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Friday, December 5, 2025
Agrahayana 14, 1947 (Saka)

LOK SABHA DEBATES

(Original Version)

Sixth Session (Eighteenth Lok Sabha)



(Vol. XI contains Nos.1 to 10)

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OFFICERS OF LOK SABHA

THE SPEAKER

Shri Om Birla

PANEL OF CHAIRPERSONS

Shri N. K. Premachandran

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Shri P. C. Mohan

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Shri Dilip Saikia

Kumari Selja

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Dr. Kakoli Ghosh Dastidar

Shri Krishna Prasad Tenneti

Shri Awadhesh Prasad

SECRETARY GENERAL

Shri Utpal Kumar Singh

LOK SABHA DEBATES

LOK SABHA

Friday, December 5, 2025/ Agrahayana 14, 1947 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

माननीय अध्यक्ष : प्रश्न काल ।

... (व्यवधान)

HON. SPEAKER: Mr. Baalu, I will allow you after the Question Hour.

... (*Interruptions*)

HON. SPEAKER: This matter is *sub judice*.

Mr. Baalu and other Members, I will allow you after the Question Hour.

... (*Interruptions*)

11.01 hrs

At this stage, Shrimati Kanimozhi Karunanidhi, Sushri S. Jothimani, Dr. Kalanidhi Veeraswamy and some other hon. Members came and stood on the floor near the Table.

11.02 hrs

ORAL ANSWERS TO QUESTIONS

**Starred Question Nos. 81 to 84*

माननीय अध्यक्ष : प्रश्न संख्या 81, श्री भजन लाल जाटव ।

राजस्थान में कुपोषण की दर

***81. श्री भजन लाल जाटव:**

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

(क) सरकार द्वारा राजस्थान के करौली और धौलपुर जिलों में कुपोषण की दर को कम करने के

लिए कौन-कौन सी योजनाएं कार्यान्वित की गई हैं; और

(ख) राष्ट्रीय दर की तुलना में उक्त जिलों में कुपोषण की दर का तुलनात्मक ब्यौरा क्या है?

[#] The sign + marked above the name of a Member indicates that the Question was actually asked on the floor of the House by that Member.

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): A Statement is laid on the Table of the House.

STATEMENT

(a): The names of the schemes implemented by the Government of India to address the problem of malnutrition across the country are placed as under:

1. **Nutrition Rehabilitation Centres (NRCs)** provide medical and nutritional care to children under 5 years of age suffering from Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) with medical complications.
2. **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.
3. **Mothers' Absolute Affection (MAA)** is implemented to improve early initiation of breastfeeding and exclusive breastfeeding for first six months followed by age-appropriate complementary feeding practices
4. **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.

5. Under **National Deworming Day (NDD)**, albendazole tablets are administered in a single fixed day approach via schools and anganwadi centres to reduce worm infestation among all children (1-19 years).
6. 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.
7. Under **Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) programme**, ASHAs visit homes to promote nutritional activities among children, identification and referral of sick children to health facility.
8. **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity for provision of maternal and child care services and awareness on their nutrition.
9. Under **Mission Poshan 2.0, Supplementary Nutrition Program** provides nutritional support to children (6 months - 6 years of age), pregnant women, Lactating mothers and Adolescent girls at Anganwadi centres as per nutrition norms that provide quality protein, healthy fats and micronutrients.
10. As per information received from Rajasthan, “**Doodhyukt Balahar Premix**” with additional milk powder addresses malnutrition among 6 months to 6 years malnourished children. Under, **Mukhyamantri Amrit Aahar Yojana**, children 3–6 years age group are provided hot sweetened

milk for five days in a week across all Anganwadi Centres. Under **Amma (Acute Malnutrition Management and Action) Programme**, severely malnourished children are managed based on presence of medical complications.

(b): As per the National Family Health Survey 5 (2019-21), prevalence of malnutrition among children under 5 years across the country and districts of Karauli and Dholpur is as under:

S. No	Indicator	India	Karauli	Dholpur
1	Children under 5 years who are stunted (%)	35.5	37.6	45.7
2	Children under 5 years who are under weight (%)	32.1	37.3	31.3
3	Children under 5 years who are wasted (%)	19.3	26.6	13.7

श्री भजन लाल जाटव : माननीय अध्यक्ष महोदय, मैं आपके माध्यम से माननीय मंत्री जी से पूछना चाहता हूँ कि जो कुपोषण कम करने के लिए योजनाएं बताई गई हैं ।... (व्यवधान) उनमें पिछले तीन वर्षों में करौली और धौलपुर के लिए कितनी राशि स्वीकृत हुई और वास्तविक खर्च कितना हुआ है? क्या सरकार का इस बजट को बढ़ाने का विचार है?... (व्यवधान)

श्रीमती अनुप्रिया पटेल : माननीय अध्यक्ष महोदय, माननीय सदस्य ने दो जिलों के संदर्भ में करौली और धौलपुर के संबंध में... (व्यवधान) माननीय अध्यक्ष जी, माननीय सदस्य के क्वेश्चन के संबंध में भारत सरकार द्वारा जो प्रयास किए जा रहे हैं, उसमें दो जिलों करौली और धौलपुर में राशि के संबंध में पूछा है ।... (व्यवधान) यह जानकारी अभी मेरे पास उपलब्ध नहीं है ।... (व्यवधान) यह सारी

धनराशि हमें एनएचएम के जो प्रस्ताव राज्य सरकारों से प्राप्त होते हैं, उसके तहत हम धनराशि स्वीकृत करते हैं।... (व्यवधान) माननीय सदस्य के स्पेशल जिलों के लिए कितनी धनराशि स्वीकृत हुई है, उसकी जानकारी मैं माननीय सदस्य को उपलब्ध करा दूंगी।... (व्यवधान)

श्री भजन लाल जाटव : माननीय अध्यक्ष महोदय, माननीय मंत्री महोदय ने कहा है कि यह नेशनल हेल्थ मिशन के तहत आता है। पहला, आप राजस्थान का बता दीजिए कि नेशनल हेल्थ मिशन को कितनी राशि ट्रांसफर की है?

दूसरा, मैं यह इसलिए कह रहा हूँ कि आपने जो राष्ट्रीय औसत दर बताई है, इसमें करौली और धौलपुर की जो राष्ट्रीय औसत दर है, वह कई प्रतिशत ज्यादा है। बच्चों में जो एनिमिया होती है, यहां हर दूसरे बच्चे के अंदर एनिमिया होती है। यह करौली और धौलपुर में ज्यादा है। आपने उस आंकड़े को इसके अंदर छिपाया है।... (व्यवधान) आप इस पर विचार कीजिए कि जब आपने 10 योजनाएं गिना दीं और आपको बजट की जानकारी नहीं है कि आपने कितनी योजनाओं पर बजट खर्च किया है तो कैसे मूलभूत सुविधाओं में बच्चों के कुपोषण रोकने के लिए उपाय करेंगे?... (व्यवधान)

मेरा दूसरा प्रश्न है कि हमारा जो करौली और धौलपुर क्षेत्र है, यह अनुसूचित जाति और अनुसूचित जनजाति बहुल क्षेत्र है, पिछड़ा और आदिवासी क्षेत्र है। यहां पर कुपोषण की दर से भी अधिक कुपोषण है।... (व्यवधान) सरकार इस क्षेत्र के लिए अलग से क्या रणनीति बनायेगी? आपने यहां पर पैरा - 10 और पैरा - 11 में आंगनबाड़ियों के बारे में बताया है। आंगनबाड़ियों की हालत बहुत जर्जर है, वहां पर नवीन आंगनबाड़ी नहीं खुली है और वहां पर मेडिकल फैसिलिटीज नहीं हैं। ... (व्यवधान) आपके पीएचसी पर डॉक्टर नहीं है, आपके स्वास्थ्य केंद्रों पर कंपाउंडर, जेएनएम और एएनएम नहीं हैं, सामुदायिक स्वास्थ्य केंद्रों पर डॉक्टर्स नहीं हैं, तो जब इनकी जांच ही नहीं हो पाएगी, तो इन योजनाओं का क्या होगा, ये योजनाएं धरातल पर कैसे उतरेंगी?

श्रीमती अनुप्रिया पटेल : माननीय अध्यक्ष महोदय, मैं सबसे पहले यह स्पष्ट करना चाहती हूँ कि कुपोषण एक मल्टी डायमेंशनल और मल्टी फैक्टरल इश्यू है।... (व्यवधान)

11.05 hrs

At this stage, Shri Dharmendra Yadav and some other hon. Members came and stood on the floor near the Table.

सरकार के बहुत सारे विभाग और मंत्रालय मिलकर इस पर काम करते हैं ।... (व्यवधान) इसमें स्वास्थ्य और परिवार कल्याण मंत्रालय के साथ-साथ मिनिस्ट्री ऑफ वुमेन एंड चाइल्ड डेवलपमेंट भी काम करता है ।... (व्यवधान) जहां तक आंगनवाडियों का प्रश्न है, आंगनवाडियों की स्थापना, आंगनवाड़ी केन्द्रों की संख्या में वृद्धि को हमारा महिला एवं बाल विकास मंत्रालय देखता है ।...(व्यवधान)

महोदय, आप जानते हैं कि हमने आयुष्मान आरोग्य मंदिर का पूरा नेटवर्क स्थापित किया है ।...(व्यवधान) 1 लाख 78 हजार से ज्यादा आयुष्मान आरोग्य मंदिर हैं ।...(व्यवधान) वहां पर हम 12 सर्विसेज़ का पैकेज देश की जनता को उपलब्ध कराने की कोशिश कर रहे हैं । इसमें बहुत सारे मंत्रालय इनवाल्व्ड हैं ।...(व्यवधान)

दूसरी बात, एनीमिया को लेकर जो हमारे प्रयास चल रहे हैं, उसमें स्वास्थ्य मंत्रालय ने 6 बनेफिशियरी कैटेगरीज़ बनाई हैं ।... (व्यवधान) इसमें 6 साल से कम के बच्चे हैं, 5 से 9 साल के बच्चे हैं, 10 से 19 साल के बच्चे हैं, रिप्रोडक्टिव एज ग्रुप की महिलाएं हैं, लैक्टेटिंग मदर्स हैं और गर्भवती महिलाएं हैं । इनको आईएफए टैबलेट्स और बच्चों को आईएफए सिरप देकर एनीमिया को कम करने की कोशिश कर रहे हैं । ... (व्यवधान) ये सारे प्रयास एनएचएम के तहत संचालित किए जाते हैं । ... (व्यवधान) एनएचएम का प्रस्ताव हमें राज्य सरकारें अपनी पीआईपी के माध्यम से भेजती हैं ।... (व्यवधान) इसमें किसी भी बच्चे को छोड़ा नहीं जाता है, चाहे वह आदिवासी इलाके का हो या किसी भी अन्य क्षेत्र का हो ।... (व्यवधान) हमारी जो कैटेगरी है, उसमें बच्चे का एज ग्रुप है । ... (व्यवधान) हर बच्चे के अंदर एनीमिया मुक्ति के हम प्रयास कर रहे हैं । ... (व्यवधान) हमने डिजिटल इंटरवेंशन्स के माध्यम से फाइन लिस्टिंग ऑफ केसेज़ की है यानी एक-एक बच्चे की हम डिजिटल ट्रैकिंग और मॉनीटरिंग कर रहे हैं ।... (व्यवधान) किस इलाके का कौन सा बच्चा, किस

एज ग्रुप का है और उसके एनीमिया का स्टैटस क्या है और हम निरंतर आंगनवाड़ी कार्यकर्ताओं की, आशाज की, फील्ड लेवल हेल्थवर्कर्स की ट्रेनिंग करते हैं। एक-एक बच्चे और माता को मॉनीटर करके उन तक हम एनीमिया की टैबलेट और दवाइयां पहुंचाते हैं।... (व्यवधान)

माननीय अध्यक्ष : प्रश्न काल में संक्षिप्त में बोलें।

... (व्यवधान)

माननीय अध्यक्ष : श्रीमती बाग मिताली।

... (व्यवधान)

***SHRIMATI BAG MITALI :** Hon. Speaker Sir, thank you for allowing me to raise a supplementary question. The House is discussing the issues of malnutrition and stunting. I would like to ask the hon. Minister whether he is aware that, as per the current allocations, only Rs.1.09 is provided for every newborn child, and merely Rs.1.63 is allocated for every pregnant woman. With such minimal financial provision, how does the Government expect to effectively address malnutrition and improve child growth outcomes, including height?

माननीय अध्यक्ष : नड्डा जी बंगाली जानते हैं।

... (व्यवधान)

***SHRIMATI BAG MITALI :** Hon. Speaker Sir, I am grateful for permitting me to raise a supplementary question. While we are discussing the grave issue of malnutrition and stunting among children, I wish to ask the hon. Minister whether he is aware that the current allocation amounts to merely one rupee and nine paise per newborn child, and only one rupee and sixty-three paise per pregnant

* English translation of the speech originally delivered in Bengali.

woman. With such meagre allocations, how does the Government propose to effectively address malnutrition and ensure healthy growth outcomes, including adequate height, for our children?

श्रीमती अनुप्रिया पटेल : माननीय अध्यक्ष महोदय ... (व्यवधान)

माननीय अध्यक्ष : माननीय मंत्री नड्डा जी बोल रहे हैं। जब आपके बड़े मंत्री बोलें तो आप बैठ जाइए।

... (व्यवधान)

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

मैं यहां स्पष्ट करना चाहता हूं कि स्टेट प्रोग्राम इंप्लीमेंटेशन प्लान को देने का काम प्रदेश सरकार का है और उसे पूरा करने का काम हमारा है। ... (व्यवधान) जो इन्होंने मांगा है, उसको हमने दिया है। ... (व्यवधान) ये जिस प्रदेश की बात कर रही हैं, वह मैं नहीं जानता हूं। ... (व्यवधान) लेकिन, हमने ज्यादातर जो फंड दिया है, उसका यूटिलाइजेशन भी पूरा नहीं हुआ है। ... (व्यवधान) मैं यह कहूंगा कि उसका यूटिलाइजेशन किया जाए। ... (व्यवधान) मैं यह भी बताना चाहता हूं कि वर्ष 2017 में हमने यह कहा था कि 2.5 per cent of the GDP will be spent on health. ... (व्यवधान) अभी हम 1.2 से 1.9 पर्सेंट पर पहुंचे हैं, लेकिन यूटिलाइजेशन नहीं हो रहा है। ... (व्यवधान) Rs. 60,000 crore has been allocated for infrastructure. अभी तक 30 हजार करोड़ रुपये से ज्यादा खर्च नहीं हो पाए हैं। ... (व्यवधान) हमें यह समझना पड़ेगा कि हेल्थ के इन्फ्रास्ट्रक्चर पर या हेल्थ की डेवलपमेंट के लिए जो पैसा खर्च होना है, वह खर्च किया जाए। ... (व्यवधान)

माननीय अध्यक्ष : प्रश्न संख्या 82, श्री बंटी विवेक साहू।

... (व्यवधान)

उर्वरकों और कृषि आदानों पर जीएसटी ढांचे का प्रभाव

82*. †श्री बंटी विवेक साहू:

श्री मुकेशकुमार चंद्रकांत दलाल:

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

- (क) उर्वरकों और अन्य कृषि आदानों पर लागू माल और सेवा कर (जीएसटी) ढांचे के अंतर्गत किए गए बदलावों का ब्यौरा क्या है और ऐसे बदलावों के उद्देश्य क्या हैं;
- (ख) उक्त बदलावों से उर्वरक क्षेत्र किस प्रकार और अधिक पारदर्शी, किफायती और किसान-हितैषी बनेगा;
- (ग) क्या सरकार द्वारा उत्तर प्रदेश के बुलंदशहर, महाराष्ट्र के पालघाट और गुजरात के दाहोद लोक सभा निर्वाचन क्षेत्र सहित राज्य/जिला-वार देश में छोटे और सीमांत किसानों के लिए उत्पादन लागत, आपूर्ति श्रृंखला की प्रभावकारिता तथा उर्वरकों की उपलब्धता और मूल्य निर्धारण पर इन बदलावों के संभावित प्रभाव का मूल्यांकन करने के लिए कोई आकलन किया गया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) उर्वरकों की वहनीयता, कीमतों में स्थिरता और समय पर उपलब्धता तथा विशेषकर छत्तीसगढ़, बिहार और मध्य प्रदेश के छिंदवाड़ा जिले में सतत कृषि पद्धतियों को बढ़ावा देने में इन सुधारों से राज्य/जिला-वार क्या परिणाम अपेक्षित हैं?

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

(a) to (d): A Statement is laid on the table of the House.

STATEMENT

(a) to (d): The Government has rationalized Goods and Services Tax (GST) rates applicable on fertilizers and agricultural inputs with effect from 22.09.2025.

The details of changes made are as under:

i. Fertilizer sector:

- a. GST on fertilizer raw materials/inputs such as Sulphuric Acid, Nitric Acid and Ammonia has been reduced from 18% to 5%.

- b. GST on Micronutrients has been reduced from 12% to 5%.
- ii. **Other Agricultural inputs:**
 - a. **Bio-Pesticides:** GST on bio-pesticides has been reduced from 12% to 5%.
 - b. **Agricultural Machinery and Equipments:** GST rate on tractors and other agricultural machinery & equipments has been reduced from 18% / 12% to 5%.

Lowering GST rates from 18% to 5% on critical raw materials / inputs reduces the working-capital requirement, lowers the accumulation of Input Tax Credit (ITC) and improves cash flows, which will encourage more domestic production and support smooth availability of fertilizers to the farmers. The reduction in GST on micronutrient fertilizers from 12% to 5% also provides measurable financial relief to farmers by lowering their per-acre cultivation costs, improves affordability, particularly for small and marginal farmers who are often sensitive to input price fluctuations. Lower input costs make it financially viable for farmers to adopt recommended micronutrient doses. As per Indian Micro-Fertilizers Manufacturers Association, due to reduction of GST from 12% to 5%, savings would be of Rs. 140 per acre in Paddy, Rs. 199 per acre in Sugarcane, Rs. 446 per acre in Potato and Rs. 146 per acre in Wheat to farmers.

The reduction of GST on bio-pesticides from 12% to 5% is a progressive and environmentally conscious policy intervention to generate a significant positive impact on sustainable agriculture and eco-friendly crop protection practices in India. The reduction in GST would make bio-pesticides more

economical and accessible to farmers, thereby encouraging their greater use as a pocket-friendly crop protection solution. Lower input costs would promote wider adoption of Integrated Pest Management (IPM) practices, wherein bio-pesticides play a central role in reducing pest resistance and maintaining ecological balance. Competitive prices would support gradual shift from synthetic chemical pesticides towards safer biological alternatives. The tax relief directly supports the government's initiatives on organic and natural farming aligning with the vision of sustainable and residue-free agriculture. The reduction of GST from 12% to 5% on mechanical sprayers, sprinklers, drip irrigation systems, and nozzles is a welcome step towards promoting precision agriculture. This reform would make plant protection and irrigation equipment more affordable, thereby encouraging farmers to adopt scientific spraying practices and efficient pesticide application technologies. The resulting improvement in spray efficiency is expected to reduce wastage, minimize environmental contamination, and enhance the overall effectiveness of crop protection measures.

The reduction in GST resulted in lowering the purchase cost of tractors, power tillers, harvesters, threshers, and other essential farm machinery and equipments, making them more affordable and accessible to farmers. When combined with the financial support available under farm mechanization schemes, which provides subsidies up to 40–50 percent for purchase of agricultural machines, farmers would enjoy the dual advantage of reduction in taxation and financial assistance. This not only eases the financial burden on

individual farmers but would also encourage farmer groups, cooperatives, and Farmer Producer Organizations (FPOs) to establish more number of Custom Hiring Centres and Farm Machinery Banks at lower project costs. This proactive step would accelerate the pace of mechanization and contribute meaningfully to achieving the goals of inclusive and sustainable agricultural development. This move would also provide a major boost to indigenous agricultural machinery manufacturers, in line with the vision of 'Atmanirbhar Bharat' by improving the competitiveness of domestic manufacturers. The reduction of the GST rate on tractors and other agricultural machinery from 12-18% to 5% will lead to a reduction in the prices of Tractors and farm machinery by 7-13%.

Since, GST is applicable uniformly throughout the country, above outcomes would also be effective across the country and would be applicable to all farmers equally irrespective of them being small or marginal farmers. These reforms would help in improving affordability, stability in prices of fertilizers timely availability of fertilizers & other agricultural inputs and promote sustainable agricultural practices.

श्री बंटी विवेक साहू : माननीय अध्यक्ष जी, मैं सर्वप्रथम माननीय प्रधान मंत्री जी का बहुत आभार व्यक्त करना चाहता हूँ। माननीय प्रधान मंत्री जी का संकल्प है कि किसानों को आर्थिक रूप से मजबूत करना है। इसी संकल्प के तहत रसायन एवं उर्वरकों में जीएसटी में एकरूपता लाने का कार्य माननीय प्रधान मंत्री जी द्वारा कार्य किया गया है। ... (व्यवधान)

मैं माननीय मंत्री जी से पूछना चाहता हूँ कि उर्वरकों एवं कच्चे माल पर एकरूप पांच प्रतिशत जीएसटी लागू किए जाने से अमोनियम, फास्फेट, एनपीके, कॉम्पलेक्स तथा म्यूरेंट ऑफ पोटाश एमओपी की उत्पादन लागत में अनुमानित कितने प्रतिशत की कमी आई है? उक्त लागत में हुई

कमी में से कितना लाभ मध्य प्रदेश, छत्तीसगढ़ तथा मध्य प्रदेश के छिन्दवाड़ा एवं आदिवासी जिलों के छोटे एवं सीमांत किसानों को हस्तांतरित किया जाएगा? ... (व्यवधान)

श्री जगत प्रकाश नड्डा : माननीय अध्यक्ष जी, माननीय प्रधान मंत्री जी की दूरगामी सोच है और तभी हम जीएसटी नेक्स्ट जनरेशन रिफॉर्म्स ला पाए हैं। जीएसटी नेक्स्ट जनरेशन रिफॉर्म्स 22 सितंबर को लागू हुए थे। फर्टीलाइजर्स के क्षेत्र में रॉ-मैटीरियल जैसे सलफ्यूरिक एसिड, नाइट्रिक एसिड, अमोनिया पर जीएसटी दर 18 प्रतिशत से घटकर पांच प्रतिशत और माइक्रो न्यूट्रिएंट्स पर 12 प्रतिशत से घटकर पांच प्रतिशत हो गई है। ... (व्यवधान) एग्रीकल्चर में बायो-पेस्टिसाइड्स पर जीएसटी दर 12 प्रतिशत से घटकर पांच प्रतिशत और एग्रीकल्चर की मशीनरी जैसे ट्रैक्टर और एक्सेसरीज़ पर जीएसटी दर 18 प्रतिशत से घटकर पांच प्रतिशत हो गई है। ... (व्यवधान) इसका लाभ यह हुआ है कि रॉ-मैटीरियल पर जीएसटी के रिडक्शन से वर्किंग कैपिटल में इनपुट टैक्स क्रेडिट का एक्युमुलेशन इम्प्रूव हो गया है। ... (व्यवधान) डोमेस्टिक फर्टीलाइजर मैन्युफैक्चरिंग में स्मूथनेस के साथ सप्लाई हो रहा है, इसका फायदा यह हुआ है। ... (व्यवधान)

माननीय सदस्य ने जो प्रश्न पूछा है, मैं कहना चाहता हूं कि किसानों को माइक्रो न्यूट्रिएंट्स जीएसटी प्रोड्यूस में, पैडी में 140 रुपये प्रति एकड़, शुगरकेन में 199 रुपये प्रति एकड़, पेटेटो में 446 रुपये प्रति एकड़ और व्हीट में 146 रुपये प्रति एकड़ का फर्क पड़ा है। इसी तरह से इन्टीग्रेटेड पैस्ट मैनेजमेंट से भी बहुत लाभ पहुंचा है और हमें इसे भी ध्यान में रखना चाहिए। ... (व्यवधान) मशीनों में जीएसटी रिडक्शन से किसानों को सात से 13 प्रतिशत का लाभ हुआ है और 40-50 प्रतिशत तक सब्सिडी देकर अंडर मेकेनिज्म खरीद को पूरा किया गया है। यह भारत को बूस्ट करने वाला है। ... (व्यवधान)

मैं माननीय सदस्य को यह भी बताना चाहूंगा कि 35 हॉर्स पावर के ट्रैक्टर पर 41,000 रुपये का लाभ मिल रहा है, 45 हॉर्स पावर के ट्रैक्टर पर 47,000 रुपये का लाभ मिल रहा है और 50 हॉर्स पावर के ट्रैक्टर पर 63,000 रुपये लाभ मिल रहा है। पिछले साल नौ लाख ट्रैक्टर खरीदे गए। ... (व्यवधान) अगर 40,000 रुपये की एवरेज लगाएं लगभग 3700 करोड़ रुपये का लाभ किसानों को

मिलने वाला है।... (व्यवधान) इसी तरह से फार्म इक्विपमेंट्स की एक लाख करोड़ रुपये की मार्केट है, ... (व्यवधान) उसमें 63,000 रुपये की एवरेज लगाएं तो किसानों को लगभग 7000 करोड़ रुपये का लाभ मिलने वाला है। ... (व्यवधान)

श्री बंटी विवेक साहू : महोदय, मैं माननीय मंत्री जी से यह जानना चाहता हूं कि अनुदानित उर्वरकों की कालाबाजारी एवं अवैध प्रचलन को रोकने हेतु सरकार द्वारा कौन-कौन से ठोस उपाय किए गए हैं, ताकि हालिया जीएसटी सरलीकरण का पूरा लाभ किसानों तक पहुंच सके? ... (व्यवधान) जीएसटी सरलीकरण, नैनो यूरिया तथा नैनो डीएपी के व्यापक प्रसार के संयुक्त प्रभाव से वर्ष 2030 तक रासायनिक उर्वरकों की खपत तथा उर्वरक आयात व्यय में अनुमानित कितनी कमी आने का प्रक्षेपण है? ... (व्यवधान)

श्री जगत प्रकाश नड्डा : महोदय, यह विषय इस प्रश्न से संबंधित नहीं है। माननीय सदस्य, मुझसे अलग से प्रश्न पूछ सकते हैं। मैं उसका जवाब दे दूंगा। ... (व्यवधान)

SHRI MUKESHKUMAR CHANDRAKAANT DALAL: Sir, while conventional fertilizers now attract five per cent GST, nano liquid urea and most bio-fertilizers continue to enjoy zero per cent GST. ... (*Interruptions*) With IFFCO having produced nine crore bottles of nano urea and nano DAP till November 2025 replacing 45 LMT conventional urea, how does the Ministry plan to leverage this favourable GST differential to achieve the national target of 50 per cent reduction in chemical fertilizer consumption by 2030, as announced by the Prime Minister, and simultaneously reduce the fertilizer subsidy burden from the current Rs.2.25 lakh crore? ... (*Interruptions*)

SHRI JAGAT PRAKASH NADDA: Sir, this question does not pertain to the original Question. He should ask a separate question. I will answer that. ... (*Interruptions*)

माननीय अध्यक्ष : प्रश्न संख्या 83, श्री दीपेन्द्र सिंह हुड्डा ।

DECLINE IN SEX RATIO

***83. SHRI DEEPENDER SINGH HOODA:**

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

(a) whether the Government has prepared a time-bound roadmap to address the recent decline in sex ratio in eleven districts of Haryana, if so, the details thereof;

(b) the details of measures being implemented to ensure stricter enforcement of the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act to curb illegal sex determination practices in the said districts;

(c) whether any audit/evaluation has been conducted to assess the effectiveness of schemes such as 'Beti Bachao Beti Padhao' in Haryana during the last five years, if so, the details thereof and if not, the reasons therefor; and

(d) the details of the targets set by the Government for improving the sex ratio in these districts within the next five years?

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

(क) से (घ): विवरण सभा पटल पर रख दिया गया है।

विवरण

(क), (ख) और (घ): सैंपल पंजीकरण प्रणाली रिपोर्ट के अनुसार, हरियाणा में जन्म के समय लिंगानुपात (एसआरबी) में 52 अंकों का समग्र सुधार दर्ज किया गया है, जो 2014-16 में 832 से बढ़कर 2021-23 में 884 हो गया है।

स्वास्थ्य और परिवार कल्याण मंत्रालय निम्नलिखित उपायों के माध्यम से देश में गर्भधारण-पूर्व और प्रसव-पूर्व निदान तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 को लागू करता है:

- (a) राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, यह मंत्रालय पीसी एंड पीएनडीटी अधिनियम के कार्यान्वयन को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता प्रदान करता है।
- (b) अधिनियम के प्रावधानों का उल्लंघन करने वाले ऑनलाइन विज्ञापनों की निगरानी और उन्हें हटाने की सुविधा प्रदान करने के लिए नोडल एजेंसी गठित की गई है।
- (c) राज्यों और संघ राज्य क्षेत्रों के लिए जागरूकता और क्षमता निर्माण कार्यक्रम नियमित रूप से आयोजित किए जाते हैं।
- (d) व्यवहार परिवर्तन और लैंगिक समानता को बढ़ावा देने के लिए सूचना, शिक्षा और संचार तथा पक्षसमर्थन कार्यक्रम किए जाते हैं।
- (e) जन जागरूकता बढ़ाने के लिए देश भर में हर साल राष्ट्रीय बालिका दिवस, अंतर्राष्ट्रीय बालिका दिवस और अंतर्राष्ट्रीय महिला दिवस मनाया जाता है।
- (f) केंद्र द्वारा राज्यों के समन्वय से विभिन्न संस्थागत तंत्रों यथा केंद्रीय पर्यवेक्षी बोर्ड (सीएसबी), राज्य पर्यवेक्षी बोर्ड (एसएसबी), सामान्य समीक्षा मिशन (सीआरएम), राष्ट्रीय निरीक्षण एवं निगरानी समिति के दौरे द्वारा नियमित समीक्षा और मूल्यांकन किया जाता है।

हरियाणा राज्य द्वारा दी गई सूचना के अनुसार, वर्ष 2024 और वर्ष 2025 के तुलनात्मक आंकड़ों के अनुसार, 17 जिलों में जन्म के समय लिंग अनुपात में सुधार हुआ है। जैसा कि बताया गया है, राज्य ने गर्भधारण-पूर्व और प्रसव-पूर्व निदान तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 का

सख्त अनुपालन सुनिश्चित करने और लिंग निर्धारण प्रथाओं पर अंकुश लगाने के लिए सभी जिलों में उपाय लागू किए हैं। किए गए उपाय निम्नवत् हैं:

- मिशन निदेशक राष्ट्रीय स्वास्थ्य मिशन, महानिदेशक स्वास्थ्य सेवाएँ, महानिदेशक आयुष, निदेशक महिला एवं बाल विकास विभाग, राज्य औषधि नियंत्रक, निदेशक मातृ एवं शिशु स्वास्थ्य, निदेशक पीएनडीटी, पुलिस एवं अभियोजन विभाग के वरिष्ठ अधिकारी, सिविल सर्जन पंचकुला तथा पीएनडीटी, चिकित्सीय गर्भपात, सहायक प्रजनन तकनीक एवं सरोगेसी प्रकोष्ठों के प्रतिनिधियों से युक्त राज्य कार्यबल का गठन किया गया है। अपर मुख्य सचिव (स्वास्थ्य) की अध्यक्षता में प्रत्येक मंगलवार को समीक्षा बैठकें आयोजित की जाती हैं।
- लिंगानुपात में सुधार हेतु जिला स्तरीय स्थायी समिति का गठन दिनांक 06.06.2025 को किया गया है। इस समिति की बैठक उपायुक्त की अध्यक्षता में प्रत्येक माह में एक बार आयोजित की जाती है।
- पीसी एवं पीएनडीटी अधिनियम के प्रभावी कार्यान्वयन के लिए प्रत्येक जिले में सहायक/पुलिस उपाधीक्षक स्तर के अधिकारी की अध्यक्षता में एक समर्पित पुलिस प्रकोष्ठ की स्थापना की गई है।
- भेदभावपूर्ण लिंग चयन के विरुद्ध श्रोताओं को प्रेरित करने हेतु ध्वनि विस्तारक (स्पीकर) के साथ कार्यक्रमों की अनुमति प्रदान करने के निर्देश जारी किए गए हैं।
- पीसी एवं पीएनडीटी अधिनियम के प्रभावी कार्यान्वयन के लिए लिंग निर्धारण मामलों की विश्वसनीय सूचना देने वाले मुखबिरों को 1.00 लाख रुपये की प्रोत्साहन राशि भी प्रदान की जाती है।
- सर्वश्रेष्ठ ग्राम पुरस्कार योजना के अंतर्गत, प्रत्येक जिले के उस गाँव को ₹1.50 लाख का पुरस्कार दिया जाता है जहाँ वर्ष के दौरान लिंगानुपात सबसे अधिक रहता है। साथ ही, सभी

महिला सरपंचों को “बेटी बचाओ, बेटी पढ़ाओ” कार्यक्रम के लिए ब्रांड एंबेसडर नियुक्त किया गया है।

- महिला एवं बाल विकास विभाग के सहयोग से सूचना एवं संचार क्रियाकलापों को बढ़ावा दिया गया है। इनमें गोद भराई कार्यक्रम, बालिकाओं के जन्म के उपलक्ष्य में कुआँ पूजन समारोह, “सेल्फी विद डॉटर” अभियान, मुनादी जागरूकता अभियान, मोबाइल सूचना शिक्षा एवं संचार वैन, “प्राउड डॉटर्स” अभियान, “बेटी का हक, जीने का हक” डिजिटल अभियान, स्थानीय प्रभावशाली लोगों की भागीदारी, “म्हारी लाडो” रेडियो कार्यक्रम और शहरी पार्कों में सुबह के समय सूचना शिक्षा एवं संचार या व्यवहार परिवर्तन संचार अभियान शामिल हैं।
- महिला एवं बाल विकास मंत्रालय से प्राप्त जानकारी के अनुसार, हरियाणा ने घटते बाल लिंगानुपात (सीएसआर) का समाधान करने और जीवन पर्यन्त महिलाओं एवं बालिकाओं को सशक्त बनाने के लिए सभी जिलों में “बेटी बचाओ बेटी पढ़ाओ” योजना को सुदृढ़ बनाया है।

(ग): नीति आयोग द्वारा वित्त वर्ष 2019-2024 के दौरान हरियाणा में महिला एवं बाल विकास मंत्रालय की योजनाओं का मूल्यांकन किया गया था। अध्ययन में अन्य बातों के साथ-साथ यह भी पाया गया कि संबल अभियान (वन स्टॉप सेंटर, महिला हेल्पलाइन, बेटी बचाओ बेटी पढ़ाओ और नारी अदालत) अत्यधिक प्रासंगिक है, क्योंकि यह एकीकृत सेवाओं के माध्यम से राष्ट्रीय और अंतर्राष्ट्रीय लक्ष्यों के अनुरूप भारत में प्रमुख लैंगिक चुनौतियों का प्रभावी ढंग से समाधान करता है। यह व्यवहार परिवर्तन अभियान के रूप में “बेटी बचाओ, बेटी पढ़ाओ” के साथ कमजोर समूहों और अल्पसेवित क्षेत्रों को प्राथमिकता देता है।

श्री दीपेन्द्र सिंह हुड्डा : अध्यक्ष महोदय, मैं आज इस सदन में कन्या भ्रूण हत्या जैसा अति महत्वपूर्ण विषय उठाना चाहता हूँ। सरकार ने जो जवाब दिया है, सरकार ने पूरी तरह से इसको इंकार कर दिया है। सरकार ने अपने जवाब में कहा है कि पिछले चार-पांच सालों में लिंगानुपात घटा नहीं है। यह असत्य है। ... (व्यवधान) मैं एक बात कहना चाहूंगा –

“कहते हैं कि तुम्हारी फाइलों गांव का मौसम गुलाबी है,

मगर ये आंकड़े झूठे हैं और यह दावा किताबी है।”

मैं ऐसा क्यों कह रहा हूँ? आपने हरियाणा सरकार के आंकड़े नहीं लिए हैं। ... (व्यवधान)
मंत्री जी, आपके विभाग के जो अधिकारीगण हैं, आपको उनको दंडित करने की आवश्यकता है।
आप हरियाणा सरकार के स्वास्थ्य मंत्रालय के आंकड़ों को देखिए। ... (व्यवधान)

जहां वर्ष 2019 में प्रति हजार बेटों की तुलना में 922 बेटियों का जन्म हुआ है, मगर वर्ष 2023-24 में यह संख्या घटकर 906 हो गई है। ... (व्यवधान) ये आंकड़े हरियाणा सरकार ने दिए हैं। आपके अधिकारियों ने बताया है कि आंकड़े घटे नहीं हैं। मैं हर साल ‘दिशा’ की मीटिंग में इसका रिव्यू करता हूँ। मेरे जिले के जिलाधिकारी ने यह आंकड़ा दिया है। ... (व्यवधान)

रोहतक जिले में वर्ष 2025 में यह आंकड़ा 814 था, जबकि वर्ष 2011 के मुकाबले यह आंकड़ा बहुत कम है। ... (व्यवधान) हरियाणा राज्य में पिछले 10 सालों यानी वर्ष 2011 से 2019 के दौरान लिंगानुपात में काफी संतुष्टिपूर्ण सुधार हुआ था, लेकिन हरियाणा सरकार के स्वास्थ्य मंत्रालय के आंकड़ों के अनुसार पिछले चार-पांच सालों में इसमें दोबारा कमी आ गई है। अखबार में एक रिपोर्ट छपी है। “Haryana’s Sex Ratio Hits Eight-Year Low.” इन्होंने गलत आंकड़े दिए हैं। ... (व्यवधान)

श्रीमती अनुप्रिया पटेल : अध्यक्ष महोदय, माननीय सदस्य ने जो विषय उठाया है, मेरे पास ताजा आंकड़े हैं, जो हमने राज्य सरकार से प्राप्त किए हैं। मैं स्पष्ट रूप से यह बताना चाहती हूँ कि जब हम अपने देश में जन्म के समय लिंगानुपात की बात करते हैं, तो वर्ष 2014-16 से वर्ष 2021-23 के बीच प्लस 19 प्वाइंट्स की वृद्धि हुई है। ... (व्यवधान)

इसी समय के दौरान हरियाणा राज्य में प्लस 52 प्वाइंट्स की कुल वृद्धि हुई है। हरियाणा राज्य में कुल 22 जिले हैं। वहां की राज्य सरकार के अनुरूप ऐसे 17 जिले हैं, जहां सकारात्मक बदलाव आए हैं। ... (व्यवधान) मेरे पास एक-एक जिले का बिंदुवार आंकड़ा है। मैं इसको पढ़ना भी चाहती हूँ। एक जिला है, जिसमें कोई बदलाव नहीं हुआ है, लेकिन ऐसे चार जिले हैं, जहां नकारात्मक

परिवर्तन हुआ है। ... (व्यवधान)

मैं यहां पर हरियाणा सरकार की सराहना करना चाहूंगी।... (व्यवधान) उन्होंने पीसीपीएनडीटी एक्ट को पूरी मजबूती के साथ लागू करने के प्रयास किए हैं और पूरी योजना बनाई है।... (व्यवधान) उन्होंने स्पेशल टाक्स फोर्स कॉन्स्टीट्यूट की है और एडिशनल चीफ सेक्रेट्री वहां रेगुलर मीटिंग करते हैं। अवेयरनेस जेनरेशन से लेकर, न्यू बॉर्न बेबीज़ के बर्थ रजिस्ट्रेशन से लेकर और जो अन्य फैसिलिटीज़ हैं उनके रजिस्ट्रेशन तथा लाइसेंसिंग से लेकर हर संभव प्रयास वहां की सरकार कर रही है।... (व्यवधान) Sex ratio at birth में लगातार बढ़ोत्तरी हो रही है और जहां भी कोई समस्या आती है, उसके लिए उनके साथ हमारा कम्युनिकेशन निरंतर जारी है। ... (व्यवधान) एक रेगुलेटरी फ्रेमवर्क के रूप में हमारा सेंट्रल सुपरवाइज़री बोर्ड बना हुआ है, जो सभी राज्यों के अंदर पीसीपीएनडीटी एक्ट के इंप्लीमेंटेशन को ओवरसी करता है। इससे पूरे देश की स्थिति में सुधार हुआ है।... (व्यवधान)

श्री दीपेन्द्र सिंह हुड्डा : महोदय, मैं हरियाणा सरकार के ही आंकड़े बता रहा हूं। बहरहाल, माननीय मंत्री जी पहले समस्याओं को समझें कि यह पिछले चार सालों में ड्रॉप हुआ है।... (व्यवधान) पहले इसमें संतुष्टिपूर्ण सुधार था। वह ड्रॉप क्यों हुआ है, आप उसकी सुध लेकर उसका समाधान कीजिए।

इस विषय पर मैं आपकी जानकारी में तीन मामले लाना चाहूंगा।... (व्यवधान) एक यह है कि ओवर द काउंटर जो अबॉर्शन ड्रग्स अवेलेबल हैं, अबॉर्शन किट्स अवेलेबल हैं, उनके लिए कोई रेगुलेशन नहीं है। लोग उसे ले रहे हैं और इससे नुकसान हो रहा है।

दूसरा, जो आईवीएफ सेंटर्स बने हैं, उन आईवीएफ सेंटर्स के माध्यम से बहुत ज्यादा संख्या में मेल चाइल्ड का जन्म हो रहा है। आप उनको किस तरह से नियंत्रित करेंगे।... (व्यवधान)

तीसरा मामला सबसे महत्वपूर्ण है। ये कह रहे हैं कि हरियाणा सरकार बहुत अच्छा काम कर रही है।... (व्यवधान) यह राजनीतिक विषय नहीं है, ये इसे राजनीतिक विषय बना रहे हैं। पिछले महीने हरियाणा में 1,500 अबॉर्शन सेंटर्स में से 300 अबॉर्शन सेंटर्स बंद किए गए हैं।... (व्यवधान)

हेल्थ ऑफिशियल्स और डॉक्टर्स की मिलीभगत से यह कार्य चल रहा है। इस पर मीडिया में 'ह्यू एंड क्राई' मची है कि चार सालों में हरियाणा में सेक्स रेशियो इतना डाउन गया है अर्थात् डिप हुआ है।... (व्यवधान) उस 'ह्यू एंड क्राई' के बाद 1,500 में से 300 अबॉर्शन सेंटर्स बंद हुए हैं। आप अंदाजा लगाइए। इनमें से ज्यादातर वालंटैरिली बंद हो गए हैं यानी कि पहले कितने कांड हो रहे होंगे और क्या स्कैम हो रहे होंगे?... (व्यवधान) आप उस नन्ही-सी जान की परवाह कीजिए, जिसने इस संसार में आंख भी नहीं खोली। आपके आंकड़ों में भी उसकी आंख नहीं खुल रही है।... (व्यवधान)

माननीय अध्यक्ष : ठीक है। यह प्रश्न काल है।

... (व्यवधान)

श्री दीपेन्द्र सिंह हुड्डा : महोदय, हरियाणा सरकार यह स्वीकार कर रही है। आप भी स्वीकार... (व्यवधान)

स्वास्थ्य और परिवार कल्याण मंत्री; तथा रसायन और उर्वरक मंत्री (श्री जगत प्रकाश नड्डा): अध्यक्ष जी, मुझे दुख है कि हमारे हुड्डा साहब बड़े प्रतिभावान और तजुर्बेकार हैं और फिर भी ये इश्यू को इमोशनलाइज़ करने की कोशिश कर रहे हैं।... (व्यवधान) ये बार-बार हरियाणा सरकार की बात कर रहे हैं। माननीय मंत्री जी ने मुझे एसआरएस का जो डाटा दिया है, वह वर्ष 2023 का डाटा है।... (व्यवधान) वर्ष 2023 के डाटा के अनुसार सेक्स रेशियो में 52 पॉइंट्स की वृद्धि हुई है। इसे हमें ध्यान में रखना चाहिए। हरियाणा ने बहुत अच्छा काम किया है।... (व्यवधान)

दूसरी बात, इन्होंने कहा कि 300 अबॉर्शन सेंटर्स बंद हुए। यह कहां का प्रमाण है? आप मुझे कागज़ पर लिखकर दे दीजिए। ... (व्यवधान) You give me in writing. Do not politicize it... (Interruptions) You give me in writing. I will examine it. मैं यह बताना चाहता हूं कि in Haryana, premises inspected – 44,263 ... (Interruptions), Registrations suspended and cancelled – 1,011, machines sealed and seized – 1,037. ये काम हमने प्रो-एक्टिव होकर किए हैं, जिसके कारण ये नतीजे आए हैं।... (व्यवधान)

तीसरी बात, सेंट्रल सुपरवाइज़री बोर्ड, स्टेट अथॉरिटी और डिस्ट्रिक्ट अथॉरिटी आदि हर

एक की मीटिंग्स रेगुलरली हो रही हैं और डिस्ट्रिक्ट मजिस्ट्रेट्स से कहा गया है कि वे वीकली सभी चीजों का इंस्पेक्शन करें और इन सभी चीजों को देखें ।... (व्यवधान) हां, हमारे समाज में यह ट्रेंड है, उसके लिए हम आईईसी मैटेरियल्स के माध्यम से लोगों को जागृत कर रहे हैं ।... (व्यवधान) हरियाणा में बहुत परिवर्तन आया है, लेकिन परिवर्तन एक दिन में नहीं आता है । समाज की सोच को बदलने में बहुत टाइम लगता है ।... (व्यवधान) समाज और सरकार दोनों मिल कर काम कर रहे हैं । सरकार तत्पर है और सरकार प्रो-एक्टिव है । इसी कारण से 52 पॉइंट्स की वृद्धि हुई है ।... (व्यवधान)

माननीय अध्यक्ष : प्रश्न संख्या 84, डॉ. प्रभा मल्लिकार्जुन ।

DATA ON NON-COMMUNICABLE DISEASES

***84. †DR. PRABHA MALLIKARJUN:**

DR. D. PURANDESWARI:

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

(a) the data on the prevalence of major Non-Communicable Diseases (NCDs) such as diabetes, hypertension, cardiovascular diseases and cancer in the country during the last three years and the current year, State/UT-wise;

(b) whether the Government has reviewed the implementation of population-based screening under Ayushman Arogya Mandirs and if so, the details thereof;

(c) the steps taken/proposed to be taken by the Government to strengthen early detection, tele-consultation and referral services for NCD management; and

(d) the details of amount of the funds allocated and utilised under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) during the said period?

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

(a) to (d): A Statement is laid on the Table of the House.

STATEMENT

(a) to (d): As per the ICMR-India Diabetes (ICMR-INDIAB) study which was conducted in the 31 States/UTs in the period from 2008 to 2021 among the adults aged 20 years and above, the overall weighted prevalence of diabetes was 11.4%, pre-diabetes 15.3% and hypertension 35.5%.

The implementation of Population-Based Screening under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) is reviewed through real-time data analytics and monthly reports from the National NCD Portal. The programme is also assessed under the Common Review Mission of the Ministry. State NCD Programme Implementation Plans (PIPs) are appraised by National Health Mission (NHM) for release of funds.

The Ministry of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the NP-NCD as part of the NHM. The Programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for NCDs.

A population-based initiative for the prevention, control and screening of common NCDs has been rolled out nationwide under the NHM as part of Comprehensive Primary Health Care.

Under the “Swasth Nari, Sashakt Parivar Abhiyaan”, conducted from 17th September to 2nd October 2025, the Ministry of Health & Family Welfare undertook comprehensive screening activities for women across the country. During the Abhiyaan, health camps were organised at Ayushman Arogya Mandirs (AAMs), Community Health Centres (CHCs) and other health facilities, wherein women were screened for hypertension, diabetes, as well as oral, breast and cervical cancers. Under the campaign, 1.78 crore individuals were screened for hypertension and 1.73 crore for diabetes, while 69.56 lakh were screened for oral cancer, 37.9 lakh for breast cancer, and 19.3 lakh for cervical cancer.

Further, 297 Day Care Cancer Centres have been approved for establishment across the country.

Tele-consultation services are enabled through the e-Sanjeevani AAM hub-and-spoke variant, allowing real-time interaction between AAM-level Community Health Officers (CHOs)/Medical Officers(MOs) at spoke end and specialists located at higher hubs, along with provision of e-prescriptions for treatment guidance and follow-up advisory support.

The details of amount of the funds allocated and utilised under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) are provided in **Statement**.

STATEMENT

State/UT wise details of SPIP Approvals & Expenditure for National Programme-Non Communicable Diseases (NP-NCD) under NHM during the period of F.Y. 2022-23 to 2024-25

(Rs. In lakhs)

S. No.	State/UT	2022-23		2023-24		2024-25	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure
1	Andaman and Nicobar Islands	52.46	9.14	56.18	18.76	77.50	29.04
2	Andhra Pradesh	6078.76	3054.33	5954.08	5935.23	2793.95	2978.96
3	Arunachal Pradesh	622.95	533.96	779.13	383.35	778.50	359.91
4	Assam	1306.81	793.10	1222.93	774.03	1261.30	564.97
5	Bihar	8298.99	3149.22	7163.81	2728.00	15239.36	7741.21
6	Chandigarh	4.15	0.31	3.90	0.75	5.55	5.06
7	Chhattisgarh	3506.32	2359.05	2974.64	2178.78	3489.59	1016.16
8	Dadra & Nagar Haveli and Daman & Diu	57.55	14.53	57.99	47.68	220.20	26.79
9	Delhi	164.70	21.97	335.41	27.22	1002.36	89.05
10	Goa	153.05	156.05	145.25	96.34	380.84	126.83
11	Gujarat	4071.68	1711.46	3778.31	1542.89	4183.61	1248.96
12	Haryana	533.41	592.62	406.56	630.69	5093.87	898.75
13	Himachal Pradesh	1361.00	440.72	1416.50	735.05	1239.49	442.21
14	Jammu and Kashmir	792.00	202.20	882.00	208.39	1016.40	530.60
15	Jharkhand	1955.15	903.13	1958.53	1467.89	4668.04	3284.65
16	Karnataka	4409.74	2625.00	2452.35	1953.05	1645.43	941.00
17	Kerala	7662.02	2372.94	5249.09	1203.84	5464.00	265.95
18	Ladakh	273.36	146.40	166.43	119.15	1126.35	901.39
19	Lakshadweep	21.21	2.03	22.28	3.22	31.70	19.56
20	Madhya Pradesh	4753.73	1470.14	2090.26	1385.57	7207.23	3369.80
21	Maharashtra	5311.21	2018.00	5147.52	1502.83	22614.03	1669.74

22	Manipur	722.21	277.29	724.30	249.28	1448.36	250.52
23	Meghalaya	407.60	219.42	370.59	524.32	1002.20	738.66
24	Mizoram	176.24	22.60	176.24	118.60	157.71	39.78
25	Nagaland	312.26	41.62	310.88	125.42	452.79	454.29
26	Odisha	7442.69	3539.82	6067.91	4957.81	5251.02	4525.75
27	Puducherry	113.10	47.94	135.94	48.39	499.08	44.36
28	Punjab	1405.93	559.97	1796.11	1796.11	4255.14	323.83
29	Rajasthan	23542.92	2700.62	23542.92	2204.69	13709.00	10632.43
30	Sikkim	117.04	56.33	85.55	51.17	243.93	176.00
31	Tamil Nadu	8466.91	1814.06	10031.16	4277.33	5130.45	4617.11
32	Telangana	5272.72	5305.26	5145.00	128.71	3925.06	3840.06
33	Tripura	496.53	203.41	578.92	250.46	670.00	377.02
34	Uttar Pradesh	13607.82	4787.92	18998.70	5667.88	24974.57	6266.67
35	Uttarakhand	1127.33	436.72	1167.37	697.50	1231.06	530.01
36	West Bengal	3868.71	4765.29	5428.71	4680.41	8563.20	5144.23

Note:

1. The above data is as per FMR submitted by States/UTs and is 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.
3. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is now renamed as National Programme-Non Communicable Diseases (NP-NCD).

DR. PRABHA MALLIKARJUN : My question is in the context of India's rising NCD burden where early diagnosis is very much critical. Will the Government ensure that underserved districts receive timely sanction and fully functional diagnostic facilities, especially MRI machines, under PM-ABHIM Yojana with mandatory technician support and maintenance contracts? ... (*Interruptions*)

Further, what steps are being taken to address the chronic issues of irregular pay, lack of social security, and disparity which are being faced by NHM

contractual staff who deliver these services at the ground level? ...

(Interruptions)

Moreover, in the reply, the hon. Minister has mentioned about the expenditure and the population. I think in a country with 150 crore population, the better indicator would be the target population and the percentage being screened. ... *(Interruptions)*

SHRI JAGAT PRAKASH NADDA: Sir, this is a very good question which I would like to answer. First of all, we have to understand that in the 2017 Health Policy, we adopted a holistic approach. Before that, we were only taking care of the curative part. ... *(Interruptions)* Now, it includes preventive, promotional, curative, palliative, and rehabilitative aspects, which is together forming a comprehensive health coverage. For this, we have made 1,81,000 Ayushman Arogya Mandirs, which include sub-centres, PHCs, and to some extent CHCs as well. At the grassroots level, we have ASHA workers; at the Ayushman Arogya Mandir level, we have community health officers and we also have doctors. ... *(Interruptions)* What we do is tht we ask the ASHA workers and the Panchayat *pradhans* to bring people to the Ayushman Arogya Mandirs before they reach the age of 30 for screening for hypertension, diabetes, cancer, oral cancer, and for cervical cancer and breast cancer specifically the women. We are trying to ensure early detection. We have got 12 types of packages through which we provide dental care, mental care, and all other necessary care. ... *(Interruptions)*

I would like to make the House aware that for hypertension, we have

screened 39.7 crores, out of which 6.7 crores have been diagnosed and 5.3 crores are on treatment. ... (*Interruptions*) For diabetes, 39.6 crores have been screened, 4.5 crores have been diagnosed, and 3.2 crores are being treated. In the same way, for oral cancer, 34 crores have been screened, 1.98 crores have been diagnosed, and 1.84 crores are being treated. ... (*Interruptions*) For breast cancer, 16 crores have been screened, 47.136 lakhs have been diagnosed, and 28.877 lakhs are being treated. For cervical cancer, eight crores have been screened, 70 lakhs have been diagnosed, and 63.879 lakhs are being treated. ... (*Interruptions*)

In the same way, we also have a programme at this point of time called 'Swasth Nari, Sashakt Parivar'. Under that programme, more than 1.78 crores were screened for hypertension; 1.73 crores for diabetes; 69 lakhs for oral cancer; 37 lakhs for breast cancer; and 19 lakhs for cervical cancer. ... (*Interruptions*) This is the point of first contact where we are trying to maximise screening and provide interventions at all levels. We also have telemedicine, tele-MANAS, and eSanjeevani. Through eSanjeevani, we have a direct connection where the community health officer talks to the doctor, the doctor prescribes the medicine, and it is administered by the community health officer to the patient. This is the first point of contact we have. ... (*Interruptions*)

माननीय अध्यक्ष : माननीय सदस्यगण, यह विषय न्यायालय में विचाराधीन है। जिस विषय पर आप बोल रहे हैं, उसमें सरकार का कोई विषय नहीं है। यह न्यायालय के निर्णय का विषय है। This matter is *sub judice*.

... (व्यवधान)

माननीय अध्यक्ष : मैं आग्रह कर रहा हूँ कि आप सदन की कार्यवाही को बाधित न करें। आप सब अपनी-अपनी सीट्स पर विराजें।

... (व्यवधान)

माननीय अध्यक्ष : यह न राज्य सरकार का विषय है, न केन्द्र सरकार का विषय है। यह अदालत के आदेश का विषय है, जिसका पालन करना सबके लिए आवश्यक होता है।

... (व्यवधान)

माननीय अध्यक्ष : न्याय का सम्मान करना सबके लिए आवश्यक होता है। मैं आग्रह करता हूँ कि आप सब अपनी-अपनी सीट्स पर जाएं।

... (व्यवधान)

WRITTEN ANSWERS TO QUESTIONS

(i) Starred Question Nos. 85 to 100

DEVELOPMENT OF MAJOR PORTS AS GREEN HYDROGEN HUBS

***85. CAPTAIN BRIJESH CHOWTA:**

SHRI BIBHU PRASAD TARAI:

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

- (a) whether any major ports have been identified for development as Green Hydrogen Hubs under the National Green Hydrogen Mission and if so, the names of such ports and the criteria used for their selection;
- (b) whether the Government has issued any policy framework or guidelines for establishing hydrogen production, storage, bunkering and related infrastructure at major ports and if so, the details thereof;
- (c) whether Paradip port in Odisha has been considered for this purpose

and if so, the details thereof;

(d) whether New Mangalore Port, considering its refinery, petrochemical, LNG and export-oriented industrial ecosystem, is under evaluation for development as a Green Hydrogen or Green Ammonia Hub and if so, the status of the proposals, if any, submitted in this regard; and

(e) the expected outcomes in terms of investment mobilisation, technology deployment, and adoption of clean maritime fuels through the development of hydrogen-ready ports?

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

(a) to (c) and (e): Yes Sir. The Ministry of New and Renewable Energy (MNRE) vide O.M. dated 7th October, 2025 has recognized three Major Ports namely Deendayal Port Authority in Gujarat, Paradip Port Authority in Odisha and V.O. Chidambaranar Port Authority in Tamil Nadu as Green Hydrogen Hubs (given in the enclosed **Annexure-I**). MNRE has specified the criteria used for their selection in Para 2.2 of the “Scheme Guidelines for setting up Hydrogen Hubs in India” (given in the enclosed **Annexure-II**). The investment outcomes include development of infrastructure for production, storage, and handling of green fuels, as well as the gradual adoption of cleaner and more energy-efficient technologies in port operations and shipping. Each green hydrogen hub is expected to have at least 1,00,000 tonnes per annum production capacity for hydrogen and its derivatives. Details are given in the enclosed **Annexure-III**.

(d): Yes Sir. As per “Harit Sagar” Green Port guidelines, New Mangalore Port

Authority plans to develop storage facility for green ammonia nearer to railway sidings and green ammonia handling facility at the port as part of the Port Master Plan.

ANNEXURE-I

353/12/2025-NT
Government of India
Ministry of New and Renewable Energy
(Hydrogen Division)

Atal Akshaya Urja Bhawan,
CGO Complex, Lodhi Road,
New Delhi-110003

Date: 7th October 2025

OFFICE MEMORANDUM

Subject: Recognition of 3 Major ports to be developed as Green Hydrogen Hubs

The undersigned is directed to refer to MoPSW OM No. PD-24025/2025/10-PW dated 28th March 2025 and the subsequent specific information provided via email on 12th August 2025 regarding the above-mentioned subject. In this regard, the undersigned is directed to convey the following:

2. The Government of India has launched the National Green Hydrogen Mission (NGHM) with an aim to make India a global hub of production, utilization, and export of Green Hydrogen and its derivatives.
3. The Mission envisages the establishment and development of large-scale Hydrogen Hubs which will act as a foundation for development of Hydrogen eco-system to act as backbone of decarbonisation efforts in the country. Given the technical and logistical challenges inherent in transporting hydrogen over long distances, a cluster-based production and utilization model would enhance the viability of Green Hydrogen projects in the initial years. This approach would, in turn, enable economies of scale and convergence of key infrastructure requirements in geographically proximate areas.
4. In order to take this matter forward, the revised scheme guidelines for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs were issued on 27th June 2025 (Copy Enclosed). Para 2.4 of the revised scheme guidelines states that the Mission will identify and develop regions capable of supporting large-scale production and/or utilization of Hydrogen as Green Hydrogen Hubs. Component B2 of the revised scheme guidelines (Para 2.8) relates to the Green Hydrogen Hubs as below:
 - **Component B2: Recognition of potential Green Hydrogen Hubs:** MNRE may also recognize other potential locations as Green Hydrogen Hubs without any financial support, so that they become eligible for other benefits/advantages, facilitated by Central/State Governments. The procedure for seeking recognition of Green Hydrogen Hubs is included in the Annexure of the revised scheme guidelines.
5. In this regard, the competent authority has approved the recognition of following locations under NGHM as Green Hydrogen hubs:
 - i. Area under administrative control of Deendayal Port Authority (DPA),
 - ii. Area under administrative control of V. O. Chidambaranar Port Authority (VOCPA),
 - iii. Area under administrative control of Paradip Port Authority (PPA)

Atal
7/10

6. These areas will be recognized as Green Hydrogen Hubs without any financial support from NGHM as per the revised Scheme guideline dated 27th June 2025. However, any projects which are set up within these designated Green Hydrogen Hubs will be eligible for incentives and benefits from any other scheme or policy of Central or State Government, including other schemes of NGHM, as per the provisions of respective policies.
7. This is issued with the approval of competent authority.

Abhay Bakre
(Abhay Bakre)
Mission Director

7-10-25

To,
Sh. Vijay Kumar, IAS
Secretary to Govt of India
Ministry of Ports, Shipping and Waterways,
Parivahan Bhavan, 1, Parliament Street, New Delhi.
Email: secyship@nic.in

Copy to:

1) PPS to Secretary, MNRE
Email: secy-mnre@nic.in

2) Chairman, Deendayal Port Authority, Gandhidham
(Shri Sushil Kumar Singh, IRSME)
Email: chairman@deendayalport.gov.in

3) Chairperson, V. O. Chidambaranar Port Authority, Tuticorin
(Shri Susanta Kumar Purohit, IRSEE)
Email: chairman@vocport.gov.in

4) Chairman, Paradip Port Authority, Paradip
(Shri P. L. Haranadh, IRTS)
Email: chm@paradipport.gov.in

- securing commitments from end-users for GH₂ applications, and implementing a comprehensive plan for sustainability beyond NGHM funding.
- vi. Outcomes of HVIC will enable in the development of future robust policy and regulatory frameworks essential for supporting and accelerating the implementation of various other components of the NGHM including the Hydrogen Hub for accelerating the GH₂ ecosystem.
 - vii. Green Hydrogen (GH₂) production will adhere to the standards as defined by the Government of India (GoI).

Component B: Green Hydrogen Hubs

- i. Hydrogen hub is an identified geographical region where there exists a network of Hydrogen producers, end use (domestic or export) with sufficient supporting infrastructure of Hydrogen storage, processing, and transportation.
 - ii. Hydrogen hub might be located inland or near ports to enable exports of GH₂ and its derivatives. Potential locations for such hubs would be regions having clusters of refineries/ fertilizer production plants and other end use industries in close vicinity.
 - iii. The Hydrogen hub should have a planned/announced capacity of at least 1,00,000 Metric Tonnes Per Annum (MTPA). Higher production capacity will get priority.
 - iv. Leveraging existing infrastructure for Hydrogen production, transportation, storage, and utilization will be encouraged.
 - v. The infrastructure, projects, and key resources will be mapped under the PM Gati Shakti portal to ensure optimal and coordinated development.
3. Implementation Methodology: The Scheme will be implemented as per the detailed Guidelines given at Annexure.
4. The expenditure on this scheme will be met from the budget provisions made under the National Green Hydrogen Mission Head.
5. DST shall nominate a Scheme Implementing Agency (SIA) for implementation of the HVIC scheme. The Ministry of New & Renewable Energy (MNRE) and its nominated Scheme Implementing Agency (SIA) will be the Implementing Agency for Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM).
6. The "Revised Scheme Guidelines for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)" will supersede the 'Scheme Guidelines for setting up Hydrogen Hubs in India under the National Green Hydrogen Mission (NGHM)', issued by MNRE on 15th March 2024 (vide F No 353/7/2024-NT).

[Handwritten signature]

F No. 353/12/2025-NT
Government of India
Ministry of New and Renewable Energy
(Hydrogen Division)

Atal Akshay Urja Bhawan, Lodhi Road,
New Delhi 110003
Date: 27th June 2025

To

The Pay & Accounts Officer,
Ministry of New and Renewable Energy,
New Delhi- 110003

Subject: Revised Scheme Guidelines for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)

Sir/Madam,

I am directed to convey the sanction of the President of India for the implementation of the 'Revised Scheme for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)'.

2. Objectives:

Objectives of the Scheme are as follows:

Component A: HVIC

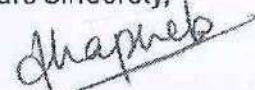
- i. The HVICs will be strategically established in distinct regions across the country, showcasing the diverse applications of GH_2 in various sectors.
- ii. Serving as test beds for innovative GH_2 technologies, these clusters will also function as living labs, enabling experiential learning and insights from small-scale hydrogen implementations.
- iii. HVIC would foster business innovation, new business models, and techno-economic viability through strategic linkages that connect hydrogen producers to off-takers.
- iv. It will be the responsibility of each HVIC to identify and arrange for necessary land and build-up space for the setting up of the HVIC at identified locations. There is no provision of funding towards the cost of acquisition of land for setting up HVIC.
- v. In order to maintain a balance between demand and supply, HVICs are designed to create the requisite demand for the uptake of GH_2 or its derivatives by developing the capability to localize and integrate the hydrogen value chain,

Shapheeb

7. This issues in exercise of the powers conferred on this Ministry and with the concurrence of IFD vide their Diary. No. 124 dated 26/06/2025.

8. This has the approval of Hon'ble Minister of New and Renewable Energy.

Yours Sincerely,



(Prasad Chaphekar)
Deputy Secretary

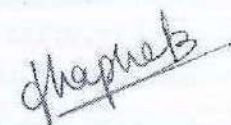
Enclosed: Annexure

Copy to:

1. All Central Government Ministries and Departments
2. All Members of the Empowered Group under the Mission
3. All Members of the Advisory Group under the Mission
4. CEO, NITI Aayog, Sansad Marg, New Delhi
5. State Nodal Agencies (SNAs) of all States/UTs
6. Major Public Sector Enterprises operating in Renewable Energy/Power Sector
7. Principal Director of Audit, Scientific Audit-II, DGCAR, I.P. Estate, Delhi- 110002
8. Director General (Local Bodies), Office of the Comptroller & Auditor General, Deen Dayal Upadhyay Marg, New Delhi
9. Solar Energy Corporation of India (SECI), 6th floor, Plate-B, NBCC office, Block tower-2, East Kidwai Nagar, New Delhi. 110023
10. Indian Renewable Energy Development Agency Limited (IREDA), 3rd floor, August Kranti Bhavan, Bhikaji Cama place, New Delhi-1 10066

Internal distribution

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(Prasad Chaphekar)
Deputy Secretary

**Ministry of New and Renewable Energy
Government of India**

Revised Scheme Guidelines for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)

1. Introduction

- 1.1 The National Green Hydrogen Mission (NGHM), hereafter mentioned as the 'Mission', was launched on **4th January 2023** having an outlay of **Rs. 19,744 Crore** with an aim to make India a Global Hub for production, usage, and export of Green Hydrogen (GH_2) and its derivatives. It will contribute to India's goal to become Aatmanirbhar (self-reliant) through clean energy and serve as an inspiration for the global Clean Energy Transition. The Mission will lead to significant decarbonisation of the economy, reduced dependence on fossil fuel imports, and enable India to assume technology and market leadership in Green Hydrogen.
- 1.2 Mission Innovation (MI) 2.0 is a global platform dedicated to driving a decade of action and investment in research, development, and demonstration to make clean energy affordable, attractive, and accessible to all. Department of Science and Technology (DST) serves as the nodal agency in India. Under MI 2.0, the Clean Hydrogen Mission—co-led by Australia, Chile, the European Union, the United Kingdom, and the United States, with India (DST) as a core coalition member—aims to reduce the cost of clean hydrogen to USD 2 per kilogram by 2030. Additionally, MI 2.0 seeks to establish 100 hydrogen valleys worldwide by 2030.

2. Background

Hydrogen Valley Innovation Cluster (HVIC)

- 2.1 The Hydrogen Valley Innovation Cluster (HVIC) is a first-of-its-kind concept in India, conceptualized by the DST to demonstrate a complete GH_2 value chain—encompassing production, storage, and transportation. As part of this initiative, HVIC will be implemented at the pilot level on a small scale. By deploying this approach across multiple pilot projects at distinctive geographical locations in India and for varying utilization, HVIC aims to validate its potential as a viable and scalable energy solution for various industrial applications.

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- 2.2 The outcomes of this initiative are expected to provide valuable insights for establishing large-capacity Hydrogen Hubs in India. DST has developed HVIC initiative through extensive consultations with key stakeholders, including Government Ministries, departments, academicians, researchers, industry leaders, and start-ups. This initiative aligns with the objectives of MI and is also in line with the goals of the NGHM.
- 2.3. HVICs will function as living lab for innovating hydrogen supply chain from production to transport, storage and consumption. These will provide learnings for scale up to large size hubs of Green Hydrogen and its derivatives.

Green Hydrogen Hubs

- 2.4 As per the Mission document, the Mission will identify and develop regions capable of supporting large scale production and/or utilization of Hydrogen as Green Hydrogen Hubs. Along with other initiatives, the Mission envisages establishment and development of large-scale Hydrogen Hubs which will act as a foundation for development of Hydrogen eco-system and will act as backbone of the decarbonisation efforts in the country. Given the technical and logistical challenges inherent in transporting hydrogen over long distances, a cluster-based production and utilization model would enhance the viability of Green Hydrogen projects in the initial years. This would, in turn, enable economies of scale and convergence of key infrastructure requirements in geographically proximate areas.
- 2.5 In line of the above, Ministry of New and Renewable Energy (MNRE) had issued Scheme Guidelines for setting up Hydrogen Hubs in India under NGHM, vide OM no 353/7/2024-NT dated 15.03.2024. Under the scheme guidelines, it is planned to set up at least two such Green Hydrogen Hubs with a budgetary outlay of Rs 200 Cr by FY 25-26.

Revised Proposal

- 2.6 Given that the activities of HVIC are designed with the objective of providing valuable inputs for the establishment of large-capacity Hydrogen Hubs, it is proposed to initially implement HVIC projects at select potential locations on a pilot basis. This implementation will be supported through NGHM budget, with suitable amendments to the existing Hydrogen Hub scheme.
- 2.7 Consequent to the deliberations by the Empowered Group on 28th March 2025, it was decided to include the four recommended HVICs as part of the Hydrogen Hub activity component under the NGHM. These 'Revised Scheme Guidelines for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)' will supersede the 'Scheme Guidelines for setting up Hydrogen Hubs in India under National Green

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Hydrogen Mission (NGHM)', issued by MNRE on 15th March 2024 vide F No 353/7/2024-NT.

- 2.8 Accordingly, the revised scheme guidelines for setting up HVIC and Green Hydrogen hubs in India under NGHM, are categorised as follows:

A) Component A: Hydrogen Valley Innovation Cluster (HVIC)

This component deals with the inclusion of four recommended HVICs pilots as part of the Hydrogen Hub activity under NGHM, with an allocation of Rs 172.00 Cr. This component will be monitored and supervised by DST, which will designate an autonomous institute to function as the SIA.

B) Component B: Green Hydrogen Hubs. This component has two parts: -

Component B1: Preparation of Detailed Project Reports (DPRs): Support for preparation of DPRs for Green Hydrogen Hubs, with an allocation of Rs 28 Cr. Preparation of DPRs for Green Hydrogen hubs to be set up in each state shall be supported with a cap of Rs 3 Cr per DPR. Preferably one DPR will be supported for each state.

Component B2: Recognition of potential Green Hydrogen Hubs: MNRE may also recognize other potential locations as Green Hydrogen Hubs without any financial support so that they become eligible for other benefits/advantages, facilitated by Central/State Governments. Procedure for seeking recognition of Green Hydrogen Hubs is included in Annexure 3.

3. Salient features of the revised scheme

3.1 Component A: HVIC

- 3.1.1 The HVICs will be strategically established in distinct regions across the country, showcasing the diverse applications of GH_2 in various sectors.
- 3.1.2 Serving as test beds for innovative GH_2 technologies, these clusters will also function as living labs, enabling experiential learning and insights from small-scale hydrogen implementations.
- 3.1.3 HVIC would foster business innovation, new business models, and techno-economic viability through strategic linkages that connect hydrogen producers to off-takers.
- 3.1.4 It will be the responsibility of each HVIC to identify and arrange for necessary land and build-up space for the setting up of the HVIC at identified locations. There is no provision of funding towards the cost of acquisition of land for setting up HVIC.
- 3.1.5 In order to maintain a balance between demand and supply, HVICs are designed to create the requisite demand for the uptake of GH_2 or its derivatives

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by developing the capability to localize and integrate the hydrogen value chain, securing commitments from end-users for GH₂ applications, and implementing a comprehensive plan for sustainability beyond NGHM funding.

3.1.6 Outcomes of HVIC will enable in the development of future robust policy and regulatory frameworks essential for supporting and accelerating the implementation of various other components of the NGHM including the Hydrogen Hub for accelerating the GH₂ ecosystem.

3.1.7 Green Hydrogen (GH₂) production will adhere to the standards as defined by the Government of India (GoI).

3.2 Component B: Green Hydrogen Hubs

3.2.1 Hydrogen Hubs will help in boosting hydrogen production, to match domestic as well as export demands, and to achieve large-scale, commercially viable hydrogen ecosystems. This will accelerate the deployment of Green Hydrogen technologies, attract greater investments from the private sector, and promote production and usage of hydrogen to decarbonize the economy. A network of Green Hydrogen producers, users, and supporting infrastructure is a key feature of the Hydrogen Hub.

3.2.2 It is envisaged that the Hydrogen hubs will have pooling of resources from Government of India, State Governments, Local Government, and the industry, to help the development of the Hydrogen ecosystem in a coordinated manner. Hydrogen hubs will lead to the creation of sufficient job opportunities.

3.2.3 Salient features of the Hydrogen Hubs are as follows:

- I. Hydrogen hub is an identified geographical region where there exists a network of Hydrogen producers, end use (domestic or export) with sufficient supporting infrastructure of Hydrogen storage, processing, and transportation.
- II. Hydrogen hub might be located inland or near ports to enable exports of GH₂ and its derivatives. Potential locations for such hubs would be regions having clusters of refineries/ fertilizer production plants and other end use industries in close vicinity.
- III. The Hydrogen hub should have a planned/announced capacity of at least 1,00,000 Metric Tonnes Per Annum (MTPA). Higher production capacity will get priority.
- IV. Leveraging existing infrastructure for Hydrogen production, transportation, storage, and utilization will be encouraged.
- V. The infrastructure, projects, and key resources will be mapped under the PM Gati Shakti portal to ensure optimal and coordinated development.

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4. Procedures for selection

4.1 Component A: HVIC

4.1.1 In April 2023, a call for proposals for the HVICs was announced on the DST website. Subsequently, DST established a National Expert Advisory Committee (NEAC) to oversee the evaluation and selection process. The selection was based on merit, overall preparedness, resource mobilization capability, strategic partnerships, and the proposed implementation model.

4.1.2 The evaluation process was conducted in two stages:

- I. **Soliciting Expression of Interest (EOI):** An initial screening to assess the eligibility and preparedness of proposals.
- II. **Detailed Project Evaluation:** A comprehensive assessment of the Detailed Project Report (DPR) submitted by shortlisted EOIs.

Based on these evaluations, the NEAC recommended four HVICs for financial support.

4.2 Component B: Green Hydrogen Hubs

4.2.1 Under this Component, SIA nominated by MNRE will invite proposals to prepare DPRs for the development of Green Hydrogen Hubs, as per the revised scheme guidelines.

4.2.2 **Call for proposals:** The proposals should be submitted directly to SIA. Each submitted project should contain the name of Executing Agency (EA). In case of consortium, a lead agency should be identified, which shall function as EA.

- (i) The eligible agencies for sending project proposals for DPR preparation include CPSUs, State-PSUs, Private sector, State Corporations, Autonomous Bodies, JVs/Partnerships/Consortiums of such entities.
- (ii) The necessary capabilities need to exist with the EAs for concerned DPR preparation. Details will be specified in the Call for Proposal.

4.2.3 Evaluation and award: The proposals will be evaluated by a Project Appraisal Committee in accordance with the detailed criteria specified in the Call for Proposals. The letter of Award shall be issued to the EA by the SIA upon receipt of administrative sanction from MNRE.

4.2.4 Under component B2, MNRE may also recognize potential hydrogen hubs without any financial support, based on the proposals submitted to MNRE directly. The proposal shall be submitted through the State Government or any other line ministries of the central government.

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5. Implementation Methodology

5.1 Component A: HVIC

- 5.1.1 The recommendations of the National Expert Advisory Committee (NEAC), constituted by DST, for providing financial support to four HVICs shall be implemented with complete adherence to the overall objectives, goals, deliverables, resource mobilisation, and financial contribution as determined.
- 5.1.2 DST shall nominate a Scheme Implementing Agency (SIA) for implementation of the Component A: HVIC under these scheme guidelines. The nominated SIA shall be responsible for managing the award and execution processes, monitoring fund disbursement and utilization, conducting review meetings and on-site visits, convening meetings of the Project Appraisal Committee and the Steering Committee, overseeing project progress reporting, and managing intellectual property in accordance with Government of India guidelines.
- 5.1.3 Execution and commissioning: Work shall be executed as per the approved scope of work and the sanction issued to this effect to each HVIC by SIA. The production of green hydrogen must be achieved after 18 months of receipt of the letter of Award/Sanction.
- 5.1.4 Technical/ Regulatory approvals: Each selected HVIC will be solely responsible for obtaining the safety, environmental, and other approvals as and when required, to comply with the law of the land.
- 5.1.5 Testing and Certification: Each HVIC shall get necessary testing and certification compliance from concerned agencies.
- 5.1.6 SIA will be eligible for a fee up to 1% of the amount disbursed to HVICs

5.2 Partnership Model for Component A - HVIC

- 5.2.1 All HVICs will be implemented in consortium mode by engaging relevant partners from hydrogen value chain. The participation of R&D institutions will be essential to provide research and innovation elements to the HVIC pilots. Each HVIC will be managed by a not-for-profit, newly established Section 8 company-led, Lead institute should enable to create new section 8 company.
- 5.2.2 The various partners who may be engaged in HVICs include the following:
- i. Indian entities with expertise in the Hydrogen sector.
 - ii. Knowledge Clusters who are already engaged in the GH₂ ecosystem.
 - iii. National / State funded R&D Labs.
 - iv. Industries working on the Hydrogen Value supply chain.
 - v. Central Government / State Government supported or recognized (Public or Private) academia and urban or other local bodies.
 - vi. GoI / State Government recognized not-for-profit (Societies/ Trusts or Research Foundations), having research and innovation as one of the imperative mandates;

R&D centers recognized as Scientific Industrial Research Organization (SIRO) by DSIR with Industry partners.

- vii. Govt-funded incubators / Startups incubated – DPIIT registered in any of the recognized Technology Business in the hydrogen domain.
- viii. Any other entity including private companies, startups, technology and service providers that can add value to HVIC can be a partner.

5.3 Mandatory Activities of each HVIC

The activities of each HVIC will include,

- i. Production: Use diverse production methods - electrolysis and Bio-routes.
- ii. Storage and Transportation: Focus on efficient, safe storage (compressed, pressurized, etc.) and transport systems (tube trailer, pipes etc).
- iii. Utilization: Highlight applications in transport, ammonia production, chemical industries, Direct Reduction of Iron etc.
- iv. Research and Innovation Pillars: Cover Research, Development and Innovation leading to development and demonstration of indigenous technologies, operational, and business innovations securing long-term off-take commitments.
- v. Training / capacity building

5.4 Managing grant from NGHM budget

The letter of Award/Sanction shall be issued to each HVIC by DST, after the administrative approval by MNRE.

- 1. Section 8 company managing each HVIC shall function as the Lead under the scheme.
- 2. Fund Utilization: The lead institute will enable the creation of a Section-8 Company, to which grants will be released by SIA.
- 3. Funds can be used for:
 - a) CAPEX: Site preparation (example: fabrication and civil engineering, design, engineering, manufacture, supply, transportation, un-loading, storage, civil & structural works, erection, testing & commissioning), equipment, electrolyzer procurement, renewable energy plants and similar assets.
 - b) OPEX: Includes the following but not limited to manpower, plant engineering, raw material, fuel, utility, consumables, travel, and contingencies.
 - i. The funds for CAPEX and OPEX shall be utilised as per the approved timeline in DPR approved by the DST-constituted NEAC.
 - ii. Additional funds, if desired by any HVICs, can be sourced from external partners.

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Note: It will be the responsibility of each HVIC to identify and arrange for necessary land and build-up space for the setting up of the HVIC at identified locations. There is no provision of funding under NGHM towards the cost of acquisition of land for setting up HVICs.

4. Sustainability Responsibility:

- Section-8 companies must ensure long-term viability of the HVIC by
 - i. Scaling production capacity.
 - ii. Identifying new partners and off-takers.
 - iii. Reducing hydrogen production costs through innovations.

5. Project Adjustments:

- Minor budget revisions may be made during implementation-based on NEAC/ Project Appraisal Committee recommendations, considering the nascent stage of India's GH₂ ecosystem.

6. Public-Private Partnership (PPP): –

- Industry and academic partners willing to contribute towards the funding with respect to their specific area in the Hydrogen value chain would be preferred.

7. Each HVIC will be a PPP-driven project, to be co-funded by NGHM, Industry, and each Lead Applicant.

5.5 Disbursement of Financial Support from NGHM

5.5.1 Fund Disbursement of HVIC (Component A)

Each HVIC will be supported through Central Financial Assistance (CFA) under PPP mode till FY 25-26, while industry contributions (i.e. lead applicant/ Industry/ consortium) can be availed up to five years. Stages of disbursement of Central Financial Assistance from NGHM are as follows.

S.No.	Stages of Disbursement	Percentage of CFA to be released
1	Date of issue of administrative approval/sanction	40%
2.	As per the utilisation of 80% of committed funding*	40%
3.	Production of first lot of Green Hydrogen	20%
	Total	100%

* This release is contingent upon the submission of the Utilization Certificate for 80% of the first instalment and a minimum expenditure of 30% of the contribution by the Lead Institution/ industry/consortium.

* DST to ascertain that Industry contribution is matching with the Government support.

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- 5.5.2 DST may also specify further terms and conditions for the grant of financial assistance for general financial prudence.
- 5.5.3 Funds will be released to the SIAs by MNRE (through CNA) as recommended by NEAC, as mentioned in para 5.5.1 sl no 1. Further funds shall be released as per the recommendation of Project Appraisal Committee (PAC).
- 5.5.4 The amount of CFA will be the total amount inclusive of all taxes.
- 5.5.5 Funds will be released to the section 8 company by the SIA on specified conditions and terms as stipulated by DST.
- 5.5.6 Section 8 company will remit the accrued interest and other charges to the Consolidated Fund of India as per rule 230 (8) of GFRs 2017.
- 5.5.7 The SIA shall be entitled to service charges at 1% of the sanctioned CFA, to be provided separately as part of Rs 172 crore allocated for the HVIC Component.
- 5.5.8 In addition, fund may also be utilized for workshop, result dissemination activities, progress review meeting etc. Up to 50% of the SIA allocation may be utilised towards such events over the course of the programme, subject to prior PAC approval and funded from within this allocation.
- 5.5.9 The allocation of funds across components is indicative & fungible and MNRE may reallocate funds between components as required.

6. Fund Disbursement

6.1 Component B1: Preparation of DPRs for Green Hydrogen Hubs

S.No	Stages of Disbursement	Percentage of CFA to be released
1	Date of issue of administrative approval/sanction	30%
2.	Submission of draft DPR to be presented to Project Appraisal Committee (PAC)	40%
3	On acceptance of final DPR	30%
	Total	100%

Component B: Rs 28 Cr shall be utilised for developing DPRs for Green Hydrogen Hubs (Component B1), with a cap of Rs 3 Cr per DPR.

MNRE may also recognize other locations as Green Hydrogen Hubs without any financial support so that they become eligible for other benefits/advantages, if any (Component B2).

Funds allocated under Component A may also be utilised for up to 1% of the service charges of the SIA, for Component B1.

The allocation of funds across components is indicative & fungible and MNRE may reallocate funds between components, as required.

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7. Other Provisions

7.1 The grants released shall be exclusively earmarked for the project and should not be diverted for any other purpose.

7.2 If the Lead Applicant fails to utilize the grant for the purpose for which it has been sanctioned or fails to complete the project as per DPR, it shall refund the entire amount of the grant, with interest as per GFR to MNRE.

7.3 The Call for proposals should indicate a suitable timeline for completion of the project. Extension of up to one year may be granted for completion of the project on the basis of adequate justification, with the approval of the Steering Committee.

7.4 MNRE reserves the right to retract sanction or cancel or short-close projects in consultation with the Steering Committee in cases where the Lead Applicant(s) or the project(s) face unreasonable delays or fail to comply with the objectives/ provisions of this Scheme or the Mission.

8. Monitoring Framework

8.1 For Component A:

8.1.1 Steering Committee (SC)

8.1.2 Overall monitoring of the scheme and projects undertaken will be carried out by a Steering Committee (SC) under the Chairmanship of Secretary, DST (for Component A) and comprising of members viz., Mission Director, National Green Hydrogen Mission (NGHM), and other members as nominated. The Steering Committee shall have mandate for overall monitoring and implementation of this scheme and suggest modifications and course corrections for its successful implementation.

8.1.3 The SC will also facilitate/ recommend measures to resolve difficulties, if any.

8.1.4 In case of any ambiguity in the interpretation of any of the provisions of this scheme, the decision of MNRE shall be final.

8.2.1 Project Appraisal Committee (PAC):

8.2.2 For Component A, the PAC shall be constituted under the Chairmanship of Scientist G, DST, with other members nominated by DST and MNRE. The PAC shall monitor, review, and evaluate the project proposals and recommend projects for sanction of Central Financial Assistance (CFA). The PAC shall monitor HVICs on a quarterly basis for the utilisation of funds based upon the progress of the project. The PAC shall send its recommendations to MNRE for release of CFA for Component A. Further responsibilities of PAC under component A are listed under annexure 1.

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8.2.3 DST shall also devise a monitoring mechanism to track the progress of components A – project progress report (annexure 2), that may be shared with MNRE.

8.3 For Component B:

8.3.1 Steering Committee (SC)

8.3.2 Overall monitoring of the scheme, and evaluation of projects undertaken will be done by a Steering Committee (SC) under the chairmanship of Secretary, Ministry of New and Renewable Energy (MNRE) and comprising of members viz., Mission Director, National Green Hydrogen Mission (NGHM), and other members as nominated. The Steering Committee shall be responsible for overall monitoring and implementation of the component B of the scheme, and suggest modifications and course corrections for its successful implementation.

8.3.3 In case of any ambiguity in the interpretation of any of the provisions of this scheme, the decision of MNRE shall be final. The SC will also facilitate/ recommend measures to resolve difficulties, if any.

8.4.1 Project Appraisal Committee:

8.4.2 A Project Appraisal Committee (PAC) under the Chairmanship of Mission Director, NGHM, shall monitor /review/ evaluate the project proposals and recommended projects for sanction of CFA. The PAC shall monitor projects on a quarterly basis for the allocation of funds based upon the progress of the project. The PAC shall send recommendations for the release of CFA.

8.4.3 The SIA shall also devise a monitoring mechanism to track the progress on quarterly basis and submit to MNRE.

9. Project Completion for Component A

9.1 Each HVIC shall submit the Project Completion Report (PCR), to DST within one month of project completion. The PCR shall include the following:

1. Technical aspects of the project, including the hardware, software, and other technologies used.
2. Technical challenges encountered during the project, and how they were overcome.
3. Outcome of the project, comprising technical know-how generated along with the data collected during the execution of the project.
4. Recommendations for future projects, based on the lessons learned from the project.

Note: PAC may request that each HVIC include other relevant information deemed necessary to prepare a more comprehensive PCR.

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10. Guidelines for Safeguard of Intellectual Property for Component A

DST will ensure (for each HVIC) the issue of safeguarding of any foreground Intellectual Property Rights, such as Publications, Patents, Registered Designs, or Trademarks, etc., which are generated through projects funded under this scheme.

10.1 Intellectual property rights, licensing, confidentiality, and non-compete

The operation of the consortium will be governed by a consortium agreement, signed between consortium members, and duly submitted to the concerned DST office.

1. How ownership of intellectual property (e.g., patents or copyrights) generated as a result of the funded project activities will be assigned and shared.
2. How other intellectual property generated as a result of the funded project activities and that is not to be registered but to be protected (e.g., trade secrets) will be protected by all consortium members.
3. Terms for the use or modification of the above intellectual properties by other consortium members during and after the end of the project.
4. Terms for the use or modification of intellectual property that was owned by one or more consortium members and that was not generated as part of the funded project but will be utilized in the project.
5. Terms of confidentiality that all consortium members agree upon.
6. 'Non-compete' clauses, if any, that all consortium members agree upon.

10.2 Guidelines for safeguard of Intellectual property for Component B: The SIA shall issue the necessary guidelines for the safeguard of any Intellectual Property Rights such as Publications, Patents, Registered Designs or Trademarks etc. which are generated through projects funded under this scheme. The guidelines may also be a part of the Call for Proposals to be issued by the implementing agency.

11. Power to Amend Revised Guidelines

MNRE may make the necessary amendments in the scheme guidelines, as and when required, with the approval of Hon'ble Minister, New and Renewable Energy.

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Annexure 1: Responsibilities of PAC for Component A

1. Review HVIC project progress report (annexure 2), implementation and management.
2. Project Monitoring: Track the progress of HVIC projects to ensure alignment with objectives and timelines by convening regular meetings.
3. Periodic Reviews: Conduct regular reviews of funded projects to assess performance, and milestones achieved and recommend necessary adjustments.
4. Conflict Resolution: Address and resolve conflict arising during the execution of the scheme.
5. Ensuring effective collaboration and coordination with each Section 8 company to facilitate smooth operations and achieve the objectives of the HVIC.
6. Guiding the governance and operational aspects of the HVICs.
7. Coordinating the activities of the HVIC with other concerned government departments as necessary.
8. Project Budget utilisation.

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Annexure 2: Project Report

The project report shall include but not be limited to the following:

- Introduction: Overview of project and reporting period.
- Status Overview: Summary of progress, milestones achieved, and challenges.
- Key Accomplishments: Highlights of significant achievements.
- Work Completed: Breakdown of tasks completed.
- Work in Progress: Overview of ongoing activities.
- Status of objectives against the timeline suggested in the detailed project report
- Budget status: Funds received and utilization
- Issues and Solutions: Discussion of challenges and proposed solutions.
- Resource Utilization: Analysis of resource usage.
- Risks and Mitigation: Assessment of project risks and mitigation strategies.
- Changes to Plan: Any modifications to the project plan, scope, or timeline.
- Upcoming Milestones: Overview of next steps and milestones.
- Recommendations: Suggestions for future actions.
- Conclusion: Summary of key findings and conclusions.

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Annexure 3: Procedure for Recognition of Green Hydrogen Hubs without any Financial Support (Component B2)

1.0 Background

- 1.1 The National Green Hydrogen Mission, hereafter mentioned as 'Mission', was launched on 4th January 2023 with an outlay of Rs. 19,744 Crore with an aim to make India a Global Hub for production, usage, and export of Green Hydrogen (GH₂) and its derivatives. It will contribute to India's goal to become Aatmanirbhar (self-reliant) through clean energy and serve as an inspiration for the global Clean Energy Transition. Along with other initiatives, the Mission envisages the establishment and development of large-scale Hydrogen Hubs, which will act as a foundation for the development of the Hydrogen ecosystem and will act as the backbone of the decarbonization efforts in the country.
- 1.2 Given the technical and logistical challenges inherent in transporting hydrogen over long distances, a cluster-based production and utilization model would enhance the viability of Green Hydrogen projects in the initial years. This would, in turn, enable economies of scale and convergence of key infrastructure requirements in geographically proximate areas.

2.0 Hydrogen Hubs

- 2.1 Para 7.8 of the Mission Document states that the Mission will identify and develop regions capable of supporting large-scale production and/or utilization of Hydrogen as Green Hydrogen Hubs. This scheme for the recognition to promote Green Hydrogen Hubs will focus on the development of supporting infrastructure at key locations. The Green Hydrogen Hubs and associated infrastructure will be planned in a manner so as to promote an integrated development of the region based on its potential. In this regard, the proposal shall be submitted through the State Government or any other line ministries of the Central Government.

3.0 Purpose

This document prescribes broad eligibility parameters and procedures to be envisaged for recognizing Green Hydrogen Hubs by a competent executive agency (EA)

- i. The Green Hydrogen Hubs can be established/set up in any part of the country considering strategic and economic advantages.
- ii. The interested agency/company/public entity may submit their interest to MNRE.
- iii. The proposal should provide adequate details about the land allotted by the State government, local authority, or outright purchase/lease by the developer.

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- iv. The necessary clearance or support may also be furnished, if applicable for establishing Green Hydrogen Hubs.

4.0 Development of Infrastructure

The development of the following core infrastructure for the common facility at Green Hydrogen Hubs should be considered;

- i. Storage and transportation facilities for Green Hydrogen/its derivatives
- ii. Development or upgradation of pipeline infrastructure
- iii. Green Hydrogen powered vehicle re-fuelling facility
- iv. Hydrogen compression and/or liquefaction technologies, as required
- v. Hydrogen storage systems, including bulk liquid, gaseous, materials-based technologies, or subsurface options (e.g., salt caverns, depleted oil and gas fields, unused coal mines etc.)
- vi. Water treatment facility and associated storage facility
- vii. Development of bunkering facilities in case of ports including provision of bunker barges for handling large vessels such as Very Large Crude Carriers (VLCC)
- viii. Infrastructure upgradation for shipping, including expansion of port/jetty infrastructure for exports.
- ix. Power transmission infrastructure to the nearest existing grid substation and establishment of new dedicated substations
- x. Land re-development
- xi. Energy Storage to manage RE intermittency
- xii. Effluent Treatment Plants
- xiii. Any other infrastructure required

5.0 Objectives of the scheme

- i. To identify and develop regions capable of supporting large-scale production and/or utilization of Hydrogen as Green Hydrogen Hubs.
- ii. Development of Green Hydrogen Projects inside the Hubs in an integrated manner to allow pooling of resources and achievement of scale
- iii. Enhance the cost-competitiveness of Green Hydrogen and its derivatives vis-à-vis fossil-based alternatives
- iv. Maximize production of Green Hydrogen and its derivatives in India within the stated financial support
- v. Encourage large-scale utilization and exports of Green Hydrogen and its derivatives
- vi. Enhance the viability of Green Hydrogen assets across the value chain

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6.0 Rationale and the Salient Features

- 6.1 Hydrogen Hubs will help in boosting hydrogen production, to match domestic as well as export demands, and to achieve large-scale, commercially viable hydrogen ecosystems. This will accelerate the deployment of Green Hydrogen technologies, attract greater investments from the private sector, and promote production and usage of hydrogen to decarbonize the economy. A network of Green Hydrogen producers, users, and supporting infrastructure is a key feature of the Hydrogen Hub.
- 6.2 It is envisaged that the Hydrogen hubs will have pooling of resources from Government of India, State Governments, Local Government, and the industry - to help the development of the Hydrogen ecosystem in a coordinated manner. Hydrogen hubs will lead to the creation of sufficient job opportunities.
- 6.3 Salient features of the scheme are as follows:
- i. Hydrogen hub is an identified geographical region where there exists a network of Hydrogen producers, end use (domestic or export) with sufficient supporting infrastructure of Hydrogen storage, processing, and transportation.
 - ii. Hydrogen hub might be located inland or near ports to enable exports of Green Hydrogen and its derivatives. Potential locations for such hubs would be regions having clusters of refineries/ fertilizer production plants and other end-use industries in close vicinity.
 - iii. The Hydrogen hub should have a planned/announced capacity of at least 1,00,000 MTPA. Higher production capacity will get priority.
 - iv. Leveraging existing infrastructure for Hydrogen production, transportation, storage, and utilization will be encouraged.

7.0 Technical/ Regulatory approvals: The EA shall be solely responsible for obtaining the safety, environmental, and other approvals as required.

8.0 Testing and Certification: The EA shall get necessary testing and certification compliance from concerned agencies.

9.0 Project Completion: EAs shall submit the Project Completion Report (PCR) to MNRE within three months of the completion of the project. PCR shall include the following:

- i. Technical aspects of the project, including the hardware, software, and other technologies used.
- ii. Technical challenges encountered during the project, and how they were overcome.
- iii. Outcome of the project comprising of technical know-how generated along with the data collected during the execution of the project.
- iv. Recommendations for future projects, based on the lessons learned from the project.

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ANNEXURE-II

F No. 353/7/2024-NT
Government of India
Ministry of New and Renewable Energy
(Hydrogen Division)

Atal Akshay Urja Bhawan, Lodhi Road,
New Delhi 110003
Date: 15th March 2024

To

The Pay & Accounts Officer,
Ministry of New and Renewable Energy,
New Delhi- 110003

Subject: Scheme Guidelines for setting up Hydrogen Hubs in India under the National Green Hydrogen Mission (NGHM)

Sir/Madam,

I am directed to convey the sanction of the President of India for the implementation of the Scheme for setting up Hydrogen Hubs in India under the National Green Hydrogen Mission (NGHM).

2. Objectives:

Objectives of the Scheme are as follows:

- (i) To identify and develop regions capable of supporting large-scale production and/or utilization of Hydrogen as Green Hydrogen Hubs.
- (ii) Development of Green Hydrogen Projects inside the Hubs in an integrated manner to allow pooling of resources and achievement of scale
- (iii) Enhance the cost-competitiveness of Green Hydrogen and its derivatives vis-à-vis fossil-based alternatives
- (iv) Maximize production of Green Hydrogen and its derivatives in India within the stated financial support
- (v) Encourage large-scale utilization and exports of Green Hydrogen and its derivatives
- (vi) Enhance viability of Green Hydrogen assets across the value chain

3. **Implementation Methodology:** The Scheme will be implemented as per the detailed Guidelines given at **Annexure**.

4. The expenditure on this scheme will be met from the budget provisions made under the National Green Hydrogen Mission Head.

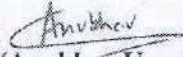
5. The Ministry of New & Renewable Energy (MNRE) and its nominated Scheme Implementing Agencies (SIAs) will be the Implementing Agency for these hydrogen hubs.

6. This issues in exercise of the powers conferred on this Ministry and with the concurrence of IFD vide their Diary. No. 457 dated 15th March 2024.



7. This has the approval of Hon'ble Minister of Power and New and Renewable Energy.

Yours Sincerely,


(Anubhav Uppal)
Scientist D

Enclosed: Annexure

Copy to:

1. All Central Government Ministries and Departments
2. All Members of the Empowered Group under the Mission
3. All Members of the Advisory Group under the Mission
4. CEO, NITI Aayog, Sansad Marg, New Delhi
5. State Nodal Agencies (SNAs) of all States/UTs
6. Major Public Sector Enterprises operating in Renewable Energy/Power Sector
7. Principal Director of Audit, Scientific Audit-II, DGCAR, I.P. Estate, Delhi-11002
8. Director General (Local Bodies), Office of the Comptroller & Auditor General, Deen Dayal Upadhyay Marg, New Delhi
9. Solar Energy Corporation of India (SECI), 6th floor, Plate-B, NBCC office, Block tower-2, East Kidwai Nagar, New Delhi. 110023
10. Indian Renewable Energy Development Agency Limited (IREDA), 3rd floor, August Kranti Bhavan, Bhikaji Cama place, New Delhi-110066

Internal distribution

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2. PS to Hon'ble Minister of State of New and Renewable Energy and Chemicals and Fertilizers
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5. All Scientist-F/Scientist-E/Director, MNRE
6. All Scientist -D/Deputy Secretaries, MNRE
7. All Scientists-C/Under Secretaries, MNRE
8. All Scientist-B, MNRE
9. NIC, MNRE for uploading on the MNRE website
10. CA, MNRE for cash Section
11. Hindi Section of Hindi Version
12. Sanction Folder



Annexure

Ministry of New & Renewable Energy (MNRE)
Government of India

Scheme Guidelines for setting up Hydrogen Hubs in India

1. Introduction

- 1.1 The National Green Hydrogen Mission, hereafter mentioned as 'Mission', was launched on 4th January 2023 with an outlay of Rs. 19,744 Crore with an aim to make India a Global Hub for production, usage, and export of Green Hydrogen (GH₂) and its derivatives. It will contribute to India's goal to become Aatmanirbhar (self-reliant) through clean energy and serve as an inspiration for the global Clean Energy Transition. The Mission will lead to significant decarbonisation of the economy, reduced dependence on fossil fuel imports, and enable India to assume technology and market leadership in Green Hydrogen. Along with other initiatives, the Mission envisages large-scale Hydrogen Hubs, which will act as a foundation for the development of the Hydrogen eco-system and will act as backbone of the decarbonisation efforts in the country.
- 1.2 Given the technical and logistical challenges inherent in transporting hydrogen over long distances, a cluster-based production and utilization model would enhance the viability of Green Hydrogen projects in the initial years. This would, in turn, enable economies of scale and convergence of key infrastructure requirements in geographically proximate areas.

2. Hydrogen hub

- 2.1 Para 7.8 of the Mission Document states that the Mission will identify and develop regions capable of supporting large-scale production and/or utilization of Hydrogen as Green Hydrogen Hubs. This scheme for the promotion of Green Hydrogen Hubs will focus on development of supporting infrastructure. The Green Hydrogen Hubs and associated infrastructure will be planned in a manner so as to promote an integrated development of the region. Under the Mission, it is planned to set up at least two such Green Hydrogen hubs by FY 2025-26.
- 2.2 The Scheme will provide support for development of the following core infrastructure at Hydrogen hubs for common services/facilities only (not for any component of individual projects):
- Storage and transportation facilities for Green Hydrogen/its derivatives
 - Development or upgradation of pipeline infrastructure
 - Green Hydrogen powered vehicle re-fuelling facility
 - Hydrogen compression and/or liquefaction technologies, as required

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- v. Hydrogen storage systems, including bulk liquid, gaseous, materials-based technologies, or subsurface options (e.g., salt caverns, depleted oil and gas fields, unused coal mines etc.)
- vi. Water treatment facility and associated storage facility
- vii. Development of bunkering facilities in case of ports including provision of bunker barges for handling large vessels such as Very Large Crude Carriers (VLCC)
- viii. Infrastructure upgradation for shipping, including expansion of port/jetty infrastructure for exports.
- ix. Power transmission infrastructure to nearest existing grid substation and establishment of new dedicated substations
- x. Land re-development
- xi. Energy Storage to manage RE intermittency
- xii. Effluent Treatment Plants
- xiii. Any other infrastructure required

3. Objectives of the scheme:

- i. To identify and develop regions capable of supporting large-scale production and/or utilization of Hydrogen as Green Hydrogen Hubs.
- ii. Development of Green Hydrogen Projects inside the Hubs in an integrated manner to allow pooling of resources and achievement of scale
- iii. Enhance the cost-competitiveness of Green Hydrogen and its derivatives vis-à-vis fossil-based alternatives
- iv. Maximize production of Green Hydrogen and its derivatives in India within the stated financial support
- v. Encourage large-scale utilization and exports of Green Hydrogen and its derivatives
- vi. Enhance viability of Green Hydrogen assets across the value chain

4. Budgetary outlay: Rs. 200 Crore till FY 2025-26

5. Rationale and the Salient Features

5.1. Hydrogen Hubs will help in boosting hydrogen production, to match domestic as well as export demands, and to achieve large-scale, commercially viable hydrogen ecosystems. This will accelerate the deployment of Green Hydrogen technologies, attract greater investments from the private sector, and promote production and usage of hydrogen to decarbonize the economy. A network of Green Hydrogen producers, users, and supporting infrastructure is a key feature of the Hydrogen Hub.

5.2. It is envisaged that the Hydrogen hubs will have pooling of resources from Government of India, State Governments, Local Government, and the industry - to help the development of the Hydrogen ecosystem in a coordinated manner. Hydrogen hubs will lead to the creation of sufficient job opportunities.



5.3 Salient features of the scheme are as follows:

- i. Hydrogen hub is an identified geographical region where there exists a network of Hydrogen producers, end use (domestic or export) with sufficient supporting infrastructure of Hydrogen storage, processing, and transportation.
- ii. Hydrogen hub might be located inland or near ports to enable exports of Green Hydrogen and its derivatives. Potential locations for such hubs would be regions having clusters of refineries/ fertilizer production plants and other end use industries in close vicinity.
- iii. The Hydrogen hub should have a planned/announced capacity of at least 1,00,000MTPA. Higher production capacity will get priority.
- iv. Leveraging existing infrastructure for Hydrogen production, transportation, storage, and utilisation will be encouraged.
- v. The infrastructure, projects, and key resources will be mapped under the PM Gati Shakti to ensure optimal and coordinated development.
- vi. MNRE may also recognize other locations as Green Hydrogen hubs without any financial support so that they become eligible for other benefits/advantages, if any.

6. Implementation Methodology

6.1. **Call for proposals:** A Scheme Implementing Agency (SIA) nominated by MNRE will issue Call for Proposals for the projects. The proposals should be submitted directly to SIA. Each submitted project should contain the name of Executing Agency (EA). In case of consortium, a lead agency should be identified, which shall function as Executing Agency.

- (i) The eligible agencies for sending project proposals include CPSUs, State-PSUs, Private sector, State Corporations, Autonomous Bodies, JVs/Partnerships/Consortiums of such entities.
- (ii) The necessary capabilities need to exist with the EAs for taking forward the project towards completion and commercialization.

6.2 **Evaluation and award:** The proposals will be evaluated in accordance with the detailed criteria specified in the Call for Proposals. Following guidelines would be included in the evaluation criteria of the Call for Proposals:

6.2.1 Planned production of Hydrogen and its derivatives

- i. Green Hydrogen Production approved/ agreement signed or under process
- ii. Natural Resource availability
 - a. Potential for sourcing of RE
 - b. Water sourcing arrangements/availability of water
 - c. In-principal allocation of land from state agency or self-procurement of land



- iii. Infrastructure Available and planned: The proposal should list the infrastructure already available at the location. The proposal should include a detailed plan for development of additional infrastructure, as detailed in para 2.2.

6.2.2 Technology, Applications and end-use

- a. Presence of multiple end-use industries: Refining, Steel, Shipping, Transport, Fertilizer, Chemicals, power generation etc.
- b. Current H2 demand in the region and projections for next 5 years
- c. Proximity to an export terminal/demand center
- d. Firm off-take agreements signed (in MT of H2 or H2 derivatives)

6.2.3 Financial commitment

- i. Financial viability of the proposed hub
- ii. Equity investments by the EA
- iii. Funding tied up with the financial institutions

- 6.2.4 For the evaluation of submitted proposals, appropriate weightage will be provided for each of the above-listed elements and scoring matrix will be as follows –

Parameters	Indicative Weightages
Planned Production capacity	50%
Technology, Applications and End use	20 %
Financial commitment	30 %
Total (%)	100%

- 6.2.5 Evaluation of Proposals as per above mentioned assessment criteria will be given a weightage of 80%. Rest 20% weightage would be on the basis of presentation made before the evaluation committee to assess the preparedness of applicant and to check and rectify any incongruence /gaps in the proposal. Parameter-wise marking scheme, including quantification/ weightages of sub-parameters will be specified in the Call for Proposal.

- 6.2.6 The letter of Award shall be issued to the EA by the SIA upon receipt of administrative sanction from MNRE.

- 6.3 **Execution and commissioning:** Work shall be executed as per the approved scope of work. The SIA shall make all necessary efforts to complete the project, in all aspects, before 31.03.2026.

- 6.4 **Technical/ Regulatory approvals:** The EA shall be solely responsible for obtaining the safety, environmental and other approvals as required.

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6.5 **Testing and Certification:** The EA shall get necessary testing and certification compliance from concerned agencies.

7. Funding & Disbursement

7.1. The financial support development of at-least two Green Hydrogen hubs with CFA of up to Rs. 100 Crore each will only be for supporting core infrastructure.

7.2. Stages of disbursement of Central Financial Assistance (CFA) are as follows:

S.No.	Stages of Disbursement	Percentage of CFA to be released
1	Date of issue of administrative approval	20%
2	Milestone based disbursement*	70%
3	Completion of construction and commissioning	10%
	Total	100%

*The milestones for disbursement of funds shall be specified in the Call for proposals to be issued by the SIA.

7.3 Funds will be released to EAs by the SIA on the basis of conditions specified in Call for Proposals.

7.4 EA will remit the accrued interest and other charges to Consolidated Fund of India as per rule-230(8) of GFRs 2017.

7.5 SIA will be eligible for service charges at 0.5 % of CFA released under the projects.

8. Timelines and Penalty Provisions

8.1. The grants released shall be exclusively earmarked for the project and should not be diverted for any other purpose.

8.2. The Terms and conditions framed by the SIA for the award of the work shall include suitable provisions, as per the extant Government of India guidelines/directives applicable in the matter, to protect the interest of Government of India (GoI) in the event of EA failing to utilize the grant for the purpose for which it has been sanctioned or fails to complete the project as per DPR.

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- 8.3. The Call for proposals should indicate a suitable timeline for completion, of the project. Extension of up to six months may be granted for completion of the project on the basis of adequate justification, with the approval of the Steering Committee, without any penalty. Any extension beyond six months shall only be granted with the approval of the Hon'ble Minister for New and Renewable Energy, with suitable penalties as specified by SIA in the Call for Proposals issued.
- 8.4. MNRE reserves the right to retract sanction or cancel or short-close projects in consultation with the Steering Committee in cases where the SIA faces unreasonable delays or fail to comply with the objectives/ provisions of this Scheme or the Mission.

9. Monitoring framework

9.1. Steering Committee

- 9.1.1. Overall monitoring of the scheme, and evaluation of projects undertaken will be done by a Steering Committee (SC) under the chairmanship of Secretary, Ministry of New and Renewable Energy (MNRE) and comprising of members viz., Mission Director, National Green Hydrogen Mission (NGHM), and any other members as nominated. The Steering Committee shall be responsible for overall monitoring and implementation of this scheme, and suggest modifications and course corrections for its successful implementation.
- 9.1.2. In case of any ambiguity in the interpretation of any of the provisions of this scheme, the decision of MNRE shall be final. The SC will also facilitate/ recommend measures to resolve difficulties, if any.

9.2. Project Appraisal Committee:

A Project Appraisal Committee (PAC) under the Chairmanship of Mission Director, NGHM, shall monitor /review/ evaluate the project proposals and recommended projects for sanction of CFA. The PAC shall monitor sanctioned projects on a quarterly basis for the allocation of funds based upon the progress of the project. The PAC shall send recommendations to MNRE for the release of CFA.

- 9.3. The SIA shall also devise a monitoring mechanism to track the progress under the pilot projects. Quarterly monitoring reports shall be submitted by the SIA to MNRE.

10. Project Completion

- 10.1. SIAs shall submit the Project Completion Report (PCR) to the Steering Committee within one month from the completion of the project. PCR shall include the following:
- Technical aspects of the project, including the hardware, software, and other technologies used.



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- ii. Technical challenges encountered during the project, and how they were overcome.
- iii. Outcome of the project comprising of technical knowhow generated along with the data collected during the execution of the project.
- iv. Recommendations for future projects, based on the lessons learned from project.

11. Guidelines for safeguard of Intellectual property: The SIA shall issue the necessary guidelines for the safeguard of any Intellectual Property Rights such as Publications, Patents, Registered Designs or Trademarks etc. which are generated through projects funded under this scheme. The guidelines may also be a part of the Call for Proposals to be issued by the implementing agency.

12. Power to amend guidelines: MNRE may make the necessary amendments in the Scheme Guidelines, as and when required, with the approval of the Hon'ble Minister, New & Renewable Energy.



ANNEXURE-III

1. V.O. Chidambaranar Port Authority has allotted land to the extent of 336.45 acres for the development of Green Hydrogen/Ammonia Industries, and the expected investment is Rs. 41,000 crores. The Port has undertaken a Pilot project for Development of Bunkering and Refueling facility for Green Methanol (750 m³) including 5 years O&M contract through EPC mode. The Port also commissioned Green Hydrogen Production Demonstration Plant on pilot basis with a capacity of 10 Nm³/hr for technology demonstration. The hydrogen produced will be utilized for electric power generation (15 KW) and used at the Port for streetlights and E-Car charging.
2. Deendayal Port Authority has allotted 3,400 acres of land for the development of Green Hydrogen, its derivatives, and allied infrastructure through the E-tender-cum-E-auction process on a 30-year lease basis. The expected investment by the lessees in this project is approximately Rs. 1,00,000 crore.
3. Paradip Port Authority will be developing common infrastructure comprising of a dedicated Berth (~ 280 m length) with 02 Nos loading/unloading arms and development of 40 acres land adjacent to the berth to house tanks and accessories to load ammonia into vessels, conveyor gallery for supporting the pipelines.

NEW AYUSH HOSPITAL IN AMRITSAR

***86. SHRI GURJEET SINGH AUJLA:**

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

- (a) whether the Government has any plan to establish a modern Punjabi Ayurvedic and Panchakarma Center/Hospital in border area of Amritsar aimed at integrating the country's traditional systems of medicines with modern infrastructure to promote holistic wellness, medical tourism and preventive healthcare, if so, the details thereof;
- (b) whether such centres significantly benefit local residents by providing affordable alternate treatment for chronic and lifestyle-related diseases, while simultaneously boosting employment and local economic growth, if so, the details thereof;
- (c) whether the Government acknowledges the strategic importance of developing Amritsar as a model city for AYUSH-based medical tourism, aligned with the national objective of promoting country's ancient healing systems globally and if so, the details thereof; and
- (d) whether the Government intends to allocate special funds, provide regulatory support and land for the development of AYUSH-based medical tourism in Amritsar and if so, the details thereof along with the timeline, if any, proposed for its approval and implementation?

