls, pregnant women and lactating mothers through a strategic shift in nutrition content and delivery and by creation of a convergent eco-system to develop and promote practices that nurture health, wellness and immunity. The objectives of Poshan 2.0 are as follows:

- To contribute to human capital development of the country;
- Address challenges of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and well being; and\
- Address nutrition related deficiencies through key strategies.

Under Mission Saksham Anganwadi and Poshan 2.0, a package of six services are provided to the eligible beneficiaries i.e Supplementary Nutrition (SNP), Pre-school Non-formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services. Three of the six services, viz.,

Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure.

These services are provided to the eligible registered beneficiaries i.e children up to the age of 6 years, Pregnant Women and Lactating Mothers across the country and Adolescent Girls in the age group of 14 to 18 years in Aspirational Districts of States and all districts of North Eastern Region by through the platform of Anganwadi Centre. Each Anganwadi Centre consists of an Anganwadi Worker (AWW) and Anganwadi Helper (AWH) who are honorary workers from the local community who voluntarily come forward to render their services in the area of child care and development to help the local community. The detailed roles and responsibilities of AWWs and AWHs are available on Ministry's website at the link: <https://wcd.gov.in/offering/nutrition-mission-saksham-anganwadi-and-poshan-2-0-mission-saksham-anganwadi-poshan-2-0>.

AWWs and AWHs are paid a monthly honorarium. This honorarium is increased from time to time. From 1st October, 2018, Government of India has enhanced the honorarium of AWWs at Anganwadi centres (AWCs) from Rs.3,000/- to Rs.4,500/- per month and AWHs from Rs.1,500/- to Rs.2,250/- per month as per the defined cost sharing ratio between the Centre and States and UTs. In addition, States and UTs are also paying additional monetary incentives and top ups to these functionaries from their own resources which vary from

State to State. Details of additional top ups provided by States and UTs are enclosed as **Statement**.

Besides, performance linked incentive of Rs.500/- per month is provided to AWWs and Rs.250/- per month to AWHs.

Under Mission Saksham Anganwadi and Poshan 2.0, AWWs have been technologically empowered with the provision of smartphones for efficient monitoring and delivery of services. Poshan Tracker which is a mobile phone application that has digitized physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously enabling them for real-time monitoring of all activities going on in the Anganwadis.

To incentivize and encourage the AWWs and AWHs, various initiatives have been undertaken including the following:

- (i) Promotion: Under Mission Saksham Anganwadi and Poshan 2.0, promotional opportunities for AWWs and AWHs have been enhanced. 50% posts of AWWs are to be filled by AWHs with 5 years of experience and 50% posts of Supervisors are to be filled by promotion of AWWs with 5 years of experience subject to fulfilment of other criteria.
 - (ii) Leave: 20 days' annual leave and paid maternity absence of 180 days and paid absence on abortion/ miscarriage once for 45 days.
 - (iii) State Governments and UT Administrations have been requested to encourage eligible AWWs and AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme, which
-

is a voluntary and contributory pension scheme for the unorganized sector in the country to ensure old age protection.

- (iv) Social Security Insurance Schemes: Insurance benefits have been provided to AWWs and AWHs under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for life cover worth Rs.2.00 lakh (covers life risk, death due to any reason) in the age group of 18 to 50 years and under Pradhan Mantri Suraksha Bima Yojana for accidental cover of Rs.2.00 Lakh (accidental death and permanent full disability) /Rs.1.00 Lakh (partial but permanent disability) in the age group of 18-59 years.
- (v) Retirement date: States and UTs have been requested to adopt a uniform retirement date i.e 30th April of each year with respect to AWWs and AWHs to ensure proper human resource planning.
- (vi) Annual Healthcare coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all AWWs and AWHs in pursuance to budget announcement in FY 2024-25.

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. The Central Government is responsible for policy and planning and the State Governments/UT Administrations are responsible for day-to-day program implementation including recruitment of staff for implementation of the scheme. The matter regarding filling up of vacant posts at various levels is regularly taken up with them through sustained engagements and video conferences so as to ensure uninterrupted delivery of services to the beneficiaries.

The State and UT wise details of Anganwadi Workers in position and beneficiaries are available at the link: <https://www.poshantracker.in/statistics>.

STATEMENT

Details of additional top ups as provided by States and UTs:

Sr. No.	State	Additional top ups paid to AWWs (per month)	Additional top ups paid to AWHs (per month)
1	Andhra Pradesh	7,000	4,750
2	Bihar	2,500	1,750
3	Chhattisgarh	5,500	2,750
4	Gujarat	5,500	3,250
5	Haryana	10,250	5,650
6	Himachal Pradesh	5,500	3,250
7	Jammu & Kashmir	600	300
8	Jharkhand	5,000	2,500
9	Karnataka	7,000	4,500
10	Kerala	8,500	6,750
11	Madhya Pradesh	8,500	4,250
12	Maharashtra	8,500	5,250
13	Odisha	5,500	2,750
14	Punjab	5,500-6,500	2,750-3,250
15	Rajasthan	5,510	3,674
16	Tamil Nadu	3,200	1,850
17	Telangana	9,150	5,550
18	Uttar Pradesh	1,500	750
19	Uttarakhand	4,800	3,000
20	West Bengal	4,500	4,550
21	Arunachal Pradesh	3,000	3,000
22	Assam	2,000	1,000
23	Manipur	1,000	600
24	Meghalaya	3,000	1,000

25	Mizoram	450	500
26	Nagaland	Nil	Nil
27	Sikkim	7,000	4,500
28	Tripura	3,500-5,946	2,750-4218
29	Andaman & Nicobar	7,500	5,750
30	Goa	5,500 -13,500	3,750 - 6,750
31	Puducherry	1,950	2,125
32	Chandigarh	3,600	1,800
33	Ladakh	1,300	650
34	Delhi	6,720	3,360
35	Dadra & Nagar Haveli and Daman & Diu	3,500	1,750
36	Lakshadweep	5,500	4,750

मध्य प्रदेश में मिशन पोषण 2.0

3554. श्री दर्शन सिंह चौधरी:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) मध्य प्रदेश में होशंगाबाद, नरसिंहपुर और रायसेन जिलों सहित मिशन पोषण 2.0 के अंतर्गत अब तक लाभान्वित हुए बच्चों (0-6 वर्ष) और गर्भवती एवं स्तनपान कराने वाली महिलाओं की जिला-वार संख्या कितनी है;
- (ख) उपरोक्त तीन जिलों में कितने आंगनवाड़ी केन्द्रों को सक्षम आंगनवाड़ियों के रूप में उन्नत किया गया है और उनमें से कितनों को अवसंरचना, पोषण और डिजिटल सुविधाएं प्रदान की गई हैं;
- (ग) क्या सरकार को इस बात की जानकारी है कि नरसिंहपुर जिले के जनजातीय (आदिवासी) विकास खंडों में कुपोषण की चुनौती अपेक्षाकृत अधिक है; और

(घ) यदि हां, तो क्या ऐसे क्षेत्रों के लिए अतिरिक्त पोषण निधि, विशेष पैकेज या लक्षित कार्यकलापों का कोई प्रस्ताव विचाराधीन है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (घ): मध्य प्रदेश में मिशन पोषण 2.0 के तहत अब तक लाभान्वित हुए बच्चों (0-6 वर्ष) और गर्भवती एवं स्तनपान कराने वाली महिलाओं की संख्या, जिलावार, जिसमें होशंगाबाद, नरसिंहपुर और रायसेन जिले शामिल हैं, निम्नलिखित लिंक पर उपलब्ध है:

<https://www.poshantracker.in/statistics>.

सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत, वर्ष 2021-22 से 2025-26 के दौरान सक्षम आंगनवाड़ी केंद्रों के रूप में उन्नयन के लिए दो लाख आंगनवाड़ी केंद्रों का चयन किया गया है। सुदृढ़ और उन्नत बनाया जा रहा है ताकि 6 वर्ष से कम आयु के बच्चों के रचनात्मक, सामाजिक, भावनात्मक, संज्ञानात्मक एवं बौद्धिक विकास को प्रोत्साहित करने हेतु बेहतर पोषण प्रदान किया जा सके। यह कार्य शिक्षा विकास कार्यक्रमों के साथ समन्वय स्थापित करते हुए किया जा रहा है। इसके अंतर्गत, बेहतर अवसंरचना सहित अधिक सेवाएं प्रदान/ शामिल की गई हैं जिनमें भारतनेट के माध्यम से जहां भी संभव हो, इंटरनेट/वाईफाई कनेक्टिविटी उपलब्ध कराई जानी है, एलईडी स्क्रीन, जल शोधक/आरओ मशीन की स्थापना की गई है, स्मार्ट शिक्षण सहायक उपकरण, ऑडियो-विजुअल सहायक उपकरण और बाल-अनुकूल शिक्षण उपकरण, कलाकृति (शैक्षिक चित्रकला, बच्चों के लिए अभ्यास बोर्ड, सूचना बोर्ड) और दीवार चित्रकला (सफाई, सैंडिंग, मरम्मत) की सहायता से प्रारंभिक बाल्यावस्था देखभाल एवं शिक्षा प्रदान की जा रही है। मध्य प्रदेश राज्य में 09.03.2026 तक सक्षम आंगनवाड़ी केंद्रों में उन्नत किए गए आंगनवाड़ी केंद्रों की संख्या संलग्न **विवरण** में दी गई है।

पोषण का अर्थ केवल भोजन करना ही नहीं है, बल्कि इसके लिए पोषक तत्वों का उचित पाचन, अवशोषण और चयापचय आवश्यक है। यह प्रक्रिया स्वच्छता, शिक्षा और स्वच्छ पेयजल की

उपलब्धता जैसे कारकों से प्रभावित होती है। कुपोषण के समाधान के लिए भोजन, स्वास्थ्य, जल, स्वच्छता और शिक्षा जैसे बहुक्षेत्रीय दृष्टिकोण की आवश्यकता है, इसलिए कुपोषण की समस्या का समन्वित तरीके से प्रभावी समाधान करना महत्वपूर्ण है। मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत 18 मंत्रालयों/विभागों के बीच परस्पर समन्वय स्थापित करके इस समस्या का समाधान किया जा रहा है।

राज्यों और संघ राज्य क्षेत्र को सामान्य लागत साझाकरण के आधार पर धनराशि आवंटित की गई है।

विवरण

मध्य प्रदेश राज्य में 09.03.2026 तक सक्षम आंगनवाड़ी के रूप में उन्नत किए गए आंगनवाड़ी केंद्रों की संख्या

राज्य का नाम	कुल स्वीकृत	सक्षम आंगनवाड़ियों में उन्नत किए गए आंगनवाड़ी केंद्र
मध्य प्रदेश	24,662	8,038

SAKSHAM ANGANWADI AND POSHAN 2.0 IN TELANGANA

3555. SHRI ARVIND DHARMAPURI:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) the number of Anganwadi centres sanctioned, upgraded and operational under Saksham Anganwadi and Poshan 2.0 in Telangana, district-wise;
- (b) the amount of funds allocated, released and utilised for the Scheme;
- (c) the number of beneficiaries covered under the Scheme, district-wise; and
- (d) the timeline for completion of pending Anganwadi upgradation projects?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) to (d): The district wise details of sanctioned and operational Anganwadi Centres and beneficiaries enrolled therein are available at the link: <https://www.poshantracker.in/statistics>.

Under Mission Saksham Anganwadi and Poshan 2.0, two lakh Anganwadi Centres located in Government buildings @ 40,000 AWCs per year are being strengthened as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education during the 15th Finance Commission cycle. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi centres with LED screens, water filtration system, Poshan Vatika, ECCE material and BALA paintings. A total of 2 lakh AWCs including 5008 AWCs for the State of Telangana have been approved for upgradation across the country as Saksham Anganwadis. An amount of Rs.30.04 cr have been allocated to State of Telangana for upgradation of 5008 AWCs to Saksham Anganwadi centres. The district wise details of AWCs sanctioned for upgradation to the State of Telangana are given in the enclosed **Statement**.

STATEMENT

District wise details of AWCs sanctioned for upgradation to the State of Telangana:

District	No. of AWCs sanctioned for upgradation as Saksham AWCs
Jayashankar Bhupalapally	50
Bhadradri Kothagudem/Khammam	509
Komarambheem Asifabad	105

Adilabad	29
Bayyaram	47
Hanumakonda	65
Hyderabad	10
Jagityal	107
Jangaon	278
Jogulamba Gadwal	15
Kamareddy	226
Karimnagar	365
Mahabubnagar	130
Medak	130
Medchal Malkajgiri	948
Mulugu	17
Nagarkurnool	51
Nalgonda	156
Narayanpet	232
Peddapally	66
Rajanna Siricilla	171
Rangareddy	176
Sangareddy	298
Siddipet	238
Suryapet	180
Vikarabad	90
Wanaparthy	153
Warangal	54
Yadadri Bhuvanagiri	18
Mahabubabad	3
Mancherial	2
Nirmal	9
Nizamabad	80

DIGITAL MODERNISATION OF NOTARY PORTAL**3556. SHRI DILESHWAR KAMAIT:****SHRI ASHISH DUBEY:**

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the various services being offered through the Notary Portal under the Notaries Act, 1952;
- (b) the number of digitally signed Certificates of Practice issued through the said Portal;
- (c) the measures adopted to ensure transparency and efficiency in document verification and renewal processes;
- (d) whether additional digital modules are proposed to expand the scope of the portal; and
- (e) if so, details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) to (e): The Government has launched the Notary Portal as a dedicated platform for providing online services for the works related to the Notaries Act, 1952 and the Notaries Rules, 1956. It is intended to provide an online interface between the Notaries and the Government for various services like submission of applications for appointment as Notaries, verification of eligibility for appointment as Notaries, issuance of digitally signed Certificate of Practice as a

Notary, renewal of Certificate of Practice, change of practice area, submission of annual return etc. The Notary Portal provides a faceless, paperless, transparent and efficient system. Presently, only the module related to verification of documents and eligibility and issuance of digitally signed Certificate of Practice to the newly appointed Notaries is live. Prior to launch of the Notary Portal, Certificate of Practice used to be issued physically to the Notaries. As on 06.03.2026, 36,269 digitally signed Certificates of Practice have been issued to the newly appointed Notaries for various States and Union Territories through the Notary Portal.

KEY HEALTH INDICATORS

3557. SHRI VIJAY KUMAR HANSDAK:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government maintains religion and community-wise disaggregated data on key health indicators such as maternal mortality, infant mortality, anaemia prevalence, malnutrition, tuberculosis and non-communicable diseases (NCDs) across the country, if so, the details thereof;
- (b) the latest available data for the Scheduled Castes (SC) and Scheduled Tribes (ST) and minority communities, State-wise and if not, the reasons for the absence of such data despite repeated public concerns regarding health inequities;
- (c) the details of the availability of Primary Health Centres, Community Health

Centres and specialist services in the SC/ST and minority-concentration areas in the country;

(d) the utilisation rates of schemes such as Ayushman Bharat-PMJAY, Janani Suraksha Yojana and the National TB Elimination Programme in the country, religion/community-wise; and

(e) the proportion of eligible SC/ST and minority beneficiaries who are not enrolled or not utilising benefits?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (e): The fifth round of National Family Health Survey (NFHS-5), conducted in 2019–21, provides, inter alia, prevalence of anaemia, malnutrition, hypertension, and blood sugar levels. The prevalence of anaemia among children, men and women, malnutrition among children, and prevalence of hypertension and high blood glucose levels among men and women in India, disaggregated by religion and caste/tribe, are placed at **Statement-I**. State-wise disaggregated data is available at

<https://www.nfhsiips.in/nfhsuser/publication.php>.

The Sample Registration System (SRS) released by the Registrar General of India (RGI) provides Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) at the National and State level. As per the “Special Bulletin on Maternal Mortality in India 2021-23”, the MMR of the country is 88 per one

lakh live births. As per the SRS Statistical Report 2023, the IMR of the country is 25 per 1000 live births. The State/UT-wise MMR and IMR in last three years is placed at **Statement-II and III**, respectively.

Public health being a state subject the implementation of the National Health Mission (NHM) lies with the State Government. NHM caters to the needs of the entire population, expanding access, universality and equity close to the community irrespective of gender, caste, or creed with focus on saturation. NHM supports and strengthens the district and below level public health facilities like District Hospitals (DHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Health Sub-Centres(HSCs) in both rural and urban areas. Under National Health Mission (NHM), the funds allocation for the Janani Suraksha Yojana (JSY) is done as part of the Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission. The States/UT wise number of health facilities in tribal areas as on 31.03.2024 as per the data reported by State/UTs is placed at **Statement-IV**.

TB Mukh Bharat Abhiyan (National TB Elimination Programme) is implemented under the aegis of National Health Mission (NHM) across all States/Districts of the country. The benefits of the programme are available to all sections of the society on a uniform basis, irrespective of caste, gender, religion etc and free screening, diagnosis and treatment is provided across all public health facilities in the district and services have been decentralized to the Ayushman Arogya Mandir levels.

Under TB Mukht Bharat Abhiyan, of the total 26.31 lakh TB cases notified in 2025 (Jan-Dec), 1.44 lakh TB cases have been reported among tribal populations. In all tribal, hilly and difficult areas, special provisions have been made to expand diagnostics and treatment centres, programme management units, to improve access to TB patients and coverage of TB services as under:

- (a) TB Programme Management Unit (TB Units) - 1 for every 1 lakh population in tribal, hilly and difficult area as against 1 for every 2 lakh general population. Every TB unit is supported with a supervisory staff for management of diagnosis and treatment services in the area.
- (b) Microscopy Centres for diagnosis of TB - The norms for establishing microscopy centres is 1 per 1,00,000 general population and has been relaxed to 1 per 50,000 population in tribal, hilly, and difficult areas.
- (c) Incentives for travel support - for transportation of patient and attendant in tribal / hilly/difficult areas a one-time incentive of Rs. 750 is provided.

Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB PM-JAY) provides health coverage of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to 12 Crore families constituting bottom 40% of India's population. In October 2024, the scheme was expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status. The latest national master of Health Benefit Package (HBP 2022) provides cashless healthcare services for 1,961 procedures across 27 medical specialties including chronic diseases such as

Cancer, Diabetes, Heart Disease and other non-communicable diseases. As on 31st January 2026, a total of 11.46 crore hospital admissions have been authorized under the scheme for eligible beneficiaries including those from SC/ST and minority communities.

STATEMENT-I

Indicators	Total	Religion							Caste/Tribe			
		Hindu	Muslim	Christian	Sikh	Buddhist/Neo-Buddhist	Jain	Other	SC	ST	OBC	Other
Children under 5 years who are stunted (height-for-age) ¹ (%)	35.5	35.5	36.8	31.3	23.6	35.4	28.5	40.3	39.2	40.9	34.8	30.1
Children under 5 years who are wasted (weight-for-height) ¹ (%)	19.3	19.3	20.0	16.4	11.9	23.0	12.8	21.2	19.7	23.2	18.9	17.5
Children under 5 years who are underweight (weight-for-age) ¹ (%)	32.1	32.3	32.8	26.2	18.3	35.5	15.5	42.3	35.1	39.5	31.2	27.0
Children under 5 years who are overweight (weight-for-height) ² (%)	3.4	3.3	3.7	3.9	4.5	4.4	3.8	3.7	3.1	3.3	3.2	4.3
Children age 6-59 months who are anaemic (<11.0 g/dl) ³ (%)	67.1	67.5	66.8	53.1	70.3	71.1	72.3	67.0	69.5	72.4	65.2	65.8
Women age 15-49 years who are anaemic ³ (<12.0 g/dl) ³ (%)	57.0	57.4	55.6	51.1	58.8	57.3	45.2	65.5	59.2	64.6	54.6	56.4
Men age 15-49 years who are anaemic (<13.0 g/dl) ³ (%)	25.1	24.8	27.8	18.3	22.9	25.9	20.1	23.8	26.1	32.7	22.6	25.5
Women aged 15 and above with >140 mg/dl blood glucose levels or taking medicine to lower their blood glucose level ⁴ (%)	13.5	13.3	13.8	19.2	14.6	10.3	17.5	9.5	12.3	10.0	13.8	15.7
Men aged 15 and above with >140 mg/dl blood glucose levels or taking medicine to lower their blood	15.6	15.5	15.5	20.4	14.2	11.6	17.3	13.5	14.4	12.2	15.7	17.8

glucose level ⁴ (%)												
Prevalence of hypertension ⁵ among women (age 15 years and above)	21.3	21.0	20.7	26.3	30.8	22.9	24.7	19.8	19.5	19.8	21.1	24.0
Prevalence of hypertension ⁵ among men (age 15 years and above)	24.0	24.0	21.2	29.0	37.0	23.7	30.1	23.0	22.6	22.3	23.8	26.4

Sources: NFHS-5 (2019-21) National Report (Vol. I), Table No. 7.2, 10.1, 10.12, 10.23.1, 10.23.2, 12.5.1, 12.5.2, 12.3.1 and 12.3.2 (<https://www.nfhsiips.in/nfhsuser/publication.php>)

NA: Not Available ; ¹Below -2 standard deviations, based on the WHO standard.; ²Above +2 standard deviations, based on the WHO standard.

³Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among adults, prevalence is adjusted for altitude and for smoking status, if known. For pregnant women the value is <11.0 g/dl. ; ⁴Random blood sugar measurement.

⁵A woman/man is classified as having hypertension if she/he has SBP ≥ 140 mmHg or DBP ≥ 90 mmHg at the time of the survey, or she/he is currently taking medicine to lower her/his blood pressure.

STATEMENT-II

India and State Wise progress made in Maternal Mortality Ratio (per 1,00,000 live births)

Sl. No.	India/States	2019-21	2020-22	2021-23
	India	93	88	88
1	Andhra Pradesh	46	47	30
2	Telangana	45	50	59
3	Assam	167	125	110
4	Bihar	100	91	104
5	Jharkhand	51	50	54
6	Gujarat	53	55	51
7	Haryana	106	89	89

8	Karnataka	63	58	68
9	Kerala	20	18	30
10	Madhya Pradesh	175	159	142
11	Chhattisgarh	132	141	146
12	Maharashtra	38	36	36
13	Odisha	135	136	153
14	Punjab	98	92	90
15	Rajasthan	102	87	86
16	Tamil Nadu	49	38	35
17	Uttar Pradesh	151	141	141
18	Uttarakhand	100	104	91
19	West Bengal	109	105	104
20	Other States	71	81	86

Source: Special Bulletin on Maternal Mortality in India

STATEMENT-III

India and State Wise progress made in Infant Mortality Rates (per 1000 live births)				
Sl. No.	India/States/ Union Territories	2021	2022	2023
	India	27	26	25
1	Andhra Pradesh	22	20	19
2	Assam	34	32	30
3	Bihar	27	26	23
4	Chhattisgarh	38	38	37
5	Delhi	12	12	14
6	Gujarat	21	20	20
7	Haryana	27	26	26
8	Jammu & Kashmir	16	14	14

9	Jharkhand	25	25	29
10	Karnataka	17	15	14
11	Kerala	6	7	5
12	Madhya Pradesh	41	40	37
13	Maharashtra	15	13	14
14	Odisha	35	32	30
15	Punjab	18	16	17
16	Rajasthan	31	30	29
17	Tamil Nadu	12	11	12
18	Telangana	20	18	18
19	Uttar Pradesh	37	38	37
20	Uttarakhand	23	21	20
21	West Bengal	18	17	17
22	Arunachal Pradesh	21	19	20
23	Goa	5	5	6
24	Himachal Pradesh	17	17	14
25	Manipur	4	3	3
26	Meghalaya	30	30	34
27	Mizoram	4	11	13
28	Nagaland	7	9	10
29	Sikkim	4	5	6
30	Tripura	19	17	15
31	Andaman & Nicobar Islands	7	8	9
32	Chandigarh	7	8	7
33	Dadra & Nagar Haveli	9	7	9
	Daman & Diu			
34	Ladakh	11	5	4
35	Lakshadweep	16	14	9
36	Puducherry	5	6	7

Source : SRS Statistical Report, Registrar General & Census Commissioner, India

STATEMENT-IV

NUMBER OF SUB-CENTRES, PHCs & CHCs FUNCTIONING IN TRIBAL AREAS				
S. No.	State/UT	(As on 31st March 2024)		
		SUB CENTRES	PHCs	CHCs
1	Andhra Pradesh	976	160	20
2	Arunachal Pradesh	424	134	56
3	Assam	827	191	37
4	Bihar	22	2	1
5	Chhattisgarh	2892	412	95
6	Goa	NA	NA	NA
7	Gujarat	2759	423	88
8	Haryana	NA	NA	NA
9	Himachal Pradesh	106	46	5
10	Jharkhand	2470	191	112
11	Karnataka	206	48	7
12	Kerala	598	100	26
13	Madhya Pradesh	3274	410	107
14	Maharashtra	2414	332	72
15	Manipur	231	46	6
16	Meghalaya	480	135	28
17	Mizoram	380	65	9
18	Nagaland	469	139	25
19	Odisha	2701	457	134
20	Punjab	NA	NA	NA
21	Rajasthan	1698	258	85
22	Sikkim	48	12	0
23	Tamil Nadu	479	98	18
24	Telangana	658	101	9
25	Tripura	505	54	8
26	Uttarakhand	127	15	2

27	Uttar Pradesh	NA	NA	NA
28	West Bengal	1324	83	29
29	Andaman & Nicobar Islands	41	4	1
30	Chandigarh	NA	NA	NA
31	The Dadra and Nagar Haveli and Daman and Diu	49	6	0
32	Delhi	NA	NA	NA
33	Jammu and Kashmir	436	135	11
34	Ladakh	288	33	7
35	Lakshadweep	10	4	3
36	Puducherry	NA	NA	NA
All India		26892	4094	1001

Note: NA - Not Applicable

Data as Reported by States/UTs

न्यायिक सेवा परीक्षाओं के लिए योग्यता मानदंड

3558. श्री भारत सिंह कुशवाह:

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या उच्चतम न्यायालय ने न्यायिक सेवा परीक्षाओं में शामिल होने के लिए कम से कम तीन वर्ष की विधिक प्रैक्टिस अनिवार्य की है ;
- (ख) क्या सरकार को इस बात की जानकारी है कि उक्त शर्त से विशेषकर महिला उम्मीदवारों, आर्थिक रूप में कमजोर वर्गों और गैर-कानूनी पृष्ठभूमि के युवाओं के लिए न्यायिक सेवा में नियुक्तियों के लिए प्रवेश करना और अधिक कठिन हो जाने की संभावना है ;
- (ग) यदि हाँ, तो क्या सरकार इन वर्गों को पेश आ रही समस्याओं को ध्यान में रखते हुए एक नया कानून लाकर तीन वर्ष की अनिवार्य प्रथा अवधि को वापस लेने या कम करने पर विचार कर रही है ; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो क्या सरकार का ऐसे उम्मीदवारों के लिए कोई वित्तीय सहायता या कोई विशेष सहायता योजना शुरू करने का विचार है ताकि न्यायिक सेवाओं में समान अवसर सुनिश्चित किए जा सकें ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

(क) से (घ): संविधानिक ढांचे के अनुसार, संविधान के अनुच्छेद 233 और अनुच्छेद 234 के साथ पठित अनुच्छेद 309 के परंतुक के अधीन प्रदत्त शक्तियों का प्रयोग करते हुए, संबंधित राज्य सरकार, उच्च न्यायालय के परामर्श से, निचली न्यायपालिका में न्यायिक अधिकारियों की नियुक्ति और भर्ती के संबंध में नियम और विनियम बनाती है।

GENERAL FINANCIAL RULES, 2017

3559. DR BYREDDY SHABARI:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the provisions of the General Financial Rules, 2017 regarding economy and efficiency are being uniformly followed by Central Autonomous Medical Institutes, including All India Institute of Medical Sciences (AIIMS), Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) Puducherry, National Institute of Mental Health and Neuro Sciences (NIMHANS) Bengaluru, Rajendra Institute of Medical Sciences (RIMS), North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Chittaranjan National Cancer Institute

(CNCI) and other similar institutions with regard to meetings of Standing Finance Committees, Governing Bodies and Purchase Committees;

(b) if so, the details thereof;

(c) whether the Government proposes to rationalize, standardize and merge such committees through a centralized mechanism to reduce administrative expenditure in this regard; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): The provisions of General Financial Rules are applicable to all Central Autonomous Medical Institutes of the Ministry. The Governing Body (GB) and the Standing Committees of All India Institute of Medical Sciences (AIIMS), Post Graduate Institute of Medical Education and Research (PGIMER), Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), National Institute of Mental Health and Neuro-Sciences (NIMHANS), Regional Institute of Medical Sciences (RIMS) and North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS) are constituted and their meetings are held as per the provisions contained in the respective Acts/Rules/Regulations/Memorandum-of-Association/Bye-laws under which these Institutions are set up. There is no proposal to merge Institute-specific Governing Bodies and the Standing Committees into a single body.

कैंसर की आवश्यक दवाओं की लागत

3560. डॉ. आनन्द कुमार गोंडः

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने इस बात पर ध्यान दिया है कि पैक्लिटैक्सेल जैसी आवश्यक कैंसर दवाओं की खरीद लगभग 600 रुपए की लागत/खरीद मूल्य पर की जाती है, जबकि उनका अधिकतम खुदरा मूल्य लगभग 12,000 रुपए तक रखा जाता है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या इसी तरह का अत्यधिक मूल्य अंतर अन्य कीमोथेरेपी दवाओं में भी पाया गया है, जिन्हें रोगियों को कई शीशियों और बार-बार उपचार चक्रों में लेना पड़ता है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ग) सरकार द्वारा राष्ट्रीय औषधि मूल्य निर्धारण प्राधिकरण (एनपीपीए) के समन्वय से ऐसे अत्यधिक व्यापार मार्जिन को नियंत्रित करने और कैंसर के उपचार को विशेषकर कम आय वर्ग के रोगियों के लिए अधिक सुलभ और किफायती बनाने के लिए क्या ठोस कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (ग): औषधियों की कीमतें औषधि (मूल्य नियंत्रण) आदेश (डीपीसीओ), 2013 के प्रावधानों के अनुसार विनियमित होती हैं। राष्ट्रीय औषधि मूल्य निर्धारण प्राधिकरण (एनपीपीए) स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा प्रकाशित आवश्यक दवाओं की राष्ट्रीय सूची के आधार पर डीपीसीओ 2013 की अनुसूची-I में शामिल औषधियों की अधिकतम मूल्य सीमा निर्धारित करता है। डीपीसीओ 2013 के मौजूदा प्रावधान के अनुसार, अनुसूचित औषधियों की अधिकतम मूल्य सीमा बाजार के आंकड़ों और औषधियों की लागत के आधार पर निर्धारित की जाती है और अधिकतम मूल्य सीमा

निर्धारित करते समय लागत और एमआरपी के बीच के अंतर को ध्यान में नहीं रखा जाता है। दिनांक 09.03.2026 की स्थिति के अनुसार, 131 कैंसर-रोधी औषधियों की अधिकतम मूल्य सीमा प्रभावी हो गई है, जिसके परिणामस्वरूप एनएलईएम, 2015 के अंतर्गत निर्धारित अधिकतम मूल्य सीमाओं में लगभग 21% की कमी आई है और रोगियों को लगभग 294 करोड़ रुपये की वार्षिक बचत हुई है। सभी विनिर्माताओं को अपने उत्पादों को एनपीपीए द्वारा निर्धारित अधिकतम मूल्य (लागू वस्तु एवं सेवा कर सहित) के भीतर बेचना अनिवार्य है। पैक्लिटैक्सेल इंजेक्शन 30 मिग्रा/5 मि.ली. और 100 मिग्रा/16.7 मि.ली. निर्धारित फॉर्मूलेशन हैं और तदनुसार, एनपीपीए ने इनकी अधिकतम कीमत निर्धारित की है। वर्तमान में लागू अधिकतम कीमत 219.19 रुपये प्रति मि.ली. है, जो दिनांक 01.04.2025 से प्रभावी है। सभी विनिर्माताओं को अपने उत्पादों को एनपीपीए द्वारा निर्धारित अधिकतम कीमत (लागू वस्तु एवं सेवा कर सहित) के भीतर ही बिक्री करना होता है। अधिप्रभार वसूलने के मामलों से डीपीसीओ, 2013 के प्रावधानों के अनुसार निपटा जाता है।

इसके अतिरिक्त, एनपीपीए डीपीसीओ, 2013 के पैरा 2 (1)(प) में परिभाषित नई औषधियों का खुदरा मूल्य भी निर्धारित करता है। नई औषधि का खुदरा मूल्य आवेदक विनिर्माता और विपणनकर्ता पर लागू होता है, जिन्हें एनपीपीए द्वारा अधिसूचित मूल्य के भीतर नई औषधि बिक्री करनी होती है। दिनांक 09.03.2026 की स्थिति के अनुसार, एनपीपीए ने कैंसर-रोधी औषधियों की चिकित्सीय श्रेणी के अंतर्गत 58 खुदरा मूल्य निर्धारित किए हैं, जिनमें 31 कैंसर-रोधी औषधियां, 26 एंटी-नियोप्लास्टिक औषधियां और 1 प्रतिरक्षा-दमनकारी औषधि शामिल हैं। इसके अतिरिक्त, गैर-अनुसूचित कैंसर-रोधी फॉर्मूलेशनों के मामले में, विनिर्माताओं को पिछले 12 महीनों के दौरान ऐसी फॉर्मूलेशन के अधिकतम खुदरा मूल्य (एमआरपी) में 10% से अधिक की वृद्धि नहीं करना अपेक्षित है। इसके अतिरिक्त, वहनीय कीमतों पर औषधियों की उपलब्धता सुनिश्चित करने के लिए, एनपीपीए ने जनहित में 2019 में 42 चुनिंदा गैर-अनुसूचित कैंसर-रोधी दवाओं के व्यापार मार्जिन को सीमित कर दिया। इस कदम से कैंसर-रोधी दवाओं के 500 से अधिक ब्रांडों की कीमतों में औसतन लगभग

50% की कमी आई।

कैंसर के इलाज की दवाओं तक पहुंच को बढ़ाने के लिए सरकारी अस्पतालों में गरीबों के लिए मुफ्त या भारी रियायती दरों पर कैंसर का इलाज, आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (पीएमजेवाई) के अंतर्गत कैंसर का इलाज, प्रधानमंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) के तहत सभी को वहनीय कीमतों पर कैंसर सहित गुणवत्तापूर्ण जेनेरिक दवाएं उपलब्ध कराना और कुछ अस्पतालों/संस्थानों में वहनीय दवाएं और उपचार के लिए विश्वसनीय प्रत्यारोपण (एमआरआईटी) फार्मसी स्टोर स्थापित करना जैसे कई प्रयास किए गए हैं, जहां कैंसर की औषधियां एमआरपी से काफी कम कीमतों पर उपलब्ध हैं। इसके अतिरिक्त, सरकार कैंसर-रोधी औषधियों पर शुल्क को भी नियमित रूप से युक्तिसंगत बना रही है ताकि उनकी कीमतों को कम किया जा सके।

कफ सिरप के कारण अकाल मृत्यु के मामले

3561. श्री नारायण तातू राणे:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या देश के विभिन्न राज्यों में चिकित्सकों द्वारा दिए गए जाली/नकली कफ सिरप के कारण कई

बच्चों की अकाल मृत्यु के मामले सामने आए हैं;

(ख) यदि हां, तो विभिन्न राज्यों में बच्चों की मृत्यु की राज्य-वार संख्या कितनी है; और

(ग) सरकार द्वारा इस गंभीर स्थिति के लिए ऐसे सिरप लिखने वाले चिकित्सकों और विनिर्माण दवा

कंपनियों और संबंधित गुणवत्ता नियंत्रण अधिकारियों के विरुद्ध क्या कार्रवाई की गई है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (ग): मध्य प्रदेश के छिंदवाड़ा से अनेक बच्चों की मृत्यु की रिपोर्ट प्राप्त होने पर, राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी), राष्ट्रीय विषाणु विज्ञान संस्थान (एनआईवी) और केंद्रीय औषधि मानक

नियंत्रण संगठन (सीडीएससीओ) से क्रमशः एक महामारी विज्ञानी, एक सूक्ष्मजीवविज्ञानी, एक कीटविज्ञानी और औषधि निरीक्षकों सहित विशेषज्ञों की एक केंद्रीय टीम ने छिंदवाड़ा और नागपुर का दौरा किया और मध्य प्रदेश राज्य अधिकारियों के समन्वय से रिपोर्ट किए गए मामलों और मौतों की विस्तृत जांच की। प्रभावित बच्चों द्वारा कथित तौर पर सेवन की गई कुल 19 औषधियों के नमूने, उपचार करने वाले निजी चिकित्सकों और आसपास के खुदरा स्टोरों से परीक्षण के लिए एकत्र किए गए। इन 19 नमूनों के रासायनिक विश्लेषण से पता चला कि 15 नमूने मानक गुणवत्ता के थे, जबकि 4 नमूनों को मानक गुणवत्ता का नहीं (एनएसक्यू) घोषित किया गया। परीक्षण रिपोर्ट के अनुसार, तमिलनाडु के कांचीपुरम स्थित मेसर्स श्रीसन फार्मास्युटिकल द्वारा विनिर्मित और मृत बच्चों द्वारा सेवन किए गए सिरप कोल्ड्रफ (बी. नंबर एसआर-13) में डायथिलीन ग्लाइकॉल (डीईजी) की मात्रा 46.28% w/v पाई गई।

मेसर्स श्रीसन फार्मास्युटिकल्स के परिसर का निरीक्षण किया गया। अस्वच्छ भंडारण स्थितियों सहित कई गंभीर और अच्छी विनिर्माण प्रथाओं (जीएमपी) के उल्लंघन पाए गए। सीडीएससीओ ने विनिर्माता के खिलाफ आपराधिक कार्रवाई के संबंध में तमिलनाडु राज्य सरकार से संपर्क किया। तमिलनाडु राज्य औषधि नियंत्रक ने विनिर्माण लाइसेंस रद्द कर दिया। इसके बाद, घटना के मद्देनजर, मध्य प्रदेश, तमिलनाडु, ओडिशा और पुडुचेरी संघ राज्य क्षेत्र, जहां विवादित कफ सिरप के बैचों की आपूर्ति की गई थी, ने तत्काल प्रतिबंध और वापसी का आदेश दिया। मध्य प्रदेश राज्य द्वारा इस मामले में आपराधिक मामला दर्ज किया गया है और इसमें शामिल व्यक्तियों की गिरफ्तारी सहित सख्त कार्रवाई की गई है।

इसके अलावा, 3 अक्टूबर 2025 को सभी राज्य/संघ राज्य क्षेत्रों के स्वास्थ्य विभागों और स्वास्थ्य सुविधा केन्द्रों को बच्चों के कफ सिरप के तर्कसंगत उपयोग को सुनिश्चित करने के लिए एक एडवाजरी जारी की गई है। साथ ही, औषधि नियंत्रक (भारत) ने 7 अक्टूबर 2025 को सभी राज्य/संघ राज्य क्षेत्रों के औषधि नियंत्रकों को औषधि नियम, 1945 के तहत परीक्षण अपेक्षाओं का कड़ाई

से अनुपालन सुनिश्चित करने का निर्देश दिया और 27 अक्टूबर 2025 को उन्हें नकली और घटिया दवाओं के खिलाफ कड़ी निगरानी रखने और ओषधि और प्रसाधन सामग्री अधिनियम, 1940 के तहत त्वरित कार्रवाई करने का निर्देश दिया।

सार्वजनिक स्वास्थ्य सुविधा की समीक्षा

3562. श्रीमती रुचि वीरा:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने उत्तर प्रदेश के मुरादाबाद जिले में विशेष रूप से निवारक परिचर्या और रोग भार प्रबंधन के संदर्भ में सार्वजनिक स्वास्थ्य देखभाल क्षमता, मानव संसाधन पर्याप्तता और सेवा पहुंच की महत्वपूर्ण समीक्षा की है;
- (ख) यदि हां, तो केन्द्र-राज्य समन्वय के माध्यम से उक्त जिले में कार्यान्वित किए गए प्रणालीगत हस्तक्षेपों, अवसंरचनात्मक सुधारों और सेवा प्रदायगी सुधारों का ब्यौरा क्या है; और
- (ग) देश में भविष्य में जन स्वास्थ्य चुनौतियों के लिए समान पहुंच, देखभाल की गुणवत्ता और तैयारी सुनिश्चित करने के लिए सरकार द्वारा प्रस्तावित संरचनात्मक स्वास्थ्य प्रणाली सुधारों का ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

- (क) और (ख): जन स्वास्थ्य एवं अस्पताल राज्य का विषय है और जन स्वास्थ्य सुविधा केन्द्रों में मानव संसाधन पर्याप्तता एवं सेवा उपलब्धता सहित स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। हालांकि, भारत सरकार का स्वास्थ्य एवं परिवार कल्याण मंत्रालय, राज्यों/ संघ राज्य क्षेत्रों द्वारा अपने समग्र संसाधन सीमा के भीतर प्रस्तुत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के आधार पर उनकी स्वास्थ्य सेवा प्रणालियों को सुदृढ़

करने हेतु वित्तीय एवं तकनीकी सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही-अभिलेख (आरओपी) के रूप में प्रस्तावों को स्वीकृति प्रदान करती है।

उत्तर प्रदेश सरकार द्वारा दी गई जानकारी के अनुसार, मुरादाबाद जिले में 32 प्राथमिक स्वास्थ्य केंद्र (पीएचसी), 27 शहरी पीएचसी, 40 शहरी स्वास्थ्य एवं आरोग्य केंद्र (एचडब्ल्यूसी) और 248 ग्रामीण स्वास्थ्य एवं आरोग्य केंद्र (आरएचडब्ल्यूसी) जिले की आबादी को स्वास्थ्य सेवाएं प्रदान करने के लिए संचालित किए जा रहे हैं।

इसके अलावा, उत्तर प्रदेश सरकार द्वारा दी गई जानकारी के अनुसार, मुरादाबाद जिले में निवारक परिचर्या और रोग-भार प्रबंधन के संदर्भ में, ग्रामीण और शहरी पीएचसी में कार्यान्वित किए जा रहे कार्यक्रमों का विवरण इस प्रकार है-

- सभी प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) में गर्भवती महिलाओं की नियमित प्रसवपूर्व जांच प्रतिदिन की जाती है, जहां सहायक नर्स मिडवाइफ (एएनएम) द्वारा जांच की जाती है।
- प्रधानमंत्री मातृत्व सुरक्षा अभियान (पीएमएमएसए) के तहत, महीने में चार बार विशेष शिविर आयोजित किए जाते हैं, जिनमें स्क्रीनिंग सेवाएं, प्रसवपूर्व जांच, अल्ट्रासाउंड जांच और उच्च जोखिम वाली गर्भावस्थाओं (एचआरपी) की विशेष निगरानी प्रदान की जाती है।
- मलेरिया, डेंगू, तपेदिक और कुष्ठ रोग जैसी संक्रामक बीमारियों की रोकथाम के लिए, आशा कार्यकर्ता और चिकित्सा दल घर-घर जाकर सर्वेक्षण करते हैं और उपचार और निवारक उपायों के बारे में जागरूकता पैदा करते हैं। मच्छर जनित बीमारियों की रोकथाम के लिए लार्वा रोधी छिड़काव भी किया जाता है, और संवेदनशील क्षेत्रों में लक्षित निगरानी के साथ विशेष शिविर आयोजित किए जाते हैं।

(ग): उत्तर प्रदेश सरकार ने आयुष्मान भारत योजना के अंतर्गत आयुष्मान आरोग्य मंदिर की स्थापना

की है, जिसका उद्देश्य देश के प्राथमिक स्वास्थ्य केंद्रों को सुदृढ़ और उन्नत बनाना है ताकि व्यापक प्राथमिक स्वास्थ्य सेवाएँ प्रदान की जा सकें। इस कार्यक्रम के तहत मौजूदा उप-केंद्रों और प्राथमिक स्वास्थ्य केंद्रों को आयुष्मान आरोग्य मंदिर (एएएम) में परिवर्तित किया जा रहा है। एएएम में सेवाओं का दायरा बढ़ाकर 12 सेवा पैकेज कर दिया गया है, जो प्रजनन एवं बाल स्वास्थ्य और संक्रामक रोगों से आगे बढ़कर गैर-संक्रामक रोगों, मुख, नेत्र, कान, नाक एवं गला (ईएनटी) की देखभाल, वृद्धावस्था देखभाल, उपशामक एवं पुनर्वास देखभाल, मानसिक स्वास्थ्य और आपातकालीन एवं ट्रामा संबंधी प्राथमिक स्तर की देखभाल को भी शामिल करता है।

समान पहुंच, गुणवत्तापूर्ण परिचर्या और भविष्य की जन स्वास्थ्य चुनौतियों के लिए तैयारी सुनिश्चित करने हेतु अन्य पहलों में शामिल हैं:

- निःशुल्क निदान सेवा पहल और निःशुल्क औषधि सेवा पहल (एफडीएसआई)
- मोबाइल मेडिकल यूनिट (एमएमयू)
- राष्ट्रीय एम्बुलेंस सेवा (एनएसएस)
- भारतीय जन स्वास्थ्य मानक (आईपीएचएस) 2022
- राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएस)
- प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी)
- डे-केयर कैंसर केंद्र (डीसीसीसी)
- प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-अभिम)
- आयुष्मान भारत प्रधानमंत्री-जन आरोग्य योजना (एबी पीएम-जेआई)

VIOLATIONS BY HOSPITALS EMPANELLED UNDER AB-PMJAY

3563. SHRIMATI RACHNA BANERJEE:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Government has received any cases or complaints regarding

- irregularities or violations by hospitals empanelled under the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the country;
- (b) if so, the details thereof since the inception of the scheme, including the nature and categories of such violations, State-wise and year-wise; and
- (c) the number of hospitals de-empanelled, suspended or penalised along with the amount of penalties imposed in the country during the last five years, State-wise?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is governed on a zero-tolerance approach towards fraud. National Anti-Fraud Unit (NAFU) uses AI/ML-based automated triggers to flag unusual claim patterns such as duplicate entries, inflated procedures or misuse of patient identity etc. NAFU works in close coordination with the State Anti-Fraud Units to investigate and take action against cases of fraud. Appropriate actions including suspension, issuance of show cause notices, warning letter, de-empanelment of hospitals, levying penalty lodging of FIRs are taken against fraudulent entities.

As on 10.03.2026, 2021 hospitals have been de-empanelled, 590 hospitals suspended and penalties amounting to Rs 263.72 crore have been levied for fraudulent activities.

खाद्य सुरक्षा संबंधी गंभीर अनियमितताएं

3564. श्री कुलदीप इंदौरा:

श्री मुरारी लाल मीना:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार देश में, विशेषकर राजस्थान में, कतिपय रेस्तरांओं, होटलों और बहु-राष्ट्रीय फास्ट फूड श्रृंखलाओं द्वारा खाद्य सुरक्षा के उल्लंघन की कथित घटनाओं से अवगत है, जिनमें सड़ी हुई/घटिया सामग्री और 25 प्रतिशत की निर्धारित सीमा से अधिक कुल ध्रुवीय यौगिकों (टीपीसी) वाले खाद्य तेल का उपयोग शामिल है और यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है;
- (ख) क्या विभिन्न राज्यों से ऐसे उल्लंघनों की सूचना मिली है और ये केवल इक्का-दुक्का मामलों तक ही सीमित नहीं हैं और यदि हां, तो विगत तीन वर्षों के दौरान विशेषकर जयपुर और दौसा जिलों में किए गए निरीक्षणों, जब्ती और अभियोजनों की संख्या सहित तत्संबंधी राज्य-वार और जिला-वार ब्यौरा क्या है;
- (ग) क्या बायोडीजल उत्पादन के लिए अधिकृत एजेंसियों द्वारा संग्रहण किए जाने वाले प्रयुक्त खाद्य तेल (यूसीओ) को बेईमान व्यापारियों द्वारा अवैध रूप से पुनर्संसाधित किया जा रहा है अथवा बाजार में फिर से बेचा जा रहा है और यदि हां, तो इस पर क्या कार्रवाई की गई है;
- (घ) विगत तीन वर्षों के दौरान भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसआई) और राज्य/संघ राज्यक्षेत्र के प्राधिकारियों द्वारा लगाए गए सुधार नोटिस, लाइसेंस निलंबन/निरस्तीकरण और जुर्माने सहित दंडात्मक कार्रवाई का ब्यौरा क्या है; और
- (ङ) क्या सरकार का स्थल पर अनिवार्य टीपीसी परीक्षण, उन्नत पता लगाने की क्षमता तंत्र, कठोर दंडात्मक प्रावधान और औचक निरीक्षण में वृद्धि सहित खाद्य सुरक्षा और मानक अधिनियम, 2006 के अंतर्गत प्रवर्तन को सुदृढ़ करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ड): भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसआई) को खाद्य पदार्थों के लिए विज्ञान आधारित मानक निर्धारित करने और मानव उपभोग के लिए सुरक्षित एवं पौष्टिक भोजन की उपलब्धता सुनिश्चित करने हेतु उनके निर्माण, भंडारण, वितरण, बिक्री एवं आयात को विनियमित करने का अधिदेश है। खाद्य सुरक्षा एवं मानक (एफएसएस) अधिनियम, 2006 का कार्यान्वयन एवं प्रवर्तन केंद्र एवं राज्य सरकारों की साझी जिम्मेदारी है।

इस दिशा में, खाद्य सुरक्षा एवं मानक अधिनियम, 2006 और इसके अंतर्गत बनाए गए नियमों एवं विनियमों के तहत निर्दिष्ट गुणवत्ता एवं सुरक्षा मानकों तथा अन्य आवश्यकताओं के अनुपालन की जाँच हेतु, खाना पकाने के तेलों के कुल ध्रुवीय यौगिकों (टीपीसी) सहित विभिन्न खाद्य उत्पादों की निगरानी, पर्यवेक्षण निरीक्षण और यादृच्छिक नमूनाकरण किया जाता है। पिछले तीन वर्षों के लिए राजस्थान सहित राज्यवार की गई कार्रवाई का ब्योरा संलग्न **विवरण** में दिया गया है। इसके अतिरिक्त, 1 जनवरी 2023 से फरवरी 2026 तक राजस्थान के दौसा और जयपुर जिलों में की गई प्रवर्तन कार्रवाई का विवरण इस प्रकार है:-

क्र. सं.	जिले का नाम	विश्लेषण किए गए नमूनों की संख्या	कोर्ट में अनुरूप नहीं पाए गए नमूनों के संबंध में मुकदमों की संख्या	संबंधित मामलों में लाइसेंस रद्द करने की संख्या
1	दौसा	20	8	0
2	जयपुर	446	107	0

भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसआई) ने प्रयुक्त खाना पकाने के तेल (यूसीओ) के संग्रहण और उसे बायोडीजल एवं साबुन में परिवर्तित करने हेतु पुनः उपयोग (आरयूसीओ) पहल का शुभारंभ किया है। एफएसएसआई के अनुसार, खाद्य व्यवसाय संचालकों

(एफबीओ) को प्रतिदिन 50 लीटर से अधिक खाद्य तेल की खपत होने पर यूसीओ के निपटान का रिकॉर्ड रखना अनिवार्य है। अब तक, एफबीओ से यूसीओ संग्रहण हेतु 53 गैर-खाद्य उत्पादन इकाइयों को नामांकित किया जा चुका है। यूसीओ निपटान दिशानिर्देशों के प्रभावी कार्यान्वयन हेतु, यूसीओ के प्रभावी निपटान के लिए खाद्य व्यवसायों, गैर-खाद्य उत्पादन (एनएफपी) इकाइयों और उनके समुच्चयकर्ताओं के निरीक्षण का प्रावधान है।

खाद्य सुरक्षा एवं मानक विनियमों के तहत निर्धारित मानकों, सीमाओं और अन्य वैधानिक आवश्यकताओं के अनुपालन के लिए, भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसएआई) अपने चार (04) क्षेत्रीय कार्यालयों और राज्य/संघ राज्य क्षेत्र खाद्य सुरक्षा प्राधिकरणों के माध्यम से देश में निगरानी, निरीक्षण, नमूनाकरण और प्रवर्तन गतिविधियाँ संचालित करता है। यदि मानकों से कोई विचलन या खाद्य सुरक्षा एवं मानक विनियमों का उल्लंघन पाया जाता है, तो दोषी खाद्य व्यवसाय संचालकों (एफबीओ) जिनमें खाद्य सेवा प्रतिष्ठान भी शामिल हैं, पर खाद्य सुरक्षा एवं मानक अधिनियम, 2006 और उसके अंतर्गत बनाए गए नियमों एवं विनियमों के अनुसार दंडात्मक उपायों सहित नियामक कार्रवाई की जाती है।

विवरण

पिछले तीन सालों में राजस्थान समेत राज्य-वार की गई कार्रवाई का विवरण													
क्र. सं.	राज्य/संघ राज्य क्षेत्र	(2024-2025)				(2023-2024)				(2022-2023)			
		विश्लेषण किए गए नमूनों की संख्या	दीवानी मामले	आपराधिक मामले	रद्द लाइसेंस	विश्लेषण किए गए नमूनों की संख्या	दीवानी मामले	आपराधिक मामले	रद्द लाइसेंस	विश्लेषण किए गए नमूनों की संख्या	दीवानी मामले	आपराधिक मामले	रद्द लाइसेंस
			पेनल्टी के साथ फैसला हुआ	दोषसिद्धि की संख्या			पेनल्टी के साथ फैसला हुआ	दोषसिद्धि की संख्या			पेनल्टी के साथ फैसला हुआ	दोषसिद्धि की संख्या	
1	अंडमान व निकोबार द्वीप समूह	810	0	0	1	0	0	0	0	1200	58	0	0
2	आंध्र प्रदेश	5984	464	8	15	6439	646	8	40	3607	339	12	64
3	अरुणाचल प्रदेश	125	7	0	5	501	2	0	25	258	0	0	20
4	असम	1705	0	0	19	1139	0	0	0	602	0	0	0
5	बिहार	2863	25	0	7	2806	79	0	10	2935	39	0	10
6	चंडीगढ़	374	116	41	5	311	87	52	1	473	27	8	4
7	छत्तीसगढ़	2069	143	6	1	1373	86	2	0	1468	119	8	0

8	दादरा और नगर हवेली और दमन और दीव	56	0	0	0	185	0	0	0	164	13	0	0
9	दिल्ली	2624	18	16	1	3412	36	12	1	3133	86	10	0
10	गोवा	1172	11	0	0	599	17	0	1	699	11	0	4
11	गुजरात	12387	859	91	8	15841	1701	65	7	14562	547	24	15
12	हरियाणा	2233	599	59	20	3485	593	47	15	4445	915	35	25
13	हिमाचल प्रदेश	1587	471	0	3	1618	376	2	6	2720	93	1	9
14	जम्मू और कश्मीर	6955	1,239	29	17	9057	1612	22	19	13502	1592	15	42
15	झारखंड	364	52	0	1	384	59	0	2	943	44	8	1
16	कर्नाटक	9371	283	32	34	5492	75	16	50	3416	191	15	56
17	केरल	10767	1,088	206	40	10792	854	134	137	8533	454	33	90
18	लद्दाख	417	38	0	0	638	19	0	1	220	23	0	0
19	लक्षद्वीप	0	0	0	0	0	0	0	0	0	0	0	0
20	मध्य प्रदेश	13920	2,597	22	3	13998	1938	46	10	12507	1908	71	22
21	महाराष्ट्र	5403	1,147	0	9	5087	154	0	4	11077	198	5	17
22	मणिपुर	126	2	0	1	168	0	0	0	169	0	0	3

23	मेघालय	388	0	0	0	123	0	0	0	409	0	0	0
24	मिजोरम	0	0	0	0	0	0	0	0	140	0	0	0
25	नागालैंड	223	0	0	0	138	3	0	1	109	0	0	1
26	उड़ीसा	2282	27	0	2	2003	0	0	24	1368	47	0	40
27	पुदुचेरी	173	0	0	0	31	0	0	0	0	0	0	1
28	पंजाब	4131	333	8	1	6041	1204	102	0	8179	1404	5	1
29	राजस्थान	13840	3,114	30	2	18536	2181	12	0	13184	2435	4	1
30	सिक्किम	254	0	0	0	231	0	0	0	279	4	0	0
31	तमिलनाडु	18071	1,536	492	7	18146	2195	478	36	24188	3714	678	47
32	तेलंगाना	3347	125	0	1	6156	425	0	6	4809	315	0	9
33	त्रिपुरा	123	0	0	0	87	0	0	0	31	0	0	0
34	उत्तर प्रदेश	30380	14,920	215	16	27750	14627	163	9	30140	13148	251	50
35	उत्तराखंड	1509	256	4	1	1998	332	0	1	1839	507	5	1
36	पश्चिम बंगाल	14502	672	6	0	5948	285	0	2	6203	233	0	0
	कुल	170535	30142	1265	220	170513	29586	1161	408	177511	28464	1188	533

PROTECTION OF INDIAN DIASPORA AGAINST TRANSNATIONAL SUPPRESSION

3565. SHRI KIRTI AZAD:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:

- (a) whether the Government has maintained or compiled data on incidents or cases of transnational repression, harassment or intimidation reported by members of the Indian diaspora to Indian missions or other authorities abroad, country-wise and if so, the details thereof;
- (b) the mechanisms currently in place for assisting and protecting Indian citizens and persons of Indian origin who face such challenges in foreign jurisdictions;
- (c) the broader vision and strategy of Government to further strengthen institutional protections and empower diaspora communities, including measures for enhancing their safety, grievance redressal and diplomatic engagement; and
- (d) whether the Government proposes to establish dedicated frameworks or coordination mechanisms with host countries to address and prevent incidents of transnational suppression or targeted coercion against members of the Indian diaspora, if so, the details thereof?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a) to (d): Members of the diaspora report from time to time harassment or intimidation by separatists and other anti-Indian elements abroad. These are brought to the attention of local governments by our Embassies and Consulates. The safety and security of the Indian diaspora is one of the foremost priorities of the Government of India. Indian Missions/Posts encourage and advise the Indian diaspora in their jurisdictions to register with them and also to lodge their grievances on the MADAD Portal and CPGRAMS of this Ministry. The grievances of the Indian diaspora members are responded to almost on a real time basis through telephone calls, walk-ins, emails, social media, 24x7 emergency helplines, Consular Camps, Open Houses, the MADAD Portal and CPGRAMS. Indian Missions/Posts abroad also proactively reach out to distressed Indian nationals, either directly or through the local Indian Diaspora Associations within their jurisdiction and provide them all possible consular services, including legal assistance, emergency medical care and boarding/lodging, whenever required.

The Indian Community Welfare Fund (ICWF) has also been set up in Indian Missions/ Posts abroad for assisting overseas Indian nationals in distress. Under the ICWF, distressed Indian diaspora is extended counselling and other forms of assistance on a means-tested basis. It is also extended for transportation of mortal remains of Indian diaspora overseas to India.

Indian Missions and Posts abroad, particularly in countries where there is political instability or economic crisis, remain vigilant and closely monitor any

development that may adversely affect the Indian diaspora in such regions. From time to time, they issue advisories as required by developments in their respective countries of jurisdiction to caution Indian nationals to avoid unnecessary travel, remain in touch with them through published helpline numbers and follow safety guidelines and protocols issued by local authorities. Any unfortunate incident or challenges faced by members of the Indian diaspora community are immediately taken up with the concerned authorities of the host country to suitably resolve them. Such issues are also raised during meetings with Government officials of the concerned countries, including at the highest levels, as appropriate.

During emergencies or crisis situations in countries affected by political instability or economic crisis, Indian Missions/Posts help distressed/stranded Indians by providing them food, shelter, medicines and evacuate them to India, if necessary. Notable recent evacuation operations undertaken by the Government of India include Vande Bharat, Operation Devi Shakti (Afghanistan), Operation Ganga (Ukraine), Operation Kaveri (Sudan), Operation Ajay (Israel) and Operation Sindhu (Israel and Iran). These efforts demonstrate the Government's commitment to ensuring the safety and well-being of Indian diaspora in foreign lands.

Indian Missions/Posts remain vigilant and closely monitor any untoward incidents affecting Indian nationals abroad. Such incidents are immediately taken up with the concerned authorities of the host country to ensure that the

cases are properly investigated and the perpetrators are punished as per their domestic laws. These issues are also raised at the political and official level with the countries concerned during bilateral engagements and through institutional dialogue mechanisms, including at the highest levels as appropriate.

MALNUTRITION AMONG CHILDREN IN TRIBAL/TEA GARDEN AREAS

3566. SHRI ARUP CHAKRABORTY:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether the Government is aware of severe malnutrition among children in tribal, tea-garden and rural areas in several States, if so, the details thereof;
- (b) the number of severely underweight children (0-6 years) identified under Integrated Child Development Services (ICDS) during the last three years, State-wise;
- (c) whether funds under Supplementary Nutrition Programme (SNP) and Poshan Tracker are being fully released to Anganwadi centres on time, if so, the details thereof; and
- (d) whether the Government proposes to introduce real-time public audit of Anganwadi nutrition supply and beneficiary attendance to prevent leakages and ghost entries, if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

- (a) to (d): To address the challenge of malnutrition, Anganwadi services, Poshan
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Abhiyaan and Scheme for Adolescent girls (age 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Poshan 2.0. This Mission includes beneficiaries; Children under 6 years of age, pregnant women, lactating mothers and adolescent girls of the country including tribal, tea-garden and rural areas.

The number of severely underweight children identified under Mission Poshan 2.0 during the last three years, (State-wise); is available at the link: <https://www.poshantracker.in/statistics>

Mission Poshan 2.0 is a Centrally Sponsored scheme where the responsibility for the implementation of various activities lies with the States and UTs. The funds are released to the States and UTs, which are subsequently transferred to the Anganwadi Centres. The details of funds released to the State and UTs during the last 3 years are given in the enclosed **Statement**.

The 'Poshan Tracker' digital application has rolled out as an important ICT based governance tool for monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. It has facilitated near real time data collection for Anganwadi Services. The public dashboard of Poshan Tracker has information related to AWC infrastructure, details on opening of AWCs, number of registered beneficiaries and status of Aadhaar verification. It also has details on services like Supplementary Nutrition Programme (SNP), Growth Measurement status of children and home visit details of pregnant women, lactating mothers and 0-2

years children. For last mile tracking of service delivery, Facial Recognition System (FRS) has been introduced in Poshan Tracker application for distribution of Take-Home Ration (THR) to ensure that benefit is given only to the intended beneficiary registered on the Poshan Tracker to prevent leakages and ghost entries.

STATEMENT

THE FUNDS RELEASED TO THE STATE AND UTS DURING LAST 3 YEARS:

(Rupees in crores)

S. No.	Name of the State and UTs	Funds released (2022-23)	Funds released (2023-24)	Funds released (2024-25)
1	Andaman and Nicobar Islands	3.85	12.15	9.63
2	Andhra Pradesh	827.79	705.68	645.73
3	Arunachal Pradesh	137.78	162.06	102.61
4	Assam	1,651.63	2,233.31	2,482.34
5	Bihar	1,740.09	1,859.29	2,262.92
6	Chandigarh	33.10	19.79	14.56
7	Chhattisgarh	668.96	579.46	733.30
8	DNH & DD	5.80	11.97	9.13
9	Delhi	182.77	161.81	160.41
10	Goa	14.71	13.95	13.44
11	Gujarat	912.64	1,126.80	601.32
12	Haryana	195.25	225.78	232.69
13	Himachal Pradesh	270.24	301.09	313.07
14	Jammu & Kashmir	479.01	530.88	662.79
15	Jharkhand	430.91	664.30	496.95
16	Karnataka	765.87	912.96	886.85
17	Kerala	444.98	306.64	435.74
18	Ladakh	18.79	19.62	18.89
19	Lakshadweep	0.44	2.88	1.35
20	Madhya Pradesh	1,011.57	1,123.11	1,144.54

21	Maharashtra	1,646.17	1,699.52	1,368.84
22	Manipur	135.95	201.28	342.87
23	Meghalaya	192.39	269.69	137.93
24	Mizoram	42.81	100.27	55.29
25	Nagaland	199.30	262.91	147.01
26	Odisha	923.92	968.80	948.16
27	Puducherry	0.12	4.48	3.68
28	Punjab	75.31	307.87	265.48
29	Rajasthan	974.02	1,091.96	741.85
30	Sikkim	20.33	33.49	18.07
31	Tamil Nadu	766.81	880.79	638.47
32	Telangana	550.69	507.87	430.76
33	Tripura	150.52	244.22	153.41
34	Uttar Pradesh	2,721.87	2,668.69	2,694.62
35	Uttarakhand	425.84	288.24	216.33
36	West Bengal	1,227.59	1,237.56	1,513.80

SALE OF ANTIDEPRESSANT DRUGS

3567. SHRI TANGELLA UDAY SRINIVAS:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of the data on the sale of antidepressant drugs maintained during the last five years, year-wise and State/UT-wise;
 - (b) the list of antidepressant drugs currently approved and marketed in the country;
 - (c) the safeguards in place to regulate prescription practices, including off-label use;
 - (d) whether any monitoring or audit mechanism exists to track prescription trends, misuse or adolescent consumption and if so, the details thereof;
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- (e) the number of adverse drug reactions reported in relation to antidepressants during the last five years, year-wise; and
- (f) the current status of rules regulating sale of prescription drugs, including Schedule H, H1 and psychotropic medicines, through e-pharmacy platforms along with enforcement actions taken?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (e): Sale of drugs in the country is regulated under the provisions of Drugs & Cosmetics Act, 1940 and the Rules made thereunder, by the State Governments through a system of licensing and inspection. State Licensing Authorities (SLAs) are legally empowered to take action against violation of provisions of the said Act and Rules. As per market data available with National Pharmaceutical Pricing Authority (NPPA) Department of Pharmaceuticals (DoP), the sales as reported under “anti-depressants and mood” category for the last five years is as under:

Year	Sales Value (in ₹in Cr.) based on Maximum Retail Price
2021	2,442.41
2022	2,820.74
2023	3,137.62
2024	3,478.35
2025	3,648.78

(Source- Pharmarack database December 2025)

Central Drugs Standard Control Organisation (CDSCO) has approved seven anti-depressant drug products for use in country. Drugs, including anti-depressants, are approved along with their indication(s), dosage form, route of administration, and strength in accordance with the regulatory framework.

Various notices/Advisories/Letters have been issued to all State Drugs Controllers, other stakeholders for strict compliance of the requirements of Drugs and Cosmetics Act and Rules made thereunder and for raising awareness in the public regarding adverse effects of misuse of drugs.

The Indian Pharmacopoeia Commission (IPC) as National Coordination Centre (NCC) for Pharmacovigilance Programme of India (PvPI) collates and analyses, Individual Case Safety Reports (ICSRs) related to adverse drug reactions. The year-wise distribution of ICSR is given below:

Calendar Year	Number of Adverse Drugs Reactions (ADR) Reports of Antidepressant Drugs
2021	666
2022	1271
2023	1836
2024	2063
2025	1798

(f): In order to comprehensively regulate online sale of medicines, the Government of India has published draft rules vide its notification dated 28.8.2018, inviting comments from public and stakeholders on amendments to

the Drugs Rules, 1945 for incorporating provisions relating to regulation of sale and distribution of drugs through e-pharmacy.

The draft rules contain provisions for registration of e-pharmacy, periodic inspection of e-pharmacy, procedure for distribution or sale of drugs through e-pharmacy, prohibition of advertisement of drugs through e-pharmacy, complaint redressal mechanism, monitoring of e-pharmacy, etc.

Isolated complaints regarding sale of drugs by e-pharmacies without proper prescription etc. have been received. As and when such complaints are received, based on the merit, the matter is referred to the concerned State Licensing Authority for taking action as per the provisions of Drugs & Cosmetics Act, 1940 and Rules, 1945, as the State Licensing Authorities are empowered to take action in case of any violation of the conditions of sale licenses.

AWARENESS AND ACCESSIBILITY OF FREE AYUSH MEDICINES

3568. SHRI SURESH KUMAR SHETKAR:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether digital platforms, mobile applications or SMS alerts are being used to inform citizens about the availability of free AYUSH medicines, if so, the details thereof and if not, the reasons therefor;
 - (b) whether the shortages of AYUSH medicines have been reported in Government facilities despite announced free supply schemes, if so, the details thereof, State/UT-wise, along with the corrective action taken by the
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Government in this regard;

- (c) whether the Government has assessed disparities among States in distribution and awareness of AYUSH medicines, if so, the findings thereof along with the steps proposed by the Government to address such imbalance;
- (d) whether training programmes have been conducted for healthcare workers to guide patients about AYUSH treatment options, if so, the details thereof and if not, the reasons therefor;
- (e) whether coordination exists between the Ministry of AYUSH and State Health Departments for awareness generation; and
- (f) if so, the mechanism thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): Public Health being a State subject, the primary responsibility to ensure adequate availability of free Ayush medicines in different Ayush health facilities and creation of awareness in the community about its free distribution through digital platforms, mobile applications, or SMS alerts, etc. comes under the purview of respective State/UT Governments. However, Ministry of Ayush has developed digital platforms such as the Ayush Hospital Management Information System (AHMIS) under Ayush Grid to digitize inventories and track the availability of medicines in Ayush facilities by doctors and pharmacists.

Under National Ayush Mission (NAM), State/UT Governments are being supported for implementation of Behavior Change Communication (BCC) and Information, Education, and Communication (IEC) activities for creating awareness in the community about strength of Ayush system. These initiatives use mass media platforms to promote Ayush based preventive healthcare practices and encourage communities to adopt healthier lifestyles. In addition to it different outreach activities are also being supported through structured Ayush Public Health Programmes for creating awareness in the community by conducting camps and address public health issues by utilizing the potential of Ayush systems, with appropriate referral linkages with other Ayush healthcare facilities, in providing preventive, promotive, curative and rehabilitative health care services, either as standalone interventions or as an add-on to conventional systems of medicine.

(d): Under NAM, 12,500 Ayushman Arogya Mandir AAM (Ayush) [AAM (Ayush)] have been made operational across the Country. Ministry of Ayush has organized Training of Trainers (ToT) programmes to train healthcare workers, including ASHA and ANM workers, about the benefits of Ayush for maintaining general wellness and preventing diseases. These grassroots workers are associated with AAM (Ayush) and involved in creating awareness in the community and guide people on simple preventive healthcare practices using Ayush methods for common illnesses. Additionally, in collaboration with the Central Health Education Bureau (CHEB), Directorate General of Health

Services (DGHS), and the Ministry of Health and Family Welfare (India), Master Trainer programmes were organized in 2024 and 2025 on the management of musculoskeletal and metabolic disorders in Ayush systems of medicine. These trainings were conducted for medical officers from Ayurveda, Homeopathy, Unani, and Siddha, with participants from all States/UTs.

Further, under Flexible Component of NAM, financial assistance is also provided for training and capacity building of teaching staff, medical officers, and other paramedical staff in educational institutions and Ayush hospitals/dispensaries. State/UT Governments may avail financial assistance by submitting suitable proposals through State Annual Action Plans (SAAPs) as per NAM guidelines.

Furthermore, Ministry of Ayush is also implementing a Central Sector Scheme namely AYURGYAN which is having a provision of financial assistance under the component of Capacity Building & Continuing Medical Education (CME) in Ayush for conducting training program for Ayush personnel.

(e) and (f): Yes, Government of India is implementing NAM Scheme in coordination with State/UT Governments and supported their efforts for overall development and promotion of Ayush systems by providing financial assistance under different activities including BCC/IEC for creating awareness in the community about strength of different Ayush systems.

NATIONAL AIDS AND STD CONTROL PROGRAMME**3569: SHRI SUNIL DATTATREY TATKARE :**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the number of screening conducted under the National AIDS Control Programme (NACP) during the last 5 years, State-wise;
- (b) the steps taken/proposed to be taken by the Government to ensure follow ups and treatment of affected persons, including through the Strengthening Overall Care for HIV beneficiaries - Management Information System (SOCH MIS) portal or other digital tools
- (c) the number of people treated for HIV/AIDS in Government facilities during the last 5 years, State-wise;
- (d) the steps taken/proposed to be taken by the Government to deal with delays in procurement of supplies and materials such as screening equipment; and
- (e) whether any special attention is given to testing in rural and tribal areas, specifically in the State of Maharashtra and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): The number of screening conducted under the National AIDS and STD Control Programme (NACP) during the last 5 years state wise, is given in the enclosed **Statement-I**.

(b): Under the National AIDS and STD Control Programme (NACP), free lifelong

Anti-Retroviral Therapy (ART) is provided through a nationwide network of ART Centres and Link ART Centres (LAC). Also, network of Care and Support Centres (CSCs) provide psychosocial support, outreach services for follow-up of patients, and linkage with social welfare schemes to ensure improved treatment outcomes. Differentiated service delivery models are implemented to improve treatment adherence and retention in care among People Living with HIV. The MIS (Management Information System) IT portal known as SOCH (Strengthening Overall Care for HIV Beneficiaries) and mobile application are used to maintain record of People Living with HIV (PLHIV) on anti – retro viral treatment.

(c): The State-wise and year-wise number of people on Anti-Retroviral Therapy under NACP in the last 5 years is given in the enclosed **Statement - II**.

(d): NACO procures commodities (testing kits, anti – retro viral medicines etc.) through the Central Medical Services Society (CMSS), the procurement agency of Ministry of Health and Family Welfare (MoHFW). The consumption of centrally procured commodities at each facility is monitored by State AIDS Control Societies and NACO through the SOCH-IT platform, and periodic review of supplies is done for timely placing of indent to CMSS to avoid delay in procurement.

(e): Under the National AIDS and STD Control Programme, testing for HIV is done of at – risk persons based on exposure to risk factors in urban and rural areas of all States and UTs including Maharashtra.

STATEMENT-I**Number of screening conducted under the National AIDS and STD Control Programme (NACP) during the last 5 years state wise**

S No	State/UT	Number of HIV testing				
		2020-21	2021-22	2022-23	2023-24	2024-25
1	Andaman And Nicobar Islands	19,386	24,846	32,347	29,803	33,448
2	Andhra Pradesh	15,28,580	22,48,933	28,24,074	27,37,836	26,27,015
3	Arunachal Pradesh	35,342	30,272	34,273	76,086	1,04,554
4	Assam	6,79,482	6,93,862	7,92,654	9,79,604	7,14,318
5	Bihar	26,09,872	28,09,851	38,15,005	40,88,631	53,01,132
6	Chandigarh	71,553	96,210	1,12,962	1,14,079	1,18,579
7	Chhattisgarh	8,16,903	9,26,762	11,22,179	11,11,019	11,13,523
8	The Dadra And Nagar Haveli And Daman And Diu	45,879	59,290	77,815	66,327	77,345
9	Delhi	6,42,069	6,59,186	7,56,483	9,11,960	14,90,388
10	Goa	63,513	94,122	1,20,421	1,47,009	1,46,196
11	Gujarat	23,29,602	28,36,501	28,51,409	30,38,686	31,85,377
12	Haryana	9,47,616	11,64,170	15,03,560	14,69,850	14,16,485
13	Himachal Pradesh	2,51,644	3,25,013	2,74,061	5,09,987	4,14,571
14	Jammu And Kashmir	2,36,989	4,50,481	6,30,544	6,85,001	4,79,305
15	Ladakh					
16	Jharkhand	8,83,322	8,63,114	11,13,498	11,14,209	10,86,252
17	Karnataka	28,07,590	35,44,797	44,50,432	51,27,929	48,41,771
18	Kerala	8,49,843	9,84,371	12,12,978	20,67,993	21,11,169
19	Lakshadweep	-	3,115	4,565	4,134	3,760
20	Madhya Pradesh	22,83,260	27,59,212	32,87,325	36,15,039	35,40,540
21	Maharashtra	48,95,194	57,50,609	69,35,531	71,22,242	72,54,343
22	Manipur	1,00,991	1,12,482	1,54,250	1,43,309	1,63,737

23	Meghalaya	1,16,318	1,16,620	1,30,099	1,57,697	1,78,424
24	Mizoram	71,375	80,807	91,763	1,03,824	1,31,355
25	Nagaland	96,482	1,14,401	1,42,451	1,83,154	1,96,924
26	Odisha	14,89,650	18,71,977	20,39,111	21,02,822	21,11,157
27	Puducherry	98,708	1,18,885	1,79,796	2,57,104	1,98,532
28	Punjab	10,52,125	11,75,878	14,25,033	13,99,930	12,34,338
29	Rajasthan	25,10,500	23,86,767	35,37,222	42,47,083	35,10,902
30	Sikkim	24,536	26,304	39,156	39,023	45,103
31	Tamil Nadu	36,22,248	42,54,185	51,90,891	41,04,975	44,76,719
32	Telangana	11,29,392	13,47,254	14,14,857	20,18,412	18,43,429
33	Tripura	1,22,207	1,57,061	1,93,836	1,82,034	1,87,508
34	Uttar Pradesh	58,79,263	67,06,737	73,12,980	1,02,71,844	1,15,96,145
35	Uttarakhand	2,95,938	3,19,196	4,93,757	5,97,401	4,99,913
36	West Bengal	27,16,823	32,22,342	34,88,676	40,50,323	38,09,946
	India	4,13,24,195	4,83,35,613	5,77,85,994	6,48,76,359	6,62,44,203

STATEMENT-II

State-wise and year-wise number of people on Anti-Retroviral Therapy under NACP in the last 5 years

S No	State/UT	Number of HIV-infected persons on anti-retroviral treatment people at facilities under NACP				
		2020-21	2021-22	2022-23	2023-24	2024-25
1	Andaman And Nicobar Islands	127	143	165	207	239
2	Andhra Pradesh	1,90,243	1,98,698	2,13,796	2,22,338	2,26,703
3	Arunachal Pradesh	183	212	543	1,171	1,835
4	Assam	7,880	9,055	11,970	15,367	17,980
5	Bihar	63,448	67,601	76,160	85,671	92,154
6	Chandigarh	6,478	5,096	5,151	5,120	5,214
7	Chhattisgarh	15,216	16,700	18,761	20,161	21,559
8	The Dadra And Nagar Haveli And Daman And	-	235	340	424	603

	Diu					
9	Delhi	32,663	34,330	37,368	39,094	40,442
10	Goa	3,027	3,118	3,246	3,409	3,498
11	Gujarat	71,711	74,457	79,424	84,537	87,259
12	Haryana	16,085	21,796	28,677	34,535	37,243
13	Himachal Pradesh	4,606	4,847	5,253	5,640	6,149
14	Jammu And Kashmir	2,925	3,054	3,399	3,646	3,931
15	Ladakh					
16	Jharkhand	12,130	13,174	14,515	15,770	16,894
17	Karnataka	1,69,830	1,71,647	1,80,509	1,89,680	1,93,347
18	Kerala	14,713	14,985	15,923	16,631	17,212
19	Lakshadweep	-	-	-	-	-
20	Madhya Pradesh	29,733	32,842	36,402	41,668	45,667
21	Maharashtra	2,53,636	2,57,846	2,70,088	2,80,278	2,85,810
22	Manipur	13,366	13,627	14,492	14,335	14,532
23	Meghalaya	3,047	3,613	4,863	5,963	6,414
24	Mizoram	11,365	12,562	14,357	16,217	17,443
25	Nagaland	10,082	10,617	12,091	13,722	14,846
26	Odisha	21,692	22,621	24,654	26,713	28,238
27	Puducherry	1,252	1,265	1,318	1,413	1,478
28	Punjab	40,344	47,075	56,542	63,554	62,874
29	Rajasthan	46,514	50,044	55,445	60,535	63,191
30	Sikkim	218	250	298	333	381
31	Tamil Nadu	1,20,911	1,21,955	1,26,524	1,32,301	1,34,628
32	Telangana	83,490	87,217	94,210	1,03,933	1,08,780
33	Tripura	2,061	2,800	4,351	5,388	5,565
34	Uttar Pradesh	90,857	96,205	1,06,677	1,16,357	1,25,238
35	Uttarakhand	4,459	4,541	5,738	6,654	7,613
36	West Bengal	44,084	46,031	51,066	56,156	59,849
	India	13,88,376	14,50,259	15,74,316	16,88,921	17,54,809

PROGRESS ACHIEVED UNDER PM-ABHIM IN TAMIL NADU**3570. SHRI C.N. ANNADURAI:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has reviewed the progress achieved under the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) in Tamil Nadu, particularly in strengthening rural and urban health centres, diagnostic laboratories and critical care blocks, if so, the details thereof;
- (b) whether the comprehensive assessment of all health facilities in the State has enabled systematic identification and prioritisation of infrastructure and capacity gaps, if so, the details thereof;
- (c) whether the Government has any data on improvements made in healthcare preparedness, service delivery and infrastructure resilience following these assessments, if so, the details thereof;
- (d) whether best practices emerging from Tamil Nadu's implementation of PM-ABHIM have been documented and shared with other States in the country, if so, the details thereof; and
- (e) whether the Government proposes to further support Tamil Nadu through timely funding, technical assistance and monitoring to sustain and enhance public health infrastructure under PM-ABHIM, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI

PRATAPRAO GANPATRAO JADHAV):

(a) to (e): The Government of India regularly reviews the progress achieved under the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) through periodic review meetings, monitoring portals, and progress reports submitted by the States/UTs. In Tamil Nadu, the progress under the Mission is being monitored with respect to the strengthening of rural and urban Ayushman Arogya Mandirs, establishment of Integrated Public Health Laboratories, and Critical Care Blocks at district hospitals. The State has reported progress in the operationalization and upgradation of these health infrastructure components in accordance with the approved proposals and timelines under PM-ABHIM, and the same is being regularly reviewed by the Ministry to ensure effective implementation of the Mission.

Monitoring under the National Health Mission (NHM) and PMABHIM is carried out through a robust, multi-layered framework that includes review of State-wise Key Deliverables against approved targets during NPCC meetings with all States/UTs including Tamil Nadu, regular assessment of performance through the Output–Outcome Monitoring Framework (OOMF). In addition, annual Common Review Missions (CRMs) provide independent, on-ground assessments of programme implementation, health system strengthening, and progress on key indicators, enabling identification of gaps, course correction, and strengthening of accountability at State and District levels.

Best practices emerging from the implementation of PM-ABHIM of all

States, including Tamil Nadu, are being documented and cross learnings disseminated through national review meetings, workshops, and technical consultations organized by the Ministry of Health and Family Welfare. These platforms facilitate cross-learning among States and Union Territories, where innovations and effective implementation strategies related to strengthening Ayushman Arogya Mandirs, diagnostic laboratories, and critical care infrastructure are shared for wider adoption. In this regard, national workshops on strengthening public health infrastructure under PM-ABHIM have been organized in the month of August, 2025 to promote exchange of best practices and accelerate implementation across States.

PM-ABHIM is a Centrally Sponsored Scheme with certain Central Sector components, with a total outlay of Rs. 64,180 crore for the period FY 2021-22 to FY 2025-26. Under the CSS component of PM-ABHIM, administrative approval of Rs. 1656.32 crore has been accorded to Tamil Nadu for the period FY 2021-22 to FY 2025-26 for 708 Urban Ayushman Arogya Mandirs, 38 Integrated Public Health Laboratories at district level, and 37 Critical Care Blocks at district hospitals and medical colleges.

Further, under the Fifteenth Finance Commission (FC-XV) Health Grants, an amount of Rs. 4249.42 crore has been approved for Tamil Nadu for the period FY 2021-22 to FY 2025-26, out of which Rs. 4249.28 crore has been released so far. These funds support establishment and strengthening of 842 building-less Sub-Health Centres (SHCs), 258 building-less Primary Health Centres

(PHCs), 105 building-less Community Health Centres (CHCs), 386 Block Public Health Units and 1207 Urban Ayushman Arogya Mandirs.

As per the guidelines issued by the Department of Expenditure (DoE) dated 13.07.2023, the Ministry of Finance has introduced the New Fund Flow Mechanism i.e. SNA SPARSH which is just-in-time release of funds for all Centrally Sponsored Schemes. The details of Central Release under PM-ABHIM for the State of Tamil Nadu from FY-2022-23 to FY-2024-25 are as under:

(Rs. In Crore)

S. No.	State	2022-23	2023-24	2024-25
1	Tamil Nadu	150.42	279.36	224.99

Note: The above releases relate to Central Govt. Grants & do not include State share contribution.

राष्ट्रीय आयुष मिशन के अंतर्गत निधि का आवंटन

3571. श्री राजेश रंजन:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) विगत पांच वर्षों में प्रत्येक वर्ष के दौरान राष्ट्रीय आयुष मिशन के अंतर्गत वर्ष-वार कुल कितनी

निधि आवंटित और जारी की गई है;

(ख) उक्त अवधि के दौरान बिहार में इस मिशन के कार्यान्वयन के लिए प्रत्येक वर्ष कितनी धनराशि

आवंटित और जारी की गई है;

(ग) विगत पांच वर्षों के दौरान इस मिशन के अंतर्गत राज्य द्वारा निधि के उपयोग का वर्ष-वार ब्यौरा

क्या है;

(घ) क्या बिहार में आयुष परियोजनाओं के कार्यान्वयन में विलंब अथवा कमियों के संबंध में कोई

समीक्षा की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ड) इस संबंध में राष्ट्रीय आयुष मिशन के अंतर्गत निधि का उचित उपयोग सुनिश्चित करने के लिए सरकार द्वारा क्या उपाय किए गए अथवा किए जाने का विचार है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग) : बिहार सहित पिछले पांच वर्षों के दौरान, एनएएम के तहत आवंटित/जारी और उपयोग की गई कुल धनराशि की राज्य/संघ राज्य क्षेत्र-वार और वर्ष-वार स्थिति संलग्न **विवरण** पर दी गई है।

(घ) और (ड): चूंकि, एनएएम योजना का कार्यान्वयन राज्य सरकार के दायरे में आता है, इसलिए बिहार में अनुमोदित आयुष परियोजनाओं के लिए धन का उचित उपयोग सुनिश्चित करने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार की है। इसके अलावा, आयुष मंत्रालय ने प्रत्येक राज्य के अधिकारियों के साथ बैठक जैसे उपाय भी किए हैं ताकि अनुमोदित परियोजनाओं की भौतिक और वित्तीय प्रगति की समीक्षा की जा सके, साथ ही समय-समय पर क्षेत्र का दौरा भी किया गया है ताकि योजना के तहत धन का उचित उपयोग सुनिश्चित करने के लिए अवसंरचना से संबंधित परियोजनाओं सहित एनएएम की अनुमोदित गतिविधियों की समग्र प्रगति का विश्लेषण किया जा सके।

विवरण

पिछले पांच वर्षों के दौरान, एनएएम के तहत आवंटित/जारी और उपयोग की गई कुल धनराशि की राज्य/संघ राज्य क्षेत्र-वार और वर्ष-वार स्थिति

(लाख रु. में)

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	2020-21		2021-22		2022-23		2023-24		2024-25	
		जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा
1	अंडमान और निकोबार द्वीप समूह	251.81	251.81	296.06	296.06	142.39	142.39	407.29	398.28	542.75	498.96
2	आंध्र प्रदेश	385.40	385.40	0.00	0.00	0.00	0.00	0.00	0.00	2497.19	1552.62
3	अरुणाचल प्रदेश	678.09	678.09	180.85	180.85	402.04	402.04	1186.04	1186.04	1498.84	1498.84
4	असम	347.15	347.15	639.52	639.52	1011.77	1011.77	3471.45	3471.45	6511.87	6511.87
5	बिहार	516.54	516.54	1686.08	1686.08	0.00	0.00	1161.06	430.44	0.00	0.00
6	चंडीगढ़	195.81	195.81	94.86	94.61	189.73	166.80	226.32	225.67	447.58	373.69
7	छत्तीसगढ़	2691.07	2405.54	841.31	800.84	0.00	0.00	2151.43	1825.94	3194.06	2592.84
8	दादरा व नगर हवेली और दमन व दीव	0.00	0.00	0.00	0.00	0.00	0.00	408.45	408.45	690.73	690.73
9	दिल्ली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	गोवा	65.99	65.99	218.99	218.99	142.29	142.29	628.30	580.90	610.67	598.20
11	गुजरात	244.01	189.09	466.93	450.54	1908.62	1637.92	2961.42	1887.62	2623.10	698.18

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	2020-21		2021-22		2022-23		2023-24		2024-25	
		जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा
12	हरियाणा	3034.42	3033.54	647.70	624.34	1219.91	1219.91	3026.59	2823.46	1371.90	1365.07
13	हिमाचल प्रदेश	494.94	494.94	1261.80	1261.80	3873.58	3873.58	3659.22	3659.22	2899.09	2899.09
14	जम्मू - कश्मीर	2285.75	2285.75	1313.11	1313.11	4895.09	4895.09	7510.36	7510.36	4361.60	4361.60
15	झारखंड	0.00	0.00	1309.77	1309.77	7752.57	7752.57	2390.42	2390.42	3217.06	3217.06
16	कर्नाटक	2184.37	2081.90	1821.46	1798.63	1714.09	1590.78	5031.54	4753.98	6067.28	3119.15
17	केरल	2337.59	2337.59	1153.39	1153.39	4399.83	4399.83	7989.40	7989.40	11037.96	10472.07
18	लद्दाख	0.00	0.00	187.45	187.45	72.27	72.27	47.32	47.32	190.29	190.29
19	लक्षद्वीप	19.61	19.61	64.26	64.26	116.32	116.32	332.01	332.01	220.48	214.77
20	मध्य प्रदेश	5608.63	5608.63	3123.20	3123.20	1716.00	1716.00	6120.00	6120.00	8169.59	8169.59
21	महाराष्ट्र	0.00	0.00	0.00	0.00	0.00	0.00	2235.54	1959.83	2681.16	1207.86
22	मणिपुर	571.72	564.28	170.04	142.56	1723.00	1694.59	0.00	0.00	1276.67	1191.20
23	मिजोरम	657.73	657.73	259.08	259.08	117.27	117.27	1057.86	1057.86	1101.48	1101.48
24	मेघालय	247.97	247.97	609.78	609.78	796.84	796.84	1722.60	1722.60	1520.48	1520.48
25	नागालैंड	1254.89	1254.89	232.27	232.27	495.78	495.78	1016.97	1016.97	1342.11	1342.11
26	ओडिशा	716.64	694.82	1075.38	1069.56	0.00	0.00	0.00	0.00	2369.21	2369.21
27	पुदुचेरी	47.67	47.66	200.27	200.19	623.95	623.51	197.08	179.21	683.40	325.49
28	पंजाब	89.77	89.77	527.28	527.28	0.00	0.00	109.85	109.85	1701.10	1691.36

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	2020-21		2021-22		2022-23		2023-24		2024-25	
		जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा	जारी किया गया केंद्रीय हिस्सा	उपयोग किया गया केंद्रीय हिस्सा
29	राजस्थान	2276.40	2183.86	3189.00	3127.73	0.00	0.00	3731.51	3731.51	15051.80	15051.80
30	सिक्किम	350.44	350.44	99.30	99.30	626.06	626.06	492.37	492.37	434.78	434.78
31	तमिलनाडु	616.58	616.58	2348.27	2348.27	2428.69	2125.68	6635.76	6431.24	7380.32	5551.27
32	तेलंगाना	0.00	0.00	3132.25	3132.25	0.00	0.00	1225.17	1225.17	2491.38	2491.38
33	त्रिपुरा	270.08	270.08	138.71	138.71	1030.90	1030.90	566.99	566.99	815.77	815.77
34	उत्तर प्रदेश	10373.86	10373.86	13809.72	13602.99	14437.60	14189.87	12418.60	11925.30	13903.18	8172.22
35	उत्तराखण्ड	656.46	656.46	2622.50	2622.50	1855.80	1855.80	3234.38	3234.38	2441.12	2441.12
36	पश्चिम बंगाल	247.35	247.34	2118.05	2118.05	1056.58	1042.18	3379.39	3326.39	2308.43	1364.07
	कुल	39718.72	38927.32	45838.63	45433.94	54748.94	53738.02	86732.67	83020.63	113654.42	96096.20

MALNUTRITION AND ANEMIA AMONG CHILDREN

3572. SHRI ANURAG SHARMA:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) the details of the specific initiatives/schemes undertaken by the Government to address anemia and malnutrition particularly among children and adolescents in Jhansi and Lalitpur districts in Uttar Pradesh;
- (b) the details of the progress made in reducing malnutrition, stunting and

wasting rates in the said districts along with the measures being taken to strengthen Anganwadi services therein;

(c) whether the Government plans to implement community-based nutrition models and fortified food distribution programmes in the said district to address hidden hunger; and

(d) if so, the details thereof along with the timeline for its implementation in the said districts?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) and (b): To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years age in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). It is a Centrally Sponsored Mission where the responsibility for implementation of various activities lies with the States and UTs. This Mission includes beneficiaries; Children under 6 years of age, pregnant women, lactating mothers and adolescent girls of the country including Jhansi and Lalitpur districts in Uttar Pradesh.

The Poshan Tracker Application data of malnutrition (Stunting, Wasting and Underweight) among those children under five in Jhansi and Lalitpur of Uttar Pradesh, who attended Anganwadi Centres (AWCs) or received Anganwadi services at home is available at: <https://www.poshantracker.in/statistics>.

In addition, regular anthropometric monitoring—comprising systematic measurements of height and weight—is undertaken across the State. Special attention is accorded to children identified as malnourished, who are provided with counselling and need-based referral services to enable timely nutritional intervention and recovery.

One of the major activities undertaken under Mission Poshan 2.0 is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maah and Poshan Pakhwada celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers (AWWs) are required to conduct two Community Based Events every month.

Further, Ministry of Women & Child Development and Ministry of Health & Family Welfare have jointly released the Protocol for Management of malnutrition in Children to prevent and treat severely acute malnutrition in children.

(c) and (d): A key component is to enable the right kind of nourishment through Poshan Vatikas or Nutri-gardens that are located in AWCs across the country to provide easy and affordable access to fruits, vegetables, medicinal plants and herbs. To encourage diet-diversity and consumption of wholesome local

produce, Poshan Vatikas have been developed at AWCs. The States and Union Territory Administrations are encouraged to decide menu suitable to the local conditions within the prescribed nutrition and food norms and to procure locally grown food items like millets, vegetables, condiments etc. The selection of ingredients, recipes and menu for supplementary nutrition rests with States/UTs in accordance with local palate and includes locally available cereals/millets, pulses, vegetables, nuts and fats.

The eligible beneficiaries—namely children aged 06 months to 06 years, pregnant women, and lactating mothers—are provided with supplementary nutrition. In accordance with the communication issued by the Department of Child Development and Nutrition, Government of Uttar Pradesh, dated 01 October 2020, and under the decentralized system, production units have been established at the block level in 43 districts of the State, including Jhansi and Lalitpur. These units are operated by Self Help Groups under the Uttar Pradesh State Rural Livelihood Mission and are responsible for the production and supply of recipe-based supplementary nutrition.

The recipe-based supplementary nutrition is fortified with Iron, Calcium, Magnesium, Zinc, Vitamin A, Vitamin B1, B2, B3, B6, B9, B12, and Vitamin C. In view of the time required for establishing production units across all districts/projects, interim arrangements have been made in the remaining districts/projects. Under this arrangement, fortified edible oil and fortified wheat porridge are being supplied through NAFED, while fortified rice is being provided

to beneficiaries through the Food and Civil Supplies Department. Fortified wheat porridge and fortified rice are enriched with Iron, Vitamin B9, and Vitamin B12, while fortified edible oil is enriched with Vitamin A and Vitamin D2.

The Ministry of Health and Family Welfare implements Reproductive, Maternal, Newborn, child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to address nutrition concerns among adolescent girls, pregnant women, lactating mothers and children under 5 years, across the country including aspirational districts. Details are placed below:

- **Anemia Mukd Bharat (AMB)** strategy is implemented to reduce prevalence of anemia among children and women in life cycle approach through implementation of six interventions; Prophylactic Iron and Folic Acid supplementation (IFA Syrup is provided biweekly to children 6-59 months, and IFA Red tablets are provided weekly to women of reproductive age), Deworming, Intensified behavioral change communication campaign, Testing for anemia and treatment as per protocols, mandatory provision of IFA fortified food in public health programmes and addressing non nutritional causes of anemia via robust institutional mechanism.
 - **Nutrition Rehabilitation centers (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Moderate and Severe Acute Malnourishment with medical complications with special focus on improving the skills of mothers
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and caregivers on timely, adequate and appropriate feeding for children.

- Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centers in two rounds (February and August) to reduce the worm infestation among all children and adolescents (1-19 years).
- **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and childcare including nutrition in convergence with Ministry of Women and Child Development.

SUPPLY OF SUBSIDIZED FERTILIZERS

3573 SHRI ARUN NEHRU:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the demand and actual supply of Urea, DAP and MOP to Perambalur district in the State of Tamil Nadu during the 2025-26 Kharif and Rabi seasons, month-wise;
 - (b) whether any cases of shortage of fertilizers were reported in the Lalgudi and Musiri blocks of Tiruchirappalli district of Tamil Nadu during the last one year, if so, the details thereof along with the corrective actions taken in this regard;
 - (c) the total number of functional PM Bhartiya Jan Aushadhi Kendras (PM-BJAK) in the Perambalur Lok Sabha Constituency of Tamil Nadu; and
 - (d) whether there are any plans of the Government to open new centres in
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unserved panchayats in 2026 in the said area, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) and (b): The mandate of D/o Fertilizers is to ensure adequate availability of fertilizers at State level. However, the distribution of fertilizers within the State at district level is done by the concerned State government.

Further, the availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate in the State of Tamil Nadu during Kharif 2025 and Rabi 2025-26 seasons. The information regarding requirement, availability, sales and closing stock of these fertilizers during the said seasons is as under:

TAMIL NADU						
RABI 2025-26 (TILL 10/03/26) FERTILIZER POSITION						
FIG. IN LMT						
S.No	Product	Requirement for RABI 2025-26	Pro rata Requirement From 01/10/25 to 10/03/26	Availability From 01/10/25 to 10/03/26	Sales From 01/10/25 to 10/03/26	Stock as on 10/03/26
1	UREA	6.50	5.96	7.19	5.78	1.41
2	DAP	1.55	1.45	2.08	1.47	0.61
3	MOP	1.80	1.67	1.35	0.98	0.37
4	NPKS	5.14	4.77	6.49	4.41	2.08
KHARIF 2025 FERTILIZER POSITION						
FIG. IN LMT						
S.No	Product	Requirement for KHARIF	Availability	Sales	Stock as on	

		2025			30/09/25
1	UREA	4.37	6.07	5.06	1.01
2	DAP	1.40	2.01	1.29	0.72
3	MOP	0.80	1.34	0.96	0.38
4	NPKS	4.11	5.50	3.91	1.59
1. Primary Indicator of comfortable availability: Availability > Requirement					
2. Secondary Indicator of comfortable availability: Availability > Sales					

In this regard, the State govt. of Tamil Nadu has informed that During the Kharif and Rabi seasons of 2025-26, adequate quantities of fertilizers were supplied to meet the requirements of farmers in Perambalur district. The availability of fertilizers was continuously monitored and no major supply-demand gap was reported during the period. Besides, the State has also informed that the availability of fertilizers has remained adequate in the Lalgudi and Musiri blocks of Tiruchirappalli district during the last one year. It is also informed, that the State Government continuously monitors fertilizer stocks and distribution through the Integrated Fertilizer Management System (iFMS) along with regular field inspections to ensure uninterrupted supply to farmers.

(c) and (d): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) scheme as on 28.02.2026, a total of 1559 Jan Aushadhi Kendras (JAKs) are opened in the State of Tamil Nadu, of which 104 are in Perambalur Lok Sabha Constituency of Tamil Nadu. JAKs are opened by processing the applications received from individual entrepreneurs, non-governmental organizations, societies, trusts, firms, private companies, etc. Online applications are received

from across the country, including Perambalur Lok Sabha Constituency, through the scheme's website (www.janaushadhi.gov.in). There is no State/UT wise specific target for opening of new JAKs.

LOW SALE OF JANAUSHADHI KENDRAS

3574. SHRI VARUN CHAUDHRY:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the number of operational Janaushadhi Kendras in the country presently, State-wise;
- (b) the sales of medicines worth in indian rupees total from the janaushadhi kendras during the last three years, year-wise;
- (c) whether any study has been conducted by the Government to find the reasons for low sale from the Janaushadhi Kendras, if so, the details thereof; and
- (d) the steps taken to increase the sales of quality medicines at discounted prices from the janaushadhi kendras?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme, a total of 18,646 JAKs are currently operational across the country till 28.02.2026. The State-wise /Union Territory-wise number of JAKs operational across the country

as on 28.02.2026 is enclosed as **Statement**.

(b): Across the country, total sales of ₹ 4728.42 crore MRP value have been made under the scheme during the last three financial years. Financial-year-wise sales at MRP value are as under:

S. No.	Financial year	Sales at MRP value
1.	2022-23	1235.95
2.	2023-24	1470.00
3.	2024-25	2022.47

(c): The scheme was evaluated by M/s Concept Research Media Tech and Info Solutions Private Limited during FY2023-24 and its report was submitted to the Department in July 2025, recommendations of the same have been forwarded to Pharmaceuticals and Medical Devices Bureau of India (PMBI), which is the implementing agency for PMBJP for compliance.

(d): To promote acceptability and to increase sale of medicines supplied through JAKs, targeted awareness campaigns about the benefits of Janaushadhi medicines are conducted on a regular basis:

- i. *Awareness campaigns*: Pharmaceuticals and Medical Devices Bureau of India (PMBI), which is the implementing agency for PMBJP conducts awareness campaigns in coordination with bodies and platforms such as the Central Bureau of Communication, PIB, MyGov and MY Bharat, in various modes such as print, television, radio, social media platforms, outdoor hoardings, community engagement, etc.
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- ii. *Interactive messages/calls*: Outreach and citizen engagement are also pursued through WhatsApp chatbot and outbound calls to inform citizens regarding the quality of Janaushadhi products and the large savings that accrue from purchase of the same from nearest JAK.
 - iii. *Jan Aushadhi Week*: Jan Aushadhi Week is celebrated every year in the first week of March during which special campaigns such as public rallies, health camps, seminars in pharmacy colleges, children engagement programmes, etc. are conducted across the nation to educate citizens, healthcare professionals and other stakeholders about the benefits of Janaushadhi generic medicines.
 - iv. *Messages from eminent persons*: Audio/video messages from well-known persons such as public representatives and eminent doctors are disseminated on social media platforms to highlight the benefits of Janaushadhi medicines and dispel myths associated with respect to their quality.
 - v. *Public engagement programme in rural areas*: To educate citizens in local languages/dialects, publicity is also done through health camps, *nukkad-natak*, audiovisual display at Common Service Centres and public engagement workshops in association with local JAKs in rural areas.
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STATEMENT

**The State-wise /Union Territory-wise number of JAKs opened as on
28.02.2026**

Sl. No.	Name of State/UT	Number of JAKs
1.	Andaman and Nicobar Islands	6
2.	Andhra Pradesh	283
3.	Arunachal Pradesh	35
4.	Assam	183
5.	Bihar	1127
6.	Chandigarh	19
7.	Chhattisgarh	352
8.	Delhi	622
9.	Dadra and Nagar Haveli and Daman and Diu	41
10.	Goa	18
11.	Gujarat	878
12.	Haryana	501
13.	Himachal Pradesh	75
14.	Jammu and Kashmir	355
15.	Jharkhand	171
16.	Karnataka	1637
17.	Kerala	1755
18.	Ladakh	3
19.	Lakshadweep	1
20.	Madhya Pradesh	634
21.	Maharashtra	727
22.	Manipur	68
23.	Meghalaya	26
24.	Mizoram	17
25.	Nagaland	24
26.	Odisha	830
27.	Puducherry	33

Sl. No.	Name of State/UT	Number of JAKs
28.	Punjab	545
29.	Rajasthan	675
30.	Sikkim	16
31.	Tamil Nadu	1559
32.	Telangana	229
33.	Tripura	33
34.	Uttar Pradesh	3944
35.	Uttarakhand	330
36.	West Bengal	894
Total		18,646

MEDICAL SEATS IN CRMI

3575. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

SHRI D. M. KATHIR ANAND:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the National Medical Commission (NMC) has drastically reduced the number of seats in Compulsory Rotational Medical Internship (CRMI) for those qualified as Foreign Medical Graduates during the last one year;
- (b) if so, the details thereof; and
- (c) the steps taken by the Government to address the issues of Foreign Medical Graduates in getting CRMI seats in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (c): As informed by the National Medical Commission (NMC), the number of seats for Foreign Medical Graduates (FMGs) undergoing the Compulsory Rotatory Medical Internship (CRMI) has not been reduced.

Further, NMC has issued specific guidelines governing the internship for FMGs, as laid down in the Foreign Medical Graduate Licentiate (FMGL) Regulations, 2021 and the Compulsory Rotatory Medical Internship (CRMI) Regulations, 2021. These regulations are intended to standardize the internship process and ensure that FMGs receive clinical training comparable to that of Indian Medical Graduates (IMGs) prior to the grant of permanent registration in India.

Moreover, as per CRMI Regulations, following measures have been taken for FMGs for completion of the FMG internship after passing examination:

- (i) FMGs may be posted first in colleges which have been newly opened.
- (ii) They may be posted to different medical colleges or institutions through a counseling or seat allocation process based on the merit.
- (iii) The number of seats permitted for internship or clinical clerkship will be 7.5% of the permitted seats in old colleges who have their students pursuing CRMI and shall be 100% in new medical colleges who do not have their students doing CRMI.

बदायूं जिले में चिकित्सा सेवाओं की उपलब्धता

3576. श्री आदित्य यादव:

क्या **स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने उत्तर प्रदेश के बदायूं जिले में विशेषज्ञ चिकित्सा सेवाओं, नैदानिक सुविधाओं और आपातकालीन देखभाल की उपलब्धता में कमियों का संज्ञान लिया है जो विशेषकर जिला अस्पतालों और सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) पर निर्भर ग्रामीण आबादी को प्रभावित करता है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा द्वितीयक और तृतीयक स्वास्थ्य देखभाल संस्थानों को सुदृढ़ करने, नैदानिक क्षमताओं में वृद्धि करने, आपातकालीन और अभिघात देखभाल सेवाओं का विस्तार करने और रोगियों के लिए समयबद्ध उपचार और रेफरल तंत्र सुनिश्चित करने के लिए क्या पहल की गई है; और

(ग) यदि नहीं, तो इसके क्या कारण हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग): जन स्वास्थ्य एवं अस्पताल राज्य का विषय है, इसलिए आयोजना बनाने, कार्यान्वयन करने, रखरखाव करने और आवश्यकतानुसार पर्याप्त संख्या में स्वास्थ्य परिचर्या सुविधाएं स्थापित करने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार की है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, राज्यों/संघ राज्य क्षेत्रों (उत्तर प्रदेश सहित) को अपनी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में जन स्वास्थ्य सुविधाओं की आवश्यकताओं और कमियों के आधार पर पहल के लिए प्रस्ताव करने की छूट दी गई है, जिससे स्वास्थ्य प्रणाली को सुदृढ़ किया जा सके। इन पहलों में अवसंरचना, मानव संसाधन, निदान, उपकरण और दवाओं के लिए सहायता शामिल हो सकती है। स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचडब्ल्यू) राज्यों/संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों की समीक्षा करता है और राज्य के आवंटित संसाधन सीमा के दायरे में इन प्रस्तावों को मंजूरी देता है।

हेल्थ डायनेमिक्स ऑफ इंडिया (एचडीआई) 2022-23 के अनुसार, देश के सभी राज्यों/संघ राज्य क्षेत्रों में ग्रामीण/शहरी क्षेत्रों में कार्यरत स्वास्थ्य सुविधा केन्द्रों और उपलब्ध संसाधनों का विवरण निम्नलिखित लिंक पर देखा जा सकता है:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

केंद्र सरकार ने लोगों को गुणवत्तापूर्ण और किफायती स्वास्थ्य सेवाएं प्रदान करने के लिए राज्य के प्रयासों को पूरा करने हेतु कई पहल की हैं। स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचडब्ल्यू) ने 2015 में सार्वभौमिक स्वास्थ्य कवरेज (यूएचसी) हासिल करने और जन स्वास्थ्य सुविधाओं पर आवश्यक निदान निःशुल्क उपलब्ध कराकर स्वास्थ्य सेवाओं पर जेब से होने वाले खर्च को कम करने के लिए राष्ट्रीय निःशुल्क निदान सेवा पहल (एफडीएसआई) शुरू की थी। ये जन स्वास्थ्य केंद्र भारतीय जन स्वास्थ्य मानक (आईपीएचएस)-2022 के मानदंडों के अनुसार सेवा वितरण हेतु महत्वपूर्ण देखभाल उपकरणों और नैदानिक बुनियादी ढांचे से पर्याप्त रूप से सुसज्जित हैं। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) राज्यों और संघ राज्य क्षेत्रों को राष्ट्रीय एम्बुलेंस सेवा के माध्यम से अभिघाम सहित तीव्र और गंभीर बीमारियों से पीड़ित रोगियों के आपातकालीन परिवहन को मजबूत करने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है।

उत्तर प्रदेश सरकार द्वारा दी गई जानकारी के अनुसार, बदायूं जिले में जिला अस्पताल और सरकारी मेडिकल कॉलेज कार्यशील हैं, जो जन समुदाय को विशेष स्वास्थ्य सेवाएँ प्रदान करते हैं। प्रयोगशाला सेवाओं को सुदृढ़ करने और निदान क्षमताओं को बढ़ाने के लिए बदायूं जिला अस्पताल में एकीकृत जन स्वास्थ्य प्रयोगशाला (आईपीएचएल) भी स्थापित की गई है। स्वास्थ्य सेवाओं को सुदृढ़ करने के लिए, जिले में छह ब्लॉक जन स्वास्थ्य इकाइयाँ (बीपीएचयू) स्थापित की गई हैं, जिनमें 45 प्रकार के निदान परीक्षण उपलब्ध हैं। द्वितीयक स्वास्थ्य सेवाओं और आपातकालीन

प्रसूति देखभाल को सुदृढ़ करने के लिए, पाँच सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) को प्रथम रेफरल इकाइयों (एफआरयू) में उन्नत किया गया है, जो आवश्यक नैदानिक सुविधाओं से सुसज्जित हैं और एसटीईएमआई (एसटी-एलिवेशन मायोकार्डियल इन्फार्क्शन) के मामलों की पहचान और रेफरल करने में सक्षम हैं।

इसके अतिरिक्त, बदायूं जिले के सामुदायिक स्वास्थ्य केंद्रों (सीएचसी), जिला अस्पताल और सरकारी मेडिकल कॉलेज के माध्यम से 24x7 आपातकालीन सेवाएँ प्रदान की जा रही हैं। एम्बुलेंस के माध्यम से आपातकालीन रोगी परिवहन सेवाएँ सुगम बनाई जा रही हैं, जिससे रोगियों के समय पर रेफरल और परिवहन सुनिश्चित होता है। इसके अतिरिक्त, जिला अस्पताल के विशेषज्ञ चिकित्सकों द्वारा अभिघात रोगियों का प्रबंधन और उपचार किया जाता है, जिससे जिले में आपातकालीन और ट्रामा देखभाल अनुक्रिया तंत्र को मजबूती मिलती है।

EXTENSION OF PLI SCHEME TO API

3577. SHRIMATI SUPRIYA SULE:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether the Government is aware that pharmaceutical and medical technology experts have sought extension of the Production-Linked Incentive (PLI) scheme to cover Active Pharmaceutical Ingredients (APIs) and if so, the details thereof and the reasons for not extending the scheme so far, despite Maharashtra being a major pharmaceutical manufacturing hub;
 - (b) whether the continued dependence on imported APIs has adversely affected domestic drug manufacturing and health security, particularly in
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Maharashtra and if so, the details thereof and the corrective measures taken/proposed to be taken in this regard;

(c) whether the Government proposes to introduce structured policy support for healthcare innovation in view of growing medical research and start-up ecosystem of Maharashtra and if so, the details thereof; and

(d) whether the Government intends to rationalise import duties on advanced cancer radiation equipment to improve access beyond major cities in Maharashtra and if so, the timeline and details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): The Department of Pharmaceuticals has received representations from the approved applicants under the Production Linked Incentive (PLI) scheme for promotion of domestic manufacturing of critical Key Starting Materials (KSMs)/ Drug Intermediates (DIs) and Active Pharmaceutical Ingredients (APIs) in India (commonly known as “PLI Scheme for Bulk Drugs”) regarding the extension of scheme tenure. In this regard, the Government has decided not to give extension to the said scheme as it will result in an unfair benefit to non-performers and thereby, will be against the interest of those beneficiaries those have made efforts to meet the timelines.

(b): i. India's dependence on imported APIs, particularly from a single source country, has posed supply chain vulnerability risks for domestic drug

manufacturing. The COVID-19 pandemic further highlighted the risks associated with excessive dependence on imports for critical APIs and KSMs, which had the potential to disrupt domestic pharmaceutical production and thereby affect health security.

ii. In this regard, the Government has proactively notified the Production Linked Incentive (PLI) Scheme for promotion of domestic manufacturing of critical Key Starting Materials (KSMs)/ Drug Intermediates (DIs) and Active Pharmaceutical Ingredients (APIs) In India (also known PLI scheme for bulk drugs) with a budgetary outlay of ₹6,940 crore, specifically to address this structural vulnerability by incentivizing domestic manufacturing of 41 identified critical APIs/ KSMs that were previously largely imported.

iii. With respect to the State of Maharashtra specifically, it may be noted that 3 projects have been approved under the PLI Scheme for Bulk Drugs in the State, with an investment of ₹159 crore as of December 2025. Under these projects, domestic manufacturing capacity of approximately 17,680 MT per annum has already been established, contributing significantly to the State's API manufacturing base and thereby reducing import vulnerability for critical drug inputs. At the national level, as of December 2025, 38 projects covering 28 notified products have been commissioned under the Scheme, resulting in establishment of domestic manufacturing capacity of approximately 56,800 MT per annum, progressively reducing dependence on single-source imports.