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): Public Health being a State Subject, the primary responsibility to establish a modern Punjabi Ayurvedic and Panchakarma Center/Hospital in border area of Amritsar aimed at integrating the country's traditional systems of medicines with modern infrastructure to promote holistic wellness, medical tourism, preventive healthcare comes under the purview of State Government. However, Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments including Punjab and having the provision of financial assistance for establishment of 10/30/50-bedded integrated Ayush hospitals, which includes Ayurveda & Panchkarma facilities also for providing holistic health care to the community. In this regard, the State Government may avail financial assistance by submitting suitable proposal through State Annual Action Plans (SAAPs) as per provisions of NAM guidelines. Further, as per the proposals received from State Government of Punjab through SAAPs, 10 Ayushman Arogya Kendras (Ayush) have been approved in Amritsar District for providing holistic healthcare to community through different activities like OPD services, Prakriti Parikshan, Yoga related activities at the level of facility as well as community, awareness about uses of common medicinal plants etc.

(c) and (d): Ministry of Ayush has no such proposal for developing Amritsar as a model city for AYUSH-based medical tourism.

APEX RESEARCH INSTITUTE FOR YOGA AND NATUROPATHY

***87. SHRI KHAGEN MURMU:**

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

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

- (a) the details of the proposal for establishing an Apex Research Institute for Yoga and Naturopathy in Andhra Pradesh, including its estimated cost, institutional structure and governing framework;
- (b) the number of undergraduate and postgraduate seats proposed in the first phase;
- (c) whether the Union Government has requested the State Government of Andhra Pradesh to allocate land for the establishment of the institute, if so, the details and the present status thereof; and
- (d) the details of the expected outcomes of this initiative in terms of expanding higher education opportunities, advancing research capacity and improving public access to Yoga and Naturopathy healthcare services in Southern India, particularly in the State of Andhra Pradesh and Karnataka?

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 has planned to establish a 'Central Research Institute of Yoga and Naturopathy (CRIYN)' consisting of 100 bedded Hospital including treatment block, administration & OPD and residential facilities at an estimated cost of Rs.93.82 Cr on land measuring Ac. 15.00 cents in Nadimpalem Village, Guntur District, provided by Government of Andhra Pradesh. Administrative approval and expenditure sanction for the project have been obtained for this

project. The CRIYN, Guntur will function under the administrative control of the Central Council for Research in Yoga and Naturopathy (CCRYN), an autonomous organization under the Ministry of Ayush.

(b): At present no proposal is under consideration in the Ministry for under graduate/post graduate courses in the proposed CRIYN.

(c): The Government of Andhra Pradesh had earlier allotted free hold & cost-free land in Kondapavuluru, Gannavaram - Mandal, Krishna District, Andhra Pradesh for setting up of CRIYN with 100 bedded Yoga & Naturopathy hospital. Subsequently, the Government of Andhra Pradesh withdrew the said land allotment and re-allotted an alternative land measuring Ac. 15.00 cents in Survey No. 149/4A in Nadimpalem Village, Guntur District, Andhra Pradesh. The said land has been handed over to CCRYN in the month of April, 2025.

(d): The following outcomes are envisaged out of this initiative:

- Advancing Research projects related to Yoga & Naturopathy.
- Improvement in OPD and IPD treatment facilities related to Yoga and Naturopathy healthcare services for general public.

अखिल भारतीय आयुर्वेद संस्थान, दिल्ली

***88. श्री रामवीर सिंह बिधूड़ी:**

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार की दिल्ली में सरिता विहार स्थित अखिल भारतीय आयुर्वेद संस्थान का विस्तार करने की कोई योजना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में कितनी धनराशि खर्च किए जाने की संभावना है;

- (ख) वर्तमान में अखिल भारतीय आयुर्वेद संस्थान में प्रतिदिन कितने रोगी आते हैं और इस संस्थान में कुल कितने बिस्तर हैं;
- (ग) क्या उक्त संस्थान में छोटी-मोटी शल्य चिकित्सा भी की जाती है;
- (घ) क्या उक्त संस्थान आयुर्वेद के अलावा अन्य चिकित्सा पद्धतियों के अंतर्गत भी उपचार प्रदान करता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) क्या उक्त संस्थान की शाखाएं स्थापित करने का कोई प्रस्ताव 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): सरकार, एआईआईए, सरिता विहार में निम्नलिखित तरिकों से सुविधाओं का विस्तार कर रही है:

i. सरकार, एआईआईए चरण-II परियोजना के तहत, सरिता विहार में एआईआईए का विस्तार कर रही है। इस विस्तार से अतिरिक्त 200 बिस्तरों की क्षमता वाला एक अस्पताल तैयार होगा और संस्थान के स्टॉफ और छात्रों को आवास की सुविधा भी प्रदान की जाएगी। परियोजना की स्वीकृत लागत 289.05 करोड़ रुपये है।

ii. सरकार, एआईआईए, सरिता विहार की सुविधाओं का चरण-III परियोजना के तहत और आगे विस्तार कर रही है, जिसके लिए पहले ही 68.79 करोड़ रुपये की लागत से संस्थान के पास 12 एकड़ अतिरिक्त भूमि का अधिग्रहण कर लिया गया है।

(ख): वर्तमान में एआईआईए के बाह्य रोगी विभाग (ओपीडी) में प्रति दिन लगभग 1700 की संख्या में रोगी आते हैं, और इस संस्थान के अंतः रोगी विभाग (आईपीडी) में कुल 200 बिस्तर उपलब्ध हैं। इसके अलावा, एआईआईए के गोवा स्थित अनुषंगी केंद्र में, आईपीडी में 168 बिस्तरों की क्षमता है और प्रति दिन विभिन्न ओपीडी में 800 से अधिक रोगी आते हैं।

(ग): संस्थान में क्षार-सूत्र, अग्निकर्म, लीच थेरेपी जैसी आयुर्वेदिक तकनीकों पर आधारित छोटी

शल्य प्रक्रियाएं निष्पादित की जाती हैं।

(घ): अखिल भारतीय आयुर्वेद संस्थान, नई दिल्ली आयुर्वेद का सर्वोच्च संस्थान और आयुर्वेद के क्षेत्र में सुपर स्पेशियलिटी केंद्र होने के कारण, मुख्य रूप से आयुर्वेद उपचार पर ध्यान केंद्रित करता है। हालांकि, आयुर्वेद के अलावा, संस्थान कई अन्य चिकित्सा पद्धतियों जैसे यूनानी, होम्योपैथी, योग, सिद्ध (सामान्य ओपीडी), सिद्ध एकीकृत कैंसर ओपीडी, और कुछ ओपीडी आधुनिक चिकित्सा पद्धति के साथ एकीकरण में संचालित होते हैं जैसे आपातकालीन ओपीडी, एकीकृत दंत चिकित्सा केंद्र, एकीकृत ऑन्कोलॉजी केंद्र, एकीकृत ऑर्थोपेडिक्स केंद्र के तहत भी उपचार प्रदान करता है।

(ङ): एआईआईए, नई दिल्ली का अनुषंगी केंद्र गोवा में स्थित है और सफदरजंग अस्पताल, भारत का सर्वोच्च न्यायालय, राष्ट्रीय कैंसर संस्थान (एनसीआई) झज्जर, संघ लोक सेवा आयोग (यूपीएससी), केवड़िया, और लाल बहादुर शास्त्री राष्ट्रीय प्रशासनिक अकादमी में आरोग्य केंद्र/ओपीडी संचालित हैं।

ESTABLISHMENT/UPGRADATION OF NURSING COLLEGES

***89. DR. BYREDDY SHABARI:**

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

(a) the total number of functional Schools and Colleges of Nursing in the country, along with their current intake capacity, State/UT-wise;

(b) the details of the scheme for establishing 157 new Colleges of Nursing in co-location with existing Medical Colleges including the number, names and locations of colleges approved so far, State/UT-wise and the criteria used for approval;

(c) the total projects sanctioned under the Central Sector Scheme for upgradation of existing Schools of Nursing into Colleges of Nursing including

the number and names of institutions covered and the current status of their implementation, State/UT-wise;

(d) the details of the funds allocated, sanctioned, released and utilised under both schemes during the last five years, State/UT-wise and year-wise;

(e) whether any proposals are pending under the said scheme from the State of Andhra Pradesh; and

(f) if so, the details thereof along with the current status and timelines, if any set, for their approval?

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

(a): As per the Indian Nursing Council (INC), the details of total number of Government and Private Nursing Institutions, State/UT-wise as on 31st October, 2025 with admission capacity in the country is given in the enclosed **Statement-I**.

(b) to (f): The Government has approved a Centrally Sponsored Scheme “Augmenting Nursing Education– Establishment of new Colleges of Nursing (CoN) in co-location with Medical Colleges” to establish 157 new nursing colleges for the period from 2023-24 to 2026-27. These 157 New Nursing Colleges are being established in co-location with the existing 157 medical colleges established since 2014. The State/UT-wise list of the originally identified 157 Nursing Colleges is given in the enclosed **Statement-II**. 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.

All recurring costs, including manpower will be borne by the States.

Based on the proposals from the State/UTs the Ministry has accorded approval for the establishment of 113 new Colleges of Nursing across various States/UTs. The details of 113 approved Colleges of Nursing along with State/UT-wise funds released during the last five years are given in the enclosed **Statement-III**.

In respect of Andhra Pradesh, three proposals were received from state of Andhra Pradesh. Three (3) Colleges of Nursing at Piduguralla, Paderu, and Machilipatnam have been approved under the Centrally Sponsored Scheme “Augmenting Nursing Education– Establishment of new Colleges of Nursing (CoN) in co-location with Medical Colleges”.

The Ministry of Health & Family Welfare also administers the Central Sector Scheme “Development of Nursing Services”, which provides financial support for the upgradation of existing Schools of Nursing into Colleges of Nursing. As per the scheme guidelines, ₹7.00 Crore is sanctioned for each institution approved for upgradation. During the last five years, 29 Schools of Nursing have been approved for upgradation under the scheme. The State/UT-wise list of these 29 Schools of Nursing, along with details of funds released during the last five years, is given in the enclosed **Statement-IV**.

STATEMENT-I

**State-wise Distribution of Nursing Institutions and the Admission Capacity
as on 31st, October, 2025**

	ANM		GNM		B.Sc. (N)	
States	Instt.	intake capacity	Instt.	intake capacity	Instt.	intake capacity
Andaman & Nicobar	1	30	1	20	0	0
Andhra Pradesh	25	720	140	6120	149	8125
Arunachal Pradesh	7	160	5	200	5	170
Assam	40	1125	73	3064	25	1310
Bihar	112	4575	25	1341	17	1050
Chandigarh	1	20	0	0	2	120
Chhattisgarh	3	130	44	1480	121	5665
Dadra & Nagar Haveli	0	0	0	0	1	60
Daman & Diu	0	0	0	0	1	50
Delhi	16	610	23	990	16	755
Goa	4	160	4	180	5	280
Gujarat	138	4260	168	7745	121	6110
Haryana	76	2410	76	3220	42	2695
Himachal Pradesh	10	290	45	1645	45	1820
Jammu & Kashmir	10	335	19	805	26	1400
Jharkhand	85	2790	68	2980	43	2160
Karnataka	5	170	449	21651	392	24215
Kerala	19	575	163	5552	169	10630
Lakshadweep	0	0	0	0	1	30
Madhya Pradesh	65	2130	260	10520	167	8365
Maharashtra	511	11330	254	8044	110	5605
Manipur	6	180	17	600	16	590
Meghalaya	3	65	9	315	4	170
Mizoram	6	160	8	220	5	170
Nagaland	4	100	4	170	5	190

Orissa	111	3500	68	2730	52	3088
Pondicherry/Puducherry	8	212	9	330	18	1305
Punjab	164	6035	222	11543	119	6680
Rajasthan	23	615	163	8105	189	9775
Sikkim	1	20	3	90	4	200
Tamilnadu	58	2090	192	7150	248	16060
Telangana	14	395	78	3492	111	6800
Tripura	7	295	10	440	7	330
Uttar Pradesh	292	10970	299	13705	211	10390
Uttaranchal	18	455	35	1336	51	2821
West Bengal	30	1650	208	12696	125	8040

	M. Sc (N)		P B B.Sc (N)		PBDP (Post Basic Diploma Programme)		NURSE PRACTITIONER IN CRITICAL CARE (NPCC)	
States	Instt.	intake capacity	Instt.	intake capacity	Instt.	intake capacity	Instt.	intake capacity
Andaman & Nicobar	0	0	0	0	0	0	0	0
Andhra Pradesh	37	774	33	920	11	130	1	10
Arunachal Pradesh	0	0	1	10	0	0	0	0
Assam	9	159	7	215	4	70	1	10
Bihar	5	120	6	250	3	40	0	0
Chandigarh	2	24	1	40	0	0	0	0
Chhattisgarh	36	703	20	615	3	50	1	10
Dadra & Nagar Haveli	1	20	1	20	0	0	0	0
Daman & Diu	1	20	0	0	0	0	0	0
Delhi	8	153	4	100	11	200	3	40
Goa	1	25	1	10	3	60	0	0
Gujarat	45	897	50	1575	7	105	3	30
Haryana	11	252	28	840	2	30	4	65
Himachal Pradesh	10	226	18	460	0	0	0	0
Jammu & Kashmir	5	103	4	170	0	0	0	0
Jharkhand	6	110	9	260	2	21	0	0
Karnataka	148	3032	151	5660	26	345	15	190
Kerala	53	896	29	804	22	281	5	80
Lakshadweep	0	0	0	0	0	0	0	0
Madhya Pradesh	54	1146	60	1960	6	65	2	20
Maharashtra	45	816	47	1415	28	404	7	130
Manipur	3	28	5	110	0	0	0	0
Meghalaya	1	10	1	30	0	0	0	0
Mizoram	2	35	1	30	0	0	0	0
Nagaland	0	0	1	20	0	0	0	0
Orissa	17	485	17	630	18	220	0	0

Pondicherry/ Puducherry	9	193	7	220	2	20	1	10
Punjab	37	825	102	3395	6	84	3	25
Rajasthan	27	503	49	1410	0	0	2	45
Sikkim	1	25	2	70	0	0	0	0
Tamil Nadu	85	1819	58	1950	32	465	9	115
Telangana	24	518	19	555	17	290	3	60
Tripura	3	57	2	50	0	0	0	0
Uttar Pradesh	51	1109	66	1990	5	80	5	80
Uttaranchal	12	245	16	510	1	30	3	45
West Bengal	23	516	21	1025	15	235	1	10

[illegible]

Delhi	0	0	0	0	0	0	0	0	0	0
Goa	0	0	0	0	0	0	0	0	0	0
Gujarat	0	0	0	0	1	30	0	0	0	0
Haryana	0	0	0	0	0	0	3	12	0	0
Himachal Pradesh	0	0	1	30	0	0	1	4	0	0
Jammu & Kashmir	0	0	0	0	0	0	0	0	0	0
Jharkhand	0	0	0	0	0	0	0	0	0	0
Karnataka	1	5	0	0	0	0	3	35	0	0
Kerala	0	0	0	0	0	0	0	0	0	0
Lakshadweep	0	0	0	0	0	0	0	0	0	0
Ladakh	0	0	0	0	0	0	7	30	0	0
Madhya Pradesh	2	40	0	0	1	30	5	25	0	0
Maharashtra	0	0	0	0	0	0	0	0	0	0
Manipur	0	0	0	0	0	0	0	0	0	0
Meghalaya	0	0	0	0	0	0	0	0	0	0
Mizoram	0	0	0	0	0	0	0	0	0	0
Nagaland	0	0	0	0	0	0	1	2	0	0
Orissa	0	0	0	0	0	0	1	4	0	0
Pondicherry	0	0	3	90	1	30	2	8	0	0
Punjab	0	0	0	0	0	0	2	8	0	0
Rajasthan	0	0	0	0	0	0	0	0	0	0
Sikkim	0	0	0	0	1	6	3	16	1	6
Tamilnadu	0	0	0	0	2	60	0	0	0	0
Telangana	0	0	0	0	0	0	0	0	0	0
Tripura	0	0	0	0	0	0	3	12	0	0
Uttar Pradesh	0	0	0	0	0	0	0	0	0	0
Uttarakhand	0	0	0	0	1	30	0	0	0	0

STATEMENT-II

State-wise list of 157 Nursing Colleges, in co-location with medical colleges

S. no.	State/UT	Total no. of districts	Districts
1	A & N Islands	1	Port Blair
2	Arunachal Pradesh	1	Naharlagun
3	Andhra Pradesh	3	Piduguralla, Paderu, Machilipatnam
4	Assam	5	Kokrajhar, Dhubri, NagaonNorth, Lakhimpur, Diphu
5	Bihar	8	Purnia, Saran (Chhapara), Samastipur, Sitamarhi, Jhanjharpur, Siwan, Buxar, Jamui
6	Chhattisgarh	5	Rajnandgaon, Sarguja, Korba, Mahasamund, Kanker
7	Gujarat	5	Narmada, Navsari, Panchmahal, Porbandar, Morbi
8	Jharkhand	5	Dumka, Hazaribagh, Palamu (Daltonganj), Koderma, Chaibasa (Singhbhum)
9	Jammu & Kashmir	7	Udhampur, Handwara (Distt. Kupwara), Anantnag, Baramulla, Rajouri, Doda, Kathua
10	Himachal Pradesh	3	Chamba, Hamirpur, Nahan (Sirmour)
11	Haryana	1	Bhiwani

S. no.	State/UT	Total no. of districts	Districts
12	Karnataka	4	Chikkamagaluru, Haveri, Yadgiri, Chikkaballapura
13	Ladakh	1	Leh
14	Madhya Pradesh	14	Datia, Khandwa, Ratlam, Shahdol, Vidisha, Chindwara, Shivpuri, Satna, Rajgarh, Mandla Neemuch, Mandsaur, Sheopur, Singrauli
15	Maharashtra	2+4	Gondia, Nandurbar, Yavatmal, Chandrapur, Jalgaon, Sindhudurg
16	Manipur	1	Churachandpur
17	Meghalaya	1	West Garo Hills (Tura)
18	Mizoram	1	Falkawn
19	Nagaland	2	Kohima, Mon
20	Odisha	7	Kalahandi, Jajpur, Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri
21	Punjab	3	SAS Nagar, Kapurthala, Hoshiarpur
22	Rajasthan	23	Barmer, Bhilwara, Dungarpur, Pali, Sikar, Dholpur, Baran, Bansawara, Chittorgarh, Jaisalmer, Karauli, Nagaur, Shri Ganganagar, Sirohi, Bundi, SawaiMadhopur, Tonk, Hanumangarh, Jhunjhunu, Masuda(Ajmer), Jalore, Pratapgarh, Rajasamand.
23	Uttarakhand	4	Haldwani, Rudrapur, Sri Nagar Paudi Garhwal, Haridwar.

S. no.	State/UT	Total no. of districts	Districts
24	Uttar Pradesh	27	Basti, Faizabad, Firozabad, Shahjahanpur, Bahraich, Etah, Hardoi, Pratapgarh, Fatehpur, Siddharthnagar (Domariyaganj), Deoria, Ghazipur, Mirzapur, Bijnaur, Kushinagar, Sultanpur, Gonda, Lalitpur, LakhimpurKheri, Chandauli, Bulandshahar, Sonbhadra, Pilibhit, Auraiya, Kanpur Dehat, Kaushambi, Amethi
25	Tamil Nadu	11	Tiruppur, Nilgiris, Ramanathapuram, Namakkal, Dindigul, Virudhunagar, Krishnagiri, Tiruvallur, Nagapattinam, Ariyalur, Kallakurichi
26	West Bengal	11	Birbhum (Rampur Hat), Cooch behar, Diamond harbour, Purulia, Raiganj (North Dinajpur), Barasat, Uluberia, Arambagh, Jhargram, Tamluk, Jalpaiguri
27	Sikkim	1	Gangtok

STATEMENT-III

The details of 113 approved Colleges of Nursing along with State/UT-wise funds released during the last five years are as below:

S. No.	State	Name of the districts where the nursing college to be established	Fund Released (in crore)	Year of release
1.	Andaman & Nicobar	Port Blair	2.50	2024-25
2.	Andhra Pradesh	Piduguralla	2.00	2023-24
		Paderu	2.00	
		Machilipatnam	2.00	

3.	Assam	Kokrajhar	2.00	2023-24
		Dhubri	2.00	
		NagaonNorth	2.00	
		Lakhimpur	2.00	
		Diphu	2.00	
4.	Chhattisgarh	Korba	3.00	2025-26
		Mahasamund	3.00	
		Kanker	3.00	
5.	Gujarat	Narmada	4.00	2023-24
		Navsari	4.00	
		Panchmahal	4.00	
		Porbandar	4.00	
		Morbi	4.00	
6.	Jharkhand	Dumka	2.00	2023-24
		Hazaribagh	2.00	
		Palamu (Daltonganj)	2.00	
		Koderma	2.00	
		Chaibasa (Singhbhum)	2.00	
7.	Jammu & Kashmir	Handwara (Distt. Kupwara)	2.00	2023-24
8.	Himachal Pradesh	Chamba	9.00	2023-24 & 2025-26
		Hamirpur	9.00	
		Nahan (Sirmour)	9.00	
9.	Haryana	Bhiwani	2.00	2023-24
10.	Ladakh	Leh	2.50	2024-25
11.	Madhya Pradesh	Khandwa	2.00	2023-24
		Ratlam	2.00	
		Rajgarh	2.00	
		Shivpuri	2.00	2023-24
		Mandsaur	2.00	
		Datia	2.00	
		Satna	2.00	
		Shahdol	2.00	

		Vidisha	2.00	
		Chindwara	2.00	
		Neemuch	2.00	
		Mandla	3.00	
		Singrauli	2.00	
		Sheopur	2.00	
12.	Maharashtra	Gondia	3.00	2023-24
		Nandurbar	2.00	2023-24
		Jalgaon	3.00	2025-26
		Sindhudurg	3.00	
		Yavatmal	3.00	
		Chandrapur	3.00	
13.	Meghalaya	West Garo Hills (Tura)	6.50	2023-24
14.	Nagaland	Kohima	6.00	2023-24
		Mon	6.00	
15.	Odisha	Kalahandi	4.00	2023-24
		Jajpur	4.00	
		Balasore	4.00	
		Baripada (Mayurbhanj)	4.00	
		Bolangir	4.00	
		Koraput	4.00	
		Puri	4.00	
16.	Rajasthan	Barmer	6.00	2023-24 & 2024-25
		Bhilwara	6.00	
		Dungarpur	6.00	
		Sikar	6.00	
		Dholpur	6.00	
		Baran	6.00	
		Bansawara	6.00	
		Chittorgarh	6.00	
		Jaisalmer	6.00	
		Karauli	6.00	

		Shri Ganganagar	6.00	
		Sirohi	6.00	
		Bundi	6.00	
		Sawai Madhopur	6.00	
		Tonk	6.00	
		Hanumangarh	6.00	
		Jhunjhunu	6.00	
		Jalore	6.00	
		Pratapgarh	6.00	
		Rajasamand	6.00	
		Nagaur	6.00	2023-24 &
		Pali	6.00	2025-26
		Masuda (Ajmer)	6.00	
17.	Uttarakhand	Almora	2.25	2024-25
		Rudrapur	2.25	2024-25
		Pithoragarh	2.25	2024-25
		Haridwar	2.25	2024-25
18.	Uttar Pradesh	Basti	6.00	2023-24 &
		Faizabad	6.00	2024-25
		Firozabad	6.00	
		Shahjahanpur	6.00	
		Bahraich	6.00	
		Etah	6.00	
		Hardoi	6.00	
		Pratapgarh	6.00	
		Siddharthnagar (Domariyaganj)	6.00	
		Ghazipur	6.00	
		Mirzapur	6.00	
		Bijnaur	6.00	
		Sultanpur	6.00	
		Kushinagar	6.00	
		Lalitpur	6.00	

		Lakhimpur Kheri	6.00	2023-24 & 2025-26
		Amethi	6.00	
		Kaushambi	6.00	
		Sonbhadra	6.00	
		Fatehpur	2.00	2023-24
		Chandauli	2.00	
		Bulandshahar	2.00	
		Gonda	2.00	
		Pilibhit	2.00	
		Auraiya	2.00	
		Kanpur Dehat	2.00	
		Deoria	2.00	
19.	Sikkim	Gangtok	6.50	2023-24 & 2025-26

STATEMENT-IV

Details of Upgradation of School of Nursing into College of Nursing under Central Sector Scheme of Development of Nursing Services 2020-21 to 2025-26

Sr No.	State	Name of Institute	Fund Released (Rs. in crore)	Year
1.	Manipur	(a) GNM Training School Churachandpur, Manipur	2.25	2020-21
		(b) GNM training school, thoubal, Manipur	2.19	2022-23
2.	Jammu & Kashmir	(c) Principal GNM School, Kulgam,	3.75	2020-21
		(d) Principal ANMT School/ Dy CMO, Kathua,	3.75	2020-21
		(e) Principal ANMT School/ Dy CMO, Doda	3.75	2020-21
3.			4.00	2021-22

	Arunachal Pradesh	(f) Principal, State Nursing School, Naharlagun, Arunachal Pradesh	2.10	2023-24
		(g) Principal, Government Nursing School, Pasighat, Arunachal Pradesh	4.00	2021-22
			2.10	2022-23
		(h) Govt. ANM Nursing School, Aalo, Arunachal Pradesh	2.50	2023-24
			3.60	2024-25
		(i) Govt. ANM Nursing School, Namsai, Arunachal Pradesh	2.9218	2023-24
			3.1782	2024-25
4.	Meghalaya	(j) School of Nursing, Civil Hospital, Shillong, Meghalaya	2.00	2021-22
		(k) School of Nursing, Theresa House Training Centre, Ganesh Das Govt. M.C.H Hospital, Shillong, Meghalaya	2.50	2022-23
			3.60	2025-26
5.	Tripura	(l) Nurses Training Institute AGMC & GBP Hospital, Agartala,	1.71	2022-23
			1.7382	2023-24
6.	Nagaland	(m) School of Nursing, Naga Hospital Authority Kohima-Upgradation school of Nursing into College of Nursing Nagaloni	2.19	2022-23
		(n) School of Nursing, IMDH, Mokokchung, Nagaland.	2.2025	2022-23
		(o) School of Nursing, Dimapur, Nagaland	3.75	2022-23
7.	Telangana	(p) Govt. College of Nursing, Secunderabad, Telangana	2.77375	2022-23
		(q) Govt. School of Nursing Osmania General Hospital, Hyderabad, Telangana	2.77375	2022-23

		(r) School of Nursing, MGM Hospital, Warangal	1.525	2023-24
		(s) Govt. School of Nursing, Makloor, Nizamabad	1.525	2023-24
		(t) Government School of Nursing, Bodhan, Nizamabad	1.525	2023-24
8.	Himachal Pradesh	(u) GNM Training School, Bilaspur, HP	1.5375	2023-24
		(v) GNM Training School, Tanda, HP	1.5375	2023-24
9.	Mizoram	(w) School of Nursing, Lunglie, Mizoram	3.75	2023-24
			2.35	2024-25
		(x) Govt. School of Nursing, Thingdawl, Kolasib, Mizoram	1.525	2024-25
10.	Maharashtra	(y) School of Nursing Sh. CSM Gen. Hosp. Solapur	3.00	2024-25
		(z) Vilashrao Deshmukh Govt. Med. College and Hospital, Latur	2.7134	2024-25
		(aa) Training CoN & RCSM Givt. Med. College & Chatrapati Pramila Raje Ganesh Hospital, Kolhapur	2.7134	2024-25
		(bb) Training CoN Gokuldas Tehpal Hospital, Mumbai	1.2318	2024-25
		(cc) SoN, Shri Bhausahab Hire Government Medical College & Sarvopchar Rugnalaya Dhule	2.90	2025-26

**STAFF PATTERN IN GOVERNMENT MEDICAL COLLEGES
AND HOSPITALS**

***90. SHRI N. K. PREMACHANDRAN:**

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

- (a) whether the Government proposes to ensure a uniform staff pattern of doctors, nurses and other staff in the Government Medical Colleges and Medical College Hospitals in Kerala and if so, the details thereof;
- (b) the details of doctors and staff of different categories in every department of each of the said Government Medical Colleges and Hospitals in Kerala as per the bed strength and the norms fixed by the Union Government;
- (c) whether the Government has initiated any action to ensure sufficient human resources including doctors in the said Medical Colleges and Hospitals in Kerala and if so, the details thereof; and
- (d) whether the Government has sought any report on the death of a patient due to alleged negligence in the Thiruvananthapuram Medical College of Kerala, if so, the details thereof?

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

(a) to (c): The National Medical Commission (NMC) has framed Minimum Standard Requirement (MSR) Regulations, 2023 and the Medical Institutions (Qualification of Faculty) Regulations, 2025 to ensure sufficient human resources in medical colleges & Hospitals. The key provisions are as under:

- All teaching staff shall be full-time, and faculty are prohibited from engaging in private practice during college functioning hours.
- Medical colleges and their teaching hospitals must provide additional staff proportionate to the workload, ensuring that adequate non-teaching

personnel are available in OPDs, inpatient wards, operation theatres, intensive care units, emergency areas, and labour rooms.

- Visiting faculty may be engaged to enhance the comprehensiveness and quality of undergraduate teaching.
- Senior Residents, Junior Residents, and Medical Officers shall be appointed in various hospital areas such as wards, labour rooms, intensive care units, emergency wards, and clinical laboratories to provide round-the-clock services.
- Non-medical graduates with MSc and PhD (relevant medical) qualifications from NMC-recognized/accredited Medical Colleges/Institutes can be appointed as faculty.
- Non-teaching Consultants/Specialists /Medical Officers and Diploma holders have been made eligible for Assistant Professor.

Department-wise Details of Doctors, Staff, and Faculty Requirements in Government Medical Colleges and Hospitals as per Bed Strength and Union Government/MSR 2023 Norms is given in the enclosed **Statement-I** and total strength of faculty as per MSR, 2023 is given in the enclosed **Statement-II**.

It has been informed by the State Government of Kerala that requirement of the man power in the medical colleges has been fixed as per the requirement of the institution and in compliance with the norms of NMC. Further, health being a state subject, the responsibility of filling-up the vacant posts lies with the State government.

(d): National Medical Commission Act, 2019 empowers State Medical Council (SMC) to take disciplinary action in respect of any professional or ethical misconduct including medical negligence by a registered medical practitioner in accordance with the regulations/guidelines framed under the Act. Accordingly, no report has been sought by the Central government.

STATEMENT-I

Department Wise Details of Faculty Requirement for MBBS admission as per MSR 2023

S. No.	Department	Designation	50 seats	100 seats	150 seats	200 seats	250 seats
1	ANATOMY	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	2	3
		Asst. Prof.	2	2	3	4	5
		Tutor/Demonstrator	3	4	5	6	8
		Senior Resident	1	2	3	4	4
2	PHYSIOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	2	3
		Asst. Prof.	1	2	2	4	5
		Tutor/Demonstrator	2	3	4	5	5
		Senior Resident	1	2	3	4	4
3	BIOCHEMISTRY	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	2	3
		Asst. Prof.	1	2	2	3	4
		Tutor/Demonstrator	2	3	4	4	4
		Senior Resident	1	2	3	4	4
4	PHARMACOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	2	3
		Asst. Prof.	1	2	3	4	4
		Tutor/Demonstrator	2	3	4	6	6

		Senior Resident	1	2	3	4	4
5	PATHOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	2	3	3	4
		Asst. Prof.	1	3	3	4	5
		Tutor/Demonstrator	2	4	5	6	6
		Senior Resident	1	2	3	4	4
6	MICROBIOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	2	3
		Asst. Prof.	1	2	3	3	4
		Tutor/Demonstrator	2	4	4	5	5
		Senior Resident	1	2	3	4	4
7	FORENSIC MED. TOXICO	Professor	1	1	1	1	1
		Associate Prof.	1	1	1	1	2
		Asst. Prof.	1	1	1	2	4
		Tutor/Demonstrator	1	2	3	4	4
		Senior Resident	1	2	3	4	4
8	COMMUNITY MEDICINE	Professor	1	1	1	1	1
		Associate Prof.	1	2	2	3	3
		Asst. Prof.	2	3	4	5	6
		Statistician (Min. A.P. level)	1	1	1	1	1
		Tutor/Demonstrator	1	2	3	4	5
		Senior Resident	1	2	3	4	4
9	GENERAL MEDICINE	Professor	1	1	1	1	1
		Associate Prof.	1	3	4	6	7
		Asst. Prof.	2	4	5	7	8
		Senior Resident	2	4	5	7	8
10	PEDIATRICS	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	3	3
		Asst. Prof.	1	2	3	4	5
		Senior Resident	1	2	3	4	4
11	DERMATOLOGY	Professor	0	0	1	1	1
	Prof/ Assoc. Prof. upto 100 seats	Associate Prof.	1	1	1	1	1

		Asst. Prof.	1	1	1	1	1
		Senior Resident	1	1	1	1	2
12	PSYCHIATRY	Professor	0	0	1	1	1
	Prof/ Assoc. Prof. Upto 100 Seats	Associate Prof.	1	1	1	1	1
		Asst. Prof.	1	1	1	1	1
		Senior Resident	1	1	1	1	2
		Clin. Psychologist	1	1	1	1	1
13	GENERAL SURGERY	Professor	1	1	1	1	1
		Associate Prof.	1	3	4	6	7
		Asst. Prof.	2	4	5	7	8
		Senior Resident	2	4	5	7	8
14	ORTHOPEDICS	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	3	3
		Asst. Prof.	1	2	3	4	5
		Senior Resident	1	2	3	4	4
15	OTORHINOLARYNG OLOGY (ENT)	Professor	0	1	1	1	1
	Prof/ Assoc. Prof. Up to 50 Seats	Associate Prof.	1	1	1	2	2
		Asst. Prof.	1	1	2	2	3
		Senior Resident	1	1	2	2	3
16	OPHTHALMOLOGY	Professor	0	1	1	1	1
	Prof/ Assoc. Prof. Up to 50 Seats	Associate Prof.	1	1	1	2	2
		Asst. Prof.	1	1	2	2	3
		Senior Resident	1	1	2	2	3
17	OBSTETRICS & GYNECOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	1	3	4	4
		Asst. Prof.	1	2	4	4	5
		Senior Resident	1	2	4	4	5
18	ANESTHESIOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	2	3	4	5
		Asst. Prof.	2	4	5	5	6
		Senior Resident	2	3	4	5	5

19	RADIO DIAGNOSIS	Professor	0	1	1	1	1
	Prof/ Assoc. Prof. Up to 50 Seats	Associate Prof.	1	1	1	1	2
		Asst. Prof.	1	1	2	3	3
		Senior Resident	1	2	3	3	3
20	DENTISTRY	Professor	0	0	0	1	1
	Prof/ Assoc. Prof. Up to 100 Seats	Associate Prof.	1	1	1	1	1
	Not required if Dental college present in campus/city/town	Asst. Prof.	1	1	1	1	1

STATEMENT-II

Total Strength of Faculty as per MSR, 2023

	PROF	ASSOC. PROF	ASST. PROF	TOTAL	TUT/DEMO	SR
50 SEAT	14	20	25	59	15	23
100 SEAT	17	27	41	85	25	40
150 SEAT	19	40	55	114	32	58
200 SEAT	20	51	70	142	40	73
250 SEAT	20	62	86	168	43	80

UPGRADATION OF MEDICAL COLLEGES UNDER PUBLIC

PRIVATE PARTNERSHIP

***91. SHRI NARESH GANPAT MHASKE:**

SHRIMATI BHARTI PARDHI:

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

(a) the total number of district hospitals selected for upgradation to medical colleges under the Public-Private Partnership (PPP) mode during the ongoing

phase across the country, State/UT- wise particularly in Maharashtra and Madhya Pradesh;

(b) the financial structure of the PPP model including Government capital assistance and private partner obligations for operations and academic infrastructure;

(c) the modalities planned for faculty recruitment, curriculum regulation and procurement of diagnostic and teaching equipment; and

(d) the broad criteria used for selecting districts for this initiative and the timeline for commencement of medical education in the newly upgraded institutions?

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

(a) to (d): The Ministry of Health & Family Welfare administers 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 Government medical colleges have already been approved including fourteen (14) in Madhya Pradesh and two (02) in Maharashtra.

Also, as informed by Department of Economic Affairs (DEA), under Viability Gap Funding (VGF) Scheme, grant is provided for establishment of

medical colleges under Public-Private Partnership (PPP) mode by upgrading existing district hospitals, subject to the conditions that (i) State Governments allow full access to hospital facilities for the attached medical college, and (ii) land is provided on concessional terms. The Scheme provides the following:

- i. Under Sub-scheme I, up to 30% of the project cost may be provided as Central VGF support, with an equivalent matching contribution permissible from the Project Sponsoring Authority.
- ii. Under Sub-scheme II (pilot/demonstration projects), up to 40% of the project cost and up to 25% of the Net Present Value (NPV) of Operations and Maintenance (O&M) cost for the first five years may be supported as operational grant, with matching contributions allowed from the concerned State/Authority.

DEA further informed that eleven (11) medical colleges have received in-principle approval under the Scheme. These projects are located in the States of Jharkhand (Giridih, Dhanbad, Jamtara and Khunti), Arunachal Pradesh (Namsai) and Uttar Pradesh (Baghpat, Mainpuri, Hathras, Kasganj, Mahoba and Hamirpur).

The Minimum Standard Requirement (MSR) Regulations of the National Medical Commission prescribe the norms for faculty recruitment, curriculum regulation, diagnostic and teaching equipment.

SUPREME COURT COLLEGIUM RECOMMENDATIONS

***92. SHRI MATHESWARAN V. S.:**

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

- (a) the case to case details of the number of Supreme Court collegium recommendations on transfer of High Court Judges for which the Government sought reconsideration from 2014 till date; and
- (b) whether the Government has sought reconsideration of the Supreme Court collegium recommendation dated 25th and 26th August, 2025 on the transfer of a High Court Judge from Madhya Pradesh to Chhattisgarh, 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): Article 222 of the Constitution stipulates that the President may, after consultation with the Chief Justice of India, transfer a Judge 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. No timeline has been prescribed in the MoP for transfer of judges from one High Court to another.

GODAVARI WATERWAY CONNECTIVITY FOR NTPC RAMAGUNDAM

***93. SHRI VAMSI KRISHNA GADDAM:**

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

- (a) the feasibility studies conducted for developing waterway connectivity to transport coal for National Thermal Power Corporation (NTPC) Ramagundam by utilizing Godavari river navigation from Adriyala coal mine in the State of Telangana;
- (b) the development plans for inland waterway transport corridors connecting Ramagundam thermal power station to reduce transportation costs and environmental impact;
- (c) the integration strategy for National Waterway-4 with power generation infrastructure in Peddapalli district and the timeline by which such connectivity is expected to be made operational;
- (d) the budgetary allocations made for dredging and infrastructure development

on Godavari river to facilitate bulk cargo movement including coal and industrial raw materials; and

(e) the coordination framework established between the Government and power sector PSUs for utilizing waterway transport to reduce logistics costs for thermal power plants in Telangana?

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

(a) and (b): National Thermal Power Corporation (NTPC) Ramagundam has a dedicated Merry-Go-Round Rail (MGR) system that connects the power plant to Adriyala Coalfields for supply of coal, whereas the movement of coal from Adriyala Coalmines through Inland Water Transport (IWT) mode will have extra loading/unloading leading to additional logistics cost and time as mentioned below:

- (i) First, loading for road and transport about 11 km from Coal mine sites and unloading at the bank of Godavari,
- (ii) Second, loading at the bank of Godavari and movement through IWT for about 11 km, and unloading from vessels at bank of Godavari,
- (iii) Third, loading to road transport for about 2 km for NTPC plant, and unloading at NTPC Ramagundam Plant.

Thus, the IWT connectivity for NTPC Ramagundam is uneconomical for total distance of 24 km by Road and IWT because the existing Rail transport of coal involves one loading at coal mines and one unloading at NTPC plant having direct connectivity with dedicated MGR.

(c): Does not arise.

(d): The feasibility of River Godavari (a constituent of NW-4) was conducted and it was found non-feasible due to presence of 3 weirs, 21 barrages, 5 dams and 14 check dams without navigation locks.

(e): A Task Force has been constituted under the Chairmanship of Chairman, Inland Waterways Authority of India an autonomous body under the Ministry of Ports, Shipping and Waterways with representatives of various stakeholder Ministries/ organizations as Members to focus on cargo handling and movement on Inland Waterways.

स्वस्थ नारी सशक्त परिवार अभियान

***94. श्री विजय कुमार दूबे:**

श्री नलिन सोरेन:

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

(क) स्वस्थ नारी, सशक्त परिवार अभियान के उद्देश्यों/लक्षित क्षेत्रों का ब्यौरा क्या है और विशेषकर मातृ स्वास्थ्य संकेतकों में सुधार लाने के लिए इसके स्वास्थ्य संबंधी परिणामों का राज्य/संघ राज्यक्षेत्र-वार और जिला-वार ब्यौरा क्या है;

(ख) आकांक्षी जिलों/क्षेत्रों में जिला विशिष्ट कार्यनीतियों के साथ-साथ स्वास्थ्य और पोषण पहलों के साथ तालमेल से इस अभियान को किस प्रकार कार्यान्वित किया जा रहा है;

(ग) प्रधान मंत्री मातृ वंदना योजना (पीएमएमबीवाई) के अंतर्गत झारखंड के दुमका जिले सहित राज्य/संघ राज्य क्षेत्र-वार नवम्बर, 2025 तक कितने लाभार्थियों का पंजीकरण किया गया/कितनी धनराशि संवितरित की गई;

(घ) क्षमता निर्माण, पोषण ट्रेकर के माध्यम से निगरानी, अवसंरचना उन्नयन/सेवा प्रदायगी में सुधार सहित आंगनवाड़ी केन्द्रों में सेवाओं को सुदृढ़ करने के लिए राज्य-वार क्या कदम उठाए गए हैं;

(ड) क्या सरकार का विचार देश के ग्रामीण, जनजातीय और पिछड़े क्षेत्रों में महिलाओं के लिए सुलभता, पोषण संबंधी जागरूकता/मातृ-शिशु स्वास्थ्य सेवाओं को बढ़ाने के लिए कोई अतिरिक्त पहल करने का है, यदि हां, तो राज्य/संघ राज्यक्षेत्र-वार तत्संबंधी ब्यौरा क्या है; और

(च) क्या बागपत संसदीय निर्वाचन क्षेत्र को इसके अंतर्गत शामिल किया गया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसे शामिल करने की प्रस्तावित समय-सीमा क्या है?

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

(क): स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) और महिला एवं बाल विकास मंत्रालय (एमओडब्ल्यूसीडी) द्वारा 17 सितंबर 2025 से 2 अक्टूबर 2025 की अवधि के बीच "स्वस्थ नारी, सशक्त परिवार अभियान (एसएनएसपीए)" चलाया गया। इसका उद्देश्य जनभागीदारी के माध्यम से पहुँच, गुणवत्तापूर्ण परिचर्या और जागरूकता में सुधार पर ध्यान केंद्रित करते हुए, पूरे भारत में महिलाओं और बच्चों के लिए स्वास्थ्य परिचर्या सेवाओं को सुदृढ़ करना है।

अभियान के दौरान निम्नलिखित कार्यक्रमलाप आयोजित किए गए:

- देश भर में 19.7 लाख समर्पित स्वास्थ्य शिविर, जिनमें सभी स्वास्थ्य परिचर्या प्लेटफार्मों पर 11 करोड़ से अधिक लोग आए, जिन्हें काउन्सलिंग सहित जांच और विशेषज्ञ तथा टेलीमेडिसिन सेवाएं प्रदान की गईं।
- महिलाओं के लिए चिकित्सा और स्वास्थ्य सेवाओं का प्रावधान, जिसमें ईएनटी, नेत्र, दांतों की जाँच शामिल हैं।
- स्वस्थ जीवनशैली को बढ़ावा देना, जैसे मोटापा कम करना, स्थानीय और क्षेत्रीय भोजन, टेक होम राशन (टीएचआर) का वितरण।
- महिलाओं के स्वास्थ्य पर ध्यान केंद्रित करना, जिसमें मुख, स्तन और गर्भाशय ग्रीवा के कैंसर, एनीमिया, उच्च रक्तचाप, मधुमेह, तपेदिक और सिकल सेल रोगों की जाँच शामिल है।

- मातृ एवं शिशु स्वास्थ्य सेवाएँ प्रदान करना, जैसे प्रसवपूर्व देखभाल (एएनसी) जाँच और टीकाकरण तथा प्रारंभिक बाल्यावस्था देखभाल और शिशु एवं छोटे बच्चों के आहार (आईवाईसीएफ) संबंधी सेवाएँ
- पोषण, मासिक धर्म स्वच्छता और मानसिक स्वास्थ्य के बारे में जागरूकता बढ़ाना।
- स्वैच्छिक रक्तदान, निक्षय मित्र स्वयंसेवक और अंगदाता पंजीकरण के लिए नागरिकों की सक्रिय भागीदारी।
- मातृ एवं शिशु सुरक्षा (एमसीपी) कार्ड, सिकल सेल कार्ड, प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) नामांकन और पोषण ट्रेकर पर लाभार्थी का पंजीकरण सहित डिजिटल कार्ड का वितरण और विशेष पंजीकरण।
- एसएनएसपीए के दौरान पोषण, स्वास्थ्य जागरूकता और समग्र कल्याण को बढ़ावा देने के लिए आंगनवाड़ियों में पोषण माह भी मनाया गया।

एसएनएसपीए का राज्य/संघ राज्य क्षेत्र-वार कवरेज संलग्न **विवरण-I** और **विवरण-II** में दिया गया है।

(ख): स्वस्थ नारी, सशक्त परिवार अभियान को विभिन्न मंत्रालयों के साथ मिलकर पूरे देश में लागू किया गया ताकि जमीनी स्तर पर महिलाओं, किशोरों और बच्चों को व्यापक सेवाएँ प्रदान की जा सकें। अभियान के दौरान पहुँच को अधिकतम करने के लिए क्षेत्रीय भाषाओं में मुद्रित सूचना, शिक्षा और संचार (आईईसी) उपलब्ध कराया गया।

स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) द्वारा प्रदान की जाने वाली व्यापक जांच, परामर्श, समर्पित शिविर और विशेषज्ञ सेवाओं के प्रावधान के अलावा, महिला एवं बाल विकास मंत्रालय (एमओडब्ल्यूसीडी) के प्रमुख कार्यक्रमलाप निम्नानुसार हैं:

- स्वस्थ स्थानीय आहार प्रथाओं और टिकाऊ खाद्य प्रणालियों को बढ़ावा देना।
- मातृ एवं शिशु पोषण, तथा शिशु एवं छोटे बच्चों के आहार (आईवाईसीएफ) प्रथाओं के

बारे में जागरूकता बढ़ाना।

- मोटापे से निपटने के लिए तेल और चीनी के कम सेवन को प्रोत्साहित करना।
- प्रारंभिक बाल्यावस्था परिचर्या और शिक्षा पहलों (पोषण भी पढ़ाई भी) को एकीकृत करना।
- प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) (एक मातृत्व लाभ कार्यक्रम) के लिए एक विशेष पंजीकरण अभियान, ताकि पात्र गर्भवती और स्तनपान कराने वाली माताओं को नकद प्रोत्साहन प्राप्त हो सके।

(ग): महिला और बाल विकास मंत्रालय (एमओडब्ल्यूसीडी) से प्राप्त जानकारी के अनुसार दिनांक 1 जनवरी 2017 से 30 नवंबर 2025 तक प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) के तहत राज्य/संघ राज्य क्षेत्र-वार पंजीकृत लाभार्थियों की संख्या और वितरित राशि, और दुमका जिले सहित झारखंड का ब्यौरा संलग्न **विवरण-III** में दिया गया है।

(घ): महिला और बाल विकास मंत्रालय (एमओडब्ल्यूसीडी) द्वारा उपलब्ध कराई गई जानकारी के अनुसार, आंगनवाड़ी केंद्रों (एडब्ल्यूसी) में सेवाओं को सुदृढ़ करने के लिए उठाए गए विभिन्न कदम निम्नानुसार हैं:

- पोषण ट्रैकर के उपयोग के संबंध में आंगनवाड़ी कार्यकर्ताओं (एडबल्यूडबल्यू) के लिए नियमित क्षेत्र-स्तरीय प्रशिक्षण/कार्यशालाएँ आयोजित की जाती हैं।
- पोषण ट्रैकर पर प्रदर्शित स्व-शिक्षण वीडियो के माध्यम से निरंतर क्षमता निर्माण और कार्यस्थल पर शिक्षण।
- निगरानी और पारदर्शिता के लिए विभिन्न आंगनवाड़ी सेवाओं पर गतिशील और प्रायः वास्तविक समय के डेटा के लिए पोषण ट्रैकर।
- अंतिम छोर तक सेवा वितरण में सुधार के लिए पोषण ट्रैकर में पंजीकृत लक्षित लाभार्थियों को टेक-होम राशन के वितरण हेतु चेहरे की पहचान प्रणाली (एफआरएस)।

- सेवा प्रदायगी प्रयासों के पूरक के रूप में पोषण माह के दौरान समुदाय आधारित कार्यक्रम (सीबीई) और जन अभियान चलाए गए।

(ड) से (च): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत भारत सरकार ग्रामीण, आदिवासी और पिछड़े क्षेत्रों सहित पूरे देश में महिलाओं के लिए आउटरीच, पोषण जागरूकता/मातृ-शिशु स्वास्थ्य सेवाओं को बढ़ाने के लिए कई पहलों को क्रियान्वित करती है, जिसमें बागपत संसदीय क्षेत्र भी शामिल है।

1.81 लाख आयुष्मान आरोग्य मंदिरों (एएएम) ने राज्यों/संघ राज्य क्षेत्रों को समुदाय के करीब, विशेष रूप से वंचित जिलों में, सेवाओं का एक व्यापक पैकेज प्रदान करने में सक्षम बनाया है, जिसमें एएएम में नियमित जांच और विभिन्न स्वास्थ्य कार्यकलापों के लिए दुर्गम क्षेत्रों में सामुदायिक स्तर पर आउटरीच शिविर शामिल हैं। टीकाकरण कार्यकलापों और एनीमिया परीक्षण कार्यकलापों के संचालन के लिए भी नियमित रूप से आउटरीच शिविर आयोजित किए जाते हैं।

मिशन पोषण 2.0 कार्यनीति के अंतर्गत, सामुदायिक सहभागिता, आउटरीच, व्यवहार परिवर्तन और समर्थन जैसे कार्यकलापों के माध्यम से कुपोषण में कमी और स्वास्थ्य, आरोग्य और प्रतिरक्षा में सुधार किया जाता है।

विवरण-I

उन गर्भवती महिलाओं की भारत और राज्य/संघ राज्य क्षेत्र-वार संख्या जिन्हें गर्भावस्था जांच, किशोरियों के लिए मासिक धर्म स्वच्छता पर परामर्श तथा एनीमिया की जांच का लाभ मिला तथा जिनकी एस एन एस पीए के दौरान हीमोग्लोबिन की जांच की गई:

क्र. सं.	राज्य/ संघ राज्यक्षेत्र	संपूर्ण प्रसवपूर्व देखभाल (एएनसी) फुटफॉल*	मासिक धर्म स्वच्छता पर सलाह दी गई किशोरियों की संख्या*	एनीमिया के लिए काउंसलिंग**	महिलाओं में एनीमिया के लिए हीमोग्लोबिन स्क्रीनिंग**
कुल		62,60,884	96,53,020	1,16,62,393	1,17,17,613

1	अंडमान व निकोबार द्वीप समूह	1,556	12,777	2,559	4,424
2	आंध्र प्रदेश	1,28,446	1,70,792	1,37,883	1,53,587
3	अरुणाचल प्रदेश	2,858	5,872	505	813
4	असम	1,08,980	1,06,062	18,419	21,055
5	बिहार	10,43,679	12,79,710	1,19,224	1,37,494
6	चंडीगढ़	13,235	8,338	4,840	5,101
7	छत्तीसगढ़	1,91,093	2,12,121	65,877	70,468
8	दिल्ली	18,715	1,0216	3,264	3,446
9	गोवा	783	3,339	3,063	3,537
10	गुजरात	27,046	3,86,659	3,00,350	1,50,205
11	हरियाणा	2,39,286	3,01,361	1,78,504	1,79,963
12	हिमाचल प्रदेश	40,512	1,38,183	3,05,195	4,18,424
13	जम्मू और कश्मीर	58,470	24,811	44,943	40,636
14	झारखंड	1,89,537	6,88,209	29,498	36,226
15	कर्नाटक	2,06,738	3,05,535	1,42,697	1,61,182
16	केरल	25,551	59,324	14,924	28,199
17	लद्दाख	1,220	12,204	882	1,125
18	लक्षद्वीप	701	792	376	723
19	मध्य प्रदेश	4,34,931	14,50,468	4,53,6,786	43,09,736
20	महाराष्ट्र	4,38,345	8,25,450	7,92,873	8,22,431
21	मणिपुर	5,682	7,320	2,645	4,724
22	मेघालय	22,161	44,258	16,962	17,979
23	मिजोरम	2,183	2,614	1,815	1,736
24	नागालैंड	3,819	6,268	6,972	6,219
25	ओडिशा	1,52,093	6,56,832	7,80,562	10,49,416
26	पुदुचेरी	2,028	9,177	15,450	20,415
27	पंजाब	83,747	0	3,527	3,169
28	राजस्थान	5,97,400	9,15,500	20,50,515	20,55,777
29	सिक्किम	2,863	10,178	4,617	6,996
30	तमिलनाडु	2,86,364	1,43,374	92,710	97,141
31	तेलंगाना	77,745	1,65,025	2,15,334	1,99,034

32	दादरा और नगर हवेली और दमन और दीव	18,103	16,348	12,826	20,088
33	त्रिपुरा	8,458	19,783	4,476	4,143
34	उत्तर प्रदेश	15,72,620	14,46,203	15,44,123	14,70,424
35	उत्तराखंड	89,754	1,47,683	1,82,405	1,61,483
36	पश्चिम बंगाल	1,64,182	60,234	24,792	50,094

सोर्स: *आरसीएच पोर्टल; ** यू-विन गए पोर्टल

विवरण-II

एसएनएसपीए के दौरान भारत और राज्य/संघ राज्य क्षेत्र-वार महिलाओं की गैर-संचारी रोगों की जांच (हाइपरटेंशन, डायबिटीज़, ओरल कैंसर, ब्रेस्ट कैंसर और सर्वाइकल कैंसर) का ब्यौरा:

क्र. सं.	राज्य/संघ राज्य क्षेत्र	उच्च रक्तचाप	मधुमेह	मुख कैंसर	स्तन कैंसर	ग्रीवा कैंसर
	कुल	1,00,52,486	97,24,030	40,83,597	37,75,365	19,22,302
1	अंडमान व निकोबार द्वीप समूह	1,925	2,000	516	475	67
2	अरुणाचल प्रदेश	5,594	5,538	4,380	4,192	1,260
3	असम	1,13,467	1,15,462	29,386	29,299	14,123
4	बिहार	8,15,882	8,12,072	3,91,412	3,83,826	1,36,633
5	चंडीगढ़	12,403	12,554	1,764	1,804	2,052
6	छत्तीसगढ़	2,45,498	2,50,397	42,623	42,062	26,353
7	दिल्ली	17,009	16,835	15,935	15,433	2,704
8	गोवा	6,766	7,009	5,151	5,084	235
9	गुजरात	4,05,406	4,12,054	33,423	37,501	25,165
10	हरियाणा	1,25,390	1,25,714	43,396	42,176	23,625
11	हिमाचल प्रदेश	1,58,343	1,58,822	26,830	26,044	9,024
12	जम्मू और कश्मीर	1,41,383	1,47,735	11,895	11,539	9,208
13	झारखंड	1,30,356	1,29,936	65,527	61,577	20,720
14	कर्नाटक	2,04,340	2,12,119	31,439	31,187	26,295
15	लद्दाख	4,843	5,173	446	490	552
16	लक्षद्वीप	189	193	70	66	30

17	मध्य प्रदेश	7,83,763	7,96,346	2,36,271	2,35,667	63,553
18	महाराष्ट्र	9,62,007	10,01,607	4,08,376	3,99,739	2,10,406
19	मणिपुर	30,291	30,945	16,789	16,586	7,226
20	मेघालय	20,386	20,809	11,766	11,821	3,915
21	मिजोरम	3,086	3,096	436	438	536
22	नागालैंड	4,110	3,820	2,282	2,265	324
23	ओडिशा	9,49,789	9,62,906	3,53,997	3,50,257	1,58,794
24	पुदुचेरी	1,272	1,271	922	782	431
25	पंजाब	79,608	82,758	51,890	50,818	39,250
26	राजस्थान	2,84,167	2,87,654	1,17,928	1,12,826	27,693
27	सिक्किम	3,544	3,841	1,371	1,412	547
28	त्रिपुरा	25,248	25,544	9,720	10,679	8,900
29	उत्तराखंड	1,56,663	1,58,013	31,785	32,061	5,316
30	आंध्र प्रदेश	5,54,400	5,28,622	3,13,089	3,05,892	1,90,793
31	दादर और नगर हवेली	48,378	49,273	44,492	45,372	30,713
32	तमिलनाडु	11,99,182	9,46,566	5,60,326	4,10,487	2,47,472
33	केरल	8,15,812	7,53,809	6,67,850	5,99,494	2,37,294
34	तेलंगाना	5,28,395	4,74,019	2,02,609	1,59,429	1,40,411
35	उत्तर प्रदेश	8,55,514	8,45,777	2,30,478	2,35,978	2,41,550
36	पश्चिम बंगाल	3,58,077	3,33,741	1,17,027	1,00,607	9,132

स्रोत: एनसीडी पोर्टल

विवरण-III

1 जनवरी 2017 के प्रारंभ से 30 नवंबर 2025 तक पीएमएमवीवाय स्कीम के तहत रजिस्टर्ड लाभग्राही/लाभ संवितरित की भारत और राज्य/संघ राज्य क्षेत्र-वार संख्या:

क्र. सं.	राज्य/संघ राज्य क्षेत्र #	लाभार्थी नामांकित	लाभग्राही को भुगतान किया गया (कम से कम एक किस्त)	राशि का भुगतान
	कुल	46,702,690	42,414,064	199,602,236,000
1	अंडमान व निकोबार द्वीप समूह	12,113	10,305	49,225,000

2	आंध्र प्रदेश	2,119,718	1,949,377	9,061,997,000
3	अरुणाचल प्रदेश	42,303	36,015	169,195,000
4	असम	1,712,287	1,549,425	7,348,525,000
5	बिहार	4,974,568	4,221,899	19,151,331,000
6	चंडीगढ़	43,176	41,186	185,116,000
7	छत्तीसगढ़	1,301,483	1,229,262	5,799,401,000
8	दिल्ली	640,090	579,079	2,726,480,000
9	गोवा	39,121	35,250	172,335,000
10	गुजरात	1,897,838	1,735,695	8,083,698,000
11	हरियाणा	1,064,468	1,016,062	4,948,025,000
12	हिमाचल प्रदेश	376,095	352,792	1,711,489,000
13	जम्मू और कश्मीर	547,110	501,144	2,433,195,000
14	झारखंड	1,211,468	1,131,871	5,293,752,000
15	कर्नाटक	3,170,358	3,035,160	14,821,384,000
16	केरल	1,307,105	1,234,864	5,887,467,000
17	लद्दाख	9,529	8,874	43,237,000
18	लक्षद्वीप	3,455	3,061	13,168,000
19	मध्य प्रदेश	5,013,498	4,810,973	23,115,540,000
20	महाराष्ट्र	4,423,837	4,169,634	19,810,893,000
21	मणिपुर	103,261	91,559	456,388,000
22	मेघालय	83,197	75,167	351,511,000
23	मिजोरम	52,681	46,958	233,521,000
24	नागालैंड	55,817	49,272	248,049,000
25	ओडिशा	86,954	66,858	200,582,000
26	पुदुचेरी	48,390	45,656	222,371,000
27	पंजाब	871,634	808,495	3,959,432,000
28	राजस्थान	3,104,228	2,923,645	13,805,379,000
29	सिक्किम	29,384	20,010	94,415,000
30	तमिलनाडु	2,208,928	1,951,638	10,322,814,000
31	दादरा और नगर हवेली और दमन और दीव	30,014	28,470	134,637,000
32	त्रिपुरा	157,959	146,131	699,755,000
33	उत्तर प्रदेश	7,028,008	6,424,752	28,556,389,000

34	उत्तराखंड	484,372	445,520	2,100,490,000
35	पश्चिम बंगाल	2,448,243	1,638,005	7,391,050,000

स्रोत: महिला और बाल विकास मंत्रालय (महिला और बाल विकास मंत्रालय)।

तेलंगाना राज्य में पीएमएम्बीवाय लागू नहीं है।

उर्वरकों की उपलब्धता

*95. श्री सतपाल ब्रह्मचारी:

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

- (क) क्या हरियाणा के सोनीपत लोक सभा निर्वाचन क्षेत्र में समय-समय पर यूरिया, डीएपी, एनपीके और पोटाश जैसे विभिन्न उर्वरकों की उपलब्धता में कमी हो जाती है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने हरियाणा में उर्वरकों की वास्तविक उपलब्धता, मांग-आपूर्ति के बीच अंतर और वितरण नेटवर्क की दक्षता का हाल ही में जिला-वार आकलन किया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या किसानों को समय पर उर्वरकों की उपलब्धता सुनिश्चित कराने के लिए रेल रैकों की आपूर्ति, भंडारण क्षमता में वृद्धि करने और खुदरा विक्रेताओं को समय पर वितरण करने के लिए कोई विशिष्ट अनुदेश जारी किए गए हैं; और
- (घ) यदि हां, तो स्टॉक के वर्तमान स्तर और आगामी फसल मौसम के लिए उपलब्धता की स्थिति का ब्यौरा क्या है और उक्त निर्वाचन क्षेत्र में उर्वरकों की पर्याप्त आपूर्ति सुनिश्चित करने के लिए क्या कदम उठाए गए हैं?

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

- (क): उर्वरक विभाग का अधिदेश राज्य स्तर पर उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित करना है। राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकारों द्वारा किया जाता है। तदनुसार, हरियाणा राज्य सरकार ने सूचित किया है कि वर्तमान और पिछले फसल मौसमों के

दौरान सोनीपत लोक सभा निर्वाचन क्षेत्र से यूरिया, डीएपी, एमओपी और एनपीके की उपलब्धता में कमी के बारे में कोई सूचना प्राप्त नहीं हुई है।

(ख): राज्य कृषि विभाग ने पूरे हरियाणा में उर्वरकों की उपलब्धता का जिलेवार आकलन किया है। मांग-आपूर्ति के अंतर को पूरा करने और वितरण दक्षता में सुधार करने के लिए, आईएफएमएस पोर्टल को एमएफएमबी प्रणाली अर्थात् मेरी फसल मेरा ब्यौरा के साथ पूरी तरह से एकीकृत किया गया है। इसके अलावा, राज्य कृषि विभाग और उर्वरक कंपनियों, हरियाणा स्टेट कोऑपरेटिव सप्लाय एंड मार्केटिंग संघ लिमिटेड (हैफेड), प्राइमरी एग्रीकल्चर कोऑपरेटिव सोसाइटीज़ (पीएसीएस) और जिला अधिकारियों के बीच नियमित समन्वय बैठकें भी आयोजित की जाती हैं, ताकि सुचारु स्टॉक संचलन और किसानों को उर्वरकों की समय पर उपलब्धता सुनिश्चित की जा सके।

(ग) और (घ): हरियाणा राज्य सहित देश में 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 निगरानी 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 आपूर्ति को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय स्थापित करें।

(v) रेल मंत्रालय के साथ पर्याप्त रोक देने, उर्वरकों को प्राथमिकता देने और राज्यों के लिए रोकों की समय पर निकासी के लिए नियमित समन्वय बैठकें आयोजित की जाती हैं।

हालांकि, उर्वरक कंपनियों और राज्य सरकारों द्वारा भंडारण किया जाता है। इसके अलावा, चल रहे रबी मौसम 2025-26 (02.12.2025 तक) के दौरान हरियाणा में उर्वरकों अर्थात् यूरिया, डीएपी, एमओपी और एनपीकेएस की आवश्यकता, उपलब्धता, बिक्री और शेष स्टॉक के बारे में जानकारी नीचे दी गई तालिका में दर्शाई गई है:

रबी 2025-26 के दौरान हरियाणा की उर्वरक स्थिति					
(ऑकड़े एमटी में)					
क्र.सं.	उत्पाद	01/10/2025 से 02/12/2025 तक यथानुपातिक आवश्यकता	01/10/2025 से 02/12/2025 तक उपलब्धता	01/10/2025 से 02/12/2025 तक संचयी डीबीटी बिक्री	02/12/2025 के अनुसार अंतिम स्टॉक
1	यूरिया	6,38,065	7,13,410	4,86,930	2,26,480
2	डीएपी	2,45,645	2,83,740	2,13,410	70,330
3	एमओपी	10,323	28,800	7,100	21,700
4	एनपीकेएस	56,935	46,500	19,130	27,370

हरियाणा के सोनीपत जिले में उर्वरकों की वर्तमान स्टॉक स्थिति में 17,506 मीट्रिक टन यूरिया, 8,167 मीट्रिक टन डीएपी, 2,131 मीट्रिक टन एमओपी और 1,526 मीट्रिक टन एनपीकेएस शामिल हैं।

'द्रव्य' पोर्टल का एकीकरण

***96. श्री अनिल फिरोजिया:**

श्रीमती लवली आनंद:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) सरकार द्वारा देश में राज्य/संघ राज्यक्षेत्र-वार शुरू किए गए आयुष के बहुमुखी मानदंड के

- लिए डिजिटाइज्ड पुनर्प्राप्ति अनुप्रयोग (द्रव्य) पोर्टल के उद्देश्य और मुख्य विशेषताएं क्या हैं;
- (ख) इस पोर्टल के प्रथम चरण के अंतर्गत विशेषकर जम्मू और कश्मीर, गुजरात के वलसाड, राजस्थान तथा ओडिशा के कंधमाल जिले सहित राज्य/संघ राज्यक्षेत्र-वार कितने आयुष औषधीय तत्वों को सूचीबद्ध किया गया है और उनके चयन के लिए क्या मानदंड अपनाए गए हैं;
- (ग) क्या प्रामाणिक आयुष जानकारी के मानकीकरण और सुलभता को बढ़ावा देने और गुजरात के दाहोद तथा ओडिशा के जनजाति बहुल क्षेत्र के पारंपरिक औषधीय ज्ञान को प्रदर्शित करने के लिए 'द्रव्य' पोर्टल को सरकार की अन्य डिजिटल पहलों के साथ एकीकृत करने हेतु डिज़ाइन किया गया है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) अनुसंधान सहयोग, जनजातीय औषधीय पद्धतियों के प्रलेखन और भारत की पारंपरिक चिकित्सा ज्ञान पद्धतियों की वैश्विक दृश्यता को सुदृढ़ करने के संबंध में इस पहल के अंतर्गत अब तक क्या परिणाम प्राप्त हुए हैं अथवा अपेक्षित हैं?

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

(क): केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) ने डिजिटाइज्ड रिट्रीवल एप्लिकेशन फॉर वर्सटाइल यार्डस्टिक ऑफ आयुष सबस्टेंसेस (द्रव्य) पोर्टल विकसित किया है, जिसका उद्देश्य प्राचीन स्रोतों से व्यापक सूचना एकत्र करके और मानक ऑनलाइन रिसर्च डेटाबेस के साथ जोड़कर, आयुष द्रव्यों का एक पूर्ण और पुनः उपयोग होने वाला डेटाबेस बनाना है, जिसमें आहार (खाना) और औषधि (दवा) दोनों शामिल हैं। पोर्टल में एक यूजर-फ्रेंडली इंटरफ़ेस है जिसमें एक समर्पित सर्च बॉक्स है जो आयुष द्रव्यों तक आसान पहुंच के उद्देश्य से तैयार किया गया है। द्रव्य पोर्टल का मुख्य उद्देश्य औषधि उत्पादों पर सत्यापित सूचना प्रदान करना है, जिसमें आयुर्वेद विवरण, पादपशास्त्र, रसायनशास्त्र, फार्मेसी और फार्माकोलॉजी जैसे अलग-अलग डोमेन शामिल हैं।

पोर्टल का शुभारंभ 10 वें आयुर्वेद दिवस के अवसर पर दिनांक 23 सितंबर, 2025 को किया गया।

(ख): आज तक, आयुर्वेद में उनके उपयोग के आधार पर चुने गए लगभग 378 औषधीय पादपों पर आयुर्वेद से संबंधित प्रारंभिक जानकारी पहचाने गए आधिकारिक प्राचीन ग्रंथों से एकत्र की गई है और पोर्टल पर अपलोड की गई है। हालांकि, यह सूचीकरण पौधों के भौगोलिक वितरण के आधार पर तैयार नहीं किया गया है।

(ग) और (घ): द्रव्य पोर्टल को आयुष मंत्रालय की डिजिटल पहलों के साथ जोड़ने के लिए तैयार किया गया है और यह आयुर्वेद विवरण, वनस्पति विज्ञान, रसायन विज्ञान, फार्मसी और फार्माकोलॉजी जैसे विभिन्न डोमेन को कवर करते हुए सत्यापित जानकारी प्रदान करता है, जिसे पहचाने गए आधिकारिक प्राचीन ग्रंथों और सत्यापित ऑनलाइन स्रोतों से संकलित किया गया है। हालांकि, यह सूचीकरण पौधों के भौगोलिक वितरण के आधार पर तैयार नहीं किया गया है।

(ङ): यह पोर्टल अनुसंधाकर्ताओं, छात्रों, विद्वानों के लाभ के लिए आयुर्वेद से जुड़ी औषधीय पादपों की सत्यापित और प्रामाणित सूचना प्रदान कर रहा है और औषधीय पादपों पर भारत के पारंपरिक ज्ञान की दृश्यता में भी सुधार करता है।

CENTRAL FUND ALLOCATION IN TELANGANA

*97. SHRI GODAM NAGESH:

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

- (a) the total amount of central funds released to the State of Telangana under the National Health Mission (NHM) and Ayushman Bharat–Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) during the year 2024–25 and 2025–26, year-wise;
- (b) the amount of funds utilised by the said State therefrom for clearing dues under the converged Ayushman Bharat Aarogyasri Scheme;
- (c) whether the Union Government has issued any advisory or withheld further

releases to Telangana due to mismanagement of centrally sponsored health schemes, if so, the details thereof;

(d) whether it is a fact that fourteen Government Medical Colleges and attached hospitals in the State have become non-functional in super-speciality services due to over 1,200 faculty posts remaining vacant for the last two years, if so, the details thereof; and

(e) whether the Government is considering direct recruitment by the Centre or taking over at least three Government Medical Colleges in the State on the lines of AIIMS and if so, the details thereof?

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

(a) to (e): Under the National Health Mission (NHM), technical and financial support is provided to the States/UTs for strengthening the healthcare systems. Based on the proposals received from the States in their Programme Implementation Plan (PIP), approvals are provided keeping in view of the resource envelope of the States/UTs as well as existing norms. 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. Further, the details of Central Release under NHM from FY 2024-25 to FY 2025-26 for the State of Telangana is as below:

(Rs. In Cr.)

Financial Year	Central Release
2024-25	1,110.43

2025-26 (Provisional; upto 31.10.2025)	240.14

Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB PM-JAY) is a centrally sponsored scheme and costs are shared between Central and State Governments as per the existing policy of the scheme. The ratio of Central share to State share in the State of Telangana is 60:40.

The details of fund released under AB-PMJAY from FY 2024-25 to FY 2025-26 for the State of Telangana is as below:

(Rs. In Cr.)

Financial Year	Central Release
2024-25	218.29
2025-26 (Provisional; upto 31.10.2025)	56.85

Funds released under AB PM-JAY to the States/UTs is utilized for settlement of hospital claims.

The Ministry of Health & Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Strengthening and up-gradation of Govt. Medical Colleges for starting new PG disciplines and Increase of PG seats'. Under the Scheme, financial support is provided for development of infrastructure and procurement of equipment. 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.

A total of 511 PG seats have been approved in various government medical colleges in the State of Telangana with an approved cost of Rs. 327.55 Crore in two phases of the above said scheme. The college-wise and phase-wise details of PG seats approved under the scheme are as under:

PHASE-I

Rs. in crore

S. No.	Name of the Medical College	No. of PG seats approved	Total Cost	Central Share (60%)	Total Released*
1	Gandhi Medical College, Secunderabad	77	8.39	5.6670	5.6670
2	Kakatiya Medical College, Warangal	89	10.457	7.4716	7.4716
3	Osmania Medical College, Hyderabad	113	43.87	29.6120	29.6120
	Total	279	62.717	42.7506	42.7506

*entire central share has been released

PHASE-II

Rs. in crore

S. No.	Name of District	Number of seats approved	Approved Cost	Central Share (60%)	Funds Released in 2022-23	Remarks
1	GMC, Suryapet	25	30	18	7.20	Release of funds under the Scheme depends on the pace of expenditure, release of corresponding State share and receipt of Utilization Certificate, as well
2	GMC, Siddipet	80	83.88	50.32	20.14	
3	GMC, Nalgonda	30	35.49	21.29	8.64	
4	GMC, Nizamabad	16	19.2	11.52	4.61	
5	Osmania Medical College, Hyderabad	32	38.35	23.01	9.21	
6	GMC, Mahabubnagar	10	11.98	7.19	2.88	
7	KMC, Warangal	03	3.6	2.16	0.87	
8	RIMS, Adilabad	22	25.64	15.38	6.16	
9	Gandhi Medical	14	16.7	10.02	4.03	

	College, Secunderabad					as demand from State/UT Government.
	Total	232	264.84	158.89	63.74	

OUT-OF-POCKET EXPENDITURE ON HEALTH

*98. SHRIMATI SATABDI ROY:

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

- (a) the details of out-of-pocket expenditure (OOPE) on health of patients as a percentage of total health expenditure in the country;
- (b) whether India's OOPE share is the highest as compared to other countries in the world and if so, the details thereof;
- (c) the steps taken/proposed to be taken by the Government to reduce medicine prices and OOPE on health; and
- (d) the details of average rise in prices of generic medicines during the last five years, wise?

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

(a): As per National Health Accounts (NHA) Estimates, there is declining trend in out of pocket expenditure (OOPE) as percentage of Total Health Expenditure (THE). OOPE as percentage of THE has declined from 62.6% in 2014-15 to 39.4% in 2021-22.

(b): As per NHA Estimates, India ranks 69th in the list of 189 countries in OOPE per capita in purchasing power parity (int \$) for 2021.

(c): There has been significant increase in Government Health Expenditure (GHE) as percentage of THE, which was 29.0% in 2014-15 and has reached 48.0% in 2021-22. As the States have major share in GHE, the Department of Health and Family Welfare (DoHFW) has also taken up with States to prioritize allocation to health sector and enhance their health budgets at least by 8% of total State budget. The budget allocation for DoHFW has increased by 174% during 2013-14 (BE) to 2025-26 (BE). The 15th Finance Commission for the period 2020-21 to 2025-26 has provided grants for health sector Rs. 70,051 crore to be implemented through the local Governments.

The Central Government has taken several initiatives for supplementing the efforts of the States for providing quality and affordable healthcare services to the people and reduce the OOPE.

Under National Health Mission (NHM), the Government has taken many steps towards universal health coverage, by supporting the State Governments in providing accessible & affordable healthcare to people. To provide quality healthcare services, various initiatives under NHM have been implemented which include operationalisation of Ayushman Arogya Mandirs, support for National Ambulance Services, Mobile Medical Units, ASHAs, First Referral Facilities, Prime Minister's National Dialysis Programme, various activities under Reproductive & Child Health and Universal Immunization programme. Under National Free Drugs Service Initiative and National Free Diagnostics Service Initiative, Government of India provides financial support to States/UTs for 106 drugs & 14 diagnostic tests at SHC-AAM and 172 drugs & 63 tests at PHC-AAM

level. These initiatives under NHM has contributed significantly in the reduction of OOPE.

Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) with an outlay of Rs. 64,180 crores for the period 2021-22 to 2025-26. The measures under the PM-ABHIM focus on developing capacities of health systems and institutions across the continuum of care at all levels, primary, secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics /disasters.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 12 crore families constituting the economically vulnerable bottom 40% of India's population. States/UTs implementing AB-PMJAY have further expanded the beneficiary base, at their own cost. In March, 2024, approximately 37 lakh families of ASHA, Anganwadi Workers (AWW) and Anganwadi Helpers (AWH) were included under the scheme. Further, the scheme has been 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 under AB PM-JAY Vay Vandana Card.

The National Pharmaceutical Pricing Authority (NPPA) fixes ceiling prices of medicines that are included in the National List of Essential Medicines (NLEM) issued by the Ministry of Health and Family Welfare and are incorporated in Schedule-I to the Drugs (Prices Control) Order, 2013 "DPCO, 2013". All

manufacturers, marketers and importers of scheduled medicines are required to sell their products within such ceiling price (plus applicable local taxes).

NPPA also fixes retail prices of new drugs as defined in DPCO, 2013, *i.e.*, formulations launched by existing manufacturers of a medicine listed in NLEM by combining it with another drug, or by changing the strength or dosage or both of such medicine. The applicant manufacturer cannot sell the new drug above the price notified by NPPA.

Further, in case of non-scheduled formulations (branded or generic), manufacturers are not permitted to increase the maximum retail price (MRP) of such formulations by more than 10% of their MRP over a period of the preceding 12 months. In addition, the NPPA has taken measures to regulate the prices of drugs in extraordinary circumstances in public interest.

The details of drugs brought under price control/regulation by NPPA under DPCO, 2013 are given below:

- (i) Ceiling prices stand fixed for 935 scheduled formulations.
- (ii) Retail price of more than 3,600 new drugs under DPCO, 2013 have been notified.
- (iii) In 2014, NPPA capped MRP of 106 non-scheduled anti-diabetic and cardiovascular treatment drugs.
- (iv) Trade margin of non-scheduled formulations of 42 select anti-cancer medicines were capped.
- (v) Ceiling prices of coronary stents and orthopaedic knee implants were fixed.

Details of prices fixed or revised by NPPA are available on NPPA's website (www.nppa.gov.in). The above measures have helped ensure annual savings of up to ₹25,000 crore.

In addition, the Government has launched the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme under which quality generic medicines is provided through more than 17,000 Janaushadhi Kendras at rates that are typically 50% to 80% cheaper than branded medicines. As a result of the scheme, over the last 11 years, estimated savings of over ₹40,000 crore have accrued to citizens in comparison to the prices of leading branded medicines in the market.

Affordable Medicines and Reliable Implants for Treatment (AMRIT) aims to provide affordable medicines for treatment of cancer, cardiovascular and other diseases. Branded generics are also made available at high discounts through Amrit Pharmacies.

(d): As per provisions of DPCO 2013, the ceiling prices of scheduled medicines are revised annually on the basis of Wholesale Price Index (WPI) (all commodities) for preceding calendar year on or before 1st April of every year, which is notified by the Government on the 1st day of April every year. The increase in WPI (all commodities) for the last five years is as under:

Year	WPI increase
2021	0.53638%
2022	10.76607%
2023	12.1218%
2024	0.00551%

2025	1.74028%

The increase based on WPI is the maximum increase permissible, which may or may not be availed of by manufacturers, who may increase prices to a lesser extent or decrease them, depending on market dynamics.

Further, ceiling prices are revised every five years based on the moving annual turnover value of the formulation. There was an average reduction of about 17% in ceiling prices on account of revision of prices under NLEM, 2022 of formulations whose ceiling prices were already fixed under NLEM, 2015.

In case of non-scheduled formulations, manufacturers are not permitted to increase the maximum retail price of such formulations by more than 10% of MRP over a period of the preceding 12 months. However, this is the maximum increase permissible, which may or may not be availed of by manufacturers, who may increase prices to a lesser extent or decrease them, depending on market dynamics. As per available market data, the average annual price increase in case of non-scheduled formulations over the five-year period from April 2020 to March 2025 is 5.6%, as against permissible increase of 10% and annual WPI increase over the same period (CAGR) of about 5.4%. Thus, the rise in prices of drugs is in line with the general rise in commodity prices over time.

UPGRADED PASSPORT SEVA PROGRAMME

***99. SHRI ANUP SANJAY DHOTRE:**

SHRIMATI SMITA UDAY WAGH:

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

- (a) the current status of implementation of the upgraded Passport Seva Programme Version 2.0 (PSP V2.0) across all Indian Missions and Posts worldwide, along with details of advanced technological features introduced, including AI-enabled assistance, biometric upgrades and the global rollout of next-generation e-passports;
- (b) whether the Government has made any assessment of the improvements in service-delivery timelines, transparency and citizen satisfaction since the global launch of PSP V2.0, if so, the details thereof;
- (c) the specific measures taken to ensure data security, cyber-resilience and protection of privacy of citizen information being handled through the upgraded, digitalized system in adherence to international standards and best practices;
- (d) the steps initiated to strengthen digital infrastructure, staff capacity and real-time monitoring systems for seamless passport and consular service delivery; and
- (e) the future roadmap planned to further modernize passport governance, consular services and expand global coverage of PSP V2.0?

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

- (a): The upgraded Passport Programme Version 2.0 (PSP V2.0) has been rolled out in all 37 Regional Passport Offices (RPOs) and their Passport Seva Kendras

(PSKs) and Post Office Passport Seva Kendras (POPSKs), in a phased manner and on 26th May 2025, roll out of PSP V2.0 was completed at the country level. Further, the Global Passport Seva Programme Version 2.0 (GPSP V2.0) has been implemented in 202 Missions/Posts worldwide, in a phased manner, and the roll out of GPSP V2.0 was completed on 28th October 2025.

The advanced technological features introduced in PSP V2.0 are:

- (i) Artificial Intelligence (AI) enabled assistance is incorporated in the PSP V2.0 for document verification and data analytics.
 - (ii) Virtual assistance in the form of chatbot is provided to address citizens' queries.
 - (iii) Automated biometric data matching strengthens security and enhances decision-making during passport application processing.
 - (iv) Radio Frequency Identification (RFID) chip embedded in the e-Passport stores demographic information and photograph.
 - (v) Advanced encryption of data in the e-Passport enables safe and secure data validation.
 - (vi) Public Key Infrastructure (PKI) protects sensitive data from unauthorized access and tampering.
 - (vii) PSP V2.0 is designed to meet International Civil Aviation Organization (ICAO) standards for worldwide recognition and interoperability.
- (b): Yes. Under PSP V2.0/GPSP V2.0, the assessment of improvements in service-delivery timelines, transparency and citizen satisfaction are being done through various mechanisms such as monitoring of appointment cycles and

pendency reports, data analytics and various dashboards available with the respective RPOs/Missions & Posts and with Project Monitoring Unit (PMU) of PSP Division, Ministry of External Affairs (MEA). These aspects are part of Service Level Agreement (SLA) with the service provider.

A Service Request Management (SRM) tool has been implemented in PSP application, through which any kind of issue/ service request can be made by the respective RPO. For the purpose of getting feedback from the citizens, self-service kiosks/ feedback screens are installed at Passport Seva Kendra (PSK)/ Post Office Passport Seva Kendra (POPSK) functioning at different places to capture feedback from citizens on service experience, which are continuously monitored at the Ministry level. In addition to the above, there is a 24x7 call-centre serving in 17 different languages (location wise) for clarification and issue resolution for citizens. Digital processes, data analytics and biometric validation have resulted in measurable improvements in passport processing and issuance timelines.

(c): PSP V2.0 and GPSP V2.0 are enabled with a mature enterprise-grade security framework that delivers comprehensive protection across the ecosystem. The PSP application's security tools provide comprehensive protection across multiple areas, including identity and access security, data security and application security. It also incorporates robust vulnerability management and Security Information and Event Management (SIEM) based monitoring, to protect citizens' personal data from breaches and misuse.

(d): New digital tools introduced to strengthen digital infrastructure under PSP

V2.0 have significantly improved the passport application and grievance-redressal experience by making the process faster, transparent and more user-friendly.

Applicants benefit from chatbot and citizen centric service delivery system that guide them to the correct service page, provide information on required documents, appointment availability and nearest PSK/POPSK. Automated biometric matching strengthens security and accelerates decision-making during application processing. Real-time SMS/email alerts keep citizens informed at every stage of their application cycle. In addition, feedback kiosks installed at PSKs capture both qualitative and quantitative inputs from applicants, which are analyzed to improve service delivery and citizen satisfaction.

Real time monitoring of the entire PSP application is done by Network Operations Centre (NOC) and Security Operations Centre (SOC) under the supervision of Project Management Unit (PMU) of PSP Division, MEA.

The Ministry is taking appropriate measures for filling up the vacancies. Staff Selection Commission has recommended a total of 447 candidates in the year 2025 for appointment on direct recruitment basis in the grades of Assistant Superintendent, Junior Translation Officer, Stenographer, Junior Passport Assistant, and Office Assistant for the Passport Offices. Separately, the Ministry has also appointed Officers on Special Duty from other services in the Passport Offices on deputation basis. Promotions through Departmental Promotion Committees and Limited Departmental Competitive Examination are being

carried out in a timely manner. In addition to this, the Ministry has engaged Young Professionals, Data Entry Operators and Multi-Tasking Staff on contractual basis in the Passport Offices.

(e): The future roadmap of the Government is to further modernize passport governance, strengthen and expand the global coverage of PSP V2.0 for Indian citizens, ensuring secure and fast immigration and enhanced citizen-centric digital services. With 202 Indian Missions/ Posts already covered under PSP application, new missions/ posts will be added to this programme as they begin operations.

The roadmap to modernize and improve services also emphasizes on continuous capacity building and infrastructure upgrades at all RPOs, PSKs, POPSKs and Missions/Posts abroad to deliver faster, secure and seamless services to Indian Citizens.

उत्तराखंड में अस्पतालों का आधुनिकीकरण

***100. श्री अजय भट्ट:**

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

(क) क्या सरकार को इस बात की जानकारी है कि उत्तराखंड में सरकारी अस्पतालों की स्थिति बहुत दयनीय है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का विचार ग्रामीण क्षेत्रों के सरकारी अस्पतालों सहित देश भर के सरकारी अस्पतालों में आधुनिक नैदानिक मशीनें उपलब्ध कराकर तथा इन अस्पतालों में चिकित्सकों और कर्मचारियों की संख्या में वृद्धि करके उनका आधुनिकीकरण करने का है;

(घ) यदि हां, तो उत्तराखंड सहित तत्संबंधी राज्य/संघ राज्य क्षेत्र-वार ब्यौरा क्या है और यदि नहीं, तो

इसके क्या कारण हैं; और

(ड) क्या सरकार के पास ऐसा कोई प्रस्ताव लंबित है जिससे यह सुनिश्चित किया जा सके कि चिकित्सक ग्रामीण क्षेत्रों में अनिवार्य रूप से सेवाएं प्रदान करेंगे, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): जन स्वास्थ्य राज्य का विषय है, इसलिए देश के सभी नागरिकों को बुनियादी स्वास्थ्य सेवाएँ प्रदान करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। तथापि, यह मंत्रालय सार्वजनिक स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है।

उत्तराखंड में अस्पतालों की स्थिति के संबंध में, राज्य सरकार ने सूचित किया है कि सभी सरकारी अस्पतालों में चिकित्सा सुविधाएं भारतीय सार्वजनिक स्वास्थ्य मानक (आईपीएचएस) 2022 के अनुसार प्रदान की जाती हैं, जिसका उद्देश्य सेवाओं की गुणवत्ता में सुधार करना है। उत्तराखंड में स्वास्थ्य अवसंरचना और मानव संसाधन की स्थिति पर विस्तृत जानकारी के लिए, जिला-वार आंकड़े वार्षिक प्रकाशन "हेल्थ डायनेमिक्स ऑफ इंडिया (इन्फ्रास्ट्रक्चर एंड ह्यूमन रिसोर्सेस) 2022-23" में उपलब्ध हैं।

[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)

(ग) और (घ): एनएचएम मौजूदा उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को उन्नत करके, उत्तराखंड में 2,355 सहित कुल 1,80,906 आयुष्मान आरोग्य मंदिर (एएएम) के संचालन के माध्यम से स्वास्थ्य अवसंरचना के स्तरोन्नयन का समर्थन करता है। एएएम में प्राथमिक स्वास्थ्य परिचर्या सेवाओं के बारह पैकेज प्रदान करने के लिए आवश्यक संसाधन उपलब्ध हैं, जिनमें उन्नत अवसंरचना, अतिरिक्त मानव संसाधन, आवश्यक दवाएं और निदान, आईटी सिस्टम आदि शामिल हैं।

निःशुल्क निदान सेवा पहल के तहत, भारत सरकार राज्यों/संघ राज्य क्षेत्रों को सामुदायिक स्वास्थ्य केंद्रों (एसएचसी) में 14 परीक्षणों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) में 63 परीक्षणों, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में 97 परीक्षणों, उप-जिला अस्पतालों (एसडीएच) में 111 परीक्षणों और जिला अस्पतालों (डीएच) में 134 परीक्षणों के लिए वित्तीय सहायता प्रदान करती है।

उत्तराखंड में, प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के तहत, वित्तीय वर्ष 2021-22 से वित्तीय वर्ष 2025-26 की अवधि के दौरान अवसंरचना विकास में सहायता के लिए 215.79 करोड़ रुपये की मंजूरी दी गई है, जिसमें 5 क्रिटिकल केयर अस्पताल ब्लॉक और 13 एकीकृत जिला जन स्वास्थ्य प्रयोगशालाएं शामिल हैं। इसके अतिरिक्त, पंद्रहवें वित्त आयोग ने स्थानीय सरकारों के माध्यम से स्वास्थ्य परिचर्या प्रणाली को मजबूत करने के लिए पांच वर्षों (2021-2026) में 797.09 करोड़ रुपये के अनुदान की सिफारिश की है। आपातकालीन कोविड प्रतिक्रिया और स्वास्थ्य प्रणाली तैयारी पैकेज-II (ईसीआरपी-II) के तहत, अवसंरचना सहायता के लिए वित्तीय वर्ष 2021-22 में राज्य को 433.35 करोड़ रुपये आवंटित किए गए थे।

(ड): देश भर के ग्रामीण और दूरदराज क्षेत्रों में बेहतर सेवा प्रदायगी को प्रोत्साहित करने के लिए चिकित्सा पेशेवरों को प्रोत्साहन और मानधन के रूप में विभिन्न पहलें की गई हैं। ग्रामीण आबादी को समान स्वास्थ्य सेवा तक पहुंच प्रदान करने के लिए फैमिली एडॉप्शन प्रोग्राम (एफएपी) को एमबीबीएस पाठ्यक्रम में शामिल किया गया है। राष्ट्रीय चिकित्सा आयोग (एनएमसी) के जिला रेजिडेंसी कार्यक्रम के तहत, चिकित्सा कॉलेजों के दूसरे/तीसरे वर्ष के पीजी छात्रों को जिला अस्पतालों में तैनात किया जाता है। ग्रामीण और दूरदराज के क्षेत्रों में सेवा प्रदान करने के लिए विशेषज्ञ डॉक्टरों को दुर्गम क्षेत्र भत्ता दिया जाता है। राज्य, विशेषज्ञों को आकर्षित करने के लिए बातचीत के आधार पर निर्धारित वेतन भी प्रदान करते हैं, जिसमें "आप बताएं, हम भुगतान करें" जैसी रणनीतियों में लचीलापन और कठिन क्षेत्रों में सेवा करने वाले कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में अधिमानी प्रवेश जैसे गैर-आर्थिक प्रोत्साहन शामिल हैं।

(ii) Unstarred Question Nos. 921 to 1150

AFFORDABLE HEALTHCARE AND MEDICAL VALUE TOURISM

921. SHRI PRAVEEN PATEL:

SHRIMATI VIJAYLAKSHMI DEVI:

SHRI MUKESHKUMAR CHANDRAKAANT DALAL:

SHRIMATI MALA RAJYALAXMI SHAH:

SHRI DILESHWAR KAMAIT:

SHRI P.C. MOHAN:

DR. K. SUDHAKAR:

SHRI ASHISH DUBEY:

SHRIMATI KAMALJEET SEHRAWAT:

SHRI SHIVMANGAL SINGH TOMAR:

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

- (a) the key measures taken by the Government to enhance the affordability of healthcare in the country;
- (b) whether the Government has undertaken any initiatives to strengthen India's position as a global destination for medical value tourism and if so, the details thereof;
- (c) the steps being taken by the Government to improve collaboration with the healthcare industry and private sector to promote inclusive and high-quality medical infrastructure in the country; and
- (d) the measures proposed by the Government to promote traditional systems of medicine and wellness as part of India's broader healthcare and export strategy?

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 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 especially for the poor and vulnerable sections in urban, rural, and tribal/hilly areas. 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.

A total of 1.81 lakh Ayushman Arogya Mandirs (AAMs) have been established and operationalized which deliver expanded range of comprehensive primary healthcare services encompassing preventive, promotive, palliative, rehabilitative, and curative care. These include reproductive and child healthcare services, communicable and non-communicable diseases, and a wide array of other health concerns.

National Free Drugs Service initiative and Free diagnostic Service has been rolled out to ensure availability of essential drugs and diagnostic facilities and reduce out of pocket expenditure of the patients visiting public health facilities. Besides, quality generic medicines are made available at affordable prices to all

under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) in collaboration with the State Governments. Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacy stores have been set up in some hospitals/institutions.

The National Pharmaceutical Pricing Authority (NPPA) fixes ceiling prices for medicines listed in Schedule-I of the Drugs (Prices Control) Order, 2013 (DPCO, 2013), and manufacturers must sell these drugs within the notified ceiling price (plus GST). NPPA also sets retail prices for new drugs, which the concerned manufacturers and marketers must adhere to. For non-scheduled drugs, manufacturers may fix the MRP, but cannot increase it by more than 10% in any 12-month period as per DPCO, 2013.

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to approximately 55 Crore beneficiaries corresponding to 12.37 Crore families constituting economically vulnerable bottom 40% of India's population. States/UTs implementing AB PM-JAY have further expanded the beneficiary base, at their own cost. Recently, the scheme has been 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 under AB PM-JAY with Vay Vandana Card.

The various other initiatives carried out under NHM by the Government of India for enhancing the affordability of healthcare in the country are 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 Mukht Bharat (AMB) strategy, Pradhan Mantri TB Mukht Bharat Abhiyaan (PMTBMBA) and Universal Immunization programme.

(b): Government has undertaken several initiatives to boost medical value tourism. This sector incorporates initiatives of several Ministries/Departments/trade bodies along with private sector hospitals. This Ministry undertakes coordination with different stakeholders and further provides inputs and support to Ministry of Tourism and other Government and Departments. The specific issues of the sector are identified and communicated to different Government and non-Governmental bodies.

The measures taken by the Government to strengthen India's position as a global destination for medical value travel include branding and promotion of medical tourism including at India's Missions and Posts abroad which also showcase the country's health facilities by conducting digital campaigns, networking receptions, seminars, etc; launch of e-Medical VISAs and e-Ayush VISAs; accreditation through National Accreditation Board for Hospitals & Healthcare Providers (NABH) and strengthening of institutional capabilities in the country particularly in traditional system of medicine.

(c): Public-Private Partnership (PPP) has been one of the mainstays and continues to be an integral part of health reforms in India to promote inclusive and high-quality medical infrastructure. Under National Health Mission (NHM),

the Government is encouraging PPP model to modernize the health ecosystem of district hospitals in the country. Pradhan Mantri National Dialysis Programme (PMNDP) for Chronic Kidney Disease (CKD) patients, which ensures availability of dialysis services in all the district hospitals in the country free of cost to all BPL beneficiaries, is operational in both Public-Private Partnership (PPP) mode and in-house mode. Under Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY), out of 32,403 empaneled hospitals, 15,378 private hospitals have been empaneled to provide healthcare benefits to scheme beneficiaries.

(d): To promote traditional systems of medicine and wellness, Government of India has adopted an integrated strategy of Co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window. AYUSH services have been allocated at 482 DHs, 3,103 CHCs, 241 health facilities other than CHC at or above block level but below district level, 6,158 PHCs and 3,109 health facilities above Sub-centre (SC) but below block level, as on 31st March, 2025. AYUSH is also integrated with various new and upcoming All India Institute of Medical Sciences (AIIMS) established under the Ministry of Health & Family Welfare.

Wellness-related activities like Yoga, cycling, and meditation, are conducted in Ayushman Arogya Mandirs (AAMs). As on 31.10.2025, a total of 6.37 cr wellness sessions including yoga have been conducted under Ayushman Arogya Mandir including Ayushman Melas.

**DEVELOPMENT OF INLAND WATERWAY AND MARITIME
INFRASTRUCTURE IN NER**

922. SHRI PRADYUT BORDOLOI:

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

(a) the details of the utilisation and unused funds from the Rs.5,000 crore investment that was pledged on July 7, 2025 for the development of inland waterways and maritime infrastructure in the North Eastern Region (NER) under existing Government schemes;

(b) the current state of all-weather fairway dredging, permanent cargo terminals at Pandu, Jogighopa, Dhubri, Bogibeel, Karimganj and Badarpur, tourist jetties at Dibrugarh, Silghat, Biswanath Ghat, Neamati and Guijan and lighthouses at Bogibeel, Biswanath Ghat, Silghat and Pandu including contractors hired and anticipated timelines of their completion; and

(c) the details of the 50,000 North East youths who are being trained and placed under the Maritime Skill Development Centres (Guwahati) and Centre of Excellence (Dibrugarh) along with the number of youths who have received training so far and are employed in the maritime industry and those remaining in the pipeline?

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

(a): The Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry of Ports, Shipping and Waterways (MoPSW), has identified works worth approximately Rs.5,000 crore for development of

Inland Water Transport (IWT) infrastructure in North Eastern Region (NER) during 2025-2030. Out of Rs.5000 crore, currently, the works amounting to Rs.975 crore are at various stages of implementation. For implementation of the other projects, Feasibility Study Report (FSR)/Detailed Project Report (DPR) is being prepared by IWAI.

(b): The dredging work for assured depth of 2.5m in the navigational channel for the stretch between Bangladesh Border to Pandu (Guwahati) in National Waterway (NW-2) and dredging work for maintenance of assured depth of 2.0m in the stretch between Bhanga and Badarpur in NW-16 (Barak River), have been assigned to Dredging Corporation of India (DCI). In other parts of NW-2 and NW-16, IWAI is maintaining fairway with departmental dredgers and river conservancy works. Cargo terminals at Pandu and Dhubri are already operational. The new terminals at Jogighopa and Bogibeel have been completed. Karimganj and Badarpur terminals have been upgraded. DPR's for new tourist jetties at Silghat, Biswanath, Neamati and Guijan have been prepared by M/s Indian Port Rail & Ropeway Corporation Ltd. (IPRCL). Directorate General of Lighthouses and Lightships (DGLL) has been entrusted the work of construction of Lighthouses along NW-2 by April 2026.

(c): IWAI has developed Maritime Skill Development Centre (MSDC) at Guwahati for training and capacity building in maritime sector in the NER with faculty from National Inland Navigation Institute (NINI), Patna. So far, 635 Inland Vessel crew members have been given training in accordance with Inland Vessels Act, 2021. The trained crews are engaged in IWT sector. Also, other

training courses have been identified for development with the support of industry experts to enhance the skills of Industrial Training Institute (ITI) students in maritime field.

Further, a Regional Centre of Excellence (RCoE) at Bogibeel (Dibrugarh) for the aspirants of NER is at the proposal stage and IWAI has prepared the DPR through M/s IPRCL.

INVITATION TO US PRESIDENT

923. SHRI TAMILSELVAN THANGA:

DR. GANAPATHY RAJKUMAR P.:

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

- (a) whether it is true that Union Government has extended any invitation to US President to visit India next year, if so, the details thereof along with the purpose of the visit;
- (b) the details of the agenda to be discussed and the details of the bilateral agreements to be made with US Government; and
- (c) the response received from the US Authority on the invitation?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (c): During his visit to the United States of America in February 2025, Prime Minister Shri Narendra Modi extended an invitation to President Donald J. Trump to visit India for the next Quad Leaders' Summit. The dates, agenda, expected

deliverables, and other logistical aspects of the Summit are yet to be finalised and will be determined in consultation with the other Quad partners.

GLOBAL HUNGER INDEX

924. ADV. CHANDRA SHEKHAR:

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

- (a) whether the Government is aware that India continues to rank a dismal 102 out of 123 countries in the Global Hunger Index 2025 with a 'serious' score of 25.8 including 12% undernourishment and 32.9% child stunting;
- (b) if so, the details of child stunting and undernourishment as per Global Hunger index 2025 along with the reasons for this persistent failure despite repeated assurances thereof State-wise;
- (c) the details of the specific, time-bound interventions launched in 2025-26 to check child stunting and wasting rates; and
- (d) the details of the budgetary allocations made for these interventions and the measurable outcomes targeted by March 2026?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d): Global Hunger Index is published by 3 Non-Government Organizations (viz., Welt Hunger Hilfe of Germany, Concern Worldwide of Ireland and Institute for International Law of Peace and Armed Conflict of Germany). It is a flawed measure of 'Hunger' and does not reflect India's true position. Three out of four of its constituent indicators namely, Stunting, Wasting and Under Five Mortality Rate are actually related to health and nourishment levels of children. They

cannot be projected to reflect prevalence of hunger in the overall population. Only one indicator, Prevalence of Undernourishment (PoU), is directly related to hunger, and even this indicator suffers from significant methodological and data limitations. Owing to the probabilistic nature of its estimation and uncertainties in underlying parameters, the precision of PoU estimates is generally low. The other two indicators, viz., stunting and wasting, are not measures of hunger, but outcomes of multiple complex factors including sanitation, environmental conditions, disease burden, maternal health, genetics, and food utilisation. Similarly, the fourth indicator, i.e., Under Five Mortality Rate, is influenced by a wide set of determinants such as access to healthcare, immunisation coverage, sanitation and hygiene, safe drinking water, and overall socio-economic conditions. In view of these shortcomings, the methodology adopted by GHI is 'flawed' and it cannot be taken to reflect hunger in the overall population.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-06)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3
Poshan Tracker (October 2022)***	39.87	19.38	8.61
Poshan Tracker (October 2025)***	33.54	14.41	5.03

* Under 4 years

** Under 3 years

*** Under 5 years

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across the country. The State/UT wise data from Poshan Tracker, on Stunting, wasting and underweight is available at the link: <https://www.poshantracker.in/statistics>

In the 15th Finance Commission cycle, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. It is a Centrally Sponsored Mission, where the responsibility for implementation of various activities lies with the States and UTs. This Mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services across the country.

IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery support systems at the Anganwadi Centres. 'Poshan Tracker' application is an important digital governance tool under Mission Saksham Anganwadi and Poshan 2.0 of the Ministry. Poshan Tracker facilitates monitoring and tracking of Anganwadi Centres, Anganwadi Workers and beneficiaries on several operational parameters. Number of beneficiaries in Poshan Tracker is 8,87,69,382 (including Pregnant women, Lactating Mothers, Adolescent Girls, and Children-0-6 years) as in October 2025.

Under Mission Poshan 2.0, a new strategy has been made for reduction in

malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It 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 in the form of Hot Cooked Meal and Take Home Ration is provided to Children (aged 6 months to 6 years), Pregnant Women & Lactating Mothers (PWLM) and Adolescent Girls registered in Anganwadi centers to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Under this Mission, another major activity is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two CBEs every month.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism of nutrients. This process is influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition in a convergent manner. It is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst more than 18 Ministries/Departments.

Ministries of Women & Child Development and Health & Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality. The community-based approach involves timely detection and screening of children with severe acute malnutrition in the community, management for those without medical complications with wholesome, local nutritious foods at home and supportive medical care.

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 National Health Mission (NHM) which includes interventions to address nutrition concerns among women and children across the country as placed below:

- 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 Severe Acute Malnourishment (SAM) with medical complications with special focus on improving the skills of mothers and caregivers on timely, adequate and appropriate feeding for children.
- 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.
- Anemia Mukht 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, Deworming, Intensified behavioral change communication campaign, Testing for anemia and treatment as per management protocols, Mandatory provision of IFA fortified food in public health programmes and Addressing non nutritional causes of anemia especially malaria, flourosis and hemoglobinopathies) via robust institutional mechanism.

- Under National Deworming Day (NDD) albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).

Under Saksham Anganwadi and POSHAN 2.0, a total outlay of ₹21,960 crore has been earmarked for FY 2025-26. Percentage of children (aged 6 months to 6 years) measured for height and weight on a monthly and cohort basis out of total children registered on Poshan Tracker; Percentage of Pregnant Women & Lactating Mothers (PWLM) received Supplementary Nutrition on a cohort basis out of total PWLM registered on Poshan Tracker; Percentage reduction in children who are wasted within the same cohort; Percentage reduction in children who are underweight within the same cohort etc., are a few measurable output/outcome indicators.

**PENDING REIMBURSEMENT BILLS TO EMPANELLED
HOSPITALS UNDER PMJAY**

925. DR. ANGOMCHA BIMOL AKOIJAM:

SHRIMATI JUNE MALIAH:

SHRI KIRTI AZAD:

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

(a) whether the Government is aware of the issue of pending reimbursements to hospitals empanelled under the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), which is reportedly hindering service delivery and causing distress to patients who are critically depend on this scheme for essential and life-saving treatments and procedures in the country during the last three years;

(b) if so, the details thereof, State-wise and year-wise;

(c) the total amount (in Rs.) pending for reimbursement under the said scheme in the country as of 1st November, 2025 and the average delay in reimbursement, State/UT-wise;

(d) the reasons for the delay in releasing these pending dues alongwith the timeline by which the Government proposes to release the pending funds; and

(e) the number of claims pending since three months, six months and one year and above, category-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 (e): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-

PMJAY), settlement of claims is an ongoing process and claims are settled by respective State Health Agencies. National Health Authority has laid down guidelines for payment of claim to hospitals within 15 days of claim submission for the intra-state hospitals (hospitals located within State) and within 30 days in case of portability claims (hospitals located outside State).

Further, regular review meetings are held to take stock of the progress with regards to the claims. Besides, capacity building activities are also organised for settlement of claims.

BAN ON UNSAFE FOOD ADDITIVES

926. SHRI ESWARASAMY K.:

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

(a) whether the Government is aware of global scientific studies linking the food additives Azodicarbonamide (ADA), commonly used as a flour-bleaching and dough-strengthening agent in bread and Butylated Hydroxyanisole (BHA), a preservative used in bakery and packaged food products, to potential health risk such as cancer, allergies and respiratory illnesses and if so, the details thereof;

(b) whether ADA has been completely banned in countries such as the United Kingdom, European Union and Australia, while BHA is under strict regulation globally and if so, the reasons for permitting their continued usage in bread and other food products in the country;

(c) whether the Food Safety and Standards Authority of India (FSSAI) has

undertaken any recent reassessment of permissible limits for ADA and BHA in view of updated toxicological evidence in the country and if so, the details thereof; and

(d) the fixed timeline for revising standards and ensuring strict enforcement and compliance from all food manufacturers and bakeries across 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 (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.

As per Food Safety and Standards (Food Products Standards and Food Additives) Regulation, 2011, use of Azodicarbonamide (ADA) is not permitted in any food product. Butylated Hydroxy Anisole (BHA) is permitted for use in several food products including Bakery products. In bakery products, BHA is permitted at a maximum use level of 200 mg/kg. The use of BHA is permitted in view of the risk assessments carried out by global risk assessment bodies such as Joint Food and Agriculture Organization (FAO) Expert Committee on Food Additives (JECFA) and European Food Safety Authority (EFSA).

Further, Food Business Operators (FBOs) are liable to comply with the provisions of Food Safety and Standards (FSS) Act, Rules and Regulations made thereunder. In order to ensure compliance with the prescribed standards,

limits, and other statutory requirements under the FSS Act and Food Safety and Standards Regulations (FSSR), FSSAI through State/UT authorities, regional offices, and food safety departments, undertakes regular localized or targeted enforcement and surveillance activities.

In case of any deviations, appropriate regulatory and punitive actions have been taken against the defaulting FBOs as per the provisions of the FSS Act, 2006 and the rules framed thereunder.

**MANDATORY DISPLAY OF MEDICAL CHARGES
BY PRIVATE HOSPITALS**

927. SHRI S. VENKATESAN:

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

- (a) whether the Government has taken note of the mandatory display of medical charges by private hospitals in the country;
- (b) if so, the details thereof along with the steps taken by the Government in this regard;
- (c) whether any study has been conducted and any reports available in this regard; 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): '*Health*' being a State subject, the primary responsibility to take note

of mandatory display of medical charges by private hospitals lies with the respective States/UTs.

Nonetheless, the Government of India enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified the Clinical Establishments (Central Government) Rules, 2012 (CE Rules) to provide for registration and regulation of Government (except those of Armed Forces) as well as private clinical establishments belonging to recognized systems of medicine. As per CE Act, the clinical establishments are required to fulfill the conditions of minimum standards for each type of service provided. The CE Act has been adopted by 19 States/UTs (12 States, viz., Arunachal Pradesh, Assam, Bihar, Jharkhand, Haryana, Himachal Pradesh, Mizoram, Rajasthan, Sikkim, Telangana, Uttarakhand & Uttar Pradesh and 7 UTs, viz., Andaman & Nicobar Islands, Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Jammu & Kashmir, Ladakh, Lakshadweep & Puducherry).

Rule 9(i) of CE Rules stipulates that every clinical establishment shall display the rates charged for each type of service provided and facilities available, for the benefit of the patients at a conspicuous place in the local as well as in English language. '*Health*' being a State subject, the States / UTs which have adopted the CE Act are primarily responsible for enforcing/implementing the provisions of the CE Act including the provision of display of medical charges in the respective States/UTs. The Act has empowered a registering authority at the district level under the chairmanship of the District Collector / District Magistrate to take actions including imposing penalties in respect of violation of its

provisions. The Act also provides for cancellation of registration, if the provisions of the Act are not complied with. The clinical establishments in the States/UTs, which have not adopted and implemented the CE Act, are registered and regulated by the respective State Acts.

EMERGENCY TRAUMA AND TREATMENT CENTRES ON NATIONAL HIGHWAYS

928: SHRI PUTTA MAHESH KUMAR:

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

- (a) the details of the list of emergency trauma and treatment centres proposed under construction and presently functional in the country, State-wise and district-wise in Andhra Pradesh including Eluru District;
- (b) the total amount of funds allocated, released and utilised for establishment and functioning of emergency trauma and treatment centres as specified above across the country, State-wise, district-wise in Andhra Pradesh especially in Eluru District;
- (c) the total number of patients admitted, treated and passed away at such emergency trauma and treatment centres during the last five years across the country, State-wise, district-wise in Andhra Pradesh including Eluru District;
- (d) the details of the list of emergency trauma care centres established near National Highway areas designated as Accident Blackspots across the country, State-wise and district-wise in Andhra Pradesh especially in Eluru

District; and

- (e) whether the Government plans on setting up more emergency/trauma care centres in the said State, 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): National Programme for Prevention & Management of Trauma and Burn Injuries (NPPMT&BI) is a Centrally Sponsored Scheme. During 11th Five Year Plan (2007-2012) and 12th Five Year Plan (2012-2017) under the scheme, total 196 Trauma Care Facilities (TCFs) were sanctioned in Government Hospitals/ Medical Colleges across the country. The overall objective of the scheme is to bring down preventable deaths due to road accidents by developing a Pan-India trauma care network. List of the 196 TCFs is given in the enclosed **Statement-I**.

Further, in the current scheme, there is no provision of identification of new trauma care facilities. The financial support is in terms of release of the balance share of Central assistance within the total approved cost of the approved facilities/units. Emphasis is now more on capacity building of doctors and paramedical staff on trauma management. Details of the funds allocated & released to Trauma Care Facilities in Andhra Pradesh are given in the enclosed **Statement-II**.

Health is a state subject. The details of the patients admitted, treated and passed away at emergency trauma and treatment centres are maintained at state level.

STATEMENT-I**List of the 196 Trauma Care Facilities (TCFs)**

S. No.	Name of State	Name of Trauma Care Facilities	Level
1	Andhra Pradesh	Govt. General Hospital & Medical College, Kurnool	II
2		Community Hospital, Penukonda	III
3		Taluk Hospital, Tekkali	III
4		District Hospital, Srikakulam	II
5		King George Hospital/Andhra Medical College, Visakhapatnam	II
6		Tuni taluk Hospital, east Godavari District	III
7		District Hospital , Rajahmundry, East Godavari	II
8		District Hospital, Eluru, West Godavari	III
9		Medical College, Guntur	II
10		District Hospital, Ongole	III
11		Dist Hospital, Nellore	II
12		Taluk Hos. Nayadupet	III
13		Dist. Hospital Anantpur	II
14		General Hospital Kakinada	II
15	Andaman & Nikobar	Dr. R P Hospital, Mayabunder	III
16	Arunachal Pradesh	General Hospital, Bomdila	III
17		District Hospital, Roing	III
18		District Hospital, Tezu	III
19		District Hospital, Khonsa	III
20	Assam	Medical College & Hospital, Silchar	II
21		Civil Hospital, Haflong	III
22		Civil Hospital, Diphu	III
23		District Hospital, Nagaon	II
24		Medical College & Hospital, Guwahati.	II
25		District hospital, Nalbari	III
26		Civil Hospital, Bogaigaon	III
27	Bihar	Civil Hospital, Kishanjanj	III
28		District Hospital, Purnia	II
29		Civil Hospital, Madhepura	III

30		Darbhanga Medical College Hospital, Darbhanga	II
31		S.K. Medical College Hospital, Muzaffarpur	II
32		Civil Hospital, Gopalgang	III
33		Civil Hospital, Jhanjarpur	III
34		Sadar Hospital, Sasaram, Rohtas	III
35		AN Magadh Medical College Hospital, Gaya	II
36	Chhattisgarh	BR Ambedkar Memorial Hospital, Raipur	II
37		Chhattisgarh Institute of Medical Sciences, Bilaspur	II
38		Govt. Komaldeo District Hospital, Kanker	III
39		District Hospital, Raigarh	III
40		Baliram Kashyap Memorial Medical College, Jagdalpur	II
41		District Hospital, Ambikapur	III
42	Dadar and Nagar Haveli	CHC Khanvel	III
43	Goa	Govt. Medical College, Goa	I
44	Gujarat	Civil Hospital, Palanpur	II
45		Civil Hospital, Radhanpur	III
46		General Hospital, Morbi	II
47		Pt. Deen dayal Upadhyaya Hospital, Rajkot	II
48		CHC, Jetpur	III
49		General Hospital, Porbandar	II
50		General Hospital, Valsad	II
51		Govt. Medical College, Surat	II
52		District Hospital, Bharuch	III
53		SSG Hospital & Medical College, Vadodara	II
54		District Hospital, Himmat Nagar	III
55		SA Hospital Bhachau, Kutch	III
56		Guru Govind Singh Hospital Jamnagar	II
57		Sir Takhtsinh General Hospital & Govt. Medical College, Bhavnagar	II
58		District Hospital, Veraval	III
59	Haryana	Dist. Hospital, Ambala	II
60		District Hospital, Rewari	III
61		BSS General Hospital, Panipat	III

62	Himachal Pradesh	District Hospital, Chamba	III
63		Regional Hospital Hamirpur	III
64		RP Medical College, Tanda,	II
65		Zonal Hospital Mandi	III
66		Regional Hospital Rampur, Shimla	III
67		IGMC Govt. Hospital, Shimla, Himachal Pradesh	I
68	Jammu and Kashmir	MMAM District Hospital, Anantnag	III
69		Trauma Hospital, Ramban, Doda	III
70		Govt. District Hospital, Udhampur	II
71		District Hospital, Kupwara	III
72	Jharkhand	Patliputra Medical College, Dhanbad	II
73		District Hospital Koderma	III
74		Sadar Hospital Daltanganj	III
75		District Hospital, Gumla	III
76	Karnataka	Tumkur District Hospital	III
77		Taluq Hospital, Sira	III
78		Civil Hospital, Chitradurga	II
79		Civil Hospital, Devangiri	III
80		Karnataka Institute of Medical Science, Hubli, Dharward	II
81		District Hospital, Haveri	III
82		District Hospital, Belgaum	III
83		District Hospital, Chickbalapur	III
84	Kerala	Govt. Medical College, Alappuzha	II
85		General Hospital, Ernakulam	III
86		District Hospital, Kannur	III
87		District Hospital Palakkad	II
88		Govt. Medical College Hospital, Kozhikode	I
89		Government Medical College & Hospital, Thiruvananthapuram	II
90	Ladakh	S.N.M. Hospital, Leh	III
91	Madhya Pradesh	Civil Hospital, Shivpuri	II
92		G R Medical College Hospital, Gwalior	II
93		DH Narsimhapur	III
94		DH Sagar	II

95		DH Seoni	III
96	Maharashtra	GMCH, Kolhapur	II
97		District Hospital, Satara	III
98		BJ Medical College, Pune	II
99		Municipal Hospital, Vashi	III
100		Sub District Hospital Dhanu, Thane	III
101		Sub District Hospital, Hinganghat, Wardha	III
102	Manipur	Regional Institute of Medical Sciences, Imphal	I
103		District Hospital, Churachandpur	III
104		District Hospital Senapati	III
105		District Hospital Bishunpur	III
106		Thoubal District Hospital	III
107		Chandel District Hospital	III
108	Meghalaya	Civil Hospital, Tura	III
109		Civil Hospital Nongpoh	III
110		Civil Hospital Shillong	II
111	Mizoram	Civil Hospital, Aizawl	II
112		District Hospital, Lawngtlai	III
113		District Hospital, Saiha	III
114		District Hospital, Lunglei	III
115		District Hospital Kolasib	III
116		District Hospital Champhai	III
117		District Hospital Serchhip	III
118	Nagaland	District Hospital, Tuensang	III
119		District Hospital, Kiphiri	III
120		District Hospital, Mon	III
121		Naga Hospital Kohima	II
122		District Hospital, Dimapur	III
123	Odisha	District Hospital, Balasore	II
124		District Hospital, Bhadrak	III
125		SCB Medical College, Cuttack	I
126		District Hospital, Khurda	III
127		MKCG Medical College, Behrampur	II
128		District Hospital, Puri	III
129	Punjab	Sub-District Hospital, Pathankot	III
130		District Hospital, Jalandhar	II

131		District Hospital, Khanna	III
132		District Hospital Fazailka	III
133		District Hospital Ferozpur	III
134	Rajasthan	Government Hospital, Baran	III
135		New Medical College Hospital, Kota	II
136		SS Hospital, Chittorgarh	III
137		RNT Medical College, Udaipur	II
138		District Hospital, Bhilwara	III
139		JLN Medical College, Ajmer	II
140		SMS Medical College, Jaipur	II
141		Taluk Hospital, Kotputli	III
142		Govt. Hospital, Sirohi	III
143		Civil Hospital Dungarpur.	III
144	Sikkim	District Hospital Namachi	III
145		District Hospital, Singtam	III
146		District Hospital, Mangan	III
147		STNM Hospital Gangtok	II
148	Tamil Nadu	Kilpauk Medical College, Chennai	II
149		GMC, Vellore	II
150		Taluk Hospital, Krishnagiri	III
151		Govt. District Hqr. Hospital, Karur	III
152		District Hospital, Dindigul	II
153		Govt. Rajaji Hospital Medical College, Madurai	II
154		District Hqr. Hospital, Kovilpatti	III
155		GMCH, Tirunelveli	II
156		GMCH, Kanyakumari	II
157		Govt. District Head Quarters Hospital Kallakurichi	III
158		Govt. District Head Quarters Hospital Kumbakonam	III.
159		Chengalpattu Govt. Medical College & Hospital	I
160		Coimbatore Medical College	II
161	Telangana	Rajiv Gandhi Inst. Of Medical Sciences, Adilabad	II
162		Area Hospital, Kamareddy	III
163		District Hospital, Mehboobnagar	III
164		Dist. HQ Hospital, Nizamabad	II

165	Tripura	Dharma Nagar, Sub-Divisional Hospital	III
166		Santirbazar PHC, Divisional Hospital	III
167		District Hospital, Gomati	III
168		Agartala Govt. Medical College	II
169		District Hospital, Dhalai	III
170	Uttar Pradesh	BRD Medical College, Gorakhpur	II
171		District Hospital, Faizabad	III
172		KGM College, Lucknow	II
173		LLR Hospital & GSVM College, Kanpur	II
174		District Hospital, Jaluan, Orai	III
175		MLB Medical College, Jhansi	II
176		District Hospital, Basti	III
177		SN Medical College, Agra	II
178		Shri BA District Hospital, Etawah	III
179		District Hospital, Fatehpur	III
180		MLN Medical College, Allhabad	II
181		LLRM Medical College, Meerut	II
182		District Hospital, Lalitpur	II
183	Uttarakhand	District Hospital, Baurari, New Tehri	III
184		Government Medical College, Haldwani	II
185		Combined Hospital Roorkee	III
186		Doon Medical College & Hospital	II
187	West Bengal	North Bengal Medical College & Hospital, Siliguri	II
188		Islampur SD Hospital, Uttar Dinajpur	III
189		Sub Divisional, Asansol	II
190		Burdwan Medical College & Hospital, Burdwan	II
191		Sub-District Hospital, Kharagpur	III
192		District Hospital, Alipurduar	III
193		Murshidabad Medical College	II
194		Ranaghat Sub Divisional Hospital, Nadia	III
195		Diamod Harbour District Hospital	III
196		Raiganj District Hospital, Uttar Dinajpur	III

STATEMENT-II

**Details of the funds allocated & released to Trauma Care Facilities in
Andhra Pradesh:**

(Rs. In Cr.)

Name of State	Name of TCF	Level	Total Funds Allocated	Central Share Released
Andhra Pradesh	Govt. General Hospital & Medical College, Kurnool	II	9.63	9.06
	Community Hospital, Penukonda	III	4.775	2.65
	Taluk Hospital, Tekkali	III	4.775	3.49
	District Hospital, Srikakulam	II	9.63	9.54
	King George Hospital/Andhra Medical College, Visakhapatnam	II	9.63	9.63
	Tuni taluk Hospital, east Godavari District	III	4.775	3.5233
	District Hospital, Rajahmundry, East Godavari	II	9.63	5.2
	District Hospital, Eluru, West Godavari	III	4.775	2.66
	Medical College, Guntur	II	9.63	9.63
	District Hospital, Ongole	III	4.775	4.775
	Dist Hospital, Nellore	II	9.63	9.63
	Taluk Hos. Nayadupet	III	4.775	3.315
	Dist. Hospital Anantpur	II	9.63	5.8
	General Hospital Kakinada	II	10.272	4.5

INLAND WATERWAY PROJECTS

929. SHRI DEEPAK ADHIKARI DEV:

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

- (a) the details of the potential for trade through projects for development of Inland Waterways in the country;
- (b) the financial details of the projects that have been sanctioned; and
- (c) whether private companies have participated in the implementation of the said projects, if so, the details thereof?

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

- (a) Inland Waterways Authority of India (IWAI), an autonomous organisation under the Ministry of Ports, Shipping & Waterways, has been conducting feasibility studies and on the basis of feasibility, 32 National Waterways (NWs) have been made operational. The details of operational NWs are given in the enclosed **Statement-I**.
- (b) The financial details of sanctioned projects for development of Inland Waterways Transport Sector are given in the enclosed **Statement-II**.
- (c) Yes, Sir. The private sector is participating in operation and maintenance of terminals, jetties and vessels.

STATEMENT-I**Operational National Waterways as on 30.11.2025**

Sl. No.	NW No.	National Waterway Name
1	NW-1	Ganga-Bhagirathi-Hooghly River System (Haldia-Allahabad)
2	NW-2	Brahmaputra River (Dhubri-Sadiya)
3	NW-3	West Coast Canal
4	NW-4	Krishna Godavari River Systems
5	NW-5	East Coast Canal and Matai River/Brahmani-Kharsua-Dhamra Rivers/Mahanadi Delta Rivers
6	NW-8	Alappuzha-Changanassery Canal
7	NW-9	Alappuzha-Kottayam-Athirampuzha Canal
8	NW-14	Baitarni River
9	NW-16	Barak River
10	NW-23	Budha Balanga
11	NW-31	Dhansiri/Chathe
12	NW-44	Ichamati River
13	NW-48	Jawai-Luni-Rann Of Kutch River
14	NW-53	(Kalyan-Thane-Mumbai Waterway, Vasai Creek And Ulhas River)
15	NW-64	Mahanadi River
16	NW-86	Rupnarayan River
17	NW-94	Sone River
18	NW-97	Sunderbans Waterway
19	NW-10	Amba River
20	NW-83	Rajpuri Creek
21	NW-85	Revadanda Creek-Kundalika River System
22	NW-91	Shastri River - Jaigad Creek System
23	NW-68	Mandovi River
24	NW-111	Zuari River
25	NW-73	Narmada River
26	NW-100	Tapi River
27	NW-27	Cumberjua River

28	NW-47	Jalangi River
29	NW-87	Sabarmati River
30	NW-57	Kopili River
31	NW-110	Yamuna River
32	NW-40	Ghaghra River

STATEMENT-II

Summary of Inland Water Transport Projects/Schemes on National Waterways (Sanctioned projects):

Sl. No.	Name of Project	Sanctioned Amount (INR Cr)
1	JMVP-1 (River Ganga)	4600.58
2	JMVP-II (Arth Ganga) on River Ganga	
3	8. Hybrid Electric Catamaran	144
4	Comprehensive Development of NW-2 (River Brahmaputra)	498.38
5	Development of Approach Road from Pandu Port Terminal to NH-27 and Ship Repair Facility at Pandu, Guwahati on NW-2	419.00
6	Comprehensive Development of NW-16 (River Barak)	134.72
7	Development of 23 NW's (Phase-1)	266.09
8	CSS in NER States	100.00
9	Other National Waterways (NWs)	242.74
Total		6405.51

NUTRITIONAL LEVELS IN PARTICULARLY

VULNERABLE TRIBAL GROUP

930. SHRI ABU TAHER KHAN:

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

- (a) whether the Government maintains data on nutrition levels among children belonging to Particularly Vulnerable Tribal groups (PVTGs), if so, the details thereof;
- (b) whether any tribal dominated districts have reported closure, irregular functioning/food shortage in Anganwadi centres, if so, the details thereof;
- (c) whether the Government has introduced a “Tribal Nutrition Card” with millet-based diet supply, considering high anaemia among tribal children, if so, the details thereof; and
- (d) whether the Ministry proposes a separate budget line for nutrition in Forest Rights Act (FRA) and Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) households with 0–6-year children, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) and (b): The details of nutrition indicators among children in the country including all Particularly Vulnerable Tribal groups (PVTGs) and other details related to Anganwadi Centres (AWCs) are available at <https://www.poshantracker.in/statistics> .

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change and advocacy. It

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.

Under this Mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides for quality protein, healthy fats and micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin A, Vitamin-B6 and Vitamin B-12). **Extra Supplementary Nutrition is provided to Severely Acutely Malnourished (SAM) children as per National Food Security Act, 2013 (NFSA).**

Further, Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the **use of millets** at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers. Ministry vide notification dated 12th September 2022 issued Integrated Nutrition Support Programme- Saksham Anganwadi and Poshan (2.0), Rules

2022 to regulate the entitlements specified under the provisions of National Food Security Act, 2013 for every pregnant woman and lactating mother, till six months after childbirth and every child in the age group of six months to six years.

Further, Ministry of Women & Child Development and Ministry of Health & Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality. The community-based approach involves timely detection and screening of children with severe acute malnutrition in the community, management for those without medical complications with wholesome, local nutritious foods at home and supportive medical care. The CMAM protocol includes an appetite test and screening process for children aged 6 months to 6 years who are severely acute malnourished (SAM) or severely underweight (SUW). Post-screening, such children are referred to Nutrition Rehabilitation Centers (NRC) or hospital facilities for further care.

(c) and (d): No specific policy measure has been taken by the Government on “Tribal Nutrition Card” however, to address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years 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. Further, this mission is a **universal self-selecting umbrella scheme where there are no entry barriers** for any beneficiary to register and receive services.

PM GATI SHAKTI MARITIME CORRIDORS

931. SHRI SHASHANK MANI:

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

- (a) whether the Government has conducted fresh assessments for identifying new Coastal Economic Zones linked with PM Gati Shakti;
- (b) the status of multimodal connectivity planning for recently approved ports and waterways; and
- (c) whether the Government proposes to introduce digital port logistics systems across all major ports in the next three years?

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

(a): No Sir.

(b): Government has approved construction of 32.14 km approach road and 22.22 km rail line for road and rail connectivity respectively for recently approved Vadhavan Port in Maharashtra. The newly constructed waterways terminals at Varanasi, Sahibganj and Haldia on National Waterways - 1 have road connectivity and DPR study is being taken up for rail connectivity for these terminals.

(c): Yes, Government has launched National Logistic Portal Marine (Sagar Setu) with a vision to provide one stop platform aimed at connecting all stakeholders

of the logistic community including major ports using information technology.

CREATION OF MEGA SHIPBUILDING CLUSTERS

932. DR. C. M. RAMESH:

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

(a) whether it is true that the Government is planning to create eight mega shipbuilding clusters in the country, including one in Andhra Pradesh and if so, the details thereof, State-wise;

(b) whether the Government has formulated a broad plan to increase India's current one-percent share in global shipbuilding, if so, the details thereof; and

(c) whether the said plan is considered to be overly ambitious to make India among the top ten shipbuilding and ship-owning countries in the world, if so, the details thereof?

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

(a) to (c): The Government has approved a comprehensive Rs.69,725 crore package featuring a practical four-pillar approach to strengthen domestic capacity, maritime financing, shipyard development, skilling, and reforms. Key components include the Shipbuilding Financial Assistance Scheme (SBFAS) with Rs. 24,736 crore corpus, the Maritime Development Fund (MDF) of Rs. 25,000 crore comprising a Rs. 20,000 crore Maritime Investment Fund and Rs. 5,000 crore Interest Incentivisation Fund, and the Shipbuilding Development Scheme (SbDS) with Rs.19,989 crore outlay to expand capacity to 4.5 million

Gross Tonnage annually while supporting greenfield shipbuilding clusters. These schemes have been aligned to position India as a competitive global shipbuilding hub in line with vision contained in Maritime India Vision 2030 and Maritime Amrit Kaal Vision 2047 documents.

The SbDS scheme would facilitate the creation of shipbuilding clusters across multiple states. Memorandum of Understanding have already been signed between entities under MoPSW and those under the respective state governments of Andhra Pradesh, Odisha, Gujarat, Maharashtra, and Tamil Nadu for collaboration in greenfield shipbuilding clusters creation.

OPERATIONALISATION OF SANCTIONED BEDS AT AIIMS KALYANI

933. SHRI JAGANNATH SARKAR:

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

- (a) whether it is a fact that out of 960 sanctioned beds at AIIMS Kalyani, only 568 are currently operational and if so, the reasons for delay in operationalising the remaining beds;
- (b) the details of the action plan prepared by AIIMS Kalyani for operationalising all In-Patient Department (IPD) beds and Modular Operation Theatres (OTs) and whether the Ministry has approved the same, if so, the details thereof;
- (c) whether the Standing Finance Committee has expressed concern about a significant number of vacant faculty and non-faculty posts at AIIMS Kalyani and if so, the reasons for not sending the requisitions for filling these posts

to AIIMS Delhi on time; and

- (d) the steps being taken by the Government to expedite filling up of vacant faculty posts through SSC and non-faculty positions through the proposed Common Recruitment Exam (CRE) including the timelines fixed 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) and (b): In All India Institute of Medical Sciences (AIIMS) Kalyani, 680 In-Patient Department (IPD) beds and 19 Modular Operation Theatres (OTs) are currently operational. Various Departments and IPD beds are made functional in a phased manner and is contingent on creation of posts and recruitment of faculty and support staff.

(c) and (d): AIIMS Kalyani submitted requisitions for recruitment of 200 Nursing Officer positions through Nursing Officer Recruitment Common Eligibility Test (NORCET-9) and 172 non-faculty positions through Common Recruitment Examination (CRE-4) to AIIMS Delhi. The creation and filling of posts at AIIMS is a continuous process. In order to expedite the filling of vacant sanctioned positions, following steps have been taken by the Government:

- i. Standing Selection Committee (SSC) has been constituted as per the provision of AIIMS Act, 1956 for recruitment of faculty.
- ii. Provision has been made for engagement of retired faculty at the level of Professor, Additional Professor and Associate Professor, on contract

- basis, up to the age of 70 years from Institutes of National Importance (INIs) and Government Medical Colleges (GMCs).
- iii. The Visiting Faculty Scheme allows Professors, Additional Professors and Associate Professors, from Government institutions in India or academic institutions abroad to serve as visiting faculty in 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 including AIIMS Kalyani.
 - v. Common Recruitment Examination (CRE) is conducted by AIIMS Delhi for recruitment to Group B and C non-faculty positions in various AIIMS, including AIIMS Kalyani.
 - vi. Junior Residents (Academic) are selected through the Institute of National Importance Combined Entrance Test (INI-CET) AIIMS Delhi and Senior Residents (Academic) are selected through the Institute of National Importance Super Specialty (INI-SS) Exam conducted by AIIMS Delhi twice a year.

FUND RELEASE MECHANISM UNDER NATIONAL HEALTH POLICIES

934. SHRI SHYAMKUMAR DAULAT BARVE:

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

(a) whether the Government is considering any plan to rebalance fund release mechanisms, matching-share structures and output-based financial

accountability under national health policies and programmes—such as NHM, Ayushman Bharat, and PM-ABHIM—so that regional inequalities in health outcomes do not widen, keeping in view the differences in capacity and financial disparities across the States, in the country;

(b) if so, the details thereof;

(c) whether the Government is considering introducing a national regulatory reform framework to make the Clinical Establishments Act mandatory across the country and to strengthen rate- rationalisation, standard treatment guidelines and grievance-redressal structures in the private healthcare sector;

(d) if so, the details thereof;

(e) whether under the National Digital Health Mission, the Government is implementing privacy-by-design architecture, anonymisation protocols, and independent oversight mechanisms to ensure interoperability and consent-based exchange of citizens' health data, so that the digital health ecosystem does not pose a threat to citizens' rights; and

(f) 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): 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.

Based on the proposals received from the States in their Programme Implementation Plan (PIP), approvals are provided keeping in view the resource envelope of the States/UTs as well as existing norms. Under NHM, annual resource envelope of a State is decided based on its population and a weightage factor which depends on area of the state, health lag and socio economic factor of the State.

As per Department of Expenditure guidelines, 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.

Under NHM, regular interactions are held with States/UTs. Various mechanisms exist to assess the implementation and progress of NHM like:

- Review of key deliverables of Record of Proceedings of previous financial year during the National Programme Coordination Committee (NPCC) meetings,
- Common Review Missions (CRM) are conducted regularly in the States/UTs which looks at financial systems and physical implementation of the program. Reports on CRMs may be accessed from below link:

<https://www.nhm.gov.in/index1.php?lang=1&level=1&sublinkid=795&lid=195>.

- Financial Monitoring Reports (FMRs) are submitted by the States/UTs on

monthly basis.

Further, monitoring and evaluation of the progress of all States/ UTs is assessed, through review meetings, video conferences & field visits of senior officials.

During NPCC meetings, key deliverables meetings with respect to the States are measured against the pre-defined targets.

Release of funds under NHM & PM-ABHIM is subject to compliance by States/UTs of the guidelines prescribed in this regard by Department of Expenditure, Ministry of Finance.

The Ayushman Bharat Digital Mission (ABDM) is implemented in all States/UTs as a Central Sector Scheme under which States/UTs are provided funds for supporting the human resources deployed for implementation of ABDM, IEC (information, education & communication) and capacity building of various stakeholders, including front line workers. The quantum of fund release has been prescribed in accordance with the category of the State, which includes its population.

The Government of India enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified the Clinical Establishments (Central Government) Rules, 2012 (CE Rules) to provide for registration and regulation of Government (except those of Armed Forces) as well as private clinical establishments belonging to recognized systems of medicine. As per CE Act, the clinical establishments are required to fulfill the conditions of minimum standards for each type of service provided. The CE Act is applicable

in those States/UTs which have adopted the Act. At present CE Act has been adopted by 19 States/UTs.

For registration of Clinical Establishments, the CE Rules, *inter-alia*, stipulates the following:

- i. As per Rule 9(i), every clinical establishment shall display the rates charged for each type of service provided and facilities available, for the benefit of the patients at a conspicuous place in the local as well as in English language.
- ii. Rule 9(ii) of CE Rules stipulates that the clinical establishments shall charge the rates for each type of procedures and services within the range of rates determined and issued by the Central Government in consultation with the State Governments. The matter of determination of range of rates, at present, is *sub-judice* in the Hon'ble Supreme Court of India.
- iii. Rule 9 (iii) of CE Rules mandates compliance with Standard Treatment Guidelines issued by the Central/State Government or the State Government.

'Health' being a State subject, the States/UTs which have adopted the CE Act are primarily responsible for enforcing/implementing the provisions of the CE Act in the respective States/UTs. The Act has empowered a registering authority at the district level under the chairmanship of the District Collector / District Magistrate to take actions including imposing penalties in respect of violation of its provisions. The Act also provides for cancellation of registration, if the provisions of the Act are not complied with. The clinical establishments in the States/UTs, which have not adopted and implemented the CE Act, are

registered and regulated by the respective State Acts.

ABDM ensures privacy by design so that health data is exchanged between the intended stakeholders on ABDM network only after the patient's consent. Also, there is no centralised repository of health data. Before integrating with ABDM, digital health applications are validated in a sandbox environment and they also undergo security audits like Web Application Security Audit ensuring that they are secure, protect sensitive patient data, and comply with ABDM's Health Data Management Policy, 2020. These measures collectively ensure that interoperability does not compromise citizens' privacy and data protection.

SHORTAGE OF TRAINED NURSES AND MIDWIVES

935. SHRI SAPTAGIRI SANKAR ULAKA:

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

- (a) the number of registered Nurses and Midwives in the country in the year 2025-26, State-wise;
- (b) the number of registered Auxiliary Nurse Midwives (ANM) and Lady Health Visitors in the country in the year 2025-26, State-wise;
- (c) whether the nurse-population ratio indicate a shortage of trained nurses and midwives in the country and if so, the measures taken by the Government to promote nursing degrees in the country; and
- (d) whether the Government has received any proposals from the States/UTs for setting up or upgradation of nursing institutions 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 (c): As per the Indian Nursing Council (INC) records, there are 31.62 lakh Registered Nurses & Registered Midwives (RN & RM), 10.74 Lakh Auxiliary Nurse Midwives (ANM) and 57.17 Thousand Lady Health Visitors (LHV) registered in the country as on 31st March, 2025. Based on the total registered nursing personnel, the estimated Nurse-Population ratio works out to 1:411 (2.5 nurses per 1000) in the country. Details are given in the enclosed **Annexure-I and Annexure-II**.

(d): The Government has sanctioned the Centrally Sponsored Scheme (CSS) "Augmenting Nursing Education – Establishment of New Colleges of Nursing in co-location with Medical Colleges" for setting up 157 Nursing Colleges in 2023. As on date, proposals for 113 colleges of Nursing from States/UTs have been received and approved by the Ministry of Health and Family Welfare. The details are given in the enclosed **Annexure-III**. The Ministry of Health & Family Welfare also administers the Central Sector Scheme "Development of Nursing Services", which provides financial support for the upgradation of existing Schools of Nursing into Colleges of Nursing. As per the scheme guidelines, ₹7.00 Crore is sanctioned for each institution approved for upgradation. During the previous years, 29 Schools of Nursing have been approved for upgradation under the scheme. The State/UT-wise list of these 29 Schools of Nursing, is given in the enclosed **Annexure-IV**.

**Annexure referred to in reply to parts (a) to (c) of Lok Sabha Unstarred
Question No. 935 for answer on 05.12.2025**

Annexure - I

STATE WISE NUMBER OF REGISTERED NURSES IN INDIA				
S. No.	STATE	Total No. of Registered Nurses & Auxiliary Nurses in India as on 31.03.2025		
		ANM	RN & RM	LHV
1	Andhra Pradesh****	141140	283811	2480
2	Arunachal Pradesh	8537	10335	364
3	Assam****	31914	33194	461
4	Bihar****	30789	30919	511
5	Chattisgarh****	15229	40376	1352
6	Delhi	6129	105838	0
7	Goa	558	2277	0
8	Gujarat***	57731	151108	0
9	Haryana	33079	46864	694
10	Himachal Pradesh****	7015	32498	500
11	Jharkhand****	16096	10676	142
12	Karnataka	54039	491123	6840
13	Kerala	32286	362435	8507
14	Madhya Pradesh****	51613	175363	1731
15	Maharashtra****	90059	172978	685
16	Meghalaya	2473	12143	258
17	Manipur	4865	17147	0
18	Mizoram	2865	5878	0
19	Odisha	42500	46000	238
20	Punjab	50488	147526	2584
21	Rajasthan #	110443	209554	2732
22	Tamil Nadu	68387	377587	11295
23	Tripura	3424	10282	148
24	Uttar Pradesh****	106442	177089	2763
25	Uttarakhand****	11544	18111	37
26	West Bengal	72129	99890	12854
27	Telangana****	14329	81173	0
28	Sikkim	288	3135	0
29	Nagaland	2901	3647	0
30	Jammu and Kashmir**	5264	3999	0
	Total	1074556	3162956	57176

Source : Respective State Nurses Registration Council

ANM: Auxiliary Nurse Midwives, **RN & RM:** Registered Nurses & Registered Midwives,

LHV: Lady Health Visitores, **NA:** Not Available

Note - # Data upto 31.12.2020

Note - ** Data upto 31.12.2021

Note - *** Data upto 31.12.2022

Note - **** Data upto 31.12.2023

Note - * Data till January, 2023

**Annexure referred to in reply to parts (a) to (c) of Lok Sabha Unstarred
Question No. 935 for answer on 05.12.2025**

Annexure - II

State-wise Nursing personnel to people ratio for 2025				
S. No.	STATE	Nursing Personnel as on 31/03/2025	Population (2025)	Nursing personnel to population Ratio
1	Andhra Pradesh****	341945	53524000	1:157
2	Arunachal Pradesh	15389	1590000	1:103
3	Assam****	52455	36382000	1:694
4	Bihar****	49775	130429000	1:2620
5	Chattisgarh****	45566	30867000	1:677
6	Delhi	89574	22146000	1:247
7	Goa	2268	1591000	1:701
8	Gujarat*** (Daman & Diu)	167071	73885000	1:442
9	Haryana	64510	30936000	1:480
10	Himachal Pradesh****	32010	7542000	1:236
11	Jharkhand****	21531	40461000	1:1879
12	Karnataka	441602	68538000	1:155
13	Kerala (Lakshdweep)	322582	36132000	1:112
14	Madhya Pradesh****	182966	88641000	1:484
15	Maharashtra**** (Dadra & Nagar Haveli)	210978	129124000	1:612
16	Meghalaya	11899	3410000	1:287
17	Manipur	17610	3282000	1:186
18	Mizoram	6994	1261000	1:180
19	Odisha	70990	46857000	1:660
20	Punjab (Chandigarh)	160478	32377000	1:202
21	Rajasthan #	258183	82770000	1:321
22	Tamil Nadu (Andaman & Nicobar & Puducherry)	365815	79442000	1:217
23	Tripura	11083	4222000	1:381
24	Uttar Pradesh****	229035	240468000	1:1050
25	Uttarakhand****	23754	11874000	1:500
26	West Bengal	147898	100042000	1:676
27	Telangana****	76402	38454000	1:503
28	Sikkim	2738	702000	1:256
29	Nagaland	5238	2274000	1:434
30	Jammu and Kashmir**	7410	13798000	1:1862
31	Ladakh	0	304000	0
	Total	3435749	1413325000	1:411

Note - * Active Nurses : It is assumed 80% of the total nursing personnel are active.

Nursing Personnel : Nursing personnel which includes Nurses, Auxiliary Nurse & Midwife and Lady Health Visitor.

Source : Respective State Nurses Registration Council

ANM: Auxiliary Nurse Midwives, RN & RM: Registered Nurses & Registered Midwives,

LHV: Lady Health Visitores, NA: Not Available

Note - # Data upto 31.12.2020

Note - ** Data upto 31.12.2021

Note - *** Data upto 31.12.2022

Note - **** Data upto 31.12.2023

Note - * Data till January, 2023

**Annexure referred to in reply to part (d) of Lok Sabha Unstarred Question
No. 935 or answer on 05.12.2025**

Annexure-III

The details of 113 approved Colleges of Nursing along with State/UT-wise funds released during the last five years are as below:-

S.No.	State	Name of the districts where the nursing college to be established	Fund Released (in crore)	Year of release
1.	Andaman & Nicobar	Port Blair	2.50	2024-25
2.	Andhra Pradesh	Piduguralla	2.00	2023-24
		Paderu	2.00	
		Machilipatnam	2.00	
3.	Assam	Kokrajhar	2.00	2023-24
		Dhubri	2.00	
		NagaonNorth	2.00	
		Lakhimpur	2.00	
		Diphu	2.00	
4.	Chhattisgarh	Korba	3.00	2025-26
		Mahasamund	3.00	
		Kanker	3.00	
5.	Gujarat	Narmada	4.00	2023-24
		Navsari	4.00	
		Panchmahal	4.00	
		Porbandar	4.00	
		Morbi	4.00	
6.	Jharkhand	Dumka	2.00	2023-24
		Hazaribagh	2.00	
		Palamu (Daltonganj)	2.00	
		Koderma	2.00	
		Chaibasa (Singhbhum)	2.00	
7.	Jammu & Kashmir	Handwara (Distt. Kupwara)	2.00	2023-24
8.	Himachal Pradesh	Chamba	9.00	2023-24 & 2025-26
		Hamirpur	9.00	
		Nahan (Sirmour)	9.00	
9.	Haryana	Bhiwani	2.00	2023-24
10.	Ladakh	Leh	2.50	2024-25
11.	Madhya Pradesh	Khandwa	2.00	2023-24
		Ratlam	2.00	
		Rajgarh	2.00	

S.No.	State	Name of the districts where the nursing college to be established	Fund Released (in crore)	Year of release
		Shivpuri	2.00	2023-24
		Mandsaur	2.00	
		Datia	2.00	
		Satna	2.00	
		Shahdol	2.00	
		Vidisha	2.00	
		Chindwara	2.00	
		Neemuch	2.00	
		Mandla	3.00	
		Singrauli	2.00	
		Sheopur	2.00	
12.	Maharashtra	Gondia	3.00	2023-24
		Nandurbar	2.00	2023-24
		Jalgaon	3.00	2025-26
		Sindhudurg	3.00	
		Yavatmal	3.00	
		Chandrapur	3.00	
13.	Meghalaya	West Garo Hills (Tura)	6.50	2023-24
14.	Nagaland	Kohima	6.00	2023-24
		Mon	6.00	
15.	Odisha	Kalahandi	4.00	2023-24
		Jajpur	4.00	
		Balasore	4.00	
		Baripada (Mayurbhanj)	4.00	
		Bolangir	4.00	
		Koraput	4.00	
		Puri	4.00	
16.	Rajasthan	Barmer	6.00	2023-24 & 2024-25
		Bhilwara	6.00	
		Dungarpur	6.00	
		Sikar	6.00	
		Dholpur	6.00	
		Baran	6.00	
		Bansawara	6.00	
		Chittorgarh	6.00	
		Jaisalmer	6.00	
		Karauli	6.00	
		Shri Ganganagar	6.00	
		Sirohi	6.00	

S.No.	State	Name of the districts where the nursing college to be established	Fund Released (in crore)	Year of release
		Bundi	6.00	
		Sawai Madhopur	6.00	
		Tonk	6.00	
		Hanumangarh	6.00	
		Jhunjhunu	6.00	
		Jalore	6.00	
		Pratapgarh	6.00	
		Rajasamand	6.00	
		Nagaur	6.00	2023-24 &
		Pali	6.00	2025-26
		Masuda (Ajmer)	6.00	
17.	Uttarakhand	Almora	2.25	2024-25
		Rudrapur	2.25	2024-25
		Pithoragarh	2.25	2024-25
		Haridwar	2.25	2024-25
18.	Uttar Pradesh	Basti	6.00	2023-24 &
		Faizabad	6.00	2024-25
		Firozabad	6.00	
		Shahjahanpur	6.00	
		Bahraich	6.00	
		Etah	6.00	
		Hardoi	6.00	
		Pratapgarh	6.00	
		Siddharthnagar (Domariyaganj)	6.00	
		Ghazipur	6.00	
		Mirzapur	6.00	
		Bijnaur	6.00	
		Sultanpur	6.00	
		Kushinagar	6.00	
		Lalitpur	6.00	
		Lakhimpur Kheri	6.00	2023-24 &
		Amethi	6.00	2025-26
		Kaushambi	6.00	
		Sonbhadra	6.00	
		Fatehpur	2.00	2023-24
		Chandauli	2.00	
		Bulandshahar	2.00	
		Gonda	2.00	

S.No.	State	Name of the districts where the nursing college to be established	Fund Released (in crore)	Year of release
		Pilibhit	2.00	
		Auraiya	2.00	
		Kanpur Dehat	2.00	
		Deoria	2.00	
19.	Sikkim	Gangtok	6.50	2023-24 & 2025-26

**Annexure referred to in reply to part (d) of Lok Sabha Unstarred Question
No. 935 for answer on 05.12.2025**

Annexure-IV

**Details of Upgradation of School of Nursing into College of Nursing under
Central Sector Scheme of Development of Nursing Services 2020-21 to 2025-26**

Sr No.	State	Name of Institute	Fund Released (Rs. in crore)	Year
1.	Manipur	1. GNM Training School Churachandpur, Manipur	2.25	2020-21
		2. GNM training school, thoubal, Manipur	2.19	2022-23
2.	Jammu & Kashmir	3. Principal GNM School, Kulgam,	3.75	2020-21
		4. Principal ANMT School/ Dy CMO, Kathua,	3.75	2020-21
		5. Principal ANMT School/ Dy CMO, Doda	3.75	2020-21
3.	Arunachal Pradesh	6. Principal, State Nursing School, Naharlagun, Arunachal Pradesh	4.00	2021-22
			2.10	2023-24
		7. Principal, Government Nursing School, Pasighat, Arunachal Pradesh	4.00	2021-22
			2.10	2022-23
		8. Govt. ANM Nursing School, Aalo, Arunachal Pradesh	2.50	2023-24
			3.60	2024-25
		9. Govt. ANM Nursing School, Namsai, Arunachal Pradesh	2.9218	2023-24
			3.1782	2024-25
4.	Meghalaya	10. School of Nursing, Civil Hospital, Shillong, Meghalaya	2.00	2021-22
		11. School of Nursing, Theresa House Training Centre, Ganesh Das Govt. M.C.H Hospital, Shillong, Meghalaya	2.50	2022-23
			3.60	2025-26
5.	Tripura	12. Nurses Training Institute AGMC & GBP Hospital, Agartala,	1.71	2022-23
			1.7382	2023-24

Sr No.	State	Name of Institute	Fund Released (Rs. in cr.)	Year
6.	Nagaland	13. School of Nursing, Naga Hospital Authority Kohima-Upgradation school of Nursing into College of Nursing Nagalani	2.19	2022-23
		14. School of Nursing, IMDH, Mokokchung, Nagaland.	2.2025	2022-23
		15. School of Nursing, Dimapur, Nagaland	3.75	2022-23
7.	Telangana	16. Govt. College of Nursing, Secunderabad, Telangana	2.77375	2022-23
		17. Govt. School of Nursing Osmania General Hospital, Hyderabad, Telangana	2.77375	2022-23
		18. School of Nursing, MGM Hospital, Warangal	1.525	2023-24
		19. Govt. School of Nursing, Makloor, Nizamabad	1.525	2023-24
		20. Government School of Nursing, Bodhan, Nizamabad	1.525	2023-24
8.	Himachal Pradesh	21. GNM Training School, Bilaspur, HP	1.5375	2023-24
		22. GNM Training School, Tanda, HP	1.5375	2023-24
9.	Mizoram	23. School of Nursing, Lunglie, Mizoram	3.75	2023-24
			2.35	2024-25
		24. Govt. School of Nursing, Thingdawl, Kolasib, Mizoram	1.525	2024-25
10	Maharashtra	25. School of Nursing Sh. CSM Gen. Hosp. Solapur	3.00	2024-25
		26. Vilashrao Deshmukh Govt. Med. College and Hospital, Latur	2.7134	2024-25
		27. Training CoN & RCSM Givt. Med. College & Chatrapati Pramila Raje Ganesh Hospital, Kolhapur	2.7134	2024-25
		28. Training CoN Gokuldas Tehpal Hospital, Mumbai	1.2318	2024-25
		29. SoN, Shri Bhausaheb Hire Government Medical College & Sarvopchar Rugnalaya Dhule	2.90	2025-26

RESEARCH AND INNOVATION IN PHARMA-MEDTECH SECTOR

936. SHRI BHASKAR MURLIDHAR BHAGARE:

SHRI SANJAY DINA PATIL:

PROF. VARSHA EKNATH GAIKWAD:

DR. AMOL RAMSING KOLHE:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

SHRIMATI SUPRIYA SULE:

SHRI BRIJMOHAN AGRAWAL:

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

(a) whether the Government has invited applications for research and innovation projects under the Promotion of Research and Innovation in Pharma-MedTech Sector (PRIP) scheme, if so, the details thereof including the objectives, components and total financial outlay therefor;

(b) whether the scheme aims to support around 300 research and innovation projects, if so, the details of the Pharma City at Aurangabad or biotech clusters in Pune and Mumbai identified for R&D and innovation support under the said scheme;

(c) the details of research institutions, start-ups and industries from Maharashtra that have applied or shortlisted under the said scheme;

(d) whether the Government proposes to establish/strengthen Pharma and MedTech innovation hubs, testing facilities or Centres of Excellence (CoEs) in the State of Maharashtra under the said initiative;

(e) the expected impact of the PRIP scheme on employment generation, industrial competitiveness and research capacity in the pharmaceutical and medical device sectors in the State of Maharashtra; and

(f) the timeline fixed by the department to complete the development of Central India's largest pharma park in Nava Raipur, Chhattisgarh?

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): Details including the objectives, components and total financial outlay of the PRIP scheme are as under:

- (i) The objective of the PRIP scheme is to transform Indian Pharma MedTech sector from cost based to innovation-based growth by strengthening the research infrastructure in the country.
- (ii) It has two components, namely, Component A: Strengthening the research infrastructure through setting up of CoEs at National Institute of Pharmaceutical Education and Research (NIPERs) and Component B: Promotion of Research and Innovation in Pharma MedTech sector.
- (iii) Under component A, a total of seven CoEs have been set up, one at each of the seven NIPERs established at Mohali, Ahmedabad, Guwahati, Kolkata, Raebareli, Hajipur and Hyderabad.
- (iv) Component B is for providing financial assistance to support research and development (R&D) for development of products and

technologies (outputs) or expeditious validation of R&D outputs for market launch and large-scale commercialisation in three priority areas, namely new medicines, complex generics and biosimilars, and novel medical devices. Under this component, the Department of Pharmaceuticals has invited applications for research and innovation projects from pharmaceutical and MedTech industry and startups.

(v) The total financial outlay for the scheme is ₹5,000 crore.

(b) and (c): It is expected that the scheme would catalyse a Pharma-MedTech innovation pipeline by supporting around 300 research and innovation projects. The actual number would be subject to the scheme's financial outlay and the project costs of projects approved. The scheme does not envisage establishment of any pharma city or biotech cluster.

Among academic and research institutions, only NIPERs are eligible for financial assistance under the scheme. Details regarding the NIPERs to whom financial assistance has been approved are given in the reply to part (a). The application process does not require startups and industries to declare the State where they are registered.

(d): The scheme provides financial assistance to support pharmaceutical and MedTech industry and startups for their research and innovation projects in identified priority areas. Industry and startups located anywhere, including in an innovation hub or CoE in the State of Maharashtra, are eligible to receive such assistance. Further, with a view to encourage beneficiary industry and startups to collaborate with reputed Government academic and research institutions,

including in Maharashtra, to augment institutional research capacities, for projects where capital assets created under such collaboration are transferred by the beneficiary to such an institution, the benefit-share required to be paid in case of successful commercialisation of project outputs will not have to be paid to the extent of the value of the transferred assets. Such capital asset may include lab equipment etc., including in testing facilities.

(e): The scheme is expected to have a positive impact on employment generation, industrial competitiveness and research capacity in the pharmaceutical and medical device sectors in India, including in the State of Maharashtra, through—

- (i) strengthening of research infrastructure by fostering a world-class research environment, promoting a culture of high-quality research and developing a robust ecosystem for R&D and innovation;
- (ii) establishment and enhancement of industry-academia linkages in priority areas and the setting up of CoEs at NIPERs to nurture a strong talent pool of skilled professionals;
- (iii) enablement of industry in India to leapfrog and reinforce its global position, thereby contributing to quality employment generation in the country; and
- (iv) support for the launch of commercially viable products by beneficiary industries and startups, thereby accelerating growth and competitiveness of the sector and securing sustained global competitive advantage while promoting high-quality employment and

entrepreneurship opportunities across the country.

(f): No such development has been approved by the Department of Pharmaceuticals.

IMPACT OF CHANGE IN H-1B VISA POLICIES

937. DR. KALANIDHI VEERASWAMY:

SUSHRI MAHUA MOITRA:

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

- (a) whether the Government is aware of recent changes in tariff structures and H-1B visa policies by certain countries, particularly the United States, that could adversely affect Indian exports and skilled professionals;
- (b) if so, the details thereof along with the estimated number of Indian Citizens affected by the said policy change during the last three years and those likely to be affected in the coming years;
- (c) the estimated impact of these tariff changes on India's key export sectors such as IT, textiles, pharmaceuticals and engineering goods;
- (d) whether the Government has taken up the issue of restrictive H-1B visa norms and increased rejection rates with the concerned foreign governments and if so, the details thereof;
- (e) the steps being taken by the Government to protect the interests of Indian exporters and skilled professionals abroad and to negotiate fairer trade and visa arrangements in bilateral or multilateral forums?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (e): On 31 July 2025, the U.S. imposed reciprocal tariffs, invoking national emergency authorities under the International Emergency Economic Powers Act (IEEPA), on certain goods exported by most countries, including India. Further, on 27 August 2025, an additional 25% ad valorem duty was applied on select Indian exports under IEEPA in response to India's importation of Russian oil.

In parallel, the U.S. has imposed a range of sector-specific tariffs under Section 232 of the Trade Expansion Act on products such as steel and aluminium, copper, upholstered furniture and kitchen cabinets, softwood, and automobiles. Several goods and services, including crude oil and petroleum products, pharmaceuticals, bullion, certain electronic items, precious metals, critical minerals, resins and plastics, agricultural products, and IT services, among others, have not been subject to tariffs.

Based on 2024 trade data, an estimated USD 47.2 billion of India's merchandise exports to the U.S., out of a total of about USD 86.4 billion, fall under the categories subject to these additional tariffs.

Government remains in close consultation with exporters and industry to assess their feedback on the implications of the U.S. measures. Engagement with the United States is ongoing, including through negotiations aimed at concluding a mutually beneficial, multi-sector Bilateral Trade Agreement (BTA).

On 19 September 2025, the U.S. Administration issued guidelines titled

“Presidential Proclamation” imposing a fee of US\$ 100,000 on new H-1B petitions if the petitioner does not have a valid H-1 B visa and is applying from outside the United States. Subsequently, the United States Immigration and Citizenship Services (USCIS) issued H1B FAQ on 21 September 2025 giving clarity on the non-applicability of the fee to certain categories of applicants already residing in the U.S. Since the proclamation took effect only from 21st September 2025, there is no comparable data as yet to demonstrate its impact on Indian nationals.

Separately, the U.S. Department of Homeland Security is also considering implementing a weighted selection process that would generally favour the allocation of H-1B visas to higher skilled and higher paid aliens. Any assessment of its impact is hypothetical at this stage.

While visa-related decisions are sovereign matters, India believes that skilled talent mobility has long played a significant role in promoting technology advancement, innovation, economic growth, and wealth creation in both India and the United States. Stakeholders in both countries remain engaged in discussions on ensuring continued support for innovation-driven industries. The Government of India remains actively engaged with the U.S. Government on all matters concerning our national interests.

CASES OF CERVICAL CANCER

938. SHRIMATI JUNE MALIAH:

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

- (a) the number of cervical cancer deaths in the country during the last eleven years, yearwise;
- (b) the screening rate of cervical cancer during the last eleven years, year-wise;
- (c) the amount of funds (in Rs.) released for the screening cancer from 2019 to 2025, yearwise; and
- (d) the reasons for not including the HPV vaccine in India's free vaccination programme?

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) - National Cancer Registry Programme (NCRP) data, the estimated number of mortality of Cervical Cancer during 2014-2023 in the country, State/UT wise is given in the enclosed **Statement-I.**

(b): A population-based initiative for prevention, control and screening for common Non Communicable Diseases (NCDs) including cervical cancer has been rolled out in the country under National Health Mission (NHM) as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening. As per the National NCD Portal, the rate screening of cervical cancer is as under:

S. No.	Year	Cervical Cancer Screening
1.	2020-21	2,111,011
2.	2021-22	5,950,309
3.	2022-23	18,684,268

4.	2023-24	11,595,917
5.	2024-25	17,548,256
6.	2025-26 (till 30 th November 2025)	12,723,558

(c): The funds released and expenditure under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) including amount released for the screening of cervical cancer from 2019 to 2025, year wise, State/UT wise is given in the enclosed **Statement-II**.

(d): The Ministry of Health and Family Welfare has initiated the capacity building exercise of medical and para medical staff for the cervical cancer vaccine.

STATEMENT-I**Estimated Mortality of cancer cases in India by different State/UT - Cervix cancer - (2014-2023):**

State	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Jammu & Kashmir UT	233	241	248	256	261	269	278	285	293	301
Ladakh UT	6	6	6	6	7	7	7	7	7	7
Himachal pradesh	180	184	189	193	198	203	209	213	218	223
Punjab	857	880	904	929	953	978	1003	1029	1056	1082
Chandigarh	21	22	22	22	24	26	26	26	27	28
Uttaranchal	227	234	241	246	253	261	268	275	281	289
Haryana	559	577	595	616	634	654	676	695	717	738
Delhi	447	465	482	499	518	535	554	573	593	613
Rajasthan	1384	1424	1464	1507	1550	1593	1637	1682	1728	1775
Uttar pradesh	3789	3890	3991	4095	4202	4309	4420	4532	4646	4763
Bihar	1900	1953	2006	2061	2116	2174	2232	2291	2353	2415
Sikkim	10	10	11	11	11	11	11	12	13	13
Arunachal pradesh	26	27	27	28	29	30	31	33	33	34
Nagaland	43	44	45	46	48	50	51	53	55	56
Manipur	38	38	39	41	44	44	45	47	49	51
Mizoram	50	52	54	56	57	59	61	63	65	67
Tripura	71	72	76	77	79	81	84	85	88	90
Meghalaya	41	42	43	44	47	48	49	50	51	54
Assam	673	691	711	731	752	772	793	814	836	859
West bengal	2133	2192	2251	2312	2374	2435	2499	2562	2627	2692
Jharkhand	656	675	696	715	737	758	779	801	825	847
Orissa	1012	1037	1063	1089	1115	1142	1169	1195	1222	1251
Chattisgarh	565	581	597	612	629	645	663	680	697	715
Madhya pradesh	1507	1550	1594	1639	1684	1731	1778	1826	1876	1926
Gujarat	1393	1434	1474	1515	1557	1600	1645	1690	1735	1781
Daman	4	4	4	4	4	4	4	4	4	5
Dadra &	5	5	6	7	7	7	7	7	7	7

Nagar Haveli										
Maharashtra	2540	2606	2673	2741	2810	2880	2952	3024	3096	3171
Telangana	948	975	1001	1029	1057	1085	1114	1142	1173	1202
Andhra pradesh	1449	1486	1522	1559	1596	1634	1672	1710	1748	1788
Karnataka	1697	1745	1793	1842	1893	1944	1996	2049	2101	2156
Goa	40	41	42	43	43	44	46	47	47	48
Lakshadweep	2	2	2	2	2	2	2	2	2	3
Kerala	671	686	701	717	732	748	763	779	794	810
Tamil nadu	3024	3100	3179	3256	3337	3418	3502	3584	3669	3755
Pondicherry	46	49	52	54	56	56	59	61	63	65
Andaman & Nicobar Islands	8	9	9	9	9	9	10	10	11	11
India	28255	29029	2981 3	3060 9	3142 5	3224 6	33095	33938	34806	35691

Ref: National Cancer Registry Programme

STATEMENT-II

State/UT wise details of SPIP Approvals & Expenditure for National Programme - Non Communicable Diseases (NP-NCD) under NHM during the period of F.Y. 2019-20 to 2024-25

(Rs. In lakhs)													
S. No.	State/UT	2019-20		2020-21		2021-22		2022-23		2023-24		2024-25	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure
1.	Andaman and Nicobar Islands	52.00	11.44	13.89	24.23	56.96	19.61	52.46	9.14	56.18	18.76	77.50	29.04
2	Andhra Pradesh	359.83	287.92	1616.18	1193.22	4672.54	4206.67	6078.76	3054.33	5954.08	5935.23	2793.95	2978.96
3	Arunachal Pradesh	347.51	128.28	381.58	151.06	146.45	825.60	622.95	533.96	779.13	383.35	778.50	359.91
4	Assam	2067.53	625.33	568.87	238.50	1258.57	736.35	1306.81	793.10	1222.93	774.03	1261.30	564.97
5	Bihar	792.39	277.96	1977.74	818.86	956.30	453.73	8298.99	3149.22	7163.81	2728.00	15239.36	7741.21
6	Chandigarh	2.80	1.63	1.30	0.41	12.84	7.35	4.15	0.31	3.90	0.75	5.55	5.06
7	Chhattisgarh	606.34	508.25	433.45	703.69	1619.06	1686.65	3506.32	2359.05	2974.64	2178.78	3489.59	1016.16
8	Dadra & Nagar Haveli and Daman & Diu	51.18	41.49	14.18	45.16	7.05	55.18	57.55	14.53	57.99	47.68	220.20	26.79
9	Delhi	145.88	12.24	128.10	3.65	191.15	26.92	164.70	21.97	335.41	27.22	1002.36	89.05
10	Goa	85.33	35.31	50.53	24.50	168.97	96.54	153.05	156.05	145.25	96.34	380.84	126.83
11	Gujarat	518.38	460.97	709.39	375.67	2076.80	926.67	4071.68	1711.46	3778.31	1542.89	4183.61	1248.96
12	Haryana	320.86	195.34	226.42	181.62	476.86	353.18	533.41	592.62	406.56	630.69	5093.87	898.75
13	Himachal Pradesh	158.00	164.88	45.00	64.67	286.28	190.19	1361.00	440.72	1416.50	735.05	1239.49	442.21

14	Jammu and Kashmir	595.67	136.72	1253.80	42.49	805.68	890.34	792.00	202.20	882.00	208.39	1016.40	530.60
15	Jharkhand	593.78	118.98	535.24	238.12	2620.26	1273.15	1955.15	903.13	1958.53	1467.89	4668.04	3284.65
16	Karnataka	1148.79	644.56	675.94	604.32	4097.12	2186.39	4409.74	2625.00	2452.35	1953.05	1645.43	941.00
17	Kerala	1508.70	144.55	1092.82	1035.71	4250.92	734.43	7662.02	2372.94	5249.09	1203.84	5464.00	265.95
18	Ladakh	-	-	0.00	10.39	104.45	150.91	273.36	146.40	166.43	119.15	1126.35	901.39
19	Lakshadweep	3.48	1.24	15.55	2.85	24.72	3.07	21.21	2.03	22.28	3.22	31.70	19.56
20	Madhya Pradesh	530.77	257.45	937.98	694.32	1402.09	1262.50	4753.73	1470.14	2090.26	1385.57	7207.23	3369.80
21	Maharashtra	3062.36	1377.52	747.47	486.75	976.63	3474.90	5311.21	2018.00	5147.52	1502.83	22614.03	1669.74
22	Manipur	199.92	267.66	293.66	20.14	623.31	95.41	722.21	277.29	724.30	249.28	1448.36	250.52
23	Meghalaya	52.48	79.11	46.55	330.26	416.03	401.94	407.60	219.42	370.59	524.32	1002.20	738.66
24	Mizoram	54.48	15.21	58.88	15.80	332.26	230.86	176.24	22.60	176.24	118.60	157.71	39.78
25	Nagaland	206.04	93.89	137.10	37.86	305.43	610.04	312.26	41.62	310.88	125.42	452.79	454.29
26	Odisha	661.80	549.30	881.79	1021.54	2158.89	1944.10	7442.69	3539.82	6067.91	4957.81	5251.02	4525.75
27	Puducherry	24.15	19.34	23.72	1.46	126.82	24.81	113.10	47.94	135.94	48.39	499.08	44.36
28	Punjab	184.45	107.62	169.79	83.17	705.42	160.83	1405.93	559.97	1796.11	1796.11	4255.14	323.83
29	Rajasthan	2903.20	2126.20	1227.09	882.62	4603.49	3301.67	23542.92	2700.62	23542.92	2204.69	13709.00	10632.43
30	Sikkim	72.31	25.44	53.06	9.20	156.78	45.79	117.04	56.33	85.55	51.17	243.93	176.00
31	Tamil Nadu	2006.42	735.97	798.77	371.00	4004.70	2985.56	8466.91	1814.06	10031.16	4277.33	5130.45	4617.11
32	Telangana	766.04	239.42	490.70	351.54	3139.44	2657.83	5272.72	5305.26	5145.00	128.71	3925.06	3840.06
33	Tripura	215.13	162.00	131.33	104.05	383.86	247.35	496.53	203.41	578.92	250.46	670.00	377.02
34	Uttar Pradesh	7602.17	2908.04	6654.70	1888.30	13196.18	5237.37	13607.82	4787.92	18998.70	5667.88	24974.57	6266.67
35	Uttarakhand	331.74	39.66	144.80	0.00	597.75	327.57	1127.33	436.72	1167.37	697.50	1231.06	530.01
36	West Bengal	892.09	672.00	1399.34	916.39	3697.33	3517.71	3868.71	4765.29	5428.71	4680.41	8563.20	5144.23

PASSPORT SEVA ECOSYSTEM

939. DR. HEMANT VISHNU SAVARA:

SHRI PARBHUBHAI NAGARBHAI VASAVA:

SHRI JASHUBHAI BHILUBHAI RATHVA:

DR. BHOLA SINGH:

SHRI VIJAY BAGHEL:

SHRI NARAYAN TATU RANE:

SHRI MUKESHKUMAR CHANDRAKAANT DALAL:

SHRI DULU MAHATO:

SHRI VINOD LAKHAMSHI CHAVDA:

SHRI PRADEEP KUMAR SINGH:

SHRI RADHESHYAM RATHIYA:

SHRI MANOJ TIWARI:

SHRI KHAGEN MURMU:

SHRI ANIL FIROJIYA:

SHRI RAJKUMAR CHAHAR:

DR. HEMANG JOSHI:

SHRI SHIVMANGAL SINGH TOMAR:

DR. RAJESH MISHRA:

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

(a) the key features of the upgraded Passport Seva Programme Version 2.0 (PSP V2.0) and the Global Passport Seva Programme Version 2.0 (GPSP V2.0);

(b) the manner in which the new digital tools are expected to improve the passport application and grievance-redressal experience for citizens;

(c) the key features of the newly introduced e-passports and the manner in which the same aligns with the International Civil Aviation Organization (ICAO)

standards;

(d) the steps taken to ensure a smooth nationwide and global transition to the upgraded systems; and

(e) whether there is a plan to establish a PSK in Sidhi District of Madhya Pradesh, if so, the time-line by which it is likely to be established?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) and (b): Upgraded Passport Seva Programme (PSP V2.0) and Global Passport Seva Programme (GPSP V2.0) introduces a digitally enabled passport ecosystem with several innovative enhancements to improve accuracy, transparency and convenience for applicants in India and abroad. The platform incorporates facial recognition and biometric matching to strengthen identity verification and speed up processing. Citizen support is enhanced through chatbot that offers application guidance. PSP V2.0 leverages emerging technologies, including SMS/email alerts, data analytics and report generation. Process automation supports document validation to prevent forgery, reduce manual errors and lower operational costs.

New digital tools introduced under PSP V2.0 have significantly improved the passport application and grievance-redressal experience by making the process faster, transparent and more user-friendly. Applicants benefit from chatbot and citizen centric service delivery system that guide them to the correct service page, provide information on required documents, appointment

availability and nearest PSK/POPSK. Automated biometric matching strengthens security and accelerates decision-making during application processing. Real-time SMS/email alerts keep citizens informed at every stage of their application cycle. For grievance redressal, tracking of pendency and delays are continuously being monitored by Project Management Unit (PMU) of PSP Division, MEA. In addition, feedback kiosks installed at PSKs capture both qualitative and quantitative inputs from applicants, which are analyzed to improve service delivery and citizen satisfaction.

(c): The e-Passport, the flagship program of the Ministry, is a hybrid passport integrating both paper and electronic elements, featuring a Radio Frequency Identification (RFID) Chip and an embedded antenna as an inlay. The e-Passport Project entails incorporating a digital aspect into the existing physical passport, complete with an extensive global digital signature authentication process. Crucial information of the passport is printed on its data page and simultaneously stored in the embedded chip. The document and chip adhere to the specifications outlined by the International Civil Aviation Organization (ICAO) guidelines.

(d): To ensure smooth nationwide and global transition, comprehensive training was provided to various stakeholders including Missions/Posts, RPOs, Police department, Other Service Provider (OSP) to ensure operational readiness. The upgraded Passport Programme Version 2.0 (PSP V2.0) has been rolled out in all 37 Regional Passport Offices and their Passport Seva Kendra (PSK) and Post Office Passport Seva Kendra (POPSK), in a phased manner and on

26th May 2025 the Pan-India roll out PSP V2.0 was completed. Further, the Global Passport Seva Programme Version 2.0 (GPSP V2.0) has been implemented in all the Missions/Posts worldwide, in a phased manner, and the roll out was completed on 28th October 2025. A dedicated Project Monitoring Unit (PMU) in the PSP Division continuously monitors system performance and stability, while a 24×7 helpline provides round-the-clock support to users and resolves operational issues ensuring uninterrupted and efficient service delivery.

(e): Opening of Passport Offices (POs)/ Passport Seva Kendras (PSKs)/ Post Office Passport Seva Kendras (POPSKs) is an on-going activity and depends upon various factors including distance from existing POs/ PSKs/ POPSKs and the volume of passport applications from a particular region.

Ministry of External Affairs in association with Department of Posts (DoP) had decided in January 2017 to open Seva Kendras at the Head Post Offices (HPO)/Post Offices (PO) in the country called Post Office Passport Seva Kendras (POPSK) in each Lok Sabha Constituency (LSC), including Sidhi LSC in Madhya Pradesh, where there is no PSK or POPSK. Currently, there is no PSK or POPSK in Sidhi LSC and the DoP has been requested to provide a suitable space for opening a POPSK in Sidhi LSC of Madhya Pradesh.

NEW DIPLOMATIC MISSIONS AND CONSULATES

940. SHRI SHRIRANG APPA CHANDU BARNE:

SHRI RAVINDRA DATTARAM WAIKAR:

SHRI NARESH GANPAT MHASKE:

SHRI VISHALDADA PRAKASHBAPU PATIL:

DR. SHRIKANT EKNATH SHINDE:

SHRIMATI BHARTI PARDHI:

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

- (a) the number of new diplomatic missions and consulates proposed to be opened during FY 2025–26 and their geographic distribution;
- (b) the strategic rationale for selecting these countries, including diaspora presence, economic opportunities or geopolitical priorities;
- (c) the model adopted for operationalising these missions sustainably, including budget allocation, infrastructure and human resource planning; and
- (d) the manner in which such an expansion enhances India's global visibility, supports Indian citizens abroad, and contributes to India's image as a responsible development partner and leader in international cooperation?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a): In FY 2025, 01 new Mission has been opened in Quito (Ecuador) and 4 new Consulates have been opened in Boston (USA), Los Angeles (USA), Kazan (Russia) and Yekaterinburg (Russia).

(b) to (d): The Ministry of External Affairs from time to time formulates proposals for opening of resident Missions in countries where there are no Indian Missions. It also establishes new Consulates to improve coverage and render better

services. The broad foreign policy vision of the Government is to maximize India's presence abroad in the most optimal manner. The objective of our foreign policy is also to build a conducive environment for India's growth and development through partnerships with friendly countries. Countries are identified for opening of resident Indian Missions on the basis of potential for deepening strategic cooperation; strong potential for bilateral trade and investment; strong Diaspora presence; to bolster political outreach in multilateral fora; and for signalling India's commitment to stepping up of diplomatic engagement with important countries/regions etc. The opening of Missions and Consulates abroad is determined by India's overall strategic interest within the available financial and human resources.

POSTPARTUM HAEMORRHAGE CARE

941. SHRI G. M. HARISH BALAYOGI:

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

- (a) the number of cases of Postpartum Haemorrhage (PPH) maternal deaths attributed to PPH, percentage of maternal deaths due to PPH in the country, during the last three years, year-wise and State-wise including Andhra Pradesh, especially Konaseema district;
- (b) whether the Government has adopted/plans to adopt WHO's 2025 consolidated guidelines on prevention, diagnosis, treatment of PPH, if so, the timeline of adoption, along with steps taken for its implementation;
- (c) the details regarding training programmes, capacity building activities,

simulation drills conducted for healthcare providers in Konaseema district to align with PPH care bundles recommended by WHO;

(d) the number of facilities in Konaseema districts equipped with essential medicines, equipment to manage PPH, and status of readiness of these facilities;

(e) the amount of funds allocated, released, utilised under centrally sponsored schemes for prevention and management of PPH during last three years, year-wise and district-wise in Andhra Pradesh, especially Konaseema district; and

(f) the monitoring mechanism adopted to track compliance with PPH protocols as per WHO-roadmap, key indicators being captured alongwith performance data for Andhra Pradesh, district-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): As per Health Management Information System (HMIS), the percentage of maternal deaths attributed to Postpartum Haemorrhage (PPH) in the country and states including Konaseema district of Andhra Pradesh during the last three years and state wise are given in the enclosed **Statement-I**.

(b): Under the National Health Mission, the Government of India has implemented multiple strategies to prevent deaths related to Postpartum Haemorrhage (PPH) across the country. The recommendations issued by the World Health Organization (WHO) are already been implemented to the Indian

context as appropriate.

(c) to (f): Based on the information received from the State of Andhra Pradesh, the status of training programmes, availability of essential medicines and equipment, monitoring mechanism and funds allocated for the prevention and management of Postpartum Haemorrhage (PPH) for the district Konaseema is as follows:

- Healthcare providers undergo regular competency-based trainings such as Skilled Birth Attendant (SBA), Dakshata, Basic Emergency Obstetric and Newborn Care (BEmONC), and Comprehensive Emergency Obstetric and Newborn Care (CEmONC). These trainings include routine skill-drills and on-site mentoring simulations on active management of the third stage of labour (AMTSL), administration of uterotonics, management of atonic PPH, shock management, and emergency preparedness. The focus is on strengthening team-based PPH management in alignment with standard treatment protocols.
- All delivery points are equipped with essential medicines and equipment required for PPH management in accordance with Government of India guidelines, and periodic facility readiness assessments are undertaken to ensure optimal preparedness for PPH management.
- The State monitors adherence to PPH management protocols through multiple mechanisms, including Maternal Death Surveillance and Response (MDSR), Dakshata, and Comprehensive Emergency Obstetric

and New-born care (CEmONC) supportive supervision visits. District-wise performance is reviewed monthly at the state level to ensure compliance with the Government of India's standard treatment protocols for PPH management.

- Key indicators monitored include availability of uterotonics, adherence to AMTSL protocols, timely administration of tranexamic acid, response time during PPH emergencies, and quality of documentation.
- Details of funds allocated, released, and utilised under centrally sponsored schemes for the prevention and management of PPH during the last three years, including information for Konaseema district, are given in the enclosed **Statement-II**.

STATEMENT-I

Percentage of Maternal Deaths due to PPH (Source-HMIS)

Sr. No.	States/UTs	FY 2022-23	FY 2023-24	FY 2024-25
	All India	16.31	13.39	13.41
1.	Andaman & Nicobar Islands	0.00	0.00	33.33
2.	Andhra Pradesh	13.53	6.43	8.58
3.	Arunachal Pradesh	38.46	0.00	0.00
4.	Assam	15.40	14.25	10.16
5.	Bihar	20.25	13.38	14.45
6.	Chandigarh	0.00	25.00	0.00
7.	Chhattisgarh	14.41	17.14	12.23
8.	Delhi	12.93	9.69	7.21
9.	Goa	8.33	7.14	8.33
10.	Gujarat	17.03	13.13	11.16
11.	Haryana	17.47	17.75	12.46

12.	Himachal Pradesh	17.39	10.00	7.14
13.	Jammu and Kashmir	5.80	12.12	12.24
14.	Jharkhand	18.51	14.18	13.12
15.	Karnataka	16.24	12.55	19.67
16.	Kerala	8.65	3.57	19.23
17.	Ladakh	0.00	0.00	0.00
18.	Lakshadweep	0.00	0.00	0.00
19.	Madhya Pradesh	14.01	9.23	11.87
20.	Maharashtra	9.67	7.26	8.30
21.	Manipur	7.69	21.43	28.57
22.	Meghalaya	18.35	13.01	10.29
23.	Mizoram	33.33	18.18	22.22
24.	Nagaland	21.43	0.00	33.33
25.	Odisha	13.73	10.97	14.85
26.	Puducherry	0.00	0.00	0.00
27.	Punjab	5.64	10.19	8.46
28.	Rajasthan	17.91	11.45	12.40
29.	Sikkim	9.09	0.00	11.11
30.	Tamil Nadu	7.08	14.32	13.85
31.	Telangana	7.12	13.64	4.33
32.	The Dadra and Nagar Haveli and Daman and Diu	0.00	33.33	0.00
33.	Tripura	13.21	13.73	25.00
34.	Uttarakhand	15.95	14.81	13.95
35.	Uttar Pradesh	26.11	21.48	20.36
36.	West Bengal	8.90	8.71	9.00

STATEMENT-II

**Budget allocated and utilised for prevention and management of PPH in
the State of Andhra Pradesh (In lakhs)- Source: State Report:**

S.NO	Name of the District	2022-23		2023-24		2024-25	
		Budget Allotted	Budget Utilized	Budget Allotted	Budget Utilized	Budget Allotted	Budget Utilized
1	Alluri Sitharama Raju	7.29	7.29	7.29	7.29	7.71	7.71
2	Anakapalli	7.29	7.29	7.29	7.29	7.71	7.71
3	Ananthapuramu	7.29	7.29	7.29	7.29	7.70	7.70
4	Annamayya	7.29	7.29	7.29	7.29	7.71	7.71
5	Bapatla	7.29	7.29	7.29	7.29	7.71	7.71
6	Chittoor	7.29	7.29	7.29	7.29	7.71	7.71
7	Dr. B.R. Ambedkar Konaseema	7.29	7.29	7.29	7.29	7.70	7.70
8	East Godavari	7.29	7.29	7.29	7.29	7.71	7.71
9	Eluru	7.29	7.29	7.29	7.29	7.71	7.71
10	Guntur	7.29	7.29	7.29	7.29	7.70	7.70
11	Kakinada	7.29	7.29	7.29	7.29	7.71	7.71
12	Krishna	7.29	7.29	7.29	7.29	7.71	7.71
13	Kurnool	7.29	7.29	7.29	7.29	7.71	7.71
14	Nandyal	7.29	7.29	7.29	7.29	7.71	7.71
15	NTR	7.29	7.29	7.29	7.29	7.71	7.71
16	Palnadu	7.29	7.29	7.29	7.29	7.71	7.71
17	Parvathipuram Manyam	7.29	7.29	7.29	7.29	7.71	7.71
18	Prakasam	7.29	7.29	7.29	7.29	7.71	7.71
19	Sri Potti Sriramulu Nellore	7.29	7.29	7.29	7.29	7.70	7.70
20	Sri Sathya Sai	7.29	7.29	7.29	7.29	7.71	7.71
21	Srikakulam	7.29	7.29	7.29	7.29	7.70	7.70
22	Tirupati	7.29	7.29	7.29	7.29	7.71	7.71
23	Visakhapatnam	7.29	7.29	7.29	7.29	7.71	7.71
24	Vizianagaram	7.29	7.29	7.29	7.29	7.71	7.71
25	West Godavari	7.29	7.29	7.29	7.29	7.71	7.71
26	Y.S.R	7.29	7.29	7.29	7.29	7.71	7.71
State		189.58	189.58	189.58	189.58	200.42	200.42

IMPLEMENTATION OF THE NATIONAL MEDICAL DEVICES POLICY, 2023

942. SHRI Y. S. AVINASH REDDY:

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

- (a) whether the measures have been taken to implement the National Medical Devices (NMD) Policy, 2023, if so, the details thereof;
- (b) whether any strategy has been framed to reduce import dependence by Seventy percent as laid down in the NMD Policy, if so, the details thereof; and
- (c) the details of financial allocations made in specific pursuit of said intended target?

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 National Medical Devices Policy, 2023 aims to facilitate growth of the medical device sector and guide its development through a set of strategies across six key areas, namely, regulatory streamlining, enabling infrastructure, facilitating research and development and innovation, attracting investments in the sector, human resource development, and brand positioning and awareness creation. For implementation of the strategies envisaged under the National Medical Devices Policy, 2023, the Department of Pharmaceuticals is implementing several Central Sector schemes for the promotion of domestic medical device manufacturing, besides working closely with the stakeholders, within the Government, as well as the industry and academia. A portal has also been created to monitor action taken with the stakeholder Departments/Ministries as well as the central drugs regulator. As a result of these measures, the Indian medical device industry is growing rapidly in global

competitiveness, and export of medical devices has increased from US\$ 2.9 billion in FY2021-22 to US\$ 4.1 billion in FY2024-25.

(b) and (c): Government of India has taken several measures to reduce import dependence, which includes the following:

- (i) *Production Linked Incentive (PLI) scheme for promoting domestic manufacturing of Medical Devices*: This scheme has a 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 radiotherapy, imaging device, anaesthesia, cardio-respiratory and critical care and implant device segments, for a period of five years. As of September 2025, 22 greenfield projects have been commissioned and production has started for 55 products, which include high-end medical devices on which the country has been highly import-dependent, such as linear accelerators, machines for MRI and CT scans and mammograms, C-arm X-ray machines, MRI coils and ultrasound machines. Till September 2025, cumulative eligible sales of ₹12,344.37 crore have been made under the scheme, including export sales worth ₹5,869.36 crore.
- (ii) *Scheme for Promotion of Medical Devices Parks*: The scheme aims to provide easy access to world-class, common infrastructure facilities to medical device units set up in medical device parks. Under this 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) districts. The total project cost of these is ₹871.11 crore, with Central assistance to the tune of ₹100 crore each for creation of common infrastructure facilities, which is expected to enhance industry's competitiveness and reduce production costs through optimisation of resources and economies of scale. As of November 2025, out of a total of ₹300 crore for the three parks, a total of ₹180 crore stood released. Civil construction for the three parks is at the final stages. As of September 2025, 194 medical devices manufacturers have been allotted land in the three parks in a 298.58-acre area and 34 units have commenced construction of their plants.

(iii) *Scheme for Strengthening Medical Device Industry*: This scheme has been launched on 8.11.2024 with a financial outlay of ₹500 crore. It aims to strengthen the medical device industry by providing support in critical areas, including manufacturing of key components and accessories, skill development, support for clinical studies, development of common infrastructure, and industry promotion and consists of the following sub-schemes:

- (1) Common Facilities for Medical Devices Clusters;
- (2) Marginal Investment Scheme for Reducing Import Dependence;
- (3) Capacity Building and Skill Development for Medical Devices;
- (4) Medical Device Clinical Studies Support Scheme; and
- (5) Medical Device Promotion Scheme.

विधिक सहायता सेवाएँ

943. श्री कंवर सिंह तंवर :

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

(क) क्या सरकार का उत्तर प्रदेश के अमरोहा जिले में नागरिकों को समय पर और प्रभावी न्याय प्रदान करने के लिए जिला न्यायालयों में विधिक सहायता सेवाओं और अवसंरचना में सुधार करने का विचार है ;

(ख) यदि हाँ, तो जिले में उन्नत किए गए न्यायालयों, स्थापित विधिक सहायता केंद्रों और प्राप्त परिणामों का ब्यौरा क्या है ; और

(ग) यदि नहीं, तो इसके क्या कारण हैं ?

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

(क) से (ग): विधिक सेवा प्राधिकरण (एलएसए) अधिनियम, 1987 के अधीन, राष्ट्रीय विधिक सेवा प्राधिकरण (नालसा) को समाज के कमजोर वर्गों को निःशुल्क और सक्षम विधिक सेवा प्रदान करने के लिए, बनाया गया था, जिसमें विधिक सेवा प्राधिकरण अधिनियम, 1987 की धारा 12 के अधीन आने वाले हिताधिकारी शामिल हैं, जिसका उद्देश्य यह सुनिश्चित करना है कि किसी भी नागरिक को आर्थिक या अन्य निर्योग्यता के कारण न्याय पाने से वंचित न किया जाए, और विवादों के सौहार्दपूर्ण समझौते के लिए लोक अदालतें आयोजित की जाएं।

नागरिकों को समय पर और प्रभावी रूप से न्याय दिलाने के लिए, जिला विधिक सेवा प्राधिकरण, अमरोहा, उत्तर प्रदेश की देखरेख में 16 विधिक सहायता केंद्र स्थापित किए गए हैं। पैनल वकीलों और विधिक सहायता प्रतिरक्षा काउन्सेल की मदद से, वर्ष 2025-26 (सितंबर, 2025 तक) के दौरान 458 नागरिकों को निःशुल्क विधिक सहायता प्रदान की गई।

ग्रामीण क्षेत्रों में आयुष सुविधाएं

944. श्रीमती संजना जाटव:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या यह सच है कि राजस्थान के भरतपुर जिले के ग्रामीण क्षेत्रों में अनुसूचित जाति के परिवारों को आयुष स्वास्थ्य केंद्रों, आयुर्वेदिक औषधालयों और योग सुविधाओं की कमी होने से सुलभ पारंपरिक चिकित्सा सेवाओं की कमी के कारण कठिनाई का सामना करना पड़ रहा है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) उक्त जिले में स्थापित नए आयुष केंद्रों, नियुक्त चिकित्सकों और आवंटित बजट का ब्यौरा क्या है; और
- (घ) 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) और (ख): जैसा कि राज्य सरकार द्वारा सूचित किया गया है, राजस्थान का भरतपुर जिला, आयुष स्वास्थ्य सुविधाओं के नेटवर्क से अच्छी तरह से सुसज्जित है, जिसमें 90 आयुष्मान आरोग्य मंदिर (आयुष)[एएएम (आयुष)] केंद्र, 86 आयुष औषधालय और 11 आयुष अस्पताल शामिल हैं। ये सुविधाएं बिना किसी जातिगत भेदभाव के लाभार्थियों को मुफ्त स्वास्थ्य देखभाल सेवाएं प्रदान कर रही हैं, जिससे मुफ्त दवा-वितरण सहित सभी नागरिकों के लिए आयुष सेवाओं तक समान पहुंच सुनिश्चित होती है। इसके अलावा, एएएम (आयुष) में नियमित रूप से मुफ्त योग सत्र आयोजित किए जा रहे हैं।

(ग) और (घ): जन स्वास्थ्य राज्य का विषय होने के कारण, नए आयुष केंद्रों की स्थापना और डॉक्टरों की नियुक्ति करना संबंधित राज्य सरकार के कार्यक्षेत्र में आती है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, भरतपुर जिले में एकीकृत आयुष अस्पतालों

(आईएच) की दो नई इकाइयां, एक 10-बिस्तरों वाली और एक अन्य 50-बिस्तरों वाली इकाइयों को अनुमोदित किया गया है और इन इकाइयों को क्रमशः 45.00 लाख और 500.00 लाख रुपये आवंटित किए गए हैं। इसके अलावा, जैसा कि राज्य द्वारा सूचित किया गया है वर्तमान में ये अस्पताल निर्माणाधीन हैं।

DEFENCE PUBLIC SECTOR UNDERTAKINGS

945. SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI SUDHEER GUPTA:

SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

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

- (a) whether the Government has reviewed the functioning and performance of all the sixteen Defence Public Sector Undertakings (DPSUs) in the country recently;
- (b) if so, the details thereof along with the aims/objectives of such review;
- (c) whether the Government proposes to develop indigenous military hardware through research and development in this field;
- (d) if so, the details thereof including the capital outlay earmarked for the same; and
- (e) whether the Government has proposed any action plan based on the findings of this review to strengthen the overall performance of the DPSUs and if so, the details thereof?

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

(a) to (e): The Government, as part of regular review, has recently reviewed the functioning and performance of all the sixteen Defence Public Sector Undertakings (DPSUs) on 10.11.2025. The aim and objective of the meeting was to review the performance of DPSUs with respect to their turnover, profit, efforts for indigenization & plan for Research & Development (R&D) including exports and to achieve “Atmanirbharta” in Defence manufacturing. The Government has strong and explicit resolve to develop indigenous military hardware through extensive Research & Development (R&D) under the broader “Aatmanirbhar Bharat” (self-reliant India) initiative. There is no budgetary outlay for DPSUs for R&D purpose but DPSUs spend from their earnings on R&D activities as per need and potential market.

REMOTE VOTING FACILITY FOR NRIs

946. ADV. ADOOR PRAKASH:

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

- (a) whether the Government has any plan to implement remote voting mechanisms for elections in the country to allow the Non-Resident Indians to cast vote from their locations;
- (b) if so, the details thereof; and
- (c) if not, whether the Government will consider the same to facilitate Indian citizens abroad, 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 (c): No such proposal is under active consideration of the Ministry.

NOTARY APPLICATION AND RENEWAL

947. SHRI B. Y. RAGHAVENDRA:

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

(a) whether the Government is aware of the delay in the appointment of new notaries and in the renewal of existing notary registrations in Karnataka;

(b) if so, the reasons for such delay, particularly with reference to the disposal of applications pending under the Notaries Act, 1952 and the Notaries Rules, 1956;

(c) whether the Government has issued any interim instructions or guidelines to ensure that the functioning of notarial services and attestation of public documents are not adversely affected due to the said delay, if so, the details thereof; and

(d) the steps being taken by the Government to expedite the scrutiny, approval and issuance of notary certificates to avoid inconvenience to the public and to legal practitioners in the State?

**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): Renewal of Certificate of Practice of the existing Notaries is a continuous process and applications for renewal received in the prescribed form are considered and disposed of in routine. Online interviews for appointment of Notaries by the Central Government in the State of Karnataka for the applications received till 31.08.2022 were held in February- March, 2023. However, due to administrative reasons, the process of appointment was cancelled. A public notice in this regard was published on the official website of the Department of Legal Affairs on 26.05.2023. Notaries in the State of Karnataka are appointed by the Central Government and as well by the State Government of Karnataka under the Notaries Act, 1952 and Notaries Rules, 1956. As on date, more than 1700 notaries find place in the register of Notaries appointed in Karnataka by the Central Government, besides the Notaries appointed by the State Government in Karnataka.

मिशन शक्ति के अंतर्गत प्रशिक्षण

948. श्री उमेशभाई बाबूभाई पटेल:

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

- (क) पिछले पांच वर्षों के दौरान मिशन शक्ति के अंतर्गत दादरा और नगर हवेली तथा दमन व दीव संघ राज्य क्षेत्र के प्रशासक द्वारा आवंटित की गई/उपयोग की गई निधि का वर्ष-वार ब्यौरा क्या है;
- (ख) उक्त संघ राज्य क्षेत्र में पिछले पांच वर्षों के दौरान उक्त मिशन के अंतर्गत आत्म-सुरक्षा प्रशिक्षण प्राप्त करने वाली महिलाओं की संख्या कितनी है और वर्ष-वार ब्यौरा क्या है, साथ ही तत्संबंधी ब्यौरा क्या है; और

(ग) उक्त संघ राज्य क्षेत्र में पिछले पांच वर्षों के दौरान रोजगार और उद्यमिता प्रशिक्षण प्रदान करने के लिए आयोजित कार्यशालाओं की संख्या कितनी है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (ग): मिशन शक्ति का उद्देश्य महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए कार्यकलापों को सुदृढ़ करना है। मिशन शक्ति में दो वर्टिकल अर्थात् महिलाओं की सुरक्षा और संरक्षा के लिए '**संबल**' तथा महिलाओं के सशक्तीकरण के लिए '**सामर्थ्य**' शामिल हैं। 'संबल' में वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत शामिल हैं। 'सामर्थ्य' में शक्ति सदन, सखी निवास और प्रधानमंत्री मातृ वंदना योजना शामिल हैं।

पिछले पांच वर्षों के दौरान दादरा और नगर हवेली तथा दमन और दीव संघ राज्य क्षेत्र को मिशन शक्ति के अंतर्गत आवंटित/जारी की गई निधि का वर्षवार ब्यौरा इस प्रकार है:

(करोड़ रुपये)

2020-21	2021-22	2022-23	2023-24	2024-25	कुल व्यय
0.91	2.81	2.43	2.3	5.26	13.71

मिशन शक्ति के अंतर्गत प्रशिक्षण, निगरानी, व्यावसायिक गतिविधियों और क्षमता निर्माण पहलों, जिसमें महिलाओं और बालिकाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए जन जागरूकता, आउटरीच और आत्म-सुरक्षा प्रशिक्षण शामिल है, के लिए निधि का प्रावधान किया गया है।

FREE LEGAL AID TO MARGINALISED SECTIONS

949. SHRI VISHNU DATT SHARMA:

SHRI IMRAN MASOOD:

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

- (a) whether the Government is providing free legal aid to the poor, marginalised and weaker sections under the National Legal Services Authority (NALSA), especially in Madhya Pradesh;
- (b) if so, whether any legal aid clinics, Lok Adalats or outreach programmes have been operationalized in Uttar Pradesh and Madhya Pradesh especially in the districts of Katni, Panna and the town of Khajuraho under this scheme;
- (c) if so, the details of the number of cases resolved, beneficiaries reached and legal matters addressed; and
- (d) if not, the reasons therefor and the steps being taken to ensure availability of free legal services in these areas?

**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): Government has set up National Legal Services Authority (NALSA) under the Legal Services Authorities (LSA) Act, 1987 to provide free and competent legal services to the poor, marginalised and weaker sections of the society as covered under Section 12 of the LSA Act including the State of Madhya Pradesh. For this purpose, the legal services institutions have been setup from the Taluk Court level to the Supreme Court. Madhya Pradesh State Legal Services Authority function through 51 District Legal Services Authorities and 174 Taluk Legal Services Committees.

(b) to (d): During January 2025 to September 2025, 15,811 citizens were

provided legal assistance through 80 operational Legal Aid Clinics in the State of Uttar Pradesh. During the same period, 1,45,613 citizens were provided legal assistance through 1,189 Legal Aid Clinics in the State of Madhya Pradesh. During January 2025 to September 2025, 3,36,21,409 cases were settled through Lok Adalats in the State of Uttar Pradesh and 4,04,992 cases were settled in the State of Madhya Pradesh. Uttar Pradesh State Legal Services Authority and Madhya Pradesh State Legal Service Authority organised 1,614 and 13,779 Legal Awareness Programmes which were attended by 1,68,586 and 8,65,458 persons respectively during 2025-26 (upto September, 2025).

The details of functional Legal Aid Clinics, number of persons benefitted and details of cases taken up and settled by Lok Adalats in the districts of Katni, Panna and Chhatarpur (Khajuraho) of Madhya Pradesh during January 2025 to September 2025, are as follows: -

Number of Legal Aid Clinics and Beneficiaries

District	Legal Aid Clinics	No. of Beneficiaries
Katni	13	167
Panna	9	55
Chhatarpur (Khajuraho)	1	-

Number of cases taken up and settled by Lok Adalats

District	Pre-Litigation cases		Pending Cases		Total	
	Taken up	Settled	Taken up	Settled	Taken up	Settled
Katni	15,493	10,731	4,157	1,848	19,650	12,579

Panna	28,552	968	1,955	621	30,507	1,589
Chhatarpur (Khajuraho)	209	138	134	123	343	261

COLLISION OF FISHING BOATS WITH MERCHANT SHIP

950. SHRI HIBI EDEN:

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

(a) whether the Government is aware of the incident in which the fishing boat Prathyasa, had gone fishing from Fort Kochi and narrowly escaped a shipwreck after being hit on its rear side by the merchant ship MSC Silver 2, if so, the details thereof and if not, the reasons therefor;

(b) whether the Government is aware that such incidents of merchant ships colliding with fishing boats have become frequent off the Kerala coast, if so, the details thereof and if not, the reasons therefor;

(c) whether any inquiry has been initiated by the Ministry of Shipping, port authorities or coastal police into the violation of shipping routes by MSC Silver 2 and similar vessels, if so, the details thereof and if not, the reasons therefor; and

(d) whether the Government proposes to hold consultations with the fishing community to ensure the safety of fishermen and prevent future ship collisions along the Kerala coast, if so, the details thereof and if not, the reasons therefor?

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

(a) and (c): The incident was reported by the fisherman to the local police station

in Fort Kochi but was not reported to the Indian Coast Guard and the DG Commcentre, which is functioning 24x7 for emergency response. As per the information received from Fort Kochi Police Station, the details of the incident are as follows:-

On 01.10.2025 at 05 a.m., the inboard fishing vessel named "*Prathyasha*" (Registration No. IMD KL 03 MM 6680), which had departed from Mattancherry for fishing, was engaged in fishing approximately 8 nautical miles southwest of Kochi when it was reportedly hit by the vessel *MSC Silver 2*. Based on a complaint received from Mr. Joseph Kurishuparambil of Kannamaly, the Syrank of the inboard vessel *Prathyasha*, an inquiry was conducted. During the inquiry, both the owner of the said boat and the complainant were spoken to, and they informed in writing that they have mutually settled the matter with the authorities of the vessel *MSC Silver2* and that no further legal action is required in this regard. Therefore, the further proceedings on the above complaint have been closed.

(b) and (d): During the past two years, a total of 7 incidents of collision and alleged hit and run cases between merchant ships and fishing boats were reported off the Kerala coast. Based on the findings of preliminary inquiry conducted in an incident 07th May 2024, Directorate General of Shipping has issued a Circular dated 17.03.2025, for sensitizing the fisherman on the safety of navigation in order to prevent such incident. Recommendation given in the Circular are applicable to all Indian fishing vessels, Fisheries Department and merchant vessels in Indian waters navigating in and around areas of fishing

vessel traffic. Directorate General of Shipping has also vide letter dated 05.04.2025 requested Department of Fisheries, Government of Kerala to ensure timely renewal of licences of and mandatory carriage of basic life-saving appliances by fishing boats, regular inspections to ensure adherence to safety protocols by fishing boats, to enforce requirement for tracking, locating and distress communication devices on all seagoing fishing vessels, to establish more robust reporting protocols to ensure timely and accurate incident information, to implement a robust system for documenting and verifying fishermen's identities, to enforce mandatory insurance coverage for fishing vessels to guarantee compensation for victims. In the letter, DG Shipping has mentioned that these will greatly enhance maritime safety, improve search & rescue operations, ensure proper compensation and accountability in maritime incidents.

AYUSH HEALTH CENTRES IN BUNDELKHAND

951. SHRI ANURAG SHARMA:

Will the Minister of AYUSH be pleased to state:

(a) the details of the rural and urban AYUSH health centres in Bundelkhand that have been integrated with digital and smart monitoring systems under the National AYUSH Mission (NAM);

(b) whether the Government has prepared any special action plan for Capacity Building and Training Programmes for AYUSH practitioners and health workers in the Bundelkhand region, if so, the details thereof; and

(c) whether the Government in collaboration with the State Governments is implementing projects in Bundelkhand for the conservation, cultivation and development of traditional medicinal plants 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 proposals received from the State Government of Uttar Pradesh and Madhya Pradesh, 193 Ayush dispensaries have been approved for upgradation into Ayushman Arogya Mandir (Ayush) [erstwhile known as Ayush health & wellness centres] in the Bundelkhand region. Further, as reported by these States, all are functional. The District-wise details of the Ayushman Arogya Mandir (Ayush) are given in the enclosed **Statement**. Further, these units are under constant monitoring, both digitally and in-person through field visits for analysing its smooth functioning and services being provided to the beneficiaries.

(b): Public Health being a State subject, preparation of action plan for Capacity Building and Training Programmes for Ayush practitioners and health workers comes under the purview of respective State Government. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), there is provision for training and capacity building for teaching staffs, Medical Officers and other paramedical staffs working in the educational institution and Ayush Hospitals/Dispensaries under Flexible Component. In this regard, State Governments may avail financial assistance by submitting suitable

proposals through State Annual Action Plans (SAAPs) as per the provisions of the NAM guideline.

In addition, Ministry of Ayush is also implementing a Central Sector Scheme, Ayurgyan since 2021-22 with two components i.e. Capacity Building & Continuing Medical Education in Ayush. Further, a 3rd component viz. Ayurveda Biology Integrated Health Research was added under the scheme from FY 2023-24. Capacity Building & CME was aimed to encourage Ayush personnel to undergo need-based professional training and bridge the knowledge gaps with the objective to update the professional knowledge, adopt good teaching practices and good clinical practices, improve healthcare services at Ayush facilities, update regarding current trends in Research and Development (R&D) activities for development of Ayush systems.

(c): No. However, Ministry of Ayush has established a section National Medicinal Plant Board (NMPB) to promote development and cultivation of medicinal plants and to harmonise the development activities between several ministries/departments/organisations. Central Sector Scheme for “Conservation, Development and Sustainable Management of Medicinal Plants” is one such scheme launched by NMPB to focus on cultivation and protection of medicinal plants to facilitate different stakeholders including States/UTs.

STATEMENT

District-wise details of the Ayushman Arogya Mandir (Ayush) in the Bundelkhand region, as reported by the States:

S. No.	State	District	Number of functional Ayushman Arogya Mandir (Ayush)
1	Uttar Pradesh	Lalitpur	20
2		Jalaun	31
3		Mahoba	8
4		Hamirpur	7
5		Banda	12
6		Chitrakoot	5
7		Jhansi	1
8	Madhya Pradesh	Datia	12
9		Tikamgarh	17
10		Chatarpur	21
11		Panna	15
12		Damoh	15
13		Sagar	29

टेली-मानस स्वास्थ्य कार्यक्रम (टेली-मानस)

952. श्री प्रभुभाई नागरभाई वसावा:

श्रीमती कमलेश जांगड़े:

डॉ. निशिकान्त दुबे:

श्री बसवराज बोम्मई:
 श्री दिलीप शङ्कीया:
 श्री बिद्युत बरन महतो:
 श्री तेजस्वी सूर्या:
 श्री मुकेशकुमार चंद्रकांत दलाल:
 श्रीमती विजयलक्ष्मी देवी:
 श्री प्रदीप कुमार सिंह:
 श्री दिनेशभाई मकवाणा:
 श्री प्रवीण पटेल:
 श्रीमती महिमा कुमारी मेवाड़:
 श्रीमती माला राज्यलक्ष्मी शाह:
 श्री मनोज तिवारी:
 श्री बलभद्र माझी:
 श्री खगेन मुर्मु:

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

(क) उन्नत टेली-मानस कार्यक्रम (टेली-मानस) के कार्यान्वयन की वर्तमान स्थिति क्या है और टेली-मानस ऐप में क्या नई सुविधाएँ शामिल की गई हैं;

(ख) क्या यह एप्लीकेशन क्षेत्रीय भाषाओं में और दिव्यांगजनों के लिए सुगम्यता में सुधार हेतु उपलब्ध कराया गया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ग) वर्तमान वर्ष और विगत 3 वर्षों के दौरान टेली-मानस प्लेटफॉर्म के माध्यम से मानसिक स्वास्थ्य सेवाओं का लाभ उठाने वाले छत्तीसगढ़ और बिहार सहित उपयोगकर्ताओं की वर्षवार संख्या कितनी है?

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

(क) से (ग): सरकार ने देश में गुणवत्तापूर्ण मानसिक स्वास्थ्य परामर्श और परिचर्या सेवाओं तक पहुँच को और बेहतर बनाने के लिए 10 अक्टूबर, 2022 को "राष्ट्रीय टेली मानस स्वास्थ्य कार्यक्रम"

शुरू किया है।

सरकार ने विश्व मानसिक स्वास्थ्य दिवस - 10 अक्टूबर, 2024 के अवसर पर टेली-मानस मोबाइल एप्लिकेशन भी शुरू किया है। टेली-मानस मोबाइल एप्लिकेशन एक व्यापक मोबाइल प्लेटफॉर्म है जिसे कल्याण से लेकर मानसिक विकारों तक के मानसिक स्वास्थ्य मुद्दों के लिए सहायता प्रदान करने हेतु तैयार किया गया है।

टेली-मानस मोबाइल एप्लिकेशन का विस्तार करके इसमें पहले से उपलब्ध अंग्रेजी और हिंदी भाषाओं के साथ-साथ 10 अतिरिक्त क्षेत्रीय भाषाएँ - असमिया, बंगाली, गुजराती, कन्नड़, मलयालम, मराठी, तमिल, तेलुगु, उड़िया और पंजाबी भी शामिल की गई हैं।

टेली-मानस मोबाइल एप्लिकेशन दृष्टिबाधित व्यक्तियों को मानसिक स्वास्थ्य सेवाएँ एक विशेष रूप से डिज़ाइन किए गए उपयोगकर्ता-अनुकूल डिजिटल इंटरफ़ेस और एक टोल-फ्री फ़ोन लाइन, जिसके लिए स्क्रीन के उपयोग की आवश्यकता नहीं होती है, के माध्यम से सुलभ बनाकर सहायता प्रदान करता है।

दिनांक 27.11.2025 की स्थिति के अनुसार, 36 राज्यों/संघ राज्य क्षेत्रों ने 53 टेली-मानस प्रकोष्ठ स्थापित किए हैं। टेली-मानस सेवाएँ राज्यों द्वारा चुनी गई भाषा के आधार पर 20 भाषाओं में उपलब्ध हैं। शुरुआत से अब तक इस हेल्पलाइन नंबर पर 29.82 लाख से अधिक कॉलों का उत्तर दिया गया है। चालू वर्ष के दौरान टेली-मानस प्लेटफॉर्म के माध्यम से प्राप्त कॉलों की कुल संख्या 12,33,399 है।

छत्तीसगढ़ और बिहार में टेली-मानस प्लेटफॉर्म के माध्यम से मानसिक स्वास्थ्य सेवाओं का लाभ उठाने वाले उपयोगकर्ताओं की संख्या, वर्षवार निम्नानुसार है:

क्र.सं.	राज्य	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24	वित्त वर्ष 2024-25	वित्त वर्ष 2025-26
1.	बिहार	1741	9609	7965	12509
2.	छत्तीसगढ़	240	8166	19552	15352

सरकार ने पहले से मौजूद ऑडियो कॉलिंग सुविधा के एक और उन्नयन के रूप में, टेली-मानस के अंतर्गत वीडियो परामर्श सुविधा भी शुरू की है।

सरकार ने सशस्त्र बल चिकित्सा महाविद्यालय (एएफएमसी), पुणे में एक समर्पित टेली-मानस प्रकोष्ठ की स्थापना की है, ताकि सभी सशस्त्र बल सेवा कर्मियों और उनके आश्रितों को टेली-मानसिक स्वास्थ्य सहायता और सहयोग प्रदान किया जा सके, जिससे उनके लिए उपलब्ध मानसिक स्वास्थ्य परिचर्या सेवाओं को और बढ़ाया जा सके।

CONSTRUCTION OF PORTS IN KARNATAKA

953. SHRI KOTA SRINIVASA POOJARY:

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

(a) the action taken by the Government to speed up the progress in the construction of ports utilizing the 320 kilometre stretch of coastline in Karnataka; and

(b) the details of the next phase of development of Malpe in Udupi district, including the construction of small ports and dredging for fishing boat traffic?

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

(a): Ports other than Major Ports are under the administrative control of the respective State Governments. The Government of Karnataka's initiatives under the Public-Private Partnership (PPP) and projects under Sagarmala Scheme are as under:

I. Initiatives under Public-Private Partnership (PPP)

i. Keni Port (Greenfield): Concession Agreement signed with JSW Keni Port

Pvt Ltd for the development of an All-weather Deepwater Greenfield Port on DBFOT Model (Approx. Rs. 4,118 Cr). Public hearing completed; Environmental Clearance (EC) is awaited.

- ii. Pavinakurve Port: Proposal initiated to develop as an independent port in collaboration with New Mangalore Port Authority (NMPA).
- iii. Honnavar Port: All necessary Coastal Regulation Zone and Environmental clearances have been obtained; development work is ready to commence.
- iv. Manki Port: Feasibility report submitted by IIT Madras. Tender process initiated for the appointment of a Transaction Advisor.
- v. Upgradation of Existing Ports: Tender process initiated for mechanization and management of berths at Karwar Port, Old Mangalore Port and Malpe Port under PPP (ROMT) mode.

II. Projects under the Sagarmala Scheme:

- i. Karwar Port Expansion- Extension of the existing Southern Breakwater (145 m to 1425 m) and construction of Second North Breakwater at Karwar Port (Project Cost: Rs. 249.00Cr).
- ii. Coastal Berths-Construction of dedicated Coastal Berths to facilitate trade:
 - Construction of Coastal Berth at Karwar Port (Project Cost: Rs. 73.00 Cr)
 - Old Mangalore Port (Project Cost: Rs. 65.00 Cr)
 - Gangolli (Project Cost: Rs. 95.88 Cr)
 - Hangarakatta (Project Cost: Rs. 78.28 Cr)

- Construction of Dedicated Lakshadweep Jetty for Cargo and Cruise Terminal at Old Port Mangalore (Phase-I City side) (Project Cost: Rs.75.75 Cr).

(b): The Government of Karnataka under Pradhan Mantri Matsya Sampada Yojana (PMMSY), has sanctioned an amount of Rs. 12.50 crore for the upgradation of Malpe Fishing Harbour, and the work is currently in progress. Further, the Government of Karnataka proposes the following for the next phase of development of the Malpe Fishing Harbour in Udupi district:-

- i. Development of a multilevel parking facility to ease traffic congestion in the area.
- ii. An additional jetty to accommodate the increased berthing requirements of fishing vessels.
- iii. Maintenance dredging to ensure smooth and safe navigation for fishing vessels.

STRENGTHENING OF ANGANWADI SERVICE

954. SHRI NAVASKANI K:

SHRI G. SELVAM:

SHRI C. N. ANNADURAI:

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

(a) the number of Anganwadi Centres (AWCs) functioning in Tamil Nadu, particularly districts like Ramanathapuram, Tiruvannamalai and Kanchipuram and the number of AWCs upgraded as Saksham Anganwadis with smart

learning facilities, digital tools and improved infrastructure;

(b) the percentage of children and pregnant/lactating women availing benefits under the Supplementary Nutrition Programme in the said districts;

(c) whether any areas have been prioritized for focused nutrition interventions, if so, the details thereof;

(d) the initiatives undertaken to further strengthen Anganwadi services in these districts, including capacity building of Anganwadi workers, enhancement of growth monitoring facilities and improved delivery of Take-Home Rations (THR) and hot cooked meals; and

(e) whether the Government has carried out any assessment of nutrition and health outcomes under Poshan 2.0 in the above districts and if so, the key highlights of such evaluations?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): As per Poshan Tracker data as on October 2025, the total number of Anganwadi Centres (AWCs) functioning in Tamil Nadu is 54,483 including 1454 AWCs in Ramanathapuram, 2143 AWCs in Tiruvannamalai and 941 AWCs in Kanchipuram Districts. Out of these, 11,972 AWCs have been approved for upgradation as Saksham AWCs in the State of Tamil Nadu including 615 AWCs in Ramanathapuram, 515 AWCs in Tiruvannamalai and 251 AWCs in Kanchipuram Districts.

(b): The district wise data of all States and UTs from Poshan Tracker, on Supplementary Nutrition Programme is available at the link:

<https://www.poshantracker.in/statistics>.

(c) to (e): Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). The package of six services viz. Supplementary Nutrition (SNP), Pre-school Non-formal Education, Nutrition & Health Education, Immunization, Health Check-up and Referral Services is provided under the Mission Poshan 2.0 scheme. 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.

It is a Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is being implemented across the country including State of Tamil Nadu.

The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing and
- Address nutrition related deficiencies through key strategies

Under the Mission, one of the major activities undertaken is Community

Mobilization and Awareness Advocacy leading to Jan Andolan to educate people on nutritional aspects. IEC material in the form of videos, pamphlets, flyers etc., in regional languages have also been developed around critical themes. Social & Behavioural Changes have been inculcated through conducting Community Based Events, Poshan Maah and Poshan Pakhwada in convergence with various Ministries/ Departments and other stakeholders. A total of 8.82 crore CBEs have been reported since 2018 across the country including all districts in the State of Tamil Nadu. Further, more than 150 crore Jan Andolan activities have been conducted since 2018 through 15 Jan Andolans, each helped sensitizing not only the target beneficiaries but communities at large. In last two Jan Andolans viz. Poshan Maah (17th September – 16th October, 2025) and Poshan Pakhwada (8-22 April, 2025) more than 20 crore sensitization activities have been collectively reported across the country including all districts in the State of Tamil Nadu.

Poshan Bhi Padhai Bhi (PBPB) Programme was launched on 10th May, 2023 with an objective to improve the quality of education in the Anganwadi centers along with the focus on nutrition.

This national initiative aims to provide all Anganwadi Workers (AWWs) with a 5 day in person training - 3 days in Round 1 (2023-25) and 2 days in Round 2 (2025-26). A Two Tier Training PBPB Implementation Model is being followed. Tier 1 involves two days training of State Level Master Trainers (SLMTs). Tier 2 involves a 3 Days' Training of Anganwadi Workers (AWWs). It covers curriculum, pedagogy, and assessment tools, emphasizing play-based, activity-

based learning.

Capacity-building under PBPB helps to facilitate implementation of Aadharshila (National Curriculum for Early Childhood Care and Education for Children from Three to Six Years) and Navchetana (National Framework for Early Childhood Stimulation for Children from Birth to Three Years) at the Anganwadi Centre level in the mother tongue. As on 30.11.2025, 41,645 SLMTs have been trained under Poshan Bhi Padhai Bhi across the country including 1828 SLMTs from the State of Tamil Nadu and 8,95,814 Anganwadi Workers have been trained across the country including 15,536 AWWs from the State of Tamil Nadu.

Under PM-JANMAN (Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan), a total of 2,500 Anganwadi Centres (AWCs) have been sanctioned for construction in PVTG (Particularly Vulnerable Tribal Groups) areas including 3 AWCs in Kanchipuram and 13 AWCs in Tiruvannamalai districts of State of Tamil Nadu.

Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DAJGUA) launched by the Ministry of Tribal Affairs (MoTA) focusses on convergence, outreach and saturation in approximately, 63,843 villages. Under DAGJUA, 875 AWCs have been sanctioned for construction including 3 AWCs in Tiruvannamalai district of State of Tamil Nadu.

Anganwadi Centres are equipped with four types of growth monitoring devices viz. Infantometer, Stadiometer, Weighing Scale-Infant and Weighing Scale-Mother & Child. The availability of these Growth Monitoring Devices in Ramanathapuram, Tiruvannamalai and Kanchipuram districts of Tamil Nadu is

as under:

District	Weighing scale for mother and child	Weighing scale for infant	Infantometer	Stadiometer
Kanchipuram	938	723	933	936
Ramanathapuram	1322	1368	1359	1309
Tiruvannamalai	2127	2127	2127	2127

Poshan Tracker an ICT tool has been implemented for monitoring and tracking of infrastructure and service delivery at Anganwadi Centres (AWCs) and beneficiaries on defined indicators.

For last mile tracking of Service Delivery, the Ministry has developed Facial Recognition System (FRS) for the distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker. It involves Photo capturing of the beneficiaries, and e-KYC based on Aadhar system during registration, and then capturing photo again during THR distribution for matching of the photos.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3
Poshan Tracker (October	33.54	5.03	14.41

2025)***			

* Under 4 years

** Under 3 years

*** Under 5 years

The above table regarding NHFS data gives a representative picture of malnutrition indicators among all children of 0-3 years, 0-4 years and 0-5 years age at the relevant time. The Poshan Tracker data gives nutritional indicators pf only those children who are enrolled in the Anganwadis.

IMPLEMENTATION STATUS OF THE STATE HEALTH REGULATORY EXCELLENCE INDEX

955. SHRI JASHUBHAI BHILUBHAI RATHVA:

DR. BHOLA SINGH:

SHRI P.C. MOHAN:

SHRI VIJAY BAGHEL:

SHRIMATI HIMADRI SINGH:

SHRIMATI SHOBHANABEN MAHENDRASINH BARAIYA:

SHRI DAMODAR AGRAWAL:

SHRIMATI SMITA UDAY WAGH:

SHRI GANESH SINGH:

SUSHRI KANGNA RANAUT:

SHRI BIBHU PRASAD TARAI:

SHRI NABA CHARAN MAJHI:

SHRI BHARTRUHARI MAHTAB:

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

(a) the current status of implementation of the State Health Regulatory Excellence Index (SHRESTH) launched by the Central Drugs Standard Control

Organisation (CDSCO) across the country, State/UT-wise;

(b) the specific progress achieved by the State of Maharashtra, considering its major pharmaceutical presence;

(c) the details of the eligibility criteria and parameters being used to evaluate the performance of State and Union Territory drug regulatory authorities under the said Index;

(d) whether the Government has identified any gaps or challenges during its initial phase of implementation particularly in States with high drug manufacturing activity in Maharashtra and if so, the details thereof;

(e) the measures taken/proposed to be taken by the Government to address them; and

(f) the manner in which the SHRESTH Index is expected to strengthen regulatory capacity and ensure the quality and safety of medicines across the country including Himachal Pradesh, Maharashtra and Jalgaon Lok Sabha Constituency?

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

(a) to (f): 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, and product testing and encourage improved compliance and timely regulatory action through periodic scoring and benchmarking.

SUPPLY OF FERTILIZERS

956. SHRI ATUL GARG:

SHRI RAJESH VERMA:

DR. LATA WANKHEDE:

SHRIMATI SHAMBHAVI:

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

- (a) the total subsidy provided under the Nutrient-Based Subsidy (NBS) Scheme for fertilizers during the last three financial years, with specific details regarding the share allocated to Uttar Pradesh, year-wise;
- (b) the measures being taken by the Government to ensure the availability, timely supply, and affordability of fertilizers for farmers in Uttar Pradesh, particularly in drought-prone and agrarian regions including steps to streamline supply chains and prevent hoarding or price inflation, district-wise; and
- (c) whether any cases of irregularities, mismanagement or fraudulent subsidy claims related to fertilizer distribution have been reported in Uttar Pradesh and if so, the details of such cases along with the corrective and punitive actions taken by the Government to address them?

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 subsidized rates on no-denial basis. The year-wise details of fertilizer subsidy provided by Government under the Nutrient Based Subsidy (NBS) Scheme during the last three financial years are as follows:

(Rs. in crore)

Financial Year	Imported P&K	Indigenous P&K	Grand Total
2022-23	36032.56	50089.67	86122.23
2023-24	28929.57	36270.00	65199.57
2024-25	18800.00	34010.00	52810.00
Grand Total	83762.13	120369.67	204131.80

(b): Following steps are taken by the Government before every season to ensure adequate and timely availability of fertilizers across the country including the State of Uttar Pradesh:

- (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 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 fertilizers as indicated by the State Governments.
 - (vi) Distribution of fertilizers within the State at district/block/village level is done by the concerned State Government.

With regard to price control, the Government has implemented Nutrient Based Subsidy Policy w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS policy, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics. The NBS subsidy is provided to manufacturer / importer on notified P&K fertilizers on its PoS sale during the season, depending on their nutrient content to ensure availability of fertilizers to farmers. The volatility in international prices of key fertilizers and raw materials is considered while fixing NBS rates for P&K fertilizers so that fertilizers remain affordable to the farmers. NBS scheme is implemented on pan-India basis including the State of Uttar Pradesh and no regional differentiation is made. Moreover, to make DAP

available at affordable price of Rs. 1350 per 50 kg bag, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Rabi 2025-26 season to keep the prices of fertilizers stable.

To ensure streamlined supply chains and prevent hoarding or price inflation, fertilizers are 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 black-marketing, hoarding and overpricing, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding black-marketing, hoarding and overpricing of fertilizers are forwarded to the concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

(c): No cases of fraudulent subsidy claims have been reported. However, to curb other irregularities such as black-marketing, hoarding, and distribution related malpractices, the State Government has undertaken various enforcement measures. These include the issuance of 2436 show-cause notices, suspension/cancellation of 3018 licenses, and registration of 197 FIRs in Uttar Pradesh during the current financial year (up to 28.11.2025).

CANCER TREATMENT FACILITIES AT AIIMS

957. SHRI JAGADISH CHANDRA BARMA BASUNIA:

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

- (a) the details of All India Institutes of Medical Sciences (AIIMS) that have functional cancer treatment facilities and are currently operational;
- (b) the total number of Government hospitals that have cancer care facilities in the country, State-wise; and
- (c) the total number of registered oncologists, radiologists, pathologists and nurses in all cancer care hospitals across the country, as of 31st October, 2025?

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): Cancer treatment facilities are functional in All India Institute of Medical Sciences (AIIMS) Delhi and 18 AIIMS set up under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY).

(b) and (c): Public Health is a State subject. However, to enhance the facilities for tertiary care of cancer, under the National Programme for Prevention and Control of Non-Communicable Diseases, financial assistance is provided to States and Union Territories for setting up of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs). Till date, 39 Institutions (19 SCI and 20 TCCC) have been approved under the scheme.