(c): i. With a view to strengthening the domestic biopharmaceutical sector and

enhancing global competitiveness in biologics and bio-similars, the Government has announced the Biopharma SHAKTI scheme with an outlay of ₹10,000 crore over five years with an objective to build a globally competitive domestic ecosystem for biologics and bio-similars to support affordable healthcare in India and enable India to emerge as a global biopharma manufacturing and innovation hub. By supporting research and development, strengthening clinical trial infrastructure and promoting collaboration between academia, research institutions and industry, the Scheme seeks to encourage domestic innovation and manufacturing capabilities in the biopharmaceutical sector.

ii. The Scheme for "Promotion of Research and Innovation in Pharma MedTech sector (PRIP)" has been launched by the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers with the goal of transforming India into a global powerhouse for R&D in the Pharma MedTech sector. The scheme has a total financial outlay of ₹5000 crores, which includes ₹700 crores to establish Centers of Excellence (CoEs) at seven National Institutes of Pharmaceutical Education & Research (NIPERs), and ₹4200 crores to accelerate investments in the R&D ecosystem within the sector.

iii. Department of Science and Technology (DST), through the "Therapeutic Chemicals" program of Technology Translation and Innovation (TTI) Division, is pursuing to have self-reliance in health care sector. As a top-down approach, DST has created 5 clusters ((i) Chennai Tirupati Bengaluru Cluster (ii) Hyderabad Cluster (iii) Mumbai Pune Cluster (iv) Dehradun Himachal Cluster (v)

Kolkata Guwahati Cluster) under this initiative of "Therapeutic Chemicals" program for the development of KSMs, Intermediates and raw materials. This cluster is expected to collaborate with relevant industry for their inputs to identify the priority chemicals and also for commercialization of the identified chemicals for which the feasibility report is under process.

(d): Rationalization of import duties is undertaken during the Annual Budget exercise or through specific notifications based on representations from stakeholders and recommendations from relevant technical bodies. Such decisions involve an assessment of the balance between providing affordable access to advanced medical equipment, such as cancer radiation technology, and encouraging domestic value addition. Matters relating to customs duties on imported medical equipment, including advanced cancer radiation equipment, are reviewed by the Government from time to time in consultation with the concerned Ministries/Departments, taking into account various relevant factors such as domestic manufacturing capacity, public health considerations and revenue implications.

DEVELOPMENT OF DRY PORTS

3578. SHRI KESINENI SIVANATH:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) the total number of dry ports that have been proposed for development;
 - (b) the details of these dry ports along with their financial and physical progress;
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- (c) whether there are any pending proposals for building new dry ports with the Government, if so, the details thereof and if not, the reasons therefor; and
- (d) whether there is set criteria for establishing dry ports, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) to (c): The proposals for development of Dry Ports are sent by Public or Private Entities for consideration of CBIC, Department of Revenue, Ministry of Finance.

CBIC has reported that the following three proposals has been received by them for development of Dry Ports which are at application stage:

- i. Shivilakha, District Kutch, Gujarat
- ii. Badhal (Junsiya-Itawa), Kishangarh-Renwal, Jaipur, Rajasthan
- iii. Navlakh Umbre, Pune, Maharashtra

(d): Yes, the criteria for establishing of Inland Container Depots/Dry Port has been provided in Circular No. 50/2020 - Customs dated 05.11.2020 issued by the CBIC, Department of Revenue, Ministry of Finance is shown in the enclosed **Statement.**

STATEMENT

Circular No. 50/2020

F. No. 394/29/2020-Cus (AS)
Government of India
Ministry of Finance
Department of Revenue
Anti-Smuggling Unit (CBIC)

Room No. 512, 5th Floor, Hudco Vishala Building,
R. K. Puram, New Delhi. **Dated 05.11.2020**

To,

All Principal Chief/Chief Commissioners of Customs,
All Principal Chief/Chief Commissioners of Customs(P),
All Principal Chief/Chief Commissioners of Customs & CGST,
Webmaster, CBIC.

Madam/Sir,

**Subject: Policy and Guidelines for setting up of Inland Container Depots (ICDs),
Container Freight Stations (CFSs) and Air Freight Stations (AFSs)-Reg.**

1. Introduction

1.1. An Inter-Ministerial Committee (IMC) was constituted in 1992 to act as a single window for clearance of proposals to set up Inland Container Depots (ICDs), Container Freight Stations (CFSs) and Air Freight Stations (AFSs). The Ministry of Commerce and Industry Guidelines, 1992 prescribed the requirements for setting up of the ICDs and CFSs. The subsequent guidelines issued by the Department of Commerce (DoC) and Central Board of Indirect Taxes and Customs (CBIC) set the rules for establishment & functioning of these facilities. The matters relating to setting up of ICDs/CFSs/AFSs were brought under CBIC in 2018. Accordingly, the Board had reconstituted the Inter-Ministerial Committee vide order issued under F.No. 434/04/2018-Cus.IV dated 20.06.2018.

1.2. In the last two decades, both the cargo volumes and capacities of ICDs/CFSs have increased manifold. A few key initiatives transforming the manner of trade in recent years, such as implementation of the Authorized Economic operator (AEO) programme, rising penetration of the Direct Port Delivery(DPD) and Direct Port Entry(DPE) initiatives, Self-Sealing (RFID seals), Self-Assessment, Electronic Cargo Tracking System (ECTS) and RMS based facilitation have completely changed the operation of Export-Import logistics. The CBIC is also targeting higher DPD, DPE numbers with minimum but more effective Customs interventions aided by technological measures.

1.3. Similarly, physical infrastructure has undergone exponential improvements with the development of expressways, national highways connecting ports to hinterland. Many new private ports & terminals within the existing ports have come up on both Western and Eastern coasts of the country. The operationalisation of Western and Eastern Dedicated Freight Corridors is near future is expected to completely change the dynamics of cargo movement.

1.4. At present, majority of CFSs are located up to 50 kms away from the port and are concentrated in high numbers in the western and southern India. ICDs on the other hand are concentrated in the northern hinterland. Similarly, the traffic across ICDs is also not distributed evenly, only 25 ICDs cater 83% of the total volume (in terms of Shipping Bills and Bills of Entries).

1.5. Therefore, on account of plethora of changes in the policy, technology landscape and the logistics ecosystem over the time, there is a need for revising the policies and procedure for setting up of new ICDs/CFSs/AFSs to meet the requirement of the changing paradigm and the aspirations of the trade.

1.6. Accordingly, the new policy:

- i. takes into account the present capacity, future growth potential and regional imbalances and also addresses the need for bringing uniformity, transparency and seamless approval process;
- ii. addresses the identified regulatory and logistics concerns associated with the hard and soft infrastructure of ICDs/CFSs/AFSs in India;
- iii. establishes a framework of functional requirements pertaining to the design and operation of dry ports, as well as establish certain processes to enable sustainable growth of the sector; and
- iv. aims to lay down appropriate institutional, administrative and regulatory frameworks for development and smooth operation of ICDs/CFSs/AFSs, including procedures for regulatory inspection and the execution of applicable customs control and formalities.

2. Distinction between ICD, CFS and AFS

2.1 Inland Container Depot (ICD) :

2.1.1. An off seaport (or port) facility having such fixed installations or otherwise, equipment, machinery etc. providing services for *handling / clearance of laden import, export containers for home use, warehousing, temporary admissions, re-export etc under customs control and with storage facility for customs bonded or non-bonded cargo.*

2.1.2. An ICD is a "self-contained Customs station" like a port or air cargo unit where filing of Customs manifests, Bills of Entries, Shipping Bills and other declarations, assessment and all the activities related to clearance of goods for home use, warehousing, temporary admissions, re-export, temporary storage for onward transit and outright export, transshipment, etc., take place. An ICD would have its own automated system with a separate station code (such as INTKD 6, INSNF6 etc.) being allotted by Ministry of Commerce and with in-built capacity to enter examination reports and enable assessment of documents, processing of manifest, amendments, etc.

2.2. Container Freight Station

2.2.1. An off seaport (or port) facility having such fixed installations or otherwise, equipment, machinery etc. Providing services for handling / clearance of laden import, export containers for home use, warehousing, temporary admissions, re-export etc under customs control and with storage facility for customs bonded or non-bonded cargo.

2.2.2. Though by definition, both ICD and CFS are similar, a CFS is only a Customs area notified under section 8 of the Customs Act, 1962, located in the jurisdiction of a Commissioner of Customs exercising control over a specified Customs port, airport, LCS/ICD while an ICD is notified under section 7 of the Customs Act, 1962. A CFS cannot have an independent existence and has to be linked to a Customs station within the jurisdiction of the Commissioner of Customs. It is an extension of a Customs port set up with the main objective of decongestion. In a CFS only a part of the Customs processes mainly the examination of goods is normally carried out by Customs besides stuffing/de-stuffing of containers and aggregation/ segregation of cargo. Thus, Customs functions relating to processing of manifest, import/ export declarations and assessment of Bill of Entry/Shipping Bill are performed in the Custom House/Custom Office that exercises jurisdiction over the parent port/airport/ICD/LCS to which the said CFS is attached. In the case of Customs Stations having facility of automated processing of documents, terminals are provided at such CFSs for recording the result of examination, etc. In some CFSs, extension Service Centers are available for filing documents, amendments etc. However, the assessment of the documents etc. is carried out centrally.

2.2.3. An ICD may also have several CFSs attached to it within the jurisdiction of the Commissioner of Customs just as in the case of a port.

2.3. Air Freight Station (AFS)

2.3.1. An off-airport common user facility equipped with fixed installations of minimum requirement and offering services for handling and temporary storage of import and export cargo etc.

2.3.2. While CFS handles maritime cargo, an AFS is meant to handle air cargo.

2.4. Important centers of activity relating to ICDs/CFSs/AFSs

2.4.1. Rail Siding (in case of a rail-based terminal): The place where container trains are received, dispatched and handled in a terminal. Similarly, the containers are loaded on and unloaded from rail wagons at the siding through overhead cranes and / or other lifting equipment.

2.4.2. Container Yard: Container yard occupies the largest area in the ICD/CFS. It is stacking area where the export containers are aggregated prior to dispatch to port, import containers are stored till Customs clearance and where empty containers await onward movement. Likewise, some stacking areas are earmarked for keeping special containers such as refrigerated, hazardous, overweight/over-length etc.

2.4.3. Warehouse: Public warehouse appointed under section 57 or private warehouse licensed under section 58 is a covered space/shed where export cargo is received and import cargo stored/delivered; containers are stuffed/stripped or reworked; LCL exports are consolidated and import LCLs are unpacked; and cargo is physically examined by Customs. Export and import consignments are generally handled either at separate areas in a warehouse or in different nominated warehouses/sheds.

2.4.4 Gate Complex: The gate complex regulates the entry and exits of road vehicles carrying cargo and containers through the terminal. It is place where documentation, security and container inspection procedures are undertaken.

3. Functions and benefits of ICDs/CFSs/AFSS

3.1. The primary functions of ICD/CFS/AFS include receipt and dispatch/delivery of cargo, stuffing and stripping of containers, transit operations by rail/road to and from serving ports; customs clearance, consolidation and desegregation of loose Container Load (LCL) cargo, temporary storage of cargo and containers, reworking of containers; and maintenance and repair of container units.

3.2. ICD/CFS/AFS, *inter alia*, offer the following benefits to the trade, namely, serving as concentration points for long distance cargo movement and transit facility, making available customs clearance facility available near the centers of production and consumption free movement of cargo at gateway ports and decongesting the ports, reducing the costs of transport, inventory, demurrage and level of pilferage; enabling intermodal transshipments & repositioning of containers for shipping lines.

4. Criteria for new ICDs/CFSs/AFSS

4.1. Geographical Criteria for approvals

4.1.1. It has been seen in the past that the tendency of developers to set up facilities in few selected areas led not only to proliferation at those centers but also has resulted in investments being made near big cities/ports, far from the manufacturing/exporting units. Moreover, such distorted penetration results in higher costs for inland units apart from creating manpower issues for the departments.

4.1.2. Therefore, it has been decided to group the country in three types of areas for the purposes of opening of new ICDs/CFSs as under following:

- **Green Zone:** States low on ICD/CFS infrastructure. These will be open for proposals (Himachal Pradesh, Bihar, Jharkhand, West Bengal, Sikkim, Assam, Arunachal Pradesh, Nagaland, Manipur, Mizoram, Tripura, Meghalaya and Telengana and Union territories of Jammu and Kashmir and Ladakh);
- **Blue Zone:** States where the proposals can be accepted only for specific trade generating locations with no existing facilities or with over utilized facilities (Uttarakhand, Uttar Pradesh, Chattisgarh, Odisha, Andhra Pradesh, Goa, Karnataka and Kerala and Union Territories of Pudhucherry, Diu and Daman); and
- **Red Zone:** The identified states have adequate ICD/CFS infrastructure. These may be closed for any new CFSs development indefinitely. However, in exceptional cases

IMC may approve the setting up of ICDs in trade generating locations with high export & import potential and need of new facilities (all the states and union territories not listed in Green and Blue Zones).

4.1.3. *Distance of ICD from ports* - Rail transport is price competitive with road transport when the lead distance is more than 200 kms. Rail connected ICDs are favored at hinterland locations with lead distances up to 1,500 kms in north India. The development of ICDs within 200 kms of a connecting/Nearest serving seaport shall be discouraged. The measure is expected to further encourage DPD & DPE movement between hinterland & ports. For calculation of distance, the chargeable route by rail and shortest road (National Highway / State Highway) from serving port shall be considered. This rule shall be applicable across all geographical zones.

4.1.4. *Distance between ICDs* - No Greenfield ICD shall be permitted to be established within 100kms distance from existing ICD. Distance will be referred as chargeable railways route (both directions) between ICDs and shortest road distance (National Highway / State Highway, both directions) in case of road linked ICD. This rule shall be applicable across all Geographical zones.

4.1.5. *Development in States with low Logistics Infrastructure* - To support infrastructure development in states with limited logistics infrastructure, priority should be given to Identifying and promoting ICD/CFS/AFS facilities where presence of such facilities is limited. These are clustered in Green Zone as proposed above. IMC can give relaxation on Distance rules in Green Zone.

4.1.6. *National Logistics Action Plan/Policy* - The approval and notification of all new ICD/CFS, including existing and new MMLPs will be processed in consonance with the national logistics action plan/policy.

4.1.7. *Inland National Waterways* - Development of ICDs based on Inland National Waterways as mode of transportation will be encouraged with relaxation being given on Geographical Zone & Distance rules.

4.1.8. *Railways Freight Corridors* - Approval of Greenfield ICDs directly along/Linked with DFCs (Eastern & Western DFCs and any new operationalized railways freight corridor) will be accorded with no more than one ICD directly connected with these corridors within chargeable distance of 100 kms in both directions. It is expected that some of existing ICDs will get connected directly to freight corridors and while some will operate in Hub & Spoke model in future. With priority of increasing utilization of Freight corridors as they operationalize and lowering the logistics costs, IMC can accord approvals to these facilities in any zone while maintaining distance rules on the corridors.

4.1.9. *Exceptions* - IMC can approve creation of additional facilities near existing ICDs (all 3 zones) if the demand exceeds the existing capacity of ICDs/CFSs in trade generating location/area. This can be determined by analyzing the existing utilization of ICDs in designated trade generating location/area.

4.1.10. In no case a new CFS shall be set up which is linked to an ICD. Only CFSs connected to ports in the permissible Zones (as mentioned above) shall be allowed after considering existing capacity and utilization parameters.

4.1.11. AFSs are relatively new to India, hence, in the case of AFSs, the IMC while considering the application, will only take into account the demand-supply gap and take appropriate decision.

4.2. Volume

4.2.1. The facility must be economically viable to manage and attractive to the users, to the railways for full train load movements; to other transport operators; seaports; shipping lines; freight forwarders etc. and must operate at certain minimum amount of traffic. The applicants must therefore study carefully the viability of the project from the point of view of the TEU traffic availability.

4.2.2. In the time of growing international trade, the creation of any infrastructure facility must commensurate with the generation of demand in actual terms. This is particularly important as such facilities have a long gestation period for being fully operationalized. Accordingly, the minimum threshold performance shall be 7200 TEUs/consignments¹ per year (two way) for an ICD and 1200 TEUs/consignments per year (two way) for a CFS. However, no such threshold performance is prescribed for an AFS.

4.3. Land

4.3.1. The minimum area requirement is seven hectare for ICD having minimum area of four hectares as Customs Notified Area and minimum one hectare nominated for DPD & DPE nominated space. For states in Green Zone, ICD with three hectares for customs notified area and one hectare for DPD & DPE may be considered. The minimum area requirement shall be two hectare for a CFS. For AFS 1000 Sq. meters of covered area each for imports and exports respectively shall be made available.

4.3.2. *Ownership of Land* - The applicant must have the legal rights over the land which is proposed for ICD/CFS construction. If the land is not owned and the land is leased, the lease agreement with lessor must be for period of 30 years. Change of Land Use certificate, wherever required shall accompany the application and land should be free from acquisition proceeding at date of application. The land parcels should be contiguous with only exception for setting up non-bonded storage facility.

4.4. Other Criteria

4.4.1. *Legal entity* - The applicant must be a legal entity in India under applicable law. The entity must possess a valid GST registration and should have been operating for a minimum period of three years.

4.4.2. *Prior experience* - The applicant must have prior experience of operating as CCSP or should have other trans-border logistics experience such as logistics service provider including customs brokers, transporters, freight forwarders, shipping lines and port terminal operators.

¹ Consignments here refers to Shipping Bill/ Bill of Entry

5. Application and Approval Procedures

5.1. Setting up of new ICD/CFS/AFS

5.1.1. The application for setting up of new ICD/CFS/AFS shall be submitted to the Member (Customs), CBIC, Office of the Commissioner (RI&I), 5th floor, Hudco Vishala Building, Bhikaji Cama Place, New Delhi 110066, email: mgt.valavan@nic.in, in the format provided in **Annexure-I**. Application shall also accompany a Detailed Project Report (DPR) in format provided in **Annexure-II**. The application should be submitted in six copies with one advance copy to jurisdictional Commissioner of Customs for his recommendation on feasibility and five copies to Member (Customs), CBIC. No application fee will be charged from the applicants. Without waiting for the report from jurisdictional Commissioner, the other copies of the application shall be sent by office of the Commissioner (RI&I) to all the members of IMC for their comments.

5.1.2. Applicants shall familiarize themselves with statutory Customs requirements in relation to bonding, transit bond, security, insurance, other necessary procedural requirements and cost recovery charges payable before filing the application.

5.1.3. The jurisdictional Commissioner of Customs, upon receipt of the advance copy, will examine the feasibility of the proposal and send his recommendations, along with reasons thereof, to Member (Customs), CBIC, within 30 days of receipt of the application. The recommendations of jurisdictional Commissioner shall take into account manpower availability, existing ICD/ CFS capacity and its utilization, future projections, reduction in logistics cost and the impact on local trade stakeholders of the new proposed facility in lines with policy. The jurisdictional Commissioner shall do his own analysis based on historical data and existing facilities working in the vicinity. The jurisdictional Commissioner while forwarding his recommendation shall make a categorical statement whether an application merits consideration or rejection.

5.1.4. On receipt of the proposal, the members of the IMC will furnish their comments within 30 days.

5.1.5. Proposals for setting up ICD/CFS/AFS will be considered on merits by the IMC. Normally, the IMC meetings will be held twice in a year. The committee may approve or refuse to grant approval for setting up of ICD/CFS/AFS. The recommendations of the jurisdictional Commissioner will be a relevant factor but not necessarily binding on the IMC. The IMC can independently decide about approval/rejection of any project based on the valid considerations. The applicant shall not make any investment before obtaining the approval from IMC. The "in-principle" approval from the jurisdictional Customs Commissioner regarding the feasibility of the proposed facility shall not be considered as final. Any investment made by the prospective developer before the approval of IMC shall be at the risk of developer and as a result would not constitute a relevant factor for approval of the facility.

5.1.6. On approval of a proposal, a Letter of Intent (LOI) will be issued to the applicant with conditions as may be considered necessary, which will enable applicant to initiate steps to create infrastructure. The applicant would be required to set up the

infrastructure within one year from the date of approval.

5.1.7. The LOI will have a validity of 12 months. It will be further extendable by a maximum of 12 months once only. Only in exceptional cases, IMC would further extend it by 6 months in one go for maximum 2 terms. Therefore, no extension after this time will be provided and proposal will be deemed as rejected. Once rejected, new proposal must be submitted afresh.

5.1.8. The IMC has right to suspend or revoke the approval granted in the following cases:

- i. on breach of any conditions of applicable law or contained herein; or
- ii. the setting up/continuance of the ICD/CFS/AFS would be prejudicial to public interest; or
- iii. if the ICD/CFS/AFS entity or any of its promoters is convicted of an offence under the provision of any Act in force.

5.2. Applications for other purposes

5.2.1. *Change of CFS to ICD and vice versa and notification of AFS in Existing ICD* - When a CFS operator wants to upgrade the facility to ICD or convert the ICD to CFS, he shall approach the IMC for approval for such a change. Such applications shall be processed in the similar manner as that of a new facility.

5.2.2. *Change in Ownership* - Jurisdictional Commissioner of Customs can approve the change of custodian of existing facilities under section 45 of the Customs Act, 1962 and the change may be informed to the Commissioner (RI&I). There will be no need to approach IMC for change in ownership provided the residual entity meets turnover and other requirements established within the framework of this policy. However, any pre-condition prescribed in this policy which the original developer is required to fulfill, shall be met by the new owner as well. The new owner shall ensure and confirm that all the liabilities under the Customs Act, 1962 and regulations thereof, payable by the existing operator are duly discharged before such change of ownership.

5.2.3. *Change in Location* - For change of location of an existing facility, the operator of the facility shall approach IMC. If the new location is in the same locality of the existing cluster of CFSs/AFSs, and serves to the same gateway port, the IMC after consulting the jurisdictional Commissioner of Customs, may approve such request. However, in case such change of location involves substantial geographical change (outside existing District or involves change of port to which the CFS serves), it should be treated as closure of the existing facility and setting up of a new facility.

6. Post Approval Obligations

6.1. Operationalising the facility

6.1.1. The applicant shall take all necessary actions to operationalise the facility within the validity period of the LOI. The applicant must put up the required infrastructure and

meet the regulatory requirements in compliance with applicable law to become functional. The Check list for various requirements is given at the **Annexure-III**.

6.1.2. The applicant, after receipt of LOI, shall send monthly progress report to jurisdictional Commissioner of Customs in the proforma as may be prescribed by him. Failure to submit progress report would have an adverse effect in cases where extension is to be sought. Non-compliance to send reports shall be a valid ground for rejection of request for extension.

6.1.3. After development of infrastructure as per requirements, applicant shall apply to CBIC for notification of facility as ICD or AFS under Section 7(aa) of Customs Act, 1962 through the jurisdictional Commissioner of Customs.

6.1.4. Further, applicant will approach jurisdictional Commissioner of Customs to issue notifications under section 8 of the Customs Act 1962 for approving landing place and specifying limits of Customs area and under Section 45(1) of the Customs Act, 1962 for declaration as "Custodian".

6.1.5. These notifications will be issued only if the Board or the jurisdictional Commissioner of Customs, as the case may be, is fully satisfied with the readiness of the facility and fulfillment of compliances under the Handling of Cargo in Customs Areas Regulations (HCCAR), 2009.

6.1.6. Further, after the issuance of LOI and before the issuance of the notifications as mentioned above, the jurisdictional Commissioner of Customs shall coordinate with the Directorate General of Human Resource Development (DGHRD) for creating the required numbers of cost recovery posts.

6.1.7. The jurisdictional Commissioner of Customs while forwarding the recommendation for issuance of notification shall:

- a. satisfy himself about the readiness of the facility including fulfillment of the requirements listed at Annexure-III;
- b. ensure that the required number of cost recovery posts are created; and
- c. confirm that once the facility is notified the Commissionerate will be able to deploy the officers.

6.2. Regulatory and other compliances

6.2.1. The facility operator who is appointed as custodian of the goods meant for import and export shall be required to comply with provisions of the Customs Act, 1962, rules and regulations thereof and circulars/instructions issued from time to time by the Board in relation to the custody, storage, handling and disposal of cargo including the Handling of Cargo in Customs Area Regulations, 2009.

6.2.2. The operator shall comply with the laws relating to Indian Railways (for safety of siding and smooth rake operations in the facility), labor, environment (including the laws

relating to the storage of hazardous goods, legal metrology (certification for installed weighing instruments including weight bridges etc.) food safety (certification of facility by FSSAI for storage) etc.

6.2.3. The operator shall also comply with the circulars/instructions issued by the Board on cost recovery charges from time to time for the officers deployed. The payment of cost recovery charges for the officers and staff deployed and exemption from such payment shall be governed by the extant rules, policy and circulars in this regard.

6.2.4. No alteration of the plan of the ICD / CFS shall be made without the concurrence of the jurisdictional Commissioner of Customs. Further, no reduction in minimum prescribed physical area shall be allowed.

6.2.5. For Rail linked ICDs, investors will be required to provide at their own cost all infrastructure facilities including land, track, and maintenance of assets including track, rolling stock, etc. as per extant railway rules applicable to such sidings. The cost of the railway staff would be governed as per the prevailing Indian Railways policy.

6.2.6. The custodians should strictly follow any guidelines/directions issued on account of *force-majeure* of Government of India from time to time.

6.3. Record keeping handling, receipt and storage

6.3.1. For the proper discharge of duties, the custodian shall execute a Bond covering the value of the goods stored in the ICD/CFS with the Assistant/Deputy Commissioner of Customs. The custodian shall ensure that all goods held in the ICD/CFS are adequately covered as per extant circulars issued by the Board.

6.3.2. The custodian shall provide safe, secure and spacious place for loading, unloading and storage of the cargo.

6.3.3. The custodian shall also provide sufficient modern handling equipments in operating condition for handling the cargo in the notified area.

6.3.4. The custodian shall be responsible for the proper receipt, handling, storage and shall be accountable for the loss of imported goods after the landing and before clearance, and also for goods meant for export/transshipment. They shall also maintain proper records of all such goods including the records of goods which are cleared with the permission of the Customs or disposed of, under section 48 of the Customs Act 1962 or otherwise. Further, custodians shall share available data with the Government Departments/Agencies ensuring reasonable commercial and individual privacy.

6.3.5. If any imported goods are pilfered or lost after unloading in the customs area while in the custody of the custodian, then in terms of provisions of section 45(3) of the Customs Act 1962, they shall be liable to pay the duty on such pilfered goods.

6.4. Infrastructure and other facilities

6.4.1. The custodian shall also take steps to bring about necessary improvements in the infrastructural facilities and other amenities required to be provided to the trade and to Customs staff, as may be necessitated from time to time, consequent upon the growth in the volume of Import and Export Trade handled at the ICD/CFS.

6.4.2. In case the custodian wants to sublet any of the functions inside the customs area or connected with the customs area, the same should be done with prior approval of the Commissioner of Customs and the custodian shall remain responsible for the omissions and commissions of the said agency.

6.5. Performance Monitoring

6.5.1 The Commissioner of Customs shall ensure that annual audit/inspection of the notified facilities are conducted in terms of the circulars/ instructions issued in this regard.

6.5.2 The jurisdictional Commissioner of Customs shall, based on the findings of the annual inspection report or otherwise, take necessary remedial action including penal action, for any contravention, under the Customs Act, 1962 read with HCCAR, 2009. It may be noted that each violation shall be treated as separate for the purpose of initiating penal actions.

6.5.3 The jurisdictional Commissionerates must list out functional, non-functional and approved count of ICDs on their websites, latest figures of volume handled, Infrastructure profiles, compliance with HCCAR 2009 rules to be maintained on month on month basis on the Commissionerate's web-portal.

7. Term, renewal and de-notification of the facility

7.1. The duration of the award for the operation of the facility shall be governed by HCCAR 2009 unless otherwise mentioned in any other guidelines. The applicant shall get the award renewed by the jurisdictional Commissioner of Customs.

7.2. At the time of renewal, the jurisdictional Commissioner of Customs shall satisfy himself about the functioning of the facility including the minimum volume projected at the time of initial proposal.

7.3. The ICDs not meeting the minimum prescribed threshold performance for four consecutive financial years will be considered for de-notification by the Board based on the recommendation of the jurisdictional Commissioner of Customs. As regards CFSs, jurisdictional Commissioner can de-notify the facility if it failed to meet the prescribed minimum threshold performance for four consecutive financial years. In the case of AFSs, the Board may analyze the performance of the facility and may consider the de-notification wherever necessary, based on the recommendation of the Jurisdictional Commissioner of Customs.

7.4. The jurisdictional Commissioners of Customs can order for closure of a facility when requested by a custodian. Such requests should be approved within 6 months subject to clearance of dues of Cost Recovery Charges, disposal of detained/Seized cargo & cases against CCSP if any. Jurisdictional Commissioner will take no dues certificate thereafter commissioner may de-notify any CFS/AFS and in the case of ICD he shall forward the proposal for de-notification to the Board.

8. Scope and applicability

The policy and guidelines prescribed here will be applicable to all the new proposals that are submitted to IMC after the date of issue of this circular. The proposals already submitted but are yet to be considered by the IMC shall also be governed by these guidelines. As regards the existing facilities and the proposals for which Letter of Intent has already been issued but the facilities are yet to commence their operations, shall also be governed by these guidelines to the extent to which they are applicable (such as post approval obligations, term, renewal and de-notification etc). The proposals which have been approved by IMC will be scrutinized under old policy.

9. The above guidelines may be circulated among the stakeholders and public and the field formations may be sensitized suitably.

10. Any difficulties in the implementation of these guidelines may be brought to the notice of the Board immediately.

Yours faithfully,


(Amit Singh Chandel)
OSD (Anti-Smuggling)

Annexure-I
(to the CBIC Circular No. 50/2020)

Format of Application for Setting up of an Inland Container Depot/Container Freight Station/Air Freight Station

Note: Five Copies shall be submitted to the Member (Customs), CBIC, Office of the Commissioner (RI&I), 5th floor, Hudco Vishala Building, Bhikaji Cama Place, New Delhi 110066, email: mgt.valavan@nic.in; one advance copy shall be submitted to the jurisdictional Commissioner of Customs.

Name of the Entity:	
Entity Type:	<u>Public Ltd./Pvt. Ltd./Individual</u>
Registered Office Address:	
Authorized Economic Operator-Logistics Operator Status Holder	Yes/No (If yes, please provide details)
Application for (Mark whichever applicable)	☐ ICD ☐ CFS ☐ AFS ☐ CFS to ICD ☐ Change of location of an existing ICD/CFS/AFS
Geographical Zone of Facility ² (Mark whichever applicable)	☐ Green ☐ Blue ☐ Red
State of facility proposed	
District of facility proposed	
Nearest ICD/CFS/AFS with distance from proposed facility.	
Concerned Customs Zone	
Has proposal been rejected earlier	Yes /No
If yes, when	DD/MM/YYYY
If the proposal has been rejected earlier, whether the instant proposal brings out any fresh facts for	Yes/No

² Refer para 4.1.2 of the Circular

consideration of IMC? (Details to be furnished separately)	
Date of submission of Advance Copy of application to jurisdictional Commissioner of Customs	
Whether detailed Project Report enclosed with the application	Yes/No
Details of other documents submitted (if any)	1. 2. 3.
Contact details of Authorized Signatory	Name: E-Mail: Contact No:
Declaration (<i>strike out whatever not applicable</i>): 1. I, S/o....., the authorised signatory of..... hereby certify that the content of this application is true and correct. 2. Neither me, my entity nor the promoter has been convicted of any offence by any court in India or abroad 3. I undertake to comply with the Customs Act, 1962, the regulations and circulars issued from time to time therein relating to functioning of ICD/CFS/AFS. 4. I confirm that the previous owner of the facility has no amount payable to the Commissioner of Customs,.....pending as on this date.	
Place: Date:	Signature of Authorized Signatory

Annexure-II
(to CBIC Circular No. 50/2020)

Instruction for submission of the Detailed Project Report for setting up of ICD/CFS/AFS

(Note: The details shall be supported by relevant documents wherever necessary)

1. General Instructions

- i. A power of attorney from the Board of Directors of the entity in favor of the signing authority (who signs all documents related to the demonstration of commitment, including this DPR) should be furnished.
- ii. Container figures in this DPR should be quoted in TEUs and all financials should be quoted in INR.
- iii. All pages of the DPR should be initialed by the signing authority of the applicant.
- iv. The Inter-Ministerial Committee (IMC) reserves all rights to check the veracity of the supporting documents. This includes the right to call for original documents at any point in the appraisal process.
- v. IMC also reserves the right to ask for clarifications and/or additional documents/information, providing of which within the specified timelines would be binding on the applicants.
- vi. All data points used in the DPR should be supported by reliable sources (cited in footnotes on same page) and copies of the relevant source page be appended to the document.
- vii. For data points generated by primary research, copies of survey forms should be appended to the document.
- viii. All assumptions used in the document should be supported by detailed justification and source for data as applicable.

2. Details of Applicant Entity

- i. Registration details with RoC, details of registered office and corporate office etc.
- ii. Registration with various tax authorities (GST, PAN etc.).
- iii. Memorandum of Association.
- iv. Articles of Association.
- v. Constitution of the Board of Directors (including brief bios of each director, the roles envisaged for each of them).
- vi. Capability statement of the Applicant.
- vii. Details of Similar projects executed in last 3 Financial years.
- viii. Copy of Balance sheets for last 3 financial years.
- ix. Undertaking on Rs. 100/- Non-Judicial Stamp in terms of HCCAR, 2009.

3. Background and Broad Project Rationale

- i. Provide details of the project, including:
 - a. High level capacity creation and capital outlay.
 - b. Technology & Automation proposed for cargo/container handling and IT systems.

- c. Target hinterland/trade generating location.
- d. Market segment proposed to be addressed.
- e. Business Activities & Specific Services Offered.
- ii. Write up on how the proposed project will enhance the export import logistics Infrastructure in country.
- iii. Write up on how project aims to lower cost of logistics for target location.
- iv. Write up on how the proposed project plans reduction of dwell time of containers in its premises.
- v. Stakeholder analysis (including investors, Export & Import Industries, traders, cross-border trade, logistics ecosystem, and affected population).
- vi. Plan for traffic management and decongestion of approach roads for ICD/CFS/AFS.

4. Overview of Business Landscape

Overview of business environment with analysis (such as PESTLE/SWOT).

5. Traffic Assessment

- i. Location: Proposed location should be defined in detail covering following aspects:
 - a. Location identification details.
 - b. Distance from nearest State/National highway.
 - c. Nearest serving Railway station/Railhead from which connectivity is proposed.
 - d. Distance from ports. (Shortest railways rationalized route for containers).
 - e. Mapping of nearest ICDs in 100 kms distance from Road & Rail.
 - f. Area of land and land available for future expansion.
 - g. Status of land(Owned or leased).
- ii. Hinterland Mapping: Identify Primary & Secondary Hinterland and include their detailed profile. Each of trade generating location should have enough potential along with geographical proximity to proposed dry port location. Location geographical maps with indicative hinterlands should be clearly depicted in this section. Existing facilities catering to these hinterlands should also be mapped.
- iii. Commodity wise data: Potential traffic should be also provided with Commodity wise segregation for both primary and secondary hinterland. For these, preferred mode of transportation, competing ICDs, percentage of containerization, DPD & DPE percentage should be captured.
- iv. Primary Survey: It is to be conducted in the areas mapped as hinterlands/trade generating locations to obtain insights from the stakeholders. Stakeholders should include industries in region, chambers of commerce, EXIM associations and other trade bodies, ICDs & CFS in region, forwarders, Customs Brokers, District Industrial Centers of State government, local transporters. Survey should be combination of structured and unstructured questionnaires to obtain better understanding of cargo flow patterns (inflow & outflow) of various commodities from targeted

hinterland.

- v. Open Market potential and target market potential: Post survey, indicative figures for open market potential, volume distributions across other competitors and target market potential should be clearly depicted and should be realistic based on facts/historical data.
- vi. Traffic Forecast: Capture growth drivers for traffic, forecast traffic based on commodity profiles and growth potential for EXIM trade that reflects ground realities. Forecast should be provided for 10 years or expected pay back period whichever is less. Alternate traffic forecasts should also be worked out based on different scenarios.
- vii. Logistics Cost Analysis: Traffic study should provide cost savings in per metric ton comparison which will be derived after setting up of facility. This study should be done at commodity level to each gateway port connection separately.

6. Project Execution/Implementation Strategy

- i. Creation of Infrastructure and strategy for securing/ implementing the same. Plans for Land/site development, Planned Railway Connectivity, Application under Private Freight terminal, Approach Road etc.
- ii. Project management framework and philosophy.
- iii. Cost & Time overrun contingency measures.
- iv. Planning Considerations of Port Facilities requirements specified by policy.
- v. Selection of Cargo Handling Equipment.
- vi. Project Phasing (Quarterly activity plan supported by detailed Gantt Charts) including major milestones.
- vii. Key Activities by quarter.
- viii. Organization Structure proposed (with details of management team and role of partners) up to three levels (starting with CEO). Also append the profiles of the personnel proposed as well as the roles and responsibilities of each.
- ix. Details of permissions, clearances and fulfillment of other statutory requirements for the projects, accompanied by a detailed note on plans for fulfillment of each.

7. Project Financials

- i. Capital cost estimation.
- ii. Operating and maintenance costs.
- iii. Financial indicators (NPV, IRR, Breakeven period by volumes).
- iv. Tariff plan & considerations.

8. Risk Impact Analysis

- i. Project Financial Viability and Going Concern viability analysis and details.
- ii. Business Sustainability Plan.
- iii. Risk Analysis (financial and business) for ICD, along with financial impact estimation of risk factors (upside and downside) like shift of trade, Increase in Rail freight etc.
- iv. Risk Mitigation Plan including costs associated with the individual plans.
- v. Detailed estimation of risk due to cost or time overruns for project implementation and mitigation plans for the same.

9. Environmental Impact Assessment

- i. Details regarding the Environment impact assessment including Mitigation, Monitoring, and Risk Assessment should be provided.
- ii. Details of proposed environment protection measures like management of runoff water from port premises by installing rainwater harvesting infrastructure, plan for generation of renewable energy by means of installation of solar panels on Warehouse, Admin building should be enclosed.
- iii. Mitigation measures for wastewater generated from container repair and washing activities especially of tank containers/ containers carrying hazardous commodities activities should be provided.

Annexure-III
(to CBIC Circular No. 50/2020)

Checklist for the infrastructural requirements and regulations compliance

1. **Design and lay-out:** The design and layout should be the most modern state-of-art equipped with mechanical/electrical facilities of international standards. Key to a good lay-out is the smooth flow of containers, cargo and vehicles through the ICD/CFS. The design and layout should consider initial volume of business, estimated volume in 10 years' horizon and the type of facilities traders would require. ICD /CFS facility shall have covered and open storage areas separated for import, export and transshipment, and for perishable goods, high-value cargoes and dangerous cargoes, including hazardous substances.
2. Port's layout defines the physical location of main facilities required to efficiently handle the incoming and outgoing traffic. Flexibility should be built in layout so that it can accommodate future changes and new development opportunities. Further, layout should offer flexibility to accommodate infrastructure requirements for supporting new reforms by CBIC.
3. All designs and construction shall detail and be compliant with rules of HCAAR, 2009 regarding the following but not limited to, wall specifications, transit/bonded warehouse, entry and exit gates, demarcated area for hazardous goods, lighting through high masts, demarcated areas for export and import, storage for fumigation and post fumigation and storage area for auction cargo.
4. **PGA office & Laboratory space:** Office and laboratory space for PGAs shall be provided at no cost to reduce the dwell time of export & imports. No charges including office rent, electricity charges should be billed to Public Government Agencies (PGA's) for their deployment. Alternatively, in case of a group of ICDs located in proximity of each other, a common testing facility may be considered for cost rationalization.
5. **Rail Linkage:** In case of rail linked ICDs, rail infrastructure provided inside a container depot should allow receipt and dispatch of full-length unit container trains running between a single origin and a single destination, without requiring to be broken up or remarshaled outside the ICD/CFS. Container Yard (CY) should be designed around rail access and not the reverse. Loading and unloading of trains would ideally take place in centrally located sidings comprising at least three tracks -loading, unloading and locomotive release. For a reach-stacker served facility, container stacks at the CY shall be located on either side of the tracks (to allow for separation of import and export containers and for loading and unloading on both sides at a time). Rail loading/unloading tracks shall be centrally located, permitting the operation of handling equipment on either side. The layout described above is only indicative of best practice. Additionally, all operational and other requirements as per extant rules of Indian Railways need to be complied with.
6. **Access Road/ Connection with State Highways or National Highways:** An

approach road of indicative 15 meters width with proper drainage on each side will be provided for the gate complex. If the entry & exit gates of the ICD are planned in vicinity of each other, then additional space to enable smooth flow of traffic will be factored into the design. Road connections to ICD/CFS will be via slip roads off local or national highway system. Road connections should be suitable for container and break-bulk trucks conveying containers or break-bulk cargo between cargo sources and the ICD/CFS port.

7. **Design of access junctions:** Access junctions are locations at which ICD site access roads meets the main roads. The design should cater for unhindered traffic flow even at peak capacity of the ICD.

8. **CFS & Customs Examination Area:** A critical function of CFS is to pack and unpack cargo into and from containers which are moved to and from the a. Keeping this in mind CFS facilities should be designed with container bays facing a raised loading/unloading platform on one side and truck loading/ unloading bays on the other. Containers can be packed and unpacked by forklift trucks while still on their trailers. Similarly, break-bulk trucks can be loaded and unloaded from raised platform by smaller forklifts (having two-three-ton capacity). Area required for CFS may be calculated on basis of some proportion of loaded import and export containers in the CY moving through CFS. The customs examination area should be clearly marked, and no examination shall be permitted outside the marked area. The examination area shall be covered under a 24X7 CCTV surveillance system with strict access control.

9. **DPD & DPE Area:** Separate area for DPD & DPE containers as per land requirements of this policy should be provided in ICD. The nominated DPD & DPE area should have separate entry/exit gates with clear demarcation from customs notified area. Further, DPD & DPE traffic should not impact the regular ICD operations.

10. **Truck Circulation Area:** Efficient operation of ICD depends on unimpeded, circulation of trucks throughout the ICD area. An exception to this design requirement is an intersection with rail access line, which needs to be protected by automatic level crossing barriers and warning devices. Internal roads shall be constructed with indicative width of 15 meters, to allow handling equipment and trucks to pass safely.

11. **Storage of Hazardous goods in warehouses:** Hazardous goods warehouses must be sealed from all directions, i.e. in relation to the soil and groundwater, as well as in relation to the atmosphere. Leakages, for instance, are diverted into sumps from which the fluids can be removed by external pumps.

12. **Storage of containers with Hazardous goods in yard:** Storage space for minimum 50 TEUs should be marked, this yard location should have unhindered transportation access, round the clock monitoring, fire hydrant facility, fixed firefighting equipment & sensors to cater for gas leakage and fire detection capabilities. All regulatory approvals from State Pollution Control Board should be in place before handling, storage & Transportation of Hazardous goods within ICD premises.

13. **Fumigation and post fumigated storage sites:** Fumigation and post fumigation

storage sites shall be provided to enable Plant Quarantine authorities to carry out necessary checks for both imported / export goods.

14. **Marked Container repair yards& tank container cleaning stations:** The allied services of container repair stations, tank container cleaning stations should be clearly marked in the yard plan.

15. **Provision of space for installation of Container/Cargo scanners:** The custodian shall provide adequate and suitable land for installation of the scanner if necessary in future.

16. **Parking Space:** Ample parking space for trailers shall be provided in facility so that no road congestion is reported even at peak designed capacity of the ICD.

17. **Authorized Economic Operators (AEO) facilities:** Designated lanes /Priority at Entry/Exit gates, prioritized Cargo handling & Warehousing operations should be provided to AEO's. Special counter should be created in EXIM transactions cell for AEOs by Custodians. Further, AEO customer care representative should be appointed and displayed by Custodians.

18. **Gender Specific Facilities:** Custodians should create gender mainstreaming infrastructure including special Exim counters for female customs brokers/traders, separate workplace, customer care cells, essential utilities, restrooms etc.

19. **Other essential infrastructure requirements**

19.1. **Weighbridges:** Static weighbridges above 60 MT capacity should be installed in all facilities. These should always be remain calibrated & certified by respective states Weight & Measurement department.

19.2. **Fire Fighting Equipment:** Adequate firefighting equipment (Fire extinguishers/Water Hydrants) should be provided across customs notified area including Warehouse, CFS area, yard and entry/exit gates, weighbridges, container yard area, CFS area and at administrative building.

19.3. **High Masts:** Adequate numbers of 30 meters high mast lighting tower with LED flood light should be installed. The LED should have minimum lumen level of 20 lux in the ground up to 50 meters from center of high mast. Beam angle of luminaries/ lamps positioning must be suitable to cover illumination in ground as well as stored containers in the yard up to 16 meters high.

19.4. **Yard Paving:** Yard paving must utilize Pavement Quality Concrete grade of M40 or dry lean concrete with M30/M50 blocks or higher specification.

19.5. **CCTV Coverage:** The CCTV network should at minimum cover the ICD entry/ exit gates, warehouse gates, warehouse storage area, admin building entry points, commercial transaction area, container storage yard area and e-sealing work zones. CCTV equipment must have night vision recording capabilities. The system should have minimum capability to record & hold data for three months and 24x7 hours access and remote

monitoring facility shall be provided to Customs in addition to access within admin building of the ICD.

19.6. *Security Deployment:* The entry and exit gates, warehouses, admin building, Container yard to be adequately manned 24X7 as per the satisfaction of presiding customs authority.

19.7. *IT Infrastructure:* All IT infrastructure shall be provided and upgraded by custodians as prescribed by DG Systems.

19.8. *Custodian systems:* All container and cargo handling operations should be initiated and recorded through IT systems. All existing facilities shall be migrated to automated systems which will cover yard management, rail side operations, warehouse management. The system should be audit compliant and any information should be available to customs for minimum period of one year. No operational events e.g. job order generation shall be done manually. Custodians should digitize all its operations wherever possible with Government of India or its authorized e-platform like PCS 1x, while maintaining its commercial privacy.

19.9. *Container location:* All ICDs & CFSs shall have a container location tracking system and accurate information availability to all stakeholders through electronic or smart phone application interface. All events of physical movement of container shall be recorded and accessible to customs officer via such electronic interface.

19.10. *Access control:* Entry to the customs notified area shall be controlled by KYC based/ RFID enabled tags for all authorized personnel including customs, custodians, manual workmen, vehicle drivers etc. Entry/ exit data should always be electronically available to customs authorities.

19.11. *Handling equipment:* An applicant should propose most modern handling equipment for loading, unloading of containers from rail flats, chassis, their stacking, movement, cargo handling, stuffing/ de-stuffing, etc. Equipment must have a minimum residual life of 8 years duly certified by the Original Equipment Manufacturer or a recognized inspection agency.

19.12. For handling scrap cargo, provision of a compact track loader of reputed make in good working condition and equipped with a telescopic spreader for operations in both 20 ft and 40 ft boxes should be ensured.

19.13. An additional unit of equipment should be provided when the throughput exceeds 8,000 TEUs per annum or its multiples for lift truck-based operations. Terminals resorting to purely chassis-based operations do not require dedicated box handling equipment. However, chassis-based operations should be restricted to CFSs proposed to be set up near ports.

20. **Safety:** The design must prevent leakage into the environment in the event of an accident. It shall have provision for emergency services to reach the scene of the accident in an unhindered and safe manner. The roof, walls, foundations and doors must be resistant to fire and the stored substances must be separated by permanently installed

isolating bulkheads. Equipment must at the minimum cater for forced ventilation, fixed fire extinguishers, smoke and gas detection systems as well as explosion-proof devices.

21. **Air Freight Station:** AFS can be an independent unit or can exist within ICDs customs notified warehouse area. Detailed guidelines in respect of setting up of AFS facilities, have been issued by the Ministry of Civil Aviation and the same shall be complied with.

22. Equipment in respect of AFS shall be as indicated in the detailed guidelines for AFS as issued by Ministry of Civil Aviation.

RIISING CANCER INCIDENCE IN PUNJAB**3579. SHRI CHARANJIT SINGH CHANNI:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has taken note of reports indicating persistently elevated cancer incidence in certain regions of Punjab, particularly in the Malwa belt;
- (b) if so, the details of cancer prevalence data during the last three years in Punjab and the major factors identified, including possible links with pesticide use and ground water contamination, district-wise;
- (c) the measures taken to strengthen early detection, affordable treatment and cancer care infrastructure in the State;
- (d) whether the Government proposes any targeted intervention or special programme for high-burden districts in Punjab, if so, the details thereof;
- (e) the number of cancer treatment facilities supported under Central schemes in the State; and
- (f) whether new tertiary cancer centres are proposed in the said State and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) and (b): As per the Indian Council of Medical Research (ICMR) - National Cancer Registry Programme (ICMR-NCRP) Data, under the Ministry of Health
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& Family Welfare, the estimated number of incidences of cancer cases in Punjab for the last three years is given below:

Estimated Incidence of Cancer Cases (2022-2024) – Both Sexes			
Year	2022	2023	2024
Estimated incidence of cancer cases in Punjab	40435	41337	42288

There are several risk factors associated with NCDs including tobacco and alcohol consumption, low physical activities, unhealthy diets, increase in obesity, consumption of high salt, sugar and saturated fats, stress, sedentary lifestyle, etc.

(c) to (f): The Department of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs) including Cancer. Under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), 770 District NCD Clinics, 364 District Day Care Cancer Centres (DCCC), and 6,410 NCD clinics at Community Health Centres have been set up. Further, 297 District Day Care Cancer Centre (DCCC) have been approved for the financial year 2025-26 to ensure cancer care accessibility at

district hospital level.

A population-based initiative for the prevention, control and screening of common non-communicable diseases (NCDs), including common cancers (Oral, Breast and Cervical) has been rolled out across the country. Under the initiative, persons over 30 years of age are targeted for their screening for the common NCDs including Cancer. In addition, NP-NCD gives financial support under NHM for awareness generation (IEC) activities for NCDs to be undertaken by the States/UTs as per their Programme Implementation Plans (PIPs).

Treatment of major NCDs including Cancer treatment are available under Ayushman Bharat – Pradhan Mantri Jan ArogyaYojana (AB PMJAY). This scheme provides for Rs. 5 lakh per family annually for secondary and tertiary care hospitalization in the empanelled public and private hospitals. The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) and Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacies improve access to affordable cancer medicines, stents, and implants, reducing out-of-pocket expenses and supporting long-term treatment adherence.

Under National Health Mission (NHM), National Free Drugs Initiative and Free Diagnostic Services ensure essential medicines and diagnostics at public health facilities, reducing out-of-pocket expenses. Anti-cancer drugs are included in the Essential Drugs List at District and Sub-Divisional Hospitals under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD).

Under the 'Strengthening of Tertiary Care Cancer Facilities Scheme' 19 State Cancer Institutes (SCI) and 20 Tertiary Care Cancer Centres (TCCC) have been set up across the country including Government Medical College, Amritsar (SCI) and Civil Hospital, Fazilka (TCCC) at Punjab.

सरकारी अस्पतालों में रिक्त पद

3580. श्री उम्मेदा राम बेनीवाल:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश भर के विभिन्न अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स) और अन्य केन्द्रीय अस्पतालों जैसे सफदरजंग अस्पताल, डॉ. राम मनोहर लोहिया अस्पताल और लेडी हार्डिंग मेडिकल कॉलेज और संबद्ध अस्पतालों में चिकित्सकों, नर्सों और तकनीकी कर्मचारियों के संस्वीकृत पदों की वर्तमान संख्या कितनी है और रिक्त पदों का श्रेणी-वार ब्यौरा क्या है;
- (ख) क्या यह बात सरकार के संज्ञान में है कि कैंसर और हृदय रोग जैसी गंभीर बीमारियों की सर्जरी के लिए रोगियों को छह महीने से लेकर दो वर्ष तक की प्रतीक्षा सूची में रखा जा रहा है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और उक्त प्रतीक्षा अवधि को कम करने के लिए क्या कार्य योजना तैयार की गई है; और
- (घ) विगत तीन वर्षों के दौरान केन्द्रीय अस्पतालों में मैग्नेटिक रेजोनेंस इमेजिंग (एमआरआई) और कम्प्यूटेड टोमोग्राफी (सीटी) स्कैन मशीनों के खराब होने के कारण कितने कार्य दिवस प्रभावित हुए हैं और उक्त मशीनों के रख-रखाव पर कितना व्यय किया गया है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क): अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) और अन्य केन्द्रीय सरकारी अस्पतालों जैसे

सफदरजंग अस्पताल, डॉ. राम मनोहर लोहिया अस्पताल और लेडी हार्डिंग मेडिकल कॉलेज और संबद्ध अस्पतालों में स्वीकृत, कार्यरत और रिक्त संकाय एवं गैर-संकाय पदों का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ख) से (घ): एम्स और अन्य केंद्रीय सरकारी अस्पतालों में मरीजों की प्रतीक्षा सूची मरीज की स्थिति, आवश्यक उपचार की तात्कालिकता और बिस्तरों की उपलब्धता को ध्यान में रखते हुए तैयार की जाती है। प्रतीक्षा अवधि को कम करने के लिए, रोगी परिचर्या सुविधा केन्द्रों का विस्तार चरणबद्ध तरीके से किया जा रहा है। मरीजों को होने वाली असुविधा को कम करने के लिए, विभिन्न चिकित्सा उपकरणों के वार्षिक रखरखाव विवरण (एएमसी)/व्यापक रखरखाव विवरण (सीएमसी) संस्थानों/अस्पतालों द्वारा किए जाते हैं ताकि तकनीकी खराबी, टूट-फूट आदि का शीघ्र और समयबद्ध तरीके से समाधान किया जा सके।

विवरण

अस्पतालों/संस्थानों में संकाय और गैर-संकाय पदों का ब्यौरा

क्र. सं.	अस्पताल/संस्थान	संकाय पद			गैर-संकाय पद		
		स्वीकृत	पदस्थ	रिक्त	स्वीकृत	पदस्थ	रिक्त
1.	नई दिल्ली (दिल्ली)	1306	860	446	13911	11369	2542
2.	भोपाल (मध्य प्रदेश)	312	241	71	3874	2920	954
3.	भुवनेश्वर (ओड़िशा)	337	238	99	3963	2937	1026
4.	जोधपुर (राजस्थान)	405	221	184	4048	3322	726
5.	पटना (बिहार)	305	219	86	3884	2752	1132
6.	रायपुर (छत्तीसगढ़)	305	200	105	3884	2815	1069
7.	ऋषिकेश (उत्तराखंड)	355	229	126	4095	2951	1144
8.	बठिंडा (पंजाब)	219	143	76	2090	1453	637
9.	बीबीनगर (तेलंगाना)	183	132	51	1374	898	476
10.	बिलासपुर (हिमाचल प्रदेश)	217	130	87	1511	987	524
11.	देवघर (झारखंड)	208	132	76	1712	940	772
12.	गोरखपुर (उत्तर प्रदेश)	213	117	96	1492	949	543

13.	गुवाहाटी (असम)	183	117	66	1630	879	751
14.	जम्मू (जम्मू और कश्मीर)	183	119	64	1311	935	376
15.	कल्याणी (पश्चिम बंगाल)	309	175	134	2221	1171	1050
16.	मदुरै (तमिलनाडु)	183	70	113	911	40	871
17.	मंगलागिरि (आंध्र प्रदेश)	309	171	138	1953	1291	662
18.	नागपुर (महाराष्ट्र)	373	238	135	2107	1395	712
19.	रायबरेली (उत्तर प्रदेश)	209	111	98	1613	1120	493
20.	राजकोट (गुजरात)	183	78	105	1410	665	745
21.	वीएमएमसी और सफदरजंग अस्पताल, नई दिल्ली	632	514	118	5540	4206	1334
22.	एबीवीआईएम और डॉ. आरएमएल अस्पताल, नई दिल्ली	453	351	102	2686	2253	433
23.	एलएचएमसी और एसोसिएटेड अस्पताल, नई दिल्ली	386	298	88	2150	1635	515

MEDICAL DEVICES MANUFACTURERS

3581. SHRI APPALANAIDU KALISSETTI:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- the current number of licensed medical device manufacturers in the country along with production and export data during the last five years, State/UT-wise, year-wise and category-wise (Class A to D);
- the domestic and FDI investment inflow in the medical devices sector since 2018, year wise;
- the details of incentives, capital grants and approvals provided under PLI Scheme and Promotion of Medical Device Parks Scheme, including the

number of units supported and fund utilised;

- (d) whether the Government has made any assessment regarding self-reliance ratio of the country in critical medical devices such as diagnostic kits, ventilators, stents and implants and if so, the details thereof;
- (e) the steps taken to improve R&D, quality certification infrastructure and Micro, Small and Medium Enterprises (MSME) participation in the medical devices sector, including collaborations with academic or research institutions; and
- (f) whether the Government proposes to introduce new medical device clusters or technology platforms and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): As per the information received from the Department of Health and Family Welfare, currently 4108 medical device manufacturers are licensed in the country. Out of 4108 medical device manufacturers, 2099 manufacturers are licensed for manufacture of Class A devices, 2560 manufacturers are licensed for manufacture of Class B devices, 1123 manufacturers are licensed for manufacture of Class C devices and 343 manufacturers are licensed for manufacture of Class D devices. Some manufacturers operate across multiple device classes. Production data is not maintained by Central Drugs Standard Control Organization (CDSCO) centrally.

Details of medical devices exported to various countries during the last

five years, as per data maintained by the Directorate General of Commercial Intelligence and Statistics, is as follows:

(In million US\$)

S. No.	Segment	Financial year (FY) 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
1	Consumables and disposables	1,290	1,378	1,605	1,752	1,863
2	Surgical instruments	54	71	72	79	86
3	Electromedical equipment	985	1,163	1,335	1,472	1,483
4	Implants	99	135	188	266	350
5	<i>In vitro</i> diagnostic reagents	104	176	191	216	232
Total		2,532	2,923	3,391	3,785	4,014

(b): The financial-year-wise inflow of foreign direct investment (FDI) into the medical device sector for the period since FY2018-19, as per data from the Department for Promotion of Industry and Internal Trade, is as under:

Financial year	FDI inflows (in crore ₹)
2018-19	1,108
2019-20	2,196
2020-21	511
2021-22	1,545
2022-23	3,123
2023-24	3,978
2024-25	5,253
2025-26 (up to December, 2025)	2,944
Total	20,658

Data regarding domestic investment in the medical device sector is not maintained centrally by any Ministry of the Government of India.

(c): The Production Linked Incentive (PLI) Scheme for Promoting Domestic Manufacturing of Medical Devices aims to promote domestic manufacturing of medical devices by attracting large investments for creation of domestic manufacturing capacity and incentivising domestic production. It has a total budgetary outlay of ₹3,420 crore and a five-year performance-linked incentive period from FY2022-23 to FY2026-27. Under the scheme, selected companies are eligible for financial incentive for incremental sales of domestically manufactured medical devices in the 4 target segments, for a period of five years. A total of 28 applicants have been approved and total incentive amount of ₹157.15 crore has been disbursed to seven applicants, till December 2025. So far, 24 greenfield projects have been commissioned, and production has started for 57 products, which include high-end medical devices on which the country has been import-dependent, such as linear accelerators, MRI, Ultrasound, CT scans, Mammograms, C-Arm and X-ray machines. Till December 2025, cumulative eligible sales of Rs. 13,624.52 crore including exports sales worth Rs.6,425.48 crores have been made under the scheme.

The Scheme for Promotion of Medical Devices Parks aims to create common infrastructure and testing facilities for increased competitiveness and cost reduction of medical device units through optimisation of resources and economies of scale, thereby leading to better availability and affordability of

medical devices in the domestic market. Under the scheme, three parks have been approved and are at an advanced stage of development in Greater Noida (Uttar Pradesh), Ujjain (Madhya Pradesh) and Kanchipuram (Tamil Nadu). The total project cost of these parks is over ₹871.11 crore, with Central assistance to the tune of ₹100 crore each, for creation of common infrastructure facilities. Till date, a total amount of ₹210.00 crore has been disbursed to said three parks as grant-in-aid by the Government of India.

(d) and (e): No data regarding such a ratio is maintained by the Government. However, in line with the vision of Atmanirbhar Bharat, Government from time to time has assessed dependence on imports in the medical device sector and has taken steps to improve R&D, quality certification infrastructure and MSME participation in the medical devices sector, including collaborations with academic and research institutions.

In 2020, assessing that the domestic medical devices market was heavily dependent on imports, which contributed to more than 85% of the market, Government launched the PLI Scheme for Promoting Domestic Manufacturing of Medical Devices and the Scheme for Promotion of Medical Devices Parks, details of which are given in the reply to part (c) above.

Subsequently, Government announced the National Medical Devices Policy, 2023 as a holistic policy framework to accelerate growth of the sector with a patient-centric approach to meet the evolving healthcare needs of patients. Pursuant to the policy, the following actions, among others, have been

undertaken:

- (i) Domestic manufacturing of medical devices has been promoted under the PLI Scheme for Promoting Domestic Manufacturing of Medical Devices.
 - (ii) Common infrastructure and testing facilities have been approved and are at various stages of implementation under the Scheme for Promotion of Medical Devices Parks.
 - (iii) The Promotion of Research and Innovation in Pharma MedTech Sector (PRIP) with an overall financial outlay of ₹5,000 crore. Under the scheme, seven Centres of Excellence (CoEs) have been set up, one at each of the seven National Institutes of Pharmaceutical Education and Research (NIPERs), with total budgetary support to the tune of ₹700 crore, for creating research infrastructure and promoting R&D in identified areas. Of these, the CoE at NIPER Ahmedabad is specializing in the area of Medical Device. Further, the scheme also provides for disbursement of financial assistance to support eligible research and development (R&D) projects of industry, start-ups and micro, small and medium enterprises (MSMEs) for R&D in identified priority areas which, inter-alia, include medical devices. The financial outlay for this component is ₹ 4,200 crore.
 - (iv) The Scheme for Strengthening Medical Device Industry has been launched with a financial outlay of ₹500 crore to provide support in manufacturing of key components and accessories, skill development, support for clinical studies, development of common infrastructure and industry promotion.
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Under the Common Facilities for Medical Devices Clusters sub-scheme, financial assistance of up to ₹20 crore is provided for creating common infrastructure facilities and up to ₹5 crore for establishing testing facilities.

(v) Action is being pursued in respect of the six focus areas of the policy, namely, regulatory streamlining, enabling of infrastructure, facilitating of research and development and innovation, attracting investments in the sector, human resources development and brand positioning and awareness creation.

(f): No plan is currently under consideration of the Department of Pharmaceuticals to introduce new medical device clusters or technology platforms.

FUNDS ALLOCATION TO FLAGSHIP SCHEMES

3582. DR. D. PURANDESWARI:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) the Union Budget allocations to the Ministry of Women and Child Development during the last four financial years, including the 2026-27 allocation;
 - (b) the details of the proportion of funds dedicated to flagship schemes such as Saksham Anganwadi and POSHAN 2.0, covering nutrition support, early childhood care and adolescent girls;
 - (c) the details of the actual expenditure incurred, fund utilisation rates and
-

spending as a percentage of GDP during the said period, year-wise;

- (d) whether measures implemented to ensure increased budgetary support leads to improved nutritional outcomes, enhanced child development indicators and greater women's empowerment, if so, the details thereof; and
- (e) the details of the monitoring and evaluation mechanisms in place to track progress, ensure accountability and assess results of these schemes?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) to (b): The Union Budget allocations to the Ministry of Women and Child Development (MWCD) along with details of the proportion of funds dedicated to flagship schemes such as Mission Saksham Anganwadi and Poshan 2.0, covering nutrition support, early childhood care and adolescent girls, for the last four years, including the 2026-27, are given as below:

(Rs. in crore)

Year	Total budget allocated to MWCD		Budget allocated to Mission Saksham Anganwadi and Poshan 2.0		% of share of Saksham Anganwadi & Poshan 2.0 w.r.t BE allocated to MWCD	% of share of Saksham Anganwadi & Poshan 2.0 w.r.t RE allocated to MWCD
	Budget Estimates	Revised Estimates	Budget Estimates	Revised Estimates		
	(1)	(2)	(3)	(4)		
2022-23	25172.28	23912.69	20263.07	20263.07	80.49%	84.73%
2023-24	25448.75	25448.68	20554.31	21523.13	80.76%	84.57%
2024-25	26092.19	24588.30	21200.00	21035.12	81.25%	85.55%

2025-26	26889.69	24373.91	21960.00	20949.47	81.66%	85.95%
2026-27	28183.06	-	23100.00	-	81.96%	

(c): the details of the actual expenditure incurred, fund utilisation rates and spending as a percentage of GDP for the last four year is given below:-

(Rs. in crore)

Year	Actual Expenditure of MWCD	Fund utilisation rates w.r.t Revised Estimates	GDP at current prices#	% of Actual Expenditure/ Spending of MWCD w.r.t GDP (approx.)
	(1)	(2)	(3)	(4) = (1)/(3)
2022-23	23512.07	98.32%	26117627	0.09%
2023-24	25018.46	98.31%	28983909	0.09%
2024-25	24529.48	99.76%	31807309 (*FRE)	0.08%
2025-26	15490.92 (as on 11.03.2026)	63.56%	34547157 (*SAE)	0.04%

* FRE (First Revised Estimates), SAE (Second Advance Estimate)

Source: MoSPI website

(d): The Government gives utmost priority to the safety, security, health, education, nutrition and empowerment of women and children and has adopted multi-pronged approach to address their educational, social and economic empowerment across the country.

Under Mission Saksham Anganwadi and Poshan 2.0, a package of six services are provided to the eligible beneficiaries i.e Supplementary Nutrition

(SNP), Pre-school Non-formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure.

Under the Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals 'Sambal' for safety and security of women and 'Samarthya' for empowerment of women. Mission Shakti is Centrally Sponsored Scheme.

Further, schemes of this Ministry are Centrally Sponsored schemes. Central Government is responsible for the overall planning and policy under the schemes whereas their day to day implementation falls under the ambit of State Government or UT administration.

(e): To address the challenge of malnutrition, the Ministry is implementing Mission Saksham Anganwadi and Poshan 2.0. Under the umbrella Mission Saksham Anganwadi and Poshan 2.0 which is also known as Mission Poshan 2.0, various component of Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (14-18 years, in Aspirational Districts and North-Eastern region) have been subsumed. It is a Centrally Sponsored Mission, where the responsibility for implementation of various activities lies with the States and UTs. This Mission covers Children under 6 years of age, pregnant women, lactating mothers till 6 months after childbirth and adolescent girls (14-18 years

of age) in Northeastern States and Aspirational Districts of the country. The Mission is being implemented in all States/UTs in the country.

The 'Poshan Tracker' application was rolled out as an important governance tool. The Poshan Tracker facilitates monitoring and tracking of all Anganwadi Centers (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, underweight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, opening of AWCs, daily attendance of children, Early Childhood Care and Education (ECCE) activities, Growth Monitoring of children, Provision of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The application also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery of child, post-natal care, breastfeeding and complementary feeding. Regular field level trainings/workshops are conducted directly for AWWs regarding use of the Poshan Tracker Application. Poshan Tracker also features self-learning videos for AWWs, enabling continuous capacity building and on-the-job learning through digital modules.

For last mile tracking of Service Delivery, Ministry of Women and Child Development (MWCD) has developed Facial Recognition System (FRS) in Poshan Tracker Application for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker.

The Nominee Module has been introduced in Poshan Tracker to ensure uninterrupted delivery of Take-Home Ration (THR) to the beneficiaries; Pregnant Women, Lactating Mothers, and Adolescent Girls. If due to any reason, the registered beneficiary is unable to visit the Anganwadi Centre to receive their THR through FRS, she can nominate a nominee on her behalf to receive her THR. Nominee has to undergo e-KYC only ONCE. But face matching will be done every time for receiving THR on behalf of the beneficiary. Even after addition of the nominee, beneficiary can still receive the THR at the Anganwadi Center if the nominee has not received it already.

Further, once in a year, the Programme Approval Board (PAB) monitors with States and UTs, the progress of activities under the scheme and reviews status of achievement of objectives, effective delivery of services to women and children. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States/UTs from time to time. There exists a well-structured mechanism for effective implementation of the schemes and the monitoring for effective delivery of services to the beneficiaries.

Moreover, A third party evaluation (2019-24) of the schemes of the Ministry was conducted by NITI Aayog and found the schemes as satisfactory from the point of view of relevance, effectiveness & sustainability.

AYUSH FACILITIES IN WARANGAL**3583. DR. KADIYAM KAVYA:**

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government has carried out any assessment/inspection during the last three years regarding the availability, quality compliance and uninterrupted supply of AYUSH medicines provided to Government AYUSH facilities in Warangal, if so, the details thereof;
- (b) the details of inspections conducted, samples drawn and tested and the number of cases where medicines were found substandard/misbranded/spurious during the said period, year-wise;
- (c) the action taken against manufacturers/suppliers including licence suspension/cancellation, blacklisting, recovery of dues and prosecution, if any; and
- (d) whether the Government has implemented any digital inventory/stock monitoring system for AYUSH medicines in Warangal under NAM and other Central initiatives to prevent stock-outs, diversion and pilferage?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) to (d): Public Health being a State subject, the primary responsibility to ensure uninterrupted supply of quality Ayush medicine to Government Ayush facilities in the State of Telangana including Warangal district, lies with
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respective State Government. Further, as per the Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945, enforcement of the legal provisions pertaining to quality control, safety and issuance of drug license of Ayurveda, Siddha, Sowa-Rigpa, Unani and Homoeopathy drugs is vested with the State Drug Controllers/ State Licensing Authorities (SLAs) appointed by the concerned State/ Union Territory Government. Routine inspections and lifting of survey samples are undertaken as part of regular enforcement activities to improve the quality and safety of Ayush medicines/products by Drug Inspectors (Ayush).

As reported by State Government of Telangana, for testing of Ayush medicines, samples are collected on random basis as well as batchwise. Testing is carried out at the in-house laboratory of the Ayush Department and after the check, medicines are supplied to the Ayush facilities. If non-compliance to the quality standards is detected, the said firm shall have to lift the drugs supplied at their own cost and shall replace the same.

Furthermore, as reported by State Government of Telangana, a digital inventory platform called e-Aushadhi has been implemented throughout the State for monitoring Ayush Medicines under NAM. Indenting of the medicines can be done by Hospital Superintendent or Medical officer of the Ayush facility. The details of the Ayush Medicine stock are also available on the said platform.

WELFARE OF INDIAN CITIZENS ABROAD

3584. ADV. FRANCIS GEORGE:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:

- (a) whether the Government has taken cognisance of incidents relating to racial discrimination, violence, labour exploitation and mental health challenges faced by Indian citizens abroad;
- (b) if so, the details of support services including helplines, legal aid, counselling and emergency response mechanisms provided by Indian Missions;
- (c) whether any bilateral or multilateral arrangements exist for safeguarding rights and welfare of Indian nationals overseas and if so, the details thereof;
- (d) the steps taken to implement pre-departure orientation programmes and strengthen diaspora outreach mechanisms; and
- (e) the measures proposed to improve grievance redressal systems and coordination between the Government and host countries for protection of Indian nationals abroad?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a) and (b): The Government remains alert for incidents relating to racial discrimination, violence, labour exploitation and mental health challenges faced by Indian citizens abroad. Indian Missions/Posts abroad render all possible consular assistance to Indian nationals, whenever required. Indian nationals can contact the Indian Missions/Posts abroad via walk-ins, email, social media platforms, 24x7 emergency telephone numbers and Toll Free Helplines

established by Missions/Posts abroad, grievance redressal portals like MADAD, CPGRAMS etc for redressal of their grievances. Indian nationals who are in distress in foreign countries are provided assistance under Indian Community Welfare Fund (ICWF) set up in all Indian Missions/Posts abroad to meet any contingency expenditure incurred by them, on a means-tested basis. Advisories are issued for Indian nationals from time to time, asking them to exercise due caution and remain vigilant. The Government remains vigilant to developments impacting the lives of Indian nationals abroad and takes all measures to safeguard their interests and welfare. Apart from extending all possible consular assistance to Indian nationals, Indian Missions/Posts also assist in providing legal aid wherever needed. Missions/Posts also maintain a local panel of lawyers where Indian community is in sizeable numbers.

(c): The Government has established a robust institutional framework to promote safe and legal migration while ensuring welfare and safety and preventing exploitation of Indian nationals abroad. MoUs/Agreements such as Migration and Mobility Partnership Agreements (MMPAs), Labour Mobility and Labour Welfare Agreements signed with the partner countries seek to establish robust frameworks for migrant workers welfare and protection and legal migration and for preventing irregular migration. The Labor and Manpower Cooperation MOUs/Agreements that provide the overarching framework for cooperation on labour and manpower related issues have been signed with the Gulf Cooperation Council countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia,

and United Arab Emirates) and Jordan. Further, to safeguard the specific interests of domestic workers in GCC Countries, agreements on Labor Cooperation for Domestic Sector Workers (DSWs) have been signed with Saudi Arabia, UAE and Kuwait. Specific Labour Mobility Partnership Agreement/MOU/MOC have been signed with Denmark, Japan, Portugal, Mauritius, Israel, Malaysia and Russia. Migration and Mobility Partnership agreements to facilitate mobility of our students, academics, business people, and professionals, have been signed with France, UK, Germany, Australia, Austria, Italy and Denmark.

(d): Pre-Departure Orientation Training (PDOT) programme is aimed at enhancing soft skills of Indian migrant workers, in terms of culture, language, tradition and local rules and regulations of the destination country. One-day long PDOT training also sensitizes migrant workers about pathways to safe and legal migration and various government programmes for their welfare and protection.

PDOT curriculum content has been standardized all over the country. Comprehensive PDOT Manuals for Master Trainers have been developed in seven languages i.e. Hindi, English, Bangla, Malayalam, Punjabi, Tamil and Telugu. The Ministry launched online PDOT in April 2021 to reach out to prospective emigrants who live far away from PDOT centres.

(e): Indian Missions/Posts remain vigilant and closely monitor any untoward incidents affecting Indian nationals abroad. Such incidents are immediately taken up with the concerned authorities of the host country to ensure that the

cases are properly investigated and the perpetrators are punished as per their domestic laws. These issues are also raised at the political and official level with the countries concerned during bilateral engagements and through institutional dialogue mechanisms, including at the highest levels as appropriate.

ZERO FOOD CHILDREN

3585. SHRIMATI BAG MITALI:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether India has the highest zero food children in the world, if so, the details thereof;
- (b) whether India is part of 20 countries that account for almost two-thirds (65%) of the total number of children living in severe child food poverty, if so, the details thereof;
- (c) whether India has the second highest burden of deaths among children under the age of five years, if so, the details thereof; and
- (d) whether Uttar Pradesh has the highest zero food children, if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) to (d): There is neither any accepted concept nor any scientific definition of "Zero food children".

Further, as a whole of Government approach, high priority has been

accorded by Government of India to the issues of food security and malnutrition in the country. Ministry of Women and Child Development (MoWCD), Ministry of Health and Family Welfare (MoHFW), Department of Food and Public Distribution (DFPD) and Department of School Education & Literacy (DoSE&L) are continuously undertaking targeted interventions to improve the health and nutritional status of children in the country.

To ensure food security of the bottom 67% (approximately) population of the country, including children, DFPD provides monthly free foodgrains under National Food Security Act (NFSA) 2013. As on January 2026, a total of 81.34 crore beneficiaries have been benefitted. Under the Act, Antyodaya Anna Yojana (AAY) households are entitled to 35 kg food grains per household per month and Priority Households (PHH) to 5 kg of food grains per person per month. In 2025-26, foodgrain allocation under NFSA and other welfare scheme is 559.93 lakh metric tons.

Through the network of approximately 14.03 lakh Anganwadi Centres, the MoWCD provides Supplementary Nutrition to 7.1 crore Children (6 months to 6 years), 1.2 Crore Pregnant Women and Lactating Mothers and 15 lakhs Adolescent Girls to address malnutrition by adopting a life cycle approach under its umbrella Mission Saksham Anganwadi and Poshan 2.0. In 2025-26, foodgrain allocation under WBNP/ICDS is 23.63 lakh metric tons.

PM-POSHAN is a Centrally-Sponsored Scheme, implemented by Department of School Education & Literacy (DoSE&L). It covers all school

children studying in Classes I-VIII in Government and Government-Aided Schools with the objective to provide one hot cooked meal every day. The scheme covers about 11.80 crore children studying in 11.20 lakh schools across the country. In 2025-26, foodgrain allocation under PM POSHAN is 22.31 lakh tons.

Also, National Health Mission (NHM) which is being implemented by MoHFW aims to provide universal access to equitable, affordable and quality health care services to people's needs in a lifecycle approach including interventions for addressing Infant Health and Child Nutrition. Also, over 1190 Nutrition Rehabilitation Centres (NRCs) have been set up in public health facilities across India to provide in-patient medical and nutritional care to children under five years of age who are suffering from Moderate and Severe Acute Malnutrition (MAM & SAM).

केंद्र सरकार के अस्पतालों के लिए निधि

3586. श्री रामवीर सिंह बिधूड़ी:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) वर्ष 2026-27 के बजट में दिल्ली में केन्द्रीय सरकार के अस्पतालों के लिए कुल कितनी धनराशि

निर्धारित गई है;

(ख) दिल्ली में केन्द्र सरकार के अस्पतालों के विस्तार के लिए बजट में प्रस्तावित योजनाओं का

ब्यौरा क्या है;

(ग) क्या एम्स, दिल्ली के विस्तार के लिए भूमि उपलब्ध करा दी गई है और यदि हां, तो तत्संबंधी

ब्यौरा क्या है; और

(घ) क्या बदरपुर में नेशनल थर्मल पावर कारपोरेशन (एनटीपीसी) लिमिटेड द्वारा खाली की गई 400 एकड़ भूमि का उपयोग एम्स के विस्तार के लिए किया जा सकता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क): वर्ष 2026-27 के बजट अनुमानों के चरण में दिल्ली के केंद्रीय सरकारी अस्पतालों और अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), नई दिल्ली के लिए आवंटित धनराशि निम्नानुसार है –

क्र.सं.	अस्पताल	आवंटन (करोड़ रुपये में)
1	सफदरजंग अस्पताल और वर्धमान महावीर मेडिकल कॉलेज	2170.75
2	डॉ. राम मनोहर लोहिया अस्पताल और अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान	1450.79
3	लेडी हार्डिंग मेडिकल कॉलेज और संबद्ध अस्पताल (श्रीमती सुचेता कृपलानी अस्पताल और कलावती सरन चिल्ड्रेन हॉस्पिटल)	978.12
4	ग्रामीण स्वास्थ्य प्रशिक्षण केंद्र (आरएचटीसी) नजफगढ़	64.67
5	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), नई दिल्ली	5500.92
	कुल	10,165.25

(ख): स्वास्थ्य सुविधाओं का विस्तार एक कार्यात्मक आवश्यकता है। संस्थान नियमित रूप से अपनी सुविधाओं का उन्नयन और विस्तार करते हैं। डॉ. राम मनोहर लोहिया अस्पताल में 666 बिस्तरों वाली एक सुपर स्पेशलिटी सुविधा तैयार हो रही है। इसी प्रकार, मातृ एवं शिशु स्वास्थ्य सेवाओं को बढ़ावा देने के लिए, लेडी हार्डिंग मेडिकल कॉलेज के अंतर्गत आने वाले कलावती सरन बाल अस्पताल में मौजूदा 394 बिस्तरों से 894 बिस्तरों तक विस्तार को मंजूरी दे दी गई है।

(ग) और (घ): एम्स, नई दिल्ली का क्षेत्रफल 244 एकड़ है जो पूर्वी और पश्चिमी अंसारी नगर,

आयुर्विज्ञान नगर, मस्जिद मोठ, ट्रॉमा सेंटर परिसर और नए छात्रावास परिसर सहित 6 भूखंडों में फैला हुआ है। इसके अतिरिक्त, राष्ट्रीय कैंसर संस्थान, जो झज्जर में एम्स, नई दिल्ली के विस्तारित परिसर के रूप में स्थापित है, एम्स का परिसर 288 एकड़ में फैला हुआ है। इसके अलावा, एम्स में बुनियादी ढांचागत सुविधाओं का लगातार विस्तार और संवर्धन किया जा रहा है ताकि बर्न और प्लास्टिक सर्जरी ब्लॉक, सर्जिकल ब्लॉक, न्यू राज कुमारी अमृता कौर ओपीडी ब्लॉक, मातृ एवं शिशु ब्लॉक और जय प्रकाश नारायण एपेक्स ट्रॉमा सेंटर (जेपीएनएटीसी) के लम्बवत् विस्तार जैसे कई नए विशेष ब्लॉकों के चालू होने से बढ़ते रोगी भार को कुशलतापूर्वक संभालने मस्जिद मोठ परिसर में नए ओपीडी ब्लॉक और एम्स, नई दिल्ली में 150 बिस्तरों वाले क्रिटिकल केयर ब्लॉक के निर्माण को भी स्वीकृति मिल गई है।

बायलर अधिनियम, 2023 के अंतर्गत पंजीकरण

3587. श्री उमेशभाई बाबूभाई पटेल:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

- (क) संघ राज्यक्षेत्र दादरा और नागर हवेली तथा दमन और दीव तथा गुजरात के वलसाड जिले में वर्तमान में चल रहे रासायनिक संयंत्रों, भेषज उद्योगों और फर्नेस संयंत्रों की जिला-वार कुल संख्या कितनी है;
- (ख) बायलर अधिनियम, 2023 के अंतर्गत जिला-वार कितने उद्योग पंजीकृत हैं और उनमें से कितनों ने अपना पंजीकरण नवीनीकृत कराया है/नहीं कराया है;
- (ग) उक्त संघ राज्यक्षेत्र और जिले में कितने उद्योगों ने अस्थायी अग्नि सुरक्षा अनापत्ति प्रमाण-पत्र (एनओसी) प्राप्त किए हैं; और
- (घ) क्या सरकार को जानकारी है कि उक्त क्षेत्रों में कुछ उद्योग वैध बायलर पंजीकरण के बिना/नवीनीकृत अग्नि सुरक्षा प्रमाण-पत्र के बिना कार्य कर रहे हैं और यदि हां, तो सरकार द्वारा

ऐसे उद्योगों के विरुद्ध अब तक क्या कार्रवाई की गई है अथवा किए जाने का विचार है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

गुजरात सरकार के श्रम, कौशल विकास एवं रोजगार विभाग और अग्निशमन एवं आपातकालीन सेवा विभाग तथा संघ राज्य क्षेत्र दादरा और नागर हवेली तथा दमन और दीव प्रशासन से प्राप्त जानकारी के आधार पर, उपर्युक्त प्रश्न का उत्तर निम्नानुसार है:

(क): वर्तमान में गुजरात के वलसाड जिले में कुल 924 रासायनिक संयंत्र, फर्मास्युटिकल उद्योग और फर्नेस संयंत्र कार्यशील हैं तथा संघ राज्य क्षेत्र दादरा और नागर हवेली तथा दमन और दीव में वर्तमान में 132 रासायनिक संयंत्र, फर्मास्युटिकल उद्योग और फर्नेस संयंत्र कार्यशील हैं।

(ख): वलसाड जिले में पंजीकृत बॉयलरों की कुल संख्या 534 है। 121 बॉयलरों के प्रमाणपत्रों का नवीनीकरण नहीं किया गया क्योंकि कंपनियां बंद हो गईं या उत्पादन कार्य रुक गया। शेष 413 बॉयलर अभी भी चालू हैं और उनके प्रमाणपत्र समय-समय पर नवीनीकृत किए जाते हैं। संघ राज्य क्षेत्र दमन और दीव तथा दादरा और नागर हवेली में कुल 146 बॉयलर पंजीकृत और कार्यशील हैं।

(ग): संघ राज्य क्षेत्र दमन और दीव तथा दादरा और नागर हवेली में कुल 3057 उद्योगों ने अग्नि सुरक्षा संबंधी अस्थायी अनापत्ति प्रमाण पत्र प्राप्त किए हैं। गुजरात के संबंध में, उद्योगों को राज्य में संबंधित नियमों के अनुसार अलग से अग्नि सुरक्षा संबंधी अनापत्ति प्रमाण पत्र लेने की कोई आवश्यकता नहीं है। तथापि, कारखाना अधिनियम के अंतर्गत लाइसेंस प्रदान करते समय उद्योगों के लिए अग्नि सुरक्षा से संबंधित आवश्यकताओं का ध्यान रखा जाता है।

(घ): वलसाड जिले में कुल 16 अपंजीकृत बॉयलरों की पहचान की गई थी। इनमें से 7 बॉयलर फाउंडेशन से हटा दिए गए, जबकि एक बॉयलर को संबंधित विनियमों के अनुरूप विकसित बॉयलर से बदल दिया गया और उसे गुजरात सरकार के बॉयलर निदेशालय में पंजीकृत कराया गया। शेष 8 बॉयलरों के लिए अनापत्ति प्रमाण पत्र जारी किए गए, क्योंकि वे बॉयलर अधिनियम, 2025 के

प्रावधानों के अंतर्गत नहीं आते हैं। संघ राज्य क्षेत्र दादरा और नागर हवेली तथा दमन और दीव में कोई भी उद्योग बॉयलर पंजीकरण के बिना संचालित नहीं हो रहा है।

DIABETIC PATIENTS

3588. SHRI TAMILSELVAN THANGA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware of the fact that a large number of diabetic patients from rural and semi-urban areas across the country are facing several difficulties due to lack of proper dialysis facilities and if so, the details thereof;
- (b) whether the Government has any proposal to set up dialysis facilities in the rural and semiurban areas and taluk level areas across the country including in Tamil Nadu for the benefit of poor diabetic patients; and
- (c) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): Pradhan Mantri National Dialysis Programme (PMNDP) was rolled out in 2016 as part of the National Health Mission with the objective to make dialysis service accessible and affordable by establishing dialysis centres at District Hospital level progressively down to Subdivisional, Area hospital, rural hospital till Community Health Centres (CHCs). National Health Mission (NHM)

provides financial and technical support to the States/UTs in implementation of Haemodialysis (HD) and Peritoneal Dialysis (PD) services under PMNDP. State and Union Territories undertake gap assessment and project their requirement through their Programme Implementation Plans (PIP) under NHM.

As on 31.01.2026, the program has been implemented in all the 36 States and Union Territories covering 751 districts (including 45 linked districts) with 1,768 Haemodialysis (HD) centres equipped with 12,798 haemodialysis machines.

As per the Government of Tamil Nadu, 141 Government institutions across Primary, Secondary and Tertiary levels of care are providing dialysis services. Currently, 1,305 haemodialysis machines are functional to provide free dialysis services in Tamil Nadu including rural and semi- urban areas.

सिद्ध चिकित्सा पद्धति को प्रोत्साहन देना

3589. श्रीमती मंजू शर्मा:

क्या **आयुष** मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या देश में सिद्ध चिकित्सा पद्धति को पर्याप्त रूप से प्रोत्साहित किया जा रहा है और यदि हां, तो तत्संबंधी राज्य-वार/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;
 - (ख) सरकार द्वारा इस चिकित्सा पद्धति को लोकप्रिय बनाने के लिए क्या कदम उठाए गए हैं।
 - (ग) क्या विभिन्न राज्यों में सिद्ध चिकित्सा से संबंधित अनेक पद रिक्त पड़े हैं;
 - (घ) यदि हां, तो उत्तरी राज्यों सहित तत्संबंधी राज्य-वार/संघ राज्यक्षेत्र-वार और जिला-वार ब्यौरा क्या है; और
-

(ड) क्या सरकार का निकट भविष्य में इन रिक्त पदों को भरने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में क्या समय-सीमा निर्धारित की गई है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) और (ख) : सरकार देश में सिद्ध सहित आयुष चिकित्सा पद्धतियों को विभिन्न पहलों के माध्यम से बढ़ावा देती है। आयुष मंत्रालय आयुष में सूचना, शिक्षा और संचार (आईईसी) को बढ़ावा देने के लिए एक केंद्रीय क्षेत्र की योजना कार्यान्वित कर रहा है, जिसके तहत जनता के बीच जागरूकता पैदा करने के लिए आरोग्य मेले, योग उत्सव, सिद्ध दिवस सहित महत्वपूर्ण आयुष दिवसों का आयोजन, सेमिनार, कार्यशालाएं, सम्मेलन, प्रदर्शनियां और मल्टीमीडिया अभियान जैसे कार्यक्रमों का आयोजन किया जाता है।

इसके अलावा, राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से सिद्ध सहित आयुष चिकित्सा पद्धतियों के समग्र विकास और संवर्धन के लिए राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना कार्यान्वित की जा रही है, जिसके तहत राज्यों/संघ राज्य क्षेत्रों को उनकी राज्य वार्षिक कार्य योजनाओं (एसएपी) में प्राप्त प्रस्तावों के अनुसार वित्तीय सहायता प्रदान की जाती है।

इसके अतिरिक्त, मंत्रालय अपने स्वायत्त निकायों नामतः राष्ट्रीय सिद्ध संस्थान (एनआईएस) और केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस) के माध्यम से शिक्षा, अनुसंधान और स्वास्थ्य देखभाल सेवाओं के माध्यम से सिद्ध चिकित्सा पद्धति को बढ़ावा देता है। जनता के बीच सिद्ध आधारित निवारक और प्रोत्साहक स्वास्थ्य देखभाल का विस्तार करने के लिए राष्ट्रीय सिद्ध संस्थान यूजी, पीजी और पीएचडी पाठ्यक्रम संचालित करता है, रोगी देखभाल प्रदान करता है और जागरूकता कार्यक्रम आयोजित करता है जिसमें सिद्ध दिवस समारोह, सेमिनार, कार्यशालाएं, आउटरीच शिविर, मोबाइल सिद्ध क्लीनिक और सोशल मीडिया पहल शामिल हैं, जबकि सीसीआरएस विभिन्न राज्यों/संघ राज्य क्षेत्रों में अपने अनुसंधान संस्थानों और नैदानिक इकाइयों

के नेटवर्क के माध्यम से ओपीडी/आईपीडी सेवाएं, विशेष उपचार, स्वास्थ्य रक्षण कार्यक्रम और स्वास्थ्य जागरूकता अभियान प्रदान करके सिद्ध को बढ़ावा देता है।

(ग) और (घ): आयुष मंत्रालय सिद्ध चिकित्सा के राज्य-वार और जिला-वार रिक्त पदों से संबंधित कोई डेटा नहीं रखता है। हालांकि, मंत्रालय के तहत स्वायत्त निकायों, नामतः राष्ट्रीय सिद्ध संस्थान (एनआईएस) और केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस) द्वारा दी गई सूचना के अनुसार, सिद्ध चिकित्सा से संबंधित रिक्त पदों का ब्यौरा संलग्न **विवरण** पर दिया गया है।

(ङ): रिक्त पदों को भरना सतत प्रक्रिया है। सरकार भर्ती के उपयुक्त तरीकों के माध्यम से मौजूदा भर्ती नियमों के अनुसार रिक्तियों को भरने के लिए आवश्यक कदम उठाती है। हालाँकि, वर्तमान में किसी विशिष्ट समय-सीमा का उल्लेख नहीं किया जा सकता है।

विवरण

क) राष्ट्रीय सिद्ध संस्थान (एनआईएस) में रिक्त पद:-

एनआईएस चेन्नई में रिक्त पद		
क्र. सं.	पद का नाम	रिक्तियों की संख्या
1	प्रोफेसर	3
2	एसोसिएट प्रोफेसर	1
3	असिस्टेंट प्रोफेसर	1
कुल		5

ख) केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस) में रिक्त पद:-

सीसीआरएस में रिक्त पद				
क्र. सं.	पद का नाम	रिक्तियां	जिला	राज्य/संघ राज्य क्षेत्र
1.	अनुसंधान अधिकारी (सिद्ध)	2	चेन्नई	तमिलनाडु
2.	अनुसंधान अधिकारी (पैथोलॉजी)	2	चेन्नई	तमिलनाडु
			पुदुचेरी	पुदुचेरी, संघ राज्य क्षेत्र

3.	अनुसंधान अधिकारी (रसायन विज्ञान)	1	तिरुवनंतपुरम	केरल
4.	अनुसंधान सहायक (रसायन विज्ञान)	2	चेन्नई	तमिलनाडु
5.	सामाजिक कार्यकर्ता	1	चेन्नई	तमिलनाडु
6.	स्टाफ नर्स	1	पुदुचेरी	पुदुचेरी, संघ राज्य क्षेत्र
7.	चिकित्सा प्रयोगशाला टेक्नोलॉजिस्ट (एमएलटी)	12	चेन्नई में 8 पद	तमिलनाडु
			तिरुवनंतपुरम में 1 पद	केरल
			चेन्नई में 3 पद	तमिलनाडु
8.	लैब. परिचारक	3	चेन्नई में 2 पद	तमिलनाडु
			तिरुवनंतपुरम में 1 पद	केरल
	कुल	24		

मिशन वात्सल्य योजना

3590. श्री बाबू सिंह कुशवाहा:

श्री नीरज मौर्य:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) मिशन वात्सल्य योजना का उद्देश्य क्या है और उक्त योजना के अंतर्गत राज्य-वार विशेषकर उत्तर प्रदेश के बरेली, बदायूं, शाहजहांपुर, जौनपुर और आंवला संसदीय निर्वाचन क्षेत्र जिलों में कितनी निधि जारी की गई है;
- (ख) मिशन वात्सल्य योजना के अंतर्गत कार्यों की निगरानी और मूल्यांकन किस प्रकार किया जाता है;
- (ग) उक्त जिलों में बाल कल्याण और संरक्षण समिति (सीडब्ल्यूसी/सीडब्ल्यू एंड पीसी) द्वारा कितने बच्चों की पहचान की गई है और उक्त जिलों और संसदीय निर्वाचन क्षेत्रों में उक्त योजना के अंतर्गत कितने बच्चों को प्रयोजन/सहायता प्रदान की गई है; और

(घ) उक्त जिलों और संसदीय निर्वाचन क्षेत्रों में वित्तीय सहायता प्राप्त करने वाले बच्चों की संख्या कितनी है और ऐसे बच्चों को कितनी सहायता राशि प्रदान की गई है जो 18 वर्ष की आयु प्राप्त करने के बाद बाल देखभाल संस्थान छोड़ देते हैं?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) तथा (ख): महिला और बाल विकास मंत्रालय, केंद्र प्रायोजित योजना 'मिशन वात्सल्य' को केंद्र और राज्य सरकारों के बीच पूर्व निर्धारित लागत साझाकरण के आधार पर राज्य और संघ राज्य क्षेत्रों की सरकारों के माध्यम से क्रियान्वित कर रहा है। इस योजना का उद्देश्य कठिन परिस्थितियों में रहने वाले बच्चों के लिए विभिन्न सेवाएं प्रदान करना है, जिसमें संस्थागत और गैर-संस्थागत देखरेख सेवाएं दोनों शामिल हैं।

मिशन वात्सल्य यह सुनिश्चित करता है कि परियोजनाओं/कार्यक्रमों की योजना बनाते समय बच्चों के सर्वोत्तम हितों का हमेशा ध्यान रखा जाए। इसमें बच्चों के लिए संस्थागत देखरेख सेवाएं, गैर-संस्थागत देखरेख सेवाएं और आपातकालीन सहायता सेवाएं स्थापित करना शामिल है।

मिशन वात्सल्य योजना के दिशानिर्देशों में राज्य और जिला स्तर पर निगरानी तंत्र की परिकल्पना की गई है। इस योजना की निगरानी और कार्यान्वयन के लिए जिम्मेदार एजेंसियों में राज्य बाल संरक्षण समिति, राज्य दत्तक ग्रहण संसाधन एजेंसी, राज्य स्तर पर राज्य बाल कल्याण एवं संरक्षण समिति और जिला स्तर पर जिला बाल संरक्षण इकाई, जिला बाल कल्याण एवं संरक्षण समिति और बाल कल्याण समिति शामिल हैं। देखरेख और संरक्षण की आवश्यकता वाले बच्चों के लिए जिला मजिस्ट्रेटों को जिला स्तर पर नोडल प्राधिकारी के रूप में सशक्त बनाया गया है। इसके अतिरिक्त, राष्ट्रीय स्तर पर राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) और राज्य स्तर पर राज्य बाल अधिकार संरक्षण आयोग (एससीपीसीआर) किशोर न्याय (बालकों की देखरेख एवं संरक्षण) अधिनियम, 2015 (धारा 109) के कार्यान्वयन की निगरानी करते हैं।

राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों को मिशन वात्सल्य योजना के कार्यान्वयन

हेतु निधि जारी की जाती है। वित्तीय वर्ष 2024-25 के दौरान मिशन वात्सल्य योजना के अंतर्गत जारी की गई निधि का उत्तर प्रदेश राज्य सहित राज्यवार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग) और (घ): मिशन वात्सल्य योजना के दिशानिर्देशों के अनुसार, प्रत्येक जिले में जिला मजिस्ट्रेट की अध्यक्षता में जिला बाल कल्याण एवं संरक्षण समिति का गठन किया जाएगा, जो मिशन वात्सल्य योजना के अंतर्गत संस्थागत एवं गैर-संस्थागत देखरेख सेवाओं की निगरानी करेगी। मिशन वात्सल्य योजना के अंतर्गत गैर-संस्थागत देखरेख घटकों में प्रायोजन, पालक देखरेख और पश्चात देखरेख शामिल हैं।

दिनांक 31.03.2025 तक मिशन वात्सल्य योजना के तहत उत्तर प्रदेश राज्य में गैर-संस्थागत देखरेख के लिए कुल 15,000 बच्चों को सहायता प्रदान की गई है। जिलावार और संसदीय निर्वाचन क्षेत्रवार आंकड़े केंद्रीय स्तर पर नहीं रखे जाते हैं।

विवरण

वित्तीय वर्ष 2024-25 के दौरान मिशन वात्सल्य योजना के तहत जारी की गई निधि का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

(करोड़ रुपये)

क्र. सं.	राज्य/संघ राज्य क्षेत्र	जारी की गई राशि
1	आंध्र प्रदेश	44.03
2	अरुणाचल प्रदेश	5.32
3	असम	31.39
4	बिहार	53.35
5	छत्तीसगढ़	39.10
6	गोवा	5.14
7	गुजरात	19.50
8	हरियाणा	6.40
9	हिमाचल प्रदेश	37.68
10	जम्मू एवं कश्मीर	44.75
11	झारखंड	18.73
12	कर्नाटक	86.48

13	केरल	12.03
14	मध्य प्रदेश	117.24
15	महाराष्ट्र	144.97
16	मणिपुर	68.15
17	मेघालय	22.30
18	मिजोरम	37.06
19	नागालैंड	33.92
20	उड़ीसा	68.83
21	पंजाब	14.76
22	राजस्थान	74.98
23	सिक्किम	16.21
24	तमिलनाडु	122.82
25	तेलंगाना	36.97
26	त्रिपुरा	19.23
27	उत्तर प्रदेश	92.05
28	उत्तराखंड	14.49
29	पश्चिम बंगाल	70.18
30	अंडमान और निकोबार द्वीप समूह	3.13
31	चंडीगढ़	7.63
32	दादरा और नगर हवेली एवं दमन और दीव	9.91
33	दिल्ली	7.62
34	लक्षद्वीप	0.00
35	लद्दाख	3.81
36	पुदुच्चेरी	4.17

CASES OF CANCER IN ODISHA

3591. SHRI PRADEEP PUROHIT:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Government is aware of the rising number of cancer cases in

Odisha, particularly in the western districts such as Bargarh, Sambalpur and Balangir, where many patients are compelled to travel outside the State for treatment, if so, the details thereof, State-wise and district-wise;

- (b) whether the cancer hospital at Bargarh, constructed at a cost of about 138 crore, has been made fully functional, if so, the details thereof and if not, the reasons therefor;
- (c) whether all sanctioned posts of doctors, technicians and staff have been filled, if so, the details thereof and if not, the steps being taken to fill the vacancies;
- (d) whether the Government proposes to operationalize advanced facilities such as Positron Emission Tomography–Computed Tomography (PET-CT), radiation therapy and Intensive Care Unit (ICU) services at the hospital, if so, the details thereof; and
- (e) the timeline by which the Bargarh Cancer Hospital is expected to become fully operational to benefit cancer patients of western Odisha under schemes such as PM-JAY?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): As per information received from State of Odisha, district-wise cancer cases in reported through Hospital Based Cancer Registry (HBCR) and Population Based Cancer Registry (PBCR) is enclosed as **Statement**.

(b) to (e): The State Government of Odisha has informed that the construction of the Cancer Hospital at District Hospital, Bargarh, has been completed and the facility has been handed over to the District Hospital. Outpatient Department (OPD) services for cancer screening, counselling and follow-up have been made operational. Diagnostic services such as biopsies, histopathology and molecular diagnosis are available along with imaging facilities including CT Scan, USG and X-Ray. An inpatient department with 20 beds has also been made operational for cancer chemotherapy services, which is being managed by trained Medical Officers and Nursing Officers. Trained ENT Specialists, Obstetrics & Gynaecology Specialists, Surgeons and Anaesthesiologists have been appointed in the hospital for cancer screening, treatment and follow-up care. Further, the Department of Health and Family Welfare Implements Strengthening of Tertiary Care Cancer Facilities Scheme. Under this scheme, 19 State Cancer Institutes (SCI) and 20 Tertiary Care Cancer Centres (TCCC) have been approved across the country including one SCI at Acharya Harihar Regional Cancer Centre, Cuttack which is functional and providing cancer care services.

STATEMENT

Name of Districts	Total Number of Cancer Cases Reported
Cuttack	5329
Jajpur	2627
Kendrapara	2095
Balasore	1897

Jagatsinghapur	1824
Bhadrak	1581
Khordha	1454
Puri	1383
Mayurbhanj	1001
Keonjhar	962
Ganjam	953
Dhenkanal	951
Nayagarh	713
Sundargarh	569
Angul	542
Kalahandi	417
Balangir	342
Bargarh	295
Sambalpur	275
Koraput	200
Boudh	180
Kandhamal	160
Nabarangpur	158
Jharsuguda	146
Rayagada	144
Subamapur	140
Nuapada	110
Deogarh	102
Malkangiri	71
Gajapati	45

स्पेशल एडॉप्शन एजेंसी

3592. श्रीमती डिम्पल यादव:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या उत्तर प्रदेश के मैनपुरी में स्थित स्पेशल एडॉप्शन एजेंसी (एसएए) में आश्रय आवास की स्वीकृत क्षमता होने के बावजूद एक भी बच्चे को आश्रय प्रदान नहीं किया जा रहा है।
- (ख) यदि हाँ, तो क्या यह जिले में पहचान, बचाव और एडॉप्शन प्रक्रिया में कमियों को दर्शाता है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) पिछले तीन वर्षों के दौरान, विशेषकर उक्त क्षेत्र और राज्य में बाल संस्थाओं की अधिभोग स्थिति (ऑक्यूपेंसी), निरीक्षण, स्टाफ की उपलब्धता और किशोर न्याय (बालकों की देखरेख और संरक्षण) अधिनियम, 2015 के अनुपालन का ब्यौरा क्या है;
- (घ) मिशन वात्सल्य के अंतर्गत प्रायोजन, पालक देखरेख और उत्तरवर्ती देखरेख में शामिल बालकों की राज्य-वार और जिला-वार संख्या कितनी है; और
- (ङ) जिला बाल संरक्षण इकाइयों/बाल कल्याण समितियों में पाई गई कमियों का ब्यौरा क्या है और इस संबंध में क्या सुधारात्मक कदम उठाए गए हैं?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (ङ): महिला और बाल विकास मंत्रालय किशोर न्याय (बालकों की देखरेख और संरक्षण) अधिनियम, 2015 (किशोर न्याय अधिनियम, 2015) के संचालन के लिए नोडल मंत्रालय है, जो बालकों की सुरक्षा, संरक्षा, गरिमा और कल्याण सुनिश्चित करने वाला प्राथमिक कानून है और जो राज्यों एवं संघ राज्य क्षेत्रों द्वारा कार्यान्वित किया जाता है।

अधिनियम की धारा 27 के अनुसार, प्रत्येक राज्य सरकार को प्रत्येक जिले में एक या अधिक बाल कल्याण समिति गठित करना अनिवार्य है, जो देखरेख और संरक्षण की आवश्यकता वाले बालकों से संबंधित मामलों में अधिकार और कर्तव्य का निर्वहन करेगी। इसके अतिरिक्त, जिला मजिस्ट्रेटों को ऐसे बालकों के कल्याण के लिए जिला स्तर पर नोडल प्राधिकारी के रूप में सशक्त बनाया गया है।

मिशन वात्सल्य एक केंद्र प्रायोजित योजना (सीएसएस) है जिसे राज्यों और संघ राज्य क्षेत्रों

के माध्यम से कार्यान्वित किया जाता है ताकि देखरेख और संरक्षण की आवश्यकता वाले बालकों (सीएनसीपी) और विधि का उल्लंघन करने वाले बालकों (सीसीएल) को संस्थागत देखरेख और गैर-संस्थागत देखरेख सहित सेवाएं प्रदान की जा सकें। संस्थागत देखभाल बाल देखरेख संस्थानों के माध्यम से पुनर्वास उपाय के रूप में प्रदान की जाती है। इन गृहों के कार्यक्रमों और गतिविधियों में आयु-उपयुक्त शिक्षा, व्यावसायिक प्रशिक्षण, मनोरंजन, स्वास्थ्य देखरेख और परामर्श शामिल हैं। गैर-संस्थागत देखरेख घटक के अंतर्गत, दत्तक ग्रहण, पालन-पोषण, पश्चात देखरेख और प्रायोजन के लिए सहायता प्रदान की जाती है।

किशोर न्याय अधिनियम, 2015 की धारा 106 के अनुसार, किशोर न्याय अधिनियम, 2015 के कार्यान्वयन की प्राथमिक जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है और उन्हें अधिनियम के प्रभावी कार्यान्वयन को सुनिश्चित करना आवश्यक है।

28.02.2026 तक, उत्तर प्रदेश राज्य में मिशन वात्सल्य योजना के अंतर्गत सहायता प्राप्त 191 बाल देखरेख संस्थान (सीसीआई) है जिसमें मैनपुरी जिले में 01 विशेष दत्तक ग्रहण एजेंसी (एसएए) शामिल है।

किशोर न्याय अधिनियम, 2015 की धारा 54 में राज्य सरकारों द्वारा निरीक्षण समितियों की नियुक्ति का प्रावधान है। ऐसी निरीक्षण समितियों को आवंटित क्षेत्र में बालकों के आवास वाले सभी संस्थानों का कम से कम तीन महीने में एक बार अनिवार्य रूप से निरीक्षण करना होगा। यह निरीक्षण कम से कम तीन सदस्यों की टीम द्वारा किया जाएगा, जिसमें कम से कम एक महिला और एक चिकित्सा अधिकारी होना अनिवार्य होगा। इन समितियों को अपने निरीक्षण के निष्कर्षों की रिपोर्ट एक सप्ताह के भीतर जिला मजिस्ट्रेट को आगे की कार्रवाई के लिए प्रस्तुत करनी होगी।

किशोर न्याय अधिनियम की धारा 53 में किशोर न्याय अधिनियम के तहत पंजीकृत बाल देखरेख संस्थाओं द्वारा बालकों के पुनर्वास और पुनः मिलाने की प्रक्रिया में प्रदान की जाने वाली सेवाओं का प्रावधान है, जिसमें निर्धारित मानकों के अनुसार खाना, आश्रय, कपड़े और चिकित्सीय

ध्यान जैसी बुनियादी आवश्यकताएं शामिल हैं; विशेष आवश्यकता वाले बालकों के लिए व्हीलचेयर, प्रोस्थेटिक युक्तियां, श्रवण सहायक यंत्र, ब्रेल किट या यथापेक्षित कोई अन्य उपयुक्त साधन और साधित्र; पूरक शिक्षा, विशेष शिक्षा और विशेष आवश्यकता वाले बालकों के लिए उपयुक्त शिक्षा सहित उचित शिक्षा शामिल हैं।

किशोर न्याय अधिनियम, 2015 (2021 में यथा संशोधित) के अनुसार, जिला मजिस्ट्रेटों को जिले में देखरेख और संरक्षण की आवश्यकता वाले बालकों के कल्याण के लिए नोडल प्राधिकारी के रूप में सशक्त बनाया गया है। किशोर न्याय (बालकों की देखरेख और संरक्षण) आदर्श नियम, 2016 (2022 में यथा संशोधित) के नियम 21 (10) में यह प्रावधान है कि जिला मजिस्ट्रेट निर्धारित प्रारूप के अनुसार जिले में किशोर न्याय अधिनियम के तहत पंजीकृत सभी संस्थानों का विस्तृत वार्षिक निरीक्षण करेंगे।

किशोर न्याय अधिनियम, 2015 के धारा 109 के तहत राष्ट्रीय स्तर पर राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) और राज्य स्तर पर राज्य बाल अधिकार संरक्षण आयोग (एससीपीसीआर) की स्थापना का प्रावधान है ताकि अधिनियम के कार्यान्वयन की निगरानी की जा सके। मंत्रालय राज्यों और संघ राज्य क्षेत्रों के साथ नियमित रूप से संपर्क बनाए रखता है ताकि किशोर न्याय (बालकों की देखरेख और संरक्षण) अधिनियम, 2015 के प्रावधानों के अनुसार सेवाओं की प्रदायगी सुनिश्चित की जा सके।

विगत तीन वर्षों के दौरान गैर-संस्थागत देखरेख (प्रायोजन, पालन-पोषण देखरेख और पश्चात देखरेख) के अंतर्गत बालकों की संख्या का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा संलग्न विवरण में दिया गया है।

विवरण

विगत तीन वर्षों के दौरान गैर-संस्थागत देखरेख (प्रायोजन, पालन-पोषण देखरेख और पश्चात देखरेख) के अंतर्गत बालकों की संख्या का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा।

क्र.सं.	राज्य और संघ राज्य	गैर-संस्थागत देखरेख के तहत लाभार्थी

	क्षेत्र	वित्तीय वर्ष 2022-23	वित्तीय वर्ष 2023-24	वित्तीय वर्ष 2024-25
1	आंध्र प्रदेश	9150	10000	14187
2	अरुणाचल प्रदेश	840	1719	1318
3	असम	858	1919	2400
4	बिहार	504	4001	6001
5	छत्तीसगढ़	288	1137	1550
6	गोवा	27	62	93
7	गुजरात	506	450	472
8	हरियाणा	5155	643	880
9	हिमाचल प्रदेश	1347	1352	2028
10	जम्मू और कश्मीर	1398	4024	5092
11	झारखंड	3086	4629	6793
12	कर्नाटक	3875	12449	18673
13	केरल	1133	1455	2182
14	मध्य प्रदेश	2377	13715	20572
15	महाराष्ट्र	9844	21680	32520
16	मणिपुर	1120	1288	1932
17	मेघालय	1028	1083	1285
18	मिजोरम	591	1516	2011
19	नागालैंड	752	779	789
20	ओडिशा	1772	3697	5545
21	पंजाब	612	4150	2483
22	राजस्थान	239	933	475
23	सिक्किम	323	460	427
24	तमिलनाडु	2975	5411	8116
25	तेलंगाना	6454	4858	7287
26	त्रिपुरा	305	1373	2059
27	उत्तर प्रदेश	1766	10000	15000
28	उत्तराखंड	847	1817	1631
29	पश्चिम बंगाल	1670	2750	4125
30	अंडमान और निकोबार	0	1	0

31	चंडीगढ़	199	309	350
32	दादरा और नगर हवेली तथा दमन और दीव	519	984	929
33	लद्दाख	29	411	482
34	लक्षद्वीप	0	0	0
35	दिल्ली	980	635	952
36	पुदुच्चेरी	106	171	256

खाड़ी देशों में युवाओं की गिरफ्तारी

3593. सुश्री इकरा चौधरी:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार को ऐसी घटनाओं की जानकारी है जिनमें एजेंटों द्वारा उत्तर प्रदेश के युवाओं को खाड़ी देशों में रोजगार देने के बहाने, उनकी जानकारी के बिना उनके सामान में कथित तौर पर प्रतिबंधित मादक पदार्थ रख दिए गए, जिसके परिणामस्वरूप विदेशों में हवाई अड्डों पर उनकी गिरफ्तारी और कारावास हुआ है;
- (ख) यदि हाँ, तो क्या सरकार ने संबंधित खाड़ी देशों के माथ राजनयिक स्तर पर इन व्यक्तियों की कम उम्र, जागरूकता की कमी और प्रथम अपराध को ध्यान में रखते हुए दया याचिका, सजा में कमी या क्षमादान का अनुरोध करने के लिए कोई प्रयास किए हैं;
- (ग) क्या सरकार के पास कतर और अन्य खाड़ी देशों की जेलों में बंद उत्तर प्रदेश के युवाओं का जिला-वार विवरण है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या राज्य सरकार के समन्वय से ऐसे एजेंटों और गिरोहों के विरुद्ध कोई कार्रवाई की गई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) भविष्य में ऐसी घटनाओं की पुनरावृत्ति को रोकने के लिए सरकार द्वारा क्या कदम उठाए गए हैं?

विदेश मंत्रालय में राज्य मंत्री; तथा वस्त्र मंत्रालय में राज्य मंत्री (श्री पबित्रा मार्गेरिटा):

(क): मंत्रालय और हमारे दूतावास भारतीय नागरिकों की हिरासत के प्रति हमेशा सतर्क रहते हैं, जिसमें खाड़ी देश भी शामिल हैं।

मंत्रालय में भी प्रवासी रोजगार प्रदान करने के नाम पर भर्ती एजेंटों / दलालों द्वारा की जाने वाली धोखाधड़ी से संबंधित शिकायतें प्राप्त होती हैं और विदेशों में उत्प्रवासी कामगारों के समक्ष आने वाली समस्याएं भी प्राप्त होती हैं जैसे विवरण प्रतिस्थापन, वादा करके नौकरियां प्रदान नहीं करना, विवरण शर्तों का उल्लंघन, वेतन विवाद, लंबे समय तक कार्य करना, वर्क परमिट से संबंधित मुद्दे आदि।

(ख): सरकार विदेशों में भारतीयों की सुरक्षा, संरक्षा और कल्याण को बहुत प्राथमिकता देती है, जिसमें विदेशी जेलों में बंद लोग भी शामिल हैं। विदेशों में भारतीय मिशन/केन्द्र सतर्क रहते हैं और स्थानीय कानूनों के उल्लंघन/कथित उल्लंघन के लिए अन्य देशों में भारतीय नागरिकों को जेल में डाले जाने की घटनाओं पर बारीकी से नज़र रखते हैं।

जैसे ही किसी भारतीय मिशन / केन्द्र को किसी भारतीय नागरिक की हिरासत / गिरफ्तारी की सूचना प्राप्त होती है, वह तुरंत स्थानीय विदेश कार्यालय और अन्य संबंधित स्थानीय प्राधिकारियों से संपर्क करता है ताकि हिरासत में लिए गए / गिरफ्तार भारतीय नागरिक को कौंसली सहायता प्रदान कर मामले के तथ्यों का पता लगाया जा सके, उसकी भारतीय राष्ट्रियता की पुष्टि की जा सके और उसके कल्याण को सुनिश्चित किया जा सके। मिशन / केन्द्र सतर्क रहते हैं ताकि अन्य देशों की जेलों में बंद भारतीय कैदियों के अधिकारों का संरक्षण सुनिश्चित किया जा सके।

विदेशों में कैद भारतीयों को हर संभव कौंसली सहायता प्रदान करने के अलावा, भारतीय मिशन और केन्द्र जहां भी आवश्यक हो कानूनी सहायता प्रदान करने में भी मदद करते हैं। जहां भारतीय समुदाय बड़ी संख्या में है वहां मिशन और केन्द्र में स्थानीय वकीलों का एक पैनल भी होता है।

विदेश स्थित कारागारों में बंद भारतीय नागरिकों की रिहाई और उनके स्वदेश वापसी का

मुद्रा विदेश में स्थित भारतीय मिशनों और केन्द्रों द्वारा स्थानीय प्राधिकारियों के साथ नियमित रूप से उठाया जाता है। विदेश स्थित मिशन/केन्द्र जांच और न्यायिक कार्यवाही को शीघ्रातिशीघ्र संपन्न करने के लिए संबंधित कानून प्रवर्तन एजेंसियों से भी संपर्क करते हैं। सरकार अन्य देशों के साथ राजनयिक और अन्य परामर्श के दौरान भी इस मुद्दे पर अनुवर्ती कार्रवाई करती है। इसके अलावा, सरकार विदेशों में अपने मिशनों/केन्द्रों के माध्यम से और उच्च स्तरीय यात्राओं के दौरान, विदेशों में भारतीय कैदियों की सजा माफी या सजा में कमी के मुद्दे को भी उठाती है और इस पर कार्रवाई करती है।

(ग): मंत्रालय के पास उपलब्ध जानकारी के अनुसार कतर और अन्य खाड़ी देशों में विचाराधीन कैदियों सहित भारतीय कैदियों की संख्या 5548 है। देशवार सूची संलग्न **विवरण** में दी गई है। तथापि, कड़े निजता कानूनों के कारण, विदेशी सरकारें कैदियों के बारे में जानकारी साझा नहीं करती हैं जब तक कि संबंधित व्यक्ति ऐसी जानकारी के प्रकटीकरण के लिए सहमति नहीं देता है। इसलिए, उत्तर प्रदेश से संबंधित भारतीय कैदियों का जिलावार विवरण उपलब्ध नहीं है।

(घ) और (ङ): प्रवासी अधिनियम, 1983 के तहत प्रावधानों के उल्लंघन के संबंध में पंजीकृत एजेंटों के विरुद्ध कोई भी शिकायत, इस अधिनियम के संगत प्रावधान के तहत आवश्यक कार्रवाई के लिए क्षेत्राधिकारी उत्प्रवासी संरक्षक (पीओई) को भेजी जाती है। विदेशी नियोक्ताओं द्वारा विवरण शर्तों के उल्लंघन से संबंधित शिकायतें आवश्यक कार्रवाई के लिए संबंधित भारतीय मिशनों / केन्द्रों को भेजी जाती हैं। अनधिकृत एजेंटों और दलालों के विरुद्ध शिकायतें भारतीय न्याय संहिता (बीएनएस) और मौजूदा राज्य कानूनों के प्रावधानों के तहत आवश्यक कार्रवाई के लिए राज्य प्रवर्तन एजेंसियों को भेजी जाती हैं।

विवरण

क्र.सं.	देश	विदेशी जेलों में विचारणाधीन और दोषसिद्ध भारतीयों की कुल संख्या (31.12.2025 तक)

1	बहरीन	303
2	कुवैत	379
3	ओमान	99
4	कतर	870
5	सऊदी अरब	2478
6	संयुक्त अरब अमीरात	1419
	कुल	5548

भारतीय श्रमिकों का चिकित्सा परीक्षण

3594. श्री अमरा राम:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को इस बात की जानकारी है कि सरकारी अस्पतालों की उपलब्धता के बावजूद, शारीरिक श्रम के लिए विदेश जाने वाले सहायकों, कारीगरों, बढ़ई आदि के चिकित्सा परीक्षण के लिए निजी संस्थानों को अधिकृत किया गया है, यदि हाँ, तो तत्संबंधी व्यौरा क्या है और इसके क्या कारण हैं;

(ख) क्या सरकार का उक्त प्रथा को बंद करने और चिकित्सा परीक्षण आयोजित करने के लिए केवल सरकारी अस्पतालों को ही अधिकृत करने का विचार है, क्योंकि चिकित्सा परीक्षण के नाम पर उक्त निजी एजेंसियों द्वारा श्रमिकों का शोषण किया जा रहा है; और

(ग) यदि हाँ, तो इसे कार्यान्वित किये जाने की समय-सीमा क्या है?

विदेश मंत्रालय में राज्य मंत्री; तथा वस्त्र मंत्रालय में राज्य मंत्री (श्री पबित्रा मार्गेरिटा):

(क) से (ग): विदेशों में रोजगार की तलाश कर रहे भारतीय कामगारों के चिकित्सा परीक्षण के लिए बनाए गए चिकित्सा केंद्रों का प्रत्यायन तथा प्राधिकरण संबंधित विदेशी सरकार का विशेषाधिकार है, जो उस देश के सामान्य आवश्यकताओं तथा मानदंडों पर आधारित होता है। एक संप्रभु विषय होने के कारण, यह कार्यवाही पूरी तरह से विदेशों द्वारा उनके भारत स्थित दूतावासों/वाणिज्य

दूतावासों द्वारा कार्यान्वित की जाती है। भारत सरकार की इसमें कोई भूमिका नहीं है।

HEALTH EQUITY AND MATERNAL CHILD OUTCOMES

3595. SHRIMATI SANGEETA KUMARI SINGH DEO:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has assessed evidence from Odisha showing a significant narrowing of gaps in institutional deliveries, antenatal care and immunisation outcomes among Scheduled Tribe communities and Kalahandi, Balangir, Koraput and surrounding districts like Kandhamal and Gajapati (KBK+ districts) compared to the state's average since the implementation of National Rural Health Mission (NRHM) and allied interventions and if so, the details thereof;
 - (b) whether the data indicates that nutrition indicators among these communities have improved at a slower pace despite increased health spending and service coverage and if so, the details thereof;
 - (c) Whether per capita public health expenditure levels, remaining below recommended benchmarks have been reviewed in the context of sustaining equity-focused gains in low-income and tribal-dominated regions and if so, the details thereof;
 - (d) whether the Government has examined persisting challenges relating to human resources for health, gender-sensitive service delivery and inter-departmental coordination affecting maternal and child health outcomes in
-

such districts of the country; and

(e) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): The Ministry of Health and Family Welfare (MoH&FW) conducts the National Family Health Survey (NFHS), an integrated survey that periodically provides estimates on various health indicators, including the percentage of institutional births, antenatal care coverage, and immunization.

The details of the status of these indicators for the State of Odisha and KBK+ districts are enclosed as **Statement-I**.

(b): As per National Family Health Survey 4 (2015-16) and NFHS 5 (2019-21), status of nutrition indicators including scheduled tribes for the State of Odisha and KBK+ districts is enclosed as **Statement II**.

(c): As per the Economic Health survey of India, the per capita health expenditure of the country including low-income and tribal-dominated regions estimates stands at Rs. 6,602/- in FY 2021-22 as compared to Rs. 3,638/- in FY 2013-14.

(d) and (e): In order to address challenges related to human resources for health, gender-sensitive service delivery, and improving maternal and child health outcomes across the country, including tribal-dominated regions, inter-departmental coordination mechanisms are already in place between the

Ministry of Health and Family Welfare (MoHFW), Ministry of Women and Child Development (MoWCD), and Ministry of Tribal Affairs (MoTA), as well as with State Health Departments, for effective planning, funding, and implementation of various health programmes.

Additionally, under National Health Mission, the Government of India provides technical and financial support to the States/UTs, to strengthen the public healthcare system across the country including low-income and tribal dominated regions, based on the proposals received from the respective States and UT in their Programme Implementation Plans (PIPs).

STATEMENT- I

Institutional delivery, antenatal care, and full immunization of Odisha and KBK+ districts								
Indicators	Rounds of NFHS	Odisha (among Scheduled Tribes)	Total					
			Odisha	Balangir	Gajapati	Kalahandi	Kandhamal	Koraput
Percentage of live births in the 5 years preceding the survey delivered in a health facility	NFHS-3 (2005-06)	11.7	35.6	NA	NA	NA	NA	NA
	NFHS-4 (2015-16)	72.5	85.4	87.1	63.3	74.5	72.7	68.4
	NFHS-5 (2019-21)	82.8	92.2	97.9	76.4	92.8	93.9	82.1
Percentage who had four or more ANC visits among women with a live birth in the 5	NFHS-3 [#] (2005-06)	46.0 [#]	61.8 [#]	NA	NA	NA	NA	NA
	NFHS-4 (2015-16)	59.9	62.0	76.5	49.1	46.7	64.8	58.4
	NFHS-5 (2019-21)	69.8	78.1	95.4	83.0	82.8	81.1	79.2

years preceding the survey								
Children aged 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹ (%)	NFHS-3 (2005-06)	30.4	51.8	NA	NA	NA	NA	NA
	NFHS-4 (2015-16)	74.4	78.6	93.0	46.4	88.2	73.5	67.1
	NFHS-5 (2019-21)	88.6	90.5	(95.8)	92.6	(91.3)	96.8	98.0

Sources: NFHS-5 (2019-21) Odisha State Report, Table No. 52, 53, 46, 47, 59, 60; NFHS-4 (2015-16) Odisha State Report, Table No. 45, 46, 39, 40, 52, 53 and NFHS-3 (2005-06) Odisha State Report, Table No. 38, 35, 41 (<https://www.nfhsiips.in/nfhsuser/publication.php>)

NA: Not Available

() Based on 25-49 unweighted cases.

#Percentage who had three or more ANC visits

¹BCG, measles, and three doses each of DPT/Penta and polio vaccine (excluding polio vaccine given at birth) in NFHS-5. In NFHS-3 and NFHS-4, fully vaccinated with BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

STATEMENT-II

Status of nutrition indicators including scheduled tribes for the State of Odisha and KBK+ districts

District Names	Children under 5 years who are stunted (height-for-age) (%)		Children under 5 years who are wasted (weight-for-height) (%)		Children under 5 years who are severely wasted (weight-for-height) (%)		Children under 5 years who are underweight (weight-for-age) (%)		Children age 6-59 months who are anaemic (<11.0 g/dl) (%)		All women age 15-49 years who are anaemic (%)	
	NFHS 4	NFHS 5	NFHS 4	NFHS 5	NFHS 4	NFHS 5	NFHS 4	NFHS 5	NFHS 4	NFHS 5	NFHS 4	NFHS 5
Balangir	44.4	32.7	26.1	25.5	9.5	12.7	44.7	37.6	67.3	74.9	61	59.4

Gajapati	32.5	43.4	18.4	16.1	4.8	4.3	32.1	34.3	57.9	64.4	58.5	66.1
Kandhamal	38.3	34.2	23.1	23.3	8.4	12.4	43.1	35.2	42.7	55.3	52.7	48.9
Kalahandi	36.6	33.0	24.8	17.2	9.0	6.0	39.1	33.6	67.2	68.8	68.7	64.2
Koraput	40.3	43.1	28.5	15.9	8.3	6.8	44.4	33.5	71.4	69.7	63.3	58.2
Scheduled tribe	45.4	42.1	27.8	22.8	8.8	8.5	48.5	42.1	58.4	72.9	63.3	71.7
Odisha	34.1	31	20.4	18.1	6.4	6.1	34.4	29.7	44.6	64.2	51.0	64.3

कोविड-19 महामारी

3596. श्री सनातन पांडेय:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार के पास वर्तमान कोविड-19 महामारी की स्थितियों से निपटने के लिए चिकित्सा पेशेवरों और पैरामेडिकल स्टाफ को विशेष प्रशिक्षण प्रदान करने की कोई योजना है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार का विभिन्न प्रकार की महामारियों और उनके उपचार को शामिल करने के लिए डिप्लोमा और स्नातक पाठ्यक्रमों को पुनर्गठित करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) क्या भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने स्नातकोत्तर अध्ययन के दौरान मेडिसिन और सर्जरी की विशेष शाखाओं के साथ-साथ कम से कम एक प्रकार की महामारी में विशेषज्ञता प्राप्त करना अनिवार्य बनाने पर विचार किया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या

है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) और (ख): राष्ट्रीय आयुर्विज्ञान आयोग के अनुसार, अगस्त 2020 में एक योग्यता आधारित मॉड्यूल शुरू किया गया है। यह एमबीबीएस पाठ्यक्रम के लिए महामारी प्रबंधन पर एक दीर्घकालिक मॉड्यूल है। इसे इस प्रकार डिज़ाइन किया गया है कि एमबीबीएस (स्नातक) छात्र न केवल बीमारी की रोकथाम करने में सक्षम हों, बल्कि किसी भी प्रकोप/महामारी/वैश्विक महामारी से उत्पन्न होने वाले सामाजिक, कानूनी और अन्य मुद्दों का प्रबंधन करने में भी सक्षम हों।

भारतीय नर्सिंग परिषद (आईएनसी) ने कोविड-19 महामारी के नर्सिंग प्रबंधन पर विभिन्न वेबिनार श्रृंखलाएं तैयार की हैं, जिन्हें सार्वजनिक डोमेन में प्रकाशित किया गया है। आईएनसी ने वर्ष 2021 में बीएससी (एन) पाठ्यक्रम को योग्यता आधारित पाठ्यक्रम में संशोधित किया है, जिसे पूरे देश में सफलतापूर्वक लागू किया गया है और कोविड-19 को वयस्क स्वास्थ्य नर्सिंग और सामुदायिक स्वास्थ्य नर्सिंग विषयों के अंतर्गत संक्रामक रोगों के नर्सिंग प्रबंधन में शामिल किया गया है। साथ ही, रोगियों के नर्सिंग प्रबंधन के लिए सामान्य नर्सिंग और मिडफाइफरी (जीएनएम) पाठ्यक्रम में सैद्धांतिक और नैदानिक प्रशिक्षण में संचारी रोगों को शामिल किया गया है।

राष्ट्रीय सहबद्ध और स्वास्थ्य देख-रेख वृत्ति आयोग ने संबद्ध एवं स्वास्थ्य परिचर्या वृत्तियों के लिए एक नया योग्यता-आधारित पाठ्यक्रम प्रारंभ किया है, जिसमें महामारी विज्ञान और जन स्वास्थ्य की बुनियादी बातें शामिल हैं, जिनमें जोखिम कारक, रोग संचरण, स्क्रीनिंग और प्रकोप की जांच शामिल हैं।

(ग): भारतीय आयुर्विज्ञान अनुसंधान परिषद देश में जैव चिकित्सा अनुसंधान की विनिर्मिति, समन्वय और संवर्धन के लिए शीर्ष निकाय है और इस प्रकार यह स्नातकोत्तर अध्ययन के शिक्षण पाठ्यक्रम को नियंत्रित करने के लिए अधिकृत नहीं है।

NIRBHAYA FUND**3597. SHRIMATI PRIYANKA GANDHI VADRA:**

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether the Government has taken cognizance of the NARI Report 2025 by the National Commission for women, which found that 29% of women feel unsafe on public transport, if so, the details of initiatives taken to address safety concerns of women in public transport;
- (b) whether the Government has conducted any nationwide assessment on the prevalence of crimes/safety concerns faced by women in public transport, if so, the details thereof;
- (c) the details of projects/schemes implemented under Nirbhaya Fund for improving women's safety in public transport, State-wise especially in Kerala;
- (d) the details of funds allocated/ utilised under 'Nirbhaya Fund (Women Safety on Public Road Transport)' during the last five years along with the reasons for the underutilization, State-wise, if any; and
- (e) the details of the funds allocated/utilised under 'Other Schemes Funded from Nirbhaya Fund' in FY 2025-26?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) and (b): The National Commission for Women has not published any NARI Report 2025. "Police" and "Public Order" are State subjects under the Seventh Schedule of the Constitution of India. The responsibility to maintain law and

order, protection of life and property of the citizens including investigation and prosecution of crime against women is dealt by the respective State Governments. The Central Government gives highest priority to ensure the safety and security of women. Under the 'Whole of Government' approach various Ministries carry out their respective interventions. Under Ministry of Home Affairs, the National Crime Records Bureau (NCRB) compiles and publishes national crime data in its publication "Crime in India", which is available on the website of NCRB <https://ncrb.gov.in>.

(c) and (d): The Government of India has set up a dedicated fund called the "Nirbhaya Fund" for implementation of initiatives aimed at enhancing the safety and security for women including public transport. All projects/ schemes under Nirbhaya Fund are demand driven. An Empowered Committee (EC) constituted under the framework of Nirbhaya Fund appraises and recommends the proposals received from Central Ministries and Departments, State Governments and UTs, based on their requirements. The Projects under Nirbhaya Fund have direct impact on the safety and security concerns of women which include innovative use of technology, provision for real time intervention such as CCTVs ensuring real time monitoring of footage and quick response.

There are various projects funded under Nirbhaya Fund on women's safety and security that include, One Stop Centres (OSCs) which provide integrated support and assistance under one roof to women affected by violence and those in distress. Currently, there are 914 One Stop Centres (OSCs)

operational in the country having assisted more than 13.3 lakh women. Women Helpline (WHL-181) provides 24x7x365 toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services and has assisted more than 99 lakh women so far. WHL is integrated with Emergency Response Support System (ERSS), a pan-India, single recognised number, i.e. 112, established for various emergencies. ERSS has handled over 56 crore calls so far. The Safe City Project under Nirbhaya Fund is implemented by Ministry of Home Affairs in 8 Cities namely, Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow and Mumbai.

Further, the Government has provided financial assistance to States and UTs for implementation of projects through Ministry of Road Transport and Highways for safety of women in public transport such as Women Safety in Public Transport of Uttar Pradesh State Road Transport Corporation (UPSRTC), Women's safety in passenger vehicles in Bengaluru Metropolitan Transport Corporation (BMTTC), Installation of Vehicle Tracking Devices with SoS button of Telangana State Road Transport Corporation (TSRTC), Abhayam Project of Andhra Pradesh, State-wise Vehicle Tracking Platform (VTP) and Installation of CCTV in 100 buses of Sikkim Nationalised Transport (SNT) for Women's safety in Sikkim. Further, the projects/ schemes under Nirbhaya Fund generally have staggered implementation schedule. Upon appraisal of a project/

scheme by the EC, the Ministry/Department concerned takes approval of its own Competent Financial Authority (CFA) as per the laid down procedure and releases fund to the implementing agencies for implementation of the scheme/project, as per the requirement. The details of funds released/utilized, State and UT-wise and project-wise in the last five years including in the State of Kerala are enclosed as **Statement**.

(e): The Ministry keeps a very limited amount under Budget Head "Other Schemes Funded from Nirbhaya Fund", to directly fund projects from Women and Child Development (WCD)/ Social Welfare Departments of States and UTs and any other project that Ministry may propose on its own. Actual expenditure in this Budget Head depends on receipt of proposals from the various State Governments and Union Territories. The funds allocated under Budget Head "Other Schemes Funded from Nirbhaya Fund" of this Ministry during Financial Year 2025-2026 are Rs. 30 Cr. The expenditure under this Budget Head gets recouped from the Nirbhaya Fund for which Department of Economic Affairs (DEA) is the custodian. Based on the receipt of Utilization Certificate/ Statement of Expenditure received from the States, the release of funds is underway. Up to the financial year 2025-26, the total amount released and utilized out of the Nirbhaya fund across all Ministries and States for all completed and outgoing projects is Rs.6766.18 Crore.

STATEMENT**STATE AND UT-WISE DETAILS OF TOTAL FUNDS RELEASED AND UTILIZED (SINCE INCEPTION) UNDER NIRBHAYA FUND FOR PROJECTS RELATED TO SAFETY OF WOMEN IN PUBLIC TRANSPORT IMPLEMENTED BY THE MINISTRY OF ROAD TRANSPORT & HIGHWAYS (RS. IN CRORES)**

Sl.no	States/ UTs	Fund Released and Utilised
1.	Andaman & Nicobar Islands	2.6
2.	Andhra Pradesh	64.432
3.	Arunachal Pradesh	5.496
4.	Assam	7.888
5.	Bihar	5.24
6.	Chandigarh	3.25
7.	Chhattisgarh	5.24
8.	Dadra Nagar Haveli and Daman & Diu	2.6
9.	Delhi	6.328
10.	Goa	3
11.	Gujarat	5.792
12.	Haryana	4.192
13.	Himachal Pradesh	6.87
14.	Jammu and Kashmir	6.328
15.	Jharkhand	4.192
16.	Karnataka	39.432
17.	Kerala	5.792
18.	Ladakh	2.6
19.	Lakshadweep	2.6
20.	Madhya Pradesh	4.192
21.	Maharashtra	5.792
22.	Manipur	5.496

23.	Meghalaya	5.496
24.	Mizoram	6.87
25.	Nagaland	5.496
26.	Odisha	5.24
27.	Puducherry	3.25
28.	Punjab	4.192
29.	Rajasthan	4.192
30.	Sikkim	10.44
31.	Tamil Nadu	5.792
32.	Telangana	15.722
33.	Tripura	5.496
34.	Uttar Pradesh	85.112
35.	Uttarakhand	5.496
36.	West Bengal	4.192
Amount spent on Central Activities/ engagements through National Informatics Centre (NIC)		70.82
Delhi Integrated Multi-Modal Transit System Limited (DIMTS)- Project Management Unit		6.77

DETAILS OF FUNDS RELEASED AND UTILIZED UNDER NIRBHAYA FUND FOR SAFETY OF WOMEN IN PUBLIC TRANSPORT ONLY DURING LAST FIVE YEARS (RS. IN CRORES).

Projects

Year	State-wise Vehicle Tracking Platform (VTP)	Installation of Vehicles Tracking Devices with SoS button in Buses of Telangana State Road Transport Corporation (TSRTC) with monitoring from Central Command Control Centre	Installation of CCTV in 100 Buses of Sikkim Nationalised Transport (SNT) for Women's Safety in Sikkim
2020- 21	139.33	-	-
2021-22	27.92	-	-
2022-23	11.74	11.53	-
2023-24	15.40	-	-
2024-25	35.51	-	3.57

STATUS OF DEATH CERTIFICATION

3598: SHRI JAI PRAKASH:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether it is a fact that only 22.5 per cent of deaths in the country are medically certified;
 - (b) if so, the details thereof;
 - (c) whether the Government has assessed the implications of the gap in medical certification of deaths for public health and if so, the details thereof;
 - (d) whether the Government proposes to make medical certification of every death compulsory in the country in future; and
 - (e) if so, the details thereof and if not, the reasons therefor?
-

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (e): The Office of the Registrar General of India publishes an annual national report titled “Report on Medical Certification of Cause of Death” based on the data on medically certified cause of death received from the Office of Chief Registrars of Births and Deaths (CRBDs) of States/Union Territories as per the National list of Causes of Death based on Revised International Classification of Diseases (ICD) 10. As per the Report on Medical Certification of Cause of Death, 2023, the medically certified deaths as a percentage of total registered deaths is 22.0 per cent.

The Registration of Births and Deaths (RBD) Act 1969 (as amended in 2023) strengthens the legal provisions relating to medical certification of cause of death. As per the legal provisions under sections 10(2) and 10(3) of the Act, every medical institution, irrespective of ownership, is required to issue a certificate of the cause of death free of charge for deaths occurring in the institution, signed by the medical practitioner who attended the deceased during the recent illness. Further, where death occurs outside a medical institution but the deceased had been attended by a medical practitioner during the recent illness, the practitioner is required to issue the certificate of cause of death free of charge to the informant.

WELFARE AND PROTECTION SERVICES FOR WOMEN AND CHILDREN**3599. SHRI MANOJ TIWARI:**

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether the Government is aware that the availability/accessibility of welfare and protection services for women and children are limited in Delhi, particularly in the North-East Delhi Parliamentary Constituency;
- (b) if so, the details thereof;
- (c) the number of Anganwadi centres, One Stop Centres, Shakti Sadans and Child Care Institutions currently functioning in the said area;
- (d) whether the Government has any proposal to strengthen safety, nutrition, rehabilitation and skill development services for women and children in the said Constituency;
- (e) if so, the details thereof along with the projects approved, funds allocated and current status of implementation; and
- (f) if not, the reasons therefor along with the steps proposed to improve the availability of such services in the said area?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

- (a) to (f): The Government gives utmost priority to the safety, security, health, education, nutrition, rehabilitation and empowerment of women and children and has adopted multi-pronged approach to address their educational, social and economic empowerment across the country including North-East Delhi
-

Parliamentary Constituency.

Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals 'Sambal' for safety and security of women and 'Samarthya' for empowerment of women. Mission Shakti is Centrally Sponsored Scheme and implemented in NCT of Delhi including the North-East Delhi Parliamentary Constituency.

Sambal has components of One Stop Centre (OSC), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat (Nari Adalat). Samarthya has components of Shakti Sadan, Sakhi Niwas, Pradhan Mantri Matru Vandana Yojana (PMMVY), Palna and SANKALP: Hub for Empowerment of Women (SANKALP: HEW).

One Stop Centre (OSC) provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. In the NCT of Delhi, the 11 operational One Stop Centres have provided assistance to 43,079 women. Women Helpline (WHL-181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services all across the country including the NCT of Delhi. Beti Bachao Beti Padhao (BBBP) Scheme was launched to help

address Child Sex Ratio (CSR) and related issues of empowerment of girls and women over a life cycle continuum. Beti Bachao Beti Padhao (BBBP) scheme has transformed from policy initiative into national movement by mobilizing various stakeholders, including government agencies, media civil society and general public. Nari Adalat is an pilot initiative aimed at empowering women by ensuring justice and to offer services such as alternate dispute resolution, grievance redressal, counselling, evidence-based decision-making, pressure group tactics, negotiation, mediation, and reconciliation at Gram Panchayat level.

Pradhan Mantri Matru Vandana Yojana (PMMVY) is a maternity benefit scheme under which cash incentives flow to beneficiaries through Direct Benefit Transfer (DBT) mode for the first child and the second girl child. So far, 5,80,790 women have been benefitted under the scheme in the NCT of Delhi. Shakti Sadan is an integrated relief and rehabilitation home for women in distress situations, including trafficked women. Two Shakti Sadans are functional in the NCT of Delhi, and 820 women have been benefited since inception up to 31st December, 2025. Sakhi Niwas provides safe and conveniently located accommodation for working women. Presently, 14 Sakhi Niwas are functional in the NCT of Delhi, and over 6,800 women have benefited. Palna aims to provide quality crèche facilities in a safe and secure environment for children. As on date, 502 Anganwadi-cum-Crèches (AWCCs) are operational in the NCT of Delhi. SANKALP: Hub for Empowerment of

Women (HEW) facilitates inter-sectoral convergence of schemes and programmes meant for women at the national, State/UT, and district levels.

Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) integrates Anganwadi Services, Poshan Abhiyaan and the Scheme for Adolescent Girls, adopting a lifecycle approach to reduce malnutrition and strengthen human capital. It is a flagship programme of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development of children. The beneficiaries under this scheme are children in the age group of 0-6 years, pregnant women and lactating mothers across the country; and also, in 218 districts, adolescent girls (14-18 years of age).

Being a universal self-selecting Scheme, any person falling under these categories can enrol at AWCs to avail the Anganwadi services. Under the Scheme following six services are provided through the platform of Anganwadi Centres to the eligible beneficiaries:

- i. Supplementary Nutrition (SNP) under which there is special focus on undernourished children.\
 - ii. Pre-school Non-formal Education, also referred to as Early Childhood Care and Education
 - iii. Nutrition & Health Education
 - iv. Immunization,
 - v. Health Check-up, and
-

vi. Referral Services.

Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through NHM & Public Health Infrastructure. The number of AWCs functioning in NCT of Delhi including North-East Delhi Parliamentary constituency may be accessed from public dashboard of Poshan tracker which is available at www.Poshantracker.in

Mission Vatsalya scheme is a Centrally Sponsored Scheme (CSS) which is implemented through States and Union Territories to deliver services for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL) which include Institutional Care and Non-Institutional Care. Under the scheme Institutional Care is provided through Child Care Institutions (CCIs), as a rehabilitative measure. The programmes and activities in homes inter-alia include age-appropriate education, access to vocational training, recreation, health care, counselling etc. Under the Non-Institutional Care component, support is extended for Adoption, Foster Care, After Care and Sponsorship. The Child Care Institutions (CCIs) established under the Mission Vatsalya scheme support, inter-alia, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Total Registered CCIs including funded CCI is 88 in the NCT of Delhi including North-East Delhi Parliamentary constituency.

Mission Saksham Anganwadi and Poshan 2.0, Mission Shakti and Mission Vatsalya are Centrally Sponsored Scheme and implementation of

these scheme lies with the State Governments / UT Administrations. Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS).

Further, once in a year, the Programme Approval Board (PAB)/ Annual Programme Implementation Plan (APIP) monitors with States and UTs, the progress of activities under the scheme and reviews status of achievement of objectives, effective delivery of services to women and children including rural and marginalized communities. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States/UTs from time to time.

शहरी, ग्रामीण और अर्ध-शहरी क्षेत्रों में पर्याप्त स्वास्थ्य सेवाएं

3600. श्री अनिल यशवंत देसाई:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार द्वारा देश के शहरी, ग्रामीण और अर्ध-शहरी क्षेत्रों में स्वास्थ्य सेवाओं पर विशेष ध्यान दिया जा रहा है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और इन्हें किस प्रकार कार्यान्वित किया जा रहा है;

(ग) क्या सरकार ने महाराष्ट्र के ग्रामीण और अर्ध-शहरी क्षेत्रों में सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) की पर्याप्तता का आकलन किया है;

(घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और मौजूदा सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) के उन्नयन के लिए सरकार द्वारा क्या कदम उठाए गए हैं;

- (ड) उक्त राज्य में सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में ऑपरेशन थिएटर, नैदानिक सुविधाओं और इन-पेशेंट वार्डों सहित चिकित्सा बुनियादी ढांचे की उपलब्धता का ब्यौरा क्या है;
- (च) क्या सरकार ने सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में चिकित्सा कार्मिकों की कमी को दूर करने के लिए कोई कदम उठाए हैं; और
- (छ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और भर्ती एवं तैनाती के लिए सरकार द्वारा क्या उपाय किए जा रहे हैं या किए जाने प्रस्तावित हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (छ): 'जन स्वास्थ्य' और 'अस्पताल' राज्य के विषय हैं, इसलिए देश के सभी नागरिकों को बुनियादी स्वास्थ्य परिचर्या सेवाएं प्रदान करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकार की है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) महाराष्ट्र सहित विशेष रूप से देश के शहरी, ग्रामीण और अर्ध-शहरी क्षेत्रों में स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधा केंद्रों में पर्याप्त मानव संसाधनों की उपलब्धता और गुणवत्तापूर्ण स्वास्थ्य सेवाओं की उपलब्धता, वहनीयता और पहुंच में सुधार के लिए सहायता प्रदान करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) एनएचएम के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही अभिलेख (आरओपी) के रूप में प्रस्तावों को मंजूरी देती है।

भारत सरकार द्वारा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत महाराष्ट्र सहित देश भर में कई पहल की गई हैं, जिनमें आयुष्मान आरोग्य मंदिर (एएएम) का संचालन, निशुल्क दवा सेवा पहल, निःशुल्क निदान सेवा पहल (एफडीएसआई), राष्ट्रीय एम्बुलेंस सेवाएं, मोबाइल मेडिकल यूनिट,

आशाकर्मी, 24x7 सेवाएं और प्रथम रेफरल सुविधा, प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम, प्रजनन एवं बाल स्वास्थ्य के अंतर्गत विभिन्न कार्यक्रम, एनीमिया मुक्त भारत (एएमबी) कार्यनीति, टीबी मुक्त भारत अभियान और सार्वभौमिक प्रतिरक्षीकरण कार्यक्रम शामिल हैं।

स्थापित मानदंडों के अनुसार, ग्रामीण क्षेत्रों में 1,20,000 (मैदानी इलाकों में) और 80,000 (पहाड़ी एवं आदिवासी क्षेत्रों में) की आबादी के लिए एक सामुदायिक स्वास्थ्य केंद्र (सीएचसी) का प्रावधान है। इसके अतिरिक्त, शहरी क्षेत्रों के लिए, गैर-महानगरों (5 लाख से अधिक आबादी वाले) में प्रत्येक 2.5 लाख आबादी पर एक शहरी सामुदायिक स्वास्थ्य केंद्र (यू-सीएचसी) और महानगरों में प्रत्येक 5 लाख आबादी पर एक यू-सीएचसी का प्रावधान किया गया है।

हेल्थ डायनामिक्स ऑफ इंडिया (एचडीआई) (बुनियादी ढांचा और मानव संसाधन) एक वार्षिक प्रकाशन है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए स्वास्थ्य परिचर्या के प्रशासनिक आंकड़ों पर आधारित है। महाराष्ट्र सहित देश में सामुदायिक स्वास्थ्य केंद्रों (सीएचसी), स्वास्थ्य परिचर्या संबंधी बुनियादी ढांचा और मानव संसाधन की उपलब्धता का विवरण एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता है:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) द्वारा सामुदायिक स्वास्थ्य केंद्र (सीएचसी) सहित प्राथमिक और मध्यम स्वास्थ्य परिचर्या सुविधा केंद्रों के लिए भारतीय जन स्वास्थ्य मानक (आईपीएचएस) विकसित किए गए हैं। ये सेवाओं के मानक, बुनियादी ढांचे, मानव संसाधन, निदान, उपकरण, दवाओं आदि के लिए एकसमान मानदंड प्रदान करते हैं, जिनका उद्देश्य देश में स्वास्थ्य परिचर्या की गुणवत्ता में सुधार करना है। इसके अतिरिक्त, स्वास्थ्य और परिवार कल्याण मंत्रालय ने सभी सीएचसी को प्रथम रेफरल इकाई (एफआरयू) में उन्नत करने के लिए

परिचालन दिशानिर्देश जारी किए हैं, ताकि प्राथमिक परिचर्या आवश्यक सेवा पैकेज के तहत विस्तारित सेवाएं शामिल की जा सकें और मध्यम स्तर पर सेवा उपलब्धता को सुदृढ़ किया जा सके तथा रेफरल संपर्क सुनिश्चित किया जा सके।

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) को उप-स्वास्थ्य केंद्रों, शहरी स्वास्थ्य और आरोग्य केंद्रों, ब्लॉक जन स्वास्थ्य इकाइयों (बीपीएचयू), एकीकृत जिला जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) और गहन चिकित्सा अस्पताल ब्लॉकों (सीसीबी) के अवसंरचना विकास के लिए सहायता प्रदान करने के उद्देश्य से 64,180 करोड़ रुपये का बजट आवंटित किया गया है। पंद्रहवें वित्त आयोग (एफसी-XV) ने महाराष्ट्र सहित स्वास्थ्य क्षेत्र के विशिष्ट घटकों के लिए स्थानीय सरकारों के माध्यम से 70,051 करोड़ रुपये के अनुदान की सिफारिश की है।

भारत सरकार, एफडीएसआई के तहत महाराष्ट्र सहित राज्यों/संघ राज्य क्षेत्रों को समुदाय के निकट सुलभ और किफायती पैथोलॉजिकल और रेडियोलॉजिकल डायग्नोस्टिक सेवाएं प्रदान करने के लिए वित्तीय सहायता प्रदान करती है, जो जन स्वास्थ्य सुविधा केंद्रों के सभी स्तरों [उप स्वास्थ्य केंद्र (एसएचसी)-एएएम में 14 परीक्षण, प्राथमिक स्वास्थ्य केंद्र (पीएचसी)-एएएम में 63, सीएचसी में 97, उप-मंडल अस्पतालों (एसडीएच) में 111 परीक्षण और जिला अस्पतालों (डीएच) में 134 परीक्षण] पर निःशुल्क उपलब्ध हैं।

भारत सरकार ने देश भर के ग्रामीण और दूरदराज के क्षेत्रों में बेहतर सेवा प्रदायगी को प्रोत्साहित करने के लिए चिकित्सा पेशेवरों को प्रोत्साहन और मानदेय के रूप में कई पहलें की हैं, जिनमें निम्नलिखित शामिल हैं:

- i. ग्रामीण और दूरदराज क्षेत्रों में सेवा देने वाले विशेषज्ञ डॉक्टरों को दुर्गम क्षेत्र भत्ता प्रदान किया जाता है ताकि वे ऐसे क्षेत्रों में जन स्वास्थ्य सुविधा केंद्रों में सेवा देने के लिए आकर्षित हों।
- ii. राज्यों को विशेषज्ञों को आकर्षित करने के लिए बातचीत कर परस्पर सहमति से वेतन निर्धारित

करने की अनुमति है, जिसमें "यू कोट, वी पे" जैसी कार्यनीतियों में लचीलापन शामिल है।

- iii. राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत दुर्गम क्षेत्रों में सेवा देने वाले कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में प्राथमिकता के आधार पर प्रवेश और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।
- iv. विशेषज्ञों की कमी को दूर करने के लिए एनएचएम के तहत डॉक्टरों के बहु-कौशल विकास जैसे व्यापक आपातकालीन प्रसूति एवं नवजात शिशु परिचर्या (सीईएमओएनसी) और जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) को बढ़ावा दिया जाता है।

EXPANSION OF AYUSH INFRASTRUCTURE

3601. DR. ALOK KUMAR SUMAN:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government has launched any new scheme to expand AYUSH hospitals and dispensaries in the country;
- (b) if so, the details thereof, State/UT-wise; and
- (c) the details of the funds allocated during the current financial year?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b): Government of India has launched the Centrally Sponsored Scheme of National Ayush Mission (NAM) in the year 2014-15 for implementation through State/UT Governments and supporting their efforts for overall development and promotion of Ayush systems including assistance for establishment 50/30/10

bedded Integrated Ayush Hospitals (IAHs) & Ayush dispensaries in different part of the country as per the proposals received through State Annual Action Plans (SAAPs) within the existing provisions of NAM guidelines. Under NAM, as per proposals received from State/UT Governments through SAAPs, a total of 203 IAHs and 383 Ayush dispensaries have been approved for establishment in different part of the country. The State/UT-wise status of approved units for establishment of IAHs and Ayush dispensaries are enclosed as **Statement I and II** respectively.

(c): Under NAM, as on date total grant-in-aid of Rs.424.24 crore has been released as Central share to different State/UT Governments during the current financial year for implementation of approved activities of SAAPs.

STATEMENT- I

The State/UT-wise status of approved units for establishment of Integrated Ayush Hospitals (IAHs)

Name of State/UTs	Number of IAH
Andaman & Nicobar Island	1
Andhra Pradesh	2
Arunachal Pradesh	5
Assam	8
Bihar	1
Chandigarh	1
Chhattisgarh	10
Dadra Nagar Haveli and Daman & Diu	1
Goa	2
Gujarat	2

Haryana	1
Himachal Pradesh	3
Jammu & Kashmir	7
Jharkhand	7
Karnataka	3
Kerala	10
Lakshadweep	1
Madhya Pradesh	13
Maharashtra	14
Manipur	11
Meghalaya	3
Mizoram	2
Nagaland	7
Odisha	3
Puducherry	3
Punjab	2
Rajasthan	33
Sikkim	2
Tamil Nadu	6
Telangana	3
Tripura	2
Uttar Pradesh	25
Uttarakhand	7
West Bengal	2
Grand Total	203

STATEMENT- II

The State/UT-wise status of approved units for establishment of new Ayush dispensaries

Sl. No.	State/UT	Unit Approved
1	Arunachal Pradesh	2

2	Assam	100
3	Jammu & Kashmir	10
4	Maharashtra	1
5	Manipur	8
6	Meghalaya	10
7	Tamil Nadu	2
8	Uttar Pradesh	250
Total		383

RESEARCH AND DEVELOPMENT PROJECTS IN AYURVEDA

3602. SHRI A. MANI:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government has taken any steps to strengthen and expedite various Research and Development (R&D) projects in Ayurveda during the last three years and if so, the details thereof;
 - (b) the number of Ayurveda R&D projects sanctioned or supported in Tamil Nadu during the said period, particularly those focusing on traditional medicinal formulations and disease management;
 - (c) the details of the funds allocated for Ayurveda research and capacity building in Tamil Nadu during the last three years;
 - (d) whether any Ayurveda research centres, collaborative projects and field research units have been established / are proposed to be set up in Dharmapuri district under the aegis of the Central Council for Research in Ayurvedic Sciences (CCRAS), if so, the details thereof; and
-

(e) the steps taken by the Government to promote scientific validation, innovation and research on local medicinal plants in Dharmapuri Parliamentary constituency?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): The Ministry of Ayush is implementing a Central Sector Scheme, namely, Ayurgyan Scheme since 2021-2022 having three components viz. (i) Capacity Building & Continuing Medical Education (CME) in Ayush (ii) Research & Innovation in Ayush and (iii) Ayurveda Biology Integrated Health Research (ABIHR) was also added under the scheme from the year 2023-2024 as a third component. Being a Central Sector Scheme, the scheme is not specific to any State / UT.

Under the Research & Innovation (R&I) in Ayush and ABIHR component of Ayurgyan scheme, financial assistance is provided to eligible organizations for conducting research and development activities as per provisions contained in the scheme guidelines. Under R & I and ABIHR components, a total of 16 (R&D) projects in Ayurveda has been supported during last three years from 2022-2023 to 2024-2025.

In addition, research council under Ministry of Ayush namely Central Council for Research in Ayurvedic Sciences (CCRAS) also undertake research activities through their 30 Institutes / Centres located all over India and through

collaborative studies with various Universities, Hospitals, and Institutes. The research activities of the Council include Medicinal Plant Research, Drug Standardization, Pharmacological Research, Clinical Research, Literary Research & Documentation and Tribal Health Care Research Programme. CCRAS has completed 189 projects in the past three years. The Council have been completed 53 projects till 31st January 2026 and 232 projects are ongoing.

The Council has three journals named Journal of Drug Research in Ayurvedic Sciences (JDRAS), Journal of Research in Ayurvedic Sciences (JRAS), and Journal of Indian Medical Heritage (JIMH), which are also available electronically in the public domain free of cost to enable dissemination of the outcomes of research among the public. The Council also publishes the CCRAS Bulletin on a quarterly basis for the dissemination of research outcomes for the general public. Besides, the Council also publishes books, monographs, and technical reports, and they are being sold or distributed to disseminate research outcomes and merits of Ayurveda at large.

Further, the National Institute of Ayurveda (NIA) is also having research facilities i.e. (i) Drug Discovery & Development Unit (DDDU) which has been established in the year 2021 to develop at least ten new drugs in the next 10 years. (ii) Advanced Human Physiology Lab (AHPL) established with the goal of possessing state-of-the-art scientific infrastructure and advanced instruments to conduct research based on empirical evidence, and (iii) Central Laboratory, NIA, Jaipur with a vision to provide Quality Medical Laboratory services and in-house

facility for research in the Institute.

One of the Ayurveda Institute i.e. North Eastern Institute of Ayurveda and Homoeopathy (NEIAH), established in North-East (Shillong, Meghalaya) in 2008 with an aim and objectives to undertake and promote teaching and research in the fields of Ayurveda and Homoeopathy.

The All India Institute of Ayurveda (AIIA), an autonomous organization under the Ministry of Ayush, being an important higher educational institute of Ayurveda in the country is accredited with the national quality indicators like NAAC++ in academics and NABH for hospital. The institute has implemented the measures to enhance quality of R & D activities including publication are (i) Establishment of key research infrastructure: The institute has commissioned crucial research infrastructure with state-of-the-art modern technology & instrumentations and (ii) Measures to improve the evidence-based research in Ayurveda to enhance global acceptability.

(b): During the period, one project on Ayurveda under the AYURGYAN Scheme has been sanctioned to the Indian Institute of Technology (IIT), Chennai, located in Tamil Nadu. The project is titled “Effect of Ghee from Indigenous Cow Milk on Cognition and Neuro-protection against Alzheimer’s disease.

(c): During the last three years from 2022-2023 to 2024-2025 under Capacity Building and CME in Ayush Component, funds amounting to Rs.122.50 lakhs were released to various organizations/institutions situated in the State of Tamil Nadu to conduct 15 training programmes. During the year 2022-2023, under R

& I component, funds amounting to Rs. 14.49 lakh was released to 01 institution namely IIT, Chennai situated in Tamil Nadu, for conducting Research in Ayurveda.

(d) and (e): At present no such proposal is under consideration to set up any Ayurveda research centres, collaborative projects and field research units in Dharmapuri district under the aegis of the Central Council for Research in Ayurvedic Sciences (CCRAS). However, two peripheral Institutes namely, Captain Srinivasa Murthy Central Ayurveda Research Institute, Arumbakkam, Chennai and Dr. Achanta Lakshmipati Regional Ayurveda Research Institute, Taramani, Chennai under the CCRAS are functioning in Chennai. At present, CCRAS is not carrying out scientific validation, innovation and research on local medicinal plants in Dharmapuri Parliamentary constituency.

NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

3603. SHRI ANTO ANTONY:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) Whether the National Commission for Protection of Child Rights (NCPCR) has taken suo motu cognizance of the incident in Madhya Pradesh where children were reportedly on scrap paper on Republic Day? If so, the details thereof;
 - (b) Whether NCPCR has taken cognizance of the reported drinking water contamination incident in Indore affecting children? If so, the details and
-

present status of enquiry thereon;

- (c) The number of similar incidents relating to mid-day meal irregularities/unsafe drinking water in schools reported during the last five years, State-wise;
- (d) The number of cases in which NCPCR has taken suo motu action, year-wise;
- (e) Whether NCPCR has completed the enquiry reports in the said cases? If so, the findings and recommendations thereof; and
- (f) The details of the action taken by the concerned State Governments based on the recommendations of NCPCR in such cases.

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

- (a): The National Commission for Protection of Child Rights has not taken suo motu cognizance of the reported incident in Madhya Pradesh .
- (b): The Commission has not taken cognizance on the said matter.
- (c): Details are enclosed as **Statement-I**.
- (d): Details are enclosed as **Statement-II**.
- (e) and (f): NCPCR after taking cognizance of the cases relating to mid-day meal irregularities/unsafe drinking water in schools, as per section 13(1)(J) of the CPCR Act, 2005 has referred the matter to the District Administration and State Government concerned for necessary action.

Out of 111 cases received by the Commission during last five years, 95 cases has been disposed off after receiving the action reports from the District and

State authorities concerned.

STATEMENT- I

CASES RELATED TO MID-DAY MEAL & DRINKING WATER RECEIVED IN NCPCR IN THE LAST FIVE YEARS

S. No.	State	2020- 21	2021- 22	2022- 23	2023- 24	2024- 25	Total No. of Cases
1	Andaman & Nicobar Islands	0	0	0	0	0	0
2	Andhra Pradesh	0	3	0	0	0	3
3	Arunachal Pradesh	0	0	0	0	0	0
4	Assam	0	0	2	0	0	2
5	Bihar	0	0	2	5	1	8
6	Chandigarh	0	0	0	0	0	0
7	Chhatishgarh	0	0	0	0	0	0
8	Dadra and Nagar Haveli and Daman and Diu	0	0	0	0	0	0
9	Delhi	1	1	1	0	0	3
10	Goa	0	0	0	0	0	0
11	Gujarat	0	0	14	0	0	14
12	Haryana	0	0	0	0	0	0
13	Himachal Pradesh	0	0	0	0	0	0
14	Jammu and Kashmir	0	0	0	0	0	0
15	Jharkhand	1	1	2	1	1	6
16	Karnataka	0	0	0	0	0	0
17	Kerala	1	0	0	1	0	2
18	Ladakh	0	0	0	0	0	0
19	Lakshadweep	0	0	0	0	0	0
20	Madhya Pradesh	1	3	2	6	10	23
21	Maharashtra	0	0	0	1	0	1
22	Manipur	0	0	0	0	0	0
23	Meghalaya	0	0	0	0	0	0

24	Mizoram	0	0	0	0	0	0
25	Nagaland	0	0	0	0	0	0
26	Orissa	0	3	2	11	0	16
27	Puducherry	0	0	0	0	0	0
28	Punjab	0	0	0	1	0	1
29	Rajasthan	0	0	0	0	0	0
30	Sikkim	0	0	0	0	0	0
31	Tamil Nadu	0	0	0	11	0	11
32	Telangana	0	0	1	0	1	2
33	Tripura	0	0	0	0	0	0
34	Uttar Pradesh	0	2	5	9	0	16
35	Uttarakhand	0	0	0	0	0	0
36	West Bengal	0	0	1	1	1	3
Total		4	13	32	47	14	111

STATEMENT- II

CASES RELATED TO SUO-MOTO ACTION BY NCPCR IN THE LAST FIVE YEARS

S. No.	State	2020-21	2021-22	2022-23	2023-24	2024-25	Total Cases
1	Andaman & Nicobar Islands	0	0	0	0	0	0
2	Andhra Pradesh	0	0	0	0	0	0
3	Arunachal Pradesh	0	0	0	0	0	0
4	Assam	0	0	0	0	0	0
5	Bihar	0	0	0	3	0	3
6	Chandigarh	0	0	0	0	0	0
7	Chhatisgarh	0	0	0	0	0	0
8	Dadra and Nagar Haveli and Daman and Diu	0	0	0	0	0	0
9	Delhi	0	0	0	0	0	0
10	Goa	0	0	0	0	0	0

11	Gujarat	0	0	0	0	0	0
12	Haryana	0	0	0	0	0	0
13	Himachal Pradesh	0	0	0	0	0	0
14	Jammu and Kashmir	0	0	0	0	0	0
15	Jharkhand	0	0	0	1	0	1
16	Karnataka	0	0	0	0	0	0
17	Kerala	0	0	0	0	0	0
18	Ladakh	0	0	0	0	0	0
19	Lakshadweep	0	0	0	0	0	0
20	Madhya Pradesh	0	1	1	0	0	2
21	Manipur	0	0	0	0	0	0
22	Maharashtra	0	0	0	0	0	0
23	Meghalaya	0	0	0	0	0	0
24	Mizoram	0	0	0	0	0	0
25	Nagaland	0	0	0	0	0	0
26	Orissa	0	0	0	0	0	0
27	Puducherry	0	0	0	0	0	0
28	Punjab	0	0	0	0	0	0
29	Rajasthan	0	0	0	0	0	0
30	Sikkim	0	0	0	0	0	0
31	Tamil Nadu	0	0	0	0	0	0
32	Telangana	0	0	0	1	0	1
33	Tripura	0	0	0	0	0	0
34	Uttar Pradesh	0	1	0	1	1	3
35	Uttarakhand	0	0	0	0	0	0
36	West Bengal	0	0	0	0	0	0
Total		0	2	1	6	1	10

ESTABLISHMENT OF AIIMS IN URI

3604. SHRI ABDUL RASHID SHEIKH:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of financial assistance received by the Government of Jammu and Kashmir under various Central schemes during the last three years;
- (b) whether the Government has considered establishing an AIIMS branch in the border town of Uri; and
- (c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (c): "Public Health and Hospitals" is a State subject and the primary - responsibility of strengthening public healthcare system including up gradation and strengthening of existing health facilities lies with the respective State/ UT. However, under NHM, Ministry of Health and Family Welfare (MoHFW) provides the technical and financial support to States/UTs based on the proposals received from States within their overall resource envelope.

The Ministry of Health and Family Welfare through various Centrally Sponsored Schemes and Central Sector Schemes supplements the efforts of the States / UTs in the healthcare sector. The various Centrally Sponsored Schemes are implemented with separate budget lines for each component of the schemes under this Ministry. The details of various major Centrally Sponsored Schemes / programmes and Central Sector Schemes implemented through the States/UTs along with details of funds released in the State of Jammu Kashmir

are as under :

(b) National Health Mission (NHM) and Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) enclosed as **Statement-I**

(c) Establishment of New Medical Colleges attached with existing District/Referral hospitals and up gradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country and Strengthening and up gradation of State Government Medical colleges for starting new PG disciplines and increasing PG seats enclosed as **Statement-II**

(d) Pradhan Mantri Jan Arogya Yojana (PMJAY) enclosed as **Statement -III**

(e) Augmenting Nursing Education enclosed as **Statement-IV**

Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved in various States/UTs in the country. Regarding, UT of Jammu & Kashmir, AIIMS at Jammu has already been established and the Institute is functional. Another AIIMS at Awantipora has been approved by Govt. of India and its construction work is in progress.

Further, for expansion and strengthening of tertiary healthcare facilities in the region, under another component of PMSSY, approval has been accorded for upgradation of two Government Medical Colleges on Center-State sharing basis by way of construction of Super Specialty Block which have been completed. These include (i) Government Medical College, Jammu and (ii)

Government Medical College, Srinagar. Under PMSSY, there is no proposal for establishment of an AIIMS in Uri in UT of Jammu and Kashmir.

STATEMENT- I

- **Central Release under National Health Mission (NHM) for the State of Jammu & Kashmir from FY-2022-23 to FY-2024-25 are as under:**

(Rs. In Crore)

S. No.	State	2022-23	2023-24	2024-25
1	Jammu & Kashmir	651.52	805.22	1,040.76

Note: The above releases relate to Central Govt. Grants & do not include State share contribution.

- Central Release under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) for the State of Jammu & Kashmir from FY-2022-23 to FY-2024-25 are as under:

(Rs. In Crore)

S. No.	State	2022-23	2023-24	2024-25
1	Jammu & Kashmir	1.00	44.01	60.44

Note: The above releases relate to Central Govt. Grants & do not include State share contribution.

STATEMENT-II

(a) Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism

between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under the scheme, all the envisaged 157 medical colleges have been approved out of which, 07 medical colleges have been approved in Jammu & Kashmir. The details may be seen as under:

(In Rs. crore)

S No	District	Approved Cost	Central Share (90%)	Amount Released					Total	Functional
				2014-15	2015-16	2016-17	2017-18	2018-19		
1	Anantnag	189	170.10	0	0	36	35	99.10	170.10	Yes
2	Baramulla	189	170.10	0	0	36	35	99.10	170.10	Yes
3	Rajouri	189	170.10	0	0	36	35	99.10	170.10	Yes
4	Doda	189	170.10	0	0	0	71	99.10	170.10	Yes
5	Kathua	189	170.10	0	0	0	71	99.10	170.10	Yes
		945	850.50	0	0	108	247	495.50	850.50	

(Rs. in crore)

S No	District	Approved Amount	Central Share (60%)	Amount Released				Total	Physical progress
				2018-19	2019-20	2020-21	2021-22		
1	Udhampur	325	292.5	0	23	127	0	150	30%
2	Handwara	325	292.5	0	23.81	149.19	0	173	Site under review due to flood
Total		650	585	0	46.81	276.19	0	323	

(b) Under CSS for 'Upgradation of existing State Government/Central

Government medical colleges to increase MBBS seats in the country, 60 UG seats in 02 medical colleges with an approved cost of Rs. 72 cr. has been approved in Jammu & Kashmir. The entire central share has been released to the State of Jammu & Kashmir. The details may be seen as under:

Name of Medical College	No. of Seats to be increased	Initial Approved cost	Central share (90%)	Total released amount
Govt. Medical College, Jammu	30 (150 to 180)	36	32.4	32.4
Govt. Medical College, Srinagar	30 (150 to 180)	36	32.4	32.4
Total	60	72.00	64.8	64.8

(c) In addition to this, Under Centrally Sponsored Scheme (CSS) for 'Strengthening and upgradation of State Government medical colleges for starting new PG disciplines and increasing PG seats', 196 PG seats in 04 medical college has been approved in Jammu & Kashmir with an approved cost of Rs 118.04 cr. The central share of Rs. 49.46 cr. has been released to Jammu & Kashmir. The details may be seen as under:

Phase-I

Name of the Medical College	Total Cost	Central Share	No. of PG seats to be created	No. of PG seats created	Total Amount Released
J & K Sher-e-Kashmir Institute of Medical Sciences, Soura, Srinagar	37.57	30.9985	127	29	30.9985
Total	37.57	30.9985	127	29	30.9985

Phase-II

S No.	Name of College	Date of approval	Seats approved	Approved cost	Central share	Funds released
1	Government Medical College, Jammu	23.01.2023	25	28.1596	25.3437	6.34
2	Government Medical college, Srinagar	16.08.2022	19	22.79	20.51	5.13
3	SKIMS Srinagar	16.06.2023	25	29.53	26.57	7
Sub Total			69	80.4796	72.4237	18.47

STATEMENT-III

The funding of AB PM-JAY is entirely demand driven. NHA releases funds for scheme implementation to the States/UTs on the basis of utilization certificates for previous releases and demand received from the state.

The details of funds released to Jammu and Kashmir during the last three years is as below:

Financial Year	Fund Released (Amount in Cr.)
2022-23	85.61
2023-24	42.22
2024-25	52.18

STATEMENT- IV

"Under the Centrally Sponsored Scheme (CSS) for "Augmenting Nursing Education Establishment of New Colleges of Nursing (CoNs) in co-location with Medical Colleges" was approved by the Cabinet on 26.04.2023, one (01) College of Nursing at Handwara, District Kupwara has been approved for establishment. An amount of Rs. 2.00 crore as the first instalment towards the Central share, was released during FY 2023-24."

UNSAFE DRINKING WATER

3605. DR. SHASHI THAROOR:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:-

- (a) whether the Government is aware of recent reports indicating that drinking water samples in Delhi and Ghaziabad have failed safety standards for the fifth consecutive year due to faecal contamination, posing serious risks of water-borne diseases and adverse public health outcomes and if so, the details thereof;
- (b) whether the Government is taking steps to strengthen surveillance, inter-agency coordination and preventive public health measures to address unsafe drinking water supplies; and
- (c) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): Water is a State subject and management of water is the responsibility of the State Government. Government of India supplements the efforts of the States/Union Territories (UTs) through schematic interventions/ advisories. It provides financial and technical support to the States through various schemes/ Missions such as Atal Mission for Rejuvenation and Urban Transformation (AMRUT) and AMRUT 2.0 for approved infrastructure projects aimed at improving urban services, including water supply systems. Under this Mission, the State/ UTs are empowered to select, appraise, prioritise and implement the projects as per their local requirements including augmentation/ rehabilitation of

infrastructure as per Mission guidelines. The State Governments are responsible for monitoring, enforcement and corrective action for drinking water safety.

The Ministry of Housing and Urban Affairs (MoUHA) has published Manual on Water Supply and Treatment Systems (Drink from Tap) in March 2024 (<https://mohua.gov.in/publication/manual-on-water-supply-and-treatment-systems---drink-from-tap---march-2024.php>), for reference by the States/ ULBs for designing and implementation of the water supply projects. The manual has a Chapter on “Drinking water quality monitoring and surveillance”, which outlines the standard procedures for various components of drinking water quality monitoring and surveillance and sanitary surveillance (inspection) activities to be undertaken by Urban Water Service Providers.

MoHUA has issued an advisory in January, 2026 to all the States/UTs to carry out comprehensive assessments of vulnerable areas & ageing infrastructure and to identify the crossing of sewer lines in close proximity to water supply lines and to conduct digital mapping of the existing water and sewer network using geo-spatial database created under AMRUT/AMRUT 2.0 in order to prevent health hazards.

Through AMRUT Mitra initiative, Women Self Help Groups (SHGs) have been engaged in water quality testing, Operation & Maintenance support, bill distribution and awareness

Since August 2019, the Jal Jeevan Mission (JJM) under the Department of Drinking Water and Sanitation is being implemented in partnership with States

to provide potable tap water supply of prescribed quality, in adequate quantity and on a regular basis to every rural household in the country.

(Link:<https://jaljeevanmission.gov.in/sites/default/files/handbook-on-drinking-water-treatment-technologies-2023.pdf>)

SAFETY AND WELFARE OF WOMEN AND CHILDREN

3606. SHRI ZIA UR REHMAN:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether the Government is cognizant of the challenges being faced in ensuring nutrition, safety and welfare of women and children, particularly in rural and economically weaker regions of the country; and
- (b) if so, the details of the steps that have been taken/proposed to be taken by the Government to strengthen nutrition programmes, enhance protection mechanisms and improve overall welfare services for women and children?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) and (b): For effective implementation and efficient monitoring, various schemes implemented by the Ministry of Women & Child Development for nutrition, safety and welfare of women and children all over the country, including in rural and economically weaker regions of the country, have been reviewed and clubbed into three Umbrella Missions viz. (1) Mission Saksham Anganwadi

& Poshan 2.0 with the objective to improve nutrition & health indicators (2) Mission Shakti, for safety, protection and empowerment of women; and (3) Mission Vatsalya, for protection, care and welfare of children in difficult circumstances. Details of the schemes are as under:

(i) Saksham Anganwadi & Poshan 2.0 (Mission Poshan 2.0): Under this mission, Anganwadi Services Scheme, POSHAN Abhiyaan and Scheme for Adolescent Girls have been reorganized into 3 primary sub-verticals: (i) Nutrition Support for Children, Pregnant Women & Lactating Mothers and for Adolescent Girls (ii) Early Childhood Care and Education and (iii) Anganwadi Infrastructure including upgraded Saksham Anganwadis.

Under this Mission the details of beneficiaries as on 28.02.2026 are as hereunder:

Children	7,67,90,933
Pregnant Women	57,90,373
Lactating Mothers	56,43,545
Adolescent Girls	15,61,716

(ii) Mission Shakti: It aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals 'Sambal' for safety and security of women and "Samarthya for empowerment of women including rural and economically weaker regions of the country. The 'Sambal has components of One Stop Centre (OSC), Women Helpline(WHL), Beti Bachao

Beti Padhao (BBBP) and Nari Adalat (Nari Adalat). The 'Samarthya' has components of Shakti Sadan, Sakhi Niwas, Padhan Mantri Matru Vandana Yojana (PMMVY), Palna and SANKALP: Hub for Empowerment of Women (SNKALP: HEW).

As on 31st January, 2026, about 1.11 crore Women have been assisted through OSCs and Women Helpline all over the country.

Under PMVVY an amount of Rs.20, 101.00 crore has been paid to about 4.27 crore beneficiaries.

(iii) Mission Vatsalya: Mission Vatsalya includes the Integrated Child Protection Scheme (ICPS) for better outreach and protection for children in need and care in a mission mode with the objective to: (i) Support and sustain Children in difficult circumstances. (ii) Develop context-based solutions for holistic development of children from varied backgrounds. (iii) Provide scope for encouraging innovative solutions, (iv) Cement convergent action.

Under Mission Vatsalya about 82,005 children are in institutional care and there are 3799 Child Care Institutes.

In addition to this, the Government of India earmarks a certain percentage of the national budget exclusively for women and girls. In the gender budget statement of FY 2026-27, an allocation of Rs. 5.01 lakh crore has been reported for welfare of women and girls, including their nutrition, safety, empowerment etc.

A total of 53 Ministries/Departments and 5 UTs have reported Gender

Budget allocations in FY 2026-27. Ministries/Departments that have reported more than 30% of their total allocations in the Gender Budget for FY 2026-27 are Ministry of Women & Child Development (81.73%), Department of Rural Development (69.92%), Ministry of Development of North Eastern Region (48.60%), Department of Drinking Water & Sanitation (48.04%), Department of Food and Public Distribution (46.34%), Department of Health and Family Welfare (40.44%), Ministry of New & Renewable Energy(39.05%), Department of Higher Education ((32.25%), Ministry of Panchayati Raj (30.93%), Ministry of Petroleum and Natural Gas (30.22%) and Department of School Education and literacy (30.10%).

ANALYSIS OF FOOD SAMPLES

3607. SHRI RAO RAJENDRA SINGH:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has considered, including representatives from the Ministry of Statistics and Programme Implementation and the Food Safety and Standards Authority of India (FSSAI), in view of the role of statistical methods, quality control and error minimisation in the Authority's regulatory and sampling activities, if so, the details thereof;
 - (b) whether experts and professors from premier academic and research institutions such as the Indian Statistical Institute (ISI), University of Delhi (DU) and Indian Institute of Technology (IIT), Kanpur are engaged by FSSAI
-

in the process of collection and analysis of food samples to ensure the adoption of scientifically robust methodologies;

(c) if so, the details thereof and if not, the reasons therefor; and

(d) whether the Government proposes to take measures in this regard to strengthen the scientific and statistical foundations of food safety regulation in the country and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): Food Safety and Standards Authority of India (FSSAI) is mandated to lay down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption. The implementation and enforcement of the Food Safety and Standards (FSS) Act, 2006 is a shared responsibility between the Central and State Governments.

FSSAI has notified the Food Safety and Standards (Laboratory and Sample Analysis) Regulations, 2011, which specifies the provisions for food sampling.

FSSAI has published a comprehensive set of resources to support food safety and analysis, including 17 Manuals on Methods of Analysis for various food commodities and two (02) General Guidelines on Sampling. These documents provide standardized procedures to ensure consistency, reliability,

and scientific robustness in food sampling and testing. These manuals are recommended by the Scientific Panel on Methods of Sampling and Analysis which constitutes the experts from renowned institutions such as Indian Institute(s) of Technology (IITs), Indian Council of Agricultural Research (ICAR)- National Research Centre for Grapes, Council of Scientific & Industrial Research (CSIR) - Central Institute of Medicinal and Aromatic Plants, CSIR Indian Institute of Chemical Technology, National Dairy Development Board etc.

AYUSH DOCTORS AND YOGA INSTRUCTORS

3608. DR. NAMDEO KIRSAN :

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government has formulated any policy to appoint AYUSH doctors and Yoga instructors/teachers for raising public awareness and providing treatment to poor people in the tribal areas and villages of the country, State/UT-wise, particularly in Maharashtra;
- (b) if so, the details thereof; and
- (c) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) to (c): Public Health being a State subject, the primary responsibility for appointment of AYUSH doctors and Yoga instructors/teachers for raising public
-

awareness and providing treatment to poor people in the tribal areas and villages of the country including Maharashtra lies with respective State Government. However, the Government of India is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and supporting their efforts for operationalization of Ayushman Arogya Mandir (Ayush) [AAM (Ayush)] by upgrading existing Ayush dispensaries and Sub Health Centres.

These AAM (Ayush) are also being supported for deployment contractual Ayush Doctors/Community Health Officers (CHOs) and part-time yoga instructors as per the requirement within the existing provisions of guidelines for providing holistic health care services through different Ayush interventions including Yoga sessions in rural, tribal areas and villages of the country. Under NAM, 12,500 AAM (Ayush) have been supported across the country including Maharashtra and as reported by the States/UTs, all are operational. The State/UT-wise status of approved and functional AAM (Ayush) is enclosed as **Statement**.

Further, under NAM, State/UT Governments are also being supported for implementation of dedicated Ayush Public Health Programme by the name of Ayush Mobile Medical Unit (AMMU) for providing Ayush healthcare services to the doorstep in unserved and underserved tribal populations through outreach activities. This programme is having the provision for support of contractual deployment of Ayush Doctor and Multi-Purpose Worker (MPW) for effective

implementation of the outreach activities. Accordingly, the State Government may avail financial assistance by submitting suitable proposals through State Annual Action Plans (SAAPs) as per NAM guidelines.

STATEMENT

The State/UT-wise status of approved and functional AAM (Ayush)

Status of Ayushman Arogya Mandir AAM (Ayush)			
Sr No.	State/UT	Status of Ayushman Arogya Mandir AAM(Ayush)	
		No. of Units Approved	No. of Units Functional
1	Andaman & Nicobar Island	6	6
2	Andhra Pradesh	126	126
3	Arunachal Pradesh	89	89
4	Assam	500	500
5	Bihar	294	294
6	Chandigarh	12	12
7	Chhattisgarh	400	400
8	Delhi	0	0
9	Dadra Nagar Haveli and Daman Diu	1	1
10	Goa	100	100
11	Gujarat	365	365
12	Haryana	538	538
13	Himachal Pradesh	761	761
14	Jammu & Kashmir	523	523
15	Jharkhand	745	745
16	Karnataka	376	376
17	Kerala	700	700
18	Ladakh	0	0

19	Lakshadweep	7	7
20	Madhya Pradesh	800	800
21	Maharashtra	390	390
22	Manipur	15	15
24	Meghalaya	24	24
24	Mizoram	41	41
25	Nagaland	49	49
26	Odisha	422	422
27	Puducherry	4	4
28	Punjab	158	158
29	Rajasthan	2019	2019
30	Sikkim	18	18
31	Tamil Nadu	650	650
32	Telangana	421	421
33	Tripura	72	72
34	Uttar Pradesh	1034	1034
35	Uttarakhand	300	300
36	West Bengal	540	540
TOTAL		12500	12500

ENHANCEMENT OF ALLOCATION OF FUNDS UNDER NHM

3609. SHRI BALWANT BASWANT WANKHADE:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the State Governments have requested the Union Government to enhance the allocation of funds under the National Health Mission (NHM), if so, the details thereof;
- (b) the details of funds requested by the State Governments and funds proposed and allocated to each State for implementation of Central Sector

Schemes under NHM during the last three financial years;

- (c) whether the Union Government has convened a meeting of National Programme Coordination Committee recently to review the Central Sector Schemes, if so, the outcome thereof;
- (d) whether various State Governments have requested the Union Government to increase the central share for implementation of schemes under NHM, if so, the details thereof along with the response of the Union Government thereto; and
- (e) the present sharing pattern for implementation of Schemes under NHM in the country?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health & Family Welfare (MoHFW) is implementing National Health Mission (NHM). Government provides technical and financial support to the States/UTs for improvement in health infrastructure, availability of adequate human resources to health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups. The details of State/UT-wise Central Release under the National Health Mission (NHM) from F.Y. 2022-23 to F.Y. 2024-25 is enclosed as **Statement**.

Public Health is a State subject, hence, the primary responsibility of providing basic health services to all the citizens of the country lies with respective State/UT Government. However, under NHM, funds are released to States/UTs under flexible pool on a lump sum basis to provide greater flexibility to States/UTs to utilize the funds as per their felt need and priorities. During the National Programme Coordination Committee (NPCC) meetings held every year, the proposals of the States/UTs are discussed and finalized in consultation with the State/UTs within their available resource envelope. Based upon recommendation of NPCC approvals are awarded in the form of Record of Proceedings (RoP) & issued to respective States/UTs Governments. Approvals granted to each State is referenced in the Record of Proceedings (RoPs) available at the below mentioned link:
<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

Release of funds under NHM is subject to available resources and compliance by States/UTs of the guidelines prescribed in this regard by Department of Expenditure, Ministry of Finance.

As per Department of Expenditure (DoE), Ministry of Finance D.O. No. 32/PSO/FS/2015 dated 28th October, 2015 the funding will be shared 60:40 between the Centre and the State (90:10 for the 8 North Eastern and 3 Himalayan States) and 100:0 for UTs without legislature.

STATEMENT**State/UT-wise Central Release under National Health Mission for the FY 2022-23 to FY 2024-25**

Rs. In Crore

S. No.	Name of the State/UT	2022-23	2023-24	2024-25
1	Andaman and Nicobar Islands	45.26	37.84	49.99
2	Andhra Pradesh	1,489.45	1,096.01	1,319.61
3	Arunachal Pradesh	233.82	404.55	388.86
4	Assam	1,981.83	2,257.06	2,076.25
5	Bihar	1,586.57	2,032.95	2,367.18
6	Chandigarh	38.09	30.58	43.43
7	Chattisgarh	1,195.08	875.80	969.11
8	Dadra & Nagar Haveli and Daman & Diu	58.28	39.92	40.96
9	Delhi	35.15	150.54	240.39
10	Goa	55.42	48.97	55.06
11	Gujarat	1,120.06	1,506.96	1,324.86
12	Haryana	681.21	524.01	562.49
13	Himachal Pradesh	494.65	470.36	523.70
14	Jammu & Kashmir	651.52	805.22	1,040.76
15	Jharkhand	810.30	958.06	964.31
16	Karnataka	1,246.67	1,187.60	1,295.81
17	Kerala	1,036.76	189.15	1,351.78
18	Ladakh	94.94	120.44	135.98
19	Lakshadweep	9.97	3.79	9.68
20	Madhya Pradesh	2,582.10	2,545.68	2,430.91
21	Maharashtra	2,187.13	2,729.30	2,417.95
22	Manipur	61.40	169.12	279.16
23	Meghalaya	261.56	261.39	297.95

24	Mizoram	111.82	134.42	159.96
25	Nagaland	91.38	184.84	204.47
26	Odisha	1,284.69	1,901.77	1,916.79
27	Puducherry	20.73	30.80	26.27
28	Punjab	448.89	91.49	878.21
29	Rajasthan	1,460.80	2,785.46	2,398.62
30	Sikkim	73.30	68.17	81.67
31	Tamil Nadu	1,652.24	1,996.06	1,742.67
32	Telangana	683.77	564.93	1,110.43
33	Tripura	231.90	264.31	268.67
34	Uttar Pradesh	5,133.59	4,928.14	5,853.43
35	Uttarakhand	505.01	711.33	604.05
36	West Bengal	1,252.32	890.42	688.44

Note:

- 1) The above releases relate to Central Govt. Grants & do not include State share contribution.

FOREIGN POLICY TOWARDS ISRAEL

3610. SHRI SHAFI PARAMBIL:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) the official position of Indian on the current political and humanitarian crisis going on in the Gaza Strip;
- (b) whether there is a shift in our foreign policy towards Israel; and
- (c) if so, the details thereof?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a) to (c): India's policy towards Palestine and Israel has been long-standing. India remains committed to achieving a just, comprehensive and lasting peace in the Middle East. Prime Minister met the President of Palestine on the sidelines of Summit of the Future in New York in September 2024 and reiterated India's principled position on the Israel-Palestine issue. During his State Visit to Israel in February 2026, Prime Minister reiterated India's support for all efforts that contribute to durable peace and regional stability.

India has expressed concern at the humanitarian situation in Gaza and called for safe, timely and sustained delivery of humanitarian assistance to the people of Palestine. India condemned the loss of civilian lives and called for a ceasefire, release of all hostages and peaceful resolution of conflict through dialogue and diplomacy and welcomed the Gaza Peace Plan. India's support for all efforts towards a lasting peace was reaffirmed by Minister of State for External Affairs Shri Kirti Vardhan Singh at the Gaza Peace Summit in Sharm El-Sheikh on 13 October 2025.

Since the beginning of the conflict, India has provided around 70 MT of humanitarian aid, including 16.5 MT of medicines and medical supplies in two tranches in October- November 2023. Again, in October and November 2024, India sent 65 tonnes of medicines to United Nations Relief and Work Agency for Palestine Refugees in the Near East (UNRWA) and Palestine Ministry of Health. The list of medicines is given in the enclosed **Statement**. India has also released a total of \$12.5 million since the beginning of the conflict, including \$5 million in

2025, to UNRWA.

STATEMENT

S.No.	List of Medicines supplied to Palestine
1.	Ibuprofen
2.	Adalimumab
3.	Azithromycin
4.	5- Flurouracil
5.	Fulvestrant
6.	Bevacizumab
7.	Bevacizumab
8.	Bendamustine
9.	Peg Aspargase
10.	Docetaxel
11.	Gemcitabine
12.	Vincristine Sulphate
13.	Rasburicase
14.	Abiraterone Acetate
15.	Amiodarone 1
16.	Calamine +Zincoxide
17.	Suxamethonium Hcl
18.	Vecuronium
19.	Budesonide + Formoterol Inhaler
20.	Budesonide Inhaler
21.	Alfacalcidol Cap
22.	Glycin 1
23.	Ultrasound Gel
24.	Citric Acid

25.	Clopidogrel
26.	Loratadine
27.	Allopurinol
28.	Amitriptyline tablet
29.	Amoxycillin
30.	Azithromycin
31.	Azithromycin
32.	Carbamazepine
33.	Cefuroxime
34.	DepoMedroxy progesterone acetate
35.	Digoxin
36.	Famotidine
37.	Fluconazole
38.	Frusemide
39.	Haloperidol
40.	Ibuprofen
41.	Losartan Potassium
42.	Metformin Hydrochloride
43.	Methyldopa
44.	Metronidazole
45.	Miconazole nitrate
46.	Paracetamol
47.	Prednisolone
48.	Risperidone
49.	Sodium valproate
50.	Zinc sulphate
51.	Medical equipment, medical supplies and surgical kits

बागपत में सूचीबद्ध अस्पताल

3611. डॉ. राजकुमार सांगवान:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) उत्तर प्रदेश के बागपत जिले में आयुष्मान भारत योजना के अंतर्गत अब तक लाभान्वित हुए व्यक्तियों की संख्या कितनी है;

(ख) इस योजना के तहत बागपत में सूचीबद्ध अस्पतालों की संख्या कितनी है;

(ग) क्या बागपत के ग्रामीण क्षेत्रों में स्वास्थ्य सुविधाओं में सुधार करने की कोई योजना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) उक्त जिले में डॉक्टरों और नर्सों की कमी को दूर करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं; और

(ङ) क्या हाल ही में उक्त जिले में कोई स्वास्थ्य जागरूकता अभियान शुरू किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क): दिनांक 28.02.2026 की स्थिति के अनुसार, कुल 3.95 लाख आयुष्मान कार्ड बनाए गए हैं और उत्तर प्रदेश के बागपत जिले में 0.78 लाख लाभार्थियों ने आयुष्मान भारत - प्रधान मंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत उपचार करवाया है।

(ख): दिनांक 28.02.2026 की स्थिति के अनुसार, उत्तर प्रदेश के बागपत जिले में एबी-पीएमजेएवाई के अंतर्गत कुल 38 अस्पताल पैनलबद्ध हैं, जिनमें 17 सरकारी और 21 निजी अस्पताल शामिल हैं।

(ग) से (ङ): “हेल्थ डायनिमिक्स ऑफ इंडिया 2022-23” के अनुसार, देश के सभी राज्यों/संघ राज्य क्षेत्रों में उपलब्ध संसाधनों के साथ ग्रामीण/शहरी क्षेत्रों में कार्यशील स्वास्थ्य सुविधा केंद्रों का विवरण निम्नलिखित लिंक पर देखा जा सकता है:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

भारत सरकार द्वारा उत्तर प्रदेश सहित अन्य राज्यों/संघ राज्य क्षेत्रों को आवश्यकता-आधारित निधि और सहायता के माध्यम से स्वास्थ्य सुविधा केंद्रों को बेहतर बनाने में सहायता प्रदान की जा रही है। सबको किफायती, समान और गुणवत्तापूर्ण स्वास्थ्य सेवाएं प्रदान करने के लिए मौजूदा उप स्वास्थ्य केंद्रों और प्राथमिक स्वास्थ्य केंद्रों को आयुष्मान आरोग्य मंदिर के रूप में उन्नत किया जा रहा है। इसके अतिरिक्त, मानव संसाधन संबंधी जरूरतों को पूरा करने के लिए राष्ट्रीय स्वास्थ्य मिशन के तहत डॉक्टरों को विभिन्न प्रकार के प्रोत्साहन और मानदेय दिए जा रहे हैं और विशेषज्ञों की कमी को दूर करने के लिए डॉक्टरों के बहु-कौशल विकास को बढ़ावा दिया जा रहा है।

भारत सरकार ने राज्यों/संघ राज्य क्षेत्रों के सहयोग से ग्रामीण और दूरस्थ क्षेत्रों में आमजन में जागरूकता सृजन के लिए कई पहल शुरू की हैं। सूचना, शिक्षा और संचार कार्यकलाप में स्थानीय भाषाओं में लघु वीडियो, ब्रोशर, पैम्फलेट आदि का उपयोग करना और सोशल मीडिया प्लेटफॉर्म के माध्यम से विभिन्न स्वास्थ्य सेवाओं के बारे में जानकारी प्रसारित करना शामिल है।

बिजनौर में एम्स की स्थापना

3612. श्री चंदन चौहान:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को उत्तर प्रदेश के बिजनौर लोक सभा निर्वाचन क्षेत्र में अखिल भारतीय

आयुर्विज्ञान संस्थान (एम्स) की स्थापना के संबंध में कोई प्रस्ताव या अभ्यावेदन प्राप्त हुआ है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस प्रस्ताव की वर्तमान स्थिति क्या है; और

(ग) क्या सरकार का पश्चिमी उत्तर प्रदेश में बड़ी आबादी, क्षेत्रीय स्वास्थ्य असमानताओं और तृतीयक स्वास्थ्य सुविधाओं की कमी को देखते हुए बिजनौर में एक एम्स या इसी प्रकार के राष्ट्रीय महत्व का संस्थान स्थापित करने का विचार है और यदि हां, तो इसकी स्वीकृति और निर्माण शुरू होने की समय-सीमा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत, अभी तक उत्तर प्रदेश में 2 एम्स, रायबरेली और गोरखपुर में एक-एक एम्स सहित देश के विभिन्न राज्यों/संघ राज्य क्षेत्रों में 22 अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना को मंजूरी दी गई है। पीएमएसएसवाई के एक अन्य घटक के अंतर्गत, उत्तर प्रदेश राज्य में, केंद्र-राज्य साझा लागत के आधार पर 11 सरकारी मेडिकल कॉलेजों (जीएमसी) का उन्नयन सुपर-स्पेशियलिटी सुविधाकेंद्रों की स्थापना के माध्यम से किया जा रहा है। इस योजना के अंतर्गत उत्तर प्रदेश के बिजनौर में एम्स की स्थापना का कोई प्रस्ताव नहीं है।

WITHDRAWAL OF PRIVATE EMPANELLED HOSPITALS FROM AYUSHMAN BHARAT

3613. SHRI RAHUL GANDHI:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether it is a fact that several private empanelled hospitals have withdrawn from the Ayushman Bharat scheme and if so, the number of hospitals that have withdrawn from the scheme since its inception, year-wise and State-wise;

- (b) the reasons for private hospitals withdrawing from the scheme;
- (c) the number of Ayushman Bharat beneficiaries in the country affected by such withdrawal, State-wise;
- (d) whether the Government is aware of the recent reports that ongoing admissions and treatments of beneficiaries were halted as a result of such withdrawals from the scheme and if so, the steps taken by the Government to ensure adequate care to affected beneficiaries; and
- (e) the number of pending claims and the total amount of unpaid reimbursements under Ayushman Bharat since its inception, year-wise (by year of claim) along with the reasons for the delay in releasing such reimbursements?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), hospital empanelment is a continuous process and is undertaken by the implementing State/UT based on the requirements and availability of healthcare providers meeting the criteria as per empanelment guidelines of National Health Authority. The empanelment of private hospitals under the scheme is entirely voluntary.

As on 28.02.2026, the empanelment of hospitals under AB-PMJAY has increased from 6,917 hospitals in FY 2018–19, comprising 3,013 public and

3,904 private hospitals, to 36,229 hospitals, comprising 19,483 public and 16,746 private hospitals. All eligible beneficiaries under the scheme can avail treatment through a network of these 36,229 empanelled hospitals across the country.

As per the empanelment guidelines under the scheme, empanelled hospitals cannot deny treatment to eligible beneficiaries. In cases of denial of treatment by an empanelled hospital, beneficiaries can register their grievances through the Centralized Grievance Redressal Management System (CGRMS) or the 24×7 toll-free helpline number 14555. Such grievances are monitored through a three-tier grievance redressal mechanism at the District, State and National level. At each level, designated nodal officers and Grievance Redressal Committees are in place to examine and resolve the grievances.

(e): Under the scheme, settlement of claims is a regular and uninterrupted process and claims are settled by respective State Health Agencies as per claim adjudication guidelines issued by National Health Authority. As per the guideline, the permissible turnaround time for settlement of claim to hospitals is within 15 days of claim submission for intra-state hospitals (hospitals located within the State) and within 30 days in case of portability claims (hospitals located outside the State). Further, the claims submitted by empanelled hospitals are scrutinized based on the clinical documents, investigation reports and other supporting records, in accordance with the prescribed standard treatment guidelines.

ADDITIONAL MBBS AND PG SEATS

3614. SHRI DUSHYANT SINGH:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the manner in which additional MBBS and PG seats approved under Phase-III of the Centrally Sponsored Scheme for strengthening and upgradation of existing State Government/Central Government Medical Colleges/Standalone PG Institutes/Government Hospitals are being allocated through a transparent and needs-based framework, particularly for aspirational and underserved districts including those in Rajasthan;
- (b) whether long-term health workforce planning has been undertaken to align seat expansion with projected regional demand for doctors and specialists along with estimates of additional faculty requirements arising therefrom, if so, the details thereof;
- (c) the manner in which the Medical Institutions (Qualifications of Faculty) Regulations, 2025 and the CBME Curriculum Guidelines, 2024 support faculty availability, medico-legal training and quality standards; and
- (d) the steps envisaged to enhance affordability, ensure greater fee transparency in private medical colleges and position of India as a global hub for high-quality medical education?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) and (b): The Government has approved Phase-III of the Centrally Sponsored Scheme (CSS) for strengthening and upgradation of existing State Government/ Central Government Medical Colleges/ Standalone PG Institutes/ Government Hospitals for increasing 5,000 PG seats and extension of the CSS for upgradation of existing government medical colleges for increasing 5,023 MBBS seats with an enhanced cost ceiling of ₹1.50 crore per seat from financial year 2025-26 to 2028-29. Guidelines for implementation of these schemes have been issued in November, 2025, wherein, States and UTs including Rajasthan have been requested to send the Detailed Project Report with proper Gap Analysis. While sending the proposals, States/UTs have been requested to give priority to the institutes in underserved/rural areas and certain broad specialities. The expansion of medical seats reduce the gap in the healthcare workforce, particularly in underserved region and has a direct bearing on the doctor-population ratio across States, including Rajasthan.

(c) and (d): The National Medical Commission (NMC) has notified the Medical Institutions (Qualifications of Faculty) Regulations, 2025 to address the growing demand for healthcare professionals and to enhance the quality of medical education. These regulations aim to widen the pool of eligible faculty and facilitate expansion of MBBS and PG seats through following measures:

- I. Non-teaching government hospitals with 220+ beds can now be designated as teaching hospitals.
 - II. Specialists with 10 years' experience can be appointed as Associate
-

Professors, and those with 2 years experience as Assistant Professors, without mandatory Senior Residency, Senior Consultants with 3 years of teaching experience in NBEMS-recognized institutions are now eligible for the post of Professor.

- III. Diploma holders with 6 years cumulative experience as specialists or medical officers in government institutions are eligible as Assistant Professor.

Additionally, the Competency Based Medical Education (CBME) Guidelines, 2024, issued under the framework of the National Medical Commission (NMC), strengthen medico-legal training and quality standards in medical education by emphasizing competency-based learning, ethical practice, and accountability in healthcare. The guidelines integrate medico-legal aspects into the undergraduate medical curriculum to ensure that medical graduates are well equipped to handle legal, ethical, and professional responsibilities in clinical practice.

Further, relaxation in PG course norms has been introduced whereby PG courses can commence with two (02) faculty members and two (02) seats, and bed/unit requirements have been rationalized. More feeder specialties have been made eligible for super-specialty programs, thus widening the faculty pool. Furthermore, the faculty requirements for MBBS courses as prescribed under the UG-MSR, 2023, are required to be maintained by Medical Colleges.

The fee structure for MBBS course differs from State to State in

Government / Private Medical Colleges as per the guidelines issued by concerned State Fee Regulatory Authorities. Further, the fee structure of Government medical colleges is subsidized thereby contributing to making medical education affordable and accessible.

Guidelines have been framed under clause (i) of Sub- section (1) of section 10 of National Medical Commission Act, 2019 for determination of fees and all other charges in respect of 50% of seats in private medical institutions and deemed to be universities which were issued by National Medical Commission on 03.02.2022. However, the guidelines have been challenged in various courts and are subjudice.

TRANSFER OF JUDGES

3615. SHRI MATHESWARAN V. S.:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the exact clause/provision under the Memorandum of Procedure (MOP) for appointment and transfer of High Court Judges that permits the Government to seek recommendation of the Supreme Court collegium regarding the transfer of High Court Judges; and
 - (b) the reasons behind the Government seeking reconsideration of transfer Mr. Justice Atul Sreedharan, Judge of the High Court of Madhya Pradesh to the High Court of Chhattisgarh?
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**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) and (b): Article 222 of the Constitution provides for the transfer of a Judge (including Chief Justice) from one High Court to any other High Court. As per the Memorandum of Procedure (MoP) for appointment and transfer of High Court Judges, the proposal for transfer of High Court Judges is initiated by the Chief Justice of India in consultation with four senior most puisne Judges of the Supreme Court. The MoP further provides that the Chief Justice of India is also expected to take into account the views of the Chief Justice of High Court from which the judge is to be transferred, as also the Chief Justice of the High Court to which the transfer is to be effected, besides taking into account the views of one or more Supreme Court judges who are in position to offer views. The personal factors relating to the concerned Judge, including the Chief Justice, and his response to the proposal, including his preference of places, should invariably be taken into account by the Chief Justice of India and the first four puisne Judges of the Supreme Court before arriving at conclusion on the proposal. All transfers are to be made in public interest i.e. for promoting better administration of justice throughout the country.

अखिल भारतीय न्यायिक सेवा का गठन और संवैधानिक उपबंधों का कार्यान्वयन

3616. श्री मुरारी लाल मीना :

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या भारतीय प्रशासनिक सेवा और भारतीय पुलिस सेवा की तर्ज पर आरक्षण के उचित प्रावधान की तर्ज पर अखिल भारतीय न्यायिक सेवा (एआईजेएस) की स्थापना से अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग सहित ग्रामीण और वंचित वर्गों के उम्मीदवारों के लिए न्यायपालिका में प्रवेश के अवसरों में वृद्धि होगी ;
- (ख) यदि हां, तो इस संबंध में सरकार का क्या दृष्टिकोण है ;
- (ग) क्या विभिन्न जन-प्रतिनिधि और विधि विशेषज्ञ लंबे समय से अखिल भारतीय न्यायिक सेवा के गठन की मांग कर रहे हैं ;
- (घ) यदि हां, तो इस संबंध में अब तक क्या प्रगति हुई है ;
- (ङ) क्या ऐसे उदाहरण हैं जहां अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के सशक्तिकरण से संबंधित संवैधानिक उपबंध आज तक पूरी तरह से लागू होने शेष हैं ;
- (च) यदि हां, तो उसके क्या कारण हैं ; और
- (छ) संविधान के समावेशी उपबंधों, विशेष रूप से आरक्षित वर्गों से संबंधित उपबंधों के पूर्ण और प्रभावी कार्यान्वयन के लिए सरकार द्वारा तैयार की गई समयबद्ध कार्ययोजना क्या है?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

(क) से (छ): संविधान का अनुच्छेद 312 अखिल भारतीय न्यायिक सेवा (एआईजेएस) की स्थापना के लिए उपबंध करता है, जिसमें जिला न्यायाधीश के पद से निम्न कोई पद सम्मिलित नहीं होगा।

अखिल भारतीय न्यायिक सेवा (एआईजेएस) के गठन के लिए एक व्यापक प्रस्ताव तैयार किया गया था और इसे सचिवों की समिति द्वारा नवंबर, 2012 में अनुमोदित किया गया था। अप्रैल, 2013 में आयोजित उच्च न्यायालयों के मुख्य न्यायामूर्तियों और मुख्यमंत्रियों के सम्मेलन में इस प्रस्ताव को एक कार्यसूची के रूप में सम्मिलित किया गया था और यह विनिश्चय किया गया था कि

इस मुद्दे पर आगे विचार-विमर्श की आवश्यकता है। इस प्रस्ताव पर राज्य सरकारों और उच्च न्यायालयों के विचार मांगे गए थे। अखिल भारतीय न्यायिक सेवा के गठन पर राज्य सरकारों और उच्च न्यायालयों के बीच मतभेद था।

जिला न्यायाधीशों के पदों पर भर्ती में सहायता करने के लिए एक न्यायिक सेवा आयोग के गठन और सभी स्तरों पर न्यायाधीशों/न्यायिक अधिकारियों की चयन प्रक्रिया की समीक्षा से संबंधित विषय भी मुख्य न्यायाधियों के सम्मेलन की कार्यसूची में सम्मिलित किया गया था, जो 03 और 04 अप्रैल, 2015 को आयोजित किया गया था, जिसमें यह संकल्प लिया गया था कि इसे संबंधित उच्च न्यायालयों के लिए खुला छोड़ दिया जाए जिससे जिला न्यायाधीशों की नियुक्ति के लिए रिक्तियों को तेजी से भरने के लिए विद्यमान प्रणाली के भीतर उचित रीति का विकास किया जा सके। उच्च न्यायालयों और राज्य सरकारों से प्राप्त विचारों के साथ अखिल भारतीय न्यायिक सेवा के गठन का प्रस्ताव भी 05 अप्रैल, 2015 को आयोजित मुख्यमंत्रियों और उच्च न्यायालयों के मुख्य न्यायाधियों की संयुक्त सम्मेलन के कार्यसूची में सम्मिलित किया गया था। तथापि इस मामले में कोई प्रगति नहीं हुई।

अखिल भारतीय न्यायिक सेवा की स्थापना के प्रस्ताव पर फिर से पात्रता, आयु, चयन मानदंड, अहर्ता, आरक्षण आदि के बिंदुओं पर 16 जनवरी 2017 को तत्कालीन विधि और न्याय मंत्री की अध्यक्षता में विधि और न्याय राज्य मंत्री, भारत के महा न्यायाधीश, भारत के सॉलिसिटर जनरल, न्याय विभाग, विधि कार्य विभाग और विधायी विभाग के सचिवों की उपस्थिति में एक बैठक में चर्चा की गई। मार्च, 2017 में संसदीय सलाहकार समिति और 22.02.2021 को अनुसूचित जाति/अनुसूचित जनजाति के कल्याण पर संसदीय समिति की बैठक में एआईजेएस की स्थापना पर भी विचार-विमर्श किया गया था।

30 अप्रैल, 2022 को आयोजित उच्च न्यायालयों के मुख्य न्यायाधियों और मुख्यमंत्रियों के संयुक्त सम्मेलन की कार्यसूची में अखिल भारतीय न्यायिक सेवा के मुद्दे को सम्मिलित करने का

प्रस्ताव रखा गया था। तथापि, इसे सम्मेलन की कार्यसूची में सम्मिलित नहीं किया जा सका। प्रमुख हितधारकों के बीच विद्यमान मतभेद को देखते हुए, वर्तमान में, अखिल भारतीय न्यायिक सेवा की स्थापना के प्रस्ताव पर कोई सहमति नहीं है।

जहां तक जिला और अधीनस्थ न्यायालयों में न्यायिक अधिकारियों की नियुक्ति के संबंध में विद्यमान उपबंधों का संबंध है, भारत के संविधान के अनुच्छेद 235 के अधीन, राज्यों में जिला और अधीनस्थ न्यायपालिका के सदस्यों पर प्रशासनिक नियंत्रण संबंधित उच्च न्यायालय के पास निहित है। संविधान के अनुच्छेद 233 और 234 के साथ पठित अनुच्छेद 309 के परंतुक के अधीन प्रदत्त शक्तियों का प्रयोग करते हुए, संबंधित राज्य सरकारें, उच्च न्यायालय के परामर्श से, राज्य न्यायिक सेवा में न्यायिक अधिकारियों की नियुक्ति, प्रोन्नति, आरक्षण और सेवानिवृत्ति के संबंध में नियम और विनियम बनाती हैं।

INCIDENCES OF CHRONIC KIDNEY DISEASES

3617. SHRI KUNDURU RAGHUVeer:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has conducted any district-wise assessment regarding the increasing incidences of Chronic Kidney Disease (CKD) and End-Stage Renal Disease in Telangana, particularly in Nalgonda, during the last five years and if so, the details thereof;
 - (b) the number of Government and empanelled private dialysis centres, functional dialysis machines, nephrologists and trained technicians available district-wise along with the average number of dialysis sessions conducted per month;
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- (c) the number of patients availing free dialysis and related treatment under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PM-JAY) and support under National Health Mission (NHM), including funds allocated and utilised; and
- (d) whether the Government proposes to establish additional dialysis units, nephrology departments and transplant facilities in underserved districts like Nalgonda and if so, the details and the timeline there of?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): Health being a State subject, the primary responsibility of providing healthcare services is that of the State Governments. However, to mitigate the challenges posed by Non-communicable Diseases (NCDs) in India, Ministry of Health and Family Welfare (MoHFW) provides technical and financial support to States and Union Territories across the country.

MoHFW launched the Pradhan Mantri National Dialysis Programme (PMNDP) on 7 April 2016 under the National Health Mission (NHM) to provide free dialysis services. The objective of the PMNDP program is to improve access to dialysis services (Both Hemodialysis & Peritoneal Dialysis). Under PMNDP programme setting up of haemodialysis centres in all the district hospitals initially and on saturation scale down till the Community Health Centres (CHCs) at the taluka level, as per the requirement of the state.

Ministry of Health and Family Welfare provides technical and financial support for the expansion of dialysis services under Pradhan Mantri National Dialysis Program as per the Programme Implementation Plans (PIPs), based on the dialysis burden and gap assessment undertaken by the States/UTs. Proposals received from State/UT are discussed during the National Programme Co-ordination Committee Meeting (NPCC) and financial support is provided as per the existing norms. State Programme Implementation Plan (SPIP) approval for Pradhan Mantri National Dialysis Programme (PMNDP) under NHM for all States/UTs including Telangana during the Financial Year 2025-26 is Rs. 961.51cr.

As per PMNDP Portal, PMNDP has been implemented in 36 States/UTs including Dialysis services including Telangana. Dialysis services are available across 33 districts of Telangana in Public Private Partnership (PPP) Mode, ensuring statewise coverage for patients requiring renal replacement therapy, in view of the increasing incidence of Chronic Kidney Disease (CKD) and other related diseases. In total, 99 dialysis centres are currently operational in the states, equipped with 747 functional dialysis machines. MoHFW conducts regular assessment of PMNDP, through Common Review Mission (CRM), field visits by senior officials and tele-consultations with the States/UTs from time to time.

Ayushman Bharat Pradhan Mantri–Jan Arogya Yojana (AB PM-JAY) provides health coverage of ₹5 lakh per family per year for secondary and tertiary

care hospitalization to 12 crore families, constituting the bottom 40% of India's population. In March 2024, the scheme was expanded to include approximately 37 lakh additional families of ASHA workers, Anganwadi Workers (AWW) and Anganwadi Helpers (AWH). Subsequently, in October 2024, the scheme was further expanded to cover about 6 crore senior citizens aged 70 years and above belonging to 4.5 crore families, irrespective of their socio-economic status. As on 28 February 2026, a total of 1.44 crore hospital admissions for dialysis-related procedures have been authorized under AB PM-JAY.

महिलाओं और बच्चों के कल्याण हेतु निधि

3618. श्रीमती संध्या राय:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) केंद्रीय बजट 2026-27 में मंत्रालय के कुल बजट में हुई वृद्धि का ब्यौरा क्या है और देश में महिलाओं और बच्चों के कल्याण के लिए क्या लक्ष्य निर्धारित किए गए हैं;
- (ख) उक्त बजट के तहत मध्य प्रदेश के भिंड-दतिया जिले में सक्षम आंगनवाड़ी और पोषण 2.0, मिशन शक्ति और बेटी बचाओ बेटी पढ़ाओ योजनाओं के माध्यम से मिलने वाले संभावित लाभों का ब्यौरा क्या है;
- (ग) क्या सरकार ने उक्त जिलों में कुपोषण दर को कम करने, रक्तअल्पता को समाप्त करने और आंगनवाड़ी बुनियादी ढांचे को मजबूत करने के लिए कोई विशेष कार्य योजना तैयार की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार उक्त जिलों में आंगनवाड़ी केंद्रों के आधुनिकीकरण, डिजिटल निगरानी और महिला स्वयं सहायता समूहों के सशक्तिकरण के लिए अतिरिक्त सहायता प्रदान करने पर विचार कर

रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ड) क्या सरकार का वर्ष 2026-27 के दौरान उक्त जिलों को एक आदर्श जिले के रूप में विकसित करने की कोई पहल करने का विचार है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (ड): सरकार देश में महिलाओं और बच्चों के समग्र कल्याण को सर्वोच्च प्राथमिकता देती है, जिसके लिए वह व्यापक सरकारी दृष्टिकोण अपनाती है, जिसमें महिला और बाल विकास मंत्रालय सहित विभिन्न मंत्रालय अपनी योजनाओं और कार्यक्रमों के माध्यम से काम करते हैं।

प्रभावी कार्यान्वयन और कुशल निगरानी के उद्देश्य से महिला और बाल विकास मंत्रालय द्वारा मध्य प्रदेश के भिंड-दतिया जिलों सहित देश भर में महिलाओं और बच्चों के पोषण, सुरक्षा और कल्याण के लिए कार्यान्वित विभिन्न योजनाओं की समीक्षा की गई है। मंत्रालय में, घटक योजनाओं को तीन व्यापक मिशनों के अंतर्गत शामिल किया गया है अर्थात् (1) पोषण और स्वास्थ्य संकेतकों में सुधार करने के लिए मिशन सक्षम आंगनवाड़ी और पोषण 2.0; (2) महिलाओं की सुरक्षा, संरक्षण और सशक्तिकरण के लिए मिशन शक्ति और (3) कठिन परिस्थितियों में रहने वाले बच्चों के संरक्षण, देखभाल और कल्याण के लिए मिशन वात्सल्य।

सक्षम आंगनवाड़ी एवं पोषण 2.0, मिशन शक्ति और मिशन वात्सल्य जैसी योजनाओं के लक्ष्यों को प्राप्त करने के लिए केंद्रीय बजट 2026-27 में मंत्रालय के कुल बजट में की गई वृद्धि का ब्यौरा संलग्न **विवरण** में दिया गया है।

मध्य प्रदेश के भिंड-दतिया जिलों में सक्षम आंगनवाड़ी एवं पोषण 2.0 और मिशन शक्ति के अंतर्गत प्रधानमंत्री मातृ वंदना योजना के लाभार्थियों का विवरण नीचे दिया गया है:

मिशन/योजना	श्रेणी	लाभार्थियों की संख्या	
		भिंड	दतिया
मिशन सक्षम आंगनवाड़ी	गर्भवती महिलाएं	6,314	3,689

और पोषण 2.0 (28.02.2026 तक)			
	स्तनपान कराने वाली माताएं	6,467	3,941
	बच्चे(0-6 वर्ष)	1,20,062	73,397
प्रधानमंत्री मातृ वंदना योजना (09.03.2026 तक)	मातृत्व लाभ	94,428	52,977

मिशन शक्ति की अन्य घटक योजनाओं के अंतर्गत की गई पहल और प्रगति इस प्रकार है:

- मध्य प्रदेश में अभी तक में 57 वन स्टॉप सेंटर (ओएससी) कार्यशील हैं, जिनमें से एक ओएससी भिंड और एक दतिया जिले में हैं। 31 दिसंबर 2025 तक, ओएससी ने देश भर में 13.37 लाख से अधिक महिलाओं की सहायता की है।
- 31 जनवरी 2026 तक, महिला हेल्पलाइन (डब्ल्यूएचएल) के माध्यम से देश भर में 97.81 लाख से अधिक महिलाओं की सहायता की गई है, जिनमें मध्य प्रदेश की महिलाएं भी शामिल हैं।
- बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) योजना 22 जनवरी 2015 को बाल लिंग अनुपात (सीएसआर) तथा जीवन चक्र के दौरान बालिकाओं और महिलाओं के सशक्तिकरण से संबंधित मुद्दों का समाधान करने में सहायता के लिए शुरू की गई थी। यह योजना मध्य प्रदेश के भिंड-दतिया जिलों सहित देश के सभी जिलों में क्रियान्वित है।

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत, विकसित भारत-रोजगार एवं आजीविका गारंटी मिशन (ग्रामीण) (वीबी-जी राम जी) के समन्वय से आंगनवाड़ी केंद्र भवनों के निर्माण का प्रावधान है। राज्यों/संघ राज्य क्षेत्रों को संसद सदस्य स्थानीय क्षेत्र विकास योजना, ग्रामीण अवसंरचना विकास कोष, पंचायती राज संस्थाओं के लिए वित्त आयोग अनुदान और अल्पसंख्यक कार्य मंत्रालय के बहुक्षेत्रीय विकास कार्यक्रम जैसी योजनाओं के माध्यम से आंगनवाड़ी केंद्र निर्माण हेतु अतिरिक्त

संसाधन जुटाने की सलाह भी दी गई है।

इसके अलावा, 6 वर्ष से कम आयु के बच्चों के रचनात्मक, सामाजिक, भावनात्मक, संज्ञानात्मक और बौद्धिक विकास को प्रोत्साहित करने के लिए बेहतर पोषण प्रदायगी हेतु आंगनवाड़ी केंद्रों को सुदृढ़ और उन्नत बनाने का प्रावधान है। यह शिक्षा विकास कार्यक्रमों के साथ समन्वय स्थापित करते हुए किया जाएगा और इसमें इंटरनेट/वाईफाई कनेक्टिविटी (जहां भी संभव हो, भारतनेट के माध्यम से उपलब्ध कराई जाएगी), एलईडी स्क्रीन, जल शोधक/आरओ मशीन लगाना, स्मार्ट शिक्षण सहायक उपकरण, ऑडियो-विजुअल सहायक उपकरण और बाल-अनुकूल शिक्षण उपकरण, कलाकृति (शैक्षिक पेंटिंग, बच्चों के लिए अभ्यास बोर्ड, सूचना बोर्ड) और दीवार पेंटिंग (सफाई, सैंडिंग, मरम्मत) सहित बेहतर बुनियादी ढांचे के साथ अधिक सेवाएं प्रदान की जाएंगी। भिंड जिले में 446 आंगनवाड़ी केंद्रों और दतिया जिले में 342 आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी में उन्नत करने के लिए मंजूरी दी गई है।

मंत्रालय द्वारा योजनाओं के डिजिटल निगरानी के लिए उठाए गए अनेक कदम इस प्रकार हैं:

- प्रधान मंत्री मातृ वंदना योजना सॉफ्टवेयर नामक एक नया पोर्टल शुरू किया गया है, जिसके तहत यूआईडीएआई और नेशनल पेमेंट कॉर्पोरेशन ऑफ इंडिया सत्यापन के माध्यम से आधार प्रमाणीकरण सुनिश्चित किया जाता है ताकि निधि सीधे उनके डीबीटी-सक्षम आधार से जुड़े बैंक या डाकघर खातों में अंतरित की जा सके।
- आंगनवाड़ी केंद्रों में पोषण प्रदायगी सहायता प्रणालियों को सुदृढ़ बनाने और उनमें पारदर्शिता लाने के लिए सूचना प्रौद्योगिकी प्रणालियों का उपयोग किया गया है। 'पोषण ट्रैकर' एप्लिकेशन को एक महत्वपूर्ण निगरानी उपकरण के रूप में शुरू किया गया है। पोषण ट्रैकर सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निर्धारित संकेतकों पर निगरानी और ट्रैकिंग की सुविधा प्रदान करता है। पोषण ट्रैकर से प्राप्त डेटा का उपयोग लाभार्थियों की पहचान करने के लिए किया जाता है। राज्यों/संघ राज्य क्षेत्रों को भौतिक

रजिस्ट्रों का उपयोग बंद करने तथा आंगनवाड़ी कार्यकर्त्रियों के कार्यभार को कम करने और उनकी कार्यकुशलता में सुधार करने के लिए पोषण ट्रेकर का उपयोग करने का परामर्श दिया गया है। अंतिम लाभार्थी तक सेवा प्रदायगी की निगरानी के लिए टेक-होम राशन के वितरण में चेहरे की पहचान प्रणाली (एफआरएस) का उपयोग किया जाता है ताकि यह सुनिश्चित किया जा सके कि लाभ केवल पोषण ट्रेकर में पंजीकृत लक्षित लाभार्थी को ही मिले।

इसी प्रकार, अन्य मंत्रालयों ने भी महिलाओं और बच्चों के कल्याण की दिशा में पहल की है:

- जनजातीय कार्य मंत्रालय: प्रधानमंत्री जनजाति आदिवासी न्याय महा अभियान (पीएम-जनमन) के तहत विशेष रूप से कमजोर जनजातीय समूह (पीवीटीजी) वाले क्षेत्रों में आंगनवाड़ी केन्द्रों के निर्माण का प्रावधान है। पीएम-जनमन के तहत दतिया जिले में 23 और भिंड जिले में 1 आंगनवाड़ी केंद्र के निर्माण को मंजूरी दी गई है। इसके अतिरिक्त, जनजातीय कार्य मंत्रालय द्वारा शुरू किया गया धरती आबा जनजातीय ग्राम उत्कर्ष अभियान जनजातीय गांवों में समन्वय, पहुंच और सैचुरेशन पर केंद्रित है, जिसके तहत 875 आंगनवाड़ी केन्द्रों के निर्माण को मंजूरी दी गई है।
- स्वास्थ्य एवं परिवार कल्याण मंत्रालय: मंत्रालय ने राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत जीवन चक्र दृष्टिकोण में प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य एवं पोषण (आरएमएनसीएच+एन) कार्यनीति भी क्रियान्वित कर रहा है जिसमें देश के सभी राज्यों/संघ राज्य क्षेत्रों में महिलाओं और बच्चों में पोषण और एनीमिया संबंधी समस्याओं को दूर करने के लिए विभिन्न कार्यक्रम जैसे एनीमिया मुक्त भारत (एएमबी), पोषण पुनर्वास केंद्र (एनआरसी), मातृ स्नेह (एमएए) कार्यक्रम, स्तनपान प्रबंधन केंद्र, राष्ट्रीय कृमि मुक्ति दिवस (एनडीडी), विटामिन ए पूरक कार्यक्रम, ग्राम स्वास्थ्य, स्वच्छता एवं पोषण दिवस (वीएचएसएनडी) शामिल हैं।

- ग्रामीण विकास मंत्रालय: दीनदयाल अंत्योदय योजना – राष्ट्रीय ग्रामीण आजीविका मिशन नामक एक केंद्र प्रायोजित योजना जून 2011 में शुरू की गई है जिसका उद्देश्य ग्रामीण गरीब महिला परिवारों को स्वयं सहायता समूहों में संगठित करना और उन्हें दीर्घकालिक सहायता प्रदान करना है ताकि वे अपनी आजीविका में विविधता ला सकें, अपनी आय में सुधार कर सकें और बेहतर जीवन स्तर प्राप्त कर सकें। इसके अलावा, 31 जनवरी 2026 तक, यह मिशन 28 राज्यों (मध्य प्रदेश सहित) और 6 संघ राज्य क्षेत्रों (दिल्ली और चंडीगढ़ को छोड़कर) के 755 जिलों के 7178 ब्लॉकों में कार्यान्वित किया जा रहा है। कुल मिलाकर, 10.05 करोड़ महिलाओं को लगभग 91 लाख स्वयं सहायता समूहों में संगठित किया गया है।

विवरण

सक्षम आंगनवाड़ी एवं पोषण 2.0, मिशन शक्ति और मिशन वात्सल्य जैसी योजनाओं के लक्ष्यों को प्राप्त करने के लिए केंद्रीय बजट 2026-27 में मंत्रालय के कुल बजट में की गई वृद्धि का ब्यौरा

(करोड़ रुपए)

बजट अनुमान 2025-26	बजट अनुमान 2026-27	बजट अनुमान 2025-26 की तुलना में बजट अनुमान 2026-27 में कुल वृद्धि
26889.69	28183.06	(+) 1293.37

वित्तीय वर्ष 2026-27 के लिए योजनावार बजट अनुमान (बीई)

(करोड़ रुपए)

क्र. सं.	योजना	राशि
1.	सक्षम आंगनवाड़ी और पोषण 2.0	23100.00
2.	मिशन वात्सल्य	1550.00

3.	मिशन शक्ति	3200.00
4.	निर्भया कोष से वित्तपोषित अन्य योजना	40.00
	कुल (योजना)	27890.00
5.	गैर-योजना (सचिवालय और स्वायत्त निकायों सहित)	293.06
	कुल (योजना + गैर-योजना)	28183.06

INFRASTRUCTURE IN DISTRICT COURT

3619. SHRI PUTTA MAHESH KUMAR:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether the Government has undertaken any study/survey regarding the existing district court infrastructure in Andhra Pradesh;
 - (b) if so, the details regarding the list of court infrastructure proposed, under construction and presently functional across Andhra Pradesh, district-wise and in Eluru district;
 - (c) the details regarding the total amount of funds allocated, released and utilised for construction of district-court infrastructure in the districts of Andhra Pradesh over the last five years, district-wise and in Eluru district;
 - (d) the details regarding the total number of judicial vacancies at present in district-courts across Andhra Pradesh, district-wise and in Eluru district;
 - (e) the details regarding the list of district-court infrastructure projects that have been pending for more than five years across Andhra Pradesh, district-wise and in Eluru district;
 - (f) the details regarding the steps undertaken to resolve such delays across
-

Andhra Pradesh; and

(g) whether the Government has considered establishing senior-citizen friendly infrastructure in district court, if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) and (b): The primary responsibility for development of infrastructure facilities for District and Subordinate Courts rests with the State Governments/UTs. However, to augment the resources of States/UTs, Central Government has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for Judiciary in the District and Subordinate Courts since 1993-94, by providing financial assistance in the prescribed fund sharing pattern between the Centre and States/UTs. The Scheme covers five components, namely, Court Halls, Residential Units for Judicial Officers, Lawyers' Halls, Toilet Complexes and Digital Computer Rooms.

The Scheme is appraised by a third party agency across the nation including the State of Andhra Pradesh for ensuring its effectiveness in implementation. The Scheme is also appraised by the Department Related Parliamentary Standing Committee (DRPSC) and internal audits regularly.

As per information provided by the High Court of Andhra Pradesh, district-wise details of under construction and functional court infrastructure in the State of Andhra Pradesh are enclosed as **Statement**. Eluru is a separate Revenue

District, however, so far as Judiciary is concerned, separate details in respect of Eluru District are not available as Eluru falls under the West Godavari District.