CSR FUNDS FOR ANGANWADI CENTRES

958. SHRI SRIBHARAT MATHUKUMILLI:

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

- (a) whether the Government maintains data on corporate entities or companies that have contributed funds under Corporate Social Responsibility towards the construction, renovation, or upgradation of Anganwadi Centres;
- (b) if so, the details thereof during the last five years, State-wise and year-wise;
- (c) whether the Government has proposed or implemented any incentive mechanisms to encourage CSR contributions for strengthening Anganwadi infrastructure, if so, the details thereof; and
- (d) whether the Government in consultation with the Ministry of Corporate Affairs, has formulated any specific guidelines to facilitate the channeling of CSR funds towards the development of Anganwadi Centres and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (c): No, Sir.

However, in order to provide an impetus to the construction of Anganwadi centres across the country, States and UTs have been advised to continue to tap funds for construction of AWC buildings from various schemes such as MPLADs, MLALADS, BRGF (Backward Regions Grant Fund), RIDF (Rural Infrastructure Development Fund), Finance Commission Grants to Panchayati Raj Institutions, National Rural Employment Guarantee Act (NREGA), Multi-

Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc. States at their level in their own discretion have been advised to involve Individuals, Companies, Business Houses and Institution of repute, CSR funds for construction of AWCs purely on pro bono basis without any obligation. Similarly, the DMs may encourage/mobilize resources for this purely on pro bono basis and without any obligation. States and UTs have been advised to encourage funding of Anganwadi Infrastructure e.g., Toilets, Rain Water Harvesting Systems (RWHSs), Drinking Water & Sanitation (DWS) etc., or any aspect of Anganwadi activity such as ECCE material, furniture, cooking utensils, kitchen infrastructure, storage facility, etc.

(d): Ministry has issued O.M dated 29th November, 2024 to facilitate collaboration with organizations, individuals, corporates etc for carrying out different activities under the three Missions namely Mission Saksham Anganwadi and Poshan 2.0, Mission Shakti and Mission Vatsalya. Details are available on the website of the Ministry <https://wcd.gov.in> .

IMPOSED OF USD ON REMITTANCES IN MALDIVES

959. SHRI ANTO ANTONY:

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

(a) whether the Government is aware that the State Bank of India (SBI), Maldives has reportedly imposed a USD 150 cap on monthly remittances, if so, the details thereof;

(b) whether the Government has received any complaints in this regard and if

so, the details thereof;

(c) the present status of this reported remittance cap; and

(d) the action has been taken by the Government at diplomatic level on said issue?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) and (b): Yes, Maldives Monetary Authority allocates a limited amount of US Dollars per month to banks in Maldives to facilitate remittances abroad. This has impacted the ability of banks in Maldives to facilitate remittances beyond a certain limit for foreign nationals. Indian nationals, earning their salaries in local Maldivian currency (Maldivian Rufiyaa - MVR) have raised the issues faced due to the remittance cap. Indian nationals earning their salaries in US Dollars, however, do not face difficulties in remitting their money to India.

(c) and (d): The issue has been taken up with the Government of Maldives and the Maldives Monetary Authority on priority, requesting their support in enhancing allocation of US Dollars to banks in Maldives. Due to these efforts, Maldives Monetary Authority has increased the Dollar allocations to SBI Male in November 2025 as also the remittance ceilings (to USD 300) for those employed in education and health sector.

कुवैत जेल में कैद भारतीय

960. श्री राजकुमार रोलत:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) उदयपुर और बांसवाड़ा लोक सभा निर्वाचन क्षेत्र से रोजगार हेतु कुवैत और अन्य देशों में गए व्यक्तियों का ब्यौरा क्या है;
- (ख) कुवैत और अन्य देशों की जेलों में कैद और फंसे हुए भारतीय कामगारों की राज्य-वार संख्या कितनी है और उन्हें किन अपराधों के लिए कैद किया गया है तथा बांसवाड़ा लोक सभा निर्वाचन क्षेत्र के ऐसे व्यक्तियों का नाम-वार ब्यौरा क्या है और सरकार द्वारा उनकी रिहाई के लिए अब तक क्या प्रयास किए गए हैं;
- (ग) क्या कुवैत में कई भारतीय श्रमिकों को वहां की कंपनियों द्वारा मनमाने ढंग से काम करने के लिए मजबूर किया जा रहा है और उन्हें अनुबंध की शर्तों के उल्लंघन के कारण स्वदेश वापस भेजने का खतरा है और यदि हां, तो इस संबंध में सरकार द्वारा क्या सुधारात्मक कदम उठाए गए हैं; और
- (घ) क्या सरकार का प्रस्ताव भारतीय कामगारों को न्याय और सुरक्षा सुनिश्चित करने के लिए कुवैत के साथ उच्च स्तरीय चर्चा करने का है और यदि हां, तो यह कब तक होने की संभावना है?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री (श्री कीर्ति वर्धन सिंह):

(क) से (ग): बांसवाड़ा और उदयपुर के कुल 13,437 प्रवासी श्रमिकों को कुवैत सहित विदेशों में रोजगार के लिए ई-माइग्रेट के माध्यम से उत्प्रवास मंजूरी (ईसी) दी गई है।

कुवैती प्राधिकारियों द्वारा साझा किए गए आंकड़ों के अनुसार (31.10.2025 तक) कुवैत की जेलों में कुल 316 भारतीय कैदी हैं। तथापि, उदयपुर और बांसवाड़ा के संबंध में विशिष्ट डाटा उपलब्ध नहीं है।

सरकार विदेशी जेलों सहित विदेशों में भारतीय नागरिकों की सुरक्षा, संरक्षा और कल्याण को उच्च प्राथमिकता देती है। विदेशों में भारतीय मिशन/केंद्र ऐसे मामलों में सतर्क रहते हैं और स्थानीय कानूनों के उल्लंघन/कथित उल्लंघन के लिए विदेशों में भारतीय नागरिकों को जेल में डाले जाने की घटनाओं की बारीकी से निगरानी करते हैं। जैसे ही किसी भारतीय नागरिक की हिरासत/गिरफ्तारी की

जानकारी विदेश में स्थित किसी भारतीय मिशन/केंद्र को प्राप्त होती है, मिशन/केंद्र अधिकारी तुरंत स्थानीय विदेश कार्यालय और अन्य संबंधित स्थानीय प्राधिकारियों के साथ संपर्क करते हैं ताकि हिरासत में लिए गए/ गिरफ्तार भारतीय नागरिक को कोंसली पहुँच प्राप्त हो, जिससे मामले के तथ्यों की जाँच की जा सके, उसकी भारतीय राष्ट्रियता का पता लगाया जा सके और उसका कल्याण सुनिश्चित किया जा सके। विदेशों में स्थित भारतीय मिशन/केंद्र सतर्क रहते हैं ताकि विदेशी जेलों में भारतीय कैदियों के अधिकारों की रक्षा की सुनिश्चित हो सके।

विदेशी जेलों में भारतीय नागरिकों की रिहाई और प्रत्यावर्तन के मुद्दे को संबंधित स्थानीय प्राधिकारियों के साथ विदेश में स्थित भारतीय मिशनों/केंद्रों द्वारा नियमित रूप से आगे बढ़ाया जाता है। विदेशों में स्थित मिशन/केंद्र भी जांच और न्यायिक कार्यवाही को शीघ्रातिशीघ्र पूरा करने के लिए कानून प्रवर्तन एजेंसियों से संपर्क करते हैं। सरकार कोंसली और अन्य देशों के साथ अन्य परामर्शों के दौरान भी इस मुद्दे का उठाती है। इसके अलावा, सरकार विदेश में स्थित अपने मिशनों/केंद्रों के माध्यम से और उच्च स्तरीय यात्राओं के दौरान, विदेशों में भारतीय कैदियों की सजा को क्षमा/ सजा कम करवाने का प्रयास भी करती है। भारत ने कई देशों के साथ कैदी स्थानांतरण संधियाँ की हैं, जो किसी अपराध के लिए दोषी व्यक्ति को जेल की सजा काटने के लिए अपने गृह देश में स्थानांतरित करने की अनुमति देते हैं।

विदेशों में कैद भारतीय नागरिकों को हर संभव कोंसली सहायता प्रदान करने के अतिरिक्त, भारतीय मिशन/केंद्र आवश्यकतानुसार विधिक सहायता प्रदान करने में भी मदद करते हैं। संकट की स्थिति में, योग्य मामलों के परीक्षण के आधार पर, प्रवासी भारतीय नागरिकों की सहायता के लिए विदेशों में भारतीय मिशनों/केंद्रों में भारतीय समुदाय कल्याण कोष (आईसीडब्ल्यूएफ) की स्थापना की गई है। भारतीय समुदाय कल्याण कोष के तहत दी गई सहायता में भारतीय कैदियों को विधिक सहायता के साथ-साथ प्रत्यावर्तन के दौरान यात्रा दस्तावेज / हवाई टिकट के लिए वित्तीय सहायता भी शामिल है।

(घ): श्रम संबंधी मुद्दों पर भारत और कुवैत के बीच दो समझौता ज्ञापन हैं: (i) 07 अप्रैल 2009 को

हस्ताक्षरित श्रम, रोजगार और जनशक्ति विकास संबंधी समझौता ज्ञापन; और (ii) 10 जून 2021 को हस्ताक्षरित घरेलू श्रमिकों की भर्ती पर सहयोग हेतु भारत सरकार और कुवैत राष्ट्र की सरकार के बीच समझौता ज्ञापन। सभी श्रम मुद्दों पर चर्चा श्रम रोजगार और जनशक्ति विकास संबंधी जेडब्ल्यूजी की संरचना के तहत की जाती है। कोंसलावास, विदेश मंत्रालय, कुवैत के साथ-साथ दूतावास के अधिकारियों एवं जनशक्ति सार्वजनिक प्राधिकरण (पीएएम) तथा घरेलू श्रम कार्यालय (डीएलओ) के बीच भारतीय श्रमिकों के श्रम मुद्दों के समाधान के साथ-साथ भारतीय श्रमिकों के कल्याण को सुनिश्चित करने के लिए नियमित बैठकें आयोजित की जाती हैं।

ARREST OF FISHERMAN BY SRI LANKAN NAVY

961. SHRI A. RAJA:

SHRI B. MANICKAM TAGORE:

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

SHRI TAMILSELVAN THANGA:

KUMARI SUDHA R.:

SHRI T.M. SELVAGANAPATHI:

SHRI SURESH KUMAR SHETKAR:

DR. GANAPATHY RAJKUMAR P.:

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

(a) the number of Indian fishermen languishing in Jails in different countries, country-wise;

(b) whether the Government has taken serious note of the fact that more than 750 fishermen from Tamil Nadu and Puducherry have been arrested by the Sri

Lankan authorities including the recent arrest and use of force against the fishermen near Delft Island, if so, the details thereof along with the representation/letter, if any, received from MPs and CM of Tamil Nadu in this regard during the last three years till date;

(c) whether the Government has taken diplomatic steps and swift action to get the fishermen and their boats released immediately and if so, the details thereof;

(d) the steps taken by the Union Government to make a strong and coordinated effort to find a permanent amicable solution to this grave issue;

(e) whether any fishermen arrested by Sri Lanka are still detained and are facing trial, if so, the details thereof including the length of their incarceration;

(f) whether injured fishermen have received immediate compensation or rehabilitation from the Central Government, if so, the details thereof and if not, the reasons therefor; and

(g) whether the Government has failed to deploy stronger maritime protection measures in our own waters, allowing foreign naval forces to repeatedly intimidate, attack and arrest Indian fishermen with impunity and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (g): Details regarding apprehension of Indian fishermen abroad are as follows:

Country	Number of Fishermen in custody (as of 27 November 2025)
Sri Lanka	66 (18 under trial, 48 serving sentences)
Pakistan	200
Bangladesh	70
Iraq	02

Indian fishermen are arrested from time to time by Sri Lankan authorities for allegedly crossing the International Maritime Boundary Line (IMBL) and fishing in Sri Lankan waters. The IMBL was agreed upon between the Governments of India and Sri Lanka in 1974. The then-State Government of Tamil Nadu was consulted by the Union Government before its finalization. Another agreement in 1976, through a formal exchange of letters by the then-Union Government and its Sri Lankan counterpart, stipulated that the fishing vessels and fishermen of India shall not engage in fishing in the historic waters, the territorial sea and the exclusive zone of Sri Lanka. In view of this situation that has been inherited, Government has, since 2014, endeavored to address the livelihood interests of the Indian fishing community and focused on its humanitarian aspects. The Government has continuously engaged the Sri Lankan leadership and relevant authorities to ensure the welfare of our fishermen as well as work for their early release and repatriation.

Whenever reports of injuries to Indian fishermen are received, the Government

through diplomatic channels immediately takes up the matter with the Government of Sri Lanka. Prompt steps are taken by Indian Missions and Posts to seek consular access to ensure their welfare as well as their early release. The Sri Lankan Government has been repeatedly requested to treat this issue as a humanitarian and livelihood concern. It has been stressed that force should not be used under any circumstances.

Further, all issues related to fishermen are also dealt with through bilateral institutional mechanisms such as the regular meetings of the Joint Working Group on fisheries, which includes representatives from the Government of Tamil Nadu.

Concerted efforts of the Government have so far resulted in the release and repatriation of 3622 Indian fishermen since May 2014. In addition, Government facilitated the visit of a crew of Indian fishermen to inspect and salvage boats released by Sri Lankan Courts on 25 August 2025.

ENROLLMENT OF CADETS IN NCC

962. DR. BHOLA SINGH:

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

- (a) the total number of cadets enrolled in the National Cadet Corps (NCC) in the country during the last five years along with the manner in which this figure has grown;
- (b) the number and percentage of girl cadets enrolled during the said period, Junior Division-wise/Senior Division-wise;

(c) the number of new NCC units sanctioned/activated during the said period and their geographical coverage;

(d) the measures taken by the Government to encourage the participation of more girls and strengthen infrastructure for female cadets in NCC; and

(e) the details of follow-up monitoring systems in place to track retention, progression to leadership roles and transition of cadets into the Armed Forces?

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

(a) and (b): Number of NCC cadets enrolled and percentage of Girl Cadets are as under:

Year	Total Number of Cadets enrolled	Senior Wing Girls	Junior Wing Girls	Total Enrollment of Girl Cadets	Percentage of Girl Cadets
2021	1464727	229005	291021	520026	35.50
2022	1481279	234490	294850	529340	35.74
2023	1514518	252602	308109	560711	37.02
2024	1533866	268774	327966	596740	38.90
2025	1558199	282579	351225	633804	40.68

(c): During the last five years, a total of 04 (four) NCC units have been raised in the Union Territories of Jammu & Kashmir and Ladakh.

(d): Measures taken include upgradation of training infrastructure,

standardisation of the NCC Curriculum and Drill Modules to ensure equal training opportunities for women cadets, increased induction of women Associate NCC Officers (ANOs) and Permanent Commissioned Officers and mandatory presence of women ANOs, Lady Officers, trained women instructor and women medical staff at campus.

(e): The details of recruitment of NCC cadets in the Armed forces and their further progression in the services is maintained by the three services.

ACTION AGAINST ILLEGAL INDIAN IMMIGRANTS IN US

963. SHRI ANIL YESHWANT DESAI:

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

(a) whether it is a fact that several Indians who entered through donkey route were recently deported from US, if so, the number of people shunted out by US Government to India during last three years;

(b) whether similar treatment was meted out to Indians in other countries, if so, the details thereof;

(c) whether such incident brought down the image of our country;

(d) if so, whether any action has been taken against such illegal Indian Immigrants; and

(e) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (c): US Government usually deports individuals who are found to have (i) illegally entered the U.S., (ii) have overstayed their visa validity, (iii) have been found living in the U.S. without any documentation, or (iv) have criminal conviction against them. Government of India works in close coordination with the US Government on these deportation operations. All deportations are subject to an unambiguous verification of their Indian nationality.

The number of Indian nationals deported from the US to India in the last three years is placed below:

Year	No. of Indian nationals deported from US
2023	617
2024	1368
2025 (as of 21 November)	3155

There is no accurate information available in respect of other countries.

(d) and (e): The State/UT governments are primarily responsible for prevention, detection, investigation and prosecution of crimes related to human trafficking and illegal migration. The Central Government supplements the initiatives of the States/UTs through advisories, public awareness and information sharing, in coordination with 16 Protector of Emigrants (PoEs) offices across India. Several State/UT law enforcement agencies, in coordination with central agencies have conducted joint raids and taken strict action against illegal agents and networks involved in illegal migration, including filing of FIRs. Central agencies, including

NIA have also identified several individuals for the purpose of filing FIRs in the matters related to human trafficking, which is an ongoing process.

चिकित्सा उपकरण संबंधी उद्योग

964. श्री संदिपनराव आसाराम भुमरे:

श्रीमती कलाबेन मोहनभाई देलकर:

श्री ज्ञानेश्वर पाटील:

श्री निलेश ज्ञानदेव लंके:

डॉ. शिवाजी बंडाप्पा कालगे:

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

- (क) सरकार द्वारा देश में चिकित्सा उपकरण संबंधी उद्योग को बढ़ावा देने के लिए क्या प्रयास किए जा रहे हैं;
- (ख) विगत पाँच वर्षों के दौरान देश में राज्य-वार, विशेषकर महाराष्ट्र राज्य में, कितने नए चिकित्सा उपकरण संबंधी उद्योग स्थापित किए गए हैं;
- (ग) क्या सरकार इन उद्योगों की स्थापना के लिए कोई वित्तीय सहायता प्रदान कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) क्या विगत पाँच वर्षों के दौरान महाराष्ट्र राज्य में नए चिकित्सा उपकरण सम्बंधी उद्योग स्थापित किए गए हैं और यदि हाँ, 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): पिछले पांच वर्षों में महाराष्ट्र राज्य सहित देश में लाइसेंस प्राप्त चिकित्सा उपकरण विनिर्माण स्थलों की संख्या और राज्य-वार सूचना संलग्न **विवरण** में दी गई है।

सरकार ने देश में चिकित्सा उपकरण उद्योग के संवर्धन के लिए बड़े पैमाने पर प्रयास किए हैं, जिनमें

चिकित्सा उपकरण उद्योग स्थापित करने के लिए वित्तीय सहायता प्रदान करना भी शामिल है। इन प्रयासों में निम्नलिखित शामिल हैं:

- (i) *चिकित्सा उपकरणों के घरेलू विनिर्माण के संवर्धन के लिए उत्पादन लिंकड प्रोत्साहन (पीएलआई) योजना* : इस योजना का बजटीय परिव्यय ₹3,420 करोड़ है और इसकी कार्यनिष्पादन-लिंकड प्रोत्साहन अवधि वित्त वर्ष 2022-23 से वित्त वर्ष 2026-27 तक पांच वर्षों की है। इस योजना के तहत, रेडियोथेरेपी, इमेजिंग डिवाइस, एनेस्थीसिया, कार्डियो-रेस्पिरेटरी और क्रिटिकल केयर और इम्प्लांट डिवाइस सेगमेंट में घरेलू स्तर पर विनिर्मित चिकित्सा उपकरणों की वृद्धिशील बिक्री के लिए चयनित कंपनियां पांच वर्षों की अवधि के लिए वित्तीय प्रोत्साहन के लिए पात्र हैं। सितंबर 2025 की स्थिति के अनुसार, 22 ग्रीनफील्ड परियोजनाएं शुरू हो चुकी हैं और 55 उत्पादों का उत्पादन शुरू हो चुका है, जिसमें उच्च-स्तरीय चिकित्सा उपकरण शामिल हैं, जिन पर देश अत्यधिक रूप से आयात पर निर्भर रहा है, जैसे कि लीनियर एक्सेलरेटर, एमआरआई और सीटी स्कैन के लिए मशीनें और मैमोग्राम, सी-आर्म एक्स-रे मशीन, एमआरआई कॉइल और अल्ट्रासाउंड मशीनें। सितंबर 2025 तक, इस योजना के तहत ₹12,344.37 करोड़ की संचयी पात्र बिक्री की गई है, जिसमें ₹5,869.36 करोड़ की निर्यात बिक्री शामिल है।
- (ii) *चिकित्सा उपकरण पार्कों के संवर्धन की योजना* : इस योजना का लक्ष्य चिकित्सा उपकरण पार्कों में स्थापित चिकित्सा उपकरण इकाइयों को विश्व स्तरीय, साझी अवसंरचनात्मक सुविधाओं तक सुगम पहुंच प्रदान करना है। इस योजना के अंतर्गत, ग्रेटर नोएडा (उत्तर प्रदेश), उज्जैन (मध्य प्रदेश) और कांचीपुरम (तमिलनाडु) जिले में तीन पार्कों को मंजूरी प्रदान की गई है और वे विकास के उन्नत चरण में हैं। इनकी कुल परियोजना लागत ₹871.11 करोड़ है, जिसमें साझी अवसंरचनात्मक सुविधाओं के निर्माण के लिए प्रत्येक के लिए 100 करोड़ रुपये की केंद्रीय सहायता शामिल है, जिससे उद्योग की प्रतिस्पर्धात्मकता बढ़ाने और संसाधनों के अनुकूलन तथा पैमाने की अर्थव्यवस्थाओं के माध्यम से उत्पादन लागत को

कम करने की संभावना है। नवंबर 2025 की स्थिति के अनुसार, तीन पाकों के लिए कुल ₹300 करोड़ में से कुल ₹180 करोड़ रुपये जारी किए गए थे। तीनों पाकों के लिए सिविल निर्माण कार्य अंतिम चरणों में है। सितंबर 2025 की स्थिति के अनुसार, 194 चिकित्सा उपकरण विनिर्माताओं को तीन पाकों में 298.58 एकड़ क्षेत्र में भूमि आवंटित की गई है और 34 इकाइयों ने अपने संयंत्रों का निर्माण कार्य शुरू कर दिया है।

(iii) *चिकित्सा उपकरण उद्योग के सुदृढीकरण की योजना:* यह योजना दिनांक 08.11.2024 को ₹500 करोड़ के वित्तीय परिव्यय के साथ शुरू की गई है। इसका उद्देश्य प्रमुख घटकों और सहायक सामग्रियों के विनिर्माण, कौशल विकास, नैदानिक अध्ययनों के लिए सहायता, साझी अवसंरचना के विकास और उद्योग संवर्धन सहित महत्वपूर्ण क्षेत्रों में सहायता प्रदान करके चिकित्सा उपकरण उद्योग का सुदृढीकरण करना है और इसमें निम्नलिखित उप-योजनाएँ शामिल हैं:

- (1) चिकित्सा उपकरण क्लस्टरों के लिए साझी सुविधाएं;
- (2) आयात निर्भरता कम करने के लिए सीमांत निवेश योजना;
- (3) चिकित्सा उपकरणों के लिए क्षमता निर्माण और कौशल विकास;
- (4) चिकित्सा उपकरण नैदानिक अध्ययन सहायता योजना; और
- (5) चिकित्सा उपकरण प्रोत्साहन योजना।

विवरण

पिछले पांच वर्षों के दौरान महाराष्ट्र राज्य सहित देश में लाइसेंस प्राप्त चिकित्सा उपकरण विनिर्माण स्थलों की संख्या और राज्य-वार ब्यौरा:

राज्य / संघ राज्य क्षेत्र	वर्ष 2021 से 2025 के दौरान लाइसेंस प्राप्त विनिर्माण स्थलों की संख्या
आंध्र प्रदेश	58
असम	7
बिहार	39

छत्तीसगढ़	13
दादरा एवं नगर हवेली और दमन एवं दीव	34
दिल्ली	291
गोवा	18
गुजरात	738
हरियाणा	302
हिमाचल प्रदेश	49
जम्मू और कश्मीर	12
झारखंड	3
कर्नाटक	262
केरल	187
मध्य प्रदेश	78
महाराष्ट्र	721
मणिपुर	3
उड़ीसा	38
पुदुचेरी	18
पंजाब	78
राजस्थान	118
तमिलनाडु	346
तेलंगाना	194
उत्तराखंड	60
उत्तर प्रदेश	346
पश्चिम बंगाल	62

ANGANWADI INFRASTRUCTURE AND HUMAN RESOURCES

965. SHRI RADHAKRISHNA:

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

(a) the details of AWCs, Mini-AWCs sanctioned, operational, State-wise, year-

wise during the last five years;

(b) the number of AWCs approved, upgraded to Saksham Anganwadis, State and year-wise during the last five years;

(c) the number of AWCs having pucca buildings, drinking water and toilet facilities and those without building, State- wise and year-wise for past five years;

(d) the details of sanctioned posts, actual strength and vacancies code-wise across ICDS, including AWWs, AWHs, Supervisors, CDPOs, DSWOs, State-wise, year-wise during the said period;

(e) whether it is a fact that sanctioned number of AWCs and ICDS personnel has not kept pace with the population growth in States; and

(f) if so, the reasons therefor and corrective measures taken by the Government thereon?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): The State and UT wise details of sanctioned and operational Anganwadi Centres under Mission Saksham Anganwadi and Poshan 2.0 are given in the enclosed **Statement-I**.

(b): The State and UT wise details of AWCs approved and upgraded to Saksham Anganwadis are given in the enclosed **Statement-II**.

(c): The State and UT wise details of AWCs with pucca buildings, drinking water and toilet facilities are given in the enclosed **Statement-III**.

(d): The State and UT wise details of sanctioned posts, actual strength and

vacancies for AWWs, AWHs, Supervisors and CDPOs is given in the enclosed **Statement-IV**.

(e) and (f): To ensure effective delivery of services under Mission Saksham Anganwadi and Poshan 2.0, Relocation guidelines have been issued requesting States and UTs to revisit and rationalize the location of AWCs as per their requirement so as to optimally serve the intended beneficiaries.

Under PM-JANMAN (Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan), in PVTG (Particularly Vulnerable Tribal Groups) Areas 2,500 Anganwadi Centres (AWCs) have been sanctioned for construction.

Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DAJGUA) launched by the Ministry of Tribal Affairs (MoTA) focusses on convergence, outreach and saturation in approximately, 63,843 villages. Under DAGJUA, 875 AWCs have been sanctioned for construction.

Under VVP (Vibrant Village Programme) - Phase I, focusing on Northern border areas, 5 new AWCs in Arunachal Pradesh have also been sanctioned for construction.

Further, 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 and UT Administrations are responsible for day-to-day program implementation including recruitment for implementation of the scheme.

Through sustained engagements and meetings at regular intervals, States and UTs have been requested to optimize coverage of beneficiaries including child

beneficiaries and ensure efficient implementation of the scheme.

STATEMENT-I

State and UT wise details of sanctioned and operational AWCs:

S. No.	State/UTs	Sanctioned AWCs	Operational AWCs
1	Andhra Pradesh	55969	55746
2	Arunachal Pradesh	6225	6225
3	Assam	62142	62093
4	Bihar	115097	115009
5	Chhattisgarh	52642	52510
6	Goa	1262	1261
7	Gujarat	53065	53065
8	Haryana	25962	25962
9	Himachal Pradesh	18925	18925
10	Jharkhand	38957	38744
11	Karnataka	66098	66098
12	Kerala	33120	33120
13	Madhya Pradesh	97882	97806
14	Maharashtra	110664	110629
15	Manipur	11585	11528
16	Meghalaya	6188	6162
17	Mizoram	2285	2244
18	Nagaland	3980	3980
19	Odisha	74223	74222
20	Punjab	27314	27314
21	Rajasthan	62196	61929
22	Sikkim	1308	1308
23	Tamil Nadu	54481	54481

24	Telangana	35781	35781
25	Tripura	10474	10275
26	Uttar Pradesh	190146	189736
27	Uttarakhand	20070	20064
28	West Bengal	119481	119481
29	A and N Islands	720	720
30	Chandigarh	450	450
31	Dadra and N Haveli and Daman and Diu	405	405
32	Delhi	10897	10897
33	Jammu and Kashmir	28426	28183
34	Ladakh	1173	1172
35	Lakshadweep	59	59
36	Puducherry	855	855

STATEMENT-II

State and UT wise details of AWCs approved for upgradation and number of AWCs upgraded as Saksham Anganwadis:

SI no.	State name	Sanctioned during FY 2022-23	Sanctioned during FY 2023-24	Sanctioned during FY 2024-25	Total sanctioned	Progress of upgradation as on date
1	Arunachal Pradesh	100	0	52	152	152
2	Andhra Pradesh	1,105	1,763	7,090	9,958	9,958
3	Assam	3,963	815	629	5,407	5,407
4	Chandigarh	0	0	69	69	69
5	Ladakh	0	0	14	14	14
6	Manipur	30	0	0	30	30

7	Nagaland	100	49	0	149	149
8	Sikkim	100	335	0	435	435
9	Mizoram	100	988	512	1,600	1,600
10	Karnataka	100	178	17,454	17,732	17,454
11	Meghalaya	100	8	13	121	119
12	Tripura	200	245	29	474	445
13	Maharashtra	1,150	589	13,006	14,745	13,046
14	Andaman and Nicobar	0	86	54	140	86
15	Tamil Nadu	800	5,590	5,582	11,972	6,345
16	Puducherry	0	65	70	135	63
17	Lakshadweep	0	0	18	18	8
18	Kerala	250	1,710	2,192	4,152	1,815
19	Uttarakhand	350	213	264	827	350
20	Chhattisgarh	4,750	1,740	5,000	11,490	4,750
21	Jammu and Kashmir	86	50	202	338	136
22	West Bengal	4,750	609	0	5,359	2,122
23	Uttar Pradesh	2,349	17,845	3,503	23,697	8,232
24	Madhya Pradesh	2,220	9,486	12,956	24,662	8,038
25	Bihar	3,566	3,550	4,413	11,529	3,414
26	Odisha	6,000	1,084	5,056	12,140	3,476
27	Telangana	500	3,529	979	5,008	500
28	Gujarat	1,250	0	11,897	13,147	1,250
29	Rajasthan	213	340	2,961	3,514	213
30	Himachal Pradesh	100	25	905	1,030	35
31	Jharkhand	6,850	0	9,925	16,775	507
32	Haryana	10	0	2,794	2,804	24
33	Punjab	100	0	253	353	2
34	Goa	0	24	0	24	0

STATEMENT-III

State and UT wise details of pucca buildings and drinking water and toilet facilities at AWC:

State/UT	Pukka	Drinking water connection	Functional toilet
Andhra Pradesh	51504	55460	49172
Arunachal Pradesh	779	4225	1602
Assam	45720	52601	18850
Bihar	81588	110987	104911
Chhattisgarh	46514	43908	33962
Goa	1261	1261	1260
Gujarat	50479	52281	51427
Haryana	25509	23670	21075
Himachal Pradesh	17346	18746	18702
Jharkhand	34164	34375	26380
Karnataka	59358	66143	66740
Kerala	31794	32218	33029
Madhya Pradesh	89126	95530	76400
Maharashtra	96419	101147	88506
Manipur	1236	11240	10327
Meghalaya	5313	4480	3450
Mizoram	614	2226	2153
Nagaland	1558	3523	2284
Odisha	72092	74185	38604
Punjab	27150	27314	24625
Rajasthan	60314	52348	35373
Sikkim	1119	1307	1308
Tamil Nadu	46956	54481	53279
Telangana	30435	30428	22896
Tripura	9194	9127	7136
Uttar Pradesh	181526	171828	153735

Uttarakhand	19923	19960	18073
West Bengal	79260	90928	76620
Andaman & Nicobar Islands	642	720	719
Dadra and Nagar Haveli - Daman and Diu	401	405	405
Delhi	10878	10897	10893
J and K	24919	27919	27962
Ladakh	912	1168	1151
Lakshadweep	51	59	59
Puducherry	822	837	826
UT-Chandigarh	450	450	450

STATEMENT-IV

State and UT wise details of sanctioned posts, actual strength and vacancies of AWWs, AWHs, Supervisors and CDPOs:

S. No.	State	CDPO			Supervisor			AWW			AWH		
		Sanctioned	In-Position	Vacant	Sanctioned	In-Position	Vacant	Sanctioned	In-Position	Vacant	Sanctioned	In-Position	Vacant
1	Andhra Pradesh	257	205	52	1951	1537	698	55969	54944	1025	55969	47356	8613
2	Bihar	544	389	155	4210	2803	1407	115097	110161	4936	115097	99990	15107
3	Chhattisgarh	220	191	29	1866	1706	160	52642	52002	640	52642	50359	2283
4	Gujarat	336	158	178	2122	1705	417	53065	50277	2788	53065	48897	4168
5	Haryana	148	59	89	1016	890	126	25962	23194	2768	25450	20716	4734
6	Himachal Pradesh	78	47	31	757	597	160	18925	18580	345	18925	17759	1166
7	Jammu & Kashmir	128	97	31	1137	951	186	28426	28082	344	28426	27972	454
8	Jharkhand	224	56	168	1344	667	677	38,957	37812	1145	38957	36510	2447
9	Karnataka	204	162	42	2503	1776	727	66098	66098	0	66098	59298	6800

10	Kerala	258	256	2	1327	1238	89	33120	33051	69	33120	33066	54
11	Madhya Pradesh	453	295	158	3379	2749	1136	97882	95058	2824	97882	79598	18284
12	Maharashtra	553	233	320	3899	2496	1403	110664	108560	2104	110664	104527	6137
13	Odisha	338	325	13	2922	1984	566	74223	73475	748	74223	71964	2259
14	Punjab	155	86	69	1046	630	416	27314	25343	1971	27314	23239	4075
15	Rajasthan	304	235	69	2232	1460	772	62196	60625	1571	62196	59308	2888
16	Tamil Nadu	434	255	179	1980	1168	614	54,481	43940	10541	49541	34663	14878
17	Telangana	149	149	0	1440	1250	190	35781	32782	2999	35781	23506	12275
18	Uttar Pradesh	897	614	283	6643	1783	4860	190146	182348	7798	190146	128811	61305
19	Uttarakhand	105	95	10	597	454	143	20070	19778	292	20070	17658	2412
20	West Bengal	576	242	334	4779	2472	2307	119481	105210	14271	119481	95750	23731
21	Arunachal Pradesh	98	84	14	263	205	58	6225	6225	0	6225	6225	0
22	Assam	230	210	20	2269	1917	363	62142	59801	2341	62135	52911	9224
23	Manipur	43	36	7	391	370	21	11585	10747	838	11585	9231	2354
24	Meghalaya	41	33	8	222	219	3	6188	6153	35	6188	6119	69
25	Mizoram	27	27	0	90	90	0	2285	2244	41	2285	2244	41
26	Nagaland	60	60	0	167	167	0	3980	3980	0	3980	3980	0
27	Sikkim	13	13	0	58	58	0	1308	1308	0	1308	1308	0
28	Tripura	57	44	13	436	335	101	10474	10275	199	10474	10275	199
29	Andaman & Nicobar	5	5	0	28	26	2	720	720	0	720	719	1
30	Goa	11	11	0	50	50	0	1262	1240	22	1262	1191	71
31	Puducherry	5	0	0	34	0	34	855	582	273	855	696	159
32	Chandigarh	3	3	1	18	18	0	450	435	15	450	439	11
33	Ladakh	13	0	13	42	34	9	1173	1163	10	1173	1153	20
34	Delhi	95	46	49	432	307	125	10897	10488	409	10897	10833	64
35	Dadra and N. Haveli and D. and Diu	4	2	2	17	10	7	405	404	1	405	397	8
36	Lakshadweep	9	0	9	4	0	4	59	58	1	59	56	3

STATUS OF PM-ABHIM IN UTTAR PRADESH**966. SUSHRI IQRA CHOUDHARY:**

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

- (a) the details of the projects approved, sanctioned and completed under the PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) in the State of Uttar Pradesh, district-wise;
- (b) the amount of funds allocated, released and utilised in the said State under PM-ABHIM since its inception component-wise;
- (c) the details of the progress of Integrated Public Health Labs, Block Public Health Units, Critical Care Hospital Blocks and Urban Health & Wellness Centres being established in the State, district-wise;
- (d) the reasons for delay, if any, in project implementation along with the corrective steps taken in this regard; and
- (e) the number of posts sanctioned and currently vacant for doctors, nurses and technicians under the said 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): Under the CSS component of PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), provisions have been made for the State of Uttar Pradesh for the construction and strengthening of 1,670 building-less Ayushman Arogya Mandir- Sub Health Centre (SHC-AAM), 674 Urban-Ayushman Arogya Mandirs (U-AAM), 515 Block Public Health Units (BPHUs),

75 Integrated Public Health Labs (IPHLs), and 74 Critical Care Blocks (CCBs) during the scheme period from FY 2021-22 to 2025-26.

The district-wise details of the projects approved, sanctioned and completed including under the PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) in the State of Uttar Pradesh is given in the enclosed **Statement**.

The details of Central Release under PM-ABHIM to the state of Uttar Pradesh since inception to FY 2024-25 is given as below:

(Rs. In Cr.)

S. No.	Financial Year	Central Release	Expenditure
1.	2021-22	124.63	0.00
2.	2022-23	173.71	254.04
3.	2023-24	247.96	252.69
4.	2024-25	400.95	544.74

Note: The above releases relate to Central Govt. Grants & do not include State share contribution. Central Release for the F.Y. 2025-26 is updated upto 08.07.2025 and is provisional.

PM-ABHIM is a capital intensive scheme and the project construction requires long gestation period. Identification of suitable land for projects requires time and MoHFW has undertaken steps like early project approvals and provided funds for establishment of Programme Management Units for technical support to the States/UTs. Technical and operational guidelines have been released and shared with States/UTs to facilitate timely completion of projects.

(e): The number of posts sanctioned and currently vacant for doctors, nurses and technicians under PM-ABHIM is as under:

Sl. No.	Post	Sanctioned	Vacant
1	Doctors	1429	1116
2	Nurses	2900	2900
3	Technicians	1526	1449

STATEMENT

District-wise details of the projects approved, sanctioned and completed including under the PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) in the State of Uttar Pradesh:

Sl. No.	District	SHC-AAM		U-AAM		BPHU		IPHL		CCB	
		Approved / Sanctioned	Completed	Approved / Sanctioned	Completed	Approved / Sanctioned	Completed	Approved / Sanctioned	Completed	Approved / Sanctioned	Completed
1	Agra	10	10	13	9	11	8	1	1	2	0
2	Aligarh	15	13	6	4	9	9	1	1	1	0
3	Ambedkar Nagar	19	19	8	6	5	2	1	1	1	0
4	Amethi	20	20	0	0	9	8	1	0	1	0
5	Amroha	15	15	16	11	4	2	1	0	1	0
6	Auraiya	0	0	0	0	3	3	1	1	0	0
7	Ayodhya	0	0	13	4	9	8	1	1	1	0
8	Azamgarh	80	55	8	4	19	14	1	0	1	0
9	Badaun	50	45	15	11	9	6	1	1	1	0
10	Baghpat	0	0	7	4	4	1	1	1	1	0
11	Bahraich	105	94	3	3	3	3	1	0	1	0
12	Balrampur	25	22	1	1	2	2	1	1	1	0
13	Ballia	20	11	3	0	7	7	1	1	1	0
14	Banda	0	0	8	8	5	4	1	1	1	0
15	Barabanki	25	24	3	0	12	12	1	1	1	0
16	Bareilly	15	14	19	7	10	8	1	0	0	0
17	Basti	0	0	13	0	9	9	1	1	1	0
18	Bhadohi	53	44	3	3	3	2	1	0	1	0

19	Bijnor	20	20	31	0	7	7	1	0	1	0
20	Bulandshahr	10	10	24	11	13	9	1	0	1	0
21	Chandauli	8	7	0	0	1	1	1	0	0	0
22	Chitrakoot	2	0	0	0	2	2	1	0	1	0
23	Deoria	68	57	15	9	13	11	1	0	1	0
24	Etah	10	10	7	3	4	4	1	1	1	1
25	Etawah	12	12	9	0	6	6	1	0	1	0
26	Farrukhabad	10	10	2	0	5	5	1	1	1	0
27	Fatehpur	10	3	4	2	2	2	1	1	1	0
28	Firozabad	6	6	18	12	7	6	1	1	1	0
29	G B Nagar	0	0	10	0	1	1	1	0	1	0
30	Ghaziabad	0	0	40	26	1	1	1	0	1	0
31	Ghazipur	25	21	4	0	10	10	1	1	1	0
32	Gonda	129	122	7	4	11	11	1	1	1	0
33	Gorakhpur	20	18	5	4	2	2	1	1	1	0
34	Hamirpur	0	0	4	2	5	5	1	1	1	0
35	Hapur	0	0	10	10	2	2	1	1	1	0
36	Hardoi	25	24	16	3	16	16	1	0	1	0
37	Hathras	0	0	6	6	4	4	1	1	1	0
38	Jalaun	0	0	13	6	7	7	1	1	1	0
39	Jaunpur	50	28	6	3	16	15	1	1	1	0
40	Jhansi	0	0	7	2	7	6	1	1	1	0
41	Kannauj	10	9	6	6	6	6	1	1	1	0
42	Kanpur Dehat	0	0	1	0	8	8	1	1	1	0
43	Kanpur Nagar	0	0	14	0	9	8	1	1	2	0
44	Kasganj	5	4	5	4	5	5	1	1	1	0
45	Kaushambi	10	0	6	6	6	6	1	1	1	0
46	Kushinagar	75	68	10	9	11	5	1	0	1	1
47	Lakhimpur Kheri	130	105	10	0	10	8	1	0	1	0
48	Lalitpur	0	0	3	3	4	3	1	1	1	0
49	Lucknow	0	0	0	0	5	3	1	1	2	0
50	Maharajganj	25	25	3	2	1	1	1	0	1	1
51	Mahoba	0	0	6	4	1	1	1	1	0	0
52	Mainpuri	20	16	5	5	6	6	1	1	1	0
53	Mathura	20	19	8	3	8	8	1	1	1	0
54	Mau	10	7	18	9	7	7	1	1	1	0

55	Meerut	0	0	8	8	9	6	1	1	1	0
56	Mirzapur	10	9	3	0	6	5	1	1	1	0
57	Moradabad	14	12	16	6	5	5	1	1	1	0
58	Muzaffar Nagar	15	13	13	13	8	6	1	1	1	0
59	Pilibhit	15	12	7	2	4	3	1	1	1	0
60	Pratapgarh	45	23	7	2	14	13	1	1	1	0
61	Prayagraj	68	37	8	3	18	16	1	0	2	0
62	Raebareli	20	17	6	6	15	10	1	0	1	0
63	Rampur	37	37	10	0	4	4	1	1	1	0
64	Saharanpur	0	0	7	0	9	7	1	1	1	0
65	Sambhal	20	18	16	6	1	1	1	1	1	0
66	Sant Kabir Nagar	53	49	14	6	4	4	1	1	1	0
67	Shahjahanpur	10	10	20	2	13	8	1	0	1	0
68	Shamli	9	9	8	0	3	2	1	1	1	0
69	Shrawasti	7	6	0	0	0	0	1	1	1	0
70	Siddharth Nagar	20	19	10	10	1	1	1	1	1	0
71	Sitapur	100	89	15	0	14	11	1	0	1	0
72	Sonbhadra	30	23	6	3	1	0	1	0	0	0
73	Sultanpur	25	25	2	2	11	5	1	1	1	0
74	Unnao	10	10	16	0	12	9	1	0	1	0
75	Varanasi	0	0	10	9	1	1	1	0	1	0
Total		1670	1405	674	307	515	433	75	50	57	0

LIMITED REACH OF PALLIATIVE CARE SERVICES

967. SHRI ASADUDDIN OWAISI:

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

- (a) whether the Government is aware that approximately 10 million patients in India need palliative care annually, as flagged by the WHO, yet only about 4% have received such services, if so, the reasons therefor;
- (b) whether the Government has identified reasons for the limited reach of

palliative services in the country, despite the existence of various national programme and policies, if so, the details thereof;

(c) whether the Government is taking steps to train healthcare workers, including ASHA, ANM and paramedical graduates, to fulfill this reach, if so, the details thereof; and

(d) the measures taken by the Government to integrate palliative care in primary and community healthcare centers across 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) and (b): As per recent studies, in India an estimated 7 to 10 million people require palliative care annually. Under National Programme for Palliative Care (NPPC), the Out Patient, In-Patient palliative care services are being delivered at district hospitals in 600 districts across all States/Union Territories. Home based palliative care services are also being delivered by trained Accredited Social Health Activist (ASHA) and Community volunteers. In the year 2024-25 the number of patients who have availed Out-Patient, In-Patient and Home-based Palliative Care services are 60,82,069, 25,17,663 and 5,50,056 respectively.

(c) and (d): The Government has taken significant steps to train healthcare workers in palliative care, primarily through NPPC, which was launched in 2012. The government has developed a cascade model of training with specific modules for various healthcare providers, including Medical Officers, Staff

Nurses, Community Health Officers (CHOs), Auxiliary Nurse Midwives (ANMs), and ASHA Workers.

Palliative care is one of the 12 essential services delivered at the Ayushman Arogya Mandir (AAM) level. The government is also leveraging teleconsultation services at AAM to provide access to specialists and implementing community-based initiatives to support care. Moreover, Palliative care is integrated with other national programs like National Programme for Prevention and Control of Non-Communicable Diseases (NP- NCD), Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS), and for the elderly to create a more unified approach.

REMITTANCE RESTRICTIONS ON INDIAN TEACHERS IN MALDIVES

968. SHRI RAJMOHAN UNNITHAN:

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

- (a) whether the Government is aware that Indian teachers in the Maldives are facing severe financial hardship due to stringent remittance ceilings, if so, the details thereof;
- (b) whether any diplomatic engagement with the Maldives Monetary Authority is proposed to restore reasonable and lawful remittance levels; and
- (c) if so, the timeline for initiating and concluding these bilateral discussions and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a): Yes, Maldives Monetary Authority allocates a limited amount of US Dollars per month to banks in Maldives to facilitate remittances abroad. This has impacted the ability of banks in Maldives to facilitate remittances beyond a certain limit for foreign nationals. Indian nationals, earning their salaries in local Maldivian currency (Maldivian Rufiyaa - MVR) have raised the issues faced due to the remittance cap. Indian nationals earning their salaries in US Dollars, however, do not face difficulties in remitting their money to India.

(b) and (c): The issue has been taken up with the Government of Maldives and the Maldives Monetary Authority, requesting their support in enhancing allocation of US Dollars to banks in Maldives. Due to these efforts, Maldives Monetary Authority has increased the Dollar allocations to SBI Male in November 2025, which has resulted in SBI increasing the remittance ceilings for those employed in education and health sector from USD 150 to USD 300.

CENTRAL FUNDS RELEASED UNDER NHM

969. DR. SHARMILA SARKAR:

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

(a) the amount of funds allocated/released and utilised by the Union Government to the States across the country in the health sector during the last five years, State-wise and year-wise;

(b) the manner in which such funds are allocated to each States and Union Territories in the country along with the criteria fixed for distribution of these health funds;

(c) the amount of funds owed/yet to be released to the State of West Bengal under the National Health Mission (NHM) and the amount of funds released so far, year-wise details; and

(d) the timeline fixed for the release of the remaining funds?

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): 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 including West Bengal under the National Health Mission (NHM) from F.Y. 2020-21 to F.Y. 2024-25 is given in the enclosed **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.

Under NHM, annual resource envelope of a State is decided based on its population and a weightage factor which depends on area of the State, health lag and socio-economic factors of the State.

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.

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:

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.

POCSO ACT

970: SHRI TANUJ PUNIA:

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

- (a) whether the Fast Track Courts have been set up to look into POCSO cases on priority basis to ensure effective and proper implementation of the POCSO Act, if so, the details thereof;
- (b) the details of the conviction rate in POCSO cases along with the reasons for the majority of child sexual abuse cases ending in acquittal;
- (c) whether the amendments made in POCSO Act by Government have led to significant decline in cases of sexual abuse against the children, by acting as a deterrent, if so, the details thereof; and
- (d) the details of the steps taken by the Government to create awareness regarding the POCSO Act?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d): Government accords the highest priority for ensuring safety and security of children and has undertaken various initiatives in this regard. To safeguard children against sexual abuse and sexual harassment, Government has already enacted The Protection of Children from Sexual Offences (POCSO) Act, 2012. It defines a child as any person below the age of 18 years.

The POCSO Act, 2012 was amended in 2019 to introduce more stringent punishments including death penalty for committing sexual crimes on children, with a view to deter the perpetrators & prevent such crimes. The POCSO Act,

2012 also provides for establishment of Special Courts for the purpose of ensuring speedy trial.

The Department of Justice (DoJ), Ministry of Law & Justice has informed that a Centrally Sponsored Scheme for setting up Fast Track Special Courts (FTSCs) including exclusive POCSO Courts for expeditious trial and disposal of Rape and POCSO Act cases was launched in October, 2019. The Scheme having been extended twice (with the latest extension up to 31st March 2026) provides for the establishment of 790 courts. The total financial outlay of the scheme is Rs. 1952.23 cr. with Rs. 1207.24 cr. as Central Share to be incurred from Nirbhaya Fund on the CSS pattern.

DoJ has also informed that as per the data provided by the High Courts, 773 FTSCs, including 400 exclusive POCSO Courts, are functional across 29 States/UTs as on 30.09.2025. Since the inception of the Scheme, these courts have collectively disposed of 3,50,685 cases, including 2,25,617 cases by exclusive POCSO courts.

Further, as per information provided by the High Courts, the average conviction rate in rape and POCSO Act cases handled under the Fast Track Special Courts Scheme stood at 18.59% in the year 2024. The State and UT - wise details of conviction rate under Fast Track Special Courts during 2024 is given in the enclosed **Statement**.

Section 43 of the POCSO Act, 2012 provides that the Central Government and every State Government shall take all measures to give wide publicity to the provisions of the Act. In accordance with this, the Government

has taken various steps from time to time to create awareness of the provisions of the POCSO Act through electronic and print media, consultations, workshops and training programmes with stakeholders concerned.

Ministry of Women & Child Development notified POCSO Rules, 2020 replacing the previous POCSO Rules, 2012. The POCSO Rules 2020 stipulate that the central government and every state government shall prepare age-appropriate educational material and curriculum for children, informing them about various aspects of personal safety. The Rules also stipulate that suitable material and information may be disseminated by the respective Governments in all public places such as panchayat bhavans, community centres, schools and colleges, bus terminals, railway stations, places of congregation, airports, taxi stands, cinema halls and such other prominent places and also be disseminated in suitable form in virtual spaces such as internet and social media.

Under Section 44 of the POCSO Act, 2012, and Rule 12 of the POCSO Rules, 2020, National Commission for Protection of Child Rights (NCPCR) has been mandated to monitor the implementation of the POCSO Act, 2012. To create awareness and facilitation of lodging of grievances pertaining to sexual offences and their effective processing, the NCPCR has undertaken the following initiatives:

1. POCSO E-Box: NCPCR's Online Mechanism for Reporting Child

Sexual Offences: The POCSO e-Box is an online complaint-management system launched by the NCPCR to provide children a

simple, confidential, and accessible platform to report incidents of sexual abuse or sexual offences under the POCSO Act, 2012. Designed as a child-friendly digital mechanism, the e-Box enables children, parents, teachers, or any concerned citizen to register complaints easily through the NCPCR website.

2. **NCPCR Guidelines on Support Persons under Section 39 of the POCSO Act, 2012:** NCPCR has formulated Guidelines with respect to Support Persons under Section 39 of the POCSO Act in consultation with the State Governments and Union Territories to deal with cases of sexual abuse. These guidelines outline a structured mechanism for appointing and regulating Support Persons to assist child victims through a criminal justice process. They ensure that the child receives timely information about case progress, protection from secondary victimisation, coordination with police, medical authorities, and Special Courts, and help in accessing compensation, counselling, and rehabilitation services.
3. **POCSO Tracking Portal:** For expeditious redressal and to improve the post-investigation justice experience for victims, NCPCR has developed a dedicated POCSO Tracking Portal. It facilitates interdepartmental coordination between CWCs, DCPUs, Legal Services Authorities, and State Governments. This platform enables tracking and monitoring of compensation awarded to child victims, ensuring timely disbursement under relevant victim compensation schemes.
4. **IEC Materials on Sexual Offense:** NCPCR has made short videos on

issues of sexual violence against children and POCSO for generating awareness. These videos are available on YouTube. NCPCR has also designed various leaflets and pamphlets as ready reference material for spreading awareness on salient provisions of POCSO Act, 2012.

5. **Review Meetings:** The Commission has been addressing issues of sexual violence against children through its periodic review meetings with key stakeholders at State and District levels.
6. **Organising Workshops and Conferences for Sensitization and Awareness:** NCPCR undertakes conferences, workshops at National, Regional, State and District level for various stakeholders for their sensitization and awareness.
7. **Awareness on POCSO Act through Textbooks:** NCPCR got included the details of POCSO E-Box in the NCERT Text books to create awareness amongst children.
8. **Manual on Safety and Security of Children in Schools:** NCPCR has developed a comprehensive manual on “Safety and Security of Children in Schools” for compliance and adherence of the safety parameters by the schools. It also includes information on Sexual Abuse and salient features of POCSO Act, 2012.

Additionally, Savitribai Phule National Institute of Women and Child Development (SPNIWCD) has also organised a number of training programmes of duty holders on POCSO Act and Prevention of Child Sexual Abuse. The details of the same are as under:

A. Training Programmes POCSO Act:

Year	No. of Training Programmes organised	No. of Participants
2023-24	11	542
2024-25	14	752
2025-26	4	165
Total	29	1459

B. Training Programmes on Prevention of Child Sexual Abuse (April,2020 to March,2025) are as under:

Year	No. of Training Programmes organised	No. of Participants
2020-21	38	4078
2021-22	12	743
2022-23	13	751
2023-24	12	639
2024-25	14	813
Total	89	7024

STATEMENT**State and UT wise details of conviction rate under FTSCs during 2024:**

Sl. No.	States/UTs	Average Conviction rate (%)
1	Andhra Pradesh	5.19
2	Assam	35
3	Bihar	14.51
4	Chandigarh	16.915
5	Chhattisgarh	23.69
6	Delhi	8.59
7	Goa	9.69

8	Gujarat	9.53
9	Haryana	40.5
10	Himachal Pradesh	8.24
11	J&K	4.5
12	Jharkhand	14.78
13	Karnataka	8.1
14	Kerala	13
15	Madhya Pradesh	14.5
16	Maharashtra	6.07
17	Manipur	7
18	Meghalaya	45
19	Mizoram	33.5
20	Nagaland	25
21	Odisha	10.63
22	Puducherry	17.94
23	Punjab	47.19
24	Rajasthan	18.29
25	Tamil Nadu	25.82
26	Telangana	7
27	Tripura	5.3
28	Uttar Pradesh	25.11
29	Uttarakhand	22.5
30	West Bengal	2

NON-FUNCTIONAL AIIMS

971. SHRI SHATRUGHAN SINHA:

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

(a) whether it is a fact that over eighteen percent AIIMS are non-functional in the country, if so, the names of all the AIIMS that are not functional; and

(b) whether there is a timeline fixed by the Government by which these non-functional AIIMS are likely to be completed and become functional, 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): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), till date establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved in various States/UTs in the country. Out of the 22, 18 AIIMS are currently functional and 4 AIIMS are in different stages of construction. The details of AIIMS are given in the enclosed **Statement**. The completion of projects depends upon various factors including transfer of encumbrance free land by the State Government, regulatory clearances and site specific issues.

STATEMENT

Status of AIIMS approved under PMSSY

Sl. No.	State/ UT	Location of AIIMS	Status
1	Andhra Pradesh	AIIMS Mangalagiri	Functional
2	Assam	AIIMS Guwahati	Functional
3	Bihar	AIIMS Darbhanga	Pre-Investment work is in progress
4		AIIMS Patna	Functional
5	Chhattisgarh	AIIMS Raipur	Functional
6	Gujarat	AIIMS Rajkot	Functional
7	Haryana	AIIMS Majra (Rewari)	Under Construction
8	Himachal Pradesh	AIIMS Bilaspur	Functional

9	Jammu & Kashmir	AIIMS Vijaypur, Samba, Jammu	Functional
10		AIIMS Awantipora, Kashmir	Under Construction
11	Jharkhand	AIIMS Deoghar	Functional
12	Madhya Pradesh	AIIMS Bhopal	Functional
13	Maharashtra	AIIMS Nagpur	Functional
14	Odisha	AIIMS Bhubaneswar	Functional
15	Punjab	AIIMS Bathinda	Functional
16	Rajasthan	AIIMS Jodhpur	Functional
17	Tamil Nadu	AIIMS Madurai	Under Construction
18	Telangana	AIIMS Bibinagar	Functional
19	Uttar Pradesh	AIIMS Raebareli	Functional
20		AIIMS Gorakhpur	Functional
21	Uttarakhand	AIIMS Rishikesh	Functional
22	West Bengal	AIIMS Kalyani	Functional

नोटरी पोर्टल में डिजिटलीकरण

972. श्री विजय बघेल:

श्रीमती कमलजीत सहरावत:

श्री भोजराज नाग:

श्रीमती रूपकुमारी चौधरी:

श्री सुरेश कुमार कश्यप:

श्री नलिन सोरेन:

श्रीमती माला राज्यलक्ष्मी शाह:

श्री मनोज तिवारी:

श्री विनोद लखमशी चावड़ा:

श्री शिवमंगल सिंह तोमर:

श्री चन्द्र प्रकाश जोशी:

श्री जुगल किशोर:

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

(क) समर्पित नोटरी पोर्टल के माध्यम से कौन-कौन सी सेवाएं प्रदान की जा रही है और इसने नोटरी अधिनियम, 1952 के अंतर्गत प्रक्रियाओं को किस प्रकार सरल और सुव्यवस्थित किया है;

(ख) उक्त पोर्टल के माध्यम में जारी किए गए डिजिटल रूप में हस्ताक्षरित प्रैक्टिस प्रमाणपत्रों की कुल संख्या कितनी है;

(ग) दस्तावेज़ सत्यापन और नवीनीकरण प्रक्रियाओं में पारदर्शिता और दक्षता सुनिश्चित करने के लिए क्या कदम उठाए गए हैं ; और

(घ) क्या सरकार का भविष्य में उक्त पोर्टल के दायरे का विस्तार करने के लिए नए मॉड्यूल या कार्यात्मकताएं लाने का विचार है और 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) से (घ) : सरकार ने नोटरी अधिनियम, 1952 और नोटरी नियम, 1956 से संबंधित कार्यों के लिए ऑनलाइन सेवाएं प्रदान करने के लिए एक समर्पित मंच के रूप में नोटरी पोर्टल लॉन्च किया है। इसका उद्देश्य नोटरी के रूप में नियुक्ति के लिए आवेदन करने, नोटरी के रूप में नियुक्ति के लिए पात्रता का सत्यापन, नोटरी के रूप में व्यवसाय के डिजिटली हस्ताक्षरित प्रमाणपत्र जारी करने, व्यवसाय के प्रमाणपत्र का नवीनीकरण, व्यवसाय के क्षेत्र में बदलाव, वार्षिक रिटर्न प्रस्तुत करने आदि जैसी विभिन्न सेवाओं के लिए नोटरी और सरकार के बीच एक ऑनलाइन इंटरफेस प्रदान करना है। नोटरी पोर्टल एक फेसलेस, पेपरलेस, पारदर्शी और कुशल प्रणाली प्रदान करता है। वर्तमान में, केवल दस्तावेजों के सत्यापन और पात्रता और नव नियुक्त नोटरियों को डिजिटली हस्ताक्षरित व्यवसाय प्रमाणपत्र जारी करने से संबंधित मॉड्यूल लाइव है। नोटरी पोर्टल लॉन्च होने से पहले, नोटरी को व्यवसाय प्रमाणपत्र भौतिक रूप से जारी किया जाता था। नोटरी पोर्टल के माध्यम से 30.11.2025 तक, विभिन्न राज्यों और संघ राज्य क्षेत्रों के लिए नवनियुक्त नोटरियों को 35,000 से अधिक डिजिटल हस्ताक्षरित व्यवसाय प्रमाण पत्र जारी किए गए हैं ।

REOPENING OF INDIAN EMBASSY IN KABUL**973. ADV. GOWAAL KAGADA PADAVI:****DR. PRASHANT YADAORAO PADOLE:**

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

- (a) whether India reopened its embassy in Kabul on 21 October 2025, restoring a full diplomatic mission after four years;
- (b) the manner in which this stand fits into India's broader Afghan policy, including development and humanitarian cooperation and efforts to ensure that Afghan territory is not used by non-State actors against India;
- (c) the number of India-funded development projects planned or operational in Afghanistan following this diplomatic upgrade and whether Indian Ministry or agency is responsible for each of them;
- (d) the manner in which the Ministry proposes to measure outcomes of this engagement;
- (e) whether a public dashboard State-wise/region-wise will be available; and
- (f) the timeline by which the MEA expects a full diplomatic, consular and project-implementation presence in Afghanistan and the first review report will be published?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

- (a) to (f): India's approach to Afghanistan, its contiguous neighbour with deep historical and cultural ties, has always been guided by our long-standing

friendship and special relationship with the Afghan people.

India follows a pragmatic engagement with Afghan authorities, which has enabled us to protect our interests and to facilitate humanitarian assistance and address the developmental needs of the Afghan people. In line with this approach, the Government has restored the status of the Technical Mission of India in Kabul to that of the Embassy of India in Afghanistan with effect from 21 October 2025.

India's development partnership with Afghanistan comprises more than 500 projects across various provinces in key sectors such as power, water supply, connectivity, healthcare, education, agriculture and capacity building. Our Embassy in Kabul continues to monitor the status of developmental projects in Afghanistan.

IMPACT OF GST RATES ON CHEMICAL INDUSTRIES

974. SHRI KONDA VISHWESHWAR REDDY:

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

- (a) whether the Government has undertaken any assessment regarding the impact of GST rate rationalisation on the production, pricing, and availability of fertilizers, pharmaceutical products and industrial chemicals in the country, if so, the details of such assessment, sector-wise;
- (b) whether GST changes have increased/reduced the cost of raw materials and inputs used in fertilizers and pharmaceutical manufacturing, if so, the details thereof;

(c) whether any representations have been received from industry stakeholders, fertilizer manufacturers, pharmaceutical associations and from State Governments regarding adverse impact of GST rationalisation;

(d) if so, the details thereof and the action taken by the Government to address such concerns, State-wise including Telangana; and

(e) whether the Government proposes to review GST rates on key inputs used in fertilizers and medicines to ensure price stability and uninterrupted supply to farmers and patients?

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, in consultation with the GST Council, undertake periodic assessments on the impact of GST rate rationalisation on key sectors including fertilizers, pharmaceutical products and industrial chemicals. Accordingly, the Government has rationalized Goods and Services Tax (GST) rates applicable on fertilizers and agricultural inputs with effect from 22.09.2025.

The details of changes made are as under:

i. Fertilizer sector:

- a. GST on fertilizer raw materials/inputs such as Sulphuric Acid, Nitric Acid and Ammonia has been reduced from 18% to 5%.
- b. GST on Micronutrients has been reduced from 12% to 5%.

ii. Pharmaceutical products:

- a. GST rates on most medicines has been reduced to 5%.

iii. Industrial Chemicals:

- a. GST rate on natural menthol and goods derived from natural menthol (such as menthol crystals, peppermint / menthe oil, fractionated or de-terpenated menthe oil (DTMO), de-mentholised oil (DMO), spearmint oil and Mentha piperita oil) has been reduced from 12% to 5%
- b. GST rate on synthetic menthol has been increased from 12% to 18%.
- c. GST rate on crude glycerine has been reduced from 18% to 5%.

Lowering GST rates from 18% to 5% on critical raw materials / inputs reduces the working-capital requirement, lowers the accumulation of Input Tax Credit (ITC) and improves cash flows, which will encourage more domestic production and support smooth availability of fertilizers to the farmers. The reduction in GST on micronutrient fertilizers from 12% to 5% also provides measurable financial relief to farmers by lowering their per-acre cultivation costs, improves affordability, particularly for small and marginal farmers who are often sensitive to input price fluctuations. Lower input costs make it financially viable for farmers to adopt recommended micronutrient doses. As per Indian Micro-Fertilizers Manufacturers Association, due to reduction of GST from 12% to 5%, savings would be of Rs. 140 per acre in Paddy, Rs. 199 per acre in Sugarcane, Rs. 446 per acre in Potato and Rs. 146 per acre in Wheat to farmers.

GST rates on most medicines has been reduced to 5%. Accordingly, National Pharmaceutical Pricing Authority (NPPA) issued OM's dated 12.09.2025 and 13.09.2025, directing pharmaceutical companies to reduce maximum retail price

(MRP) on account of reduction in GST rates to pass on the benefit of reduced taxes to consumers.

The Government has reduced the GST rate from 12% to 5% on natural menthol and goods derived from natural menthol (such as menthol crystals, peppermint / menthe oil, fractionated or de-terpenated menthe oil (DTMO), de-mentholised oil (DMO), spearmint oil and Mentha piperita oil) to support domestic manufacturers of these products. Additionally, the GST rate on synthetic menthol has been increased from 12% to 18%. Further, to support domestic manufacturers, the GST rate on crude glycerine has been reduced from 18% to 5%.

(c) and (d): No representation regarding adverse impact of GST rationalisation has been received from fertilizer industry, pharmaceutical industry or chemical industry.

(e): GST rates are determined on the recommendation of the GST Council. The Government continuously reviews the rate structure and any proposal for modification is examined based on industry feedback, States' recommendations and the need to ensure price stability and uninterrupted supply to farmers and patients.

POLITICAL SITUATION IN BANGLADESH

975. DR. MOHAMMAD JAWED:

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

(a) the details of prevailing political and security situation in Bangladesh;

(b) the Government's assessment of the situation evolving in Bangladesh, particularly in view of the growing interest and involvement of certain foreign powers in the region;

(c) whether the Government perceives any potential security or strategic threat to India arising from the present situation in Bangladesh; and

(d) if so, the steps being taken by the Government to safeguard India's national interests and to effectively address security challenges posed by any adverse developments along both its eastern and western borders?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (d): The political and security situation in Bangladesh remains dynamic and evolving. India and Bangladesh share multifaceted, and deep-rooted bilateral ties, underpinned by decades of close engagement, which provides the foundation for continuing bilateral interactions. The Government of India closely monitors all developments in Bangladesh that may have a bearing on India's interests and on broader regional peace and security, and continues to take all necessary measures to safeguard India's national interests.

The Government also maintains a constant vigil along the border and continues to undertake appropriate measures towards ensuring India's safety and security.

औषधीय पौधों की खेती

976. डॉ. आनन्द कुमार गोंड:

क्या **आयुष** मंत्री यह बताने की कृपा करेंगे कि:

(क) सरकार द्वारा देश में औषधीय पौधों की खेती को बढ़ावा देने के लिए कौन से कदम उठाए जा रहे हैं;

(ख) क्या औषधीय पौधों की खेती में लगे किसानों को वित्तीय सहायता या उपज की विक्री के लिए सहायता प्रदान की जा रही है और यदि हाँ, तो उत्तर प्रदेश सहित देश भर में इससे लाभान्वित होने वाले किसानों की संख्या कितनी है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) देश में औषधीय पौधों/जड़ी-बूटियों/दुर्लभ पौधों की खेती को बढ़ावा देने के लिए बनाई गई/बनाई जाने वाली योजनाओं का ब्यौरा क्या है;

(घ) क्या सरकार ने औषधीय पौधों और जड़ी-बूटियों की दुर्लभ प्रजातियों की पहचान करने के लिए कोई सर्वेक्षण कराया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और उसके निष्कर्ष क्या हैं; और

(ङ) क्या सरकार ने विगत पाँच वर्षों के दौरान औषधीय पौधों के गुणों और प्रभावों पर कोई शोध कराया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और उसके निष्कर्ष क्या हैं?

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

(क): वर्तमान में, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी), आयुष मंत्रालय, भारत सरकार औषधीय पादपों की खेती को बढ़ावा देने के लिए पूरे देश में “औषधीय पादपों के संरक्षण, विकास और सतत प्रबंधन” पर केंद्रीय क्षेत्र की योजना कार्यान्वित कर रहा है जिसमें निम्नलिखित गतिविधियों के लिए सहायता प्रदान की जाती है:

(i) सूचना शिक्षा एवं संचार (आईईसी) गतिविधियाँ जैसे प्रशिक्षण/कार्यशालाएँ/सेमिनार/सम्मेलन आदि।

(ii) औषधीय पादपों की आपूर्ति श्रृंखला में अग्रवर्ती और पश्चवर्ती कड़ी (एकीकृत घटक) जिसके अंतर्गत निम्नलिखित गतिविधियों को सहयोग प्रदान किया जाता है:

- औषधीय पादपों की खेती के लिए गुणवत्तापूर्ण रोपण सामग्री तैयार हेतु अवसंरचना।
- किसानों को जागरूक करने हेतु सूचना शिक्षा संचार (आईईसी) गतिविधियाँ।
- औषधीय पादपों की विपणन क्षमता बढ़ाने, उपज का मूल्यवर्धन करने, लाभप्रदता बढ़ाने और क्षति कम करने हेतु फसलोपरांत प्रबंधन और विपणन हेतु अवसंरचना।
- कच्चे माल का गुणवत्ता परीक्षण और प्रमाणन।

(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।

एनएमपीबी आयुष मंत्रालय, भारत सरकार ने वित्त वर्ष 2020-21 से 2024-25 के दौरान देश भर में औषधीय पादपों की खेती को बढ़ावा देने हेतु प्रशिक्षण कार्यक्रम/सेमिनार/कार्यशालाएं आयोजित करने के लिए 1161.96 लाख रुपये की 139 परियोजनाओं को स्वीकृति प्रदान की है। इसके अलावा, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी) आयुष मंत्रालय, देश के विभिन्न क्षेत्रों में स्थित अपने क्षेत्रीय-सह-सुविधा केंद्र (आरसीएफसी) के माध्यम से देश में औषधीय पादपों की खेती को बढ़ावा देने के लिए किसानों/उत्पादकों को औषधीय पादपों की गुणवत्तापूर्ण रोपण सामग्री (क्यूपीएम) प्रदान करता है। इसके अतिरिक्त, इन आरसीएफसी के माध्यम से समय-समय पर उत्तम कृषि पद्धतियों (जीएपीएस) और उत्तम क्षेत्र संग्रह पद्धतियों (जीएफसीपी) पर प्रशिक्षण और कार्यशालाएं भी आयोजित की जाती हैं।

(ख): औषधीय पादपों की खेती में लगे किसानों को कोई वित्तीय सहायता या उपज की बिक्री के लिए कोई सहायता प्रदान नहीं की जा रही है। तथापि, औषधीय पादपों के व्यापार के लिए एक मंच प्रदान करने और आसान बाजार पहुंच प्रदान करने के लिए, आयुष मंत्रालय के राष्ट्रीय औषधीय पादप बोर्ड

(एनएमपीबी) ने औषधीय पादपों/जड़ी-बूटियों के प्रचार और विपणन के लिए "ई-चरक" मोबाइल एप्लिकेशन के साथ-साथ वेब पोर्टल शुरू किया किया है। "ई-चरक" देश भर में औषधीय पादपों के क्षेत्र में शामिल विभिन्न हितधारकों मुख्य रूप से किसानों के बीच सूचना आदान-प्रदान को सक्षम करने का मंच है। "ई-चरक" एप्लिकेशन विभिन्न स्थानीय भाषाओं में उपलब्ध है और भारत के 25 हर्बल बाजारों से 100 औषधीय पौधों का पाक्षिक बाजार मूल्य भी प्रदान करता है।

(ग): पूरे देश में औषधीय पौधों सहित बागवानी क्षेत्र के समग्र विकास के लिए एक केंद्र प्रायोजित योजना- कृषि एवं किसान कल्याण मंत्रालय के अंतर्गत एकीकृत बागवानी विकास मिशन (एमआईडीएच) कार्यान्वित की जा रही है।

एमआईडीएच योजना के तहत, अल्पावधि औषधीय पादपों अर्थात गैर-बारहमासी प्रकृति और गैर-वृक्ष प्रजातियों के क्षेत्र विस्तार के लिए सहायता प्रदान करने का प्रावधान किया गया है। सहायता की प्रक्रिया सहित लागत मानदंडों का विवरण निम्नलिखित है:

क्र. सं.	घटक का नाम	लागत मानदंड	सहायता की प्रक्रिया
1	औषधीय पादप (मुलेठी, शतावरी, कलिहारी, श्वेत मूसली, गुग्गल, मंजिष्ठा, कुटकी, अतीस, जटामांसी, अश्वगंधा, ब्राह्मी, तुलसी, विदारीकंद, पिप्पली, चिरायता, पुष्करमूल आदि)	1,50,000 रुपये/ हेक्टेयर	60:40 अनुपात की 2 किस्तों में एकीकृत पोषक तत्व प्रबंधन एकीकृत कीट प्रबंधन आईएनएम/आईपीएम आदि के लिए रोपण सामग्री पर व्यय और सामग्री की लागत को पूरा करने के लिए सामान्य क्षेत्रों में 2 हेक्टेयर तक के क्षेत्र के लिए आनुपातिक आधार पर 40% की दर से सहायता। पूर्वोत्तर एवं हिमालयी राज्यों, टीएसपी (जनजातीय उपयोजना) सहित अनुसूचित क्षेत्रों, वाइब्रेंट विलेज, अंडमान एवं निकोबार तथा लक्षद्वीप द्वीपसमूह के मामले में, 2 हेक्टेयर तक के क्षेत्र के लिए आनुपातिक आधार पर 50% की दर से सहायता दी जाएगी।

(घ): जी हां, भारत सरकार ने देश भर में औषधीय पादपों और जड़ी-बूटियों की दुर्लभ, लुप्तप्राय और संकटग्रस्त प्रजातियों की पहचान करने के लिए व्यापक सर्वेक्षण और अध्ययन किए हैं। ये गतिविधियां मुख्य रूप से पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय के अंतर्गत भारतीय वनस्पति सर्वेक्षण (बीएसआई) द्वारा की जाती हैं।

यह सूचित किया गया है कि:-

- भारत में औषधीय पादपों की अनुमानित 8,000 से अधिक प्रजातियां पाई जाती हैं।
- विभिन्न सरकारी एजेंसियों द्वारा सर्वेक्षण में 5,250 से अधिक पादपों प्रजातियों की पहचान की गई है और विभिन्न बीमारियों के लिए 9,567 से अधिक पारंपरिक चिकित्सा दावों को प्रलेखित किया गया है।

देश के विभिन्न पादप-भौगोलिक क्षेत्रों में वन्य पादप संसाधनों के सर्वेक्षण और अन्वेषण के द्वारा, बीएसआई के वैज्ञानिकों ने औषधीय और सगंधीय पादपों की प्रजातियों की भी पहचान की है और ओडिशा, गुजरात, बिहार, थारु और उत्तराखंड की भोकसा जनजाति, पश्चिम बंगाल की लोध जनजातियों के जनजातीय क्षेत्रों में पारंपरिक/औषधीय ज्ञान पर लगभग 2034 एथनोबॉटनिकल सूचना को प्रलेखित किया है।

(ड): जी हाँ, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी), आयुष मंत्रालय, 'औषधीय पादपों के संरक्षण, विकास और सतत प्रबंधन' पर अपनी केंद्रीय क्षेत्र योजना के अंतर्गत, देश भर में सरकारी के साथ-साथ निजी विश्वविद्यालयों/अनुसंधान संस्थानों/संगठनों को औषधीय पादपों के विभिन्न पहलुओं पर अनुसंधान गतिविधियों के लिए परियोजना आधारित वित्तीय सहायता प्रदान करता है। पिछले पांच वर्षों के दौरान, औषधीय पादपों के गुणों और प्रभावों पर एनएमपीबी द्वारा समर्थित विशिष्ट परियोजनाओं का ब्यौरा संलग्न **विवरण** में दिया गया है।

इसके अतिरिक्त, आईएसीआर-डीएमपीआर, आनंद मुख्यालय में स्थित औषधीय और सगंधीय पादपों और पान पर अखिल भारतीय समन्वित अनुसंधान परियोजना (आईसीआरपी-एमपीबी) के साथ-साथ भारतीय कृषि अनुसंधान परिषद-औषधीय और सगंधीय पादप अनुसंधान

निदेशालय (आईसीएआर-डीएमएपीआर), आनंद, गुजरात औषधीय पादपों के सभी पहलुओं में अनुसंधान और विकास, कृषि तकनीकों के विकास, फसलोपरांत प्रबंधन और भंडारण एवं प्रसंस्करण में सक्रिय रूप से कार्य कर रहे हैं। देश भर में एआईसीआरपी-एमएपीबी के 28 केंद्र (6 स्वैच्छिक केंद्रों सहित) स्थित हैं।

विवरण

विगत पांच वर्षों के दौरान अनुसंधान और विकास गतिविधियों के लिए देश भर के विभिन्न संगठनों को औषधीय पादपों के संरक्षण, विकास और सतत प्रबंधन के लिए केंद्रीय क्षेत्र योजना के तहत समर्थित परियोजनाओं का विवरण।

क्र. सं.	वर्ष	परियोजना शीर्षक और संगठन विवरण	स्वीकृत राशि (लाख रु. में)
1	2020-21	परियोजना शीर्षक - बायोएक्टिविटी गाइडेड फ्रैक्शनल एंड आइसोलेशन ऑफ बायोएक्टिव कंपाउंड्स फ्रॉम सेलेक्टेड मेडिसिनल प्लांट्स विथ एंटीकैंसर पोटेन्सियल अगेन्स्ट ट्रिपल नेगेटिव ब्रेस्ट कैंसर । संगठन- कॉलेज ऑफ वेटरनरी एंड एनिमल साइंस, मन्नुथी पिन 680651।	21.382
2	2021-22	परियोजना शीर्षक- इन विवो और इन विट्रो स्टडी ऑन सिनर्जिस्टिक इफैक्ट ऑफ मेडिसिनल प्लांट्स इन ब्रेस्ट कैंसर ऑफ माइसा। संगठन- केंद्रीय विश्वविद्यालय हिमाचल प्रदेश, शाहपुर कैंपस, कांगड़ा, हिमाचल प्रदेश पिन: 176206	40.10229
3	2021-22	परियोजना शीर्षक- आइसोलेशन एंड इवैल्यूएशन ऑफ बायोएक्टिव कॉम्पोनेंट्स ऑफ यंग रूट्स एंड लीफ एक्स्ट्रैक्ट ऑफ बिल्व फॉर आईएल-2 इम्यूनोथेरेपी : इन	38.277419

		विट्रो और इन विवो स्टडी । संगठन- स्कूल ऑफ लाइफ साइंसेज, गाचीबोवली, हैदराबाद, तेलंगाना-500046	
4	2022-23	परियोजना शीर्षक- आइसोलेशन, कैरक्टराइजेशन ऑफ हर्बल प्लांट कॉन्स्टीचुएंट्स एंड देयर इफैक्ट ऑन क्यूरिंग ऑस्टियोपोरोसिस युजिंग ऑस्टियोब्लास्टिक सेल लाइंस संगठन 1 - शारदा विश्वविद्यालय पता: प्लॉट नंबर 32, 34, नॉलेज पार्क III, ग्रेटर नोएडा, उत्तर प्रदेश पिन: 201310 संगठन 2- एनआईसीपीआर आईसीएमआर स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार, I-7, सेक्टर -39, नोएडा, उत्तर प्रदेश पिन: 201301	20.0133
5	2022-23	परियोजना शीर्षक- डिसाइफरिंग द रेस्पोंस ऑफ फिक्स फ्रूट पॉलीसैकराइड्स ऑन मेजर हिस्टोकंपैटिबिलिटी कॉम्प्लेक्स (एमएचसी) इन इन्फ्लेमेटरी बाउल डिजीज (आईबीडी)। संगठन- भरथियार यूनिवर्सिटी, कोयंबटूर, तमिलनाडु।	38.05252
6	2022-23	परियोजना शीर्षक- बायोएसे गाइडेड फ्रैक्शनेशन ऑफ अकेशिया कटेचु एंड रोडियोला इम्ब्रिकेटा फॉर द इन्हिबिशन ऑफ पीईपीसीके जीन एक्सप्रेशन एंड ग्लूकोनेओगेनएसिस इन एच4आईआई हेपेटोमा सेल लाइन्स। संगठन- राष्ट्रीय फॉरेंसिक विज्ञान विश्वविद्यालय (राष्ट्रीय महत्व का संस्थान, गृह मंत्रालय) सेक्टर 3, रोहिणी नई दिल्ली-110085	22.2

7	2023-24	परियोजना शीर्षक- साइटोटॉक्सिक इवैल्यूएशन ऑफ द नॉन-पोलर कंपाउंड ऑफ वेलेरियाना वॉलिची अगेन्स्ट एमडीआर एसिनेटोबैक्टर बाउमानी । संगठन- एमिटी यूनिवर्सिटी, सेक्टर - 125, नोएडा, गौतम बुद्ध नगर, यूपी - 201301	18.338

मधुमेह के मामले

977. श्री अरुण कुमार सागर:

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

(क) क्या सरकार को इस बात की जानकारी है कि मधुमेह देश में एक बड़ी बीमारी बन गई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार ने देश में मधुमेह से पीड़ित लोगों की कुल संख्या जानने के लिए कोई सर्वेक्षण कराया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ग) सरकार द्वारा मधुमेह रोगियों को वहनीय परीक्षण किट उपलब्ध कराने और इस संबंध में जागरूकता बढ़ाने के लिए क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है?

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

(क) और (ख): भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर) की "इंडिया: हेल्थ ऑफ द नेशन्स स्टेट्स - 2017" शीर्षक वाली रिपोर्ट के अनुसार, मधुमेह सहित गैर-संचारी रोगों (एनसीडी) का योगदान समग्र मृत्यु-दर और रोग-भार में 1990 और 2016 के बीच काफी बढ़ गया है।

31 राज्यों/संघ राज्य क्षेत्रों में आईसीएमआर-इंडिया डायबिटीज (आईसीएमआर-इंडिया बी) द्वारा 20 वर्ष और उससे अधिक आयु के वयस्कों के बीच कराए गए अध्ययन अवधि 2008 से 2021 तक के आंकड़ों के अनुसार मधुमेह का समग्र भारित प्रसार 11.4% था।

(ग): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) एनपी-एनसीडी के तहत राज्यों और संघ राज्य क्षेत्रों को

तकनीकी और वित्तीय सहयोग प्रदान करता है। मधुमेह एनपी-एनसीडी का एक अभिन्न अंग है। इस कार्यक्रम के तहत, 770 जिला एनसीडी क्लीनिक और 6410 सामुदायिक स्वास्थ्य केंद्र एनसीडी क्लीनिक स्थापित किए गए हैं। इसके अलावा, व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक भाग के रूप में एनएचएम के तहत देश में मधुमेह सहित सामान्य एनसीडी की रोकथाम, नियंत्रण और जांच के लिए जनसंख्या-आधारित पहल शुरू की गई है। इस पहल के तहत, 30 वर्ष से अधिक आयु के व्यक्तियों को जांच के लिए आयुष्मान आरोग्य मंदिरों के माध्यम से लक्षित किया जाता है।

भारत सरकार ने राष्ट्रीय गैर-संचारी रोगों की रोकथाम और नियंत्रण कार्यक्रम के माध्यम से मधुमेह के बारे में जागरूकता बढ़ाने और विशेष रूप से निम्न-आय और अल्पसेवित समूहों के बीच शीघ्र परिचर्या को बढ़ावा देने के लिए एक बहुआयामी रणनीति अपनाई है। प्रमुख पहलों में निम्न शामिल हैं:

- i. स्वस्थ जीवनशैली, शीघ्र निदान और मधुमेह की रोकथाम को प्रोत्साहित करने के लिए सूचना, शिक्षा और संचार (आईईसी) और व्यवहार परिवर्तन संवाद (बीसीसी) अभियानों के तहत जागरूकता सृजन संबंधी गतिविधियां चलाई जाती हैं।
- ii. एनएचएम के तहत राज्यों और संघ राज्य क्षेत्रों को उनके कार्यक्रम कार्यान्वयन योजनाओं के अनुसार जागरूकता सृजन गतिविधियाँ आयोजित करने के लिए वित्तीय सहायता प्रदान की जाती है।
- iii. राष्ट्रीय और अंतर्राष्ट्रीय दिवसों जैसे विश्व मधुमेह दिवस पर प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया के माध्यम से मुख्य संदेशों का प्रसार किया जाता है।
- iv. भारतीय खाद्य सुरक्षा और मानक प्राधिकरण 'ईट राइट इंडिया' और 'आज से थोड़ा कम' जैसी पहलों के माध्यम से स्वस्थ भोजन को बढ़ावा देता है।
- v. युवा कार्य मामले और खेल मंत्रालय 'फिट इंडिया मूवमेंट' और 'खेलो इंडिया' जैसे अभियानों के माध्यम से लोगों में शारीरिक गतिविधि और फिटनेस को बढ़ावा देता है।
- vi. आयुष मंत्रालय सामुदायिक स्तर पर विभिन्न योग आधारित क्रियाकलापों के माध्यम से

आरोग्य और निवारक स्वास्थ्य को बढ़ावा देता है।

एनएचएम की निःशुल्क निदान और निःशुल्क औषधि सेवा पहल के अंतर्गत, गैर-संचारी रोगों (एनसीडी) के लिए निःशुल्क परीक्षण किट और आवश्यक दवाएं प्रदान की जाती हैं। 'प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी)' के अंतर्गत, एनसीडी के लिए गुणवत्तापूर्ण जेनेरिक दवाएं सभी को किफायती दर पर उपलब्ध कराई जाती हैं। उपचार के लिए सस्ती दवाएं और विश्वसनीय प्रत्यारोपण (अमृत) गैर-संचारी रोगों सहित विभिन्न बीमारियों के इलाज के लिए सस्ती दवाएं प्रदान करता है।

उर्वरक क्षेत्र में आत्मनिर्भरता

978. डॉ. संबित पात्रा:

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

- (क) क्या विगत तीन वर्षों के दौरान देश में यूरिया, डीएपी और एनपीकेएस उर्वरकों की मांग में लगातार वृद्धि हुई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने विगत तीन वर्षों के दौरान इनकी उपलब्धता सुनिश्चित करने के लिए यूरिया, डीएपी और एनपीकेएस उर्वरकों का आयात भी किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) क्या सरकार ने उर्वरक क्षेत्र में आत्मनिर्भरता के लक्ष्य को प्राप्त करने के लिए कोई दीर्घकालिक योजना बनाई 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): प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि और किसान कल्याण विभाग (डीए एंड एफडब्ल्यू) उर्वरकों जैसे यूरिया, डीएपी और एनपीकेएस की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। आवश्यकता का आकलन अनुमानित सकल फसली क्षेत्र, सिंचित क्षेत्र, पिछले

तीन मौसमों के खपत पैटर्न और मृदा स्वास्थ्य उर्वरता स्थिति आदि के अनुसार उर्वरकों की फसलवार अनुशंसित खुराक को ध्यान में रखते हुए किया जाता है। कृषि एवं किसान कल्याण विभाग द्वारा किए गए आकलन के अनुसार राज्यों में उर्वरकों की इस आवश्यकता को पूरा करने के लिए, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरक पर्याप्त मात्रा में आवंटित करता है।

पिछले 3 वर्षों यानी 2022-23, 2023-24 और 2024-25 में राज्यों में इन उर्वरकों की आवश्यकता/मांग के बारे में जानकारी इस प्रकार है:

ऑकड़े एलएमटी में			
उत्पाद	2022-23	2023-24	2024-25
यूरिया	359.00	356.00	364.01
डीएपी	114.00	110.00	111.92
एनपीकेएस	121.00	126.00	151.29

(ख): पिछले 3 वर्षों के लिए यूरिया, डीएपी और एनपीके के आयात के बारे में जानकारी इस प्रकार है:

ऑकड़े एलएमटी में			
वर्ष	यूरिया	डीएपी	एनपीके
		कंपनियों द्वारा दी गई सूचना के अनुसार	
2022-23	75.80	65.83	27.52
2023-24	70.42	55.67	22.17
2024-25	56.47	45.69	22.72

(ग): यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 की घोषणा की और 7 अक्टूबर, 2014 को इसमें संशोधन किया। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र के उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2

यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की रामागुण्डम यूरिया इकाई तथा हिंदुस्तान उर्वरक एंड रसायन लिमिटेड (एचयूआरएल) की 3 यूरिया इकाइयां नामतः गोरखपुर, सिंदरी और बरौनी क्रमशः उत्तर प्रदेश, झारखंड और बिहार में जेवीसी के माध्यम से स्थापित इकाइयां हैं। पश्चिम बंगाल में मैटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (मैटिक्स) की पानागढ़ यूरिया इकाई; और राजस्थान में चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल) की गड़ेपान-III। यूरिया इकाई निजी कंपनियों द्वारा स्थापित इकाइयां हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता 12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा दक्ष हैं क्योंकि ये अद्यतन प्रौद्योगिकी पर आधारित हैं। अतः, इन इकाइयों ने मिलकर यूरिया उत्पादन क्षमता में 76.2 एलएमटीपीए की वृद्धि की है जिससे वर्ष 2014-15 के दौरान हुई 207.54 एलएमटीपीए की कुल स्वदेशी यूरिया उत्पादन क्षमता (पुनर्आकलित क्षमता, आरएसी) वर्ष 2023-24 के दौरान बढ़कर 283.74 एलएमटीपीए हो गई है। इसके अलावा, कोयला गैसीकरण रूट पर 12.7 एलएमटीपीए का एक नया ग्रीनफील्ड यूरिया संयंत्र स्थापित करके नामित सार्वजनिक क्षेत्र के उपक्रमों की जेवीसी नामतः तालचेर फर्टिलाइजर्स लिमिटेड (टीएफएल) के माध्यम से एफसीआईएल की तालचेर इकाई को पुनर्जीवित करने के लिए एक विशेष नीति भी अनुमोदित की गई है। हाल ही में, केंद्रीय मंत्रिमंडल ने ब्रह्मपुत्र वैली फ़र्टिलाइजर कारपोरेशन लिमिटेड (बीवीएफसीएल), नामरूप, असम के मौजूदा परिसर के भीतर 12.7 लाख मीट्रिक टन (एलएमटी) वार्षिक यूरिया उत्पादन क्षमता के एक नए ब्राउनफील्ड अमोनिया-यूरिया कॉम्प्लेक्स की स्थापना के प्रस्ताव को मंजूरी दी है।

इसके अलावा, सरकार ने फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के लिए दिनांक 01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) नीति भी लागू की है। एनबीएस नीति के अंतर्गत, पीएंडके उर्वरकों को मुक्त सामान्य लाइसेंस (ओजीएल) के तहत कवर किया जाता है और कंपनियां अपने व्यावसायिक उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं।

घरेलू उर्वरक उत्पादन को बढ़ावा देने और देश को आत्मनिर्भर बनाने के लिए सरकार द्वारा निम्नलिखित उपाय किए गए हैं:

- (i) अनुरोधों के आधार पर, नई उत्पादन इकाइयों अथवा मौजूदा इकाइयों की उत्पादन क्षमता में वृद्धि को एनबीएस सब्सिडी योजना के अंतर्गत मान्यता दी गई है/रिकॉर्ड पर लिया गया है।
- (ii) एनबीएस नीति के तहत कवर किए गए पीएंडके उर्वरकों की संख्या 2021 में 22 ग्रेड से बढ़कर 28 ग्रेड हो गई है।
- (iii) मिट्टी को फॉस्फेट या 'पी' पोषक तत्व प्रदान करने के लिए एसएसपी जो एक स्वदेशी रूप से निर्मित उर्वरक है, के उपयोग को बढ़ावा देने के लिए खरीफ, 2022 से एसएसपी पर मालभाड़ा सब्सिडी को मंजूरी दी गई है।

डीएपी की कालाबाजारी के खिलाफ शिकायतें

979. श्री बाबू सिंह कुशवाहा:

श्री उम्मेदा राम बेनीवाल:

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

- (क) क्या सरकार ने इस बात पर ध्यान दिया है कि हाल के महीनों में कालाबाजारी, उर्वरकों की आपूर्ति में अनियमितता और डीएपी तथा यूरिया की कृत्रिम कमी से संबंधित शिकायतों की संख्या में वृद्धि हुई है, जिससे देश में किसानों के लिए गंभीर समस्याएं पैदा हो रही हैं और यदि हां, तो विशेषकर राजस्थान राज्य में तत्संबंधी राज्य-वार और माह-वार ब्यौरा क्या है;
- (ख) विगत एक महीने के दौरान जिन राज्यों से शिकायतें प्राप्त हुई हैं, वहां दोषी अधिकारियों, डीलरों या विक्रेताओं के विरुद्ध राज्य-वार और माह-वार कौन सी प्रशासनिक या दंडात्मक कार्रवाई की गई है;
- (ग) क्या केंद्र सरकार उर्वरकों की कालाबाजारी और जमाखोरी को रोकने के लिए विशेष अभियान, निगरानी तंत्र लागू कर रही है और संयुक्त कार्य योजना बनाई है;

(घ) सरकार द्वारा आगामी रबी और खरीफ मौसम के दौरान किसानों को उर्वरकों की उचित मूल्य पर और समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए कौन से कदम उठाए जा रहे हैं; और

(ड.) क्या उर्वरक वितरण प्रणाली को डिजिटल ट्रैकिंग या पोर्टल-आधारित निगरानी से जोड़ा जा रहा 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 (ग): चल रहे रबी मौसम 2025-26 के दौरान **राजस्थान राज्य सहित राज्यों** में उर्वरकों की उपलब्धता पर्याप्त बनी रही है। इसके अलावा, आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत उर्वरकों को आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, राज्य सरकारों को कालाबाजारी में शामिल लोगों के खिलाफ कार्रवाई करने की शक्तियां दी गई हैं। उर्वरकों की कालाबाजारी के बारे में उर्वरक विभाग के स्तर पर मिली कोई भी शिकायत संबंधित राज्य सरकार को आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए भेजी जाती है। तदनुसार, राज्यों से प्राप्त सूचनानुसार, दिनांक 01.04.2025 से दिनांक 28.11.2025 तक की अवधि हेतु कालाबाजारी और ऐसे अन्य कदाचारों के खिलाफ उनके द्वारा किए गए प्रवर्तन उपाय संलग्न **विवरण** में दिए गए हैं।

(घ) और (ड.): राजस्थान राज्य सहित देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाए किए जाते हैं:

(i) प्रत्येक फसल मौसम का प्रारंभ होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।

(ii) कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू) द्वारा अनुमानित आवश्यकता के

आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।

(iii) देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी 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 आपूर्ति को सुव्यवस्थित करने के लिए विनिर्माताओं और आयातकों के साथ समन्वय स्थापित करें।

(v) कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि अधिकारियों के साथ नियमित साप्ताहिक वीडियो कान्फ्रेंस की जाती है और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरकों के प्रेषण हेतु सुधारात्मक कार्रवाई की जाती है।

(vi) जिला स्तर पर राज्य के भीतर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

इसके अलावा, यूरिया सब्सिडी स्कीम के अंतर्गत, किसानों को सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर यूरिया उपलब्ध कराया जाता है। यूरिया की 45 किग्रा. बोरी का एमआरपी 242 रुपए (नीम लेपन प्रभारों और यथालागू करों को छोड़कर) है। फार्म गेट पर यूरिया की सुपुर्दगी लागत और यूरिया इकाइयों द्वारा निवल बाजार वसूली के बीच का अंतर भारत सरकार द्वारा यूरिया विनिर्माताओं/आयातकों को सब्सिडी के रूप में दिया जाता है। तदनुसार, सभी किसानों को उर्वरकों की आपूर्ति सब्सिडी प्राप्त दरों पर की जा रही है।

सरकार ने फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के लिए दिनांक 01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) नीति लागू की है। इस नीति के तहत, अधिसूचित पीएंडके उर्वरकों पर वार्षिक/अर्धवार्षिक आधार पर एक निश्चित राशि की सब्सिडी प्रदान की जाती है, जो यथोचित स्तर पर बाजार के उतार-चढ़ाव के अनुसार उर्वरक कंपनियों द्वारा तय की जाती है, जिसकी सरकार द्वारा निगरानी की जाती है। एनबीएस नीति देश भर में समान रूप से लागू है।

हालांकि डीएपी को ₹1350 प्रति 50 किलोग्राम बोरी के वहनीय मूल्य पर उपलब्ध कराने के लिए, रबी 2025-26 मौसम के लिए एनबीएस सब्सिडी के अलावा विशेष प्रावधान जैसे 'अन्य लागतों', जिनमें कारखाने के गेट से फार्म गेट तक की लागत, अंतरराष्ट्रीय कीमतों में वृद्धि/कमी के कारण हुए लाभ/नुकसान शामिल हैं, को पूरा करने के लिए 3500 रुपये प्रति मीट्रिक टन का प्रावधान, एमआरपी में शामिल जीएसटी घटक के लिए प्रावधान और निवल एमआरपी (एमआरपी-जीएसटी) के 4% की दर से उचित रिटर्न का प्रावधान आयातित और घरेलू डीएपी दोनों और आयातित टीएसपी हेतु प्रदान किया गया है ताकि उर्वरकों की कीमतें स्थिर रहें।

विवरण

अप्रैल 25 से नवम्बर 25 (28.11.2025 तक) तक का संचयी ब्यौरा

अप्रैल 2025 से नवंबर 2025 तक (दिनांक 28.11.2025 तक) खरीफ मौसम के दौरान कालाबाजारी, जमाखोरी, विपथन को रोकने तथा गुणवत्ता जांच के लिए राज्य सरकार द्वारा की गई कार्रवाई																	
		कालाबाजारी			जमाखोरी			घटिया गुणवत्ता			विपथन			विवरण के साथ दोषसिद्ध	कुल		
राज्य	निरीक्षण/छापों की संख्या	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआई आर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआई आर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआई आर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआई आर		जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआई आर
आंध्र प्रदेश	11181	5	3	9	10	6	3	83	0	0	7	2	3	शून्य	105	11	15
अरुणाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
असम	3820	12	4	1	59	0	0	36	0	0	27	0	0	शून्य	134	4	1
बिहार	15499	1035	607	77	7	0	0	0	0	0	0	0	0	शून्य	1042	607	77
छत्तीसगढ़	6172	294	13	4	29	1	0	136	5	0	24	0	0	शून्य	483	19	4
दादर और नगर	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
दिल्ली	255	0	0	1	0	0	0	3	0	0	0	3	0	शून्य	3	3	1
गोवा	614	544	180	6	10	0	0	32	1	0	16	0	0	शून्य	602	181	6
गुजरात	12210	33	3	1	0	0	0	83	2	0	7	3	11	शून्य	123	8	12
हरियाणा	4693	49	5	7	18	18	4	48	10	5	13	5	6	शून्य	128	38	22
हिमाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
जम्मू और कश्मीर	3694	142	44	2	31	2	0	55	0	0	8	0	0	शून्य	236	46	2
झारखंड	759	57	20	11	32	4	0	2	0	0	1	1	0	शून्य	92	25	11

[illegible]

TRANSFORMING INDIA AS GLOBAL MARITIME HUB

980. SHRI CHAMALA KIRAN KUMAR REDDY:

(a) whether it is true that Chennai is all set to become a cruise hub and the gateway to Malaysia, Thailand, Andaman, Puri, Kolkata, Puducherry and Sri Lanka in the next few years as more ships will connect various destinations, if so, the details thereof along with the action plan thereon; and

(b) whether it is also true that the States like Andhra Pradesh and Tamil Nadu have become key hubs for export-import trade, fishing harbours, seafood processing, shipbuilding and repair, recycling industries, and maritime tourism and international cruise passenger transport and these States will continue to be a key partners and model States in the country's grand mission to transform the nation into global maritime hub, if so, the details thereof along with the investments made in this regard?

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

(a): In 2025-26 (Upto 30th November,2025), Chennai Port has handled 16 cruise ship calls which include 13 domestic & 3 International Cruise Calls. Cruises have operated on the following circuits also:

- Chennai–Visakhapatnam–Puducherry–Chennai,
- Chennai–Hambantota–Trincomalee–Kankesanturai–Chennai,
- Chennai–Phuket–Langkawi–Kuala Lumpur–Singapore–Kuala Lumpur - Phuket–Langkawi - Chennai.

Cruise Bharat Mission is coordinating with stakeholders to make Chennai as a

cruise hub.

(b): Department of Fisheries, Ministry of Fisheries, Animal Husbandry & Dairying under the flagship scheme of Pradhan Mantri Matsya Sampada Yojana(PMMSY) provides financial assistance to State Government, Union Territories and Implementing agencies for construction of fishing harbour, fish landing centres, modernization/ upgradation of existing fishing harbours and maintenance dredging of the existing fishing harbor. 117 fishing harbours and fish landing centres have been approved across coastal states/ UTs under various Central schemes, viz., Blue Revolution, PMMSY and Fisheries and Aquaculture Infrastructure Development Fund (FIDF), including 09 fishing harbour and 07 landing centre projects in Andhra Pradesh and 11 fishing harbour and 26 landing centre projects in Tamil Nadu.

Cruise Terminal are operational at Visakhapatnam Port, Andhra Pradesh with passenger footfall recorded as 10,707 and at Chennai Port, Tamil Nadu with footfall recorded as 41,047 in FY 2025-26 (Upto November 2025).

चुरु में चिकित्सा कर्मचारियों की कमी

981. श्री राहुल कस्वां:

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

(क) राजस्थान राज्य के चुरु लोक सभा निर्वाचन क्षेत्र में प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) और सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में चिकित्सकों, विशेषज्ञों, नर्सिंग स्टाफ और प्रयोगशाला तकनीशियनों की वर्तमान उपलब्धता कितनी है और रिक्त पदों की संख्या कितनी है;

(ख) क्या विगत तीन वर्षों के दौरान इन स्वास्थ्य केंद्रों को सुदृढ़ करने के लिए भवन निर्माण, उपकरण

खरीद, प्रयोगशाला उन्नयन या एम्बुलेंस सेवाओं का विस्तार किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार उक्त संसदीय क्षेत्र में टेलीमेडिसिन, मोबाइल स्वास्थ्य इकाइयां या डिजिटल स्वास्थ्य सुविधाएं प्रदान कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या डॉक्टरों और विशेषज्ञों की कमी को दूर करने के लिए प्रोत्साहन-आधारित नियुक्तियां, संविदा नियुक्तियां या विशेष भर्ती अभियान चलाए जा रहे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) क्या देश में रोगियों की बढ़ती संख्या को पूरा करने के लिए प्राथमिक स्वास्थ्य केंद्रों/सामुदायिक स्वास्थ्य केंद्रों में आपातकालीन सेवाओं, मातृ स्वास्थ्य और बाल चिकित्सा सुविधाओं को उन्नत करने की कोई योजना 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): राजस्थान सरकार द्वारा दी गई जानकारी के अनुसार, राजस्थान के चुरू लोकसभा निर्वाचन क्षेत्र में राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) और सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) में स्वीकृत और रिक्त चिकित्सा अधिकारियों, विशेषज्ञों, नर्सिंग स्टाफ, एएनएम और लैब तकनीशियनों के कुल पदों का विवरण निम्नानुसार है:

क्र.सं.	पदनाम	स्वीकृत पद	रिक्त पद
2.	चिकित्सा अधिकारी	229	37
3.	विशेषज्ञ	101	54
4.	नर्सिंग स्टाफ	517	101
5.	एएनएम	244	18
6.	लैब तकनीशियन	184	59

उपरोक्त के अतिरिक्त, चुरु लोक सभा क्षेत्र में राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत सार्वजनिक स्वास्थ्य केंद्रों में 615 संविदा कर्मचारी भी तैनात हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधाओं में पर्याप्त मानव संसाधनों की उपलब्धता, विशेष रूप से ग्रामीण क्षेत्रों में वंचित और सीमांतक समूहों के लिए गुणवत्तापूर्ण स्वास्थ्य सेवा की उपलब्धता और पहुँच में सुधार हेतु सहायता करता है। स्वास्थ्य एवं परिवार कल्याण मंत्रालय, एनएचएम के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, सार्वजनिक स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार प्रस्तावों को मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही अभिलेख (आरओपी) के रूप में स्वीकृति प्रदान करती है।

चुरु लोकसभा क्षेत्र में 214 आयुष्मान आरोग्य मंदिर सहित 1.80 लाख आयुष्मान आरोग्य मंदिरों के माध्यम से, उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके, प्रसूति एवं शिशु देखभाल केंद्रों और बुनियादी आपातकालीन देखभाल सहित 12 विस्तारित सेवाओं के पैकेज के साथ व्यापक प्राथमिक स्वास्थ्य सेवा प्रदान की जाती है। विस्तारित सेवाओं के पूरक के रूप में, दवाओं और निदान की आवश्यक सूची का विस्तार किया गया है ताकि सीएचसी में 300 दवाएं और 97 निदान, पीएचसी में 172 दवाएं और 63 निदान और एसएचसी में 106 दवाएं और 14 निदान उपलब्ध कराए जा सकें।

64,180 करोड़ रुपये के परिव्यय के प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) का उद्देश्य उप-स्वास्थ्य केंद्रों, शहरी स्वास्थ्य एवं कल्याण केंद्रों, ब्लॉक जन स्वास्थ्य इकाइयों, एकीकृत जिला जन स्वास्थ्य प्रयोगशालाओं और गहन चिकित्सा अस्पताल ब्लॉकों के लिए अवसंरचना विकास हेतु सहायता प्रदान करना है। 15वें वित्त आयोग ने राज्यों में स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने के लिए स्थानीय सरकारों के माध्यम से पाँच वर्षों (2021-2026) की अवधि में कुल 70,051 करोड़ रुपये के अनुदान की सिफारिश की है।

राजस्थान सरकार द्वारा दी गई जानकारी के अनुसार, चुरु लोकसभा क्षेत्र में वर्तमान में कुल 24 एम्बुलेंस (108 के अंतर्गत 18 और जननी एक्सप्रेस के अंतर्गत 6) उपलब्ध हैं, जिनमें पहले से अनुपयोगी हो चुके वाहनों के बदले में लाए गए वाहन भी शामिल किए गए हैं। एनएचएम के अंतर्गत, मोबाइल मेडिकल यूनिट (एमएमयू) देश भर में स्वास्थ्य सेवाएँ प्रदान करती हैं, जिनमें चुरु लोकसभा क्षेत्र में 4 एमएमयू शामिल हैं।

देश भर में कार्यरत एएएम पर उपलब्ध टेली-परामर्श सेवाएँ लोगों को उनके घरों के पास ही विशेषज्ञ सेवाओं तक पहुँचने में सक्षम बनाती हैं, जिससे व्यक्तिगत पहुँच, देखभाल की लागत में बचत, सेवा प्रदाताओं की कमी जैसी समस्याओं का समाधान हो जाता है और देखभाल की निरंतरता सुनिश्चित होती है। राजस्थान सरकार द्वारा दी गई जानकारी के अनुसार, अप्रैल, 2025 से अक्टूबर, 2025 के बीच, चुरु लोकसभा क्षेत्र में ई-संजीवनी प्लेटफॉर्म के माध्यम से कुल 7,916 टेली-परामर्श प्रदान किए गए हैं।

भारत सरकार ने देश भर के ग्रामीण और दूरदराज के क्षेत्रों में बेहतर सेवा प्रदान करने के लिए चिकित्सा व्यवसायियों को प्रोत्साहन और मानदेय के रूप में कई पहल की हैं, जिनमें निम्नलिखित शामिल हैं:

- i. ग्रामीण और दूरदराज के क्षेत्रों में सेवा देने के लिए विशेषज्ञ चिकित्सकों को दुर्गम क्षेत्र भत्ता दिया जाता है, ताकि उन्हें ऐसे क्षेत्रों में सार्वजनिक स्वास्थ्य सुविधाओं में सेवा करना आकर्षक लगे।
- ii. विशेषज्ञों को आकर्षित करने के लिए राज्यों को बातचीत करके तय किए गए वेतन की पेशकश करने की भी अनुमति है, जिसमें "आप बोली लगाएँ, हम भुगतान करें" जैसी रणनीतियों में लचीलापन भी शामिल है।
- iii. एनएचएम के तहत दुर्गम क्षेत्रों में सेवारत कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में वरीयता प्रवेश और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।

iv. राष्ट्रीय चिकित्सा आयोग (एनएमसी) के जिला रेजीडेंसी कार्यक्रम के तहत, मेडिकल कॉलेजों के दूसरे/तीसरे वर्ष के पीजी छात्रों को जिला अस्पतालों में तैनात किया जाता है।

भारत सरकार, एनएचएम के तहत, राजस्थान के चुरू संसदीय क्षेत्र सहित देश भर में मातृ स्वास्थ्य सेवाओं में सुधार के लिए विभिन्न योजनाओं/पहलों अर्थात जननी सुरक्षा योजना (जेएसवाई), जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके), प्रधान मंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए), विस्तारित पीएमएसएमए और प्राथमिक स्वास्थ्य केंद्रों, सामुदायिक स्वास्थ्य केंद्रों पर नवजात स्थिरीकरण इकाइयों (एनबीएसयू) और बाल चिकित्सा वार्डों की स्थापना को कार्यान्वित कर रही है।

INDIAN MIGRANT WORKERS IN GULF COUNTRIES

982. SHRI UMMEDA RAM BENIWAL:

SHRI PUSHPENDRA SAROJ:

SHRI GODAM NAGESH:

SHRIMATI SANGEETA KUMARI SINGH DEO:

SHRI CHANDRA PRAKASH CHOUDHARY:

SHRI MADHAVANENI RAGHUNANDAN RAO:

SUSHRI IQRA CHOUDHARY:

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

- (a) the total number of Indian Migrants Worldwide along with the number and percentage of migrants from various States in each Gulf Cooperation Council (GCC) country since 2022, State/year-wise;
- (b) whether the emigrants from various States including Telangana are registering with the Government before traveling to GCC countries, if so, the

details of the process for registration;

(c) the number of migrants covered under the Pravasi Bharatiya Bima Yojana coverage, State-wise;

(d) the number of grievances such as wage exploitation, passport confiscation or lack of consular support received from migrants from Uttar Pradesh and Odisha in the GCC countries, along with the action taken by the Government thereon, year-wise;

(e) whether India is the largest migrant-sending and remittance-receiving country across the globe, if so, the details thereof;

(f) whether any instances of migrant workers being cheated by agents have been reported, if so, the measures being taken to address this issue; and

(g) the measures taken by the Government to ensure the safety of Indian Migrants in Gulf Countries?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (c): As per available data, there are around 15 million Indian nationals abroad including unskilled workers, skilled workers and professionals. A large number of skilled, semi-skilled, and unskilled workers from India are employed in various sectors in Gulf Cooperation Council (GCC) Countries. As per the latest information available with our Missions/Posts in the GCC countries, the estimated number of Indians residing in these countries is as follows:

S. No.	Country	Estimated Number of Indians
1	Oman	676,781
2	Qatar	830,491
3	Kuwait	10,36,389
4	Saudi Arabia	27,47,551
5	Bahrain	3,17,564
6	UAE	43,26,248

The process of overseas employment of Indian nationals holding Emigration Check Required (ECR) passports, including those from Telangana, and emigrating to any of the 19 notified ECR countries is done through e-Migrate portal. The web-based application makes the process of emigration fully digital, transparent, safe, legal, humane, efficient, convenient, and faster. It seamlessly brings all stakeholders, including Foreign Employers (FEs), registered Recruiting Agents (RAs) and the prospective emigrants on a common platform and enables MEA to capture comprehensive and online database.

The Government of India accords highest priority to the safety, protection and wellbeing of Indian migrant workers in Gulf countries, including the workers from Uttar Pradesh and Odisha. The Government has taken several initiatives such as Pravasi Bhartiya Bima Yojna (PBBY) and Pre-Departure Orientation & Training (PDOT) in ensuring that Indian migrant workers undertake safe migration, have decent working and living conditions in destination countries,

are aware of their rights and have access to various welfare schemes of the Government. From 2006-07 to June, 2025 a total number of 83,88,143 Pravasi Bhartiya Bima Yojna (PBBY) policies have been issued. State-wise details, which are available for policies issued through eMigrate portal, are given in the enclosed **Statement**.

(d) to (g): The total number of grievances received by the Indian Missions in the Gulf countries during the last three years is 1,38,213. There are established channels to enable Indian migrant workers to reach out to the Embassy/Consulate in case they need any assistance. They can contact the Embassy/Consulate through walk-in, email, multilingual 24x7 emergency numbers, Whatsapp number, grievance redressal portal like MADAD/CPGRAMS/eMigrate, and social media etc. There are dedicated Labour Wings for handling such matters. Pravasi Bharatiya Sahayata Kendras have been set up in key locations such as New Delhi, Dubai, Riyadh and Jeddah to provide guidance and counselling to the Indian workers.

On receipt of any complaint or grievance from Indian migrant workers, the Indian Embassy/Consulate abroad pro-actively takes it up with the concerned Foreign Employer (FE) and, if needed, the work place of the aggrieved worker is also visited. The issues are also taken up with the local Labour Department and other concerned authorities of the host country for redressal. Indian Missions/Posts in Gulf countries 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.

Further, as additional safeguard for protection and safety of the Female workers (including domestic sector workers), Government has authorized only State run Recruiting Agencies (RAs) to recruit Indian female workers holding ECR category passports for overseas employment in Gulf and other 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 Indian 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.

The Indian diaspora is one of the largest migrant communities in the world. According to World Bank data, India was the top recipient of remittances in the world for the year 2024.