(c): The financial year-wise details regarding funds allocated and utilized under the CSS for Development of Infrastructure Facilities for Judiciary in District and Subordinate Courts in respect of the State of Andhra Pradesh during last five years is as under: -

(Rs. in Crore)

Financial Year	Allocated	Utilized
2021-22	0.00	0.00
2022-23	22.50	22.50
2023-24	49.82	49.82
2024-25	0.99	0.99
2025-26 (as on 28.02.2026)	30.98	20.92

(d): The district-wise details regarding total number of judicial vacancies at present in the courts across Andhra Pradesh as received from High Court of Andhra Pradesh are as under:

Name of the District	Vacancy
Ananthapur	6
Chittoor	10
East Godaveri	10
Guntur	2
Kadapa	6
Krishna	8
Kurnool	6

Name of the District	Vacancy
Nellore	9
Prakasam	2
Srikakulam	7
Visakhapatnam	8
West Godavri	4
Vizianagaram	6
Total	84

(e) to (g): As per information provided by the High Court of Andhra Pradesh, the list of District Court infrastructure projects pending for more than five years in the State of Andhra Pradesh is as under: -

Sl. No.	Name of the work
1	Four Residential Quarters at Punganur
2	Ten Court building complex at Rajamahendravaram
3	Residential Quarter to accommodate Civil Judge (Senior Division) at Ramachandrapuram
4	Multi storied Court Building Complex after demolishing the old Sub-Court Building at Vijayawada
5	Six Courts building complex at Adoni

To address the issues/delay under the Scheme, effective monitoring mechanisms are in place for time bound and sustainable infrastructure developments in the States/UTs. An online monitoring mechanism namely 'Nyaya Vikas' portal has also been developed for collection of data on progress of judicial infrastructure projects.

The norms and specifications of court infrastructure have been calculated

based on recommendations of the National Court Management Systems Committee (NCMS) of the Supreme Court in the Baseline Report on Court Development Planning System, existing norms and practice being followed by State Governments concerned and CPWD/PWD norms. The planning and design of a court room is done by the building/infrastructure committees of the respective High Courts. Specific aspect including the senior- citizen friendly nature of court infrastructure at the district level and their infrastructural audits are issues within the domain of the respective State Governments and the concerned High Courts, which exercise supervisory jurisdiction over District Courts.

STATEMENT

(A) LIST OF UNDER CONSTRUCTION COURT INFRASTRUCTURE IN THE STATE OF ANDHRA PRADESH

Sl. No.	Name of the work
1.	Four Court Building at Palamaner
2.	Ten Court building complex at Rajamahendravaram
3.	Residential Quarter to accommodate Civil Judge (Senior Division) at Ramachandrapuram
4.	Multi storied Court Building Complex after demolishing the old Sub-Court Building at Vijayawada
5.	Multistoried building complex (Stilt + Three + Terrace) to accommodate Six Courts at Gudivada
6.	Four court building (G+3 floors) at Dhone
7.	Six Courts building complex at Adoni
8.	Residential Quarter to the Civil Judge (Junior Division) at Kotabommali

9.	District Court building complex (stilt+6 floors) to accommodate 17 Courts at Vizianagaram
10.	Four Court building (G+4) at Bobbili
11.	Single Court Building to accommodate Civil Judge (Junior Division) Court at Cheepurupalli
12.	Residential Quarter to accommodate Principal Civil Judge (Junior Division), Additional Civil Judge (Junior Division) and II Additional District Judge, Parvathipuram

**(B) LIST OF COURT INFRASTRUCTURE PROJECTS COMPLETED SINCE
2019 IN THE STATE OF ANDHRA PRADESH**

Sl. No.	Name of the work
1.	Four Courts Building at Srikakulam
2.	Junior Civil Judge -cum- Judicial Magistrate of 1st Class at Mummidivaram
3.	Junior Civil Judge Court Building at Palakonda
4.	Senior Civil Judge's Court Building at Punganur
5.	Two Residential Quarters (Senior Civil Judge and Junior Civil Judge) at Hindupur
6.	Two Court Building and Two Residential Quarters at Mydukur
7.	IV Additional District and Sessions Court on the 1st floor, over the existing Senior Civil Judge's Court building at Tanuku
8.	Additional floor (i.e. 2 nd floor) over two Court building at Gajuwaka
9.	Junior Civil Judge's Court at Prathipadu
10.	Single Court building and Residential Quarter for Judicial First Class Magistrate at Kurupam
11.	Junior Civil Judge's Court at Naidupet
12.	Principal Junior Civil Judge's Residential Quarter at Tuni
13.	First floor over the existing family Court building at Rajamahendravaram
14.	Multi Stored Court building Complex at Vijayawada
15.	Residential Quarter to the Additional Junior Civil Judge at Giddalur
16.	Junior Civil Judge's Residential Quarter at Kaikalur

Sl. No.	Name of the work
17.	New Bar Association Building, District Court Complex at Srikakulam
18.	Six Court building complex at Nellore
19.	residential quarter to the Additional District Judge at Markapur
20.	First Floor on the existing Fast Track Court Building at Machilipatnam
21.	10 Courts Building Complex at Visakhatpatnam (i.e., 4 Courts Building Complex as per the note file & G.O.)
22.	Newly constructed Residential Quarter of Junior Civil Judge at Thamballapalle
23.	Two Court building for Civil Judge (Senior Division) and Additional Civil Judge (Junior Division) at Nandigama
24.	15 Court Building Complex at Chittoor
25.	Civil Judge's Court Building (Junior Division) at Pakala
26.	VII Additional District & Sessions Judge's Court and Civil Judge's Court (Senior Division) at Gudur
27	III Additional District Court Building at Kakinada to accommodate III Additional District & Sessions Judge's Court and VI Additional District & Sessions Judge's Court at Kakinada
28	XII Additional District Court Building at Pithapuram to accommodate XII Additional District & Sessions Judge's Court and Civil Judge's Court (Senior Division) at Pithapuram
29	Newly constructed Court Building of Additional Civil Judge (Senior Division) Court at Madanapalle
30	Newly constructed four Court Building & four Residential Quarters at Palamaner
31	Newly constructed Residential Quarter for XI Additional District Judge, Gudivada
32	Newly Constructed Residential Quarter for Civil Judge (Junior Division), Prathipadu
33	Court halls for VI Addl. District and Sessions Judge and Senior Civil Judge at Markapur

ASSESSMENT OF NATIONAL AYUSH MISSION

3620. DR. KALANIDHI VEERASWAMY:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government has conducted any independent impact assessment of the National AYUSH Mission (NAM) during the last three years;
 - (b) the details of funds allocated and the actual expenditure incurred under the NAM in the country during the last three years, State/UT-wise, particularly in Tamil Nadu;
 - (c) whether it is a fact that several sanctioned AYUSH dispensaries and integrated AYUSH units in Government hospitals remain non-functional due to a shortage of qualified practitioners and infrastructure gaps, if so, the details thereof;
 - (d) the number of vacant posts of AYUSH doctors and para-medical staff in the country, State/UT-wise;
 - (e) whether the Government has evaluated the mechanisms for scientific validation, quality control and standardisation for AYUSH drugs supplied under NAM; and
 - (f) whether the Government proposes to enhance financial allocation and provide greater flexibility to States in designing AYUSH infrastructure and public health outreach in accordance with regional health needs and if so, the details thereof?
-

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): Yes. Third-party evaluation of Centrally Sponsored Scheme (CSS) of National Ayush Mission (NAM) was conducted by NITI Aayog under the umbrella of Evaluation of CSS Scheme of the Health sector in the year 2025.

(b): State/UT-wise funds sanctioned/allocated and utilised under the NAM in the country during the last three years including Tamil Nadu is enclosed as **Statement.**

(c) and (d): Public Health being a State Subject, the primary responsibility to ensure availability of adequate infrastructure as well as Ayush doctors and para-medical staff in the country lies with the respective State/UT Governments. Accordingly, the status of various vacant posts of Ayush doctors and para-medical staff in the country is being maintained by the respective State/UT Government. Further, Under NAM, Ministry of Ayush is supporting the efforts of State/UT Governments by providing financial assistance for various activities including infrastructure development of various Ayush facilities and deployment of contractual manpower of Ayush doctors and para-medical staff for implementation of different activities/ programmes as per the proposal received through State Annual Action Plans (SAAPs) within the existing provision of provision of NAM guidelines.

(e): No, such evaluation has been carried out. However, Government has made

mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units & medicines including proof of safety & effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T & Schedule M-I of Drugs Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia. Further, Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), sub-ordinate organization under Ministry of Ayush, lays down the formulary specifications and Pharmacopoeial standards for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASU&H drugs. PCIM&H also acts as the Appellate Drugs testing Laboratory for testing or analysis of ASU&H Drugs. In addition, it conducts capacity-building trainings at regular intervals for the standardization, quality control, and testing or analysis of ASU&H drugs for Drug Regulatory Authorities, Drug Analysts, and other relevant stakeholders, with a focus on laboratory techniques and methodologies essential for ensuring the quality of ASU&H drugs.

Further, Ministry of Ayush has established an Ayush vertical in the Central Drugs Standard Control Organisation (CDSCO), inspect various manufacturing units in coordination with the licensing authorities/drug inspectors of the respective States/Union Territories for ensuring safety and quality of Ayush medicines.

(f): Under NAM, a dedicated resource pool is being communicated to States/UTs

as per requirement under different activities including Ayush infrastructure and public health activities through SAAPs. It is also stated that 25% of allotted resource pool is being earmarked for Flexipool component and liberty has been given to the States for projecting their demand/activities as per their felt need including Ayush infrastructure.

STATEMENT

State/UT-wise funds sanctioned/allocated and utilised under the NAM in the country during the last three years including Tamil Nadu

Sl. No.	Name of States/UTs	2022-23		2023-24		2024-25		Total	
		Central Share released	Central Share Utilized	Central Share released	Central Share Utilized	Central Share released	Central Share Utilized	Central Share released	Central Share Utilized
1	Andaman & Nicobar Islands	142.39	142.39	407.29	398.28	542.75	498.96	1092.42	1039.63
2	Andhra Pradesh	0	0	0	0	2497.19	1552.62	2497.19	1552.62
3	Arunachal Pradesh	402.04	402.04	1186.04	1186.04	1498.84	1498.84	3086.92	3086.92
4	Assam	1011.77	1011.77	3471.45	3471.45	6511.87	6511.87	10995.09	10995.09
5	Bihar	0	0	1161.06	430.44	0	0	1161.06	430.44
6	Chandigarh	189.73	166.8	226.32	225.67	447.58	373.69	863.63	766.16
7	Chhattisgarh	0	0	2151.43	1825.94	3194.06	2592.84	5345.49	4418.78
8	Dadra & Nagar Haveli and Daman & Diu	0	0	408.45	408.45	690.73	690.73	1099.18	1099.18
9	Delhi	0	0	0	0	0	0	0	0
10	Goa	142.29	142.29	628.3	580.9	610.67	598.2	1381.26	1321.39
11	Gujarat	1908.62	1637.92	2961.42	1887.62	2623.1	698.18	7493.15	4223.72

12	Haryana	1219.91	1219.91	3026.59	2823.46	1371.9	1365.07	5618.39	5408.44
13	Himachal Pradesh	3873.58	3873.58	3659.22	3659.22	2899.09	2899.09	10431.89	10431.89
14	Jammu & Kashmir	4895.09	4895.09	7510.36	7510.36	4361.6	4361.6	16767.05	16767.05
15	Jharkhand	7752.57	7752.57	2390.42	2390.42	3217.06	3217.06	13360.05	13360.05
16	Karnataka	1714.09	1590.78	5031.54	4753.98	6067.28	3119.15	12812.91	9463.91
17	Kerala	4399.83	4399.83	7989.4	7989.4	11037.96	10472.07	23427.19	22861.3
18	Ladakh	72.27	72.27	47.32	47.32	190.29	190.29	309.87	309.87
19	Lakshadweep	116.32	116.32	332.01	332.01	220.48	214.77	668.81	663.11
20	Madhya Pradesh	1716	1716	6120	6120	8169.59	8169.59	16005.59	16005.59
21	Maharashtra	0	0	2235.54	1959.83	2681.16	1207.86	4916.69	3167.69
22	Manipur	1723	1694.59	0	0	1276.67	1191.2	2999.67	2885.79
23	Mizoram	117.27	117.27	1057.86	1057.86	1101.48	1101.48	2276.61	2276.61
24	Meghalaya	796.84	796.84	1722.6	1722.6	1520.48	1520.48	4039.92	4039.92
25	Nagaland	495.78	495.78	1016.97	1016.97	1342.11	1342.11	2854.86	2854.86
26	Odisha	0	0	0	0	2369.21	2369.21	2369.21	2369.21
27	Puducherry	623.95	623.51	197.08	179.21	683.4	325.49	1504.43	1128.21
28	Punjab	0	0	109.85	109.85	1701.1	1691.36	1810.95	1801.21
29	Rajasthan	0	0	3731.51	3731.51	15051.8	15051.8	18783.31	18783.31
	Sikkim	626.06	626.06	492.37	492.37	434.78	434.78	1553.21	1553.21
31	Tamil Nadu	2428.69	2125.68	6635.76	6431.24	7380.32	5551.27	16444.77	14108.19
32	Telangana	0	0	1225.17	1225.17	2491.38	2491.38	3716.55	3716.55
33	Tripura	1030.9	1030.9	566.99	566.99	815.77	815.77	2413.66	2413.66

34	Uttar Pradesh	14437.6	14189.87	12418.6	11925.3	13903.18	8172.22	40759.37	34287.38
35	Uttarakhand	1855.8	1855.8	3234.38	3234.38	2441.12	2441.12	7531.29	7531.29
36	West Bengal	1056.58	1042.18	3379.39	3326.39	2308.43	1364.07	6744.4	5732.64
	Total	54748.9	53738	86732.7	83020.6	113654.4	96096.2	255136	232855

भारतीय श्रमिकों के लिए प्रशिक्षण

3621. श्री अरुण गोविल:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) पिछले तीन वर्षों के दौरान भारतीय कामगारों की मांग में वृद्धि दर्शाने वाले देशों की संख्या और उनके नाम का वर्ष-वार ब्यौरा क्या है;

(ख) सरकार द्वारा ऐसे कामगारों को विदेश में रोजगार के लिए प्रशिक्षित करने के लिए विशेष रूप में संबंधित देशों की भाषा में प्रशिक्षण प्रदान करने के संबंध में, क्या कदम उठाए गए हैं, क्योंकि ऐसे कुशल कामगारों को विदेश में काम करने के लिए उचित प्रशिक्षण की आवश्यकता होती है;

(ग) क्या सरकार का विदेश जाने के इच्छुक कामगारों को प्रशिक्षित करने के लिए समर्पित प्रशिक्षण संस्थान स्थापित करने का विचार है;

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) क्या सरकार के पास पश्चिमी उत्तर प्रदेश के मेरठ शहर में ऐसा प्रशिक्षण केंद्र स्थापित करने का कोई प्रस्ताव है?

विदेश मंत्रालय में राज्य मंत्री; तथा वस्त्र मंत्रालय में राज्य मंत्री (श्री पबित्रा मार्गेरिटा):

(क) से (ङ): प्रवासन और आवाजाही भागीदारी करार (एमएमपीए) भारत की ब्रिटेन, फ्रांस, जर्मनी, ऑस्ट्रेलिया, ऑस्ट्रिया, इटली, डेनमार्क, फिनलैंड और यूरोपीय संघ जैसे देशों के साथ कुशल

कामगारों, छात्रों और शोधकर्ताओं के सुचारु आवागमन को सुविधाजनक बनाने के लिए द्विपक्षीय आवाजाही करार है। भारत ने जापान, पुर्तगाल, मॉरीशस, इजरायल, ताइवान, मलेशिया और रूस के साथ श्रम आवाजाही करारों पर हस्ताक्षर किए हैं तथा जीसीसी देशों और जॉर्डन के साथ श्रम कल्याण करारों पर हस्ताक्षर किए हैं। गंतव्य देशों के साथ ये करार विधिक प्रवासन के लिए मजबूत रूपरेखा प्रदान करते हैं। इजरायल और जापान ने भी भारतीय कामगारों की भारी मांग के संकेत दिए हैं। 5 दिसंबर 2025 को रूस के साथ हस्ताक्षरित श्रम आवाजाही करार भारत से रूस में कुशल श्रमिकों की आवाजाही के लिए एक रूपरेखा स्थापित करता है तथा दोनों देशों के बीच सुरक्षित और पारस्परिक रूप से लाभकारी प्रवासन को बढ़ावा देने का लक्ष्य रखता है। ऑस्ट्रेलिया की प्रतिभाशाली प्रारंभिक करियर पेशेवर योजना (एमएटीईएस) के लिए आवाजाही व्यवस्था भारतीय स्नातकों को इंजीनियरिंग, आईटी और नवीकरणीय ऊर्जा जैसे क्षेत्रों में दो वर्ष तक काम करने के लिए वार्षिक 3,000 स्थान प्रदान करती है। यूनाइटेड किंगडम की युवा पेशेवर योजना 18 से 30 वर्ष की आयु के भारतीय नागरिकों को नियोक्ता प्रायोजन की आवश्यकता के बिना यूनाइटेड किंगडम में दो वर्ष तक रहने और काम करने के लिए वार्षिक 3,000 स्थान प्रदान करती है।

प्रवासी कौशल विकास योजना (पीकेवीवाई), विदेश मंत्रालय (एमईए) और कौशल विकास एवं उद्यमिता मंत्रालय (एमएसडीई) के बीच एक संयुक्त सहयोगात्मक साझेदारी है, जिसका उद्देश्य संभावित प्रवासी कामगारों के कौशल सेट को अंतर्राष्ट्रीय मानकों के अनुरूप चुनिंदा क्षेत्रों और नौकरी भूमिकाओं में बढ़ाना है, ताकि उनके विदेशी रोजगार को सुविधाजनक बनाया जा सके। इस योजना में दो घटक शामिल हैं। पहला तकनीकी टॉप-अप प्रशिक्षण है, जिसमें राष्ट्रीय कौशल विकास निगम (एनएसडीसी) के माध्यम से एमएसडीई द्वारा प्रदान की गई पूर्व शिक्षा, मूल्यांकन और प्रमाणन की मान्यता शामिल है। दूसरा सॉफ्ट स्किल्स संबंधी प्रशिक्षण कार्यक्रम है, जिसे प्रस्थान-पूर्व अभिविन्यास और प्रशिक्षण (पीडीओटी) कहा जाता है, जो विदेश मंत्रालय द्वारा एनएसडीसी, राज्य सरकारों और अन्य भागीदारों के सहयोग से दिया जाता है।

भारत सरकार ने 2018 में प्रवासी भारतीय कामगारों की संस्कृति, भाषा, परंपरा और गंतव्य देश के स्थानीय नियमों और विनियमों के संदर्भ में सॉफ्ट कौशल बढ़ाने के लिए, तथा प्रवासी कामगारों को सुरक्षित और विधिक प्रवासन के मार्गों तथा उनके कल्याण एवं सुरक्षा के लिए विभिन्न सरकारी कार्यक्रमों के बारे में संवेदनशील बनाने के लिए पीडीओटी कार्यक्रम शुरू किए हैं।

उपलब्ध जानकारी के अनुसार, एमएसडीई ने विभिन्न राज्यों में 30 स्किल इंडिया इंटरनेशनल सेंटर (एसआईआईसी) की स्थापना का प्रस्ताव रखा है। वर्तमान में, वाराणसी, भुवनेश्वर, हैदराबाद, कानपुर, लुधियाना, बेंगलुरु, गुवाहाटी में 7 एसआईआईसी संचालित हैं। एसआईआईसी में भाषा प्रशिक्षण भी दिया जाता है।

एमएसडीई भारतीय कार्यबल को अंतरराष्ट्रीय मानकों और उद्योगों/ विदेशी नियोक्ताओं की आवश्यकता के अनुसार प्रशिक्षित कर रहा है। 2023 से, कुल 2,910 उम्मीदवारों को एसआईआईसी-वाराणसी और एसआईआईसी-भुवनेश्वर में प्रशिक्षित (डोमेन प्रशिक्षण और भाषा प्रशिक्षण) किया गया है। इसके अलावा, 3,499 उम्मीदवारों को अंतरराष्ट्रीय अवसरों के लिए एसआईआईसी-वाराणसी में अभिविन्यास /रिफ्रेशर प्रशिक्षण प्रदान किया गया है। इसके अलावा, एसआईआईसी-वाराणसी ने 433 उम्मीदवारों की तैनाती की सुविधा प्रदान की है।

मेरठ एमएसडीई द्वारा एसआईआईसी के लिए पहचाने गए स्थानों में से एक है।

उत्तराखंड में सीएचसी/पीएचसी का उन्नयन

3622. श्री त्रिवेन्द्र सिंह रावत:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार द्वारा उत्तराखंड राज्य और हरिद्वार लोक सभा निर्वाचन क्षेत्र में प्राथमिक स्वास्थ्य

केंद्रों और सामुदायिक स्वास्थ्य केंद्रों के उन्नयन के लिए कोई कार्य योजना तैयार की गई है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

- (ग) क्या राज्य में बढ़ती जनसंख्या को देखते हुए उक्त सरकारी अस्पतालों के लिए कोई लक्ष्य निर्धारित किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) पिछले तीन वर्षों के दौरान उपरोक्त राज्य और निर्वाचन क्षेत्र में पीएचसी/सीएचसी के उन्नयन के लिए कितनी बजटीय राशि आवंटित और व्यय की गई है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (घ): 'सार्वजनिक स्वास्थ्य' और 'अस्पताल' राज्य से संबंधित विषय हैं, अतः देश के सभी नागरिकों को बुनियादी स्वास्थ्य सेवाएँ प्रदान करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकार की है।

उत्तराखंड और हरिद्वार लोकसभा क्षेत्र सहित देश भर में गुणवत्तापूर्ण स्वास्थ्य सेवाओं की उपलब्धता और पहुंच में सुधार के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधाकेंद्रों में पर्याप्त मानव संसाधन उपलब्धता सुनिश्चित करने हेतु सहायता प्रदान करता है। स्वास्थ्य एवं परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, सार्वजनिक स्वास्थ्य सेवा प्रणाली के सुदृढीकरण के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार द्वारा मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के अभिलेख (आरओपी) के रूप में प्रस्तावों को अनुमोदन दिया जाता है। राज्यों/ संघ राज्य क्षेत्रों को जारी किए गए आरओपी का विवरण निम्नलिखित वेब लिंक पर उपलब्ध है:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

स्थापित मानदंडों के अनुसार, ग्रामीण क्षेत्रों में, 30,000 (मैदानी क्षेत्रों में) और 20,000 (पहाड़ी और आदिवासी क्षेत्रों में) की आबादी के लिए एक प्राथमिक स्वास्थ्य केंद्र (पीएचसी) और 1,20,000 (मैदानी क्षेत्रों में) और 80,000 (पहाड़ी और आदिवासी क्षेत्रों में) की आबादी के लिए एक

सामुदायिक स्वास्थ्य केंद्र (सीएचसी) का सुझाव दिया गया है। इसके अतिरिक्त, शहरी क्षेत्रों के लिए, 30,000 से 50,000 की शहरी आबादी के लिए एक शहरी प्राथमिक स्वास्थ्य केंद्र (यू-पीएचसी), गैर-महानगरीय शहरों (5 लाख से अधिक आबादी) में प्रत्येक 2.5 लाख आबादी के लिए एक शहरी सामुदायिक स्वास्थ्य केंद्र (यू-सीएचसी) और महानगरीय शहरों में प्रत्येक 5 लाख आबादी के लिए एक यू-सीएचसी।

देश भर में उप-स्वास्थ्य केंद्रों और प्राथमिक स्वास्थ्य केंद्रों का सुदृढीकरण करके कुल 1.83 लाख आयुष्मान आरोग्य मंदिर (एएएम) [पूर्व में आयुष्मान भारत स्वास्थ्य एवं कल्याण केंद्र (एबी-एचडब्ल्यूसी)] कार्यशील किए गए हैं, जिनमें उत्तराखंड के 2,358 एएएम शामिल हैं, जो निवारक, प्रोत्साहक, प्रशामक, पुनर्वास और उपचारात्मक परिचर्या से संबंधित अनेक व्यापक प्राथमिक स्वास्थ्य सेवाएं प्रदान करते हैं।

राज्य द्वारा दी गई जानकारी के अनुसार, हरिद्वार लोकसभा क्षेत्र में पीएचसी, झाब्रेड़ा और पीएचसी, बालावाला का सामुदायिक स्वास्थ्य केंद्र (सीएचसी) में उन्नयन कर दिया गया है और डोईवाला स्थित सीएचसी का उप-जिला अस्पताल (एसडीएच) में उन्नयन कर दिया गया है।

पंद्रहवें वित्त आयोग (एफसी-XV) ने स्वास्थ्य क्षेत्र के विशिष्ट घटकों के लिए स्थानीय सरकारों के माध्यम से 70,051 करोड़ रुपये के अनुदान की सिफारिश की थी और इसे केंद्र सरकार ने स्वीकार कर लिया है। उत्तराखंड राज्य के लिए वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक की अवधि के लिए वित्त आयोग-XV स्वास्थ्य अनुदान के अंतर्गत कुल 797.09 करोड़ रुपये की राशि आवंटित की गई है।

MODERNISATION OF CANTONMENT ADMINISTRATION

3623. SHRI ANURAG SINGH THAKUR:

Will the Minister of **DEFENCE** be pleased to state:

- (a) whether the Kasauli Cantonment Board has temporarily halted auctions of shops, sheds and kiosks in Market Bazaar pending finalisation of revised policy guidelines;
- (b) if so, the details thereof along with the number of units affected and the revenue realised prior to the pause;
- (c) whether the proposed Cantonment Board Rules, 2026 are under consideration of the Government, if so, the details thereof including the expected timeline for its approval;
- (d) whether representations from traders and public representatives have been received and suitably examined and if so, the details thereof; and
- (e) the interim measures taken by the Government to safeguard livelihoods and ensure smooth implementation of the revised auction framework across cantonment markets in the country?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

- (a) and (b): Yes. Out of a total of 68 stalls/shops/sheds, e-auction of 63 units was initiated by Cantonment Board Kasauli. The revenue accrued from these 63 units is Rs.1.18 Crore per annum (approx).
 - (c) : Yes. The draft rules propose reservation in allotment of Cantonment Board shops in favour of ex-servicemen and other eligible categories. Objections / suggestions shall be invited from the interested persons prior to the framing of rules
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(d) : The representations received from stall-holders and also from SDM, Kasauli and DC, Solan have been examined by Cantonment Board Kasauli. Further, the shopkeepers were given personal hearing by the Cantonment Board during the meeting held on 20.02.2026.

(e) : DGDE has directed the Cantonment Boards to keep the ongoing / proposed auction proceedings in abeyance till the notification of the rules since the proposed provisions will directly impact the policy framework relating to reservation and allotment of shops by the Boards. The Cantonment Board Kasauli has resolved to extend the occupancy rights of the existing lessees by private treaty for a further period of one year subject to prior sanction of GoC-in-C under section 267 of the Cantonments Act, 2006 or till finalization of the proposed rules, whichever is earlier.

SOCIAL REHABILITATION OF CHILDREN

3624. SHRI GANESH SINGH:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) the details of the effective models adopted, in coordination with State Governments, for the rescue, protection, education, skill development and social rehabilitation of children affected by begging under Mission Vatsalya, including CHILDLINE 1098 and other related mechanisms;
 - (b) whether the Ministry is formulating a comprehensive future strategy to
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eradicate child begging by strengthening inter-ministerial coordination, the role of Urban Local Bodies, public awareness campaigns and family-based rehabilitation mechanisms; and

(c) if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) to (c): The Ministry of Women and Child Development administers the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), which is the primary legislation for ensuring safety, security, dignity and well-being of children. The Act provides for protection of Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL) by catering to their basic needs through care, protection, development, treatment and social re-integration. It defines standards of care and protection to secure the best interest of the child.

Section 2(14)(ii) of the JJ Act, 2015 provides that a child who is found working in contravention of labour laws for the time being in force or is found begging, or living on the street is included as a “Child in Need of Care and Protection”. Sections 27-30 of the JJ Act, 2015 empowers the Child Welfare Committees to take decisions with regard to the CNCP category of children, keeping their best interest in mind. The primary responsibility and execution of the JJ Act, 2015 lies with the States/UTs.

The Mission Vatsalya Scheme of the Ministry of Women and Child

Development, services are provided to the CNCP and CCL category of children which include both institutional care and non-institutional care services. The scheme provides services to children including child beggars for their rehabilitation and social re-integration into the mainstream of the society. The Child Care Institutions (CCIs) established under the Mission Vatsalya scheme support, *inter-alia*, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Support under non-institutional care is provided by way of sponsorship, foster care and after care to children in need of care and protection.

The scheme also provides for emergency outreach services namely Child Helpline 1098 (24x7x365) for children in difficult circumstances which is integrated with Emergency Response Support System-112 (ERSS-112) Helpline of Ministry of Home Affairs.

Besides this, the National Commission for Protection of Child Rights at national level and State Commissions for Protection of Child Rights at State level are authorised to monitor the implementation of the JJ Act.

National Commission for Protection of Child Rights has developed and shared with the States and UTs, Standard Operating Procedure on “Children in Street Situations (CiSS) 2.0” in the identified districts to ensure zero tolerance on Child begging/ Child labour/ Child abuse.

Ministry of Social Justice and Empowerment implements a Central Sector Scheme “SMILE - Support for Marginalized Individuals for Livelihood

and Enterprise”, which includes sub-scheme for the ‘Comprehensive Rehabilitation of persons engaged in the act of Begging’ including children engaged in the act of begging. The scheme provides for necessities like food, shelter homes, medical facilities, counselling, rehabilitation, basic documentation, skill development, economic linkages including education to the children/ children of persons found to be engaged in begging.

COMPENSATION TO DOCTORS AND OFFICERS UNDER NHM

3625. SHRI BASTIPATI NAGARAJU:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has examined the compensation being offered to doctors and medical officers employed under National Health Mission (NHM) and if so, the details regarding the issues observed;
- (b) the measures taken by the Government to increase compensation and attract specialists and doctors especially in rural areas;
- (c) the number of doctors employed in contractual positions under NHM in the country, Statewise and district-wise for Andhra Pradesh; and
- (d) the steps taken by the Government to ensure social and economic security for contractual staff employed under NHM?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): All the administrative and personnel matters related to health human resource lies with the respective State/UT Governments. Under National Health Mission (NHM), Ministry of Health & Family Welfare provides financial and technical support to States/UTs to strengthen their healthcare systems based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per Indian Public Health Standards (IPHS). 5% of the total Human Resource (HR) budget is approved as increment to all human resource for health (HRH) engaged under NHM and 3% of the total HR budget is recommended for HR rationalization within which the State has a discretion to decide the actual increment. HR rationalization exercise and its principles, including increments, are approved by State Health Society Governing Body (SHS GB). NHM contributes to EPF (Employer's contribution) @ 13.36% for staff drawing salary less than or equal to Rs. 15000 per month as on/ after 1st April 2015. Further, the guidelines for Human Resources for Health (HRH) is available in public domain at:

<https://nhsrcindia.org/sites/default/files/2022-04/Final%20Guideline%20on%20Human%20Resources%20for%20Health%20for%20NHM.pdf>

Under NHM, following types of incentives and honorarium are provided

for encouraging healthcare workers to practice in rural and remote areas of the country including Chhattisgarh to address the shortage of healthcare workers:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
 - Honorarium to Gynaecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
 - Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
 - States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
 - Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
 - Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.
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As per NHM-MIS report (as on September 2025), State-wise details of the number of doctors employed under NHM including Andhra Pradesh are available at the following link of MIS report:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=457&lid=686>

DELAY IN CONSTRUCTION OF AIIMS, MADURAI

3626. SHRI D. M. KATHIR ANAND:

Will the Minister of **HEALTH AND FAMILY WELFARE** be please to state:

- (a) the reason for the inordinate delay in the construction of AIIMS, Madurai and the steps taken by the Government to expedite completion of the same;
- (b) the details of funds provided by Japan International Cooperation Agency (JICA) and the Union Government till date;
- (c) the details of funds spent so far on the construction of AIIMS Madurai and the time by which the construction of AIIMS, Madurai is likely to be completed; and
- (d) the details of the funds allocated and spent so far for the construction of AIIMS at various locations in the country, location-wise?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) to (c): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of All India Institute of Medical Science (AIIMS) Madurai has been
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approved at a cost of Rs. 2021.51 crore. The loan component of Japan International Cooperation Agency (JICA) is limited to Japanese Yen 22,788,000,000. Till date, the Ministry has released Rs. 471.02 crore for construction of AIIMS Madurai. The current progress of civil works of AIIMS Madurai is 47%. As per the Loan Agreement signed between Government of Japan and Government of India in March 2021, the target date of completion of the project is October 2026. The completion of the projects depends upon various factors including transfer of encumbrance free land by the State Government, regulatory clearances and site-specific issues. The progress of the project is regularly monitored at the level of the Institute and the Ministry with all stakeholders. A steering committee has also been constituted under the Chairpersonship of Principal Secretary (Health), Government of Tamil Nadu to monitor and facilitate smooth implementation of the project

(d): The Status of All India Institute of Medical Science (AIIMS) at various locations are as under:

Sl. No.	State/ UT	Name of AIIMS	Sanctioned Cost/ Approved outlay (Rs. in crore)	Status
1	Andhra Pradesh	AIIMS Mangalagiri	1618.00	Functional
2	Assam	AIIMS Guwahati	1123.00	Functional
3	Bihar	AIIMS Darbhanga	1264.00	Pre-investment work

				in Progress
4		AIIMS Patna	820.00	Functional
5	Chhattisgarh	AIIMS Raipur	820.00	Functional
6	Gujarat	AIIMS Rajkot	1195.00	Functional
7	Haryana	AIIMS Majra (Rewari)	1646.43	Under Construction
8	Himachal Pradesh	AIIMS Bilaspur	1521.04	Functional
9	Jammu & Kashmir	AIIMS Vijaypur, Jammu	1963.54	Functional
10		AIIMS Awantipora, Kashmir	2160.84	Under Construction
11	Jharkhand	AIIMS Deoghar	1103.00	Functional
12	Madhya Pradesh	AIIMS Bhopal	820.00	Functional
13	Maharashtra	AIIMS Nagpur	1577.00	Functional
14	Odisha	AIIMS Bhubaneswar	820.00	Functional
15	Punjab	AIIMS Bathinda	925.00	Functional
16	Rajasthan	AIIMS Jodhpur	820.00	Functional
17	Tamil Nadu	AIIMS Madurai	2021.51	Under Construction
18	Telangana	AIIMS Bibinagar	1365.95	Functional
19	Uttar Pradesh	AIIMS Raebareli	823.00	Functional
20		AIIMS Gorakhpur	1011.00	Functional
21	Uttarakhand	AIIMS Rishikesh	820.00	Functional
22	West Bengal	AIIMS, Kalyani	1754.00	Functional

TOBACCO CONSUMPTION AND ADVERTISING PRACTICES**3627. SHRI SRIBHARAT MATHUKUMILLI:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (e) whether the Government maintains State-wise, income-group-wise and age-group-wise data on the number of persons consuming tobacco products, including gutkha and chewing tobacco, during the last five years and if so, the details thereof;
- (f) the details of the number of deaths attributable to tobacco-related diseases during the last five years, year-wise and State/UT-wise;
- (g) whether any study has been undertaken to assess the impact of the Central Excise (Amendment) Bill, 2025 on reducing tobacco consumption and if so, the key findings thereof;
- (h) whether the Government has examined the extent and impact of surrogate advertising, celebrity endorsements and brand extensions in promoting tobacco and pan masala products;
- (i) if so, the details thereof along with the steps taken or proposed to strengthen regulatory oversight in this regard; and
- (j) whether any additional measures are under consideration to curb tobacco demand, particularly among youth and low-income households and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI

PRATAPRAO GANPATRAO JADHAV):

(a): As per the second round of Global Adult Tobacco Survey (GATS-2, 2016-17), 28.6% adults aged 15 years and above use tobacco in some form. The detailed data of tobacco users State/UT-wise and age-wise are enclosed as **Statement**.

(b): As per the Report of the second round of GATS-2, 2016-17, mortality due to tobacco in India is estimated at upwards of 1.3 million (over 13 lakhs).

(c): So far, no such study has been undertaken.

(d) and (e): Section-5 of Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA 2003), prohibits direct and indirect advertisement of cigarettes and other tobacco products.

Further, as per the Ministry of Information and Broadcasting's existing regulatory framework, all private TV channels are required to adhere to the Advertising Code laid down under the Cable Television Networks (Regulation) Act, 1995 and the rules framed thereunder. Rule 7(2)(viii)(A) of the Advertising Code provides that no advertisement shall be permitted which promotes directly or indirectly production, sale or consumption of cigarettes, tobacco products, wine, alcohol, liquor or other intoxicants, with the stipulation that a product that uses a brand name or logo, of such products may be advertised on TV subject to certain conditions, including certification of the advertisement by the Central Board of Film Certification (CBFC). Action is taken whenever any violation of

Advertising Code is found, by way of issuance of Advisories, Warnings, Apology Scroll Orders etc. The Ministry also issues advisories from time to time to broadcasters for ensuring compliance to the Advertising Code."

(f): The measures taken by the Government to curb demand of tobacco are as under:

- The Ministry of Health and Family Welfare (MoH&FW) has enacted a comprehensive legislation, namely the Cigarettes and Other Tobacco Products Act (COTPA), 2003 to regulate the trade and commerce, production, supply and distribution of tobacco products.
 - The Ministry has also enacted the Prohibition of Electronic Cigarettes Act (PECA), 2019 which prohibits the production, manufacture, import, export, transport, sale, distribution, storage and advertisement of electronic cigarettes and related devices.
 - The MoH&FW launched the National Tobacco Control Programme (NTCP) in 2007-08 to ensure effective implementation of the provisions under the COTPA, discourage tobacco use and raise awareness about the harmful effects of tobacco use.
 - As part of these awareness efforts, MoH&FW has launched a 60-day annual Tobacco Free Youth Campaign since 2023 to educate youth about the dangers of tobacco and empower them to resist or quit tobacco use.
 - The Ministry has established a toll-free National Tobacco Quitline Service
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(1800-112-356), which is operated by four Quitline centers (Delhi, Mumbai, Guwahati, Bengaluru) covering all States and UTs, and provides counselling in 16 languages, including regional/local languages.

- Over 2,000 Tobacco Cessation Centres (TCCs) have been established across the country under integrated efforts of NTCP, National Medical Commission (NMC) and National Dental Commission (NDC), National Oral Health Programme (NOHP).

STATEMENT

Tobacco use among adults aged 15 or above, States/UTs wise, GATS 2, 2016-17:

State/ UT	Percentage of adults using tobacco in any form
	Overall
Jammu & Kashmir	23.7
Himachal Pradesh	16.1
Punjab	13.4
Chandigarh	13.7
Uttarakhand	26.5
Haryana	23.6
Delhi	17.8
Rajasthan	24.7
Uttar Pradesh	35.5
Chhattisgarh	39.1
Madhya Pradesh	34.2
West Bengal	33.5
Jharkhand	38.9

Odisha	45.6
Bihar	25.9
Sikkim	17.9
Arunachal Pradesh	45.5
Nagaland	43.3
Manipur	55.1
Mizoram	58.7
Tripura	64.5
Meghalaya	47.0
Assam	48.2
Gujarat	25.1
Maharashtra	26.6
Goa	9.7
Andhra Pradesh	20.0
Telangana	17.8
Karnataka	22.8
Kerala	12.7
Tamil Nadu	20.0
Puducherry	11.2

Age-wise:

Age Groups	Tobacco Use (%)
15-24	12.4
25-44	30.1
45-64	39.8
65+	41.4

EXPANSION AND STRENGTHENING OF e-COURTS INFRASTRUCTURE

3628. DR. BHOLA SINGH:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the number of courts digitized under the e-Courts Mission Mode Project, State-wise, including Uttar Pradesh;
- (b) the number of courts digitized and operational under e-Courts framework in Bulandshahr district;
- (c) the impact of digitization on judicial efficiency and access to justice; and
- (d) the steps taken to further strengthen digital judicial infrastructure?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) and (b): The e-Courts Mission Mode Project is being implemented in a phased manner across the country with the objective of strengthening the use of Information and Communication Technology (ICT) in the judicial system. The Department of Justice in close coordination with eCommittee of Supreme Court of India is implementing the e-Courts Project in a decentralized manner through the respective High Courts.

The number of courts digitised under the eCourts project, State/ UT-wise, including Uttar Pradesh, are enclosed as **Statement**. As per the information received from e-Committee, Supreme Court of India, 12 court establishments have been digitized and operational under e-Courts framework in Bulandshahr district.

(c) and (d): The interventions under the eCourts project have enhanced

efficiency in the justice delivery system by improving case management, e-filing, hearing through video conferencing, real-time monitoring of pendency and disposal, facilitating faster service of processes etc. The adoption of digital platforms, data analytics and interoperable systems is contributing to better utilisation of judicial resources, faster resolution of disputes and improved access to justice for litigants.

The facilities created under eCourts project have significant impact on judicial performance with 169% increase in annual case institution (from 0.98 crore to 2.64 crore) and 207% increase in annual case disposal (from 0.81 crore to 2.49 crore) by the courts in the country between 2014 and 2025.

STATEMENT

Number of court establishments digitized:

S. No.	State / UT	Total Districts	Total Court Complexes	Total Establishments
1	Andaman and Nicobar	4	4	4
2	Andhra Pradesh	13	195	368
3	Arunachal Pradesh	28	28	28
4	Assam	34	80	201
5	Bihar	38	83	268
6	Chandigarh	1	1	3
7	Chhattisgarh	25	93	204
8	Delhi	11	12	51
9	Goa	2	16	15
10	Gujarat	33	338	467
11	Haryana	22	61	158
12	Himachal Pradesh	11	53	127

S. No.	State / UT	Total Districts	Total Court Complexes	Total Establishments
13	Jammu and Kashmir	20	83	169
14	Jharkhand	24	24	132
15	Karnataka	31	206	547
16	Kerala	14	192	600
17	Ladakh	2	6	10
18	Lakshadweep	1	3	6
19	Madhya Pradesh	51	237	277
20	Maharashtra	41	510	721
21	Manipur	9	22	39
22	Meghalaya	14	18	61
23	Mizoram	3	12	26
24	Nagaland	11	12	34
25	Odisha	30	155	316
26	Puducherry	4	4	15
27	Punjab	22	68	200
28	Rajasthan	44	336	1098
29	Sikkim	6	11	34
30	Tamil Nadu	38	277	832
31	Telangana	33	125	263
32	Dadra and Nagar Haveli and Daman and Diu	3	4	3
33	Tripura	8	21	68
34	Uttarakhand	13	92	190
35	Uttar Pradesh	74	224	584
36	West Bengal	23	92	277
	Total	741	3,698	8,396

Source: eCommittee, Supreme Court of India

पंजाब में दहेज प्रथा

3629. श्री शेर सिंह घुबाया:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या पंजाब सहित देश के कई हिस्सों में विवाह समारोहों पर होने वाला अत्यधिक खर्च और दहेज प्रथा के नए रूप सामाजिक असमानता को बढ़ावा दे रहे हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार विवाहों में फिजूलखर्ची और दहेज जैसी सामाजिक बुराइयों को रोकने के लिए कोई प्रभावी जागरूकता अभियान चला रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) क्या सरकार का सादगीपूर्ण विवाहों को प्रोत्साहित करने और दहेज उन्मूलन से संबंधित अधिनियम को अधिक दृढ़ता से लागू करने का विचार है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (ग): “पुलिस” और “लोक व्यवस्था” भारत के संविधान की सातवीं अनुसूची के तहत राज्य के विषय हैं। दहेज और दहेज हत्या के मामलों की जांच और अभियोजन सहित कानून और व्यवस्था बनाए रखने, नागरिकों के जीवन और संपत्ति की सुरक्षा की जिम्मेदारी संबंधित राज्य सरकारों की है और वे इससे निपटने में सक्षम हैं।

दहेज प्रतिषेध अधिनियम, 1961 और भारतीय न्याय संहिता, 2023 में दहेज की समस्या से निपटने के लिए पर्याप्त प्रावधान हैं। यह अधिनियम दहेज देने या लेने पर रोक लगाता है और इसके लिए दंड का प्रावधान करता है ताकि महिलाओं को दहेज उत्पीड़न से बचाया जा सके। घरेलू हिंसा से महिला संरक्षण अधिनियम, 2005 दहेज उत्पीड़न को घरेलू हिंसा के दायरे में परिभाषित करता है और इसके तहत सुरक्षा आदेश, निवास आदेश, अभिरक्षा आदेश, मौद्रिक राहत, मुआवजा आदेश आदि जैसे उपाय प्रदान करता है।

केंद्र सरकार महिलाओं की सुरक्षा और संरक्षा सुनिश्चित करने को सर्वोच्च प्राथमिकता देती

है और सरकार ने इस संबंध में कई विधायी और योजनाबद्ध पहलें की हैं। इनमें "भारतीय न्याय संहिता", "भारतीय नागरिक सुरक्षा संहिता", "घरेलू हिंसा से महिलाओं का संरक्षण अधिनियम, 2006" और "दहेज प्रतिषेध अधिनियम, 1961" जैसे कानून शामिल हैं। इन कानूनी प्रावधानों के अलावा, सरकार द्वारा कार्यान्वित की गई कई योजनाओं और परियोजनाओं में वन स्टॉप सेंटर (ओएससी); महिला हेल्पलाइन (डब्ल्यूएचएल) का सार्वभौमीकरण; आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस) जो आपात स्थिति में अखिल भारतीय एकल नंबर (112)/मोबाइल ऐप-आधारित प्रणाली है, जागरूकता कार्यक्रमों के माध्यम से समुदाय में क्षमता निर्माण; पुलिस स्टेशनों में महिला हेल्प डेस्क (डब्ल्यूएचडी) की स्थापना/सुदृढ़ीकरण आदि शामिल हैं।

केंद्र सरकार द्वारा पूरी तरह से वित्त पोषित वन स्टॉप सेंटर (ओएससी) योजना दिनांक 1 अप्रैल, 2015 से पूरे देश में कार्यान्वित की जा रही है। यह निजी और सार्वजनिक दोनों जगह हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही स्थान पर एकीकृत सहायता और सहयोग प्रदान करती है। इसमें जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता और सलाह, अस्थायी आश्रय, पुलिस सहायता, मनो-सामाजिक परामर्श सहित व्यापक एकीकृत सेवाएं भी प्रदान की जाती हैं। देश भर में 896 ओएससी कार्यशील हैं और 31 अक्टूबर, 2025 तक 12.88 लाख से अधिक महिलाओं को सहायता प्रदान की गई है।

यह सुनिश्चित करने के लिए कि पुलिस स्टेशन महिलाओं के लिए अधिक अनुकूल और सुलभ हों, क्योंकि पुलिस स्टेशन में आने वाली किसी भी महिला के लिए वे पहला और एकमात्र संपर्क बिंदु होंगी, 15,049 महिला सहायता डेस्क (डब्ल्यूएचडी) बनाए गए हैं, जिनमें से 14,363 का नेतृत्व महिला पुलिस अधिकारी कर रही हैं। जरूरतमंद और संकटग्रस्त महिलाओं को सहायता और सहयोग करने के लिए, विभिन्न आपात स्थितियों के लिए सभी 36 राज्यों और संघ राज्य क्षेत्रों में क्षेत्र/पुलिस संसाधनों के कम्प्यूटर-सहायता प्राप्त प्रेषण की सुविधायुक्त आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस-112) स्थापित की गई है। ईआरएसएस के अतिरिक्त, पश्चिम बंगाल

को छोड़कर 35 राज्यों और संघ राज्य क्षेत्रों में पूरी तरह से कार्यरत विशिष्ट महिला हेल्पलाइन (डब्ल्यूएचएल-181) भी संचालित है। महिला हेल्पलाइन को भी ईआरएसएस के साथ एकीकृत किया गया है। दिनांक 31 दिसंबर, 2025 तक, महिला हेल्पलाइन ने 96.37 लाख से अधिक महिलाओं की सहायता की है।

पुलिस अनुसंधान और विकास ब्यूरो (बीपीआरएंडडी) ने भी कई पहलें की हैं जिनमें अन्य बातों के साथ-साथ जांच अधिकारियों, अभियोजन अधिकारियों और चिकित्सा अधिकारियों के लिए प्रशिक्षण और कौशल विकास कार्यक्रम शामिल हैं। बीपीआरएंडडी ने “पुलिस स्टेशनों पर महिला हेल्प डेस्क” के लिए मानक संचालन प्रक्रिया (एसओपी) भी तैयार की है ताकि उनका सुचारु संचालन सुनिश्चित हो और इसमें चार महत्वपूर्ण घटकों, अर्थात् अवसंरचना, प्रशिक्षण, मानव संसाधन विकास और प्रतिक्रिया तंत्र पर जोर दिया गया है। महिलाओं के खिलाफ यौन उत्पीड़न के अपराध के विशेष संदर्भ में अपराध की रोकथाम और जांच के उद्देश्य से “महिला सुरक्षा और संरक्षा- पुलिस में प्रथम प्रतिक्रियाकर्ताओं (रिस्पांडर्स) और जांचकर्ताओं (इंवेस्टीगेटर्स) के लिए एक पुस्तिका” नामक एक पुस्तक भी तैयार की गई है, जिसमें विशेष रूप से यौन उत्पीड़न के अपराध का जिक्र है जिसमें जांच, पीड़ित को मुआवजा और पुनर्वास भी शामिल है। महिलाओं और बच्चों के खिलाफ अपराधों की रोकथाम और उनका पता लगाने तथा अपराध के पीड़ितों के साथ समुचित बातचीत के लिए पुलिस बल में उचित व्यवहार और मनोवृत्ति कौशल विकसित करने पर जोर दिया गया है। बीपीआरएंडडी द्वारा संवेदनशीलता के साथ महिला सुरक्षा, पुलिस कर्मियों के लैंगिक संवेदीकरण आदि पर वेबिनार भी आयोजित किए गए हैं।

मंत्रालय समय-समय पर महिलाओं और बच्चों की सुरक्षा एवं संरक्षा के लिए जागरूकता अभियान भी चलाता है। इसके अलावा, सरकार, राष्ट्रीय महिला आयोग (एनसीडब्ल्यू), राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) और राज्यों में इनकी समकक्ष संस्थाओं के माध्यम से लोगों को दहेज प्रथा की बुराइयों सहित महिलाओं और बच्चों की सुरक्षा तथा कानून के विभिन्न

प्रावधानों के बारे में संवेदनशील बनाने के लिए सेमिनार, कार्यशालाओं, ऑडियो-विजुअल, प्रिंट और इलेक्ट्रॉनिक मीडिया आदि के माध्यम से जागरूकता फैला रही है। इसके अलावा, महिला और बाल विकास मंत्रालय तथा गृह मंत्रालय ने महिलाओं और बच्चों की सुरक्षा एवं संरक्षा से संबंधित विभिन्न मुद्दों पर समय-समय पर राज्यों और संघ राज्य क्षेत्रों को एडवाइज़री जारी की हैं।

महिलाओं के लिए कानूनी सहायता को अधिक सुलभ बनाने के लिए, राष्ट्रीय महिला आयोग (एनसीडब्ल्यू) ने दिल्ली राज्य विधिक सेवा प्राधिकरण (डीएसएलएसए) के सहयोग से एक कानूनी सहायता क्लिनिक आरंभ किया है, जो निशुल्क कानूनी सहायता प्रदान करके महिलाओं की शिकायतों के समाधान के लिए एकल-खिड़की सुविधा है।

मंत्रालय ने 22 जनवरी, 2025 को सभी कार्यात्मक सुविधाओं के साथ 'मिशन शक्ति पोर्टल' आरंभ किया है। इस पोर्टल का उद्देश्य महिलाओं के लिए विभिन्न सरकारी सेवाओं में पहुंच बढ़ाना, बचाव, सुरक्षा और पुनर्वास के लिए गुणवत्ता तंत्र स्थापित करना तथा विभिन्न योजनाओं और कानूनों के तहत कर्मियों और कर्तव्य धारकों की क्षमता का निर्माण करना है।

इसके अलावा, महिला हेल्पलाइन को कार्यान्वित करने वाले सभी राज्यों और संघ राज्य क्षेत्रों में आने वाली कॉलों की निगरानी के लिए सेंटर फॉर डेवलपमेंट ऑफ एडवांस्ड कंप्यूटिंग (सी-डैक) द्वारा एक राष्ट्रीय डैशबोर्ड तैयार किया गया है। यह डैशबोर्ड प्राप्त कॉल और सहायता प्राप्त महिलाओं की तत्समय (रियल टाइम) निगरानी करने में सक्षम बनाता है। इस प्रणाली के माध्यम से, केंद्र सरकार सम्पूर्ण भारत में महिलाओं द्वारा सामना की जाने वाली हिंसा पर केंद्रीकृत आंकड़ें बनाए रखने में सक्षम होगी, जिसे घरेलू हिंसा के मामलों सहित मामलों के प्रकारों के आधार पर वर्गीकृत किया जाएगा।

HIGH COST OF REPATRIATION OF MORTAL REMAINS

3630. THIRU DAYANIDHI MARAN:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) whether the Government has taken note of the tragic death of Indian citizen from Coimbatore, Tamil Nadu in Cambodia after being rescued from an alleged cyber-fraud camp;
- (b) if so, whether his family was reportedly quoted repatriation expenses of 7 lakh, later reduced to 3.5 lakh, for bringing back his mortal remains, if so, the response of the Government thereto;
- (c) the number of similar cases during the last five years where bereaved Indian families, including from Tamil Nadu, sought Embassy assistance for repatriation of mortal remains and reported unaffordable costs, State-wise indicating the assistance provided under the Indian Community Welfare Fund (ICWF) in this regard; and
- (d) whether the Government proposes to review and standardise Embassy procedures to ensure time-bound, compassionate and affordable support for distressed Indians abroad, including clear caps, transparency on costs and emergency financial assistance, if so, the details thereof and if not, the reasons therefor?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

- (a) and (b): The tragic death of the Indian citizen, Late Sh. Nandakumar Durairaj was reported to the Embassy of India, Phnom Penh on 18.12.2025. The
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Embassy had earlier facilitated his admission at a hospital in Phnom Penh.

After the Embassy was informed that the family was unable to pay for transportation of the mortal remains of the deceased, the Embassy incurred a total expenditure of USD 6,800 (INR 6,21,860/-) from the Indian Community Welfare Fund (ICWF) towards transportation of the mortal remains of the deceased.

(c): Specific requests for financial assistance for transportation of the mortal remains are examined by the Missions/Posts. The Indian Community Welfare Fund (ICWF) set up in Indian Missions/Posts abroad caters to NRIs in times of distress and emergency, on a 'means tested basis' and also includes financial assistance for transportation of mortal remains. The details on the number of cases, along with assistance provided under ICWF, during the last five years are as follows:

Year	No. of Beneficiaries	Expenditure
2021	422	₹ 5,70,95,552
2022	507	₹ 8,65,44,255
2023	433	₹ 9,06,38,615
2024	488	₹ 11,96,50,424
2025 (up to September)	312	₹ 8,48,59,348

(d): The issue of transportation of mortal remains of Indian nationals who have died abroad to their hometowns in India is accorded the highest priority by the Ministry. There is a well-established mechanism/Standard Operating Procedure (SOP) to coordinate with Indian Missions/Posts abroad to facilitate the

transportation of the mortal remains of Indian nationals to their hometowns in India.

The consular wings of Indian Missions/Posts have designated desks dedicated for dealing with death cases of Indian nationals abroad and subsequent transportation of the mortal remains to India or local burial or cremation.

The transportation of Indians who die abroad, involves completion of certain formalities before the local authorities allow such body/bodies to be transported to India. In case the death is not natural, police investigations are to be completed. As soon as the information about the death of an Indian national comes to the knowledge of the concerned Indian Mission/Post abroad, they take proactive action by seeking a report from the local Foreign Office and other concerned authorities regarding the cause of the death of the Indian national. Our Missions/Posts abroad inform the next of kin of the deceased Indian national, and facilitate the transportation to India or local burial of mortal remains in accordance with the wishes of the family of the deceased.

Transportation of mortal remains of Indians involves the following steps:

- i. Nomination of a person by the family to carry out, on their behalf, the formalities in the foreign country, in case they are unable to come to the foreign country to take over the mortal remain.
 - ii. Informing the Insurance Company (if any) by the authorized person/employer.
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- iii. Nomination of a transporter (in consultation with Insurance Company, if any) by the authorized person/employer.
- iv. Obtain the copy of the FIR from the Police authorities, if applicable.
- v. Complete the formalities relating to embalming, coffin and quarantine of the mortal remains as soon as possible by the transporter.
- vi. Procurement of air ticket for transportation of mortal remains by the authorized person/ employer.
- vii. The authorized person needs to obtain the documents – FIR, where applicable, Medical Certificate/Death Certificate, Original Passport, Embalming Certificate, Coffin Certificate, Quarantine Certificate, Authority Letter by the family, List of belongings, Air Way Bill (copy or detail information) and provide the original passport to the Embassy/Consulate for cancellation, upon which the Mission/Post issues the “Death Certificate and No Objection Certificate (NOC)”.
- viii. Nomination of person by the family who will collect the mortal remains, on their behalf, at the Indian Airport, if required.

Indian Missions/Posts liaise with different authorities in the foreign country for seeking following documents for transportation of mortal remains:

- i. Medical report / death certificate issued from the hospital concerned;
 - ii. Police report (with English translation, if report is in some other language),
in case of accidental or unnatural death;
 - iii. Consent letter from next of kin of the deceased for local cremation / burial
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/ transportation of mortal remains;

iv. Issuing of NOC by the Mission / Post for transportation or local cremation

/ burial as required;

v. Clearance and arrangements for embalming of mortal remains from the authorities concerned in the foreign country;

vi. Clearance from local immigration/ customs department.

These procedures differ from country to country depending upon the local regulations.

विदेश में रहने वाले भारतीयों के लिए पारदर्शी वीजा प्रक्रिया

3631. श्री राजकुमार रोत:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) भारतीय नागरिकों के लिए रोजगार/कार्य वीजा हेतु निर्धारित शुल्क का ब्यौरा क्या है और इस संबंध में प्रासंगिक नियम/प्रावधान क्या हैं तथा वर्तमान में विदेशों में कार्यरत भारतीय श्रमिकों की देश-वार संख्या कितनी है;

(ख) क्या अभिकर्ता/भर्ती एजेंसियां रोजगार के लिए विदेश जाने वाले भारतीय नागरिकों से निर्धारित वीजा शुल्क में कई गुना अधिक राशि वसूलती हैं और यदि हाँ, तो विगत पांच वर्षों के दौरान ऐसे कितने मामले सामने आए हैं और उन पर क्या कार्रवाई की गई है; और

(ग) क्या सरकार संबंधित देशों के समन्वय से रोजगार वीजा प्रक्रिया को पूरी तरह से पारदर्शी, शुल्क विनियमित और ऑनलाइन निगरानी पर आधारित बनाने के लिए कोई पहल कर रही है और यदि हां, तो इसे कब तक लागू किया जाना है और यदि नहीं, तो इसके क्या कारण हैं?

विदेश मंत्रालय में राज्य मंत्री; तथा वस्त्र मंत्रालय में राज्य मंत्री (श्री पबित्रा मार्गेरिटा):

(क) से (ग): भारतीय नागरिकों के संबंध में रोजगार वीजा और वीजा शुल्क के लिए नियम / प्रावधान तैयार करना संबंधित देशों का संप्रभु मामला है। तथापि, वीजा से संबंधित मामले, जिसमें विशेष रूप से यात्रा सुविधा बेहतर बनाने और भारतीय नागरिकों के लिए वीजा प्रक्रियाओं को सरल बनाने के लिए अभीष्ट वीजा नीतियाँ शामिल हैं, भारत सरकार द्वारा द्विपक्षीय तंत्र के माध्यम से उठाए जाते हैं। इसमें अन्य सरकारों के साथ कौंसली संवाद और उच्च स्तरीय यात्राएं भी शामिल हैं।

रोजगार / कार्य वीजा शुल्क का विवरण वीजा आवेदकों को आवेदन के समय संबंधित देशों के प्राधिकारियों द्वारा प्रदान किया जाता है और यह भारत में स्थित संबंधित देशों के दूतावास/ कौंसलावास की वेबसाइटों पर सार्वजनिक डोमेन के रूप में भी उपलब्ध है।

विदेश मंत्रालय ई-माइग्रेट पोर्टल के माध्यम से किसी भी अधिसूचित ईसीआर देशों में रोजगार के लिए जाने वाले, उत्प्रवासन जांच अपेक्षित (ईसीआर) पासपोर्ट धारक भारतीय कामगारों के डाटा का अनुरक्षण करता है। पिछले पांच वर्षों के दौरान दी गई उत्प्रवासन अनापत्ति (ईसी) की संख्या के संबंध में वर्षवार डाटा संलग्न **विवरण** में दिया गया है

विवरण

2021-2025 के दौरान जारी उत्प्रवासन अनापत्ति (ईसी)					
देश	2021	2022	2023	2024	2025
बहरीन	6382	10232	7376	8607	6827
इंडोनेशिया	0	3	0	3	9
इराक	935	1430	1599	2761	1264
जॉर्डन	2386	2487	1187	3137	2192
कुवैत	10158	71432	48212	39862	47087
लेबनान	54	282	200	130	36
मलेशिया	36	12836	15319	5606	3059
ओमान	19453	31994	21336	24258	29158
कतर	49579	30871	30683	23785	21907
सऊदी अरब	32845	178623	200713	167598	136812
दक्षिण सूडान	1	1	0	0	73

सूडान	0	0	0	2	0
थाईलैंड	1	3	4	10	0
संयुक्त अरब अमीरात	10844	33233	71687	111308	200686
कुल योग	132674	373427	398316	387067	449110

RACIAL ATTACKS ON INDIANS ABROAD

3632. SUSHRI MAHUA MOITRA:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) the number of racial attacks reported on Indians abroad since 2014, year-wise and country-wise;
- (b) the number of Indians killed abroad since 2014, year-wise and country-wise;
- (c) the number of cases in which protests have been lodged by the Government with the concerned country; and
- (d) the details of financial, legal and consular support provided to victims of racial attacks by the Government during the said period?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a) to (d): As per the information available with the Ministry, the number of racial attacks on Indians abroad since 2014, year-wise and country-wise is enclosed as **Statement I** and the number of Indians killed abroad since 2014, year-wise and country-wise is enclosed as **Statement II**.

The safety, security and well being of Indian nationals living in foreign countries is one of the foremost priorities for the Government of India. Indian Missions/Posts remain vigilant and closely monitor any untoward incidents affecting Indian nationals abroad. Such incidents are immediately taken up with the concerned authorities of the host country to ensure that the cases are properly investigated and the perpetrators are punished as per their domestic laws. These issues are also raised at the political and official level with the countries concerned during bilateral engagements and through institutional dialogue mechanisms, including at the highest levels as appropriate.

Indian Missions/Posts abroad render all possible consular assistance to the Indian nationals, whenever required. Indian nationals can contact the Indian Missions/Posts abroad via walk-ins, email, social media platforms, 24x7 emergency telephone numbers and Toll Free Helplines established by Missions/Posts abroad, grievance redressal portals like MADAD, CPGRAMS etc for redressal of their grievances. Indian nationals who are in distress in foreign countries are provided assistance under Indian Community Welfare Fund (ICWF) set up in all Indian Missions/Posts abroad to meet any contingency expenditure incurred by them, on a means-tested basis. Advisories are issued for Indian nationals from time to time, asking them to exercise due caution and remain vigilant. The Government remains vigilant to developments impacting the lives of Indian nationals abroad and takes all measures to safeguard their interests and welfare.

Apart from extending all possible consular assistance to Indian nationals, Indian Missions/Posts also assist in providing legal aid wherever needed. Missions/Posts maintain a local panel of lawyers where Indian community is in sizeable numbers.

STATEMENT- I

Year-wise and country-wise number of racial attacks on Indians abroad since 2014

Sr. No.	Country	Number of cases of racial attacks on Indians abroad in the year											
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1	Canada	0	0	0	0	0	2	4	4	6	10	7	7
2	China	0	0	0	0	0	0	0	1	0	0	1	0
3	Cyprus	0	0	0	0	0	0	0	0	0	0	1	1
4	Germany	0	0	0	0	0	0	0	0	0	0	11	3
5	Kyrgyzstan	0	0	0	0	0	0	0	1	0	0	0	0
6	Poland	0	0	0	0	0	0	0	0	2	2	1	1
7	South Africa	0	0	0	0	0	0	0	0	0	0	1	0
8	Turkiye	0	0	0	0	0	0	0	1	1	2	0	0
9	UK	0	0	0	0	0	0	0	0	1	3	0	1
10	USA	0	0	2	5	0	0	0	0	5	3	0	0

STATEMENT-II

Number of Indians killed abroad since 2014

Sr. No.	Country	Number of Indians killed abroad in the year											
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1	Australia	0	1	0	0	0	0	1	0	0	0	0	0

2	Cabo Verde	0	0	0	0	0	0	0	1	0	0	0	0
3	Canada	0	0	0	5	6	12	4	2	8	12	11	12
4	China	0	0	0	0	0	0	0	1	0	0	0	0
5	Cote d' Ivoire	0	0	0	0	0	0	0	0	0	0	3	0
6	Estonia	0	0	0	0	0	0	0	0	0	0	1	2
7	Ghana	1	0	0	0	0	0	0	0	0	0	0	0
8	Italy	1	2	1	2	2	1	1	1	1	2	4	3
9	Kyrgyzstan	0	0	0	0	0	0	0	1	0	0	0	1
10	Niger	0	0	0	0	0	0	0	0	0	0	0	2
11	South Africa	0	0	0	0	0	0	0	0	0	0	1	1
12	Spain	0	0	0	0	0	0	0	0	0	0	0	2
13	Turkiye	0	0	0	2	1	0	0	0	0	0	0	0
14	UAE	7	3	14	9	7	12	10	3	4	7	6	12
15	UK	0	0	0	0	0	0	2	0	0	2	0	0
16	USA	0	0	0	3	0	0	1	0	2	1	1	0

IMPLEMENTATION OF NHM IN CHITRADURGA

3633. SHRI GOVIND MAKTHAPPA KARJOL:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of the implementation of the National Health Mission (NHM) in Chitradurga district of Karnataka, including major components and programmes being implemented thereunder;
- (b) the total amount of funds allocated, approved, released and utilized under NHM in Chitradurga district during the last three years, year-wise;

- (c) the details of infrastructure created or strengthened under NHM in the district, including Sub-Centres, Primary Health Centres, Community Health Centres, District Hospitals and Health & Wellness Centres;
- (d) the present status of availability of doctors, specialists, staff nurses and other paramedical staff under NHM in the district, including vacancies, if any; and
- (e) the steps taken by the Government to address gaps in infrastructure, manpower and service delivery under NHM in Chitradurga district?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including Karnataka to strengthen the public healthcare delivery system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. Details of the approvals given for the strengthening healthcare infrastructure in rural areas of the country including Karnataka are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

Ayushman Arogya Mandirs (AAMs), erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs), have been established by upgrading existing

Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas to deliver 12 package of basic healthcare services. These primarily health services include Reproductive and Child Health (RMNCHA+N) services, Communicable Diseases, Non-Communicable Diseases (NCDs) (screening and management for NCDs such as Hypertension, Diabetes and 3 common cancers of Oral, Breast and Cervix) and incrementally adding other services for mental health, ENT, Ophthalmology, oral health, geriatric and palliative health care and trauma care etc.

Further, the major initiatives taken by the Government to improve maternal and child health services includes Janani Suraksha Yojana (JSY), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), STOP Diarrhoea campaign, Anemia Mukta Bharat (AMB), Rashtriya Bal Swasthya Karyakram (RBSK), Universal Immunization Programme, UWIN, Mission Indradhanush, etc.

In order to prevent and control various Communicable Diseases various schemes are operated like National Vector Borne Diseases Control Programme (NVBDGP), National TB Mukta Bharat Abhiyaan (TBMBA), National Leprosy Eradication Programme (NLEP), National Viral Hepatitis Control Programme (NVHCP), etc.

Further, to prevent and control various Non-Communicable Diseases (NCDs), National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) for prevention and control of Cancer, Diabetes,

Cardiovascular Diseases and Stroke, National Tobacco Control Programme (NTCP), and National Mental Health Programme (NMHP), Tele MANAS etc. are in operation.

The details of Funds released and Expenditure for the State of Karnataka for strengthening rural healthcare under NHM during the last three years starting from FY 2022-23 to FY 2024-25 is as under:

Rs. In Crore							
Sl. No.	Name of the State/UT	2022-23		2023-24		2024-25	
		Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
1	Karnataka	1,246.67	2,376.94	1,187.60	2,741.98	1,295.81	2,478.23

Note:

1. The above releases relate to Central Govt. Grants & do not include State share contribution and its Provisional.
2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.

(d): The details regarding availability of doctors, specialists, staff nurses and other paramedical staff under NHM and their vacancies in Government hospitals across the country including Karnataka, can be accessed at the following link of HDI 2022-23:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructur e%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

(e): Under NHM, following types of incentives and honorarium are provided for encouraging doctors and paramedics to practice in rural and remote areas of the country including Karnataka to address gaps in manpower:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
 - Honorarium to Gynecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
 - Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
 - States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
 - Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
 - Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy
-

under NRHM for achieving improvement in health outcomes.

In addition to the National Health Mission, Government of India is implementing the following schemes in States/UTs including Karnataka to address gaps in healthcare infrastructure:

- Further, under **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)**, support is being provided to States/UTs for the development of Ayushman Arogya Mandirs (SHC), Urban Ayushman Arogya Mandirs (U-AAM), Block Public Health Units (BPHUs), Integrated Public Health Laboratories (IPHLs) and Critical Care Blocks (CCBs).
- **Pradhan Mantri Swasthya Suraksha Yojna (PMSSY)**: It aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. The scheme has two components, namely, (i) Setting up of All India Institute of Medical Sciences (AIIMS); and (ii) Up-gradation of existing Government Medical Colleges/Institutions (GMCIs).
- Under Centrally Sponsored Scheme for '**Establishment of new Medical Colleges attached with existing district/referral hospitals**', a total of 157 Medical Colleges have been approved in the country.

INFRASTRUCTURE FACILITIES AT AWCS

3634. SHRIMATI POONAMBEN MAADAM:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether the Government has taken steps to enhance infrastructure facilities at Anganwadi Centres, if so, the details thereof;
- (b) the number of Anganwadi Centres functioning in the country along with the number of beneficiaries enrolled therein, State/UT-wise; and
- (c) whether the Government is leveraging technology to strengthen and bring about transparency in nutrition delivery support systems at Anganwadi Centres, if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a): Under Mission Saksham Anganwadi and Poshan 2.0, various steps have been undertaken to improve the infrastructure facilities at Anganwadi Centres (AWCs). During 15th Finance Commission cycle, 50,000 Anganwadi Centres are being constructed @10000 AWCs per year in convergence with MGNREGS wherein Rs.8.00 Lakh is provided under MGNREGS, Rs.2.00 Lakh under 15th Finance Commission (FC) (or any other untied funds) and Rs.2.00 Lakh by MWCD per AWC shared between Centre and States/UTs in the prescribed cost sharing ratio.

Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure Development Fund (RIDF), Finance Commission Grants to Panchayati Raj

Institutions, Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

Various other initiatives have been undertaken for construction of AWCs under PM JANMAN and Dharti Aaba Janjatiya Gram Utkarsh Abhiyan for the targeted development of Tribal population and VVP (Vibrant Village Programme) - Phase I, focusing on Northern border areas.

Also, in order to improve the infrastructure facilities at AWCs various steps have been undertaken by the Ministry that, inter alia, include increasing the funding for drinking water facilities and toilets at Anganwadi Centres from Rs.10,000/- to Rs.17,000/- and Rs.12,000/- to Rs.36,000/- respectively.

Under Mission Poshan 2.0, two lakh AWCs located in Government buildings @40,000 AWCs per year are being strengthened as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education in the 15th Finance Commission cycle. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi centres with LED screens, water filtration system, Poshan Vatika, Early Childhood Care and Education (ECCE) material and Building as Learning Aid (BALA) paintings.

In convergence with Department of School Education and Literacy, Ministry of Education Guidelines for Co-locating AWCs within Government Primary Schools have been jointly launched on 3rd September, 2025 to strengthen ECCE and Foundational Literacy and Numeracy (FLN) services. In places where physical co-location is not possible, AWCs are to be mapped with

the nearest primary school.

(b): Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. The implementation of the scheme falls under the ambit of State Governments and UTs administrations. The State and UT wise details of functioning Anganwadi centres along with the number of beneficiaries enrolled therein is available at the link: <https://www.poshantracker.in/statistics>.

(c): Poshan Tracker application has been rolled out as an important governance tool facilitating monitoring and tracking of all AWCs, Anganwadi workers and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting and under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, opening of AWCs, daily attendance of children, ECCE activities, Growth Monitoring of children, Provision of Hot Cooked Meal (HCM) and Take Home Ration (THR), Growth Measurement etc.

For last mile tracking of Service Delivery, Ministry of Women and Child Development (MWCD) has developed Facial Recognition System (FRS) for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker after establishing their identity.

The Nominee Module has been introduced in Poshan Tracker to ensure uninterrupted delivery of Take-Home Ration (THR) to all Pregnant Women, Lactating Mothers, and Adolescent Girls under Saksham Anganwadi and

Mission Poshan 2.0. If due to any reason, the registered beneficiary (Pregnant Women, Lactating Mother and Adolescent girl) is unable to visit the Anganwadi Centre to receive their THR through FRS, she can nominate a nominee on her behalf to receive her THR. Nominee has to undergo e-KYC only ONCE. But face matching will be done every time for receiving THR on behalf of the beneficiary. Even after addition of the nominee, beneficiary can still receive the THR at the Anganwadi Center if the nominee has not received it already.

FUNDING OF DRDO PROJECTS

3635 SHRI PRADYUT BORDOLOI:

Will the Minister of **DEFENCE** be pleased to state:

- (a) the details of the funds sanctioned, released, and utilised for DRDO projects since 2014-15, year-wise and project-wise;
- (b) the details of the projects for which there are pending funds to be released since 2014-15, year-wise and project-wise;
- (c) whether any projects were stopped or cancelled due to lack of funds since 2014-15 and if so, the details thereof, project-wise;
- (d) whether any projects were delayed due to lack of funds since 2014-15 and if so, the details thereof, project-wise days of delay; and
- (e) whether any projects were delayed or cancelled for other reasons since 2014-15 and if so, the details thereof, project-wise?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY

SETH):

(a): Details of total Budget Allocation for the Department of Defence Research and Development at different Budgetary stages and the actual expenditure as per the CGDA compilation w.e.f FY 2014-15 is as under:

(Rs. in Cr.)

Year	Budget Estimate (BE) Approved	Revised Estimate (RE) Approved	Modified Appropriation (MA) Approved	Actuals
2014-15	15282.92	13447.19	13716.14	13257.98
2015-16	14358.49	12391.21	13540.11	13317.12
2016-17	13593.78	13454.54	13501.00	13365.76
2017-18	14818.74	15463.25	15399.25	15203.04
2018-19	17861.19	17610.38	17121.99	17049.01
2019-20	19021.02	17730.78	17730.78	17375.13
2020-21	19327.35	16466.29	16145.74	15706.96
2021-22	20457.44	18337.44	18720.44	18290.99
2022-23	21330.20	21130.20	21130.20	20585.76
2023-24	23263.89	23691.74	23195.89	22927.50
2024-25	23855.61	24696.94	24938.70	24793.43
2025-26	26816.82	26746.82	-	-

However, out of the 'Actuals' above, the allocation/ expenditure by DRDO for various Projects/ Programmes w.e.f 2014-15 onwards is as under:

(Rs in cr)

Year	Allocation
2014-15	3769.79
2015-16	4238.04
2016-17	3959.77

2017-18	4684.99
2018-19	4999.19
2019-20	4070.13
2020-21	3244.03
2021-22	4477.56
2022-23	5725.13
2023-24	5829.41
2024-25	5431.89
2025-26	5925.00

(b): Nil.

(c): No project has been stopped or cancelled due to lack of funds.

(d): No project has been delayed due to lack of funds.

(e): Five projects have been cancelled since 2014-15. Details are as follows: -

S No.	Project Title	Date of Sanction	PDC	Cost (Rs. in Cr.)
1.	Terrain Visualization and Simulation Facility	11.07.2014	11.07.2016	9.90
2.	Pulsed Fiber Laser Sources	28.10.2015	27.04.2020	26.00
3.	Active Antenna Array Measurement Center	22.03.2018	21.03.2021	114.67
4.	Design & Development of Auto Gear System for T90 MBT	09.04.2021	08.04.2023	6.00
5.	Time Sensitive Network (TSN) Switch & Endpoint for	16.01.2023	15.01.2026	73.38

	LCA Mk-2 and AMCA			

VICTIM OF INTERNATIONAL SEX TRAFFICKING

3636. SHRI ANAND BHADAURIA:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) the details of the protocol and Standard Operating Procedure followed by the Ministry for providing consular and legal assistance to Indian citizens who are victims of international sex trafficking networks, including coordination with foreign governments and victim compensation schemes;
- (b) whether the Ministry has initiated any proactive exercise to identify, contact and support Indian victims of such international networks or similar global cases, if so, the details thereof; and
- (c) the measures taken or proposed to strengthen consular support mechanisms and international cooperation to prevent and respond to such cases involving Indian citizens abroad?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a) to (c): The Ministry is alert to any report or complaint by an aggrieved citizen or their relatives/friends/family members.

The Ministry accords high priority to the safety, security and well-being of Indian nationals abroad and provides consular and legal assistance to victims of

human trafficking, particularly victims of international sex trafficking networks.

As and when complaints of human trafficking are received by our Missions/Posts, the matter is promptly taken up for resolution bilaterally through diplomatic channel. Complaints regarding sex trafficking are referred to the Government of the host country for investigation and prosecution under the relevant legal provisions of that country. Law enforcement authorities in India are also informed of such cases and they take action against those involved in misleading Indian nationals into such fraudulent employment schemes/trafficking under relevant provisions of the Indian law. Prompt action is also taken by the Protector of Emigrant offices in India whenever instances of human trafficking are noticed.

Our Missions/Posts issues advisories urging all Indian nationals to exercise due caution while seeking employment opportunities abroad and stay away from falling prey to illegal agencies offering employment opportunities in regions that are prone to human trafficking. The Ministry routinely organizes outreach programs to sensitize various stakeholders about benefits of safe and legal migration and on possible ways of preventing human trafficking through fake or unregistered recruitment agencies. Information about illegal agents is also uploaded and updated on regular basis on the eMigrate Portal.

Ministry also issues advisories, media briefings and tweets about fake job rackets from time to time. Such communications are also issued by concerned Indian Missions/Posts abroad through their websites and social media handles

and through the print media. Government of India also raises such issues at political level with the host Governments from time to time.

A list of unregistered agents has been notified on e-Migrate portal. This information is regularly updated based on complaints filed by aggrieved individuals. These complaints are also forwarded to concerned state police authorities for taking suitable action against illegal/fake agents as per existing legal provisions.

Indian Missions/Posts abroad render all possible consular assistance to the Indian nationals, whenever required. Indian nationals can contact the Indian Missions/Posts abroad via walk-ins, email, social media platforms, 24x7 emergency telephone numbers and Toll Free Helplines established by Missions/Posts abroad, grievance redressal portals like MADAD, CPGRAMS etc for redressal of their grievances. The Ministry through Indian Missions/Posts abroad, takes pro- active measures to rescue Indian nationals trapped in foreign countries whenever such cases come to the notice of the Ministry.

LACK OF HEALTHCARE INFRASTRUCTURE IN KASARAGOD

3637. SHRI RAJMOHAN UNNITHAN:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware that Kasaragod district continues to suffer from serious healthcare infrastructure deficiencies forcing patients to seek treatment in neighbouring States, if so, the details thereof;
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- (b) whether it is a fact that critically ill patients face hardship due to lack of tertiary and superspeciality facilities locally, if so, the details thereof;
- (c) whether any proposal for establishing AIIMS or upgrading central health institutions in northern Kerala has been examined, if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government to address regional healthcare imbalance and improve access to quality treatment in Kasaragod?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including Kerala to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. Details of the approvals given for the strengthening healthcare in rural areas of the country are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

Further, teleconsultation services are available at all operational AAMs

across the country including rural areas, enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, shortage of service providers and to facilitate continuum of care.

Also, Mobile Medical Units (MMUs) are supported under NHM to provide outreach services in remote villages with difficult terrain which are underserved and inaccessible. As per NHM-MIS report, a total of 1453 MMUs have been deployed across the country, as on 30.09.2025.

PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) envisages increased investments in public health and other health reforms to provide better access to health in rural areas. Administrative approvals have been accorded to the State of Kerala for five years (i.e. FY 2021-22 to 2025-2026) for an amount of Rs. 404.63 Cr. for construction/ strengthening of 14 IPHLs at District level and 14 CCBs at District Hospitals and Medical college level.

Also, one (01) Integrated Public Health Labs (IPHL) and one (01) Critical Care Blocks (CCB) have been accorded to the district of Kasargod in the FY 2023-24.

Under **Fifteenth Finance Commission (FC-XV)** for the State of Kerala, Rs.2958.02 Crore has been approved for the five year period from FY 2021-22 to FY 2025-26 and Rs. 2310.96 Cr. has been released so far for establishment and strengthening of 1205 Building less SHCs, 116 Building less PHCs, 41 Building less CHCs, 152 Block Public Health Units, and 380 Urban- AAMs.

The **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** aims at correcting regional imbalances in the availability of affordable tertiary healthcare services

and to augment facilities for quality medical education in the country. Under the Scheme approvals has been accorded for upgradation of four Government Medical Colleges/ Institutions (GMCIs) at for the State of Kerala. Details are as under:

State	No.	Name of GMC/ Institute	Approved Infrastructure
Kerala	1.	Medical College, Thiruvananthapuram	Super Speciality Block
	2.	Kozhikode Medical College	Trauma Care Centre with Super Speciality Block
	3.	T.D. Medical College, Alappuzha	Super Speciality Block
	4.	SCTIMST, Trivandrum	Super Speciality Block

AYUSH TREATMENT CENTRES

3638. SHRI N. K. PREMACHANDRAN:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government proposes to promote AYUSH and set up AYUSH holistic treatment centres throughout the country and if so, the details thereof, State/UT-wise along with the action taken thereon;
- (b) whether the Government proposes to promote the AYUSH medicine manufacturers in Kerala and if so, the details thereof;
- (c) whether the Government proposes to enhance the infrastructure and manpower in AYUSH and if so, the details thereof;
- (d) whether the Government proposes to set up institutions in AYUSH similar to

AIIMS and if so the details thereof;

(e) whether the Government proposes to set up an institute under AYUSH in the Kollam district of Kerala and if so, the details thereof; and

(f) whether the Government has initiated any action to set up testing laboratories for ensuring quality of AYUSH medicines and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (f): Public Health being a State subject, the primary responsibility to enhance the infrastructure & manpower in Ayush, promotion of Ayush and setting up of Ayush holistic treatment centers as well as testing laboratories in the country including Kollam district of Kerala, lies with respective State Governments. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), there are provisions for setting up of 10/30/50 bedded Integrated Ayush Hospitals (IAHs) and Ayush Educational Institutions in the States where availability of Ayush teaching institutions is inadequate in Government Sector. Under NAM, State/UT Governments are also being supported for deployment of contractual manpower within the provision of NAM guidelines for implementation of different Ayush related activities/programmes. In this regard, State/UT Governments including Kerala may avail the financial assistance by submitting suitable proposals through State Annual Action Plans (SAAPs) as per the

provisions of the NAM guidelines. The State/UT-wise details of approved IAHs are enclosed as **Statement**.

Ministry of Ayush is also implementing a Central Sector Scheme, Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY), with following components:

1. Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards.
2. Pharmacovigilance of ASU&H drugs including surveillance of misleading advertisements.
3. Strengthening of Central and State regulatory frameworks including Technical Human Resource & Capacity Building programs for Ayush drugs.
4. Support for development of standards and accreditation/certification of Ayush products & materials in collaboration with Bureau of Indian Standards (BIS), Quality Control of India (QCI) and other relevant scientific institutions and industrial R&D centres.

Detailed guidelines are available at

<https://ayush.gov.in/resources/pdf/schemes/aoushdhi.pdf>

Under AOGUSY Scheme, total amount of Rs. 9.28 Crore are allocated from Financial Year 2022-23 to till date to the following Ayush Pharmacies in the State of Kerala under the component “Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards”.

1. Kollam District Ayurveda Oushdha Nirmana Vyavasaya Co-operative Society Ltd, Kerala
2. Sitaram Ayurveda Pvt. Ltd, Thrissur, Kerala
3. Pankajakasthuri Herbals India Private Limited, Poovachal, Kerala
4. The Pharmaceutical Corporation (IM) Kerala Ltd., Kuttanellur P.O Thrissur
5. Visesh Ayurvedic Pvt. Ltd Pharmacy, Kerala

Further, Rule 160 A to J of the Drugs Rules, 1945 provides the regulatory guidelines for approval of Drug Testing Laboratory for carrying out such tests of identity, purity, quality and strength of Ayurvedic, Siddha and Unani drugs as may be required under the provisions of these rules, on behalf of licensee for manufacture of Ayurvedic, Siddha and Unani drugs. As on date, 34 State Drug Testing Laboratories have been supported for strengthening their infrastructural and functional capacity. Further, 108 laboratories are approved or licensed under the provisions of Drugs Rules, 1945 for quality testing of Ayurvedic, Siddha and Unani drugs and raw materials.

At present, no proposal is under consideration to setup Institutions in Ayush similar to AIIMS. However, during the presentation of the Union Budget 2026-27 on February 1, 2026 it has been announced to establish three new All India Institutes of Ayurveda (AIAs).

STATEMENT

**State/UT-wise status of Integrated Ayush Hospitals supported under NAM
from 2014-15 to 2024-25:**

Sl. No.	State/UT	Location (District)	System of medicine	No. of Beds	Status
1	Andaman & Nicobar Island	Junglighat, Port Blair (South Andaman)	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	Functional
2	Andhra Pradesh	Kakinada	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	Construction Completed
		Visakhapatnam	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	Under construction
3	Arunachal Pradesh	Bhalukpong (West Kameng)	Ayurveda, Homoeopathy, Yoga	50	Under Construction
		Likabali (Lower Siang)	Ayurveda, Homoeopathy, Yoga	50	Under Construction
		Yingkiong (Upper Siang)	Ayurveda, Homoeopathy, Yoga & Naturopathy	10	Under Construction
		Seppa (East Kameng)	Ayurveda, Homoeopathy, Yoga & Naturopathy	10	Under Construction
		Ziro (Lower Subansiri)	Ayurveda, Homoeopathy, Yoga & Naturopathy	10	Under Construction
4	Assam	Dudhnoi (Goalpara)	Ayurveda	50	Functional
		Majuli	Ayurveda	50	Functional
		Kokrajhar	Ayurveda and Homoeopathy	50	Construction not started
		Baksa	Ayurveda and	50	Under

			Homoeopathy		Construction
		Morigaon	Ayurveda and Homoeopathy	50	Construction not started
		Kaliabor (Nagaon)	Ayurveda and Homoeopathy	50	Construction not started
		Diphu (Karbi Anglong)	Ayurveda and Homoeopathy	30	Construction not started
		Bajali	Ayurveda and Homoeopathy	10	Under construction
5	Bihar	Patna	Ayurveda, Homoeopathy, Unani and Yoga	50	Construction Completed
6	Chandigarh	Sector -34, (Chandigarh)	Ayurveda and Homoeopathy	50	Functional
7	Chhattisgarh	Janjgir-Champa	Ayurveda, Homoeopathy, Unani	10	Functional
		Mahasamund	Ayurveda, Homoeopathy, Unani	10	Functional
		Koria	Ayurveda, Homoeopathy, Unani	10	Under construction
		Korba	Ayurveda, Homoeopathy, Unani	10	Functional
		Kanker (Uttar Bastar Kanker)	Ayurveda, Homoeopathy, Unani	10	Functional
		Narayanpur	Ayurveda, Homoeopathy, Unani	10	Under construction
		Bijapur	Ayurveda, Homoeopathy, Unani	10	Functional
		Dantewada (Dakshin Bastar)	Ayurveda, Homoeopathy, Unani	10	Construction Completed
		Dalli Rajhara (Balod)	Ayurveda	30	Functional
		Surajpur	Ayurveda, Homoeopathy, Unani	10	Under construction
8	Dadra Nagar	Silvasa	Ayurveda	50	Under

	Haveli and Daman & Diu	(Dadra and Nagar Haveli)			construction
9	Goa	Velguem (North Goa)	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	Under construction
		Margao (South Goa)	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	Under construction
10	Gujarat	Surat	Ayurveda, Homoeopathy, Yoga	50	Functional
		Atkot	Ayurveda, Homoeopathy, Yoga	30	Construction not started
11	Haryana	Hisar	Ayurveda, Homoeopathy, Unani and Yoga	50	Functional
12	Himachal Pradesh	Kullu	Ayurveda, Sowa Rigpa, Homoeopathy, Yoga & Naturopathy	50	Under construction
		Mandi	Ayurveda, Sowa Rigpa, Homoeopathy, Yoga & Naturopathy	50	Construction not started
		Dharamshala	Ayurveda, Sowa Rigpa, Homoeopathy, Yoga & Naturopathy	50	Construction not started
13	Jammu & Kashmir	Kishtwar	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	50	Under construction
		Kupwara	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	50	Under construction
		Bilawar (Kathua)	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	50	Under construction

		Kulgam	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	50	Functional
		Samba	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	50	Under construction
		Gadi Garh	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	10	Construction not started
		Bandipayeen	Ayurveda, Homoeopathy, Unani, Yoga & Naturopathy	10	Under Construction
14	Jharkhand	Itki, Ranchi	Ayurveda & Homoeopathy	50	Under construction
		Gumla	Ayurveda & Homoeopathy	10	Under construction
		Bokaro	Ayurveda & Homoeopathy	10	Under construction
		Deoghar	Ayurveda & Homoeopathy	10	Under construction
		Palamu	Ayurveda & Homoeopathy	10	Under construction
		Dumka	Ayurveda & Homoeopathy	10	Construction Completed
		Jamshedpur	Ayurveda & Homoeopathy	50	Under construction
15	Karnataka	Gadag	Ayurveda & Homoeopathy	50	Functional
		Mangalore	Ayurveda & Homoeopathy	50	Functional
		Thrithahalli	Ayurveda & Homoeopathy	10	Under construction
16	Kerala	Chalakuddy, ThrissurDistt.	Ayurveda, Homoeopathy, Siddha and Yoga & Naturopathy	50	Construction Completed

		Mattannur, Kannur	Ayurveda, Homoeopathy, Siddha and Yoga & Naturopathy	50	Construction Completed
		Adoor, Pathanamthitta	Homoeopathy, Yoga & Naturopathy	10	Construction not started
		Attapadi	Ayurveda, Homoeopathy, Siddha and Yoga & Naturopathy	50	Construction not started
		Kottarakara- Kollam	Ayurveda, Siddha and Yoga & Naturopathy	30	Under Construction
		Wayanad	Ayurveda & Yoga	30	Construction not started
		Idukki	Homeopathy & Yoga	30	Construction not started
		Aranmula, Ranni, Pathanamthitta	Ayurveda & Yoga	30	Construction not started
		Varkala	Yoga & Naturopathy	50	Under Construction
		Kappukad, Thiruvanthapuram	Ayurveda, Siddha & Yoga	50	Construction not started
17	Lakshadweep	Deen Dayal Upadhyay, Kavaratti	Ayurveda, Homoeopathy and Unani	30	Functional
18	Maharashtra	Nandurbar	Ayurveda, Homoeopathy and Unani	30	Functional
		Sindhudurg	Ayurveda, Homoeopathy and Unani	30	Functional
		Pune	Ayurveda, Homoeopathy and Unani	30	Functional
		Dharashiv,	Ayurveda,	50	Under

		(Osmanabad)	Homoeopathy, Yoga & Unani		construction
		Ahmed Nagar	Ayurveda, Homoeopathy and Unani	30	Functional
		Jalgaon	Ayurveda, Homoeopathy, Yoga & Unani	30	Under construction
		Jalna	Ayurveda, Homoeopathy, Yoga & Unani	50	Under construction
		Thane	Ayurveda, Homoeopathy, Yoga & Unani	50	Construction not started
		Nagpur	Ayurveda, Homoeopathy, Yoga & Unani	50	Under construction
		Gondia	Ayurveda, Homoeopathy, Yoga & Unani	50	Construction not started
		Chhatrapati Sambhaji Nagar	Ayurveda, Homoeopathy, Yoga & Unani	50	Construction not started
		Buldhana	Ayurveda, Homoeopathy, Yoga & Unani	50	Construction not started
		Gadchiroli	Ayurveda, Homoeopathy, Yoga & Unani	30	Construction not started
		Wardha	Ayurveda, Homoeopathy, Yoga & Unani	30	Construction not started
19	Manipur	Moreh, Tengnoupal	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	Functional
		Churancandpur	Ayurveda,	50	Construction

			Homoeopathy and Yoga & Naturopathy		Completed
		Kwakeithel Konjeng Leikai	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	Functional
		Keirao AC, Imphal East District	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	Functional
		Chandel	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	Under construction
		Jiribam	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	Under construction
		Kangpokpi	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	Under construction
		Bishnupur	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	Under construction
		Noney	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	Under construction
		Thoubal	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	Under construction
		Senapati	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	Under construction
20	Madhya Pradesh	Bhopal	Ayurveda and Yoga	50	Functional
		Indore	Ayurveda, Homoeopathy and Yoga	50	Construction Completed
		Narsinghpur	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional

		Amarkantak	Ayurveda, Unani, Homoeopathy	50	Under construction
		Mandleshwar (Khargaon Disstt.)	Ayurveda, Unani, Homoeopathy and Yoga	50	Construction Completed
		Balaghat	Ayurveda, Unani, and Homoeopathy	50	Under construction
		Sehore	Ayurveda, Unani, and Homoeopathy	50	Construction Completed
		Gunna	Ayurveda, Unani, and Homoeopathy	50	Under construction
		Panna	Ayurveda, Unani, and Homoeopathy	50	Under construction
		Bhind	Ayurveda, Unani, and Homoeopathy	50	Under construction
		Barwani	Ayurveda, Unani, and Homoeopathy	30	Under construction
		Sujalpur	Ayurveda, Unani, and Homoeopathy	50	Under construction
		Sheopur	Ayurveda, Unani, and Homoeopathy	50	Under construction
21	Meghalaya	Sohra (Cherapunje), CHC, East Khasi Hills	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	Functional
		Umtrew Village, Rhi Bhoi District,	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	Under construction
		Jowai, West Jaintia Hills Dist)	Homoeopathy, Yoga, Ayurveda	30	Under construction
22	Mizoram	Aizawl	Ayurveda, and Homoeopathy	50	Under construction
		Saitul	Ayurveda, and Homoeopathy	10	Under construction
23	Nagaland	Noklak,	Ayurveda,	30	Functional

		Tuensang District	Homoeopathy and Yoga		
		Razha, Chedema	Ayurveda, Homoeopathy and Yoga	50	Functional
		Sapangya (Chungtia)	Ayurveda, Homoeopathy and Yoga	50	Under construction
		Yachem, Longleng	Ayurveda, Homoeopathy and Yoga	30	Under construction
		Kiphire	Homeopathy	30	Construction not started
		Tizit,	Ayurveda, Homoeopathy	30	Construction not started
		Akuhaito, Zunheboto	Ayurveda, Homoeopathy	30	Construction not started
24	Odisha	Dhenkanal	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	Construction Completed
		Behrampur	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	Construction Completed
		Balasore	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	Under Construction
25	Puducherry	Villianur	Ayurveda, Homoeopathy and Siddha	50	Functional
		Yanam	Ayurveda, Homoeopathy and Siddha	50	Under Construction
		Karaikal	Ayurveda, Homoeopathy and Siddha	30	Construction not started
26	Punjab	Dyalpur Sodhin	Ayurveda,	50	Under

		Zirakpur (Mohali)	Homoeopathy and Unani, Yoga & Naturopathy		construction
		Moga (Initially at Tarn taran)	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	Functional
27	Rajasthan	Bhilwara	Ayurveda, Homoeopathy and Unani,	50	Functional
		Ajmer	Ayurveda, Homoeopathy and Unani,	50	Functional
		Churu	Ayurveda, Homoeopathy and Unani,	50	Functional
		Bikaner	Ayurveda, Homoeopathy and Unani,	50	Functional
		Jaipur	Ayurveda, Homoeopathy and Unani,	50	Functional
		Sikar	Ayurveda, Homoeopathy and Unani,	50	Functional
		Sawaimadhopur	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	Under Construction
		Bharatpur	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	Under Construction
		Kithana	Ayurveda, Homoeopathy and Unani	30	Construction not started

		Bhilwara (Asind)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Bhilwara (Bijoliya)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Karuli (Mandrayal)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Alwar (Behror)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Alwar (Neemrana)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Jodhpur (Shekhala)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Dausa (Nangal Raja Watan)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Jaipur - A (Paota)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Sikar (Dhod)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Sikar (Shreemadhopur)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Barmer (Gira)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Jalore (Bagoda)	Ayurveda, Homoeopathy and Unani	10	Under Construction

		Baran (Kishanganj)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Jhalawar (Bakani)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Kota (Sultanpur)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Pali (Rohat)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Ajmer (Masuda)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Ajmer (Peesangan)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Dholpur (Sepau)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Bharatpur (Sewer)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Nagaur (Kheenvasar)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Sri Ganganagar (Rai Singh Nagar)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Dungarpur (Dovra)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Pratapgarh (Arnod)	Ayurveda, Homoeopathy and Unani	10	Under Construction

28	Sikkim	Kyongsa, Gyalshing, West Sikkim	Ayurveda and Homoeopathy	50	Functional
		NIT, Deorali	Sowa-Rigpa	30	Under construction
29	Tamil Nadu	Theni	Siddha, Yoga & Naturopathy	50	Functional
		Thiruvannamalai	Siddha, Yoga & Naturopathy	50	Functional
		Pudukkottai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	Construction Completed
		Namakkal	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	Functional
		AAGHIM Campus, Chennai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	Under construction
		Kottar, Nagercoil	Ayurveda	30	Under construction
30	Telangana	Siddipet	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	Construction Completed
		Vikarabad	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	Construction Completed
		Jayashankar Bhupalapally,	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	Construction Completed
31	Tripura	Paradise	Ayurveda,	50	Functional

		Chowmuhani, Agartala	Homoeopathy and Yoga & Naturopathy		
		South Sabroom	Ayurveda, Homoeopathy and Yoga	50	Functional
32	Uttar Pradesh	Jaunpur	Ayurveda, Unani, Homoeopathy and Yoga	30	Under construction
		Bulandsheher (initially at Kushi Nagar)	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Bilhour, Kanpur Nagar	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		West Katli, Lucknow	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Badrasi, Varanasi	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Nawab Ganj, Baraily	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Basti	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Sirathu Koushambi	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Sonbhadra	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Orai Jalaun	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Sant kabir	Ayurveda, Unani,	50	Functional

		Nagar,	Homoeopathy and Yoga		
		Deoria	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Lalitpur	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Amethi	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Kanpur Dehat	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Firozpur, Balia District	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Raibareilly	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Baghpat	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Fatehpur	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Shravasti	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction
		Unnao	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Hardoi	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction
		Gorakhpur	Ayurveda, Unani,	50	Under

			Homoeopathy and Yoga		construction
		Sambhal	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction
		Mirzapur	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction
33	Uttarakhand	Haldwani	Ayurveda and Homoeopathy	50	Functional
		Jakhnidhar, Tehri	Ayurveda and Homoeopathy	50	Under construction
		Tanakpur, Champawat	Ayurveda and Homoeopathy	50	Under construction
		Kotdwar, Pauri	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction
		Pathri, Haridwar	Ayurveda, Unani, Homoeopathy and Yoga	10	Under construction
		Bheemtal, Nainital	Ayurveda, Unani, Homoeopathy and Yoga	10	Under construction
		Piran Kaliya, Haridwar	Unani	50	Construction not started
34	West Bengal	Topsikhata, District Alipurduar	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Paschim District Midnapur	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional

BURDEN OF DIABETES

3639. SHRI E. T. MOHAMMED BASHEER:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether it is true that India faces an estimated economic burden of USD 11.4 trillion due to diabetes which is the second-highest globally and if so, the details thereof;
- (b) whether this indicates serious gaps between the economic burden and the measures for prevention and early treatment of diabetes in the country, if so, the details thereof; and
- (c) the concrete steps being taken by the Government to address the growing health concern and the economic burden arising out of diabetes?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): As per the Indian Council of Medical Research (ICMR) report titled "India: Health of the Nation's States – 2017", the contribution of Non-Communicable Diseases (NCDs), including diabetes, to overall mortality and disease burden has grown substantially between 1990 and 2016.

As per data from the ICMR-India Diabetes (ICMR-INDIAB) study period from 2008 to 2021 conducted in the 31 States/UTs studied among the adults aged 20 years and above, the overall weighted prevalence of diabetes was 11.4%.

National Health Mission (NHM) provides technical and financial support to the States and Union Territories under NP-NCD. Diabetes is an integral part

of NP-NCD. Under the programme, 770 District NCD Clinics and 6410 Community Health Centre NCD Clinics have been set up. Further, a population-based initiative for prevention, control and screening for common NCDs including diabetes has been rolled out in the country under NHM as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening through Ayushman Arogya Mandirs.

The Government of India through the National Programme for Prevention and Control of Non-Communicable Diseases including diabetes has adopted a multi-pronged strategy to raise diabetes awareness and promote early care-seeking. Key initiatives include:

- i. Awareness activities are carried out under Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) campaigns to encourage healthy lifestyles, early diagnosis and diabetes prevention.
 - ii. Financial support is provided to States and Union Territories for conducting awareness generation activities under NHM as per their Programme Implementation Plans.
 - iii. National and international days, such as World Diabetes Day are leveraged to disseminate key messages through print, electronic and social media.
 - iv. Food Safety & Standards Authority of India promotes healthy eating through initiatives like 'Eat Right India' and 'Aaj Se Thoda Kum'.
 - v. The Ministry of Youth Affairs and Sports promotes physical activity and
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fitness among the population through campaigns such as the 'Fit India Movement' and 'Khelo India'.

- vi. The Ministry of AYUSH promotes wellness and preventive health through various yoga based activities at the community level.

Treatment of major NCDs including diabetes is available under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PMJAY). This scheme provides for Rs. 5 lakh per family annually for secondary and tertiary care hospitalization in the empanelled public and private hospitals. The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) and Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacies improve access to affordable cancer medicines, stents, and implants, reducing out-of-pocket expenses and supporting long-term treatment adherence. Under National Health Mission (NHM), National Free Drugs Initiative and Free Diagnostic Services ensure essential medicines and diagnostics at public health facilities, reducing out-of-pocket expenses.

NUTRITION MAPPING

3640 SHRI ABU TAHER KHAN:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether any National Nutrition Emergency Mapping has been conducted to assess districts where child wasting and stunting have crossed WHO "critical levels" and if so, the details thereof;
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- (b) whether the Government has taken any cognizance of the rise in malnutrition-linked child deaths reported from tea gardens and tribal villages during the last one year till date, if so, the details thereof;
- (c) whether the Government is likely to deploy mobile medical-nutrition units in high-risk blocks where children are unable to access public health facilities and if so, the details thereof;
- (d) whether the Government proposes to restore doorstep health check-up and growth-monitoring suspended after Covid-19; and
- (e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) : As per the National Family Health Survey 5 (2019-21), prevalence of stunting and wasting among children under 5 years across the country and state/UT is enclosed as **Statement**.

District-wise details of children under 5 years who are stunted and wasted can be accessed from link placed below:

<https://www.nfhsiips.in/nfhsuser/publication.php>

(b) to (e) Malnutrition is not a direct cause of death in children; however, it reduces resistance to various infections.

The Ministry of Health and Family Welfare implements Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under

National Health Mission (NHM) and provides support through the National Health Mission based on the proposals received from the States/UTs in their Annual Programme Implementation Plans. The various interventions to improve access to child health and nutrition services including addressing stunting and wasting across the country, including tea gardens and tribal villages are as placed below:

1. **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years of age suffering from Moderate and Severe Acute Malnutrition (MAM and SAM) with medical complications. In addition to curative care, special focus is given on improving the skills for mother and caregivers on complete age-appropriate caring and feeding practices.

In order to strengthen the effective utilization and improve access to NRCs, allowance for transportation of children under 5 years suffering from acute malnutrition to NRC and admission and follow ups is covered within the Janani Shishu Suraksha Karyakaram (JSSK). Government of India provides support through wage loss compensation provided to mother/caregiver of children under 5 years suffering from severe acute malnutrition with medical complications admitted in NRC.

2. **Mobile Medical Units (MMUs)** are operationalized for delivery of preventive, promotive and curative healthcare services to remote, difficult and inaccessible areas including tribal areas, and to the marginalised
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communities amid rural and urban populations. The services provided pertaining to nutrition include provision of essential medicines and nutritional supplements, growth monitoring of children under 5 years, screening and early detection of anemia followed by management of anemia as per protocols, testing of iodine in food and provision of nutrition counselling to beneficiaries.

3. **Anemia Mukd Bharat (AMB)** programme is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.
 4. **Mothers' Absolute Affection (MAA) Program** is implemented to improve breastfeeding coverage emphasizing on early initiation of breastfeeding and exclusive breastfeeding for first six months followed by age-appropriate complementary feeding practices through capacity building of frontline health workers and comprehensive IEC campaigns.
 5. **Lactation Management Centres** are established to ensure availability of Mother's Own Milk or safe, pasteurized Donor Human Milk for feeding of sick, preterm, low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
 6. Under **National Deworming Day (NDD)**, albendazole tablets are
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administered in a single fixed day approach via schools and anganwadi centres to reduce worm infestation among all children (1-19 years).

7. In **Vitamin A Supplementation Programme**, all children age 6–59 months are administered Vitamin A dose every 6 months in two rounds during Village Health Sanitation and Nutrition Days or in campaign approach.
 8. **Community Based care of Newborn and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, structured home visits are performed by ASHAs to improve child rearing practices and promotion of nutritional and development activities among children which includes promotion of early and exclusive breastfeeding, adequate complementary feeding along with continued breast feeding till 2 years, identification of growth faltering, developmental delay, sickness in children and prompt referral to health facility for treatment and management. Post Covid -19, the home visits to newborn and children continued in the year 2021 by ASHAs in their catchment areas.
 9. Under the **Rashtriya Bal Swasthya Karyakram (RBSK)**, children are screened by Mobile Health Teams at Anganwadi Centres and Government/ Government-aided Schools, and those identified for 4D's (Defect at birth, Diseases, Deficiencies and Developmental Delays) are referred to public health facilities for confirmation and management including surgical treatment. Post Covid -19, screening of the children aged 0-18 years
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resumed in the year 2021 at the Government/ Government-aided schools and Anganwadi centres.

10. **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child-care including nutrition in convergence with Ministry of Women and Child Development.

STATEMENT

State/UT-wise status of Children under 5 years who are Malnourished

S.no.	State/UT	Children under 5 years who are stunted (height -for- age)	Children under 5 years who are wasted (weight -for-height)
		NFHS 5	NFHS 5
	India	35.5	19.3
1	Andaman & Nicobar	22.5	16
2	Andhra Pradesh	31.2	16.1
3	Arunachal Pradesh	28.0	13.1
4	Assam	35.3	21.7
5	Bihar	42.9	22.9
6	Chandigarh	25.3	8.4
7	Chhattisgarh	34.6	18.9
8	Dadra Nagar Haveli	39.4	21.6
9	Delhi	30.9	11.2
10	Goa	25.8	19.1
11	Gujarat	39.0	25.1

12	Haryana	27.5	11.5
13	Himachal Pradesh	30.8	17.4
14	Jammu and Kashmir	26.9	19.0
15	Jharkhand	39.6	22.4
16	Karnataka	35.4	19.5
17	Kerala	23.4	15.8
18	Ladakh	30.5	17.5
19	Lakshadweep	32.0	17.4
20	Madhya Pradesh	35.7	19.0
21	Maharashtra	35.2	25.6
22	Manipur	23.4	9.9
23	Meghalaya	46.5	12.1
24	Mizoram	28.9	9.8
25	Nagaland	32.7	19.1
26	Odisha	31.0	18.1
27	Puducherry	20.0	12.4
28	Punjab	24.5	10.6
29	Rajasthan	31.8	16.8
30	Sikkim	22.3	13.7
31	Tamil Nadu	25.0	14.6
32	Telangana	33.1	21.7
33	Tripura	23.3	18.2
34	Uttar Pradesh	39.7	17.3
35	Uttarakhand	27.0	13.2
36	West Bengal	33.8	20.3

INFRASTRUCTURE GAP IN AYUSH HOSPITALS

3641. SHRI BENNY BEHANAN:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government has conducted any assessment of infrastructure gaps in Government Ayurveda, Homoeopathy and Siddha hospitals in Kerala, stream-wise;
- (b) if so, the details thereof;
- (c) whether any financial assistance has been provided to such hospitals under the centrally sponsored schemes; and
- (d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): Public Health being a State Subject, the primary responsibility for conducting any assessment of infrastructure gaps in Government Ayurveda, Homoeopathy and Siddha Hospitals in Kerala comes under the purview of respective State Government. However, Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) since 2014-15 through State/UT Governments including Kerala and supporting their efforts for various activities including infrastructure upgradation of existing standalone Government Ayush Hospitals of different system as per provision of NAM guidelines. Under NAM, as reported by State Government of Kerala they have availed an amount of Rs.89.69 crores for upgradation of 130 existing Ayush Hospitals.

CASES OF CERVICAL CANCER IN WOMEN**3642. SHRIMATI HARSIMRAT KAUR BADAL:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware of the number of deaths of women due to cancer every year in Punjab and if so, the details thereof;
- (b) whether the Government is aware that approximately the 2700 women die of cancer every year in Punjab and that 13299 women have died between 2021 and 2025, if so, the reasons therefor;
- (c) the steps taken/proposed to be taken by the Government in this regard;
- (d) whether the Government is aware that breast cancer alone has caused 7196 deaths followed by 3502 deaths due to cervical cancer and 2611 deaths due to ovarian cancer, if so, the details thereof; and
- (e) whether the Government would ensure that a robust, State-wide system for early detection, screening, Human Papillomavirus (HPV) vaccination and affordable treatment especially when breast, cervical and ovarian cancers are well known and largely preventable and curable if detected early, if so, the details thereof ?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) and (b): As per the National Centre for Disease Informatics and Research (NCDIR) – National Cancer Registry Programme (NCRP), the estimated
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number of mortality of Breast Cancer, Cervical Cancer and Ovarian Cancer in State of Punjab during (2021-2025) is as follows:

Estimated Mortality due Breast cancer, Cervical Cancer and ovarian cancer in State of Punjab (2021-2025)					
Year	2021	2022	2023	2024	2025
Breast Cancer	1418	1427	1437	1447	1457
Cervical Cancer	691	696	700	705	710
Ovarian Cancer	515	519	522	526	529

There are several risk factors associated with NCDs including tobacco and alcohol consumption, low physical activities, unhealthy diets, increase in obesity, consumption of high salt, sugar and saturated fats, stress, sedentary lifestyle, etc.

(c) to (e) The Department of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs) including Cancer. Under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), 770 District NCD Clinics, 364 District Day Care Cancer Centres (DCCC) and 6,410 NCD clinics at Community Health Centres have been set up. In addition, 297 District Day Care Cancer Centre (DCCC) have

been approved for the financial year 2025-26 to ensure cancer care accessibility at district hospital level.

A population-based initiative for the prevention, control and screening of common non-communicable diseases (NCDs), including common cancers (Oral, Breast and Cervical) has been rolled out across the country. Under the initiative, persons over 30 years of age are targeted for their screening for the common NCDs including cancer. In addition, NP-NCD gives financial support under NHM for awareness generation (IEC) activities for NCDs to be undertaken by the States/UTs as per their Programme Implementation Plans (PIPs).

Treatment of major NCDs including Cancer treatment are available under Ayushman Bharat – Pradhan Mantri Jan ArogyaYojana (AB PMJAY). This scheme provides for Rs. 5 lakh per family annually for secondary and tertiary care hospitalization in the empanelled public and private hospitals. The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) and Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacies improve access to affordable cancer medicines, stents, and implants, reducing out-of-pocket expenses and supporting long-term treatment adherence.

The nationwide HPV vaccination campaign was launched on 28th February 2026. This campaign is implemented across all the States/ UTs targeting eligible girls aged 14 years at designated Government facilities like - Ayushman Aarogya Mandir (AAM) - Primary Health Centers (PHCs), Community Health Centers (CHCs), Sub-district Hospitals (SDHs), District Hospitals (DHs)

and Government Medical Colleges and Hospitals (GMCHs).

प्रतापगढ़ में मेडिकल कॉलेज की स्थापना

3643. श्री चन्द्र प्रकाश जोशी:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या राजस्थान के प्रतापगढ़ जिले में मेडिकल कॉलेज स्थापित करने का कोई प्रस्ताव सरकार के पास विचाराधीन है अथवा स्वीकृत किया गया है;
- (ख) यदि हां, तो अनुमोदन की स्थिति, अनुमानित लागत, भूमि की उपलब्धता, निर्माण की प्रगति और उक्त चिकित्सा महाविद्यालय के शुरू होने की संभावित तारीख का ब्यौरा क्या है;
- (ग) यदि नहीं, तो क्या सरकार का भविष्य में उक्त जिले में एक चिकित्सा महाविद्यालय स्थापित करने का विचार है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार देश के जनजातीय बहुल जिलों में स्वास्थ्य सेवाओं को सुदृढ़ करने के लिए कोई विशेष योजना कार्यान्वित कर रही है; और
- (ङ.) यदि हां, तो ऐसी योजनाओं का ब्यौरा क्या है तथा स्वीकृत बजट, मानव संसाधनों की नियुक्ति, चिकित्सा सुविधाओं का उन्नयन और अवसंरचना विकास की स्थिति क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

- (क) से (ङ): स्वास्थ्य और परिवार कल्याण मंत्रालय, मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना के लिए एक केंद्रीय प्रायोजित योजना (सीएसएस) का संचालन करता है, जिसमें अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहां कोई मौजूदा सरकारी या निजी मेडिकल कॉलेज नहीं है। केंद्र और राज्य सरकारों के बीच निधि बंटवारे की व्यवस्था पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 और अन्य राज्यों के लिए 60:40 के अनुपात में है। इस

योजना के अंतर्गत, परिकल्पित सभी 157 सरकारी मेडिकल कॉलेजों को मंजूरी दे दी गई है, जिनमें राजस्थान के तेईस (23) मेडिकल कॉलेज शामिल हैं। इनमें से चार (04) मेडिकल कॉलेज जनजाति बहुल क्षेत्रों में हैं। राजस्थान में स्वीकृत मेडिकल कॉलेजों का ब्योरा संलग्न **विवरण** में दिया गया है। योजना के दिशानिर्देशों के अनुसार, योजना के अंतर्गत स्वीकृत मेडिकल कॉलेजों का प्रबंधन और संचालन राज्य सरकार द्वारा किया जाना है।

इसके अतिरिक्त, स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत जनजाति बहुल जिलों सहित जन स्वास्थ्य सेवाओं के सुदृढीकरण के लिए राज्यों/संघ राज्य क्षेत्रों को सहायता प्रदान करता है, जिसके लिए कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के माध्यम से जनजाति और पहाड़ी क्षेत्रों के लिए मानदंडों में छूट दी जाती है, जैसे कि स्वास्थ्य सुविधा केंद्रों (एसएचसी, पीएचसी और सीएचसी) के लिए कम जनसंख्या मानदंड, आशा कर्मियों की तैनाती में छूट आदि।

इसके अतिरिक्त, छोटे हुए गांवों को शामिल करने के लिए, मंत्रालय संबंधित राज्यों/संघ राज्य क्षेत्रों में प्रधानमंत्री जनजातीय जनजाति न्याय महा अभियान (पीएम जनमान) और धरती आबा जनजातीय ग्राम उत्कर्ष अभियान (डीए-जेजीयूए) के अंतर्गत कार्यकलाप लागू कर रहा है। पीएम जनमान के अंतर्गत, कार्यकलापों में छोटे हुए जनजाति गांवों में मोबाइल मेडिकल यूनिट (एमएमयू) की व्यवस्था, एनएचएम के अंतर्गत मूलभूत औषधियों और निदान उपकरणों के साथ बहुउद्देशीय केंद्रों (एमपीसी) में एनएम की तैनाती और प्रधानमंत्री जन आरोग्य योजना (पीएमजेवाई) के अंतर्गत विशेष रूप से संवेदनशील जनजाति समूह (पीवीटीजी) लाभार्थियों की परिपूर्णता शामिल है। फरवरी 2026 की स्थिति के अनुसार, 16 राज्यों में कुल 815 एमएमयू कार्यशील हैं जो छोटे हुए पीवीटीजी गांवों को बुनियादी स्वास्थ्य सेवाएं प्रदान कर रहे हैं।

इसी प्रकार, डीए-जेजीयूए के अंतर्गत, मंत्रालय एनएचएम के अंतर्गत छोटे हुए गांवों के लिए एमएमयू उपलब्ध कराता है और पीएमजेवाई के अंतर्गत जनजाति परिवारों जिनको कवर नहीं किया

गया है, को आयुष्मान कार्ड उपलब्ध कराता है। फरवरी, 2026 तक, कुल 320 एमएमयू को उन गांवों को कवर करने के लिए पुनर्निर्देशित किया गया है जहां 10 किमी के दायरे में स्वास्थ्य परिचर्या सुविधाएं उपलब्ध नहीं हैं।

इसके अतिरिक्त, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत वित्त वर्ष 2024-25 के दौरान अनुसूचित जनजाति (एसटी) श्रेणी के अंतर्गत 3,620.24 करोड़ रुपये की केंद्रीय निधि जारी की गई, इसके साथ ही प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-अभिम) के अंतर्गत 162.70 करोड़ रुपये की अतिरिक्त निधि जारी की गई।

विवरण

केंद्र प्रायोजित योजना के अंतर्गत राजस्थान में 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए स्वीकृत मेडिकल कॉलेजों का ब्यौरा ।

(रुपये करोड़ में)

क्र.सं.	जिले का नाम	अनुमोदन तारीख	स्वीकृत लागत	केंद्रीय हिस्सा
1	बाड़मेर	10.03.2015	189.00	113.40
2	भरतपुर	10.03.2015	189.00	113.40
3	भीलवाड़ा	10.03.2015	189.00	113.40
4	चुरू	29.12.2014	189.00	113.40
5	डूंगरपुर*	29.12.2014	189.00	113.40
6	पाली	10.03.2015	189.00	113.40
7	सीकर	16.08.2016	189.00	113.40
8	धौलपुर	15.06.2018	250	150
9	अलवर	27.09.2019	325	195
10	बारां	27.09.2019	325	195
11	बांसवाड़ा*	27.09.2019	325	195
12	चित्तौड़गढ़	27.09.2019	325	195
13	जैसलमेर	27.09.2019	325	195
14	करौली	27.09.2019	325	195
15	नागौर	27.09.2019	325	195

क्र.सं.	जिले का नाम	अनुमोदन तारीख	स्वीकृत लागत	केंद्रीय हिस्सा
16	श्रीगंगानगर	27.09.2019	325	195
17	सिरोही*	27.09.2019	325	195
18	बूंदी	27.09.2019	325	195
19	सवाईमाधोपुर	25.11.2019	325	195
20	टोंक	25.11.2019	325	195
21	हनुमानगढ़	25.11.2019	325	195
22	झुझुनूं	25.11.2019	325	195
23	दौसा*	25.11.2019	325	195

* जनजाति बहुल जिले

ALL INDIA INSTITUTE OF AYURVEDA IN HYDERABAD

3644. DR. MALLU RAVI:

Will the Minister of **AYUSH** be pleased to state:

- whether it is true that a proposal for an All India Institute of Ayurveda in Hyderabad is pending despite repeated requests, if so, the details thereof;
- whether Nagarkurnool and nearby districts have access to central AYUSH research and training programmes, if so, the details thereof;
- the details of the timeline for sanctioning national-level AYUSH research institutions in Telangana;
- the expected outreach plan to improve clinical services in Parliamentary constituencies reserved for Scheduled Caste and Scheduled Tribe; and
- the steps taken by the Government to integrate local AYUSH practitioners into research and training frameworks in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER

OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): During the presentation of the Union Budget 2026-27 on February 1, 2026 it has been announced to establish three new All India Institutes of Ayurveda (AIAs).

(b) and (c): At present, no proposal is under consideration for setting up an AYUSH Research Institution in Nagarkurnool or its nearby districts. However, the Regional Research Institute (Homoeopathy), Hyderabad and the National Research Institute of Unani Medicine, Hyderabad are located in Hyderabad, Telangana.

(d): The Central Council for Research in Ayurvedic Sciences (CCRAS) has undertaken a collaborative research study titled "Impact Assessment of Ayurveda-Based Lifestyle Advocacy and Utilization of Medicinal Plants in Primary Health Care." with Dr. B.R.K.R. Government Ayurvedic Medical College, one of the participating institutions.

Incidental Ayurvedic health care services will be provided in the selected Scheduled Caste-dominated area. Awareness will be created on Ayurveda-based lifestyle practices, including *Dinacharya*, *Ritucharya*, *Pathya-Apathya*, to promote health maintenance and disease prevention among the beneficiaries through lectures & Information Education and Communication (IEC) material. From the selected area, 50 families will be adopted. An awareness regarding Ayurveda-based lifestyle advocacy will be developed through Behaviour

Change Communication (BCC) modules and awareness lectures. A total of 10 medicinal plants, along with related IEC material will be provided to the adopted families. Awareness will also be created regarding maintenance of medicinal plants and the use of medicinal plants in primary health care. Incidental ayurvedic health care services will be extended to the adopted families.

One of the research councils under the Ministry of Ayush namely National Research Institute of Unani Medicine, Hyderabad under Central Council for Research of Unani Medicine (CCRUM) is functioning in the state of Telangana. The Institute is providing clinical services i.e. GOPD, Research OPD, IBT OPD, Geriatric OPD, NCD Clinic etc. to the patients visiting the Institute. The Institute is also conducting School Health programme, Clinical Health Research Programme and Clinical Health Care under Schedule Caste Sub Plan (SCSP).

Central Council for Research for Yoga and Naturopathy (CCRYN) has taken following steps to integrate local Yoga and Naturopathy practitioners into research and training frameworks in the country including Scheduled Castes and Scheduled Tribes Parliamentary constituencies: (i) Capacity-building training programmes, (ii) Continuing Medical Education, (CME) programmes, (iii) Research methodology workshops to enhance their scientific skills, (iv) CCRYN also involves practitioners in Collaborative clinical Research projects, multicentric trials, and community-based health programmes to strengthen evidence-based Yoga and Naturopathy practices, (v) Supports participation of practitioners in national conferences, seminars, and propagation activities, (vi)

Providing opportunities through its research institutes, OPDs, and Wellness centres for hands-on clinical training and research exposure.

(e) The CCRAS has initiated **CCRAS Ayurveda Gyan Naipunya Initiative (CCRAS-AGNI)** initiative with an intent to mainstream the pragmatic Ayurveda practices through scientific validation and evidence-based appraisal. The objectives of this initiative are as follows-

- To promote the culture of reporting of evidence-based practice among the Ayurveda Practitioners.
- To provide a platform to the Ayurveda practitioners for reporting their innovative practices & experiences in various disease conditions.
- Documentation of the reported successful therapeutic regimens for various disease conditions involving Single drug/ Formulation/ Procedures for the purpose of education and academics.
- Identifying the interested Ayurveda practitioners for collaboration of creation of database through applications and capacity building through training in research methods and good clinical practices.
- Undertaking research for mainstreaming the pragmatic practices through scientific validation and evidence-based appraisal.

Other detail of this initiative may be accessed from the official website of the CCRAS through the link mentioned below:

<https://ccras.nic.in/wp-content/uploads/2024/11/CCRAS-AGNI-2.0.pdf>

Central Council for Research of Unani Medicine (CCRUM) has taken various steps to integrate Unani Medicine practitioners into research and training frameworks. The Council has signed Memorandum of Understanding (MoUs) with different academic and scientific organizations in the State like National Institute of Pharmaceutical Education and Research, (NIPER) Hyderabad, CSIR-Indian Institute of Chemical Technology (IICT), Hyderabad, ICMR-NIN (National Institute of Nutrition), Hyderabad, National Institute for Micro Small and Medium Enterprises (NI-MSME), Hyderabad, CSIR-Centre for Cellular and Molecular Biology (CCMB), Hyderabad, Dr. BRKR Government Ayurvedic Medical College, Hyderabad, National Institute for the Empowerment of Persons with Intellectual Disabilities (NIPIED), Secunderabad, Maulana Azad National Urdu University (MANUU), Hyderabad.

ऑटिज्म के मामले

3645. श्री गोपाल जी ठाकुर:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या देश भर में बच्चों में ऑटिसम स्पेक्ट्रम डिसऑर्डर (एएसडी) और न्यूरो डेवलपमेंटल डिसऑर्डर से संबंधित मामले सामने आ रहे हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या देश में आर्थिक रूप से कमजोर परिवार मुख्यतः उपचार की उच्च लागत और जागरूकता की कमी के कारण उक्त विकार से पीड़ित अपने बच्चों को उचित उपचार प्रदान करने में असमर्थ हैं, यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है; और
- (ग) क्या सरकार उक्त बीमारी से पीड़ित बच्चों के लिए उचित परिचर्या सुनिश्चित करने और सुलभ

और वहनीय उपचार प्रदान करने के लिए कोई कदम उठाने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग): सरकार द्वारा राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान (एनआईएमएनएचएस), बेंगलूर के माध्यम से देश के 12 राज्यों में कराए गए राष्ट्रीय मानसिक स्वास्थ्य सर्वेक्षण, 2016 के अनुसार, 13-17 वर्ष आयु वर्ग में ऑटिज्म स्पेक्ट्रम विकार की व्याप्तता 1.6% थी।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचडब्ल्यू) द्वारा राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) लागू किया जाता है, जिसके तहत मोबाइल स्वास्थ्य दल (एमएचटी) आंगनवाड़ी और विद्यालयों में जन्म से लेकर 18 वर्ष की आयु तक के बच्चों की स्वास्थ्य जांच करते हैं। इस जांच में जन्मजात दोष, रोग, कमियां और विकासात्मक विलंब की पहचान की जाती है। विकासात्मक विलंब के अंतर्गत ऑटिज्म को भी शामिल किया गया है। जिन बच्चों में ऑटिज्म की पहचान होती है, उन्हें जिला प्रारंभिक हस्तक्षेप केंद्रों (डीआईसी) में प्रारंभिक हस्तक्षेप सेवाएं और अनुवर्ती परिचर्या प्रदान की जाती है। डीआईसी जिला स्तर पर विकासात्मक रूप से सहायक परिचर्या प्रदान करके और संदर्भित और उपचारित मामलों के अनुवर्ती प्रबंधन के माध्यम से अनेक सेवाएं प्रदान करते हैं।

राष्ट्रीय ऑटिज्म, सेरेब्रल पाल्सी, मानसिक मंदता (बौद्धिक अक्षमता) और दिव्यांगता ग्रस्त व्यक्तियों के कल्याण के लिए राष्ट्रीय ट्रस्ट द्वारा दी गई सूचना के अनुसार, देश में राष्ट्रीय ट्रस्ट अधिनियम के अंतर्गत आने वाले दिव्यांगों, जिनमें ऑटिज्म से पीड़ित व्यक्ति भी शामिल हैं, के कल्याण और पुनर्वास के लिए विभिन्न योजनाएँ और कार्यक्रम कार्यान्वित किए जा रहे हैं। राष्ट्रीय ट्रस्ट अधिनियम के तहत, जिला मजिस्ट्रेट/जिला कलेक्टर की अध्यक्षता में जिला स्तर पर गठित

स्थानीय समिति (एलएलसी) के माध्यम से जरूरतमंद दिव्यांगों के लिए लीगल गॉर्जियन नियुक्त करने का प्रावधान है। राष्ट्रीय ट्रस्ट, दिशा (प्रारंभिक हस्तक्षेप और विद्यालय तत्परता) योजना, विकास (डे केयर) योजना, दिशा-सह-विकास (डे केयर) योजना, समर्थ (विश्राम परिचर्या) योजना, घरौंदा (वयस्कों के लिए समूह गृह) योजना, समर्थ-सह-घरौंदा (आवासीय) योजना और निरमाया - स्वास्थ्य बीमा योजना जैसी योजनाएँ भी कार्यान्वित कर रहा है।

दिव्यांगजन सशक्तिकरण विभाग (डीईपीडब्ल्यूडी) द्वारा दी गई जानकारी के अनुसार, भारत सरकार के सामाजिक न्याय और अधिकारिता मंत्रालय के अधीन दिव्यांगजन सशक्तिकरण विभाग द्वारा कार्यान्वित निरमाया स्वास्थ्य बीमा योजना के तहत, राष्ट्रीय ट्रस्ट अधिनियम के अंतर्गत आने वाली विशिष्ट दिव्यांगताओं जैसे ऑटिज्म, सेरेब्रल पाल्सी, बौद्धिक अक्षमता और बहु-दिव्यांगता से ग्रस्त व्यक्तियों को 1 लाख रुपये तक का किफायती स्वास्थ्य बीमा कवरेज प्रदान किया जाता है।

दिव्यांगजन सशक्तिकरण विभाग (डीईपीडब्ल्यूडी) राष्ट्रीय संस्थानों/संयुक्त क्षेत्रीय केंद्रों (सीआरसी) के अंतर्गत 28 क्रॉस डिसेबिलिटी अर्ली इंटरवेंशन सेंटर (सीडीईआईसी) संचालित करता है, जो एएसडी को भी देखते हैं। सीडीईआईसी के अंतर्गत, अनुमोदित दिशानिर्देशों के अनुसार, नैदानिक/पुनर्वास मनोवैज्ञानिकों, बाल रोग विशेषज्ञों, ऑडियोलॉजिस्ट और स्पीच लैंग्वेज पैथोलॉजिस्ट, ऑक्यूपेशनल थेरेपिस्ट और फिजियोथेरेपिस्ट सहित योग्य पेशेवरों द्वारा जांच और पहचान की जाती है। सीडीईआईसी पुनर्वास और हस्तक्षेप उन्मुख केंद्र हैं और मौजूदा स्वास्थ्य सुविधा केंद्रों के समन्वय से कार्य करते हैं।

दिव्यांगजन सशक्तिकरण विभाग (डीईपीडब्ल्यूडी) 'दिव्यांगजनों को सहायक उपकरण और यंत्रों की खरीद/स्थापना में सहायता (एडीआईपी)' योजना भी लागू करता है, जिसके तहत विभिन्न कार्यान्वयन एजेंसियों को निधि जारी की जाती है जिससे ऑटिज्म स्पेक्ट्रम डिसऑर्डर से ग्रसित व्यक्तियों सहित पात्र दिव्यांग व्यक्तियों को टिकाऊ, परिष्कृत और वैज्ञानिक रूप से निर्मित आधुनिक, मानक सहायक उपकरण और यंत्र प्राप्त करने में सहायता मिल सके। ये उपकरण देश भर में दिव्यांगता

के प्रभावों को कम करके और उनकी आर्थिक क्षमता को बढ़ाकर उनके शारीरिक, सामाजिक और मनोवैज्ञानिक पुनर्वास को बढ़ावा दे सकते हैं। विभाग लाभार्थी की जैव-यांत्रिकीय कमी के अनुसार विभिन्न प्रकार के सहायक उपकरण जैसे व्हीलचेयर, शिक्षण और शिक्षा सामग्री किट आदि प्रदान करता है जिससे ऑटिज्म स्पेक्ट्रम डिसऑर्डर से ग्रसित व्यक्ति के पुनर्वास में सहायता मिल सके।

शिक्षा मंत्रालय ने समग्र शिक्षा की केंद्र प्रायोजित योजना के अंतर्गत एक या अधिक दिव्यांगताओं से ग्रसित बच्चों (सीडब्ल्यूएसएन) की शिक्षा के लिए समावेशी शिक्षा घटक समर्पित किया है। भारतीय पुनर्वास परिषद द्वारा निर्धारित न्यूनतम अपेक्षाओं के अनुसार विद्यालयों में विशेष शिक्षकों की नियुक्ति की जाती है। शिक्षकों को विभिन्न प्रकार के शिक्षार्थियों की आवश्यकताओं के प्रति संवेदनशील बनाने के लिए कार्यशालाएं और प्रशिक्षण कार्यक्रम आयोजित किए जाते हैं। शिक्षकों को समावेशी शिक्षण विधियों को अपनाने और विशेष आवश्यकता वाले छात्रों के लिए व्यक्तिगत शिक्षा योजना (आईईपी) बनाने के लिए प्रशिक्षित किया जाता है। दिव्यांग छात्रों के लिए विभिन्न परीक्षा सुविधाएं प्रदान की जाती हैं, जैसे अतिरिक्त समय, लेखक का उपयोग या कंप्यूटर का उपयोग करने का विकल्प। बोर्ड, बोर्ड परीक्षाओं (कक्षा 10 और 12) में सभी मानक दिव्यांगताओं को छूट प्रदान करता है (आरपीडब्ल्यूडी अधिनियम-2016)।

हिमाचल प्रदेश के सिरमौर जिले में पासपोर्ट कार्यालय

3646. श्री सुरेश कुमार कश्यप

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या शिमला संसदीय क्षेत्र के सिरमौर जिले के अंतर्गत नाहन शहर के लोगों को वर्तमान में पासपोर्ट संबंधी सेवाओं के लिए शिमला जाना पड़ता है जो कि कठिन और पहाड़ी भौगोलिक परिस्थितियों के कारण एक अत्यंत कठिन, समय लेने वाली और महंगी यात्रा है, यदि हाँ, तो तत्संबंधी व्यौरा क्या है;

- (ख) क्या सिरमौर जिले में भौगोलिक स्थिति, जनसंख्या और पासपोर्ट सेवाओं की बढ़ती मांग को देखते हुए नाहन शहर में पासपोर्ट कार्यालय या पासपोर्ट सेवा केन्द्र की आवश्यकता लंबे समय में महसूस की जा रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार सिरमौर जिले के नाहन शहर में पासपोर्ट कार्यालय या पासपोर्ट सेवा केन्द्र स्थापित करने पर विचार कर रही है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और उक्त प्रयोजन के लिए क्या समय-सीमा निर्धारित की गई है?

विदेश मंत्रालय में राज्य मंत्री; तथा वस्त्र मंत्रालय में राज्य मंत्री (श्री पबित्रा मार्गेरिता):

(क) से (घ): वर्ष 2017 में, विदेश मंत्रालय ने डाक विभाग (डी. ओ. पी.) के सहयोग से प्रत्येक ऐसे लोकसभा निर्वाचन क्षेत्र (एल. एस. सी.) में, जहाँ वर्तमान में कोई 'पासपोर्ट सेवा केंद्र' या 'डाकघर पासपोर्ट सेवा केंद्र' (पी. ओ. पी. एस. के.) उपलब्ध नहीं है, वहां के मुख्य डाकघरों या अन्य डाकघरों में 'डाकघर पासपोर्ट सेवा केंद्र' खोलने की घोषणा की थी। इस पहल के तहत शिमला लोकसभा क्षेत्र के अंतर्गत शिमला में एक पासपोर्ट सेवा केंद्र पहले से ही क्रियाशील है तथा नाहन शहर इसी निर्वाचन क्षेत्र में आता है।

इसके अलावा, जून 2018 में, मंत्रालय ने 'भारत में कहीं भी आवेदन करें' योजना शुरू की थी जिसके तहत भारत के किसी भी पी. एस. के. / पी. ओ. पी. एस. के. में पासपोर्ट के लिए आवेदन किया जा सकता है। इस प्रकार , नाहन शहर के पासपोर्ट आवेदक क्षेत्रीय पासपोर्ट कार्यालय, देहरादून के अंतर्गत आने वाले पासपोर्ट सेवा केंद्र देहरादून में भी आवेदन कर सकते हैं, जो नाहन शहर से लगभग 90 किलोमीटर दूर है। साथ ही, विदेश मंत्रालय ग्रामीण / दूरदराज / पहाड़ी और कम सेवा वाले क्षेत्रों में ऑन-साइट पासपोर्ट प्रसंस्करण के लिए संबंधित क्षेत्रीय पासपोर्ट कार्यालय के तहत मोबाइल पासपोर्ट वैन को नियमित रूप से अभिनियोजित कर रहा है, जिसमें क्षेत्रीय पासपोर्ट कार्यालय ,शिमला भी शामिल है।

PROGRESS ACHIEVED UNDER PM-ABHIM

3647. SHRI SUDAMA PRASAD:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the objectives, scope and key components of the Ayushman Bharat Health Infrastructure Mission (ABHIM) as a national healthcare infrastructure development initiative and the gaps it seeks to address in public health preparedness;
- (b) the amount of funds allocated, released and utilised under ABHIM in the country during the last three financial years indicating separately the Central and State shares, State/UT-wise;
- (c) the physical progress achieved under the Mission in the country including the number of critical care hospital blocks, integrated public health laboratories, district and block-level health facilities and surveillance units sanctioned, completed and operational, State/UT-wise; and
- (d) the challenges faced in the implementation of ABHIM, including land availability, manpower shortages, inter-State capacity differences and delays in project execution along with the steps taken by the Government to ensure timely completion and effective utilisation of health infrastructure created under the Mission?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) which has an outlay of Rs. 64,180 Crores for the scheme period (FY 2021-22 to FY 2025-26).

The scheme envisages a new generation of reforms to integrate and strengthen health service delivery and public health action including health research so that the communities are Atmanirbhar in managing such pandemics or health crisis. The measures under the scheme are aimed at strengthening health systems and institutions in order to provide a continuum of care at all levels, namely primary, secondary, and tertiary, as well as preparing health systems to respond effectively to current and future pandemics and disasters.

The objectives of PM-ABHIM are to strengthen public health infrastructure at the primary and secondary levels of care; enhance capacity for disease surveillance, diagnostics, and research for emerging and re-emerging diseases; and develop a resilient health system capable of responding effectively to public health emergencies.

The scope of PM-ABHIM includes strengthening public health systems in both rural and urban areas through investments in laboratories, critical care infrastructure, disease surveillance systems, and emergency response mechanisms. The scheme comprises Central Sector (CS) and Centrally Sponsored Scheme (CSS) components, under which support is provided to

States/UTs for strengthening district- and block-level health infrastructure, as well as for the expansion of national institutions.

Under the CSS components of the scheme, following are the five activities where support is provisioned to the State/UTs during the scheme period (2021-2026):

- (i) Construction of 17,788 Building less Sub-Centres as Ayushman Bharat- Health & Wellness centres, now known as Ayushman Arogya Mandir (AAM)
- (ii) Establishment of 11,024 Health & wellness Centres, now AAM in Urban areas with a focus on slum and slum like areas are envisioned
- (iii) Establishment of 3382 Block Public Health Units (BPHUs) at the block level,
- (iv) Establishment of 730 District Integrated Public Health Labs in the country, wherein each district will have one such lab.
- (v) Establishing 602 Critical Care Hospital Blocks in all districts with population more than 5 lakhs.

Under CSS component of the scheme, administrative approvals have been accorded to the States/UTs under PM-ABHIM for 5 years period i.e. FY 2021-22 to FY 2025-26 for an amount of Rs.32,928.82 Crores for construction/ strengthening and establishment of 9519 Building- less SHC-AAMs, 5456 Urban-AAMs, 2151 BPHUs, 744 IPHLs and 621 CCBs at District Hospitals/ Govt. Medical College level.

The State/UT-wise details of Central Release and Expenditure under PM-ABHIM from FY 2022–23 to FY 2024–25 are enclosed as **Statement-I**.

The State/UT-wise progress under PM-ABHIM is enclosed as **Statement-II**.

During the implementation of PM-ABHIM, several bottlenecks were encountered by the States, including delays in the availability of adequate land, prolonged tendering and procurement processes, coordination challenges with project executing agencies, and inadequate pre-implementation readiness such as incomplete DPRs and pending approvals.

To address these challenges and ensure timely completion and effective utilisation of the health infrastructure created under the scheme, the Government has taken several measures. These include continuous monitoring and review of project progress by senior officials through regular meetings with States/UTs and implementing agencies; directing States/UTs to ensure land and site readiness for approved projects; and enhancing inter-departmental coordination through periodic reviews. Efforts have also been made to strengthen project management and implementation capacity at the State level through technical support and coordination with implementing agencies for expediting approvals of DPRs and necessary procurement clearances. In addition, technical guidance, standard designs, and operational guidelines have been provided to States/UTs for timely implementation of infrastructure components, along with streamlining of fund release and utilisation

mechanisms to facilitate timely execution of approved projects.

STATEMENT-I

**State/UT-wise Central Release and Expenditure under Pradhan Mantri
Ayushman Bharat Health Infrastructure Mission from FY 2022-23 to FY 2024-25**
(Rs. In Crore)

S. No	Name of the State/UT	2022-23		2023-24		2024-25	
		Central Release	Expendit ure	Centra l Releas e	Expendit ure	Centr al Relea se	Expenditu re
1	Andaman and Nicobar Islands	1.11	0.00	0.00	0.00	1.05	1.57
2	Andhra Pradesh	15.76	6.25	35.78	28.85	39.07	65.16
3	Arunachal Pradesh	0.10	0.00	8.83	2.25	1.05	2.44
4	Assam	2.26	1.16	91.45	68.45	159.61	177.34
5	Bihar	7.17	0.00	0.00	50.69	15.92	185.61
6	Chandigarh	4.79	1.73	10.38	5.83	5.13	6.34
7	Chattisgarh	1.34	11.01	32.23	19.64	18.63	31.05
8	Dadra & Nagar Haveli and Daman & Diu	0.24	0.00	0.28	0.21	0.53	0.51
9	Delhi	0.00	0.00	0.00	0.00	0.00	0.00
10	Goa	0.06	0.00	3.75	0.00	0.10	0.21
11	Gujarat	29.54	32.24	46.04	56.13	79.38	146.63
12	Haryana	1.31	0.00	17.67	16.63	36.00	88.63
13	Himachal Pradesh	28.05	9.98	15.69	15.27	44.81	52.92
14	Jammu & Kashmir	1.00	0.00	44.01	36.67	60.44	63.71
15	Jharkhand	183.04	240.87	102.27	454.05	65.27	289.16
16	Karnataka	37.10	18.75	100.57	104.47	118.91	198.19
17	Kerala	24.89	4.72	0.00	36.66	24.58	36.15
18	Ladakh	0.00	0.00	0.62	0.31	0.62	0.62
19	Lakshadweep	0.63	0.00	0.00	0.07	0.00	0.51
20	Madhya Pradesh	98.70	99.43	228.52	300.93	63.19	295.14
21	Maharashtra	4.07	0.00	31.76	34.47	65.48	86.82

22	Manipur	10.92	4.56	13.78	16.89	5.74	21.20
23	Meghalaya	43.28	8.80	4.42	28.02	10.50	27.34
24	Mizoram	1.52	0.27	4.52	1.32	3.82	7.27
25	Nagaland	0.08	0.00	4.42	0.60	0.00	1.71
26	Odisha	211.46	258.55	171.58	423.43	149.0 5	248.42
27	Puducherry	0.19	0.62	2.67	2.88	2.50	4.28
28	Punjab	24.16	0.00	0.00	2.07	8.92	45.33
29	Rajasthan	83.59	108.50	173.06	280.43	157.7 6	262.93
30	Sikkim	0.75	0.26	3.88	2.05	1.67	3.74
31	Tamil Nadu	150.42	183.35	279.36	389.37	224.9 9	512.33
32	Telangana	53.88	83.75	95.21	141.73	208.8 2	348.04
33	Tripura	0.90	0.38	2.48	1.43	2.12	2.94
34	Uttar Pradesh	173.71	254.04	247.96	252.69	400.9 5	544.74
35	Uttarakhand	32.31	1.60	0.00	16.35	26.89	31.07
36	West Bengal	0.00	9.75	30.91	49.78	78.40	92.35

Note:

1. The above releases relate to Central Govt. Grants & do not include State share contribution.
2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.

STATEMENT-II

I. Building less-AAM (Sub-Centers – Ayushman Arogya Mandir)

S. No.	States	Units Approved
1	Rajasthan	1112
2	Jharkhand	893
3	Manipur	64
4	Uttar Pradesh	1670
5	Assam	768

6	Odisha	604
7	West Bengal	385
8	Meghalaya	251
9	Bihar	2546
10	Andhra Pradesh	696
11	Karnataka	530
	Total	9519

II. Urban- AAM (U-HWC)

S. No.	State / UT	Units Approved
1	Andhra Pradesh	45
2	Chandigarh	19
3	DNH & DD	4
4	Gujarat	410
5	Mizoram	1
6	Odisha	140
7	Tamil Nadu	708
8	Telangana	500
9	Karnataka	817
10	Puducherry	32
11	Jammu & Kashmir	79
12	Rajasthan	639
13	Uttar Pradesh	674
14	Himachal Pradesh	38
15	Delhi	1139
16	A & N Islands	4
17	Manipur	3
18	West Bengal	204
	Total	5456

III. Block Public Health Units (BPHUs)

S. No	State / UT	Units Approved
1	Chhattisgarh	91
2	Jammu & Kashmir	287
3	Madhya Pradesh	196
4	Rajasthan	184
5	Odisha	197
6	Uttarakhand	78
7	Uttar Pradesh	515
8	Himachal Pradesh	73
9	Assam	207
10	Jharkhand	165
11	Bihar	158
	TOTAL	2151

IV. Integrated Public Health Labs (IPHLs)

S. No.	State / UT	Units Approved
1	A & N Islands	3
2	Andhra Pradesh	26
3	Bihar	38
4	Chandigarh	1
5	Chhattisgarh	28
6	DNH & DD	3
7	Delhi	11
8	Goa	2
9	Haryana	22
10	Jammu & Kashmir	20
11	Karnataka	31
12	Ladakh	2
13	Lakshadweep	1

S. No.	State / UT	Units Approved
14	Madhya Pradesh	55
15	Manipur	15
16	Meghalaya	10
17	Nagaland	11
18	Puducherry	4
19	Punjab	22
20	Rajasthan	33
21	Sikkim	3
22	Tamil Nadu	38
23	Telangana	33
24	Tripura	7
25	Maharashtra	36
26	Himachal Pradesh	12
27	Mizoram	10
28	Uttar Pradesh	75
29	Kerala	14
30	Gujarat	33
31	West Bengal	23
32	Odisha	30
33	Jharkhand	24
34	Assam	33
35	Arunachal Pradesh	22
36	Uttarakhand	13
	Total	744

V. Critical Care Hospital Block (CCBs)

S. No.	State / UT	Units Approved
1	Andhra Pradesh	24

S. No.	State / UT	Units Approved
2	Bihar	38
3	DNH & DD	1
4	Madhya Pradesh	50
5	Maharashtra	36
6	Manipur	2
7	Meghalaya	3
8	Mizoram	1
9	Nagaland	1
10	Punjab	22
11	Rajasthan	33
12	Sikkim	1
13	Tamil Nadu	37
14	Tripura	1
15	Telangana	31
16	Chhattisgarh	23
17	Jharkhand	23
18	West Bengal	22
19	Jammu & Kashmir	10
20	Karnataka	34
21	Himachal Pradesh	8
22	Gujarat	32
23	Uttar Pradesh	74
24	Odisha	28
25	Uttarakhand	5
26	Puducherry	4
27	Kerala	14
28	Assam	27
29	Haryana	22
30	A & N Islands	1
31	Arunachal Pradesh	1

S. No.	State / UT	Units Approved
32	Chandigarh	1
33	Delhi	9
34	Goa	2
	Total	621

नकली दवाओं की बिक्री

3648. श्रीमती लवली आनंद:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या देश भर के बाजारों में नकली दवाएं खुले आम उपलब्ध हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या यह सच है कि केन्द्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) ने हाल ही में परीक्षण के दौरान लगभग 53 दवाओं के नमूनों में कमियां पाई हैं और उन्हें मानक गुणवत्ता का नहीं बताया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या उक्त औषधियों के विनिर्माताओं के विरुद्ध कोई कार्रवाई शुरू की गई है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या यह भी सच है कि चूककर्ता दवा विनिर्माताओं के विरुद्ध कड़ी कार्रवाई न किए जाने से अन्य लोगों द्वारा इसी प्रकार के उल्लंघनों को बढ़ावा मिलता है; और

(ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क): स्वास्थ्य एवं परिवार कल्याण विभाग द्वारा दी गई जानकारी के अनुसार, नकली/मिलावटी/ गैर-मानक गुणवत्ता की औषधियों आदि का विनिर्माण/बिक्री/वितरण औषधि एवं प्रसाधन सामग्री

अधिनियम, 1940 और औषधि नियम, 1945 के तहत दंडनीय अपराध है और संबंधित लाइसेंसिंग प्राधिकरण ऐसे मामलों में कार्रवाई करने के लिए सशक्त हैं।

(ख) से (ड): स्वास्थ्य एवं परिवार कल्याण विभाग द्वारा दी गई जानकारी के अनुसार, केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) और राज्य औषधि नियंत्रण प्राधिकरण, औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके अंतर्गत नियमों के प्रावधानों के तहत आपूर्ति श्रृंखला से परीक्षण एवं विश्लेषण हेतु औषधियों के नमूने लेते हैं। केंद्रीय सरकारी प्रयोगशाला द्वारा गैर-मानक गुणवत्ता /नकली/मिलावटी पाए गए सभी औषधि नमूनों और राज्य औषधि नियंत्रकों द्वारा सीडीएससीओ को भेजी गई गैर-मानक गुणवत्ता (एनएसक्यू)/नकली/मिलावटी रिपोर्ट को मासिक औषधि चेतावनी के भाग के रूप में सीडीएससीओ की वेबसाइट पर सार्वजनिक रूप से उपलब्ध कराया जाता है।

ऐसे मामलों में, विनिर्माताओं को (लेबल दावे के अनुसार) ऐसी औषधियों को वापस मंगाने का निर्देश दिया जाता है और जांच के परिणामों के आधार पर, संबंधित लाइसेंसिंग प्राधिकरणों द्वारा औषधि एवं प्रसाधन सामग्री अधिनियम और उसके अंतर्गत बनाए गए नियमों के प्रावधानों के तहत कार्रवाई की जाती है।

केंद्र सरकार द्वारा औषधि एवं प्रसाधन सामग्री अधिनियम के प्रावधानों के तहत प्रतिबंधित औषधियों की वर्ष-वार संख्या इस प्रकार है:

वर्ष	प्रतिबंधित औषधियों की संख्या
2021	शून्य
2022	शून्य
2023	मानव उपयोग के लिए 14 और पशुओं के उपयोग के लिए 02 औषधियां
2024	मानव उपयोग के लिए 157 और पशु उपयोग के लिए 01 औषधि
2025	मानव उपयोग के लिए 01 और पशुओं के उपयोग के लिए 36 औषधियां

इसके अलावा, औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के तहत, नकली औषधियों का विनिर्माण, बिक्री या वितरण सख्त रूप से प्रतिबंधित है। धारा 17ख के अनुसार, किसी औषधि को नकली तब माना जाता है जब उसका विनिर्माण किसी अन्य औषधि के नाम से किया गया हो, वह धोखा देने के उद्देश्य से बनाई गई नकल हो, उस पर विनिर्माता का झूठा नाम हो, वह किसी ऐसे विनिर्माता द्वारा निर्मित हो जिसका अस्तित्व ही न हो, या उसे पूर्णतः या आंशिक रूप से किसी अन्य पदार्थ से प्रतिस्थापित किया गया हो। धारा 18 समुचित प्राधिकरण के बिना ऐसी औषधियों के विनिर्माण, बिक्री, भंडारण या वितरण को प्रतिबंधित करती है। औषधि एवं प्रसाधन सामग्री नियम, 1945 नकली औषधियों के उत्पादन को रोकने के लिए लाइसेंसिंग, लेबलिंग, निरीक्षण और विनिर्माण मानकों को विनियमित करके इन प्रावधानों को सहयोग प्रदान करते हैं।

नकली औषधियों के विनिर्माण या बिक्री के लिए अधिनियम की धारा 27 के तहत दंड का प्रावधान है। यदि नकली औषधि से मृत्यु या गंभीर चोट लगती है, तो अपराधी को कम से कम 10 वर्ष की कैद हो सकती है, जिसे आजीवन कारावास तक बढ़ाया जा सकता है, साथ ही कम से कम 10 लाख रुपये का जुर्माना या जब्त की गई औषधियों के मूल्य का तीन गुना जुर्माना भी लगाया जा सकता है। अन्य मामलों में, सजा में कम से कम 7 वर्ष की कैद शामिल है, जिसे आजीवन कारावास तक बढ़ाया जा सकता है, साथ ही कम से कम 3 लाख रुपये का जुर्माना या औषधियों के मूल्य का तीन गुना जुर्माना भी लगाया जा सकता है। इसके अतिरिक्त, धारा 31 और 34 के तहत, औषधियों और संबंधित सामग्रियों को जब्त किया जा सकता है, और अपराध के लिए जिम्मेदार कंपनी के अधिकारियों को भी उत्तरदायी ठहराया जा सकता है। नकली औषधियों से संबंधित अपराध संज्ञेय और गैर-जमानती हैं, जिससे नकली औषधियों के विनिर्माताओं के विरुद्ध सख्त कार्रवाई सुनिश्चित होती है।

BENEFICIARIES UNDER AYUSHMAN BHARAT FOR TRIBAL POPULATION**3649. SHRI AMARSING TISSO:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the number of beneficiaries covered under Ayushman Bharat in Karbi Anglong and Dima Hasao districts in Assam;
- (b) the number of empanelled hospitals in these districts; and
- (c) the measures taken to ensure access to cashless treatment for remote tribal populations?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), a total of 1.20 lakh families are covered in Karbi Anglong district and 0.33 lakh families are covered in Dima Hasao district of Assam.
 - (b): As on 28.02.2026, a total of 8 hospitals, including 5 public and 3 private hospitals, are empanelled in Karbi Anglong and 2 hospitals, including 1 public and 1 private, are empanelled in Dima Hasao district of Assam.
 - (c): AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements. This includes advertisement over various media platforms including newspapers, community radio, street plays, digital displays, radio campaigns, mass messaging and telecast of beneficiary testimonials etc. Additionally, the State
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Health Agencies have also engaged a wide network of frontline workers like Accredited Social Health Activists, Anganwadi Workers, who play pivotal roles in creating mass awareness, especially in the rural areas.

एमबीबीएस और पीजी की मेडिकल सीटें

3650. श्री गिरिधारी यादव:

श्री धर्मेन्द्र यादव:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश भर में चिकित्सा महाविद्यालयों की राज्य/संघ राज्यक्षेत्र-वार कुल संख्या कितनी है;
- (ख) विगत पांच वर्षों और चालू वर्ष के दौरान सरकारी चिकित्सा महाविद्यालयों में एमबीबीएस और स्नातकोत्तर (पीजी) चिकित्सा सीटों की संख्या में हुई वृद्धि और निजी चिकित्सा महाविद्यालयों में सीटों की संख्या का राज्य/संघ राज्यक्षेत्र-वार और वर्ष-वार ब्यौरा क्या है;
- (ग) क्या सरकार प्रत्येक 10 लाख की जनसंख्या पर एक चिकित्सा महाविद्यालय स्थापित करने की योजना पर कार्य कर रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) विगत पांच वर्षों और चालू वर्ष के दौरान एमबीबीएस और स्नातकोत्तर चिकित्सा पाठ्यक्रमों के लिए स्वीकृत स्थायी संकाय पदों की संख्या में हुई वृद्धि का राज्य/संघ राज्यक्षेत्र-वार और वर्ष-वार ब्यौरा क्या है;
- (ङ) विगत पांच वर्षों और चालू वर्ष के दौरान एमबीबीएस और पीजी चिकित्सा संकाय में नियुक्त सदस्यों की संख्या और एमबीबीएस और पीजी सीटों की रिक्त संख्या का राज्य/संघ राज्यक्षेत्र-वार और वर्ष-वार ब्यौरा क्या है;
- (च) आज की स्थिति के अनुसार एमबीबीएस और स्नातकोत्तर पाठ्यक्रमों के लिए चिकित्सा संकाय के रिक्त पदों का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है; और

(छ) विगत पांच वर्षों के दौरान चिकित्सा संकाय के भरे गए पदों का वर्ष-वार और राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क): राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई सूचना के अनुसार, वर्तमान में देश भर में (एम्स और आईएनआई सहित) कुल 818 चिकित्सा महाविद्यालय हैं। इन चिकित्सा महाविद्यालयों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण -I** में दिया गया है।

(ख) से (छ): चिकित्सा महाविद्यालयों में स्नातक (यूजी) और स्नातकोत्तर (पीजी) सीटों में हुई वृद्धि के साथ-साथ रिक्त सीटों का वर्ष-वार ब्यौरा संलग्न **विवरण -II** में दिया गया है।

स्वास्थ्य और परिवार कल्याण मंत्रालय, 'मौजूदा जिला/रेफरल अस्पतालों से सहबद्ध नए चिकित्सा महाविद्यालयों की स्थापना' के लिए केंद्रीय प्रायोजित योजना (सीएसएस) का संचालन करता है, जिसमें उन अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहां कोई मौजूदा सरकारी या निजी चिकित्सा महाविद्यालय उपलब्ध नहीं है। केंद्र और राज्य सरकारों के बीच निधि बंटवारे की व्यवस्था पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 के अनुपात में और अन्य राज्यों के लिए 60:40 के अनुपात में है। इस योजना के तहत, देशभर में परिकल्पित सभी 157 सरकारी चिकित्सा महाविद्यालयों को मंजूरी प्रदान कर दी गई है। इनमें से, 137 चिकित्सा महाविद्यालय वर्तमान में कार्यशील हैं।

यूजी-एमएसआर, 2023 और पीजी-एमएसआर, 2023 के तहत निर्धारित एमबीबीएस और स्नातकोत्तर चिकित्सा पाठ्यक्रमों के लिए संकाय की आवश्यकता को संबंधित राज्य के क्रमशः स्नातक और स्नातकोत्तर चिकित्सा महाविद्यालयों द्वारा पूरा किए जाने की अपेक्षा है। तथापि, स्वास्थ्य राज्य का विषय है, और चिकित्सा संस्थानों में संकाय और संविदा कर्मचारियों सहित मानव संसाधनों की नियुक्ति, तैनाती और प्रबंधन से जुड़े मामले संबंधित राज्य सरकारों के कार्यक्षेत्र और

प्रशासनिक दायरे में आते हैं।

विवरण – I

देश भर में राज्य/संघ राज्य क्षेत्र वार चिकित्सा महाविद्यालय

क्र.सं.	राज्य/संघ राज्य क्षेत्र	निजी महाविद्यालय	सरकारी महाविद्यालय	कुल महाविद्यालय
1	आंध्र प्रदेश	20	19	39
2	अंडमान और निकोबार	0	1	1
3	अरुणाचल प्रदेश	0	1	1
4	असम	0	16	16
5	बिहार	12	13	25
6	चंडीगढ़	0	1	1
7	छत्तीसगढ़	5	11	16
8	दादरा एवं नगर हवेली	0	1	1
9	दिल्ली	2	9	11
10	गोवा	0	1	1
11	गुजरात	19	24	43
12	हरियाणा	9	8	17
13	हिमाचल प्रदेश	1	7	8
14	जम्मू और कश्मीर	1	11	12
15	झारखंड	3	7	10
16	कर्नाटक	48	24	72
17	केरल	22	14	36
18	मध्य प्रदेश	14	21	35
19	महाराष्ट्र	42	43	85
20	मणिपुर	1	3	4
21	मेघालय	1	2	3
22	मिजोरम	0	1	1
23	नगालैंड	0	1	1
24	ओडिशा	6	15	21
25	पुदुचेरी	7	2	9

26	पंजाब	7	6	13
27	राजस्थान	15	34	49
28	सिक्किम	1	0	1
29	तमिलनाडु	40	38	78
30	तेलंगाना	29	37	66
31	त्रिपुरा	2	1	3
32	उत्तर प्रदेश	37	51	88
33	उत्तराखंड	4	6	10
34	पश्चिम बंगाल	15	26	41

विवरण - II

देश भर के चिकित्सा महाविद्यालयों में स्नातक और स्नातकोत्तर सीटों में हुई वर्षवार वृद्धि का ब्यौरा:

क्र.सं.	शैक्षणिक वर्ष	स्नातक सीटें	स्नातकोत्तर सीटें
1	2021-22	8790	4705
2	2022-23	7398	2874
3	2023-24	9652	4713
4	2024-25	8641	4186
5	2025-26	11682	8416

देश भर के चिकित्सा महाविद्यालयों में वर्ष-वार रिक्त स्नातक और स्नातकोत्तर सीटों का ब्यौरा:

क्र.सं.	शैक्षणिक वर्ष	स्नातक सीटें	स्नातकोत्तर सीटें
1	2021-22	141	3744
2	2022-23	2027	4400
3	2023-24	490	3028
4	2024-25	380	2849

यूरिया की कमी

3651. श्री धर्मेन्द्र यादव:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या यह सच है कि वर्तमान में देश के विभिन्न राज्यों में किसान यूरिया की कमी का सामना कर रहे हैं और उन्हें पर्याप्त मात्रा में यूरिया नहीं मिल रहा है;
- (ख) यदि हां, तो विगत तीन वर्षों के दौरान देश में यूरिया के कुल उत्पादन, आयात, मांग और उपलब्धता का राज्य-वार और वर्ष-वार ब्यौरा क्या है;
- (ग) क्या यूरिया की कमी घरेलू उत्पादन में गिरावट, आयात की कमी, आपूर्ति श्रृंखला की विफलता अथवा वितरण में अनियमितताओं के कारण है, यदि हां, तो देश में उक्त कमी का मुख्य कारण क्या है;
- (घ) क्या सरकार इस बात को स्वीकार करती है कि संबंधित विभाग और एजेंसियां यूरिया की उपलब्धता सुनिश्चित करने में अपेक्षित स्तर पर कार्य करने में विफल रही हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ड.) किसानों को यूरिया की पर्याप्त और समय पर उपलब्धता प्रदान करने के लिए क्या ठोस और त्वरित कदम उठाए गए हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

- (क) से (ड.): देश में सभी उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने के लिए प्रत्येक फसल मौसम में सरकार द्वारा निम्नलिखित कदम उठाए जाते हैं:
- (i) प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि और किसान कल्याण विभाग (डीए एंड एफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।

- (ii) कृषि और किसान कल्याण विभाग द्वारा आकलित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरक आवंटित करता है और उपलब्धता की लगातार निगरानी करता है।
- (iii) देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।
- (iv) राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे समय पर मांगपत्र जारी करके आपूर्तियों को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय स्थापित करें।
- (v) पर्याप्त रक देने, उर्वरकों को प्राथमिकता देने और राज्यों के लिए रकों की समय पर निकासी के लिए रेल मंत्रालय के साथ नियमित समन्वय बैठकें आयोजित की जाती हैं।
- (vi) राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।
- उपर्युक्त को देखते हुए, पिछले 3 वर्षों और मौजूदा वर्ष (2025-26, 09.03.2026 तक) के दौरान राज्यों में यूरिया की उपलब्धता पर्याप्त बनी रही है। उक्त अवधि के दौरान यूरिया की आवश्यकता, उपलब्धता, और बिक्री के संबंध में राज्य-वार सूचना संलग्न **विवरण** में दी गई है।
- हालांकि, पिछले तीन वर्षों 2022-23 से 2024-25 की अवधि के लिए देश में यूरिया उत्पादन की वर्ष-वार कुल मात्रा निम्नानुसार है:

वर्ष 2023-24 से 2024-25 तक यूरिया का उत्पादन	
मात्रा एलएमटी में	
वर्ष	यूरिया का वास्तविक उत्पादन
2022-23	284.94
2023-24	314.10
2024-25	306.67

स्रोत: dbtfert.nic.in

इसके अलावा, वर्ष 2022-23 से 2024-25 तक की तीन वर्ष की अवधि के लिए देश में यूरिया आयात की वर्ष-वार मात्रा निम्नानुसार है:

वर्ष 2022-23 से 2024-25 तक यूरिया का आयात	
मात्रा एलएमटी में	
वर्ष	आयातित यूरिया की मात्रा
2022-23	75.80
2023-24	70.42
2024-25	56.47

विवरण

विगत 3 वर्षों और चालू वर्ष 2025-26 के दौरान (09.03.26 तक) यूरिया की आवश्यकता, उपलब्धता और बिक्री													
आंकड़े एलएमटी में													
		2025-26 (09.03.26 तक)			2024-25			2023-24			2022-23		
क्र.सं.	राज्य	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री
1	अंडमान और निकोबार द्वीप समूह	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00
2	आंध्र प्रदेश	14.84	18.36	16.41	15.90	18.68	15.70	15.73	17.89	14.99	16.65	18.39	15.87
3	अरुणाचल प्रदेश	0.01	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
4	असम	3.17	4.63	4.24	3.28	4.48	4.10	3.46	4.56	3.73	3.85	4.07	3.56
5	बिहार	23.15	26.67	24.29	22.87	27.64	25.60	22.63	27.46	23.24	22.80	24.68	21.96
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	9.94	11.46	9.40	8.90	12.03	10.07	8.40	11.37	8.99	8.74	10.57	8.38
8	दादरा और नगर हवेली	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.01	0.01	0.01
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.25	0.24	0.20	0.23	0.43	0.40	0.00	0.37	0.32	0.20	0.32	0.28
11	गोवा	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02
12	गुजरात	24.10	24.84	22.75	25.60	25.82	24.23	24.71	26.78	24.30	24.00	27.30	24.73
13	हरियाणा	21.10	25.03	22.44	21.50	25.32	22.65	20.63	24.86	21.77	21.50	23.68	20.46
14	हिमाचल प्रदेश	0.65	0.92	0.75	0.71	0.81	0.65	0.68	0.82	0.68	0.76	0.85	0.74
15	जम्मू और	1.31	2.05	1.46	1.48	2.05	1.36	1.40	2.01	1.45	1.68	1.93	1.60

	कश्मीर												
16	झारखंड	2.79	3.54	3.04	2.65	4.11	3.73	2.47	3.74	3.04	2.60	3.04	2.56
17	कर्नाटक	17.91	20.68	17.42	17.25	22.63	19.17	16.10	21.02	15.65	17.20	22.22	18.21
18	केरल	1.09	1.27	1.07	1.11	1.37	1.15	1.19	1.13	0.96	1.23	1.32	1.12
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	40.24	45.56	41.77	35.38	42.43	38.09	33.46	41.73	34.37	33.00	36.94	32.39
21	महाराष्ट्र	25.73	30.65	25.95	23.73	32.72	26.41	23.74	31.06	23.48	25.29	30.39	24.66
22	मणिपुर	0.19	0.20	0.19	0.25	0.16	0.14	0.30	0.26	0.25	0.22	0.35	0.31
23	मेघालय	0.03	0.03	0.03	0.04	0.04	0.04	0.02	0.05	0.04	0.02	0.01	0.00
24	मिजोरम	0.07	0.11	0.11	0.08	0.25	0.20	0.07	0.15	0.13	0.09	0.11	0.10
25	नागालैंड	0.01	0.01	0.01	0.00	0.01	0.01	0.00	0.01	0.01	0.00	0.01	0.01
26	ओडिशा	5.92	8.32	6.76	6.05	8.15	6.67	5.46	7.70	5.84	5.84	7.08	5.60
27	पुदुचेरी	0.14	0.14	0.13	0.16	0.16	0.15	0.16	0.15	0.13	0.15	0.18	0.17
28	पंजाब	29.21	34.29	30.06	26.50	36.70	32.56	29.48	37.35	30.68	29.25	34.90	29.45
29	राजस्थान	25.31	30.91	27.66	26.20	29.43	26.40	24.28	29.23	25.39	21.50	27.91	25.17
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	10.31	12.23	10.81	10.91	12.61	10.92	10.23	11.86	10.11	9.96	11.38	10.05
32	तेलंगाना	19.06	20.86	20.15	20.20	22.15	20.08	18.94	23.77	19.03	18.39	21.63	18.83
33	त्रिपुरा	0.17	0.21	0.15	0.18	0.24	0.17	0.24	0.26	0.14	0.27	0.28	0.19
34	उत्तराखंड	1.92	2.39	2.11	2.03	2.60	2.31	1.84	2.67	2.31	2.20	2.38	2.05
35	उत्तर प्रदेश	78.50	89.32	78.49	77.00	91.72	79.18	76.15	91.83	74.53	77.50	87.39	74.72
36	पश्चिम बंगाल	13.70	17.49	13.72	13.80	19.05	15.77	14.32	17.34	12.20	14.25	16.49	14.05
	अखिल भारत	370.84	432.44	381.59	364.01	443.83	387.92	356.08	437.47	357.81	359.19	415.82	357.26

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

**PHARMACEUTICAL & MEDICAL DEVICES PROMOTION AND
DEVELOPMENT SCHEME**

3652. SHRI DAGGUMALLA PRASADA RAO:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the total number of beneficiaries under the Pharmaceutical & Medical Devices Promotion and Development Scheme (PMPDS) during the last five years, State/district-wise and year-wise including Andhra Pradesh;
- (b) the total amount sanctioned and disbursed under PMPDS, State-wise and year-wise;
- (c) the number of seminars, conferences, workshops, conventions and exhibitions supported with financial assistance under PMPDS during the last three years, State-wise and year-wise;
- (d) the details of mega events organized including India Pharma and India Medical Device meets, their frequency, locations, participating States, total expenditure incurred and outcomes achieved; and
- (e) the number of organizations that have received logo support from the Department for their events, State-wise and the criteria followed for granting such non-financial support?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

- (a) to (d): Pharmaceutical and Medical Devices Promotion and Development Scheme (PMPDS) aims to facilitate growth and development of pharmaceutical

sector through study/survey reports, awareness programs, creation of databases and promotion of industry.

Since FY2021-22, Department has conducted 25 studies and evaluations on topics of importance to the Department and has organized/supported 65 events/workshops/seminars/webinars across the country to sensitize the pharmaceutical and medical devices industry on various topics through academic institutions, government autonomous bodies, firms empanelled with Government of India, National/State level industry associations, non-profit companies/organization in pharmaceutical & medical devices sector, private companies of good repute and Government agencies.

Seminars/workshops conducted under the scheme are organised at various locations across the country including Andhra Pradesh and are open to participants from the pharmaceutical and medical sectors nationwide.

The total amount sanctioned and disbursed under PMPDS year-wise is enclosed as **Statement-I**. The number of seminars, conferences, workshops, conventions and exhibitions supported with financial assistance under PMPDS during the last three years is enclosed as **Statement-II**.

The details of mega events organised under PMPDS including India Pharma and India Medical Device meets, locations, participation from different states, total expenditure incurred including Grant-in-Aid under the PMPDS and outcomes achieved are enclosed as **Statement-III**.

(e): Department of Pharmaceuticals have supported 20 events with non-financial logo support under PMPDS since 2021-22. The non-financial logo support is

provided to various organizations for Pharma and Medical Device events in compliance with the scheme guidelines.

STATEMENT I

Details of amount sanctioned and disbursed for preparing various study reports and organizing various seminars, conferences, conventions, workshop and exhibitions under PMPDS during last five years.

S. No.	Item	2021-22	2022-23	2023-24	2024-25	2025-26 (as on 12.3.2026)
1.	Amount sanctioned (₹ in lakh) for studies and events	2.00	3.00	7.00	4.00	4.83
2.	Amount Disbursed (₹ in lakh) for studies and events	1.20	0.81	2.77	2.02	1.80

STATEMENT II

Details of number of seminars, conferences, workshops, conventions and exhibitions supported with financial assistance under PMPDS during the last three years

S. No.	Item	2022-23	2023-24	2024-25
1.	No. of seminars, conferences, workshops, conventions and exhibitions supported with financial assistance	3	11	14

STATEMENT III

Details of mega events organised under PMPDS including India Pharma and India Medical Device meets, their locations, participating states, total expenditure incurred including Grant-in-Aid under the PMPDS and

outcomes achieved.

S. No	Name of Mega Event	Date of event	Location(s)	Participating States	Total Expenditure incurred (₹ in lakh)	Key Outcomes Achieved
1.	India Pharma and India Medical Device 2021 (Hybrid Mode)	25.2.2021 to 26.2.2021 and 1.3.2021 to 2.3.2021	FICCI, Federation House, New Delhi	Maharashtra, Karnataka, Gujarat, Rajasthan, Delhi, Haryana, Madhya Pradesh, Orissa, Goa, Uttar Pradesh, Telangana, Chhattisgarh, Kerala, Himachal Pradesh, Uttarakhand, Punjab and Andhra Pradesh through Andhra Pradesh MedTech Zone (AMTZ)	18.52	The India Pharma & India Medical Devices 2021 Conference advanced dialogue between government and industry on policy priorities and sectoral reforms. Key outcomes included emphasis on strengthening domestic manufacturing, enhancing resilient supply chains, promoting innovation and R&D, improving healthcare access, and supporting digital health and advanced medical technologies to position India as a global hub for affordable medicines and medical device manufacturing.

S. No	Name of Mega Event	Date of event	Location(s)	Participating States	Total Expenditure incurred (₹ in lakh)	Key Outcomes Achieved
2.	India Pharma and India Medical Device 2022	25.4.2022 to 27.4.2022	Dr. Ambedkar International Centre, New Delhi	Maharashtra, Karnataka, Gujarat, Rajasthan, Delhi, Haryana, Madhya Pradesh, Orissa, Goa, Uttar Pradesh, Telangana, Chhattisgarh, Kerala, Himachal Pradesh, Uttarakhand, Punjab and Andhra Pradesh through Andhra Pradesh MedTech Zone (AMTZ)	85.80	The India Pharma 2022 and India Medical Device 2022 Conferences led to key outcomes including strengthened dialogue between government and industry on policy support and ease of doing business, promotion of domestic manufacturing and resilient supply chains, and greater focus on innovation, digital health, and advanced medical technologies. The deliberations also emphasized regulatory collaboration, value-based healthcare, and enhanced investments through industrial clusters and medical device parks to position India as a global hub for

S. No	Name of Mega Event	Date of event	Location(s)	Participating States	Total Expenditure incurred (₹ in lakh)	Key Outcomes Achieved
						pharmaceuticals and medical devices.
3.	India Pharma and India Medical Device 2023	26.5.2023 to 27.5.2023	Hotel Ashok, New Delhi		113.73	The 8th Edition of India Pharma & India Medical Devices 2023 strengthened collaboration among government, regulators, industry, and academia to advance domestic manufacturing, innovation, and global competitiveness. Key outcomes included emphasis on scaling MedTech innovations to large-scale manufacturing, strengthening quality and R&D capabilities, promoting digital transformation and biosimilars in pharmaceuticals, and

S. No	Name of Mega Event	Date of event	Location(s)	Participating States	Total Expenditure incurred (₹ in lakh)	Key Outcomes Achieved
						fostering industry–academia partnerships to support sustainable growth of India's healthcare ecosystem.
4.	India Medtec h Expo 2023	17.8.2023 to 19.8.2023	Gandhinagar, Gujarat		815.10	The India MedTech Expo 2023 showcased India's growing capabilities in the medical devices sector and strengthened engagement among policymakers, industry, start-ups, academia, and international stakeholders. Key outcomes included promotion of indigenous innovations and start-ups, facilitation of global business partnerships through buyer–seller meetings, identification of investment opportunities, and

S. No	Name of Mega Event	Date of event	Location(s)	Participating States	Total Expenditure incurred (₹ in lakh)	Key Outcomes Achieved
						enhanced collaboration in R&D, skill development, and advanced healthcare technologies, reinforcing India's position as an emerging hub for medical device manufacturing and innovation.

न्यायालयों में राजभाषा और क्षेत्रीय भाषाओं का उपयोग

3653. श्री उत्कर्ष वर्मा मधुर :

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

(क) देश भर के सभी न्यायालयों में राजभाषा और क्षेत्रीय भाषाओं के प्रयोग के लिए सरकार द्वारा बनाई गई योजना का ब्यौरा क्या है ;

(ख) क्या देश के नागरिकों को वहनीय और सुलभ न्याय प्रदान करने के लिए कदम उठाए गए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और

(ग) क्या देश में नागरिकों, विशेषकर गरीबों, मजदूरों और अन्य कमजोर वर्गों को त्वरित न्याय और

सहायता प्रदान करने की कोई योजना मौजूद है, यदि हां, तो तत्संबंधी ब्यौरा क्या है ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

(क): भारत के संविधान के अनुच्छेद 348(1)(क) में कथन है कि उच्चतम न्यायालय और प्रत्येक उच्च न्यायालय में सभी कार्यवाहियां अंग्रेजी भाषा में होंगी। संविधान के अनुच्छेद 348 के खंड (2) में कथन है कि खंड (1) के उपखंड (क) में किसी बात के होते हुए भी, किसी राज्य का राज्यपाल, राष्ट्रपति की पूर्व सहमति से, उस उच्च न्यायालय की कार्यवाहियों में, जिसका मुख्य स्थान उस राज्य में है, हिंदी भाषा का या उस राज्य के शासकीय प्रयोजनों के लिए प्रयोग होने वाली किसी अन्य भाषा का प्रयोग प्राधिकृत कर सकेगा।

तारीख 21.05.1965 के मंत्रिमंडल समिति के निर्णय में यह निर्धारित किया गया है कि उच्च न्यायालय में अंग्रेजी के अतिरिक्त किसी अन्य भाषा के प्रयोग से संबंधित किसी प्रस्ताव पर भारत के माननीय मुख्य न्यायमूर्ति की सहमति प्राप्त की जाए।

राजस्थान उच्च न्यायालय की कार्यवाहियों में हिंदी के प्रयोग को संविधान के अनुच्छेद 348 के खंड (2) के अधीन 1950 में प्राधिकृत किया गया था। तारीख 21.05.1965 के उपरोक्त उल्लिखित मंत्रिमंडल समिति के निर्णय के पश्चात्, भारत के मुख्य न्यायमूर्ति के परामर्श से उत्तर प्रदेश (1969), मध्य प्रदेश (1971) और बिहार (1972) के उच्च न्यायालयों में हिंदी के प्रयोग को प्राधिकृत किया गया।

भारत सरकार को तमिलनाडु, गुजरात, छत्तीसगढ़, पश्चिमी बंगाल और कर्नाटक की सरकारों से मद्रास उच्च न्यायालय, गुजरात उच्च न्यायालय, छत्तीसगढ़ उच्च न्यायालय, कलकत्ता उच्च न्यायालय और कर्नाटक उच्च न्यायालय की कार्यवाहियों में क्रमशः तमिल, गुजराती, हिंदी, बंगला और कन्नड़ भाषाओं के प्रयोग की अनुमति देने के प्रस्ताव प्राप्त हुए थे। इन प्रस्तावों पर भारत के मुख्य न्यायमूर्ति से परामर्श लिया गया और यह सूचित किया गया कि उच्चतम न्यायालय की पूर्ण पीठ ने विचार-विमर्श के पश्चात् इन प्रस्तावों को स्वीकार नहीं किया है।

भारत के संविधान के अनुच्छेद 235 के अधीन, जिला और अधीनस्थ न्यायालयों पर प्रशासनिक नियंत्रण संबंधित उच्च न्यायालयों के पास निहित है। तदनुसार, जिला और अधीनस्थ न्यायालयों में हिंदी या किसी क्षेत्रीय भाषा के प्रयोग का निर्णय सामान्यतः संबंधित उच्च न्यायालय और राज्य सरकार द्वारा आपस में परामर्श करके लिया जाता है और उनके अधिकार क्षेत्र में इसे लागू किया जाता है।

(ख) से (ग): सरकार नागरिकों को किफायती और सुलभ न्याय सुनिश्चित करने के लिए विभिन्न योजनाएं कार्यावित कर रही है। "न्याय तक समग्र पहुँच के लिए अभिनव समाधान तैयार करना (दिशा)" योजना का उद्देश्य विधिक सेवा प्राधिकरण अधिनियम, 1987 के उपबंधों के अनुरूप सभी नागरिकों के लिए न्याय तक पहुँच को सुदृढ़ करना है।

टेली-लॉ घटक के अधीन, नागरिकों को, 36 राज्यों/संघ राज्यक्षेत्रों में, 777 जिलों (जिनमें 112 आकांक्षी जिले और 500 आकांक्षी ब्लॉक सम्मिलित हैं) में ग्राम पंचायत स्तर पर संचालित लगभग 2.5 लाख सामान्य सेवा केंद्रों (सीएससी) का नेटवर्क उपयोग करके, वीडियो या टेली-कॉन्फ्रेंसिंग के माध्यम से, मुकदमा-पूर्व विधिक सलाह प्राप्त करने के लिए पैनल वकीलों से जोड़ा जाता है। तारीख 28.02.2026 तक, इस कार्यक्रम के अधीन 11.2 करोड़ से अधिक मुकदमा-पूर्व सलाह प्रदान की जा चुकी है।

न्याय बंधु घटक के माध्यम से, अधिवक्ताओं और विधि छात्रों के बीच निःशुल्क विधिक सेवाएं प्रदान करने की संस्कृति को बढ़ावा दिया जा रहा है। इस कार्यक्रम के अधीन, प्रो बोनो अधिवक्ता विधिक सेवा प्राधिकरण अधिनियम, 1987 की धारा 12 के अधीन पात्र लाभार्थियों को न्यायालयों में निःशुल्क विधिक सहायता और प्रतिनिधित्व प्रदान करते हैं। तारीख 28.02.2026 तक, इस कार्यक्रम के अधीन 10,263 अधिवक्ताओं को रजिस्ट्रीकृत किया जा चुका है।

विधिक साक्षरता एवं विधिक जागरूकता कार्यक्रम जमीनी स्तर के विधिक कार्यकर्ताओं की क्षमता निर्माण और विधिक जागरूकता/साक्षरता के प्रसार के लिए मंत्रालयों, विभागों, संस्थानों और विद्यालयों के साथ साझेदारी को बढ़ावा देता है। तारीख 28.02.2026 तक, इस कार्यक्रम से

1,21,48,172 लाभार्थियों को लाभ मिल चुका है। इसके अतिरिक्त, सरकार, वित्तीय वर्ष 2023-24 से नाल्सा के माध्यम से एक केंद्रीय क्षेत्र योजना, विधिक सहायता रक्षा वकील प्रणाली (एलएडीसीएस) भी कार्यावित कर रही है, जिससे 1987 के विधिक सहायता अधिनियम की धारा 12 के अधीन पात्र लाभार्थियों को आपराधिक मामलों में विधिक प्रतिनिधित्व प्रदान किया जा सके। तारीख 31.12.2025 तक, देश भर के 680 जिलों में एलएडीसीएस कार्यालय कार्यरत हैं। इस योजना के अंतर्गत, वित्तीय वर्ष 2025-26 (दिसंबर 2025 तक) के दौरान 12,62,857 आवंटित मामलों में से 8,71,581 मामलों का निपटारा किया गया है और 2,76,476 विचाराधीन कैदियों (यूटीपीएस) को विधिक प्रतिनिधित्व प्रदान किया गया है, जिसके परिणामस्वरूप 59,630 विचाराधीन कैदियों को रिहा किया गया है।

इन योजनाओं के अतिरिक्त, विधिक सेवा प्राधिकरण अधिनियम, 1987 के अधीन राष्ट्रीय विधिक सेवा प्राधिकरण (नाल्सा) समाज के कमजोर वर्गों को निःशुल्क और सक्षम विधिक सेवाएं प्रदान करता है। तालुक स्तर से लेकर उच्चतम न्यायालय तक विधि सेवा संस्थान स्थापित किए गए हैं, जिनमें उच्चतम न्यायालय विधि सेवा समिति (एससीएलएससी), 38 उच्च न्यायालय विधिक सेवा समितियां, 37 राज्य विधिक सेवा प्राधिकरण, 715 जिला विधिक सेवा प्राधिकरण और 2,475 तालुक विधिक सेवा समितियां सम्मिलित हैं। उनकी गतिविधियों में विधिक सहायता एवं परामर्श, विधिक जागरूकता कार्यक्रम, विधिक सेवा क्लीनिक, विधिक साक्षरता क्लब, लोक अदालतें और पीड़ित मुआवजा योजना का कार्यान्वयन सम्मिलित हैं।

वित्तीय वर्ष 2025-26 (जनवरी 2026 तक) के दौरान, 16,60,249 व्यक्तियों को निःशुल्क विधिक सहायता एवं परामर्श प्रदान किया गया है, और 4,91,990 विधिक जागरूकता कार्यक्रम/शिविर आयोजित किए गए हैं, जिनमें 4,04,59,246 व्यक्तियों ने भाग लिया है।

FREE DIAGNOSTICS SERVICE INITIATIVE

3654. ADV. GOWAAL KAGADA PADAVI:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the progress made in implementing the Free Diagnostics Service Initiative in public health facilities across Maharashtra and Madhya Pradesh, including the number of facilities offering free tests and the range of diagnostic services provided;
- (b) the annual number of patients benefiting from free diagnostic services and the estimated out-of-pocket expenditures savings;
- (c) the financial outlays and partnerships with private diagnostic providers, if any;
- (d) the challenges faced in ensuring quality and timely availability of diagnostic services, particularly in rural and tribal areas; and
- (e) the steps taken to expand and standardise diagnostic services across all districts?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): Public Health' & 'Hospitals' are State subjects, hence, the primary responsibility of providing basic healthcare services to all the citizens of the country lies with respective State/UT Government.

Free Diagnostics Service Initiative' (FDSI) under National Health Mission (NHM) was launched in 2015 with the aim to provide accessible and affordable pathological and radiological diagnostics services closer to the community which in turn reduces the Out-of-Pocket Expenditure (OOPE). Under FDSI, Government of India provides financial support to States/UTs including

Maharashtra and Madhya Pradesh for 14 tests at Sub Health Centres (SHCs), 63 tests at Primary Health Centres (PHCs), 97 tests at Community Health Centres (CHCs), 111 tests at Sub-District Hospitals (SDHs) and 134 tests at District Hospitals (DHs).

The three components under the umbrella of the FDSI include (i) **Free Laboratory Services** which provide a range of essential diagnostic packages free of cost at different levels of care, complementing other existing healthcare services and implemented in 36 States/UTs ; (ii) **CT scan Services** supported at the District Hospital level and (iii) **Tele-radiology** Services aimed to bridge the gap in infrastructure and shortage of specialist clinicians, especially radiologists by providing digitization and transmission of radiological images (X-ray, CT, and MRI) from peripheral health facilities to a remote hub having radiologists leading to a cost-effective health intervention.

States/UTs have adopted different modes of service delivery which include in-house mode, public private partnership and mixed mode.

Under the CSS component of Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), Integrated Public Health Laboratories (IPHLs) and Block Public Health Units (BPHUs) are established to strengthen diagnostic capacities, address infrastructure gaps, and improve sample transportation systems across the country, including in tribal and rural areas.

The Government of India provides technical and financial support to States/UTs to strengthen diagnostic services through standard treatment and testing protocols, capacity building of laboratory personnel, quality assurance

mechanisms and strengthening of laboratory infrastructure. Financial support under the FDSI is provided based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources. The details of RoPs issued to States/UTs including Maharashtra and Madhya Pradesh, are available at following web link:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

ब्रिक्स शिखर सम्मेलन

3655. श्री रामप्रीत मंडल:

श्री दिनेश चंद्र यादव:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) भारत की अध्यक्षता में आयोजित ब्रिक्स शिखर सम्मेलन के मुख्य विषयों का ब्यौरा क्या है;

(ख) क्या ब्रिक्स शिखर सम्मेलन के दौरान सभी सदस्य देशों के बीच अपनी-अपनी स्थानीय

मुद्राओं में व्यापार के संबंध में कोई पहल की गई थी अथवा समझौता हुआ था, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) वर्तमान में ब्रिक्स देशों के साथ भारत का व्यापार कितना है?

विदेश मंत्रालय में राज्य मंत्री; तथा वस्त्र मंत्रालय में राज्य मंत्री (श्री पबित्रा मार्गेरिटा):

(क): भारत ने अब तक चार बार (2012, 2016, 2021, और अब 2026) ब्रिक्स की अध्यक्षता की है। प्रत्येक अध्यक्षता एक अलग विषय पर आधारित रही है जो भारत की प्राथमिकताओं को दर्शाती है, जैसा कि नीचे दिया गया है:

क्र. सं.	अध्यक्षता वर्ष	विषय

1	2012	वैश्विक स्थिरता, सुरक्षा और समृद्धि के लिए ब्रिक्स साझेदारी
2	2016	उत्तरदायी, समावेशी और सामूहिक समाधान तैयार करना (ब्रिक्स)
3	2021	ब्रिक्स@15: निरंतरता, मजबूती और आम सहमति के लिए ब्रिक्स देशों के बीच सहयोग
4	2026	अनुकूलन, नवाचार, सहयोग और स्थिरता निर्माण

(ख): ब्रिक्स संरचना के भीतर सभी सदस्य देशों के बीच अपनी-अपनी स्थानीय मुद्राओं में व्यापार पर कोई करार नहीं है। तथापि, स्थानीय मुद्रा वित्त के मुद्दे पर ब्रिक्स इंटरबैंक कोऑपरेशन मैकेनिज्म के संदर्भ में चर्चा की गई है।

(ग): वित्तीय वर्ष 2024-25 के लिए ब्रिक्स देशों के साथ भारत के व्यापार की मात्रा का ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

व्यापारिक वस्तुओं में ब्रिक्स व्यापार		
देश का नाम	2024-25 में भारत से निर्यात	2024-25 में भारत द्वारा आयात
चीन	14.25	113.46
रूस	4.88	63.84
संयुक्त अरब अमीरात	36.64	63.42
सऊदी अरब	11.76	30.12
इंडोनेशिया	5.38	22.78
दक्षिण अफ्रीका	7.46	10.55
इथियोपिया	0.48	0.07

ईरान	1.24	0.44
ब्राजील	6.77	5.44
मिस्र	3.41	1.33
डाटा यूएस डॉलर बिलियन में		स्रोत: डीजीसीआईएस

ब्रिक्स सेवा व्यापार		
देश नाम	2024-25 में भारत से निर्यात	2024-25 में भारत द्वारा आयात
सऊदी अरब	4.74	1.1
ब्राजील	3.73	1.78
संयुक्त अरब अमीरात	6.12	4.24
चीन	8.6	7.3
इंडोनेशिया	2.44	1.51
दक्षिण अफ्रीका	1.93	1.11
ईरान	0.6	0.24
इथियोपिया	0.38	0.14
रूस	1.65	1.58
मिस्र	1.13	1.59
मूल्य यूएस डॉलर बिलियन में		स्रोत: डब्ल्यूटीएस आँकड़ें

**BUDGETARY ALLOCATION AND EXPANSION OF AYUSH
INFRASTRUCTURE**

3656. SHRI SUKANTA KUMAR PANIGRAHI:

Will the Minister of **AYUSH** be pleased to state:

- (a) the total budget allocation and actual expenditure incurred, particularly under the National AYUSH Mission (NAM), AYUSH Health & Wellness Centres (A-HWCs) and medicinal plant promotion programmes during the last three financial years, year and scheme-wise;
- (b) the details and the number of AYUSH hospitals, dispensaries, integrated AYUSH Health and Wellness Centres and medicinal plant clusters sanctioned and operational in entire Odisha and Kandhamal Parliamentary constituency and facilities available therein during the said period;
- (c) whether the Government proposes to establish an AYUSH college, research centre or medicinal plant processing cluster in tribal and forest-rich districts such as Kandhamal to promote traditional knowledge, rural livelihoods and holistic healthcare and if so, the details thereof; and
- (d) the details of financial assistance provided to farmers, Self-Help Groups and entrepreneurs in Odisha for cultivation, value addition and marketing of medicinal plants under the National Medicinal Plants Board (NMPB)?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER
OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI
PRATAPRAO GANPATRAO JADHAV):**

- (a): Under the National Ayush Mission (NAM), a total of Rs. 2551.36 crore has

been allocated/released to the State/UT Governments during the last three financial years for implementation of various approved activities including Ayush Health & Wellness Centres (A-HWCs) now known as Ayushman Arogya Mandir (Ayush) [AAM (Ayush)] as per their submitted State Annual Action Plans (SAAPs) and as reported by States/UTs, they have made expenditure of Rs. 2328.54 crore so far. Further, under NAM, there is no provision for Medicinal Plant promotion programme.

(b): As reported by State Government of Odisha, 09 Ayush Hospitals, 709 Government Ayush Dispensaries, 422 AAM (Ayush) were sanctioned and operational in Odisha during the said period including the Kandhmal Parliamentary constituency.

(c): Public Health being a State subject, the establishment of an Ayush medical college, research centre or medicinal plant-processing cluster in tribal and forest-rich districts such as Kandhamal to promote traditional knowledge, rural livelihoods and holistic healthcare comes under the purview of respective State Government. However, under NAM, there is provision for establishment of Ayush Education Institution and accordingly, State Government may avail financial assistance for the same by submitting suitable proposal as per NAM guidelines. Further, under NAM, there is no provision to support establishment of Research centre or Medicinal Plant processing unit.

(d): National Medicinal Plant Board (NMPB), under Ministry of Ayush is implementing a component namely “Forward and backward linkage in supply chain of medicinal plants (Integrated Component)” under Central Sector Scheme

on “Conservation, Development and Sustainable Management of Medicinal Plants” throughout the country wherein the following activities are being supported:

1. Infrastructure for Quality Planting Material to raise the planting material for distribution to the farmers for medicinal plants cultivation.
2. Information Education Communication (IEC) activities to aware the farmers.
3. Infrastructure for Post-Harvest Management and Marketing to increase the marketability of the medicinal plants, adding value to the produce, increasing profitability and reducing losses.
4. Quality Testing and Certification of raw materials.

DESH KA PRAKRITI PARIKSHAN ABHIYAN

3657. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government proposes to formulate plans to bridge the gap between traditional Ayurveda and modern systems of medicine using the findings from the initiative of "Desh Ka Prakriti Parikshan Abhiyan", if so, the details thereof;
- (b) whether there is any plan to integrate this Abhiyan with mainstream healthcare services such as Ayushman Bharat or other public health programmes;

(c) if so, the details thereof; and

(d) whether the Government has any roadmap for the second phase of "Desh Ka Prakriti Parikshan Abhiyan" and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): The initiative "Desh ka Prakriti Parikshan Abhiyan" campaign was launched by Ministry of Ayush on 9th Ayurveda Day (29th October, 2024) with the aim of generating awareness among people about the concept of 'Prakriti' described in Ayurveda and assessing their Prakriti for a positive approach towards their health. The assessment was done through a dedicated mobile application with the assistance of dedicated volunteers including Students, Teachers, Ayurveda Practitioners, and Ayurveda Medical Officers. The mobile app was based upon the logic provided by Institute of Genomics and Integrative Biology (IGIB) a unit of Council of Scientific and Industrial Research (CSIR) as per Ayurveda Principles. Under this campaign, a total of 1,40,69,556 Indian citizens aged 18 years and above have undergone Prakriti assessment, with the support of 1,85,704 volunteers participating in the campaign so far.

(b) to (d): Ministry of Ayush is implementing the operationalization Ayushman Arogya Mandir (Ayush) as a component of the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments with an objective to establish a holistic wellness model based on Ayush principles and practices

including Prakriti Parikshan of an individual. As per the reports received from States/UTs, 12500 Ayushman Arogya Mandir (Ayush) are functional across the country.

प्रधान मंत्री मातृवंदना योजना का कार्यान्वयन

3658. श्री हरीश चंद्र मीना:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) राजस्थान के टोंक और सवाई माधोपुर जिलों में वर्ष 2019-20 से प्रधान मंत्री मातृवंदना योजना (पीएमएमवीवाई) के अंतर्गत पंजीकृत लाभार्थियों का ब्यौरा क्या है और स्वीकृत की गई वर्षवार राशि कितनी है;
- (ख) उक्त अवधि के दौरान उक्त जिलों में आधार/खाता सत्यापन, बैंकिंग/तकनीकी कारणों/प्रशासनिक कारणों से लंबित मामलों का ब्यौरा क्या है;
- (ग) क्या सरकार ने इस योजना के प्रभावी कार्यान्वयन, समयबद्ध भुगतान और शिकायत निवारण के लिए कोई विशेष निगरानी तंत्र/सूचना प्रौद्योगिकी आधारित ट्रैकिंग प्रणाली स्थापित की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) क्या सरकार जन जागरूकता अभियानों के माध्यम से उक्त योजना के कवरेज को बढ़ाने के लिए कोई विशेष कार्य योजना लागू करने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

- (क): राजस्थान के टोंक और सवाई माधोपुर जिलों में वित्तीय वर्ष 2019-20 से पीएमएमवीवाई के तहत नामांकित लाभार्थियों, भुगतान प्राप्त करने वाले लाभार्थियों और वितरित राशि का विवरण नीचे दिया गया है:

वर्ष	टोंक			सवाई माधोपुर		
	नामांकित लाभार्थी	भुगतान प्राप्त करने वाले लाभार्थी [^]	वितरित राशि (करोड़ रुपए)	नामांकित लाभार्थी	भुगतान प्राप्त करने वाले लाभार्थी [^]	वितरित राशि (करोड़ रुपए)
2019-20	9,152	8,879	4.21	6,671	5,531	2.58
2020-21	8,830	9,266	4.07	5,509	6,109	2.66
2021-22	9,327	8,831	3.84	7,187	6,953	3.03
2022-23	8,941	9,372	3.99	7,995	8,460	3.61
2023-24	9,112	3,848	1.45	10,308	4,794	1.93
2024-25	9,262	25,046	7.71	8,345	20,756	7.06
2025-26*	7,311	11,307	3.42	7,797	10,028	3.22

*10.03.2026 तक

[^]इसमें पिछले वित्तीय वर्षों में पंजीकृत लाभार्थी शामिल हो सकते हैं।

(ख): दिनांक 10.03.2026 तक उक्त जिलों में आधार सत्यापन और बैंकिंग/तकनीकी कारणों से लंबित भुगतान के मामलों की संख्या इस प्रकार है:

जिला	जिन लाभार्थियों के पास आधार कार्ड नहीं है या जिनका आधार कार्ड प्रमाणित नहीं है	वें लाभार्थी जो भारतीय राष्ट्रीय भुगतान निगम (एनपीसीआई) के साथ मैप नहीं किए गए हैं।	वें लाभार्थी जिनका आधार आधारित बायोमेट्रिक प्रमाणीकरण नहीं हुआ है
टोंक	131	855	548
सवाई माधोपुर	102	1,067	920

(ग) और (घ): सरकार ने पीएमएवीवाई के प्रभावी कार्यान्वयन के लिए विशेष निगरानी और आईटी आधारित ट्रैकिंग प्रणाली की स्थापना सुनिश्चित करने हेतु अनेक कदम उठाए हैं। इनमें से कुछ इस प्रकार हैं:

- पीएमएवीवाई के लिए नया पोर्टल, जो पूरी तरह से पेपरलेस है, मार्च 2023 में शुरू किया गया था। पूर्व दिशानिर्देशों के अनुसार, आगे की प्रक्रिया के लिए कागजी फॉर्म भरकर पहले के पीएमएवीवाई-सीएस पोर्टल पर अपलोड करना आवश्यक था। नई प्रणाली में, कागजी

- आवेदन फॉर्म को समाप्त कर दिया गया है और पूरी तरह से ऑनलाइन समाधान दिया गया है।
- ii. चूँकि पीएमएमवीवाई पोर्टल आवेदकों की पहचान की पुष्टि के लिए आधार कार्ड -आधारित बायोमेट्रिक सत्यापन (चेहरे की पहचान के माध्यम से) के लिए सक्षम है इसलिए आधार ब्रिज भुगतान प्रणाली [एबीपीएस] के माध्यम से भुगतान होता है ताकि आवेदकों की पहचान सम्बन्धी विवरण की पुष्टि की जा सके।
 - iii. तेजी से कार्रवाई के लिए पंजीकरण के समय ही आधार सत्यापन, बैंक खाते की डीबीटी सक्षमता आदि जैसे सभी अनिवार्य प्रावधानों की जाँच की जाती है।
 - iv. सभी नामांकित लाभार्थियों के लिए सर्च एवं ट्रैक करें की सुविधा है ताकि वे अपने आवेदनों की स्वीकृति और भुगतान की स्थिति देख सकें।
 - v. सभी नागरिकों के लिए शिकायत दर्ज करने और स्थिति जानने का मॉड्यूल दिया गया है ताकि वे पीएमएमवीवाई से संबंधित कोई भी शिकायत दर्ज कर सकें। यह मॉड्यूल सीधे कार्यान्वयन प्राधिकारियों को शिकायत भेजता है जिससे समय की बचत होती है एवं त्वरित समाधान होता है।
 - vi. पीएमएमवीवाई से संबंधित पूछताछ और शिकायतों के लिए पीएमएमवीवाई टोल-फ्री और बहुभाषी हेल्पलाइन (1515) उपलब्ध है। पारदर्शिता के उद्देश्य से, आवेदकों/लाभार्थियों को आवेदन का पंजीकरण, पंजीकरण की अस्वीकृति, भुगतान इत्यादि जैसे विभिन्न चरणों में 12 भाषाओं में से किसी एक में एसएमएस प्राप्त होता है।
 - vii. पीएमएमवीवाई पोर्टल आंगनवाड़ी केंद्र स्तर तक एलजीडी कंप्लेंट है। एलजीडी सीडिंग राज्य/ज़िला/ब्लॉक/ ग्राम/ग्राम पंचायत/वार्ड स्तर तक शुरू की गई है।
 - viii. ओपन एपीआई अन्य केंद्रीय और राज्य मंत्रालय/विभाग के साथ आंकड़े साझा करने की सुविधा देता है।
 - ix. विस्तृत निगरानी/विश्लेषण के लिए राज्य/ज़िला/ब्लॉक/ग्राम/वार्ड/परियोजना/सेक्टर /आंगनवाड़ी स्तर पर एमआईएस आंकड़े तैयार किए जा सकते हैं।

- x. आंगनवाड़ी/आशा कार्यकर्त्रियों द्वारा पीएमएमवीवाई का उपयोग आंकड़े केंद्रित संचालन और रिपोर्ट देखने के लिए किया जाएगा।
- xi. पोषण ट्रैकर से पीडब्ल्यू एवं एलएम के उपलब्ध डेटाबेस का उपयोग आंगनवाड़ी कार्यकर्त्री/आशा स्तर पर सुलभ पीएमएमवीवाई पोर्टल पर संभावित लाभार्थियों की “देय सूची (ड्यू लिस्ट)” बनाने के लिए किया जाता है।

इसके अलावा, इस योजना का कवरेज बढ़ाने के लिए, मंत्रालय समय-समय पर सभी राज्यों और संघ राज्य क्षेत्रों में पीएमएमवीवाई के तहत पात्र लाभार्थियों के पंजीकरण के लिए विशेष अभियान चलाता है। जमीनी स्तर पर, प्रभात फेरी, नुक्कड़ नाटक, समाचार पत्र में विज्ञापन, रेडियो जिंगल प्रसारण, सेल्फी अभियान, घर-घर जाकर प्रचार अभियान और सामुदायिक कार्यक्रम जैसी विभिन्न सूचना, शिक्षा और संचार (आईईसी) तथा व्यवहार परिवर्तन संचार (बीसीसी) गतिविधियां आयोजित की जाती हैं।

IMPACT OF NOISE POLLUTION ON HEALTH

3659. DR. C. M. RAMESH:

Will the **Minister of HEALTH AND FAMILY WELFARE** be pleased to state:-

- (a) whether the Government has taken cognizance of latest studies by World Health Organization (WHO) and other institutions indicating that chronic exposure to environmental noise poses as a major public health risk in India, if so, details thereof;
- (b) whether the Government has launched any awareness campaign to educate the public about the adverse effects of noise pollution, if so, the details thereof;
- (c) the steps taken/proposed to be taken by the Government to reduce noise

limits below 55 decibel and 40 decibel during day and night respectively, as recommended by WHO; and

(d) whether the Government has conducted any study on health impact of traffic honking and loudspeaker's noise and whether it intends to further strengthen noise limits under Noise Pollution (Regulation and Control), 2000, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b): The Government is aware of studies indicating that prolonged exposure to environmental noise may have adverse health impacts such as sleep disturbance, annoyance, cardiovascular effects, and reduced cognitive performance. These concerns are taken into account while implementing regulatory and mitigation measures for control of noise pollution in the country under the Noise Pollution (Regulation and Control) Rules, 2000. Central Pollution Control Board (CPCB) is conducting regular awareness programme through Social Media to educate the public about noise pollution.

(c): Ambient noise standards in India are prescribed under the Noise Pollution (Regulation and Control) Rules, 2000. As per Rule 3(3) of these Rules, State Governments are responsible for taking measures for abatement of noise including noise emanating from vehicular movements, blowing of horns, bursting of sound-emitting firecrackers, use of loudspeakers or public address systems and other sound-producing instruments, to ensure that the ambient

noise levels do not exceed the prescribed standards.

(d): No Specific study has been carried out on health impact of traffic honking and loudspeaker's noise.

PENDING PUBLIC INTEREST LITIGATIONS

3660. SHRI G. KUMAR NAIK:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the total number of Public Interest Litigations (PILs) pending before the Supreme Court of India as on date, along with the year-wise pendency since 2014;
- (b) the number of PILs that have been pending for more than ten years, along with the year of initial filing and a brief description of the subject matter for each PIL; and
- (c) the number of PILs disposed of by the Supreme Court in the last five years and the average time taken for disposal of PILs during the said period?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE;
AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY
AFFAIRS (SHRI ARJUN RAM MEGHWAL):**

(a) to (c): As per the data obtained from the Integrated Case Management Information System (ICMIS) of the Supreme Court of India, total number of Public Interest Litigations (PILs) pending before the Supreme Court of India as on 10.03.2026 are 3525. The year wise pendency of Public Interest Litigations (PILs) for the period 2014-2026 is 3066. Details are enclosed as **Statement-I**.

The Public Interest Litigations (PILs) pending for more than ten years is 698. Details are enclosed as **Statement-II** and the brief description of the subject matters, list of PIL matters pending for more than 10 years along with the Subject Category of the matter is enclosed as **Statement-III**. The number of Public Interest Litigations (PILs) disposed by the Supreme Court of India in the last five years is 1872. The average time taken for disposal of PILs is not maintained by the Supreme Court of India.

STATEMENT -I

Year wise pendency of Public Interest Litigations (PILs) for the period 2014-2026

Year of Filing	Total number of Pending PILs
2014	117
2015	122
2016	103
2017	142
2018	190
2019	347
2020	306
2021	231
2022	171
2023	242
2024	232
2025	570
2026	293
Total	3066

STATEMENT-II**Public Interest Litigations (PILs) pending for more than ten years**

Year of Filing	Total number of Pending PILs
1984	1
1985	2
1995	4
1996	4
1997	3
1998	4
2000	1
2001	3
2002	8
2003	8
2004	8
2005	18
2006	26
2007	43
2008	28
2009	31
2010	45
2011	69
2012	74
2013	79
2014	117
2015	122
Total	698

STATEMENT- III

List of PIL matters pending for more than 10 years				
S. No.	Diary Number	Case Number	Cause Title	Subject Category
1	63426/1984	W.P.(C) No. 13381/1984	M.C. MEHTA Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
2	63996/1985	W.P.(C) No. 4677/1985	M.C.MEHTA Vs. UNION OF INDIA	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
3	63998/1985	W.P.(C) No. 13029/1985	M.C. MEHTA Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
4	2997/1995	W.P.(C) No. 202/1995	IN RE : T.N. GODAVARMAN THIRUMULPAD Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
5	7468/1995	W.P.(C) No. 337/1995	CENTRE FOR ENVIRONMENT LAW WWF 1 Vs. UNION OF INDIA MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE	Environmental Laws-PIL related to the subject matter(20P)
6	14025/1995	W.P.(C) No. 657/1995	RESEARCH FOUNDN. FOR SCIENCE Vs. U O I .	Environmental Laws-PIL related to the subject matter(20P)
7	62985/1995	CONMT.PET.(C) No. 93/1995 In W.P.(C) No. 972/1991	MOHD. HASHIM (DEAD) THROUGH L.R. MOHD. IQBAL ANSARI Vs. SRI KALYAN SINGH	Contempt of Court-Three Judge Matter(14P_3jj)
8	5531/1996	CONMT.PET.(C) D 5531/1996 In W.P.(C) No. 972/1991	MOHD. ASLAM @ BHURE Vs. S.B. CHOWHAN	Contempt of Court-PIL related to the subject category(14P)
9	76042/1996	W.P.(C) No. 171/1996	ENVIRONMENT AWARENESS FORUM Vs. THE STATE OF JAMMU AND KASHMIR	Environmental Laws-PIL related to the subject matter(20P)
10	79972/1996	W.P.(C) No. 310/1996	PRAKASH SINGH Vs. UNION OF INDIA	Service Laws-Three Judge Matter(43P_3jj)

11	79986/1996	W.P.(C) No. 897/1996	A. RANGARAJAN Vs. UNION OF INDIA MINISTRY OF ENVIRONMENT AND FOREST	Environmental Laws-PIL related to the subject matter(20P)
12	12684/1997	W.P.(C) No. 381/1997	HARADHAN ROY (DEAD) Vs. UOI	Mines Minerals, Mining leases-Three Judge Matter(33P_3jj)
13	13843/1997	SLP(C) No. 16175/1997	DR.SURENDRA DHELIA Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
14	16448/1997	C.A. No. 7660/1997	UNION OF INDIA Vs. GOYAL IMPEX AND INDUSTRIES LTD.	Environmental Laws-PIL related to the subject matter(20P)
15	2844/1998	W.P.(C) No. 116/1998	JUSTICE SUNANDA BHANDARE FOUNDATION Vs. U.O.I.	Persons with Disabilities Act, 2016 and Mental Health Care Act, 2017-PIL related to the subject category(36P)
16	6864/1998	SLP(C) No. 13208/1998	U.O.I. AND ORS. Vs. A.I.FED.OF MOTOR V.D.T.E.OFF.ASSOCN. AND ORS.	Environmental Laws-PIL related to the subject matter(20P)
17	19630/1998	W.P.(C) No. 672/1998	CORD (COORG ORGANISATION FOR RURAL DEVELOPMENT) Vs. THE STATE OF MADHYA PRADESH FOREST DEPARTMENT	Environmental Laws-PIL related to the subject matter(20P)
18	60348/1998	CONMT.PET.(C) No. 326/1998 In W.P.(C) No. 337/1995	IN REF.. B.K. BHATTACHARYA, CHIEF SECY., STATE OF KARNATAKA Vs.	Environmental Laws-PIL related to the subject matter(20P)
19	17346/2000	W.P.(C) No. 230/2001	M.K. BALAKRISHNAN . Vs. UNION OF INDIA MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE	Environmental Laws-PIL related to the subject matter(20P)
20	7482/2001	CONMT.PET.(C) No. 193/2001 In W.P.(C) No. 202/1995	DISTRICT FOREST OFFICER Vs. GOWRI SHANKAR	Environmental Laws-Three Judge Matter(20P_3jj)
21	21561/2001	C.A. No. 1086/2007	SAGAR BUILDERS AND DEVELOPERS AND ORS. Vs. MEHERBAI KARL KHANDALAWALA AND ORS.	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)

22	21640/2001	C.A. No. 1087/2007	JAMUNA VIHAR CO-OP. HSG. SOC. LTD. Vs. KARL KHANDALAWALA AND ORS.	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
23	503/2002	C.A. No. 1089/2007	JAMUNA VIHAR CO-OP. HOUSING SOCIETY LTD. THROUGH ITS CHAIRMAN Vs. MEHERBAI KARL KHANDALAWALA AND ORS.	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
24	580/2002	C.A. No. 1091/2007	THE MUNICIPAL CORPORATION OF PUNE THROUGH ITS COMMISSIONER Vs. BOMBAY ENVIRONMENTAL ACTION GROUP THROUGH ITS SECRETARY AND ORS.	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
25	581/2002	C.A. No. 1090/2007	TALERA HOTELIERS PVT. LTD. Vs. BOMBAY ENVIRONMENTAL ACTION GROUP .	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
26	11598/2002	W.P.(C) No. 428/2002	SRI CHAND Vs. UNION OF INDIA .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
27	13812/2002	W.P.(C) No. 410/2002	SOM PARKASH SETHI . Vs. COMMISSIONER AND SECRETARY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
28	21040/2002	W.P.(C) No. 624/2002	SRI CHAND Vs. UNION OF INDIA .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
29	23522/2002	W.P.(C) No. 661/2002	SULTAN SINGH Vs. UNION OF INDIA	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
30	24263/2002	CONMT.PET.(C) No. 568/2002 In W.P.(C) No. 428/2002	CHAND Vs. ANURAG RASTOGI	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)

31	2049/2003	W.P.(C) No. 55/2003	E.R. KUMAR Vs. UNION OF INDIA	Others-Other PIL matters(48P)
32	13930/2003	CONMT.PET.(C) No. 186/2003 In W.P.(C) No. 4677/1985	MAHAVIR SINGH Vs. ANIL MALIK	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
33	18136/2003	W.P.(C) No. 423/2003	ALL INDIA DRUG ACTION NETWORK Vs. UNION OF INDIA MINISTRY OF HEALTH	Others-Other PIL matters(48P)
34	24916/2003	W.P.(C) No. 573/2003	CENTRE FOR PUBLIC INTEREST LITIGATION Vs. HOUSING AND URBAN DEVELOPMENT CORPORATION LTD.	Banking-Three Judge Matter(6P_3jj)
35	25371/2003	W.P.(C) No. 572/2003	DEEPAN BORA Vs. UNION OF INDIA	Others-Other PIL matters(48P)
36	60355/2003	T.C.(C) No. 18/2003	PATNA HIGH COURT COUNCIL OF LEGAL AID Vs. THE DEPUTY COMMISSIONER DHANBAD	Mines Minerals, Mining leases-Three Judge Matter(33P_3jj)
37	60356/2003	T.C.(C) No. 19/2003	JHARIA BACHAO ABHIYAN SAMITY Vs. THE DEPUTY COMMISSIONER, DHANBAD .	Mines Minerals, Mining leases-Three Judge Matter(33P_3jj)
38	60357/2003	T.C.(C) No. 5/2003	JHARIA COAL FIELDS BACHAO SAMITI Vs. UNION OF INDIA	Mines Minerals, Mining leases-Three Judge Matter(33P_3jj)
39	661/2004	W.P.(C) No. 115/2004	GENE CAMPAIGN . Vs. UNION OF INDIA	Others-Three Judge Matter(48P_3jj)
40	819/2004	C.A. No. 4086/2006	RESEARCH FOUNDATION FOR SCIENCE, TECHNOLOGY THROUGH ITS DIRECTOR DR. VANDANA SHIVA Vs. UNION OF INDIA DEPARTMENT OF BIOTECHNOLOGY THROUGH ITS SECRETARY	Environmental Laws-Three Judge Matter(20P_3jj)
41	6446/2004	W.P.(C) No. 180/2004	CENTRE FOR PUBLIC INTEREST LITIGATION Vs. UNION OF INDIA	Others-Three Judge Matter(48P_3jj)

42	14836/2004	W.P.(C) No. 511/2004	INDORE CONSUMER FORUM (REGD.) . Vs. UNION OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE THROUGH SECRETARY HEALTH	Others-Other PIL matters(48P)
43	15413/2004	W.P.(C) No. 341/2004	VIRENDER KUMAR OHRI Vs. UNION OF INDIA .	Criminal Law-PIL related to the subject category(15P)
44	17915/2004	W.P.(C) No. 460/2004	GOA FOUNDATION Vs. UNION OF INDIA MINISTRY OF ENVIRONMENT AND FORESTS	Environmental Laws-PIL related to the subject matter(20P)
45	22237/2004	SLP(C) No. 24106/2004	M/S. ENT NIRMATA SANGH Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
46	60177/2004	T.C.(C) No. 56/2004	DR. B.L. WADEHRA Vs. UNION OF INDIA	Mines Minerals, Mining leases-Three Judge Matter(33P_3jj)
47	2833/2005	SLP(C) No. 3608/2005	MANENDRA NATH RAI Vs. THE STATE OF UTTAR PRADESH CIVIL SECRETARIAT	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
48	3007/2005	W.P.(C) No. 94/2005	D. DAVID Vs. UNION OF INDIA MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT	Others-Three Judge Matter(48P_3jj)
49	9321/2005	W.P.(C) No. 243/2005	RAJIVE RATURI Vs. UNION OF INDIA	Persons with Disabilities Act, 2016 and Mental Health Care Act, 2017-PIL related to the subject category(36P)
50	10430/2005	C.A. No. 3365/2005	STATE OF PUNJAB Vs. D.M.SINGHVI	Original Suits in Supreme Court / disputes Inter-State Water disputes-PIL related to the subject category(35P)
51	10557/2005	C.A. No. 4322/2006	K.K. MISRA Vs. STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
52	10558/2005	C.A. No. 4323/2006	M. SHIVALINGASWAMY Vs. STATE OF KARNATAKA .	Land Acquisition and Requisition-PIL related to the subject category(30P)
53	10915/2005	W.P.(C) No. 260/2005	ARUNA RODRIGUES . Vs. UNION OF INDIA MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE	Others-Three Judge Matter(48P_3jj)
54	16672/2005	SLP(C) No. 20758/2005	O.FERNANDES(DEAD) Vs. T.N.P.C.B. AND ORS. REP. BY CHAIRMAN	Others-Other PIL matters(48P)
55	16679/2005	SLP(C) No. 19176/2005	O.FERNANDES Vs. UNION OF INDIA .	Others-Other PIL matters(48P)

56	16989/2005	C.A. No. 4259/2006	RANGE FOREST OFFICER (SOCIAL FOREST), BILAGI, BAGALKOT DISTRICT Vs. HANUMANTH B. BARGAL	Land Acquisition and Requisition-PIL related to the subject category(30P)
57	17320/2005	C.A. No. 10348/2010	A.S.I. THROUGH SUPDT.ARCHAEOLOGIST Vs. UP SUNNI CENTRAL WAKF BOARD	Public Trust, Religious Endowments, Waqfs-PIL related to the subject category(38P)
58	18826/2005	C.A. No. 6522/2010	THE SHIV SENA PARTY Vs. B.G. DESHMUKH (DEAD)	Others-Other PIL matters(48P)
59	19559/2005	C.A. No. 6574/2010	THE BHARATIYA JANTA PARTY Vs. B. G. DESHMUKH (DEAD)	Others-Other PIL matters(48P)
60	19679/2005	W.P.(C) No. 469/2005	SARTHAK THROUGH ITS GENERAL SECRETARY Vs. UNION OF INDIA . THROUGH THE SECRETARY	Environmental Laws-PIL related to the subject matter(20P)
61	20364/2005	Crl.A. No. 1369-1375/2005	AJAY K. AGRAWAL Vs. SRICHAND P.HINDUJA .	Criminal Law-PIL related to the subject category(15P)
62	24988/2005	W.P.(C) No. 625/2005	A.I.UNITED CHRIS.MOVE.FOR E.RIGHTS Vs. UNION OF INDIA MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT	Others-Three Judge Matter(48P_3jj)
63	26538/2005	W.P.(Crl.) No. 319/2005	CITIZEN FORUM AGAINST CORRUPTION Vs. UNION OF INDIA AND ORS.	Criminal Law-PIL related to the subject category(15P)
64	28788/2005	C.A. No. 761/2013	SAROJINI REP.BY GPA HOLDER M.RAMACHANDRA Vs. NANDI INFRASTRUCTURE CORRIDOR ENTERPRISES LTD.	Land Acquisition and Requisition-PIL related to the subject category(30P)
65	2535/2006	C.A. No. 8324/2012	VIJAYAMALA BAJIRAO DESAI Vs. BOMBAY ENVIRONMENTAL ACTION GROUP	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)

66	3123/2006	C.A. No. 8325/2012	VIJAYMALA BAJIRAO DESAI Vs. HETA PANDIT .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
67	7676/2006	W.P.(C) No. 144/2006	BRAMHA DEV SHARMA . Vs. UNION OF INDIA .	Environmental Laws-PIL related to the subject matter(20P)
68	11224/2006	W.P.(C) No. 228/2006	NILESH SINGIT Vs. UNION OF INDIA	Persons with Disabilities Act, 2016 and Mental Health Care Act, 2017-PIL related to the subject category(36P)
69	11975/2006	C.A. No. 3908/2012	KALPANAMATI GRIHA RACHNA SANSTHA MARYADT Vs. THE STATE OF MAHARASHTRA DEPARTMENT OF HOME THROUGH SECRETARY	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
70	11993/2006	C.A. No. 3909/2012	RAJNIKANT BIRLA THR. POWER OF ATTORNEY HOLDER MR. SAMEER RAJNIKANT BIRLA Vs. SUBHASH VITHAL KHAIRE .	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
71	12031/2006	C.A. No. 3912/2012	INDUMATI SOPANRAO LANDGE Vs. SUBHASH VITHAL KHAIRE .	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
72	12049/2006	C.A. No. 3911/2012	SACHIN SAMPAT LAL PARAKH Vs. SUBHASH VITHAL KAHIRE .	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
73	12058/2006	C.A. No. 3910/2012	RAMYANAGARI NO. 2 COOPERATIVE HOUSING SOCIETY LTD. Vs. STATE OF MAHARASHTRA .	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
74	12077/2006	C.A. No. 3913/2012	ANIL BHARAT GADVE Vs. MADAN MADHAV GAGAWALE	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
75	12190/2006	C.A. No. 3914/2012	M/S AUTI BROTHERS Vs. SUBHASH V. KHAIRE .	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)

76	13212/2006	W.P.(C) No. 266/2006	CITIZENS VOICE NON GOVT. ORG (REGD)THROUGH ITS GENERAL SECRETARY SHRI S.N.SRIVASTAVA, Vs. SECRETARY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
77	13254/2006	W.P.(C) No. 263/2006	DELHI PRADESH CITIZEN COUNCIL Vs. UNION OF INDIA	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
78	13392/2006	W.P.(C) No. 264/2006	FEDERATION OF NARAINA VIHAR R.W.ASSN. Vs. UNION OF INDIA	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
79	13795/2006	C.A. No. 3916/2012	M/S. A.V. BHAT & CO. Vs. SUBHASH VITHAL KHAIRE .	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
80	17673/2006	C.A. No. 3915/2012	NEW INDIA ASSURANCE CO. LTD. Vs. STATE OF MAHARASHTRA .	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
81	18799/2006	W.P.(C) No. 349/2006	VOLUNTARY HEALTH ASS. OF PUNJAB Vs. UNION OF INDIA .	Family Laws-Three Judge Matter(21P_3jj)
82	22746/2006	W.P.(C) No. 451/2006	T. VEERABHADRA Vs. UNION OF INDIA	Election and delimitation laws-Five Judge Matter(18P_5jj)
83	23365/2006	W.P.(C) No. 450/2006	DELHI PRADESH CITIZEN COUNCIL Vs. UNION OF INDIA	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
84	23959/2006	W.P.(C) No. 464/2006	SOCIETY FOR SAFE STRUCTURES Vs. UNION OF INDIA GOVERNMENT OF INDIA THE CABINET SECRETARY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)

85	24141/2006	W.P.(C) No. 470/2006	OMESH SAIGAL Vs. UNION OF INDIA .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
86	27213/2006	W.P.(C) No. 514/2006	BOMBAY NATURAL HISTORY SOCIETY Vs. UNION OF INDIA	Environmental Laws-Three Judge Matter(20P_3jj)
87	27218/2006	C.A. No. 5035/2009	THE STATE OF MADHYA PRADESH Vs. JAGDISHPRASAD VERMA	Environmental Laws-PIL related to the subject matter(20P)
88	30130/2006	W.P.(C) No. 569/2006	LAW ABIDING CITIZENS FORUM OF DELHI Vs. UNION OF INDIA .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
89	30144/2006	W.P.(C) No. 563/2006	A.S.MITTAL Vs. UNION OF INDIA MINISRY OF URBAN DEVELOPMENT CHIEF SECRETARY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
90	33698/2006	W.P.(C) No. 610/2006	DELHI TRADERS FORUM Vs. UNION OF INDIA .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
91	868/2007	W.P.(C) No. 128/2007	UPENDRA BAXI Vs. UNION OF INDIA .	Environmental Laws-Three Judge Matter(20P_3jj)
92	5752/2007	C.A. No. 5036/2009	JAGDISH PRASAD Vs. THE STATE OF MADHYA PRADESH	Environmental Laws-PIL related to the subject matter(20P)
93	7103/2007	W.P.(CrI.) No. 31/2007	B.G. VERGHESE Vs. UNION OF INDIA MINISTRY OF HOME AFFAIRS	Criminal Law-PIL related to the subject category(15P)
94	11142/2007	C.A. No. 11171-11173/2011	ALL INDIA INSTITUTE OF MEDICAL SCIENCE Vs. P.VENUGOPAL	Service Laws-PIL related to the subject category(43P)

95	12003/20 07	CONMT.PET.(C) No. 92/2007 In W.P.(C) No. 310/1996	PRAKASH SINGH Vs. SUDHIR MANKADA	Service Laws-Three Judge Matter(43P_3jj)
96	12235/20 07	W.P.(C) No. 240/2007	M. JEETENDRA GOWDA Vs. UNION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)
97	12953/20 07	C.A. No. 11174- 11176/2011	P. VENUGOPAL Vs. UNION OF INDIA	Service Laws-PIL related to the subject category(43P)
98	14109/20 07	W.P.(C) No. 630/2007	DR. V.P. SHARMA Vs. UNION OF INDIA	Others-Other PIL matters(48P)
99	14748/20 07	W.P.(C) No. 269/2007	B.KRISHNA BHAT Vs. UNION OF INDIA	Others-Five Judge Matter(48P_5jj)
100	14845/20 07	CONMT. PET.(C) 114/2007 In W.P.(C) No. 202/1995	J. RAMCHANDRA RAO, ADVOCATE AND ANR. Vs. MR. PONNALA LAXMAIAH AND ORS.	Environmental Laws-PIL related to the subject matter(20P)
101	15436/20 07	W.P.(C) No. 279/2007	SURENDRA SINGH GAUR . Vs. DELIMITATION COMMISSION .	Election and delimitation laws-PIL related to the subject category(18P)
102	15849/20 07	W.P.(C) No. 329/2007	SHANTAVVA @ SHANTAMMA Vs. UNION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)
103	16114/20 07	W.P.(CrI.) No. 83/2007	JAVED AKHTAR . Vs. STATE OF GUJARAT . HOME SECRETARY	Criminal Law-PIL related to the subject category(15P)
104	16713/20 07	SLP(C) No. 10599/2007	MUNICIPAL CORPORATION OF DELHI Vs. KALYAN SANSTHAN SOCIAL WELFARE ORGANISATION	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
105	18078/20 07	W.P.(C) No. 492/2007	INDIAN COUNCIL OF ENVIROLEGAL ACTION Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)

106	18130/20 07	W.P.(C) No. 338/2007	DELHI CHARTERED ACCOUNTANTS SOCIETY (REGD.) Vs. UNION OF INDIA	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
107	20903/20 07	S.L.P.(C)...CC No. 6594/2007	STATE OF M.P. Vs. RAJEEV GOSWAMI AND ORS.	Environmental Laws-PIL related to the subject matter(20P)
108	21426/20 07	W.P.(C) No. 413/2007	DANDI SWAMI SRI VIDYANANDA(DEAD)THROUGH LEGAL HEIR NADIPELLI SRINIVAS RAO Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
109	21735/20 07	W.P.(C) No. 435/2007	NEETA PATERIA Vs. DELIMITATION COMMISSION NIRVACHAN SADAN	Election and delimitation laws-PIL related to the subject category(18P)
110	22784/20 07	W.P.(C) No. 447/2007	SHREE RAM STEEL AND STONE Vs. UNION OF INDIA	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
111	23528/20 07	W.P.(C) No. 511/2007	K.THIMMARAYAPPA Vs. UNION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)
112	24022/20 07	W.P.(C) No. 485/2007	KRISHNA SWAROOP PANDEY Vs. UNION OF INDIA	Others-Other PIL matters(48P)
113	24621/20 07	W.P.(CrI.) No. 102/2007	RE EXPLOITATION OF CHILDREN IN ORPHANAGES IN THE STATE OF TAMIL NADU Vs. UNION OF INDIA	Family Laws-PIL related to the subject matter(21P)
114	25388/20 07	W.P.(C) No. 517/2007	GUHLA HALKA BACHAO SANGHARSH SAMITI Vs. UNION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)