STATEMENT

State-wise details of Pravasi Bhartiya Bima Yojna (PBBY) policies issued through eMigrate portal:

State/UT Name	Number of PBBY policy issued through eMigrate portal till 29.11.2025
ANDAMAN & NICOBAR	150
ANDHRA PRADESH	231786

ARUNACHAL PRADESH	52
ASSAM	31877
BIHAR	752692
CHANDIGARH	2350
CHHATTISGARH	1515
DADRA & NAGAR HAVELI	62
DAMAN & DIU	271
DELHI	17550
GOA	7087
GUJARAT	46766
HARYANA	17259
HIMACHAL PRADESH	6288
JAMMU & KASHMIR	42445
JHARKHAND	49286
KARNATAKA	67835
KERALA	229348
LADAKH	8
LAKSHADWEEP	28
MADHYA PRADESH	13162
MAHARASHTRA	91882
MANIPUR	266
MEGHALAYA	102
MIZORAM	14
NAGALAND	51
ODISHA	95430
PUDUCHERRY	3674
PUNJAB	229758
RAJASTHAN	328521
SIKKIM	97
TAMIL NADU	359692
TELANGANA	172179

TRIPURA	15844
UTTAR PRADESH	1415861
UTTARAKHAND	34614
WEST BENGAL	381235

SETTING UP OF AIIMS IN KERALA

983. SHRI SHAFI PARAMBIL:

ADV. DEAN KURIAKOSE:

SHRI M. K. RAGHAVAN:

SHRI K. C. VENUGOPAL:

ADV. ADOOR PRAKASH:

SHRI V. K. SREEKANDAN:

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

(a) whether the Union Government has any proposals for setting up of AIIMS in light of demand from the State Government of Kerala in the current financial year or whether it has already been included under the next phase of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY);

(b) if so, the details and the current status thereof alongwith the reasons for delay in granting approval of the same;

(c) whether the Government has finalised the location of the proposed AIIMS in the said State, if so, the details thereof;

(d) whether any feasibility studies, site assessments or surveys have been initiated for potential AIIMS sites in the said State;

(e) if so, whether the Government is considering allocation of AIIMS in

Alappuzha, Kozhikode and Palakkad districts, if so, the details thereof;

(f) the details of proposals received from the said State for AIIMS setup locations since the year 2020; and

(g) whether the Ministry of Finance has considered the request of the Ministry of Health & Family Welfare for 'in-principle' approval for establishing AIIMS in the said State, 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 (g): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) All India Institute of Medical Sciences (AIIMS) are set up in different parts of the country in a phased manner. In 2025, Government of Kerala has informed about identification of land in Kinaloor, Kozhikode district for establishment of AIIMS. However, there is no proposal for establishment of AIIMS in Kerala in the current phase of PMSSY. Pre-investment works including topographical survey/hydrological studies etc. are undertaken after the approval of project under the scheme.

Further, for strengthening and upgrading of tertiary healthcare facilities in Kerala, under another component of PMSSY, the upgradation of following Government Medical Colleges have been approved by way of construction of Super Speciality Blocks (SSBs) on Centre-State cost sharing basis: (i) Trivandrum Medical College, Trivandrum (ii) TD Medical College, Alappuzha (iii) Kozhikode Medical College, Kozhikode. In addition, upgradation of Sree Chitra Tirunal

Institute for Medical Sciences and Technology (SCTIMST), Trivandrum has also been approved by way of construction of Super Speciality Block (SSB) on cost sharing basis between Ministry of Health & Family Welfare and Department of Science and Technology, Government of India.

PASSPORT SEVA KENDRAS IN GUJARAT

984. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

(a) whether Government intends to establish more Passport Seva Kendras in Gujarat, especially in Junagadh district, if so, the details thereof and if not, the reasons therefor; and

(b) whether Government further intends to establish passport service centres in institutes other than post offices for increasing delivery services, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a): Opening of Passport Offices (POs)/ Passport Seva Kendras (PSKs)/ Post Office Passport Seva Kendras (POPSKs) is an on-going activity and depends upon various factors including distance from existing POs/ PSKs/ POPSKs and the volume of passport applications from a particular region. Ministry of External Affairs in association with Department of Posts (DoP) had decided in

January 2017 to open Seva Kendras at the Head Post Offices (HPO)/Post Offices (PO) in the country called Post Office Passport Seva Kendras (POPSK) in each Lok Sabha Constituency (LSC) where there is no PSK or POPSK. Under this initiative, a POPSK is functional at Junagadh district in Junagadh LSC. Currently, there are 2 Regional Passport Offices (RPOs), 5 PSKs and 23 POPSKs operational in Gujarat State.

(b): There is no such policy under consideration of the Government to establish passport service centres in institutes other than post offices.

DEVELOPMENT OF INLAND WATERWAYS IN MAHARASHTRA

985. SUSHRI PRANITI SUSHILKUMAR SHINDE:

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

(a) whether the Government has identified any rivers or waterways in the State of Maharashtra for development under the National Waterways Programme;

(b) if so, the details thereof including their length, navigability and current status of development;

(c) whether the Government has conducted any feasibility studies on the economic viability and environmental sustainability of these waterways, if so, the findings thereof; and

(d) the steps taken by the Government to promote cargo and passenger movement through inland waterways in Maharashtra?

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

(a) to (c): There are 14 declared National Waterways (NWs) in the State of Maharashtra among 111 declared NWs throughout the country. Inland Waterways Authority of India (IWAI), an autonomous organisation under the Ministry of Ports, Shipping and Waterways, has prepared the feasibility report of all the 14 NWs in the State. The feasible 7 NWs with navigable length of 662.97 km have been identified for development and the action plan for the same has been shared with Government of Maharashtra. The details of the 7 NWs, total and navigable length are given in the enclosed **Statement**.

(d): In the State of Maharashtra NW-10 (Amba River), NW-53 (River Kalyan-Thane Mumbai Waterways, Vasai Creek & Ulhas River), NW-83 (Rajpuri Creek), NW-85 (Revadanda-Kundalika River), NW-89 (Savitri River-Bankot Creek) and NW-91 (River Shastri-Jaigad Creek) handled 45.35% of the total Inland Water Transport cargo across the country in 2024-25. IWAI is providing assistance to cargo operators on requirement.

STATEMENT

The details of the 7 NWs, total and navigable length

Sl. No.	Details	Total Length (in km)	Navigable length (in km)
1.	NW-4 (River Godavari)	1201.60	82
2.	NW-11 (Arunavati-Aran)	98.9	18
3.	NW-28 (Dabhol Creek-Vashishti River)	45.228	19
4.	NW-53 (Kalyan-Thane-Mumbai Waterway Vasai Creek & Ulhas River)	144.64	68
5.	NW-85 (Revadanda Creek & Kundalika River)	30.73	30.73
6.	NW-100 (River Tapi)	436.24	436.24
7.	NW-109 (River Waingaganga Pranahita)	165.78	9

अधिवक्ताओं को वजीफा

986. श्री सुनील कुमार:

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

- (क) केंद्र सरकार द्वारा देश भर के अधिवक्ताओं को किस प्रकार की सुविधाएं प्रदान की जा रही हैं;
- (ख) क्या सरकार को जानकारी है कि बिहार राज्य सरकार ने हाल ही में बिहार में युवा अधिवक्ताओं के लिए वजीफा योजना शुरू की है;
- (ग) यदि हां, तो पात्रता मानदंड सहित तत्संबंधी ब्यौरा क्या है और अब तक इस योजना में कितने अधिवक्ता लाभान्वित हुए हैं; और
- (घ) यदि नहीं, तो क्या सरकार द्वारा उक्त 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 परिषद् द्वारा सूचित किया गया है कि, रिट याचिका सं० डब्ल्यू.पी. (सी) संख्या 10159/2024 में माननीय दिल्ली उच्च न्यायालय के निर्देशों के अनुसरण में, परिपत्र सं० बीसीआई:डी: 5383/2024, तारीख 15.10.2024 जारी किया था, जिसमें वरिष्ठ अधिवक्ताओं/विधि फर्मों और अधिवक्ताओं को सिफारिश की गई थी कि कनिष्ठ अधिवक्ताओं को शहरी क्षेत्रों में कम से कम 20,000/- रुपये प्रति मास और ग्रामीण क्षेत्रों में 15,000/- रुपये प्रति मास वजीफा दिया जाए।

यह भी प्रस्तुत किया जाता है कि अधिवक्ता अधिनियम, 1961, अधिवक्ता कल्याण निधि अधिनियम, 2001 और संबंधित राज्य कल्याण अधिनियमों के अधीन भारतीय विधिज्ञ परिषद् और राज्य विधिज्ञ परिषदों को विभिन्न आपात स्थितियों में अधिवक्ताओं को वित्तीय सहायता प्रदान करने के लिए सशक्त किया गया है। अधिवक्ता अधिनियम, 1961 की धारा 6(2) और धारा 7(2) के उपबंधों के अनुसार, क्रमशः राज्य विधिज्ञ परिषद् और भारतीय विधिज्ञ परिषद् के पास निर्धन, दिव्यांग या

अन्य अधिवक्ताओं के लिए कल्याणकारी योजनाओं को व्यवस्थित करने के लिए वित्तीय सहायता देने के प्रयोजन से विहित रीति से एक या एक से अधिक कोष गठित करने की शक्ति है।

भारतीय विधिज्ञ परिषद् ने यह भी सूचित किया है कि बिहार सरकार ने हाल ही में बिहार में अधिवक्ताओं के कल्याण के लिए एक वजीफा योजना शुरू की है। योजना के लिए पात्रता मानदंड इस प्रकार हैं :

- i. अधिवक्ता, जो बिहार राज्य विधिज्ञ परिषद् के पास 01.01.2024 को या उसके पश्चात् नामांकित हुए हैं, अगले तीन वर्षों के लिए कल्याण योजना के हकदार हैं।
- ii. अधिवक्ता बिहार के न्यायालयों में किसी बार एसोसिएशन का सदस्य है और बार एसोसिएशन को यह भी प्रमाणित करना होगा कि अधिवक्ता 'सक्रिय विधि व्यवसाय' में है।
- iii. ऐसे पात्र अधिवक्ताओं को अगले तीन (03) वर्षों के लिए 5000/- रुपये प्रति मास का संदाय किया जाएगा।
- iv. रकम का वितरण बिहार अधिवक्ता कल्याण ट्रस्ट समिति द्वारा किया जाएगा।

सक्षम आंगनवाड़ी एवं पोषण 2.0

987. श्री नीरज मौर्य:

श्री देवेश शाक्य:

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

- (क) "सक्षम आंगनवाड़ी एवं पोषण 2.0" योजना के मुख्य उद्देश्य क्या हैं और नवंबर, 2025 तक इसके कार्यान्वयन की राज्य-वार स्थिति क्या है, साथ ही उत्तर प्रदेश के एटा, कासगंज, आंवला, बदायूं, शाहजहांपुर, मैनपुरी, कन्नौज, इटावा और औरैया जिलों में वर्तमान प्रगति का ब्यौरा क्या है;
- (ख) उत्तर प्रदेश में अब तक सक्षम आंगनवाड़ी एवं पोषण 2.0 पहल के अंतर्गत शामिल लाभार्थियों का राज्य-वार और जिला-वार ब्यौरा क्या है;

(ग) उत्तर प्रदेश में आज तक उक्त योजना के कार्यान्वयन का ब्यौरा क्या है;

(घ) क्या उत्तर प्रदेश के उक्त जिलों में उक्त योजना के प्रभावी कार्यान्वयन के लिए कोई विशेष प्रावधान किए गए हैं या अतिरिक्त संसाधन उपलब्ध कराए गए हैं; और

(ड.) उत्तर प्रदेश में उक्त योजना के अंतर्गत अब तक आवंटित, जारी और उपयोग की गई धनराशि का ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (घ): 15वें वित्त आयोग के तहत, कुपोषण की समस्या से निपटने के लिए मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 (मिशन पोषण 2.0) का कार्यान्वयन किया जा रहा है। यह मिशन एक सार्वभौमिक स्व-चयनित व्यापक योजना है, जहां किसी भी लाभार्थी के लिए पंजीकरण कराने और सेवाएँ प्राप्त करने में कोई बाधा नहीं है।

इस मिशन के उद्देश्य इस प्रकार हैं:

- देश के मानव पूंजी विकास में योगदान करना;
- कुपोषण की चुनौतियों का समाधान करना;
- स्थायी स्वास्थ्य और कल्याण के लिए पोषण जागरूकता तथा अच्छी खान-पान की आदतों

को बढ़ावा देना।

मिशन पोषण 2.0 के तहत सामुदायिक सहभागिता, आउटरीच, व्यवहार परिवर्तन और प्रचार-प्रसार जैसे कार्यकलापों के माध्यम से कुपोषण में कमी लाने तथा स्वास्थ्य, तंदुरुस्ती एवं प्रतिरक्षा में सुधार के लिए एक नई कार्यनीति बनाई गई है। इसमें आयुष पद्धतियों के माध्यम से मातृ पोषण, शिशु और छोटे बच्चों के आहार मानदंडों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएएम) के उपचार और तंदुरुस्ती पर ध्यान केंद्रित किया जाता है ताकि कुपोषण, ठिगनेपन, रक्ताल्पता (एनीमिया) और अल्प वजन की व्याप्तता को कम किया जा सके।

इस योजना के तहत, बच्चों (6 महीने से 6 वर्ष), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पूरक पोषण दिया जाता है ताकि जीवन चक्र दृष्टिकोण अपनाकर पीढ़ियों से

चले आ रहे कुपोषण के चक्र को समाप्त किया जा सके। पूरक पोषण, राष्ट्रीय खाद्य सुरक्षा अधिनियम की अनुसूची-II में निहित पोषण मानदंडों के अनुसार प्रदान किया जाता है। इन मानदंडों को जनवरी 2023 में संशोधित किया गया है।

सूक्ष्म पोषक तत्वों की आवश्यकता को पूरा करने तथा महिलाओं और बच्चों में एनीमिया को नियंत्रित करने के लिए आंगनवाड़ी केंद्रों में फोर्टिफाइड चावल की आपूर्ति की जा रही है। आंगनवाड़ी केंद्रों पर पका हुआ गर्म भोजन तथा घर ले जाने के लिए राशन तैयार करने के लिए सप्ताह में कम से कम एक बार मिलेट्स (श्री अन्न) के उपयोग पर अधिक जोर दिया जा रहा है।

महिला और बाल विकास मंत्रालय तथा स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने संयुक्त रूप से, बच्चों में गंभीर तीव्र कुपोषण की रोकथाम और उपचार तथा इससे जुड़ी रुग्णता और मृत्यु दर को कम करने के लिए सामुदायिक कुपोषण प्रबंधन (सीएमएएम) प्रोटोकॉल जारी किया है।

इस मिशन के तहत शुरू किए गए प्रमुख कार्यक्रमों में से एक कार्यक्रम पोषण संबंधी पहलुओं पर लोगों को शिक्षित करने के लिए सामुदायिक जुटाव और जागरूकता का प्रचार-प्रसार करना है क्योंकि पोषण की अच्छी आदत को अपनाने के लिए व्यवहार परिवर्तन हेतु निरंतर प्रयासों की आवश्यकता होती है। राज्य और संघ राज्य क्षेत्र क्रमशः सितंबर एवं मार्च-अप्रैल के महीनों में मनाए जाने वाले पोषण माह तथा पोषण पखवाड़ा के दौरान जन आंदोलन के तहत नियमित रूप से संवेदीकरण क्रियाकलापों का संचालन और रिपोर्टिंग कर रहे हैं। समुदाय आधारित कार्यक्रमों (सीबीई) ने पोषण पद्धतियों को बदलने में एक महत्वपूर्ण कार्यनीति के रूप में कार्य किया है तथा सभी आंगनवाड़ी कार्यकर्त्रियों को हर महीने समुदाय आधारित दो कार्यक्रम आयोजित करना अपेक्षित है।

मिशन पोषण 2.0 के अंतर्गत, 15वें वित्त आयोग की अवधि में बेहतर पोषण प्रदान करने और प्रारंभिक बाल्यावस्था देखरेख तथा शिक्षा के लिए प्रति वर्ष 40,000 आंगनवाड़ी केंद्रों की दर से सरकारी भवनों में स्थित दो लाख आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी के रूप में सुदृढ़ और उन्नत किया जाना है। सक्षम आंगनवाड़ी केंद्रों को पारंपरिक आंगनवाड़ी केंद्रों की तुलना में एलईडी स्क्रीन, जल

निस्स्यंदन (फिल्ट्रेशन) प्रणाली, पोषण वाटिका, ईसीसीई सामग्री और 'बाला' पेंटिंग के साथ बेहतर बुनियादी ढांचा प्रदान किया जाना है। दिनांक 30.11.2025 तक, कुल 2 लाख आंगनवाड़ी केंद्रों को उन्नयन के लिए मंजूरी दी गई है, जिसके लिए देश भर के सभी राज्यों/ संघ राज्य क्षेत्रों को 123265.30 लाख रुपये की राशि आवंटित की गई है।

प्रधानमंत्री जनमन योजना के अंतर्गत 75 विशेष रूप से संवेदनशील जनजातीय समूहों (पीवीटीजी) के लक्षित विकास हेतु जनजातीय कार्य मंत्रालय ने वर्ष 2023-24, 2024-25 और 2025-26 के लिए निर्धारित लक्ष्य के अनुसार, 17 राज्यों को कुल 2,500 आंगनवाड़ी केंद्रों (एडब्ल्यूसी) के निर्माण की स्वीकृति दी गई है। मंत्रालय ने आंगनवाड़ी केंद्रों के निर्माण के लिए 300.0 करोड़ रुपये आवंटित किए हैं और 171.90 करोड़ रुपये की राशि जारी की जा चुकी है।

धरती आबा जनजाति ग्राम उन्नत अभियान के अंतर्गत, लगभग 63,843 जनजातीय-बहुल और आकांक्षी जनजातीय गाँवों में सम्पूर्ण लक्ष्य प्राप्त कवरेज के माध्यम से जनजातीय समुदायों की सामाजिक-आर्थिक स्थिति में सुधार के प्रयास किए जा रहे हैं। वित्तीय वर्ष 2024-25 से वित्तीय वर्ष 2028-29 के लिए कैबिनेट द्वारा अनुमोदित कार्यकलापों में 2,000 नए सक्षम आंगनवाड़ी केंद्रों की स्थापना और 6,000 मौजूदा आंगनवाड़ी केंद्रों का उन्नयन शामिल है। इस अभियान के अंतर्गत, 875 आंगनवाड़ी केंद्रों के निर्माण को मंजूरी दी गई है, जिनमें से 435 पहले से ही कार्यशील हैं और 26,835 लाभार्थियों को सेवा प्रदान कर रहे हैं।

लाभार्थियों और ठिगनेपन, दुबलेपन तथा अल्प वजन के संबंध में राज्य/संघ राज्य क्षेत्र और जिलावार आंकड़े पोषण ट्रैकर के लिंक: <https://www.poshantracker.in/statistics> पर उपलब्ध हैं।

(ड): उत्तर प्रदेश में उक्त योजना के अंतर्गत अब तक जारी और उपयोग की गई निधि का ब्यौरा इस प्रकार है:

(करोड़ रुपये)

2021-22		2022-23		2023-24		2024-25	2025-26
जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि	31 अक्टूबर 2025 तक जारी की गई निधि
2407.55	2341.91	2721.87	2622.64	2668.69	2510.27	2694.62	1802.49

CONSULAR SERVICES

988. SHRI BALRAM NAIK PORIKA:

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

- (a) the details of the Indian citizens who were evacuated from conflict zones during the last three years indicating the expenditure incurred thereon;
- (b) the average waiting time for passport services in Passport Seva Kendra (PSK) and Post Office Passport Seva Kendra (POPSK), categories and location-wise;
- (c) the measures being taken to protect the rights and welfare of Indian workers in Gulf countries; and
- (d) the details of cases of distressed Indian nationals abroad handled and assistance being provided to them?

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

- (a): During the last three years, the Government of India has safely evacuated

28169 stranded Indian nationals from conflict zones. During these evacuations, the Government provided logistical support, including safe shelter, food and international transportation by arranging special evacuation flights for the stranded Indian nationals on gratis basis. The country-wise details of evacuation operations, along with expenditure incurred is given in the enclosed **Statement -I.**

(b): RPO-wise details of average waiting time for passport services at PSK and POSK is given in the enclosed **Statement-II.**

(c) and (d): The Government accords highest priority to the safety, security and well-being of Indian nationals abroad including Indian workers in Gulf Countries and has taken several measures in this endeavour.

To ensure safe and orderly emigration for Indian workers, the process of recruitment is done through eMigrate portal. The web-based application makes the process of emigration fully digital, transparent, safe, legal, humane, efficient, convenient and faster.

Pravasi Bhartiya Bima Yojna (PBBY), a mandatory insurance scheme for ECR category Indian migrant workers and Pre-Departure Orientation & Training (PDOT), a one-day training programme on soft skills, are in place to ensure that Indian migrant workers undertake safe migration, are aware of their rights and have access to various welfare schemes of the Government.

Indian citizens abroad can reach out to the Ministry/Missions/Posts through various channels/mechanisms like walk-in, email, multilingual 24x7 emergency numbers, open houses conducted by the Missions, grievances

redressal portals like MADAD, CPGRAMS, eMigrate and social media etc, in case they need any assistance.

Pravasi Bharatiya Sahayata Kendras (PBSK) have been set up in New Delhi, Dubai (UAE), Riyadh and Jeddah (Saudi Arabia) and Kuala Lumpur (Malaysia) and Kshetriya Pravasi Sahayata Kendras (KPSKs) in Kochi, Hyderabad, Chennai, Lucknow, Patna and Chandigarh to provide assistance, guidance and counselling to Indian nationals in distress.

As additional safeguard for Female workers (including domestic sector workers) to protect them against exploitation, Government has authorized only State run Recruiting Agencies (RAs) to recruit Indian female ECR category workers having minimum age of 30 years for overseas employment in Gulf and other ECR Category Countries through the e-Migrate Portal. The Missions in Gulf Countries have provisions for shelter home to assist Indian women in distress by providing boarding and lodging, medical treatment and arranging for their repatriation.

Based on MoUs signed with the GCC countries, matters related to welfare and protection of workers are taken up during regular meetings of Joint Working Groups with concerned countries. In addition, such matters are also regularly taken up with respective host governments through diplomatic channels.

Furthermore, The Indian Community Welfare Fund (ICWF) has also been set up for assisting overseas Indian nationals in distress, repatriation of mortal remains and for extension of counselling and legal assistance etc on a means tested basis. During the last three years, the Government has extended

assistance to 2,38,141 (till June 2025) distressed Indian nationals through ICWF and evacuated 28169 stranded Indian nationals from conflict zones.

STATEMENT-I

Details of Stranded Indian citizens evacuated from conflict zones during the last three years:

Year of Evacuation	Country of evacuation & Name of the Operation	Total number of persons evacuated (including foreign nationals)	Total funds utilized (in ₹)
February 2022	Ukraine Operation Ganga	18,282	116.5 Crore
April-May 2023	Sudan Operation Kaveri	4097	45.63 Crore
October 2023	Israel Operation Ajay	1343 (including 14 OCI card holders and 20 foreign nationals)	16.87 Crore
December 2024	Syria	77	39.95 Lakhs
March 2024	Haiti Operation Indravati	17	48.34 Lakhs
June 2025	Operation Sindhu (Iran and Israel)	Iran – 3597 (including 14 OCI Card holders and 14 foreign nationals) Israel – 818	27.68 Crore (as on date)

Government of India has evacuated 28169 stranded Indian nationals and 62 foreign nationals from conflict zone during last 3 years.

STATEMENT-II

Average appointment cycle/waiting time for Passport Services (RPO Wise)

		PSK			POPSK	
		Normal	PCC	Tatkaal	Normal	PCC
Sl. No.	RPO	Average of WDAYS	Average of WDAYS	Average of WDAYS	Average of WDAYS	Average of WDAYS
1	Ahmedabad	7	1	1	6	1
2	Amritsar	1	1	1	7	1
3	Bangalore	7	1	1	5	1
4	Bareilly	25	1	1	31	2
5	Bhopal	1	1	1	4	1
6	Bhubneswar	2	1	1	2	1
7	Chandigarh	1	1	1	4	1
8	Chennai	4	2	1	7	1
9	Cochin	3	1	1	7	4
10	Coimbatore	10	1	9	4	1
11	Dehradun	8	2	1	3	1

12	Delhi	11	1	1	33	1
13	Ghaziabad	15	1	1	19	1
14	Goa	1	1	1	6	1
15	Guwahati	2	1	1	3	1
16	Hyderabad	7	2	3	2	1
17	Jaipur	2	1	1	4	2
18	Jalandhar	1	1	1	1	1
19	Jammu	1	1	-	7	1
20	Kolkata	4	1	1	3	1
21	Kota	1	1	1	1	1
22	Kozhikode	4	1	1	7	1
23	Lucknow	13	4	1	8	-
24	Madurai	1	1	1	2	1
25	Mumbai	16	4	2	21	3
26	Nagpur	1	1	2	2	1
27	Patna	2	1	1	3	1
28	Pune	15	3	1	6	1
29	Raipur	1	1	1	2	1
30	Ranchi	1	1	1	2	1

31	Shimla	1	1	1	1	1
32	Srinagar	1	1	-	3	1
33	Surat	15	1	1	3	1
34	Trichy	1	1	1	2	1
35	Trivandrum	2	1	1	12	2
36	Vijayawada	12	1	2	16	1
37	Visakhapatnam	8	9	1	4	9

WDAYS = Working Days (as on 21.11.2025)

CASES OF AMOEBIC MENINGOENCEPHALITIS

989. SHRI K. C. VENUGOPAL:

ADV. DEAN KURIAKOSE:

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

(a) the number of confirmed cases and deaths due to Primary Amoebic Meningoencephalitis (PAM) across the country during the last three years (2023-25), State-wise;

(b) the details of interventions undertaken by the Union Government to combat the PAM outbreak, including allocations under the National Health Mission for its study and enhanced diagnostics, State-wise;

(c) whether a high-level expert team has been deputed to Kerala since the surge in cases, to

investigate patterns, support contact tracing and formulate an action plan and if

so, the details thereof along with the outcomes of their assessments and if not, the reasons therefor; and

(d) whether the Union Government intends to send a team in future 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 report communicated by the State Surveillance Unit (SSU), Kerala, year wise details of confirmed cases and deaths due to Primary Amoebic Meningoencephalitis (PAM) in last three years are given in the enclosed **Statement.**

(b) to (d): An investigation on the incidence of Amoebic Meningoencephalitis was conducted by the National Centre for Disease Control (NCDC), Kozhikode branch which comes under the Ministry of Health & Family Welfare with the help of concerned District Health Authorities in the month of July, 2024.

A high-level meeting was conducted by Secretary, Department of Health Research/Director General, Indian Council of Medical Research (ICMR) with National and State experts to review the surge in amoebic meningoencephalitis cases in Kerala. National Acute Encephalitis Syndrome (AES) surveillance was reinforced through 18 Virus Research & Diagnostic Laboratories (VRDLs), with emphasis on cross-validation of tests, improved environmental surveillance, and evidence-based treatment guidance.

The Government of India continues to support Information, Education and

Communication (IEC) activities and collaboration with the State of Kerala for research, prevention, and preparedness. Detailed epidemiological assessments were conducted by NCDC, reinforcing surveillance and strengthening IEC activities. Accordingly, a revised Communicable Disease (CD) alert was issued by NCDC, New Delhi on Primary Amoebic Meningoencephalitis in October 2024 highlighting management, preventive and control measures.

(Source: <https://ncdc.mohfw.gov.in/wp-content/uploads/2025/11/CD-Alert-Primary-Amoebic-Meningo-Encephalitis.pdf>)

STATEMENT

Year wise details of Amoebic Meningoencephalitis cases and deaths reported in Kerala in last 3 years

Year	No. of Cases	Deaths
2023	2	2
2024	39	9
2025*	170	42
* - As on 27 th November, 2025		

SETTING UP OF NATIONAL MEDICAL REGISTER

990. SHRI BALASHOWRY VALLABHANENI:

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

- (a) whether the Government proposed to set up National Medical Register (NMR), if so, the details thereof and if not, the time by which it is likely to be set up;
- (b) whether the proposed NMR is pending since a long time, if so, the reasons behind the same;

(c) whether it is a fact that in the absence of NMR, hospitals are not able to verify the credentials of doctors, if so, the details thereof;

(d) whether it is also true that in the absence of NMR, National Medical Commission (NMC) could verify only a few hundreds out of estimated three lakh doctors practicing in the country, if so, the details thereof;

(e) whether it is true that doctors are facing problems in registering themselves on the NMR portal; and

(f) if so, the manner in which the Government is planning to address the same?

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 National Medical Register (NMR) has already been launched on 23 August 2024. It has been established to consolidate all state-level registration records into a unified national-level database, providing a centralized platform for verification and oversight of licensed medical practitioners across India. Meanwhile, the credentials of Registered Medical Practitioners (RMPs) continue to be maintained in the State Register by their respective State Medical Council (SMC), based on the state where the practitioner holds registration.

(e) and (f): The technical support for the development and maintenance of the NMR Portal is provided by the National Health Authority (NHA), which also addresses and resolves any technical issues faced by doctors on the portal as and when required.

REGULATION OF MEDICAL DEVICES

991. SHRI G. LAKSHMINARAYANA:

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

- (a) whether the existing legal and regulatory framework governing medical devices, including classification, approvals, quality control and post-market surveillance, it aligns with global standards such as United States Food and Drug Administration (USFDA) or European Union Medical Device Regulation (EU MDR) and if so, the details thereof;
- (b) the number of medical devices approved by Central Drugs Standard Control Organization (CDSCO) during the last five years, risk-classification-wise;
- (c) the number of adverse events, safety complaints and product recalls reported;
- (d) whether the Government proposes to introduce a standalone Medical Devices Act, separate from the Drugs and Cosmetics Act and its key features and timelines and if so, the details thereof;
- (e) the current staffing strength and technical capacity of Central Drugs Standard Control Organization (CDSCO) to regulate medical devices;
- (f) whether expansion or creation of a dedicated medical device regulator is being considered and if so, the details thereof; and
- (g) the number and outcomes of inspections or audits conducted on high-risk devices such as implants, ventilators and diagnostics during the last five 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) to (f): To have a comprehensive regulatory provisions for import, manufacture, sale and distribution of medical devices based on risk based criteria, the Ministry of Health & Family Welfare, Government of India has notified the Medical Devices Rules, 2017 vide G.S.R. 78(E) dated 31.01.2017 under the provisions of the Drugs and Cosmetics Act, 1940. Said rules are effective from 01.01.2018 to regulate the clinical investigation, manufacture, import, sale and distribution of the medical devices in the country.

Under MDR 2017, the medical devices are required to conform to standards specified by the Bureau of Indian Standards (BIS) or those notified by the Central Government. In the absence of such standards, devices must comply with standards of the International Organization for Standardization (ISO), the International Electrotechnical Commission (IEC), or other recognized pharmacopoeial standard or the validated manufacturer's standards, wherever applicable.

Under the rules, import of all classes of Medical Devices (Class A, B, C & D) as well as manufacture of Class C & D Medical Devices are regulated by CDSCO, while manufacture of Class A & B Medical devices are regulated by the concerned State Licensing Authorities (SLA) appointed by the State Governments. However, sale and distribution of all classes of Medical Devices are regulated by the SLAs. The number of medical devices approved by the

Central Drugs Standard Control Organization (CDSCO) during the last five years (from 2020 till date) is as under:

Class A	Class B	Class C	Class D
3613	22286	26096	6288

To strengthen post-market surveillance of medical devices, the Ministry of Health and Family Welfare established the Materiovigilance Programme of India (MvPI) with Indian Pharmacopoeia Commission (IPC) as its National Coordination Centre. Under the said Programme, in last 5 years (from 2021-22 till date), a total of 46,593 Medical Device Adverse Events (MDAEs) have been reported.

A dedicated medical device vertical has been sanctioned for CDSCO with 249 regulatory posts.

(g): CDSCO has conducted 1,253 audits/inspections between 2020 and 2024 for evaluating applications for manufacturing licences of high-risk medical devices (Class C & D), and based on inspection findings, approval of medical devices is granted or further information is sought.

OPERATION OF ONE STOP CENTRES

992. SHRI KARAN BHUSHAN SINGH:

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

(a) the current number of One Stop Centres (OSCs) operational across the

country, State-wise, district-wise particularly in Uttar Pradesh;

(b) the number of women benefited from OSC services during the last five years, State-wise, district-wise; and

(c) the details of the measures being implemented to ensure centres are able to meet the growing demand efficiently/provide timely support to women in need?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (c): One Stop Centre (OSC) is a component of the Sambal vertical under the umbrella Mission Shakti. It provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. As on date, 864 OSCs are operational across the country including 96 OSCs in Uttar Pradesh. Since inception i.e. 1st April, 2015 up to 30th September, 2025, over 12.67 lakh women have been assisted in the country. The State and UT-wise details of number of OSCs functional and women assisted in the country is given in the enclosed **Statement**.

The implementation of scheme lies with the State Governments and UT Administrations. Further, once in a year, the Programme Approval Board monitors with States/UTs, the progress of activities under the scheme and reviews status of achievement of objectives.

The Ministry of Women and Child Development, along with State Governments and UT Administrations, is continuously working to strengthen the growing

demand, visibility, and timely support to women in One Stop Centres (OSCs) to ensure quality support. Templates for signage, standees, information boards, and vehicle branding have been developed and shared with States/UTs to be displayed at prominent public locations, health institutions, police stations, and community events to enhance visibility and awareness about the availability of OSC services.

STATEMENT

The details of State and UT-wise operational OSCs and women assisted including Uttar Pradesh:

Sl. No.	State /UTs	Number of Operational OSCs	Total women assisted in lakh (since inception till 30th Sept. 2025)
1	A&N Islands	3	2,169
2	Andhra Pradesh	26	45,999
3	Arunachal Pradesh	25	2,749
4	Assam	36	31,600
5	Bihar	39	48,101
6	Chandigarh	1	2,150
7	Chhattisgarh	34	52,662
8	DNHDD	3	1,535
9	Delhi	11	40,674
10	Goa	2	7,190
11	Gujarat	35	45,514
12	Haryana	22	53,628
13	Himachal Pradesh	13	4,941
14	Jammu & Kashmir	20	17,096

15	Jharkhand	24	8,263
16	Karnataka	40	35,717
17	Kerala	14	24,528
18	Ladakh	2	157
19	Lakshadweep	1	Nil
20	Madhya Pradesh	57	13,3647
21	Maharashtra	55	40,697
22	Manipur	16	2277
23	Meghalaya	12	4,992
24	Mizoram	13	3,322
25	Nagaland	17	1,665
26	Odisha**	32	40,889
27	Puducherry	4	617
28	Punjab	23	25,489
29	Rajasthan	50	55,551
30	Sikkim	6	2,207
31	Tamil Nadu	49	1,33,260
32	Telangana	36	79,889
33	Tripura	9	1,689
34	Uttar Pradesh	96	2,92,613
35	Uttarakhand	14	14,605
36	West Bengal	24	9,133
	Total	864	12,67,215

FERTILIZER SHORTAGE AND PRICE SURGE

993. SHRI K. SUDHAKARAN:

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

- (a) whether the Government has undertaken any assessment of the recent surge in fertiliser prices across the country, particularly affecting small and marginal farmers in Kerala;
- (b) if so, the details thereof along with the steps taken by the Government to address the concerns raised by the farmers regarding the price surge of fertilizers;
- (c) the measures being taken by the Government for protecting the farmers as the base subsidies for Nitrogen and Potassium remain unchanged at 43.02/kg and 2.38/kg, respectively;
- (d) the measures implemented for providing any additional subsidy according to the Nutrient based subsidy (NBS) scheme or support mechanism to offset the increased financial burden on farmers; and
- (e) the steps taken by the Government to ensure the stable supply, fair pricing and the protection of farmers on a long-term basis?

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): In case of Phosphatic and Potassic (P&K) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) Policy w.e.f. 01.04.2010. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided to manufacturer / importer on subsidized P&K fertilizers depending on their nutrient content i.e. Nitrogen (N), Phosphorus (P), Potassium (K) and Sulphur (S). Under NBS Scheme, P&K fertilizers are decontrolled and fertilizer

companies are allowed to fix MRP as per market dynamics at reasonable level which is monitored by the Government. In order to keep targeted farm gate price of DAP @ ₹1350 per 50 Kg bag, Government of India has introduced special provisions over and above NBS Subsidy, like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) for both imported and domestic DAP for Kharif 2025 season and later extended to Rabi 2025-26 season too. These provisions have also been extended for imported Triple Super Phosphate (TSP).

Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP) irrespective of the cost of production. The subsidized MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes 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 rates.

The availability of fertilizers has remained adequate in the State of Kerala during the ongoing Rabi 2025-26 season. The data on requirement, pro rata requirement, availability, sale and closing stock of fertilizers i.e. Urea, DAP, MOP and NPKS in the State of Kerala (till 02.12.2025) is given in the enclosed **Statement**.

To ensure timely and adequate supply of fertilizers in the country, 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. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability. 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). 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 fertilizers as indicated by the State Governments.

STATEMENT

The data on requirement, pro rata requirement, availability, sale and closing stock of fertilizers i.e. Urea, DAP, MOP and NPKS in Kerala (till 02.12.2025):

KERALA FERTILIZRS POSITION FOR RABI 2025-26 (TILL 02/12/2025)						FIG. IN MT
S. No	Product	Requirement for RABI 2025-26	Pro rata Requirement From 01/10/2025 to 02/12/2025	Availability From 01/10/2025 to 02/12/2025	Sales From 01/10/2025 to 02/12/2025	Closing Stock as on 02/12/2025
1	UREA	62,000	26,555	32,360	23,040	9,320
2	DAP	8,000	2,897	7,280	5,320	1,940
3	MOP	50,000	24,008	34,470	18,360	16,150
4	NPKS	61,000	29,124	53,700	29,400	24,360

SIDDHA COLLEGES IN TAMIL NADU

994. SUSHRI S. JOTHIMANI:

Will the Minister of AYUSH be pleased to state:

- (a) the details of the total number of Siddha colleges in Tamil Nadu, district-wise;
- (b) whether the Government proposes to establish a Siddha college in Karur district;
- (c) if so, the details thereof including the timeline by which the college is likely to open; and
- (d) 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): There are total 16 (sixteen) Siddha Medical Colleges in Tamil Nadu. District-wise details of Siddha colleges in Tamil Nadu is given in the enclosed **Statement**.

(b) to (d): Public Health being a State subject, the establishment of new Ayush colleges including Siddha colleges in the State including Tamil Nadu comes under the purview of respective State/UT Governments. Government of India implements Centrally Sponsored Scheme namely, National Ayush Mission (NAM), under which there is a provision of financial assistance for setting up of Ayush Educational Institutions in the States where availability of Ayush teaching institutions is inadequate. State/UT Governments may avail eligible financial assistance by submitting the suitable proposals through State Annual Action Plans (SAAPs) as per the provision of NAM guidelines. Currently, there is no proposal.

STATEMENT**List of Siddha Colleges in Tamil Nadu, District-wise for the Academic Year
2025-26:**

S. No.	District	Name of the College	Govt./ Govt.- Aided/ Private/ Deemed
1	Tirunelveli	Govt. Siddha Medical College, Palayamkottai, Tirunelveli,-627002, Tamil Nadu	Government
2	Chennai	Govt. Siddha Medical College, Arumbakkam, Aringar Anna Hospital Campus Chennai- 600106, Tamil Nadu	Government
3	Kanyakumari	ATSVS Siddha Medical College, Munchirai, Kanyakumari-629171, Tamil Nadu	Private
4	Chennai	Sai Ram Siddha Medical College & Research Centre, Sai Leo Nagar, Chennai-600044, Tamil Nadu	Private
5	Chennai	Velumailu Siddha Medical College and Hospital, Chennai, Sriperumbudur-602105, Tamil Nadu,	Private
6	Chennai	National Institute of Siddha, Trichy Hwy, Near Government Hospital, Tambaram Sanatoruim, Chennai, Tamil Nadu 600047	National Institute (Government)
7	Coimbatore	RVS Siddha Medical College, Kannampalayam, Sular Coimbatore-641402, Tamil Nadu	Private
8	Salem	Sivaraj Siddha Medical College and Research Institute, Salem, Siddhar Kovil Road, Thumbathulipatty-636307, Tamil Nadu	Private

9	Nagercoil	Maria Siddha Medical College and Hospital, Thottavaram, Moovatumugham Thiruvattar-629177, Nagercoil, Tamil Nadu	Private
10	Kallakurichi	JSA Medical College for Siddha & Research Centre, Ulundurpet, Kallakuruchi-606104, Tamil Nadu	Private
11	Erode	Nandha Siddha Medical College and Hospital, Thiruvachi Panchayat, Pitchandapalayam Post, Erode-638052, Tamil Nadu	Private
12	Namakkal	Excel Siddha Medical College & Research Centre, Komarapalayam-637303, Tamil Nadu	Private
13	Kumbakonam	Annai Medical College of Siddha and Research Centre, Anakudi Road, Kovilacheri Kumbakonam, Thanjavur-612503, Tamil Nadu	Private
14	Nagapattinam	Sir Issac Newton Siddha Medical College, Thandapani Pillai and Sons, Educational and Charitable Trust Nagapattinam, Tamil Nadu	Private
15	Naqercoil	Sudha Saseendran Siddha Medical College and Hospital, 5/121B, Mecode, Kaliyakkavilal - Post, Kanyakumari District, Tamil Nadu-629153	Private
16	Tiruchirappalli	Shri Indra Ganesan Institute of Medical Science Siddha Medical College, Main Road NH-45B, Manikandam, Triuchirappalli, Tamil Nadu	Private

उत्तम विनिर्माण पद्धतियों (जीएमपी) का कार्यान्वयन

995. श्री कौशलेन्द्र कुमार:

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

(क) क्या सरकार दवा कंपनियों को उत्तम विनिर्माण पद्धति (जीएमपी) लागू करने के लिए प्रयोज्य समय-सीमा में छूट देने पर विचार कर रही है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या कई दवा कंपनियां अभी तक जीएमपी लागू नहीं कर पाई हैं; 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): केंद्र सरकार ने दिनांक 28.12.2023 को सा०का०नि० 922(अ) के माध्यम से औषधि नियम, 1945 में संशोधन किया है, ताकि औषधियों के लिए बेहतर विनिर्माण पद्धतियों, परिसरों, संयंत्रों एवं उपकरणों की आवश्यकताओं से संबंधित उक्त नियमों की अनुसूची 'ड' को संशोधित किया जा सके। संशोधित अनुसूची 'ड' दिनांक 29.06.2024 से उन औषधि विनिर्माताओं, जिनका वार्षिक कारोबार ₹250 करोड़ से अधिक है, के लिए प्रभावी हो गई है। तथापि, जिन विनिर्माताओं का वार्षिक कारोबार ₹250 करोड़ से कम है और जिन्होंने अपनी उन्नयन योजना प्रस्तुत की है, उनके लिए दिनांक 31.12.2025 तक सशर्त विस्तार दिया गया है।

किसानों को उर्वरक राजसहायता का प्रत्यक्ष हस्तांतरण

996. श्री उत्कर्ष वर्मा मधुर:

श्री नरेश चंद्र उत्तम पटेल:

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

(क) क्या सरकार की उर्वरकों पर राजसहायता को सीधे किसानों के खातों में हस्तांतरित करने की कोई योजना है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और उर्वरकों की कालाबाजारी रोकने के लिए क्या कदम उठाए जा रहे हैं और इस संबंध में दंडात्मक प्रावधान क्या हैं; और

(ग) उत्तर प्रदेश के फतेहपुर जिले को कुल कितनी मात्रा में उर्वरकों की आपूर्ति की जा रही है?

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

(क): उर्वरकों में प्रत्यक्ष लाभ अंतरण (डीबीटी) वस्तु रूप में दिया जाता है। इस प्रणाली के अंतर्गत सब्सिडी प्राप्त उर्वरकों की बिक्री उर्वरकों की खुदरा दुकान पर स्थापित प्वाइंट ऑफ सेल (पीओएस) उपकरणों के माध्यम से आधार प्रमाणीकरण के आधार पर लाभार्थी को की जाती है। लाभार्थी को की गई आधार प्रमाणीकृत बिक्री के आधार पर, उर्वरक कंपनियों को सब्सिडी दी जाती है।

(ख): आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत उर्वरकों को आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, राज्य सरकारों को कालाबाजारी में संलिप्त व्यक्तियों के विरुद्ध कार्रवाई करने की शक्ति प्रदान की गई है। कालाबाजारी के बारे में उर्वरक विभाग के स्तर पर मिली कोई भी शिकायत संबंधित राज्य सरकार को आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए भेजी जाती है। तदनुसार राज्यों से प्राप्त सूचनानुसार, दिनांक 01.04.2025 से दिनांक 28.11.2025 तक की अवधि हेतु कालाबाजारी और ऐसे अन्य कदाचारों के खिलाफ उनके द्वारा किए गए प्रवर्तन उपाय संलग्न **विवरण-I** में दिए गए हैं।

(ग): उत्तर प्रदेश के फतेहपुर जिले में दिनांक 03.12.2025 को स्टॉक की स्थिति संलग्न **विवरण-II** में दी गई है।

विवरण-I

अप्रैल 2025 से नवंबर 2025 (दिनांक 28.11.2025) तक कालाबाजारी, जमाखोरी, विपथन को रोकने और गुणवत्ता की जांच के लिए राज्य सरकार द्वारा की गई कार्रवाई [25 अप्रैल से 25 नवंबर तक संचयी विवरण (28.11.2025 तक)]:

राज्य	निरीक्षणों/छापे की संख्या	कालाबाजारी			जमाखोरी			घटिया गुणवत्ता			विपथन			विवरण सहित दोषसिद्धी *	कुल		
		जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआर आई	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआर आई	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआर आई	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआर आई		जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआर आई
आंध्र प्रदेश	11181	5	3	9	10	6	3	83	0	0	7	2	3	शून्य	105	11	15
अरुणाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
असम	3820	12	4	1	59	0	0	36	0	0	27	0	0	शून्य	134	4	1
बिहार	15499	1035	607	77	7	0	0	0	0	0	0	0	0	शून्य	1042	607	77
छत्तीसगढ़	6172	294	13	4	29	1	0	136	5	0	24	0	0	शून्य	483	19	4
दादरा और नगर	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
दिल्ली	255	0	0	1	0	0	0	3	0	0	0	3	0	शून्य	3	3	1
गोवा	614	544	180	6	10	0	0	32	1	0	16	0	0	शून्य	602	181	6
गुजरात	12210	33	3	1	0	0	0	83	2	0	7	3	11	शून्य	123	8	12
हरियाणा	4693	49	5	7	18	18	4	48	10	5	13	5	6	शून्य	128	38	22
हिमाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
जम्मू और कश्मीर	3694	142	44	2	31	2	0	55	0	0	8	0	0	शून्य	236	46	2
झारखंड	759	57	20	11	32	4	0	2	0	0	1	1	0	शून्य	92	25	11
कर्नाटक	7093	365	22	0	243	5	0	221	14	2	84	6	6	शून्य	913	47	8
केरल	1299	0	0	0	0	0	0	48	0	0	4	0	3	शून्य	52	0	3
मध्य प्रदेश	5581	0	0	72	0	0	0	606	44	4	631	160	15	शून्य	1237	204	91
महाराष्ट्र	44059	16	0	16	0	0	0	1155	1139	37	1	73	1	शून्य	1172	1212	54
मणिपुर	3	0	0	0	0	0	0	0	0	0	1	0	0	शून्य	1	0	0
मेघालय	579	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
मिजोरम	21	1	0	0	0	0	0	0	0	0	4	0	0	शून्य	5	0	0
नागालैंड	72	14	0	14	0	0	0	101	0	0	2	64	1	शून्य	117	64	15
ओडिशा	7031	4	3	2	0	0	0	47	1	0	1966	107	3	शून्य	2017	111	5
पुदुचेरी	39	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
पंजाब	5617	37	1	1	20	0	1	192	65	3	0	0	4	शून्य	249	66	9
राजस्थान	11505	589	76	46	45	17	30	451	1	2	15	16	25	शून्य	1100	110	103
तमिलनाडु	18805	13	0	4	6	8	0	33	25	0	112	17	1	शून्य	164	50	5

तेलंगाना	115321	5	9	3	4	2	0	79	0	0	4	0	5	शून्य	92	11	8
त्रिपुरा	694	0	0	0	9	0	0	0	0	0	0	0	0	शून्य	9	0	0
उत्तर प्रदेश	29401	2043	2742	165	164	139	8	141	130	12	88	7	12	3	2436	3018	197
उत्तराखंड	282	0	0	0	0	0	0	0	0	0	43	0	0	शून्य	43	0	0
पश्चिम बंगाल	33777	0	0	0	0	0	0	259	0	0	0	0	0	शून्य	259	0	0
कुल	340076	5258	3732	442	687	202	46	3811	1437	65	3058	464	96	3	12814	5835	649
* - प्रस्तुत किए जाने वाले विवरण – मामलों की संख्या, एफआईआर का वर्ष और केस दर्ज करने का वर्ष और आदेश की तिथि																	
उपरोक्त डाटा राज्यों द्वारा दी गई जानकारी के अनुसार संकलित किया गया है।																	

विवरण-II

दिनांक 3/12/2025 तक फतेहपुर, उत्तर प्रदेश में आरंभिक स्टॉक की स्थिति (एमटी में)

क्र. सं	उत्पाद	भण्डारण + रेक बिन्दु	थोक विक्रेता	खुदरा विक्रेता	मार्गस्थ (कंपनी द्वारा बिक्री) *	मार्गस्थ (थोक विक्रेता द्वारा बिक्री)	कुल
1	यूरिया	1477.125	6195.165	10578.921	134.460	435.335	18821.006
2	डीएपी	1178.750	859.800	3559.935	.000	390.350	5988.835
3	एनपीकेएस	381.000	1621.175	4543.570	4.000	204.200	6753.945
4	एमओपी	.000	256.100	453.515	.000	8.900	718.515
5	एसएसपी	6.650	448.500	3363.174	25.000	185.500	4028.824
6	एफओएम	.000	37.250	24.100	10.000	.000	71.350
कुल		3043.525	9417.990	22523.215	173.460	1224.285	36382.475

IMPLEMENTATION OF AYUSH SCHEMES

997. SHRI KUNDURU RAGHUVeer:

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

- (a) the details of centrally sponsored AYUSH Schemes being implemented across the country;
- (b) the key initiatives taken for Ayushman Arogya Mandirs (AAM), Yoga and Naturopathy promotion programmes (YNPP) and AYUSH Grid Digital Platform

(AGDP) under the National AYUSH Mission (NAM), scheme-wise;

(c) the details of AYUSH schemes implemented in Telangana State during the last five years including the number of AYUSH hospitals, dispensaries and wellness centres established or upgraded with central assistance in this State;

(d) the total funds approved, released and spent in Telangana under various AYUSH components during 2020–21 to 2024–25, year-wise;

(e) whether any AYUSH medical college or research institute has been sanctioned for Telangana and if so, the details thereof; and

(f) the measures taken by the Government to expand AYUSH coverage in rural and tribal areas through integration with the National Health Mission and telemedicine initiatives?

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 Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and providing financial assistance to them for overall development and promotion of Ayush System in the country. The mission inter-alia makes provision for following activities:

(i) Operationalization of Ayush Health & Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush).

(ii) Co-location of Ayush facilities including Ayurveda at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).

(iii) Upgradation of existing standalone Government Ayush Hospitals.

(iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/dilapidated accommodation)/ Construction of building to establish new Ayush Dispensary.

(v) Setting up of 10/30/50 bedded integrated Ayush Hospitals.

(vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals.

(vii) Ayush Public Health Programmes.

(viii) Establishment of new Ayush colleges including Ayurveda in the States where availability of AYUSH teaching institutions is inadequate in Government Sector.

(ix) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions including Ayurveda / add on PG/ Pharmacy/Para-Medical Courses.

(b): Under NAM, as per the proposals received from State/UT Governments through SAAPs, 12500 Ayush Dispensaries/Sub-health centres have been approved in different parts of the country to be upgraded as Ayushman Arogya Mandir (Ayush) [AAM (Ayush)] and as reported by States/UTs all AAM (Ayush) are operational and providing holistic health care services to the community through different Ayush interventions including Yoga.

Further, the States/UTs are being supported for establishment of 10/30/50-bedded Integrated Ayush Hospitals (IAHs) which are also having the

facility of Yoga and Naturopathy activities. Under NAM, as per the proposals received from States/UTs, 203 units of IAHs have been approved in different parts of the country.

Under the Ayush Grid Digital Platform, revamping of earlier version of National Ayush Mission Portal has been initiated for upgradation to latest technology along with, Ayush Hospital Management Information System (A-HMIS) for States/UTs has been developed to digitally record and manage patient's diagnostic information across different Ayush health facilities.

(c) and (d): Under NAM, as per the proposals received from State Government of Telangana, 3 units of 50-bedded Integrated Ayush Hospital have been approved for establishment and 421 units of Ayush dispensaries are upgraded as Ayushman Arogya Mandir (Ayush). The Year-wise status of funds approved/released and spent in the Telangana during 2020-21 to 2024-25 is given in the enclosed **Statement**.

(e): Under NAM, no proposal for establishment of new Ayush Educational received by State Govt. of Telangana through SAAPs. Further, there is no provision to support research institute.

(f): To promote traditional systems of medicine and wellness in the country including rural and tribal areas, Government of India has adopted an integrated strategy of Co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window. AYUSH services have been allocated at 482 DHs, 3,103 CHCs, 241

health facilities other than CHC at or above block level but below district level, 6,158 PHCs and 3,109 health facilities above Sub-centre (SC) but below block level, as on 31st March, 2025.

The teleconsultation services, 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.

STATEMENT

Year-wise status of funds allocated/released & utilized by State Government of Telangana during 2020-21 to 2024-25:

Rs. In Lakhs		
Financial Year	Allocated/Released	Utilized
2020-21	0	0
2021-22	3132.252	3132.252
2022-23	0	0
2023-24	1225.167	1225.167
2024-25	2491.38	2338.682
Total	6848.799	6696.101

ANGANWADI-CUM-CRECHE CENTRES IN RAJASTHAN

998. SHRI DUSHYANT SINGH:

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

- (a) the number of operational Anganwadi Centres alongwith the details of their funding pattern in Rajasthan, particularly in the districts of Jhalawar and Baran;
- (b) the estimated impact of the Government's initiative to establish Anganwadi-

cum-Creche Centres by 2029 with regard to enhancement of early childhood care and education and women's participation in the workforce across the country; and

(c) the range of services proposed to be provided through Anganwadi-cum-Creche Centres, especially for supporting child development and early education in rural regions such as Jhalawar–Baran in Rajasthan?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): A total number of 62,276 Anganwadi Centres (AWCs) are operational in the State of Rajasthan, out of which 1514 and 1689 AWCs are operational from district of Jhalawar and Baran respectively as per Poshan Tracker data. Under the Scheme, Government of India releases grants-in-aid to the State of Rajasthan on the following cost-sharing ratio between Centre and State:

Name of State	Cost Sharing Ratio in SNP	Cost sharing ratio in all components except SNP
Rajasthan	50:50	60:40

(b) and (c): Ministry of Women and Child Development has introduced Palna Scheme under the Samarthya Vertical of Mission Shakti for all States and UTs w.e.f. 01 April 2022, to provide day care facilities and protection to children.

Lack of proper day-care services is, often, a deterrent for women to go out and work. To address these difficulties faced by the working mothers in giving due care and protection to their children, day-care crèche facilities are envisioned to be provided through Palna Scheme to achieve the Sustainable Development

Goal 8 – Decent work and economic growth.

Anganwadi centres are the world's largest childcare institutions dedicated to providing essential care and support to children ensuring delivery of care facilities till the last mile. In a first of its kind approach, Ministry extended the services of childcare through Anganwadi cum Crèche (AWCC) to ensure whole day childcare support for well-being in a safe and secure environment. The objective of Palna Scheme is to provide quality crèche facility in safe and secure environment for children from ages 6 months – 6 years, nutritional support, health and cognitive development of children, growth monitoring & immunization. Crèche facilities under Palna are provided to all mothers, irrespective of their employment status across the country including State of Rajasthan.

During the 15th Finance Cycle i.e. up to FY 2025-26, a total of 17,000 Anganwadi-cum-Creches (AWCCs) are to be established under the Palna Scheme. Till date, a total of 14,599 AWCCs have been approved by the Ministry across 34 States/UTs, as per proposals received from them. Till date, no proposal has been received from the State of Rajasthan for setting up and operationalization of Anganwadi-cum-Creches (AWCCs) under Palna Scheme.

PROMOTION OF NANO FERTILIZERS

999. SHRI THARANIVENTHAN M. S.:

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

(a) the steps taken by the Government to promote the use of nano fertilizers

across the country, State-wise including Tamil Nadu especially in Arani Lok Sabha Constituency;

- (b) the specific initiatives undertaken to create awareness among farmers regarding the benefits of nano fertilizers, including Tamil Nadu especially in the said Lok Sabha Constituency;
- (c) the financial assistance or support provided to farmers for adopting nano fertilizers in different regions, including Tamil Nadu especially in the said Lok Sabha Constituency;
- (d) the extent of Research and Development (R&D) conducted in the field of nano fertilizers and their effectiveness in improving crop productivity and reducing environmental impact; and
- (e) the expected impact of nano fertilizers on sustainable agriculture and soil health, particularly in the agricultural landscape of Tamil Nadu?

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): In order to promote the use of Nano Fertilizers among farmers across the country, including in the State of Tamil Nadu and its Lok Sabha constituencies, the following measures have been undertaken:

- i. Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.
- ii. Nano Fertilizers are made available at Pradhan Mantri Kisan Samridhi

Kendras (PMKSKs) by concerned companies.

- iii. Nano Fertilizers has been included under monthly supply plan issued by Department of Fertilizers regularly.
- iv. For ease in application and utilization of Nano fertilizers like Nano Urea through foliar application, initiatives such as innovative spraying options like 'Kisan Drones' and distribution of battery operated Sprayers at retail points are undertaken. For this purpose, pilot training and custom hiring spraying services through Village Level Entrepreneurs are actively promoted.
- v. DoF in collaboration with fertilizer companies has initiated a Maha Abhiyan for adoption of Nano DAP in all 15 agro-climatic zones of the country through consultations and field level demonstrations. Further, DoF in collaboration with fertilizer companies has also launched campaign for field level demonstrations and awareness programs of Nano Urea plus in 100 districts of the country.
- vi. IFFCO has informed that it is conducting extensive mass-awareness activities on Nano Fertilizers across most states. Its field officers regularly organize Nano Model Village programmes, on-field demonstrations, drone-spraying campaigns, farmers' meetings, road shows, educative banners and retailer trainings at district, block and village levels, including in the Arani Lok Sabha Constituency. In Arani, IFFCO has undertaken 30 on-field demonstrations, drone spraying over 500+ acres, 25+ farmers' meetings, road shows (Sept–Oct 2025), 10 road-side banners and training

of 100 retailers.

(c): Sir, no financial assistance or subsidy is provided by Government of India for Nano Fertilizers.

(d): An MoU was signed between National Productivity Council (NPC) of India and Department of Fertilizers on 5th March, 2024 to undertake the study of Nano Urea on "Evaluating Efficacy, Utility and Impact of Nano Urea in comparison to Conventional Urea. A Phase-II study by NPC has also been signed on 14.11.2025 for evaluating the extent of replacement of Conventional Urea by Nano Urea. The Phase-II study will be conducted at a cost of ₹61.52 lakh.

Additionally, an MoU has been signed with ICAR on 03.11.2025 for undertaking a Network Project on the evaluation of Nano Urea, at a cost of ₹21.20 crore (including GST) and funded jointly by fertilizer PSUs/cooperatives. The project is scheduled to be conducted over a period of five years. The project is being conducted in various Collaborating Agricultural University/Institutes, including Tamil Nadu Agricultural University (TNAU), Coimbatore.

Furthermore, ICAR has also initiated a 2024–26 project, funded by Indian Council for Fertilizers and Fertilizer Technology Research (ICFFTR) with a total outlay of ₹160 lakh, to evaluate the impact of Nano Fertilizers on crop growth, soil health, and nutrient uptake across various agro-ecological zones. There are various Collaborating Agricultural

University/Institutes including Agricultural College and Research Institute (ACRI), Madurai, under Tamil Nadu Agricultural University (TNAU).

(e): National Productivity Council (NPC) submitted key findings of its study regarding "Evaluating Efficacy, Utility and Impact of Nano Urea in comparison to Conventional Urea" on 26.11.2025, which also includes impact of nano urea on sustainable agriculture and soil health, as given below:

- i. The nano urea with 4% Nitrogen is not sufficient to fulfil nitrogen needs of all the crops hence, Nano Urea with 4% Nitrogen is required to be improved or discontinued. Improved Nano Urea plus with 16% Nitrogen (w/w) or 20% Nitrogen (w/v) which covers large number of crops is better for promotion.
- ii. Percentage increased in yield for combined application of conventional urea (basal dose) and nano urea (foliar application) as compared to conventional urea alone is 1.65-14.82% depending upon the crop based on feedback from farmers
- iii. Percentage increase in yield with nano urea application is maximum in case of peas (6.14-14.82%) and minimum in case of sugarcane (1.65-8%) as compared to using conventional urea alone.
- iv. Crop specific recommended dose of nano urea fertilizer in foliar application may be notified as soil fertility and quality differs from region to region.
- v. Weed growth is curtailed with application of nano urea due to foliar application.
- vi. The crop growth is better if seed treatment is done with Nano DAP.
- vii. Nano urea does not degrade soil health as it is applied as a foliar application.

viii. Conventional urea harms the population of earthworms which are beneficial for the health of soil and the crops. Hence conventional urea may be used to a minimum extent and the use of nano urea has to be promoted for better soil and crop health.

IMPORT OF FERTILIZERS FROM CHINA

1000. SHRI V. K. SREEKANDAN:

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

- (a) whether it is a fact that India imports about Ninety five percent of specialty fertilizers, including phosphates like TMAP and urea emission control fluids like AdBlue, from China, if so, the details thereof;
- (b) whether it is also true that China has closed the export window of these products from October 15, 2025 and the suspension will be for the next 5-6 months, if so, the details thereof;
- (c) whether it is also a fact that the closure of export of specialty fertilizers by China will cause higher fertilizer prices in the country ahead of the crucial rabi crop season; and
- (d) if so, the details thereof and the steps taken by the Government 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): In Fertilizer Control Order, 1985 no fertilizer is classified as specialty

fertilizer. However, 100 % water soluble complex fertilizer and 100 % water soluble mixture of fertilizer categories are there. The Central Fertilizer Quality Control & Training Institute (CFQC&TI) through Fertilizer Inspectors draws the samples of imported fertilizers at various ports and based on the inspection made by the institute during the last four years, the data on the water soluble fertilizer imported from China are given below:

(Quantity in MT)

S. No.	Year	Total Import	Import from China	% of import from China
1	2021-22	1,98,234.724	1,19,363.778	60.21
2	2022-23	2,09,575.573	1,28,850.823	61.48
3	2023-24	2,07,979.400	1,22,918.350	59.10
4	2024-25	2,60,636.814	1,71,093.710	65.65

(b) to (d): Specialty Fertilizers are not covered under ambit of Nutrient Based Subsidy (NBS) Scheme administered by Department of Fertilizers and therefore, Specialty Fertilizers are not subsidized. Fertilizer companies are free to import these fertilizers as per the market dynamics. Over the past few months, China has reportedly withheld export of specialty fertilizers to India and the Indian companies are sourcing Water Soluble Fertilizers from alternative suppliers in Belgium, Egypt, Germany, Morocco & USA to offset the shortfall caused by reduced imports from China.

Further, Indian research institutions including Indian Council of

Agricultural Research (ICAR) and State Agricultural Universities are advancing indigenous solutions such as zinc EDTA, boron blends, nano-fertilizers, and bio-fertilizers enriched with micronutrients, including zinc-solubilizing bacteria. These research-based innovations are helping India move towards self-reliance in nutrient management, reduce import dependency, and ensure sustainable agricultural productivity.

Also, ICAR through institutes like IISS-Bhopal, IARI-Delhi, and IIHR-Bengaluru, has developed and validated technologies such as nano fertilizers, bio-fertilizers, and customized nutrient blends. These efforts are supported by initiatives like Soil Test-Based Fertilizer Recommendations and Site-Specific Nutrient Management (SSNM) which supports a holistic Integrated Nutrient Management Strategy.

PRODUCTION AND DISTRIBUTION OF FERTILIZERS

1001. DR. NAMDEO KIRSAN:

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

- (a) the quantum of fertilizers produced in the country from financial year 2019 till now, year-wise;
- (b) the quantum of fertilizers distributed to farmers during the said period; and
- (c) the total quantum of fertilizer subsidies given to the farmer from the financial year 2019 till now, 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):

(a): The year wise production of major fertilizers such as Urea, DAP and NPKs during the financial year 2019-20 to 2025-26 (up to 01.12.2025) are given as under:

Year wise Production of major fertilizers			
(Figures in LMT)			
Year	UREA	DAP	NPKS
2019-20	244.58	45.50	93.34
2020-21	246.05	37.74	100.54
2021-22	250.72	42.22	89.67
2022-23	284.94	43.47	100.4
2023-24	314.09	42.93	101.85
2024-25	306.67	37.69	121.05
2025-26 (upto 01.12. 2025)	197.61	26.79	86.99

(b): The quantity of fertilizers such as Urea, DAP, NPKs and MOP distributed/sold in the country during the period from 2019-20 to 2025-26 (upto 01.12.2025) are given as under:

Year wise Sales of major fertilizers				
(Figures in LMT)				
Year	UREA	DAP	NPKS	MOP
2019-20	336.96	101.01	105.01	27.80
2020-21	350.51	119.18	125.82	34.32
2021-22	341.73	92.64	121.37	23.93

2022-23	357.26	105.31	107.31	16.32
2023-24	357.81	109.73	116.80	16.45
2024-25	387.92	96.29	149.72	22.02
2025-26 (Till November 25)	254.11	76.03	109.68	15.48

(c): The details of year wise expenditure during the financial year 2019-20 to 2025-26 (up to 01.12.2025) disbursed to fertilizer manufacturing / importing companies for providing subsidised fertilizers to the farmers are given as under:

Fertilizer Subsidies disbursed to fertilizer manufacturing / importing companies for providing subsidised fertilizers to the farmers (Rs. in Crore)	
Financial Year	Grand Total
2019-20	83467.85
2020-21	131229.50
2021-22	157640.09
2022-23	254798.93
2023-24	195420.51
2024-25	177129.50
2025-26 (as on 01.12.2025)	148606.68
Grand Total	1148293.06

REGULATORY COMPLIANCE FOR ASU DRUG MANUFACTURERS

1002. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

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

- (a) whether the Government has undertaken any recent review of regulatory compliance issues faced by drug manufacturers and practitioners of Ayurvedic, Siddha and Unani (ASU) in Tamil Nadu and if so, the details thereof;
- (b) whether the Government has assessed the capacity of State drug-testing laboratories and Government Analysts in Tamil Nadu, if so, the details thereof and the steps being taken to strengthen testing, reduce pendency and upgrade lab infrastructure;
- (c) whether the Government proposes to issue simplified guidance or phased compliance support for small Siddha and other ASU practitioners who face challenges in labelling, packaging and documentation and if so, the details thereof; and
- (d) the details of consultations held with State Licensing Authorities in Tamil Nadu on these matters?

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 Drugs & Cosmetics Act, 1940 and Drugs Rules 1945, 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.

Further, as per the information received from State Government of Tamil Nadu, State Drug Inspectors (Indian Medicine) of Govt. of Tamil Nadu regularly

undertake inspections of manufacturing premises to ensure Safety and quality of raw materials, compliance of final products with prescribed regulatory standards and adherence to Good Manufacturing Practices (GMP).

(b): In the State of Tamil Nadu, one State Drug Testing Laboratory (Indian Medicine) and one Government Analyst are currently functioning to facilitate the testing of Ayurveda, Siddha, Sowa-Rigpa, Unani, and Homoeopathy drugs. The State Drug Testing Laboratory has been supported by the Ministry of Ayush with a grant of ₹1.12 crore for its strengthening and upgradation under the Central Sector Scheme Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY).

Further, 14 private drug testing laboratories are recognized in Tamil Nadu under Rule 160 E of Drugs Rules 1945 for testing of raw materials and drugs. As per the information received from Tamil Nadu state, details of sample tested by state drug testing laboratory, Tamil Nadu are given in the enclosed **Statement**.

(c): Labelling and packing provisions for Ayurveda, Siddha, Sowa-Rigpa and Unani (ASSU) drugs are mentioned under Rule 161 of Drugs Rules 1945. Exemption in labelling and packing provisions for export of Ayurveda (including Siddha) and Unani Drugs are mentioned under Rule 161A of Drugs Rules 1945. Further, the provisions for good manufacturing practices for Ayurveda, Siddha, Sowa-Rigpa and Unani drugs are mentioned under schedule T of Drugs Rules 1945. As per section 33EEC of Drugs and Cosmetics 1940, Vaidyas and Hakims who manufacture Ayurveda, Siddha or Unani drug for the use of their own

patients are exempted from the provisions of Drugs and Cosmetics Act and Rules made there under.

Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) is a subordinate office under Ministry of Ayush, conducts quarterly capacity building training (CBT) Programmes for a wide range of stakeholders, including drug regulators/enforcement authorities, quality control and technical personnel associated with ASU&H drugs, ASU&H drug manufacturers, Ayush-accredited State/UT's Drug Testing Laboratories, faculty of ASU&H pharmacy colleges, and technical personnel from other scientific institutions. During the last three financial years, PCIM&H has conducted a total of 11 CBT Programmes, in which 207 participants including 07 participants from Siddha system took part.

(d): Ministry of Ayush consult State/UT's Government including Tamil Nadu Government on various matters of ASSU drugs. As per section 33 D of Drugs and Cosmetics Act 1940, Central Government constitutes Ayurvedic, Siddha and Unani Drugs Consultative Committee with representatives from State/UT Governments including Tamil Nadu government to advise the Central Government, the State Governments and the Ayurvedic, Siddha and Unani Drugs Technical Advisory Board on any matter for the purpose of securing uniformity throughout India in the administration of Drugs and Cosmetics Act, 1940 in respect of ASSU drugs.

STATEMENT

As per the information received from Tamil Nadu state, details of sample tested by state drug testing laboratory, Tamil Nadu are as follows:

Samples	Duration	Total No of Samples Tested	Standard Quality	Not of Standard quality
Statutory samples collected in Tamil Nadu	January 2025 to till date	1925	1891	34
Statutory samples received from Andaman & Nicobar as per memorandum of understanding	January 2025 to till date	37	37	-

SUBSTANDARD QUALITY OF MEDICINES

1003. SHRI ABHISHEK BANERJEE:

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

- (a) the number of pharmaceutical manufacturing units inspected by Central Drugs Standard Control Organization (CDSCO) in 2023–24 and 2024–25 that were found to be non-compliant with quality norms and the number of units ordered to shut, State-wise;
- (b) the quantity (in number of batches) of medicines rejected for substandard quality in those inspections and the value of such batches; and
- (c) the steps taken/proposed to be taken by the Government to strengthen quality control, including augmentation of labs, digital traceability, and stricter

oversight of Active Pharmaceutical Ingredient (API) sourcing, particularly in view of scholar criticisms about India's dependence on imported APIs and quality lapses?

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): In order to assess the regulatory compliance of drug manufacturing premises in the country, the Central Drugs Standard Control Organization (CDSCO) along with State Drugs Controllers (SDCs) have conducted risk-based inspections of more than 960 premises since December, 2022 and based on findings, more than 860 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses, warning letters have been taken by the State Licensing Authorities as per the provisions of the Drugs Rules 1945.

Further, list of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Misbranded/ Adulterated by the Central Drugs Testing Laboratories is uploaded and available on the website of Central Drugs Standard Control Organization (CDSCO) under the heading of Drug Alert (www.cdsc.gov.in) and actions initiated as per provisions of the Drugs and Cosmetics Act, 1940 and rules thereunder.

CDSCO and Ministry of Health and Family Welfare have taken following regulatory measures to ensure the import and manufacture of safe, efficacious and quality medicines across the country:

- (i) On 17.11.2022, the Drugs Rules, 1945 were amended vide G.S.R. 823(E) which has come into force from 1st of August, 2023 providing that the manufacturers of top 300 brands of drug formulation products, as specified in Schedule H2, shall print or affix Bar Code or Quick Response Code on its primary packaging label or, in case of inadequate space in primary package label, on the secondary package label that store data or information legible with software application to facilitate authentication.
- (ii) On 18.01.2022, the Drugs Rules, 1945 were amended vide G.S.R. 20 (E) providing that every Active Pharmaceutical Ingredient (bulk drug) manufactured or imported in India shall bear Quick Response Code on its label at each level of packaging that store data or information readable with software application to facilitate tracking and tracing. The stored data or information shall include the minimum particulars including unique product identification code, Batch Number, Manufacturing date, Expiry Date etc.
- (iii) Central Government has amended the Drugs Rules 1945 vide G.S.R. 922 (E) dated 28.12.2023 to revise the schedule M to the said rules related to Good Manufacturing Practices and requirements of premises, plant and equipment for pharmaceutical products. Revised Schedule M has become effective for the drug manufacturers with turnover > Rs. 250 crores from 29.06.2024. However, for manufacturers having turnover of less than Rs. 250 Cr, conditional extension up to 31.12.2025 is currently operational for those who submitted their upgradation plan for the

extended compliance period.

- (iv) In February 2024, CDSCO published regulatory guidelines for the sampling of drugs, cosmetics, and medical devices by Central and State Drugs Inspectors. These guidelines provide a structured approach to ensure the quality and efficacy of products available in the market through uniform drug sampling methodology.
- (v) An online portal, SUGAM labs is in place since September 2023 for integrating the drug testing labs of the CDSCO. It automates the entire workflow for testing of Medical Products (Drugs, Vaccine, Cosmetics & Medical devices) to meet the quality specification and tracing the testing status in the laboratories.
- (vi) The Drugs Rules, 1945 have been amended making it mandatory that, in case the applicant intends to market the drug under a brand name or trade name the applicant shall furnish an undertaking in Form 51 to the licensing authority that such or similar brand name or trade name is not already in existence with respect to any drug in the country and the proposed brand name or trade name shall not lead to any confusion or deception in the market.
- (vii) Central regulator coordinates activities of State Drug Control Organisations and provides expert advice through the Drugs Consultative Committee (DCC) meetings held with State Drugs Controllers for uniformity in administration of the Drugs and Cosmetics Act.

- (viii) Central government is providing regular residential, regional training and workshops to officials of CDSCO and State Drug Regulatory Authorities on Good Manufacturing Practices. In the Financial Year 2023-24 CDSCO has trained 22854 persons while in Financial Year 2024-25, 20551 persons have been trained.

दूतावासों में नागरिक सेवा केंद्र

1004. श्री सनातन पांडेय:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार द्वारा विदेशों में स्थित भारतीय दूतावासों में नागरिक सेवा केन्द्रों का डिजिटलीकरण कर दिया गया है और यदि हां, तो कितने देशों में 'ई-हेल्प काउंटर' की सुविधा शुरू की गई है; और

(ख) क्या उक्त पहल से औसत सेवा समय में कमी आई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री (श्री कीर्ति वर्धन सिंह):

(क) और (ख): मंत्रालय ने ऑनलाइन सेवाओं को प्रदान करने के अपने प्रयास में 'सेवा- भारतीय कोंसली सेवा प्रणाली' (ई-सेवा) शुरू की है, जिसका उद्देश्य ऑनलाइन प्लेटफॉर्म का सृजन करते हुए विदेशों में भारतीय नागरिकों को भारतीय मिशनों/केन्द्रों में विभिन्न कोंसली सेवाओं के लिए ऑनलाइन आवेदन करने हेतु समर्थ बनाया है। अब तक, 117 देशों में भारतीय मिशनों/केन्द्रों को ई-सेवा प्लेटफॉर्म पर ऑनबोर्ड किया जा चुका है।

इसके अलावा, मदद, जो एक ऑनलाइन व्यापक शिकायत निवारण पोर्टल है, ने 95 प्रतिशत से अधिक मामलों के समाधान की सफलता दर के साथ कोंसली सहायता प्रदान करने और कोंसली शिकायतों से निपटने में गुणात्मक सुधार किया है। मदद पोर्टल, जो एक प्रमुख सुशासन पहल है, जो

विदेशों में भारतीय नागरिकों की बड़ी संख्या में कोंसली शिकायतों का समाधान करके प्रभावी ढंग से सेवा प्रदान करती है, जिसमें प्रत्यावर्तन, पार्थिव शरीर का परिवहन, मृत्यु मुआवजा, कार्य से संबंधित समस्याएं, कारावास, लापता व्यक्ति, पासपोर्ट सेवाएं और छात्रों की चिंताएं शामिल हैं।

ICDS INITIATIVES

1005. SHRI TEJASVI SURYA:

SHRI BHOJRAJ NAG:

SHRI DULU MAHATO:

SHRI KALI CHARAN SINGH:

SHRIMATI SMITA UDAY WAGH:

SHRIMATI MAHIMA KUMARI MEWAR:

DR. HEMANG JOSHI:

SHRI BIBHU PRASAD TARAI:

DR. RAJKUMAR SANGWAN:

SHRI CHANDRA PRAKASH JOSHI:

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

(a) whether specific components of the Swasth Nari, Sashakt Parivar Abhiyaan have been integrated with the existing Integrated Child Development Services (ICDS) platform, particularly in Maharashtra;

(b) if so, the details of service convergence, digital tracking/supplementary nutrition initiatives introduced thereunder;

(c) the details of criteria adopted for identifying ICDS beneficiaries — children, pregnant women, lactating mothers, and adolescent girls — to be covered under

the new initiatives announced during the 8th Rashtriya Poshan Maah district-wise, including Jalgaon Maharashtra and Baghpat Lok Sabha Constituency in Uttar Pradesh;

(d) whether any new monitoring indicators, performance-based parameters / technology-enabled reporting mechanisms have been proposed for Anganwadi Services under the said Abhiyaan; if so, the details thereof;

(e) the details of the proposed timeline for implementation of ICDS-related components, including phased implementation plans/readiness assessments conducted under the said campaign at the State and National level;

(f) the manner in which these strengthened ICDS initiatives are expected to enhance nutrition outcomes, service delivery efficiency/community participation in the said State; and

(g) the current status of the implementation of said Abhiyan in Jharkhand and especially in Chatra Lok Sabha Constituency?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) and (b): The “Swasth Nari, Sashakt Parivar Abhiyaan (SNSPA)” campaign was conducted between the period of 17th September 2025 to 2nd October 2025 by the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Women and Child Development (MoWCD). It aimed at strengthening healthcare services for women and children across India, with a focus on improving access, quality care, and awareness through Jan Bhagidaari.

The Swasth Nari, Sashakt Parivar Abhiyaan was implemented throughout the

country with close convergence of various Ministries as stakeholders to ensure comprehensive service delivery for women, adolescents, and children at the grassroots level. The printed information Education and Communication (IEC) in regional languages was provided to maximize the outreach during the campaign.

The following activities have been conducted during the campaign:

- 19.7 lakh countrywide dedicated health camps with a footfall of more than 11 crores on all healthcare platforms to provide screenings and specialist and telemedicine services, including counselling activities.
- Provision of medical and health services for women including check-up for ENT, Eye, Dental check-up.
- Promoting healthy lifestyles such as reducing obesity local and regional food, distribution of Take-Home Ration (THR).
- Focusing on women's health, including screenings for oral, breast and cervical cancer, anaemia, hypertension, diabetes, tuberculosis and sickle cell diseases.
- Providing maternal and child health services, such as antenatal care (ANC) checkups and immunization and Early Childhood Care and Infant and Young Child Feeding (IYCF) practices.
- Raising awareness about nutrition, menstrual hygiene, and mental health.
- Active participation of citizens for voluntary blood donation, Nikshay Mitra Volunteer and organ donor registration.

Distribution of digital cards and special registration including Mother and Child

Protection (MCP) Card, Sickle Cell card, Pradhan Mantri Matru Vandana Yojana (PMMVY) enrolment and registration of beneficiary on POSHAN Tracker.

Since the launch of Poshan Abhiyaan in 2018, annual Jan Andolans in the form of Poshan Maah (the month of September) and Poshan Pakhwada (in a fortnight of March/ April) are celebrated in convergence with various Ministries/ Departments and other stakeholders. Alongside the Swasth Nari, Sashakt Parivar Abhiyaan, 8th Rashtriya Poshan Maah was launched on 17th September, 2025 by Hon'ble Prime Minister from Dhar, Madhya Pradesh which was celebrated from 17th September to 16th October 2025, at all Anganwadi centres across the country including State of Maharashtra. Themes taken up during this Poshan Maah includes- Addressing Obesity, Early Childhood Care and Education (ECCE), Reinforcing Infant and Young Child Feeding (IYCF) Practices, Men-streaming, Vocal for Local, and Convergent Actions & Digitization.

(c): The criteria for identification of beneficiaries remained unchanged and followed standard eligibility norms, namely: Children (0–6 years), Pregnant women, Lactating mothers and Adolescent girls (14-18 years from Aspirational Districts and all districts of North Eastern States), as applicable under the scheme. Beneficiary identification during the 8th Rashtriya Poshan Maah was done at the Anganwadi Centre. The same criteria were applied uniformly in districts including Jalgaon (Maharashtra) and Baghpat (Uttar Pradesh).

(d): Activities conducted at Anganwadi centres during 8th Rashtriya Poshan Maah are available on Jan Andolan Dashboard <https://poshanabhiyaan.gov.in/>.

(e) to (g): Overall, 14.33 crore activities have been reported by all 36 States/ UTs in convergence with more than 18 partner Ministries around the following themes.

- Vocal for Local campaigns highlighted local food diversity and traditional nutritious recipes.
- Men Streaming (1.63 Cr): Men were engaged as partners in nutrition and health awareness initiatives.
- Early Childhood Care & Education (ECCE) (2.41 Cr): Activities emphasized holistic development and learning readiness for young children.
- Infant & Young Child Feeding (IYCF) Practices (2.53 Cr): Sessions encouraged exclusive breastfeeding and appropriate complementary feeding.
- Addressing Obesity (2.85 Cr): Awareness drives promoted balanced diet and physical fitness among women and children.

The 8th Poshan Maah along with Swasth Nari Sashakt Parivar Abhiyaan was implemented in the State of Jharkhand, including Chatra Lok Sabha Constituency, through Anganwadi-based activities, health screening camps, beneficiary mobilisation and nutrition awareness drives during Poshan Maah.

USE OF AI BASED DIGITAL CONTENT IN JUDICIARY

1006. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

SHRI SURESH KUMAR SHETKAR:

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

- (a) whether the judiciary has observed instances of morphed or fabricated digital content, including videos, affecting public perception, and if so, the details thereof, and the measures being considered to prevent such misuse;
- (b) whether a formal policy or set of guidelines exists for the adoption and use of artificial intelligence tools in judicial processes, and if so, the details thereof, and reasons for its scope;
- (c) whether the judiciary is aware of systemic biases embedded within generative AI systems being used in court functions, and if so, the details thereof, and measures being undertaken to ensure fairness and neutrality;
- (d) whether there have been concerns about AI systems operating as “black boxes” with opaque internal logic in judicial functions, and so, the details thereof, and reasons why transparency mechanisms have not been fully implemented; and
- (e) whether the use of AI in court proceedings may generate unintended content or misleading outcomes, and the strategies in place to minimize errors and misrepresentation?

**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): Yes, cases related to morphed or fabricated digital content are filed in courts under the Information Technology Act, 2000 covering offenses like identity theft (Section 66C), cheating by personation using computer resources (Section 66D),

publishing or transmitting obscene or harmful digital material (Sections 67, 67A and 67B) etc. Cases are also registered under Bharatiya Nyaya Sanhita, 2023 covering offences relating to cheating by personation (Section 319), electronic forgery and related falsification of records (Section 336) and forgery of electronic records (Section 340). While dealing with such cases, the judiciary has recognised the growing risk posed by manipulated digital material and its potential impact on public perception.

Several measures have been undertaken to address these concerns, including the introduction of various amendments to the Information Technology Act, 2000 and the enactment of new criminal laws in 2023. In addition, procedures for the authentication and admissibility of electronic records have been strengthened under Section 63 of the Bharatiya Sakshya Adhiniyam, 2023, which mandates electronic record authentication certificates for establishing the authenticity of digital evidence.

Further, as part of the eCourts Mission Mode project, a large number of the court proceedings are being live-streamed to enhance transparency. Authentic copies of court judgements are made available on the Judgement Search Portal to ensure accessibility and reliability of judicial decisions.

(b) to (e): As part of the National eGovernance Plan, Phase-III of the eCourts Mission Mode project with an outlay of Rs 7210 crore is under implementation for ICT (Information and Communication Technology) in the Indian Judiciary. Its vision is to transform the judicial system with Information and Communication Technology enablement of courts and to enhance the judicial productivity, both

qualitatively & quantitatively, making the justice delivery system accessible, cost effective, reliable, and transparent.

Under eCourts Project Phase III, an amount of Rs. 53.57 crore has been earmarked for the component “Future Technological Advancements (AI, Blockchain etc)” to integrate modern technologies for smoother user experience. The Supreme Court of India constituted Artificial Intelligence Committee to explore the use of AI in the judicial domain. However, no formal policy or guidelines exist for adopting AI tools in judicial processes, as AI-based solutions remain in the controlled pilot phase and authorities use AI only within the areas approved in the DPR of eCourts Phase III.

Judiciary is aware that integrating AI into judicial processes poses key challenges such as algorithmic bias, language and translation issues, data privacy and security concerns, and the need for manual verification of AI-generated outputs. The Chairperson of 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.

An AI based software 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 designed to assist Hon'ble Judges and Judicial Officers by providing a single window for managing 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. At present, in the pilot phase of AI based solutions, the eCommittee of the Supreme Court of India reports no systemic bias, unintended content, or other issues.

DISPOSAL AND PENDENCY OF CASES IN TRIBUNALS

1007. SHRI ARUN NEHRU:

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

- (a) the total number of cases disposed of, cases pending, and average time for disposal in each major tribunal, including NCLT, NCLAT, DRT, Debt Recovery Appellate Tribunal and NGT, since 2020, year-wise;
- (b) the details of steps taken to address high pendency and regional disparities in case disposal rates across tribunals; and
- (c) the targets set for periodic reduction in pending cases and the monitoring mechanism adopted to ensure performance improvement and timely resolution?

**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): Year-wise details of total number of cases disposed of and pending in major tribunal like NCLT, NCLAT, DRT, Debt Recovery Appellate Tribunal and NGT since 2020 is given in the enclosed **Statement**. In view of the nature and kind of cases, their complexity, stage-wise procedures involved, repeated re-hearings and other operational variables involved for final adjudication of cases

being handled by each of the Tribunal such a computation cause significant variation in the overall time frame.

(b) and (c): Government has been making all out efforts to facilitate expeditious disposal of pending cases in Tribunals and is taking all necessary steps as per the Acts under which the Tribunals function and provide for indicating timeline within which appeal should preferably dispose of. Various measures are also undertaken by the Tribunals for speedy disposal of pending cases which include; Filling up of vacancies of Members on regular basis as soon as posts are vacant on retirement, resignation and completion of terms of tenure, Using technology through hybrid hearing, regular colloquiums for capacity building of members, provisions of infrastructure, etc., Prioritize cases viz. appeals of Senior Citizens, scrutinize and identify cases covered by decisions of High Courts, Supreme Court, for posting and out of turn hearing, Disposal of cases using Schemes such as Vivad Se Vishwas and Below tax effect appeals, Setting up of Single Bench for expeditious adjudication of cases, Holding Circuit Benches in different States to address the issue of regional disparity, Appeals arising out of same impugned orders or involving the same issues are identified and listed for final disposal at one stroke, Members are sent to other benches on regular basis wherever there is vacancy to dispose cases pending there, Mandatory e-filing of application in most of the Tribunals and Appellate Tribunals, Hybrid hearing system adopted by most of the Tribunals, and Regular training of Presiding Officers, Members and other officers dealing the matters in respective Tribunals.

STATEMENT

Year-wise details of total number of cases disposed of and pending in major tribunal

Sl. No.	Name of Tribunal	2020		2021		2022		2023		2024		2025	
		Disposal	Pending	Disposal	Pending	Disposal	Pending	Disposal	Pending	Disposal	Pending	Disposal	Pending
1	National Company Law Tribunal (NCLT)	9678	20654	8619	21312	8988	21424	9818	19793	14150	14961	4723	14680
	National Company Law Appellate Tribunal (NCLAT)	1036	372	1013	696	2279	144	2385	180	2487	894	2243	410
2	National Green Tribunal	2610	2656	2600	2390	3497	2001	2882	2818	3294	4219	3149	5301
3	Debts Recovery Tribunal	11840	151943	19435	181498	42185	205558	52541	218060	45378	233901	33161	245048
4	Debts Recovery Appellate Tribunal	714	1515	661	1705	1538	2460	1661	3684	1204	5193	372	6534
5	Income-Tax Appellate Tribunal	24256	79754	40473	54315	39096	38311	33008	34429	38370	43672	47652	42502
6	Customs, Excise and Service Tax Appellate Tribunal	9407	74594	12530	72585	6424	78510	14403	80646	23821	71845	13046	71454
7	Appellate Tribunal under the Smugglers and Foreign Exchange Manipulators (Forfeiture of Property)	26	5094	2	6581	763	7583	1102	9509	1447	11920	2364	12498
8	Central Administrative Tribunal	12616	62283	17395	74567	19487	80545	31672	74615	35460	72153	26991	69102
9	Railway Claims Tribunal	3299	26185	5812	25192	6369	22555	13554	19218	10879	13943	6352	10570
10	Securities Appellate Tribunal	395	741	742	822	1011	878	1118	750	374	1085	316	1308
11	National Consumer Disputes Redressal Commission	2216	908	1444	1003	1926	1492	3414	1953	2278	2081	939	1969
12	Appellate Tribunal for Electricity	217	1726	256	1956	411	2122	282	2552	468	2631	402	2644
13	Armed Forces Tribunal	2460	4645	6140	3974	6175	4678	9653	5541	7706	6058	3389	6904
14	Central Govt. Industrial Tribunal	2540	28173	2280	29136	2186	32110	3438	34644	4407	36498	8648	10644
15	Telecom Disputes Settlement and	334	3901	463	4867	1132	4932	707	5193	714	5510	604	5979

	Appellate Tribunal (TDSAT)												
16	State Administrative Tribunal												
	Kerala Administrative Tribunal	3091	922	3167	1365	2442	1761	2602	1555	2098	1322	2531	10797
	Karnataka State Administrative Tribunal	11788	27	10881	69	9873	86	12798	282	9883	1565	1513	5450
	Maharashtra Administrative Tribunal	1381	7051	1618	8559	2953	9412	2863	10702	3455	11752	2768	12693

VACANT POSITIONS IN AYUSH

1008. SHRI RAJA RAM SINGH:

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

- (a) whether the Government is aware that the Standing Committee on Health and Family Welfare 165th committee report has highlighted over 2,600 unfilled positions in AYUSH research, academic, paramedical and technical roles, with vacancy rates above twenty five percentage and if so, the details thereof;
- (b) whether it is a fact that North-East States are especially under-resourced and if so, the details thereof along with the current vacancy rate;
- (c) the details of the Government's action plan and timeline to fill these positions with qualified personnel, especially in underserved regions; and
- (d) the number of the present vacant posts that are filled with contract employees along with the number of years they are serving as contract employees?

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 details of total number of sanctioned, vacant and filled posts, institution-wise are under table – I and the details of the peripheral institutes/units of Councils and National Institutes located in the North-Eastern Region along with the combined sanctioned strength and vacancy rate are under table-II:

Table – I

Sl. No.	Name of the Institute/Council	Number of Posts			Number of contractual staff engaged against vacant post
		Sanctioned	Vacant	Filled	
1.	National Institute of Ayurveda (NIA), Jaipur	329	29	300	1
2.	Institute of teaching and Research in Ayurveda (ITRA), Jamnagar	539	322	217	13
3.	All India Institute of Ayurveda (AIIA), New Delhi	377	193	184	17
4.	North Eastern Institute Ayurveda & Folk Medicine Research (NEIAFMR), Pasighat	90	76	14	8
5.	North Eastern Institute of Ayurveda and Homoeopathy (NEIAH), Shillong	111	41	70	15
6.	Rashtriya Ayurved Vidyapeeth (RAV), New Delhi	9	2	7	Nil
7.	Morarji Desai National Institute of Yoga (MDNIY), New Delhi	77	32	45	06
8.	National Institute of	36	9	27	1

	Naturopathy (NIN), Pune				
9.	National Institute of Unani Medicine (NIUM), Bangalore & Ghaziabad	211	104	107	15
10.	National Institute of Siddha (NIS), Chennai	107	12	95	6
11.	National Institute of Sowa Rigpa (NISR), Leh, Laddakh	56	27	29	02
12.	National Institute of Homoeopathy (NIH), Kolkata & Delhi	193	76	117	11
13.	Central Council for Research in Ayurvedic Sciences (CCRAS), New Delhi	1708	903	805	872
14.	Central Council For Research In Yoga And Naturopathy (CCRYN), New Delhi	55	29	26	02
15.	Central Council for Research in Unani Medicine (CCRUM), New Delhi	766	345	421	78
16.	Central Council for Research in Siddha (CCRS), Chennai	251	28	223	95

17.	Central Council for Research in Homoeopathy (CCRH), New Delhi	452	216	236	175

Table- II

Sl. No.	Name of the Institute/Council	Number of Posts			Vacancy Rate (in %)
		Sanctioned	Vacant	Filled	
1.	CCRAS (05 peripheral institutes)	121	72	49	59.5
2.	CCRH (06 peripheral institutes/units)	36	19	17	52.7
3.	CCRUM (01 peripheral institute)	6	4	2	66.6
4.	NEIAFMR	90	76	14	84.4
5.	NEIAH	111	41	70	36.9

The vacant posts are filled with qualified personnel on contract basis as an interim measure including for North-East States till the process for regular appointments is completed. The necessary action in filling up the vacant posts with qualified personnel in various autonomous bodies under the Ministry of Ayush is taken by concerned autonomous bodies in accordance with their respective Recruitment Rules (RRs) and stipulated procedure.

SANCTION OF NEW MEDICAL SEATS AND COLLEGES**1009. SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:****SHRI RAVINDRA VASANTRAO CHAVAN:****SHRI SUDHEER GUPTA:**

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

- (a) whether the Government has recently sanctioned 10,650 new medical seats and 41 new medical colleges for academic session 2025-26 across the country;
- (b) if so, the details thereof, State/UT-wise;
- (c) the details of the criteria adopted by the Government for allocation of these new medical colleges and seats in the country;
- (d) the total amount of funds sanctioned/released by the Government for the construction of medical colleges in the country;
- (e) whether any special consideration has been given to aspirational districts, backward or tribal areas while sanctioning these institutions and if so, the details thereof; and
- (f) the steps taken/being taken by the Government to ensure adequate infrastructure, faculty and resources for smooth functioning of these new medical colleges in the country?

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): Medical Assessment and Rating Board (MARB), an autonomous board

formed under provision of National Medical Commission (NMC) Act, 2019 invited online applications for setting up of new medical colleges/enhance their intake capacity. These applications are processed as per relevant regulations.

As per the information conveyed by NMC, 44 New Medical Colleges along-with 11,732 UG seats and 3393 PG seats have been added in Academic Session 2025-26. State-wise details are given in the enclosed **Statement-I**.

Minimum Standard Requirement (MSR) Regulations framed by the NMC lay down the essential norms to ensure that medical colleges in the country have the requisite infrastructure and resources for their smooth and effective functioning. The key points are as under:

- 1) Medical college buildings and associated hospitals must conform to national building standards and obtain all necessary statutory clearances and approvals from regulatory and local authorities.
- 2) Teaching hospitals must have the minimum required number of beds to meet academic and clinical training needs, ensuring optimal inpatient and outpatient care.
- 3) All essential pre-clinical, para-clinical, and clinical departments must be fully operational, with required laboratories, outpatient departments, operating theatres, ICUs, diagnostic facilities and Teaching & Training Infrastructure (Pre-clinical, Para-clinical & Clinical)
- 4) Adequate space and facilities must be provided for lectures, practical demonstrations, laboratories, skill labs, and department-specific training

to support undergraduate and postgraduate education.

- 5) Colleges must provide hostels, common rooms, libraries, cafeterias, playgrounds, gymnasiums, and counseling services to ensure overall welfare and holistic development of students.

Further, the Ministry of Health & Family Welfare administers 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 Government medical colleges have already been approved with approved cost of Rs. 41,332.41 crore, including 40 colleges in aspirational districts and 38 colleges in tribal areas. State-wise details are given in the enclosed **Statement-II.**

STATEMENT-I

State-wise details of New Medical Colleges and UG/PG Seats added during Academic Session 2025-26:

Sl. No	State/UT	Total Colleges	Under Graduate	Post-Graduate
1.	Andaman & Nicobar	0	0	13
2.	Andhra Pradesh	1	430	119
3.	Arunachal Pradesh	0	0	0
4.	Assam	2	325	41

5.	Bihar	3	550	47
6.	Chandigarh	0	0	0
7.	Chhattisgarh	0	250	61
8.	Dadar & Nagar Haveli	0	0	18
9.	Delhi	1	50	47
10.	Goa	0	0	0
11.	Gujarat	2	375	285
12.	Haryana	2	525	72
13.	Himachal Pradesh	0	50	32
14.	Jammu and Kashmir	1	379	118
15.	Jharkhand	1	200	16
16.	Karnataka	1	1550	599
17.	Kerala	3	700	97
18.	Madhya Pradesh	4	525	115
19.	Maharashtra	5	980	418
20.	Manipur	0	0	2
21.	Meghalaya	1	50	0
22.	Mizoram	0	0	10
23.	Nagaland	0	0	0
24.	Orissa / Odisha	2	300	155
25.	Puducherry	0	43	68
26.	Punjab	1	200	55
27.	Rajasthan	6	825	112
28.	Sikkim	0	0	0
29.	Tamil Nadu	1	1050	375
30.	Telangana	1	475	118
31.	Tripura	0	50	6
32.	Uttar Pradesh	3	950	290
33.	Uttarakhand	0	100	68
34.	West Bengal	3	800	36
Total		44	11732	3393

STATEMENT-II**State-wise details of Medical Colleges approved under CSS in****Aspirational & Tribal Districts:**

State/UT	Aspirational District(s)	Tribal District(s)
Andhra Pradesh	Paderu	-
Arunachal Pradesh	-	Papum Pare
Assam	Dhubri	Kokrajhar
Bihar	Jamui, Purnia, Sitamarhi	Jamui
Chhattisgarh	Kanker, Korba, Mahasamund, Rajnandgaon	Surguja, Kanker, Korba, Mahasamund, Rajnandgaon
Gujarat	Narmada	Narmada, Navsari, Panchmahal
Himachal Pradesh	Chamba	Chamba
Jammu & Kashmir	Baramulla, Kupwara	Rajouri
Jharkhand	Dumka, East Singhbhum, Hazaribagh, Palamu	Dumka, Palamu, Hazaribagh, Pashchimi Singhbhum
Karnataka	Yadgir	-
Ladakh	-	Leh
Madhya Pradesh	Khandwa, Rajgarh, Vidisha, Singrauli	Mandla, Shahdol, Chhindwara, Singrauli, Ratlam, Khandwa (East Nimar)
Maharashtra	Nandurbar	Nandurbar
Manipur	-	Churachandpur
Meghalaya	-	West Garo Hills
Mizoram	-	Aizawl
Nagaland	-	Mon, Kohima
Odisha	Balangir, Kalahandi, Koraput	Mayurbhanj, Koraput, Kalahandi
Rajasthan	Baran, Dholpur, Jaisalmer, Karauli, Sirohi	Banswara, Dungarpur, Sirohi, Dausa
Sikkim	-	East District
Tamil Nadu	Ramanathapuram, Virudhunagar	-

Uttar Pradesh	Bahraich, Chandauli, Fatehpur, Siddharthnagar, Sonbhadra	-
Uttarakhand	Haridwar, Udham Singh Nagar	-

QUALITY AYUSH MEDICINES AND PRODUCTS

1010. SHRI JANARDAN SINGH SIGRIWAL:

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

- (a) whether any shortfall has been noticed in manufacturing of various AYUSH medicines and if so, the details thereof;
- (b) whether the Government proposes to formulate any mechanism to address the issue of standardization and quality control of AYUSH medicines and products in the country;
- (c) if so, the details thereof along with the efforts to improve the quality of AYUSH medicines/products, State/UT-wise, particularly in Bihar;
- (d) the measures taken/proposed to be taken to enhance research and development in the field of AYUSH along with the efforts to collaborate with international organizations; and
- (e) the plans of the Government to promote quality AYUSH medicines and products for wider use by the consumers?

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, there is no shortfall noticed in the manufacturing of various Ayush medicines.

(b) and (c): The Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Sowa Rigpa, Unani, and Homoeopathy drugs. Provisions related to Ayurveda, Siddha, Sowa Rigpa and 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. Further, second schedule (4A) of the Drugs and Cosmetics Act, 1940 provides standards for Homoeopathic drugs and Rules 2dd, 30AA, 67 (C-H), 85 (A to I), 106-A, Schedule K, Schedule M-I of the Drugs Rules, 1945 pertain to Homoeopathic drugs. It is mandatory for the manufacturers to adhere to the prescribed requirements of Good Manufacturing Practices (GMP) including proof of safety & effectiveness as per Schedule T & Schedule M-I of Drugs Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia.

Ministry of Ayush, Government of India has established Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) as its subordinate office. PCIM&H 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. As per the Drugs & Cosmetics Act, 1940 and rules thereunder, the compliance to these quality

standards are mandatory for the production of ASU&H drugs being manufactured in India. So far, 2269 quality standards on raw materials (single drugs of plant/ animal/ mineral/ metal/ chemical origin) used in ASU&H drugs, 426 quality standards of ASU formulations and 2799 formulary specifications of ASU drugs has been published. In addition to above, supporting documents in the form of Macro-Microscopic & Thin-layer chromatography (TLC) Atlas on 392 single drugs incorporated in Ayurvedic Pharmacopoeia of India (API) has also been published.

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.

Rule 160 A to J of the Drugs Rules, 1945 provides the regulatory guidelines for approval of Drug Testing Laboratory for carrying out tests of identity, purity, quality and strength of Ayurvedic, Siddha, Sowa Rigpa and Unani drugs as may be required under the provisions of these rules. As on date, 34 State/UTs Drug Testing Laboratories and 108 private laboratories are approved or licensed under the provisions of Drugs Rules, 1945 for quality testing of Ayurvedic, Siddha, Sowa Rigpa and Unani drugs and raw materials.

As per the information received from states/UTs Governments including

Bihar, the details of the mechanism to address the issue of standardization and quality control of Ayush medicines and products in the country along with the efforts to improve the quality of Ayush medicines/products are given in the enclosed **Statement**.

(d): Ministry of Ayush has established Central Councils for Research in Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy as apex organizations for undertaking, coordinating, formulating, developing and promoting research in Ayush systems on scientific lines. Core Research activities comprise of Medicinal Plant Research (Medico-Ethno Botanical Survey, Pharmacognosy and in vitro-propagation technique), Drug Standardization, Pharmacological Research, Clinical Research, Literary Research & Documentation and Tribal Health Care Research Programme. Research activities are carried out through its peripheral Institutes/Units located across the country and in collaboration with various Universities, Hospitals and Institutes.

Further, the Ministry of Ayush is implementing the Central Sector Scheme namely AYURGYAN Scheme from FY 2021-22. The Scheme has 03 components viz. (i) Capacity Building & Continuing Medical Education (CME) in Ayush (ii) Research & Innovation in Ayush from the FY 2021-22 and iii) Ayurveda Biology Integrated Health Research is also added under the scheme from FY 2023-24. Under the Research & Innovation in Ayush and Ayurveda Biology Integrated Health Research component, financial assistance is being provided

to the Organizations/Institutions for research studies, for promotion of research in Ayush system.

The Ministry of Ayush is implementing the central sector scheme for Promotion of International Cooperation for Ayush (IC Scheme). Under this scheme, 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 this IC Scheme, 25 Country-to-Country MoUs, 15 Ayush Chair MoUs and 52 Institute-to-Institute level MoUs have been signed.

(e): Ministry of Ayush has implemented Central Sector Scheme Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY). The total financial allocation to this scheme is Rs. 122.00 crores for five years. The components of AOGUSY scheme are as follows -

A. Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards.

B. Pharmacovigilance of ASU&H drugs including surveillance of misleading advertisements.

C.Strengthening of Central and State regulatory frameworks including Technical Human Resource & Capacity Building programs for Ayush drugs.

D.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 of AOGUSY scheme are available at <https://ayush.gov.in/images/Schemes/aoushdhi.pdf>.

Further Ministry of Ayush encourages following certifications of Ayush products as per details below: -

- The scheme for Certification of Pharmaceutical Product (CoPP) as per World Health Organization (WHO) guidelines is extended to Ayurvedic, Siddha and Unani (ASU) medicines. This scheme is administered by Central Drugs Standard Control Organization (CDSCO) and the certificate is granted on the basis of joint inspection of the applicant manufacturing unit by the representatives of CDSCO, Ministry of Ayush and the concerned State Licensing Authority.
- Quality Certifications Scheme is implemented by the Quality Council of India (QCI) for grant of Ayush mark viz. Ayush standard and Ayush premium marks to Ayurvedic, Siddha and Unani products on the basis of third party evaluation of quality in accordance with the status of compliance to GMP and WHO-GMP standards, respectively.

STATEMENT

As per the information received from states/UTs Governments including Bihar, the details of the mechanism to address the issue of standardization and quality control of Ayush medicines and products in the country along with the efforts to improve the quality of Ayush medicines/products are as follows:

S. No.	Name of the State/ UT	Details
1.	Uttarakhand	State government nominated 14 Drug Inspectors in the State to check the quality and production of Ayurvedic & Unani medicines. There are 07 Drug testing laboratories (DTLs) are working in Uttarakhand in which 01 Government and 06 drug testing laboratories are approved by Ministry of Ayush in Private sector are sanctioned under Drug & Cosmetic Act 1940, Ruls1945 under rule 160A to 160J, for checking the quality of Ayurvedic & Unani medicines. Uttarakhand Ayurvedic University nominated as peripheral pharmacovigilance Centre for compiling and reporting of adverse drug reaction (ADR). All manufacturing Units are GMP certified, the respective District's Drug Inspectors regularly do inspection, and Sampling for testing.
2.	Madhya Pradesh	Madhya Pradesh have 01 state DTL and 07 Private DTLs for testing of Ayush medicine. In addition, 51 Drug Inspectors are notified in state for Ayush medicine. In addition 07 pharmacovigilance centers are working as monitoring system.
3.	Delhi	Routine inspections and lifting of survey samples are undertaken as part of regular enforcement activities to improve the quality of Ayush medicines/products.
4.	Puducherry	ISM Expert Committee is Constituted in UT of Puducherry. Products were verified, evaluated and approved by ISM

		Expert Committee. Based on the recommendations from ISM Expert Committee, necessary product approval is issued. Product approvals are issued as per the rules 158(B) (II) A read with Chapter IVA of Drugs and Cosmetics Act 1940 & Rules 1945. Regular monitoring and Inspection is carried out by the Drugs Inspectors, Department of Drugs Control, Puducherry.
5.	Ladakh	In UT Ladakh the Sowa Rigpa medicine suppliers are directed to ensure date of manufacturing and date of expiry on label.
6.	Kerala	The Government of Kerala has constituted an expert committee for the standardization of Ayurveda, Siddha, Unani Drugs. The committee had submitted a comprehensive draft report with recommendation for implementation of various steps to improve the quality of Ayurveda, Siddha, Unani Drugs.
7.	Tripura	A State DTL has been established to test Ayush drugs for quality, purity, and strength. A central sector scheme (AOGUSY) implemented to provide financial assistance to drug testing laboratory to achieve higher standards. Drug inspectors conduct regular inspections of the market and draw samples for quality checking
8.	Haryana	A State Ayurvedic Drug Testing Laboratory is functional in Haryana State. Moreover, 12 Private Drug Testing Laboratories are also granted licence for testing of ASU drugs/medicines under rule 160 B of Drug and Cosmetic Rules-1945.
9.	Arunachal Pradesh	State Drug Testing Laboratory (Ayush) and Govt. Ayurvedic Pharmacy are established in Arunachal Pradesh for quality control of Ayush Drugs.

10.	Uttar Pradesh	For testing/analysis, the State Government operates 01 Drug Testing Laboratory with 01 State Government Analyst, Ayurveda & Unani Medicine, Uttar Pradesh, and 04 Private Drug Testing Laboratories certified by the State Government under rule 160 A to J of the Drug and Cosmetics Act- 1945. One Pharmacovigilance Centre situated at Central Research Institute of Unani Medicine, Lucknow, Uttar Pradesh and 60 Drug Inspector Appoint in Uttar Pradesh Including Ayurveda and Unani Department.
11.	Bihar	The Drugs Control Administration, Department of Health, Bihar continuously monitor the Quality of drugs (Ayush) by performing sampling & testing of the marketed drugs in the state through its inspectorate staff. State Govt. has also notified government Analyst and Drugs Testing Laboratory, Agamkuan, Patna for the test and Analysis of Ayurvedic, Unani and Homoeopathic Medicines.
12.	Odisha	One State Drugs Testing and Research Laboratory (ISM), Bhubaneswar is functioning in the State to address the issue of standardisation and quality control of AYUSH medicines and products in the State.
13.	Maharashtra	Nil
14.	Lakshadweep	Nil
15.	Gujrat	Nil
16.	West Bengal	Nil

FAKE CLAIMS UNDER AYUSHMAN BHARAT SCHEME

1011. SHRIMATI MALA ROY:

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

(a) whether the Government has any data with regard to cases of fake claim

under Ayushman Bharat Mission in the country;

(b) if so, the details of total amount of such fraud cases during the last three years, State-wise and year-wise; and

(c) the steps taken by the Government to prevent such kind of frauds in future?

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. Advanced AI/ML-based analytics are used to proactively monitor fraud transactions. Various steps are taken for prevention, detection and deterrence of different kind of frauds that could occur in the scheme at different stages of its implementation. National Anti-Fraud Unit has been established at National Health Authority which works in close coordination with State Anti-Fraud Units to investigate and take action on issues related to fraud.

Appropriate action like suspension, show cause notice, warning letter, de-panelsment of hospitals, de-activation of e-cards, levying penalty on errant hospitals and lodging of FIRs, are taken against fraudulent entities.

MENINGOENCEPHALITIS CASES

1012. PROF. SOUGATA RAY:

ADV. ADOOR PRAKASH:

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

- (a) whether it is a fact that cases of Amoebic Meningoencephalitis (AME) have been reported from various parts of the country, including the State of Kerala and if so, the details thereof;
- (b) the number of AME cases reported and deaths that have occurred in Kerala so far;
- (c) whether the Government is considering sending a team of experts to assess the situation in the State and if so, the details thereof;
- (d) whether any State Government has resisted or avoided frequent reporting of cases of this disease and if so, the details thereof;
- (e) whether the Government has taken adequate measures and extended necessary immediate assistance to tackle the situation and prevent further outbreak of AME and other forms of meningitis in the country and if so, the details thereof; and
- (f) whether the Government is conducting awareness programmes regarding Amoebic Meningoencephalitis and viral fevers spreading across 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) and (b): As per the report communicated by the State Surveillance Unit (SSU), Kerala, year wise details of Amoebic Meningoencephalitis data in last

three years are given in the enclosed **Statement**.

(c) to (f): An investigation on the incidence of Amoebic Meningoencephalitis was conducted by the National Centre for Disease Control (NCDC), Kozhikode branch which comes under the Ministry of Health & Family Welfare with the help of concerned District Health Authorities in the month of July, 2024.

A high-level meeting was conducted by Secretary, Department of Health Research/Director General, Indian Council of Medical Research (ICMR) with National and State experts to review the surge in amoebic meningoencephalitis cases in Kerala. National Acute Encephalitis Syndrome (AES) surveillance was reinforced through 18 Virus Research & Diagnostic Laboratories (VRDLs), with emphasis on cross-validation of tests, improved environmental surveillance, and evidence-based treatment guidance.

The Government of India continues to support Information, Education and Communication (IEC) activities and collaborated with the State of Kerala for research, prevention, and preparedness. Detailed epidemiological assessments were conducted by NCDC, reinforcing surveillance and strengthening IEC activities. Accordingly, a revised Communicable Disease (CD) alert was issued by NCDC, New Delhi on Primary Amoebic Meningoencephalitis in October 2024 highlighting management, preventive and control measures.

(Source: <https://ncdc.mohfw.gov.in/wp-content/uploads/2025/11/CD-Alert-Primary-Amoebic-Meningo-Encephalitis.pdf>)

STATEMENT

Year wise details of Amoebic Meningoencephalitis cases and deaths reported in Kerala in last 3 years		
Year	No. of Cases	Deaths
2023	2	2
2024	39	9
2025*	170	42
* - As on 27 th November, 2025		

MEMBERS IN NMC**1013. SHRI SELVARAJ V.:****SHRI SUBBARAYAN K.:**

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

(a) whether it is a fact that majority of the member posts at the National Medical Commission (NMC) remained vacant for a considerable period of time and if so, the details thereof;

(b) the total number of members of the Commission and the total vacant posts of Members at present, along with the date since when the seats are vacant; and

(c) the reasons for not filling up the vacancies and the measures being taken to fill up the vacancies before the next academic session gets started?