115	25636/20 07	CONMT.PET.(C) No. 240/2007 In W.P.(C) No. 310/1996	THE BIHAR POLICE ASSOCIATION Vs. ASHOK KUMAR CHAUDHARY	Service Laws-Three Judge Matter(43P_3jj)
116	25640/20 07	W.P.(C) No. 516/2007	SATISH GOGIA Vs. DELHI DEVELOPMENT AUTHORITY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
117	25818/20 07	SLP(C) No. 16308/2007	ANKUR GUTKHA Vs. INDIAN ASTHAMA CARE SOCIETY .	Others-Other PIL matters(48P)
118	25819/20 07	SLP(C) No. 16317/2007	LAXMI BRAND,PROP.GOYAL TOBACCO CO.P.LD. Vs. INDIAN ASTHAMA CARE SOCIETY .	Others-Other PIL matters(48P)
119	25820/20 07	SLP(C) No. 16314/2007	JAYANTI GUTKA Vs. INDIAN ASTHAMA CARE SOCIETY .	Others-Other PIL matters(48P)
120	26525/20 07	SLP(C) No. 19467- 19469/2007	MIRAJ PRODUCTS PVT. LTD. Vs. INDIAN ASTHAMA CARE SOCIETY .	Others-Other PIL matters(48P)
121	26678/20 07	W.P.(C) No. 15/2008	A.K. SELVARAJ Vs. UNION OF INDIA AND ORS.	Others-Other PIL matters(48P)
122	28852/20 07	SLP(C) No. 958/2008	KODANDA RAM REDDY Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
123	29558/20 07	W.P.(C) No. 585/2007	VASANTRAO LAKKAGOUDA PATIL Vs. UNION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)
124	30979/20 07	W.P.(C) No. 600/2007	SAMANTA (NGO) SOCIETY THR. DR. SANJAY GUPTA Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
125	32248/20 07	W.P.(C) No. 686/2007	DAYA NAND Vs. UNION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)

126	32253/20 07	CONMT.PET.(C) No. 295/2007 In W.P.(C) No. 260/2005	ARUNA RODRIGUES Vs. B.S. PARSHEERA .	Others-Three Judge Matter(48P_3jj)
127	33001/20 07	W.P.(C) No. 645/2007	CENTRE FOR ENVIRONMENT AND FOOD SECURITY Vs. UNION OF INDIA AND ORS.	Others-Other PIL matters(48P)
128	34690/20 07	W.P.(C) No. 657/2007	FACULTY ASSOCIATION OF ALL INDIA INSTITUTE OF MEDICAL SCIENCES Vs. UNION OF INDIA	Service Laws-PIL related to the subject category(43P)
129	35959/20 07	W.P.(C) No. 691/2007	THE HODAL VIDHAN SABHA KSHETRA JAN ADHIKAR SAMITI Vs. UNION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)
130	60044/20 07	T.C.(C) No. 25/2007	RAMA GOPALAN Vs. UNION OF INDIA	Others-Other PIL matters(48P)
131	60045/20 07	T.C.(C) No. 26/2007	DR. SUBRAMANIAN SWAMY Vs. UNION OF INDIA	Others-Other PIL matters(48P)
132	60046/20 07	T.C.(C) No. 27/2007	DR. SUBRAMANIAN SWAMY Vs. UNION OF INDIA	Others-Other PIL matters(48P)
133	60176/20 07	T.C.(C) No. 34/2007	DINESH KR. DAS Vs. UNION OF INDIA .	Mines Minerals, Mining leases-Three Judge Matter(33P_3jj)
134	242/2008	SLP(C) No. 6239/2008	THE STATE OF MADHYA PRADESH Vs. MEDHA PATKAR	Others-Three Judge Matter(48P_3jj)
135	979/2008	W.P.(C) No. 13/2008	AKHIL MAHARASHTRA MUSLIM KHATIK SAM. AND ORS. Vs. UNION OF INDIA	Others-Three Judge Matter(48P_3jj)
136	1285/200 8	C.A. No. 3640- 3641/2011	VIJAY KUMAR SINGH(D) THR. LRS. Vs. UNION OF INDIA	Others-Other PIL matters(48P)
137	2117/200 8	W.P.(C) No. 31/2008	CITIZENS FOR EQUALITY Vs. UNION OF INDIA AND ORS.	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)

138	2929/2008	W.P.(C) No. 50/2008	WILDLIFE TRUST OF INDIA AND ORS. CHAIRMAN Vs. UNION OF INDIA AND ORS.	Environmental Laws-Three Judge Matter(20P_3jj)
139	8285/2008	W.P.(C) No. 114/2008	JABBAR KHAN Vs. UNION OF INDIA AND ANR.	Election and delimitation laws-PIL related to the subject category(18P)
140	8640/2008	W.P.(C) No. 109/2008	WILDLIFE FIRST Vs. MINISTRY OF FOREST AND ENVIRONMENT SECRETARY	Environmental Laws-Three Judge Matter(20P_3jj)
141	11782/2008	C.A. No. 1103/2014	ATITHI BUILDERS Vs. STATE OF MAHARASHTRA .	Environmental Laws-Three Judge Matter(20P_3jj)
142	11873/2008	C.A. No. 276/2014	MAHRATTA CHAMBER OF COMMERCE INDSUTRY AND AGRICULTUREURE Vs. STATE OF MAHARASHTRA .	Indirect Taxation-PIL related to the subject category(24P)
143	12118/2008	C.A. No. 8405/2017	COIMBATORE DISTRICT BUS OWNERS ASSN. Vs. GOVERNMENT OF INDIA AND ORS REP BY ITS SECRETARY	Others-Other PIL matters(48P)
144	12171/2008	W.P.(C) No. 194/2008	K. CHANABASAPPA Vs. UNION OF INDIA AND ANR.	Election and delimitation laws-PIL related to the subject category(18P)
145	12301/2008	C.A. No. 1106/2014	BITCON INDIA INFRASTRUCTURE Vs. STATE OF MAHARASHTRA .	Environmental Laws-Three Judge Matter(20P_3jj)
146	12460/2008	C.A. No. 1107/2014	OBEROI CONSTRUCTIONS PVT. LTD. Vs. STATE OF MAHARASHTRA .	Environmental Laws-PIL related to the subject matter(20P)
147	12926/2008	C.A. No. 275/2014	EMCURE PHARMACEUTICALS LTD. Vs. STATE OF MAHARASHTRA .	Indirect Taxation-PIL related to the subject category(24P)
148	12928/2008	W.P.(C) No. 212/2008	FRIENDS OF RAJOURI GARDEN ENV.(REGD.) Vs. UNION OF INDIA .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)

149	13389/20 08	W.P.(C) No. 229/2008	FEDERATION OF DELHI TRADE ASSOCIATIONS Vs. MUNICIPAL CORP.OF DELHI	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
150	21870/20 08	C.A. No. 9689/2010	B.SATYA REDDY AND OTHERS Vs. THE UNION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)
151	22484/20 08	W.P.(C) No. 561/2008	A.K. SELVARAJ Vs. UNION OF INDIA MINISTRY OF EXTERNAL AFFAIRS SECRETARY	Others-Other PIL matters(48P)
152	24933/20 08	SLP(C) No. 22168- 22170/2008	FEDERN.OF CHENNAI SUBURN.WELF.ASSN.TR. SECRETARY ETC. Vs. MUSLIM CULTURAL ASSN. TH. SEC.	Land Acquisition and Requisition-PIL related to the subject category(30P)
153	25340/20 08	C.A. No. 6557- 6558/2016	HLL LIFECARE LIMITED Vs. C.RAVIKUMAR .	Others-Other PIL matters(48P)
154	25537/20 08	C.A. No. 3143/2010	THE STATE OF KERALA Vs. K.S.PARAMESWARA SASTRIGAL .	Environmental Laws-PIL related to the subject matter(20P)
155	25541/20 08	C.A. No. 6561- 6562/2016	J.K.ANSELL LIMITED Vs. C. RAVI KUMAR .	Others-Other PIL matters(48P)
156	27543/20 08	C.A. No. 6559/2016	TTK-LIG LIMITED THR. ITS MANAGING DIRECTOR Vs. C.RAVIKUMAR AND ORS.	Others-Other PIL matters(48P)
157	30099/20 08	W.P.(C) No. 590/2008	SURMUKH SINGH Vs. UNION OF INDIA AND ORS.	Election and delimitation laws-PIL related to the subject category(18P)
158	32372/20 08	W.P.(C) No. 533/2008	DR. SHAHDEEN ALI TOMAR Vs. UNION OF INDIA AND ORS.	Election and delimitation laws-PIL related to the subject category(18P)

159	32592/2008	SLP(C) No. 28018/2008	THE EXEC.OFFR.ULLAGARAM P. TOWN PANCHAYAT Vs. MUSLIM CULTURAL ASSN.TR.SEC.	Land Acquisition and Requisition-PIL related to the subject category(30P)
160	33144/2008	W.P.(C) No. 564/2008	PROF. P.V. INDIRESAN AND ANR. Vs. UNION OF INDIA	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
161	37565/2008	C.A. No. 9712/2010	NARGANI VENKAT RAO Vs. UNION OF INDIA TR.SEC.MIN.OF LAW .	Election and delimitation laws-PIL related to the subject category(18P)
162	1988/2009	C.A. No. 7765/2011	NANDI INFRASTRUCTURE CORRIDOR ENT. LTD. Vs. THE STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
163	3449/2009	W.P.(C) No. 72/2009	JODH SINGH BIST Vs. THE DELIMITATION COMMISSION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)
164	3683/2009	C.A. No. 7764/2011	NANDI INFRASTRUCTURE CORRIDOR ENT. LTD. Vs. THE CHIEF SECRETARY, STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
165	4874/2009	C.A. No. 9176/2010	SOUTH ASIAN FORUM FOR ENVIRON. Vs. EAST KOLKATA WETLANDS MANAG.AUTH.	Environmental Laws-PIL related to the subject matter(20P)
166	4948/2009	W.P.(C) No. 144/2009	S.M.AGARWAL Vs. NCT OF DELHI .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
167	6099/2009	C.A. No. 5136/2012	MOHAN LAL SHARMA Vs. UNION OF INDIA AND ORS. FOREST SECRETARY	Environmental Laws-PIL related to the subject matter(20P)
168	7515/2009	C.A. No. 9175/2010	PEOPLE UNI.FOR BETTER LIVING IN CAL. Vs. EAST KOLK.WETLANDS MGMNT.AUTH.	Environmental Laws-PIL related to the subject matter(20P)
169	10485/2009	C.A. No. 822/2013	RAMESH CHANDRA Vs. STATE OF U.P.	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)

170	10512/2009	W.P.(C) No. 191/2009	TAJ TELEVISION (I) PVT. LTD.. Vs. UNION OF INDIA	Others-Other PIL matters(48P)
171	11927/2009	W.P.(C) No. 176/2009	RAM JETHMALANI AND ORS. Vs. UNION OF INDIA AND ORS	Direct Taxation-Three Judge Matter(16P_3jj)
172	14573/2009	W.P.(C) No. 221/2009	LAWYERS ORGANIZATION FOR CULTURAL UNITY AND SOCIAL JUSTICE (LOCUS) Vs. UNION OF INDIA	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
173	15743/2009	W.P.(C) No. 227/2009	SURENDER KUMAR Vs. THE STATE OF HARYANA	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
174	16702/2009	S.L.P.(C)...CC No. 11408-11409/2009	UNION OF INDIA Vs. V.SAMBASIVAM .	Environmental Laws-Three Judge Matter(20P_3jj)
175	17405/2009	C.A. No. 11406/2011	M.P.COLLEGE BACHAO SANGHARSH SAMITI Vs. S.GURUDWARA PRABANDHAK COMMITTEE	Public Trust, Religious Endowments, Waqfs-PIL related to the subject category(38P)
176	23317/2009	C.A. No. 3954/2013	A.C.SHIVALINGE GOWDA Vs. STATE OF KARNATAKA	Mines Minerals, Mining leases-PIL related to the subject category(33P)
177	27702/2009	C.A. No. 5427/2013	SHOLAVARAM PANCHAYAT Vs. P.S.SUNDARAMOORTHY AND ORS.	Land Acquisition and Requisition-PIL related to the subject category(30P)
178	28880/2009	CONMT.PET.(C) No. 133/2010 In W.P.(C) No. 13381/1984	DR. ANIL CHAUDHARY M.L.A. Vs. ATUL KUMAR GUPTA IAS	Environmental Laws-PIL related to the subject matter(20P)
179	30637/2009	SLP(C) No. 32031/2009	STATE OF MADHYA PRADESH Vs. NARMADA BACHAO ANDOLAN	Others-Three Judge Matter(48P_3jj)
180	32940/2009	W.P.(C) No. 501/2009	HEALTH FOR MILLIONS Vs. UNION OF INDIA	Labour and Industrial Laws-PIL related to the subject category(29P)

181	33939/20 09	SLP(C) No. 29482/2009	INDRAPRASTHA MEDICAL CORPORATION LTD. THR. M.D. Vs. ALL INDIA LAWYERS UNION . (DELHI UNIT)	Others-Other PIL matters(48P)
182	34435/20 09	CONMT.PET.(C) No. 388/2009 In W.P.(C) No. 202/1995	BHUPESH BAGHEL Vs. MR. ANIL AGARWAL	Environmental Laws-PIL related to the subject matter(20P)
183	34538/20 09	W.P.(C) No. 560/2009	SAPTAK SANYAL Vs. UNION OF INDIA	Energy Laws - Electricity, Petroleum, Oil and Natural Gas -PIL related to the subject matter(19P)
184	35068/20 09	SLP(C) No. 32032/2009	NARMADA HYDRO-DEVELOPMENT CORPORATION Vs. NARMADA BACHAO ANDOLAN .AND ORS	Others-Three Judge Matter(48P_3jj)
185	35120/20 09	C.A. No. 4114/2013	STATE OF HARYANA Vs. UNION OF INDIA	Bar Council, Bar Associations, Advocates, other professional bodies-PIL related to the subject category(7P)
186	35310/20 09	W.P.(C) No. 579/2009	ALL INDIA CHRISTIAN FEDERATION Vs. THE SECRETARY MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT	Others-Three Judge Matter(48P_3jj)
187	35518/20 09	C.A. No. 7229/2011	THE CHIEF SECRETARY, GOVT. OF KARNATAKA Vs. B D HANUMAN SINGH	Mines Minerals, Mining leases-PIL related to the subject category(33P)
188	35856/20 09	W.P.(C) No. 562/2009	SAMAJ PARIVARTANA SAMUDAYA Vs. STATE OF KARNATAKA .	Mines Minerals, Mining leases-Three Judge Matter(33P_3jj)
189	36876/20 09	Crl.A. No. 2346- 2350/2009	M.RAMASUBRAMANI Vs. THE CHIEF SECRETARY TO GOVT. OF TAMIL NADU	Criminal Law-PIL related to the subject category(15P)
190	36877/20 09	Crl.A. No. 2358- 2365/2009	K.RADHAKRISHNAN Vs. WOMEN LAWYERS ASSOCIATION	Criminal Law-PIL related to the subject category(15P)

191	36880/2009	C.A. No. 8444-8448/2009	GOVERNMENT OF TAMIL NADU AND ORS. ETC. ETC. Vs. WOMEN LAWYERS ASSOCIATION ETC. ETC.	Others-Other PIL matters(48P)
192	37047/2009	Crl.A. No. 2351-2355/2009	PREM ANAND SINHA Vs. THE CHIEF SECRETARY TO THE GOVERNMENT OF TAMIL NADU	Criminal Law-PIL related to the subject category(15P)
193	469/2010	C.A. No. 7205-7206/2010	UNITED TRADERS ASSN.OF SADAR BAZAR (REGD.) THROUGH ITS PRESIDENT SH. PRAVEEN ANAND S/O LATE PREM KUM Vs. VINOD KUMAR JAIN .	Environmental Laws-PIL related to the subject matter(20P)
194	485/2010	W.P.(C) No. 25/2010	UNITED TRADERS ASSN.OF SADAR BAZAR Vs. UNION OF INDIA .	Environmental Laws-PIL related to the subject matter(20P)
195	919/2010	W.P.(C) No. 37/2010	JULIO F.RIBERIO Vs. UNION OF INDIA .	Others-Three Judge Matter(48P_3jj)
196	1712/2010	W.P.(C) No. 36/2010	CHANDNI CHOWK SARV VYAPAR MANDAL (REGD.) Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
197	1713/2010	W.P.(C) No. 35/2010	SAPTAHIK PATERI WELFARE ASSOCIATION (REGD.) Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
198	1854/2010	SLP(C) No. 5044-5045/2010	M/S JAIPRAKSH ASSOCIATES LTD. Vs. CHARAN SINGH .	Environmental Laws-PIL related to the subject matter(20P)
199	2624/2010	C.A. No. 2481-2484/2010	A.K.VISWANATHAN Vs. THE CHIEF SECRETARY TO THE GOVERNMENT OF TAMIL NADU AND ORS	Bar Council, Bar Associations, Advocates, other professional bodies-PIL related to the subject category(7P)
200	3843/2010	W.P.(C) No. 83/2010	FEDERATON OF LEPY.ORGAN.(FOLO) . Vs. UNION OF INDIA	Others-Other PIL matters(48P)

201	5458/2010	Crl.A. No. 86/2018	FIXED INCOME MONEY MARKET AND DERIVATIVES ASSOCIATION OF INDIA Vs. PRAVANJAN PATRA	Criminal Law-PIL related to the subject category(15P)
202	7084/2010	SLP(C) No. 7366-7367/2010	GOVT.OF A.P. Vs. M/S OBULAPURAM MINIG.CO.P.LTD.	Environmental Laws-PIL related to the subject matter(20P)
203	7580/2010	Crl.A. No. 87/2018	FOREIGN EXCH.DEALER ASSN.OF INDIA Vs. PRAVANJAN PATRA .	Criminal Law-PIL related to the subject category(15P)
204	8755/2010	SLP(C) No. 12893/2010	ABDUL JABBAR KHAN Vs. OFFICE OF THE WELFARE COMMISSIONER	Compensation-PIL related to the subject category(11P)
205	9139/2010	SLP(C) No. 32690-32691/2010	M/S BELLARY IRON ORES P.LTD.ETC. Vs. GOVT.OF A.P.& ORS.ETC.	Environmental Laws-PIL related to the subject matter(20P)
206	9150/2010	S.L.P.(C)...CC No. 5816-5817/2010	M/S RIDHI SIDHI Vs. CHARAN SINGH AND OTHERS	Environmental Laws-PIL related to the subject matter(20P)
207	9763/2010	C.A. No. 617-618/2013	UNION OF INDIA Vs. DEBTS RECOVERY TRIBUNAL BAR ASN..	Appointment of Constitutional functionaries-PIL related to the subject category(2P)
208	12279/2010	W.P.(Crl.) No. 66/2010	V. ANJANEYA Vs. STATE OF KARNATAKA	Environmental Laws-PIL related to the subject matter(20P)
209	13976/2010	C.A. No. 554/2024	THE STATE OF KERALA TRANSPORT DEPARTMENT Vs. L. SRINIVASA BABU AND ORS.	Motor Vehicle Laws - Permits, licenses and others-PIL related to the subject category(34P)
210	14714/2010	C.A. No. 555/2024	KERALA STATE ROAD TRANSPORT CORPORATION MANAGING DIRECTOR Vs. L.SRINIVASA BABU AND ORS.	Motor Vehicle Laws - Permits, licenses and others-PIL related to the subject category(34P)
211	16452/2010	C.A. No. 4766/2010	RAJIV KUMAR MISHRA Vs. STATE OF U.P. THROUGH CHIEF SECRETARY	Others-Other PIL matters(48P)

212	17778/20 10	C.A. No. 5229/2010	KARNATAKA PRADESHA KURUBARA SANGH (REGD). Vs. THE STATE OF KARNATAKA	Election and delimitation laws-PIL related to the subject category(18P)
213	18149/20 10	SLP(C) No. 16991/2010	ROADS AND BRIDGES DEVELOPMENT CORP. OF KERALA LTD. Vs. NAVEEN M.V.	Others-Other PIL matters(48P)
214	18249/20 10	SLP(C) No. 17064-17065/2010	STATE OF A.P. Vs. M/S BELLARY IRON ORES P.LTD.	Environmental Laws-PIL related to the subject matter(20P)
215	20120/20 10	SLP(C) No. 37511/2013	BHUPESH BEGHEL Vs. THE STATE OF CHHATTISGARH	Environmental Laws-PIL related to the subject matter(20P)
216	21591/20 10	C.A. No. 6654/2010	CHINI MILLS KARAMCHARI SANGH THROUGH ITS PRESIDENT VIRENDRA SINGH Vs. STATE OF U.P. THROUGH ITS CHIEF SECRETARY	Others-Other PIL matters(48P)
217	23645/20 10	C.A. No. 2935/2012	UNION OF INDIA Vs. TRUCK OWNERS ASSOCIATION	Indirect Taxation-PIL related to the subject category(24P)
218	24635/20 10	C.A. No. 8126/2013	LIFE INSURANCE CORP. OF INDIA Vs. THE INDIAN NATIONAL TRUST FOR ARCHITECTURAL AND CULTURAL HERITAGE AND ORS.	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
219	27644/20 10	C.A. No. 7219/2011	M/S KANISHKA BUILDCON PVT. LTD. Vs. BHIWADI EX-SERVICEMEN WELF.ASSN. AND ORS. SECRETARY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
220	32236/20 10	S.L.P.(C)...CC No. 16830/2010	M/S ANANTPUR MINING CORP. Vs. STATE OF A.P..	Environmental Laws-PIL related to the subject matter(20P)
221	32237/20 10	S.L.P.(C)...CC No. 16829/2010	M/S OBULAPURAM MINING CO.P.LTD. Vs. STATE OF A.P..	Environmental Laws-PIL related to the subject matter(20P)

222	33954/20 10	C.A. No. 953/2013	NANDI INFRASTRUCTURE CORRIDOR ENTERPRISE LTD. Vs. BHEEMACHANDRA EDUCATION TRUST	Land Acquisition and Requisition-PIL related to the subject category(30P)
223	34733/20 10	C.A. No. 10726/2011	PUSHKAR MADHAV DAMLE Vs. STATE OF MAHARASHTRA	Others-Other PIL matters(48P)
224	35174/20 10	C.A. No. 353/2012	DLF LIMITED Vs. MIR SINGH (DECEASED) THR. LRS.	Land Acquisition and Requisition-PIL related to the subject category(30P)
225	37745/20 10	C.A. No. 642/2012	ARVIND KEJRIWAL Vs. UNION OF INDIA	Others-Other PIL matters(48P)
226	38139/20 10	SLP(C) No. 7656/2011	STATE OF KERALA SECRETARY Vs. NAVEEN M.V..	Others-Other PIL matters(48P)
227	38294/20 10	W.P.(C) No. 411/2010	Y.MAHABALESHWARAPPA Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
228	39456/20 10	C.A. No. 1040/2012	THE STATE OF HARYANA Vs. MIR SINGH .	Land Acquisition and Requisition-PIL related to the subject category(30P)
229	39968/20 10	W.P.(C) No. 16/2011	CENTRE FOR PUBLIC INTEREST LITIGN (CPIL) Vs. UNION OF INDIA	Telegraph & Telecom Laws-Three Judge Matter(45P_3jj)
230	40015/20 10	W.P.(C) No. 417/2010	LOKNITI FOUNDATION Vs. UNION OF INDIA	Service Laws-Three Judge Matter(43P_3jj)
231	60005/20 10	T.C.(C) No. 1/2010	CENTRAL ARECANUT MARKETING CO OPERATIVE CAMPCO Vs. UNION OF INDIA	Others-Other PIL matters(48P)
232	60006/20 10	T.C.(C) No. 2/2010	M/S PRAMUKH SALES Vs. UNION OF INDIA AND ORS. MINISTRY OF HEALTH AND FAMILY WELFARE SECRETARY	Others-Other PIL matters(48P)

233	60007/2010	T.C.(C) No. 3/2010	M/S. PATEL PAN PRODUCTS LTD. Vs. UNION OF INDIA AND ORS. MINISTRY OF HEALTH AND FAMILY WELFARE SECRETARY	Others-Other PIL matters(48P)
234	60008/2010	T.C.(C) No. 4/2010	GAUTAM BHAR Vs. UNION OF INDIA	Others-Other PIL matters(48P)
235	60009/2010	T.C.(C) No. 5/2010	M/S MOHAN AGENCIES Vs. UNION OF INDIA	Others-Other PIL matters(48P)
236	60010/2010	T.C.(C) No. 6/2010	GHODAWAT INDUSTRIES (INDIA) PRIVATE LTD. Vs. UNION OF INDIA	Others-Other PIL matters(48P)
237	60058/2010	T.C.(C) No. 25/2010	M/S. GHODAWAT IND.(INDIA)P.LTD. . Vs. UNION OF INDIA	Others-Other PIL matters(48P)
238	1741/2011	W.P.(C) No. 42/2011	MANOHAR LAL SHARMA Vs. THE STATE OF UTTAR PRADESH	Service Laws-Three Judge Matter(43P_3jj)
239	4136/2011	W.P.(C) No. 69/2011	DELHI STUDY GROUP Vs. UNION OF INDIA .	Others-Other PIL matters(48P)
240	5021/2011	C.A. No. 8945-8947/2011	M/S. CITURGIA BIO-CHEMICALS LTD. Vs. STATE OF UTTARAKHAND THROUGH ITS CHIEF SECRETARY	Company Law, Sick Industries including Disinvestment-PIL related to the subject category(10P)
241	6142/2011	C.A. No. 8133/2011	RAVINDER KUMAR Vs. H.C.ARORA	Criminal Law-PIL related to the subject category(15P)
242	6628/2011	W.P.(C) No. 109/2011	M.A.SIDDIQUI Vs. UNION OF INDIA CABINET SECRETARIAT CABINET SECRETARY	Others-Three Judge Matter(48P_3jj)
243	6668/2011	CrI.A. No. 507/2012	GANESH P. THAKUR Vs. THE STATE OF MAHARASHTRA	Criminal Law-PIL related to the subject category(15P)
244	6675/2011	CrI.A. No. 506/2012	SHIRISH NAMDEORAO KARLE Vs. THE STATE OF MAHARASHTRA	Criminal Law-PIL related to the subject category(15P)

245	6720/2011	Crl.A. No. 508/2012	BHASKAR MUNDHE Vs. THE STATE OF MAHARASHTRA	Criminal Law-PIL related to the subject category(15P)
246	7049/2011	Crl.A. No. 516/2012	UMAKANT DANGAT Vs. THE STATE OF MAHARASHTRA	Criminal Law-PIL related to the subject category(15P)
247	7050/2011	Crl.A. No. 515/2012	SHANKARRAO DAMODAR SATAV Vs. THE STATE OF MAHARASHTRA	Criminal Law-PIL related to the subject category(15P)
248	7133/2011	Crl.A. No. 517/2012	SUDHAKAR BAPURAO TELANG Vs. THE STATE OF MAHARASHTRA	Criminal Law-PIL related to the subject category(15P)
249	7183/2011	Crl.A. No. 512-513/2012	RAJ K. PUROHIT Vs. MADHAV JANARDAN BHANDARI	Criminal Law-PIL related to the subject category(15P)
250	7189/2011	Crl.A. No. 510/2012	MANSINGRAO TUKARAM CHAAVAN Vs. THE STATE OF MAHARASHTRA	Criminal Law-PIL related to the subject category(15P)
251	7527/2011	Crl.A. No. 509/2012	SANJAY NARENDRA KUNDETKAR Vs. THE STATE OF MAHARASHTRA	Criminal Law-PIL related to the subject category(15P)
252	7836/2011	W.P.(C) No. 131/2011	POLYESTER FILM INDUS.ASSOCIATIONN.(REGD) Vs. UNION OF INDIA	Others-Other PIL matters(48P)
253	8419/2011	CONMT.PET.(C) No. 348/2011 In SLP(C) No. 19467-19469/2007	SANTOSH SETHI Vs. K.S. MEHRA .	Others-Other PIL matters(48P)
254	8481/2011	W.P.(C) No. 141/2011	FLEXIBLE PACKAGING ENTERPREN.WELFARE ASSN. Vs. UNION OF INDIA	Others-Other PIL matters(48P)
255	8678/2011	Crl.A. No. 514/2012	THE STATE OF MAHARASHTRA Vs. MADHAV JANARDHAN BHANDARI	Criminal Law-PIL related to the subject category(15P)

256	8679/2011	W.P.(C) No. 136/2011	HARSH RAGHUVANSHI Vs. UNION OF INDIA	Others-Three Judge Matter(48P_3jj)
257	9091/2011	CrI.A. No. 511/2012	RATNAKAR NARHAR MARATHE Vs. THE STATE OF MAHARASHTRA	Criminal Law-PIL related to the subject category(15P)
258	9381/2011	C.A. No. 8134/2011	RAVINDER KUMAR Vs. H.C. ARORA	Criminal Law-PIL related to the subject category(15P)
259	10449/2011	W.P.(C) No. 182/2011	GHODAWAT PAN MASALA PROD.(I)P.LD.. Vs. UNION OF INDIA	Others-Other PIL matters(48P)
260	12734/2011	CONMT.PET.(C) No. 236/2011 In SLP(C) No. 16308/2007	RAJIV SINGH Vs. RAJENDER PRASAD KHANDELWAL	Others-Other PIL matters(48P)
261	13634/2011	C.A. No. 2239/2013	NATIONAL HIGHWAYS AUTHORITY OF INDIA Vs. INDORE TRUCK OPERATORS AND TRANSPORT SOCIETY	Indirect Taxation-PIL related to the subject category(24P)
262	14336/2011	C.A. No. 8469/2011	M/S CHANDRAJYOTI EST.DEVELOPERS P.LTD. Vs. HARKISHAN	Land Acquisition and Requisition-PIL related to the subject category(30P)
263	14604/2011	C.A. No. 8470/2011	DLF LIMITED Vs. HARKISHAN	Land Acquisition and Requisition-PIL related to the subject category(30P)
264	14927/2011	C.A. No. 8471/2011	THE STATE OF HARYANA Vs. HARKISHAN	Land Acquisition and Requisition-PIL related to the subject category(30P)
265	15166/2011	C.A. No. 9443-9445/2013	T.SREEKANTAN Vs. STATE OF KERALA .	Others-Other PIL matters(48P)
266	15737/2011	C.A. No. 2534-2536/2013	STATE OF U.P. Vs. PEOPLES UNION FOR CIVIL LIBERTIES	Others-Other PIL matters(48P)
267	16277/2011	W.P.(C) No. 289/2011	CENTRE FOR TRANSFORMING INDIA Vs. UNION OF INDIA	Others-Other PIL matters(48P)

268	16574/20 11	C.A. No. 3490/2012	RAMACHANDRA PADMAKAR VAIDYA HALL TRUST THR. ITS PRESIDENT SHRI ASHOK POTNIS Vs. MAIDAN BACCHAV SAMITI THR. ITS PRESIDENT SHRI SACHIN SRIDHAR CHAVAN	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
269	18428/20 11	C.A. No. 8472/2011	M/S EIH LIMITED Vs. HARKISHAN	Land Acquisition and Requisition-PIL related to the subject category(30P)
270	19618/20 11	W.P.(C) No. 304/2011	M/S.TARA CHAND NARESH CHAND Vs. MINISTRY OF ENVIRONMENT AND FORESTS	Others-Other PIL matters(48P)
271	19988/20 11	CONMT.PET.(C) No. 288/2011 In SLP(C) No. 16308/2007	PANKAJ MATHUR Vs. PRADEEP AGGARWAL .	Others-Other PIL matters(48P)
272	21609/20 11	W.P.(C) No. 344/2011	M/S. N.G. TOBACCO Vs. UNION OF INDIA	Others-Other PIL matters(48P)
273	22334/20 11	W.P.(C) No. 330/2011	GHODAWAT PAN MASALA PRODUCTS(I)P.LD. Vs. UNION OF INDIA DEPARTMENT OF FOREST ECOLOGY AND ENVIRONMENT THROUGH THE SECRETARY	Others-Other PIL matters(48P)
274	22768/20 11	C.A. No. 974/2013	SHEELA H Vs. STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
275	23101/20 11	C.A. No. 2298/2017	M/S MORGAN BUILDERS AND DEVELOPERS PRIVATE LIMITED Vs. STATE OF HARYANA	Land Acquisition and Requisition-PIL related to the subject category(30P)

276	23805/20 11	CONMT.PET.(C) No. 356/2011 In SLP(C) No. 16308/2007	PRAMOD KUMAR Vs. MANORANJAN HOTA .	Others-Other PIL matters(48P)
277	24122/20 11	C.A. No. 2294- 2296/2017	M/S GAVEL BUILDERS Vs. THE STATE OF HARYANA	Land Acquisition and Requisition-PIL related to the subject category(30P)
278	24123/20 11	C.A. No. 2299- 2301/2017	M/S JESEN BUILDERS AND DEVELOPERS PRIVATE LIMITED Vs. THE STATE OF HARYANA	Land Acquisition and Requisition-PIL related to the subject category(30P)
279	24124/20 11	C.A. No. 1398- 1399/2017	M/S AALIYAH REAL ESTATES PVT. LTD.. Vs. STATE OF HARYANA	Land Acquisition and Requisition-PIL related to the subject category(30P)
280	25072/20 11	W.P.(C) No. 352/2011	VIRSA SINGH GADLI Vs. UNION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)
281	25246/20 11	W.P.(C) No. 354/2011	DHARAMPAL SATYAPAL LIMITED Vs. UNION OF INDIA	Others-Other PIL matters(48P)
282	25441/20 11	W.P.(CrI.) No. 172/2011	MANOHAR LAL SHARMA ADVOCATE Vs. STATE OF MAHARASHTRA .	Criminal Law-PIL related to the subject category(15P)
283	25487/20 11	C.A. No. 3274/2023	MAULIN J BAROT Vs. THE STATE OF GUJARAT	Land Acquisition and Requisition-PIL related to the subject category(30P)
284	26698/20 11	W.P.(CrI.) No. 195/2011	ASSOCIATION FOR PROTECTION OF CIVIL RIGHTS Vs. THE STATE OF BIHAR AND ORS.	Criminal Law-PIL related to the subject category(15P)
285	26943/20 11	C.A. No. 982- 997/2013	J.B. SUHAIL AND ANR. .ETC .ETC Vs. GOVERNMENT OF KARNATAKA AND ORS. .ETC .ETC	Land Acquisition and Requisition-PIL related to the subject category(30P)
286	28531/20 11	C.A. No. 979- 980/2013	NANDI INFRASTRUCTURE CORRIDOR ENTERPRISES LTD. Vs. H.K.PATABHIRAMAN	Land Acquisition and Requisition-PIL related to the subject category(30P)

287	29333/20 11	C.A. No. 753/2013	M.PONNUSWAMI Vs. STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
288	29993/20 11	C.A. No. 762/2013	MANORANJITHAM Vs. STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
289	30272/20 11	CONMT.PET.(C) No. 16/2012 In W.P.(C) No. 365/2006	INTERNATIONAL UNION OF FOOD AGR.. Vs. UNION OF INDIA MINISTRY OF LAW AND JUSTICE SECRETARY	Contempt of Court-PIL related to the subject category(14P)
290	31191/20 11	W.P.(C) No. 434/2011	AMIT KUMAR Vs. STATE OF UTTAR PRADESH AND ORS.	Indirect Taxation-PIL related to the subject category(24P)
291	31252/20 11	C.A. No. 954/2013	VIDYA N SAMPANGI Vs. NANDI INFRASTRUCTURE CORRIDOR ENTERPRISE LTD.	Land Acquisition and Requisition-PIL related to the subject category(30P)
292	32204/20 11	C.A. No. 768- 775/2013	GEETHA S. MALLI Vs. THE STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
293	32817/20 11	W.P.(C) No. 464/2011	COMMON CAUSE Vs. UNION OF INDIA DEPARTMENT OF ATOMIC ENERGY	Environmental Laws-PIL related to the subject matter(20P)
294	33301/20 11	SLP(C) No. 9775- 9776/2012	SHANTI LAL AGRAWAL Vs. THE STATE OF MADHYA PRADESH	Land Acquisition and Requisition-PIL related to the subject category(30P)
295	33472/20 11	C.A. No. 8812/2017	MAHILA VIKAS SANSTHA WARDHA Vs. TAHSILDAR WARDHA .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
296	33766/20 11	W.P.(C) No. 493/2011	JAGANNATH SINGH Vs. STATE OF UTTAR PRADESH AND ORS.	Land Acquisition and Requisition-PIL related to the subject category(30P)
297	33936/20 11	C.A. No. 975/2013	NANDI INFRASTRUCTURE CORRIDOR ENTERPRISES LTD. Vs. K.SUKUMARAN	Land Acquisition and Requisition-PIL related to the subject category(30P)

298	34521/2011	C.A. No. 4429/2012	LORD KRISHNA SUGAR MILLS LTD. Vs. STATE OF U.P. .	Others-Other PIL matters(48P)
299	36341/2011	SLP(CrI) No. 150/2012	SHRAMJEEVI MAHILA SAMITI Vs. STATE OF NCT OF DELHI	Criminal Law-PIL related to the subject category(15P)
300	38072/2011	C.A. No. 8141/2012	SANJIV GAJANAN PUNALEKAR Vs. UNION OF INDIA .	Others-Other PIL matters(48P)
301	39304/2011	C.A. No. 6736/2013	ALAKNANDA HYDRO POWER CO. LTD THROUGH ITS AUTHORISED SIGNATORY MR. S. DHAWAN Vs. ANUJ JOSHI	Environmental Laws-PIL related to the subject matter(20P)
302	60036/2011	T.C.(C) No. 39/2011	CENTRE FOR ENVIRONMENT PROT Vs. UNION OF INDIA	Others-Other PIL matters(48P)
303	60068/2011	T.C.(C) No. 52/2011	YOUTH FOR EQUALITY Vs. UNION OF INDIA	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
304	60076/2011	T.C.(C) No. 53/2011	PAN-IIM ALUMNI ASSOCH. (PAN-IIM AA) Vs. UNION OF INDIA	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
305	60154/2011	T.C.(C) No. 85/2011	RANMAT SINGH MARAVI Vs. THE STATE OF MADHYA PRADESH	Environmental Laws-Three Judge Matter(20P_3jj)
306	60165/2011	T.C.(C) No. 87/2011	KALLU SINGH Vs. UNION OF INDIA .	Environmental Laws-Three Judge Matter(20P_3jj)
307	1056/2012	W.P.(C) No. 33/2012	SWASTHYA ADHIKAR MANCH, INDORE Vs. UNION OF INDIA	Others-Other PIL matters(48P)
308	2307/2012	CONMT.PET.(C) No. 37/2012 In SLP(C) No. 16308/2007	ANKUR GUTKA Vs. INDIAN ASTHMA CARE SOCIETY	Others-Other PIL matters(48P)

309	3002/2012	W.P.(C) No. 76/2012	ANTONIO D. GAUNCAR Vs. THE STATE OF GOA	Environmental Laws-PIL related to the subject matter(20P)
310	5448/2012	W.P.(C) No. 79/2012	ANAND RAI AND ORS. Vs. MADHYA PRADESH AND ORS.	Others-Other PIL matters(48P)
311	6197/2012	C.A. No. 8757-8758/2012	ASHOK KUMAR . Vs. MAHESH BHARDWAJ .	Land Acquisition and Requisition-PIL related to the subject category(30P)
312	6203/2012	C.A. No. 8755-8756/2012	KAPTAN SINGH Vs. STATE OF M.P. .	Land Acquisition and Requisition-PIL related to the subject category(30P)
313	6252/2012	W.P.(C) No. 112/2012	COLLIERY MAZDOOR SABHA OF INDIA Vs. UNION OF INDIA AND ORS.	Mines Minerals, Mining leases-Three Judge Matter(33P_3jj)
314	8736/2012	C.A. No. 1618/2024	JAMSHEED KANGA (DEAD) Vs. THE STATE OF MAHARASHTRA THROUGH ITS SECRETARY, DEPARTMENT OF URBAN DEVELOPMENT	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
315	10435/2012	C.A. No. 5383/2015	GAGAN S SETHI Vs. STATE OF GUJARAT .	Others-Other PIL matters(48P)
316	11759/2012	W.P.(C) No. 218/2012	BANGLAR MANABADHIKAR SURAKSHA MANCH Vs. UNION OF INDIA AND ORS.	Criminal Law-PIL related to the subject category(15P)
317	12335/2012	W.P.(Crl.) No. 59/2012	YESHWANTH SHENOY Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)
318	12402/2012	C.A. No. 14780-14781/2024	HAZRAT MOHD. AFZALS KHAN'S MEMORIAL SOCIETY Vs. MILIND RAMAKANT EKBOTE	Environmental Laws-PIL related to the subject matter(20P)
319	12721/2012	C.A. No. 4188/2014	BIRENDRA KAUR Vs. UNION OF INDIA	Others-Other PIL matters(48P)
320	13172/2012	S.L.P.(C)...CC No. 8873-8874/2012	H.K. PATTABHIRAMAN AND ANR. Vs. THE STATE OF KARNATAKA AND ORS.	Land Acquisition and Requisition-PIL related to the subject category(30P)

321	13561/20 12	C.A. No. 9446/2013	C.P. SIVADASAN NAIR Vs. UNION OF INDIA .	Others-Other PIL matters(48P)
322	14106/20 12	SLP(C) No. 14124- 14125/2012	THE STATE OF GUJARAT Vs. SHREE YOGKSHEM FNDN. FOR HUMAN DIGNITY	Service Laws-PIL related to the subject category(43P)
323	14333/20 12	C.A. No. 3443- 3445/2017	DAANISH PUBLICATIONS PVT.LTD. Vs. STATE OF KARNATAKA & ORS. ETC. ETC.	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
324	15237/20 12	C.A. No. 159/2013	APARAJITA SHARMA Vs. THE UNION OF INDIA	Others-Other PIL matters(48P)
325	16865/20 12	W.P.(C) No. 259/2012	UNITED FRONT FOR DALIT CHRISTIAN RIGHTS Vs. MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT AND ANR.	Others-Three Judge Matter(48P_3jj)
326	16939/20 12	W.P.(C) No. 243/2012	SWAJAN AND ANR. Vs. UNION OF INDIA AND ORS.	Others-Other PIL matters(48P)
327	20311/20 12	SLP(C) No. 20043- 20044/2012	GURCHARAN SINGH PHERURAI Vs. STATE OF PUNJAB .	Criminal Law-PIL related to the subject category(15P)
328	20376/20 12	W.P.(C) No. 295/2012	S.RAJASEEKARAN Vs. UNION OF INDIA AND ORS.	Motor Vehicle Laws - Permits, licenses and others-PIL related to the subject category(34P)
329	21946/20 12	SLP(C) No. 22377/2012	CHITTORGARH PATTHAR UTPADHAK SEWA SAMITI Vs. BHANWAR SINGH AND ORS.	Mines Minerals, Mining leases-PIL related to the subject category(33P)
330	22232/20 12	C.A. No. 6028- 6029/2012	STATE OF KERALA Vs. BASIL ATTIPETTI .	Others-Other PIL matters(48P)
331	23132/20 12	SLP(C) No. 21211/2012	BIRLA CORPORATION LIMITED Vs. BHANWAR SINGH AND ORS.	Mines Minerals, Mining leases-PIL related to the subject category(33P)

332	23160/20 12	C.A. No. 556- 557/2024	OOTY HOTEL ASSOCIATION (REGN. NO. K.A. NO. 155 OF 2010) AND ANR. Vs. THE STATE OF KARNATAKA AND ORS.	Motor Vehicle Laws - Permits, licenses and others-PIL related to the subject category(34P)
333	24524/20 12	SLP(C) No. 23551/2012	J.K.WHITE CEMENT WORKS Vs. BHANWAR SINGH AND ORS.	Mines Minerals, Mining leases-PIL related to the subject category(33P)
334	25283/20 12	C.A. No. 6613/2014	NISVARTH RESIDENTS WELFARE ASSOCIATION (R) Vs. THE STATE OF KARNATAKA	Mines Minerals, Mining leases-PIL related to the subject category(33P)
335	25545/20 12	C.A. No. 8689- 8692/2012	M/S. JAI PARKASH ASSOCIATES LTD. Vs. HIM PRIVESH ENVIRONMENT PROTECTION SOCIETY	Environmental Laws-PIL related to the subject matter(20P)
336	25658/20 12	W.P.(C) No. 459/2012	AVISHEK GOENKA Vs. UNION OF INDIA	Others-Other PIL matters(48P)
337	25975/20 12	C.A. No. 6026- 6027/2012	SEC.ALL INDIA LAWYERS UNION ETC. Vs. ADV.BASIL ATTIPPETTI AND ORS. ETC.	Others-Other PIL matters(48P)
338	26506/20 12	SLP(C) No. 24673/2012	ADHOI VISHA OSWAL MURTI PUJAK JAIN SANGH THROUGH ITS TRUSTEE AMRITLAL Vs. KHETSHI HIRJI SHAH .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
339	26507/20 12	SLP(C) No. 24672/2012	ADHOI VISHA OSWAL MURTI PUJAK JAIN SANGH Vs. STATE OF GUJARAT .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
340	26508/20 12	SLP(C) No. 24898/2012	ADHOI VISHA OSHWAL MURTI PUJAK JAIN SANGH Vs. KHETSHI HIRJI SHAH	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)

341	26522/20 12	C.A. No. 1617/2024	JAMSHEED KANGA (DEAD) Vs. STATE OF MAHARASHTRA .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
342	26689/20 12	SLP(C) No. 25065-25067/2012	SHRI ADHOI SOCIAL GROUP Vs. KHETSHI HIRJI SHAH	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
343	26823/20 12	SLP(C) No. 25069-25070/2012	CHARLA MANDAL OF MUMBAI . Vs. KHETSHI HIRJI SHAH	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
344	27487/20 12	SLP(C) No. 25186/2012	SHEKHAR PRASAD JAIN AND ORS. Vs. BHANWAR SINGH AND ORS.	Mines Minerals, Mining leases-PIL related to the subject category(33P)
345	27512/20 12	S.L.P.(C)...CC No. 14752-14753/2012	H.K.VOHRA Vs. UNION OF INDIA	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
346	28725/20 12	W.P.(CrI.) No. 120/2012	MANOHAR LAL SHARMA Vs. THE PRINCIPAL SECRETARY	Criminal Law-Three Judge Matter(15P_3jj)
347	29000/20 12	W.P.(CrI.) No. 129/2012	EXTRA JUDICIAL EXECUTION VICTIM AND ANR. Vs. UNION OF INDIA AND ORS.	Criminal Law-PIL related to the subject category(15P)
348	29161/20 12	W.P.(C) No. 380/2012	BHANTE ARYA NAGARJUN SHURAI SASAI AND ANR. Vs. UNION OF INDIA AND ORS.	Public Trust, Religious Endowments, Waqfs-PIL related to the subject category(38P)
349	30296/20 12	SLP(C) No. 29698/2012	RAJMAL JAIN AND ORS. Vs. BHANWAR SINGH AND ORS.	Mines Minerals, Mining leases-PIL related to the subject category(33P)
350	30363/20 12	SLP(C) No. 31905/2013	KIRAN DEVI Vs. BHANWAR SINGH AND ORS.	Mines Minerals, Mining leases-PIL related to the subject category(33P)

351	30364/20 12	SLP(C) No. 31724/2012	MOHD.SADDIQ ARIF KHAN Vs. BHANWAR SINGH AND ORS.	Mines Minerals, Mining leases-PIL related to the subject category(33P)
352	30548/20 12	C.A. No. 7547/2012	SURESH KALMADI Vs. RAHUL MEHRA	Others-Other PIL matters(48P)
353	30999/20 12	W.P.(C) No. 407/2012	CENTRE FOR PUBLIC INTEREST LITIGATION Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
354	31586/20 12	W.P.(C) No. 445/2012	DR. TH. SURESH SINGH Vs. UNION OF INDIA	Armed Forces and ParaMilitary Forces-PIL related to the subject category(4P)
355	31669/20 12	SLP(C) No. 28716/2012	M/S MSS FOOD PROCESSORS Vs. STATE OF MAHARASHTRA .	Others-Other PIL matters(48P)
356	32067/20 12	W.P.(C) No. 435/2012	GOA FOUNDATION Vs. UNION OF INDIA .	Mines Minerals, Mining leases-PIL related to the subject category(33P)
357	32204/20 12	SLP(C) No. 32162/2012	M/S MSS FOOD PROCESSORS Vs. THE STATE OF UTTAR PRADESH	Others-Other PIL matters(48P)
358	32331/20 12	SLP(C) No. 32163/2012	PRABHU AASTHA ENTERPRISE PVT LTD Vs. THE STATE OF UTTAR PRADESH	Others-Other PIL matters(48P)
359	33192/20 12	W.P.(C) No. 463/2012	COMMON CAUSE AND ORS Vs. UNION OF INDIA AND ORS.	Criminal Law-Three Judge Matter(15P_3jj)
360	33529/20 12	SLP(C) No. 17517/2013	KHETSI MEGHJI SHAH (CHARALA) Vs. STATE OF GUJARAT .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
361	33534/20 12	SLP(C) No. 17522/2013	ADHOI PANJARAPOL Vs. STATE OF GUJARAT .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
362	35733/20 12	S.L.P.(C)...CC No. 20047/2012	SHOAIB IQBAL Vs. SS SAI BABA OM JEE @ SS OMJI .	Others-Other PIL matters(48P)

363	35853/20 12	W.P.(C) No. 515/2012	BANWARILAL BHAGWANDAS PUROHIT Vs. UNION OF INDIA	Criminal Law-Three Judge Matter(15P_3jj)
364	37293/20 12	W.P.(C) No. 498/2012	NAGENDRA KUMAR SAHOO Vs. UNION OF INDIA AND ORS.	Mines Minerals, Mining leases-PIL related to the subject category(33P)
365	37568/20 12	SLP(C) No. 36875/2012	BHAROSI LAL JATAV Vs. THE STATE OF RAJASTHAN STATE OF RAJASTHAN AND ORS. THROUGH CHIEF SECRETARY	Mines Minerals, Mining leases-PIL related to the subject category(33P)
366	37671/20 12	SLP(C) No. 37969/2012	ELECTION COMMISSIONER Vs. BHAGYODAY JANPARISHAD .	Election and delimitation laws-PIL related to the subject category(18P)
367	38049/20 12	SLP(C) No. 35290/2012	ELECTION COMMISSION OF INDIA Vs. GUJARAT CHAMBER OF COMMERCE AND INDUSTRIES	Election and delimitation laws-PIL related to the subject category(18P)
368	38382/20 12	C.A. No. 11938/2016	REENA BANERJEE Vs. GOVT. OF NCT OF DELHI .	Persons with Disabilities Act, 2016 and Mental Health Care Act, 2017-PIL related to the subject category(36P)
369	38766/20 12	C.A. No. 17902- 17905/2017	VIJAY KUMAR Vs. KARTAR SINGH	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
370	39645/20 12	C.A. No. 7481/2014	BHARTIYA VIDYA BHAVAN MUNSHI SADAN Vs. SURENDRA RAMLAL TIWARI .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
371	40715/20 12	SLP(C) No. 39993/2012	VEER CHAND Vs. THE STATE OF HARYANA	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
372	40716/20 12	SLP(C) No. 4524/2013	RAJESH KHANNA Vs. STATE OF HARYANA	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
373	42364/20 12	SLP(C) No. 975/2013	KASHI PRASAD YADAV Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)

374	42374/20 12	W.P.(C) No. 565/2012	NIPUN SAXENA Vs. UNION OF INDIA	Motor Vehicle Laws - Permits, licenses and others-Three Judge Matter(34P_3jj)
375	42410/20 12	SLP(C) No. 973/2013	MAMTA SINGH Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
376	42626/20 12	W.P.(C) No. 568/2012	PROMILLA SHANKER Vs. UNION OF INDIA AND ANR.	Criminal Law-PIL related to the subject category(15P)
377	60208/20 12	T.C.(C) No. 89/2012	CENTRE FOR PIL DELHI Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
378	60255/20 12	T.C.(C) No. 95/2012	DHARAMPAL SATYAPAL LTD. Vs. UNION OF INDIA	Others-Other PIL matters(48P)
379	60256/20 12	T.C.(C) No. 96/2012	SARVA SEVA SANGH . Vs. UNION OF INDIA	Others-Other PIL matters(48P)
380	60257/20 12	T.C.(C) No. 97/2012	POONA SALT MERCHANT ASSOCIATION Vs. UNION OF INDIA	Others-Other PIL matters(48P)
381	47/2013	W.P.(CrI.) No. 1/2013	OMIKA DUBEY Vs. UNION OF INDIA AND ORS.	Criminal Law-PIL related to the subject category(15P)
382	112/2013	SLP(C) No. 4165-4166/2013	AMARCHAND UPADHYAY Vs. UNION OF INDIA	Others-Other PIL matters(48P)
383	710/2013	W.P.(C) No. 22/2013	VASUNDHARA PATHAK MASOODI AND ORS. Vs. UNION OF INDIA AND ORS.	Criminal Law-PIL related to the subject category(15P)
384	812/2013	SLP(C) No. 1428/2013	KAMLESH VERMA Vs. THE UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
385	1186/201 3	SLP(C) No. 4223/2013	ANUPMA SINGH Vs. C.B.I. .	Environmental Laws-PIL related to the subject matter(20P)
386	1278/201 3	SLP(C) No. 1349/2013	BHARAT SANCHAR NIGAM LTD. Vs. JUSTICE I.S. ISRANI(RETD) .	Telegraph & Telecom Laws-PIL related to the subject category(45P)

387	1453/2013	C.A. No. 1084/2017	M/S. TARA HEALTH FOODS LTD Vs. BIPAN SHARMA ADVOCATE	Company Law, Sick Industries including Disinvestment-PIL related to the subject category(10P)
388	1707/2013	C.A. No. 2755/2015	K.B. SHINIVASREDDY DEAD THROUGH LRS Vs. JOGHADE VEERASHAPPA .	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
389	1930/2013	SLP(C) No. 3961/2013	CELLULAR OPERATORS ASSOCIATION OF INDIA A SOCIETY REGD. UNDER THE INDIAN SOCIETIES ACT Vs. THE STATE OF RAJASTHAN AND ORS. AND ORS. DEPARTMENT OF URBAN AND HOUSING DEVELOPMENT THR. SECRETARY	Telegraph & Telecom Laws-PIL related to the subject category(45P)
390	1959/2013	SLP(C) No. 4042/2013	CELLULLAR OPERATORS ASSO.OF INDIA A SOCIETY REGD. UNDER THE INDIAN SOCIETIES ACT Vs. JUSTICE I.S. ISRANI (RETD) .	Telegraph & Telecom Laws-PIL related to the subject category(45P)
391	1980/2013	SLP(C) No. 4039/2013	TOWER AND INFRASTRUCTURE PROVIDERS ASSOCIATION Vs. JUSTICE I.S. ISRANI (RETD.) .	Telegraph & Telecom Laws-PIL related to the subject category(45P)
392	2052/2013	SLP(C) No. 3943/2013	ASSOCIATION OF UNIFIED TELECOM SERVICES (AUSPI) Vs. STATE OF RAJASTHAN	Telegraph & Telecom Laws-PIL related to the subject category(45P)
393	3634/2013	W.P.(C) No. 87/2013	VIVEK DUTT Vs. UNION OF INDIA AND ORS.	Others-Other PIL matters(48P)
394	4204/2013	W.P.(C) No. 107/2013	SHAKTI PRASAD NAYAK Vs. UNION OF INDIA AND ORS.	Environmental Laws-PIL related to the subject matter(20P)
395	5917/2013	W.P.(C) No. 177/2013	KAMLESH VASWANI Vs. UNION OF INDIA AND ORS.	Intellectual Property Rights Law and Information Technology-PIL related to the subject matter(27P)

396	8020/2013	W.P.(C) No. 148/2013	DR. MANJU DANG Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)
397	8232/2013	W.P.(C) No. 147/2013	VISHNU PRODUCTS Vs. UNION OF INDIA AND ORS.	Others-Other PIL matters(48P)
398	10367/2013	C.A. No. 3104/2017	ASHOK MARUTI RAWOOT Vs. THE STATE OF MAHARASHTRA	Land Acquisition and Requisition-PIL related to the subject category(30P)
399	11917/2013	SLP(C) No. 18111/2013	STATE OF ORISSA Vs. GIRDHARI MISHRA .	Compensation-PIL related to the subject category(11P)
400	13008/2013	SLP(C) No. 27609/2013	YASHWANT AHIRE Vs. UNION OF INDIA .	Banking-PIL related to the subject category(6P)
401	14439/2013	W.P.(C) No. 317/2013	SARFRAJ MULLA AND ORS. Vs. UNION OF INDIA AND ORS. MINISTRY OF HOME AFFAIRS	Service Laws-PIL related to the subject category(43P)
402	14443/2013	W.P.(C) No. 283/2013	PRAKASH SINGH AND ANR. Vs. UNION OF INDIA AND ANR.	Criminal Law-Three Judge Matter(15P_3jj)
403	14974/2013	C.A. No. 4688-4690/2013	INSTITUTE OF EDUCATION AND SOCIAL WELFARE Vs. ARUNANGSHU CHAKRABORTY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
404	15166/2013	W.P.(C) No. 286/2013	AMICUS CURIE (HARISH N. SALVE) Vs. UNION OF INDIA	Service Laws-Three Judge Matter(43P_3jj)
405	15432/2013	W.P.(C) No. 430/2013	M. KARUNANIDHI (DIED) Vs. UNION OF INDIA AND ORS. CABINET SECRETARIAT	Others-Other PIL matters(48P)
406	15520/2013	W.P.(CrI.) No. 90/2013	FIGHT FOR HUMAN RIGHTS Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)

407	15660/20 13	C.A. No. 265/2015	SOCIAL JURIST, A CIVIL RIGHTS GROUP Vs. GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI ETC. CHIEF SECRETARY	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
408	16871/20 13	W.P.(C) No. 331/2013	ARVINDER KAUR Vs. UNION OF INDIA	Others-Other PIL matters(48P)
409	17070/20 13	C.A. No. 7020- 7021/2013	STATE OF MAHARASHTRA ETC. Vs. NARESH GANGARAM GOSAVI	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
410	17197/20 13	W.P.(C) No. 335/2013	AMICUS CURIAE (PRAKASH SINGH) Vs. UNION OF INDIA	Service Laws-Three Judge Matter(43P_3jj)
411	17318/20 13	W.P.(CrI.) No. 138/2013	DHARAMPAL Vs. STATE OF HARYANA AND ORS.	Criminal Law-PIL related to the subject category(15P)
412	18483/20 13	C.A. No. 10426/2024	U.O.I. Vs. SARYU ROY	Original Suits in Supreme Court / disputes Inter-State Water disputes-PIL related to the subject category(35P)
413	18545/20 13	W.P.(C) No. 406/2013	IN RE-INHUMAN CONDITIONS IN 1382 PRISONS Vs. .	Others-Other PIL matters(48P)
414	20173/20 13	C.A. No. 10710/2017	BASAVESHWARA MAHA VIDYA SAMSTHE Vs. ASHOK KUMAR D	Civil Law-PIL related to the subject category(9P)
415	20228/20 13	W.P.(C) No. 572/2013	CONSUMER ONLINE FOUNDATION Vs. UNION OF INDIA AND ORS.	Others-Other PIL matters(48P)
416	20230/20 13	W.P.(C) No. 513/2013	GURUDAS DASGUPTA AND ANR. Vs. UNION OF INDIA AND ORS.	Energy Laws - Electricity, Petroleum, Oil and Natural Gas -PIL related to the subject matter(19P)
417	20818/20 13	SLP(C) No. 21634/2013	M/S. VIRAJ CONSTRUCTIONS PVT. LTD Vs. PREM SHANKER	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)

418	21347/2013	SLP(C) No. 22885-22886/2013	DUNGAR SINGH Vs. STATE OF HIMACHAL PRADESH GOVERNMENT OF HIMACHAL PRADESH THROUGH ADDITIONAL CHIEF SECRETARY (FOREST)	Rent Control and Public Premises (Eviction) Act-PIL related to the subject category(41P)
419	21885/2013	SLP(C) No. 29329-29330/2013	KAMAL DEY Vs. CRICKET ASSOCIATION OF BENGAL AND ORS.	Others-Other PIL matters(48P)
420	22694/2013	SLP(C) No. 24658-24667/2013	RAJENDER KUMAR KHAMPA Vs. THE STATE OF HIMACHAL PRADESH	Rent Control and Public Premises (Eviction) Act-PIL related to the subject category(41P)
421	23502/2013	W.P.(C) No. 618/2013	ANTARRASHTRIYA MANAV ADHIKAAR NIGRAANI PARISHAD Vs. UNION OF INDIA	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
422	23558/2013	SLP(C) No. 35427/2013	SUKHPAL SINGH KHAIRA Vs. STATE OF PUNJAB	Others-Other PIL matters(48P)
423	23642/2013	W.P.(C) No. 676/2013	SANJEEB PANIGRAHI Vs. UNION OF INDIA	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
424	23855/2013	W.P.(C) No. 814/2013	MANAV VIKAS SEWA SAMITI Vs. UNION OF INDIA AND ORS.	Public Trust, Religious Endowments, Waqfs-PIL related to the subject category(38P)
425	24114/2013	C.A. No. 4235/2014	BOARD OF CONTROL FOR CRICKET IN INDIA Vs. CRICKET ASSOCIATION OF BIHAR	Lotteries, betting, gambling-PIL related to the subject category(32P)
426	24636/2013	C.A. No. 3634-3635/2015	BRAHMANI MATAJI SEVA SAMITI Vs. STATE OF GUJARAT	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
427	24689/2013	C.A. No. 7022/2013	NARESH GANGARAM GOSAVI Vs. CHEMBUR ENGLISH SCHOOL	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
428	24690/2013	W.P.(C) No. 686/2013	NARESH GANGARAM GOSAVI Vs. DEPT OF SOCIAL WELFARE STATE OF MAHARASH	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)

429	25310/20 13	C.A. No. 5453/2014	SATISH CHANDRA VERMA Vs. SAMJI LADHA AND ORS.	Criminal Law-PIL related to the subject category(15P)
430	25454/20 13	W.P.(C) No. 728/2013	COMMON CAUSE Vs. UNION OF INDIA	Energy Laws - Electricity, Petroleum, Oil and Natural Gas -PIL related to the subject matter(19P)
431	25726/20 13	C.A. No. 4236/2014	CRICKET ASS. OF BIHAR Vs. BOARD OF CONT. FOR CKT. IN INDIA	Lotteries, betting, gambling-PIL related to the subject category(32P)
432	25923/20 13	W.P.(C) No. 832/2013	ARUP BRAHMACHARI @ SWAMIJI Vs. UNION OF INDIA	Public Trust, Religious Endowments, Waqfs-PIL related to the subject category(38P)
433	26029/20 13	W.P.(C) No. 768/2013	M/S SATHYA GRANITES Vs. THE STATE OF KARNATAKA REP. BY ITS SECRETARY	Mines Minerals, Mining leases-Three Judge Matter(33P_3jj)
434	26530/20 13	CrI.A. No. 1490/2015	THE STATE OF ODISHA Vs. ARUN KUMAR BUDHIA	Criminal Law-PIL related to the subject category(15P)
435	27859/20 13	W.P.(C) No. 859/2013	JAFFAR ULLAH Vs. U.O.I	Others-Other PIL matters(48P)
436	28419/20 13	W.P.(C) No. 880/2013	COMMON CAUSE Vs. UNION OF INDIA	Others-Other PIL matters(48P)
437	28684/20 13	SLP(C) No. 28896/2013	ANANYA EXPORTS PVT. LTD Vs. THE STATE OF KARNATAKA AND ORS	Mines Minerals, Mining leases-PIL related to the subject category(33P)
438	29132/20 13	C.A. No. 11928/2016	MOOL PRAVAH AKHIL BHARAT NEPAL EKTA SAMAJ Vs. THE STATE OF H.P.	Civil Law-PIL related to the subject category(9P)
439	29546/20 13	C.A. No. 12019/2014	PACIFIC HOTEL SOLE PROPRIETOR SRI PANKAJ NAGALIA Vs. KRISHNA DATTA	Environmental Laws-PIL related to the subject matter(20P)
440	31429/20 13	W.P.(C) No. 921/2013	SAMA-RESOURCE GROUP FOR WOMEN AND HEALTH Vs. UNION OF INDIA	Others-Other PIL matters(48P)

441	31868/20 13	SLP(C) No. 38955/2013	SAU ANU VINOD KHOBRAGADE Vs. THE STATE OF MAHARASHTRA AND ORS.	Mines Minerals, Mining leases-PIL related to the subject category(33P)
442	31918/20 13	C.A. No. 8978/2014	TRIMURTY NAGAR(N.I.T) GROUND B.K.SAMITI Vs. BHARTIYA VIDYA BHAVAN MUNSHI SADAN	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
443	32183/20 13	W.P.(C) No. 1032/2013	WILDLIFE CONSERVATION TRUST-RAJKOT Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
444	32419/20 13	C.A. No. 10900/2013	NARAYANA MANDIRA SAMITI'S S.N.G.P,MUMBAI Vs. STATE OF MAHARASHTRA .	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
445	32554/20 13	SLP(C) No. 34147/2013	THE STATE OF MADHYA PRADESH NARMADA VALLEY DEVELOPMENT AUTHORITY (NVDA) THE PRINCIPAL SECRETARY Vs. COMMISSION OF INQUIRY	Others-Three Judge Matter(48P_3jj)
446	33299/20 13	W.P.(C) No. 931/2013	VINEET DHANDA Vs. UNIONOF INDIA	Others-Other PIL matters(48P)
447	34370/20 13	SLP(C) No. 29910/2014	CITIZENS RESOURCE AND ACTION INITIATIVE (CRANTI) Vs. THE STATE OF GUJARAT .	Others-Other PIL matters(48P)
448	34398/20 13	C.A. No. 10442/2013	DESH RAJ . Vs. STATE OF HIMACHAL PRADESH	Habeas Corpus and Preventive Detention-PIL related to the subject category(22P)
449	34945/20 13	SLP(C) No. 996/2014	UNION OF INDIA Vs. JUSTICE I. S. ISRANI (RETD.) AND ORS.	Telegraph & Telecom Laws-PIL related to the subject category(45P)
450	35120/20 13	SLP(C) No. 35505- 35506/2013	MAHATMA GANDHI UNIVERSITY OF MEDICAL AND TECHNOLOGY Vs. ADITYA SINGHAL AND ORS	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)

451	35121/2013	SLP(C) No. 35001/2013	MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES AND TECHNOLOGY RIICO Vs. SACHIN MEHTA .	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
452	35972/2013	W.P.(C) No. 984/2013	TELANGANA VIKAS KENDRA Vs. UNION OF INDIA	Others-Other PIL matters(48P)
453	36010/2013	W.P.(CrI.) No. 202/2013	IN RE: Vs. NEWS ITEM	Criminal Law-PIL related to the subject category(15P)
454	36263/2013	W.P.(CrI.) No. 4/2014	KAMLESH VERMA Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)
455	38333/2013	C.A. No. 11908/2014	SATISH KUMAR DWIVEDI Vs. THE STATE OF UTTAR PRADESH	Others-Other PIL matters(48P)
456	40980/2013	S.L.P.(C)...CC No. 987/2014	VEENA BODH Vs. STATE OF HIMACHAL PRADESH	Rent Control and Public Premises (Eviction) Act-PIL related to the subject category(41P)
457	60055/2013	T.C.(C) No. 87/2013	THE GOVERNMENT OF A.P. I AND CAD PROJECTS DEPARTMENT Vs. THE NATIONAL ENVIRONMENT APPELLATE AUTHORITY	Environmental Laws-PIL related to the subject matter(20P)
458	60072/2013	T.C.(C) No. 54/2013	SAYAN GUHA Vs. INDIAN INSTITUTE OF MNGT.CALCUTTA	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
459	60073/2013	T.C.(C) No. 77/2013	YOUTH FOR EQUILITY . Vs. UNION OF INDIA MINISTRY OF HUMAN RESOURCE DEVELOPMENT	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
460	660/2014	W.P.(C) No. 207/2014	VISHNU ALLURI Vs. UNION OF INDIA	Others-Other PIL matters(48P)
461	1504/2014	W.P.(CrI.) No. 15/2014	X Vs. SEC. GEN., SUPREME COURT OF INDIA	Criminal Law-Three Judge Matter(15P_3jj)
462	1523/2014	W.P.(C) No. 124/2014	K. SHRAVAN KUMAR Vs. THE BAR COUNCIL OF INDIA	Bar Council, Bar Associations, Advocates, other professional bodies-PIL related to the subject category(7P)

463	1949/2014	SLP(C) No. 1680/2015	M/S THERMAX LIMITED (SEZ UNIT) Vs. RANUBHA RAJMALJI JADEJA	Environmental Laws-PIL related to the subject matter(20P)
464	2135/2014	SLP(C) No. 1799/2014	OIL FIELD WAREHOUSE AND SERVICES LTD Vs. GAJUBHA (GAJENDRASINHA) BHIMJI JADEJA	Environmental Laws-PIL related to the subject matter(20P)
465	2211/2014	W.P.(C) No. 162/2014	R. MANOHAR . Vs. UNION OF INDIA MINISTRY OF HOME AFFAIRS HOME SECRETARY	Others-Other PIL matters(48P)
466	2244/2014	SLP(C) No. 3776/2014	STATE OF U.P Vs. RANJANA AGNIHOTRI .	Criminal Law-PIL related to the subject category(15P)
467	2913/2014	W.P.(C) No. 167/2014	GURIA SWAYAM SEVI SANSTHAN Vs. UNION OF INDIA	Others-Other PIL matters(48P)
468	3113/2014	W.P.(C) No. 171/2014	ALL INDIA ROAD NETWORK USERS ASSOCIATION Vs. UNION OF INDIA	Motor Vehicle Laws - Permits, licenses and others-PIL related to the subject category(34P)
469	4663/2014	W.P.(C) No. 129/2014	INDIAN OIL OFFICERS ASSOCIATION AND ORS Vs. UNION OF INDIA AND ORS	Election and delimitation laws-PIL related to the subject category(18P)
470	5589/2014	CONMT.PET.(C) No. 235/2014 In W.P.(C) No. 310/1996	PRAKASH SINGH Vs. DR. SHAMAL KUMAR SARKAR	Service Laws-Three Judge Matter(43P_3jj)
471	5930/2014	W.P.(C) No. 166/2014	M. RAJAMOHAN REDDY Vs. UNION OF INDIA	Others-Other PIL matters(48P)
472	5964/2014	W.P.(C) No. 161/2014	K. RAGHU RAMAKRISHNA RAJU Vs. UNION OF INDIA .	Others-Other PIL matters(48P)
473	6084/2014	W.P.(C) No. 204/2014	COMMON CAUSE Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)

474	6247/2014	SLP(C) No. 5851-5852/2014	ADANI PORTS AND SPECIAL ECONOMIC ZONE LTD Vs. GAJUBA (GAJENDRASINH) BHIMAJI JADEJA	Environmental Laws-PIL related to the subject matter(20P)
475	6248/2014	SLP(C) No. 7369/2014	ADANI PORTS AND SPECIAL ECONOMIC ZONE LTD. Vs. RANUBHA RAJMALJI JADEJA	Environmental Laws-PIL related to the subject matter(20P)
476	6295/2014	S.L.P.(C)...CC No. 5031-5032/2014	MANGNI RAM Vs. UNION OF INDIA THROUGH THE SECRETARY	Environmental Laws-PIL related to the subject matter(20P)
477	6747/2014	W.P.(C) No. 203/2014	M. GOPI KRISHNA Vs. UNION OF INDIA	Others-Other PIL matters(48P)
478	7318/2014	W.P.(C) No. 210/2014	MANOHAR LAL SHARMA ADVOCATE Vs. UNION OF INDIA	Others-Other PIL matters(48P)
479	7418/2014	W.P.(C) No. 211/2014	KARNATAKA TELUGU PRAJA SAMITHI Vs. UNION OF INDIA	Others-Other PIL matters(48P)
480	7431/2014	W.P.(C) No. 233/2014	KALLOOR JOSEPH Vs. UNION OF INDIA MINISTRY OF ROAD TRANSPORT HIGHWAYS	Motor Vehicle Laws - Permits, licenses and others-PIL related to the subject category(34P)
481	7433/2014	W.P.(C) No. 217/2014	MATTEGUNTA RAMAKRISHNA Vs. UNION OF INDIA	Others-Other PIL matters(48P)
482	7504/2014	W.P.(C) No. 215/2014	PENDURTHI VENKATESH Vs. UNION OF INDIA	Others-Other PIL matters(48P)
483	7689/2014	W.P.(C) No. 219/2014	VUNDAVALLI ARUN KUMAR Vs. UNION OF INDIA	Others-Other PIL matters(48P)
484	7690/2014	W.P.(C) No. 223/2014	MUPPALLA SUBBARAO Vs. UNION OF INDIA	Others-Other PIL matters(48P)
485	7691/2014	W.P.(C) No. 224/2014	RASTHRIYA PRAJA CONGRESS (SECULAR) Vs. UNION OF INDIA	Others-Other PIL matters(48P)

486	7692/2014	W.P.(C) No. 218/2014	K. PRABHAKAR RAJU Vs. UNION OF INDIA AND ANR.	Others-Other PIL matters(48P)
487	7703/2014	W.P.(C) No. 228/2014	NALLARI KIRAN KUMAR REDDY Vs. UNION OF INDIA	Others-Other PIL matters(48P)
488	7712/2014	W.P.(C) No. 225/2014	RAYAPATI SAMBASIVA RAO Vs. UNION OF INDIA	Others-Other PIL matters(48P)
489	7854/2014	W.P.(C) No. 275/2014	B. SANJEEVA RAO Vs. UNION OF INDIA	Others-Other PIL matters(48P)
490	7875/2014	W.P.(C) No. 230/2014	MATTA JAYAKAR Vs. UNION OF INDIA AND ANR.	Others-Other PIL matters(48P)
491	8466/2014	W.P.(C) No. 271/2014	K.K SHERWANI Vs. UNION OF INDIA AND ANR.	Others-Other PIL matters(48P)
492	9449/2014	W.P.(C) No. 270/2014	MANOHAR LAL SHARMA Vs. UNION OF INDIA AND ANR.	Energy Laws - Electricity, Petroleum, Oil and Natural Gas -PIL related to the subject matter(19P)
493	9487/2014	C.A. No. 8442/2014	K.S JAIPRAKASH REDDY Vs. STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
494	9488/2014	C.A. No. 8441/2014	K.S JAIPRAKASH REDDY Vs. STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
495	9615/2014	C.A. No. 10364/2017	VASANT SAGAR PROPERTIES PVT LTD Vs. FEDERATION OF CHURCHGATE RESIDENTS	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
496	9636/2014	SLP(C) No. 14512-14513/2014	RAJINDER PARSAD SHARMA (DEAD) THR. LRS. ETC. Vs. THE STATE OF JAMMU AND KASHMIR	Land Acquisition and Requisition-PIL related to the subject category(30P)

497	10602/20 14	SLP(C) No. 10387- 10389/2014	DEEPAK RANA AND ORS. Vs. THE STATE OF HARYANA AND ORS.	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
498	10737/20 14	C.A. No. 6007- 6008/2014	C. BASAVARAJA Vs. STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
499	11550/20 14	W.P.(C) No. 344/2014	BANDI SREEKANTH & 3 ORS Vs. UOI	Others-Other PIL matters(48P)
500	11660/20 14	W.P.(C) No. 306/2014	CHANAMOLU LAKSHMI ANUPAMA Vs. UNION OF INDIA MINISTRY OF HOME AFFAIRS SECRETARY	Others-Other PIL matters(48P)
501	12506/20 14	W.P.(C) No. 343/2014	TENNYDARD M. MARAK Vs. UNION OF INDIA	Others-Other PIL matters(48P)
502	12859/20 14	SLP(C) No. 15751/2014	GOHIL AMRUTLAL KANTILAL Vs. GUJARAT SUBORDINATE SERVICE SELECTION BOARD	Service Laws-PIL related to the subject category(43P)
503	13224/20 14	SLP(C) No. 14086/2014	HEMA Vs. STATE OF HARYANA .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
504	13709/20 14	T.P.(C) No. 1919/2014	FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA Vs. M/S MILAN SUPARI CO. PVT LTD	Others-Other PIL matters(48P)
505	14559/20 14	C.A. No. 1471/2017	D.SURAYANARAYANA Vs. GOVT. OF INIDA	Others-Other PIL matters(48P)
506	14641/20 14	W.P.(C) No. 384/2014	ALL NORTH EAST INDIGENOUS GARO LAW PROMOTERS ASSOCIATION Vs. UNION OF INDIA	Others-Other PIL matters(48P)

507	14651/20 14	SLP(C) No. 14087/2014	MOHINDER KAUR Vs. STATE OF HARYANA .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
508	14661/20 14	W.P.(C) No. 486/2014	SAROSH MEHTA Vs. UNION OF INDIA	Others-Other PIL matters(48P)
509	15123/20 14	W.P.(C) No. 422/2014	YOGESH GUPTA Vs. THE ELECTION COMMISSION OF INDIA	Election and delimitation laws-PIL related to the subject category(18P)
510	16350/20 14	W.P.(C) No. 585/2014	IMRAN KHAN Vs. UNION OF INDIA AND ANR.	Election and delimitation laws-PIL related to the subject category(18P)
511	16500/20 14	C.A. No. 8305- 8306/2014	K.SUKUMARAN Vs. STATE OF KARNATAKA	Land Acquisition and Requisition-PIL related to the subject category(30P)
512	16554/20 14	W.P.(C) No. 742/2014	HARITHA SARANGA AND ORS. Vs. UNION OF INDIA	Others-Other PIL matters(48P)
513	16890/20 14	C.A. No. 8359/2024	AJAY BINAY INST.OF ENGINEERING AND TECHNOLOGY Vs. STATE OF ORISSA .	Land Acquisition and Requisition-PIL related to the subject category(30P)
514	17086/20 14	W.P.(C) No. 456/2014	VISHNU ALLURI Vs. UNION OF INDIA	Others-Other PIL matters(48P)
515	17662/20 14	W.P.(C) No. 470/2014	DR.M.SHARATH CHANDRA REDDY Vs. UNION OF INDIA .	Others-Other PIL matters(48P)
516	18433/20 14	SLP(CrI) No. 11188/2018	CENTRE FOR ENQUIRY INTO HEALTH AND ALLIED THEMES (CEHAT) Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)
517	18878/20 14	W.P.(C) No. 512/2014	NARAYAN SINGH CHAUHAN Vs. THE STATE OF CHHATTISGARH	Criminal Law-PIL related to the subject category(15P)
518	19190/20 14	W.P.(C) No. 577/2014	REEPAK KANSAL Vs. UNION OF INDIA	Others-Other PIL matters(48P)

519	19789/20 14	C.A. No. 876/2018	THE STATE OF GUJARAT Vs. VINOD PANDYA	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
520	21393/20 14	SLP(C) No. 24535/2014	K BALAJI, PRESIDENT GANDHI CONSUMER FORUM Vs. THE SECRETARY OF TAMIL NADU AND ORS.	Environmental Laws-PIL related to the subject matter(20P)
521	21710/20 14	SLP(C) No. 21320/2014	JOHN HUANG Vs. THAKURBARI NARI SANGATHAN .	Civil Law-PIL related to the subject category(9P)
522	22249/20 14	SLP(C) No. 24687- 24688/2014	GOVERNMENT OF NCT OF DELHI Vs. PRAMOD ARORA .	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
523	22320/20 14	W.P.(C) No. 743/2014	WILDLIFE RESCUE AND REHABILITATION CENTRE Vs. UNION OF INDIA	Environmental Laws-PIL related to the subject matter(20P)
524	22346/20 14	W.P.(C) No. 817/2014	YOUTH KAMAL ORGANIZATION Vs. UNION OF INDIA AND ANR.	Others-Other PIL matters(48P)
525	24104/20 14	SLP(C) No. 21614/2014	THE STATE OF UTTAR PRADESH Vs. NUTAN THAKUR	Others-Other PIL matters(48P)
526	26272/20 14	W.P.(C) No. 804/2014	MUTTEEVI VENKATAPPA LAKSHMI AND ORS. Vs. UNION OF INDIA AND ORS.	Others-Other PIL matters(48P)
527	27527/20 14	C.A. No. 875/2018	STATE OF GUJARAT Vs. YATHARTH NAISHADH DESAI	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
528	28602/20 14	C.A. No. 10365/2017	OVAL COOPERAGE RESIDENTS ASSOCIATION (THROUGH ITS PRESIDENT SHRI ASHAD MEHTA) Vs. VASANT SAGAR PROPERTIES PVT LTD (THROUGH ITS DIRECTOR)	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)

529	28750/2014	T.P.(C) No. 143/2015	FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA Vs. THE STATE OF MAHARASHTRA STATE OF MAHARASHTRA AND ORS SECRETARY	Others-Other PIL matters(48P)
530	28751/2014	T.P.(C) No. 144/2015	FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA Vs. THE STATE OF MADHYA PRADESH AND ORS PUBLIC HEALTH AND FAMILY WELFARE DEPARTMENT THROUGH SECRETARY	Others-Other PIL matters(48P)
531	30325/2014	SLP(C) No. 28571-28595/2014	N.P. SUGANDHINI ETC. ETC. Vs. STATE OF KARNATAKA .	Public Trust, Religious Endowments, Waqfs-PIL related to the subject category(38P)
532	31404/2014	T.C.(C) No. 34/2014	SDD AGENCIES PVT. LTD. Vs. THE STATE OF MAHARASHTRA DEPARTMENT OF FOOD AND DRUG ADMINISTRATION REPRESENTED BY SECRETARY	Others-Other PIL matters(48P)
533	31406/2014	T.C.(C) No. 33/2014	RAJNANDANI FOODS PVT. LTD. Vs. THE STATE OF MAHARASHTRA DEPARTMENT OF FOOD AND DRUG ADMINISTRATION	Others-Other PIL matters(48P)
534	31408/2014	T.C.(C) No. 35/2014	M/S HIRA ENTERPRISES Vs. THE STATE OF MAHARASHTRA AND ORS.	Others-Other PIL matters(48P)
535	31413/2014	T.C.(C) No. 36/2014	GHODAWAT PAN MASALA PRODUCTS (I) LTD. Vs. STATE OF MAHARASHTRA .	Others-Other PIL matters(48P)
536	31414/2014	T.C.(C) No. 37/2014	MUMBAI VIDI TAMBAKHU VYAPARI SANGH Vs. DEPARTMENT OF FOOD AND DRUG THROUGH SECRETARY	Others-Other PIL matters(48P)

537	31415/20 14	T.C.(C) No. 19/2014	THE INTERNATIONAL SPIRITS AND WINES ASSOCIATION OF INDIA AUTHORISED SIGNATORY MR. RAJIV CHAUHAN Vs. UNION OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE SECRETARY	Others-Other PIL matters(48P)
538	31757/20 14	C.A. No. 14316- 14321/2024	DLF LIMITED Vs. OM PARKASH MUKDAM & ORS ETC. ETC.	Land Acquisition and Requisition-PIL related to the subject category(30P)
539	32881/20 14	SLP(C) No. 7918- 7951/2015	K.V.ANANTHA Vs. SRI. M. SHEKAR SHETTY	Public Trust, Religious Endowments, Waqfs-PIL related to the subject category(38P)
540	33243/20 14	C.A. No. 1361/2017	KISHANBHAI PREMJBHAI DOSHI (DECEASED) THRO. LRS. Vs. ANANTSINH PRABHATSINH SOLANKI	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
541	33430/20 14	SLP(C) No. 7903- 7916/2015	ABDUL RAHMAN Vs. STATE OF KARNATAKA .	Public Trust, Religious Endowments, Waqfs-PIL related to the subject category(38P)
542	33872/20 14	SLP(C) No. 33417/2014	MS. RANJANA AGNIHOTRI Vs. UNION OF INDIA MINISTRY OF HOME AFFAIRS SECRETARY	Criminal Law-PIL related to the subject category(15P)
543	34238/20 14	T.C.(C) No. 74/2014	EXCIDE INDUSTRIES LTD. Vs. UNION OF INDIA	Others-Three Judge Matter(48P_3jj)
544	34528/20 14	SLP(C) No. 31465/2014	VADODARA SHAHERI JILLA KHEDUT MANDAL Vs. VADODARA MUNICIPAL CORPORATION THROUGH MUNICIPAL COMMISSIONER	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
545	34628/20 14	SLP(C) No. 31893- 31944/2014	SHIVSHANKAR RAO Vs. DY. COMMISSIONER AND ORS ETC	Public Trust, Religious Endowments, Waqfs-PIL related to the subject category(38P)
546	35563/20 14	W.P.(CrI.) No. 210/2014	BANDI ADHIKAR ANDOLAN BIHAR Vs. UNION OF INDIA AND ORS.	Criminal Law-PIL related to the subject category(15P)

547	35747/2014	T.P.(C) No. 21/2015	FOOD SAFETY AND STANDARS AUTHORITY OF INDIA Vs. M/S JAYA PRODUCTS	Others-Other PIL matters(48P)
548	35748/2014	T.P.(C) No. 98/2015	FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA Vs. M/S PRANAY TRADERS	Others-Other PIL matters(48P)
549	37580/2014	W.P.(C) No. 976/2014	COMMON CAUSE Vs. UNION OF INDIA AND ORS.	Others-Other PIL matters(48P)
550	38248/2014	CONMT.PET.(C) No. 14-16/2015 In C.A. No. 4912/2014	JAL MAHAL RESORTS PVT. LTD. Vs. SHAILENDRA KUMAR AGARWAL	Contempt of Court-PIL related to the subject category(14P)
551	38536/2014	C.A. No. 1155/2015	CRICKET ASSOCIATION OF BIHAR A SOCIETY DULY REGISTERED UNDER THE PROVISIONS OF THE SOCEITIES REGISTR Vs. THE BOARD OF CONTROL FOR CRICKET IN INDIA A SOCIETY REGISTERED UNDER THE TAMIL NADU SOCIETIES REGIST	Lotteries, betting, gambling-PIL related to the subject category(32P)
552	38931/2014	C.A. No. 4543/2017	STATE OF KARNATAKA Vs. ADIVASI BUDAKATTU HITARAKSHANA VEDIKE KARNATAKA	Others-Other PIL matters(48P)
553	40361/2014	SLP(C) No. 34841-34842/2014	RAMBAGH GOLF CLUB Vs. VIJAY SINGH PUNIA AND ORS.	Others-Other PIL matters(48P)
554	40481/2014	C.A. No. 14323/2024	ROHTASH SINGH (DEAD) THROUGH LRS Vs. THE STATE OF HARYANA	Land Acquisition and Requisition-PIL related to the subject category(30P)
555	40482/2014	C.A. No. 14322/2024	OM PRAKASH MUKDAM Vs. THE STATE OF HARYANA	Land Acquisition and Requisition-PIL related to the subject category(30P)

556	40923/20 14	SLP(C) No. 35130/2014	RAJASTHAN POLO CLUB Vs. VIJAY SINGH PUNIA .	Others-Other PIL matters(48P)
557	40934/20 14	W.P.(C) No. 19/2015	GURVINDER SINGH Vs. SOUTH DELHI MUNICIPAL CORPORATION, (THR. ITS COMMISSIONER) .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
558	41168/20 14	W.P.(C) No. 53/2015	ALANA GOLMEI Vs. UNION OF INDIA .	Criminal Law-PIL related to the subject category(15P)
559	41253/20 14	S.L.P.(C)...CC No. 9915/2016	CHARIDESIA KRUSAK SURAKHYA SANGHA Vs. STATE OF ORISSA	Land Acquisition and Requisition-PIL related to the subject category(30P)
560	42103/20 14	T.P.(C) No. 111/2015	STATE OF BIHAR Vs. RAJAT INDUSTRIES PVT. LTD	Others-Other PIL matters(48P)
561	42104/20 14	T.P.(C) No. 91/2015	DEPARTMENT OF HEALTH THE FOOD SAFETY COMMISSIONER CUM SECRETARY Vs. M/S. R.K. ENTERPRISES AND ORS. PROPRIETOR RAKESH KUMAR	Others-Other PIL matters(48P)
562	42105/20 14	T.P.(C) No. 76/2015	STATE OF BIHAR Vs. M/S. PRABHAT ZARDA FACTORY INDIA PVT. LTD.	Others-Other PIL matters(48P)
563	42106/20 14	T.P.(C) No. 77/2015	THE STATE OF BIHAR STATE OF BIHAR AND ANR. CHIEF SECRETARY Vs. M/S KHAN BROTHERS PROPRIETOR NAMELY RUSTAM KHAN S/O BANA KHAN	Others-Other PIL matters(48P)
564	60002/20 14	T.C.(C) No. 18/2014	KAIPAN PANMASALA P. LTD. Vs. UNION OF INDIA AND ORS. THROUGH SECRETARY	Others-Other PIL matters(48P)

565	60010/2014	T.C.(C) No. 9/2014	DINESH TOBACCO INDUSTRIES PARTNER Vs. STATE OF RAJASTHAN THE CHIEF SECRETARY	Others-Other PIL matters(48P)
566	60011/2014	T.C.(C) No. 20/2014	M/S. VISHNU POUCH PACKAGING PRIVATE LIMITED Vs. THE STATE OF MAHARASHTRA FOOD AND DRUG ADMINISTRATION SECRETARY	Others-Other PIL matters(48P)
567	60013/2014	T.C.(C) No. 16/2014	THE CANCER PATIENTS AID ASSOCIATION Vs. HEALTH AND FAMILY WELFARE DEPARTMENT REPRESENTED BY ITS PRINCIPAL SECRETARY	Others-Other PIL matters(48P)
568	60014/2014	T.C.(C) No. 10/2014	ALOK PAUL Vs. UNION OF INDIA SECRETARY	Others-Other PIL matters(48P)
569	60015/2014	T.C.(C) No. 11/2014	SOM PAN PRODUCTS PRIVATE LIMITED Vs. UNION OF INDIA SECRETARY	Others-Other PIL matters(48P)
570	60016/2014	T.C.(C) No. 12-14/2014	GHODAWAT PAN MASALA PRODUCTS (I) PVT. LTD. DIRECTOR Vs. THE STATE OF KARNATAKA STATE OF KARNATAKA SECRETARY	Others-Other PIL matters(48P)
571	60018/2014	T.C.(C) No. 15/2014	GHODAWAT PAN MASALA PROD.(I)P.LTD. A COMPANY INCORPORATED UNDER THE PROVISIONS OF THE INDIAN COMPANI Vs. THE STATE OF KARNATAKA AND ORS. REPRESENTED BY SECRETARY HEALTH AND FAMILY WELFARE	Others-Other PIL matters(48P)

572	60022/2014	T.C.(C) No. 21/2014	GHODAWAT PAN MASALA PRODUCTS(I) PVT.LTD Vs. UNION OF INDIA	Others-Other PIL matters(48P)
573	60023/2014	T.C.(C) No. 22/2014	JAGADEESH KAMATH Vs. THE UNION OF INDIA AND ORS. MINISTRY OF HEALTH AND FAMILY WELFARE THROUGH SECRETARY	Others-Other PIL matters(48P)
574	60024/2014	T.C.(C) No. 24/2014	RAJAT INDUSTRIES PVT. LTD. Vs. UNION OF INDIA .	Others-Other PIL matters(48P)
575	60025/2014	T.C.(C) No. 25/2014	M/S R.K.PRODUCTS CO. Vs. UNION OF INDIA MINISTRY OF FINANCE THROUGH THE SECRETARY	Others-Other PIL matters(48P)
576	60038/2014	T.C.(C) No. 38/2014	RAJAT INDUSTRIES PVT. LTD. Vs. STATE OF MAHARASHTRA .	Others-Other PIL matters(48P)
577	485/2015	SLP(C) No. 1529/2015	STATE OF GUJARAT Vs. JAYESHKUMAR MAHENDRABHAI PARMAR	Service Laws-PIL related to the subject category(43P)
578	1019/2015	C.A. No. 13092-13093/2025	K. RAHEJA CORP. PVT LTD. Vs. SUNIL PATIL AND ORS. ETC	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
579	1443/2015	C.A. No. 13094-13095/2025	SUNIL PATADE S/O BHIKAJI PATADE Vs. SUNIL PATIL AND ORS AND ETC	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
580	1868/2015	C.A. No. 13096-13097/2025	RETAILERS ASSOCIATION OF INDIA Vs. SUNIL PATIL	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
581	4442/2015	W.P.(C) No. 81/2015	SANJEEB PANIGRAHI Vs. UNION OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE SECRETARY	Family Laws-PIL related to the subject matter(21P)

582	5987/2015	CONMT.PET.(C) No. 177/2015 In W.P.(C) No. 310/1996	PRAKASH SINGH Vs. ALOK RANJAN	Service Laws-Three Judge Matter(43P_3jj)
583	6016/2015	C.A. No. 7234/2017	V. VASANTHAKUMAR Vs. SOLAI SUBRAMANIAN @ S. SUBRAMANIAN .	Judiciary-PIL related to the subject category(28P)
584	6078/2015	CONMT.PET.(CrI.) No. 2/2015 In W.P.(CrI.) No. 120/2012	UNION OF INDIA THROUGH SECRETARY, MINISTRY OF COAL Vs. SH. UJJAL KUMAR UPADHAYA .	Criminal Law-Three Judge Matter(15P_3jj)
585	6079/2015	W.P.(C) No. 248/2015	M. NARAYANA CHARYULU Vs. UNION OF INDIA	Others-Three Judge Matter(48P_3jj)
586	6896/2015	W.P.(C) No. 128/2015	CENTRE FOR PUBLIC INTEREST LITIGATION Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)
587	8392/2015	T.C.(C) No. 39/2015	V. SAMBASIVAM Vs. GOVERNMENT OF INDIA THROUGH ITS SECRETARY	Environmental Laws-Three Judge Matter(20P_3jj)
588	9195/2015	W.P.(C) No. 275/2015	VIDYA ATHREYA Vs. UNION OF INDIA .	Environmental Laws-PIL related to the subject matter(20P)
589	9250/2015	T.C.(C) No. 41/2015	J.V. SHARMA IFS (RETD) Vs. GOVERNMENT OF INDIA AND ORS. REP BY SECRETARY	Environmental Laws-Three Judge Matter(20P_3jj)
590	9741/2015	W.P.(C) No. 551/2015	RAINBOW MULTI STATE CREDIT CO-OPERATIVE SOCIETY LTD. Vs. UNION OF INDIA	Banking-PIL related to the subject category(6P)
591	10046/2015	W.P.(C) No. 172/2015	ARUN KUMAR AGARWAL Vs. SECURITIES AND EXCHANGE BOARD OF INDIA	Criminal Law-PIL related to the subject category(15P)

592	10641/20 15	SLP(C) No. 12830/2015	MAHARASHTRA COUNCIL OF AGRICULTURAL AND RESEARCH THROUGH ITS DIRECTOR GENERAL Vs. BHAGWAN NANNAWARE AND ORS.	Educational Institutions - Admission, Management, Grant, Recognition-PIL related to the subject category(17P)
593	11241/20 15	SLP(C) No. 21195/2015	JAYA THAKUR Vs. THE STATE OF MADHYA PRADESH AND ORS GENERAL ADMINISTRATION DPEARTMENT MANTRALYA PRINCIPAL SECRETA	Service Laws-PIL related to the subject category(43P)
594	11290/20 15	T.C.(C) No. 59/2015	T.N.S. MURUGADOSS THEERTHAPATHI Vs. THE SECRETARY OF GOVT. OF INDIA	Environmental Laws-Three Judge Matter(20P_3jj)
595	12385/20 15	W.P.(C) No. 277/2015	PEOPLES UNION FOR CIVIL LIBERTIES (PUCL) Vs. UNION OF INDIA	Others-Other PIL matters(48P)
596	12838/20 15	SLP(C) No. 26983/2015	JAYESHKUMAR MAHENDRABHAI PARMAR Vs. STATE OF GUJARAT	Service Laws-PIL related to the subject category(43P)
597	13253/20 15	W.P.(C) No. 238/2015	P. THALAPATHI Vs. UNION OF INDIA	Others-Other PIL matters(48P)
598	13306/20 15	C.A. No. 10220/2016	H.M. FAROOQ Vs. THE GOVERNMENT OF KARNATAKA	Judiciary-PIL related to the subject category(28P)
599	14053/20 15	SLP(CrI) No. 5230- 5231/2015	THE STATE OF UTTAR PRADESH HOME DEPARTMENT PRINCIPAL SECRETARY Vs. SURENDRA KOLI	Criminal Law-PIL related to the subject category(15P)

600	15472/20 15	T.C.(C) No. 76/2015	THROUGH ITS SECRETARY ARBIND KUMAR SINHA S/O LATE SARBESHWAR PRASAD SINHA Vs. THE STATE OF BIHAR GOVERNMENT OF BIHAR THROUGH THE CHIEF SECRETARY	Service Laws-PIL related to the subject category(43P)
601	15481/20 15	T.C.(C) No. 75/2015	AJIT SARTHI Vs. STATE OF BIHAR . THROUGH THE CHIEF SECRETARY	Service Laws-PIL related to the subject category(43P)
602	15928/20 15	C.A. No. 6933/2025	RAJKUMAR SINGH CHOURDIA THROUGH POWER OF ATTORNEY HOLDER SHIR RAGHURAJ SINGH CHOURDIA Vs. STATE OF MADHYA PRADESH THROUGH PRINCIPAL SECRETARY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
603	15929/20 15	C.A. No. 6930/2025	RAGHURAJ SINGH CHOURDIA Vs. THE STATE OF MADHYA PRADESH	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
604	16650/20 15	SLP(C) No. 16469/2015	NAGAR PALIKA PARISHAD KHACHROD Vs. JAGDEESH CHANDRA PRAJAPATI	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
605	16902/20 15	W.P.(C) No. 333/2015	ASSOCIATION FOR DEMOCRATIC REFORMS Vs. UNION OF INDIA CABINET SECRETARY	Others-Other PIL matters(48P)
606	17326/20 15	C.A. No. 3302/2017	VINAYAK CREDIT CO-OPERATIVE SOCIETY LTD. Vs. STATE OF RAJASTHAN	Banking-PIL related to the subject category(6P)
607	17423/20 15	C.A. No. 3304/2017	ADARSH CREDIT COOPERATIVE SOCIETY LTD. Vs. THE STATE OF RAJASTHAN STATE OF RAJASTHAN .	Banking-PIL related to the subject category(6P)

608	17424/20 15	C.A. No. 3305/2017	GIRISH CHANDRA NATH Vs. THE STATE OF RAJASTHAN STATE OF RAJASTHAN .	Banking-PIL related to the subject category(6P)
609	17427/20 15	C.A. No. 3306/2017	MADHAV CREDIT COOPERATIVE SOCIETY LTD. Vs. THE STATE OF RAJASTHAN STATE OF RAJASTHAN AND ORS. SECRETARY	Banking-PIL related to the subject category(6P)
610	17431/20 15	C.A. No. 3303/2017	THE NAVJIVAN CREDIT COOPERATIVE SOCIETY LTD Vs. SAJJAN SINGH BHATI .	Banking-PIL related to the subject category(6P)
611	17616/20 15	C.A. No. 3307/2017	SAHAKAR BHARATI Vs. THE STATE OF RAJASTHAN STATE OF RAJASTHAN AND ORS. SECRETARY	Banking-PIL related to the subject category(6P)
612	17821/20 15	SLP(C) No. 16483- 16485/2015	PREM PORWAL AND ORS. ETC. Vs. JAGDEESH CHANDRA PRAJAPATI AND ORS.	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
613	18736/20 15	W.P.(C) No. 378/2015	BARAK VALLEY HUMAN RIGHTS PROTECTION SOCIETY Vs. UNION OF INDIA & OTHERS	Others-Other PIL matters(48P)
614	18902/20 15	C.A. No. 4900/2015	ATC TELECOM INFRASTRUCTURE PVT. LTD. Vs. PRAVEEN PATKAR	Telegraph & Telecom Laws-PIL related to the subject category(45P)
615	19296/20 15	C.A. No. 6932/2025	RAGHURAJ SINGH CHOURDIA Vs. STATE OF MADHYA PRADESH THROUGH PRINCIPAL SECRETARY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
616	19297/20 15	C.A. No. 6931/2025	RAJKUMAR SINGH CHOURDIA THROUGH POWER OF ATTORNEY HOLDER SHRI RAGHURAJ SINGH CHOURDIA Vs. STATE OF MADHYA PRADESH THROUGH PRINCIPAL SECRETARY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)

617	19349/20 15	SLP(C) No. 17003- 17004/2015	STATE OF WEST BENGAL Vs. VISHAK BHATTACHARYA ETC	Others-Other PIL matters(48P)
618	19563/20 15	C.A. No. 6934/2025	FAKHRUDDIN Vs. THE STATE OF MADHYA PRADESH	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
619	19816/20 15	C.A. No. 4460/2017	BIHAR LEGISLATIVE COUNCIL Vs. UNION OF INDIA .	Election and delimitation laws-PIL related to the subject category(18P)
620	19953/20 15	C.A. No. 4461/2017	ELECTION COMMISSION OF INDIA Vs. DEVESH CHANDRA THAKUR AND OTHERS	Election and delimitation laws-PIL related to the subject category(18P)
621	20010/20 15	C.A. No. 3308/2017	SANJIVANI CREDIT CO-OPERATIVE SOCIETY LTD. Vs. THE STATE OF RAJASTHAN STATE OF RAJASTHAN AND ORS. SECRETARY	Banking-PIL related to the subject category(6P)
622	20392/20 15	W.P.(CrI.) No. 114/2015	ANAND RAI Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)
623	20453/20 15	W.P.(CrI.) No. 115/2015	ASHISH KUMAR CHATURVEDI Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)
624	21503/20 15	SLP(C) No. 18041/2015	RAKESH KUMAR Vs. STATE OF U.P.	Land Laws, Agricultural tenancy, Land Revenue-PIL related to the subject category(31P)
625	21817/20 15	W.P.(C) No. 454/2015	INDIRA JAISING Vs. SUPREME COURT OF INDIA THROUGH SECRETARY GENERAL .	Bar Council, Bar Associations, Advocates, other professional bodies-Three Judge Matter(7P_3jj)
626	22321/20 15	T.C.(C) No. 91/2015	RESERVE BANK OF INDIA Vs. JAYANTILAL N. MISTRY	Banking-Three Judge Matter(6P_3jj)
627	22322/20 15	T.C.(C) No. 92/2015	ICICI BANK LTD. Vs. S.S. VOHRA .	Banking-Three Judge Matter(6P_3jj)

628	22323/20 15	T.C.(C) No. 93/2015	NATIONAL BANK FOR AGRICULTURE Vs. KISHAN LAL MITTAL	Banking-Three Judge Matter(6P_3jj)
629	22324/20 15	T.C.(C) No. 95/2015	RESERVE BANK OF INDIA Vs. SUBHASH CHANDRA AGRAWAL	Banking-Three Judge Matter(6P_3jj)
630	22325/20 15	T.C.(C) No. 96/2015	RESERVE BANK OF INDIA Vs. RAJA M. SHANMUGAM	Banking-Three Judge Matter(6P_3jj)
631	22331/20 15	T.C.(C) No. 97/2015	NATIONAL BANK FOR AGRICULTURE Vs. SANJAY SITARAM KURHADE	Banking-Three Judge Matter(6P_3jj)
632	22332/20 15	T.C.(C) No. 98/2015	RESERVE BANK OF INDIA Vs. K.P. MURALIDHARAN NAIR	Banking-Three Judge Matter(6P_3jj)
633	22333/20 15	T.C.(C) No. 99/2015	RESERVE BANK OF INDIA Vs. ASHWINI DIXIT	Banking-Three Judge Matter(6P_3jj)
634	22484/20 15	T.C.(C) No. 100/2015	RESERVE BANK OF INDIA Vs. A. VENUGOPAL	Banking-Three Judge Matter(6P_3jj)
635	22494/20 15	T.C.(C) No. 94/2015	RESERVE BANK OF INDIA Vs. P.P. KAPOOR	Banking-Three Judge Matter(6P_3jj)
636	22509/20 15	T.C.(C) No. 101/2015	RESERVE BANK OF INDIA Vs. DR. K. MOHAN PATIL .	Banking-Three Judge Matter(6P_3jj)
637	23587/20 15	T.P.(CrI.) No. 327/2015	PARAS SAKLECHA Vs. STATE OF MADHYA PRADESH AND ORS. SECRETARY	Criminal Law-PIL related to the subject category(15P)
638	24020/20 15	T.P.(CrI.) No. 329/2015	DR HIMANSHU CHOYAL Vs. THE STATE OF MADHYA PRADESH THROUGH MEDICAL EDUCATION DEPARTMENT	Criminal Law-PIL related to the subject category(15P)
639	24039/20 15	C.A. No. 9056/2015	C B I Vs. ABDUL KALAM AZAD	Others-Other PIL matters(48P)

640	24871/2015	T.C.(C) No. 103/2015	DR. P.G. NAJPANDE Vs. UNION OF INDIA DEPARTMENT OF TRIBAL AFFAIRS SECRETARY	Environmental Laws-Three Judge Matter(20P_3jj)
641	24929/2015	T.P.(CrI.) No. 328/2015	ANAND RAI Vs. THE STATE OF MADHYA PRADESH CHIEF SECRETARY	Criminal Law-PIL related to the subject category(15P)
642	25629/2015	SLP(C) No. 36330/2015	SANDIP VINUBHAI PATEL Vs. URBAN HOUSING URBAN DEVELOPMENT DEPARTMENT CHIEF SECRETARY	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
643	26154/2015	C.A. No. 8065/2015	VASHNO MATA DEVI SAMITI Vs. PROF. BHAGWATI PRASAD DESHWAL (RETD.) .	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
644	26395/2015	W.P.(C) No. 569/2015	JAL MAHAL RESORTS PRIVATE LTD. . Vs. STATE OF RAJASTHAN	Contempt of Court-PIL related to the subject category(14P)
645	26750/2015	SLP(C) No. 22913- 22914/2015	JUSTICE DHIREN ARVIND MEHTA (RETD.) Vs. THE REGISTRAR ADMINISTRATION	Appointment of Constitutional functionaries-PIL related to the subject category(2P)
646	27436/2015	C.A. No. 7085/2015	DHAWAL JIWAN MEHTA Vs. NIKHIL SONI .	Others-Other PIL matters(48P)
647	27476/2015	SLP(CrI) No. 7428/2015	THE STATE OF UTTAR PRADESH Vs. JITENDRA KUMAR YADAV	Criminal Law-PIL related to the subject category(15P)
648	27847/2015	T.P.(CrI.) No. 343/2015	ABHAY KUMAR S/O LATE MANOHAR LAL CHOPRA Vs. HOME SECRETARY, MADHYA PRADESH GOVT. .	Criminal Law-PIL related to the subject category(15P)
649	27910/2015	SLP(C) No. 30557- 30558/2015	GNP INFRABUILD THROUGH ITS PARTNER Vs. KAUSTUBHA DATTATRAYA GOKHALE	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)

650	27928/20 15	SLP(C) No. 24900- 24901/2015	LEK RAJ AND ORS . Vs. ARRIVE SAFE SOCIETY OF CHANDIGARH AND ORS	Others-Other PIL matters(48P)
651	28055/20 15	SLP(C) No. 25838/2015	HASTIMAL Vs. ARRIVE SAFE SOCIETY OF CHANDIGARH AND ORS. THROUGH ITS PRESIDENT MR. HARMAN SINGH SIDHU	Others-Other PIL matters(48P)
652	28103/20 15	W.P.(Crl.) No. 160/2015	HARVINDER CHOWDHURY Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)
653	28450/20 15	C.A. No. 7089/2015	AKHIL BHARAT VARSHIYA DIGAMBER JAIN PARISHAD Vs. UNION OF INDIA	
654	28498/20 15	SLP(C) No. 25840/2015	DINESH GOSWAMI Vs. THE UNION TERRITORY OF CHANDIGARH ARRIVE SAFE SOCIETY OF CHANDIGARH AND ORS. THROUGH ITS PRESIDENT	Others-Other PIL matters(48P)
655	28503/20 15	C.A. No. 7083/2015	STHANAKWASI JAIN SHRAVAK SANGH Vs. UNION OF INDIA	Others-Other PIL matters(48P)
656	28674/20 15	C.A. No. 7093/2015	JAIN SWETAMBER TERPANTHI MAHASABHA Vs. NIKHIL SONI	Others-Other PIL matters(48P)
657	28685/20 15	C.A. No. 7090/2015	BHARAT VARSHIYA DIGAMBAR JAIN TEERTH KSHETRA COMMITTEE Vs. UNION OF INDIA	Others-Other PIL matters(48P)
658	28688/20 15	SLP(C) No. 24986- 24987/2015	THE STATE OF RAJASTHAN Vs. ARRIVE SAFE SOCIETY OF CHANDIGARH AND ORS. THROUGH ITS PRESIDENT HARMAN SINGH SIDHU	Others-Other PIL matters(48P)

659	28743/20 15	SLP(C) No. 31704- 31705/2015	STATE OF M.P. Vs. SINHASTHAMELA PRADHIKARAN THR ITS PRESIDENT	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
660	28814/20 15	C.A. No. 7092/2015	BHARAT JAIN MAHAMANDAL Vs. NIKHIL SONI	Others-Other PIL matters(48P)
661	28830/20 15	SLP(C) No. 25841/2015	CHOTA RAM Vs. THE UNION TERRITORY OF CHANDIGARH ARRIVE SAFE SOCIETY OF CHANDIGARH AND ORS. THROUGH ITS PRESIDENT	Others-Other PIL matters(48P)
662	28834/20 15	C.A. No. 7094/2015	SACHIN Vs. NIKHIL SONI	Others-Other PIL matters(48P)
663	28860/20 15	C.A. No. 12531/2025	THE STATE OF RAJASTHAN Vs. SHRI GOPAL KUMAWAT AND ORS.	Service Laws-PIL related to the subject category(43P)
664	28944/20 15	C.A. No. 9200/2015	DIGAMBER JAIN MAHASAMITI Vs. UNION OF INDIA	Others-Other PIL matters(48P)
665	29237/20 15	SLP(C) No. 25558/2015	KUZHOLUZO NIENU, FORMER MINISTER, HEALTH AND FAMILY WELFARE Vs. THE STATE OF NAGALAND	Others-Other PIL matters(48P)
666	29356/20 15	C.A. No. 14005/2015	SHREE VEER SEVAK MANDAL Vs. UNION OF INDIA	Others-Other PIL matters(48P)
667	29357/20 15	C.A. No. 8659/2015	KINSHUK JAIN Vs. UNION OF INDIA	Others-Other PIL matters(48P)
668	30045/20 15	SLP(C) No. 27166- 27168/2015	STATE OF KERALA Vs. UNION OF INDIA ETC. ETC.	Others-Other PIL matters(48P)

669	30352/20 15	C.A. No. 129/2016	NITIN KUMAR MOHANLAL BORA Vs. NIKHIL SONI AND OTHERS	Others-Other PIL matters(48P)
670	30451/20 15	SLP(C) No. 30560/2015	MAHARASHTRA CHAMBER AND HOUSING INDUSTRY (MCHI) Vs. KAUSTUBHA DATTATRAYA GOKHALE	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
671	30853/20 15	C.A. No. 8851- 8853/2015	CELLULAR OPERATORS ASSOCIATION OF INDIA Vs. PRAVEEN PATKAR	Telegraph & Telecom Laws-PIL related to the subject category(45P)
672	31019/20 15	SMW(C) No. 1/2015	IN RE: OUTRAGE AS PARENTS END LIFE AFTER CHILDS DENGUE DEATH Vs.	Others-Other PIL matters(48P)
673	32159/20 15	W.P.(C) No. 718/2015	CONSORTIUM OF INDIAN FARMERS ASSOCIATIONS Vs. UNION OF INDIA	Others-Other PIL matters(48P)
674	32447/20 15	W.P.(C) No. 768/2015	ARUNA ROY . Vs. UNION OF INDIA	Labour and Industrial Laws-PIL related to the subject category(29P)
675	32461/20 15	W.P.(C) No. 728/2015	ARJUN GOPAL Vs. UNION OF INDIA .	Environmental Laws-PIL related to the subject matter(20P)
676	32923/20 15	SLP(C) No. 31204/2015	MINISTRY OF YOUTH AFFAIRS AND SPORTS THROUGH ITS SECRETARY Vs. MAJ. TATPAL SINGH JAGGI (RETD) .	Others-Other PIL matters(48P)
677	35633/20 15	SLP(C) No. 28788/2016	PRAVINSINGH BHURABHA CHAUHAN Vs. STATE OF GUJARAT .	Environmental Laws-PIL related to the subject matter(20P)
678	35786/20 15	C.A. No. 13575/2015	SHREE DIGAMBER JAIN MUNI SANGH VYAVASTHA SAMITY Vs. UNION OF INDIA	Others-Other PIL matters(48P)
679	36038/20 15	SLP(C) No. 9546/2016	KHURAN SUNNATH SOCIETY . Vs. UNION OF INDIA MINISTRY OF LAW	Public Trust, Religious Endowments, Waqfs-PIL related to the subject category(38P)

680	36680/20 15	SLP(C) No. 33342/2015	STATE OF RAJASTHAN Vs. DR. MANISH SHUKLA .	Service Laws-PIL related to the subject category(43P)
681	37036/20 15	W.P.(C) No. 793/2015	SURAKSHA FOUNDATION Vs. UNION OF INDIA	Motor Vehicle Laws - Permits, licenses and others-PIL related to the subject category(34P)
682	37624/20 15	C.A. No. 2798/2018	ALL ARUNACHAL PRADESH STUDENTS UNION(AAPSU) Vs. THE ELECTION COMMISSION OF INDIA	Others-Other PIL matters(48P)
683	37748/20 15	C.A. No. 127/2016	AKHIL BHARTIYA SHRI JAIN RATNA HITASHI SHRAVAK SANG (REGD.) Vs. NIKHIL SONI .	Others-Other PIL matters(48P)
684	37749/20 15	C.A. No. 130/2016	RAJMAL PARAKH Vs. NIKHIL SONI .	Others-Other PIL matters(48P)
685	37750/20 15	C.A. No. 128/2016	VINAY KUMAR JAIN Vs. NIKHIL SONI .	Others-Other PIL matters(48P)
686	37998/20 15	W.P.(C) No. 42/2016	SAMAJ BACHAO MISSION COMMITTEE Vs. UNION OF INDIA AND ORS. MINISTRY OF HOME AFFAIRS THROUGH THE SECRETARY	Others-Other PIL matters(48P)
687	38361/20 15	C.A. No. 2670/2016	VIMAL CHOUDHARY Vs. UNION OF INDIA AND ORS. SECRETARY	Others-Other PIL matters(48P)
688	38810/20 15	SLP(C) No. 35930/2015	KALYAN DOMBIVLI MUNICIPAL CORPORATION . Vs. KAUSTUBHA DATTATRAYA GOKHALE	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
689	39034/20 15	C.A. No. 6134/2019	M/S FORCETEN CONSTRUCTION Vs. MR. MANJINDERJEET SINGH AND ORS.	Housing and Building-Municipal Laws-Housing and building permits, slums rehabilitation, demolition, encroachment/ removal of encroachment, sealing and urban planning-PIL related to the subject category(23P)
690	40531/20 15	W.P.(CrI.) No. 9/2016	S. GURLAD SINGH KAHLOH Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)

691	41107/20 15	T.C.(C) No. 122/2015	SUKUMAR N.OOMMEN Vs. UNION OF INDIA AND ANR. MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS	Service Laws-PIL related to the subject category(43P)
692	41115/20 15	T.C.(C) No. 123/2015	D.B. BINU ADVOCATE HUMAN RIGHTS DEFENCE FORUM GENERAL SECRETARY Vs. UNION OF INDIA MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS SECRETARY	Service Laws-PIL related to the subject category(43P)
693	41134/20 15	T.C.(C) No. 124/2015	MAJOR RAMESH UPADHYAY Vs. GOVERNMENT OF MAHARASHTRA AND ORS. GENERAL ADMINISTRATION DEPARTMENT HOME SECRETARY AND SECRETARY	Service Laws-PIL related to the subject category(43P)
694	41494/20 15	T.C.(C) No. 132/2015	THE KARNATAKA RETIRED FOREST OFFICERS ASSOCIATION THROUGH PRESIDENT Vs. UNION OF INDIA	Environmental Laws-Three Judge Matter(20P_3jj)
695	41709/20 15	CONMT.PET.(C) No. 6/2016 In W.P.(C) No. 260/2005	ARUNA RODRIGUES Vs. SHRI HEM PANDE CHAIRPERSON GENETIC ENGINEERING APPROVAL COMMITTEE	Others-Three Judge Matter(48P_3jj)
696	42160/20 15	SLP(C) No. 3973- 3976/2016	STATE OF HARYANA ETC. ETC. Vs. M/S DHARAMPAL SATYAPAL LTD.	Others-Other PIL matters(48P)
697	42358/20 15	W.P.(CrI.) No. 2/2016	DELHI SIKH GURDWARA MANAGEMENT COMMITTEE (DSGMC) Vs. UNION OF INDIA	Criminal Law-PIL related to the subject category(15P)
698	42733/20 15	C.A. No. 1685/2016	JAIPAT SINGH JAIN Vs. UNION OF INDIA AND ORS SECRETARY	Others-Other PIL matters(48P)

HONORARIUM AND BUDGETARY ALLOCATION TO AWWs

3661. SHRIMATI PRATIMA MONDAL:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether it is true that Anganwadi and ICDS workers continue to receive honorariums that are disproportionately low relative to their workload;
- (b) if so, whether the Government proposes a time-bound revision indexed to inflation, if so, the details thereof; and
- (c) whether the Government assessment has pointed out that inadequate budgetary allocation and delayed fund releases are weakening nutrition delivery under ICDS, if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) to (c): Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. Central Government is responsible for policy and planning and the State Governments/UT Administrations are responsible for day-to-day program implementation.

Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are honorary workers drawn from the local community who voluntarily come forward to render their services in the area of child care and development to help the local community for which they are paid honorarium. This honorarium is increased from time to time. From 1st October, 2018, Government of India has enhanced the honorarium of AWWs at Anganwadi centres (AWCs) from Rs.3,000/- to Rs.4,500/- per month and AWHs from Rs.1,500/- to Rs.2,250/- per

month as per the defined cost sharing ratio between the Centre and States and UTs. In addition, States and UTs are also paying additional monetary incentives and top ups to these functionaries from their own resources which vary from State to State. Details of additional top ups provided by States and UTs are enclosed as **Statement**.

Besides, performance linked incentive of Rs.500/- per month is provided to AWWs and Rs.250/- per month to AWHs.

Under Mission Saksham Anganwadi and Poshan 2.0, AWWs have been technologically empowered with the provision of smartphones for efficient monitoring and delivery of services. Poshan Tracker which is a mobile phone application that has digitized physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously enabling them for real-time monitoring of all activities going on in the Anganwadis.

To incentivize and encourage the AWWs and AWHs, various initiatives have been undertaken including the following:

- i. Promotion: Under Mission Saksham Anganwadi and Poshan 2.0, promotional opportunities for AWWs and AWHs have been enhanced. 50% posts of AWWs are to be filled by AWHs with 5 years of experience and 50% posts of Supervisors are to be filled by promotion of AWWs with 5 years of experience subject to fulfilment of other criteria.
- ii. Leave: 20 days' annual leave and paid maternity absence of 180 days and paid absence on abortion/ miscarriage once for 45 days.
- iii. State Governments and UT Administrations have been requested to

encourage eligible AWWs and AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme, which is a voluntary and contributory pension scheme for the unorganized sector in the country to ensure old age protection.

- iv. Social Security Insurance Schemes: Insurance benefits have been provided to AWWs and AWHs under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for life cover worth Rs.2.00 lakh (covers life risk, death due to any reason) in the age group of 18 to 50 years and under Pradhan Mantri Suraksha Bima Yojana for accidental cover of Rs.2.00 Lakh (accidental death and permanent full disability) /Rs.1.00 Lakh (partial but permanent disability) in the age group of 18-59 years.
- v. Retirement date: States and UTs have been requested to adopt a uniform retirement date i.e 30th April of each year with respect to AWWs and AWHs to ensure proper human resource planning.
- vi. Annual Healthcare coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all AWWs and AWHs in pursuance to budget announcement in FY 2024-25.

Budgetary allocation has been increasing year on year basis during the last three years. The details of budget allocation for the year 2022-23 to 2025-26 in respect of Mission Saksham Anganwadi and Poshan 2.0 are given as under:

(Rupees in crore)

Sl. No.	Financial Year	Budget Allocation (BE)
1	2022-23	20,294.58

2	2023-24	20,554.31
3	2024-25	21,200.00
4	2025-26	21,960.00

Further, funds are released to State/UTs in a timely manner based on the schematic norms.

STATEMENT

Details of additional top ups as provided by States and UTs:

Sr. No.	State	Additional top ups paid to AWWs (per month)	Additional top ups paid to AWHs (per month)
1	Andhra Pradesh	7,000	4,750
2	Bihar	2,500	1,750
3	Chhattisgarh	5,500	2,750
4	Gujarat	5,500	3,250
5	Haryana	10,250	5,650
6	Himachal Pradesh	5,500	3,250
7	Jammu & Kashmir	600	300
8	Jharkhand	5,000	2,500
9	Karnataka	7,000	4,500
10	Kerala	8,500	6,750
11	Madhya Pradesh	8,500	4,250
12	Maharashtra	8,500	5,250
13	Odisha	5,500	2,750
14	Punjab	5,500-6,500	2,750-3,250
15	Rajasthan	5,510	3,674
16	Tamil Nadu	3,200	1,850
17	Telangana	9,150	5,550
18	Uttar Pradesh	1,500	750
19	Uttarakhand	4,800	3,000

20	West Bengal	4,500	4,550
21	Arunachal Pradesh	3,000	3,000
22	Assam	2,000	1,000
23	Manipur	1,000	600
24	Meghalaya	3,000	1,000
25	Mizoram	450	500
26	Nagaland	Nil	Nil
27	Sikkim	7,000	4,500
28	Tripura	3,500-5,946	2,750-4218
29	Andaman & Nicobar	7,500	5,750
30	Goa	5,500 -13,500	3,750 - 6,750
31	Puducherry	1,950	2,125
32	Chandigarh	3,600	1,800
33	Ladakh	1,300	650
34	Delhi	6,720	3,360
35	Dadra & Nagar Haveli and Daman & Diu	3,500	1,750
36	Lakshadweep	5,500	4,750

FERTILISER SUBSIDY FOR ORGANIC FARMERS

3662. DR. INDRA HANG SUBBA:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the total quantum of funds spent by the Government during the last five years on fertilizer subsidy in the country, State-wise;
- (b) whether any incentives have been given to those farmers who do not use chemical fertilizer and practice organic farming, if so, the details thereof; and
- (c) the details of the total area covered under organic farming?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY

**WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS
AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):**

(a): Under 'DBT in Fertilizers' system, 100% subsidy on various fertilizer grades is released to the fertilizer companies, on actual sales to the beneficiaries based on Aadhar authentication through PoS devices installed at each retail shop. All farmers are being supplied fertilizers at the subsidized rates on no-denial basis. The details of the total amount of fertilizer subsidy provided by the Government during the last five years i.e. from year 2020-21 to 2024-25 are as follows:

(Figures in Rs. crore)

Financial Year	Subsidy Scheme					Total
	Indigenous P&K	Indigenous Urea	City Compost	Imported P&K	Import of Urea	
2020-21	22288.36	68807.41	68.74	15015.37	25049.62	131229.50
2021-22	31931.46	54619.72	43.71	20794.80	50250.40	157640.09
2022-23	50089.67	127311.10	-	36032.56	41365.60	254798.93
2023-24	36270.00	102027.00	-	28929.57	28193.94	195420.51
2024-25	34010.00	103319.50	-	18800.00	21000.00	177129.50

(b): Government provides incentives to farmers who do not use chemicals under the following schemes:

- I. Under the Paramparagat Krishi Vikas Yojana (PKVY), farmers receive financial assistance over three years, for organic inputs like bio-fertilizers;
- II. Support for infrastructure development for production of on-farm inputs and natural resource conservation at farmer/ Local group level;
- III. The Govt. covers costs for PGsS-India (Participatory Guarantee System)

Certification, helping small farmers validate their produce for premium markets;

IV. Offer subsidies for bio-inputs, organic seeds, and certification costs;

V. Under the NMNF, farmers receive an incentive of ₹4,000 per acre annually for two years; and

VI. NMNF also funds PGS-India Natural certification and Bio-input Resource Centres (BRCs) for affordable on farm input production.

(c): The details of total area covered under organic farming as on 01.03.2026, are given in the enclosed **Statement**.

STATEMENT

State Wise Total Area covered under Organic Farming as on 01.03.2026		
S.No.	State/UT Name	Total Area (ha)
1.	Andaman and Nicobar Islands	48.30
2.	Andhra Pradesh	38438.41
3.	Arunachal Pradesh	4742.61
4.	Assam	24463.64
5.	Bihar	37865.71
6.	Chhattisgarh	104030.25
7.	Daman And Diu	579.89
8.	Delhi	8424.32
9.	Goa	11006.13
10.	Gujarat	79830.00
11.	Haryana	1001.83
12.	Himachal Pradesh	21321.40
13.	Jammu And Kashmir	9900.52
14.	Jharkhand	31590.04
15.	Karnataka	61576.26

16.	Kerala	62752.80
17.	Ladakh	13732.97
18.	Madhya Pradesh	136453.70
19.	Maharashtra	175028.40
20.	Manipur	492.23
21.	Meghalaya	1650.15
22.	Mizoram	1154.01
23.	Nagaland	2669.21
24.	Odisha	60825.06
25.	Puducherry	1425.50
26.	Punjab	3730.32
27.	Rajasthan	149179.35
28.	Tamil Nadu	38425.28
29.	Telangana	12697.78
30.	Tripura	2696.27
31.	Uttarakhand	175504.62
32.	Uttar Pradesh	212344.42
33.	West Bengal	24323.59
	Total	1509905

(Source:<https://pgsindiancof.gov.in/PGSI/misReport/individuaFarmerLocalGro>
upLacDetails)

NATIONAL INSTITUTE OF HOMOEOPATHY IN TAMIL NADU

3663. DR. D. RAVI KUMAR:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government is aware that Tamil Nadu has over 10 Government and private Homoeopathy Medical Colleges and more than 25,000 registered Homoeopathy practitioners and has no National Institute of

Homoeopathy and if so, the details thereof;

- (b) whether the Government has assessed the growing demand for postgraduate education, advanced research and tertiary care in Homoeopathy in the State in view of increased utilisation of AYUSH services during 2023–24 and if so, the details thereof;
- (c) whether any proposal has been received from the Government of Tamil Nadu for establishing a National Institute of Homoeopathy and if so, the details thereof; and
- (d) whether the Government proposes to establish a National Institute of Homoeopathy in Tamil Nadu and if so, the likely timeframe for the same?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): Tamil Nadu State has 14 Homoeopathy Colleges including one Government Homoeopathy College and 9705 registered Homoeopathy practitioners. As of now, there is no National Institute of Homoeopathy in the state of Tamil Nadu.

(b): Ministry of Ayush, through the National Commission for Homoeopathy, a statutory body, regulates and promotes postgraduate education in Homoeopathy by prescribing standards and granting recognition to institutions offering postgraduate courses. Further, research activities in Homoeopathy are promoted through the Central Council for Research in Homoeopathy through its peripheral units across the country including Tamil Nadu.

(c) and (d): No such proposal has been received or proposed either from the

Government of Tamil Nadu or from Central Government for establishing a National Institute of Homoeopathy in Tamil Nadu.

ANTIBIOTIC RESISTANT

3664. DR. RAJ KUMAR CHABBEWAL:

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:-

- (a) whether the Government is aware that as per a recent WHO report, one in six bacterial infections globally in 2023 was antibiotic-resistant and that India has one of the highest resistance rates and if so, the details thereof and if not, the reasons therefor; and
- (b) whether the Government is taking any measures to spread awareness and prevent the Proliferation of Antimicrobial Resistance (AMR) in the country, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b): The Government is aware of the growing challenge of antimicrobial resistance (AMR), which is prevalent and increasing across more than 100 countries worldwide and affects all regions. The issue is being addressed through a comprehensive, multi-sectoral approach under the National Action Plan on Antimicrobial Resistance 2.0, aligned with the WHO Global Action Plan on AMR. The Government has undertaken a number of strategic and

coordinated measures across sectors to address this challenge. The details of the steps taken are enclosed as **Statement**.

STATEMENT

Details of steps taken by Government to contain AMR as mentioned in part (a) and (b) of the reply are as under:

1. Standard Treatment Guidelines (STGs) have been issued by Ministry of Health and Family Welfare, Government of India and the same are available in public domain and can be accessed at <https://ncdc.mohfw.gov.in/guidelines-resources/>.
2. Government has issued Guidelines on Infection Prevention and Control which aim at prevention and control of healthcare associated infections to reduce the use of antibiotics in healthcare settings.
3. Standard Treatment Guidelines have also been prescribed under various National Health Programs.
4. The Government of India through Central Drugs Standard Control Organization (CDSCO) regulates safety, efficacy and quality of the drugs under the provisions of Drugs & Cosmetics Act, 1940 & its rules. Antibiotics have been included in Schedule H and H1 of the Drugs and Cosmetic Rules and are required to be sold by retail only under the prescription of a Registered Medical Practitioner.
5. States have also been advised to ensure prescription of generic drugs and conduct regular prescription audits in public health facilities.
6. Practice of prescription audit is one of the prerequisites for getting certified

under the National Quality Assurance Standards (NQAS).

7. To promote judicious use of antibiotics and to create awareness about AMR, NCDC has developed media material including audios, videos, social media messages and Outdoor Media which are available in public domain and also shared with States/UTs for further dissemination. Media materials are also available at <https://ncdc.mohfw.gov.in/iec-on-amr/>.
8. Indian Council for Medical Research (ICMR) has undertaken several research initiatives including AMR network comprising 21 tertiary care hospitals. An Antimicrobial Stewardship (AMS) implementation project has also been initiated in these 21 hospitals, all of which have developed their own antibiotic policies. ICMR funds a total of 51 research projects spanning basic, clinical and applied research along with small and intermittent grants.
9. ICMR released guidelines on Infection control in hospitals in 2016 to facilitate hospitals to develop infection control program which are available at https://www.icmr.nic.in/sites/default/files/guidelines/Hospital_Infection_control_guidelines.pdf.

बस्तर क्षेत्र में विशेषज्ञता सेवाएं

3665. श्री महेश कश्यप:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या छत्तीसगढ़ के बस्तर क्षेत्र में विशेषज्ञता सेवाओं तक पहुंच में सुपर स्पेशियलिटी अस्पतालों

जैसे बड़े अस्पतालों द्वारा कोई परिवर्तन किया गया है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) कितने वर्षों में नए चिकित्सा महाविद्यालय खोलने और सीटों की संख्या में वृद्धि करके बस्तर में चिकित्सकों की कमी को पूरी तरह से दूर किए जाने की संभावना है; और

(घ) बस्तर में स्वास्थ्य कर्मियों (जैसे नर्सों और पराचिकित्सकों) की कमी को दूर करने के लिए केन्द्र/राज्य सरकार की कौन-कौन सी योजनाएं हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (घ): जन स्वास्थ्य और अस्पताल राज्य से संबंधित विषय हैं। स्वास्थ्य मानव संसाधन से संबंधित सभी प्रशासनिक और कार्मिक मामले संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधीन हैं। राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत, स्वास्थ्य और परिवार कल्याण मंत्रालय राज्यों/संघ राज्य क्षेत्रों को प्राप्त कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के प्रस्तावों के आधार पर जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के अभिलेख (आरओपी) के रूप में प्रस्तावों को मंजूरी प्रदान करती है।

हेल्थ डायनेमिक्स ऑफ इंडिया (एचडीआई) (अवसंरचना एवं मानव संसाधन), 2022-23 एक वार्षिक प्रकाशन है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा सूचित किए गए स्वास्थ्य परिचर्या प्रशासनिक डेटा पर आधारित है। डॉक्टरों/विशेषज्ञों, नर्सों और पैरामेडिक्स का विवरण एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता है:

<https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructur e%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf>

इसके अतिरिक्त, ई-संजीवनी जैसे डिजिटल प्लेटफॉर्म दूरस्थ परामर्श सेवाएँ प्रदान करके

डिजिटल स्वास्थ्य सेवा को सुदृढ़ बनाते हैं और विशेष रूप से ग्रामीण एवं कम सेवा वाले क्षेत्रों में पहुँच में सुधार करते हैं। देश भर के सभी कार्यशील एएएम में उपलब्ध ये दूरस्थ परामर्श सेवाएँ, ग्रामीण क्षेत्रों सहित, लोगों को उनके घरों के निकट विशेषज्ञ सेवाएँ प्राप्त करने में सक्षम बनाती हैं, जिससे प्रत्यक्ष पहुँच व सेवा प्रदाताओं की कमी से संबंधित समस्याएँ दूर होती हैं और परिचर्या की निरंतरता सुनिश्चित करने की समस्याएँ दूर होती हैं।

एनएचएम के तहत, छत्तीसगढ़ सहित देश के ग्रामीण और दूरदराज क्षेत्रों में स्वास्थ्य कार्यकर्ताओं को कार्य करने के लिए प्रोत्साहित करने तथा स्वास्थ्य कार्यकर्ताओं की कमी को दूर करने हेतु निम्नलिखित प्रकार के प्रोत्साहन और मानदेय प्रदान किए जाते हैं:

- ग्रामीण और दूरदराज के क्षेत्रों में सेवा करने वाले विशेषज्ञ चिकित्सकों को दुर्गम क्षेत्र भत्ता और उनके आवासीय क्वार्टरों के लिए भत्ता प्रदान किया जाता है, ताकि उन्हें ऐसे क्षेत्रों में जन स्वास्थ्य सुविधा केंद्रों में कार्य करना आकर्षक लगे।
- ग्रामीण और दूरदराज के क्षेत्रों में सीज़ेरियन सेक्शन करने के लिए विशेषज्ञों की उपलब्धता बढ़ाने हेतु स्त्रीरोग विशेषज्ञों/ आपातकालीन प्रसूति परिचर्या (ईएमओसी) प्रशिक्षित, बालरोग विशेषज्ञों और एनेस्थेतिस्ट/ जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) प्रशिक्षित चिकित्सकों को मानदेय भी प्रदान किया जाता है।
- चिकित्सकों के लिए विशेष प्रोत्साहन, समय पर गर्भावस्था-पूर्व जाँच (एएनसी) और रिकॉर्डिंग सुनिश्चित करने के लिए सहायक नर्स और मिडवाइफ (एएनएम) के लिए प्रोत्साहन, किशोर प्रजनन और यौन स्वास्थ्य कार्यक्रम के लिए प्रोत्साहन प्रदान किए जाते हैं।
- राज्यों को विशेषज्ञों को आकर्षित करने के लिए बातचीत के माध्यम से तय वेतन देने की भी अनुमति है, जिसमें "यू कोट, वी पे" जैसी कार्यनीतियों में लचीलापन शामिल है।
- राष्ट्रीय स्वास्थ्य मिशन के तहत दुर्गम क्षेत्रों में सेवा दे रहे कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में प्रवेश वरीयता और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक

प्रोत्साहन भी शुरू किए गए हैं।

- विशेषज्ञों की कमी को दूर करने के लिए राष्ट्रीय स्वास्थ्य मिशन के तहत डॉक्टरों के बहु-कौशल को बढ़ावा दिया जाता है। स्वास्थ्य परिणामों में सुधार लाने के लिए एनआरएचएम के तहत मौजूदा मानव संसाधन का कौशल उन्नयन एक अन्य प्रमुख कार्यनीति है।

देश में स्वास्थ्य और परिवार कल्याण मंत्रालय एमबीबीएस सीटें और पीजी सीटें बढ़ाने के लिए मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों के उन्नयन के लिए केंद्र प्रायोजित योजनाओं (सीएसएस) का संचालन करता है। इन योजनाओं के तहत, सरकारी मेडिकल कॉलेजों में स्नातक/पीजी सीटें बढ़ाने के लिए सिविल कार्यों, उपकरणों और फर्नीचर के लिए सहायता प्रदान की जाती है, जिसकी लागत सीमा 1.20 करोड़ रुपये प्रति सीट है, जिसे केंद्र और राज्य सरकारों के बीच पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 और अन्य के लिए 60:40 के अनुपात में साझा किया जाएगा।

सीएसएस के तहत, देश में एमबीबीएस सीटें बढ़ाने के लिए मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों के उन्नयन के लिए 17 राज्यों में 83 सरकारी मेडिकल कॉलेजों (यूपी में 7 और छत्तीसगढ़ में 3 सहित) को 4977 एमबीबीएस सीटें बढ़ाने के लिए अनुमोदित किया गया है, जिसमें यूपी में 432 एमबीबीएस सीटें और छत्तीसगढ़ में 150 एमबीबीएस सीटें शामिल हैं।

इसके अतिरिक्त, सीएसएस के तहत, 'नए पीजी विषयों को शुरू करने और पीजी सीटों को बढ़ाने के लिए राज्य सरकार के मेडिकल कॉलेजों को सुदृढ़ करने और उन्नत बनाने' के लिए उत्तर प्रदेश में 556 पीजी सीटों और छत्तीसगढ़ में 79 पीजी सीटों सहित 8058 सीटों को 2 चरणों में अनुमोदित किया गया है।

छत्तीसगढ़ राज्य द्वारा प्रदान की गई जानकारी के अनुसार, वर्तमान में, दो मेडिकल कॉलेज, स्वर्गीय श्री बलीराम कश्यप मेमोरियल सरकारी मेडिकल कॉलेज, जगदलपुर - 125 स्नातक एमबीबीएस सीटें और स्वर्गीय श्रीमती इंदिरा गांधी मेमोरियल गवर्नमेंट मेडिकल कॉलेज, कंकर -

125 स्नातक एमबीबीएस सीटें बस्तर क्षेत्र में संचालित हैं और छत्तीसगढ़ के बस्तर क्षेत्र के दंतेवाड़ा जिले में 50 स्नातक एमबीबीएस सीटों वाला एक नया मेडिकल कॉलेज प्रस्तावित है।

राज्य बजट के अंतर्गत :- गवर्नमेंट फिजियोथेरेपी कॉलेज, जगदलपुर और गवर्नमेंट नर्सिंग कॉलेज, बीजापुर और दातेवाड़ा की स्थापना।

केंद्र प्रायोजित योजना के अंतर्गत :- सीएसएस- नर्सिंग शिक्षा को बढ़ावा देने की योजना- मेडिकल कॉलेजों के साथ सह-स्थान पर नए नर्सिंग कॉलेजों (सीओएन) की स्थापना।

सरकार ने मौजूदा मेडिकल कॉलेजों के साथ स्थित 157 नर्सिंग कॉलेजों की स्थापना को मंजूरी दी है, जिसका उद्देश्य सरकारी क्षेत्र में लगभग 15,700 बी.एससी.(नर्सिंग) सीटें बढ़ाना है। केंद्रीय और राज्य हिस्सेदारी के तहत सीएसएस के अंतर्गत 10 करोड़ रुपये की राशि पूर्वोत्तर/विशेष श्रेणी राज्यों के लिए 90:10, अन्य राज्यों के लिए 60:40 और विधानमंडल रहित संघ राज्य क्षेत्रों के लिए 100% के अनुपात में आवंटित की गई है।

IMPACT OF PORT PRIVATISATION

3666. SHRI SACHITHANANTHAM R.:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether Port privatization has resulted in tariff increases for exporters and importers, if so, the details thereof; and
- (b) whether environmental clearances for major Port projects have bypassed due process, if so, the details of the projects for which clearances have been given in the last five years?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

- (a): Private participation in port development has been encouraged primarily to

improve efficiency, expand infrastructure capacity, and enhance service quality. Tariffs at port terminals are determined through transparent and competitive mechanisms and may vary depending on market conditions and contractual provisions. Generally, improved efficiency and competition have helped stabilise or reduce the cost of port services.

(b): No.

VIOLENCE AGAINST INDIANS IN NEIGHBOURING COUNTRIES

3667. SHRI T. R. BAALU:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:

- (a) whether the Government is aware of the increasing organised violence against persons of Indian origin who are religious and linguistic minorities in several countries including Pakistan, Bangladesh, Sri Lanka etc., during the last five years;
- (b) if so, the number of Hindus, Muslims, Christians, Sikhs, Buddhists of Indian origin killed and properties including places of worship damaged in such violence and attacks during the last five years, country-wise;
- (c) whether it is a fact that these organized attacks on Indian-lineage minorities are carried out by terrorist outfits which enjoy the covert and overt support of the Governments of these countries; and
- (d) if so, the action have been taken by the Indian Government to protect the life, properties, religious and linguistic rights of such people and the outcome thereof?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a) to (d): The Government of India is aware of incidents of violence and atrocities against minority communities in the neighbouring countries.

With regard to Pakistan, since 2021, the Government of India has raised at least 422 major incidents of atrocities against minorities with the Government of Pakistan, urging it to discharge its constitutional obligations towards its citizens, including those from minority communities, and to end sectarian violence, extreme prejudices and religious intolerance. On multiple occasions, India has also highlighted the plight of minorities and violation of their human rights in Pakistan at the United Nations Human Rights Council in Geneva.

With regard to Bangladesh, as per available data from human rights organizations, around 3850 incidents of violence against Hindu and other minorities have taken place across Bangladesh during the years 2021-2025, which include 96 deaths and 506 attacks on properties, including places of worship. India has consistently raised the matter of safety and security of the minorities with the authorities in Bangladesh, at both political and diplomatic levels on several occasions. The issue has also been discussed with foreign interlocutors. It is the expectation of the Government of India that the Government of Bangladesh will thoroughly investigate these incidents and bring all perpetrators of killings, arson and violence against minorities to justice.

The Government of India continues to impress upon the respective

Governments that the primary responsibility of the protection of life, liberty and rights of all citizens, including from the minority communities, rests with them.

नई दवाओं के नैदानिक परीक्षण

3668. श्री अनिल फिरोजिया:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या देश में ऐसी गंभीर और असाध्य बीमारियों, जिनका वर्तमान में कोई पूर्ण उपचार उपलब्ध नहीं है, के लिए नई दवाओं के नैदानिक परीक्षण किए जा रहे हैं और यदि हां, तो तत्संबंधी रोग-वार ब्यौरा क्या है;
- (ख) क्या सरकार को इस बात की जानकारी है कि केन्द्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) द्वारा वर्तमान में कौन-कौन सी बीमारियों के लिए दवाओं के परीक्षणों को स्वीकृति प्रदान की गई है और वे किस चरण में हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार को इस बात का कोई अनुमान है कि चल रहे इन नैदानिक परीक्षणों की दवाएं सामान्य उपयोग के लिए कब तक उपलब्ध करा दिए जाने की संभावना है और इसके लिए रोग-वार अपेक्षित समय-सीमा क्या है; और
- (घ) क्या सरकार का परीक्षणों के दौरान असाध्य और दुर्लभ बीमारियों से पीड़ित रोगियों के लिए वित्तीय सहायता, बीमा कवरेज या त्वरित अनुमोदन तंत्र प्रदान करने के लिए कोई विशेष नीति लागू करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री(श्रीमती अनुप्रिया पटेल):

- (क) से (घ): नैदानिक परीक्षणों की अनुमति औषधि एवं प्रसाधन अधिनियम, 1940 और नए औषधि एवं नैदानिक परीक्षण नियम, 2019 के प्रावधानों के तहत केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) द्वारा अनुमोदित और विनियमित की जाती है। ये परीक्षण कैंसर, दुर्लभ आनुवंशिक

विकार, न्यूरोडीजेनेरेटिव रोग, ऑटोइम्यून विकार, संक्रामक रोग और अन्य गंभीर चिकित्सा स्थितियों जैसी बीमारियों को कवर करते हैं।

अनुमोदित नैदानिक परीक्षणों का विवरण, जिसमें रोग संकेत और परीक्षण चरण शामिल हैं, भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमएर) द्वारा संचालित <https://ctri.nic.in> नामक ऑनलाइन क्लिनिकल ट्रायल्स रजिस्ट्री ऑफ इंडिया (सीटीआरआई) पर उपलब्ध है।

नैदानिक परीक्षणों के बाद सामान्य उपयोग के लिए दवाओं की मंजूरी और उपलब्धता विनिर्माता/आयातक द्वारा आवश्यक चरणों के सफल समापन और नियामक द्वारा सुरक्षा, प्रभावकारिता एवं गुणवत्ता के लिए की जाने वाली समीक्षा पर निर्भर करती है। समय-सीमाएँ रोग की प्रकृति, परीक्षण के परिणामों और नियामक समीक्षा के आधार पर भिन्न-भिन्न होती हैं।

सरकार ने नैदानिक अनुसंधान को सुगम बनाने और रोगियों के हितों की रक्षा के लिए कई उपाय किए हैं। नए दवाएं और नैदानिक परीक्षण नियम, 2019, उक्त नियमों के तहत जीवन के लिए खतरा उत्पन्न करने वाली बीमारियों, दुर्लभ बीमारियों और अपूर्ण चिकित्सा आवश्यकताओं के लिए दवाओं जैसे विशिष्ट मामलों में कुछ नैदानिक परीक्षण आवश्यकताओं की त्वरित मंजूरी, छूट या शिथिलीकरण के प्रावधान प्रदान करते हैं। किए जाने वाले नैदानिक परीक्षण बहु-केंद्रीय होते हैं, जो देश भर के कई केंद्रों/राज्यों में एक साथ आयोजित किए जाते हैं। गंभीर प्रतिकूल घटनाएँ (एसएई) नैदानिक परीक्षणों के दौरान कई कारणों से हो सकती हैं, जो अध्ययन दवा, रोगी की स्थिति, साथ में दी जा रही दवाओं आदि पर निर्भर करती हैं। सीटी/बीए-बीई अध्ययन के दौरान रिपोर्ट किए गए प्रत्येक एसएई मामले का परीक्षण, क्षतिपूर्ति के लिए भुगतान और मामले-दर-मामले के आधार पर निःशुल्क चिकित्सा प्रबंधन के लिए, नई दवाएं और नैदानिक परीक्षण नियम, 2019 में अंतर्निहित प्रावधानों के अनुसार किया जाता है।

BENEFICIARIES OF PMMVY AND ICDS

3669. SHRI RAJABHAU PARAG PRAKASH WAJE:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether women and children are being benefited under the Pradhan Mantri Matru Vandana Yojana (PMMVY) and the Integrated Child Development Services (ICDS) in Nashik district of Maharashtra;
- (b) if so, the details of pregnant and lactating women and children covered under both schemes in the said district during the last three years and the current year, scheme-wise;
- (c) the details of the funds allocated, released and utilised under PMMVY and ICDS in the said district during the said period;
- (d) whether any outcome assessment has been conducted to evaluate improvements in maternal nutrition, anaemia reduction, institutional deliveries and child malnutrition indicators in the said district; and
- (e) if so, the details thereof and if not, the steps proposed to strengthen implementation and monitoring of these schemes in the said district?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a) and (b): Under the 15th Finance Commission, various components including Integrated Child Development Services (ICDS) have been subsumed under the umbrella Mission Saksham Anganwadi and POSHAN 2.0). The details of beneficiaries covered under the Pradhan Mantri Matru Vandana Yojana (PMMVY) and the Mission Saksham Anganwadi & POSHAN 2.0 in Nashik district of Maharashtra during the last three years and the current year are as under:

S.No	Scheme	Beneficiaries	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
1.	Pradhan Mantri Matru Vandana Yojana	Beneficiaries paid	45,506	3,684	34,866	42,198*
2.	Mission Saksham Anganwadi & POSHAN 2.0	No. of Children	4,10,133	3,90,816	3,76,449	3,50,963**
		No. of Pregnant Women	26,777	21,005	20,967	20,361**
		No. of Lactating Mothers	25,302	17,194	19,049	19,241**

*As on 09.03.2026

**As on 28.02.2026\

(c): Under the schemes of the Ministry, funds are released to the States and UTs for implementation of the scheme and funds are not directly released to the districts. The details of funds released/ utilised under the Pradhan Mantri Matru Vandana Yojana (PMMVY) and the Mission Saksham Anganwadi & POSHAN 2.0 in the State of Maharashtra during the last three years and the current year are as under:

(Rs. in crores)

S.No	Scheme	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025- 26
1.	Pradhan Mantri Matru Vandana Yojana	240.83	0.00	141.17	115.57*
2.	Mission Saksham Anganwadi & POSHAN 2.0	1,646.17	1,699.52	1,368.84	1060.79**

*As on 11.03.2026

** As on 09.03.2026

(c) and (e): NITI Aayog has got conducted a third-party evaluation of the schemes of the Ministry of Women and Child Development for Financial Years

2019 to 2024. The study found that the SAMARTHYA vertical of Mission Shakti including PMMVY is highly relevant and PMMVY Scheme has good awareness at grassroot level. The evaluation adopted a pragmatic mixed-methods approach, combining primary and secondary research to assess.

In 2021, the World Bank conducted a survey on Poshan Abhiyaan in 11 priority states. The aim of this survey was to assess the program's delivery of nutrition services, whether the nutritional knowledge of beneficiaries had improved and if they had adopted more appropriate nutrition and feeding practices. The findings demonstrated that the services delivered through the Poshan Abhiyaan – the receipt of relevant messages, home visits by the Anganwadi Worker, and attendance at community-based events – were associated with improved nutrition behaviours. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months.

Further, a third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and also in 2025. Both these assessments have found its relevance to be satisfactory for tackling malnutrition in the country.

The steps taken to strengthen the implementation and monitoring of these schemes, are as under:

- A new portal, Pradhan Mantri Matru Vandana Yojana Software (PMMVYSoft) was developed and launched in March, 2023. Under PMMVYSoft, Aadhaar authentication through UIDAI and National Payment

Corporations of India (NPCI) verification is ensured so that funds are directly transferred to their DBT-enabled Aadhaar-seeded bank or post office accounts.

- Available database of the Pregnant Women & Lactating Mothers from Poshan Tracker is used to create a “Due List” of potential beneficiaries on PMMVY Portal accessible at AWW/ASHA level.
- IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery support systems at the Anganwadi Centres. The ‘Poshan Tracker’ application was rolled out as an important governance tool. The Poshan Tracker facilitates monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. The States/UTs have also been advised to discontinue the use of physical registers and use Poshan Tracker to reduce work load of Anganwadi workers and improving their efficiency. To track last mile Service Delivery, Facial Recognition System (FRS) is used for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker.

भारत और बांग्लादेश के बीच संबंध

3670. श्री कौशलेन्द्र कुमार:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या भारत और बांग्लादेश के बीच संबंध बहुत ही नाजुक दौर में गुजर रहे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है:

(ख) क्या पाकिस्तान इस स्थिति का लाभ उठाना चाहता है जो देश के लिए हानिकारक हो सकती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) क्या सरकार ने बांग्लादेश में अल्पसंख्यकों, विशेषकर हिन्दुओं की सामूहिक हत्याओं के संबंध में अंतरिम सरकार के साथ कोई बातचीत की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

विदेश मंत्रालय में राज्य मंत्री; तथा वस्त्र मंत्रालय में राज्य मंत्री (श्री पबित्रा मार्गेरिता):

(क) और (ख) पड़ोसी देशों के रूप में भारत और बांग्लादेश के बीच गहरे ऐतिहासिक, भौगोलिक, सांस्कृतिक, भाषाई और सामाजिक संबंध हैं। भारत ने हमेशा एक लोकतांत्रिक, स्थिर, शांतिपूर्ण, प्रगतिशील और समावेशी बांग्लादेश के लिए अपना समर्थन व्यक्त किया है और द्विपक्षीय संस्थागत तंत्रों के तहत उच्च स्तरीय आदान-प्रदान और बैठकों को जारी रखने के पक्षधर है। इन बैठकों का उद्देश्य जन-केंद्रित विकासात्मक परिणाम प्राप्त करना है, जो हमारे द्विपक्षीय संबंधों का एक अभिन्न अंग रहा है।

बांग्लादेश के साथ भारत के संबंध तीसरे देशों के साथ उसके संबंधों से स्वतंत्र हैं। सरकार भारत के राष्ट्रीय हितों को प्रभावित करने वाले घटनाक्रमों पर निरंतर नजर रखती है और उनकी रक्षा के लिए सभी आवश्यक उपाय करती है।

(ग): भारत ने प्रासंगिक अवसरों पर बांग्लादेश के अधिकारियों के समक्ष अल्पसंख्यकों की सुरक्षा का मुद्दा लगातार उठाया है। उच्चतम स्तर सहित इस मुद्दे पर प्रधानमंत्री ने 4 अप्रैल 2025 को पूर्व मुख्य सलाहकार मोहम्मद यूनुस से मुलाकात के दौरान और विदेश मंत्री ने 16 फरवरी 2025 को पूर्व विदेश सलाहकार तौहीद हुसैन से मुलाकात के दौरान चर्चा की थी। नवनिर्वाचित सरकार ने 17 फरवरी 2026 को कार्यभार संभाला। इसके बाद, इस मामले को नई सरकार के समक्ष उचित स्तर पर भी उठाया गया है। बांग्लादेश सरकार अल्पसंख्यकों की सुरक्षा से संबंधित रिपोर्ट पर लगातार नजर रख रही है। बांग्लादेश सरकार का यह प्राथमिक दायित्व है कि वह बांग्लादेश के सभी नागरिकों, जिनमें धार्मिक और जातीय अल्पसंख्यक भी शामिल हैं, के जीवन, स्वतंत्रता और कल्याण की रक्षा करे।

DEATH DUE TO AYURVEDIC MEDICINES

3671. SHRI KHALILUR RAHAMAN:

Will the Minister of **AYUSH** be pleased to state:

- (a) the total number of deaths reported due to consumption of non-standard, non-tested Ayurvedic medicines during the last five years, State/UT-wise;
- (b) the details of the initiatives taken by the Government against agencies supplying nonstandard AYUSH drugs;
- (c) the details of the testing standards in place to ensure a check on such drugs; and
- (d) the details of action taken by the Government to ensure that non tested/spurious/nonstandard Ayurvedic drugs are not be supplied by such agencies?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): As per the information received from States/UTs Governments, no death has been reported due to consumption of non-standard, non-tested Ayurvedic medicines during the last five years.

(b) and (d): As prescribed in Drugs and Cosmetics Act 1940 and Rules made thereunder, enforcement of the legal provisions pertaining to Quality Control and issuance of drug license of Ayurveda, Siddha, Sowa-Rigpa, Unani and Homoeopathy drugs, is vested with the State Drug Controllers/ State Licensing Authorities appointed by the concerned State/ Union Territory Government.

Under Chapter IVA of the Drugs and Cosmetics Act, 1940, section 33EEB prohibits manufacturing for sale of Ayurvedic, Siddha and Unani (ASU) drugs, which are not in accordance with standards, prescribed in relation to that drug by Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H). Sections 33E, 33EE, and 33EEA of the Drugs and Cosmetics Act, 1940 define misbranded, adulterated, and spurious ASU drugs, respectively.

Further, Section 33EEC prohibits the manufacture of any misbranded, adulterated, or spurious ASU drugs. The penalties for manufacturing of misbranded or adulterated or spurious ASU drugs, or for manufacturing ASU drugs without a valid licence, are provided under Section 33-I of Drugs and Cosmetics Act 1940.

Section 17, 17A and 17B of the Drugs and Cosmetics Act, 1940 provides definition of misbranded, adulterated and spurious Homoeopathic drugs. Section 27 of Drugs and Cosmetics Act 1940 provides penalties for manufacturing of misbranded, adulterated and spurious Homoeopathic drugs or drugs manufactured, sold, or distributed without a valid licence.

Drug Inspectors collect medicine samples regularly from manufacturing firms or sale shops within their jurisdiction and send them to Drug Testing Laboratory under Drug Control department for quality testing and if any sample is found to be 'Not of Standard Quality', appropriate action is initiated such as preventing the sale of the products from the market and appropriate legal actions as per Drugs and Cosmetics Act 1940 and Rules made thereunder.

(c) Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H),

subordinate office under Ministry of Ayush lays down the formulary specifications and pharmacopoeial standards for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASU&H drugs. PCIM&H also acts as the Central Drugs Laboratory for Indian Medicine and Homoeopathy for the purpose of testing or analysis of ASU&H Drugs.

Rule 160 A to J of the Drugs Rules, 1945 provides the regulatory guidelines for approval of Drug Testing Laboratory for carrying out such tests of identity, purity, quality and strength of Ayurveda, Siddha, Sowa-Rigpa and Unani drugs (ASSU) as may be required under the provisions of these rules, on behalf of licensee for manufacture of Ayurveda, Siddha, Sowa-Rigpa and Unani drugs. As on date, 108 private laboratories are approved/licensed for manufacturers, and 34 State/UT Drug Testing Laboratories are engaged in testing legal samples and raw materials of ASSU drugs.

ALLOCATION OF FUNDS UNDER MISSION VATSALYA SCHEME

3672. SHRI RAJIV PRATAP RUDY:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) the details of the funds allocated along with the number of children benefited under each of the sub-programmes of Mission Vatsalya, State/UT-wise, till date;
- (b) the details of child care institutions, specialised adoption agencies/centres established under the said scheme, State/UT-wise, particularly in Bihar;

- (c) the details of the sponsorship care, a component under the said scheme, including the age till which the child gets the benefits; and
- (d) the details of the process/protocols undertaken in case of the sighting of the child needing assistance including the initiatives undertaken to create awareness and strengthen implementation of the said scheme in the country, State/UT-wise?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

(a): The details of the funds allocated along with the number of children benefited under each of the sub-programmes of Mission Vatsalya, State and Union Territory-wise, till date are enclosed as **Statement-I and II**.

(b): The number of Child Care Institutions (CCIs) including Specialised Adoption Agencies funded under Mission Vatsalya Scheme during the financial year 2024-25 is enclosed as **Statement-III**.

(c): As per Section 2 (58) of the Juvenile Justice (Care and Protection of Children) Act, 2015, sponsorship is defined as the 'Provision of supplementary support, financial or otherwise, to the families to meet the medical, educational and developmental needs of the child'. The Ministry is implementing a centrally sponsored scheme namely "Mission Vatsalya" (erstwhile Child Protection Services (CPS) Scheme) under which support and financial assistance on predefined cost sharing pattern is provided to State and UT Governments for delivering services for children in difficult circumstances. As per the scheme guidelines, quantum of sponsorship of Rs.4000/-per child per month is available

for Non-institutional Care of children in Need of Care and Protection.

As per Mission Vatsalya Scheme Guidelines, the sponsorship can be extended up to 18 years of age based on reasons to be recorded in writing by Juvenile justice Board, Child Welfare Committee, or the Children's Court.

(d): Under the JJ Act, 2015 (Sections 27-30), the Child Welfare Committees have been empowered to take decisions with regard to the children in need of care and protection including orphans, keeping their best interest in mind. They are also mandated to monitor the functioning of the Child Care Institutions (CCIs). The Ministry organizes zonal conferences and sensitization/dissemination workshops under Mission Vatsalya Scheme to create awareness and strengthen implementation.

Mission Vatsalya scheme is a Centrally Sponsored Scheme (CSS) which is implemented through States/Union Territories (UTs) to deliver services for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL) which include Institutional Care and Non-Institutional Care. Under the scheme Institutional Care is provided through Child Care Institutions (CCIs), as a rehabilitative measure. The programmes and activities in Homes *inter-alia* include age-appropriate education, access to vocational training, recreation, health care, counselling etc. Under the Non-Institutional Care component, support is extended for Adoption, Foster Care, After Care and Sponsorship. The primary responsibility of execution of the Act and implementation of Scheme lies with the States and UTs.

STATEMENT - I**STATE AND UT-WISE DETAILS OF FUNDS RELEASED UNDER MISSION
VATSALYA SCHEME DURING THE FINANCIAL YEAR 2022-23 TO 2025-26****(Rs. in Crores)**

S. No.	Name of the State	FY 2022- 23	FY 2023- 24	FY 2024- 25	FY 2025- 26*
1	Andhra Pradesh	36.78	25.01	44.03	45.79
2	Arunachal Pradesh	29.36	24.35	5.32	8.02
3	Assam	37.35	59.66	31.39	38.26
4	Bihar	34.54	65.18	53.35	49.24
5	Chhattisgarh	7.65	44.66	39.10	30.80
6	Goa	0.06	0.00	5.14	3.46
7	Gujarat	23.30	47.10	19.50	14.86
8	Haryana	29.39	16.17	6.40	12.55
9	Himachal Pradesh	30.92	21.15	37.68	24.72
10	Jammu & Kashmir	28.23	43.64	44.75	34.53
11	Jharkhand	7.43	37.66	18.73	32.79
12	Karnataka	58.57	90.94	86.48	51.95
13	Kerala	12.85	22.27	12.03	17.47
14	Madhya Pradesh	46.91	60.85	117.24	63.51
15	Maharashtra	71.33	95.38	144.97	74.70
16	Manipur	48.27	29.24	68.15	34.36
17	Meghalaya	3.33	31.28	22.30	41.81
18	Mizoram	15.03	53.09	37.06	33.65
19	Nagaland	26.31	29.28	33.92	26.93
20	Odisha	37.55	60.28	68.83	56.25
21	Punjab	10.69	15.44	14.76	16.23
22	Rajasthan	66.00	42.84	74.98	29.51
23	Sikkim	10.47	5.80	16.21	9.82
24	Tamil Nadu	51.03	128.70	122.82	89.32
25	Telangana	28.25	39.98	36.97	33.60

26	Tripura	1.60	32.09	19.23	15.59
27	Uttar Pradesh	66.05	103.57	92.05	61.61
28	Uttarakhand	3.66	32.63	14.49	19.54
29	West Bengal	26.64	57.42	70.18	55.37
30	Andaman & Nicobar Island	3.75	2.68	3.13	3.60
31	Chandigarh	5.24	5.83	7.63	3.22
32	Dadra & Nagar Haveli and Daman & Diu	3.90	3.19	9.91	2.89
33	Delhi	15.07	3.89	7.62	10.65
34	Lakshadweep	0.00**	0.36	0.00**	0.09
35	Ladakh	1.42	4.39	3.81	3.20
36	Puducherry	5.84	5.67	4.17	4.65

* Fund released under SNA and mother sanctions issued in SNA Sparsh till 10.03.2026

***Proposal for fund release was not received from Lakshadweep.

STATEMENT - II

STATE AND UT-WISE DETAILS OF THE NUMBER OF CHILDREN BENEFITED UNDER MISSION VATSALYA SCHEME DURING THE FINANCIAL YEAR 2022-23 TO 2025-26

S. No.	States & UTs	Beneficiaries under Institutional Care				Beneficiaries under Non-Institutional Care			
		FY 2022- 23	FY 2023- 24	FY 2024- 25	FY 2025- 26	FY 2022- 23	FY 2023- 24	FY 2024- 25	FY 2025- 26
1	Andhra Pradesh	1504	1546	2152	2284	9150	10000	14187	14187
2	Arunachal Pradesh	206	206	420	222	840	1719	1318	1318
3	Assam	1380	1241	1615	1246	858	1919	2400	2400
4	Bihar	2088	2227	2958	3228	504	4001	6001	6001
5	Chhattisgarh	1974	1843	1876	1632	288	1137	1550	1550
6	Goa	526	461	519	405	27	62	93	93
7	Gujarat	1651	3195	2393	2987	506	450	472	466
8	Haryana	1239	963	946	960	5155	643	880	880

9	Himachal Pradesh	805	926	1390	1312	1347	1352	2028	2028
10	Jammu and Kashmir	817	1104	1385	1870	1398	4024	5092	5092
11	Jharkhand	1219	1238	1995	1765	3086	4629	6793	6793
12	Karnataka	3182	3110	4587	2853	3875	12449	18673	18673
13	Kerala	697	776	1345	1370	1133	1455	2182	2182
14	Madhya Pradesh	2292	2597	2303	2392	2377	13715	20572	20572
15	Maharashtra	3654	3495	3667	4185	9844	21680	32520	32520
16	Manipur	2121	2295	2296	2555	1120	1288	1932	1932
17	Meghalaya	972	1031	990	993	1028	1083	1285	1285
18	Mizoram	914	1172	1348	1742	591	1516	2011	2011
19	Nagaland	493	562	621	663	752	779	789	789
20	Odisha	4153	4431	4627	7311	1772	3697	5545	5545
21	Punjab	607	533	506	543	612	4150	2483	2483
22	Rajasthan	2560	2733	3958	4499	239	933	475	359
23	Sikkim	526	468	660	675	323	460	427	427
24	Tamil Nadu	7785	10118	12438	11217	2975	5411	8116	8116
25	Telangana	1129	2243	2485	2455	6454	4858	7287	7287
26	Tripura	829	948	1085	1235	305	1373	2059	2059
27	Uttar Pradesh	3238	3226	5420	5125	1766	10000	15000	15000
28	Uttarakhand	700	589	868	909	847	1817	1631	1631
29	West Bengal	6220	4744	7615	7725	1670	2750	4125	4125
30	Andaman & Nicobar	308	274	263	264	0	1	0	25
31	Chandigarh	202	222	344	370	199	309	350	350
32	Dadra & Nagar Haveli and Daman & Diu	28	36	64	58	519	984	929	815
33	Ladakh	25	84	77	96	29	411	482	482
34	Lakshadweep	-	-	-	-	-	-	-	20
35	Delhi	1206	1216	1012	1570	980	635	952	846
36	Puducherry	690	739	654	673	106	171	256	256

STATEMENT- III**STATE AND UT-WISE DETAILS OF FUNDED CHILD CARE INSTITUTIONS
UNDER MISSION VATSALYA SCHEME DURING THE FINANCIAL YEAR
2024-25**

S. No.	States and UTs	FY 2024- 25
1	Andhra Pradesh	98
2	Arunachal Pradesh	11
3	Assam	58
4	Bihar	91
5	Chhattisgarh	105
6	Goa	23
7	Gujarat	81
8	Haryana	31
9	Himachal Pradesh	48
10	Jammu and Kashmir	62
11	Jharkhand	46
12	Karnataka	127
13	Kerala	45
14	Madhya Pradesh	102
15	Maharashtra	107
16	Manipur	87
17	Meghalaya	53
18	Mizoram	66
19	Nagaland	57
20	Odisha	142
21	Punjab	26
22	Rajasthan	140
23	Sikkim	27
24	Tamil Nadu	313
25	Telangana	67
26	Tripura	31

27	Uttar Pradesh	164
28	Uttarakhand	44
29	West Bengal	207
30	Andaman & Nicobar	10
31	Chandigarh	9
32	Dadra & Nagar Haveli and Daman & Diu	4
33	Ladakh	9
34	Lakshadweep	-
35	National Capital Territory of Delhi	39
36	Puducherry	29

UTILISATION OF CENTRAL FUNDS UNDER NAM IN KARNATAKA

3673. SHRI E. TUKARAM:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Ministry has ensured effective utilisation and monitoring of Central funds released under the National AYUSH Mission (NAM) for creating functional AYUSH hospitals and dispensaries in Ballari district of Karnataka during the last three years and if so, the details thereof;
- (b) whether the Central agencies concerned have completed the sanctioned facilities within the prescribed timelines and if so, the details thereof;
- (c) if not, the reasons for delays and shortcomings at the level of the Ministry and its implementing agencies;
- (d) the details of funds released, works sanctioned and facilities made operational so far in the district; and
- (e) the details of any time-bound plan of the Ministry to strengthen AYUSH

healthcare infrastructure in Karnataka State and especially Ballari district?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): Since, implementation of the National Ayush Mission (NAM) scheme comes under the purview of State Government of Karnataka, therefore, the primary responsibility to ensure effective utilisation of funds for creating functional Ayush hospitals and dispensaries in Ballari district of Karnataka lies with respective State Government. Further, as informed by State Government, they are regularly reviewing the utilization of funds released under the NAM through review meetings, periodic field inspections, and examination of progress reports submitted by the District Ayush Officer of Ballari District. The Utilization Certificates (UCs) for the funds utilized are regularly submitted to the Government of India.

(b) and (c): As informed by State Government, Ministry of Ayush sanctioned activities for the Ballari District are implemented by the District Ayush Officer and its executing agencies. Efforts are made to complete the works within the prescribed timelines as per the approved project proposals and guidelines of NAM. In certain cases, delays may occur due to factors such as administrative approvals, tendering processes, land availability issues, and other local implementation challenges at the district /implementing agency level.

(d) and (e): As informed by State Government of Karnataka, an amount of Rs.504.51 lakhs has been released during last three years to Ballari District and

two Ayush hospitals have been upgraded & 21 AAM (Ayush) units are functional in Ballari District. Since, the implementation of Scheme comes under the purview of respective State Government, time line has not been fixed by the Ministry.

वकीलों को सुविधाएं

3674. श्री सुनील कुमार:

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

(क) भारत सरकार द्वारा देशभर में वकीलों को प्रदान की जा रही विभिन्न सुविधाओं का ब्यौरा क्या है ;

(ख) क्या सरकार का बिहार में युवा वकीलों को वजीफे जैसी सुविधाएं प्रदान करने का विचार है ;

(ग) यदि हां, तो पात्रता मानदण्डों सहित तत्संबंधी ब्यौरा क्या है और इस योजना से अब तक कितने वकीलों को लाभ हुआ है ; और

(घ) यदि नहीं, तो क्या सरकार द्वारा इस प्रस्ताव पर सहानुभूतिपूर्वक विचार किए जाने की संभावना है ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

(क) से (घ): भारतीय विधिज्ञ परिषद द्वारा यह सूचित किया गया है कि माननीय दिल्ली उच्च न्यायालय द्वारा रिट याचिका संख्या डब्ल्यू.पी. (सी) 10159/2024 में दिए गए निदेशों के अनुसरण में, उनके द्वारा जारी तारीख 15.10.2024 के परिपत्र संख्या बीसीआई:डी: 5383/2024 में वरिष्ठ अधिवक्ताओं/विधि फर्मों और अधिवक्ताओं से कनिष्ठ अधिवक्ताओं को शहरी क्षेत्रों में 20,000/- रुपये प्रति माह और ग्रामीण क्षेत्रों में 15,000/- रुपये प्रति माह की न्यूनतम वृत्तिका देने की सिफारिश की है।

इसके अतिरिक्त अधिवक्ता अधिनियम, 1961, अधिवक्ता कल्याण निधि अधिनियम, 2001

और संबंधित राज्य अधिवक्ता कल्याण अधिनियमों के अधीन, भारतीय विधिज्ञ परिषद और राज्य विधिज्ञ परिषद विभिन्न आपात स्थितियों में अधिवक्ताओं को वित्तीय सहायता प्रदान करने के लिए सशक्त हैं। अधिवक्ता अधिनियम, 1961 की धारा 6(2) और धारा 7(2) के उपबंधों के अनुसार, क्रमशः राज्य विधिज्ञ परिषद और भारतीय विधिज्ञ परिषद (बीसीआई) को जरूरतमंद, विकलांग या अन्य अधिवक्ताओं के लिए कल्याणकारी स्कीम को आयोजित करने और वित्तीय सहायता प्रदान करने के उद्देश्य से विहित रीति से एक या अधिक निधि गठित करने की शक्ति है।

भारतीय विधिज्ञ परिषद यह भी सूचित करता है कि बिहार सरकार ने हाल ही में बिहार के अधिवक्ताओं के कल्याण के लिए एक छात्रवृत्ति योजना शुरू की है। इस योजना के लिए पात्रता मानदंड निम्नलिखित हैं:-

- i. बिहार राज्य विधिज्ञ परिषद में 01.01.2024 को या उसके पश्चात् नामांकित अधिवक्ता अगले तीन वर्षों के लिए कल्याणकारी योजना के लाभ के पात्र हैं।
- ii. अधिवक्ता को बिहार की न्यालयों में किसी भी विधिज्ञ संगठन का सदस्य होना चाहिए और विधिज्ञ संगठन को यह भी प्रमाणित करना होगा कि अधिवक्ता 'विधि व्यवसाय में सक्रिय' है।
- iii. ऐसे पात्र अधिवक्ताओं को अगले तीन (03) वर्षों के लिए 5000/- रुपये प्रति माह का भुगतान किया जाएगा।
- iv. यह राशि बिहार अधिवक्ता कल्याण न्यास समिति द्वारा संवितरित की जाएगी।

PMBJP IN ANDHRA PRADESH

3675. SHRI LAVU SRIKRISHNA DEVARAYALU:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the total number of Jan Aushadhi Kendras (JAKs) established under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) in the country, State/district-wise, particularly for the State of Andhra Pradesh;

- (b) the total funds sanctioned, released and utilised under PMBJP during the last five years, State-wise and year-wise;
- (c) the total value of sales reported by JAKs during the last five years, State/district-wise and year-wise;
- (d) the list of incentives given to the JAKs under PMBJP and activities eligible for the incentives; and
- (e) whether the Government proposes to expand PMBJP coverage to underserved districts and tribal/rural regions in the country, if so, the details thereof, State-wise, including Andhra Pradesh?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) scheme, a total of 18,646 Jan Aushadhi Kendras (JAKs) have been opened across the country as on 28.02.2026, of which 283 JAKs are in the State of Andhra Pradesh. The State-wise number of JAKs opened across the country and the district-wise number of JAKs opened in the State of Andhra Pradesh are enclosed as **Statement-I**.

(b): The details of the funds allocated and utilised under the scheme during the last five years are as under:

S. No.	Financial year	Funds sanctioned (crore ₹)	Funds utilised (crore ₹)
1.	2020-21	65.00	65.00

2.	2021-22	68.50	68.50
3.	2022-23	100.00	100.00
4.	2023-24	110.00	110.00
5.	2024-25	284.50	182.73

There is no State-wise allocation of funds under the scheme.

(c): Across the country, total sales of ₹ 6,290.23 crore MRP value have been made under the scheme during the last five financial years. State-wise and financial-year-wise sales at MRP value are enclosed as **Statement II**.

(d): Under the scheme, incentive to JAK owners is given at rate of 10% of monthly purchases, subject to a ceiling of ₹10,000 per month. In addition, JAK owners are also provided incentive of up to ₹10,000 per month for maintaining requisite stock of 200 high-demand products. Further, a one-time special incentive of ₹2 lakh for setting up JAK is given for JAKs opened in the North-Eastern States, Himalayan areas, island territories and backward areas notified as Aspirational Districts by NITI Aayog, and to those JAKs that are opened by entrepreneurs of certain eligible categories, including ex-servicemen, divyangjan and members of the Scheduled Castes and Scheduled Tribes.

(e): With a view to further expand the coverage of the scheme, the Government has set a target to open 25,000 JAKs by March 2027. JAKs are opened by inviting applications from individual entrepreneurs, non-governmental organisations, societies, trusts, firms, private companies, etc. Online applications have been invited from all districts of the country, including those in the state of Andhra Pradesh, through the website www.janaushadhi.gov.in.

STATEMENT- I

**The State-wise /Union Territory-wise number of JAKs opened as on
28.02.2026**

Sl. No.	Name of State/UT	Number of JAKs
1.	Andaman and Nicobar Islands	6
2.	Andhra Pradesh	283
3.	Arunachal Pradesh	35
4.	Assam	183
5.	Bihar	1127
6.	Chandigarh	19
7.	Chhattisgarh	352
8.	Delhi	622
9.	Dadra and Nagar Haveli and Daman and Diu	41
10.	Goa	18
11.	Gujarat	878
12.	Haryana	501
13.	Himachal Pradesh	75
14.	Jammu and Kashmir	355
15.	Jharkhand	171
16.	Karnataka	1637
17.	Kerala	1755
18.	Ladakh	3
19.	Lakshadweep	1
20.	Madhya Pradesh	634
21.	Maharashtra	727
22.	Manipur	68
23.	Meghalaya	26
24.	Mizoram	17
25.	Nagaland	24
26.	Odisha	830
27.	Puducherry	33
28.	Punjab	545
29.	Rajasthan	675
30.	Sikkim	16
31.	Tamil Nadu	1559
32.	Telangana	229

Sl. No.	Name of State/UT	Number of JAKs
33.	Tripura	33
34.	Uttar Pradesh	3944
35.	Uttarakhand	330
36.	West Bengal	894
Grand Total		18,646

District-wise number of JAKs opened in the State of Andhra Pradesh as on 28.02.2026

S. No.	District	Number of JAKs
1	Ananthapuramu	12
2	Chittoor	12
3	YSR Kadapa	10
4	East Godavari	14
5	Guntur	24
6	Krishna	9
7	Kurnool	20
8	Sri Potti Sriramulu Nellore	7
9	Prakasam	16
10	Srikakulam	9
11	Visakhapatnam	11
12	Vizianagaram	9
13	West Godavari	15
14	Parvathipuram Manyam	3
15	Anakapalli	7
16	Alluri Sitharama Raju	2
17	Kakinada	5
18	Dr. B. R. Ambedkar Konaseema	8
19	Eluru	11
20	NTR	19
21	Bapatla	9
22	Palnadu	11
23	Tirupati	15
24	Annamayya	7
25	Sri Sathya Sai	11
26	Nandyal	7
Total		283

STATEMENT - II**State-wise and financial-year-wise sales at MRP value (in crore ₹)**

S. No.	State / Union territory	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
1.	Andaman and Nicobar Islands	0.02	0.05	0.06	0.01	0.0005
2.	Andhra Pradesh	1.53	1.41	1.77	1.80	0.55
3.	Arunachal Pradesh	0.68	0.24	0.50	0.43	0.48
4.	Assam	3.32	4.77	5.08	5.36	0.98
5.	Bihar	6.34	9.80	15.65	17.53	6.06
6.	Chandigarh	17.63	3.96	9.79	16.37	22.16
7.	Chhattisgarh	8.35	18.43	40.98	96.59	196.08
8.	Delhi	26.51	24.77	33.38	43.93	57.96
9.	Dadra and Nagar Haveli and Daman and Diu	0.00	0.010	0.0079	0.0009	0.0073
10.	Goa	0.00	0.00	0.05	0.07	0.15
11.	Gujarat	21.22	27.10	36.36	31.95	36.77
12.	Haryana	3.71	3.63	4.87	4.05	1.30
13.	Himachal Pradesh	1.88	6.28	8.13	7.42	7.47
14.	Jammu and Kashmir	14.51	22.52	41.08	52.00	61.95
15.	Jharkhand	14.79	36.56	69.50	90.38	142.40
16.	Karnataka	148.56	164.94	184.08	173.45	222.85
17.	Kerala	107.49	160.83	182.00	189.67	264.37
18.	Ladakh	0.00	0.04	0.18	0.00	0.00
19.	Lakshadweep	0.00	0.00	2.12	0.00	0.00
20.	Madhya Pradesh	7.23	6.79	6.50	5.85	2.64
21.	Maharashtra	8.35	12.65	12.59	17.50	26.54
22.	Manipur	0.55	4.14	8.27	6.87	9.53
23.	Meghalaya	0.13	1.54	1.58	1.62	0.99
24.	Mizoram	0.51	0.51	0.61	0.49	0.04
25.	Nagaland	0.29	0.32	0.59	0.84	0.15
26.	Odisha	26.30	31.17	34.81	36.31	33.85
27.	Puducherry	0.03	0.15	0.26	0.17	0.01
28.	Punjab	42.83	49.97	57.00	65.49	68.29

S. No.	State / Union territory	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
29.	Rajasthan	17.75	24.39	41.32	69.89	100.80
30.	Sikkim	0.00	0.001	0.00	0.00	0.04
31.	Tamil Nadu	51.48	81.93	123.71	141.45	180.35
32.	Telangana	1.48	2.46	1.74	1.82	0.28
33.	Tripura	1.87	2.53	2.85	3.17	1.96
34.	Uttar Pradesh	87.66	128.22	198.95	233.22	309.91
35.	Uttarakhand	14.65	19.41	33.59	46.25	89.37
36.	West Bengal	28.16	42.08	76.87	109.54	176.17

कैंसर रोगियों की बढ़ती संख्या

3676. श्री लालजी वर्मा:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार इस तथ्य का संज्ञान ले रही है कि पिछले कुछ वर्षों में देश में कैंसर रोगियों की संख्या में अभूतपूर्व वृद्धि हुई है;
- (ख) यदि हां, तो सामान्य जनता के लिए कैंसर के उपचार को सुलभ और किफायती बनाने के लिए सरकार द्वारा कार्यान्वित या प्रस्तावित योजनाओं का ब्यौरा क्या है;
- (ग) क्या देशभर के सभी जिला अस्पतालों में कैंसर के निदान और उपचार के लिए पर्याप्त सुविधाएं उपलब्ध हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (घ) इन अस्पतालों में कैंसर देखभाल केंद्र स्थापित करने और आवश्यक उपकरण तथा विशेषज्ञ डॉक्टर उपलब्ध कराने की सरकार की योजना का ब्यौरा क्या है; और
- (ङ) आर्थिक रूप से कमजोर वर्गों के कैंसर रोगियों को सरकार द्वारा प्रदान की जाने वाली वित्तीय सहायता या निःशुल्क उपचार योजनाओं का ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने सूचित किया गया है कि भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) - राष्ट्रीय कैंसर रजिस्ट्री कार्यक्रम (आईसीएमआर-एनसीआरपी) आंकड़ों के अनुसार, स्वास्थ्य और परिवार कल्याण मंत्रालय के अंतर्गत, पिछले पांच वर्षों के लिए देश में अनुमानित कैंसर के मामलों का विवरण निम्नानुसार है:

कैंसर के मामलों की अनुमानित संख्या (2020-2024) – दोनों लिंगों के लिए					
वर्ष	2020	2021	2022	2023	2024
भारत में कैंसर के मामलों की अनुमानित संख्या	13,92,179	14,26,447	14,61,427	14,96,972	15,33,055

(ख) से (घ): स्वास्थ्य और परिवार कल्याण विभाग, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के भाग के रूप में राष्ट्रीय गैर-संचारी रोग रोकथाम एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) के अंतर्गत देश भर के राज्यों और संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान करता है। यह कार्यक्रम कैंसर सहित गैर-संचारी रोगों (एनसीडी) के लिए अवसंरचना सुदृढीकरण, मानव संसाधन विकास, जांच, शीघ्र निदान, रेफरल, उपचार और स्वास्थ्य संवर्धन पर केंद्रित है। राष्ट्रीय गैर-संचारी रोग रोकथाम एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) के अंतर्गत 770 जिला एनसीडी क्लीनिक, 364 जिला डे केयर कैंसर केंद्र (डीसीसीसी) और सामुदायिक स्वास्थ्य केंद्रों में 6,410 एनसीडी क्लीनिक स्थापित किए गए हैं। इसके अतिरिक्त, जिला अस्पताल स्तर पर कैंसर परिचर्या की सुलभता सुनिश्चित करने के लिए वित्त वर्ष 2025-26 में 297 जिला डे केयर कैंसर केंद्रों (डीसीसीसी) को अनुमोदन दिया गया है।

देश भर में सामान्य कैंसर (मुख कैंसर, स्तन कैंसर और गर्भाशय ग्रीवा कैंसर) सहित सामान्य गैर-संचारी रोगों (एनसीडी) की रोकथाम, नियंत्रण और जांच के लिए जनसंख्या आधारित पहल शुरू की गई है, इस पहल के अंतर्गत, कैंसर सहित सामान्य एनसीडी हेतु जांच के लिए 30 वर्ष से अधिक आयु के व्यक्तियों को लक्षित किया जाता है।

‘विशिष्ट कैंसर परिचर्या सुविधा केंद्र सुदृढीकरण योजना’ के अंतर्गत देश भर में 19 राज्य

कैंसर संस्थान (एससीआई) और 20 विशिष्ट कैंसर परिचर्या सुविधा केंद्र (टीसीसीसी) स्थापित किए गए हैं। उन्नत निदान और उपचार सुविधाएं प्रदान करने के लिए झज्जर (हरियाणा) में राष्ट्रीय कैंसर संस्थान और कोलकाता में चित्तरंजन राष्ट्रीय कैंसर संस्थान का दूसरा परिसर स्थापित किया गया है। सभी 22 नए अखिल भारतीय आयुर्विज्ञान संस्थान (एआईआईएम) में कैंसर उपचार सुविधाओं को भी मंजूरी दे दी गई है।

(ड): आयुष्मान भारत – प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत कैंसर सहित मुख्य गैर-संचारी रोगों का उपचार उपलब्ध है। इस योजना के अंतर्गत पैनलबद्ध सरकारी और निजी अस्पतालों में मध्यम और विशिष्ट स्तर की चिकित्सा देखभाल के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये की सहायता राशि प्रदान की जाती है। प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) और किफायती दवा और विश्वसनीय प्रत्यारोपण उपचार (अमृत) फार्मेशियां किफायती कैंसर दवाओं, स्टैंट और प्रत्यारोपण की उपलब्धता में सुधार करती हैं, जिससे जेब से होने वाला खर्च कम होता है और दीर्घकालिक उपचार की निरंतरता में सहायता मिलती है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, राष्ट्रीय निःशुल्क औषधि पहल और निःशुल्क निदान सेवाओं से जन स्वास्थ्य सुविधा केंद्रों पर आवश्यक औषधियों और निदान की उपलब्धता सुनिश्चित होती हैं, जिससे जेब से होने वाले खर्च में कमी आती है। राष्ट्रीय गैर-संचारी रोग रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के अंतर्गत जिला और उप-मंडल अस्पतालों में कैंसर रोधी औषधियों को आवश्यक औषधियों की सूची में शामिल किया गया है।

हेल्थ ड्रिंक्स की लेबलिंग

3677. श्री अशोक कुमार यादव:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या भारतीय खाद्य सुरक्षा और मानक प्राधिकरण ने ई-कॉमर्स प्लेटफार्मों को कतिपय उत्पादों को 'हेल्थ ड्रिंक्स' के रूप में वर्गीकृत करने से बचने के निर्देश जारी किए हैं क्योंकि यह शब्द

खाद्य सुरक्षा और मानक अधिनियम, 2006 के अंतर्गत परिभाषित नहीं है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार युवाओं में गैर-संचारी रोगों की वृद्धि और मधुमेह तथा मोटापे के बढ़ते चलन के प्रति अवगत है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ने फ्री शुगर की सीमा के संबंध में विश्व स्वास्थ्य संगठन डब्ल्यूएचओ की सिफारिशों की समीक्षा की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण-5 (एनएफएस-5) में बचपन के मोटापे में वृद्धि दर्ज की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) क्या सरकार एफपीओ लेबलिंग, वैज्ञानिक दावों, चीनी की सीमा और सार्वजनिक जागरूकता पहल से संबंधित उपायों पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ङ): भारत खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसआई) को खाद्य पदार्थों के लिए विज्ञान-आधारित मानक निर्धारित करने तथा उनके विनिर्माण, भंडारण, वितरण, बिक्री और आयात को विनियमित करने का अधिदेश प्राप्त है, ताकि मानव उपभोग के लिए सुरक्षित और पौष्टिक भोजन की उपलब्धता सुनिश्चित की जा सके। खाद्य सुरक्षा और मानक (एफएसएस) अधिनियम, 2006 के कार्यान्वयन और प्रवर्तन की संयुक्त जिम्मेदारी केंद्र और राज्य सरकारों की है।

एफएसएसआई ने दिनांक 28.03.2024 की अपनी एडवाइजरी के माध्यम से स्पष्ट किया है कि 'हेल्थ ड्रिंक' को एफएसएस अधिनियम, 2006 या इसके तहत बनाए गए नियमों और विनियमों के अंतर्गत कहीं भी परिभाषित/मानकीकृत नहीं किया गया है। अतः, 'स्वामित्व वाले खाद्य' के अंतर्गत लाइसेंस प्राप्त खाद्य उत्पाद, जिनकी निकटतम श्रेणी-डेयरी आधारित पेय मिश्रण या अनाज आधारित पेय मिश्रण या माल्ट आधारित पेय है, और जिन्हें ई-कॉमर्स वेबसाइट पर 'हेल्थ ड्रिंक', 'एनर्जी ड्रिंक' श्रेणी के अंतर्गत बेचा जा रहा है, को सलाह दी गई है कि वे अपनी वेबसाइट पर 'हेल्थ ड्रिंक / एनर्जी

ड्रिंक्स' की श्रेणी से ऐसे पेय को हटा दें / डी-लिंक करें और ऐसे उत्पादों को प्रचलित कानून के तहत प्रदान की गई उपयुक्त श्रेणी में रखें।

राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएस-5, 2019-21) के अनुसार, 24% महिलाएं, 23% पुरुष और 3% बच्चे अधिक वजन या मोटापे से ग्रस्त हैं।

अस्वास्थ्यकर आहार, निष्क्रिय जीवनशैली और पर्यावरणीय कारक मोटापे की बढ़ती प्रवृत्ति में प्रमुख योगदान देते हैं। संसाधित खाद्य पदार्थों की बढ़ती खपत, शारीरिक गतिविधि में कमी और जीवनशैली में बदलावों ने इस बढ़ते संकट को और बढ़ा दिया है, जो शहरी और ग्रामीण दोनों प्रकार के जनमानस को प्रभावित कर रहा है।

उपभोक्ताओं, विशेष रूप से युवाओं में, स्वस्थ खान-पान की आदत विकसित करने के लिए, एफएसएसएआई निम्नलिखित जागरूकता और नियामक उपाय करता है:-

- एफएसएसएआई ने सोशल मीडिया पर "मोटापे को रोकें" और "मोटापे से लड़ें" नामक अभियान शुरू किया है, जिसके तहत मोटापे पर विभिन्न प्रकार की शैक्षिक और जागरूकता सामग्री साझा की जाती है। मोटापे से लड़ने और तेल के उपयोग को कम करने के बारे में स्कूल के बच्चों, युवाओं और स्वयं सहायता समूह (एसएचजी) के सदस्यों की प्रमाणित क्लिप सोशल मीडिया पर पोस्ट की जाती हैं। बच्चों को मोटापे के खतरों और स्वस्थ आहार तथा नियमित शारीरिक गतिविधि के महत्व के बारे में शिक्षित करने के लिए बच्चों के अनुकूल एनिमेटेड वीडियो तैयार करके सोशल मीडिया पर प्रकाशित किए जाते हैं।
- माईगव के सहयोग से 'इट राइट क्विज ऑन ओबेसिटी' नामक प्रश्नोत्तरी अप्रैल 2025 में शुरू की गई है, ताकि लोगों को मोटापे और स्वस्थ जीवन के विभिन्न पहलुओं के बारे में शिक्षित करते हुए उन्हें एक मजेदार और संवादत्मक तरीके से जोड़ा जा सके।
- देशव्यापी अभियान 'इट राइट इंडिया' आंदोलन, जिसका ध्यान सामाजिक और व्यवहारिक परिवर्तन के माध्यम से निवारक और प्रोत्साहक स्वास्थ्य देखभाल पर केंद्रित है। यह पहल

तीन मुख्य स्तंभों पर आधारित है - सुरक्षित खाएं, स्वस्थ खाएं और सतत खाएं। यह एफएसएसएआई के नेतृत्व में सभी हितधारकों का एक सामूहिक प्रयास है, जिसका उद्देश्य 'सही भोजन बेहतर जीवन' के टैगलाइन के साथ देश के खाद्य पारिस्थितिकी तंत्र को बदलना है।

- ज्यादा वसा, नमक और चीनी वाले खाद्य पदार्थों के सेवन के हानिकारक प्रभावों से निपटने के लिए, एफएसएसएआई ने संयमित उपभोग को बढ़ावा देने के लिए 'आज से थोड़ा कम' नामक अभियान शुरू किया है। यह उपभोक्ताओं को आहार में संशोधन के माध्यम से वसा, नमक और चीनी के अपने सेवन को धीरे-धीरे कम करने के लिए प्रोत्साहित करता है।
- एफएसएसएआई ने खाद्य सुरक्षा और मानक (शिशु पोषण के लिए खाद्य पदार्थ) विनियम, 2020 अधिसूचित किए हैं, जो शिशु खाद्य और फॉर्मूला की विभिन्न श्रेणियों के लिए मानक निर्धारित करते हैं। खाद्य सुरक्षा और मानक (शिशु पोषण के लिए खाद्य पदार्थ) विनियम, 2020 के तहत शिशु खाद्य उत्पादों में चीनी के लिए निर्दिष्ट सीमाएं कोडेक्स और विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) जैसे वैश्विक मानकों के अनुरूप हैं।
- एफएसएसएआई ने खाद्य सुरक्षा और मानक (लेबलिंग और प्रदर्शन) विनियम, 2020 अधिसूचित किए हैं, जो उपभोक्ताओं को खाद्य पदार्थों का चयन करते समय सूचित विकल्प चुनने में मदद करने के लिए लेबल पर नमक, चीनी और वसा से संबंधित पोषण संबंधी जानकारी का उल्लेख करना अनिवार्य करता है। सोशल मीडिया पर "हर लेबल कुछ कहता है" अभियान पूरे भारत में खाद्य सुरक्षा के प्रति जागरूकता और स्वस्थ खाने की आदतों को बढ़ावा देता है। यह राष्ट्रीय पहल उपभोक्ताओं को खाद्य लेबल संबंधी उनकी समझ को बढ़ाकर, उन्हें विवेकसम्मत आहार संबंधी विकल्प चुनने में सशक्त बनाने पर केंद्रित है।

**IMPLEMENTATION OF WOMEN AND CHILD WELFARE SCHEMES IN
TRIBAL AREAS**

3678. SHRI NAGESH BAPURAO AASHTIKAR PATIL:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT** be pleased to state:

- (a) whether the benefits of women and child welfare schemes such as Anganwadi Services, POSHAN Abhiyaan, PMMVY, ICDS, scholarships for girls, and health and nutrition programmes are not reaching eligible beneficiaries in a timely and effective manner in the tribal-dominated remote areas of the Hingoli Parliamentary Constituency in Maharashtra;
- (b) whether women and children in these areas are facing serious problems such as irregular nutrition supply at Anganwadi centres, lack of basic facilities in Ashram schools and hostels, inadequate maternal and child health services in remote villages, increasing malnutrition and anaemia, delays in DBT and scholarship payments due to digital and banking constraints, and shortage of functional Anganwadi centres;
- (c) if so, the details thereof; and
- (d) whether any special action plan/special package has been proposed specifically for the said Parliamentary Constituency, if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI ANNPURNA DEVI):

- (a) to (d): For effective implementation and efficient monitoring, various schemes

implemented by the Ministry of Women & Child Development for women and child welfare all over the country, including in tribal-dominated remote areas of the Hingoli Parliamentary Constituency in Maharashtra, have been reviewed and clubbed into three Umbrella Missions viz. (1) Mission Saksham Anganwadi & Poshan 2.0 for improving nutrition & health indicators (2) Mission Shakti, for safety, protection and empowerment of women; and (3) Mission Vatsalya, for protection, care and welfare of children in difficult circumstances. Details of the schemes are as under:

(i) Saksham Anganwadi & Poshan 2.0 (Mission Poshan 2.0): Under this mission, Anganwadi Services Scheme, POSHAN Abhiyaan and Scheme for Adolescent Girls have been reorganized into 3 primary sub-verticals: (i) Nutrition Support for Children, Pregnant Women & Lactating Mothers and for Adolescent Girls (ii) Early Childhood Care and Education and (iii) Anganwadi Infrastructure including upgraded Saksham Anganwadis.

Under this Mission the details of beneficiaries in Hingoli District in Maharashtra as on 28.02.2026 is as hereunder:

Children	80103
Pregnant Women	4829
Lactating Mothers	4942

(ii) Mission Shakti: It aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals 'Sambal' for safety and security of women and "Samarthyaa for empowerment of women

including rural and economically weaker regions of the country. The 'Sambal has components of One Stop Centre (OSC), Women Helpline(WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat (Nari Adalat). The 'Samarthya' has components of Shakti Sadan, Sakhi Niwas, Padhan Mantri Matru Vandana Yojana (PMMVY), Palna and SANKALP: Hub for Empowerment of Women (SNKALP: HEW).

As of date, 67 One Stop Centres (OSCs) are operational in Maharashtra. Out of these, one OSC each is functioning in Hingoli, Nanded, and Yavatmal districts. Till 31 December 2025, OSCs have assisted more than 13.37 lakh women across the country, out of which 42,393 women have been assisted in the State of Maharashtra.

Till 31 January 2026, Women Helplines (WHLs) have assisted over 97.81 lakh women nationwide, including 3.57 lakh women in Maharashtra. Also, one Sakhi Niwas is also functional in Hingoli district of Maharashtra.

Benefits have been extended to over 4.27 crore women through PMMVY scheme since inception till 09.03.2026. The details of beneficiaries who have been maternity benefits under PMMVY in the Hingoli, Nanded and Yavatmal Districts of Hingoli Parliamentary Constituency are as under:

District	FY Wise Beneficiaries paid in the districts		
	2023-24	2024-25	2025-26 (as on 09.03.2026)
HINGOLI	583	2,634	6,698
NANDED	3,292	15,624	21,030
YAVATMAL	1,737	13,889	22,458

(iii) Mission Vatsalya: Mission Vatsalya includes the Integrated Child Protection Scheme (ICPS) for better outreach and protection for children in need and care in a mission mode with the objective to: (i) Support and sustain Children in difficult circumstances. (ii) Develop context-based solutions for holistic development of children from varied backgrounds. (iii) Provide scope for encouraging innovative solutions, (iv) Cement convergent action.

Further, several steps have been under taken to strengthen the implementation of these schemes, as explained below:

- A new portal, Pradhan Mantri Matru Vandana Yojana Software (PMMVYSoft) has been launched, under which Aadhaar authentication through UIDAI and National Payment Corporations of India (NPCI) verification is ensured so that funds are directly transferred to their DBT-enabled Aadhaar-seeded bank or post office accounts.
- Available database of the Pregnant Women & Lactating Mothers from Poshan Tracker is used to create a “Due List” of potential beneficiaries on PMMVY Portal accessible at AWW/ASHA level.
- IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery support systems at the Anganwadi Centres. The ‘Poshan Tracker’ application was rolled out as an important governance tool. The Poshan Tracker facilitates monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. The States/UTs have also been advised to discontinue the use of physical registers and use Poshan Tracker to reduce work load of Anganwadi

workers and improving their efficiency. To track last mile Service Delivery, Facial Recognition System (FRS) is used for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker.

आँखों पर दबाव पड़ने के मामले

3679. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार को भारत में बच्चों और किशोरों के बीच स्क्रीन के बढ़ते उपयोग और मस्तिष्क के विकास, दृष्टि और मानसिक स्वास्थ्य पर पड़ने वाले इसके संभावित प्रभावों की जानकारी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या मंत्रालय या संबद्ध स्वास्थ्य संस्थानों द्वारा किशोरों में लंबे समय तक स्क्रीन के उपयोग के स्वास्थ्य पर पड़ने वाले प्रभावों के संबंध में कोई वैज्ञानिक अध्ययन/सर्वेक्षण आकलन किया गया है और यदि हां, तो इसके मुख्य निष्कर्ष क्या हैं;
- (ग) क्या हाल के वर्षों में स्कूली बच्चों में आँखों पर दबाव, कम उम्र में दृष्टि संबंधी समस्याएं, नींद संबंधी विकार और ध्यान संबंधी समस्याओं के मामलों में वृद्धि दर्ज की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) सरकार द्वारा बच्चों और किशोरों में डिजिटल उपकरणों के सुरक्षित और संतुलित उपयोग को बढ़ावा देने के लिए स्वास्थ्य दिशानिर्देश, जागरूकता कार्यक्रम या विद्यालय-आधारित अंतःक्षेप जारी करने हेतु उठाए गए/उठाए जाने वाले कदम क्या हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने सूचित किया है कि वह भारत में बच्चों और किशोरों के बीच बढ़ते स्क्रीन समय और शारीरिक एवं मानसिक स्वास्थ्य पर इसके संभावित प्रभावों से अवगत है। इस संबंध में समीक्षा किए गए वैज्ञानिक साहित्य से संकेत मिलता है कि अत्यधिक स्क्रीन समय के शारीरिक खतरों में आंखों में तनाव, गर्दन और कंधे में दर्द और पीठ दर्द शामिल हो सकते हैं। मानसिक स्वास्थ्य खतरों में चिंता और मनोदशा विकारों का बढ़ा हुआ स्तर शामिल हो सकता है। समग्र रूप से कल्याण अत्यधिक स्क्रीन समय से भी प्रभावित हो सकता है, खासकर जब सामाजिक संबंधों और संज्ञानात्मक विकास की बात आती है।

बाल स्वास्थ्य (सीएच) प्रभाग ने सूचित किया है कि राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) के अंतर्गत सचल स्वास्थ्य दल (एमएचटी) आंगनवाड़ी और विद्यालयों में जन्म से 18 वर्ष तक के बच्चों की स्वास्थ्य जांच करते हैं, जिसमें चार 'डी': जन्मजात दोष(Defects at birth), बीमारियां (Diseases), कमियां (Deficiencies) और विकास में देरी (Development delays) शामिल हैं। बच्चों की यह सामान्य स्वास्थ्य जांच एक संरचित प्रारूप का उपयोग करके की जाती है, जिसमें आंखों और दृष्टि संबंधी समस्याओं की जांच शामिल है ताकि शीघ्र पहचान हो सके और प्रबंधन व अनुवर्ती कार्रवाई के लिए सार्वजनिक स्वास्थ्य सुविधाओं में भेजा जा सके।

(घ): भारत सरकार स्कूल जाने वाले बच्चों के स्वास्थ्य और कल्याण को बढ़ावा देकर उनकी वृद्धि, विकास और शैक्षिक उपलब्धि को बढ़ावा देने के लिए स्वास्थ्य और परिवार कल्याण मंत्रालय और शिक्षा मंत्रालय की संयुक्त पहल के रूप में वर्ष 2020 से स्कूल स्वास्थ्य और कल्याण कार्यक्रम (एसएचडब्ल्यूपी) का कार्यान्वयन कर रही है। इसके तहत, स्वास्थ्य और कल्याण दूत (एचडब्ल्यूए) के रूप में प्रशिक्षित प्रति स्कूल दो शिक्षक विभिन्न विषयों पर नियमित सत्र आयोजित करते हैं, जिसमें स्वस्थ होना, भावनात्मक कल्याण और मानसिक स्वास्थ्य और इंटरनेट और डिजिटल मीडिया आदि का सुरक्षित उपयोग शामिल है।

ALLOCATION OF FUNDS UNDER NHM**3680. SHRI KALIPADA SAREN KHERWAL:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the amount of funds allocated, released and utilised under the National Health Mission (NHM) during the last five years, State/UT-wise and year-wise; and
- (b) the details of the pending dues under the National Health Mission during the last five years, State/UT-wise and year-wise?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b): With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health & Family Welfare (MoHFW) is implementing National Health Mission (NHM). Government provides technical and financial support to the States/UTs for improvement in health infrastructure, availability of adequate human resources to health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups. The details of State/UT-wise Central Release and Expenditure under the National Health Mission (NHM) from F.Y. 2020-21 to F.Y. 2024-25 is enclosed as **Statement**.

Further, Public Health, is a State subject hence the primary responsibility of providing basic health services to all citizens of the country lies with the

respective States/UTs Government. The proposals from State/UT Governments are received in the form of Programme Implementation Plans (PIPs) under NHM and Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Release of funds under NHM is subject to compliance by States/UTs of the guidelines prescribed in this regard by Department of Expenditure, Ministry of Finance.

STATEMENT**State/UT-wise Central Release & Expenditure under National Health Mission for the FY 2020-21 to FY 2024-25**

Rs. In Crore

S. No.	Name of the State/UT	2020-21		2021-22		2022-23		2023-24		2024-25	
		Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
1	Andaman and Nicobar Islands	36.91	42.68	43.68	31.20	45.26	42.28	37.84	40.71	49.99	44.41
2	Andhra Pradesh	1,097.81	2,385.48	1,199.37	2,448.67	1,489.45	1,914.34	1,096.01	2,833.44	1,319.61	2,439.82
3	Arunachal Pradesh	243.04	209.06	188.53	248.51	233.82	424.78	404.55	399.44	388.86	472.93
4	Assam	1,807.48	1,846.86	1,955.93	2,194.36	1,981.83	2,307.00	2,257.06	2,626.87	2,076.25	2,607.54
5	Bihar	1,814.63	2,415.34	1,748.76	1,905.35	1,586.57	3,717.81	2,032.95	4,010.97	2,367.18	4,466.31
6	Chandigarh	22.21	19.52	17.47	26.86	38.09	26.98	30.58	31.85	43.43	37.29
7	Chattisgarh	979.41	1,521.30	969.61	1,833.45	1,195.08	2,152.45	875.80	1,743.79	969.11	1,784.09
8	Dadra & Nagar Haveli and Daman & Diu	36.39	35.74	38.59	45.02	58.28	41.61	39.92	41.96	40.96	40.47
9	Delhi	125.73	210.83	127.37	237.79	35.15	298.11	150.54	338.41	240.39	365.44
10	Goa	34.81	67.43	26.01	60.56	55.42	84.64	48.97	84.53	55.06	95.17
11	Gujarat	1,005.66	1,894.46	1,094.48	1,835.81	1,120.06	2,292.35	1,506.96	4,040.00	1,324.86	3,198.15
12	Haryana	531.50	829.12	577.07	879.91	681.21	1,185.43	524.01	1,221.41	562.49	1,127.06
13	Himachal Pradesh	441.94	425.58	555.09	525.09	494.65	567.83	470.36	629.76	523.70	654.52
14	Jammu & Kashmir	667.46	657.53	459.10	779.61	651.52	917.02	805.22	956.95	1,040.76	1,110.30
15	Jharkhand	602.80	999.71	640.18	1,176.55	810.30	1,495.17	958.06	1,992.91	964.31	1,986.59
16	Karnataka	1,232.19	2,320.37	1,274.71	2,200.92	1,246.67	2,376.94	1,187.60	2,741.98	1,295.81	2,478.23
17	Kerala	788.22	1,457.75	771.47	1,230.96	1,036.76	1,592.96	189.15	1,246.25	1,351.78	1,422.88
18	Ladakh	91.89	38.56	44.79	62.81	94.95	109.67	120.44	119.67	135.98	150.50
19	Lakshadweep	7.11	6.99	8.41	7.26	9.97	9.29	3.79	7.10	9.68	10.00
20	Madhya Pradesh	2,377.14	3,397.82	2,295.66	3,714.92	2,582.10	4,489.15	2,545.68	5,202.61	2,430.91	5,225.77
21	Maharashtra	1,833.59	3,503.62	1,769.67	4,227.31	2,187.13	4,501.75	2,729.30	5,001.70	2,417.95	4,364.86
22	Manipur	189.49	112.79	95.59	154.09	61.40	214.69	169.12	159.32	279.16	295.79
23	Meghalaya	202.63	213.36	282.46	227.08	261.56	319.08	261.39	305.83	297.95	393.01

24	Mizoram	143.73	131.36	93.82	153.16	111.82	135.33	134.42	179.84	159.96	174.67
25	Nagaland	188.21	159.72	126.66	192.16	91.38	161.93	184.84	196.69	204.47	243.60
26	Odisha	1,617.63	2,347.24	1,263.07	2,587.72	1,284.69	3,402.50	1,901.77	3,356.68	1,916.79	3,585.01
27	Puducherry	25.55	47.32	21.33	46.36	20.73	48.51	30.80	45.74	26.27	49.27
28	Punjab	568.14	908.98	349.21	918.96	448.89	1,054.39	91.49	1,428.94	878.21	1,027.72
29	Rajasthan	2,000.58	2,943.21	1,924.95	3,230.01	1,460.80	3,726.21	2,785.46	4,350.63	2,398.62	4,772.33
30	Sikkim	70.13	52.06	51.86	46.06	73.30	88.69	68.17	75.77	81.67	89.59
31	Tamil Nadu	1,522.71	2,172.33	1,631.91	3,039.39	1,652.24	3,191.84	1,996.06	3,104.16	1,742.67	3,461.74
32	Telangana	671.88	1,354.93	725.67	1,556.65	683.77	2,062.93	564.93	1,288.75	1,110.43	1,872.42
33	Tripura	225.91	249.74	217.95	237.24	231.90	287.20	264.31	309.62	268.67	279.35
34	Uttar Pradesh	3,772.95	7,080.45	3,235.46	6,210.20	5,133.59	8,828.29	4,928.14	10,572.60	5,853.43	10,377.16
35	Uttarakhand	583.25	503.53	553.47	606.07	505.01	647.13	711.33	709.79	604.05	760.15
36	West Bengal	1,895.01	2,598.62	1,654.26	2,229.46	1,252.32	3,509.86	890.42	3,641.98	688.44	3,583.07

Note:

- The above releases relate to Central Govt. Grants & do not include State share contribution.
- Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.

माननीय अध्यक्ष : अगर आप प्रश्न काल नहीं चलाना चाहते हैं, नियोजित गतिरोध पैदा करना चाहते हैं, तो सदन की कार्यवाही आज बारह बजे तक स्थगित की जाती है।

11.03 hrs

The Lok Sabha then adjourned till Twelve of the Clock.

12.00 hrs

The Lok Sabha re-assembled at Twelve of the Clock.

(Shrimati Sandhya Ray in the Chair)

... (Interruptions)

डॉ. मोहम्मद जावेद (किशनगंज) : मैडम, हम लगातार कह रहे हैं कि हमें बोलने का समय दिया जाए। ... (व्यवधान)

माननीय सभापति : प्लीज़, आप बैठिए।

... (व्यवधान)

डॉ. मोहम्मद जावेद : मैडम, लोग परेशान हैं, चूल्हे बंद हैं, खाना नहीं बन पा रहा है। ... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, माननीय अध्यक्ष को कई माननीय सदस्यों द्वारा कुछ विषयों पर स्थगन प्रस्ताव की सूचनाएं प्राप्त हुई हैं। माननीय अध्यक्ष ने स्थगन प्रस्ताव की किसी भी सूचना के लिए अनुमति प्रदान नहीं की है।

... (व्यवधान)

12.01 hrs

At this stage, Shri Sasikanth Senthil and some other hon. Members came and stood on the floor near the Table.

... (interruptions)

12.01½ hrs

PAPERS LAID ON THE TABLE

माननीय सभापति : अब पत्र सभा पटल पर रखे जाएंगे ।

आइटम नंबर 2, डॉ. सुब्रह्मण्यम जयशंकर जी ।

THE MINISTER OF EXTERNAL AFFAIRS (DR. SUBRAHMANYAM JAISHANKAR): Madam Chairman, with your permission, I rise to lay on the Table:-

- (1) A copy of the Sustainable Harnessing of Fisheries in the Exclusive Economic Zone Rules, 2025 (Hindi and English versions) published in Notification No. G.S.R. 818(E) in Gazette of India dated 4th November, 2025 under sub-section (4) of Section 15 of the Territorial Waters, Continental Shelf, Exclusive Economic Zone and Other Maritime Zones Act, 1976.
- (2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 6511/18/26]

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI ARJUN RAM MEGHWAL): Hon. Chairperson Madam, with your kind permission, I rise to lay on the Table a copy of the Output Outcome Monitoring Framework (Hindi and English versions) of the Ministry of Law and Justice for the year 2026-2027.

[Placed in Library, See No. LT 6511A/18/26]

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : माननीय सभापति जी, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ:-

- (1) (एक) रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज, आइजोल के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज, आइजोल के वर्ष 2024-2025 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 6512/18/26]

... (व्यवधान)

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल) : माननीय सभापति जी, मैं निम्नलिखित पत्र सभा पटल पर रखती हूँ:-

- (1) रसायन और पेट्रोरसायन विभाग, रसायन और उर्वरक मंत्रालय की वर्ष 2026-2027 की निर्गत परिणामी अनुश्रवण रूपरेखा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6513/18/26]

- (2) (एक) राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, एस.ए.एस. नगर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

[Placed in Library, See No. LT 6514/18/26]

- (दो) राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, एस.ए.एस. नगर के वर्ष 2024-2025

के कार्यकरण की सरकार द्वारा समीक्षा के बारे में विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

- (3) उपर्युक्त (2) 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 6515/18/26]

- (4) (एक) राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, गुवाहाटी के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
(दो) राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, गुवाहाटी के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा के बारे में विवरण (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 6516/18/26]

- (6) कंपनी अधिनियम, 2013 की धारा 394 की उप-धारा 1(ख) के अंतर्गत निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-
- (क) मद्रास फर्टिलाइजर्स लिमिटेड, चेन्नई के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा के बारे में विवरण।
- (दो) मद्रास फर्टिलाइजर्स लिमिटेड, चेन्नई का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे तथा उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियां।
- (7) उपर्युक्त (6) 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 6517/18/26]

... (व्यवधान)

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY

SETH): Hon. Madam Chairperson, with your kind permission, I rise to lay on the Table: -

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the Centre for Air Power Studies, New Delhi, for the year 2024-2025, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Centre for Air Power Studies, New Delhi, for the year 2024-2025.

[Placed in Library, See No. LT 6518/18/26]

- (2) (i) A copy of the Annual Administration Reports (Hindi and English versions) of the Cantonment Boards for the year 2024-2025.

[Placed in Library, See No. LT 6519/18/26]

- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the Cantonment Boards for the year 2024-2025.
- (3) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (2) above.

[Placed in Library, See No. LT 6520/18/26]

- (4) (i) A copy of the Annual Report (Hindi and English versions) of the Defence Institute of Advanced Technology, Pune, for the year 2024-2025, alongwith Audited Accounts.
- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the Defence Institute of Advanced Technology, Pune, for the

year 2024-2025.

- (5) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (4) above.

[Placed in Library, See No. LT 6521/18/26]

12.02½ hrs

STANDING COMMITTEE ON CHEMICALS AND FERTILIZERS

20th to 23rd Reports

SHRI KIRTI AZAD (BARDHAMAN-DURGAPUR): Madam, I rise to present the following Reports (Hindi and English versions) of the Standing Committee on Chemicals and Fertilizers (2025-26):-

- (1) Twentieth Report (18th Lok Sabha) on Action Taken by the Government on the observations/recommendations contained in the Eighth Report of the Standing Committee on Chemicals and Fertilizers (18th Lok Sabha) on 'Demands for Grants (2025-26)' pertaining to the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers.
- (2) Twenty-first Report (18th Lok Sabha) on 'Demands for Grants (2026-27)' pertaining to the Department of Fertilizers, Ministry of Chemicals and Fertilizers.
- (3) Twenty-second Report (18th Lok Sabha) on 'Demands for Grants (2026-27)' pertaining to the Department of Chemicals and Petrochemicals, Ministry of Chemicals and Fertilizers.
- (4) Twenty-third Report (18th Lok Sabha) on 'Demands for Grants (2026-27)'

pertaining to the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers.

12.03 hrs

STANDING COMMITTEE ON COAL, MINES AND STEEL

20th Report

डॉ. मन्ना लाल रावत (उदयपुर) : माननीय सभापति जी, मैं इस्पात मंत्रालय की अनुदानों की मांगों (2026-27) के बारे में कोयला, खान और इस्पात संबंधी स्थायी समिति का बीसवां प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) प्रस्तुत करता हूँ।

... (व्यवधान)

12.03½ hrs

SELECT COMMITTEE ON THE JAN VISHWAS (AMENDMENT OF PROVISIONS) BILL, 2025

(i) Report

SHRI TEJASVI SURYA (BANGALORE SOUTH): Madam, I rise to present the Report (Hindi and English versions) of the Select Committee on the Jan Vishwas (Amendment of Provisions) Bill, 2025.'

(ii) EVIDENCE

SHRI TEJASVI SURYA (BANGALORE SOUTH): Madam, I rise to lay on the Table, a copy of the record of evidence given before the Select Committee on the Jan Vishwas (Amendment of Provisions) Bill, 2025.

12.04 hrs

**STATEMENT CORRECTING REPLY TO UNSTARRED QUESTION NO. 2106
DATED 12.12.2025 REGARDING GST FOR FOREIGN MEDICAL GRADUATE
EXAMINATION ALONGWITH REASONS FOR DELAY***

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS
AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):** Madam Chairperson,
with your permission, I rise to lay a statement correcting the reply given on
12.12.2025 to Unstarred Question No. 2106 (Hindi and English versions) by Dr.
Bachhav Shobha Dinesh, MP regarding 'GST for Foreign Medical Graduate
Examination' and the reasons for delay.

* Laid on the Table and also placed in Library, See No. LT 6509/18/26.

Ministry of Health & Family Welfare
Department of Health & Family Welfare

STATEMENT TO BE MADE BY THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE CORRECTING THE REPLY TO LOK SABHA UNSTARRED QUESTION NO. 2106 ANSWERED ON 12.12.2025 RAISED BY DR. BACHHAV SHOBHA DINESH HON'BLE MEMBER OF PARLIAMENT REGARDING "GST FOR FOREIGN MEDICAL GRADUATE EXAMINATION."

I wish to make a statement to correct the reply to Lok Sabha Unstarred Question No. 2106 raised by Dr. Bachhav Shobha Dinesh, Hon'ble Member of Parliament answered on 12.12.2025.

Question	Previous Reply	Revised Reply
(a) whether Goods and Services Tax (GST) is applicable for Foreign Medical Graduate Examination (FMGE); (b) if so, the details thereof along with the guidelines and circulars issued by the concerned department in this regard; (c) whether such collected GST has been refunded or not and if so, the details thereof and if not, the reasons therefor; and (d) the time by which this GST so collected as course fee from candidates is to be refunded?	(a) to (d): Foreign Medical Graduate Examination (FMGE) is a screening test conducted by the National Board of Examinations in Medical Sciences (NBEMS). As per the Central Board of Indirect Taxes and Customs (CBIC) Circular No. 151/07/2021-GST dated 17 June 2021 (Annexure) GST at the rate of 18 percent is applicable on FMGE.	(a) to (d): Foreign Medical Graduate Examination (FMGE) is a screening test conducted by the National Board of Examinations in Medical Sciences (NBEMS). As per the Central Board of Indirect Taxes and Customs (CBIC) Circular No. 151/07/2021-GST dated 17 June 2021, GST at the rate of 18 percent is applicable on FMGE. The said circular is available at https://cbic-gst.gov.in/pdf/Circular_Refund_151.pdf

(SMT. ANUPRIYA PATEL)

अनुप्रिया पटेल
ANUPRIYA PATEL
महाराष्ट्र एवं परिवार कल्याण व स्वास्थ्य एवं जनक राज्य मंत्री
Minister of State for Health & Family Welfare
and Chemicals & Fertilizers
राज्य सरकार/Govt. of India

Revised Reply

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION No. 2106
TO BE ANSWERED ON 12TH DECEMBER, 2025**

GST FOR FOREIGN MEDICAL GRADUATE EXAMINATION

2106 DR. BACHHAV SHOBHA DINESH:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether Goods and Services Tax (GST) is applicable for Foreign Medical Graduate Examination (FMGE);
- (b) if so, the details thereof along with the guidelines and circulars issued by the concerned department in this regard;
- (c) whether such collected GST has been refunded or not and if so, the details thereof and if not, the reasons therefor; and
- (d) the time by which this GST so collected as course fee from candidates is to be refunded?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a) to (d): Foreign Medical Graduate Examination (FMGE) is a screening test conducted by the National Board of Examinations in Medical Sciences (NBEMS). As per the Central Board of Indirect Taxes and Customs (CBIC) Circular No. 151/07/2021-GST dated 17 June 2021, GST at the rate of 18 percent is applicable on FMGE. The said circular is available at https://cbic-gst.gov.in/sd/Circular_Refund_151.pdf

(Smt. Anupriya Patel)

ANUPRIYA PATEL
Minister of State for Health & Family Welfare
and Gender & Nutrition
The Union Minister

Previous Reply

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION No. 2106
TO BE ANSWERED ON 12TH DECEMBER, 2025**

GST FOR FOREIGN MEDICAL GRADUATE EXAMINATION

2106 DR. BACHHAV SHOBHA DINESH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Goods and Services Tax (GST) is applicable for Foreign Medical Graduate Examination (FMGE);
- (b) if so, the details thereof along with the guidelines and circulars issued by the concerned department in this regard;
- (c) whether such collected GST has been refunded or not and if so, the details thereof and if not, the reasons therefor; and
- (d) the time by which this GST so collected as course fee from candidates is to be refunded?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE**

(SMT. ANUPRIYA PATEL)

(a) to (d): Foreign Medical Graduate Examination (FMGE) is a screening test conducted by the National Board of Examinations in Medical Sciences (NBEMS). As per the Central Board of Indirect Taxes and Customs (CBIC) Circular No. 151/07/2021-GST dated 17 June 2021 (Annexure) GST at the rate of 18 percent is applicable on FMGE.

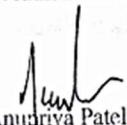

(Smt. Anupriya Patel)

अनुप्रीया पटेल
ANUPRIYA PATEL
मानव संसाधन विकास विभाग की उपायुक्त
Minister of State for Health & Family Welfare
and Geriatrics & Forensic
सदर सचिव/Govt. of India

STATEMENT INDICATING THE REASONS FOR DELAY IN MAKING STATEMENT
CORRECTING THE ANSWER GIVEN ON 12.12.2025 TO UNSTARRED QUESTION NO.
2106

The statement correcting the answer given on 12.12.2025 to Unstarred Question No. 2106 raised by Dr. Bachhav Shobha Dinesh, Hon'ble Member of Parliament regarding "GST for Foreign Medical Graduate Examination" could not be made within seven days as the inaccuracy was detected subsequently after passage of the stipulated time.

Authenticated



(Anupriya Patel)

Minister of State for Health & Family Welfare
Government of India

अनुप्रिया पटेल

ANUPRIYA PATEL

स्वास्थ्य एवं परिवार कल्याण विभाग
Minister of State for Health & Family Welfare
and Government of India

स्वास्थ्य और परिवार कल्याण मंत्रालय
स्वास्थ्य और परिवार कल्याण विभाग

माननीय संसद सदस्य डॉ. बच्चाव शोभा दिनेश द्वारा "विदेशी चिकित्सा ग्रेजुएट परीक्षा के लिए जीएसटी" के संबंध में दिनांक 12.12.2025 को पूछे गए लोकसभा अतारांकित प्रश्न संख्या 2106 के दिए गए उत्तर में संशोधन के बारे में स्वास्थ्य और परिवार कल्याण राज्य मंत्री द्वारा दिया जाने वाला वक्तव्य

मैं माननीय संसद सदस्य डॉ. बच्चाव शोभा दिनेश द्वारा दिनांक 12.12.2025 को पूछे गए लोकसभा के अतारांकित प्रश्न संख्या 2106 के दिए गए उत्तर में संशोधन के लिए एक व्यक्तव्य देना चाहती हूँ।

प्रश्न	पिछला उत्तर	संशोधित उत्तर
(क) क्या विदेशी चिकित्सा ग्रेजुएट परीक्षा (एफएमजीई) पर माल और सेवा कर (जीएसटी) लागू है; (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में संबंधित विभाग द्वारा क्या दिशानिर्देश और परिपत्र जारी किए गए हैं; (ग) क्या ऐसा एकत्रित जीएसटी वापस कर दिया गया है या नहीं और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और (घ) अभ्यर्थियों से पाठ्यक्रम शुल्क के रूप में एकत्र किया गया यह जीएसटी कब तक वापस कर दिया जाएगा?	(क) से (घ): विदेशी चिकित्सा स्नातक परीक्षा (एफएमजीई) आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड (एनबीईएमएस) द्वारा आयोजित एक जांच परीक्षा है। केंद्रीय अभ्यर्थक कर और सीमा शुल्क बोर्ड (सीबीआईसी) के दिनांक 17 जून, 2021 के परिपत्र संख्या 151/07/2021-जीएसटी (अनुलग्नक) के अनुसार, एफएमजीई पर 18 प्रतिशत की दर से जीएसटी लागू है।	(क) से (घ): विदेशी चिकित्सा स्नातक परीक्षा (एफएमजीई) आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड (एनबीईएमएस) द्वारा आयोजित एक जांच परीक्षा है। केंद्रीय अभ्यर्थक कर और सीमा शुल्क बोर्ड (सीबीआईसी) के दिनांक 17 जून, 2021 के परिपत्र संख्या 151/07/2021-जीएसटी के अनुसार, एफएमजीई पर 18 प्रतिशत की दर से जीएसटी लागू है। उक्त परिपत्र https://cbic-gst.gov.in/pdf/Circular_Refund_151.pdf पर उपलब्ध है।

(श्रीमती अनुप्रिया पटेल)

ANUPRIYA PATEL
रजिस्टर्ड प्रोफेशनल सचिव, स्वास्थ्य और परिवार कल्याण विभाग, भारत सरकार, नई दिल्ली-110002

संशोधित उत्तर

भारत सरकार
स्वास्थ्य और परिवार कल्याण मंत्रालय
स्वास्थ्य और परिवार कल्याण विभाग
लोक सभा

अतारांकित प्रश्न संख्या: 2106
12 दिसंबर, 2025 को पूछे जाने वाले प्रश्न का उत्तर

विदेशी चिकित्सा ग्रेजुएट परीक्षा के लिए जीएसटी

†2106. डॉ. बच्छाव शोभा दिनेश:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या विदेशी चिकित्सा ग्रेजुएट परीक्षा (एफएमजीई) पर माल और सेवा कर (जीएसटी) लागू है,
(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में संबंधित विभाग द्वारा क्या दिशानिर्देश और परिपत्र जारी किए गए हैं;
(ग) क्या ऐसा एकत्रित जीएसटी वापस कर दिया गया है या नहीं और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और
(घ) अभ्यर्थियों से पाठ्यक्रम शुल्क के रूप में एकत्र किया गया यह जीएसटी कब तक वापस कर दिया जाएगा?

उत्तर

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री
(श्रीमती अनुप्रिया पटेल)

(क) से (घ): विदेशी चिकित्सा स्नातक परीक्षा (एफएमजीई) आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड (एनबीईएमएस) द्वारा आयोजित एक जांच परीक्षा है। केंद्रीय अप्रत्यक्ष कर और सीमा शुल्क बोर्ड (सीबीआईसी) के दिनांक 17 जून, 2021 के परिपत्र संख्या 151/07/2021-जीएसटी के अनुसार, एफएमजीई पर 18 प्रतिशत की दर से जीएसटी लागू है। उक्त परिपत्र https://cbic-gst.gov.in/pdf/Circular_Refund_151.pdf पर उपलब्ध है।

(श्रीमती अनुप्रिया पटेल)

अनुप्रिया पटेल
राज्य मंत्री
स्वास्थ्य और परिवार कल्याण विभाग
लोक सभा
नई दिल्ली-110002

पिछला उत्तर

भारत सरकार
स्वास्थ्य और परिवार कल्याण मंत्रालय
स्वास्थ्य और परिवार कल्याण विभाग

लोक सभा
अतारांकित प्रश्न संख्या: 2106
12 दिसंबर, 2025 को पूछे जाने वाले प्रश्न का उत्तर
विदेशी चिकित्सा ग्रेजुएट परीक्षा के लिए जीएसटी

†2106. डॉ. वच्छाव शोभा दिनेश:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या विदेशी चिकित्सा ग्रेजुएट परीक्षा (एफएमजीई) पर माल और सेवा कर (जीएसटी) लागू है;
(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में संबंधित विभाग द्वारा क्या दिशानिर्देश और परिपत्र जारी किए गए हैं;
(ग) क्या ऐसा एकत्रित जीएसटी वापस कर दिया गया है या नहीं और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और
(घ) अभ्यर्थियों से पाठ्यक्रम शुल्क के रूप में एकत्र किया गया यह जीएसटी कब तक वापस कर दिया जाएगा?