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): Thirty-three (33) member posts of National Medical Commission (NMC) are notified under NMC Act, 2019. Details of twenty-eight (28) members in position and five (5) vacant posts are given in the enclosed **Statement**. Further, nineteen (19) Part-Time Members in NMC have been selected by conducting a draw of lots on 15/07/2025 as prescribed in the Regulations framed under NMC Act, 2019.

To fill up the vacant posts, advertisements have been published in English and Hindi national daily newspapers on 31/08/2024 and 11/10/2024 inviting applications from the eligible professionals.

STATEMENT

Composition of National Medical Commission Members

In Position Members at NMC

S.No.	Name of the Member	Members	Status
1	Dr. Abhijat Chandrakant Sheth	Chairman	-
2	Dr. Vijay Oza	President, PGMEB	Ex-officio
3	Dr. M. K. Ramesh	President, MARB	Ex-officio
4	Dr. Sunita Sharma	DG, DGHS	Ex-officio
5	Dr. Rajiv Bahl	DG, ICMR	Ex-officio
6	Ms. Vinod Kotwal	Additional Secretary, MoHFW	Ex-officio
7	Dr. Vivek Lal	Director, PGIMER, Chandigarh	Ex-officio
8	Dr. M Srinivas	Director, AIIMS, Delhi	Ex-officio
9	Dr. C.S. Pramesh	Director, Tata Memorial Hospital, Mumbai	Ex-officio
10	Dr. Nirja Arun Gupta	Vice Chancellor, Gujarat University	Nominated
11	Dr. M K Aseri	Vice Chancellor, Marwar Medical University, Jodhpur, Rajashtan	Nominated
12	Dr. Surender Kashyap	Vice Chancellor, Atal Medical and	Nominated

		Research University, Himachal Pradesh	
13	Dr. Mukesh Tripathi	Director of Andaman & Nicobar Islands Institute of Medical Sciences, Andaman & Nicobar	Nominated
14	Dr. Chandra Sekhar Pulala	Vice Chancellor, N.T.R UNIVERSITY OF HEALTH SCIENCES, Andhra Pradesh	Nominated
15	Dr. Dibakar Chandra Deka,	Vice Chancellor of Mizoram University	Nominated
16	Prof. P.S. Shukla	Vice Chancellor, North Eastern Hill University, Meghalaya	Nominated
17	Prof. (Dr.) Dinesh Kumar Singh	VC of Nilamber-Pitamber University, (Jharkhand)	Nominated
18	Dr. Suman	Health & Family Welfare-cum-Mission Director (Chandigarh)	Nominated
19	Dr. Ashok Khandelwal	Vice chancellor, Madhya Pradesh University of Medical Sciences	Nominated
20	Dr. Sudipta Kumar Roy	West Bengal Medical Council	Nominated
21	Dr. Sharanabasappa S. Karbhari	Karnataka Medical Council	Nominated
22	Dr. George Thira	Nagaland Medical Council	Nominated
23	Dr. Mahesh Kumar Sinha	Chhattisgarh Medical Council	Nominated
24	Dr. Kanak Choudhury	Tripura Medical Council	Nominated
25.	Dr. Sandeep Dogra	Jammu & Kashmir Medical Council	
25	Dr. Sandeep Dogra	Jammu & Kashmir Medical Council	Nominated
26	Dr. Anup Kumar Barman	Assam Medical Council	Nominated
27	Dr. Simpson Sareo	Manipur Medical Council	Nominated
28	Dr. Manoj Kumar Verma	Uttarakhand Medical Council	Nominated

Vacant posts of Members

	Member	Sanctioned post	Vacant	Vacant since
29	President, UGMEB	1	1	September, 2024
30	President, EMRB	1	1	June, 2022
31	Part Time Member, NMC	3	3	2 posts are vacant since September, 2024; and 1 post is vacant since September, 2020

SHORTAGE OF DOCTORS AND SPECIALISTS IN ASSAM

1014. MD. RAKIBUL HUSSAIN:

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

- (a) whether the State of Assam is facing a shortage of doctors and specialists;
- (b) if so, the details thereof
- (c) whether a faculty recruitment for the newly Sanctioned Medical College has been initiated in the said State, if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government to solve the issue of such shortage in the State?

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 primary responsibility of strengthening the public healthcare

system lies with the respective State Governments. However, 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. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

The State of Assam has been working towards upgrading the health facilities in the State and the Status of Specialist & Doctors (PHCs, CHCs, SDHs & DHs) is detailed below:

	Sanctioned posts	In position Regular+ Contractual
Specialist	1132	1135
MO MBBS	3406	3434

The state of Assam has adequate number of specialists and medical officers posted against the sanctioned posts.

(c): The details of Faculty positions at AIIMS Guwahati is as under:

Sanctioned posts Filled Posts Vacant posts:

Sanctioned posts	In- position	Vacant
183	116	67

Creation of posts & recruitment is a continuous process. Filling up of vacant positions is contingent on various factors including availability of eligible, qualified doctors/health professionals, reservation roster etc.

(d): The Ministry of Health and Family Welfare has taken several policy-level measures to address the vacancy and shortage of healthcare professionals in the country. National Health Mission continues to provide immediate and medium-term need-based support to the states to strengthen the public health systems by filling the gaps in human resources in secondary and primary care facilities (District hospitals and below) as per Indian Public Health Standards. To further improve the HRH availability to support service delivery in rural and remote areas, various flexibility has been provided under NHM. These provisions can be utilized by all the states/ UTs and propose budgetary support in their annual Programme Implementation Plans (PIPs) based on their specific needs and available resource envelope.

हिसार में आयुष सेवाएं

1015. श्री जय प्रकाश:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या हरियाणा के हिसार लोक सभा निर्वाचन क्षेत्र में आयुर्वेद, योग, प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी की सेवाओं को सुदृढ़ करने की आवश्यकता है;
- (ख) क्या सरकार द्वारा क्षेत्र में आयुष सम्पूर्ण स्वास्थ्य केंद्रों, डॉक्टरों की संख्या बढ़ाने और चिकित्सा आपूर्ति में सुधार के लिए कोई विशेष योजना शुरू की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या हिसार जिले में पारंपरिक चिकित्सा पद्धतियों को बढ़ावा देने, योग केंद्रों का विस्तार करने, औषधीय पौधों की खेती करने और जन जागरूकता कार्यक्रमों को प्रोत्साहित करने

के लिए किसी नई परियोजना को मंजूरी दी गई है; और

- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और उक्त योजनाओं के कार्यान्वयन की स्थिति क्या है तथा इससे कितने लोगों को लाभ मिलता है और क्षेत्र में आयुष सेवाओं का विस्तार करने के लिए क्या संभावित उपाय किए जाने हैं?

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

(क): जैसा कि राज्य सरकार द्वारा सूचित किया गया है, वर्तमान में हिसार जिले में 80 आयुर्वेद, 10 होम्योपैथी, 70 योग संस्थानों के माध्यम से आयुष सेवाएं प्रदान की जा रही हैं। इसके अलावा, लोक सभा निर्वाचन क्षेत्र में आवश्यकता के अनुसार आयुष बुनियादी ढांचे को मजबूत करने के लिए राज्य, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत राज्य वार्षिक कार्य योजनाओं (एसएएपीएस) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकता है।

(ख): आयुष मंत्रालय ने राज्यों/संघ राज्य क्षेत्रों के माध्यम से कार्यान्वयन के लिए वर्ष 2014 में एनएएम शुरू किया है। एनएएम के तहत, हिसार जिले में 41 सहित 538 आयुष्मान आरोग्य मंदिरों (आयुष) [पूर्व में आयुष स्वास्थ्य एवं कल्याण केंद्रों के रूप में जाना जाता है] को मौजूदा बुनियादी ढांचे को मजबूत करने और दवा की आपूर्ति के लिए वित्तीय सहायता प्रदान करके संचालन के लिए मंजूरी दी गई है। जैसा कि राज्य द्वारा सूचित किया गया है, सभी 41 इकाइयां कार्यशील हैं और योग और जनसंपर्क गतिविधियों सहित विभिन्न आयुष उपचारों के माध्यम से समुदाय को स्वास्थ्य देखभाल सेवाएं प्रदान कर रही हैं। इसके अलावा, जैसा कि राज्य द्वारा बताया गया है, वर्ष 2025-26 के दौरान हरियाणा राज्य में 572 आयुष चिकित्सा अधिकारियों (हिसार में 37 एएमओ सहित) की भर्ती की गई है।

(ग) और (घ): क्षेत्र में आयुष स्वास्थ्य देखभाल सेवाएं प्रदान करने के लिए एनएएम के तहत हिसार जिले के मैयर गांव में 50 बिस्तरों वाले एकीकृत आयुष अस्पताल को मंजूरी दी गई है। जैसा कि राज्य

द्वारा बताया गया है, उक्त अस्पताल को कार्यशील बना दिया गया है। अप्रैल, 2025 से अक्टूबर, 2025 तक हिसार जिले में लाभार्थियों (ओपीडी) की कुल संख्या 1,53,116 (50 बिस्तरों वाले आईएचएच सहित) है। इसके अलावा, जन जागरूकता के लिए सामुदायिक स्तर के जागरूकता शिविर आयोजित किए जा रहे हैं।

NATIONAL FUND FOR RARE DISEASES

1016. SHRI ARVIND GANPAT SAWANT:

SHRI SANJAY HARIBHAU JADHAV:

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

- (a) the budget allocation for the National Fund for Rare Diseases (NFRD) during the last two financial years 2024–25 and 2025–26, State-wise;
- (b) whether the Government has any other dedicated funds or financial mechanisms to support the treatment of rare diseases in the country and if so, the details thereof;
- (c) the total number of disorders currently classified as rare diseases in the country;
- (d) whether the Government provides financial assistance to patients suffering from rare diseases under any specific schemes, if so, the details thereof and if not, the reasons therefor; and
- (e) the current status of the Centres of Excellence (CoEs) established for the diagnosis and treatment of rare diseases along with the number of patients who have received treatment at these Centres?

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, to mitigate the challenges posed by rare diseases in India, the Government launched the National Policy for Rare Diseases (NPRD) in 2021. Under NPRD, funds are provided to the 15 designated Centers of Excellence (CoEs) for treatment of 63 identified Rare Diseases. Based on the recommendation of the dedicated Rare Disease Committees of the CoEs, more than 1400 patients have received treatment under NPRD as on date. Rs. 118.82 cr. and Rs. 299.59 cr. have been allocated to NPRD for FY 2024-25 and 2025-2026 respectively.

STRENGTHENING THE SUPPLY OF FERTILIZERS

1017. SHRI K. RADHAKRISHNAN:

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

- (a) whether the Government is aware of the fact that farmers from various States across the country are facing acute shortages and price hikes of fertilizers, severely affecting agricultural production and peasants' livelihood;
- (b) if so, the details of the steps taken by the Government to ensure timely availability and fair distribution of fertilizers to farmers, particularly small and marginal farmers, State-wise;

(c) whether the delay in fertilizer subsidy disbursement and irregular supply has affected crop productivity and increased farmers' indebtedness, if so, the details thereof;

(d) whether the Government proposes to strengthen the supply chain of the fertilizer supply chain and subsidy mechanism to avoid such crises in the future, if so, the details thereof; and

(e) the measures being taken to protect peasants from exploitation by private fertilizer dealers and to ensure fertilizers reach farmers at the subsidized rates fixed by the Government?

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 availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate in the States during the ongoing Rabi 2025-26 season. Further, following steps are taken by the Government every season for ensuring timely and adequate availability of 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 Monitoring 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 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) The distribution of fertilizers within the State at district level is done by the concerned State Government.

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.

For Phosphatic and Potassic (P&K) fertilizers, the Government has implemented Nutrient Based Subsidy Policy w.e.f. 01.04.2010. Under NBS policy, P&K fertilizers are covered under Open General License (OGL) and companies are free to import / manufacture these fertilizers as per their business dynamics. The

NBS subsidy is provided to manufacturer / importer on notified P&K fertilizers on its PoS sale during the season, depending on their nutrient content to ensure availability of fertilizers to farmers. The volatility in international prices of key fertilizers and raw materials is considered while fixing NBS rates for P&K fertilizers so that fertilizers remain affordable to the farmers

Besides, to make DAP available at affordable price of Rs. 1,350 per 50 kg bag, special provisions like Rs. 3,500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage/disadvantage due to increase/decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Rabi 2025-26 season to keep the prices of fertilizers stable.

Further, fertilizers are 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 black-marketing/over-pricing, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding black-marketing/over-pricing of fertilizers is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

पॉक्सो अधिनियम के तहत न्यायालयों में मामले

1018. श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:

सुश्री कंगना रनौत:

श्री दामोदर अग्रवाल :

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

(क) पिछले पांच वर्षों के दौरान देश में जिला और अधीनस्थ न्यायालयों में लैंगिक अपराध से बालकों का संरक्षण अधिनियम (पॉक्सो अधिनियम) के तहत पंजीकृत मामलों का न्यायालय-वार और वर्ष-वार ब्यौरा क्या है ;

(ख) पिछले पांच वर्षों के दौरान पॉक्सो अधिनियम के तहत पंजीकृत मामलों के निपटान का राज्य-वार और वर्ष- वार ब्यौरा क्या है ;

(ग) पिछले दस वर्षों के दौरान पॉक्सो अधिनियम के तहत दायर और दो वर्ष से अधिक समय से लंबित मामलों का राज्य-वार और वर्ष-वार ब्यौरा क्या है; और

(घ) क्या सरकार ने पीड़ित बच्चों को त्वरित न्याय प्रदान करने के लिए कोई विशेष पहल की है?

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

(क) और (ख): राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पर उपलब्ध सूचना के अनुसार, विगत पांच वर्ष के दौरान लैंगिक अपराधों से बालकों का संरक्षण अधिनियम (पॉक्सो अधिनियम) के अधीन रजिस्ट्रीकृत किए गए और निपटाए गए मामलों के राज्य/संघ राज्य क्षेत्र-वार और वर्ष-वार ब्यौरे संलग्न **विवरण-I** में दिए गए हैं।

(ग): राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पर उपलब्ध सूचना के अनुसार, विगत 10 वर्ष के दौरान और 2 वर्ष से अधिक समय से लंबित पॉक्सो अधिनियम के अधीन फाईल किए गए मामलों के राज्य/संघ राज्य क्षेत्र-वार और वर्ष-वार ब्यौरे संलग्न **विवरण-II** में दिए गए हैं।

(घ): दांडिक विधि (संशोधन) अधिनियम, 2018 के अधिनियमन और माननीय उच्चतम न्यायालय के आदेश [स्वप्रेरणा रिट (दांडिक) संख्या 1/2019] के बाद अक्तूबर, 2019 में अनन्य पॉक्सो (ईपॉक्सो) न्यायालयों सहित त्वरित निपटान विशेष न्यायालयों (एफटीएससी) की स्थापना के लिए एक केंद्र प्रायोजित स्कीम शुरू की गई थी। ये न्यायालय लैंगिक अपराधों से बालकों का संरक्षण अधिनियम (पॉक्सो) अधिनियम, 2012 के अधीन बलात्संग और अपराधों से संबंधित लंबित मामलों की समयबद्ध सुनवाई और निपटान के लिए समर्पित हैं।

790 न्यायालयों की स्थापना के लिए इस स्कीम को 31 मार्च 2026 तक नवीनतम विस्तार के साथ दो बार विस्तारित किया गया है। इस स्कीम के अधीन वित्तीय परिव्यय 1952.23 करोड़ रुपये है, जिसमें सीएसएस पैटर्न पर निर्भया फंड से केंद्रीय अंश के रूप में 1207.24 करोड़ रुपये उपगत किए जाएंगे।

30.09.2025 तक, 29 राज्यों/ संघ राज्यक्षेत्रों में 400 अनन्य पॉक्सो (ई-पॉक्सो) न्यायालयों सहित 773 एफटीएससी कार्य कर रहे हैं, जिन्होंने स्कीम के आरंभ से 3,50,685 मामलों का निपटारा किया है, जिसमें 2,25,617 मामले अनन्य पॉक्सो न्यायालयों द्वारा निपटाए गए हैं। अनन्य पॉक्सो न्यायालयों सहित कार्यशील त्वरित निपटान विशेष न्यायालयों (एफटीएससी) के राज्य/संघ राज्य क्षेत्र-वार ब्यौरे संलग्न **विवरण-III** में दिए गए हैं।

विवरण-I

विगत पांच वर्ष के दौरान रजिस्ट्रीकृत किए गए और निपटाए गए पॉक्सो मामले के राज्य/संघ राज्यक्षेत्र-वार ब्यौरे:

क्र. सं.	राज्य/संघ राज्यक्षेत्र	2021		2022		2023		2024		2025	
		रजिस्ट्रीकृत किए गए	निपटाए गए	रजिस्ट्रीकृत किए गए	निपटाए गए	रजिस्ट्रीकृत किए गए	निपटाए गए	रजिस्ट्रीकृत किए गए	निपटाए गए	रजिस्ट्रीकृत किए गए	निपटाए गए
1	अंदमान और निकोबार	0	0	0	0	0	0	0	0	0	0
2	आंध्र प्रदेश	881	914	1439	735	1180	680	672	533	1138	1203

3	अरुणाचल प्रदेश	22	2	57	8	106	82	151	129	85	97
4	असम	1509	666	1936	1379	4096	1984	3207	2012	1759	1612
5	बिहार	2369	1852	3078	2538	3892	3275	4421	3604	3011	3239
6	चंडीगढ़	156	107	171	189	227	222	125	101	52	119
7	छत्तीसगढ़	2894	2288	2809	2587	2338	3386	2799	2773	1416	2678
8	दादरा और नागर हवेली और दमण और दीव	47	34	58	62	43	51	39	29	30	25
9	दिल्ली	1535	1660	1764	2615	1892	2773	1916	2781	1006	1792
10	गोवा	20	7	51	44	38	30	14	27	22	19
11	गुजरात	6621	5002	6340	7921	6844	7844	7255	8524	4557	6289
12	हरियाणा	4459	3503	5263	5101	5470	5456	5633	5468	3522	3895
13	हिमाचल प्रदेश	348	186	413	430	475	545	513	684	386	432
14	जम्मू - कश्मीर	28	7	35	10	33	4	38	6	42	23
15	झारखंड	1841	1088	2002	2058	2059	2116	2008	2136	1434	1867
16	कर्नाटक	3348	2876	4119	3968	4874	4679	5357	4813	3289	4026
17	केरल	4488	2917	6694	6131	6514	7758	5605	6061	3291	3891
18	लद्दाख	0	0	0	0	0	0	0	0	0	0
19	लक्षद्वीप	10	0	29	0	4	0	9	6	4	6
20	मध्य प्रदेश	7133	6035	6795	7753	6665	8189	6982	7278	3973	5503
21	महाराष्ट्र	13201	8456	15208	11380	18016	13659	18170	12534	11714	10564
22	मणिपुर	8	2	31	29	13	11	11	14	24	30
23	मेघालय	3	0	10	4	7	4	7	7	7	3
24	मिजोरम	1	1	1	0	0	0	0	0	0	1
25	नागालैंड	10	3	10	11	11	9	6	6	1	1
26	ओडिशा	2725	1390	2583	2996	2685	3230	2786	3698	1641	2916
27	पुडुचेरी	102	33	102	63	293	282	121	112	72	114
28	पंजाब	2816	2537	2850	3086	2859	3178	2882	3014	1809	2333
29	राजस्थान	858	497	1025	681	946	994	1160	1314	692	1173
30	सिक्किम	109	92	89	79	41	52	31	32	33	51
31	तमिलनाडु	5482	3476	8392	5663	7786	6880	9393	8200	8946	9166
32	तेलंगाना	5195	2559	5646	5779	3933	3203	5097	4615	3654	3935
33	त्रिपुरा	76	28	37	58	69	47	74	56	130	103
34	उत्तर प्रदेश	23563	17740	27934	21905	30969	23678	30187	23417	19039	17879
35	उत्तराखंड	1418	1077	1533	1262	1444	1411	1684	1524	1011	1026

24	मिजोरम	0	0	0	0	0	0	0	0	0
25	नागालैंड	0	0	0	1	3	0	3	1	6
26	ओडिशा	45	408	403	478	513	554	805	899	1079
27	पुडुचेरी	0	0	0	0	0	1	3	4	95
28	पंजाब	0	3	7	7	24	28	47	93	152
29	राजस्थान	0	2	8	15	8	21	58	149	224
30	सिक्किम	0	0	0	0	0	0	0	17	21
31	तमिलनाडु	2	10	27	110	264	300	716	1582	1910
32	तेलंगाना	4	23	32	103	176	242	962	1863	1653
33	त्रिपुरा	0	0	2	3	1	7	8	4	10
34	उत्तर प्रदेश	26	962	1450	2621	4131	5506	6383	8623	10566
35	उत्तराखंड	0	1	4	7	52	63	157	209	374
36	पश्चिम बंगाल	55	735	659	856	1289	932	1177	1830	2003
	कुल	189	3206	4395	7089	11047	13572	18209	27303	35434

टिप्पण : डाटा जो तारीख 02-12-2025 को राष्ट्रीय न्यायिक डाटा ग्रिड पर उपलब्ध है।

विवरण-III

अनन्य पॉक्सो (ई-पॉक्सो) के साथ कार्यशील त्वरित निपटान विशेष न्यायालयों के राज्य/संघ

राज्यक्षेत्र-वार ब्यौरे 30/09/2025 तक न्यायालय:

क्र. सं.	राज्य/संघ राज्यक्षेत्र	कार्यशील न्यायालय		स्कीम के आरंभ से संचयी निपटान			30.09.2025 तक लंबित		
		ई पॉक्सो सहित एफटीएससी एस	ई पॉक्सो	संयुक्त एफटीएससीएस (बलात्संग और पॉक्सो)	ई पॉक्सो	कुल	संयुक्त एफटीएससीएस (बलात्संग और पॉक्सो)	ई पॉक्सो	कुल
1	आंध्र प्रदेश	16	16	0	8170	8170	0	6342	6342
2	असम	17	17	0	9617	9617	0	6477	6477
3	बिहार	54	48	181	18756	18937	4173	18761	22934
4	चंडीगढ़	1	0	413	0	413	210	0	210
5	छत्तीसगढ़	15	11	1369	5438	6807	247	1245	1492
6	दिल्ली	16	11	807	2124	2931	1034	2481	3515
7	गोवा	1	0	104	34	138	141	0	141
8	गुजरात	35	24	3624	13951	17575	1369	3766	5135
9	हरियाणा	18	14	2139	6409	8548	1207	3337	4544
10	हिमाचल प्रदेश	6	3	663	853	1516	307	298	605
11	जम्मू - कश्मीर	4	2	154	184	338	165	329	494
12	कर्नाटक	30	17	5761	9208	14969	2102	3129	5231

13	केरल	55	14	18952	8212	27164	4719	1582	6301
14	मध्य प्रदेश	67	56	5245	28376	33621	2982	7897	10879
15	महाराष्ट्र	36	1	9061	12034	21095	33346	284	33630
16	मणिपुर	2	0	212	0	212	44	0	44
17	मेघालय	5	5	0	771	771	0	1128	1128
18	मिजोरम	3	1	213	73	286	50	40	90
19	नागालैंड	1	0	70	3	73	59	0	59
20	ओडिशा	44	23	7776	13870	21646	3023	6106	9129
21	पुडुचेरी	1	1	0	184	184	0	230	230
22	पंजाब	12	3	2993	2634	5627	950	520	1470
23	राजस्थान	45	30	6053	14271	20324	1036	3883	4919
24	तमिलनाडु	20	20	0	10617	10617	0	8135	8135
25	तेलंगाना	36	0	9384	2731	12115	8850	0	8850
26	त्रिपुरा	3	1	266	261	527	127	94	221
27	उत्तराखंड	4	0	2004	0	2004	1113	0	1113
28	उत्तर प्रदेश	218	74	44847	49928	94775	34374	60452	94826
29	पश्चिमी बंगाल	8	8	0	571	571	0	5471	5471
30	झारखंड *	0	0	2777	6337	9114	0	0	0
31	अंदमान और निकोबार**	0	0	0	0	0	0	0	0
32	अरुणाचल प्रदेश***	0	0	0	0	0	0	0	0
	कुल	773	400	125068	225617	350685	101628	141987	243615
टिप्पण : स्कीम के आरंभ में, देश भर में एपटीएससी का आबंटन प्रति न्यायालय 65 से 165 लंबित मामलों के मानदंड पर आधारित था, जिसका अर्थ है कि प्रत्येक 65 से 165 लंबित मामलों के लिए एक एपटीएससी की स्थापना की जाएगी। इसके आधार पर, केवल 31 राज्य/संघ राज्य क्षेत्र ही इस स्कीम में शामिल होने के पात्र थे।* पुडुचेरी ने विशेष रूप से स्कीम में शामिल होने का अनुरोध किया और तब से मई 2023 में अनन्य पॉस्को न्यायालय को प्रचालित किया जाना है।									
* झारखंड राज्य ने 07.07.2025 के पत्र के माध्यम से एपटीएससी स्कीम से बाहर निकलने का विनिश्चय किया है।									
** अंदमान और निकोबार द्वीप समूह ने इस स्कीम में शामिल होने की सहमति दे दी है, किन्तु अभी तक वहां कोई न्यायालय संचालित नहीं हुआ है।									
*** अरुणाचल प्रदेश ने बलात्संग और पॉक्सो अधिनियम के लंबित मामलों की बहुत कम संख्या का हवाला देते हुए इस स्कीम से बाहर रहने का विकल्प चुना है।									

PACKAGES COVERED UNDER AB-PMJAY FOR MENTAL HEALTH TREATMENT

1019. SHRI NAVEEN JINDAL:

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

- (a) the number of packages covered under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) for mental health treatment and the

impact of these services on beneficiaries across the country;

(b) the details of the implementation of the District Mental Health Programme (DMHP) under the National Mental Health Programme (NMHP) and the number of districts covered by this programme across the country;

(c) the number of Centres of Excellence established under the tertiary care component of NMHP and their role in increasing postgraduate intake in mental health specialities;

(d) the status of Tele MANAS services, including the number of operational Tele MANAS Cells, calls handled and the impact of the recently launched Tele MANAS Mobile Application; and

(e) the steps taken by the Government to ensure compliance with the Mental Health Care Act, 2017, in health insurance policies including the coverage of mental health conditions by insurers?

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), the latest national master of the Health Benefit Package provides cashless healthcare services for 1,961 procedures across 27 medical specialties, including 22 procedures under the Mental Disorders specialty, such as Intellectual Disability, Schizophrenia, Schizotypal and Delusional Disorders, and Autism Spectrum Disorder, among others. Further, States have been provided

flexibility to further customize the Health Benefit Packages to local context. As on 31.10.2025, more than 2.27 lakh hospital admissions worth Rs. 241.57 crore have been authorized for mental health disorder conditions under the scheme.

(b) to (e): To address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre (CHC) and Primary Health Centre (PHC) levels, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition, there is a provision of 10 bedded in-patient facility at the District level. The objectives of DMHP are:

- i. to provide suicide prevention services, work place stress management, life skills training and counselling in schools and colleges.
- ii. to provide mental health services including prevention, promotion and long-term continuing care at different levels of district healthcare delivery system.
- iii. to augment institutional capacity in terms of infrastructure, equipment and human resource for mental healthcare.
- iv. to promote community awareness and participation in the delivery of

mental healthcare services.

Under the tertiary care component of NMHP, under Manpower Development Scheme-A, 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 under Manpower Development Scheme-B.

The Government has launched a “National Tele Mental Health Programme” on 10th October, 2022, to further improve access to quality mental health counselling and care services in the country. As on 27.11.2025, 36 States/ UTs have set up 53 Tele MANAS Cells. Tele-MANAS services are available in 20 languages based on language opted by States. More than 29,82,000 calls have been handled on the helpline number.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well-being to mental disorders. In addition, a video consultation facility has been introduced under Tele-MANAS, as an upgrade to the existing audio calling service.

Insurance Regulatory and Development Authority of India (IRDAI) has issued Master Circular on Health Insurance Business dated 29.05.2024, vide which

insurers are required to provide wider choice to policyholders by offering products catering to all types of existing medical conditions; pre-existing diseases and chronic conditions. Insurers are also mandated to make available products in compliance with the provisions of Mental Health Care Act, 2017. In line with the above provisions, products are available in the market providing coverage for mental illness as per the respective product design of the insurers.

अस्पतालों और मेडिकल कॉलेजों में अवसंरचनात्मक कमियां

1020. श्री इमरान मसूद:

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

(क) चालू वर्ष 2025 के दौरान देश के विभिन्न राज्यों में मेडिकल कॉलेजों से संबद्ध सरकारी अस्पतालों और मेडिकल कॉलेजों और अस्पतालों की कुल संख्या कितनी है जिनका अवसंरचनात्मक कमियों (जैसे छत ढहने, बिजली के खतरनाक तार, अग्नि सुरक्षा उल्लंघन) का निरीक्षण किया गया था और सेवा से संबंधित कमियों (जैसे स्वच्छता, जैव-चिकित्सा अपशिष्ट निपटान, पानी/बिजली आपूर्ति) पर ध्यान दिया गया;

(ख) सुरक्षा या सेवा मानकों के अनुरूप नहीं पाए गए अस्पतालों की कुल संख्या कितनी है और उन अस्पतालों की संख्या कितनी है जिनके खिलाफ इस संबंध में अनुशासनात्मक या दंडात्मक कार्रवाई की गई है;

(ग) सभी राज्यों में अस्पताल के बुनियादी ढांचे के प्रमुख मरम्मत कार्यों के लिए चिन्हित की गई बजटीय कमी (रुपयों में) का ब्यौरा क्या है और उक्त उद्देश्य के लिए कितनी राशि स्वीकृत की गई है; और

(घ) सरकार द्वारा कमजोर रोगियों, विशेष रूप से मेडिकल कॉलेजों के अस्पतालों में इलाज कराने

वाले लोगों को मरम्मत कार्य पूरा होने तक अवसंरचनात्मक जोखिमों से बचाने के लिए क्या उपाय किए जा रहे हैं?

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

(क) और (ख): जन स्वास्थ्य राज्य का विषय है। राज्य सरकार के अस्पतालों का प्रशासनिक नियंत्रण, जिसमें उनके बुनियादी ढांचे का रखरखाव, विद्युत सुरक्षा और स्वच्छता शामिल है, संबंधित राज्य सरकारों के पास है।

राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई सूचना के अनुसार, वर्ष 2025 के दौरान देश के विभिन्न राज्यों में मेडिकल कॉलेजों और मेडिकल कॉलेजों से संबद्ध अस्पतालों में कोई निरीक्षण नहीं किया गया है, विशेष रूप से बुनियादी ढांचे की कमियों (जैसे छत का गिरना, खतरनाक विद्युत वायरिंग, अग्नि सुरक्षा उल्लंघन) और सेवा संबंधी कमियों (स्वच्छता, जैव-चिकित्सा अपशिष्ट निपटान, पानी/बिजली आपूर्ति) के निरीक्षण के लिए।

(ग): चूंकि बुनियादी ढांचे का रखरखाव राज्य सरकारों की प्राथमिक जिम्मेदारी है, इसलिए मरम्मत के लिए बजट की कमी का आकलन राज्य स्तर पर किया जाता है और इस प्रयोजनार्थ कोई केंद्रीकृत डेटाबेस नहीं रखा जाता है।

हालाँकि, राष्ट्रीय स्वास्थ्य मिशन और प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत, स्वास्थ्य और परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, राज्यों/संघ राज्य क्षेत्रों को सार्वजनिक स्वास्थ्य परिचर्या प्रणाली को मज़बूत करने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है, जिसमें अवसंरचना और स्वास्थ्य परिचर्या सेवाओं में सुधार भी शामिल है। भारत सरकार, मानदंडों और उपलब्ध संसाधनों के अनुसार, कार्यवाही रिकॉर्ड (आरओपी) के रूप में प्रस्ताव को स्वीकृति प्रदान करती है। विवरण सार्वजनिक डोमेन में

उपलब्ध हैं:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

(घ): मरीजों की सुरक्षा सुनिश्चित करने और बुनियादी ढांचे के जोखिम को कम करने के लिए सरकार ने निम्नलिखित उपाय किए हैं:

- I. भारत सरकार ने राष्ट्रीय गुणवत्ता आश्वासन मानकों (एनक्यूएस) को सफलतापूर्वक क्रियान्वित किया है, जो स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) द्वारा स्थापित एक व्यापक ढांचा है, जिसका उद्देश्य सार्वजनिक स्वास्थ्य सुविधा केंद्रों पर प्रदान की जाने वाली स्वास्थ्य परिचर्या सेवाओं की गुणवत्ता सुनिश्चित करना और उसे बढ़ाना है। एनक्यूएस एक व्यापक ढाँचा प्रदान करता है जिसका उद्देश्य सेवा प्रावधान, रोगी के अधिकार, इनपुट, सहायक सेवाएँ, नैदानिक परिचर्या, संक्रमण नियंत्रण और गुणवत्ता प्रबंधन जैसे क्षेत्रों पर ध्यान केंद्रित करके जन स्वास्थ्य सुविधा केंद्रों में परिचर्या की गुणवत्ता को बढ़ाना है। इससे रोगियों के बेहतर परिणाम प्राप्त होते हैं और स्वास्थ्य परिचर्या सेवाओं में जनता का विश्वास बढ़ता है।

दिनांक 31 अक्टूबर 2025 तक देश में कुल 44,239 स्वास्थ्य सुविधा केंद्र एनक्यूएस प्रमाणित हैं।

- II. भारतीय जन स्वास्थ्य मानक (आईपीएचएस) स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा प्राथमिक और मध्यम स्वास्थ्य परिचर्या सुविधा केंद्रों के लिए विकसित किए गए हैं, जो देश में स्वास्थ्य परिचर्या की गुणवत्ता में सुधार हेतु परिकल्पित एकसमान मानकों का समूह प्रदान करते हैं। ये मानक नागरिकों को गरिमा और सम्मान के साथ गुणवत्तापूर्ण सेवाएँ प्रदान करने हेतु परिकल्पित एकसमान मानकों का समूह हैं। ये मानक इन सुविधा केंद्रों पर स्वास्थ्य सेवाएँ प्रदान करने हेतु जनसंख्या मानदंड, अवसंरचना, मानव संसाधन, औषधियाँ, निदान, उपकरण, गुणवत्ता और शासन संबंधी आवश्यकताओं जैसे स्वास्थ्य प्रणाली घटकों पर

मार्गदर्शन प्रदान करते हैं।

मंत्रालय ने आयुष्मान आरोग्य मंदिरों सहित सभी स्तरों की स्वास्थ्य सुविधा केंद्रों द्वारा स्व-मूल्यांकन की सुविधा के लिए दिनांक 28 जून 2024 को आईपीएचएस के अंतर्गत एक ओपन-सोर्स टूलकिट और एक वेब-आधारित डैशबोर्ड (www.iphs.mohfw.gov.in) विकसित किया है। आईपीएचएस डैशबोर्ड को सार्वजनिक स्वास्थ्य सुविधा केंद्रों द्वारा आईपीएचएस 2022 मानकों के अनुपालन की निगरानी के लिए डिज़ाइन किया गया है और यह वास्तविक समय में अपडेट प्रदान करता है, जिससे कमियों की पहचान करने और समय पर अंतःक्षेप करने के लिए निगरानी और डेटा-आधारित निर्णय लेने में मदद मिलती है।

दिनांक 28 नवंबर, 2025 तक की स्थिति के अनुसार - 100% स्वास्थ्य परिचर्या सुविधा केंद्रों का आईपीएचएस के लिए मूल्यांकन किया जा चुका है। कुल मूल्यांकित सुविधा केंद्रों में से, 61% सुविधा केंद्रों ने 50% से अधिक अंक प्राप्त किए हैं।

- III. मंत्रालय समय-समय पर सभी राज्यों/संघ राज्य क्षेत्रों को संबंधित प्राधिकारियों से वैध अग्नि सुरक्षा अनापत्ति प्रमाण-पत्र प्राप्त करने के लिए परामर्श जारी करता है।
- IV. स्वच्छता, सफाई और संक्रमण नियंत्रण को बढ़ावा देने के लिए, कायाकल्प पुरस्कार सार्वजनिक स्वास्थ्य सुविधाओं को स्वच्छता और अपशिष्ट निपटान के उच्च मानकों को बनाए रखने के लिए प्रोत्साहित करते हैं।

कोविड-19 के बाद हृदय-आघात के मामलों में वृद्धि

1021. श्री देवेश शाक्य:

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

(क) क्या यह सच है कि विशेष रूप से कोविड-19 के बाद युवाओं में हृदय-आघात, स्ट्रोक और अन्य गंभीर बीमारियों के मामलों में उल्लेखनीय वृद्धि हुई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और

यदि नहीं, तो इसके क्या कारण हैं।

(ख) इस संबंध में उपलब्ध राष्ट्रीय/अंतर्राष्ट्रीय अध्ययनों के निष्कर्ष क्या हैं;

(ग) क्या यह सच है कि ऑक्सफोर्ड एस्ट्राजेनेका वैक्सीन लेने के बाद कुछ देशों में दुर्लभ प्रकार के रक्त के थक्कों के मामले सामने आए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) देश में दर्ज ऐसे मामलों की कुल संख्या कितनी है और कितनी मौतें दर्ज की गई हैं;

(ङ) इन निष्कर्षों के आधार पर टीकाकरण और निगरानी प्रणाली में भारत सरकार द्वारा क्या सुधारात्मक कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है; और

(च) क्या सरकार देश में कोविड के बाद के दिल और मायोकार्डियल इन्फार्क्शन स्ट्रोक के जोखिम को कम करने के लिए राष्ट्रीय स्तर पर किसी विशेष निगरानी कार्यक्रम को लागू करने 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) और (ख): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने सूचित किया है कि उसने भारत में युवा वयस्कों में अस्पष्टीकृत आकस्मिक मौतों और थ्रोम्बोटिक घटनाओं से जुड़े कारकों की बढ़ती उपाख्यानात्मक रिपोर्टों की जांच करने के लिए राष्ट्रीय जानपदिक रोगविज्ञान संस्थान (आईसीएमआर-एनआईई) के माध्यम से दो अध्ययन संचालित किए थे। पहला अध्ययन भारत में 18-45 वर्ष की आयु के जाहिर तौर पर स्वस्थ वयस्कों के मध्य संचालित किया गया था। बहुकेंद्रित मैचड केस-कंट्रोल अध्ययन पूरे भारत में 47 तृतीयक अस्पतालों में किया गया था और इसमें 726 मामले लिए गए थे, जिनमें ज्ञात सहरुग्णता रहित स्वस्थ वयस्क भी शामिल थे, जिनकी आकस्मिक मृत्यु 1 अक्टूबर 2021 और 31 मार्च 2023 के बीच 24 घंटों के भीतर हो गई थी। अध्ययन में आयु, लिंग और पड़ोस के आधार पर प्रत्येक केस के लिए चार मैचड कंट्रोल शामिल किए गए थे। प्रशिक्षित जांचकर्ताओं ने हालिया कोविड-19 टीकाकरण (42 दिनों के भीतर), कोविड-19 संक्रमण और

कोविड-19 उपरांत स्थिति, आकस्मिक मृत्यु का पारिवारिक इतिहास, धूम्रपान, मनोरंजन के लिए मादक औषधियों का उपयोग, मद्यपान, अत्यधिक मदिरा सेवन और मृत्यु या साक्षात्कार से पहले 48 घंटे के भीतर अत्यधिक गहन शारीरिक क्रियाकलाप के संबंध में विस्तृत जानकारी एकत्र की। अध्ययन के मुख्य निष्कर्ष नीचे दिए गए हैं –

- i. यह पाया गया कि कोविड-19 वैक्सीन की एक या अधिक खुराक प्राप्त करने से युवा वयस्कों में अस्पष्ट आकस्मिक मृत्यु का जोखिम उल्लेखनीय रूप से कम हुआ तथा दो खुराकों ने और अधिक संरक्षण प्रदान किया।
 - ii. कोविड-19 के कारण पूर्व में अस्पताल में भर्ती होने को अस्पष्ट आकस्मिक मृत्यु के उच्च जोखिम से चार गुना अधिक जोड़ा गया।
 - iii. अन्य जोखिम कारकों में आकस्मिक मृत्यु का पारिवारिक इतिहास, 48 घंटों के भीतर अत्यधिक मद्यपान और मृत्यु से तुरंत पूर्व अत्यधिक गहन शारीरिक क्रियाकलाप शामिल था। अध्ययन से स्पष्ट रूप से पता चलता है कि कोविड-19 टीके अस्पष्ट आकस्मिक मौतों का कारण नहीं बनते हैं; बल्कि, वे सुरक्षा प्रदान करते हैं।
- दूसरा अध्ययन युवा वयस्कों के बीच कोविड-19 टीकाकरण, जीवन शैली, चिकित्सा जोखिम कारकों और थ्रोम्बोटिक घटनाओं के बीच संबंध निर्धारित करने के लिए भारत भर के 25 तृतीयक अस्पतालों में किया गया एक बहुकेंद्रित अस्पताल-आधारित मैचड केस-कंट्रोल अध्ययन था। इस अध्ययन में 18-45 वर्ष की आयु के वयस्क शामिल थे, जो नई धमनी या शिरापरक थ्रोम्बोटिक घटनाओं के साथ अस्पताल में भर्ती थे, जिसमें प्रति मामले चार अस्पताल नियंत्रण भर्ती होने की तारीख से मेल खाते थे। 292 मामलों (199 मायोकार्डियल रोधगलन, 67 इस्केमिक स्ट्रोक, और 26 शिरापरक घटनाएं) और 1,168 नियंत्रणों में, ऐसे मामले ज्यादातर 31-45 वर्ष की आयु के पुरुष थे। अध्ययन के प्रमुख निष्कर्ष नीचे सूचीबद्ध हैं-

- i. युवा वयस्कों में थ्रोम्बोटिक घटनाएं मुख्य रूप से सहरुग्णता, पूर्व थ्रोम्बोटिक इतिहास,

- धूम्रपान और कोविड-19 के कारण पूर्व में अस्पताल में भर्ती होने से जुड़ी थीं।
- ii. कोविशील्ड™ या कोवैक्सीन™ की एक या दो खुराक के बाद थ्रोम्बोटिक घटनाओं के बीच कोई निश्चित संबंध नहीं देखा गया।
 - iii. युवा वयस्कों में, थ्रोम्बोटिक घटनाएं पारंपरिक जोखिम कारकों और पूर्व कोविड-19 बीमारी के कारण थीं।

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) दिल्ली ने सूचित किया है कि, इस बात के प्रमाण हैं कि कोविड-19 के कारण दिल के दौरے, स्ट्रोक और अन्य गंभीर हृदयवाहिका रोगों में वृद्धि हुई है, विशेष रूप से युवाओं और बच्चों में जोखिम में वृद्धि हुई है भले ही उनकी पूर्व स्वास्थ्य स्थिति जो भी रही हो। अध्ययन यह दर्शाते हैं कि कोविड-19 संक्रमण मायोकार्डिटिस, हृद्पात, अतालता और उच्च रक्तचाप के जोखिमों में वृद्धि करता है, जिसमें युवा लोगों को महामारी से पहले की तुलना में लंबे समय तक चलने वाले हृदय और सूजन संबंधी जटिलताओं का सामना करना पड़ता है। हृदयवाहिका समस्याओं में यह वृद्धि रक्त वाहिकाओं और हृदय पर कोविड-19 के उत्तेजक कारकों के साथ-साथ महामारी के कारण होने वाले अवरोधों से जुड़ी हुई है।

(ग): एम्स दिल्ली ने यह भी बताया है कि एक अंतरराष्ट्रीय वैज्ञानिक रिपोर्ट के अनुसार ऑक्सफोर्ड-एस्ट्राजेनेका कोविड-19 वैक्सीन के बाद रक्त प्लेटलेट्स के निम्न स्तर के साथ असामान्य रक्त के थक्के जमने के दुर्लभ मामले सामने आए हैं। इन बहुत ही दुर्लभ दुष्प्रभावों में मुख्य रूप से मस्तिष्क और पेट में रक्त के थक्के शामिल थे, जो आमतौर पर ज्यादातर 60 वर्ष से कम उम्र की महिलाओं में टीकाकरण के दो सप्ताह के भीतर होते हैं। यूरोपीय मेडिसिन एजेंसी (ईएमए) ने बताया है कि वैक्सीन के समग्र लाभ इन दुर्लभ जोखिमों की तुलना में कहीं अधिक हैं। ईएमए का वैज्ञानिक मूल्यांकन कोविड -19 टीकाकरण के सुरक्षित और प्रभावी उपयोग को रेखांकित करता है। यह टीका कोविड-19 को रोकने और अस्पताल में भर्ती होने और कोविड-19 से होने वाली मौतों को कम करने में प्रभावी है।

(घ) से (च): टीकाकरण के उपरांत प्रतिकूल घटना (एईएफआई) ऐसी कोई अप्रिय चिकित्सा घटना है जो टीकाकरण के बाद होती है और जिसका टीके और टीकाकरण के साथ कोई करणीय संबंध नहीं होता है। इन्हें एईएफआई निगरानी प्रणाली के माध्यम से रिपोर्ट किया जाता है। टीकाकरण के उपरांत प्रतिकूल घटनाओं की निगरानी एक सुसंरचित और सुदृढ़ एईएफआई निगरानी प्रणाली के माध्यम से की जाती है। अन्वेषण और कार्य-कारण मूल्यांकन से प्रभाव और कारण संबंध स्थापित करने में मदद मिलती है।

राष्ट्रीय रोग नियंत्रण केंद्र ने सूचित किया है कि एकीकृत रोग निगरानी कार्यक्रम (एनसीडीसी-आईडीएसपी) राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत एक कार्यक्रम है, जिसका प्राथमिक अधिदेश विकेन्द्रीकृत प्रयोगशाला-आधारित आईटी-सक्षम रोग निगरानी प्रणाली को मजबूत करना और अनुरक्षित करना है। 2021 के बाद से यह एक रियल टाइम, जीआईएस-सक्षम प्लेटफॉर्म - एकीकृत स्वास्थ्य सूचना मंच (आईएचआईपी) के रूप में परिवर्तित हो गया है। यह कार्यक्रम कोविड-19 महामारी के अनुवीक्षण और निगरानी में सक्रिय रूप से शामिल रहा है। यह कोविड डेटा जैसे कि राज्यों/केंद्र शासित प्रदेशों द्वारा रिपोर्ट किए गए रोगियों के ठीक होने और उनकी मृत्यु होने के मामलों को संकलित करने में भूमिका निभाता है।

INFANT DEATHS IN KERALA

1022: SHRI KODIKUNNIL SURESH:

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

- (a) the total number of infant deaths (0–1 year) and child deaths (1–5 years) reported from Government and private hospitals in Kerala during the last ten years;
- (b) the details of infant and child mortality, indicating causes of death and the

type of facility where the deaths occurred during the last ten financial years in the country, State/UT-wise and district-wise;

(c) the total number of maternal deaths reported in Kerala during the last ten years, especially deaths of pregnant women occurring during labour, delivery or immediately postpartum;

(d) the details of maternal deaths including medical causes, delays in referral, availability of emergency obstetric care, district-wise and hospital-wise;

(e) whether any audits or investigations have been conducted into high-burden districts and if so, the findings thereof; and

(f) the steps taken by the Government to reduce infant, child and maternal mortality in Kerala through improved infrastructure, manpower and emergency care services?

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 available report of Sample Registration System (SRS) of Registrar General of India (RGI), Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5MR) during last ten (10) years for the State of Kerala is given in the enclosed **Statement-I.**

(b): The Office of Registrar General of India (RGI) publishes National level data on various indicators. As per SRS-RGI report for the year 2021-2023, the major causes of infant and child deaths are prematurity & low birth weight, pneumonia,

birth asphyxia & birth trauma, congenital anomalies, diarrhoea and sepsis.

Details for the previous years (from 2014–16 onwards) may be accessed from the reports as indicated below:

<https://censusindia.gov.in/census.website/data/SRSCOD>

(c): As per the Special Bulletin on Maternal Mortality Ratio (MMR) released by the Registrar General of India, the MMR of Kerala over the last ten years is given in the enclosed **Statement-II**.

(d): As reported by the State of Kerala, the major causes of maternal deaths are haemorrhage, hypertensive disorders, sepsis and amniotic fluid embolism.

(e): As reported by the State of Kerala, Maternal and Child Death Reviews are conducted at the State, district and facility levels to identify gaps and implement corrective and preventive measures to avert preventable deaths.

(f): The Ministry of Health and Family Welfare (MoHFW) provides technical and financial support for implementation of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH + N) strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by respective State / UT.

The details of interventions to improve maternal health outcomes all across the country including State of Kerala, are placed below:

- **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 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 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.
- **Functionalization of First Referral Units (FRUs)** by ensuring

manpower, blood storage units, referral linkages to improve the access to quality of care for pregnant women.

- **Setting up of Maternal and Child Health (MCH) Wings** at high caseload facilities to improve the quality of care provided to mothers and children.
- **Operationalization of Obstetric High Dependency Units & Intensive Care Units (Obst. HDU & ICU)** in high case load tertiary care facilities across the country to handle complicated pregnancies.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **Capacity Building** of staff in Skilled Birth Attendance (SBA), Daksh, Dakshata along with BEmONC, CEmONC and LSAS to provide comprehensive quality care during delivery at a health facility.

The details of interventions to improve child health outcomes all across the country including State of Kerala, are placed below:

- **Facility Based Newborn Care:** Special New-born Care Units (SNCUs) are established at District Hospital and Medical College level, Newborn Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.

- **Community Based care of Newborn and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child-rearing practices and to identify sick newborn and young children in the community.
- **Janani Shishu Suraksha Karyakram (JSSK):** Sick infant up to one year of age is entitled to free treatment in public health institutions along with the provision of free transport, diagnostics, medicines, blood and consumables.
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.
- **STOP Diarrhoea** campaign is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
- **Rashtriya Bal Swasthya Karyakram (RBSK):** Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.

STATEMENT-I

Status of Infant Mortality Rate and Under 5 Mortality Rate in the State of Kerala		
	Infant Mortality Rate (IMR)	Under 5 Mortality Rate (U5MR)
2014	12	13
2015	12	13
2016	10	11
2017	10	12
2018	7	10
2019	6	9
2020	6	8
2021	6	8
2022	7	9
2023	5	8
Unit: Per 1000 live births		
Source: Sample Registration System (SRS) of Registrar General of India (RGI)		
https://censusindia.gov.in/census.website/data/SRSSTAT		

STATEMENT-II

Status of Maternal Mortality Ratio (MMR) in the State of Kerala	
2014-16	46
2015-17	42
2016-18	43
2017-19	30
2018-20	19

2019-21	20
2020-22	18
2021-23	30
Unit: Per 1,00,000 births Source: Special Bulletin on Maternal Mortality Ratio (MMR), Sample Registration System (SRS) of Registrar General of India (RGI) https://censusindia.gov.in/census.website/data/SRSMMB	

महिलाओं और बच्चों के लिए योजनाएं

1023. श्री आदित्य यादव:

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

- (क) क्या उत्तर प्रदेश के बदायूं जिले में महिलाओं और बच्चों को शिक्षा, पोषण, स्वास्थ्य, बाल संरक्षण/बाल श्रम रोकथाम से संबंधित कई चुनौतियों का सामना करना पड़ता है, जैसा कि विभिन्न सरकारी और गैर-सरकारी रिपोर्टों में बताया गया है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा और वर्तमान स्थिति क्या है और उक्त जिले में मातृ मृत्यु दर और शिशु मृत्यु दर क्या है;
- (ग) महिलाओं और बच्चों के लिए शिक्षा तक पहुंच बढ़ाने, पोषण और स्वास्थ्य सहायता प्रदान करने, कानूनी सुरक्षा को मजबूत करने और सामाजिक-आर्थिक सशक्तिकरण को बढ़ावा देने के लिए सरकार द्वारा प्रस्तावित योजनाएं/कार्यक्रम क्या हैं;
- (घ) महिलाओं को सशक्त बनाने के लिए और व्यावसायिक प्रशिक्षण, स्वयं सहायता समूहों को सुदृढ़ करने, स्वास्थ्य और पोषण अभियान/लड़कियों की शिक्षा सुनिश्चित करने के लिए कार्यान्वित की गई/कार्यान्वित की जाने वाली योजना का ब्यौरा क्या है; और
- (ड.) उक्त जिले में महिलाओं और बच्चों की सुरक्षा/कल्याण सुनिश्चित करने के लिए उठाए गए कदमों का ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) और (ख): भारत के महापंजीयक (आरजीआई) की नमूना पंजीकरण प्रणाली (एसआरएस) 2023 की रिपोर्ट के अनुसार, उत्तर प्रदेश राज्य में शिशु मृत्यु दर (आईएमआर) प्रति 1,000 जीवित जन्मों पर 37) है। एसआरएस-आरजीआई रिपोर्ट में जिला स्तर पर शिशु मृत्यु दर अनुमान नहीं दिए गए हैं।

वर्ष 2020-22 की नमूना पंजीकरण प्रणाली (एसआरएस) रिपोर्ट के अनुसार, उत्तर प्रदेश में प्रति लाख जीवित जन्मों पर मृत्यु दर 141 थी। यह वर्ष 2018-20 की एसआरएस रिपोर्ट में दर्ज प्रति लाख जन्मों पर 167 मृत्यु दर से कम है।

(ग) से (ड.): भारत सरकार संबंधित राज्य/संघ राज्य क्षेत्र द्वारा प्रस्तुत वार्षिक कार्यक्रम कार्यान्वयन योजना (एपीआईपी) के आधार पर राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य एवं पोषण (आरएमएनसीएच+एन) कार्यनीति के कार्यान्वयन में सहायता प्रदान करती है। उत्तर प्रदेश राज्य सहित पूरे देश में बाल स्वास्थ्य परिणामों में सुधार के लिए कार्यकलापों का विवरण नीचे दिया गया है:

- **सुविधा आधारित नवजात देखरेख :** बीमार और छोटे शिशुओं की देखरेख के लिए जिला अस्पताल और मेडिकल कॉलेज स्तर पर विशेष नवजात देखरेख एकक (एसएनसीयू), प्रथम रेफरल इकाइयों (एफआरयू)/सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में नवजात स्थिरीकरण (Stabilization) एकक (एनबीएसयू) की स्थापना जाती हैं।
- **नवजात शिशुओं और छोटे बच्चों की समुदाय आधारित देखरेख:** गृह आधारित नवजात देखरेख (एचबीएनसी) और छोटे बच्चों की गृह देखरेख (एचबीवाईसी) कार्यक्रम के तहत, आशा कार्यकर्ताओं द्वारा बच्चों के पालन-पोषण की प्रथाओं में सुधार करने और समुदाय में बीमार नवजात शिशु और छोटे बच्चों की पहचान करने के लिए घर का दौरा किया जाता है।
- **जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके)** एक वर्ष तक का बीमार शिशु मुफ्त परिवहन, निदान, दवाओं, रक्त और उपभोज्य वस्तुओं के प्रावधान के साथ-साथ सार्वजनिक स्वास्थ्य

संस्थाओं में मुफ्त उपचार का हकदार है।

- निमोनिया के कारण बचपन की रुग्णता और मृत्यु दर को कम करने के लिए 2019 से सामाजिक जागरूकता और निमोनिया को सफलतापूर्वक निष्क्रिय करने के लिए कार्रवाई पहल कार्यान्वित की गई।
- बचपन में होने वाले दस्त के कारण रुग्णता और मृत्यु दर को कम करने के लिए ओआरएस और जिंक के उपयोग को बढ़ावा देने के लिए स्टॉप डायरिया अभियान चलाया जा रहा है।
- राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके): बच्चों की उत्तरजीविता में सुधार के लिए राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) के तहत 0 से 18 वर्ष की आयु के बच्चों की 32 स्वास्थ्य स्थितियों (अर्थात् बीमारियों, कमियों, दोषों और विकासात्मक देरी) के लिए जांच की जाती है। आरबीएसके के अंतर्गत जांच किए गए बच्चों की पुष्टि और प्रबंधन के लिए जिला स्वास्थ्य सुविधा स्तर पर जिला प्रारंभिक उपचार केन्द्र (डीईआईसी) स्थापित किए जाते हैं।

अन्य मंत्रालयों द्वारा कार्यान्वित की जा रही योजनाओं के अलावा, महिला एवं बाल विकास मंत्रालय तीन व्यापक मिशनों अर्थात् (1) पोषण और स्वास्थ्य संकेतकों में सुधार के लिए मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (2) महिलाओं की सुरक्षा, संरक्षा और सशक्तिकरण के लिए मिशन शक्ति; और (3) कठिन परिस्थितियों में रहने वाले बच्चों की सुरक्षा, देखरेख और कल्याण के लिए मिशन वात्सल्य के रूप में उत्तर प्रदेश के बदायूं जिले सहित देश भर में महिलाओं और बच्चों की सुरक्षा/कल्याण के लिए योजनाओं का कार्यान्वयन कर रहा है, जिसमें शिक्षा तक पहुंच बढ़ाना, पोषण और स्वास्थ्य सहायता प्रदान करना, कानूनी सुरक्षा को सुदृढ़ करना एवं महिलाओं और बच्चों के लिए सामाजिक-आर्थिक सशक्तिकरण को बढ़ावा देना तथा लैंगिक असमानताओं को दूर करना शामिल है। योजनाओं का विवरण इस प्रकार है:

(i) सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0): इस मिशन के तहत, आंगनवाड़ी सेवा

योजना, पोषण अभियान और किशोरियों के लिए योजना को 3 प्राथमिक उप-कार्यक्षेत्रों में पुनर्गठित किया गया है: (i) बच्चों, गर्भवती महिलाओं एवं स्तनपान कराने वाली माताओं और किशोरियों के लिए पोषण सहायता (ii) प्रारंभिक बाल्यवस्था देखरेख एवं शिक्षा और (iii) उन्नत सक्षम आंगनवाड़ियों सहित आंगनवाड़ी बुनियादी अवसंरचना।

(ii) मिशन शक्ति: इसमें महिलाओं की सुरक्षा, संरक्षा और सशक्तिकरण के लिए क्रमशः दो कार्यक्षेत्र 'संबल' और 'सामर्थ्य' शामिल हैं।

I. संबल - संबल कार्यक्षेत्र के तहत निम्नलिखित योजनाओं को शामिल किया गया है: **वन स्टॉप सेंटर (ओएससी)** हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही स्थान पर समेकित और समन्वित तरीके से निजी एवं सार्वजनिक दोनों स्थानों पर एकीकृत सहायता और समर्थन प्रदान करना है; **महिला हेल्पलाइन (181-डब्ल्यूएचएल)** एक 24 x 7 x 365 टोल-फ्री आपातकालीन/गैर-आपातकालीन प्रतिक्रिया प्रणाली है जो ईआरएसएस (112) और अन्य मौजूदा हेल्पलाइन/संस्थानों के साथ एकीकृत है; **बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी)** - जन्म के समय घटते लिंग अनुपात (एसआरबी) और जीवन चक्र निरंतरता में बालिकाओं और महिलाओं के सशक्तिकरण से संबंधित मुद्दों के समाधान के उद्देश्य से शुरू किया गया; **नारी अदालत** - न्याय सुनिश्चित करके महिलाओं को सशक्त करने और वैकल्पिक विवाद समाधान, शिकायत निवारण, परामर्श, साक्ष्य-आधारित निर्णय लेने, दबाव समूह रणनीति, बातचीत, मध्यस्थता और सुलह जैसी सेवाएं प्रदान करने के उद्देश्य से एक पायलट पहल है।

II. सामर्थ्य - 'सामर्थ्य' कार्यक्षेत्र के तहत निम्नलिखित योजनाओं को शामिल किया गया है: **प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई)** - एक केंद्र प्रायोजित मातृत्व लाभ योजना है जिसके तहत लाभार्थियों को प्रत्यक्ष लाभ अंतरण (डीबीटी) मोड में पहली और दूसरी बालिका के लिए नकद प्रोत्साहन मिलता है; **उज्ज्वला और स्वाधार गृह (जिसका नाम बदलकर शक्ति सदन कर दिया गया है)** - दुर्व्यापार की शिकार महिलाओं सहित संकट ग्रस्त महिलाओं के लिए एक

एकीकृत राहत और पुनर्वास गृह; **कामकाजी महिला छात्रावास (नाम बदलकर सखी निवास कर दिया गया है)** - शहरी, अर्ध-शहरी और ग्रामीण क्षेत्रों में कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर स्थित आवास की उपलब्धता को बढ़ावा देना जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं; **राष्ट्रीय महिला सशक्तिकरण केंद्र (एनएचईडब्ल्यू)** - राष्ट्रीय स्तर, राज्य/संघ राज्य क्षेत्र स्तर और जिला स्तर पर महिलाओं के लिए योजनाओं और कार्यक्रमों के अंतर-क्षेत्रीय अभिसरण की सुविधा के लिए और **राष्ट्रीय क्रेच योजना (जिसका नाम बदलकर पालना किया गया है)** जिसका उद्देश्य बच्चों के लिए सुरक्षित और संरक्षित वातावरण में गुणवत्तापूर्ण क्रेच सुविधा प्रदान करके अर्थव्यवस्था के कार्यबल में महिलाओं की भागीदारी को बढ़ाना है।

(iii) मिशन वात्सल्य: मिशन वात्सल्य में मिशन मोड में बेहतर पहुंच और देखरेख के जरूरतमंद बच्चों की सुरक्षा के लिए एकीकृत बाल संरक्षण योजना (आईसीपीएस) शामिल किया गया है, जिसका उद्देश्य है: (i) कठिन परिस्थितियों में रहने वाले बच्चों की सहायता करना और उनका भरण-पोषण करना (ii) विभिन्न पृष्ठभूमियों के बच्चों के समग्र विकास के लिए संदर्भ आधारित समाधान तैयार करना। (iii) नवीन समाधानों को प्रोत्साहित करने के अवसर उपलब्ध कराना (iv) साझा प्रयासों को मजबूत करना

आयुष औषधि प्रणाली

1024. श्री अरुण गोविल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) सरकार आयुष प्रणाली की औषधियों के विनिर्माण की दिशा में वैज्ञानिक दृष्टिकोण को किस प्रकार सुनिश्चित करती है; और
- (ख) देश में आयुष औषधियों का मूल्य निर्धारित करने के लिए क्या प्रणाली अपनाई गई है?

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

(क): आयुष मंत्रालय, भारत सरकार ने अपने अधीनस्थ कार्यालय के रूप में भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएमएंडएच) की स्थापना की है। पीसीआईएमएंडएच, आयुर्वेद, सिद्ध, यूनानी एवं होम्योपैथी (एएसयूएंडएच) दवाओं के लिए फॉर्मूलरी विनिर्देश तथा भेषजसंहिता मानक निर्धारित करता है जो एएसयूएंडएच दवाओं की गुणवत्ता (पहचान, शुद्धता तथा शक्ति) का पता लगाने के लिए आधिकारिक संग्रह के रूप में कार्य करते हैं। औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत नियमों के अनुसार, भारत में विनिर्मित होने वाली एएसयूएंडएच दवाओं के उत्पादन के लिए इन गुणवत्ता मानकों का अनुपालन अनिवार्य है। अब तक, एएसयूएंडएच दवाओं में उपयोग किए जाने वाले कच्चे माल (पौधे/पशु/खनिज/धातु/रासायनिक मूल की एकल दवाएं) पर 2269 गुणवत्ता मानक, एएसयू फॉर्मूलेशन के 426 गुणवत्ता मानक तथा एएसयू दवाओं के 2799 फार्मूलरी विनिर्देश प्रकाशित किए जा चुके हैं। उपर्युक्त के अलावा, भारतीय आयुर्वेदिक भेषजसंहिता (एपीआई) में शामिल 392 एकल दवाओं पर मैक्रो-माइक्रोस्कोपिक और थिन लेयर क्रोमेटोग्राफी (टीएलसी) एटलस के रूप में सहायक दस्तावेज भी प्रकाशित किए गए हैं।

पीसीआईएमएंडएच, एएसयूएंडएच दवाओं के परीक्षण या विश्लेषण के लिए अपीलीय औषधि परीक्षण प्रयोगशाला के रूप में भी कार्य करता है। इसके अलावा, यह एएसयूएंडएच दवाओं के मानकीकरण, गुणवत्ता नियंत्रण एवं परीक्षण या विश्लेषण हेतु औषधि विनियामक प्राधिकरणों, औषधि विश्लेषकों और अन्य संगत हितधारकों के लिए नियमित अंतराल पर क्षमता निर्माण प्रशिक्षण आयोजित करता है जिसमें एएसयूएंडएच दवाओं की गुणवत्ता सुनिश्चित करने के लिए आवश्यक प्रयोगशाला तकनीकों और तौर-तरीकों पर ध्यान केंद्रित किया जाता है।

इसके अलावा, विनिर्माताओं के लिए यह अनिवार्य है कि वे औषधि नियम, 1945 की अनुसूची-न तथा संबंधित भेषजसंहिताओं में दी गई दवाओं के गुणवत्ता मानकों के अनुसार सुरक्षा

एवं प्रभावशीलता के प्रमाण के साथ विनिर्माण इकाइयों तथा दवाओं के लाइसेंस के लिए निर्धारित अपेक्षाओं का पालन करें और उत्तम विनिर्माण पद्धतियों (जीएमपी) का पालन करें। आज की स्थिति के अनुसार, आयुर्वेदिक, सिद्ध एवं यूनानी औषधियों तथा कच्चे माल के गुणवत्ता परीक्षण के लिए औषधि नियम, 1945 के नियम 160-क से ज के तहत 34 राज्य औषधि परीक्षण प्रयोगशालाएं और 108 निजी औषधि परीक्षण प्रयोगशालाएं अनुमोदित की गई हैं या उन्हें लाइसेंस दिया गया है।

खेती एवं संग्रहण की उत्तम पद्धतियों (जीएसीपी) को बढ़ावा देकर औषधीय पौधों की गुणवत्ता सुनिश्चित की जाती है। कच्चे माल की सोर्सिंग तथा प्रमाणीकरण के लिए डिजिटल सप्लाइ-चेन ट्रैकिंग सिस्टम उपलब्ध है।

आयुष मंत्रालय के तहत बारह राष्ट्रीय संस्थान और पांच अनुसंधान परिषदें, स्वास्थ्य देखभाल की आयुष पद्धतियों में वैज्ञानिक तर्ज पर अनुसंधान करने, उसके समन्वय, निरूपण, विकास तथा संवर्धन में लगी हुई हैं। उनके अनुसंधान में नैदानिक अध्ययन, औषधीय पादप अनुसंधान एवं आयुष दवाओं के मानकीकरण तथा गुणवत्ता नियंत्रण सहित कई क्षेत्रों को शामिल किया गया है।

(ख): मूल्य नियंत्रण आदेश केवल उन दवाओं पर लागू होता है जो औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 की धारा 3 के खंड (ख) के तहत विनिर्दिष्ट हैं और आवश्यक वस्तु अधिनियम, 1955 की धारा 2-क के तहत प्रदान की गई अनुसूची में शामिल हैं। इन अनुसूचित दवाओं में आयुर्वेद, सिद्ध, सोवा-रिग्पा तथा यूनानी पद्धतियों की दवाएं शामिल नहीं हैं।

इसके अलावा, आयुष दवाओं के बाजार मूल्य कई कारकों पर निर्भर करते हैं, जिनमें कच्चे माल, मध्यस्थ-वस्तुओं, पैकेजिंग सामग्री आदि की कीमतों में उतार-चढ़ाव शामिल होते हैं। वर्तमान में, इन लागतों का निर्धारण कई अन्य क्षेत्रों द्वारा निर्धारित कीमतों पर निर्भर करता है।

SCHEMES FOR SAFETY OF WOMEN

1025. ADV. DEAN KURIAKOSE:

SHRI KARTI P. CHIDAMBARAM:

SHRI K. SUDHAKARAN:

SHRI BENNY BEHANAN:

DR. NAMDEO KIRSAN:

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

(a) the details of budget, revised budget allocation and actual expenditure for each scheme of the Sambal and Samarthya vertical under Mission Shakti since 2022–23 till date, year-wise;

(b) the number of operational One Stop Centres (OSCs) in the country, State/UT-wise; and

(c) the details of funds released/utilised under OSC scheme since 2022–23, State/UT-wise?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (c): 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 (NA). The

'Samarthya' has components of Shakti Sadan, Sakhi Niwas, Pradhan Mantri Matru Vandana Yojana, Palna and SANKALP: Hub for Empowerment of Women (SANKALP: HEW).

Mission Shakti is a Centrally Sponsored Scheme and implementation of this scheme lies with the State Governments and 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). The details of budget, revised budget allocation and actual expenditure for each scheme of the Sambal and Samarthya vertical under Mission Shakti since 2022–23 till date are given in the enclosed **Statement-I**.

The State and UT wise details of the number of OSCs functional across the country are given in the enclosed **Statement-II**.

State and UT wise funds released and utilised under OSC scheme since 2022–23 are given in the enclosed **Statement-III**.

STATEMENT-I

The details of budget, revised budget allocation and actual expenditure for each scheme of the Sambal and Samarthya verticals:

(Amount in Crores)

SL	Scheme	2022-23			2023-24			2024-25			2025-26		Total Expenditure#
		BE	RE	Exp.	BE	RE	Exp.	BE	RE	Exp.	BE	Exp.#	
1	OSC	338	225.00*	65.69	338.00*	270.00*	189.73	348	173.81	158.3	348	98.45	512.17
2	WHL			37.44			75.25	57	25.76	10.89	57	17.42	141
3	BBBP	222	108	95.96	222	90.05	88.63	222	33.08	33.08	222	29.52	247.19

4	NA	2	2	0	2	2	0.424	2	0.79	0.09	2	0.17	0.684
5	PMMVY	2048.01	1775	2032.8	2067	1500	870.34	2067	1448.89	1448	2185	955.48	5306.62
6	Shakti sadan	159.1	25	15.45	159.1	118.99	118.98	60	85	84.98	80	22.56	241.97
7	Sakhi Niwas	43	20	17.63	43	20	4.52	43	8.13	8.13	20	2	32.28
8	Palna	75	35	4.68	85	85	64.15	150.11	45.17	45.17	125	10.26	124.26
9	SANKALP: HEW	280	81.43	65.6	210	150	102.52	210	44.24	44.24	102	46.6	258.96
Grand Total		3167.11	2046.43	2335.25	2788.1	1966.04	1514.544	3159.11	1864.87	1832.88	3141	1182.46	6865.134

*Note: Combined BE and RE Available

Exp. as on 30.11.2025

STATEMENT-II

The details of State and UT-wise operational OSCs across the country

Sl. No.	State /UTs	Number of Operational OSCs
1	A&N Islands	3
2	Andhra Pradesh	26
3	Arunachal Pradesh	25
4	Assam	36
5	Bihar	39
6	Chandigarh	1
7	Chhattisgarh	34
8	DNHDD	3
9	Delhi	11
10	Goa	2
11	Gujarat	35
12	Haryana	22
13	Himachal Pradesh	13
14	Jammu & Kashmir	20
15	Jharkhand	24
16	Karnataka	40
17	Kerala	14
18	Ladakh	2

19	Lakshadweep	1
20	Madhya Pradesh	57
21	Maharashtra	55
22	Manipur	16
23	Meghalaya	12
24	Mizoram	13
25	Nagaland	17
26	Odisha	32
27	Puducherry	4
28	Punjab	23
29	Rajasthan	50
30	Sikkim	6
31	Tamil Nadu	49
32	Telangana	36
33	Tripura	9
34	Uttar Pradesh	96
35	Uttarakhand	14
36	West Bengal	24
	Total	864

STATEMENT-III

Details of State-wise and year-wise funds released under OSC since FY 2022-23.

(Amount in lakhs)

S. No.	State	2022-23	2023-24	2024-25
1	A&N Islands	15.2	135.99	0.00
2	Andhra Pradesh	72.96	605.58	189.07
3	Arunachal Pradesh	40.39	847.7	757.40
4	Assam	129.61	1755.4	282.76
5	Bihar	Nil*	Nil*	Nil*
6	Chandigarh	49.22	16.8	19.04

7	Chhattisgarh	304.63	882.44	945.91
8	DNHDD	Nil*	50.39	57.14
9	Delhi	138.56	184.78	314.29
10	Goa	Nil*	Nil*	54.89
11	Gujarat	386.76	1166.2	857.38
12	Haryana	186.75	594.68	419.06
13	Himachal Pradesh	18.9	403.15	47.22
14	Jammu and Kashmir	Nil*	335.96	470.88
15	Jharkhand	Nil*	Nil*	Nil*
16	Karnataka	130.88	1054.1	921.81
17	Kerala	139.28	Nil*	400.01
18	Ladakh-UT	Nil*	33.6	38.10
19	Lakshadweep	Nil*	16.8	Nil*
20	Madhya Pradesh	261.55	820.48	2225.83
21	Maharashtra	69.37	1,539.60	Nil*
22	Manipur	543.29	268.77	304.77
23	Meghalaya	232.77	321.56	228.58
24	Mizoram	178.05	283.45	563.26
25	Nagaland	197.41	545.83	647.55
26	Odisha	614.67	1,084.90	818.62
27	Puducherry	18.25	Nil*	Nil*
28	Punjab	Nil*	389.01	438.10
29	Rajasthan	129.59	883.59	752.03
30	Sikkim	77.48	126.09	114.29
31	Tamil Nadu	697.43	1,158.80	1059.64
32	Telangana	1,392.60	1,217.40	256.42
33	Tripura	18.21	Nil*	Nil*
34	Uttar Pradesh	347	1,812.70	1801.43
35	Uttarakhand	153.33	436.75	53.80
36	West Bengal	28.41	Nil*	641.93

*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).

WOMEN EMPOWERMENT SCHEMES

1026. DR. KADIYAM KAVYA:

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

- (a) the details of the women's empowerment schemes being implemented under Beti Bachao Beti Padhao and Mahila Shakti Kendra in Warangal, Telangana;
- (b) the status of anganwadi centres, along with nutrition/early childhood care therein in the said State;
- (c) the details of the child nutrition programs under the Poshan Abhiyan, including growth monitoring; and
- (d) the details of the violence prevention measures undertaken including One-Stop Centres/helplines set up in the said State/district?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): Beti Bachao Beti Padhao helps to address Child Sex Ratio (CSR) and attendant issue of empowerment of girls and women. The scheme tries to create mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging, and empowering various stakeholders. Beti Bachao Beti Padhao (BBBP) scheme aims to work towards the protection and education of girl child through multi-sectoral interventions encouraging greater spend on activities that have on ground impact, e.g., promotion of sports among girls, awareness about PC-PNDT Act, and skilling of girls etc. BBBP is being

implemented in all districts in the State of Telangana, including the district of Warangal. BBBP has transformed from a policy initiative into a national movement by mobilizing various stakeholders, including government agencies, media, civil society, and the public at large. This movement aims not only to address immediate concerns related to sex ratio and gender-based discrimination but also to foster a cultural shift towards valuing the girl child and ensuring her rights and opportunities.

The Mahila Shakti Kendra (MSK) Scheme was approved in November, 2017 as a centrally sponsored scheme to empower rural women through community participation. A third party evaluation study of MSK scheme was conducted by NITI Aayog in 2020. Taking into account the findings of the evaluation and after consultation with States and UTs and stakeholders, the scheme was discontinued with effect from 01.04.2022.

However, Ministry of Women and Child Development is implementing the Umbrella Scheme named as 'Mission Shakti' with effect from 01.04.2022 across the country including the State of Telangana which aims at strengthening interventions for women safety, security and empowerment. The 'Mission Shakti' has two verticals 'Sambal' for safety and security of women and 'Samarthya' for empowerment of women.

"Hub for Empowerment of Women (HEW)", a component under Samarthya, sub-scheme of 'Mission Shakti' is functioning as a Project Management Unit (PMU) for monitoring and supervisory unit of Mission Shakti Scheme. The HEW

centres also engage in widespread outreach and awareness through organising awareness activities, camps, and campaigns to disseminate information related to women centric schemes, programmes, policies and legislations.

Under SANKALP: HEW each District has one DHEW and currently, all the 33 district HEWs of the State of Telangana are functional including Warangal district.

(b) and (c): Under Saksham Anganwadi & Poshan 2.0 programme, Anganwadi Services Scheme, POSHAN Abhiyaan and Scheme for Adolescent Girls has been reorganized into 3 primary verticals: (i) Nutrition Support for children below the age of 6 years, Pregnant Women, Lactating Mothers and Adolescent Girls (14 -18 years); (ii) Early Childhood Care and Education [3-6 years] and (iii) Anganwadi Infrastructure including modern, upgraded Saksham Anganwadi, for better nutritional delivery to end beneficiaries.

Regular monitoring of growth parameters is essential for identifying children who may be malnourished and for making timely interventions. Therefore, Anganwadi centres have been equipped with Growth Monitoring devices like infantometer, stadiometer, weighing scale-infant, weighing scale – Mother & Child. A total of 35,769 Anganwadi Centres are currently running in the State of Telangana.

ECCE is one of the six free services provided through Anganwadi Centres (AWCs) located across the country under Anganwadi Services. Early childhood is the most crucial period for the overall development of children. Recognizing

the importance of this crucial period, the Early Childhood Care and Education component covers provision for pre-school learning material for cognitive, emotional, social and intellectual development of the child; development of muscular coordination and basic motor skills; aesthetic appreciation, independence and creativity; good healthy habits.

Under Mission Poshan 2.0, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It 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 in the form of Hot Cooked Meal and Take-Home Ration is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls registered in Anganwadi centres to beat the intergenerational cycle of malnutrition by adopting a life cycle approach.

(d): The One Stop Centre (OSC) is a component of the Sambal vertical under the Mission Shakti. It provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. As on date, out of approved 1025 One Stop Centres (OSCs) in each district across the

country, 864 OSCs are operational across the county. As on date, 36 OSCs have been approved in the State of Telangana and all are functional. Over 12.67 lakh women have been assisted since inception, i.e. 1st April, 2015 up to 30th September, 2025 including 77,858 women in the State of Telangana.

Women Helpline (WHL): Women Helpline (WHL) is also a vertical under the Mission Shakti. WHL aims to provide 24X7 emergency and non-emergency response through telephonic short-code 181 to women, by integrating it with Emergency Response Support System ERSS-112, One Stop Centres and Child Helpline 1098. Presently, WHL is functional in 35 States and UTs and over 93.48 lakh women have been assisted since inception, i.e. 1st April, 2015 up to 30th September, 2025 including 76,444 women in the State of Telangana.

EXPLOITATION OF INDIAN MIGRANT WORKERS ABROAD

1027. SUSHRI SAYANI GHOSH:

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

- (a) whether the Government is aware of incidents of Indian migrant workers being stranded/trapped in foreign countries after being duped by unscrupulous recruiting agents/contractors, if so, the details thereof;
- (b) the number of such cases reported since 2014, country-wise, and the steps taken by Indian embassies to secure their release or repatriation;
- (c) whether the Government has identified illegal recruiting agents operating within India, if so, the details thereof alongwith the number of such agents

prosecuted and penalties imposed on them;

(d) whether the Government has any bilateral mechanisms/agreements with destination countries to ensure protection/grievance redressal/legal assistance for Indian workers facing exploitation/contract violations, if so, the details thereof;

(e) the preventive measures being implemented to verify the credentials of foreign employers and Indian recruitment contractors before granting emigration clearance; and

(f) whether the Government proposes to establish an early warning system to detect fraudulent recruitment practices of Indian migrants abroad?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (c): It has come to the notice of the Government instances of dubious entities involved in fake recruitment job offers having lured Indian nationals including youth mostly through social media channels for overseas employment to various countries. Ministry comes to know about such fraudulent activities of illegal/unscrupulous recruitment agents/agencies in the country as and when a complaint is filed by aggrieved emigrants or their relatives/friends/family members, who have been cheated by their employers, as these Indian nationals proceed abroad on their own volition through fraudulent/unscrupulous recruitment agents/agencies and through illegal channels.

Government accords highest priority to the safety, security and well-being

of Indian nationals proceeding for employment abroad. As per Section 10 of the Emigration Act, 1983, no person/agency can function as Recruiting Agent (RA) without a valid Registration Certificate (RC) issued by the Registering Authority, i.e., Protector General of Emigrants (PGE). As and when complaints of illegal migration/human trafficking are received, such matters 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. In the cyber domain, action is also taken against illegal recruiting agents in association with MHA and State Police authorities. Requests to take down social media posts of illegal recruiting agencies from all over India including Punjab have been regularly shared with MHA.

Ministry 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 June 2025, a total of 3,505 illegal agents in the country have been notified on the eMigrate portal. The awareness campaign on safe and legal migration through eMigrate portal has been carried out by the Ministry across the country by conducting workshops, trainings, 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.

Ministry regularly coordinates with the State Governments regarding issues of illegal recruiting agencies and the ways to address challenges related to enforcement of emigration rules and regulations. Videsh Sampark Programme is organized in collaboration with State Governments from time to time. The Ministry regularly organises such outreach programs to sensitise various stakeholders about the benefits of safe and legal migration and suggests ways to prevent illegal migration through fake/unregistered recruitment agencies. In addition to the regular information sharing on unregistered recruiting agencies, regular meetings with the State level Nodal Officer are held. Further, workshops & training sessions are held by the Ministry for the law enforcement agencies of the State Governments in which information on the Standard Operating Procedures (SOP) of the Ministry, detection of unlawful content on social media, and case studies of Cyber Scamming is shared with the participants.

(d): The Government of India has established several bilateral mechanisms and agreements with key destination countries, including those in the Gulf Cooperation Council (GCC), to safeguard Indian workers and ensure timely grievance redressal. These include Labour and Manpower Cooperation Agreements/MoUs, Agreements/Protocol on Domestic Workers, and Joint Working Groups/Joint Committee Meetings that oversee implementation of worker-protection provisions, streamline recruitment processes, facilitate

resolution of complaints, and strengthen legal assistance frameworks. Migration and Mobility Partnership Agreements signed with countries also contain provisions for holding regular Joint Working Group meetings under which such issues pertaining to students, professionals, and researchers are highlighted. These arrangements along with dedicated mechanisms in the Indian Missions abroad such as helpdesks, shelter facilities, online grievance portals, and coordinated interventions with local authorities ensure support for Indian workers facing exploitation or contract violations.

(e) and (f): The eMigrate portal facilitates emigration process of Indian nationals holding Emigration Check Required (ECR) passports and emigrating to any of the 19 notified ECR countries for employment purpose. The web-based application makes the process of emigration fully digital, transparent, safe, legal, humane, efficient, convenient, and faster. It seamlessly brings all stakeholders, including Foreign Employers (FEs), registered Recruiting Agents (RAs) and the prospective emigrants on a common platform and enables MEA to capture comprehensive and online database. A dedicated helpline and support system is also available to assist emigrants and other stakeholders to address any query/issue. The advisories/alerts on fake job offers and fraudulent/illegal recruitment agencies are also hosted on the portal.

IMPLEMENTATION OF SAGARMALA 2.0 PROJECTS IN UTTAR PRADESH

1028. SHRI PUSHPENDRA SAROJ:

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

- (a) the details of projects identified under Sagarmala 2.0 in Uttar Pradesh, along with their implementation status and timelines;
- (b) the total budgetary investment outlay (public and private) earmarked for the said projects in financial year 2025-26;
- (c) whether any assessment has been conducted to examine the impact of Sagarmala 2.0 projects in Uttar Pradesh on logistics cost and last-mile connectivity for industrial and agricultural hubs and if so, the details thereof; and
- (d) the details of skill development and employment generation initiatives planned along riverine areas?

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

(a): The proposed Sagarmala 2.0 scheme is still under formulation stage and is yet to be approved.

(b) to (d): In view of (a) above, question does not arise.

अवैध प्रवास पर रोक

1029. श्री मुरारी लाल मीना:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि;

(क) क्या तथाकथित "डंकी रूट" के माध्यम से विदेश भेजने के नाम पर भारतीय नागरिकों के साथ बड़े पैमाने पर वित्तीय धोखाधड़ी की जा रही है;

(ख) यदि हां, तो पिछले तीन वर्षों के दौरान विभिन्न राज्यों में दर्ज ऐसे मामलों की संख्या कितनी है;

(ग) क्या सरकार के पास उन देशों के बारे में आंकड़े हैं जहां से पिछले तीन वर्षों के दौरान "डंकी रूट" के माध्यम से विदेश पहुँचे भारतीय नागरिकों को हथकड़ी लगाकर या हिरासत में लेकर भारत वापस भेजा गया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) इस प्रकार की मानव तस्करी और अवैध प्रवास की घटनाओं को रोकने के लिए केंद्र सरकार द्वारा अब तक उठाए गए ठोस कदमों का ब्यौरा क्या है; और

(ङ) क्या सरकार ने ऐसे एजेंटों, ट्रेवल कंपनियों या दलालों के खिलाफ कोई विशेष अभियान या अंतरराष्ट्रीय सहयोग की पहल शुरू की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री (श्री कीर्ति वर्धन सिंह):

(क) से (ङ): विदेश मंत्रालय द्वारा 'डंकी रूट' सहित अन्य देशों में तस्करी के मामलों के पंजीकरण से संबंधित आंकड़े नहीं रखे जाते हैं। अधिकांश देश निर्वासित भारतीयों का विवरण साझा नहीं करते हैं। जब भी अवैध प्रवास/मानव तस्करी की शिकायतें प्राप्त होती हैं, तो उन्हें भारतीय न्याय संहिता (बीएनएस) के संगत कानूनी प्रावधानों के तहत जांच और अभियोजन के लिए राज्य सरकार को प्रेषित किया जाता है।

पिछले तीन वर्षों में अवैध प्रवास, ओवरस्टे, आपराधिक दोषसिद्धि आदि सहित विभिन्न आधारों पर अमेरिका से भारत निर्वासित किए गए भारतीय नागरिकों की संख्या नीचे दी गई है:

वर्ष	अमेरिका से निर्वासित किए गए भारतीयों की संख्या
2023	617
2024	1368
2025 (21 नवंबर तक)	3155

सरकार विदेशों में भारतीय नागरिकों की सुरक्षा, संरक्षा और कल्याण को सर्वोच्च प्राथमिकता देती

है और भारत से केवल वैध प्रवास को प्रोत्साहित करती है। विदेश मंत्रालय सुरक्षित और वैध प्रवासन के लाभों और जाली या अपंजीकृत भर्ती एजेंसियों के माध्यम से होने वाले अवैध प्रवासन को रोकने के संभावित तरीकों के बारे में विभिन्न हितधारकों को जागरूक बनाने के लिए नियमित रूप से आउटरीच कार्यक्रमों का आयोजन करता है। अवैध एजेंटों के बारे में जानकारी ई-माइग्रेट पोर्टल पर भी नियमित आधार पर अपलोड और अद्यतन की जाती है। विदेश मंत्रालय समय-समय पर फर्जी जॉब रैकेट के बारे में परामर्शी, मीडिया ब्रीफिंग और ट्वीट भी जारी करता है। इस प्रकार की परामर्शी विदेश स्थित संबंधित भारतीय मिशनों / केन्द्रों द्वारा उनकी वेबसाइटों और सोशल मीडिया हैंडल के माध्यम से भी और प्रिंट मीडिया के माध्यम से जारी की जाती हैं।

गृह मंत्रालय ने अंतरराष्ट्रीय सीमाओं पर अवैध आप्रवासन और सीमा सुरक्षा से संबंधित मुद्दे से निपटने के लिए अनेक उपाय किए हैं। गृह मंत्रालय ने अपने सीमा सुरक्षा बलों के माध्यम से, अवैध आप्रवासन से निपटने और सीमा सुरक्षा को मजबूत बनाने के लिए एक बहु-आयामी दृष्टिकोण अपनाया है, जिसमें सीमा निगरानी में वृद्धि, सीमावर्ती अवसरचना को मजबूत बनाना, नियमित गश्त और चेकपॉइंट बनाना, आसूचना और समन्वय, सीमा पार आवाजाही विनियमित करना, सामुदायिक संपर्क और जागरूकता एवं सीमा पार सहयोग शामिल हैं।

राज्य/संघ राज्य क्षेत्रों की सरकारें मानव तस्करी और अवैध प्रवासन से संबंधित अपराधों पर रोक लगाने, उनका पता लगाने, उनकी जांच और अभियोजन के लिए मुख्य रूप से जिम्मेदार हैं। केंद्र सरकार भारत भर में स्थित 16 उत्प्रवासी संरक्षक (पीओई) कार्यालयों के समन्वय में परामर्शी, जन जागरूकता और सूचना साझा करके राज्य/संघ राज्य क्षेत्रों की पहलों में सहायता प्रदान करती हैं। अनेक राज्य/संघ राज्य क्षेत्रों की कानून प्रवर्तन एजेंसियों ने केंद्रीय एजेंसियों के साथ मिलकर संयुक्त छापेमारी की है और अवैध प्रवासन में शामिल अवैध एजेंटों और नेटवर्क के विरुद्ध सख्त कार्रवाई की है, जिसमें प्राथमिकी दर्ज करना भी शामिल है। एनआईए सहित विभिन्न केंद्रीय एजेंसियों ने भी मानव तस्करी से संबंधित मामलों में प्राथमिकी दर्ज करने के उद्देश्य से अनेक व्यक्तियों की पहचान

की है, जो एक सतत प्रक्रिया है।

निवारक स्वास्थ्य देखभाल परीक्षण

1030. श्री त्रिवेन्द्र सिंह रावत:

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

(क) क्या सरकार का ग्रामीण और दूरदराज के क्षेत्रों में निवारक स्वास्थ्य सेवा प्रदान करने के लिए राष्ट्रीय स्तर की योजना शुरू करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार की स्तन कैंसर, गर्भाशय ग्रीवा कैंसर, मुख कैंसर, हृदय रोग, गुर्दे की बीमारी, यकृत और फेफड़ों की बीमारी, और दंत समस्याओं का शीघ्र पता लगाने के लिए रक्त और मूत्र की न्यूनतम संख्या में जाँच अनिवार्य या नियमित रूप से प्रतिवर्ष कराने हेतु कोई नीति बनाने की योजना है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का इस संबंध में तंत्र, परीक्षण प्रक्रियाओं, मोबाइल स्वास्थ्य इकाइयों या स्वास्थ्य कार्यकर्ताओं की उपलब्धता बढ़ाने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(घ) इस संबंध में सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है; और

(ङ) क्या सरकार की इस संबंध में भविष्य में कोई योजना 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) से (ङ): स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफ़डबल्यू) सार्वभौमिक स्वास्थ्य कवरेज (यूएचसी) के व्यापक दृष्टिकोण के अंतर्गत, विशेष रूप से ग्रामीण और दूरदराज के क्षेत्रों में, निवारक स्वास्थ्य परिचर्या और मोबाइल स्वास्थ्य सेवा को बढ़ावा देने के लिए कई पहल सक्रिय रूप से कर रहा है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) राष्ट्रीय स्तर की एक केंद्र प्रायोजित योजना

है जिसका उद्देश्य देश भर में लोगों की जरूरतों के प्रति जवाबदेह और उत्तरदायी, समान, किफायती और गुणवत्तापूर्ण स्वास्थ्य परिचर्या सेवाओं तक सार्वभौमिक पहुँच सुनिश्चित करके निवारक, प्रोत्साहनात्मक, उपशामक, पुनर्वासात्मक और उपचारात्मक परिचर्या प्रदान करना है।

आयुष्मान आरोग्य मंदिरों (एएएम) के माध्यम से, उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके व्यापक प्राथमिक स्वास्थ्य परिचर्या (सीपीएचसी) प्रदान की जाती है, जिससे प्रजनन और बाल स्वास्थ्य सेवाओं, वृद्धजन परिचर्या सेवाओं, संचारी रोगों, गैर-संचारी रोगों, आपातकालीन चिकित्सा सेवाओं और अन्य स्वास्थ्य मुद्दों सहित सेवाओं की एक विस्तृत श्रृंखला उपलब्ध होती है। एएएम पोर्टल पर राज्यों/संघ राज्य क्षेत्रों द्वारा दी गई जानकारी के अनुसार दिनांक 31.10.2025 तक भारत में कुल 1,80,906 एएएम कार्यशील हो चुके हैं। एएएम में योग, साइकिलिंग और ध्यान जैसे आरोग्य संबंधी कार्यक्रम आयोजित किए जाते हैं। दिनांक 31.10.2025 तक की स्थिति के अनुसार, एएएम में योग सहित 6.37 करोड़ आरोग्य सत्र आयोजित किए जा चुके हैं।

निःशुल्क निदान सेवा पहल के अंतर्गत, भारत सरकार राज्यों/संघ राज्य क्षेत्रों को समुदाय के निकट सुलभ और किफायती पैथोलॉजिकल और रेडियोलॉजिकल निदान सेवाएं प्रदान करने के लिए वित्तीय सहायता प्रदान करती है, जो सभी स्तरों की जन स्वास्थ्य सुविधा केन्द्रों पर निःशुल्क उपलब्ध हैं (एसएचसी-एएएम में 14 परीक्षण, पीएचसी-एएएम में 63, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में 97, उप जिला अस्पतालों (एसडीएच) में 111 परीक्षण और जिला अस्पतालों (डीएच) में 134 परीक्षण)। जन स्वास्थ्य सुविधा केन्द्रों में उपलब्ध परीक्षणों की सूची निम्न लिंक पर उपलब्ध है:

[https://nhsrcindia.org/sites/default/files/2021-](https://nhsrcindia.org/sites/default/files/2021-07/Guidance_document_for_Free_Laboratory_Services.pdf)

[07/Guidance_document_for_Free_Laboratory_Services.pdf](https://nhsrcindia.org/sites/default/files/2021-07/Guidance_document_for_Free_Laboratory_Services.pdf)

राष्ट्रीय गैर-संचारी रोग रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के अंतर्गत, राष्ट्रीय

स्वास्थ्य मिशन (एनएचएम) और सीपीएचसी के एक भाग के रूप में भी, देश में सामान्य गैर-संचारी रोगों की रोकथाम, नियंत्रण और जाँच हेतु जनसंख्या-आधारित पहल शुरू की गई है। इस कार्यक्रम के अंतर्गत, आशा कार्यकर्ता 30 वर्ष और उससे अधिक आयु वर्ग के सभी व्यक्तियों के लिए समुदाय आधारित मूल्यांकन जाँच सूची (सीबीएसी) का प्रबंधन करती हैं। सीबीएसी के माध्यम से गैर-संचारी रोगों के लिए जोखिम मूल्यांकन किया जाता है और 30 वर्ष और उससे अधिक आयु के सभी उच्च जोखिम वाले व्यक्तियों को सामान्य गैर-संचारी रोगों की जाँच के लिए भेजा जाता है। जनसंख्या आधारित जाँच, प्रारंभिक अवस्था में पहचान, अनुवर्ती कार्रवाई और उपचार के अनुपालन के माध्यम से रोगों के बेहतर प्रबंधन में मदद करती है। एनपी-एनसीडी पोर्टल के अनुसार, दिनांक 30.11.2025 तक सभी स्वास्थ्य सुविधा केन्द्रों पर उच्च रक्तचाप की 39.79 करोड़, मधुमेह की 39.60 करोड़, मुख कैंसर की 33.57 करोड़, स्तन कैंसर की 15.72 करोड़ और गर्भाशय ग्रीवा कैंसर की 8.34 करोड़ जांच की जा चुकी हैं।

समुदाय आधारित अंतःक्षेप स्वास्थ्य परिचर्या के निवारक पहलुओं में महत्वपूर्ण भूमिका निभाते हैं। ग्राम स्तर पर मासिक रूप से संचालित होने वाला ग्राम स्वास्थ्य, स्वच्छता और पोषण दिवस (वीएचएसएनडी) मंच, निवारक परिचर्या सेवाओं के रूप में सामुदायिक स्वास्थ्य के लिए एक महत्वपूर्ण संपर्क बिंदु के रूप में कार्य करता है। इसके अलावा, एनएचएम के तहत, राज्यों को जन स्वास्थ्य सेवा तक पहुँच में सुधार के लिए विशेष रूप से दूरदराज, दुर्गम, अल्पसेवित और असेवित क्षेत्रों में रहने वाली आबादी के लिए मोबाइल चिकित्सा इकाइयों (एमएमयू) की तैनाती के लिए सहायता प्रदान की जाती है। एनएचएम के तहत राज्यों को कुल 1,540 एमएमयू का सहयोग दिया जाता है।

स्वास्थ्य और परिवार कल्याण मंत्रालय ने दुर्गम क्षेत्रों सहित दूरदराज के क्षेत्रों में आवश्यक स्वास्थ्य सेवाएं प्रदान करने के लिए स्वास्थ्य शिविर जैसी पहल भी लागू की है। वर्तमान में, अप्रैल 2024 से आयुष्मान आरोग्य शिविर, राष्ट्रव्यापी स्वास्थ्य मेला/शिविर की तरह, एएएम और सामुदायिक

स्वास्थ्य केंद्रों में आयोजित किए जा रहे हैं।

भारत सरकार ने देश भर के ग्रामीण और दूरदराज के क्षेत्रों में बेहतर सेवा प्रदान करने को प्रोत्साहित करने के लिए चिकित्सा पेशेवरों को प्रोत्साहन और मानदेय के रूप में कई पहल की हैं, जिनमें शामिल हैं:

- i. ग्रामीण और दूरदराज के क्षेत्रों में सेवा देने के लिए विशेषज्ञ डॉक्टरों को दुर्गम क्षेत्र भत्ता देना ताकि वे ऐसे क्षेत्रों में जन स्वास्थ्य सुविधा केन्द्रों में सेवा करना आकर्षक समझें।
- ii. राज्यों को विशेषज्ञों को आकर्षित करने के लिए बातचीत द्वारा तय वेतन की पेशकश करने की भी अनुमति है, जिसमें "यू कोट वी पे" जैसी कार्यनीतियों में लचीलापन भी शामिल है।
- iii. एनएचएम के अंतर्गत दुर्गम क्षेत्रों में कार्यरत कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में अधिमान्य प्रवेश तथा ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।
- iv. एनएचएम के तहत व्यापक आपातकालीन प्रसूति एवं नवजात परिचर्या (सीईएमओएनसी) और जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) जैसे विशेषज्ञों की कमी को दूर करने के लिए डॉक्टरों के बहु-कौशल को समर्थन दिया जाता है।

DEVELOPMENT WORK FOR NATIONAL WATERWAY-4

1031. SHRI PRABHAKAR REDDY VEMIREDDY:

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

- (a) the details regarding the development works approved by the Government for National Waterway-4 (NW-4), especially for Andhra Pradesh;
- (b) length of the operational and under development segment of NW-4 with expected completion dates for ongoing works State-wise and especially in

Andhra Pradesh;

(c) the funds allocated and disbursed for NW-4 development, year-wise since the project inception along with physical progress achieved till date;

(d) the details regarding other infrastructure for NW-4, such as jetties, terminals and cargo handling facilities proposed, under construction and fully functional, including the present status of the same;

(e) the utilization data of the operational segment of NW-4, including cargo volumes, passenger movements and number of vessels, year-wise; and

(f) whether any challenges were faced in the development and operation of NW-4 and if so, the details thereof regarding the measures undertaken to address them?

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

(a): The details of development works as approved by the Government for National Waterway-4 (NW- 4) including Andhra Pradesh are given in the enclosed **Statement-I**.

(b): The length of operational and under development segment of NW-4 are given in the enclosed **Statement-II**. The State-wise details of ongoing works, alongwith scheduled completion dates are given in the enclosed **Statement-I**.

(c): The details of year-wise fund allocation for various development works on NW-4 with physical progress are given in the enclosed **Statement-III**.

(d): The details of other infrastructure works alongwith their completion date &

physical progress are given in the enclosed **Statement-I**.

(e): The cargo movement for last 5 years (2020-21 to 2024-25) in NW- 4 is 41.18

MMT and the year wise details are given below:

Financial Year	2020-21	2021-22	2022-23	2023-24	2024-25
Cargo Movement (in MMT)	6.83	11.23	8.42	4.30	10.40

During 2025-26 (till October), 14,53,227 passengers were recorded on NW-4. Further, as on 03.12.2025, 740 vessels have been registered in Jalyan & Navik portal by the Inland Waterways Transport Department, Government of Andhra Pradesh including for NW-4.

(f): The challenges faced in the development and operation of NW-4 are the presence of 6 weirs, 28 dams, 8 barrages & 14 check dams without navigation lock and 114 bridges out of which 89 do not comply with the regulations laid by IWAI for safe navigation. The measures to resolve these issues have been taken up with the State Government(s) concerned.

STATEMENT-I

Details of approved works on NW-4 with physical progress

Sl. no.	Description of works	Value (in Rs. Cr.)	State	Status/ Remarks
1.	Updation of DPR for NW-4	5.22	Andhra Pradesh, Tamil Nadu, Maharashtra, Telangana, Karnataka, Puducherry and	- Physical progress- 27% - Completion by July, 2026.

			Chhattisgarh	
2.	3 nos. steel pontoons in River Krishna	8.08	Telangana	- Physical Progress- 49% - Completion by Apr, 2026.
3.	Construction of boundary wall, Ro-Ro ramp and other ancillaries undertaken at Muktyala	13.27	Andhra Pradesh	- Physical Progress- 18% - Completion by July 2026.
4.	Construction of boundary wall, Ro-Ro ramp and other ancillaries undertaken at Harishchandrapuram	5.00	Andhra Pradesh	- Physical Progress- 2% - Completion by July 2026.
5.	6 nos. steel pontoons in River Godavari	11.86	Andhra Pradesh	Work to be awarded by 15.01.2026
Total		43.43		

STATEMENT-II

Operational /under development stretches of NW-4

Sl. No.	State	River / Canal Stretch	Length (in Km)
1.	Andhra Pradesh	River Godavari Bhadrachalam to Polavaram	127
		Polavaram to Rajahmundry	44
		River Krishna Wazirabad to Pulichintala	86
		Pulichintala to Prakasam barrage	71

2.	Telangana	Pulichintala dam to Srisaillam (River Krishna)	32*

*To be made operational by July 2026

STATEMENT-III

Year wise Fund Allocated & Disbursement for NW-4

Sl. No.	Financial Year	Figures (in Rs. Lakhs)	Physical progress (in percentage)
1	2024-25	121.50	100
2	2023-24	67.26	100
3	2022-23	18.17	100
4	2021-22	307.85	100
5	2020-21	295.75	100
6	2019-20	441.24	100
7	2018-19	2079.91	100
8	2017-18	1478.05	100
9	2016-17	95.78	100
10	2015-16	256.97	100
11	2014-15	179.06	100
12	2013-14	85.30	100

E-PASSPORT AND CONSULAR SERVICES IN TAMIL NADU

1032. SHRI D. M. KATHIR ANAND:

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

(a) whether the Government has initiated e-passport and consular services for large number of people travelling to foreign countries especially the USA, UK, EU countries, Arab, UAE and other Middle East countries and if so, the details thereof;

(b) the total number of persons from Tamil Nadu who travelled to foreign

countries including the said countries during the last five years;

(c) the effective steps taken by the Government to mitigate the problems faced by the Indians travelling and working in foreign countries; and

(d) whether the Government has taken any steps to establish adequate facilitation centres for providing services for HAJ pilgrims from vellore Lok Sabha Constituency of Tamil Nadu and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a): The Government has initiated e-Passport services, at all Regional Passport Offices (RPOs) in May 2025 and at all Indian Missions/Posts abroad in October 2025. Currently, e-passport is issued to all citizens including people travelling to foreign countries such as USA, UK, EU countries, Arab, UAE and Middle East countries. Moreover, the Government has also started 'SEWA – Indian Consular Services System' which is aimed at creating an online platform, enabling Indian nationals to apply online for various consular services at Indian Missions / Posts abroad.

(b): State-wise data of Indians travelling to foreign countries is not available.

(c): The Government has taken several steps to mitigate the problems faced by the Indians travelling and working in foreign countries through Indian Missions/Posts abroad on top priority. Grievances are responded through various channels like calls, walk-ins, e-mails, social media, 24x7 Helplines and

Open Houses. As required, these issues are taken up with the employers and the host government as the case may be, for requisite action. Pravasi Bharatiya Sahayata Kendras (PBSKs) have been set up at Dubai, Sharjah, Riyadh, Jeddah and Kuala Lumpur to provide assistance to Indian workers abroad. Shelter homes for distressed Indian nationals have also been set up at some Missions/Posts. Mission officials visit immigration offices and labour camps to address the complaints of Indian workers. Financial assistance to distressed Indians, if necessary, is provided through the Indian Community Welfare Fund (ICWF). During emergency or crisis situations, our Missions/Posts abroad proactively help distressed/stranded Indian nationals in terms of providing food, shelter, medicine and helping their return to India.

(d): The Government has implemented various measures to facilitate services for Haj pilgrims from India, including those from Tamil Nadu. Key components of these initiatives include administrative branch offices, located in Makkah and Madinah, which serve as centralized hubs designed to address the grievances of pilgrims. These offices act as a one-stop centre, providing essential support and resolving issues efficiently. Moreover, the Indian Haj Pilgrims' Office (IHPO), in its fiduciary capacity and under the guidance of the Ministry of Minority Affairs, functions as the nodal agency for providing services to Indian Haj pilgrims arriving through the Haj Committee of India. The IHPO procures and coordinates various Haj-related services within the Kingdom of Saudi Arabia. In India, the State Haj Committees and the Haj Committee of India facilitate and support

pilgrims during the pre-departure phase. This comprehensive framework ensures efficient service delivery and support for Indian pilgrims throughout the Haj season.

**PEOPLE-TO-PEOPLE CONNECTIVITY BETWEEN
INDIA AND SAUDI ARABIA**

1033. SHRI YUSUF PATHAN:

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

(a) the number of Indian diaspora in Saudi Arabia, especially in Jeddah city, State-wise;

(b) the number of Indians employed in Saudi Arabia, particularly in Jeddah, State-wise;

(c) the number of Indians who have visited Jeddah on pilgrimage during the last five years, State-wise; and

(d) whether the Government has taken any steps, in consultation with Saudi Arabia, to improve connectivity and facilitate employment and pilgrimage between Indian metropolitan cities like Kolkata and Saudi Arabian cities like Jeddah, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) and (b): As per information provided by the Ministry of Foreign Affairs of the

Kingdom of Saudi Arabia, the number of Indian nationals residing in Saudi Arabia, as on 24.02.2025, was 2,747,551, including 2,565,464 working and 182,087 family members. State-wise data is not available.

Government has no city-wise data on the number of Indians working or living in Saudi Arabia.

(c): State-wise distribution of Haj pilgrims under the Haj Committee of India during the last five years is given in the enclosed **Statement**. Data related to state-wise distribution of Haj pilgrims under the Haj Group Operator route is not available. Data on Umrah pilgrims is not available with the Government, as it is not released by the Saudi authorities.

(d): Under the framework of bilateral Air Services Agreement between India and Saudi Arabia, there are direct flights connecting between multiple cities in both India and Saudi Arabia.

Travellers from India can also access all the major cities of Saudi Arabia, including Jeddah, through connecting flights, of which a large number of options are available.

Specifically on Haj facilitation, the Government of India has implemented significant administrative reforms to prioritize pilgrim comfort and safety. Some recent initiatives include introduction of Haj Suvidha App, improved travel and accommodation arrangements, and enhanced medical facilities.

On labour cooperation, the Government of India has been actively engaging with Saudi Arabia. As part of bilateral engagement, India and Saudi Arabia has

signed the Agreement on Labour Cooperation for Domestic Service Workers (DSW) Recruitment in 2014 and the Agreement on Labour Cooperation for General Category Workers' Recruitment in 2016. These agreements ensure recruitment through legal pathways with standard contracts, regulate recruitment channels and also provide bilateral mechanisms for resolution of issues faced by the Indian workers.

STATEMENT

State-wise Details of Haj pilgrims under the Haj Committee of India

Sl. No	Name of States/ Union Territory	Haj 2021 Pilgrim proceeded	Haj 2022 Pilgrim proceeded	Haj 2023 Pilgrim proceeded	Haj 2024 Pilgrim proceeded	Haj 2025 Pilgrim proceeded
1	Andaman & Nicobar (UT)	Haj Cancelled due to COVID-19	102	148	128	112
2	Andhra Pradesh		1,151	2,062	2,499	1,607
3	Assam		3,216	6,062	3,682	2,517
4	Bihar		1,889	5,255	3,508	2,376
5	Chandigarh (UT)		17	35	40	33
6	Chattisgarh		380	691	735	655
7	Dadra and Nagar Haveli (UT)		17	67	23	44
8	Daman & Diu (UT)		15	27	29	18
9	Delhi (NCT)		942	2,675	3,201	2,856
10	Goa		54	117	162	79
11	Gujarat		2,944	9,878	14,269	16,986
12	Haryana		706	1,792	1,343	1,182
13	Himachal Pradesh		38	66	79	48
14	Jammu & Kashmir		5,787	12,042	6,981	3,582
15	Jharkhand		1,423	2,740	1,716	1,298
16	Karnataka		3,062	7,120	10,761	8,633
17	Kerala		5,663	11,220	17,884	15,953
18	Lakshadweep (UT)		142	163	92	111
19	Madhya Pradesh		2,119	6,370	7,200	7,963
20	Maharashtra		5,793	16,055	20,888	18,808
21	Manipur		293	368	402	456

22	Odisha	379	883	521	384
23	Puducherry (UT)	43	83	78	90
24	Punjab	190	288	246	308
25	Rajasthan	2,240	5,867	3,935	3,375
26	Tamil Nadu	1,659	4,022	5,773	5,719
27	Tripura	100	163	108	42
28	Uttar Pradesh	7,405	24,840	17,790	13,594
29	Uttarakhand	556	1,525	1,039	909
30	West Bengal	5,181	10,435	5,567	4,942
31	Telangana	2,136	5,594	8,308	6,713
32	UT Ladakh	202	452	336	238
34	GQ + HC	424			
36	KH	366	324	641	791
	Total	56,634	139,429	139,964	122,422

मेडिकल कॉलेजों में रिक्त सीटें

1034. श्री भाऊसाहेब राजाराम वाकचौरे:

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

(क) आज की तिथि तक देश में सरकारी और गैर-सरकारी मेडिकल कॉलेजों/संस्थानों में विभिन्न पाठ्यक्रमों में अध्यापन हेतु उपलब्ध सीटों की संख्या कितनी है;

(ख) आज की तिथि तक इन कॉलेजों/संस्थानों में विभिन्न पाठ्यक्रमों में प्रवेश हेतु प्राप्त आवेदनों की संख्या कॉलेज/संस्थान-वार कितनी है;

(ग) क्या सभी आवेदकों को इन कॉलेजों/संस्थानों में प्रवेश मिल गया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकारी और गैर-सरकारी मेडिकल कॉलेजों/संस्थानों में विभिन्न पाठ्यक्रमों में सीटें रिक्त हैं;

(ङ) यदि हाँ, तो कॉलेज/संस्थान-वार और पाठ्यक्रम-वार तत्संबंधी ब्यौरा क्या है;

(च) क्या सरकार ने इन कॉलेजों और संस्थानों में रिक्त सीटों को भरने के लिए कोई कदम उठाए हैं या उठाने की योजना है; और

(छ) यदि हाँ, 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 (ग): राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई सूचना के अनुसार, वर्ष 2025-26 में देश के सरकारी और निजी मेडिकल कॉलेजों में कुल 1,28,875 स्नातक सीटें और 80291 स्नातकोत्तर सीटें हैं। सरकारी और निजी कॉलेज-वार सीटों का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(घ) से (छ): माननीय सर्वोच्च न्यायालय के दिनांक 16.12.2021 के आदेशानुसार एमबीबीएस सीटों के लिए यूजी काउंसलिंग 2025 के चार दौर पूरे हो चुके हैं। 2025-26 का शैक्षणिक सत्र 22 सितंबर 2025 से शुरू हो गया है। चार दौर के बाद सरकारी/गैर-सरकारी संस्थानों में अखिल भारतीय कोटा (एआईक्यू) में संलग्न **विवरण-II** के अनुसार कुल 72 एमबीबीएस सीटें खाली रह गईं।

विवरण-I

सरकारी और प्राइवेट कॉलेजों में राज्यवार स्नातक (यूजी) और स्नातकोत्तर मेडिकल सीटें

क्रम संख्या	राज्य/संघ राज्य क्षेत्र	स्नातक सरकारी सीटें	स्नातक निजी सीटें	स्नातकोत्तर सरकारी सीटें	स्नातकोत्तर निजी सीटें
1.	आंध्र प्रदेश	3415	3800	2140	1679
2.	अंडमान और निकोबार	114	0	13	0
3.	अरुणाचल प्रदेश	100	0	0	0
4.	असम	1975	0	790	0
5.	बिहार	1645	1900	965	467
6.	चंडीगढ़	150	0	587	0
7.	छत्तीसगढ़	1555	900	565	187
8.	दादरा और नगर हवेली	177	0	44	0
9.	दिल्ली	1296	100	2965	52
10.	गोवा	200	0	156	0
11.	गुजरात	4325	3200	2574	902

12.	हरियाणा	1060	1650	448	528
13.	हिमाचल प्रदेश	820	150	303	93
14.	जम्मू और कश्मीर	1525	200	730	52
15.	झारखंड	855	400	289	0
16.	कर्नाटक	4249	9695	2470	5180
17.	केरल	1855	3549	1189	1003
18.	मध्य प्रदेश	3025	2700	1720	1060
19.	महाराष्ट्र	6075	6749	3836	3083
20.	मणिपुर	375	150	260	0
21.	मेघालय	100	100	37	0
22.	मिजोरम	100	0	10	0
23.	नागालैंड	100	0	0	0
24.	ओडिशा	1925	1100	800	612
25.	पुदुचेरी	423	1450	346	799
26.	पंजाब	999	900	470	420
27.	राजस्थान	4630	2700	2450	1319
28.	सिक्किम	0	150	0	34
29.	तमिलनाडु	5250	7800	2901	2892
30.	तेलंगाना	4390	5150	1669	1855
31.	त्रिपुरा	150	250	95	8
32.	उत्तर प्रदेश	5925	7500	2953	2362
33.	उत्तराखंड	750	700	1656	338
34.	पश्चिम बंगाल	4149	2250	1851	377
35.	कुल	65193	63682	37282	25302

नोट: 80291 स्नातकोत्तर सीटों में 17,707 डीएनबी, डीआरएनबी, एफएनबी और पोस्ट एमबीबीएस डिप्लोमा सीटें भी शामिल हैं।

विवरण-II

स्ट्रे-राउंड के बाद शेष सीट	कुल	सरकारी	डीमंड
एमबीबीएस	72	26	46

ENHANCING EFFICIENCY IN MARITIME SECTOR**1035. SHRIMATI POONAMBEN MAADAM:**

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

(a) whether the Government has taken any steps to enhance the efficiency and global competitiveness in the maritime sector across the country;

(b) if so, the details thereof;

(c) whether any digitization and automation systems have been developed for streamlining port documentation;

(d) if so, the details thereof;

(e) whether any improvements have been observed in the effectiveness of this initiative; and

(f) if so, the details thereof?