उत्तर

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री
(श्रीमती अनुप्रिया पटेल)

(क) से (घ): विदेशी चिकित्सा स्नातक परीक्षा (एफएमजीई) आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड (एनबीईएमएस) द्वारा आयोजित एक जांच परीक्षा है। केंद्रीय अप्रत्यक्ष कर और सीमा शुल्क बोर्ड (सीबीआईसी) के दिनांक 17 जून, 2021 के परिपत्र संख्या 151/07/2021-जीएसटी (अनुलग्नक) के अनुसार, एफएमजीई पर 18 प्रतिशत की दर से जीएसटी लागू है।

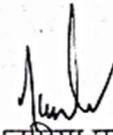

(श्रीमती अनुप्रिया पटेल)

ANUPRIYA PATEL
माननीय स्वास्थ्य और परिवार कल्याण राज्य मंत्री
Minister of Health and Family Welfare
राज्य सरकार, दिल्ली
2025

दिनांक 12.12.2025 के अतारांकित प्रश्न संख्या 2106 के सम्बन्ध में दिए गए उत्तर को संशोधित करने संबंधी व्यक्तव्य देने में हुए विलंब के कारणों को दर्शाने वाला विवरण

माननीय संसद सदस्य डॉ. बच्छाव शोभा दिनेश द्वारा "विदेशी चिकित्सा ग्रेजुएट परीक्षा के लिए जीएसटी" के संबंध में दिनांक 12.12.2025 को पूछे गए लोकसभा अतारांकित प्रश्न संख्या 2106 के दिए गए उत्तर में संशोधन संबंधी व्यक्तव्य को सात दिनों के भीतर नहीं दिया जा सका क्योंकि त्रुटि का निर्धारित समय बीत जाने के बाद ही पता चला।

अधिप्रमाणित,



(अनुप्रीया पटेल)

स्वास्थ्य और परिवार कल्याण राज्य मंत्री

भारत सरकार

अनुप्रीया पटेल
ANUPRIYA PATEL
राज्य एवं परिवार कल्याण एवं स्वास्थ्य मंत्री
Minister of State for Health and Family Welfare
and Chief Minister's Office
एन सी १०२/००००००००

12.05 hrs

BUSINESS OF THE HOUSE*

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS**

(SHRI ARJUN RAM MEGHWAL): With your permission Madam, I rise to announce that Government Business during the week commencing Monday, the 16th of March, 2026, will consist of:-

1. Consideration of any item of Government Business carried over from today's order paper:- [it contains (i) Further discussion and voting on Second Batch of Supplementary Demands for Grants for 2025-26 and introduction, consideration and passing of the related Appropriation Bill; (ii) Discussion and voting on Demands for Grants for the year 2026-27 under the control of the Ministry of Railways; and (iii) Discussion and voting on Demands for Grants for the year 2026-27 under the control of the Ministry of Agriculture and Farmers Welfare].
2. Discussion and voting on Demands for Grants for 2026-27 under the control of Ministry of Home Affairs.
3. Discussion and voting on Demands for Grants for the year 2026-27 under the control of Ministry of External Affairs.
4. Discussion and voting on Demands for Grants for the year 2026-27 under the control of Ministry of Power.

* Laid on the Table and also placed in Library, See No. LT 6510/18/26.

5. Guillotining of outstanding Demands for Grants in respect of Union Budget for the year 2026-27 and introduction, consideration and passing of the related Appropriation Bill.
6. Consideration and passing of the Finance Bill, 2026.

... (*Interruptions*)

12.06 hrs

MATTERS UNDER RULE 377*

माननीय सभापति : माननीय सदस्यगण, जिन्हें आज नियम 377 के अधीन मामले उठाने की अनुमति दी गई है, वे व्यक्तिगत रूप से 20 मिनट के भीतर मामले का अनुमोदित पाठ सभा पटल पर प्रस्तुत कर सकते हैं।

... (व्यवधान)

(i) Regarding non-utilization MPLADS Funds in Dadra and Nagar Haveli Parliamentary Constituency

श्रीमती कलाबेन मोहनभाई देलकर (दादरा और नागर हवेली) : मैं दादरा और नागर हवेली संसदीय क्षेत्र से 17वीं लोकसभा से सांसद हूँ और मुझे यह बताते हुए अत्यंत खेद हो रहा है कि मेरे पिछले (17वीं लोकसभा) और वर्तमान (18वीं लोकसभा) कार्यकाल के दौरान, आवंटित MPLADS फंड का महत्वपूर्ण हिस्सा अभी तक उपयोग नहीं हो पाया है। यह स्थिति अत्यंत चिंतनीय है, जिसके कारण मेरे संसदीय क्षेत्र में अति आवश्यक विकासात्मक कार्य और जनहित की परियोजनाएँ लंबे समय से लंबित पड़ी हुई हैं। सड़कों, सार्वजनिक सुविधाओं और बुनियादी ढाँचे से संबंधित कार्यों में हो रही इस अत्यधिक देरी से क्षेत्र की जनता को घोर असुविधा का सामना करना पड़ रहा है, जिससे

* Treated as laid on the Table.

जनता के कल्याण को सीधे तौर पर नुकसान पहुँच रहा है। मैं संबंधित मंत्री जी से विनम्र अनुरोध करती हूँ कि वे इस मामले को व्यक्तिगत रूप से देखते हुए संबंधित अधिकारियों को जल्द से जल्द आवश्यक और कड़े निर्देश दें, ताकि मेरे संसदीय क्षेत्र के विकास के लिए लंबित फंड का उपयोग तत्काल सुनिश्चित हो सके और सभी महत्वपूर्ण विकास कार्य बिना किसी और विलंब के शुरू किए जा सकें। मेरे क्षेत्र की जनता का अधिकार है कि विकास कार्य समय पर पूरे हों, और इसे पूरा करना हमारी सामूहिक जिम्मेदारी है।

(ii) Need to set up Multi-Modal Logistics Park and Warehouse Zone in outer areas of Jaipur, Rajasthan

श्रीमती मंजू शर्मा (जयपुर) : जयपुर के लिए लॉजिस्टिक्स प्लान अब आवश्यकता बन चुका है। जिस गति से ई. कॉमर्स रिटेल सप्लाय और निर्माण गतिविधियां बढ़ रही हैं उसी अनुपात में भारी वाहनों का दबाव भी शहर की सड़कों पर बढ़ रहा है। राजस्थान की राजधानी जयपुर में तेजी से शहरीकरण और आर्थिक गतिविधिया बढ़ रही है। दिल्ली-मुंबई एक्सप्रेसवे, जयपुर, किशनगढ़, जयपुर, आगरा, जयपुर, सीकर और जयपुर, कोटा जैसे नेशनल व स्टेट हाईवे से जुड़े होने के कारण शहर एक लॉजिस्टिक हब के रूप में उभर रहा है। ई कॉमर्स डिलीवरी और भारी वाहनों की बढ़ती आवाजाही देखते हुए सिटी लॉजिस्टिक्स प्लान की आवश्यकता महसूस की जा रही है। शहर के बाहरी क्षेत्रों में मल्टीमॉडल लॉजिस्टिक्स पार्क विकसित करना चाहिए। दिल्ली-मुंबई एक्सप्रेसवे, रिंग रोड और आउटर बाइपास के पास लॉजिस्टिक पार्क और वेयरहाउस जोन बनाये जाये जिससे भारी ट्रकों का जयपुर शहर में प्रवेश कम होगा। घनी आबादी वाले इलाकों में माइक्रोहब बनाए जाएं। इससे अंतिम छोर तक डिलीवरी आसान होगी। ईकॉमर्स डिलीवरी तेज होगी। लॉजिस्टिक्स प्लान से न केवल ट्रैफिक जाम कम होगा बल्कि समय की बचत होगी और शहर की ईज ऑफ डूइंग बिजनेस रैंकिंग बेहतर होगी।

(iii) Regarding Government policy for utilisation and value addition of Pine needles in Uttarakhand and other hilly states

श्री त्रिवेन्द्र सिंह रावत (हरिद्वार) : मैं सरकार का ध्यान पर्वतीय राज्यों, विशेषकर उत्तराखंड, में उपलब्ध पीरूल (पाइन नीडल्स), चीड़ से प्राप्त रेज़िन तथा अन्य वन-बायोमास की ओर आकर्षित करना चाहता हूँ। वर्तमान में यह वन-बायोमास हमारी वन संपदा का लगभग 15 प्रतिशत होते हुए भी बड़े पैमाने पर जंगलों में जमा रहता है, जिससे संसाधनों की बर्बादी होती है और वनाग्नि की घटनाएँ बढ़ती हैं। यदि इनके संग्रहण, प्रसंस्करण और विपणन के लिए एक समेकित व दूरदर्शी नीति अपनाई जाए तो यही चुनौती एक सशक्त आर्थिक अवसर बन सकती है। रेज़िन का उपयोग औषधि, पेंट, साबुन, कागज़ और रबर उद्योग में होता है। पीरूल से बायो-फ्यूल और बायो-पैलेट्स बनाए जा सकते हैं, जबकि गिरी हुई पत्तियों से पर्यावरण-अनुकूल बोर्ड और कम्पोस्ट का उत्पादन संभव है। इन संसाधनों के व्यवस्थित उपयोग से वनाग्नि की घटनाओं में कमी आएगी और स्थानीय युवाओं व महिलाओं के लिए रोजगार के अवसर सृजित होंगे। इससे पर्वतीय क्षेत्रों में हरित, टिकाऊ और आत्मनिर्भर अर्थव्यवस्था को बढ़ावा मिलेगा। अतः मैं सरकार से आग्रह करता हूँ कि पीरूल और रेज़िन को रणनीतिक वन संसाधन घोषित कर, उनके समुचित दोहन और मूल्य संवर्धन हेतु एक ठोस व समयबद्ध नीति शीघ्र बनाई जाए।

(iv) Need to introduce train from Chittorgarh to Mumbai and Chennai via Udaipur - Ahmedabad and extend the Vande Bharat Train originating from Udaipur to Surat

श्री चन्द्र प्रकाश जोशी (चित्तौड़गढ़) : मेरे संसदीय क्षेत्र चित्तौड़गढ़ समेत सम्पूर्ण मेवाड़ क्षेत्र के निवासियों को रोजगार एवं व्यवसाय के लिये मुम्बई तथा दक्षिणी भारत में चैन्नई के लिये आना जाना लगातार बना रहता है। वर्तमान में उदयपुर से मुम्बई तथा दक्षिण को जाने के लिये एक दिन छोड़ कर रेल चलती है, इस रेल में बहुत ज्यादा वेटिंग रहती है जिस कारण से यहाँ के यात्रियों को काफी

परेशानियों का सामना करना पड़ता है। अभी चलने वाली रेलगाड़ियां वाया रतलाम होकर चलती हैं जिससे अधिक समय लगता है तथा मेवाड़ क्षेत्र के लोगों को उसका पूरा लाभ भी नहीं मिल पाता है। अभी उदयपुर से अहमदाबाद का सैक्शन पूरा विद्युत्तकृत भी हो चुका है तथा लम्बी दूरी की रेलगाड़ियों के लिये तैयार भी हैं। इस संबंध में मेरा सरकार से अनुरोध है की चित्तौड़गढ़ से मुम्बई तथा चैन्नई वाया उदयपुर-अहमदाबाद के लिये नई ट्रेनों को चलाये जाने की कृपा करावें। इसके साथ ही उदयपुर से चलकर आसारवा को जाने वाली वन्देभारत ट्रेन को भी सूरत तक बढ़ाया जाये जिससे सूरत तक का लाभ यहाँ के निवासियों को मिल सकेगा।

(v) Need to introduce regular district level skill development programmes for capacity building and community engagement in health and nutrition services

SHRIMATI DAGGUBATI PURANDESWARI (RAJAHMUNDRY): I would like to express my sincere appreciation for our Anganwadi and ASHA workers, who form the backbone of India's community health and nutrition system. Through more than 1.3 million Anganwadi centres, they serve over 90 million women and children, often in difficult and resource-constrained conditions. Their dedication, compassion, and resilience especially during the COVID-19 pandemic demonstrated that they are true frontline guardians of public health. While the Government has taken steps to enhance their honorarium and social security benefits, sustained institutional support remains essential. I urge the Health Ministry to introduce regular district-level skill development programmes focusing on digital tools, early disease detection, nutrition counselling, and effective community engagement. The provision of simple, reliable digital

devices and improved connectivity must also be ensured to ease their workload. A transparent and fair incentive structure aligned with defined responsibilities will further motivate them. Strengthening their capacity and well-being will reinforce the foundation of our nation's health and nutrition services.

(vi) Need to set up a modern water sports complex and a public park in North East Delhi Parliamentary Constituency

श्री मनोज तिवारी (उत्तर-पूर्व दिल्ली) : मैं सरकार का ध्यान अपने संसदीय क्षेत्र North East Delhi के सोनिया विहार क्षेत्र की ओर आकर्षित करना चाहता हूँ, जहाँ से वाटर टैक्सी चलाने की योजना भी प्रगति पर है। यह क्षेत्र पर्यटन एवं स्थानीय विकास की दृष्टि से अत्यंत महत्वपूर्ण बनता जा रहा है। इसी स्थान के निकट विलेज चिरागा सोमाली के खसरा नंबर 1A एवं 1B के अंतर्गत लगभग 20 एकड़ भूमि उपलब्ध है, जो हरियाली से परिपूर्ण है तथा सार्वजनिक उपयोग के लिए उपयुक्त है। अतः मैं माननीय शहरी विकास मंत्री जी से निवेदन करता हूँ कि उक्त भूमि में से लगभग 5 एकड़ क्षेत्र में एक आधुनिक वॉटर स्पोर्ट्स कॉम्प्लेक्स तथा शेष भूमि पर एक सुव्यवस्थित सार्वजनिक पार्क के निर्माण हेतु आवश्यक कार्यवाही करने की कृपा करें। इससे स्थानीय युवाओं को खेल एवं रोजगार के अवसर प्राप्त होंगे तथा क्षेत्र में पर्यटन और पर्यावरण संरक्षण को भी बढ़ावा मिलेगा।

(vii) Need to set up a Day Care Cancer centre in the district hospital of Bulandshahr, Uttar Pradesh

DR. BHOLA SINGH (BULANDSHAHR): I would like to place on record my appreciation for the transformative strides made in the healthcare sector. The expansion of Ayushman Bharat, the strengthening of district-level healthcare infrastructure, the establishment of new AIIMS, and the wide network of Jan

Aushadhi Kendras have significantly improved access to affordable healthcare across the country. These initiatives have brought relief and reassurance to millions of families. However, cancer cases are increasing in the Bulandshahr Lok Sabha Constituency of Uttar Pradesh. Patients, particularly from rural areas, are compelled to travel to Delhi and other metropolitan cities for chemotherapy and related treatment. This causes considerable physical hardship, financial strain, and emotional distress to patients and their families. Establishing a Day Care Cancer Centre in the district hospital of Bulandshahr would provide timely treatment closer to home, reduce out-of-pocket expenditure, and ease the burden on tertiary hospitals. I, therefore, urge the Government to prioritise the establishment of a Day Care Cancer Centre in Bulandshahr to ensure accessible and affordable cancer care at the district level.

(viii) Need to protect the interest of retail shopkeepers in the light of increasing e-commerce business and also provide social security benefits to the retail shopkeepers

श्री रवीन्द्र शुक्ला उर्फ रवि किशन (गोरखपुर) : मैं सरकार का ध्यान देश भर के छोटे और पारंपरिक व्यापारियों की समस्या की ओर दिलाना चाहता हूँ। आज ऑनलाइन व्यापार तेजी से बढ़ रहा है। बड़ी कंपनियाँ भारी छूट देकर सामान बेचती हैं, जिससे छोटे दुकानदार बराबरी की प्रतिस्पर्धा नहीं कर पाते। इसका सीधा असर उनकी आय और रोजगार पर पड़ रहा है। साथ ही, छोटे व्यापारियों के लिए कोई ठोस सामाजिक सुरक्षा व्यवस्था भी नहीं है। अधिकांश व्यापारी अपने परिवार के लिए न तो पर्याप्त चिकित्सा बीमा ले पाते हैं और न ही दुर्घटना बीमा की सुविधा उन्हें व्यवस्थित रूप से उपलब्ध है। अतः मेरा सरकार से विनम्र अनुरोध है कि ऑनलाइन व्यापार के लिए स्पष्ट

और सख्त नियम बनाए जाएँ ; छोटे व्यापारियों के हितों की रक्षा के लिए प्रभावी कदम उठाए जाएँ और व्यापारियों और उनके परिवारों के लिए सामाजिक सुरक्षा के तहत चिकित्सा बीमा तथा दुर्घटना बीमा की व्यवस्था सुनिश्चित की जाए ।

(ix) Need to address elephant menace in rural areas of Jharkhand and provide financial relief to the families affected thereby

श्री मनीष जायसवाल (हजारीबाग) : पिछले कुछ वर्षों में हाथियों के हमलों की घटनाओं में उल्लेखनीय वृद्धि हुई है, जिसके परिणामस्वरूप बड़ी संख्या में लोगों की मृत्यु हुई है तथा घरों और खड़ी फसलों को भारी क्षति पहुँची है । उपलब्ध रिपोर्टों के अनुसार वर्ष 2019-20 से अब तक 450 से अधिक लोगों की मृत्यु हाथी हमलों में हो चुकी है । पिछले 18-20 वर्षों में यह संख्या लगभग 1200 से 1300 के बीच आंकी गई है । हाल के महीनों में ही रामगढ़, बोकारो, पश्चिमी सिंहभूम तथा विशेष रूप से हजारीबाग जिले में 25 से अधिक लोगों की जान गई है । हाथियों के झुंडों की लगातार ग्रामीण क्षेत्रों में आवाजाही से भय और असुरक्षा का वातावरण बना हुआ है । इस समस्या के प्रमुख कारण वन क्षेत्रों एवं पारंपरिक हाथी कॉरिडोर का अतिक्रमण, खनन एवं विकास गतिविधियों से प्राकृतिक आवास में कमी, जंगलों में भोजन व जल स्रोतों की कमी तथा प्रभावी चेतावनी एवं त्वरित प्रतिक्रिया तंत्र का अभाव प्रतीत होते हैं । अतः मैं सरकार से आग्रह करता हूँ कि झारखंड के लिए विशेष केंद्रीय सहायता पैकेज प्रदान किया जाए, प्रभावित परिवारों को समयबद्ध एवं पारदर्शी मुआवजा सुनिश्चित किया जाए, आधुनिक अल्टी वार्निंग सिस्टम लागू किए जाएँ तथा अंतर-राज्यीय समन्वय तंत्र स्थापित किया जाए ।

(x) Need to establish an Agriculture Education and Research Institute in Bundelkhand region in Madhya Pradesh

डॉ. लता वानखेड़े (सागर) : बुंदेलखंड क्षेत्र, जिसमें मध्य प्रदेश के सागर, दमोह, छतरपुर, टीकमगढ़

और पन्ना जैसे जिले शामिल हैं, मुख्यतः कृषि आधारित अर्थव्यवस्था पर निर्भर है। यह क्षेत्र अर्ध-शुष्क जलवायु, अनियमित वर्षा, सीमित सिंचाई संसाधन, जल-संकट और मृदा क्षरण जैसी गंभीर चुनौतियों का सामना कर रहा है। अधिकांश किसान वर्षा आधारित खेती पर निर्भर हैं, जिससे उनकी आय अस्थिर रहती है। दलहन, तिलहन, गेहूँ और मोटे अनाज का उत्पादन यहाँ प्रमुख है, परंतु आधुनिक कृषि तकनीक, उन्नत बीज, मृदा परीक्षण, सूक्ष्म सिंचाई और वैज्ञानिक मार्गदर्शन के अभाव में उत्पादन क्षमता अपेक्षित स्तर तक नहीं पहुँच पा रही है। इन परिस्थितियों को देखते हुए बुंदेलखंड क्षेत्र में एक समर्पित कृषि शिक्षा एवं शोध संस्थान की स्थापना अत्यंत आवश्यक है। ऐसा संस्थान स्थानीय जलवायु एवं मिट्टी के अनुरूप शोध को बढ़ावा देगा, सूखा-रोधी फसलों के विकास में सहायक होगा तथा प्राकृतिक एवं जैविक खेती को प्रोत्साहित करेगा। साथ ही यह किसानों को प्रशिक्षण, तकनीकी परामर्श और नवाचार के अवसर प्रदान करेगा। इससे क्षेत्र में कृषि उत्पादकता बढ़ेगी, युवाओं को रोजगार एवं स्वरोजगार के नए अवसर मिलेंगे और समग्र रूप से बुंदेलखंड की कृषि अर्थव्यवस्था सुदृढ़ होगी।

(xi) Regarding construction of Railway Over Bridge near Hathras City Junction in Uttar Pradesh

श्री अनूप प्रधान वाल्मीकि (हाथरस) : मैं आग्रह करना चाहूँगा कि मेरे लोकसभा क्षेत्र हाथरस में तीन तरफ से रेलवे लाइनों से घिरा हुआ है जिस कारण हाथरस में काफी संख्या में जनमानस का आवागमन रहता है, जिससे क्षेत्र में जाम की स्थिति बनी रहती है। लोगों को आने जाने में काफी परेशानी का सामना करना पड़ता है। मेरा रेल मंत्री जी से विनम्र निवेदन है कि हाथरस नगर में हाथरस सिटी जंक्शन के पास बागला डिग्री कालेज के पास रेलवे ओवर ब्रिज (ROB) बनवाने की कृपा करें।

(xii) Regarding progress of Gaya-Chatra New Railway Line Project

श्री काली चरण सिंह (चतरा) : गया-चतरा नई रेल लाइन परियोजना क्षेत्र की बहुप्रतीक्षित एवं महत्वपूर्ण परियोजना है। यह रेल लाइन झारखंड एवं बिहार के सीमावर्ती क्षेत्रों के सामाजिक, आर्थिक एवं शैक्षणिक विकास के लिए अत्यंत आवश्यक है। इस परियोजना के पूर्ण होने से चतरा सहित आसपास के क्षेत्रों को सीधा रेल संपर्क प्राप्त होगा, जिससे स्थानीय जनता, छात्रों, किसानों एवं व्यापारियों को व्यापक लाभ मिलेगा। उक्त परियोजना की स्वीकृति के उपरान्त अब तक इसकी प्रगति, भूमि अधिग्रहण की स्थिति, बजटीय प्रावधान, सर्वेक्षण कार्य एवं निर्माण कार्य की अद्यतन स्थिति के संबंध में स्पष्ट जानकारी उपलब्ध नहीं हो पा रही है। क्षेत्र की जनता में इस विषय को लेकर निरंतर जिज्ञासा एवं चिंता बनी हुई है। अतः मैं माननीय रेल मंत्री महोदय से आग्रह करता हूँ कि गया-चतरा नई रेल लाइन परियोजना की वर्तमान स्थिति, अब तक हुए व्यय, कार्य प्रगति, शेष कार्य, तथा परियोजना के संभावित पूर्ण होने की समय-सीमा के संबंध में सदन को अवगत कराने की कृपा करें, ताकि क्षेत्र की जनता को स्पष्ट जानकारी प्राप्त हो सके। यह परियोजना न केवल चतरा बल्कि समस्त उत्तर-पश्चिम झारखंड एवं दक्षिण बिहार के समग्र विकास के लिए मील का पत्थर सिद्ध होगी।

(xiii) Need to expedite approval to the Outer Ring Road Project from Vizhinjam to Navaikkulam in Kerala and disburse compensation to the landowners whose lands were acquired for the project

ADV. ADOOR PRAKASH (ATTINGAL): Immediate attention of the Government is necessary to clear the uncertainty over the Outer Ring Road Project from Vizhinjam to Navaikkulam in Kerala. Union Government has granted in-principal approval to the DPR of this project but the environmental clearances issues have not been cleared yet. The inordinate delay in the approval for this project is causing great difficulties to the land owners whose property and land are

earmarked. The land owners who voluntarily handed over the documents years ago are still waiting for compensation. Around 6500 land owners are suffering as they are unable to meet their emergency financial needs and they are agitating over the delay in disbursement of compensation. Immediate intervention of Union and State Government is required to resolve the issues and disbursement of compensation to the land owners. I request the Government to take necessary measures on priority and do final approval for this project without further delay.

**(xiv) Need to review the decision to permit supply of alcohol
in Lakshadweep**

SHRI HAMDULLAH SAYEED (LAKSHADWEEP): The Lakshadweep Administration has permitted the supply of liquor in Dak Bungalows across the islands. Lakshadweep is not merely a tourist destination; it is a closely knit island society rooted in strong cultural values, social discipline and deep religious convictions. For decades, prohibition has been an integral part of its governance framework and has significantly contributed to maintaining peace, social stability and a low crime rate. The predominantly Tribal population of Lakshadweep come from modest socio-economic backgrounds and has historically resisted the use of intoxicants. In such a small and socially interconnected community, even a limited introduction of alcohol in Government guest houses risks gradual normalization, with long-term social consequences that cannot be easily reversed. This decision appears inconsistent with the spirit of Article 47 of the

Constitution, which urges the State to work towards prohibition of intoxicating drinks harmful to health. Under Article 240, the Administration carries a responsibility to ensure governance that safeguards social harmony and public welfare. Lakshadweep's tourism growth has been built on ecological purity and peaceful living, not on alcohol-based attractions. I therefore urge the Ministry of Home Affairs to immediately review and revoke this order in the larger interest of protecting the islands' culture.

**(xv) Need to establish a Cancer Care Centre at Kishanganj District
Hospital in Bihar**

DR. MOHAMMAD JAWED (KISHANGANJ): India has the third-largest cancer burden in the world, and I am deeply concerned about the alarming rise in cancer cases in Kishanganj and adjoining districts of Bihar. For years, people in the region have struggled with inadequate healthcare facilities. Contaminated groundwater, particularly with arsenic and other harmful elements, has further worsened the situation, turning the area into a potential cancer hotspot. In Kishanganj district, cancer cases have reportedly increased by nearly 27% year-on-year in recent years. Every year, hundreds of patients approach me for recommendations to AIIMS Delhi and other super-specialty hospitals. Due to the absence of proper diagnostic and treatment facilities locally, patients are compelled to travel to distant cities, causing emotional distress and significant financial hardship. This alarming trend underscores the urgent need for a

dedicated cancer screening and treatment facility in the region. The Government has already announced plans to establish Cancer Care Centres in district hospitals with trained manpower, dedicated beds, and essential medical infrastructure. I urge the Hon'ble Minister of Health and Family Welfare to take immediate steps to establish a Cancer Care Centre at Kishanganj District Hospital so that timely and affordable treatment can be ensured for the people of the area.

(xvi) Need to convert Foothills Road (Trans Nagaland Highway) into a National Highway

SHRI S. SUPONGMEREN JAMIR (NAGALAND): The Government of Nagaland has proposed the construction of the Foothills Road (Trans-Nagaland highway) along the state's boundary with Assam, with a total length of about 364 km. The road will significantly make the travel time between the districts of the state shorter and enable people to move across Nagaland without crossing interstate boundaries. This road is going to directly connect 103 towns and villages, benefitting more than 11 Lakh people of the State. I request Hon'ble Minister for Road Transport & Highways through this august House that the proposed Highway will link the interior districts with National Highways and state roads, and it passes through a mineral rich belt, covering Peren, Chumoukedima, Dimapur, Niuland, Wokha, Mokokchung, Longleng and Mon districts. The DRPs of phase-1 (Package I-VI), covering 180.656 km from

Dimapur to Tuli, with a project cost of RS 3,284.06 crore, have already been submitted to the Ministry of Road Transport and Highways for consideration of approval as a National Highway. The estimated cost of entire project is about Rs 9,000 crore.

(xvii) Need to ensure implementation of Safety norms to address and control accident caused deaths on National Highways across the country

SHRI CHARANJIT SINGH CHANNI (JALANDHAR): I would like to draw the attention of the Government to the growing number of fatal accidents caused by unsafe road excavation works in cities such as Jalandhar, Delhi and other parts of the country. It has been observed that, in several instances, contractors undertake deep road digging without ensuring proper barricading, reflective signage, adequate lighting or deployment of safety personnel. Such negligence by executing agencies poses a grave threat to innocent commuters. Equally concerning is the unsatisfactory role of the local police in preventive enforcement. The police, being responsible for on-ground vigilance and public safety, must ensure that hazardous excavation sites are properly secured and monitored. Failure to conduct timely inspections and enforce compliance has contributed to avoidable tragedies. There is an urgent need for the concerned departments to mandate strict pre-approval checks before any road digging is undertaken and to enforce standard safety protocols without exception. Fixing accountability of contractors, supervising officials and local police authorities in a time-bound manner is essential. I urge the Government to implement uniform

nationwide safety norms so that precious lives are not lost due to preventable administrative lapses.

(xviii) Need to revisit the implementation of rehabilitation and resettlement policies for Scheduled Tribes displaced due to major multipurpose and irrigation projects in the country

ADV. GOWAAL KAGADA PADAVI (NANDURBAR): Displacement of Scheduled Tribes due to Large Multipurpose and Irrigation Projects including the Narmada Project. This House is informed about the large-scale displacement, land alienation, and long-standing socio-economic distress faced by Scheduled Tribe communities from the Nandurbar Parliamentary Constituency of Maharashtra, as well as other tribal-dominated regions in the States of Maharashtra, Gujarat, and Madhya Pradesh, due to the construction of large multipurpose and Irrigation projects, particularly the Narmada Dam and several other major and medium dam projects. It is a matter of serious concern that a significant proportion of the displaced tribal population continues to live without adequate rehabilitation even decades after displacement. Many affected families have not received land-for-land compensation, cultivable agricultural land, housing, or sustainable livelihood support, as mandated under rehabilitation policies, judicial directions, and constitutional safeguards. Displacement has resulted in the loss of ancestral land, forest-based livelihoods, access to natural resources, and erosion of the social, cultural, and economic fabric of tribal communities. This House is further informed that the protective

provisions under the Fifth Schedule of the Constitution, the Forest Rights Act, 2006, and applicable rehabilitation and resettlement frameworks have not been implemented effectively or uniformly. In several cases, Gram Sabha consent and participatory processes have been bypassed, leading to inter-generational poverty, migration, and social marginalisation of Scheduled Tribe families. The matter requires urgent attention of the Government to undertake a comprehensive and time-bound review of all rehabilitation and resettlement cases relating to tribal displacement caused by the Narmada and other multipurpose projects, ensure strict enforcement of constitutional and legal safeguards, restore alienated land wherever possible, and guarantee livelihood security and dignity to affected Scheduled Tribe communities.

(xix) Need to discontinue the fortification of rice (addition of Fortified Rice Kernel- FRK) under the Pradhan Mantri Garib Kalyan Anna Yojana or provide FRK to Rice millers in a time bound manner

श्री आनंद भदौरिया (धौरहरा) : माननीय मंत्री जी का ध्यान आकृष्ट कराते हुए अनुरोध करना चाहूंगा कि सरकार की महत्वकांक्षी योजना PM-GKAY के अन्तर्गत गरीबों को जो चावल वितरण किया जा रहा है एवं मिड-डे-मिल में जो छात्रों को खिलाया जा रहा है उसमें कुपोषण दूर करने के नाम पर जो एफ.आर.के प्रयुक्त हो रहा है उसकी वैद्यता निर्धारित नहीं है जिससे गरीब जनता की जान के साथ खिलवाड़ हो रहा है एवं सरकार द्वारा तय किये गये धान में कुटाई के साथ प्रयुक्त होने वाले एफ.आर.के की उपलब्धता भी दुर्लभ हो गयी है जिस कारण एफ.आर.के समय से मिल पाना कठिन हो गया है, मिलर्स के द्वारा धान कुटाई का कार्य भी बाधित है। चूंकि एफ.आर.के की गुणवत्ता की वैद्यता एक वर्ष की ही होती है और प्रदेश में एफ.आर.के चावल की अनुपलब्धता के कारण प्रदेश सरकारें अन्य

प्रदेशों से 2-3 वर्ष पुराना भण्डारित चावल मंगाती है जिसकी वैद्यता समाप्त हो चुकी होती है और वही गरीबों को खिलाया जाता है जो अत्यन्त खेद का विषय है। जहां तक मुझे प्रतीत होता है कि उक्त योजना के अन्तर्गत प्रयुक्त होने वाले एफआरके से गरीब आबादी के स्वास्थ्य में कोई सुधार नहीं हो रहा है। केवल सरकार के धन का दुरुपयोग हो रहा है। अतः आपसे अनुरोध है कि एफआरके को पूर्ण रूप से बन्द किया जाय अथवा सरकार द्वारा प्रत्यक्ष रूप से मिलर्स को समय से एफ.आर.के उपलब्ध कराया जाय जिससे मिलर्स द्वारा समय से धान की कुटाई कर गुणवत्तापूर्ण सी एम आर केंद्रीय पूल को सम्प्रदान किया जा सके।

(xx) Need to declare and develop the road between Marufpur and Hingutargarh in Chandauli district, Uttar Pradesh as a National Highway

श्री वीरेन्द्र सिंह (चन्दौली) : मैं माननीय केंद्रीय सड़क परिवहन एवं राजमार्ग मंत्री जी का ध्यान इस ओर आकृष्ट कराना चाहता हूँ कि एक ओर सरकार बड़े लोगों की सुविधा हेतु गंगा एक्सप्रेसवे जैसी विशाल परियोजनाएँ बना रही है, वहीं जनसामान्य की मूलभूत आवश्यकताओं से जुड़े महत्वपूर्ण मार्गों पर भी समुचित ध्यान अपेक्षित है। जनपद चंदौली में चंदौली-सैदपुर तथा सैयदराजा-जमानिया राष्ट्रीय राजमार्गों के मध्य मारुफपुर से हिंगुतर गढ़ तक लगभग 20 किलोमीटर लंबा मार्ग दोनों राष्ट्रीय राजमार्गों को सीधे जोड़ता है। यह मार्ग बाबा कीनाराम, मौनी बाबा, त्रिडंडी स्वामी एवं स्वामी प्रेमानंद की तपोस्थली तथा बाल्मीकि कुंड जैसे पवित्र स्थलों तक पहुँच का प्रमुख साधन है। बाढ़-प्रभावित क्षेत्र में स्थित होने के कारण इस मार्ग का निर्माण केंद्रीय मानकों एवं उच्च फ्लड लेवल के अनुरूप अत्यंत आवश्यक है। अतः निवेदन है कि उक्त मार्ग को राष्ट्रीय राजमार्ग घोषित कर फोरलेन सहित विकसित किया जाए, जिससे यातायात, व्यापार, पर्यटन एवं श्रद्धालुओं की सुविधा को नई गति मिल सके।

**(xxi) Regarding Parvati-Kalisindh-Chambal River Linkage Project
in Rajasthan**

श्री हनुमान बेनीवाल (नागौर) : मैं जल शक्ति मंत्री जी का ध्यान राजस्थान की महत्वकांक्षी परियोजना संशोधित पार्वती-कालीसिंध-चंबल लिंक परियोजना की ओर आकर्षित करना चाहता हूँ । यह परियोजना राज्य के कई जिलों में पेयजल, सिंचाई एवं औद्योगिक उपयोग हेतु दीर्घकालिक जल उपलब्धता सुनिश्चित करने के उद्देश्य से प्रस्तावित है । दिनांक 28-01-24 को केंद्र ,राजस्थान व मध्यप्रदेश की सरकार के मध्य इस संदर्भ में एमओयु हस्ताक्षर किया गया । परियोजना की समेकित डीपीआर संशोधित रूप में केंद्र सरकार के अनुमोदन हेतु प्रस्तुत की जा चुकी है, किंतु अभी तक अंतिम स्वीकृति एवं वित्तीय संरचना को लेकर स्पष्टता नहीं है । उल्लेखनीय है कि केन-बेतवा लिंक परियोजना को राष्ट्रीय महत्व की परियोजना मानते हुए केंद्र सरकार द्वारा विशेष वित्तीय सहयोग प्रदान किया गया है । उसी तर्ज पर पार्वती-कालीसिंध-चंबल लिंक परियोजना को भी वित्त पोषित किया जाना न्यायोचित होगा । अतः मैं केंद्र सरकार से आग्रह करता हूँ कि संशोधित समेकित डीपीआर को शीघ्र अनुमोदित करते हुए परियोजना को राष्ट्रीय परियोजना घोषित कर केन-बेतवा परियोजना की तर्ज पर केंद्र द्वारा वित्त पोषित किया जाए तथा परियोजना के क्रियान्वयन हेतु समयबद्ध कार्ययोजना घोषित की जाए । यह विषय राजस्थान के किसानों, युवाओं एवं आमजन के हित से प्रत्यक्ष रूप से जुड़ा हुआ है इसलिए त्वरित निर्णय लिया जाये ।

... (व्यवधान)

माननीय सभापति: माननीय मंत्री श्री किरन रिजजू जी ।

... (व्यवधान)

संसदीय कार्य मंत्री; तथा अल्पसंख्यक कार्य मंत्री (श्री किरन रिजजू) : सभापति महोदया, आज बिजनेस एडवाइजरी कमेटी मीटिंग में कांग्रेस पार्टी के सदस्य भी आए थे और अन्य विपक्षी पार्टियों के सदस्य भी आए थे ।... (व्यवधान) अध्यक्ष महोदय ने रिक्वेस्ट की ... (व्यवधान) आज सप्लीमेंट्री

डिमांड्स फॉर ग्रांट्स में चर्चा पूरी होने के बाद माननीय वित्त मंत्री जी का जवाब भी तय किया गया है। ... (व्यवधान) इसके बाद प्राइवेट मेंबर्स के बिल्स पर भी हम चर्चा करेंगे। प्राइवेट मेंबर्स बिजनेस तो सरकार का नहीं है। ... (व्यवधान) प्राइवेट मेंबर्स बिजनेस तो मेंबर्स का है। ... (व्यवधान) ये लोग प्राइवेट मेंबर्स के बिल्स का समय भी बर्बाद करना चाहते हैं। अगर इनके नेता नहीं सुधरते, तो इनके एमपीज़ भी नहीं सुधरेंगे। ... (व्यवधान)

आज खुद स्पीकर साहब ने कई बार कहा कि अविश्वास प्रस्ताव पर दो दिन इतनी अच्छी चर्चा हुई। ... (व्यवधान) चर्चा होने के बाद सुधार होना चाहिए। ... (व्यवधान) उलटा ये खाने-पीने का सामान लेकर संसद परिसर में आते हैं। ये इतना इनडिसिप्लिन का काम करते हैं। ... (व्यवधान) उनके नेता वहां गिलास-थाली लेकर नाटक कर रहे हैं। क्या इनको मालूम नहीं है?... (व्यवधान) ये सोचते हैं कि इस तरीके के नाटकीय काम करके वो जनता का ध्यान आकर्षित कर सकते हैं। जनता ऐसी हरकतों से बहुत नाराज़ है, इसीलिए तो आप लोग सत्ता में नहीं आ पा रहे हैं। आप लोगों ने जो इस तरह का कारनामा प्रदर्शित किया है। ... (व्यवधान) आप लोगों के ऐसे नकारात्मक कारनामों को जनता कभी माफ़ नहीं करेगी। ... (व्यवधान)

सभापति महोदया जी, मैं बहुत दुखी मन से कह रहा हूँ कि कांग्रेस पार्टी में इनके नेता को समझाने के लिए अब कोई नहीं बचा है। ... (व्यवधान) उलटा उनके नेता के साथ-साथ कांग्रेस पार्टी के सारे सदस्य भी बिगड़ गए हैं। इनका आचरण बहुत बिगड़ गया है... (व्यवधान) ये शर्मसार कर रहे हैं। मैं बहुत दुखी मन के साथ कहना चाहता हूँ कि अब भी समय है, सुधर जाओ, नहीं तो भारत की जनता आपको बहुत बड़ी सज़ा देगी। आप लोग यह सोच लीजिए। ... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, अनुदानों की अनुपूरक मांगों पर बहुत ही महत्वपूर्ण चर्चा होनी है। कृपया आप सभी अपने-अपने स्थान पर विराजिए। मैं आप सबसे आग्रह कर रही हूँ कि सदन को चलने दीजिए। आप सब जो कर रहे हैं, उसे पूरे देश की जनता लगातार देख रही है।

... (व्यवधान)

माननीय सभापति : यह ठीक नहीं है। यह लोकतंत्र की मर्यादा के लिए भी ठीक नहीं है। हमारा

आचरण कैसा होना चाहिए और हम देश के युवाओं को क्या सीख दे रहे हैं?

... (व्यवधान)

माननीय सभापति : सभा की कार्यवाही दो बजे तक के लिए स्थगित की जाती है।

12.09 hrs

The Lok Sabha then adjourned till Fourteen of the Clock.

14.00 hrs

The Lok Sabha re-assembled at Fourteen of the Clock.

(Shri Krishna Prasad Tenneti in the Chair)

... (interruptions)

माननीय सभापति : आइटम नम्बर-13ए

डॉ. वीरेन्द्र कुमार जी।

... (व्यवधान)

14.01 hrs

At this stage, Prof. Varsha Eknath Gaikwad and some other hon. Members came and stood on the floor near the Table.

... (interruptions)

14.01½ hrs

**TRANSGENDER PERSONS (PROTECTION OF RIGHTS) AMENDMENT
BILL, 2026***

सामाजिक न्याय और अधिकारिता मंत्री (डॉ. वीरेन्द्र कुमार) : माननीय सभापति महोदय, मैं प्रस्ताव करता

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 13.03.2026.

हूँ कि उभयलिंगी व्यक्ति (अधिकारों का संरक्षण) अधिनियम, 2019 का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय सभापति : प्रश्न यह है:

“कि उभयलिंगी व्यक्ति (अधिकारों का संरक्षण) अधिनियम, 2019 का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

माननीय सभापति : माननीय मंत्री जी, अब विधेयक को पुरःस्थापित करें।

डॉ. वीरेन्द्र कुमार : माननीय सभापति महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

14.02 hrs

**DEMANDS FOR SUPPLEMENTARY GRANTS, (2025-26) –
SECOND BATCH-Contd.**

माननीय सभापति : आइटम नम्बर 14.

माननीय निर्मला सीतारमण जी।

... (व्यवधान)

THE MINISTER OF FINANCE; AND MINISTER OF CORPORATE AFFAIRS

(SHRIMATI NIRMALA SITHARAMAN): Thank you very much, Sir. We have had discussions on the Supplementary Demands for Grants, and about 33 hon. Members have spoken on the subject.... (*Interruptions*)

With all humility, I would like to admit that most of the Members seem to have spoken largely on the General Budget, on which I have already given my reply earlier, but certainly a few Members have spoken on specific issues related to the Supplementary Demands for Grants. So, initially, I will speak a few words

about what exactly is in the Supplementary Demands for Grants, and then respond to each one of the Members who have raised the issues....

(Interruptions)

Sir, as far as Supplementary Demands for Grants are concerned, first of all, let me explain that within a year, up to three Supplementary Demands for Grants have been placed on the Table of this House for decades....

(Interruptions) But, I would like to say, under Prime Minister Modi's guidance, we have brought it down to the bare minimum – one or two and not beyond two. So, going not beyond two is a self-imposed kind of restriction, we do not have habit of bringing in more and more amendments and seeking Parliament's approval.

We have made sure that we will minimise it to two.... *(Interruptions)* But, not doing even two or one would mean that we are inflexible. It would also mean that when States are asking for something or when Departments are asking for something, which is so essential for them to function, it will look very uncaring and irresponsible on the part of the Government to not consider it....

(Interruptions) Therefore, I think, Supplementary Demands for Grants, which are, as per the original Constitution-makers, a very useful instrument, we will have to use them wherever it is necessary. But, bringing that Supplementary Demands for Grants should not be looked at as if some wrong assessments have been made originally at the Budget Estimate time, and therefore we have brought this.... *(Interruptions)* So, it is done with a lot more open-mindedness and also flexibility, which can be offered to the departments, and in that order, this time, we have placed the Second Batch of Supplementary Demands for

Grants. ... (*Interruptions*)

Sir, I seek the approval of the Parliament for expenditure requirements related to 61 grants. ... (*Interruptions*) This involves gross expenditure of about Rs. 2.81 lakh crore through cash or technical or token supplementaries. The present proposal also includes an amount of Rs. 902 crore, that is being provided for recouping advances of an equivalent amount from the Contingency Fund of India. ... (*Interruptions*) So, Rs. 2.01 lakh crore is the cash supplementary, which is being taken under 18 grants, while Rs. 0.80 lakh crore is the technical supplementary that is being sought for 32 grants, and 59 token supplementary items are being sought from 43 grants. I would like to say upfront that 18, 32 and 43 may not add up to 61 as I originally said that 61 grants are being placed here. ... (*Interruptions*) It is because some of them repeat or overlap. So, the numbers may not add up. With respect, I would want Members to be taking this fact into cognisance. ... (*Interruptions*)

Now, first of all, I also would want to give that point as a reiteration. I wish to reiterate that with all this extra technical supplementary and cash supplementary that we are coming up with, I do not want any Member of Parliament to wonder if I will be able to reach the fiscal deficit number that I have set during placing of the Budget here. ... (*Interruptions*) The Budget for 2026-2027 certainly states what the Budget fiscal deficit for the year ending 31st March, 2026 is going to be, and the rest is going to be for the rest. So, we are not going to, in any way, not fulfil the word given in the Budget. ... (*Interruptions*) So, I wish to reiterate that the commitment given in this House, inclusive of the

second Supplementary Demands for Grants, will remain within the fiscal deficit target that was presented in this Parliament on 1st February 2026. ... (Interruptions)

Sir, it is also important for us to recognise that we have announced Rs. 57,381.84 crore for Economic Stabilisation Fund. ... (Interruptions) I would want to elaborate this a bit because Rs. 57,381 crore is a fairly big amount, and therefore, I want to explain as to why I have brought that in. The fiscal reforms, particularly the policy initiatives that have been undertaken post COVID-19, made sure that the economy recovered well. ... (Interruptions) We have strengthened the overall macroeconomic framework. Now, this has enabled us to absorb the economic shocks of various nature without deviating from the fiscal consolidation roadmap. ... (Interruptions) But I want to highlight the point that the proposed Economic Stabilisation Fund will provide fiscal headroom to allow India to respond to the global headwinds, such as the recent crisis, unanticipated supply chain disruptions, unexpected shocks to sub-sectors in Indian economy and any other event that may have significant fiscal implications. ... (Interruptions) So, in anticipation of what cannot be anticipated, we are coming up with Economic Stabilisation Fund. ... (Interruptions)

Sir, it is an irony that even when I am talking about how the Government is preparing ourselves to face any unexpected events, inclusive of supply chain disruption, inclusive of LPG, they are not willing to hear the reply. ... (Interruptions) They want to have their own agenda. सीढ़ियों और सड़क पर बैठकर चाय पियो, मगर एलपीजी के लिए चक्कर चलाओ। हमारा विपक्ष ऐसा है। ... (व्यवधान)

सर, एक अन्य विषय और है। हमारे माननीय सदस्य यहां बैठे हैं और आप भी बैठे हैं। ... (व्यवधान) चूंकि आज शुक्रवार के दिन प्राइवेट मेंबर्स बिल्स भी पेश होने हैं, उससे पहले मेरा जवाब है। ... (व्यवधान) इसीलिए मैं यह बात भी स्पष्ट करना चाह रही हूं कि विदेश में जो भी विषय सामने आ रहे हैं और उनकी वजह से हमारे देश में जो दिक्कतें आ रही हैं, माननीय मोदी जी के नेतृत्व में हमें किस तरह से उनका सामना करना है, फंड प्रोवाइड कराना है और तैयार रहना है। ... (व्यवधान) जब हम ऐसे बहुत सारे कदम उठा रहे हैं, उस समय इस देश का विपक्ष साथ रहकर आम जनता के बीच उम्मीद जगाने वाली बात न करते हुए, जिस तरह के गैर-जिम्मेदाराना स्टेप्स उठा रहा है, हमें उन्हें कंडेम करना चाहिए। ... (व्यवधान)

माननीय सभापति : कृपया आप सभी अपनी-अपनी जगहों पर चले जाइए। आप सभी एलपीजी के जिस मुद्दे पर बात कर रहे हैं, वित्त मंत्री जी उसी एलपीजी के बारे में बात कर रही हैं। आप सुनना ही नहीं चाहते हैं। वे उसी बारे में बात कर रही हैं।

... (व्यवधान)

माननीय सभापति : आप सभी सिर्फ डिसरप्ट करने के लिए आए हैं। आप सुनने के लिए नहीं आए हैं। वित्त मंत्री जी खड़े होकर बोल रही हैं और उसी बात पर चर्चा चल रही है। आपकी यह कैसी जिम्मेदारी है?

... (व्यवधान)

माननीय सभापति : आप एलपीजी के नारे लगा रहे हैं। वित्त मंत्री जी एलपीजी के बारे में ही बोल रही हैं। आप सुनना ही नहीं चाहते हैं। कृपया आप सभी अपनी जगह पर जाकर बैठिए।

मैडम, प्लीज आप जारी रखिए।

... (व्यवधान)

श्रीमती निर्मला सीतारमण : ऐसी परिस्थिति में सरकार का साथ देते हुए और विदेश से जो भी दिक्कतें आ रही हैं, उन्हें देखते हुए हम सभी के लिए पार्टी की रूपरेखा से ऊपर उठकर और देशहित में साथ रहकर जनता में उम्मीद जगाने वाली बात करना आवश्यक है। ... (व्यवधान) प्रधानमंत्री

मोदी जी इसमें अपनी पूरी ताकत लगाकर, इस देश के नागरिकों को कोई आपत्ति न हो, उसके लिए इतनी मेहनत कर रहे हैं। ... (व्यवधान) लेकिन, वेल में आकर चिल्लाना ही हमारे विपक्ष का एकमात्र काम है। ... (व्यवधान) अपोजिशन के द्वारा ऐसा करना इस देश के लिए दुर्भाग्य की स्थिति है। मैं इससे ज्यादा क्या बोलूँ? ... (व्यवधान)

सर, यह जो इकोनॉमिक स्टेबलाइजेशन फंड है, I am proposing this to be partly met out of existing appropriation, and partly through additional allocation. इसलिए यह इकोनॉमिक स्टेबलाइजेशन फंड कहां से आ रहा है, इसका जवाब यही है।

सर, इस देश में कभी भी हमारे सैनिकों के विरोध में कुछ भी नहीं होता है। बल्कि, मोदी जी की सरकार में उनका साथ देने का काम किया जाता है। ... (व्यवधान) इस सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स में डिफेंस सर्विसेज़ रेवेन्यू के लिए हम 41,430.48 करोड़ रुपए दे रहे हैं। अपोजिशन को साथ देना चाहिए, क्योंकि हम डिफेंस और इकोनॉमिक स्टेबिलिटी के लिए पैसे दे रहे हैं। ... (व्यवधान) फिर भी, इनका मुद्दा यह नहीं है। इनको यह सुनना अच्छा नहीं लगता है, क्योंकि काम हो रहा है। ... (व्यवधान)

Sir, Rs.35,290 crore is the payment for spectrum charges to Department of Telecommunication because of defence requirements. हम डिफेंस की रिक्वायरमेंट्स को मीट करने के लिए पैसा दे रहे हैं, जो कंसॉलिडेटेड फंड में वापस आएगा। ... (व्यवधान)

सर, यह एक मुख्य अंश है। This is a very important point, जो मैं आपके माध्यम से इस सदन में बोलना चाहती हूँ। हमारे पूरे सांसदगण को यह जानकारी होनी चाहिए कि हम एक्स-सर्विसमेन कॉन्ट्रिब्यूटरी हेल्थ सर्विस स्कीम (ईसीएचएस) के लिए 6,140 करोड़ रुपए दे रहे हैं, जिससे किसी भी एक्स-सर्विसमेन के लिए हेल्थ सर्विसेज़ में कोई कमी न हो। ... (व्यवधान) उनके लिए पूरी व्यवस्था ठीक होनी चाहिए। इसीलिए हम सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स में इन 6,140 करोड़ रुपयों का प्रावधान कर रहे हैं। 37,886 करोड़ रुपए स्टेट्स को ट्रांसफर हो रहे हैं।

... (व्यवधान) 15वीं फाइनेंस कमीशन ग्रांट्स के तहत लोकल बॉडीज़ को जो ग्रांट्स देनी है, हम वह दे रहे हैं। वह हम अब क्यों रहे हैं? पूरे साल में क्यों नहीं दी गई? पूरे साल को छोड़कर अब क्यों दे रहे हैं?... (व्यवधान) वह हम अब इसलिए दे रहे हैं, क्योंकि स्टेट्स ने लोकल बॉडीज़ के चुनाव खत्म करा लिए हैं और बाकी सभी कंडीशन्स को मीट कर लिया है। ... (व्यवधान) चूंकि वे कंडीशन्स मीट हो गई हैं, इसीलिए अब हम स्टेट्स को यह अमाउंट दे रहे हैं। ... (व्यवधान) ऐसे ही हैल्थ ग्रांट्स भी स्टेट्स के लिए दे रहे हैं। ... (व्यवधान)

सर, मैं आपके द्वारा सभी सांसदगण से फर्टिलाइज़र सब्सिडी विषय के बारे में बोलना चाह रही हूं कि किसानों के लिए फर्टिलाइज़र सब्सिडी में कोई कमी नहीं होगी। ... (व्यवधान) सारे के सारे किसानों के लिए इस सप्लिमेंट्री डिमांड में पूरे प्रावधान हैं। ... (व्यवधान) 19,230 करोड़ रुपए की फर्टिलाइज़र सब्सिडी एडिशनल रिकवायर्मेंट के लिए है। ... (व्यवधान) जो प्रावधान किया है, वह तो दे ही रहे हैं, मगर उससे ऊपर एडिशनल भी दे रहे हैं, ताकि किसानों के लिए कोई कमी न हो। ... (व्यवधान) वह फूड कॉर्पोरेशन को जा रहा है। ... (व्यवधान)

मुख्यतः हर स्टेट डीसेंट्रलाइज़्ड प्रोक्योरमेंट प्रोसीजर के द्वारा किसान से जो प्रोक्योरमेंट करती हैं, जो किसान से खरीदती हैं, उनके लिए भी जो पैसा इस फर्टिलाइज़र सब्सिडी के द्वारा फर्टिलाइज़र्स के लिए जा रहा है, वह ऐसे ही जाएगा। ... (व्यवधान)

इसके अलावा 23,641 करोड़ रुपए 'पीएम गरीब कल्याण अन्न योजना' के लिए जा रहे हैं। ... (व्यवधान) 'पीएम गरीब कल्याण अन्न योजना' के लिए यह पैसा दो रास्तों से जा रहा है। ... (व्यवधान) फूड कॉर्पोरेशन ऑफ इंडिया के लिए जा रहा है और जैसा कि मैंने बताया, स्टेट्स अपनी तरफ से जो प्रोक्योरमेंट करती हैं, जैसे मध्य प्रदेश राज्य किसानों से जो गेहूं खरीदता है, उनके लिए भी इसके द्वारा पैसा जाएगा। ... (व्यवधान) अतः 'पीएम गरीब कल्याण अन्न योजना' में कोई दिक्कत नहीं होगी और उनको पूरा मिलेगा। ... (व्यवधान) किसानों को भी कोई कमी न हो, उनसे प्रोक्योरमेंट भी होगा, दोनों के लिए पैसा इस सप्लिमेंट्री डिमांड्स फॉर ग्रांट्स में दिया गया है। ... (व्यवधान)

चेयरमैन सर, मैं बार-बार अपना दुख व्यक्त कर रही हूँ। ... (व्यवधान) आम नागरिकों के लिए वेलफेयर प्रोजेक्ट्स के द्वारा हम पैसा दे रहे हैं और गरीबों के कल्याण के लिए अन्न या गेहूँ दे रहे हैं। ... (व्यवधान) इनके लिए प्रावधान देने वाले सप्लिमेंट्री डिमांड्स फॉर ग्रांट्स के ऊपर इनका कोई ध्यान नहीं है। ... (व्यवधान) इनका ध्यान नारेबाजी के ऊपर ही है। ... (व्यवधान)

सर, एमएसएमईज़ के छोटे-छोटे कारोबारों के लिए पैसा देने के लिए SIDBI (Small Industries Development Bank of India) को इस सप्लिमेंट्री डिमांड्स फॉर ग्रांट्स के द्वारा हम 3,000 करोड़ रुपए दे रहे हैं। ... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, सप्लिमेंट्री डिमांड्स फॉर ग्रांट्स पर माननीय वित्त मंत्री महोदया यह जो स्पीच दे रही हैं, उसे सुनने के लिए पूरा देश बैठा हुआ है। सब टीवी के सामने बैठकर उनकी स्पीच सुन रहे हैं।

... (व्यवधान)

माननीय सभापति : अभी वित्त मंत्री महोदया ने बताया है कि राज्यों को 38,000 करोड़ रुपए सैंक्शन किए हुए हैं। पूरे देश की जनता वित्त मंत्री जी को सुनना चाहती है। लेकिन, आप नारेबाजी करके वित्त मंत्री जी की आवाज सुनने नहीं दे रहे हैं। फार्मर्स की सब्सिडीज़ के लिए 18,000 करोड़ रुपए के बारे में भी उन्होंने डिस्कस किया है।

... (व्यवधान)

माननीय सभापति : आप सुनना नहीं चाहते हैं, तो वह अलग बात है, लेकिन, देश की जनता सुनना चाहती है। आप सब कृपया अपनी सीट्स पर जाकर बैठिए।

... (व्यवधान)

HON. CHAIRPERSON: Please give the nation an opportunity to listen to her speech. It is a very important subject. The entire nation is watching.

... (Interruptions)

HON. CHAIRPERSON: No, please go back to your seats.

... (Interruptions)

माननीय सभापति : ऑनरेबल फाइनेंस मिनिस्टर मैडम, आप बोलिए ।

... (व्यवधान)

श्रीमती निर्मला सीतारमण : सर, मैं एक और विषय पर बोलना चाहूंगी, जिसकी अपोजीशन के रीप्रेजेंटेटिव्स को कोई समझ नहीं है, कोई परवाह नहीं है । ... (व्यवधान) वे इधर खड़े होकर कह रहे थे कि मनरेगा के लिए क्या दिया? इस सरकार ने मनरेगा का फंड कम कर दिया - ऐसा बोलने के समय मैं पता नहीं अपने गुरुसे को कैसे कंट्रोल करूंगी? ... (व्यवधान) जब मैं जवाब दे रही हूँ, बजट में प्रोविजन दे रही हूँ, उस समय ये लोग नहीं सुन रहे हैं । ऊपर से मेरी बात किसी तक न पहुंचे, ऐसे ... * खड़े होकर मेरी आवाज को दबाने की कोशिश कर रहे हैं । ... (व्यवधान) इसके लिए मैं इनके बिहेवियर को कन्डेम करती हूँ । ... (व्यवधान)

सर, मैं मनरेगा - महात्मा गांधी रूरल इंप्लॉयमेंट गारंटी स्कीम के बारे में बोलूंगी । जब हम बीबी-जी राम जी बिल लेकर आए थे, उस समय 95,000 करोड़ रुपये का प्रावधान किया । ... (व्यवधान) वह बीई में है और बजट, फाइनेंस बिल वगैरह पास होने के बाद 1 अप्रैल से लागू होगा। ... (व्यवधान) 1 अप्रैल से हर राज्य के लिए जी राम जी बिल के तहत 95 हजार करोड़ का प्रावधान है । इसके अलावा पहले से बहुत सारे राज्य पेंडिंग बिल्स के साथ बैठे हैं । ... (व्यवधान) यह बात भी उठाते हैं कि अब बीबी-जी राम जी योजना आ गई है, तो हमारे पुराने बिल का क्या होगा, 30 हजार करोड़ रुपये पुराने बिलों के लिए इस सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स में प्रावधान है । इस सप्लीमेंट्री डिमांड फोर ग्रांट्स में 31 मार्च तक जो मनरेगा लागू है, उसके लिए 30 हजार करोड़ रुपये हैं । 1 अप्रैल से जी राम जी योजना आने वाली है, उसके लिए नए बजट में 95 हजार करोड़ रुपये हैं। हम कोई कमी नहीं छोड़ रहे हैं । हमारा मनरेगा और जी राम जी का कमिटमेंट पूरा इम्प्लिमेंट हो रहा है, लेकिन ये सुनना नहीं चाहते हैं । ... (व्यवधान)

* Expunged as ordered by the Chair.

सर, अब मैं हर एक मेंबर के विषय पर जवाब देना चाहती हूँ। मैंने पहले ही बताया है कि एन. के. प्रेमचन्द्रन जी और बहुत सारे माननीय सदस्यगण ने इस विषय में बात की है। इस विषय पर बात करते समय सप्लीमेंट्री डिमांड फॉर ग्रांट्स पर बोला गया है कि बार-बार सप्लीमेंट्री डिमांड फॉर ग्रांट्स लाने में आपकी पूअर बजटिंग दिखती है, न कि रेस्पॉन्स दिखता है। मैं यह कहना चाहती हूँ कि यह एकदम फ्लॉड लॉजिक है, क्योंकि supplementary demand is not poor budgeting. ... (*Interruptions*) I want to pose questions. ... (*Interruptions*)

सर, मैं प्रश्न के रूप में उनको जवाब देने की कोशिश कर रही हूँ। सप्लीमेंट्री डिमांड फॉर ग्रांट्स आने पर बजटिंग का प्रोसेस गलत है या बजट पूअर है या बजटिंग का प्रोसेस पूअर है, ऐसे कहने वालों को मैं प्रश्न के रूप में ही जवाब देना चाहती हूँ। ... (व्यवधान) Are hon. Members from the Opposition suggesting that in times of unforeseen challenges, the Government should not create a fiscal buffer? मैंने जो ओवर 50 हजार करोड़ रुपये का इक्वलाइजेशन फंड बताया है, क्या ऐसी परिस्थिति में इमरजेंसी के लिए एक फण्ड क्रिएट करना सही नहीं है? ... (व्यवधान)

सर, सप्लीमेंट्री डिमाण्ड्स फॉर ग्रांट्स में इमरजेंसी के लिए कोई प्रावधान न करें, यही उनका मकसद है। उन्होंने कहा कि सप्लीमेंट्री डिमाण्ड्स फॉर ग्रांट्स क्यों ला रहे हैं? उसके लिए बजट में क्यों नहीं सोचा? जब इमरजेंसी सिचुएशन डेवलप होती है, क्या उस समय इमरजेंसी में ऐसे इक्वलाइजेशन फण्ड लाना गलत है?... (व्यवधान) ऐसे shocks, supply chain disruption or sudden sectoral crisis होता है, उस समय सप्लीमेंट्री डिमाण्ड्स फॉर ग्रांट्स के द्वारा हम जो फण्ड क्रिएट कर रहे हैं, क्या वह नहीं चाहिए? ये लोग एडमिनिस्ट्रेशन के साथ, अंडरस्टैंडिंग के साथ प्रश्न पूछ रहे हैं या ऐसे पूछ रहे हैं, यह मुझे समझ नहीं आ रहा है। ... (व्यवधान) जो मेंबर्स पूछ रहे हैं, are they suggesting that the Government should not ensure adequate fertiliser supply for farmers? ... (*Interruptions*) हम सप्लीमेंट्री डिमाण्ड्स फॉर ग्रांट्स के द्वारा किसानों को फर्टिलाइजर्स के लिए पैसा दे रहे हैं। क्या आप लोग वह नहीं देना चाहते हैं? ये सब किसान

विरोधी प्रश्न हैं। I am glad to say that the current fertiliser stocks for April, 2026 stand at 163 lakh metric tonnes compared to 128.54 lakh metric tonnes. हम इस बार फर्टिलाइजर सब्सिडी 26 per cent higher दे रहे हैं। This has been possible only because of the foresightedness of the Government.

In addition, the additional allocation which has been given in the second batch of Supplementary Demands for Grants for fertilizers, is to ensure that we have a good Rabi season. ... (*Interruptions*) अभी तुरंत खरीफ आने वाला है, उसके लिए हमारे पास फर्टिलाइजर का पूरा स्टॉक है। मगर आने वाले रबी के लिए अभी से टेंडर नोटिस निकालना, नया इंपोर्ट करना, ... (व्यवधान) जब इन सबके लिए फर्टिलाइजर मिनिस्टरी काम करती है, तो उनके हाथ में पैसा रहना चाहिए, इसीलिए हम अभी ही प्रावधान कर रहे हैं। ... (व्यवधान) आने वाला रबी जो दिसंबर, जनवरी, फरवरी, में आएगा, दिसंबर, 2026, जनवरी, 2027 में आएगा। उसके लिए अभी ही प्रावधान कर रहे हैं। ... (व्यवधान)

सर, मैंने मनरेगा का विषय बताया, वे अगर सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स नहीं लेकर आते, तो वे 30000 पेंडिंग बिल्ल्स, तो पेंडिंग ही रह जाते। क्या वह आपको ठीक लगता है?... (व्यवधान) सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स द्वारा इस साल में जो 30000 पेंडिंग बिल्ल्स हैं, उनका पेमेंट करने के लिए हम ला रहे हैं। क्या आप यह नहीं चाहते हैं? इसलिए थोड़ा सोच-समझकर सवाल कीजिए। ... (व्यवधान) सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स के द्वारा सरकार क्या करना चाहती है, उसको समझने के बाद क्वेश्चंस पूछने चाहिए। It should not be just a political comment. सर, थर्ड, मैं स्टेट के लिए 9000 करोड़ रुपये ट्रांसफर कर रही हूं। ... (व्यवधान) वह स्टेट के लिए क्यों ट्रांसफर कर रही हूं, क्योंकि आरई के बाद दिसंबर में रिवाइज्ड एस्टीमेट्स देने के बाद बहुत सारे स्टेट्स ऐसे हैं जहां लोकल बॉडीज़ का इलेक्शन हो गया। ... (व्यवधान) हेल्थ के लिए कुछ नई कंडीशंस फुलफिल किए, तो पैसा दो। पैसा दूं या न दूं? अगर देना है, तो सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स आवश्यक है। वह स्टेट्स के लिए दे रही हूं, मगर नहीं, हम प्रश्न पूछेंगे। ... (व्यवधान) बिना समझे बात करने वाले

लीडर, अपोजिशन पार्टी और सदस्य भी मुझे क्षमा कीजिए, थोड़ा पढ़ने के बाद प्रश्न पूछा कीजिए।

I have already mentioned about health services for the ex-servicemen. Even that payment is being made now. Regarding this, I will take a minute to elaborate on what is actually being done to the ECHS. ... (*Interruptions*) सर, आपके द्वारा हमारे सदस्यगण को भी उसके संबंध में इंफॉर्मेशन लेकर हर डिस्ट्रिक्ट में जाकर एक्स सर्विसमेन के बेनिफिट के लिए बोलना चाहिए। अपोजिशन लीडर सुनेंगे कि नहीं सुनेंगे, मुझे इस संबंध में कुछ नहीं बोलना है। ... (*व्यवधान*) मगर एक्स सर्विसमेन का विषय उठाने के समय ये संज्ञान में लें, जो मैं बोलने वाली हूँ। सर, एक्स सर्विसमेन कंट्रीब्यूटरी हेल्थ सर्विस के लिए बड़ा-सा खर्चा होता है और इस देश के एक्स सर्विसमेन के लिए हम गर्व से सपोर्ट करते हैं, मना नहीं करते हैं। ... (*व्यवधान*) Under this, a supplementary provision has been made for cash supplementary of Rs. 6,141 crore for ECHS. This amount includes additionality of Rs. 2,863 crore agreed to in the RE of 2025-26. ... (*Interruptions*) वर्ष 2025-26 के बजट के ईसीएचएस के लिए बीई से ज्यादा दिसंबर में आरई में हमने बजट दिया है। ... (*व्यवधान*) There is a further additionality of Rs. 3,458 crore over and above the RE. तो अब सप्लीमेंट्री डिमांड्स में हम आरई से ज्यादा ईसीएचएस में दे रहे हैं। सर, इस बार हम 11000 करोड़ रुपये दे रहे हैं। ... (*व्यवधान*) मैं हर एक मेंबर से ध्यान से सुनने के लिए रिक्वेस्ट करती हूँ।

टोटल एलोकेशन अंडर ईसीएचएस फॉर द फाइनेंशियल ईयर 2025-26... (*व्यवधान*) आप इसे गौर से सुनिये।... (*व्यवधान*) टोटल एलोकेशन फॉर ईसीएचएस फॉर द ईयर 2025-26, मार्च 31 तक टोटल ईसीएचएस के लिए 6141 करोड़ रुपये के साथ 14458 करोड़ रुपये दे रहे हैं। ... (*व्यवधान*) एक्स-सर्विसमेन कंट्रीब्यूटरी हेल्थ सर्विस के लिए केन्द्र सरकार दे रही है। ... (*व्यवधान*)

माननीय सभापति : आप लोग कृपया उधर से इधर आ जाइये।

... (*व्यवधान*)

SHRIMATI NIRMALA SITHARAMAN: You have not even listened to this. ...

(Interruptions)

HON. CHAIRPERSON: Please come this side.

... *(Interruptions)*

HON. CHAIRPERSON: You know that you should not go towards the Treasury Benches.

... *(Interruptions)*

HON. CHAIRPERSON: Please come this side. No, this is not done.

... *(Interruptions)*

HON. CHAIRPERSON: No, you cannot disrupt.

... *(Interruptions)*

SHRIMATI NIRMALA SITHARAMAN: Sir, I am astonished. ... *(Interruptions)*

There is a Member standing in the 'well' saying, and he is coming around now, that, "it is not released". ... *(Interruptions)* How will I release it without the Parliament passing it? ... *(Interruptions)* Here is a gentleman in the 'well'. ... *(Interruptions)* I am asking you all to pass this so that Rs. 15,000 crore goes for the ex-Servicemen welfare, and here is an hon. Member saying that it is not released. ... *(Interruptions)* Can I release it without the Parliament passing it? ... *(Interruptions)*

Shri N. K. Premachandran ji and other Members have been asking me, "why you want a Supplementary Demands for Grants? ... *(Interruptions)*

Please tell your hon. Member that I cannot release the ECHS money without you passing it, and you are standing in the 'well'. ... *(Interruptions)* You

do not want to pass it, and your own Member is asking, “why it is not released?”.

... (*Interruptions*)

I will go to the next set of issues. ... (*Interruptions*) Shri N. K. Premachandran ji again added up quite a few numbers which are all from the Budget. ... (*Interruptions*) I am not saying that he is wrong. ... (*Interruptions*) He said, “Rs. 4.13 lakh crore has been there, and you are bringing in Supplementary Demand. How is it?”. ... (*Interruptions*) I want to say that out of the total Supplementary Demand, the first and the second both added together, Rs. 4.13 lakh crore, Rs. 1.71 lakh crore is a technical Supplementary, which is within this Section. ... (*Interruptions*)

The hon. Member, Shri N. K. Premachandran ji is aware that technical Supplementary requirements are met mainly by utilising the savings in one Section of the Grant into another Section using additional receipts, recoveries within the same Grant. ... (*Interruptions*) So, I have to do both and then arrive at the number. ... (*Interruptions*)

What is important here is the way in which Shri N. K. Premachandran ji has asked this question. ... (*Interruptions*) It can lead to a lot of people misunderstanding that originally in the BE I gave an amount, but through the Supplementary Demand I am bringing in some amount which is going to be over and above the BE. ... (*Interruptions*) Let me answer Shri N. K. Premachandran ji. ... (*Interruptions*) Whatever is brought in the Supplementary Demands for Grants does not go beyond the BE. ... (*Interruptions*) What I have asked for BE in this House on 1st February, 2025 is what is now being complied with even

though through two Supplementary Demands. ... (*Interruptions*) So, that number does not exceed, and I want him to appreciate that fact. ... (*Interruptions*) The RE being lower than the BE of 2025-2026. ... (*Interruptions*) There is no increase in expenditure beyond the BE of 2025-2026 to this Second Supplementary. ... (*Interruptions*)

What are the items on which I am spending? ... (*Interruptions*) Fertilizer subsidy is Rs. 19,000 crore, which was in the First SDG; compensation to the Oil Marketing Companies of Rs. 9,500 crore, again First Supplementary; NHA including Manipur package, which is about Rs. 2,600 crore, again in the First Supplementary; and Ladakh is Rs. 2,500 crore, in the First SDG. ... (*Interruptions*)

MEA got Rs.1,200 crore, again from the first Supplementary Demands for Grants. Higher Education got Rs.1,300 crore, again from the first Supplementary Demand for Grants. Now in the second Supplementary Demand for Grants, Defence spectrum got Rs.36,000 crore; Economic Stabilization Fund got Rs.50,000 crore; food subsidy got Rs.23,000 crore; and Finance Commission grants got about Rs.20,000 crore. None of this put together exceeds the BE amount. So, I am not bringing in new burden other than what was mentioned in the Bill.

Sir, there are other Members who spoke about the global crisis, fertilizer prices, and urea production going down. I want to highlight the fact the urea import is one thing. In our own country, we produce urea. We are ramping up the capacity. We are increasing the capacity of urea even for those plants within

the domestic manufacturing. Urea production domestically has increased from 225 lakh metric tonnes in 2014-15 to 306.67 lakh metric tonnes during 2024-25 in 33 units. To boost the domestic urea production, Prime Minister Modi has brought in six new units of fertilizer production which have been set up under the New Investment Policy 2012. Each of these units has an installed capacity of 12.70 lakh metric tonnes per annum. These units have together added urea production capacity to 76.20 lakh metric tonnes. In addition, the New Urea Policy which was announced in 2015 has also led to additional production of urea by 20 to 25 lakh metric tonnes as compared to the production in 2014-15 annually. Two new plants in Odisha and Assam are under execution which will lead to an increased capacity of 25.40 lakh metric tonnes per annum the moment they are commissioned. Not only are we giving higher price and importing more urea, we are also increasing the capacity for domestic production with existing units and setting up new units also for production.

There were issues about Jal Jeevan Mission and its implementation. In the Budget Estimate 2025-26, we had given Rs.67,000 crore for the Jal Jeevan Mission. In the Budget Estimate of 2025-26 ending March 31st this year, Rs.67,000 crore has been given and spent whereas from 1st April onwards, we are giving Rs.67,670 crore for Jal Jeevan Mission and Jal Jeevan Mission will run till December, 2028. The new allocation of Rs.67,670 crore will be given for States to complete the Jal Jeevan Mission running till 2028. This is a very important number which I want the hon. Members to listen to, and if the Opposition is willing to hear it, the Jal Jeevan Mission, from the time it started

and when it ends in 2028, would have received a total of Rs.8.69 lakh crore in which the Central Government's participation will be Rs.3.59 lakh crore.

Sir, I am not able to see the Hon. Member, Shri Ram Shiromani Verma. He is probably here....(व्यवधान) राम शिरोमणि वर्मा जी ने एक शायरी के माध्यम से कहा कि सिर्फ झूठे वादों से देश की तकदीर नहीं बदलती है ।...(व्यवधान) सप्लिमेंट्री डिमांड्स फॉर ग्रांट्स और संसद की गंभीर कार्यवाही के बीच में आप शायरी कर रहे हैं, यह बड़ी ही विचित्र बात है । ... (व्यवधान) वे यहां नहीं हैं ।... (व्यवधान) जब समाजवादी पार्टी द्वारा बजट और सप्लिमेंट्री डिमांड्स फॉर ग्रांट्स पेश होता था तो क्या उसमें झूठे वायदे पेश होते थे?... (व्यवधान) मैं यह पूछना चाहती हूं ।... (व्यवधान) मैं समाजवादी पार्टी से पूछना चाहती हूं... (व्यवधान) वर्ष 2012 से वर्ष 2017 के बीच समाजवादी पार्टी को यह अनुभव होगा, लेकिन हमारा वायदा झूठा नहीं है । ... (व्यवधान) हमने काम किया है और अपने वायदों को बजट द्वारा साकार किया है ।... (व्यवधान) इसलिए समाजवादी पार्टी को यह समझ में आना चाहिए कि इधर शायरी काम में नहीं आती है । ... (व्यवधान)

सर, मैं लिस्ट करना चाहती हूं ।... (व्यवधान) 13 करोड़ हाउस होल्ड्स के लिए नल से जल पहुंच रहा है ।... (व्यवधान) क्या यह झूठा वायदा है?... (व्यवधान) 'स्वच्छ भारत मिशन' के द्वारा 12 करोड़ से अधिक टॉयलेट्स बनाए गए हैं ।... (व्यवधान) यह 39 परसेंट लेवल से बढ़कर अभी यह नियर यूनिवर्सल कवरेज तक पहुंचा है ।... (व्यवधान) क्या यह प्रॉमिस फॉल्स है? ... (व्यवधान) हमने यह साकार करके दिखाया है ।... (व्यवधान) 'प्रधानमंत्री आवास योजना' के तहत रूरल और अर्बन में चार करोड़ हाउस होल्ड्स कम्प्लीट हुए हैं ।... (व्यवधान) क्या झूठे वायदे घर बनाते हैं? ... (व्यवधान) हमने यह करके दिखाया है ।... (व्यवधान) समाजवादी पार्टी के समय, उनके राज के समय शायद झूठा वायदा किया गया है, लेकिन हमने नहीं किया है ।... (व्यवधान)

ये फिर कहते हैं कि जीडीपी से किसानों की लकीर नहीं बदलती है ।... (व्यवधान) यह इससे बिल्कुल नहीं बदलती है, मगर मैं कहना चाहती हूं कि अगर जीडीपी ग्रा बढ़ती है, जीडीपी बढ़ती है, जैसे वर्ष 2014 में हमारी जीडीपी 1.8 ट्रिलियन डालर की थी, अभी यह नियरली 4 ट्रिलियन डॉलर

तक पहुंची है। उससे हमारी वित्तीय क्षमता बढ़ती है और जब वित्तीय क्षमता बढ़ती है तो हम सभी किसानों तक पहुंच पा रहे हैं।...(व्यवधान) हम अंडरप्रिविलेज्ड लोगों के लिए घर बना पा रहे हैं। ... (व्यवधान) इसीलिए जीडीपी किसानों की तकदीर बदलती है, यह समझना चाहिए। ... (व्यवधान) मैं उसके लिए आंकड़ें भी देना चाहती हूं। ... (व्यवधान) 43.45 लाख करोड़ रुपए डायरेक्ट बेनिफिट ट्रांसफर द्वारा किसानों और लोगों तक पहुंचे हैं। ... (व्यवधान)

सर, आपको याद होगा कि एक रुपए भेजने पर लोगों तक 15 पैसे ही जाते थे। ... (व्यवधान) अभी उन तक 43.45 लाख करोड़ रुपए पहुंचे हैं। ... (व्यवधान) लोगों तक 100 परसेंट पहुंचता है। ... (व्यवधान) समाजवादी पार्टी की रूलिंग के समय यूपी में sugarcane farmers were dying and waiting for their payments. ... (व्यवधान) अभी वह स्थिति नहीं है। ... (व्यवधान) अभी किसानों को डायरेक्ट बेनिफिट फंड ट्रांसफर द्वारा पैसे मिलते हैं। ... (व्यवधान) समाजवादी पार्टी के समय किसान आत्महत्या करके मरे हैं। ... (व्यवधान)

सर, 'प्रधानमंत्री गरीब कल्याण अन्न योजना' के द्वारा 12 लाख करोड़ रुपए का गेहूं और चावल गरीबों को मिला है। ... (व्यवधान) 'पीएम गरीब कल्याण अन्न योजना' के द्वारा लोगों तक 12 लाख करोड़ रुपए पहुंचे हैं। ... (व्यवधान) समाजवादी पार्टी जरा सोच ले कि जीडीपी बढ़ने से हमारी क्षमता बढ़ती है और हम वह किसानों तक पहुंचाते हैं। ... (व्यवधान) आज शाम को माननीय प्रधान मंत्री जी एक और किश्त दे रहे हैं, उस अमाउंट के साथ किसानों तक कुल कितना अमाउंट पहुंचा है, मैं वह कहना चाहती हूं। ... (व्यवधान) किसानों के पास 4.27 लाख करोड़ रुपये पहुंचा है। जीडीपी बदलने से हमारी वित्तीय क्षमता बढ़ती है, किसानों को 4 लाख करोड़ रुपये से अधिक अमाउंट डायरेक्टली मिला है। ... (व्यवधान) इधर आकर शायरी बोलने से पहले समाजवादी पार्टी के लोग थोड़ा सोच लें। शायरी करने से बिल्कुल भी लकीर नहीं बदलती है। ... (व्यवधान) श्री राम शिरोमणि वर्मा जी ने कहा, नीति और बजट से तस्वीर नहीं बदलती है। मैं कहना चाहती हूं कि हमारी सरकार ने सूरत और तस्वीर दोनों बदली है। ... (व्यवधान)

मेरी हिन्दी कमजोर है, ... (व्यवधान) समाजवादी पार्टी ने इतना बोल दिया। इस सप्लीमेंटरी

डिमांड में किसानों के लिए अधिक फर्टिलाइजर सब्सिडी है, ... (व्यवधान) वैश्विक दिक्कतों से लड़ने के लिए इकोनॉमिक ऐस्टिबलाइजेशन फंड में वृद्धि हुई है। इन सभी चुनौतियों के लिए हम चाहते हैं कि किसानों के लिए संसद में हमें अच्छे सुझाव मिले, लेकिन समाजवादी पार्टी के सदस्य शायरी कर रहे हैं, ... (व्यवधान)। यह सब मैनपुरी और सैफई के लिए जरूर उचित होगा, सदन के लिए नहीं। यह सब संसद के बाहर और टीवी डिबेट के लिए ठीक है, यहां के लिए नहीं ... (व्यवधान)। आप शायरी लिखते रहिए, हम इतिहास लिख रहे हैं ... (व्यवधान) हम तस्वीर बदल रहे हैं।

सर, अब समय भी हो रहा है। ... (व्यवधान) नगीना के सांसद चन्द्रशेखर जी ने कहा कि नगीना कांस्टीट्यूएन्सी बिजनौर डिस्ट्रिक्ट में है और हमें स्टेप मदरली ट्रीटमेंट मिल रहा है। यहां नगीना के एमपी बैठे हैं। मैं उनको बताना चाहती हूं कि essential infrastructure has seen dramatic transformation in Nagina, Bijnor. Under the Jal Jeevan Mission, Bijnor has received 97.8 per cent tap water coverage. ... (Interruptions) टैप वॉटर कवरेज मिला है। Five lakh rural households are now receiving sanctional tap connection. वर्ष 2019 से पहले 18,237 हाउसहोल्ड के पास ही टैप वॉटर था, इसका मतलब 4 परसेंट ही टैप वॉटर मिलता था। अभी 97.8 परसेंट को मिल रहा है। ... (व्यवधान)

Out of 2,254 villages of Bijnor district, 1,738 villages have already received 100 per cent tap connections. ... (Interruptions) 11 ब्लॉक्स और 1123 पंचायतें को 100 परसेंट जल जीवन मिशन का कवरेज मिला है। Under the PM Awas Yojana – Urban, 23,000 houses have already been completed in Bijnor District. ... (Interruptions) Under the Ayushman Bharat PM Jan Arogya Yojana, 3.32 lakh families have been covered in Bijnor district. व्यक्तिगत रूप से देखें तो 10.66 लाख लोगों को बिजनौर में आयुष्मान भारत इन्श्योरेंस मिल रहा है।... (व्यवधान) बिजनौर डिस्ट्रिक्ट में 480 आयुष्मान आरोग्य मंदिर हैं, 18 जन औषधि केन्द्र हैं। वह एम्स मांग रहे थे, उनकी तरफ से मांगना उचित होगा, ठीक है।

But I want to say that Mahatma Vidur Autonomous State Medical College was established in 2024 in Bijnor. ... (*Interruptions*) मुझे यह जानकारी पाकर बहुत खुशी मिली कि महाभारत में एक बहुत ही सम्मानित कैरेक्टर हैं, एक व्यक्तित्व हैं। महर्षि विदुर जी के ज्ञान के लिए हम सभी उनकी रिस्पेक्ट करते हैं। मुझे यह भी पता चला कि बिजनौर उनका रिटायरमेंट होम था। कुरुक्षेत्र में महाभारत युद्ध जब हो गया, उसके बाद विदुर जी बिजनौर आ गए। मैं एक सामान्य बात बोल रही हूं, कृपया कोई मुझे गलत न समझे। चन्द्रशेखर आजाद जी ने अपने नाम के आगे ... * मैं विनम्रता से कहना चाहती हूं कि ...* विदुर जी का नाम जोड़िए। विदुर, बिजनौर के बुद्धिमान व्यक्ति, हम सभी को मान्यता देने वाले महाभारत के एक बढ़िया कैरेक्टर थे। 'चन्द्रशेखर विदुर' ... (*Interruptions*) Sir, sorry, I do not know how to say that in Hindi. ... (*Interruptions*)

दूसरा एक और विषय यह है, जिसमें प्रोजेक्ट के लिए 325 करोड़ रुपये सेंटर और स्टेट ने शेयर दिया है। मैं माननीय सदस्य को बताना चाहूंगी कि मेडिकल कॉलेज का भी प्रावधान बिजनौर में है। पीएम किसान योजना द्वारा बिजनौर में 1 हजार 15 करोड़ रुपये का ट्रांजैक्शन किसानों के लिए हुआ है। 50 लाख से ज्यादा किसान केवल बिजनौर में पीएम किसान योजना के लाभार्थी हैं। स्वच्छ भारत मिशन द्वारा ग्रामीण इलाकों में 3 लाख हाउसहोल्ड्स को टॉयलेट्स मिले हैं and 1,144 Community Sanitary Complexes have been built in Bijnor district. ... (*Interruptions*)

सर, पीएम उज्ज्वला योजना द्वारा 42,190 एलपीजी कनेक्शन बिजनौर में मिले हैं। हर एक सिलेंडर के लिए 300 रुपये सब्सिडी भी दी जा रही है। बिजनौर में एनआरएलएम – National Rural Livelihoods Mission – द्वारा 2.36 लाख महिलाओं को बिजनौर में सेल्फ हेल्प ग्रुप से जोड़ा गया। बिजनौर में पोषण ट्रेकर डेटा 3247 आंगनवाड़ी सेंटर्स ऑपरेशनल हैं। क्या यह सब

* Not recorded as ordered by the Chair.

सुनकर माननीय सदस्य ये बोलेंगे कि स्टेप मदरली ट्रीटमेंट मिल रहा है? बिल्कुल नहीं । ...

(Interruptions)

सर, एक ... * सदस्य श्री राजकुमार रौत जी भारत आदिवासी पार्टी से आते हैं । कल वह बहुत दुख के साथ बोले कि बांसवाड़ा व उनके क्षेत्र को अटेंशन व फैसिलिटीज नहीं मिल रही हैं । चूंकि वह छोटी पार्टी के सदस्य हैं, इसलिए उनको कोई नहीं सुनता । मैं उनको आश्वासन दिलाना चाहती हूं कि किसी छोटी पार्टी या निर्दलीय सदस्य को अच्छी तरह से सुनते हैं, रिस्पॉंड करते हैं और उनके क्षेत्र का ध्यान भी रखते हैं । ... *(Interruptions)*

Sir, under Jal Jeevan Mission, in Banswara, 1.47 lakh rural households now have tap water connections, which is ten times more than in 2019. ... *(Interruptions)* वर्ष 2019 से आज की तुलना कीजिए, 10 गुना जल जीवन मिशन आप तक पहुँचा है । ... (व्यवधान) 1.47 लाख... (व्यवधान) हर घर जल पहुँचा है ।... (व्यवधान) Under the Pradhan Mantri Awas Yojana, 2.19 lakh houses have been provided. बांसवाड़ा में पीएम आवास योजना की 95.4 परसेंट कवरेज है ।... (व्यवधान) Under the Swachh Bharat Mission, more than three lakh household toilets have been built; 847 sanitary complexes have been built. बांसवाड़ा में 95 परसेंट से ज्यादा गांव ओडीएफ यानी ओपन डिफेकेशन फ्री हैं ।... (व्यवधान) Under the Pradhan Mantri Sahaj Bijli Har Ghar Yojana –“Saubhagya Scheme”, 52,390 households in Banswara district have been electrified. वहां तक इलेक्ट्रिफिकेशन पहुंचा है ।... (व्यवधान)

सर, मैंने संसदीय कार्य मंत्री किरेन रिजिजू जी को प्रॉमिस किया था कि सप्लीमेंटरी डिमांड फॉर ग्रांट्स का मेरा रिस्पांस और रिप्लाई 2 बजकर 45 मिनट तक समाप्त हो जाएगा । ... (व्यवधान) इनके चिल्लाने के बावजूद मैंने मात्र 10 मिनट का अतिरिक्त समय लिया है । ... (व्यवधान) इसके

* Not recorded as ordered by the Chair.

लिए मुझे क्षमा कीजिए, मगर ज्यादातर माननीय सदस्यों ने जो बात बोली है, मैंने उनका जवाब देने की कोशिश की है।... (व्यवधान)

हनुमान बेनीवाल जी द्वारा भी बहुत सारे विषय उठाए गए हैं।... (व्यवधान) मैं एक मुख्य विषय के बारे में बोलना चाहती हूँ।... (व्यवधान) ओपियम कल्टीवेशन उनके यहां होती है। हमारे मंत्रालय के द्वारा और एमओएस पंकज चौधरी जी उसके ऊपर पूरा ध्यान देकर राजस्थान के नीमच में एक नयी फैक्ट्री ओपियम को प्रोसेस करने के लिए लगवायी गई है।... (व्यवधान) उसका पूरा खर्च केन्द्र सरकार ने वहन किया है।... (व्यवधान) हनुमान बेनीवाल जी आप भी बेफिक्र रहिए। ... (व्यवधान) आप जाकर के अपने यहां के ओपियम कल्टिवेट किसानों को बोल दीजिए कि सरकार ने अपनी तरफ से खर्च करके एक ओपियम प्रोसेसिंग यूनिट लगवायी है।... (व्यवधान) आपको अपने किसानों का ध्यान इस तरफ दिलाना चाहिए।... (व्यवधान)

मैंने 10 मिनट ज्यादा ही लिए हैं।... (व्यवधान) मैं इसके लिए किरें रिजिजू जी से क्षमा मांगती हूँ।... (व्यवधान)

महोदय, आप इस सप्लीमेंटरी डिमांड फॉर ग्रांट्स को पारित करवाइए।... (व्यवधान) धन्यवाद।

HON. CHAIRPERSON: The word ...* is deleted from the records. I request everybody to kindly get back to your seats. आप अपनी-अपनी जगह पर जाकर बैठिएगा। कृपया, आप अपनी जगह पर जाकर बैठिएगा। अब हमें बिल पारित करना है।

... (*Interruptions*)

HON. CHAIRPERSON: Kindly go back and resume your seats. Please go and sit.

... (*Interruptions*)

* Not recorded.

HON. CHAIRPERSON: Kindly take your seat. Please go back to your seats.

This is a parliamentary practice. After hon. Finance Minister's Supplementary Demands, we have to now pass it. अभी बिल को पारित करने का समय है।

... (*Interruptions*)

HON. CHAIRPERSON: I am requesting you. Please go back and take your seats.

... (*Interruptions*)

HON. CHAIRPERSON: You do not want to go back and take your seat?

... (*Interruptions*)

HON. CHAIRPERSON: Please go back to your seat. LPG issue has been answered adequately by hon. Finance Minister. I do not know why you do not listen to important messages. Why do you not want to listen? It was adequately answered.

... (*Interruptions*)

माननीय सभापति : माननीय सदस्यगण, अब मैं वर्ष 2025-26 के लिए अनुदानों की अनुपूरक मांगें-द्वितीय बैच को सभा के समक्ष मतदान के लिए रखता हूँ:-

प्रश्न यह है -

“कि अनुदानों की अनुपूरक मांगों की सूची के स्तम्भ 2 में मांग संख्या 1, 3, 6 से 13, 15, 17 से 22, 25, 28 से 30, 32, 36, 41 से 44, 46, 48, 49, 51 से 56, 58, 60 से 62, 64 से 66, 68, 69, 71 से 73, 76, 79, 85 से 87, 89, 91, 92, 96 से 98, 100 और 101 के सामने दर्शाए गए मांग शीर्षों के संबंध में 31 मार्च, 2026 को समाप्त होने वाले वर्ष के दौरान संदाय के क्रम में होने वाले खर्चों की अदायगी करने हेतु अनुदानों की अनुपूरक मांगों की सूची के स्तम्भ 3 में दर्शायी गई राजस्व

लेखा तथा पूँजी लेखा संबंधी राशियों से अनधिक संबंधित अनुपूरक राशियां भारत की संचित निधि में से राष्ट्रपति को दी जाएं।”

लोक सभा द्वारा स्वीकृत वर्ष 2025-2026 की अनुदानों की मांगों का द्वितीय बैच
Supplementary Demands for Grants-Second Batch for 2025-2026
Voted by the Lok Sabha

संख्या और मांग का शीर्षक No. and Title of the Demand		सभा द्वारा स्वीकृत अनुदानों की मांगों की राशि Voted by the Lok Sabha		
1	2	3		
		राजस्व Revenue ₹	मूली Capital ₹	जोड़ Total ₹
1 कृषि एवं किसान कल्याण विभाग	1. Department of Agriculture and Farmers Welfare	1,00,000	1,00,000	2,00,000
3 परमाणु ऊर्जा	3. Atomic Energy	2,00,000	46,75,00,000	46,77,00,000
6 उर्वरक विभाग	6. Department of Fertilisers	192,90,00,00,000	1,00,000	192,90,01,00,000
7 औषध विभाग	7. Department of Pharmaceuticals	2,30,00,000	37,00,000	2,67,00,000
8 नागर विमानन मंत्रालय	8. Ministry of Civil Aviation	—	150,01,00,000	150,01,00,000
9 कोयला मंत्रालय	9. Ministry of Coal	1,00,000	—	1,00,000
10 वाणिज्य विभाग	10. Department of Commerce	165,88,80,000	—	165,88,80,000
11 उद्योग संवर्धन एवं आंतरिक व्यापार विभाग	11. Department for Promotion of Industry and Internal Trade	1,00,000	—	1,00,000
12 डाक विभाग	12. Department of Posts	—	87,76,00,000	87,76,00,000
13 दूरसंचार विभाग	13. Department of Telecommunications	2,00,000	236,18,00,000	236,20,00,000
15 खाद्य एवं सार्वजनिक वितरण विभाग	15. Department of Food and Public Distribution	23641,28,00,000	1,15,00,000	23642,43,00,000
17 कॉर्पोरेट मामलों का मंत्रालय	17. Ministry of Corporate Affairs	6,00,00,000	—	6,00,00,000
18 संस्कृति मंत्रालय	18. Ministry of Culture	184,04,00,000	1,00,000	184,05,00,000
19 रक्षा मंत्रालय (निधिल)	19. Ministry of Defence (Civil)	2188,81,00,000	33,00,00,000	222,81,00,000
20 रक्षा सेवाएं (राजस्व)	20. Defence Services (Revenue)	43507,97,00,000	—	43507,97,00,000
21 रक्षा सेवाओं पर मूली परियोजना	21. Capital Outlay on Defence Services	—	1845,37,00,000	1845,37,00,000
22 रक्षा पेंशन	22. Defence Pensions	791,01,00,000	—	791,01,00,000
25 स्कूल शिक्षा एवं साक्षरता विभाग	25. Department of School Education and Literacy	2,00,000	—	2,00,000
28 पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय	28. Ministry of Environment, Forests and Climate Change	16,85,00,000	—	16,85,00,000
29 विदेश मंत्रालय	29. Ministry of External Affairs	1,00,000	—	1,00,000
30 आर्थिक कार्य विभाग	30. Department of Economic Affairs	105491,44,00,000	2,89,00,000	105494,33,00,000
32 वित्तीय सेवाएं विभाग	32. Department of Financial Services	1,00,000	3005,50,00,000	3005,51,00,000
36 प्रत्यक्ष कर	36. Direct Taxes	1,00,000	—	1,00,000
41 पेंशन	41. Pensions	1,00,000	—	1,00,000
42 राज्यों को अंतरण	42. Transfers to States	4115,01,00,000	—	4115,01,00,000
43 मत्स्यपटन विभाग	43. Department of Fisheries	1,00,000	—	1,00,000
44 पशुपालन एवं डेयरी विभाग	44. Department of Animal Husbandry and Dairying	1,00,000	—	1,00,000
46 स्वास्थ्य और परिवार कल्याण विभाग	46. Department of Health and Family Welfare	10721,89,00,000	—	10721,89,00,000
48 भारी उद्योग मंत्रालय	48. Ministry of Heavy Industries	1,00,000	51,00,000	52,00,000
49 गृह मंत्रालय	49. Ministry of Home Affairs	310,57,01,000	1,00,000	310,58,01,000
51 पुलिस	51. Police	1711,00,00,000	1,00,000	1711,01,00,000

2

		3		
1	2	संसद Revenue ₹	पूँजी Capital ₹	जोड़ Total ₹
52	अंडमान एवं निकोबार द्वीप	207,45,00,000	...	207,45,00,000
53	चंडीगढ़	1,00,000	1,00,000	2,00,000
54	दादरा और नगर हवेली तथा दमन और दीु	1,00,000	...	1,00,000
55	लक्षद्वीप	63,20,00,000	...	63,20,00,000
56	लक्षद्वीप	18,35,00,000	1,00,000	18,35,00,000
58	जम्मू और कश्मीर को अंतरण	5000,00,00,000	...	5000,00,00,000
60	आवासन और शहरी कार्य मंत्रालय	2,00,000	1013,42,00,000	1013,44,00,000
61	सूचना और प्रसारण मंत्रालय	1744,64,00,000	28,00,000	1744,92,00,000
62	जल संसाधन, नदी विकास और गंगा संस्थापन विभाग	2,00,000	1,00,000	3,00,000
64	श्रम और रोजगार मंत्रालय	1,00,000	...	1,00,000
65	विधि और न्याय	2271,49,00,000	...	2271,49,00,000
66	चुनाव आयोग	10,20,00,000	...	10,20,00,000
68	सूक्ष्म, लघु और माध्यम उद्यम मंत्रालय	1,00,000	...	1,00,000
69	खनिज मंत्रालय	...	28,39,00,000	28,39,00,000
71	नवीन और नवीकरणीय ऊर्जा मंत्रालय	1,00,000	...	1,00,000
72	ग्रामपंचायत मंत्रालय	1,00,000	75,00,000	76,00,000
73	संसदीय कार्य मंत्रालय	...	1,05,00,000	1,05,00,000
76	पेट्रोलियम और प्राकृतिक गैस मंत्रालय	...	1,00,000	1,00,000
79	विद्युत मंत्रालय	...	1,00,000	1,00,000
85	रेल मंत्रालय	...	1,00,000	1,00,000
86	सड़क परिवहन और राजमार्ग मंत्रालय	...	17647,31,00,000	17647,31,00,000
87	ग्रामीण विकास मंत्रालय	2,00,000	...	2,00,000
89	विज्ञान और प्रौद्योगिकी विभाग	138,28,00,000	...	138,28,00,000
91	वैज्ञानिक और औद्योगिक अनुसंधान विभाग	...	1,28,00,000	1,28,00,000
92	कौशल विकास और उद्यमिता मंत्रालय	1,00,000	...	1,00,000
96	सांख्यिकी और कार्यक्रम अंशोन्मूलन मंत्रालय	39,03,00,000	...	39,03,00,000
97	इस्पात मंत्रालय	...	1,00,000	1,00,000
98	वस्त्र मंत्रालय	494,68,00,000	...	494,68,00,000
100	अंतर्राष्ट्रीय कार्य मंत्रालय	1,00,000	...	1,00,000
101	महिला और बाल विकास मंत्रालय	2,00,000	...	2,00,000
कुल	Total	222590,29,00,000	24100,12,00,000	246690,41,00,000

प्रस्ताव स्वीकृत हुआ।

माननीय सभापति : वर्ष 2025-26 के लिए अनुदानों की अनुपूरक मांगें - द्वितीय बैच पारित हुईं।

... (व्यवधान)

15.00 hrs

APPROPRIATION BILL, 2026*

माननीय सभापति : आइटम नम्बर 15, माननीय वित्त मंत्री जी ।

... (व्यवधान)

THE MINISTER OF FINANCE; AND MINISTER OF CORPORATE AFFAIRS

(SHRIMATI NIRMALA SITHARAMAN): Sir, I rise to move for leave to introduce a Bill to authorise payment and appropriation of certain further sums from and out of the Consolidated Fund of India for the services of the financial year 2025-26.

माननीय सभापति : प्रश्न यह है:

“कि वित्तीय वर्ष 2025-26 की सेवाओं के लिए भारत की संचित निधि में से कतिपय और राशियों के संदाय और विनियोग को प्राधिकृत करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ ।

SHRIMATI NIRMALA SITHARAMAN: Sir, I introduce** the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 13.03.2026.

** Introduced with the recommendation of the President.

माननीय सभापति : आइटम नम्बर 16, माननीय वित्त मंत्री जी ।

... (व्यवधान)

THE MINISTER OF FINANCE; AND MINISTER OF CORPORATE AFFAIRS

(SHRIMATI NIRMALA SITHARAMAN): Sir, I rise to move:

“That the Bill to authorise payment and appropriation of certain further sums from and out of the Consolidated Fund of India for the services of the financial year 2025-26, be taken into consideration.”

माननीय सभापति : प्रश्न यह है:

“कि वित्तीय वर्ष 2025-26 की सेवाओं के लिए भारत की संचित निधि में से कतिपय और राशियों के संदाय और विनियोग को प्राधिकृत करने वाले विधेयक पर विचार किया जाए ।”

प्रस्ताव स्वीकृत हुआ ।

माननीय सभापति : अब सभा विधेयक पर खंडवार विचार करेगी ।

... (व्यवधान)

माननीय सभापति : प्रश्न यह है:

“कि खंड 2 और 3 विधेयक का अंग बनें ।”

प्रस्ताव स्वीकृत हुआ ।

खंड 2 और 3 विधेयक में जोड़ दिए गए ।

माननीय सभापति : प्रश्न यह है:

“कि अनुसूची विधेयक का अंग बने ।”

प्रस्ताव स्वीकृत हुआ ।

अनुसूची विधेयक में जोड़ दी गयी ।

खंड 1, अधिनियमन सूत्र और विधेयक का पूरा नाम विधेयक में जोड़ दिए गए।

माननीय सभापति : माननीय मंत्री जी, अब आप प्रस्ताव करें कि विधेयक को पारित किया जाए।

... (व्यवधान)

SHRIMATI NIRMALA SITHARAMAN: Sir, I rise to move:

“That the Bill be passed.”

माननीय सभापति : प्रश्न यह है:

“कि विधेयक पारित किया जाए।”

प्रस्ताव स्वीकृत हुआ।

... (व्यवधान)

माननीय सभापति : सभा की कार्यवाही सोमवार, 16 मार्च, 2026 को प्रातः 11 बजे तक के लिए स्थगित की जाती है।

... (व्यवधान)

15.04 hrs

*The Lok Sabha then adjourned till Eleven of the Clock
on Monday, March 16, 2026/ Phalguna 25, 1947 (Saka).*

ANNEXURE-I**(i) Member-wise Index to Starred Questions**

SI No.	Member's Name	Question Number
1	Adv Priya Saroj	305
2	Dr. Hemant Vishnu Savara	308
3	Dr. K Sudhakar	308
4	Dr. Lata Wankhede	302
5	Dr. Sanjay Jaiswal	320
6	Dr. Shrikant Eknath Shinde	315
7	Shri Ajay Bhatt	306
8	Shri Ananta Nayak	318
9	Shri Anup Sanjay Dhotre	319
10	Shri Arun Bharti	316
11	Shri Baijayant Panda	312
12	Shri Balashowry Vallabhaneni	309
13	Shri Bhumare Sandipanrao Asaram	301
14	Shri Bibhu Prasad Tarai	320
15	Shri Bidyut Baran Mahato	318
16	Shri Brijendra Singh Ola	311
17	Shri Brijmohan Agrawal	310
18	Shri K Sudhakaran	313
19	Shri Konda Vishweshwar Reddy	314
20	Shri Malvinder Singh Kang	317
21	Shri Nilesh Dnyandev Lanke	301
22	Shri Rahul Kaswan	311
23	Shri Raja Ram Singh	304
24	Shri Ravindra Dattaram Waikar	315
25	Shri Sanjay Dina Patil	303

26	Shri Sasikanth Senthil	307
27	Smt. Shambhavi	316

(ii) Member-wise Index to Unstarred Questions

SI No.	Member's Name	Question Number
1	Adv Gowaal Kagada Padavi	3654, 3463
2	Adv K. Francis George	3584
3	Adv. Adoor Prakash	3523
4	Adv. Chandra Shekhar	3532
5	Com. Selvaraj V	3552
6	Dr. Alok Kumar Suman	3601
7	Dr. Amar Singh	3511
8	Dr. Amol Ramsing Kolhe	3528
9	Dr. Anand Kumar	3560
10	Dr. Bachhav Shobha Dinesh	3463
11	Dr. Bhola Singh	3628
12	Dr. Byreddy Shabari	3559
13	Dr. C M Ramesh	3659
14	Dr. D Ravi Kumar	3663
15	Dr. D. Purandeswari	3582, 3474
16	Dr. Ganapathy Rajkumar P	3462
17	Dr. Hemang Joshi	3476, 3478,
18	Dr. Hemant Vishnu Savara	3492
19	Dr. Indra Hang Subba	3662
20	Dr. Kadiyam Kavya	3583
21	Dr. Kalanidhi Veeraswamy	3620
22	Dr. Kirsan Namdeo	3608
23	Dr. M P Abdussamad Samadani	3466
24	Dr. Mallu Ravi	3644
25	Dr. Manna Lal Rawat	3453
26	Dr. Mohammad Jawed	3508
27	Dr. Nishikant Dubey	3476
28	Dr. Prabha Mallikarjun	3549

29	Dr. Raj Kumar Chabbewal	3664
30	Dr. Rajesh Mishra	3474, 3476
31	Dr. Rajkumar Sangwan	3611
32	Dr. Rani Srikumar	3503
33	Dr. Sanjay Jaiswal	3490
34	Dr. Sharmila Sarkar	3451, 3471
35	Dr. Shashi Tharoor	3605
36	Dr. Shivaji Bandappa Kalge	3469
37	Dr. T Sumathy Alias Thamizhachi Thangapandian	3575
38	Km. Sudha R	3536
39	Md Abu Taher Khan	3640
40	Md. Rakibul Hussain	3534
41	Mr Pathan Yusuf	3454
42	Mrs Ruchi Vira	3562
43	Ms Iqra Choudhary	3593
44	Ms Kangna Ranaut	3540, 3472
45	Ms. Mahua Moitra	3632
46	Ms. Praniti Sushilkumar Shinde	3517, 3463
47	Ms. S Jothimani	3501
48	Prof. Sougata Ray	3538
49	Prof. Varsha Eknath Gaikwad	3528
50	Shri Selvaganapathi T.M.	3460
51	Shri Aashtikar Patil Nagesh Bapurao	3678
52	Shri Abdul Rashid Sheikh	3604
53	Shri Adhikari Deepak Dev	3548
54	Shri Adhikari Soumendu	3475
55	Shri Aditya Yadav	3576
56	Shri Ajay Kumar Mandal	3467
57	Shri Ajendra Singh Lodhi	3506

58	Shri Alok Sharma	3513, 3478, 3476, 3474
59	Shri Amar Sharadrao Kale	3490, 3547
60	Shri Amarsing Tisso	3649
61	Shri Amra Ram	3594
62	Shri Anand Bhadauria	3636
63	Shri Ananta Nayak	3513
64	Shri Anil Firojiya	3668
65	Shri Anil Yeshwant Desai	3600
66	Shri Anto Antony	3603
67	Shri Anurag Sharma	3572
68	Shri Anurag Singh Thakur	3623, 3518, 3459
69	Shri Appalanaidu Kalisetti	3581
70	Shri Arun Govil	3621
71	Shri Arun Kumar Sagar	3497
72	Shri Arup Chakraborty	3566
73	Shri Arvind Dharmapuri	3555
74	Shri Arvind Ganpat Sawant	3553
75	Shri Ashish Dubey	3556
76	Shri Ashok Kumar Rawat	3537
77	Shri Ashok Kumar Yadav	3677
78	Shri Atul Garg	3533
79	Shri Azad Kirti Jha	3565
80	Shri B K Parthasarathi	3491
81	Shri Babu Singh Kushwaha	3590
82	Shri Bajrang Manohar Sonwane	3542, 3467
83	Shri Balabhadra Majhi	3459
84	Shri Balwant Baswant Wankhade	3609
85	Shri Balya Mama Suresh Gopinath Mhatre	3461, 3457
86	Shri Bapi Haldar	3550, 3471

87	Shri Bastipati Nagaraju	3625
88	Shri Benny Behanan	3641, 3493
89	Shri Bharat Singh Kushwah	3558
90	Shri Bharatsinhji Shankarji Dabhi	3472, 3478, 3492
91	Shri Bhartruhari Mahtab	3547, 3481, 3474
92	Shri Bhaskar Murlidhar Bhagare	3499
93	Shri Bhausahab Rajaram Wakchaure	3470
94	Shri Bhojraj Nag	3459
95	Shri Bhumare Sandipanrao Asaram	3469
96	Shri Bibhu Prasad Tarai	3513, 3478
97	Shri Bidyut Baran Mahato	3513, 3478
98	Shri Biplab Kumar Deb	3531
99	Shri C N Annadurai	3570
100	Shri Captain Brijesh Chowta	3518, 3513, 3478
101	Shri Chandan Chauhan	3612
102	Shri Chandra Prakash Choudhary	3459
103	Shri Chandra Prakash Joshi	3643
104	Shri Charanjit Singh Channi	3579
105	Shri Chavan Ravindra Vasantryao	3513, 3478, 3476
106	Shri Chavda Vinod Lakhamshi	3474, 3476
107	Shri Chintamani Maharaj	3474
108	Shri Daggumalla Prasada Rao	3652
109	Shri Damodar Agrawal	3478
110	Shri Darshan Singh Choudhary	3554
111	Shri Deepender Singh Hooda	3482
112	Shri Dhairyasheel Sambhajirao Mane	3513, 3478, 3476
113	Shri Dharmendra Yadav	3651, 3650
114	Shri Dhaval Laxmanbhai Patel	3483
115	Shri Dileshwar Kamait	3556
116	Shri Dilip Saikia	3513, 3472

117	Shri Dinesh Chandra Yadav	3655
118	Shri Dineshbhai Makwana	3513, 3478
119	Shri Dulu Mahato	3476
120	Shri Dushyant Singh	3614
121	Shri E T Mohammed Basheer	3639
122	Shri E Tukaram	3673
123	Shri Eatala Rajender	3510
124	Shri Eswarasamy K	3520
125	Shri G Kumar Naik	3660
126	Shri G Lakshminarayana	3458
127	Shri G M Harish Balayogi	3495
128	Shri Ganesh Singh	3624
129	Shri Giridhari Yadav	3650
130	Shri Gopal Jee Thakur	3645, 3534
131	Shri Govind Makthappa Karjol	3633
132	Shri Gyaneshwar Patil	3469
133	Shri Hanuman Beniwal	3512
134	Shri Haribhai Patel	3490, 3478
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136	Shri Jagannath Sarkar	3473
137	Shri Jagdambika Pal	3474, 3478
138	Shri Jai Prakash	3598, 3527
139	Shri Janardan Mishra	3490, 3474
140	Shri Janardan Singh Sigriwal	3452
141	Shri Jashubhai Bhilubhai Rathva	3457
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143	Shri Jugal Kishore	3492, 3472
144	Shri K C Venugopal	3464
145	Shri K E Prakash	3456
146	Shri K Radhakrishnan	3493

147	Shri Kali Charan Singh	3459
148	Shri Kalipada Saren Kherwal	3680
149	Shri Kalyan Banerjee	3485
150	Shri Kanwar Singh Tanwar	3509
151	Shri Karan Bhushan Singh	3504
152	Shri Kartick Chandra Paul	3468
153	Shri Kaushalendra Kumar	3670
154	Shri Kesineni Sivanath	3578
155	Shri Khagen Murmu	3472, 3492
156	Shri Khalilur Rahaman	3671
157	Shri Kodikunnil Suresh	3479
158	Shri Kota Srinivasa Poojary	3490,3481
159	Shri Kuldeep Indora	3564
160	Shri Kunduru Raghuveer	3617
161	Shri Lalji Verma	3676
162	Shri Lavu Sri Krishna Devarayalu	3675
163	Shri Lumbaram Choudhary	3492, 3472
164	Shri M K Raghavan	3507
165	Shri Maddila Gurumoorthy	3502
166	Shri Madhavaneni Raghunandan Rao	3547, 3459, 3476, 3478
167	Shri Magunta Sreenivasulu Reddy	3487
168	Shri Mahesh Kashyap	3665
169	Shri Malaiyarasan D	3505
170	Shri Mani A	3602
171	Shri Manish Jaiswal	3459
172	Shri Manish Tewari	3521
173	Shri Manoj Kumar	3480
174	Shri Manoj Tiwari	3599, 3513
175	Shri Matheswaran V S	3615
176	Shri Mohite Patil Dhairyasheel Rajsinh	3499

177	Shri Mohmad Haneefa	3526
178	Shri Muhammed Hamdullah Sayeed	3529
179	Shri Murari Lal Meena	3616, 3564
180	Shri N K Premachandran	3638
181	Shri Naba Charan Majhi	3474
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185	Shri Naveen Jindal	3488
186	Shri Neeraj Maurya	3539, 3590
187	Shri Nilesh Dnyandev Lanke	3469
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206	Shri Rajesh Ranjan	3571, 3485
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208	Shri Rajkumar Chahar	3459, 3492
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213	Shri Ramesh Awasthi	3472, 3513
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218	Shri Sachithanantham R	3666
219	Shri Sanatan Pandey	3596
220	Shri Sanjay Dina Patil	3499
221	Shri Sanjay Haribhau Jadhav	3551
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223	Shri Saptagiri Sankar Ulaka	3544
224	Shri Satish Kumar Gautam	3474
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226	Shri Shafi Parambil	3610
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229	Shri Sher Singh Ghubaya	3629
230	Shri Sribharat Mathukumilli	3627
231	Shri Subbarayan K	3552
232	Shri Sudama Prasad	3647
233	Shri Sudhakar Singh	3514
234	Shri Sudheer Gupta	3513, 3476, 3478
235	Shri Sukanta Kumar Panigrahi	3656

236	Shri Sunil Kumar	3674
237	Shri Suresh Kumar Kashyap	3646, 3476
238	Shri Suresh Kumar Shetkar	3568
239	Shri T R Baalu	3667
240	Shri Tangella Uday Srinivas	3567
241	Shri Tapir Gao	3472
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