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

(a) to (f): Ministry of Ports, Shipping and Waterways has undertaken several measures to enhance the efficiency and global competitiveness in the Maritime Sector. Key initiatives are mentioned below:

- (i) Enhancement of Indian port capacity from 1,400 million tonnes per annum (MTPA) to 2,771 MTPA from FY 2013-14 to FY 2024-25 through optimization of existing port capacity and development of new terminals and berths.
- (ii) Development of Central Parking Plaza (CPP), such as in Jawaharlal

Nehru Port Authority, Chennai Port Authority, etc. for reducing congestion.

- (iii) Automation of Weighbridges for fast, accurate, and tamper proof cargo weight measurement for efficient truck movement.
- (iv) Gate Automation for seamless, paperless entry-exit of vehicles through QR based / Smart Card / Automated Number Plate Recognition System.
- (v) Automated Firefighting System for rapid, reliable and remote fire detection and suppression.
- (vi) Automated Dust Suppression System for reducing dust during cargo handling.
- (vii) Deployment of Twin Lift and Dual Cycle Container Operations in Jawaharlal Nehru Port Authority.
- (viii) Modernization of Cruise Terminal at Mumbai Port Authority, Chennai Port Authority, Vishakhapatnam Port Authority, New Mangalore Port Authority, Cochin Port Authority and Mormugao Port Authority.
- (ix) Development of Ship Repair Clusters at Vadinar (Gujarat) and Cochin (Kerala).
- (x) To enhance the efficiency of Port Operations, the Public Private Partnership (PPP) has been promoted in port sector. As a result, about 60% of total cargo handled in major ports is being handled by

PPP Operators.

- (xi) The implementation of One Nation One Port Process (ONOP) has resulted in reduction of port documentation by about 33%.
- (xii) Implementation of Maritime Single Window (MSW) - Sagar Setu provides seamless electronic submission and processing of all ship-related information. The platform ensures compliance with the International Maritime Organization's (IMO) Facilitation (FAL) Convention and integrates key stakeholders, including Port Authorities, Customs, Port Health Organisations, and the Directorate General of Shipping. Implementation of MSW has resulted in a reduction of vessel profile approval time from up to 24 hours to about 4 hours.
- (xiii) Implementation of Enterprise Business System (EBS), which is a common, integrated digital platform for select major ports, combining Port Operations Systems (POS), an SAP-based ERP backbone, and auxiliary systems. This resulted in savings of more than 50 lakhs physical copies annually.

2. Indian ports namely Jawaharlal Nehru Port Authority (23rd Rank) and Mundra Port (25th Rank) featured in top 30 of Container Port Performance Index 2024 report released by World Bank. Additionally, 5 Indian Ports namely Pipavav (32), Cochin (56), Visakhapatnam (70), Hazira (76), and Kamarajar (94) featured among top 100 global ports. The average container turnaround time of India was

28.5 hours which is better than Singapore (30 hours).

मनोभ्रंश (डिमेंशिया) के मामले

1036. श्री अजय कुमार मंडल:

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

(क) क्या सरकार का देश में बढ़ते मनोभ्रंश संकट से निपटने के लिए एक राष्ट्रीय नीति का मसौदा तैयार करने और उसे लागू करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) देश में मनोभ्रंश की बढ़ती व्यापकता दर के बावजूद वर्तमान में इसे किसी स्वतंत्र राष्ट्रीय नीति/कार्यक्रम के भाग के रूप में शामिल न करने के क्या कारण हैं;

(ग) क्या सरकार ने बुजुर्गों के स्वास्थ्य देखभाल के लिए राष्ट्रीय कार्यक्रम (एनपीएचसीई) या राष्ट्रीय मानसिक स्वास्थ्य कार्यक्रम जैसे मौजूदा कार्यक्रमों के तहत इसका और अधिक व्यवस्थित रूप से समाधान करने के लिए मनोभ्रंश देखभाल सुविधाओं के एकीकरण का मूल्यांकन किया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(घ) मनोभ्रंश के अधिकांश मामलों के इलाज के लिए प्राथमिक देखभाल से विशेष देखभाल इकाइयों के लिए रेफरल व्यवस्था बनाने हेतु सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है; और

(ङ) क्या सरकार का, विशेषज्ञों द्वारा सुझाए गए अनुसार, राज्यों में मनोभ्रंश की व्याप्ति और प्रवृत्तियों की निगरानी के लिए मनोभ्रंश के मामलों के पंजीकरण का प्रस्ताव है और यदि हाँ, तो राज्य-वार 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): सरकार ने मनोभ्रंश के बढ़ती व्यापकता के कारण बढ़ती चुनौतियों को पहचाना है।

मनोभ्रंश देखभाल, रोकथाम और अन्य संबंधित जन स्वास्थ्य उपायों से संबंधित मुद्दों को वृद्धावस्था, गैर-संचारी रोगों और मानसिक स्वास्थ्य पर केंद्रित मौजूदा नीतियों और कार्यक्रमों द्वारा कवर किया जाता है।

मधुमेह और उच्च रक्तचाप के बेहतर प्रबंधन से मनोभ्रंश के जोखिम को संभावित रूप से कम किया जा सकता है। भारत सरकार कैंसर, मधुमेह, हृदय रोग और आघात की रोकथाम और नियंत्रण के लिए राष्ट्रीय कार्यक्रम (एनपीसीडीसीएस) को कार्यान्वित कर रही है, जिसका मुख्य उद्देश्य बुनियादी ढाँचे को मज़बूत करना, मानव संसाधन विकास, जाँच, मधुमेह और उच्च रक्तचाप सहित सामान्य गैर-संचारी रोगों (एनसीडी) का शीघ्र पता लगाना और प्रबंधन करना है। सामान्य गैर-संचारी रोगों की जाँच भी आयुष्मान भारत - स्वास्थ्य और कल्याण केंद्रों के तहत सेवा प्रदायगी का एक अभिन्न अंग है।

सरकार राष्ट्रीय वृद्धजन स्वास्थ्य देखभाल कार्यक्रम (एनपीएचसीई) का भी क्रियान्वयन कर रही है। एनपीएचसीई को प्रमुख कार्यकलापों में क्षेत्रीय जरावस्था केंद्रों (आरजीसी) में ओपीडी देखभाल सेवाओं और 30 बिस्तरों वाले जरावस्था वार्ड के साथ जरावस्था विभाग की स्थापना, जिला अस्पतालों में 10 बिस्तरों वाले जरावस्था वार्ड सहित विशिष्ट जरावस्था सेवाएं प्रदान करने हेतु जरावस्था इकाइयों की स्थापना, सभी सामुदायिक स्वास्थ्य केंद्रों और जरावस्था क्लिनिकों में सप्ताह में दो बार पुनर्वास इकाई की स्थापना, प्राथमिक स्वास्थ्य केंद्रों में प्रशिक्षित चिकित्सा अधिकारियों द्वारा साप्ताहिक जरावस्था क्लिनिक की स्थापना और स्वस्थ जीवन शैली पर सूचना, शिक्षा और संचार गतिविधियाँ, बिस्तर पर पड़े वृद्धों की घर पर देखभाल और उप-केंद्र स्तर पर जरूरतमंद वृद्धजनों के लिए सहायक उपकरण उपलब्ध कराना शामिल है।

इसके अलावा, मानसिक विकारों की समस्या से निपटने के लिए, सरकार देश के 767 जिलों में मानसिक विकारों/बीमारियों का पता लगाने, प्रबंधन और उपचार हेतु एनएमएचपी के अंतर्गत जिला मानसिक स्वास्थ्य कार्यक्रम (डीएमएचपी) के कार्यान्वयन का समर्थन कर रही है। राष्ट्रीय मानसिक

स्वास्थ्य कार्यक्रम के विशिष्ट परिचर्या घटक के अंतर्गत, मानसिक स्वास्थ्य विशेषज्ञताओं वाले पीजी विभागों में छात्रों की संख्या बढ़ाने और विशिष्ट स्तर की उपचार सुविधाएँ प्रदान करने के लिए 25 उत्कृष्टता केंद्र और 47 पीजी विभाग स्वीकृत किए गए हैं। केंद्रीय और राज्य मानसिक स्वास्थ्य संस्थानों और केंद्रीय और राज्य चिकित्सा महाविद्यालयों के मनोचिकित्सा विंग में भी अल्जाइमर रोग, जो डिमेंशिया का सबसे आम कारण है, का शीघ्र पता लगाने और उपचार की सुविधाएँ उपलब्ध हैं।

सामाजिक न्याय और अधिकारिता मंत्रालय से प्राप्त सूचना के अनुसार, सरकार वरिष्ठ नागरिकों के लिए एकीकृत कार्यक्रम (आईपीएसआरसी) योजना को लागू कर रही है, जो अटल वयो अभ्युदय योजना (एवीवाईवाई) का एक घटक है, जिसके तहत वरिष्ठ नागरिक घरों (वृद्धाश्रमों) के संचालन और रखरखाव के लिए गैर सरकारी / स्वैच्छिक संगठनों को सहायता अनुदान प्रदान की जाती है, जिसमें गरीब वरिष्ठ नागरिकों को आश्रय, पोषण, चिकित्सा और मनोरंजन जैसी सुविधाएं निःशुल्क प्रदान की जाती हैं। योजना के तहत अल्जाइमर रोग / डिमेंशिया से पीड़ित कम से कम 20 वरिष्ठ नागरिकों के लिए नियमित देखभाल घरों और अल्जाइमर रोग / डिमेंशिया से पीड़ित वरिष्ठ नागरिकों के लिए घरों के संचालन और रखरखाव के लिए परियोजना लागत का 100% तक अनुदान दिया जाता है, जो गंभीर रूप से बीमार हैं और जिन्हें निरंतर नर्सिंग देखभाल और आराम की आवश्यकता होती है।

उपरोक्त के अलावा, सरकार प्राथमिक स्वास्थ्य सेवा स्तर पर मानसिक स्वास्थ्य सेवाओं को सुदृढ़ करने के लिए भी कदम उठा रही है। सरकार ने 1.81 लाख से अधिक उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को आयुष्मान आरोग्य मंदिरों में उन्नत किया है। आयुष्मान आरोग्य मंदिरों में प्रदान की जाने वाली व्यापक प्राथमिक स्वास्थ्य सेवा के अंतर्गत मानसिक स्वास्थ्य, तंत्रिका संबंधी और मादक द्रव्यों के सेवन संबंधी विकारों (डिमेंशिया सहित) को सेवाओं के पैकेज में शामिल किया गया है। आयुष्मान भारत के दायरे में आयुष्मान आरोग्य मंदिरों में डिमेंशिया

सहित मानसिक, तंत्रिका संबंधी और मादक द्रव्यों के सेवन संबंधी विकारों (एमएनएस) पर परिचालन संबंधी दिशानिर्देश जारी किए गए हैं।

उपरोक्त के अलावा, सरकार ने देश में गुणवत्तापूर्ण मानसिक स्वास्थ्य परामर्श और देखभाल सेवाओं तक पहुँच में सुधार के लिए 10 अक्टूबर, 2022 को "राष्ट्रीय टेली मानसिक स्वास्थ्य कार्यक्रम" (एनटीएमएचपी) शुरू किया है। 27.11.2025 तक, 36 राज्यों/संघ राज्य क्षेत्रों ने 53 टेली मानस प्रकोष्ठ स्थापित किए हैं और टेली मानसिक स्वास्थ्य सेवाएँ शुरू की हैं। इस हेल्पलाइन नंबर पर 29,82,000 से अधिक कॉलों का समाधान किया जा चुका है।

सरकार ने विश्व मानसिक स्वास्थ्य दिवस - 10 अक्टूबर, 2024 के अवसर पर टेली-मानस मोबाइल एप्लिकेशन भी लॉन्च किया है। टेली-मानस मोबाइल एप्लिकेशन एक व्यापक मोबाइल प्लेटफॉर्म है जिसे मानसिक स्वास्थ्य से लेकर मानसिक विकारों तक, सभी प्रकार के मानसिक स्वास्थ्य संबंधी मुद्दों पर सहायता प्रदान करने के लिए विकसित किया गया है। सरकार ने पहले से मौजूद ऑडियो कॉलिंग सुविधा के एक और अपग्रेड के रूप में, टेली-मानस के अंतर्गत वीडियो परामर्श सुविधा भी शुरू की है।

वरिष्ठ नागरिकों के लिए घुटने की रिप्लेसमेंट सर्जरी

1037. श्री बजरंग मनोहर सोनवणे:

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

(क) क्या यह सच है कि देश भर में लगभग 60 प्रतिशत वरिष्ठ नागरिक घुटने के जोड़ों के दर्द से पीड़ित हैं और उनमें से बड़ी संख्या में लोगों को घुटने की रिप्लेसमेंट सर्जरी की आवश्यकता है और वर्तमान में यह सुविधा मुख्य रूप से निजी अस्पतालों में उपलब्ध है, जहाँ इलाज की लागत लगभग 1.5 लाख रुपए से 3 लाख रुपए तक है, जिससे आर्थिक रूप से कमजोर वर्ग के मरीजों के लिए इसे वहन करना बेहद मुश्किल हो जाता है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार इस समस्या से अवगत है कि गरीब और जरूरतमंद मरीज महंगे इलाज के कारण आवश्यक सर्जरी नहीं करवा पाते हैं, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार देश भर के सरकारी अस्पतालों में घुटने की रिप्लेसमेंट सर्जरी शुरू करने या उसका विस्तार करने की योजना बना रही है; और

(ङ) यदि हाँ, तो इस संबंध में सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है?

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

(क) से (ङ): घुटने के जोड़ों का दर्द उम्र से संबंधित एक अपक्षयी रोग है, जिसे ऑस्टियोअर्थराइटिस कहा जाता है, जिसका इलाज रूढ़िवादी ढंग से व्यायाम और दवाओं से किया जाता है। कुछ रोगियों को ऑस्टियोअर्थराइटिस के उन्नत चरण में घुटने के जोड़ के प्रतिस्थापन की आवश्यकता होती है। घुटने के जोड़ के प्रतिस्थापन की सुविधा अधिकांश सरकारी अस्पतालों में पहले से ही उपलब्ध है।

आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत, पात्र परिवारों को पैनेलबद्ध सरकारी और निजी अस्पतालों के माध्यम से घुटने के प्रत्यारोपण जैसी प्रक्रियाओं सहित द्वितीयक और विशिष्ट देखभाल के लिए प्रति वर्ष 5 लाख रुपये तक का कैशलेस स्वास्थ्य कवरेज प्राप्त होता है। इस योजना का विस्तार एबी-पीएमजेएवाई के अंतर्गत वय वंदना कार्ड के साथ 4.5 करोड़ परिवारों के 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को उनकी सामाजिक-आर्थिक स्थिति की परवाह किए बिना शामिल करने के लिए किया गया है।

एबी-पीएमजेएवाई के अंतर्गत स्वास्थ्य लाभ पैकेजों के नवीनतम राष्ट्रीय मास्टर में 27 विशेषज्ञताओं में 1961 प्रक्रियाएँ शामिल हैं, जिनमें संपूर्ण घुटना प्रतिस्थापन (टीकेआर) शामिल है। ऑर्थोपेडिक्स विशेषज्ञता के अंतर्गत, टीकेआर पहली बार घुटना प्रतिस्थापन के लिए प्राथमिक प्रक्रिया के रूप में और बार-बार या सुधारात्मक सर्जरी की आवश्यकता वाले मामलों में संशोधन

प्रक्रिया के रूप में प्रदान की जाती है। एनएचए आईटी सिस्टम पर उपलब्ध आंकड़ों के अनुसार, 26 नवंबर, 2025 तक, इस योजना के तहत 60 वर्ष और उससे अधिक आयु के 1.59 लाख वरिष्ठ नागरिकों के अस्पताल में भर्ती होने पर 1428.93 करोड़ रुपये की राशि को टीकेआर के लिए अधिकृत किया गया है।

राजस्थान में क्षेत्रीय पासपोर्ट कार्यालय

1038. डॉ. मन्ना लाल रावत:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि;

(क) राजस्थान में क्षेत्रीय पासपोर्ट कार्यालयों में वर्ष 2017 से अब तक प्राप्त पासपोर्ट आवेदनों की कुल संख्या वर्ष/माह/जिला -वार कितनी है;

(ख) उक्त अवधि के दौरान जारी किए गए पासपोर्टों का वर्ष/माह/जिला वार ब्यौरा क्या है;

(ग) वर्तमान में लंबित पासपोर्ट आवेदनों की जिला-वार संख्या कितनी है और इसके क्या कारण हैं;

(घ) क्या सरकार ने लंबित पासपोर्ट आवेदनों के शीघ्र निपटान हेतु कोई विशेष कदम उठाए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) क्या पासपोर्ट सेवा केंद्र, उदयपुर में प्राप्त आवेदनों की संख्या को ध्यान में रखते हुए, उसका क्षेत्रीय पासपोर्ट कार्यालय के रूप में उन्नयन करने का कोई प्रस्ताव है, यदि हां, तो ऐसा कब तक किए जाने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री (श्री कीर्ति वर्धन सिंह):

(क): राजस्थान में क्षेत्रीय पासपोर्ट कार्यालयों (आरपीओ) द्वारा वर्ष 2017 से 2025 (24 नवम्बर 2025 तक) तक प्राप्त पासपोर्ट आवेदनों की कुल संख्या की वर्ष/माह/जिले-वार सूची संलग्न **विवरण-I** में दी गई है।

(ख): राजस्थान में क्षेत्रीय पासपोर्ट कार्यालयों द्वारा वर्ष 2017 से 2025 (24 नवम्बर 2025 तक) जारी किए गए पासपोर्टों का वर्ष/माह/जिले-वार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग) और (घ): पासपोर्ट जारी करने में लंबित मामलों की जानकारी का रखरखाव क्षेत्रीय पासपोर्ट कार्यालय (आरपीओ) के द्वारा किया जाता है। वर्तमान में, क्षेत्रीय पासपोर्ट कार्यालय जयपुर और क्षेत्रीय पासपोर्ट कार्यालय कोटा में क्रमशः लगभग 5214 और 888 पासपोर्ट आवेदन विभिन्न कारणों से लंबित हैं, जैसे आवेदक की ओर से अपूर्ण दस्तावेज़/सूचना, नीतिगत मामले, लंबित पुलिस सत्यापन और जनशक्ति की कमी।

पासपोर्ट जारी करने की बढ़ती माँग और लंबित मामलों के कारण, मंत्रालय पासपोर्ट जारी करने की प्रक्रिया में तेज़ी लाने और पासपोर्ट की बढ़ती या मौसमी माँग को पूरा करने के लिए लगातार काम कर रहा है; इसके लिए मंत्रालय दैनिक अपॉइंटमेंट की संख्या बढ़ाने और सप्ताहांत पर विशेष अभियान चलाने जैसे कई कदम उठा रहा है। इस विशेष अभियान के तहत लंबित मामलों को निपटाने के लिए मंत्रालय और अन्य पासपोर्ट कार्यालयों के स्टाफ को भी तैनात किया जा रहा है। इसके साथ ही, लंबित फाइलों को शीघ्रता से निपटाने के लिए क्षेत्रीय पासपोर्ट कार्यालय (आरपीओ) के बैंक ऑफिस में वॉक-इन अपॉइंटमेंट भी दिए जा रहे हैं।

(ङ): पासपोर्ट आवेदनों में भविष्य में वृद्धि के अनुमान को ध्यान में रखते हुए, पीएसपी वी 2.0 में प्रत्येक पासपोर्ट सेवा केंद्र के अपग्रेडेशन और स्केलेबिलिटी की योजना बनाई गई है और तदनुसार, पासपोर्ट सेवा केंद्रों के अवसंरचनात्मक और तकनीकी उन्नयन का कार्य शुरू किया गए थे। अगस्त 2025 में, पासपोर्ट सेवा केंद्र, उदयपुर को क्षेत्र के पासपोर्ट आवेदकों की आवश्यकताओं को पूरा करने के लिए उन्नत अवसंरचना और स्केलेबिलिटी के साथ एक बड़े परिसर में स्थानांतरित कर दिया गया है।

विवरण- I

वर्ष 2017 के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े)													
जिला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1365	1216	1701	1289	1583	1638	1673	1713	1477	1306	1558	1417	17936
अलवर	816	727	830	698	966	1015	1057	1035	697	649	801	907	10198
बांसवाड़ा	381	426	464	409	466	533	517	599	524	538	634	589	6080
बारां	122	80	63	76	134	132	186	205	202	183	187	143	1713
बाड़मेर	486	455	663	628	684	627	629	524	619	601	602	623	7141
भरतपुर	315	324	350	338	401	439	404	475	405	347	371	487	4656
भीलवाड़ा	603	572	652	467	760	751	773	777	722	711	693	645	8126
बीकानेर	689	527	514	716	1127	961	1010	1067	1174	932	903	783	10403
बूंदी	176	147	110	103	167	172	227	236	233	177	152	144	2044
चित्तौड़गढ़	336	335	304	288	398	414	399	432	487	515	748	517	5173
चुरू	1613	1778	2069	1761	2075	1670	1455	1627	1345	1273	1512	1512	19690
दौसा	332	350	352	243	366	429	418	487	304	257	331	344	4213

धौलपुर	116	96	105	83	125	137	148	139	96	97	107	114	1363
डूंगरपुर	255	315	280	265	367	296	325	360	373	433	592	411	4272
हनुमानगढ़	474	417	503	486	706	556	643	598	468	382	436	450	6119
जयपुर शहर	5963	5757	6934	5894	7452	6950	6558	6780	5551	4897	5801	5727	74264
जयपुर ग्रामीण	498	419	459	466	537	609	610	654	523	376	437	431	6019
जैसलमेर	325	394	234	328	450	348	257	277	323	197	303	319	3755
जालौर	153	148	232	196	349	294	268	245	290	244	312	267	2998
झालावाड़	136	115	88	267	262	207	336	239	270	209	211	200	2540
झुंझुनू	1821	1851	1884	1591	2322	2236	2298	2088	1668	1562	1639	1688	22648
जोधपुर शहर	1738	1578	1977	1698	2079	2124	1999	1949	1693	1664	1751	1633	21883
जोधपुर ग्रामीण	441	364	595	392	490	437	413	483	494	380	433	476	5398
करौली	237	204	273	157	241	307	303	339	239	227	234	283	3044
कोटा शहर	777	549	1145	851	1094	1128	1241	1541	1480	962	1020	1001	12789
कोटा ग्रामीण	69	72	64	101	135	94	161	175	177	110	96	127	1381
नागौर	1806	2040	2374	1984	2307	1786	1743	2245	1820	1670	1874	1817	23466

पाली	481	526	558	539	596	641	695	695	589	606	634	614	7174
प्रतापगढ़	155	135	160	87	178	121	144	174	180	168	218	189	1909
राजसमंद	222	204	162	156	239	211	255	375	389	327	457	329	3326
सवाई माधोपुर	422	506	469	344	448	405	501	571	470	354	422	441	5353
सीकर	2684	2733	3168	2816	3225	2710	2455	2694	2049	1919	2301	2370	31124
सिरोही	189	215	260	203	274	279	204	279	246	228	265	239	2881
श्री गंगानगर	688	707	903	870	1340	1283	1301	1072	976	923	813	906	11782
टोंक	270	255	269	210	282	304	321	339	283	199	361	286	3379
उदयपुर	885	739	555	641	1024	1504	1865	2429	2499	2706	3224	2044	20115
कुल योग	28039	27276	31723	27641	35649	33748	33792	35917	31335	28329	32433	30473	376355

वर्ष 2018 के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े)													
ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1589	1284	1243	1532	1988	1389	2676	1660	2000	1689	1373	1249	19672
अलवर	937	902	889	1092	1414	1442	1422	1270	989	1138	965	1065	13525
बांसवाड़ा	651	475	549	646	534	539	1169	619	484	665	550	514	7395
बारां	148	160	150	192	240	139	283	240	206	245	199	94	2296
बाड़मेर	749	486	604	584	867	609	664	778	613	740	545	416	7655
ब्यावर								2					2
भरतपुर	447	407	344	403	480	476	466	445	393	500	391	420	5172
भीलवाड़ा	894	668	646	859	857	685	1099	755	826	743	618	677	9327
बीकानेर	961	904	924	852	1149	1003	1092	985	816	927	731	821	11165
बूंदी	127	153	198	144	243	224	249	231	265	266	210	126	2436
चित्तौड़गढ़	624	454	484	562	648	511	1066	665	626	618	594	421	7273
चुरू	1755	1337	1339	1357	1728	1332	1569	1433	1301	1210	1110	1114	16585
दौसा	398	298	293	263	415	381	374	344	320	360	293	323	4062

धौलपुर	148	113	142	185	174	229	162	125	184	186	97	112	1857
डूंगरपुर	436	363	439	465	488	460	489	410	316	401	354	311	4932
हनुमानगढ़	571	442	679	671	886	793	1003	759	769	713	510	579	8375
जयपुर शहर	6777	6345	6957	7106	9007	8159	7275	6574	5442	5634	4910	5686	79872
जयपुर ग्रामीण	531	448	499	527	623	594	548	557	477	481	421	429	6135
जैसलमेर	603	429	296	249	390	258	336	301	277	290	214	184	3827
जालौर	260	231	289	249	328	303	331	410	296	287	240	275	3499
झालावाड़	286	255	220	283	271	174	386	325	231	285	226	215	3157
झुंझुनू	2307	1685	1331	1752	1924	1710	1797	1709	1467	1687	1467	1407	20243
जोधपुर शहर	1991	1874	2152	1956	2325	2104	1991	1893	1618	1640	1553	1470	22567
जोधपुर ग्रामीण	467	401	532	464	617	511	540	563	465	522	483	413	5978
करौली	312	200	242	165	287	279	269	256	189	233	224	216	2872
कोटा शहर	1201	1018	1010	1007	1394	1287	1375	1177	1099	1285	1189	915	13957
कोटा ग्रामीण	107	112	111	124	178	108	251	176	189	197	164	103	1820
नागौर	2011	1610	1633	1619	1898	1556	1803	1890	1551	1749	1533	1479	20332

पाली	613	547	628	575	734	689	721	728	567	688	563	476	7529
प्रतापगढ़	230	163	166	178	176	180	242	212	140	146	131	151	2115
राजसमंद	473	353	382	351	416	399	454	360	296	386	275	212	4357
सवाई माधोपुर	409	353	354	255	495	390	448	368	390	416	275	250	4403
सीकर	2509	2067	2097	2001	2682	2099	2465	2348	2031	1941	1973	1823	26036
सिरोही	289	197	288	286	333	325	296	260	226	275	226	270	3271
श्री गंगानगर	1066	994	1079	1417	2193	1751	1640	1996	1472	1709	940	1055	17312
टोंक	295	218	258	262	344	310	332	280	276	331	228	231	3365
उदयपुर	2438	2047	2010	2016	2595	2408	2223	2067	1515	1731	1505	1518	24073
कुल योग	35610	29993	31457	32649	41321	35806	39506	35171	30322	32314	27280	27020	398449

वर्ष 2019 के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े)													
ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1678	1197	1096	1220	1697	1474	1984	1544	1623	1635	1529	1551	18228
अलवर	1246	879	883	968	938	931	1129	965	1183	1055	1023	712	11912
बांसवाड़ा	492	514	517	634	751	603	710	549	446	463	445	569	6693
बारां	167	122	121	142	154	165	169	138	175	150	169	143	1815
बाड़मेर	618	514	556	522	682	555	669	579	507	497	460	398	6557
भरतपुर	438	459	429	419	498	523	536	572	482	516	378	455	5705
भीलवाड़ा	725	592	612	985	1419	931	1055	896	716	757	834	729	10251
भिवाड़ी								1	1	5	116	431	554
बीकानेर	854	859	742	794	774	756	1046	901	873	909	759	653	9920
बूंदी	213	132	108	136	253	150	203	194	164	166	166	141	2026
चित्तौड़गढ़	504	524	562	614	574	442	643	511	519	499	484	465	6341
चुरू	1503	1088	1178	1105	1263	1080	1334	1208	1059	1166	1193	1148	14325

दौसा	367	286	267	300	310	379	408	376	289	498	417	381	4278
धौलपुर	166	117	124	99	106	131	201	172	186	135	99	102	1638
डूंगरपुर	310	395	307	390	410	410	435	352	268	307	405	369	4358
हनुमानगढ़	777	606	559	718	603	627	808	721	699	940	618	565	8241
जयपुर शहर	6089	4779	5785	5997	6881	5960	7013	6025	5805	5833	5827	5865	71859
जयपुर ग्रामीण	497	391	403	403	458	480	529	503	523	561	482	448	5678
जैसलमेर	296	266	270	263	406	222	314	307	213	225	183	200	3165
जालौर	274	189	223	231	309	277	256	293	295	232	325	280	3184
झालावाड़	324	216	220	286	247	281	326	262	199	179	226	181	2947
झुंझुनू	1786	1323	1493	1288	1753	1491	1603	1446	1431	1619	1509	1450	18192
जोधपुर शहर	1684	1339	1398	1703	2162	1663	1996	1643	1613	1665	1446	1580	19892
जोधपुर ग्रामीण	504	366	354	358	500	443	600	543	585	595	457	490	5795
करौली	250	183	145	187	195	202	278	217	209	268	219	242	2595
खैरथल-तिजारा										1			1
कोटा शहर	1282	748	764	905	1357	930	1135	883	917	917	1027	829	11694

कोटा ग्रामीण	136	90	116	108	131	120	133	164	157	133	161	128	1577
कोटपुतली-बहरोड़											1		1
नागौर	2009	1541	1649	1701	1552	1563	1908	1631	1761	1855	1733	1804	20707
नीम का थाना						1							1
पाली	624	474	504	497	742	563	767	610	553	599	572	555	7060
प्रतापगढ़	166	141	142	151	167	130	248	179	128	186	170	146	1954
राजसमंद	303	256	283	353	408	285	340	324	284	220	296	267	3619
सवाई माधोपुर	345	290	367	301	349	331	455	422	420	387	416	371	4454
सीकर	2350	1663	1939	1811	2053	1919	2260	1980	2020	1939	1906	2009	23849
सिरोही	208	206	247	310	341	324	272	309	214	205	259	215	3110
श्री गंगानगर	1481	1115	941	948	1869	1617	1749	1580	1457	1401	1021	1295	16474
टोंक	324	169	186	238	257	252	363	305	292	362	367	289	3404
उदयपुर	1689	1561	1555	1622	2128	1721	1934	1533	1362	1478	1282	1497	19362
कुल योग	32679	25590	27045	28707	34697	29932	35809	30838	29628	30558	28980	28953	363416

वर्ष 2020 के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े)													
जिला	जनवरी	फ़रवरी	मार्च	अप्रै ल	मई	जून	जुलाई	अग स्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1731	1587	859		5	115	248	373	672	611	684	969	7854
अलवर	669	579	404		5	50	175	135	220	408	361	545	3551
बांसवाड़ा	526	520	163			48	107	71	186	307	233	305	2466
बारां	142	137	99			11	10	19	23	66	65	55	627
बाड़मेर	499	375	251			36	80	101	102	260	171	253	2128
भरतपुर	508	358	271			33	80	116	92	375	196	300	2329
भीलवाड़ा	867	692	453		1	48	92	138	137	549	285	356	3618
भिवाड़ी	438	333	233		3	42	116	87	163	277	192	261	2145
बीकानेर	1002	816	450		4	59	57	227	151	527	304	355	3952
बूंदी	132	130	124			14	21	30	32	76	75	95	729
चित्तौड़गढ़	524	447	217			16	89	126	173	204	200	260	2256

चुरु	1315	1386	877		16	207	334	456	482	755	598	879	7305
दौसा	385	346	230			50	144	121	112	192	88	234	1902
धौलपुर	144	112	108			5	22	32	44	54	56	58	635
डूंगरपुर	366	372	165			80	148	98	138	139	104	221	1831
हनुमानगढ़	665	583	257		5	35	329	128	92	566	226	467	3353
जयपुर शहर	6202	5805	3480		30	1858	2727	2065	2486	2590	2297	3506	33046
जयपुर ग्रामीण	507	457	318		5	85	143	145	176	272	171	254	2533
जैसलमेर	184	204	81			10	40	28	33	72	74	99	825
जालौर	379	204	129			87	66	84	90	127	109	111	1386
झालावाड़	244	181	182			1	10	34	23	156	119	94	1044
झुंझुनू	1741	1540	990	1	110	313	495	514	602	1193	769	1264	9532
जोधपुर शहर	1765	1533	805			488	456	438	545	581	578	880	8069
जोधपुर ग्रामीण	441	516	286			82	139	148	216	208	213	301	2550

करौली	193	231	125			21	71	102	154	174	84	158	1313
कोटा शहर	1094	825	584		4	44	70	206	171	417	500	604	4519
कोटा ग्रामीण	142	95	75			1	14	27	7	62	50	60	533
नागौर	1828	1631	1120		27	269	364	552	786	868	739	1090	9274
पाली	599	568	306			99	160	172	242	280	234	293	2953
प्रतापगढ़	198	178	102			15	36	18	41	85	63	92	828
राजसमंद	295	240	177			40	91	71	121	151	121	160	1467
सवाई माधोपुर	395	402	254		4	38	59	129	154	257	109	203	2004
सीकर	2061	1926	1303		156	551	731	727	1131	1352	1023	1668	12629
सिरोही	322	216	96			53	56	61	97	147	111	145	1304
श्री गंगानगर	1216	1133	633		170	73	234	173	201	1520	709	1083	7145
टोंक	231	257	145		1	26	50	49	89	103	100	119	1170
उदयपुर	1596	1384	850			333	646	484	689	626	616	856	8080

कुल योग	31546	28299	17202	1	546	5336	8710	8485	10873	16607	12627	18653	158885

साल 2021 के लिए मिले पासपोर्ट एप्लीकेशन (जिले के हिसाब से महीने-वार डेटा)

ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1010	1230	1233	521	1	585	978	1266	1428	1427	1455	1580	12714
अलवर	481	469	505	189	3	236	392	532	537	533	587	714	5178
बांसवाड़ा	305	316	233	158		251	386	371	428	469	551	631	4099
बारां	56	103	119	38		49	70	55	90	86	95	104	865
बाड़मेर	271	275	269	155	1	192	308	307	335	353	327	375	3168
भरतपुर	320	278	279	181	41	249	315	316	314	391	360	358	3402
भीलवाड़ा	464	410	644	184	25	269	437	702	609	360	721	496	5321
भिवाड़ी	243	289	290	154		184	216	280	347	307	311	397	3018
बीकानेर	469	435	459	253	7	227	376	538	592	450	663	565	5034

बूंदी	69	111	114	35		59	99	76	158	158	163	166	1208
चित्तौड़गढ़	310	289	251	103	3	221	199	328	380	335	394	350	3163
चुरू	939	1230	1097	654	1	625	1265	1393	1337	1191	1241	1969	1294
दौसा	254	274	288	143		195	295	323	331	277	354	463	3197
धौलपुर	53	80	114	36	21	59	98	74	163	91	108	106	1003
डूंगरपुर	239	275	184	118	3	287	350	324	339	351	505	513	3488
हनुमानगढ़	326	537	586	250	19	235	379	628	579	578	583	692	5392
जयपुर शहर	3636	3843	4027	1888	15	3625	3821	4644	5036	4681	4861	5288	45365
जयपुर ग्रामीण	309	299	301	118	1	262	337	364	360	432	409	510	3702
जैसलमेर	127	99	146	69	2	89	175	150	159	97	130	150	1393
जालौर	129	116	117	61	2	104	124	141	154	150	151	204	1453
झालावाड़	118	126	100	70	3	82	116	87	143	150	92	133	1220
झुंझुनू	1336	1647	1281	715	5	950	1548	1701	1558	1732	1689	2113	16275

जोधपुर शहर	809	851	941	404	2	1011	1015	1067	1130	1020	1163	1078	10491
जोधपुर ग्रामीण	349	253	290	116	1	309	398	375	367	339	325	377	3499
करौली	196	188	131	72	2	120	184	224	300	208	202	269	2096
कोटा शहर	631	821	818	292	1	390	489	618	1015	874	893	873	7715
कोटा ग्रामीण	77	76	80	40		34	43	52	81	90	91	104	768
नागौर	1250	1235	1195	630	5	914	1441	1596	1510	1352	1465	2039	14632
पाली	354	293	332	162	1	289	353	369	386	407	369	428	3743
प्रतापगढ़	90	92	112	28	1	51	125	132	151	128	164	178	1252
राजसमंद	189	169	217	73		110	203	148	234	199	207	248	1997
सवाई माधोपुर	239	237	197	92	19	183	268	311	386	385	332	486	3135
सीकर	1774	1819	1682	885	5	1276	2184	2266	2106	1988	2154	2972	21111
सिरोही	147	152	149	73	5	103	196	146	152	123	170	203	1619
श्री गंगानगर	744	1004	1072	542	132	386	736	1249	1193	1193	1309	1448	11008

टोंक	149	138	126	58	1	95	151	187	228	163	211	260	1767
उदयपुर	856	928	974	414	2	932	1158	1117	1200	1169	1153	1188	11091
कुल योग	19318	20987	20953	9974	330	15238	21228	24457	25816	24237	25958	30028	238524

साल 2022 के लिए मिले पासपोर्ट एप्लीकेशन (जिले के हिसाब से महीने का डेटा)													
ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1230	1380	1671	1372	1550	1775	1710	1741	1856	1380	1744	1929	19338
अलवर	542	512	669	551	652	671	744	912	794	623	668	883	8221
बालोतरा		1							1	1			3
बांसवाड़ा	496	535	705	536	692	793	751	676	699	687	749	770	8089
बारां	83	60	101	103	93	213	201	192	226	140	177	228	1817
बाड़मेर	330	344	408	458	556	664	594	562	646	561	660	782	6565
ब्यावर										1			1
भरतपुर	358	339	388	291	375	543	584	657	492	520	571	615	5733
भीलवाड़ा	537	496	700	537	664	980	930	967	940	858	835	951	9395
भिवाड़ी	282	294	392	312	344	433	497	519	501	392	479	561	5006
बीकानेर	577	462	715	458	727	779	831	750	742	788	660	955	8444

बूंदी	89	124	136	128	118	181	227	227	280	158	222	237	2127
चित्तौड़गढ़	310	282	398	319	535	557	501	549	570	493	532	687	5733
चुरू	1645	1594	1749	1427	1563	1753	1561	1492	1780	1387	1667	1987	19605
दौसा	360	308	389	289	361	559	543	565	441	409	563	584	5371
डीग								1					1
धौलपुर	114	66	111	90	128	170	184	177	137	112	173	131	1593
डीडवाना-कुचामन			1			1			1		3	2	8
डूडू	1												1
डूंगरपुर	408	461	518	417	593	643	566	467	519	428	528	623	6171
गंगापुर सिटी				1		1							2
हनुमानगढ़	673	595	601	584	694	940	936	1034	1022	1001	1016	1137	10233
जयपुर शहर	3858	5128	6182	5451	6244	6902	6406	6222	6239	4917	6107	7824	71480
जयपुर ग्रामीण	351	373	475	421	386	520	571	588	544	375	532	613	5749

जैसलमेर	121	139	175	175	282	376	219	271	177	214	238	357	2744
जालौर	123	129	146	138	213	304	349	333	367	296	408	438	3244
झालावाड़	172	99	208	131	140	279	343	305	320	250	252	220	2719
झुंझुनू	2135	1860	2159	1762	1859	2156	2066	1955	2088	1876	2137	2694	24747
जोधपुर शहर	937	1210	1395	1404	1850	2144	1577	1426	1476	1389	1492	1932	18232
जोधपुर ग्रामीण	336	354	465	365	547	646	509	565	626	475	647	753	6288
करौली	216	198	242	166	222	303	305	347	325	219	295	368	3206
खैरथल-तिजारा					1								1
कोटा शहर	682	705	889	724	653	1060	953	953	1006	832	959	1071	10487
कोटा ग्रामीण	61	71	93	74	74	178	154	131	175	130	183	154	1478
नागौर	2020	1838	2147	1746	1926	2437	2114	2162	2213	1883	2224	2794	25504
पाली	374	371	448	422	583	647	616	788	684	578	680	797	6988
प्रतापगढ़	160	137	217	153	182	290	264	256	180	213	239	256	2547

राजसमंद	184	240	256	188	284	326	324	297	358	306	342	439	3544
सांचोर												1	1
सवाई माधोपुर	336	382	382	264	357	479	479	722	519	403	440	528	5291
शाहपुरा											1		1
सीकर	2395	2549	2873	2259	2400	2678	2483	2486	2739	1997	2514	3393	30766
सिरोही	147	148	181	152	276	221	274	252	204	186	271	311	2623
श्री गंगानगर	1308	1188	1601	1215	1553	1906	1817	2017	2054	1965	1763	2068	20455
टोंक	177	186	237	206	230	291	285	376	352	297	327	371	3335
उदयपुर	1085	1143	1519	1351	1787	1946	1603	1736	1776	1478	1664	1899	18987
कुल योग	25213	26301	31942	26640	31694	37745	35071	35676	36069	30218	34962	42343	393874

वर्ष 2023 के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े)													
ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1859	1739	1879	1537	2000	2209	2239	2462	1762	1395	1340	1244	21665

अलवर	892	882	844	693	776	933	958	994	842	808	721	711	10054
अनूपगढ़		1				2		5	300	436	372	306	1422
बालोतरा	1	1			1		3	4	5	238	240	276	769
बांसवाड़ा	602	749	804	631	752	752	918	941	661	570	441	506	8327
बारां	163	174	229	146	180	205	253	272	246	136	127	204	2335
बाड़मेर	660	730	776	604	729	691	788	850	766	577	310	435	7916
ब्यावर			1		2	1	4	7	309	393	377	449	1543
भरतपुर	645	624	598	436	549	672	674	774	489	380	284	342	6467
भीलवाड़ा	1030	898	1044	794	1072	1167	1166	1282	1044	784	547	577	11405
भिवाड़ी	450	499	525	383	510	597	645	689	448	336	277	203	5562
बीकानेर	874	982	1033	726	971	1071	1186	1189	981	1034	965	848	11860
बूंदी	212	217	234	128	202	262	261	284	230	171	165	172	2538
चित्तौड़गढ़	536	460	588	419	622	639	655	714	600	370	320	457	6380

चुरु	1933	1997	2176	1529	1717	1934	2393	2396	2063	2080	1886	1860	23964
दौसा	608	451	494	350	446	519	629	649	486	415	317	421	5785
डीग								1	94	203	145	182	625
धौलपुर	173	124	138	130	149	180	224	162	171	151	110	160	1872
डीडवाना-कुचामन	2		1	3	5	1	6	6	17	1431	1724	1829	5025
डूडू								1	29	55	60	59	204
डूंगरपुर	479	517	551	443	520	562	722	651	440	420	405	498	6208
गंगापुर सिटी								2	73	140	88	128	431
हनुमानगढ़	1039	1076	1205	875	1118	1334	1422	1395	1480	1269	1178	963	14354
जयपुर शहर	7283	6580	7411	6217	7827	7521	9591	9693	7586	7662	7397	6843	91611
जयपुर ग्रामीण	645	566	572	537	594	627	802	848	630	521	436	443	7221
जैसलमेर	310	403	316	308	423	278	350	276	209	273	154	306	3606
जालौर	340	374	495	325	428	339	397	478	417	265	216	237	4311

झालावाड़	266	209	305	191	277	286	354	365	230	158	225	261	3127
झुंझुनू	2537	2514	2530	1822	2077	2318	2799	2764	2353	2088	2163	2006	27971
जोधपुर शहर	1767	1924	1990	1449	2044	1871	2304	2037	1794	1964	1934	1787	22865
जोधपुर ग्रामीण	653	697	657	451	617	692	824	811	517	525	478	411	7333
करौली	316	260	252	189	238	301	348	380	308	257	250	308	3407
केकरी						1	2	2	5	103	99	112	324
खैरथल-तिजारा							1		72	143	129	149	494
कोटा शहर	926	989	1065	866	1210	1200	1279	1350	1078	971	1002	1200	13136
कोटा ग्रामीण	172	131	184	145	152	181	228	286	187	142	124	160	2092
कोटपुतली-बहरोड़				1			1	1	1	211	184	282	681
नागौर	2743	2716	2977	1900	2514	2491	3041	3165	2651	1112	593	727	26630
नीम का थाना			1			1		2	3	216	433	479	1135
पाली	643	656	806	565	761	757	946	1041	633	531	409	522	8270

फलौदी		1	2			2	7	8	230	242	181	172	845
प्रतापगढ़	192	230	298	160	302	253	307	150	276	156	145	209	2678
राजसमंद	291	287	366	337	395	462	464	440	356	345	172	315	4230
सलूम्बर		1					1		3	129	40	85	259
सांचोर								1		74	137	136	348
सवाई माधोपुर	512	468	509	276	368	396	609	652	416	241	218	283	4948
शाहपुरा								1	2	76	55	84	218
सीकर	3094	3298	3344	2369	2739	2896	3906	3406	2904	2815	2575	2880	36226
सिरोही	194	261	276	245	293	318	327	331	282	267	243	246	3283
श्री गंगानगर	1904	1748	2154	1647	2438	2476	2597	2641	1683	1798	1480	1589	24155
टोंक	364	313	406	232	276	358	466	521	428	390	271	321	4346
उदयपुर	1560	1573	1984	1681	1799	1901	2505	1960	1581	1579	1153	1257	20533
कुल योग	38870	38320	42020	31740	40093	41657	49602	49340	40371	39046	35295	36640	482994

वर्ष 2024 के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े)													
ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1358	1189	1173	1397	1574	1397	1573	1468	1535	1451	1366	1527	17008
अलवर	663	706	666	714	790	731	853	795	830	825	746	794	9113
अनूपगढ़	337	379	471	495	486	480	525	484	556	518	356	425	5512
बालोतरा	248	312	218	258	353	342	396	348	318	352	333	349	3827
बांसवाड़ा	547	583	523	535	743	609	684	513	558	509	428	513	6745
बारां	224	161	162	144	203	175	201	215	208	176	144	171	2184
बाड़मेर	419	413	404	429	455	379	456	445	495	531	475	473	5374
ब्यावर	557	459	476	505	603	529	643	568	605	565	538	577	6625
भरतपुर	407	403	319	392	449	354	491	402	386	392	324	366	4685
भीलवाड़ा	899	625	882	869	1009	878	988	915	867	854	854	848	10488
भिवाड़ी	245	259	208	237	312	264	303	280	330	278	296	293	3305
बीकानेर	1002	927	833	990	1357	1235	1400	1221	1191	1080	979	1118	13333

बूंदी	221	213	197	224	273	209	264	250	238	165	166	229	2649
चित्तौड़गढ़	491	443	470	516	657	643	676	560	501	519	480	560	6516
चुरू	2616	2567	2133	2175	2438	2173	2455	2014	2259	2057	2062	2236	27185
दौसा	433	445	305	409	490	480	576	426	483	336	436	561	5380
डीग	277	244	181	194	230	202	264	260	315	313	213	272	2965
धौलपुर	198	154	163	172	154	193	207	158	136	147	149	180	2011
डीडवाना-कुचामन	2265	2290	1912	1874	2196	1865	2184	1970	1946	1948	1984	2089	24523
डूडू	51	67	55	63	78	64	77	62	83	47	56	67	770
डूंगरपुर	417	525	311	488	716	563	527	396	476	375	450	439	5683
गंगापुर सिटी	149	136	104	110	140	142	193	151	169	96	135	131	1656
हनुमानगढ़	1132	1251	952	1032	1275	1107	1299	1066	1113	1174	854	985	13240
जयपुर शहर	7672	7471	6618	8115	9037	8384	9073	7223	7502	7042	7009	7736	92882
जयपुर ग्रामीण	550	470	382	511	516	478	560	486	560	424	429	501	5867
जैसलमेर	363	395	296	344	483	307	356	242	274	262	300	469	4091
जालौर	271	223	170	241	310	229	289	223	262	210	252	259	2939

झालावाड़	283	245	217	235	287	260	292	245	253	202	206	244	2969
झुंझुनू	2399	2403	2272	2234	2381	2147	2448	1985	2309	2268	2090	2339	27275
जोधपुर शहर	2137	1808	1640	2118	2280	2011	2315	2030	2125	2030	1890	1977	24361
जोधपुर ग्रामीण	446	398	341	443	491	469	509	523	515	499	444	474	5552
करौली	310	278	230	244	296	241	389	269	349	254	317	348	3525
केकरी	104	162	100	125	116	124	147	111	158	182	143	126	1598
खैरथल-तिजारा	178	184	165	132	164	170	217	182	205	169	169	201	2136
कोटा शहर	1235	1139	1106	1196	1428	1321	1415	1198	1148	1087	981	1235	14489
कोटा ग्रामीण	144	110	149	161	199	171	186	156	195	134	105	169	1879
कोटपुतली-बहरोड़	287	316	266	317	348	345	377	320	323	310	359	346	3914
नागौर	869	699	681	833	897	819	928	882	992	890	846	854	10190
नीम का थाना	656	669	492	600	564	534	659	529	571	505	562	630	6971
पाली	576	516	463	538	701	592	676	596	633	613	590	585	7079
फलौदी	223	204	149	202	203	219	223	253	307	252	267	276	2778
प्रतापगढ़	206	212	202	203	262	213	269	224	214	176	195	197	2573

राजसमंद	282	307	294	317	421	385	376	320	319	288	328	327	3964
सलूम्वर	102	104	105	101	123	105	80	89	88	108	87	94	1186
सांचोर	222	162	142	166	167	163	152	149	193	154	177	166	2013
सवाई माधोपुर	401	390	273	278	353	323	405	343	404	313	275	307	4065
शाहपुरा	86	56	74	91	108	78	96	86	140	106	77	84	1082
सीकर	3308	3156	2712	2797	3274	2792	3098	2611	2880	2602	2589	3084	34903
सिरोही	344	285	213	341	402	337	313	299	266	263	277	332	3672
श्री गंगानगर	1380	1372	1171	1471	1464	1287	1554	1353	1366	1348	1140	1065	15971
टोंक	296	354	293	275	349	374	386	345	424	339	277	353	4065
उदयपुर	1675	1722	1576	1886	2367	2056	2061	1534	1568	1464	1594	1789	21292
कुल योग	42161	40561	35910	40737	46972	41948	47084	39773	42141	39202	37799	41770	496058

वर्ष 2025 के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े) - 24 नवंबर 2025 तक												
ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	कुल योग
अजमेर	1517	1314	1214	1256	1570	1579	1909	1687	1733	1837	1361	16977
अलवर	889	663	576	642	856	705	980	906	852	838	671	8578
अनूपगढ़	356	106										462
बालोतरा	328	185	225	297	320	316	349	348	458	422	267	3515
बांसवाड़ा	560	497	380	556	652	550	625	576	698	583	590	6267
बारां	187	188	186	142	210	207	291	286	248	192	139	2276
बाड़मेर	577	379	352	373	435	381	578	553	544	607	452	5231
ब्यावर	644	500	425	479	558	578	832	622	790	784	587	6799
भरतपुर	464	314	292	370	419	367	476	385	440	462	334	4323
भीलवाड़ा	867	771	847	961	1140	1036	1254	1256	1036	968	877	11013
भिवाड़ी	349	241	220	243	274	280	322	323	281	331	243	3107
बीकानेर	1248	902	846	988	1176	1020	1321	1164	1175	1108	912	11860

बूंदी	250	198	149	194	233	241	310	346	309	286	196	2712
चित्तौड़गढ़	517	482	460	541	602	614	680	707	660	555	493	6311
चुरू	2545	1873	1495	1893	2223	1898	2483	2290	2349	2252	1794	23095
दौसा	582	354	304	348	519	417	556	520	492	511	410	5013
डीग	326	206	175	193	217	201	277	345	328	352	231	2851
धौलपुर	166	137	125	117	171	176	206	208	213	204	138	1861
डीडवाना-कुचामन	2205	1614	1339	1610	2095	1782	2357	2023	2079	2055	1706	20865
डूडू	74	21										95
डूंगरपुर	456	396	355	457	569	488	511	428	590	511	427	5188
गंगापुर सिटी	129	51										180
हनुमानगढ़	1025	833	787	863	904	1040	1384	954	948	860	620	10218
जयपुर शहर	8937	6530	6210	7395	9760	7971	9974	8501	9207	9397	7245	91127
जयपुर ग्रामीण	537	407	438	550	595	551	719	663	740	631	478	6309
जैसलमेर	786	459	317	356	295	225	347	342	329	274	226	3956
जालौर	261	255	338	286	421	353	530	532	505	435	601	4517

झालावाड़	294	235	230	243	249	294	309	440	335	270	227	3126
झुंझुनू	2686	2213	1853	2078	2702	2359	3062	2611	2696	2919	2173	27352
जोधपुर शहर	2300	1740	1743	1810	2131	2001	2394	2055	2739	2296	1727	22936
जोधपुर ग्रामीण	516	335	359	349	414	477	569	589	751	585	474	5418
करौली	338	205	164	208	279	283	361	333	385	367	374	3297
केकरी	100	36										136
खैरथल-तिजारा	186	146	129	159	207	153	212	171	197	213	144	1917
कोटा शहर	1188	965	1063	1096	1362	1389	1341	1377	1256	1394	1062	13493
कोटा ग्रामीण	162	147	138	136	146	168	265	289	322	196	167	2136
कोटपुतली-बहरोड़	349	250	256	274	367	330	383	342	347	442	283	3623
नागौर	965	738	662	745	829	835	1126	1032	1113	1089	835	9969
नीम का थाना	611	214										825
पाली	642	469	455	512	531	512	661	644	695	736	575	6432
फलौदी	256	175	137	162	158	222	239	315	370	283	191	2508
प्रतापगढ़	196	207	136	211	231	262	246	220	242	209	194	2354

राजसमंद	379	350	352	405	419	409	429	428	426	368	336	4301
सलूमबर	90	74	80	77	81	102	97	85	97	78	73	934
सांचोर	180	63										243
सवाई माधोपुर	353	340	342	365	403	442	564	657	723	619	528	5336
शाहपुरा	94	28										122
सीकर	3379	2363	2317	2779	3434	3056	3799	3465	3388	3432	2725	34137
सिरोही	334	259	241	324	247	301	356	332	278	238	266	3176
श्री गंगानगर	1139	1032	1228	1530	1697	1442	2134	1708	1515	1292	1055	15772
टोंक	433	328	193	296	375	332	476	446	547	516	393	4335
उदयपुर	1821	1507	1733	1794	1898	2066	1911	1675	1680	1656	1306	19047
कुल योग	45773	34295	31866	36663	44374	40411	50205	45179	47106	45653	36106	457631

विवरण- II

वर्ष 2017के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े)													
जिला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1208	1021	1196	1624	1462	1702	1262	1785	1500	1373	1447	1414	16994
अलवर	652	693	762	690	776	792	839	1049	972	516	559	757	9057
बांसवाड़ा	260	420	450	332	483	423	538	527	557	438	667	550	5645
बारां	100	76	90	51	85	125	107	201	214	156	182	164	1551
बाड़मेर	418	341	477	657	664	533	521	603	607	521	629	594	6565
भरतपुर	332	267	352	307	339	422	390	348	489	375	334	362	4317
भीलवाड़ा	542	558	637	479	624	696	587	804	771	577	800	659	7734
बीकानेर	592	499	582	404	764	1014	851	980	1186	846	904	881	9503
बूंदी	116	136	146	78	121	136	139	246	250	102	230	80	1780
चित्तौड़गढ़	315	239	318	275	283	406	390	384	412	430	424	870	4746
चुरू	1498	1517	2156	1563	1892	2088	1184	1479	1441	1168	1497	1350	18833
दौसा	293	264	447	241	289	408	356	389	454	230	343	287	4001

धौलपुर	131	101	104	76	95	96	139	145	129	72	100	92	1280
डूंगरपुर	280	174	342	226	231	391	226	269	379	263	569	473	3823
हनुमानगढ़	343	243	629	416	449	740	459	703	486	467	356	366	5657
जयपुर शहर	4783	5284	6563	5646	6761	6894	5350	6191	6662	5398	5680	5315	70527
जयपुर ग्रामीण	411	425	417	385	425	575	513	607	605	388	385	300	5436
जैसलमेर	151	334	482	127	276	405	368	171	444	188	289	235	3470
जालौर	156	127	171	230	199	305	255	237	308	168	306	283	2745
झालावाड़	124	127	91	91	218	244	192	297	310	152	225	183	2254
झुंझुनू	1504	1680	1997	1513	1649	2022	1875	2264	2291	1331	1540	1624	21290
जोधपुर शहर	1495	1568	1978	1595	1856	1911	1928	1793	2114	1576	1530	1524	20868
जोधपुर ग्रामीण	338	291	540	398	492	303	589	366	496	457	389	412	5071
करौली	232	115	326	182	180	268	261	300	307	260	212	234	2877
कोटा शहर	620	722	536	781	937	937	909	1111	1644	1077	1228	874	11376
कोटा ग्रामीण	35	56	87	57	101	102	91	94	167	140	126	108	1164
नागौर	1560	1413	2535	1784	2177	1947	1573	1525	2437	1637	1856	1446	21890

पाली	392	458	649	370	545	618	692	497	787	517	580	535	6640
प्रतापगढ़	57	192	145	107	119	154	105	113	183	93	182	177	1627
राजसमंद	202	167	223	165	156	229	213	275	418	304	320	482	3154
सवाई माधोपुर	192	379	639	289	386	466	338	491	525	431	403	400	4939
सीकर	2000	2259	3256	2449	2961	2766	2583	2587	2443	2300	1605	2356	29565
सिरोही	176	207	234	188	234	241	293	190	278	212	221	287	2761
श्री गंगानगर	490	516	848	745	872	1368	1035	1293	1141	934	799	834	10875
टोंक	217	183	303	215	228	309	219	302	316	292	222	363	3169
उदयपुर	934	646	777	507	901	1217	1461	1913	2446	2424	2797	2386	18409
कुल योग	23149	23698	31485	25243	30230	33253	28831	32529	36169	27813	29936	29257	351593
वर्ष 2018 के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े)													
जिला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1808	1371	991	898	2128	1498	2285	2082	1422	2032	1488	1529	19532
अलवर	1098	697	927	616	957	1708	1660	1033	1031	1371	1309	1197	13604

बांसवाड़ा	656	587	274	629	789	402	920	666	707	545	579	649	7403
बारां	112	114	123	171	305	179	168	267	249	182	276	140	2286
बाड़मेर	660	592	262	459	752	1054	676	663	630	814	568	284	7414
ब्यावर								1	1				2
भरतपुर	543	377	310	292	487	481	500	461	317	480	477	395	5120
भीलवाड़ा	826	761	414	641	1042	865	816	916	577	1026	637	626	9147
बीकानेर	676	806	695	981	1484	1138	996	967	919	778	967	792	11199
बूंदी	177	140	107	218	210	212	289	201	181	350	233	87	2405
चित्तौड़गढ़	636	409	417	321	701	742	763	634	622	819	572	467	7103
चुरू	1782	1495	1081	1279	1734	1545	1562	1627	1367	1273	900	1169	16814
दौसा	370	379	219	291	311	414	381	286	299	404	306	288	3948
धौलपुर	170	138	47	110	251	188	239	123	160	133	130	154	1843
डूंगरपुर	525	469	204	479	480	445	548	373	200	592	343	355	5013
हनुमानगढ़	615	543	319	357	1028	737	1036	969	674	850	635	339	8102
जयपुर शहर	6654	6107	4879	8070	8718	8044	8409	6434	5501	7089	4497	4871	79273

जयपुर ग्रामीण	632	515	315	529	553	601	703	482	501	513	403	486	6233
जैसलमेर	350	368	387	410	338	336	304	285	350	277	314	182	3901
जालौर	318	228	196	269	316	281	408	251	334	418	175	274	3468
झालावाड़	183	220	180	295	456	206	303	313	262	283	269	255	3225
झुंझुनू	1726	1957	1337	1780	2064	1674	1912	1983	1421	1639	1641	1368	20502
जोधपुर शहर	2013	2151	1360	2424	2230	1910	2365	1794	1729	1704	1580	1615	22875
जोधपुर ग्रामीण	523	434	344	538	563	321	749	487	542	487	480	431	5899
करौली	318	237	187	198	263	202	351	113	311	263	182	209	2834
कोटा शहर	797	1046	866	1193	1425	1344	1584	1180	921	1206	1064	1494	14120
कोटा ग्रामीण	106	89	76	153	207	134	214	173	164	149	238	171	1874
नागौर	2435	1903	1228	1437	2201	1721	1699	1792	1735	1707	1483	1723	21064
पाली	707	599	348	524	881	644	937	578	513	812	556	431	7530
प्रतापगढ़	268	165	201	158	183	148	250	222	171	126	127	130	2149
राजसमंद	375	418	276	437	360	412	496	141	463	331	317	312	4338

सवाई माधोपुर	368	496	124	413	429	237	540	370	385	472	361	254	4449
सीकर	2472	2417	1502	2463	2198	2436	2313	2236	2378	2261	1650	1992	26318
सिरोही	260	241	189	284	312	331	335	327	194	268	247	224	3212
श्री गंगानगर	850	1030	756	781	2161	1796	2387	1392	1752	1535	1449	1210	17099
टोंक	307	269	86	382	299	323	384	213	236	366	249	223	3337
उदयपुर	3024	2145	1404	2210	2335	2330	2809	1759	1890	1624	1729	1497	24756
कुल योग	35340	31913	22631	32690	41151	37039	42291	33794	31109	35179	28431	27823	399391

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जिला	जनवरी	फरवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1470	1180	1026	1299	1539	1535	1758	1635	959	1440	1998	1551	17390
अलवर	1096	931	686	974	1194	605	1161	883	722	764	1105	1285	11406
बांसवाड़ा	518	518	249	666	871	640	718	457	261	377	501	547	6323
बारां	163	58	143	143	153	86	205	134	111	93	120	138	1547
बाड़मेर	794	412	455	623	585	489	668	481	448	551	490	399	6395
भरतपुर	489	292	422	446	506	279	601	457	326	395	499	380	5092
भीलवाड़ा	750	587	521	559	1248	734	1262	819	581	552	775	592	8980
भिवाड़ी											6	46	52
बीकानेर	877	684	678	923	1035	441	841	816	504	655	745	677	8876
बूंदी	281	115	115	130	204	139	204	143	130	123	175	120	1879
चित्तौड़गढ़	595	450	498	562	694	511	554	509	242	515	614	456	6200
चुरू	1550	863	219	1688	1521	1027	1237	1172	941	842	1245	1225	13530

दौसा	404	279	238	281	327	222	368	411	238	377	358	359	3862
धौलपुर	139	127	96	121	144	66	182	129	90	137	126	133	1490
डूंगरपुर	326	201	387	462	465	359	362	401	244	274	353	353	4187
हनुमानगढ़	792	506	591	625	777	495	740	582	524	510	703	637	7482
जयपुर शहर	7290	5253	4580	5374	8179	5671	6975	4036	7215	5212	5586	5189	70560
जयपुर ग्रामीण	469	418	340	464	431	401	484	346	545	489	554	520	5461
जैसलमेर	195	292	162	299	404	235	354	298	176	217	214	182	3028
जालौर	303	34	286	220	331	225	291	236	234	257	278	244	2939
झालावाड़	322	168	170	240	341	89	324	264	118	188	190	185	2599
झुंझुनू	1802	1324	1125	1399	1770	1327	1533	1502	1082	1133	1544	1332	16873
जोधपुर शहर	1661	1367	1433	1332	2083	1739	2088	1749	1615	1507	1498	1429	19501
जोधपुर ग्रामीण	521	405	349	366	442	413	513	588	518	557	552	455	5679
करौली	259	203	58	244	215	197	222	236	144	263	207	218	2466
खैरथल-तिजारा										1			1
कोटा शहर	1440	710	518	903	1186	805	1158	944	571	568	791	764	10358

कोटा ग्रामीण	61	105	107	121	128	79	137	94	110	95	165	108	1310
कोटपुतली-बहरोड़											1		1
नागौर	1840	421	2555	1568	1800	1537	1915	1689	638	1992	2010	2012	19977
नीम का थाना							1						1
पाली	619	450	497	464	786	403	726	564	440	486	611	491	6537
प्रतापगढ़	230	48	189	137	190	92	168	117	138	133	179	152	1773
राजसमंद	301	211	91	431	409	237	327	306	242	231	261	273	3320
सवाई माधोपुर	284	168	313	425	340	296	363	380	109	541	396	362	3977
सीकर	2364	1734	1319	2127	2047	1906	2157	2099	2013	1680	1941	2092	23479
सिरोही	282	189	121	276	388	210	338	240	212	203	206	163	2828
श्री गंगानगर	1299	921	870	1272	1417	1074	1785	1303	855	1188	1362	1267	14613
टोंक	323	232	137	199	288	244	322	231	183	363	327	332	3181
उदयपुर	1778	1451	1603	1289	2224	1690	1862	1372	1508	1358	1395	1348	18878
कुल योग	33887	23307	23147	28652	36662	26498	34904	27623	24987	26267	30081	28016	344031

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ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1780	1602	887	1	333	29	983	317	559	581	683	773	8528
अलवर	799	648	144		869	58	147	138	102	387	325	485	4102
बांसवाड़ा	581	516	373		205	25	101	75	81	185	355	206	2703
बारां	155	134	115		265	14	9	12	19	37	49	56	865
बाड़मेर	398	441	253	1	516	43	27	88	138	116	207	218	2446
भरतपुर	392	425	369		503	90	52	92	128	217	285	267	2820
भीलवाड़ा	833	680	602		669	514	73	124	97	177	593	376	4738
भिवाड़ी	81	213	493		340	214	128	96	140	164	263	164	2296
बीकानेर	804	688	553		1243	414	62	85	285	73	569	326	5102
बूंदी	167	140	89		132	2	2	154	11	47	99	82	925
चित्तौड़गढ़	354	525	267		401	74	64	68	105	174	217	315	2564
चुरू	1009	1221	949		440	9	1123	467	551	595	453	962	7779

दौसा	454	299	329		295	49	98	136	70	84	199	166	2179
धौलपुर	112	81	116		174	11		75	21	56	59	73	778
डूंगरपुर	306	492	255		73	55	124	123	119	140	114	156	1957
हनुमानगढ़	465	688	461	1	880	26	251	149	97	270	359	385	4032
जयपुर शहर	7735	5844	4215		1537	1023	2849	2156	2160	2467	2650	2931	35567
जयपुर ग्रामीण	327	527	297		352	26	136	136	136	208	199	247	2591
जैसलमेर	161	134	146		72	2	6	254	38	24	39	76	952
जालौर	287	247	166	1	182	92	30	120	76	116	133	95	1545
झालावाड़	217	158	169		422	4	10	13	37	85	134	114	1363
झुंझुनू	1470	1783	1227		1192	331	498	500	558	946	919	859	10283
जोधपुर शहर	1373	1650	1128	1	459	377	581	339	598	452	572	660	8190
जोधपुर ग्रामीण	421	421	376		231	33	127	124	224	175	211	264	2607
करौली	242	237	127	1	155	8	60	55	130	189	52	158	1414
कोटा शहर	1032	840	617		1193	455	137	86	277	241	401	674	5953
कोटा ग्रामीण	115	148	112		146	36	10	8	23	38	48	58	742

नागौर	1551	1561	819		912	723	494	622	456	828	838	923	9727
पाली	534	442	372		678	57	150	127	197	290	224	264	3335
प्रतापगढ़	142	125	181		156	66	47	20	40	32	54	149	1012
राजसमंद	204	322	145		86	3	276	77	65	132	131	134	1575
सवाई माधोपुर	325	410	327		489	27	40	67	104	141	124	309	2363
सीकर	1791	1900	1526		972	46	867	708	827	1166	1274	1204	12281
सिरोही	280	247	225	1	225	36	58	30	121	62	157	170	1612
श्री गंगानगर	918	1129	939		1965	93	75	321	178	687	989	1021	8315
टोंक	268	212	147		187	26	56	36	48	77	72	186	1315
उदयपुर	1232	1764	926		448	68	703	459	677	520	529	731	8057
कुल योग	29315	28894	20442	7	19397	5159	10454	8457	9493	12179	14579	16237	174613

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जिला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	902	1037	1533	683	250	298	788	1110	1167	1018	1738	1611	12135
अलवर	392	540	568	279	88	141	361	438	481	519	578	614	4999
बांसवाड़ा	277	275	351	147	158	59	347	405	246	145	777	599	3786
बारां	58	58	97	85	55	12	52	46	97	14	143	57	774
बाड़मेर	279	292	329	85	121	87	229	271	298	373	308	358	3030
भरतपुर	194	286	366	141	88	147	312	270	310	320	348	408	3190
भीलवाड़ा	255	410	601	277	155	167	234	636	563	552	501	573	4924
भिवाड़ी	261	221	366	147	95	98	183	280	244	255	356	292	2798
बीकानेर	223	501	497	187	253	160	369	389	242	587	741	509	4658
बूंदी	72	58	123	72	54	25	88	67	20	263	109	228	1179
चित्तौड़गढ़	82	384	316	156	99	88	199	329	303	185	442	377	2960
चुरू	741	1039	1179	705	434	306	940	1104	1483	1151	1156	1716	11954

दौसा	96	437	244	161	137	48	223	286	243	295	356	398	2924
धौलपुर	21	43	102	37	54	46	78	72	93	98	113	111	868
डूंगरपुर	204	262	244	120	51	141	360	292	312	333	421	425	3165
हनुमानगढ़	402	317	645	329	106	206	295	392	633	343	571	842	5081
जयपुर शहर	3658	3426	4511	2464	346	2607	3662	4448	4479	4404	4871	5101	43977
जयपुर ग्रामीण	272	279	286	128	102	140	302	372	319	157	601	526	3484
जैसलमेर	116	136	118	46	95	48	136	154	100	133	145	138	1365
जालौर	112	93	120	57	69	45	137	113	94	182	119	165	1306
झालावाड़	64	129	110	54	36	64	134	71	110	103	145	158	1178
झुंझुनू	1394	1013	1893	808	273	500	1246	1732	1610	1130	1826	1607	15032
जोधपुर शहर	911	707	1004	504	322	407	1041	1166	927	1162	1029	1054	10234
जोधपुर ग्रामीण	268	257	347	162	60	113	366	338	394	307	293	340	3245
करौली	109	227	159	101	37	33	176	177	256	228	202	245	1950
कोटा शहर	461	691	937	438	179	160	494	632	745	711	953	908	7309
कोटा ग्रामीण	45	57	79	48	46	15	42	45	38	109	63	109	696

नागौर	1072	778	1877	550	664	302	1176	1477	1462	1025	1665	1965	14013
पाली	302	286	436	172	58	115	315	451	302	407	360	323	3527
प्रतापगढ़	21	111	98	66	20	22	96	94	134	57	180	212	1111
राजसमंद	189	175	210	74	66	52	186	104	197	212	208	242	1915
सवाई माधोपुर	225	154	295	112	56	88	211	242	359	211	537	305	2795
सीकर	1799	1784	1840	1040	580	401	1739	2411	2059	1841	2215	2609	20318
सिरोही	71	106	206	75	27	64	184	147	115	148	164	169	1476
श्री गंगानगर	654	849	1184	624	239	536	407	897	1197	857	1405	1381	10230
टोंक	129	116	115	119	29	35	118	173	189	135	229	226	1613
उदयपुर	933	829	1181	522	130	467	988	970	1176	1229	1154	1175	10754
कुल योग	17264	18363	24567	11775	5632	8243	18214	22601	22997	21199	27022	28076	225953

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ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1251	1281	1493	1321	1492	1759	1578	1902	1712	1318	1556	2105	18768
अलवर	648	361	719	543	712	562	680	795	798	673	657	828	7976
बालोतरा									1				1
बांसवाड़ा	597	496	419	776	665	467	761	851	487	741	620	876	7756
बारां	106	106	88	70	109	157	142	214	208	161	159	153	1673
बाड़मेर	277	340	386	376	487	443	655	606	482	573	564	798	5987
ब्यावर										1			1
भरतपुर	329	304	317	375	333	470	428	558	647	374	544	581	5260
भीलवाड़ा	599	110	814	783	622	580	1078	735	1042	772	758	1036	8929
भिवाड़ी	394	270	262	378	261	385	419	520	505	434	309	638	4775
बीकानेर	615	559	642	526	566	635	689	893	757	559	760	944	8145
बूंदी	99	95	131	120	134	153	173	205	232	199	164	250	1955

चित्तौड़गढ़	38	568	366	293	389	494	568	444	502	453	535	625	5275
चुरू	1706	1556	1761	1650	1503	1389	1590	1597	1540	1596	1416	2033	19337
दौसा	426	385	260	384	375	400	487	575	405	466	379	669	5211
धौलपुर	100	113	61	148	71	175	181	129	161	100	109	192	1540
डीडवाना-कुचामन			1			1							2
डूँडू	1												1
डूंगरपुर	529	385	460	455	515	555	568	568	515	386	447	639	6022
हनुमानगढ़	738	654	613	603	586	740	862	1051	1041	892	883	1253	9916
जयपुर शहर	3995	4623	5990	5492	5851	6446	6168	6003	6106	4986	5261	7461	68382
जयपुर ग्रामीण	346	261	468	500	380	411	574	494	640	360	422	577	5433
जैसलमेर	118	94	133	206	184	329	336	170	221	171	224	214	2400
जालौर	193	101	136	120	156	239	239	384	368	228	321	442	2927
झालावाड़	110	148	148	160	114	186	308	296	257	273	227	290	2517
झुंझुनू	2714	2023	1907	1918	1745	1540	2210	2096	1766	1733	2007	2553	24212
जोधपुर शहर	918	998	1371	1335	1567	2008	1815	1450	1356	1290	1497	1810	17415

जोधपुर ग्रामीण	446	244	466	376	320	596	579	552	475	574	442	814	5884
करौली	232	202	210	191	218	249	232	367	343	136	274	379	3033
कोटा शहर	744	674	785	721	732	918	920	854	786	828	859	1244	10065
कोटा ग्रामीण	62	73	100	83	49	108	151	149	166	99	142	203	1385
नागौर	1640	2229	1696	2175	1809	1967	2187	2317	2014	1610	2128	2622	24394
पाली	478	326	437	330	538	666	552	730	692	486	631	772	6638
प्रतापगढ़	135	148	206	172	141	227	311	155	241	178	235	219	2368
राजसमंद	173	233	218	211	225	334	243	316	333	284	307	409	3286
सवाई माधोपुर	432	386	353	356	209	360	402	601	679	431	373	474	5056
शाहपुरा											1		1
सीकर	2519	2355	2752	2481	2241	2470	2584	2379	2763	2128	2074	3268	30014
सिरोही	190	133	166	144	203	276	203	271	215	182	216	287	2486
श्री गंगानगर	1569	1327	1320	1317	1470	1489	1796	1767	2224	1867	1734	2052	19932
टोंक	198	178	194	232	189	246	270	327	362	260	272	356	3084
उदयपुर	1194	1019	1196	1582	1457	1855	1599	1761	1644	1343	1482	1906	18038

कुल योग	26859	25358	29045	28903	28618	32285	34538	35082	34686	29145	30989	41972	377480
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ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1750	1580	1644	1464	1933	2069	2168	2046	2104	1279	1320	1391	20748
अलवर	704	830	913	579	793	883	691	875	943	866	797	569	9443
अनूपगढ़									30	68	401	465	964
बालोतरा										25	19	156	200
बांसवाड़ा	683	215	688	866	768	636	799	261	1121	935	238	755	7965
बारां	237	26	308	192	136	174	213	223	218	223	133	111	2194
बाड़मेर	647	674	785	526	435	927	482	901	698	741	358	397	7571
ब्यावर						1		1	15	29	589	367	1002
भरतपुर	579	431	744	496	440	497	551	429	720	535	256	308	5986
भीलवाड़ा	841	707	814	995	1017	844	971	894	1247	1124	814	571	10839
भिवाड़ी	329	474	432	349	463	557	461	178	1036	451	297	297	5324
बीकानेर	712	769	984	850	718	903	632	666	1058	1483	348	364	9487

बूंदी	205	219	171	187	173	218	212	293	242	186	107	217	2430
चित्तौड़गढ़	533	392	423	503	476	611	454	728	601	783	303	292	6099
चुरू	1694	1796	1905	2000	1543	1708	1725	2542	1872	2028	1723	1901	22437
दौसा	505	384	506	479	421	349	502	504	649	451	476	258	5484
डीग									3	6	43	240	292
धौलपुर	135	53	142	171	117	127	167	145	184	147	176	100	1664
डीडवाना-कुचामन							1			134	488	2357	2980
डूडू									2	6	56	60	124
डूंगरपुर	486	345	526	557	471	581	634	650	526	479	360	376	5991
गंगापुर सिटी									6	7	7	237	257
हनुमानगढ़	942	1045	1129	996	834	1072	1076	1158	983	1660	1294	931	13120
जयपुर शहर	7260	6567	7210	5651	7698	6990	7338	9656	7943	7413	7243	7953	88922
जयपुर ग्रामीण	628	438	541	506	669	490	620	810	752	530	264	581	6829
जैसलमेर	283	291	310	393	200	486	142	308	275	242	240	143	3313
जालौर	340	178	470	427	328	176	477	318	349	417	275	122	3877

झालावाड़	222	104	370	188	172	275	229	247	380	262	215	215	2879
झुंझुनू	2308	1894	2760	1987	2233	1997	1873	2629	2535	2841	1419	2251	26727
जोधपुर शहर	1763	1595	2002	1478	1869	1851	1728	2223	1587	1997	1001	2112	21206
जोधपुर ग्रामीण	654	531	631	617	418	640	561	860	593	596	328	563	6992
करौली	351	216	310	149	253	213	287	351	311	287	277	286	3291
केकरी										6	7	88	101
खैरथल-तिजारा									6	15	140	174	335
कोटा शहर	844	885	1068	776	1105	1200	1149	1133	841	1312	974	1249	12536
कोटा ग्रामीण	162	139	140	138	134	183	176	228	220	206	119	140	1985
कोटपुतली-बहरोड़										16	182	164	362
नागौर	2679	2416	2924	2084	2217	2082	2595	2902	2663	2385	862	629	26438
नीम का थाना										13	60	563	636
पाली	705	563	579	699	595	850	597	1125	637	571	553	304	7778
फलौदी									22	27	127	323	499
प्रतापगढ़	208	192	239	236	149	282	227	113	328	194	202	168	2538

राजसमंद	332	261	334	266	339	410	375	408	388	392	96	439	4040
सलूमबर										6	3	137	146
सांचोर										7	7	10	24
सवाई माधोपुर	483	435	412	469	270	373	379	320	698	426	251	295	4811
शाहपुरा										3	8	29	40
सीकर	2954	2861	3277	2699	2732	2738	3006	3753	2900	2907	2480	2616	34923
सिरोही	191	218	281	185	242	270	253	211	295	362	248	189	2945
श्री गंगानगर	1743	1632	2030	1705	2059	2028	1941	2375	2246	1763	1517	1400	22439
टोंक	354	263	332	362	204	297	378	228	663	389	212	316	3998
उदयपुर	1629	1398	1843	1636	1739	1619	2174	2472	1383	1803	852	1381	19929
कुल योग	37075	33017	40177	33861	36363	37607	38244	45164	42273	41034	30765	37560	453140

वर्ष 2024 के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े)													
ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	कुल योग
अजमेर	1525	1090	1132	1225	1517	1298	1839	1469	1318	1571	1338	1055	16377
अलवर	737	678	801	299	1086	687	864	787	722	797	749	412	8619
अनूपगढ़	166	453	260	377	577	663	715	427	411	608	413	329	5399
बालोतरा	370	410	285	34	438	180	544	332	330	100	431	234	3688
बांसवाड़ा	290	725	343	507	891	696	590	630	523	539	434	473	6641
बारां	165	294	126	174	144	218	235	152	192	184	153	164	2201
बाड़मेर	414	459	324	282	698	170	810	361	460	462	489	110	5039
ब्यावर	552	375	550	494	568	372	720	656	496	622	461	485	6351
भरतपुर	239	725	235	527	462	285	552	440	381	371	336	228	4781
भीलवाड़ा	557	1116	530	418	1408	956	1051	912	834	663	865	1129	10439
भिवाड़ी	200	288	227	232	314	195	333	247	295	259	276	251	3117
बीकानेर	1704	1349	738	820	1478	545	2385	1102	1154	999	886	955	14115

बूंदी	123	247	224	131	233	310	270	210	229	204	157	191	2529
चित्तौड़गढ़	425	520	337	512	595	636	744	578	469	593	458	513	6380
चुरू	1965	3405	2059	1290	2804	2424	2639	1981	2119	2001	1972	1407	26066
दौसा	428	575	123	558	487	330	612	560	305	461	248	578	5265
डीग	257	298	165	24	429	75	448	186	301	168	295	146	2792
धौलपुर	143	240	112	191	191	180	186	210	141	134	93	144	1965
डीडवाना-कुचामन	973	3413	1232	1660	2953	1897	2849	1115	2616	1585	2013	1634	23940
डूडू	41	99	15	90	57	58	81	55	69	57	63	57	742
डूंगरपुर	450	507	370	207	732	592	602	418	396	501	305	378	5458
गंगापुर सिटी	121	169	42	46	237	129	230	114	157	116	76	83	1520
हनुमानगढ़	1477	1053	759	1529	1206	764	1188	1419	967	851	1598	677	13488
जयपुर शहर	7098	6164	7011	7106	8874	8472	8994	7118	7251	6952	6336	6796	88172
जयपुर ग्रामीण	480	583	477	404	519	336	668	519	571	421	377	327	5682
जैसलमेर	292	292	522	194	446	240	607	214	252	236	215	214	3724
जालौर	248	390	69	426	221	330	299	214	206	238	162	252	3055

झालावाड़	280	280	149	199	272	316	292	246	233	251	190	225	2933
झुंझुनू	2778	2480	1756	1704	3182	2394	2164	2023	2007	2192	2016	2054	26750
जोधपुर शहर	1980	2539	1471	899	3189	1496	2575	1975	2074	2190	1935	1095	23418
जोधपुर ग्रामीण	496	486	99	519	598	217	741	441	524	432	466	308	5327
करौली	285	316	208	199	287	308	306	294	288	318	243	228	3280
केकरी	215	120	38	168	139	90	201	110	110	147	193	105	1636
खैरथल-तिजारा	124	150	40	237	239	166	218	166	176	179	138	166	1999
कोटा शहर	993	1359	850	1226	1405	1274	1378	1114	1108	1193	842	1111	13853
कोटा ग्रामीण	97	146	89	199	99	201	179	181	157	90	190	70	1698
कोटपुतली-बहरोड़	257	282	342	301	242	268	427	276	393	248	120	495	3651
नागौर	651	1304	547	461	1166	1014	1032	417	1289	777	921	818	10397
नीम का थाना	567	585	700	412	708	317	789	552	530	542	531	525	6758
पाली	655	372	654	385	851	555	658	479	631	664	564	591	7059
फलौदी	176	91	189	387	217	145	277	184	292	179	306	213	2656
प्रतापगढ़	201	188	207	159	201	154	302	227	211	175	215	172	2412

राजसमंद	274	281	213	229	383	418	466	314	285	277	258	245	3643
सलूमबर	45	93	131	84	146	85	122	65	69	107	91	52	1090
सांचोर	41	303	297	144	145	133	166	168	121	97	22	386	2023
सवाई माधोपुर	311	297	374	255	297	299	470	327	345	270	338	217	3800
शाहपुरा	26	230	11	88	119	94	100	73	123	87	96	62	1109
सीकर	2814	3417	2471	3140	2910	2093	3547	2745	2619	2204	2891	1931	32782
सिरोही	240	409	249	240	343	446	325	234	269	244	295	250	3544
श्री गंगानगर	1592	1812	675	1867	1645	1298	1603	1468	1276	1235	1212	958	16641
टोंक	368	269	448	233	295	367	387	239	459	223	145	535	3968
उदयपुर	824	2463	1394	1259	2609	1722	2521	1551	1585	1561	1401	1354	20244
कुल योग	37730	46189	32670	34751	51252	38908	52301	38295	40339	37575	36818	33388	480216

वर्ष 2025 के लिए प्राप्त पासपोर्ट आवेदन (जिला-वार और माह-वार आंकड़े) 24 नवंबर 2025 तक												
ज़िला	जनवरी	फ़रवरी	मार्च	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	कुल योग
पंक्ति लेबल	1	2	3	4	5	6	7	8	9	10	11	कुल योग
अजमेर	1806	1149	804	1126	1510	1629	1560	1633	2101	1570	904	15792
अलवर	1141	682	420	437	461	1204	697	931	462	1078	466	7979
अनूपगढ़	273	364	54	12	13	9	1	2	3	1	2	734
बालोतरा	486	314	56	225	229	377	219	439	131	508	345	3329
बांसवाड़ा	503	498	448	445	681	310	628	525	414	668	562	5682
बारां	186	201	161	141	150	182	223	232	277	223	114	2090
बाड़मेर	830	480	206	248	431	436	380	563	313	598	441	4926
ब्यावर	762	408	378	329	585	499	612	746	735	630	310	5994
भरतपुर	581	281	192	244	432	365	373	441	408	346	252	3915
भीलवाड़ा	754	729	771	979	813	813	1161	1051	1122	862	837	9892
भिवाड़ी	302	294	95	262	299	268	241	223	356	252	145	2737
बीकानेर	1323	915	545	706	1014	676	1291	813	1002	1832	716	10833

बूंदी	226	222	175	142	194	220	241	292	307	278	173	2470
चित्तौड़गढ़	532	401	550	434	435	523	750	545	671	622	253	5716
चुरु	2712	2075	1720	1270	2061	1262	2020	3114	2371	1812	1375	21792
दौसा	595	464	232	201	391	545	323	628	477	419	260	4535
डीग	384	260	139	137	206	219	197	268	290	331	161	2592
धौलपुर	178	160	96	75	149	169	154	166	176	220	76	1619
डीडवाना-कुचामन	2435	1941	1103	1238	1573	1946	1644	2525	1747	1979	1213	19344
डूडू	72	29	33	2	2	2						140
डूंगरपुर	486	464	321	395	427	554	476	370	522	448	473	4936
गंगापुर सिटी	215	106	39	3	1	1		1	1			367
हनुमानगढ़	1005	1157	615	436	1017	416	1398	920	1566	753	495	9778
जयपुर शहर	9079	6285	5780	5800	7313	8933	7273	9666	8085	8930	5960	83104
जयपुर ग्रामीण	635	348	369	406	504	530	602	596	699	617	409	5715
जैसलमेर	634	518	363	348	306	329	302	213	280	406	201	3900
जालौर	251	228	201	187	358	407	326	524	519	335	299	3635

झालावाड़	243	272	218	262	211	183	287	242	359	410	219	2906
झुंझुनू	2441	2144	1529	1885	1988	2681	2532	2681	2381	2376	1825	24463
जोधपुर शहर	2871	1725	1755	1453	1760	2172	1965	2020	2483	2112	1678	21994
जोधपुर ग्रामीण	606	426	277	319	309	477	463	542	670	553	422	5064
करौली	404	283	141	128	238	277	285	348	287	352	273	3016
केकरी	113	17	1	79	1	3						214
खैरथल-तिजारा	121	229	103	117	182	169	139	200	205	138	112	1715
कोटा शहर	1122	1202	852	962	1146	1107	1335	980	1412	1316	760	12194
कोटा ग्रामीण	170	185	111	141	196	108	179	224	288	300	104	2006
कोटपुतली-बहरोड़	374	276	240	191	313	324	281	347	331	280	236	3193
नागौर	831	832	550	493	802	915	764	1015	1233	931	700	9066
नीम का थाना	628	263	195	28	2	2	1	4	4			1127
पाली	620	432	332	346	641	523	454	713	631	527	473	5692
फलौदी	306	185	179	103	142	180	202	233	325	267	153	2275
प्रतापगढ़	162	212	178	176	206	173	276	179	166	234	178	2140

राजसमंद	348	391	348	381	324	283	445	340	402	409	256	3927
सलूमबर	82	97	66	96	71	59	116	71	99	83	53	893
सांचोर	135	152	65	9	9	5	1	7	3	3		389
सवाई माधोपुर	426	308	311	395	331	292	569	454	584	723	486	4879
शाहपुरा	118	46	19	16	1						1	201
सीकर	3423	2885	2111	2555	2654	3215	3099	3620	3328	2758	2614	32262
सिरोही	344	259	140	222	375	211	290	325	294	220	139	2819
श्री गंगानगर	1320	870	957	602	1855	1538	1429	2037	1595	1257	731	14191
टोंक	421	307	274	177	288	331	289	567	254	669	324	3901
उदयपुर	1775	1712	1429	1682	1862	1930	1661	1787	1381	1760	1118	18097
कुल योग	47790	36683	28247	29046	37462	39982	40154	46363	43750	43396	29297	422170

महिला सशक्तिकरण योजनाओं के अंतर्गत निधि आवंटन

1039. श्रीमती रूपकुमारी चौधरी:

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

(क) पोषण-3.0, वन-स्टॉप सेंटर, बेटी बचाओ-बेटी पढ़ाओ, शिशु सुरक्षा कार्यक्रम, आंगनवाड़ी आधुनिकीकरण/सक्षम महिला-सशक्त भारत जैसी योजनाओं के अंतर्गत मंत्रालय द्वारा धनराशि के आवंटन के ब्यौरे सहित वित्तीय वर्ष 2024-25 के दौरान व्यय/प्रगति रिपोर्ट क्या है;

(ख) निकट भविष्य में, विशेष रूप से पोषण, सुरक्षा और महिला उद्यमिता के क्षेत्रों में, शुरू किए जाने के लिए प्रस्तावित किसी भी नई/संशोधित योजना का ब्यौरा क्या है;

(ग) जनजाति बहुल छत्तीसगढ़ में पोषण स्तर में सुधार, आंगनवाड़ी आधुनिकीकरण/महिलाओं की सुरक्षा के लिए सरकार द्वारा कार्यान्वित की जा रही विशेष परियोजनाओं का ब्यौरा क्या है; और

(घ) क्या राज्य को अतिरिक्त सहायता/विशेष पैकेज प्रदान करने का कोई प्रस्ताव है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (घ): छत्तीसगढ़ सहित पूरे देश में महिलाओं और बच्चों के कल्याण के लिए कार्यान्वित की गई विभिन्न योजनाएं को महिला एवं बाल विकास मंत्रालय द्वारा तीन व्यापक मिशनों अर्थात् (1) देश में पोषण और स्वास्थ्य संकेतकों में सुधार के लिए मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (2) महिलाओं की सुरक्षा, संरक्षा और सशक्तिकरण के लिए मिशन शक्ति; और (3) कठिन परिस्थितियों में रह रहे बच्चों की सुरक्षा, देखरेख और कल्याण के लिए मिशन वात्सल्य में शामिल किया गया है। इन योजनाओं का विवरण इस प्रकार है:

(i) सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0): इस मिशन के तहत, आंगनवाड़ी सेवा योजना, पोषण अभियान और किशोरियों के लिए योजना को 3 प्राथमिक उप-घटकों (i) बच्चों, गर्भवती महिलाओं एवं स्तनपान कराने वाली माताओं तथा किशोरियों के लिए पोषण सहायता, (ii)

प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा [3-6 वर्ष] और (iii) आधुनिक, उन्नत सक्षम आंगनवाड़ियों सहित आंगनवाड़ी बुनियादी ढांचा, में पुनर्गठित किया गया है।

(ii) मिशन शक्ति: इसमें महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए क्रमशः दो घटक 'संबल' और 'सामर्थ्य' शामिल हैं।

I. संबल - संबल घटक के अंतर्गत निम्नलिखित योजनाएं शामिल की गई हैं जिसमें **वन स्टॉप सेंटर (ओएससी)** - निजी और सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही स्थान पर एकीकृत और समन्वित तरीके से एकीकृत समर्थन तथा सहायता प्रदान करने, **महिला हेल्पलाइन (181-डब्ल्यूएचएल)** - एक 24x7x365 टोल-फ्री आपातकालीन/गैर-आपातकालीन प्रतिक्रिया प्रणाली जो ईआरएसएस (112) और अन्य मौजूदा हेल्पलाइन/संस्थानों के साथ एकीकृत है; **बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी)** - घटते लिंगानुपात और जीवन चक्र निरंतरता पर बालिकाओं एवं महिलाओं के सशक्तीकरण से संबंधित मुद्दों का समाधान करना; **नारी अदालत** - न्याय सुनिश्चित करके महिलाओं को सशक्त बनाना और विवाद के समाधान का विकल्प, शिकायत निवारण, परामर्श, साक्ष्य-आधारित निर्णय लेने, दबाव समूह कार्यनीति, बातचीत, मध्यस्थता और सुलह जैसी सेवाएं करने लक्ष्य वाली पहल है।

II. सामर्थ्य - 'सामर्थ्य' घटक के अंतर्गत निम्नलिखित योजनाओं को शामिल किया गया है: **प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई)** - केन्द्र प्रायोजित मातृत्व लाभ योजना है, जिसके अंतर्गत पहले बच्चे और दूसरी संतान के रूप में लड़की होने पर प्रत्यक्ष लाभ अंतरण (डीबीटी) मोड में लाभार्थियों को नकद प्रोत्साहन दिया जाता है; **उज्ज्वला और स्वाधार गृह (जिसका नाम बदलकर शक्ति सदन रखा गया है)** - दुर्व्यापार की शिकार महिलाओं सहित संकटग्रस्त महिलाओं के लिए एकीकृत राहत और पुनर्वास गृह है; **कामकाजी महिला छात्रावास (जिसका नाम बदलकर सखी निवास रखा गया है)** - शहरी, अर्ध-शहरी और ग्रामीण क्षेत्रों में कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर आवास की उपलब्धता को बढ़ावा देना जहां महिलाओं के लिए

रोजगार के अवसर मौजूद हैं; **राष्ट्रीय महिला सशक्तीकरण केन्द्र (एनएचईडब्लू)** - राष्ट्रीय स्तर, राज्य/संघ राज्य क्षेत्र स्तर और जिला स्तर पर महिलाओं के लिए योजनाओं और कार्यक्रमों के अंतर-क्षेत्रीय तालमेल की सुविधा प्रदान करना तथा **राष्ट्रीय क्रेच योजना (जिसे पालना नाम दिया गया है)** - का उद्देश्य बच्चों के लिए सुरक्षित वातावरण में गुणवत्तापूर्ण क्रेच सुविधा प्रदान करके अर्थव्यवस्था में महिला कार्यबल की भागीदारी बढ़ाना है।

(iii) मिशन वात्सल्य: मिशन वात्सल्य ने देखरेख एवं संरक्षण की आवश्यकता वाले बच्चों के लिए बेहतर पहुंच तथा सुरक्षा के लिए एकीकृत बाल संरक्षण योजना (आईसीपीएस) को एक मिशन मोड में शामिल किया है, जिसका उद्देश्य (i) कठिन परिस्थितियों में बच्चों को समर्थन और पोषण देना (ii) विभिन्न पृष्ठभूमियों के बच्चों के समग्र विकास के लिए संदर्भ-आधारित समाधान विकसित करना (iii) नवोन्मेषी समाधानों को प्रोत्साहित करने लिए अवसर प्रदान करना (iv) तालमेल संबंधी कार्रवाई को मजबूत करना है।

वित्तीय वर्ष 2024-25 के दौरान मंत्रालय की उपर्युक्त योजनाओं के तहत जारी अनुदानों का राज्यवार ब्यौरा संलग्न **विवरण** में दिया गया है।

माननीय प्रधान मंत्री ने पीएम-जनमन (प्रधानमंत्री आदिवासी न्याय महा अभियान) का शुभारंभ किया, जिसका उद्देश्य 18 राज्यों और एक संघ राज्य क्षेत्र में रहने वाले 75 विशेष रूप से संवेदनशील जनजातीय समूहों (पीवीटीजी) को तैयार करना है। यह मिशन महिला एवं बाल विकास मंत्रालय सहित 9 प्रमुख मंत्रालयों से संबंधित 11 महत्वपूर्ण कार्यकलापों पर ध्यान देता है। इस योजना के अंतर्गत आंगनवाड़ी केंद्रों के निर्माण के लिए 17 राज्यों को कुल 2,500 आंगनवाड़ी केन्द्र (छत्तीसगढ़ के **191 आंगनवाड़ी केंद्रों** सहित) स्वीकृत किए गए हैं जिनमें किसी बस्ती में पहले जितनी आबादी की शर्त होती थी उसे कम करके 100 लोग कर दिया है।

धरती आबा जनजाति ग्राम उन्नत अभियान का उद्देश्य जनजाति बहुल क्षेत्रों और आकांक्षी ब्लॉक एसटी गांवों में जनजातीय परिवारों के संतुष्टि कवरेज को अपनाकर जनजातीय समुदायों की

सामाजिक-आर्थिक स्थिति में सुधार करना है। मिशन निम्नलिखित मानदंडों के आधार पर लगभग 63,843 गांवों में तालमेल, आउटरीच और सैचुरेशन पर केंद्रित है:

- 500 या उससे अधिक की आबादी वाले जनजाति बहुल गांव, जहां कम से कम 50% जनजाति हैं।
- कम से कम 50 जनजातीय आबादी वाले आकांक्षी जिलों के गांव।

इस योजना के अंतर्गत, मंत्रालय का कार्यक्रमलाप 2000 नए सक्षम आंगनवाड़ी केंद्रों की स्थापना करना और 6000 आंगनवाड़ी केंद्रों का सक्षम आंगनवाड़ी केंद्रों में उन्नयन करना है। निर्माण के लिए कुल 875 आंगनवाड़ी केंद्रों को स्वीकृति दी गई है।

विवरण

वित्तीय वर्ष 2024-25 के दौरान मंत्रालय की योजनाओं के अंतर्गत जारी अनुदानों का राज्य-वार ब्यौरा

(रुपये करोड़)

क्र. सं.	राज्य/संघ राज्य क्षेत्र	मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0	मिशन वात्सल्य	वन स्टॉप सेंटर	महिला हेल्पलाइन	बेटी बचाओ बेटी पढ़ाओ	शक्ति सदन	सखी निवास	प्रधानमंत्री मातृ वंदना योजना	पालना	राष्ट्रीय महिला सशक्तिकरण केंद्र
1.	अंडमान और निकोबार द्वीप समूह	9.63	3.13	0.00	0.55	0.00	0	0	0.33	0	0
2.	आंध्र प्रदेश	645.73	44.03	1.89	0.00	3.65	0	0	44.96	0	0
3.	अरुणाचल प्रदेश	102.61	5.32	7.57	0.28	0.00	0	1.47	1.98	0.87	0
4.	असम	2482.34	31.39	2.83	0.41	4.85	11.72	0.55	77.07	0	1.21
5.	बिहार	2262.92	53.35	0.00	0.38	3.23	3.03	0.90	141.53	0.002	3.13
6.	चंडीगढ़	14.56	7.59	0.19	0.28	0.15	0.11	0	NIL	4.24	0
7.	छत्तीसगढ़	733.3	39.10	9.46	0.27	0.00	0.34	0.05	68.72	0.07	0.36
8.	दादरा और नगर हवेली और दमन और दीव	9.13	9.91	0.57	0.28	0.58	0	0	2.44	0.65	0.75
9.	गोवा	13.44	5.14	0.55	0.28	0.00	0	0	1.86	0	0.00

10.	गुजरात	601.32	19.50	8.57	0.38	0.00	0	0	72.48	0	0.95
11.	हरियाणा	232.69	6.40	4.19	0.28	0.00	0	0	33.3	1.00	0.002
12.	हिमाचल प्रदेश	313.07	37.68	0.47	0.28	0.00	0.47	0.05	26.85	2.67	1.19
13.	जम्मू एवं कश्मीर	662.79	44.75	4.71	0.00	3.05	2.36	0.37	41.9	3.23	3.17
14.	झारखंड	496.95	18.73	0.00	0.14	0.00	0.05	0	39.31	0	0.01
15.	कर्नाटक	886.85	86.48	9.22	0.17	0.00	1.21	0	159.96	0.56	3.82
16.	केरल	435.74	12.03	4.00	0.28	1.65	4.20	1.02	NIL	0	0.00
17.	लद्दाख	18.89	3.81	0.38	0.14	0.20	0	0	0.62	0	0.59
18.	लक्षद्वीप	1.35	0.00	0.00	0.00	0.00	0	0	0.27	0	0
19.	मध्य प्रदेश	1144.54	117.24	22.26	0.57	0.00	0	0	257	0	0
20.	महाराष्ट्र	1368.84	144.97	0.00	0.38	2.65	10.17	0.26	141.17	0	0
21.	मणिपुर	342.87	68.15	3.05	0.28	2.15	19.94	0.82	NIL	0	0
22.	मेघालय	137.93	22.30	2.29	0.32	2.63	0.90	0	3.45	0	0.68
23.	मिजोरम	55.29	37.06	5.63	0.41	1.40	0	0.50	2.55	5.92	3.18
24.	नागालैंड	147.01	33.92	6.48	0.69	5.30	3.28	0.28	4.18	2.02	4.33
25.	राष्ट्रीय राजधानी क्षेत्र दिल्ली	160.41	7.62	3.14	0.41	0.00	0.18	0.03	20.08	0	1.98
26.	ओडिशा	948.16	68.83	8.19	0.28	0.00	4.90	0.25	43.48	0	0
27.	पुदुच्चेरी	3.68	4.17	0.00	0.00	0.00	0	0	1.76	0	0.54
28.	पंजाब	265.48	14.76	4.38	0.00	0.00	0.02	0	32.03	1.62	0.001
29.	राजस्थान	741.85	74.98	7.52	0.57	0.00	0.10	0	98.17	0	0
30.	सिक्किम	18.07	16.21	1.14	0.41	0.00	0.16	0.12	NIL	0	1.06
31.	तमिलनाडु	638.47	122.82	10.60	0.02	0.00	11.54	1.08	95.62	5.88	0.11
32.	तेलंगाना	430.76	36.97	2.56	0.00	0.00	2.30	0	0*	9.80	0.54
33.	त्रिपुरा	153.41	19.23	0.00	0.00	0.00	0.17	0	5.42	6.63	1.37
34.	उत्तर प्रदेश	2694.62	92.05	18.01	0.76	0.00	7.84	0.40	NIL	0	7.80
35.	उत्तराखंड	216.33	14.49	0.54	0.10	0.00	0	0	26.41	0.01	0.58
36.	पश्चिम बंगाल	1513.8	70.18	6.42	0.00	0.00	0	0	NIL	0	0

* तेलंगाना सरकार अपने राज्य में पीएमएमवीवाई योजना कार्यान्वित नहीं कर रही है।

रसायन और उर्वरक इकाइयों से होने वाला प्रदूषण

1040. श्री तारिक अनवर

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

(क) क्या सरकार बिहार के कटिहार क्षेत्र में रसायन एवं उर्वरक इकाइयों के कारण भूजल एवं भूमि

प्रदूषण की वर्तमान स्थिति से अवगत है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) प्रदूषण के स्तर को मापने और प्रभावित क्षेत्रों को प्रदूषण मुक्त करने के लिए सरकार द्वारा क्या ठोस उपचारात्मक कदम उठाए गए हैं और उनके क्या परिणाम रहे; और

(घ) क्षेत्र के स्थानीय निवासियों और कृषि भूमि के स्वास्थ्य पर प्रदूषण के दुष्प्रभावों का पता लगाने के लिए किए गए अध्ययनों के निष्कर्ष क्या हैं?

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

(क) और (ख): जल शक्ति मंत्रालय के जल संसाधन, नदी विकास और गंगा संरक्षण विभाग के अधीन केंद्रीय भूजल बोर्ड (सीजीडब्ल्यूबी) से प्राप्त जानकारी के अनुसार, बिहार के कटिहार क्षेत्र में रासायनिक और उर्वरक इकाइयों के कारण भूजल और भूमि प्रदूषण पर कोई विशेष अध्ययन नहीं कराया गया है। हालांकि, सीजीडब्ल्यूबी अनुमोदित मानक संचालन प्रक्रिया (एसओपी) के अनुसार, बिहार के कटिहार जिले सहित देश भर में क्षेत्रीय पैमाने पर भूजल की गुणवत्ता की निगरानी करता है।

हाल ही में, सीजीडब्ल्यूबी द्वारा वार्षिक भूजल गुणवत्ता रिपोर्ट-2025 जारी की गई है। वार्षिक भूजल गुणवत्ता रिपोर्ट 2025 के अनुसार, कटिहार जिले में 10 स्थानों पर बेसिक भौतिक-रासायनिक मापदंडों (Ca^{2+} , Mg^{2+} , Na^+ , K^+ , कुल कठोरता (TH), CO_3^{2-} , HCO_3^- , Cl^- , SO_4^{2-} , F^- , PO_4^{3-} and NO_3^-) पर भूजल गुणवत्ता की निगरानी की गई थी। तीन स्थानों पर स्थानीयकृत नाइट्रेट संदूषण (30%) देखा गया, जहां नाइट्रेट सांद्रता 45 मिलीग्राम लीटर (आईएस 10500:2012) की बीआईएस अनुमेय सीमा से अधिक थी (अन्य सभी निगरानी किए गए बुनियादी पैरामीटर बीआईएस पेयजल सीमा के भीतर थे। इसके अलावा, रिपोर्ट के अनुसार, कटिहार जिले में पीने के पानी के लिए बीआईएस अनुमेय सीमा से अधिक कोई ट्रेस तत्व (आर्सेनिक, यूरेनियम,

आयरन आदि) नहीं पाया गया है।

(ग): जल राज्य का विषय होने के नाते, इसकी गुणवत्ता सहित जल प्रबंधन के लिए पहल करना मुख्य रूप से राज्यों की जिम्मेदारी है। भारत सरकार की भूमिका उत्प्रेरक होने के कारण, तकनीकी सहायता प्रदान करना और कुछ मामलों में, जल संसाधन, नदी विकास और गंगा संरक्षण विभाग द्वारा कार्यान्वित की जा रही मौजूदा योजनाओं के संदर्भ में आंशिक वित्तीय सहायता करने तक सीमित है। हालांकि, केंद्र सरकार निम्नलिखित उपायों के माध्यम से मूल्यांकन और निवारक कार्रवाई की सुविधा प्रदान करती है:

- i. सीजीडब्ल्यूबी देश में शहरी क्षेत्रों सहित दूषित और गैर-दूषित दोनों क्षेत्रों की पहचान करने के लिए भूजल गुणवत्ता की आवधिक निगरानी करता है। निगरानी की क्षमता को बढ़ाने के लिए, भूजल गुणवत्ता निगरानी के लिए एक नई मानक संचालन प्रक्रिया (एसओपी) शुरू की गई है, जिसमें कमजोर क्षेत्रों में बार-बार और घने नमूनों को शामिल किया गया है।
- ii. सीजीडब्ल्यूबी के पास उपलब्ध भूजल गुणवत्ता संबंधी डेटा को विभिन्न हितधारकों के उपयोग के लिए रिपोर्टों के साथ-साथ वेब साइट (<http://www.cgwb.gov.in>) के माध्यम से सार्वजनिक डोमेन में उपलब्ध कराया जाता है। आवश्यक उपचारात्मक उपाय करने के लिए डेटा को संबंधित राज्य सरकारों के साथ भी साझा किया जाता है।
- iii. सीजीडब्ल्यूबी के नेशनल एक्वीफार मैपिंग प्रोग्राम (एनएक्यूयूआईएम) के तहत, भूजल गुणवत्ता के पहलू पर विशेष ध्यान दिया जा रहा है।
- iv. भूजल गुणवत्ता पर ज्ञान के प्रसार में और तेजी लाने के लिए, सीजीडब्ल्यूबी ने भूजल गुणवत्ता वार्षिक पुस्तक, अर्ध-वार्षिक भूजल गुणवत्ता बुलेटिन जारी करने की प्रथा शुरू की है ताकि रिपोर्ट किए गए क्षेत्रों में तत्काल कार्रवाई शुरू की जा सके।
- v. 17 जून 2024 से भूजल गुणवत्ता चेतावनी (अलर्ट) के रूप में रासायनिक विश्लेषण डेटा हेतु पाक्षिक परिणामों को राज्य सरकार के साथ साझा किया जाता है।

- vi. सीजीडब्ल्यूबी द्वारा भूजल प्रदूषण को रोकने और दूषित पानी के सुरक्षित उपयोग सहित भूजल के विभिन्न पहलुओं पर जागरूकता सृजन कार्यक्रम/कार्यशाला समय-समय पर आयोजित की जा रही हैं।
 - vii. चूंकि कृत्रिम रिचार्ज गतिविधियों को शुरू करके कुछ हद तक भूजल की गुणवत्ता में सुधार भी प्राप्त किया जा सकता है, जल शक्ति मंत्रालय और अन्य केंद्रीय मंत्रालय इस दिशा में कई कार्यक्रम लागू कर रहे हैं, जिनसे भूमिगत जल स्तर में सुधार होने की उम्मीद है और तनूकरण प्रभाव से भूजल की गुणवत्ता में सुधार करने में भी मदद मिलेगी।
- (घ): सीजीडब्ल्यूबी ने क्षेत्र के स्थानीय निवासियों के स्वास्थ्य प्रोफाइल और कृषि भूमि पर प्रदूषण के दुष्प्रभावों का पता लगाने के लिए कोई अध्ययन नहीं किया है।

HEALTH CONDITIONS OF AWWs

1041. SHRI VISHALDADA PRAKASHBAPU PATIL:

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

- (a) whether any measures are being taken up by the Government for the upkeep of the health conditions of Anganwadi Workers (AWWs), including body-mass-index, fasting blood sugar and cholesterol levels, in Maharashtra, if so, the details thereof;
- (b) the number of AWWs screened for non-communicable diseases such as diabetes, hypertension, dyslipidemia and anemia, against the number of positive cases in each category, State-wise, especially in Maharashtra;
- (c) the number of AWWs screened for women specific issues such as cervical and menstrual cancer; and

(d) whether the Government has any dedicated plan for AWWs, to address occupational health, mental stress, workload, poor toilet and sanitary facilities at AWCs, if so, the details of all the mechanisms in place/under consideration along with the funds allocated and disbursed therefor and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (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 and UT Administrations are responsible for day-to-day program implementation. Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) 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 for which they are paid honorarium. Honorarium is given to AWWs and AWHs which 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; AWHs from Rs.1,500/- to Rs.2,250/- per month as per the defined cost sharing ratio between the Centre & States and UTs. In addition, States and UTs are also paying additional monetary incentives/top ups to these functionaries from their own resources which vary from State to State.

Besides, performance linked incentive of Rs.500/- 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 service delivery. 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. Leave: 20 days annual leave and paid maternity absence of 180 days, paid absence on abortion/ miscarriage once for 45 days.
- ii. 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 sectors in the country to ensure old age protection.
- iii. Social Security Insurance Schemes: Insurance benefits have been provided to Anganwadi Workers and Helpers 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.

- iv. Annual Healthcare coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all eligible Anganwadi workers and helpers.

In order to improve the infrastructure facility of Anganwadi Centres (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.

CHALLENGES FACED BY INDIANS ABROAD

1042. SHRI ZIA UR REHMAN:

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

- (a) whether the Government has taken note of the increasing challenges faced by Indian citizens abroad, including issues related to safety, employment conditions and legal assistance; and
- (b) if so, the details of the steps being taken to strengthen consular support mechanisms and to safeguard the interests of Indians overseas?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

- (a): The safety, security and well-being of Indian nationals living in foreign

countries is one of the foremost priorities of the Government of India. Indian Missions/Posts abroad 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 brought to justice as per their domestic laws.

Indian Missions/Posts abroad receive complaints from Indian workers, particularly domestic sector workers, on account of poor working conditions, non-payment or delay in payment of salaries and denial of other benefits such as medical facilities, refusal of leave or denial of exit/re-entry permits for visits to India, denial of final exit visas to the workers to return to India after completion of the contract, ill-treatment by the employers etc. Incidents of confinement, physical abuse, abandoning of housemaids by their sponsors have also been reported. Most of the complaints pertain to workers, who do not have proper employment contracts and have migrated illegally, in violation of Government norms for recruitment of ECR workers from India.

On receipt of complaints of exploitation from Indian workers, the Indian Missions/Posts abroad, including in the Gulf and South-East Asian countries, promptly take action including reaching out to the foreign employers/sponsors/local Government authorities as well as the Recruiting Agents for redressal of the complaint.

(b): 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 prompt redressal of their grievances. Indian Missions/Posts abroad also assist in providing legal aid wherever needed. Missions/Posts also maintain a local panel of lawyers where Indian community is in sizeable numbers. Indian nationals who are in distress in foreign countries, are provided assistance under the 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. Besides, Pravasi Bharatiya Sahayata Kendras (PBSKs) have been set up at Dubai, Sharjah, Riyadh, Jeddah and Kuala Lumpur to provide assistance to distressed Indian nationals abroad. Advisories are issued for Indian nationals from time to time, asking them to exercise due caution and remain vigilant. The Government also remains vigilant to developments impacting the lives of Indian nationals abroad and takes all measures to safeguard their interests and welfare.

MAINTENANCE OF WESTERN EMBARKATION JETTIES IN LAKSHADWEEP

1043. SHRI HAMDULLAH SAYEED:

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

- (a) whether the Government is aware of the poor condition and lack of proper maintenance of western embarkation jetties in several islands of the Union Territory of Lakshadweep;
- (b) if so, the details of the islands where such jetties are in need of urgent repair, maintenance, or reconstruction to ensure the safety of passengers and cargo movement;
- (c) whether the Government has formulated or proposed any plan for the modernization and development of western embarkation jetties in all inhabited islands of Lakshadweep;
- (d) if so, the details of the proposed projects, including estimated costs, implementation agencies, and timelines; and
- (e) whether adequate funds have been allocated for the regular maintenance and safety upgradation of these jetties, if so, the details thereof and if not, the reasons therefor?

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

- (a) and (b): Union Territory of Lakshadweep Administration (UTLA) has informed that western side embarkation jetties in all islands of Lakshadweep are currently in fully operational condition. Routine annual maintenance work of western side jetties in all islands are carried out by Andaman Lakshadweep Harbour Works (ALHW) with the funds provided by UTLA from time to time.
- (c): Yes.

(d): Three projects viz. (i) Development of western side port facilities at Kalpeni at a cost of Rs. 168.60 crore, (ii) Development of port facilities on western side of Kadmat island at a cost of Rs. 141.85 crore and (iii) Development of port facilities at Kiltan island at a cost of Rs. 351.87 crore have been proposed by UTLA. Cochin Port Authority (CoPA) is the implementing agency for these projects and around 36 months will be required for completion of each project after getting all required clearance and completing the tender formalities. Further, preparation of Detailed Project Report (DPR) for the development of port facilities at Chetlat island and western side of Kavaratti, Agatti and Minicoy are underway.

(e): Funds allocated to ALHW for maintenance and safety upgradation of jetties by UTLA during the last three year is as under:-

Sl. No.	Funds allocated	Amount (Rs. in Crore)
i.	2023-24	Rs. 7.313
ii.	2024-25	Rs. 3.738
ii.	2025-26 (upto 03.11.2025)	Rs. 5.775

AYUSH FACILITIES IN TAMIL NADU

1044. SHRI MALAIYARASAN D.:

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

- (a) the number of new AYUSH facilities established under National AYUSH Mission (NAM) in Tamil Nadu, especially in Kallakurichi Lok Sabha Constituency during the last three years;
- (b) the initiatives taken by the Government to upgrade existing AYUSH hospitals

and dispensaries to provide quality healthcare in State, especially in Kallakurichi Lok Sabha Constituency;

(c) the steps taken by the Government to train AYUSH personnel and strengthen human resources in the State, especially in Kallakurichi Lok Sabha Constituency;

(d) the measures implemented by the Government to monitor service delivery, treatment outcomes and patient satisfaction under National AYUSH Mission (NAM); and

(e) the efforts made by the Government to promote awareness and integration of AYUSH healthcare in the mainstream public health system in Tamil Nadu?

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 National AYUSH Mission (NAM), as reported by the State Government of Tamil Nadu, they have established 65 Co-located ISM Wings in different Districts including 02 units in Kallakurichi District and 400 Dispensaries have also been upgraded as Ayushman Aarogya Mandir (Ayush) including 10 Kallakurichi District during the last three years.

(b): Public health being a State subject, the primary responsibility of upgradation of existing Ayush hospitals and dispensaries comes under the purview of respective State Government. However, under NAM, there is provision of financial assistance for upgradation of Ayush hospitals & dispensaries and

accordingly, State Govt. may avail financial assistance by submitting suitable proposals through State Annual Action Plan (SAAP) as per their felt need within the existing provision of NAM guideline.

(c): As reported by State Government of Tamil Nadu, specific initiatives have been undertaken to strengthen Ayush human resources in the Kallakurichi Lok Sabha Constituency. During 2024–2025, comprehensive training programmes were conducted for all Ayush Medical Officers at Chengalpattu, covering key thematic and clinical areas. Further, specialized Training on Musculoskeletal disorders for all Siddha Medical Officers in Villupuram and Kallakuruchi districts was conducted in May 2025, aimed at improving skills on diagnosis, management, and delivery of VARMAM therapies.

(d): Under NAM, the Government monitors service delivery, treatment outcomes and patient satisfaction through periodic reporting by Ayush health facilities, review meetings at State and District levels, field inspections, and assessments conducted by monitoring teams. Patient feedback mechanisms, data reporting through designated portals (AAM Portal), and regular evaluation of programme indicators are also undertaken to ensure quality and effectiveness of Ayush services.

(e): Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs) for integration of Ayush healthcare in the mainstream public health system, thus enabling the choice to the patients for different

systems of medicines under a single window. The engagement of Ayush doctors/ paramedics and their training is being supported by the Ministry of Health & Family Welfare under National Health Mission (NHM), while the support for Ayush infrastructure, equipment/ furniture and medicines is being provided by the Ministry of Ayush under National Ayush Mission (NAM), as shared responsibilities.

Ministry of Ayush is implementing a Central Sector Scheme for Promotion of Information, Education and Communication (IEC) in Ayush to create awareness regarding Ayush Systems of Medicine. This scheme aims to reach out to all sections of the population across the country and under this Scheme, Ministry organizes National/State level Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, Celebrate Important Days of Ayush Systems including Ayurveda day, Participate in Health Fairs/ Melas & Exhibitions, provide financial assistance for organizing seminars, workshops, conferences and conduct multimedia campaigns etc.

State Government also reported that awareness on Ayush system is promoted through regular IEC activities. School Health Programmes, community awareness camps and outreach activities are conducted by Assistant Medical Officers, Community Health Officers and District Siddha Medical Officers to educate school students and the general public on Ayush practices and healthy living under Ayush Health care system.

MOTHER AND CHILD PROTECTION CARD**1045. SHRI KESINENI SIVANATH:**

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

- (a) whether the Government collects data regarding the number of Mother and Child Protection Card (MCP Card) issued to beneficiaries in the country during the last five years;
- (b) if so, the details regarding the number of such cards issued till date, year-wise, State-wise and district-wise for Andhra Pradesh;
- (c) whether the Government has conducted/plans to conduct a study to analyze awareness and utilisation of MCP cards especially in rural areas across the country;
- (d) if so, the details thereof and if not, the reasons therefor, State-wise; and
- (e) the amount of funds allocated and released for increasing awareness to ascertain the usage of MCP cards in the country, year-wise and State-wise especially for the State of 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) and (b): The Mother and Child Protection Card (MCP Card) is a health record issued to pregnant women at the time of ANC registration. As per data from the National Family Health Survey (NFHS-5) 2019-21, there are 95.9% registered pregnancies, which cover mothers with MCP cards.

The State/UT-wise details of the registered pregnancies for which mothers received Mother and Child Protection (MCP) card including Andhra Pradesh, as per NFHS 4 & 5, is given in the enclosed **Statement-I**.

(c) and (d): National Institute of Public Cooperation and Child Development had conducted a study on “Evaluation of Usage of Mother and Child Protection Card by ICDS and Health Functionaries.”

Findings of the study were:

- Over 90 per cent of AWWs, ANMs and ASHAs were aware about the MCP Card.
- Among the beneficiaries, awareness about MCP card was better among mothers with children between 6 months and 3 years (82.2%).
- MCP Card was used by all the functionaries for explaining about ANC services, preparation for delivery, danger signs in newborn, nutrition etc.

(e): The State/UT-wise amount of funds allocated and released for maternal health activities, including increasing awareness about MCP card, since 2021-22, is given in the enclosed **Statement-II**

STATEMENT-I

State/UT-wise details of the registered pregnancies for which mothers received Mother and Child Protection (MCP) card:

S. No.	State/UT	Registered pregnancies for which the mother received an MCP card (%)	
		NFHS 4 (2015-16)	NFHS 5 (2019-21)
1	Andaman and Nicobar	97.7	98.9
2	Andhra Pradesh	92.6	96.5
3	Arunachal Pradesh	89.2	95.6
4	Assam	96.3	98.7
5	Bihar	79.9	89.5
6	Chandigarh	98	97.2
7	Chhattisgarh	91.4	97.5
8	Delhi	86.6	94
9	Goa	96.3	99.8
10	Gujarat	89	97.7
11	Haryana	92	96.8
12	Himachal Pradesh	95.4	98.7
13	Jammu and Kashmir	88.7	97.3
14	Jharkhand	86.9	91.5
15	Karnataka	89.3	97.6
16	Kerala	84.2	91.3
17	Ladakh	93.7	97.8
18	Lakshadweep	96.3	77.8
19	Madhya Pradesh	92.2	96.7
20	Maharashtra	90.9	95.5
21	Manipur	32.8	72.9
22	Meghalaya	93.6	93.3
23	Mizoram	96.6	96.1

24	Nagaland	73.6	92.4
25	Odisha	97.2	99.4
26	Puducherry	98	98.8
27	Punjab	95.1	96.9
28	Rajasthan	92.3	98.1
29	Sikkim	99.1	94.6
30	Tamil Nadu	96	98.8
31	Telangana	89.1	96.7
32	The Dadra Nagar Haveli and Daman Diu	89.8	98.8
33	Tripura	83	93
34	Uttarakhand	93.4	97.1
35	Uttar Pradesh	79.8	95.7
36	West Bengal	97.4	98.4

STATEMENT-II

State/UT wise PIP Approvals for Maternal Health under NHM from FY 2021-22 to FY 2024-25 (Rs. in Lakh):

S. No.	State/UT	PIP Approval			
		2021-22	2022-23	2023-24	2024-25
1	A&N Islands	56.89	56.00	57.20	45.19
2	Andhra Pradesh	18,854.41	18,217.36	17,648.77	19,080.03
3	Arunachal Pradesh	954.71	2,782.40	2,110.76	2,173.74
4	Assam	18,704.78	23,460.78	23,600.92	29,326.27
5	Bihar	56,787.02	93,403.07	76,475.50	69,211.23
6	Chandigarh	250.54	155.02	175.07	43.51
7	Chhattisgarh	10,614.46	13,139.32	13,092.04	14,435.90

8	Dadra Nagar Haveli and Daman Diu	132.38	120.50	118.45	208.21
9	Delhi	1,348.81	1,753.01	2,933.45	1,164.54
10	Goa	207.51	253.97	254.92	303.71
11	Gujarat	16,090.72	17,256.24	16,735.02	19,079.94
12	Haryana	3,677.17	8,545.07	5,168.13	6,873.66
13	Himachal Pradesh	4,847.96	3,966.34	5,735.67	9,749.92
14	Jammu and Kashmir	7,224.70	8,538.46	8,905.30	8,912.49
15	Jharkhand	19,563.48	26,825.69	28,390.13	39,393.64
16	Karnataka	11,702.72	34,653.95	22,066.36	18,880.74
17	Kerala	5,264.06	8,076.10	6,958.33	6,496.03
18	Ladakh	346.34	346.83	345.56	559.24
19	Lakshadweep	80.51	43.56	44.54	44.62
20	Madhya Pradesh	44,246.13	44,246.84	50,583.12	47,381.70
21	Maharashtra	18,859.75	32,593.55	31,514.91	37,344.12
22	Manipur	1,724.77	2,321.01	1,997.28	2,467.03
23	Meghalaya	3,409.04	2,814.14	2,647.23	5,290.51
24	Mizoram	712.77	701.94	763.42	755.46
25	Nagaland	997.91	1,069.74	1,189.16	1,132.75
26	Odisha	18,829.11	25,983.09	25,432.89	20,818.32
27	Puducherry	755.23	590.61	593.95	656.66
28	Punjab	5,963.99	11,454.98	9,290.55	18,513.37
29	Rajasthan	47,038.23	41,408.15	41,408.15	44,404.12
30	Sikkim	220.78	625.88	210.59	369.35

31	Tamil Nadu	11,323.47	22,044.14	44,410.48	19,247.20
32	Telangana	11,847.17	15,721.74	15,640.91	10,594.48
33	Tripura	1,673.57	2,558.16	2,606.73	2,571.85
34	Uttar Pradesh	1,01,068.64	1,39,617.53	1,69,183.08	1,69,793.57
35	Uttarakhand	3,995.53	6,624.70	5,688.16	6,095.91
36	West Bengal	29,860.21	34,022.72	34,938.61	32,032.19

Note: 1. The above data is as per the available Financial Management Reports (FMR) submitted by the State/UTs and is provisional.
2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year.

MENSTRUAL HYGIENE SCHEME

1046. SHRI KHALILUR RAHAMAN:

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

- (a) whether a number of girls in rural India have dropped out/abstained from the school due to menstruation and lack of access to clean and affordable menstrual protection and if so, the details thereof;
- (b) whether a number of women are unable to afford sanitary napkins in the country and if so, the details thereof and the reasons therefor; and
- (c) the details of funds allocated and utilized out of the total monetary outlay, under the Menstrual Hygiene Scheme of the National Health Mission, State/UT-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 (c): The Ministry of Health and Family Welfare implements the Scheme for Promotion of Menstrual Hygiene to improve menstrual hygiene among adolescent girls (10–19 years). The scheme focuses on increasing awareness on menstrual hygiene, enhancing access to sanitary napkins, and promoting safe and environmentally friendly disposal practices. Under the scheme, NHM supports States/UTs to provide sanitary napkins at subsidized rates through ASHAs using school and community platforms. In addition, several States/UTs initiatives provide low or free of cost sanitary napkins in schools, Anganwadi centers and health facilities.

The National Family Health Survey-5 (NFHS 5) data shows that the percentage of women aged 15-24 years using hygienic methods during their menstrual cycles has risen from 57.6% in NFHS-4 to 77.3 % in NFHS-5.

The details of fund approval and expenditure for Menstrual Hygiene Scheme under National Health Mission (NHM), State/UT-wise are given in the enclosed **Statement**.

STATEMENT

State/UT-wise SPIP Approvals and Expenditure for Menstrual Hygiene Scheme under National Health Mission (NHM) for FY 2024-25 (in Rs. Lakhs)

SI. No.	States/UTs	2024-25	
		SPIP Approvals	Expenditure
1	Andaman and Nicobar Islands	0.00	0.00
2	Andhra Pradesh	4,382.00	1196.00
3	Arunachal Pradesh	0.00	0.00
4	Assam	439.33	0.00

5	Bihar	14.00	8.26
6	Chandigarh	0.00	0.00
7	Chhattisgarh	0.00	0.00
8	Dadra & Nagar Haveli and Daman & Diu	1.00	1.00
9	Delhi	323.43	177.79
10	Goa	14.51	13.18
11	Gujarat	11,296.57	33.58
12	Haryana	0.00	0.00
13	Himachal Pradesh	100.00	528.20
14	Jammu and Kashmir	655.28	8.64
15	Jharkhand	9.70	3.25
16	Karnataka	0.00	10.51
17	Kerala	200.00	0.00
18	Lakshadweep	9.75	4.45
19	Madhya Pradesh	282.00	0.00
20	Maharashtra	1,461.09	206.64
21	Manipur	87.99	27.91
22	Meghalaya	3.90	2.59
23	Mizoram	0.00	0.00
24	Nagaland	44.59	44.59
25	Odisha	30.42	486.22

26	Puducherry	90.58	43.47
27	Punjab	1,172.12	2.51
28	Rajasthan	0.00	0.00
29	Sikkim	1.50	0.82
30	Tamil Nadu	4,577.03	4577.03
31	Telangana	1,584.00	0.20
32	Tripura	262.47	0.00
33	Uttar Pradesh	0.00	0.00
34	Uttarakhand	319.50	0.10
35	West Bengal	5,094.01	1206.23
36	Ladakh	36.80	0.57

Note: The above data is as per the available Financial Management Reports submitted by State/UTs and are provisional.

VACANCY IN AYUSH INSTITUTIONS

1047. SHRI BALWANT BASWANT WANKHADE:

SHRI BENNY BEHANAN:

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

- (a) whether a number of posts of AYUSH doctors/practitioners and teaching faculty are lying vacant in the country;
- (b) if so, the details of such posts vacant during the last three years, stream-wise and State/UT-wise;
- (c) the steps being taken by the Government to fill these vacancies along with

the time by which these vacancies are likely to be filled;

(d) whether the Government has taken any steps to increase Post Graduate (PG) seats and faculty recruitment and if so, the details thereof; and

(e) the specific measures proposed to be taken by the Government to address manpower shortages in Kerala's AYUSH Institutions 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) to (e): Public Health being the State subject, the primary responsibility of filling of the post of Ayush doctors/practitioners and teaching faculty against the vacant posts as well as increasing of Post Graduate (PG) seats lies with respective State Government including Kerala. Therefore, no such information is being maintained by the Ministry. However, the National Commission for Indian System of Medicine (NCISM) and the National Commission for Homoeopathy (NCH) serve as the statutory regulatory authorities overseeing education and practice in the Indian System of Medicine (ISM) and Homoeopathy, as mandated by the NCISM Act 2020 and the NCH Act 2020 respectively. Under these Acts, Institutions seeking to increase postgraduate (PG) seats or initiate new postgraduate courses in the ISM and Homoeopathy shall submit a scheme or application to the relevant authorities i.e. Medical Assessment and Rating Board for Indian System of Medicine (MARBISM) or Medical Assessment and Rating Board for Homoeopathy (MARBH).

HOLISTIC DEVELOPMENT OF WOMEN AND CHILDREN**1048. DR. LATA WANKHEDE:****SHRIMATI DAGGUBATI PURANDESWARI:****SHRI ATUL GARG:****SHRI RAJESH VERMA:****SHRIMATI SHAMBHAVI:**

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

- (a) whether the Government has assessed the current status of malnutrition, health/education among children, particularly girls, in the country, State/UT-wise, if so, the details thereof;
- (b) the details of the steps being taken to improve nutrition, healthcare/early childhood development under schemes such as Integrated Child Development Services (ICDS) and Poshan Abhiyaan during the last three years;
- (c) whether the Government has implemented any measures to prevent child marriage, ensure girl child education and reduce gender-based disparities, if so, the details thereof;
- (d) the details of initiatives undertaken to promote women's empowerment/safety/economic participation, particularly in rural and semi urban areas; and
- (e) whether the Government has formulated any long-term strategies to ensure holistic development, protection/welfare of women and children in the

country, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & Family Welfare in the entire country on sample basis since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93) *	52	53.4	17.5
NFHS-2 (1998-99) **	45.5	47	15.5
NFHS-3 (2005-6) ***	48.0	42.5	19.8
NFHS-4 (2015-16) ***	38.4	35.8	21.0
NFHS-5 (2019-21) ***	35.5	32.1	19.3
Poshan Tracker (October 2025) ***	33.54	14.41	5.03

* Under 4 years

** Under 3 years

*** Under 5 years

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across the country. The State/UT wise data from Poshan Tracker, on Stunting, wasting and underweight is available at the link: <https://www.poshantracker.in/statistics>.

(b): To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years 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 is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This Mission is being implemented across the country.

The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism of nutrients. This process is influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition in a convergent manner. It is being addressed under the Mission by establishing cross cutting convergence amongst more than 18 Ministries/Departments.

Under the Mission, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change and advocacy. It

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.

Under this mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides for quality protein, healthy fats and micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin-A, Vitamin-B6 and Vitamin B-12).

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi centers.

Ministries of Women & Child Development and Health & Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for

reducing associated morbidity and mortality.

The Suposhit Gram Panchayat Abhiyaan was launched last year with an aim to improve nutritional outcomes and well-being through strengthened nutrition services, community participation, and multi-stakeholder convergence. The top 1000 Gram Panchayats will be awarded an incentive of 1 lakh. These incentives will be utilized to motivate the Anganwadi workers & helpers to help improve service delivery, and as an incentive to the Gram Panchayat to improve community mobilization & increase enrollment and help nutrition related initiatives.

Under this Mission, one of the major activities undertaken 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 Maahs and Poshan Pakhwadas 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 are required to conduct two Community Based Events every month.

Under the Poshan Bhi Padhai Bhi (PBPB) initiative, the Ministry is imparting training to all the officials and field functionaries in the States/ UTs through a cascading model of training, wherein Master Trainers (namely, District Officers, Block Coordinators and Supervisors) are trained, and the master trainers further

train all Anganwadi Workers in the field. As on 30th November 2025, 8,95,814 AWWs have been trained across the country.

Further, 2 lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments.

Poshan Tracker an ICT tool has been implemented for 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, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, daily attendance, ECCE, Delivery of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding, and complementary feeding.

(c) to (e): The details of initiatives undertaken to promote women's empowerment/safety/economic participation by Ministry of Women and Child Development are as under:

The Prohibition of Child Marriage Act, 2006 (PCMA) has been enacted to

prevent and curb child marriages and to take punitive action against those associated with the solemnisation of child marriages. Since, the enactment of The Prohibition of Child Marriage Act (PCMA) 2006, the prevalence of child marriage in the country has reduced to almost half from 47 % in National Family Health Survey (NFHS)- 3 (2005- 06) to 23.3% in NFHS-5 (2019-21). This shows that the law has a strong effect in prevention of child marriages in the country.

Ministry of Women and Child Development (MWCD) implements the Beti Bachao Beti Padhao (BBBP) component under the umbrella scheme of 'Mission Shakti', wherein creation of awareness on matters pertaining to gender equality and discouraging child marriage is an important focus area.

The National Commission for Protection of Child Rights (NCPCR) under the Ministry also undertakes awareness programs and consultations with stakeholders from time to time in this regard. The National Legal Services Authority with its States and District arms also creates awareness about the ill-effects of child marriage.

The National Legal Services Authority (NALSA) has issued a Standard Operating Procedure (SOP) to its functionaries for effective prevention of child marriages in coordination with the statutory officers and other authorities. It also has a dedicated helpline 15100 which provides free legal aid to the specified sections of citizens including women and children.

The Ministry launched 'Bal Vivah Mukta Bharat' campaign on last year which focuses on making India child marriage free. It is one of the most important

imperatives to promote education, skilling, enterprise and entrepreneurship among girls and women to realise the vision of a 'Viksit Bharat' through 'whole of government' and 'whole of society' approach, including the civil society organisations. Under the campaign, a portal <https://stopchildmarriage.wcd.gov.in> has been launched to support the States and UTs in raising awareness against child marriage and for effective reporting and prevention of incidences of child marriage. The portal also has facility to provide information to citizens about Child Marriage Prohibition Officers (CMPOs) of all States/ UTs. The portal has information of more than 38000 CMPOs which is accessible by the public.

In addition, the Ministry has introduced Child Helpline with short code 1098, a toll-free 24*7*365 telephone emergency outreach service for children in crisis.

Shakti Sadan Scheme 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 and known as Shakti Sadan which is an Integrated Relief and Rehabilitation Home for women in distress situations including trafficked women. The Scheme is a demand driven Centrally Sponsored Scheme, under which funds are released directly to the States/UTs for implementation of the scheme. It aims at creating a safe and enabling environment for the women in distress situations, to enable them to overcome the difficult circumstances. Presently, 407 Shakti Sadans are functional across the country.

Sakhi Niwas Scheme (Working Women Hostel) under the overarching Mission Shakti, is a demand driven Centrally Sponsored Scheme, under which funds are released directly to the States/UTs for implementation of the scheme. The scheme aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunity for women exists. Under the Scheme, financial assistance is provided for running of Sakhi Niwas in rented premises for working women and for those women who are under training for job. Provision of Day Care Centre for children of the residents of the Sakhi Niwas is an important aspect of the scheme. Presently, 531 Sakhi Niwas are functional across the country.

The SANKALP: HEW (Hub for Empowerment of Women), has been introduced on 1st April 2022, under the umbrella Mission Shakti, 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.

Hub for Empowerment of Women (HEW), a component under Samarthya, sub-scheme of 'Mission Shakti' is functioning as a Project Management Unit (PMU) for monitoring and supervisory unit of Mission Shakti Scheme. The HEW centres also engage in widespread outreach and awareness through organising awareness activities, camps, and campaigns to disseminate information related

to women centric schemes, programmes, policies and legislations. SANKALP: HEW is being implemented in all States/UTs except the State of West Bengal. State SANKALP: HEWs are functional in 35 States/UTs and District SANKALP: HEWs are functional in 742 districts.

HEALTH IMPACT ON MINING WORKERS

1049. SHRI VISHNU DAYAL RAM:

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

- (a) whether the Government has conducted any studies on the health impacts of living near mines and collieries and if so, the details thereof;
- (b) the details of the provisions in place for periodic health check-ups, screening, and medical assistance for these populace;
- (c) whether there is coordination between the Ministries of Coal and Health for mitigation and healthcare delivery in mining zones in the country; 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): Indian Council of Medical Research (ICMR) has informed that National Institute of Occupational Health (ICMR-NIOH), had carried out following studies which assessed health impact on vicinity community near mines and collieries: A study was carried out upon the coal field workers and the residents living in

the vicinity of coal mines of Northern Coalfields Limited. A total of 1202 subjects were included in the health monitoring study which included 559 workers working on the direct mining activities and 303 employees working in supporting and supervisory activities of Northern Coalfields limited selected by proportionate stratified random sampling method and 340 residents in the immediate vicinity of the mines. In the resident groups 3.0% reported cough. Similarly, among residents the other symptoms included tiredness (2.7%), backache (4.2%), headache (2.1%) and digestive disturbances (1.8%). The abnormal pulmonary function test pattern reported among workers, supervisors and community were 14.3%, 10% and 7.8% respectively. The chest X-ray showing the findings of interstitial lung fibrosis was observed in 2.5% miners, 2.3% supervisory workers and 2.7% residents in the vicinity of mines. Blood mercury analysis was done on 237 mining workers, 94 supervisory workers and 138 residents. When compared to the permissible level of mercury in blood i.e. $<5.8\mu\text{g/dl}$ it was found that 6.8% subjects in mining group and 8% in the residents group had blood mercury levels higher than Permissible Exposure Limit (PEL). None of the subject in supervisory group had higher than PEL levels of blood mercury.

Another study assessed lead levels in air, water, and children's blood, along with medical and psychological evaluations of 298 exposed and 154 control children residing near the Rampura Agucha Mine, Hindustan Zinc Limited, Bhilwara, District, Rajasthan. Air and water near mining areas met Central Pollution

Control Board (CPCB) lead standards. The mean blood lead levels were higher in exposed group (Male: $7.7 \pm 3.5 \mu\text{g/dL}$, Female: $8.56 \pm 3.49 \mu\text{g/dL}$) than control group (Male: $6.12 \pm 2.68 \mu\text{g/dL}$, Female: $4.63 \pm 3.51 \mu\text{g/dL}$). No cases of lead toxicity were found among the examined children. Physical growth and IQ scores were similar between exposed and control groups, indicating no observed impact from the lead exposure levels. Overall, lead exposure in mining areas showed no detectable health effects in children.

In yet another study in and around operating units of National Aluminium Company Limited (NALCO), a total of **428 subjects** from Angul and Damanjodi communities and workers from smelter, captive power plant, mines, and refinery were assessed. The respiratory impairment among the community people were Angul Community 2.35% and Damanjodi Community 2.04 %.

(b) to (d): Ministry of Coal has informed that Coal India Limited (CIL) and its subsidiaries regularly provide the healthcare facilities to the persons living in nearby villages of mining area. Health Camps and healthcare facilities mainly focuses on screening and general healthcare, eye checkup camps, immunization camps, maternal and child health management camps, tuberculosis detection and management camps through “Pradhan Mantri TB Mukh Bharat Abhiyan”. Cancer detection camps, Thalassemia detection camp, mental health consultation and stress management systems are given utmost importance. CIL engages mobile medical vans to provide healthcare facilities with doctors and trained staffs for providing medical care to far flung villages

and for the backward communities and regions specially. Surgeries are conducted regularly at different hospitals for local villagers at no cost basis or with very minimal charges. CIL and its subsidiaries have a total of 64 hospitals including 16 central hospitals and 300 dispensaries spreading across 8 states, and is staffed by 1060 Doctors, 940 Nurses and around 2301 Paramedical Staffs, with 3600 hospital beds, 494 ambulances and 18 mobile Vans. These healthcare facilities are available to all local populace also on mostly no cost basis or with a nominal fees. Further, various initiatives from Corporate Social Responsibility (CSR) funds are undertaken by Coal India Limited (CIL) and its subsidiaries to provide healthcare services to the populace residing in mining areas. These efforts include periodic health screening camps, operating Mobile Medical Units (MMUs), creation of healthcare infrastructure, providing financial assistance for medical equipment in existing hospitals and projects targeting specific diseases.

Similarly, NLC India Limited (NLCIL) has established comprehensive health-care arrangements for project-affected population across its project area in the states of Tamil Nadu, Rajasthan, Odisha and Jharkhand. It provides for the consultations by specialist doctors and awareness programs on hygiene, nutrition, and preventive healthcare.

The Singareni Collieries Company Limited (SCCL) has stated that the most of the communities residing in areas surrounding the Coal Mines are residential colonies of employee families and they are having near access to Company

Hospitals and Dispensaries. A total of 12 Occupational Health Centers are functioning in area hospitals located near the mining areas. These centers facilitate periodic screening for occupational diseases. Identified cases are placed under surveillance to monitor disease progression and ensure compliance to prescribed medication. SCCL operates 7 area hospitals, including the Main Hospital, and 21 dispensaries across the coal belt. These facilities provide medical services to employees, their families, retired personnel, spouses, and civilians affected by the projects. Area hospitals offer specialty care and 24/7 emergency services. Surgical procedures and maternal & child health (MCH) services are routinely performed. Memorandums of Understanding (MoUs) are in place with corporate hospitals for tertiary care services. Mobile medical camps are regularly conducted in residential colonies of project-affected areas as part of SCCL's Corporate Social Responsibility (CSR) initiatives. Patients requiring tertiary care are referred to corporate hospitals for advanced treatment.

The Department of Health & Family Welfare, Government of India provides technical and financial support to the States/UTs under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD). The Chronic Respiratory Diseases (Chronic Obstructive Pulmonary Disease (COPD) & Asthma) are an integral part of NP-NCD. The programme includes strengthening infrastructure, human resource development, health promotion, screening for common NCDs i.e. diabetes, hypertension and common cancers

(oral, breast and cervical), early diagnosis and management and referral to an appropriate level of healthcare facility

Ministry of Coal and Health Ministry have an effective coordination and communication. Regular meetings take place between the State/District/Health Authorities and Coal India subsidiary Authorities for implementation of different Govt. Programmes which are primarily targeted for the benefit of population living in nearby mining Zones in the country.

CHILD AND MATERNAL NUTRITION SCHEMES

1050. SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

SHRI BHASKAR MURLIDHAR BHAGARE:

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

(a) whether the Government has developed any special nutrition guidelines/meal plans tailored to the nutritional deficiencies prevalent in tribal regions of Maharashtra, if so, the details thereof;

(b) the number of beneficiaries covered under the mid-day meal programme/anganwadi- based nutrition support in rural and tribal districts of Maharashtra during the last three years, district-wise;

(c) the details of funds allocated, released/utilized for child and maternal nutrition schemes in said State during the last three years along with details of distribution in rural/tribal regions, district wise;

(d) whether the Government has conducted any impact assessment studies/

nutritional surveys in said State to evaluate the effectiveness of these interventions in reducing malnutrition, if so, the details thereof; and

(e) the details of the steps taken to address issues like supply chain delays, poor meal quality/lack of trained workers in rural and tribal Anganwadi Centres/schools in said State?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): Under Mission Poshan 2.0, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides for quality protein, (Cereal: Pulse ratio of at least 2:1), healthy fats and 7 essential micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin-A, Vitamin-B6 and Vitamin B-12). Further, Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home Ration at AWCs.

Further, Ministry vide notification dated 12th September, 2022 issued Integrated

Nutrition Support Programme - Saksham Anganwadi and Poshan (2.0), Rules 2022 to regulate the entitlements specified under the provisions of National Food Security Act, 2013 for every pregnant woman and lactating mother, till six months after childbirth and every child in the age group of six months to six years.

The Mission 2.0 is being implemented in the whole country including all tribal regions of Maharashtra.

(b): The number of beneficiaries covered under Mission 2.0 in all the districts of Maharashtra is available at the link: <https://www.poshantracker.in/statistics>.

Further, the number of beneficiaries covered under the mid-day meal programme in Maharashtra is given in the enclosed **Statement-I**.

(c): Details of funds provided to the State of Maharashtra under Mission Saksham Anganwadi and Mission Poshan 2.0 have been given in the enclosed **Statement-II**.

(d): The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India. It provides report on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anaemia, utilization and quality of health and family planning services. Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators from NFHS-1 to

NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93) *	52	53.4	17.5
NFHS-2 (1998-99) **	45.5	47	15.5
NFHS-3 (2005-6) ***	48.0	42.5	19.8
NFHS-4 (2015-16) ***	38.4	35.8	21.0
NFHS-5 (2019-21) ***	35.5	32.1	19.3
Poshan Tracker (October 2025) ***	33.54	14.41	5.03

* Under 4 years

** Under 3 years

*** Under 5 years

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across the country including the State of Maharashtra.

Further details on malnutrition indicators in children the State of Maharashtra are available on Poshan Tracker in the following link:

<https://www.poshantracker.in/statistics>

In 2021, the World Bank conducted a survey in 11 priority States (including Maharashtra) to assess the program's delivery of nutrition services. The findings demonstrated that the services delivered under 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 behaviors. 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.

A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and in 2025 for Saksham Anganwadi and Poshan 2.0 and has found its relevance to be satisfactory for tackling malnutrition in the country including Maharashtra.

(e): Various steps have been taken up from time to time to ensure uninterrupted nutrition delivery under Mission Poshan 2.0 in all the States/UTs including Maharashtra as below:

- The 'Poshan Tracker' application was rolled out on 1st March 2021 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, 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)/Take Home Ration (THR-not raw ration), Growth Measurement etc.
- For last mile tracking of Service Delivery, Ministry of Women and Child Development (MWCD) has benefit 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.
- 2 lakh Anganwadi Centres have been approved to be upgraded as

Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments. A total of 14,475 Anganwadis have been approved for upgradation to Saksham Anganwadis in the State of Maharashtra.

- The PM JANMAN Mission launched by Ministry of Tribal Affairs aims for targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) residing in 18 States and a UT. This Mission focuses on 11 critical interventions related to 9 key Ministries including Ministry of Women and Child Development. As on 30th November 2025, a total of 2500 AWCs have been approved for construction under PM JANMAN across the country. A total of 178 number of AWCs have been approved for construction under PM JANMAN in the State of Maharashtra.
- Ministry of Tribal Affairs has launched Dharti Aaba Janjati Gram Unnat Abhiyan (DAJGUA) aimed at improving the socio-economic condition of tribal communities by adopting saturation coverage of tribal families in tribal majority areas and aspirational block ST villages.
- Under the Poshan Bhi Padhai Bhi (PBPB) initiative, the Ministry is imparting training to all the officials and field functionaries in the States/UTs through a cascading model of training, wherein Master Trainers

(namely, District Officers, Block Coordinators and Supervisors) are trained, and the master trainers further train all Anganwadi Workers in the field. As on 30th November 2025, 8,95,814 AWWs have been trained across the country. A total of 88,652 number of Anganwadis have been trained under the initiative in the State of Maharashtra.

STATEMENT-I

The Number of beneficiaries covered under the Mid Day Meal programme/Anganwadi-based nutrition support in rural and tribal districts of Maharashtra during last 3 years, district-wise

Pradhan Mantri Poshan Shakti Nirman Scheme (previously known as "Mid Day Meal scheme") is a centrally sponsored scheme implemented in Maharashtra since 1995. Students of 1 to 8th standard studying in Govt., Local Body, Govt. Aided Schools, Madarsa/Maktaba and STC (NCLP) are covered. Under this scheme meal is served containing 450 calories and 12 gms protein and 700 calories and 20 gms protein for the students of 1 to 5th standard and 6th to 8th standard respectively. Five types of nutritional slices made from rice, millet, jowar, gram and soybean as the main ingredients and other ingredients have been distributed in the state under this initiative.

Number of beneficiaries covered under Nutrition support in rural and tribal (per year)-

Year 2023-24- No of 1215016 beneficiaries given benefits for 75 days.

Year 2024-25- No of 1215016 beneficiaries given benefits for 42 days.

Year 2025-26- Proposed beneficiaries 1475530 for 40 days (In process)

Sr. No.	District	Block	class 1 to 5	class 6 to 8	Total
1	Amaravati	Chikhaldhara & Dharni	22546	10279	32825
2	Pune	Ambegaon & Junner	5448	2684	8132
3	Nashik	Kalvan, Surgana, Baglan, Peth, Dindori, Igatpuri, Nashik & Trimbakeshwar	98182	50043	148225
4	Nandurbar	All Blocks	115448	0	115448
5	Dhule	Shirpur & Sakri	34627	15093	49720
6	Gadchiroli	All Blocks	59597	30734	90331
7	Chandrapur	Rajura, Korpana & Jiwati	16230	9716	25946
8	Palghar	All Blocks	125656	108845	234501
9	Thane	Murbad, Bhivandi & Shahapur	28705	13618	42323
10	Nanded	Kinvat & Mahur	12429	6094	18523
11	Jalgaon	Rawer	31634	1093	32757
12	Ahilyanagar	Akole	7938	2719	10657
13	Yavatmal	All Blocks	13558	102501	116059
14	Dharashiv	All Blocks	103777	65829	169606
15	Washim	All Blocks	70688	49275	119963
Total			746493	468523	1215016

STATEMENT-II

The detail of funds released to the State of Maharashtra under Mission Saksham Anganwadi and Poshan 2.0 is as follows:

Rs. in Crore

Name of the States/UT	FY 2022-2023	FY 2023-2024	FY 2024-2025
Maharashtra	1646.17	1699.52	1368.84

जीवनरक्षक दवाओं का निरीक्षण

1051. श्री अमरा राम:

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

(क) निरीक्षण के दौरान घटिया पाई गई जीवनरक्षक दवाओं के नाम क्या हैं और विभाग द्वारा संबंधित निर्माता कंपनियों के विरुद्ध क्या कार्रवाई की गई है;

(ख) क्या राजस्थान और मध्य प्रदेश में कफ सिरप के कारण कई बच्चों की मृत्यु हुई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ग) क्या ये दवाएँ मानक के अनुरूप पाई गई हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है, और यदि नहीं, तो तत्संबंधी कारण क्या हैं और विभाग द्वारा इस पर 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): केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) और राज्य औषधि नियंत्रण प्राधिकरण, विनिर्माण/बिक्री इकाइयों के निरीक्षण के दौरान, परीक्षण और विश्लेषण के लिए आपूर्ति श्रृंखला से औषधि के नमूने लेते हैं। विभिन्न कंपनियों की उन औषधियों की सूची, जिन्हें केंद्रीय औषधि परीक्षण प्रयोगशालाओं द्वारा मानक गुणवत्ता की नहीं/नकली/गलत ब्रांड वाली/मिलावटी घोषित किया जाता है, केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) की वेबसाइट (www.cdsc.gov.in) पर औषधि चेतावनी शीर्षक के अंतर्गत अपलोड और उपलब्ध रहती है और औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके अंतर्गत नियमों के प्रावधानों के अधीन कार्रवाई शुरू की गई है।

मध्य प्रदेश के छिंदवाड़ा से बच्चों की मौत के समूह की रिपोर्ट प्राप्त होने पर, एक महामारीविज्ञानी, एक माइक्रोबायोलॉजिस्ट, एक एंटोमोलॉजिस्ट और राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी), नेशनल इंस्टीट्यूट ऑफ वायरोलॉजी (एनआईवी) और सीडीएससीओ के ड्रग

इंस्पेक्टरों सहित विशेषज्ञों की एक केंद्रीय टीम ने क्रमशः छिंदवाड़ा और नागपुर का दौरा किया और मध्य प्रदेश राज्य प्राधिकरणों के समन्वय में रिपोर्ट किए गए मामलों और मौतों की विस्तृत जांच की। प्रभावित बच्चों द्वारा कथित तौर पर सेवन किए गए कुल 19 दवा के नमूने, इलाज करने वाले निजी चिकित्सकों और पास के खुदरा स्टोरों से परीक्षण के लिए एकत्र किए गए थे। इन 19 नमूनों के रासायनिक विश्लेषण से संकेत मिलता है कि 15 नमूने मानक गुणवत्ता के थे, जबकि 4 नमूनों को मानक गुणवत्ता (एनएसक्यू) के नहीं घोषित किया गया था। परीक्षण रिपोर्ट के अनुसार, तमिलनाडु के कांचीपुरम स्थित मेसर्स श्रीसन फार्मास्युटिकल द्वारा निर्मित और मृत बच्चों द्वारा सेवन किए गए सिरप कोल्ड्रफ (बी. नं. एसआर-13) में डाइएथिलीन ग्लाइकॉल (डीईजी) की मात्रा 46.28% डब्ल्यू/वी पाई गई।

मेसर्स श्रीसन फार्मास्युटिकल्स के परिसर का निरीक्षण किया गया। अस्वास्थ्यकर भंडारण स्थितियों सहित कई गंभीर और प्रमुख ऊतक विनिर्माण प्रथाओं (जीएमपी) का उल्लंघन पाया गया। विनिर्माता के खिलाफ आपराधिक कार्रवाई का मामला सीडीएससीओ द्वारा तमिलनाडु राज्य सरकार के साथ उठाया गया था। राज्य औषधि नियंत्रक, तमिलनाडु ने विनिर्माण लाइसेंस रद्द कर दिया। इसके अलावा, घटना के बाद, मध्य प्रदेश, तमिलनाडु, ओडिशा और संघ राज्य क्षेत्र पुडुचेरी राज्यों, जिन्हें आक्षेपित कफ सिरप के बैच की आपूर्ति की गई थी, ने तत्काल प्रतिबंध लगाने और उसे वापस मंगाने 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, सभी राज्य/संघ राज्य क्षेत्रों के स्वास्थ्य विभागों और स्वास्थ्य परिचर्या केन्द्रों को बाल चिकित्सा कफ सिरप के विवेकपूर्ण उपयोग को सुनिश्चित करने के लिए 03.10.2025 को एक एडवाइजरी जारी की गई है। इसके अलावा, औषधि नियंत्रक (भारत) ने 07.10.2025 को सभी राज्य/संघ राज्य क्षेत्र औषधि नियंत्रकों को औषधि नियम, 1945 के तहत परीक्षण आवश्यकताओं का कड़ाई से अनुपालन सुनिश्चित करने का निर्देश दिया और 27.10.2025 को उन्हें नकली और

घटिया दवाओं के खिलाफ कड़ी सतर्कता बनाए रखने और ओषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के तहत त्वरित कार्रवाई करने का निर्देश दिया।

राज्य प्राधिकरणों के समन्वय में 700 से अधिक कफ सिरप विनिर्माताओं का गहन ऑडिट किया गया है। केंद्रीय और राज्य औषधि नियामकों द्वारा सिरप फॉर्मूलेशन के बाज़ार निगरानी नमूना-चयन भी बढ़ाए गए हैं।

कच्चे माल के परीक्षण की मौजूदा आवश्यकताओं के अलावा, भारतीय भेषज संहिता, गाजियाबाद ने भारतीय भेषज संहिता (आईपी) 2022 में एक संशोधन जारी किया है, जिसमें बाज़ार में रिलीज़ से पहले तैयार उत्पाद के स्तर पर ओरल तरल पदार्थों में डीईजी और एथिलीन ग्लाइकॉल (ईजी) के परीक्षण को भी अनिवार्य बनाया गया है।

STRENGTHENING OF HEALTH INFRASTRUCTURE IN TAMIL NADU

1052. SHRI A. MANI:

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

(a) whether the Union Government has taken any steps to strengthen the health infrastructure in the State of Tamil Nadu, particularly in Dharmapuri district, under various national health programmes;

(b) the amount of funds allocated for upgrading Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals in Dharmapuri during the last three years;

(c) whether the Government has approved any new projects for construction/modernization of medical facilities including diagnostic and emergency care units, in the said district; and

(d) the steps taken by the Government to address shortages of doctors, nurses and paramedical staff in the 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): Public Health and hospital being a State subject, the primary responsibility for planning, implementing, maintaining and to set up adequate number of healthcare facilities as per requirement is of that State Government. Various initiatives have been taken by Government of India over the years to strengthen public health system and improve the health infrastructure, especially in rural and underserved areas and improving primary, secondary and tertiary healthcare facilities including Dharmapuri District of Tamil Nadu as given below:

(i) National Health Mission : Under the National Health Mission, financial and technical support is provided to States/UTs to strengthen their healthcare systems including the healthcare infrastructure, based on proposals received from States/UTs in their Programme Implementation Plan within their resource envelop. State-wise fund allocation for strengthening healthcare facilities over the last three years can be accessed at the link below:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>.

(ii) Under PM-ABHIM, provision is made for the State of Tamil Nadu for construction/ strengthening of 708 Urban-Ayushman Arogya Mandir(AAM), 38 Integrated Public Health Lab (IPHL) and 37 Critical Care Blocks(CCBs) during

the scheme period of FY 2021-22 to 2025-26 with the total financial out lay of Rs. 1656.32 Crores.

(iii) Under Fifteenth Finance Commission (FC-XV) for the State of Tamil Nadu, Rs.4249.42 Crore has been approved for the five year period from FY 2021-22 to FY 2025-26 and Rs. 4249.42 Cr. has been released to the local bodies so far that also includes capital cost for establishment and strengthening Health infrastructure.

(iv) Under ECRP-II, support is being provided for Pediatric Care Units, Pediatric Centre of Excellence, Augmentation of additional beds by provision of Prefab Units, Augmentation of ICU beds in public healthcare facilities, 50 & 100 bedded Field Hospitals, Referral Transport & Liquid Medical Oxygen Plant with medical gas pipeline system. The State of Tamil Nadu, a total of Rs. Rs.798.94 crores in the FY 2021-22 which has been fully utilized.

(b): As per the information of State Government of Tamil Nadu, since 2021-22, a total investment of Rs.57.85 Crore has been allocated for upgrading Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub District Hospitals, District Hospitals and the Government Medical College Hospital in Dharmapuri District.

(c): As per the information of the State Government of Tamil Nadu, the Government has approved several new projects for the construction and modernization of medical infrastructure, including diagnostic and emergency care services in Dharmapuri district. These include the establishment of a 50-

bedded Critical Care Block in the Government Medical College Hospital, Dharmapuri, at a cost of Rs.20.00 crore. Additional buildings have also been sanctioned at Government Hospital, Pappireddipatti and Government Hospital, Harur at a cost of Rs.3.50 crore each, along with the construction of a Maternal and Child Health (MCH) Wing at Government Hospital, Pennagaram for Rs.10.00 crore, and a mortuary facility in the same hospital at a cost of Rs.0.70 crore. To strengthen diagnostic capacity, an Integrated Public Health Laboratory (IPHL) has been sanctioned in Government Hospital, Pennagaram at a cost of Rs. 1.00 crore, in addition to the establishment of 10 Block-Level Public Health Units in Block PHCs at a total cost of Rs. 5.30 crore. Further, primary care infrastructure has been strengthened through the construction and upgradation of 30 buildings, including 24 Health Sub-Centres, 4 Rural PHCs, 1 Urban Health and Wellness Centre and 1 Urban PHC, with a total investment of Rs.13.85 crore.

(d): As per the information provided by the State Government, the National Health Mission–Tamil Nadu (NHM-TN) closely monitors district-wise staffing positions and identifies gaps requiring immediate action. Recruitment processes are being expedited in close coordination with the Medical Services Recruitment Board (MRB) to ensure faster conduct of examinations, timely publication of results, prompt appointment of qualified personnel. District Health Society is also actively involved in filling vacancies at district and sub-district levels, especially for contractual and NHM-supported posts. There is no shortage of Doctors, Staff

Nurse and paramedical staff in Dharmapuri District.

मिशन वात्सल्य के अंतर्गत गैर-संस्थागत देखरेख कार्यक्रम

1053. श्री दिलेश्वर कामैत:

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

- (क) मिशन वात्सल्य के अंतर्गत गैर-संस्थागत देखरेख कार्यक्रमों के अन्तर्गत सहायता प्राप्त करने वाले बच्चों की संख्या में कितने प्रतिशत की वृद्धि हुई है;
- (ख) वर्ष 2025 में मिशन वात्सल्य योजना से लाभान्वित होने वाले बच्चों की संख्या कितनी है;
- (ग) क्या मंत्रालय ने बच्चों की सुरक्षा के लिए चाइल्ड हेल्पलाइन को जोड़ने के लिए कोई पहल की है; और
- (घ) यदि हां, तो कितने राज्यों में ये हेल्पलाइन संचालित हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) और (ख): गैर संस्थागत देखरेख के अंतर्गत, वित्तीय वर्ष 2023-24 के मुकाबले वित्तीय वर्ष 2024-25 में अनुमोदित बच्चों की संख्या में 40.23 प्रतिशत की बढ़ोतरी हुई है। वित्तीय वर्ष 2023-24 में कुल 1,21,861 बच्चों को अनुमोदित किया गया और वित्तीय वर्ष 2024-25 में गैर संस्थागत देखरेख के तहत कुल 1,70,895 बच्चों को अनुमोदित किया गया।

वित्तीय वर्ष 2024-25 में मिशन वात्सल्य योजना से 2,47,777 बच्चों को लाभ हुआ है, जिसमें संस्थागत देखरेख और गैर-संस्थागत देखरेख दोनों शामिल हैं।

(ग) और (घ): मिशन वात्सल्य योजना के अंतर्गत, राज्यों और जिलों को किशोर न्याय (देखरेख एवं सुरक्षा) अधिनियम, 2015 के अंतर्गत उल्लिखित बच्चों के लिए 24x7x365 बाल सहायता सेवा (चाइल्ड हेल्पलाइन सर्विस) 1098 संचालित करना अनिवार्य है। चाइल्ड हेल्पलाइन को गृह मंत्रालय की आपातकालीन प्रतिक्रिया सहायता प्रणाली-112 (ईआरएसएस-112) हेल्पलाइन के

साथ जोड़ दिया गया है और यह सभी 36 राज्यों और संघ राज्य क्षेत्रों में कार्य कर रही है।

SAGAR SAMAJIK SAHAYOG GUIDELINES

1054. SHRI K. E. PRAKASH:

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

- (a) whether the 'Sagar Samajik Sahayog' guidelines for Corporate Social Responsibility (CSR) have been implemented by all Major Ports;
- (b) if so, the port-wise details of initiatives and efforts undertaken under these guidelines since their introduction;
- (c) the total CSR funds allocated and utilised by each Major Port during this period;
- (d) whether any impact assessment or review has been conducted to evaluate the effectiveness of the 'Sagar Samajik Sahayog' guidelines; and
- (e) if so, the details and key findings of such assessments and the steps taken based on those findings?

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

(a): Yes, Sir. Sagar Samajik Sahayog guidelines have been implemented by all Major Ports except Kamarajar Port Ltd. which follows the guidelines issued by Ministry of Corporate Affairs.

(b) and (c): Important initiatives and efforts undertaken by the Major Ports under the CSR guidelines along with the CSR funds allocated and utilised are given in

the enclosed **Statement**.

(d) and (e): The Sagar Samajik Sahayog guidelines provides for a CSR committee at each Major Port which oversees the planning, implementation and monitoring of the projects.

STATEMENT

Details of Funds allocation and funds utilization (from 2023 onwards)

S. No.	Name of Port	Funds allocated (Rs.)	Funds Utilized (Rs.)
1	Cochin Port	1,14,54,263	71,26,662
2	Jawaharlal Nehru Port	61,50,67,977	34,55,89,396
3	Vishakhapatnam Port	39,41,12,000	8,76,05,000
4	Chennai Port	11,09,00,000	11,09,00,000
5	Paradip Port	23,21,64,339	23,21,64,339
6	Deendayal Port	107,07,90,000	56,15,00,000
7	New Mangalore Port	33,79,25,699	33,79,25,699
8	Syama Prasad Mookerjee Port	7,82,48,000	3,43,31,279
9	Mormugao Port	1,80,04,735	1,80,04,735
10	Vo Chidambaranar Port	23,97,89,000	22,03,57,000
11.	Mumbai Port	3,08,76,489	61,75,000

FORCED BUNDLING OF FERTILIZERS

1055. SHRI RAJABHAU PARAG PRAKASH WAJE:

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

- (a) whether the Government is aware that several fertilizer-producing companies are engaging in forced bundling, compelling retailers to purchase non-essential products along with essential fertilizers like Urea and Di-Ammonium Phosphate (DAP), thereby financially burdening the farmers, if so, the details thereof;
- (b) whether the Government has conducted any investigation into such coercive trade practices and their impact on farmers' financial conditions, especially in agriculture regions where farming is the main source of livelihood;
- (c) whether any regulatory action has been taken against such companies under the Essential Commodities Act or Competition Act to prevent exploitation, if so, the details thereof; and
- (d) whether the Government intends to introduce stricter monitoring and policy measures to ensure direct and fair access to fertilizers for farmers without additional financial burdens, 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): Fertilizers are 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 black-marketing/ overpricing, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding black marketing/over-pricing of

fertilizers is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

Further, tagging/bundling of other products with fertilizers is not encouraged by Department of Fertilizers. Accordingly, suitable directions are issued to fertilizer companies directing them not to indulge in such practices. Further, D.O. letters are regularly written to State Governments requesting them to take strict action as per extant rules to prevent tagging.

AYUSH HEALTH CENTRES IN BIHAR

1056. SHRI ARUN BHARTI:

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

- (a) the total funds allocated and released to Bihar under the National AYUSH Mission (NAM) during the last three financial years, year-wise;
- (b) the total number of AYUSH Health and Wellness Centres (HWCs) sanctioned and made functional in Bihar, district-wise, particularly in Jamui district;
- (c) the number of AYUSH Grams and AYUSH Polyclinics established in Bihar under the NAM;
- (d) the steps being taken by the Government to ensure the co-location of AYUSH facilities at Primary Health Centres (PHCs) in rural Bihar; and
- (e) the measures by the Government to ensure a regular supply of essential AYUSH medicines and the appointment of AYUSH doctors at these HWCs in Jamui district of Bihar?

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 National Ayush Mission (NAM), an amount of Rs. 1161.00 lakhs has been released as Central Share to Bihar during the year 2023-24. However, funds could not be released during the year 2022-23 & 2024-25 as the State was unable to fulfil the issued guidelines of Department of Expenditure regarding release of grant.

(b): As per the proposals received from State Government of Bihar through their State Annual Action Plans (SAAPs), 294 units of Ayush Health and Wellness Centres (AHWCs) now known as Ayushman Arogya Mandir Ayush [AAM (Ayush)] have been sanctioned and as reported by State, all are functional. The district-wise status of sanctioned/ functional AAM (Ayush), including Jamui district of Bihar is given in the enclosed **Statement**.

(c): As reported by State 35 villages have been covered under the initiative of AYUSH Grams. However, there is no provision for establishment of AYUSH Polyclinics under NAM.

(d): Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs) including rural Bihar, thus enabling the choice to the patients for different systems of medicines under a single window. The engagement of Ayush doctors/ paramedics and their training is being supported by the Ministry of Health & Family Welfare under National Health Mission (NHM),

while the support for Ayush infrastructure, equipment/ furniture and medicines is being provided by the Ministry of Ayush under National Ayush Mission (NAM), as shared responsibilities.

(e): Public Health being a State subject, the primary responsibility to ensure a regular supply of essential Ayush medicines and the appointment of Ayush doctors at AAM (Ayush) in Bihar including Jamui district comes under the purview of respective State Government. However, under NAM, State Government is being supported for supply of essential Ayush medicines and Ayush doctors as per the proposals received through SAAPs for smooth functioning of AAM (Ayush).

STATEMENT

District-wise status of sanctioned/functional AAM (Ayush), in Bihar

Sl. No.	Name of District	Number AAM (Ayush) sanctioned/ functional
1.	Araria	4
2.	Arwal	2
3.	Aurangabad	16
4.	Banka	4
5.	Begusarai	9
6.	Bhagalpur	8
7.	Bhojpur	4
8.	Buxar	7
9.	Darbhanga	35
10.	Gaya	4
11.	Gopalganj	7
12.	Jamui	3
13.	Jehanabad	4
14.	Kaimur (Bhabua)	5
15.	Katihar	4

16.	Khagaria	2
17.	Kishanganj	11
18.	Lakhisarai	1
19.	Madhepura	2
20.	Madhubani	13
21.	Munger	4
22.	Muzaffarpur	15
23.	Nalanda	8
24.	Nawada	10
25.	Pashchim Champaran	4
26.	Patna	22
27.	Purba Champaran	15
28.	Purnia	16
29.	Rohtas	7
30.	Saharsa	6
31.	Samastipur	9
32.	Saran	2
33.	Sheikhpura	1
34.	Sheohar	1
35.	Sitamarhi	6
36.	Siwan	8
37.	Supaul	3
38.	Vaishali	12
Total		294

RIISING CASES OF DENGUE

1057. DR. M.K. VISHNU PRASAD:

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

(a) whether the Union Government is aware of the increasing Dengue cases in various parts of the country during the last few months and if so, the details thereof;

(b) whether the death rate has increased due to dengue in the country and if so,

the details thereof; and

(c) the steps taken/proposed to be taken by the Government to control the epidemic of Dengue?

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 National Center for Vector Borne Diseases Control (NCVBDC) under the Ministry of Health and Family Welfare administers an umbrella programme, namely, National Vector Borne Diseases Control Programme (NVBDPC) for prevention and control of vector borne diseases such as Dengue in the country. It provides policy implementation plan, guidelines, technical guidance, and financial support to the States/UTs as per the approved annual Programme Implementation Plan (PIP). National strategies are being implemented by the States to minimize the economic burden and health impacts of dengue.

There is no increase in the number of dengue cases in the Country during the last few months during 2025 as compared to the corresponding period of 2024 and the details of number of dengue cases in India for the year 2024 and 2025 are as under:-

Year/Month	June	July	August	September	October
2024	7212	27646	33463	43380	50154
2025	5952	10539	13990	19570	25083

(b): There is a decline in case fatality rate (death per 100 cases) due to Dengue in 2025. It is at 0.07% in 2025 as compared to corresponding period in 2024 which was 0.13% (till October, 2024)

(c): Government of India (GoI) has taken the following steps for prevention and control of Dengue in the country:

- The Ministry is regularly monitoring the disease situation through the reports submitted by the States/UTs. The situation and preparedness of States is being reviewed at higher level for timely action and technical guidance. Nine reviews held during 2025 including two by Hon'ble HFM.
- Thirteen advisories issued to States/UTs in 2025 to sensitize the States for preparedness to deal with any future outbreak.
- For real time monitoring, States are being trained on digital reporting on Integrated Health Information Portal-Vector Borne Diseases (IHIP-VBD) portal.
- For surveillance and free of cost diagnosis of Dengue, 869 Sentinel Surveillance Hospitals and 27 Apex Referral laboratories identified across the Country. GoI provides IgM test kits to all identified laboratories through National Institute of Virology (NIV), Pune. Cost is being borne by GoI. Adequate funds have been provided to states for procurement of NS1 kits for early diagnosis.
- Provided Technical Guidelines for case management, prevention and control to the States for implementation.

- Field visit to the States to assess the disease situation and provide technical guidance to the State.
- Trainings is being imparted to doctors on clinical management and to entomologists on Integrated Vector Management.
- For awareness of the community, various IEC activities undertaken like interpersonal communication, dissemination of social media messages emphasizing keeping the houses and surroundings mosquito breeding free, observance of 'National Dengue Day' on 16th May and Anti- Dengue Month in July with focused IEC/BCC activities and advocacy. Focused messages were given to the community on dengue prevention during IITF held from 14-27 November, 2025.
- NCVBDC organized webinar series on commemoration of 10th National Dengue Day on 16th May, 2025. Total six webinars were organized to sensitize the community.
- Under National Health Mission, adequate budgetary support provided to States/UTs in an integrated manner with other vector-borne diseases including for Dengue control activities i.e., case management, vector control activities, training support, awareness activities, etc.

TOBACCO CONSUMPTION

1058. SHRI M. K. RAGHAVAN:

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

- (a) whether the Government has comprehensive data on tobacco consumption including cigarette, bidi and smokeless tobacco products as per the latest National Family Health Survey (NFHS) or Global Adult Tobacco Survey (GATS);
- (b) if so, the details thereof, State/UT-wise and age-wise;
- (c) whether the Government has noted any increase or decrease in tobacco consumption among youth below eighteen years of age during the last five years;
- (d) if so, the details thereof along with the reasons therefor;
- (e) whether the Government is aware that certain States continue to show high prevalence of smokeless tobacco use; and
- (f) if so, the details thereof, State/UT-wise along with the steps being taken to address this issue?

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): Under the National Tobacco Control Programme, two nationally representative surveys are conducted – the Global Adult Tobacco Survey (GATS) and Global Youth Tobacco Survey (GYTS) that measure tobacco prevalence and other tobacco control indicators. As per the second round of GATS (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, age-wise and category -wise are given in the enclosed **Statement**.

(c) and (d): As per the Global Youth Tobacco Survey (GYTS) conducted for school-going children of age group 13-15 years reported a decline in tobacco use from 14.6% (GYTS-3, 2009) to 8.4% (GYTS-4, 2019). Further, GATS data shows a relative reduction of 54% in tobacco use among youth aged 15-17 years between the GATS-1 (2009-2010) and GATS-2 (2016-2017) surveys.

(e) and (f): As per the GATS 2016-17, there is high prevalence of smokeless tobacco in some of the States/UTs as shown in the Annexure 1. Some of the key measures taken by the Government of India across the Country are given below:

- The 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.
- As part of these 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.

- 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 Health Programme (NOHP) etc.
- The MoH&FW has also banned the use of tobacco/nicotine in any food product under Regulation 2.3.4 of the Food Safety and Standards Act (FSSAI), 2006.

STATEMENT

(i) Tobacco use among adults aged 15 or above, States/UTs wise, GATS 2, 2016-17:

State/ UT	Percentage of adults currently using tobacco in any form	
	Overall	Smokeless tobacco user
India	28.6	21.4
Jammu & Kashmir	23.7	4.3
Himachal Pradesh	16.1	3.1
Punjab	13.4	8.0
Chandigarh	13.7	6.1
Uttarakhand	26.5	12.4

Haryana	23.6	6.3
Delhi	17.8	8.8
Rajasthan	24.7	14.1
Uttar Pradesh	35.5	29.4
Chhattisgarh	39.1	36.0
Madhya Pradesh	34.2	28.1
West Bengal	33.5	20.1
Jharkhand	38.9	35.5
Odisha	45.6	42.9
Bihar	25.9	23.5
Sikkim	17.9	9.7
Arunachal Pradesh	45.5	39.3
Nagaland	43.3	39.0
Manipur	55.1	47.7
Mizoram	58.7	33.5
Tripura	64.5	48.5
Meghalaya	47.0	20.3
Assam	48.2	41.7
Gujarat	25.1	19.2
Maharashtra	26.6	24.4
Goa	9.7	6.5
Andhra Pradesh	20.0	7.1
Telangana	17.8	10.1
Karnataka	22.8	16.3
Kerala	12.7	5.4
Tamil Nadu	20.0	10.6
Puducherry	11.2	4.7

**(ii) Percent distribution of adults aged 15 or above by tobacco use pattern,
as per GATS 2, 2016-17:**

Background Characteristics	Current Tobacco user	Type of current tobacco use			Non-user	Total
		Smoked only	Smokeless only	Both smoked and smokeless		
Overall	28.6	7.2	17.9	3.4	71.4	100
Age						
15-24	12.4	1.6	9.1	1.8	87.6	100
25-44	30.1	6.8	19.2	4.1	69.9	100
45-64	39.8	12.7	23.0	4.1	60.2	100
65+	41.4	11.8	25.9	3.7	58.6	100

(iii) Percent distribution of Category wise tobacco use pattern, as per

GATS 2, 2016-17:

Cigarette	4%
<i>Bidi</i>	7.7%
Cigar, cheroot or cigarillos	0.3%
Hookah	0.7%
Other smoking products	0.1%
Betel quid with tobacco	5.8%
<i>Khaini</i> or tobacco lime mixture	11.2%
<i>Gutkha</i> or tobacco lime, areca nut mixture	6.8%
Oral tobacco use (<i>mishri, gul, gudakhu</i>)	3.8%
Paan masala with tobacco	2.8%
Snuff	0.6%
Other smokeless tobacco products	0.3%

PREVALENCE OF MENTAL HEALTH CONDITIONS

1059. THIRU DAYANIDHI MARAN:

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

- (a) whether the Government is aware of the recent WHO study indicating that one in every 100 global deaths is due to suicide and that depression and anxiety are among the most common underlying conditions and if so, the details thereof;
- (b) whether the Government has undertaken any national-level assessment of the prevalence of mental health conditions particularly depression, anxiety and related disorders in the country and if so, the details thereof;
- (c) the details of surveys/studies/assessments conducted during the last five years on mental health, including any data available on disease burden, treatment gaps or suicide trends, State-wise;
- (d) the steps taken/proposed to be taken by the Government under National Mental Health Programme/Mission to expand mental healthcare services; and
- (e) the measures taken/proposed to be taken by the Government to reduce the shortage of psychiatrists, psychiatric nurses, clinical psychologists, counsellors and other mental health professionals across 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 (c): The Government is aware of the findings of the World Health Organization (WHO). Key points from the WHO's report of "World Mental Health Today: Latest Data", 2025 states that globally, suicide accounts for more than one in every 100 deaths.

The Government conducted the National Mental Health Survey (NMHS), 2015-16 of India through the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru in 12 States of the country, as per which the prevalence of mental disorders in adults over the age of 18 years is about 10.6%. The major findings of the survey are as under:

- i. The prevalence of mental morbidity is high in urban metropolitan areas.
- ii. Mental disorders are closely linked to both causation and consequences of several non-communicable disorders (NCD).
- iii. Nearly 1 in 40 and 1 in 20 persons suffer from past and current depression, respectively.
- iv. Neurosis and stress related disorders affect 3.5% of the population and was reported to be higher among females (nearly twice as much in males).
- v. Data indicate that 0.9 % of the survey population were at high risk of suicide.
- vi. Nearly 50% of persons with major depressive disorders reported difficulties in carrying out their daily activities.

Apart from NMHS, the following national level surveys/ studies/ assessments conducted during the last five years on mental healthcare as follows:

- i. The Longitudinal Ageing Study in India (LASI) is a nationwide panel survey of adults aged 45 and older and their spouses less than 45 years, collecting data on their health, social and economic well-being.
- ii. The Ministry of Social Justice and Empowerment (MoSJE) conducted the “National Survey on Extent and Pattern of Substance Use in India” in all

the 36 states/UTs of the country with an objective to assess the extent and pattern of substance use in India.

- iii. The National Crime Record Bureau (NCRB) under the aegis / ambit of Ministry of Home Affairs publishes the Annual Report on “Accidental Deaths and Suicides in India” stating the data of suicides and its causes / reasons.

(d) and (e): To address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre(CHC) and Primary Health Centre(PHC) levels, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. Under the tertiary care component of NMHP, under Manpower Development Scheme-A, 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 under Manpower Development Scheme-B.

The Government has launched a “National Tele Mental Health Programme” (NTMHP) on 10th October, 2022, that functions as the digital arm of the District Mental Health Programme to provide universal access to equitable, accessible, affordable and quality mental health care through 24 x 7 tele-mental health counselling services. For this, a toll-free number (14416) has been set up across the country.

As on 27.11.2025, 36 States/ UTs have set up 53 Tele MANAS Cells. Tele-MANAS services are available in 20 languages based on language opted by States. More than 29,82,000 calls have been handled on the helpline number.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well being to mental disorders.

The Government has also launched the video consultation facility under Tele-MANAS, as another upgrade to the already existing audio calling facility.

There has been significant increase in Medical Colleges, Under Graduate (UG) and Post Graduate (PG) seats in the country. There is an increase in Medical Colleges from 387 to 818; UG seats from 51,348 to 1,28,875 and PG seats from 31,185 to 82,059 from 2014 to as on date

As per information provided by National Medical Commission (NMC), there are 13,86,150 registered allopathic doctors. Psychiatry now has been made a

compulsory subject with a dedicated question paper in MBBS. The curriculum is now competency based. The numbers of hours of psychiatry teaching and clinical postings is increased, marks for psychiatry have been increased and the psychiatry internship is made mandatory.

For increasing the number of psychiatrists in the Country, Post Graduate Medical Education Board (PGMEB) of National Medical Commission (NMC) has issued the Minimum Standard of Requirements for Post-Graduate Courses - 2023 (PGMSR-2023) on 15.1.2024. For starting/ increase of seats in MD (Psychiatry), the number of OPD has been brought down to 30 per day for annual intake of maximum 2 PG students with 20% increase for each additional seat. Similarly, the minimum beds required per unit for starting MD (Psychiatry) course with 2 seats, 3 seats and 5 seats in a medical college is 8 beds, 12 beds and 20 beds respectively.

As per information received from Rehabilitation Council of India (RCI), at present, 66 institutions/universities are offering M.Phil Clinical Psychology course. The Council has launched B.Sc. Clinical Psychology (Hons.) course from the academic session 2024- 25 and granted approval to 19 universities to offer this course for developing more professionals in clinical psychology.

HUMANITARIAN AID MISSION

1060. DR. AMAR SINGH:

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

- (a) whether the Government has taken initiatives to use humanitarian aid for boosting India's soft power globally and if so, the details thereof and if not, the reasons there for;
- (b) the details of recent humanitarian aid missions such as Operation Brahma, including aid provided, rescue teams deployed and areas covered;
- (c) the impact of these missions on India's diplomatic relations and regional influence; and
- (d) the plans to enhance India's role as a first responder in international natural disasters and strengthen cooperation with multilateral organizations?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (d): The Government has undertaken several Humanitarian Assistance and Disaster Relief (HADR) operations in keeping with its role as a 'First Responder' in the region and beyond. These relief efforts, including Operations Maitri (Nepal), Dost (Turkiye and Syria), Karuna (Myanmar), Sadbhav (Myanmar, Laos and Vietnam), Search and Rescue Operation (Nepal), Brahma (Myanmar), along with multiple relief deployments under Mission SAGAR, involved sending medical teams, field hospitals, rescue units and essential supplies to countries in need. During the pandemic, India supplied 30.12 crore doses of vaccine to 99 countries and 2 United Nations entities under the Vaccine Maitri initiatives since January 2021, along with essential medicines and medical

support, underscoring its role as a reliable first responder and development partner. During the last five years, India has provided humanitarian assistance to over 150 countries. India has also deployed Rapid Response Teams and medical contingents to many countries.

India launched Operation Brahma to provide necessary support, including Search and Rescue (SAR), humanitarian aid, disaster relief and medical assistance, following the devastating earthquake that struck Myanmar on 28th March 2025. During the operation, India provided approx. 750 MT of HADR supplies including tents, blankets, sleeping bags, hygiene kits, gensets, essential medicines, medical consumables and food aid including rice and cooking oil, as well as 20 pre-fabricated structures to support the rehabilitation of government offices. India also sent an 80-member Heavy Search and Rescue (SAR) specialist team from NDRF and deployed a 127-member Indian Army Field Hospital team in Mandalay. The Field Hospital treated 2519 patients. India also deployed a 6-member Engineers Reconnaissance team from the Indian Army to Mandalay and Naypitaw to assess the structural damage and suggest restoration of damaged infrastructure. India deployed 9 IAF aircraft and 5 IN ships to deliver the above-mentioned assistance. Op. Brahma was India's whole-of-government endeavor to respond to the extensive destruction in Myanmar and demonstrate solidarity with the people of Myanmar.

India's HADR initiatives are a symbol of friendship and goodwill and help foster cooperation and diplomatic ties with recipient nations. By providing timely, need-

based and rapid assistance during emergencies, India has reinforced trust and goodwill with partner countries. India's medical assistance has also contributed to building stronger health systems in recipient countries. These sustained efforts have enhanced India's reputation as a dependable first responder and a constructive regional partner.

India aims to strengthen its role in disaster response by enhancing inter-ministerial coordination and ensuring that relief supplies meet stringent international standards. The country has developed 01 Heavy INSARAG-classified USAR team to support specialized rescue operations. Efforts also focus on consolidating the logistics chain to expedite mobilization of HADR consignments, improving preparedness by pre-positioning relief source (non-perishable) on a rotational basis, and improve synergy among all stakeholders and line ministries to ensure timely and effective humanitarian assistance.

PROPOSALS FOR IMPLEMENTATION SPI SCHEME

1061. SHRI TANGELLA UDAY SRINIVAS:

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

- (a) the number of project proposals received, approved, and rejected under each component of the Strengthening of Pharmaceuticals Industry (SPI) Scheme during the last four financial years, State-wise and district/cluster-wise in the country, including Andhra Pradesh;
- (b) the reasons for rejection of proposals;

- (c) the funds allocated and disbursed for approved projects during the same period, Statewise and cluster-wise, especially for Andhra Pradesh;
- (d) the total volume and value of domestically manufactured pharmaceuticals exported during the last four years, year-wise;
- (e) whether the Government is aware of the fact that pharmaceutical consignments from the country failed quality tests in foreign markets and if so, the details of such cases; and
- (f) the corrective actions taken/proposed to strengthen quality control and regulatory compliance?

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): Project proposals are received and considered for approval and rejection under two sub-schemes of SPI scheme, namely, Assistance to Pharmaceutical Industry for Common Facilities and the Revamped Pharmaceuticals Technology Upgradation Scheme. Details of project proposals received, approved and rejected under each of these sub-schemes during the last four financial years, State- and district-wise in the country, including in the State of Andhra Pradesh, along with the reasons for rejection and the funds allocated and disbursed for approved projects during the said period, State and district-wise, including in the State of Andhra Pradesh, are given in the enclosed **Statement**.

(d): The volume and value of domestically manufactured pharmaceuticals (bulk drugs, drug intermediates, drug formulations, biologicals) exported during the last four years, year-wise are as under:

Financial year	Export volume (metric tonnes)	Export value (crore ₹)
2020-21	6,42,718	1,74,064
2021-22	10,72,475	1,74,955
2022-23	10,55,352	1,94,254
2023-24	12,24,616	2,19,441
2024-25	12,40,537	2,45,966

Source: Directorate General of Commercial Intelligence and Statistics

(e) and (f): The Ministry of Health and Family Welfare has informed that manufacturers are required to obtain license for manufacturing of drugs for export as per the provisions of the Drugs and Cosmetics Act, 1940 and the rules made thereunder, as well as to comply with the requirements of the importing country.

As and when inputs are received regarding cases involving issues related to quality, the same are investigated by the licensing authorities concerned for taking action under the provisions of the Drugs and Cosmetics Act, 1940 and the Drugs Rules, 1945, as the licensing authorities are empowered to take action in case of any violation to the provisions of the said Act and rules.

The Central Drugs Standard Control Organisation (CDSCO) and the Ministry of Health and Family Welfare have taken several measures to ensure quality, safety and efficacy of medicines throughout the country, as stated below:

- (i) To assess regulatory compliance of drug manufacturing premises in the country, CDSCO, in collaboration with State regulators, initiated risk-based inspections of drug manufacturing and testing firms in December 2022. This initiative has provided valuable insights into the ground reality of manufacturing practices and has led to relevant corrective actions, resulting in noticeable improvements in the regulatory framework.
- (ii) Schedule M to the Drugs Rules, 1945 has been revised *vide* Ministry of Health and Family Welfare's notification dated 28.12.2023, in line with international standards {of the World Health Organization (WHO)}, and the same has come into effect for drug manufacturers with turnover more than ₹250 crore from 29.6.2024. However, for manufacturers having turnover of up to ₹250 crore, the timeline for implementation has been extended till 31.12.2025, *vide* notification dated 11.2.2025.
- (iii) To require manufacturers to print or affix on packaging labels of top 300 brands of drug formulation products bar code or Quick Response (QR) code that stores data or information legible with software application to facilitate authentication, the Drugs Rules, 1945 were amended through notification dated 17.11.2022, which came into force from 1.8.2023, to provide for such printing or affixation in respect of the drug formulation products specified in Schedule H2 to the said rules.

- (iv) On 18.1.2022, the Drugs Rules, 1945 were amended to provide that every active pharmaceutical ingredient (bulk drug) manufactured or imported in India shall bear QR code on its label at each level of packaging, that stores data or information readable with software application to facilitate tracking and tracing. Such stored data or information shall include the minimum particulars, including unique product identification code, batch number, manufacturing date, expiry date, etc.
- (v) On 11.2.2020, the Drugs Rules, 1945 were amended to provide with effect from 1.3.2021 that, along with the manufacturer, any marketer who sells or distributes any drug shall be responsible for the quality of that drug as well as other regulatory compliances under these rules.
- (vi) The Drugs and Cosmetics Act, 1940 was amended through an amending Act of 2008 to provide for stringent penalties for manufacture of spurious and adulterated drugs. Certain offences were also made cognizable and non-bailable.
- (vii) For speedy disposal of cases relating to offences under the Drugs and Cosmetics Act, 1940, State and Union Territory Governments have set up special courts.
- (viii) To ensure efficacy of drugs, the Drugs Rules, 1945 have been amended to provide that applicants for grant of manufacturing license shall submit along with their application the result of bioequivalence

study of oral dosage form of some drugs.

- (ix) The Drugs Rules, 1945 have been amended to make it mandatory that applicants submit to the State Licensing Authority evidence of stability, safety of excipients, etc. before manufacturing license is granted by such authority.
- (x) The number of sanctioned posts in CDSCO has been increased significantly over the last 10 years.
- (xi) For uniformity in the administration of the Drugs and Cosmetics Act, 1940, the Central regulator coordinates activities of State Drug Control Organisations and provides expert advice through the Drugs Consultative Committee meetings held with the State Drugs Controllers.

STATEMENT

Details of project proposals received, approved and rejected under each sub-scheme of the Strengthening of Pharmaceuticals Industry (SPI) scheme during the last four financial years, along with the reasons for rejection and the funds allocated and disbursed for approved projects :

I. Assistance to Pharmaceutical Industry for Common Facilities sub-scheme

S. no.	Name of applicant	State / Union territory	District	Amount sanctioned (crore ₹)	Amount disbursed (crore ₹)	Status
1.	Tirupati Research & Development Pvt. Ltd.	Andhra Pradesh	Chittoor	20.00	10.00	Approved

2.	Welzo Research & Development Pvt. Ltd.	Himachal Pradesh	Solan	19.53	17.58	Approved
3.	Himachal Pharma Testing Lab Ltd.		Solan	17.87	0.00	Approved
4.	Inducare Pharmaceuticals & Research Foundation	Maharashtra	Pune	7.18	6.46	Approved
5.	Tindivanam Pharma Park Association	Tamil Nadu	Tindivanam	15.88	6.00	Approved
6.	Jeedimetla Effluent Treatment Ltd.	Telangana	Medchal Malkajgiri	20.00	18.00	Approved
7.	Telangana Lifesciences Foundation (earlier Hyderabad Pharma city Limited)		Hyderabad	18.87	4.72	Approved
8.	Devbhumi Pharmaceutical Analytical Testing and Training Foundation	Uttarakhand	Haridwar	20.00	18.00	Approved
9.	Pundrug	Punjab	Mohali	—	—	Rejected as the applicant did not meet the eligibility criteria as per scheme guidelines
10.	Brahma Kamal Biomed Foundation and Research Institute	Uttarakhand	Udham Singh Nagar	—	—	

II. Revamped Pharmaceuticals Technology Upgradation Scheme

S. No.	State / Union territory	District	Number of applicant approved/rejected	Approved grant-in-aid (in lakh ₹)	Status
1	Andhra Pradesh	Anakapalli	2	283.17	Approved
		Jaggayyapeta	1	200.00	Approved
		NTR	1	33.24	Approved
		Prakasam	1	50.27	Approved
		Srikakulam	1	200.00	Approved
		Krishna	2	—	Rejected as the applicant did not meet the eligibility criteria as per scheme guidelines
2	Assam	Kamrup	1	46.87	Approved
3	Bihar	Muzaffarpur	1	3.94	Approved
4	Dadra and Nagar Haveli and Daman and Diu	Daman	1	120.94	Approved
5	Gujarat	Ahmedabad	14	1,024.66	Approved
		Vadodara	5	758.98	Approved
		Banaskantha	1	45.04	Approved
		Bharuch	4	244.64	Approved
			1	—	Rejected as the applicant did not meet the eligibility criteria as per scheme guidelines
		Gandhinagar	4	390.32	Approved
		Sabarkantha	6	377.39	Approved
		Kutch	1	200.00	Approved
		Mehsana	9	739.24	Approved
		Panchmahal	1	58.27	Approved

		Rajkot	3	251.24	Approved
		Surat	3	216.18	Approved
			1	—	Rejected as the applicant did not meet the eligibility criteria as per scheme guidelines
		Surendranagar	2	26.72	Approved
		Valsad	2	137.12	Approved
6	Haryana	Ambala	1	128.09	Approved
		Faridabad	1	200.00	Approved
		Faridabad	1	—	Rejected as the applicant did not have drug license
		Gurugram	1	85.97	Approved
7	Himachal Pradesh	Solan	27	2,772.14	Approved
		Sirmaur	15	1,598.54	14 approved; one rejected as it was a duplicate application
8	Jammu and Kashmir	Pulwama	2	100.53	Approved
9	Karnataka	Bengaluru	4	538.93	Approved
		Dharwad	2	194.28	Approved
		Uttara Kannada	1	79.97	Approved
10	Kerala	Malappuram	1	157.67	Approved
		Palakkad	1	49.47	Approved
		Thrissur	1	70.40	Approved
11	Madhya Pradesh	Bhopal	1	103.36	Approved
		Dhar	1	67.95	Approved
		Indore	4	610.90	Approved
12	Maharashtra	Akola	1	200.00	Approved

		Nagpur	2	206.31	Approved
		Nasik	1	39.33	Approved
		Palghar	6	937.24	Approved
			1	—	Rejected as the applicant did not meet the eligibility criteria as per scheme guidelines
		Pune	5	420.58	Approved
		Raigad	5	571.52	Approved
		Ratnagiri	1	13.18	Approved
		Thane	7	517.67	Approved
13	Odisha	Cuttack	1	66.34	Approved
14	Puducherry	Puducherry	2	69.18	Approved
15	Punjab	Amritsar	1	11.07	Approved
		Ludhiana	1	35.56	Approved
		Sahibzada Ajit Singh Nagar	3	332.86	Approved
		Sahibzada Ajit Singh Nagar	1	—	Rejected as it was a duplicate application
16	Rajasthan	Alwar	1	63.83	Approved
		Jaipur	1	—	Rejected as the applicant did not meet the eligibility criteria as per scheme guidelines
17	Tamil Nadu	Chennai	1	115.88	Approved
		Kancheepuram	1	73.89	Approved
		Krishnagiri	1	200.00	Approved
		Thanjavur	1	10.96	Approved

18	Telangana	Hyderabad	1	105.84	Approved
		Medchal-Malkajgiri	3	325.73	Approved
		Sangareddy	1	—	Rejected as the applicant did not meet the eligibility criteria as per the scheme guidelines
19	Uttar Pradesh	Meerut	1	29.90	Approved
		Gautam Buddha Nagar	1	35.70	Approved
20	Uttarakhand	Dehradun	2	160.40	Approved
		Haridwar	8	741.61	Approved
		Udham Singh Nagar	2	138.92	Approved
21	West Bengal	Howrah	1	27.32	Approved
		Kolkata	3	247.72	Approved
		South 24 Parganas	2	223.52	Approved
		Purba Bardhaman	1	70.40	Approved

PENDING BILLS UNDER AB-PMJAY

1062. SHRI BAPI HALDAR:

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

- (a) whether it is a fact that pending bills under the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme in the country have crossed Rs. 1.21 lakh crore, as of February, 2025;
- (b) if so, the details thereof; and

(c) the number of hospitals that have suspended the said scheme, citing pending bills across the country, 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): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), settlement of claims is an ongoing process and claims are settled by respective State Health Agencies (SHAs). NHA has laid down guidelines for payment of claim to hospitals within 15 days of claims submission for the intra-state hospitals (hospitals located within State) and within 30 days in case of portability claims (hospitals located outside State). Under AB-PMJAY, empanelment and opting out of the scheme by hospitals is entirely voluntary.

डीएपी की अपर्याप्त आपूर्ति

1063. श्री छोटेलाल:

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

(क) क्या उत्तर प्रदेश के रॉबर्ट्सगंज लोकसभा निर्वाचन क्षेत्र के सोनभद्र आकांक्षी जिले में किसानों को डीएपी एवं अन्य उर्वरकों की अपर्याप्त आपूर्ति की समस्या का सामना करना पड़ रहा है; और

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और किसानों को डीएपी उर्वरक की आपूर्ति कब तक सुव्यवस्थित किए जाने की संभावना है?

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

(क) और (ख): उर्वरक विभाग का अधिदेश राज्य स्तर पर उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित करना है। जिला स्तर पर राज्य के भीतर उर्वरकों का वितरण संबंधित राज्य सरकारों द्वारा किया जाता है। तदनुसार, उत्तर प्रदेश राज्य सरकार ने सूचित किया है कि सोनभद्र आकांक्षी जिले में डीएपी और अन्य उर्वरकों की कोई कमी नहीं है और दिनांक 01.12.2025 की स्थिति के अनुसार 9,694 मीट्रिक टन यूरिया, 4,852 मीट्रिक टन डीएपी, 3,078 मीट्रिक टन एनपीकेएस, 1,784 मीट्रिक टन एसएसपी और 109 मीट्रिक टन एमओपी का पर्याप्त स्टॉक है।

ADVANCE RESEARCH IN AYURVEDA

1064. SHRI KRIPANATH MALLAH:

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

- (a) whether the AYUSH institute collaborates with national or international research bodies for advanced research in Ayurveda;
- (b) if so, the details thereof;
- (c) whether any similar initiatives have been planned by the Government to promote traditional Indian systems of medicine and if so, the details thereof; and
- (d) the details of the jobs and research opportunities expected to be created by this new facility?

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): Central Council for Research in Ayurvedic Sciences (CCRAS), an autonomous organization under Ministry of Ayush has undertaken collaborations with national and international institutions to strengthen scientific validation of Ayurveda. The list of ongoing collaborative projects with National institutes such as Indian Council of Medical Research (ICMR), All India Institutes of Medical Sciences (AIIMS), National Institute of Mental Health and Neuro Sciences (NIMHANS), Indian Institute of Technology (IIT) etc are given in the enclosed **Statement-I**

CCRAS, in collaboration ICMR have jointly initiated the establishment of Ayush-ICMR Advanced Centres for Integrative Health Research (AI-ACIHR) at various AIIMS institutes to conduct research in identified areas under the Extra Mural Research Scheme of ICMR. The details of these centres are as follows:

•AIIMS Delhi:

- Advanced Centre for Integrative Health Research in Gastro-intestinal Disorders.
- Advanced Centre for Integrative Health Research in Women and Child Health.

•AIIMS Jodhpur:- Advanced Centre for Integrative Health Research in Geriatric Health.

•AIIMS Nagpur:- Advanced Centre for Integrative Health Research in Cancer Care.

•AIIMS Rishikesh:- Advanced Centre for Integrative Health Research in

Geriatric Health.

A clinical research project entitled “Effectiveness and safety of Ayurveda as a whole treatment system in Osteoarthritis of the knee-A Multicenter, randomized controlled clinical trial based on Traditional Ayurveda Diagnosis” was undertaken in collaboration with Charite University Medical Centre, Germany. The project was carried out during 2010-2015 and the outcomes has been published in peer reviewed journals.

With the view to fulfil the mandate of propagation of Ayush System of Healthcare, the Ministry of Ayush implements a Central Sector Scheme for Promotion of Information Education and Communication (IEC) in Ayush. Under this Scheme, Ministry organises National/ State level Arogya Fairs, Yoga Fests/ Utsavs, Ayurveda Parvs, celebrate important days of Ayush system, participate in Health fairs/ melas, Exhibitions etc, provide financial assistance for organising seminars, workshops, conferences and conduct multimedia campaigns etc. to create awareness among citizens regarding Ayush system of health care.

The Ministry has also developed a Central Sector Scheme for the Promotion of International Co-operation in Ayush (IC Scheme) under which Ministry provides support to Indian Ayush drug Manufacturers/ Ayush Service providers to give boost to the export of Ayush products & services; facilitates the International promotion, development and recognition of Ayush system 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.

The Ministry of Ayush, Govt. of India has signed 25 Country to Country MoUs with different foreign countries and 52 Institute to Institute level MoUs with different international organizations for the promotion and research of Ayush systems. The details are given in the enclosed **Statement-II** and **Statement-III** respectively.

Collaboration between Ayush institutes and national/international bodies creates new opportunities in research, clinical studies, pharmacology, public health, and digital health. It also opens opportunities for research fellows, scientists, data analysts, and project managers.

STATEMENT-I

Ongoing Collaborative projects of CCRAS with National Institutions

Sl. No.	Project Title	Collaborator
1.	Efficacy and safety of Ayurveda Formulation Trikatu as add on to standard care in Dyslipidemia - a randomized controlled trial	AIIMS Bhubaneswar
2.	Prospective, Randomized, Open-Label, Blinded End Point exploratory clinical study to evaluate the efficacy and safety of Ayurvedic regimen as an adjunct to Hydroxyurea in the management of Sickle cell disease.	AIIMS Bhopal
3.	Impact of Mukta Shukti Bhasma and Saubhagya Shunti in reversal of bone mineral density among Lactating women	ICMR-NIRRH Mumbai

	consuming traditional diet foods in Maharashtra: A randomized Controlled preliminary clinical study	
4.	Efficacy and safety of Punarnavadi Mandura alone and in combination with Drakshavaleha compared to iron folic acid in the treatment of moderate iron deficiency anaemia among non-pregnant women of reproductive age group: a community-based three arm multicentre randomized controlled trial	ICMR–CCRAS collaboration at four AIIMS as follows: ● AIIMS Jodhpur ● AIIMS New Delhi ● AIIMS Bhopal ● AIIMS Bibinagar
5.	An exploratory series of n of 1 responder restricted study of Ayurveda regimen on quality of life among elderly population in Ballabhgarh district of Haryana- A community-based study.	AIIMS Delhi
6.	Efficacy of Avipattikara Churna and Chitrakadi Vati versus PPI (proton pump inhibitor) in decreasing symptom severity in patients with functional dyspepsia- a randomized control trial.	AIIMS Bhubaneswar
7.	Evaluating the efficacy of Ayurvedic intervention as add on to conventional treatment and explore the interaction of epigenetics, neuro/gut biomarkers and neuroimaging in paediatric ADHD (Attention Deficit Hyperactivity Disorder)	NIMHANS, Bengaluru
8.	Double blind randomized placebo controlled multicentric clinical trial of Ayush M-3 in the management of Migraine.	NIMHANS, Bengaluru
9.	Ayurveda therapeutic regimen as on Add-on to optimized conventional management of Parkinson's disease: an RCT for assessment of clinical Cortical excitability neuroimmune and Autonomic function parameters.	NIMHANS, Bengaluru
10.	Efficacy of Ayurveda regimen (mild purgation and internal	

	oleation) in comparison with Allopathic regimen (Letrozole) along with Yoga module in the management of unexplained and anovulatory female infertility: A Randomised controlled Trial	IKS Centre, IIT Mandi
11.	Development of an Automated Agnikarma device - A comprehensive instrument for Agnikarma	IIT Kanpur
12.	Characterization of important Ayurvedic medicinal plants through DNA barcoding.	IARI New Delhi.
13.	Comparative evaluation of field and hydroponic cultivation of selected Ayurvedic medicinal plants.	IIHR Bengaluru
14.	Standardization of Agro-techniques and nursery protocol for <i>Centratherum anthelminticum</i> (L.) Kuntze ex Gamble.	ICAR-CIARI, Port Blair
15.	Development of Agro-techniques for selected Astavarga plants.	GB Pant National Institute of Himalayan Environment (GBPNIHE), Pangthang, Sikkim
16.	Assessment of AYUSH-64 and Ayush Kwath to SARS-CoV-2 mutant on lung, liver and brain cells.	IIT Indore
17.	Profiling of phytochemicals in ayurvedic medicinal formulation and understanding their aggregation behaviour	IIT, Gandhinagar
18.	Identification of adulterants/substitutes for Ayurveda plant raw material in trade using pharmacognostic and phytochemical parameters.	NBRI Lucknow
19.	Development of Quality standards of <i>Elsholtzia</i> species and assessment of efficacy in Gastric inflammatory	NIPER Guwahati

	conditions (in-vitro and in-vivo).	
20.	Geographical Indication (GI) tag of selected medicinal plants used as Local Health Traditions (LHT'S), CARI Guwahati	IIT Guwahati
21.	Evaluation of drugs-cytochrome P450 enzyme interaction through fluorometric high throughput screening assays.	NIRRH Mumbai
22.	Mechanistic investigations on the efficacy and mode of action of Ashwagandha and Yogaraj Guggulu, using a hybrid Proteomics-Cheminformatics-Network medicine approach for the treatment of Osteoarthritis.	IIT, Guwahati
23.	Deciphering pharmacodynamics of Ayurvedic formulations (AYUSHManas, Amrit Bhallataka Ghrita and Jyotishmati Taila) used in the Treatment of Neurodegenerative Diseases by Integrating Reverse Pharmacological Approaches.	NIPER, Guwahati
24.	Anticancer potential and molecular mechanism of Rasa Sindhoor on Ovarian cancer cells	CSIR-IICB, Kolkata
25.	Pre-clinical development of Guduchi (<i>Tinospora cordifolia</i> (Thunb)Miers) stem through AYUSH route for adjunct therapy in tuberculosis to reduce anti-tubercular treatment (ATT) induced hepatotoxicity.	CSIR-CDRI- Lucknow & CSIR-IIIM, Jammu
26.	Pre-clinical development of Amalaki (<i>Phyllanthus emblica</i> Linn.)fruit through AYUSH route for adjunct therapy in tuberculosis to reduce anti-tubercular treatment (ATT) induced hepatotoxicity.	CSIR-CDRI- Lucknow & CSIR-IIIM, Jammu
27.	Pre-clinical development of Vasa (<i>Justicia adhatoda</i> Linn.) Leaves through AYUSH route for adjunct therapy in tuberculosis to reduce anti-tubercular treatment (ATT)	CSIR-CDRI- Lucknow & CSIR-IIIM, Jammu

	induced hepatotoxicity.	
28.	Pre-Clinical Study of Dhatri Lauha (A classical Ayurvedic formulation) in Iron Deficiency Anaemia (Pandu Roga).	CSIR-CDRI- Lucknow
29.	Development of Opuntia elatior (fruit) based food recipes (product development) and its nutritional, toxicity, efficacy, and bioavailability studies.	ICMR-NIN, Hyderabad
30.	Development of Madhuca longifolia (Flower) based food recipe (Product development) and its nutritional, toxicity, efficacy and bioavailability studies.	ICMR-NIN, Hyderabad
31.	Toxicity profile of Rasamanikya Rasa in experimental animals	CSIR-IITR, Lucknow
32.	Toxicity profile of Swaskuthar Rasa in experimental animals.	CSIR-IITR, Lucknow
33.	Toxicity profile of Tribhuvana Kirti Rasa in experimental animals.	CSIR-IITR, Lucknow
34.	Toxicity profile of Mrityunjaya rasa in experimental animals.	CSIR-IITR, Lucknow
35.	Evaluation of anti-cancerous potential, in silico pharmacological analysis and molecular mechanism of Kanchanar Guggulu in ovarian cancer μ Tumor spheroids, and in in-vivo models.	CSIR-IICB, Kolkata
36.	Preclinical study on efficacy, safety and toxicity of Swarna Prashan Regimen as Adjunct therapy in Pediatric Acute Lymphoblastic Leukemia.	ICMR-NIRRH, Mumbai
37.	Evaluation of the inhibition potential of ayurvedic drugs against cytochrome P450: Implications for drug-drug interactions.	NIPER Kolkata

38.	Chemopreventive Effects of <i>Opuntia elatior</i> Fruits Against Chemotherapy-Induced Toxicity in Ovarian Cancer Pre-Clinical Models.	IICB-CSIR, Kolkata
39.	Standardization of Sustainable Medicinal Leech Farming Technology and Development of SoP for Storage, Transportation, and Therapeutic Application.	ICAR-CIFA, Bhubaneswar
40.	Evaluation of Coded drug Ayush Rasayana B for treatment of high-altitude sickness using a multi-dimensional drug discovery approach.	IIT (BHU)
41.	Evaluation of the effect of AYUSH M3 and Prabhakar vati on cardiovascular parameters.	CSIR-CDRI, Lucknow
42.	Evaluation of Neuroprotective potential of Brahmi Ghrita, Panchgavya Ghrita, and Ayush 56 in epilepsy model, its functional significance and mechanism.	CSIR-IICB, Kolkata
43.	Targeting Antibiotic-resistant gut pathogen-induced acid peptic diseases through selected Ayurvedic formulations.	IIT Indore
44.	Elucidating Mitochondrial function by profiling of Mitonuclear Gene variations toward understanding the Molecular basis of AyurvedicPrakriti; a determinant of health and longevity	ICMR-RMRC Bhubaneswar
45.	Design and development of a device for efficient removal and recovery of heavy metals from the Fumes of Rasaushadhis (Rasasindura) during their preparation	IIT, Delhi
46.	Formulation and product development of Ayurveda recipes and nutritional evaluation of selected products.	CSIR-CFTRI, Mysuru
47.	An exploratory study on the gut mediated bio transformation of botanicals used in Ayurveda vis-à-vis	IIT Guwahati

	concept of vipaka	

STATEMENT-II

List of MoUs/ Agreements signed with Foreign Countries for Cooperation in Ayush

S. No.	Title of MoU	Country
1.	MoU between The Government of the Republic of India and The Government of the People's Republic of Bangladesh on Cooperation in the Field of Traditional System of Medicine and Homoeopathy	Bangladesh
2.	MoU between The Government of the Republic of India and The Government of Plurinational State of Bolivia on Cooperation in the Field of Traditional System of Medicine and Homoeopathy	Bolivia
3.	Memorandum of Understanding between the Ministry of Ayush of the Government of the Republic of India and the Ministry of Health of the Federative Republic of Brazil on Cooperation in the Field of Traditional Systems of Medicine and Homoeopathy	Brazil
4.	MoU between Ministry of Ayush of The Republic of India and National Administration of Traditional Chinese Medicine of The People's Republic of China Concerning Cooperation in Traditional Medicine	China
5.	MoU between The Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy of the Republic of India, and the Ministry of Health and Social Protection of the Republic of Colombia, regarding	Colombia

	Cooperation on Traditional Systems of Medicine of India	
6.	MoU between The Ministry of Ayush and The Ministry of Public Health of the Republic of Cuba on Cooperation in the Field of Traditional Systems of Medicine and Homoeopathy	Cuba
7.	MoU between The Government of the Republic of India and The Government of Republic of Equatorial Guinea on Cooperation in the Field of Traditional Systems of Medicine	Equatorial Guinea
8.	MoU between The Government of the Republic of India and The Government of Republic of Gambia on Cooperation in the Field of Traditional Systems of Medicine	Gambia
9.	Joint Declaration of Intent between The Ministry of Ayush of The Republic of India regarding Cooperation in the Sector of Alternative Medicine and The Federal Ministry of Health of the Federal Republic of Germany and	Germany
10.	MoU between The Ministry of Health and Family Welfare of the Republic of India and The Ministry of Human Resources of Hungary on Cooperation in the Field of Traditional Systems of Medicine	Hungary
11.	MoU between The Government of the Republic of India and The Government of Islamic Republic of Iran on Cooperation in the Field of Traditional Systems of Medicine	Iran
12.	MoU between Ministry of Ayush of The Republic of India and The Kanagawa Prefectural Government of Japan in the field of Healthcare and Wellness	Japan
13.	MoU between The Government of the Republic of India and The Government of Malaysia on Cooperation in the Field of Traditional Systems of Medicine	Malaysia

14.	MoU between The Government of the Republic of India and The Government of Mauritius on Cooperation in the Field of Traditional Systems of Medicine	Mauritius
15.	MoU between The Government of the Republic of India and The Government of Mongolia on Cooperation in the Field of Traditional Systems of Medicine and Homoeopathy	Mongolia
16.	MoU between Ministry of Ayush, India and Department of Traditional Medicine, Ministry of Health and Sports, Myanmar on Cooperation in the Field of Traditional Systems of Medicine	Myanmar
17.	MoU between The Government of the Republic of India and The Government of Nepal on Cooperation in the Field of Traditional Systems of Medicine	Nepal
18.	MoU between The Government of the Republic of India and The Government of Republic of Guinea on Cooperation in the Field of Traditional Systems of Medicine and	Republic of Guinea
19.	MoU between the Government of the Republic of India and the Government of St. Vincent and the Grenadines on Cooperation in the field of Traditional System of Medicine	Saint Vincent & the Grenadines
20.	MoU between The Government of the Republic of India and The Government of Sao Tome & Principe on Cooperation in the Field of Traditional Systems of Medicine and Homoeopathy	Sao Tome & Principe
21.	MoU between The Government of the Republic of India and The Government of Republic of Suriname on Cooperation in the Field of Traditional Systems of Medicine	Suriname
22.	MoU between The Government of the Republic of India and The Government of Republic of Trinidad and Tobago on	Trinidad and Tobago

	Cooperation in the Field of Traditional Systems of Medicine	
23.	MoU between The Government of the Republic of India and The Government of Turkmenistan on Cooperation in Yoga and Traditional Systems of Medicine	Turkmenistan
24.	MoU between The Republic of Zimbabwe (Represented herein by the Minister of Health and Childcare) and The Republic of India (Represented herein by the Minister of Ayush) on Cooperation in the Field of Traditional Systems of Medicine and Homoeopathy	Zimbabwe
25.	MoU between the Government of the Republic of India and The Republic of Angola on cooperation in the Field of Ayurveda and other Traditional Systems of Medicine.	Angola

STATEMENT-III

Details of Institute-to-Institute level MoUs

Sl. No.	Details of MoU	Country
1.	MoU between Central Council for Research in Ayurvedic Sciences (CCRAS), Ministry of AYUSH (on behalf of all the research councils- CCRAS, CCRUM, CCRS, CCRH, CCRYN) and the University of Mississippi, USA, on behalf of National Centre for Natural Products Research (NCNPR) for cooperation in the field of traditional medicine	USA
2.	MoU between CCRH and Royal London Hospital for Integrated Medicine, UK	United Kingdom
3.	MoU between Central Council for Research in Homoeopathy (CCRH) and College of Homeopaths of	Canada

	Ontario (CHO), Canada	
4.	United States Pharmacopoeia Convention and Pharmacopoeia Commission of Indian Medicine	USA
5.	MoU on cooperation in the field of Research and Education in Homeopathy Medicine was signed between CCRH and Universidad Maimonides, Buenos Aires, Argentina	Argentina
6.	MoU on Cooperation in Research and Development in the field of Ayurvedic Science was signed between Central Council for Research in Ayurvedic Sciences (CCRAS) and the Medical Research Infrastructure and Health Services fund of the Tel Aviv Sourasky medical Institute (TASMC), Israel	Israel
7.	MoU between Central Council for Research in Ayurvedic Science, on Behalf of All Research Councils, Ministry of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy), Government of India located in New Delhi, ("CCRAS") and The Governors of the University of Alberta as Represented by the Integrative Health Institute Located in Edmonton, ALBERTA, Canada	Canada
8.	MoU between National Institute of Ayurveda and Universiti Tunku Abdul Rahman, Kaula Lumpur, Malaysia in the field of Education, Training, Research, Publication and Popularization of Ayurveda in Malaysia	Malaysia
9.	MoU between Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) and Central Council for Research in Homoeopathy (CCRH) with Homoeopathic Pharmacopoeia Convention of the United States (HPCUS)	USA

10.	MoU between Scientific Society for Homoeopathy (WissHom), Germany and Central Council for Research in Homoeopathy (CCRH)	Germany
11.	Agreement on cooperation in the field of Research and Education in Homoeopathy between Central Council for Research in Homoeopathy (CCRH) and Federal University of Rio De Janerio (FURJ), Brazil	Brazil
12.	MoU on cooperation and collaboration in the field of Ayurveda between the All India Institute of Ayurveda, (AIIA), Ministry of Ayush and European Academy of Ayurveda (Birstein), (REAA) Germany	Germany
13.	MoU on Cooperation in the field of Research in Homeopathic Medicine was signed between Central Council for Research in Homoeopathy (CCRH) and Centre for Integrative Complementary Medicine, Shaare Zedek Medical Center, Jerusalem, Israel	Israel
14.	MoU on cooperation in the field of Research in Homeopathy was signed between Central Council for Research in Homoeopathy (CCRH) and National Institute of Integrative Medicine (NIIM), Australia	Australia
15.	MoU on Establishment of an Academic Collaboration in Ayurveda between All India Institute of Ayurveda (AIIA) and College of Medicine (UK) was signed during the visit of Hon'ble PM of India to UK	United Kingdom
16.	MoU on collaboration in the field of Ayurveda was signed between All India Institute of Ayurveda (AIIA) and the Medical University of Graz, Graz Austria	Austria
17.	MoU on cooperation in the field of Unani medicine was signed between Central Council for Research in Unani	Tajikistan

	Medicine (CCRUM) and State Educational Establishment“ Tajik State Medical University named Abualilbn Sino”	
18.	MoU on the establishment of an academic collaboration in Ayurveda has been signed between All India Institute of Ayurveda (AIIA), Ministry of Ayush and Spaulding Rehabilitation Hospital, USA	USA
19.	MoU CCRAS, Ministry of Ayush and Department of Neurology and Complementary Medicine, Lutheran, Hospital Hattingen, Germany for Cooperation in the field of Research and Education in Ayurveda	Germany
20.	MoU between All India Institute of Ayurveda (AIIA) and Wester Sydney University (WSU), Australia	Australia
21.	MoU between MORARJI DESAI NATIONAL INSTITUTE OF YOGA (MDNIY) MINISTRY OF AYUSH, GOVT OF INDIA NEW DELHI and DIVINE VALUES SCHOOL, ECUADOR (DVSE)	Ecuador
22.	MoU between Central Council for Research in Ayurvedic Sciences, (CCRAS) Ministry of Ayush Government of the Republic of India and University of Debrecen, Hungary (UD) on the Intention of Establishment of European Institute of Ayurvedic Sciences (EIAS), Hungary	Hungary
23.	MoU between NIA & the University of West Indies for Collaboration in the field of Education, Training, Research, Treatment, Publication etc	West Indies
24.	An Agreement signed between All India Institute of Ayurveda (AIIA), Ministry of Ayush and London School of Hygiene & Tropical Medicine (LSHTM), UK for undertaking research on Ashwagandha for promoting recovery from	United Kingdom

	Covid-19 in the UK.	
25.	MoU between Shimane University, Japan and All India Institute of Ayurveda	Japan
26.	MoU between Fizz, Frankfurt, Germany and All India Institute of Ayurveda	Germany
27.	MoC with Japan	Japan
28.	MoU between CCRUM and Hamdard University Bangladesh	Bangladesh
29.	MoU between CCRAS, Ministry of Ayush and OCCAM, National Cancer Institute National Institutes of Health Department of Health and Human Services, Government of the United States of America	USA
30.	Memorandum of Understanding between Central Council for Research in Ayurvedic Sciences (CCRAS), Ministry of Ayush, and The Institute for Social medicine, Epidemiology and the Health Economics, Charite University Medical Centre, Berlin Germany	Germany
31.	Institute for the History of Medicine, Robert Bosch Foundation, Stuttgart, Germany on Cooperation in the Field of Development of Museum on AYUSH System and Archives on Homoeopathy	Germany
32.	MoU between MORARJI DESAI NATIONAL INSTITUTE OF YOGA (MDNIY) MINISTRY OF AYUSH, GOVT OF INDIA NEW DELHI and Leaders Development Institute (LDI), Ministry of Sports Saudi Arabia	Saudi Arabia
33.	MoU between Rashtriya Ayurved Vidyapeeth (RAV) and	Argentina

	Fundacion De Salud Ayurveda Prema, Argentina	
34.	MoU between AIIA and Future Vision Institute, Brazil and University of Sao Paulo Brazil	Brazil
35.	MoU between AIIA and The University General Hospital in La Reunion - CHU de La Reunion in the field of Ayurveda	Chu de La Reunion
36.	MoU between AIIA, The Fedral University of Rio De Jenerio (UFRJ) and The Brazilian Academic Consortium for Integrative Health (CABSIN), Brazil	Brazil
37.	MoU between National Institute of Ayurveda Jaipur and Philippines institute of traditional and Alternative Healthcare, (PITHAC)Philippines	Philippines
38.	MoU between All India Institute of Ayurveda (AIIA) and University Health Netwrok (UHN), Canada	Canada
39.	Agreement on Co-operation in collaborative research in the field of Ayurveda and Siddha between CCRAS, Romanian Society of Medicine and Suraj Ayurveda Clinic and Research Centre Pune.	Romania
40.	MoU between CCRAS and PHFI for Ayush- WHO-PHFI collaborative project entitled Assessment of integration of AYUSH System into the public health system for combating COVID-19.	WHO
41.	India Yoga Center (IYC), Korea	Korea
42.	MoU between AIIA and UCMH, Havana Cuba The Establishment of an Academic Collaboration In Ayurveda	Cuba
43.	MoU between AIIA and National Institute of Advanced Industrial Science and Technology (AIST)	Japan

44.	MoU Between MDNIY and Sarv Yoga International Italy	Italy
45.	MoU Between ITRA and National Institute of Health, Republic of Peru	Peru
46.	MoU between AIIA and Kvarner Health Tourism Cluster, Croatia	Croatia
47.	MoU between NIA and Department of Thai Traditional and Alternative Medicine	Thailand
48.	MoU between All India Institute of Ayurveda and Sri Vajera Foundation and Associated Institutions	Brazil
49.	MoU Between CCRUM and Allied Health professions Council of South Africa (AHPCSA)	South Africa
50.	A Tripartite MoU between Charles University Czech Republic with NIA, Jaipur and MDNIY New Delhi was signed on 17.07.2024 on the Establishment of Academic Collaboration in Ayurveda and Yoga	Czech Republic
51.	MoU between Indonesian Food Drug Authority of The Republic of Indonesia and Pharmacopoeia Commission for Indian Medicine & Homeopathy, Ministry of Ayush, of the Republic of India on cooperation in the field of Traditional Medicine Quality Assurance.	Indonesia
52.	MoU between Institute of Teaching & Research in Ayurveda (ITRA), Ministry of Ayush, Government of the Republic of India and institute of Traditional and Alternative Medicine, PMB 31, Ho, Ghana	Ghana

DOCUMENT REQUIREMENTS FOR PASSPORT IN DARJEELING**1065. SHRI RAJU BISTA:**

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

- (a) whether the Ministry is aware that people from Darjeeling and Kalimpong districts, particularly in Hills areas have to produce additional documents besides the prescribed lists of documents when applying/renewing for passports, as police verification requirements- such as a letter from local samaj (CSO), two additional letters from other residents of the locality certifying that they know the applicant and that s/he is an Indian Citizen and if so, details thereof;
- (b) whether such requirements are necessary for police verification across the country or applicable only to the PSKs in West Bengal particularly the districts of Darjeeling and Kalimpong and if so, the reasons therefor; and
- (c) whether the Ministry has set up mechanisms to improve service quality of the PSK centres and resolve grievances of the people who have complaints about staff behaviour at PSKs or police verification process and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

- (a) and (b): Police Verification is conducted by the State Police Authorities as per their own guidelines and provisions. The concerned police authorities are required to conduct all the necessary verification with respect to Citizenship,

criminality and identity of the passport applicant and may seek all necessary documents in this regard. Considering the geographical and demographic condition of different States/UTs, the concerned police authorities of different States/UTs may need different documents to establish the citizenship, criminality and identity of the passport applicant. The Police Verification is conducted independently without any intervention of the Passport Issuing Authorities.

(c): From time to time, guidelines are issued to Regional Passport Offices (RPOs) and all concerned to ensure smooth coordination at functional level. Frequent review meetings are also being conducted with RPOs to ensure the smooth functioning of Passport Services and also for better coordination among various levels of staff members. Also, the complaints and public grievances are always accorded highest priority and redressed through different modes like specific Public Grievances Cell, CPGRAMS, emails and X- handle. RPOs are also asked to send these action taken reports on grievances received on various modes. Stringent monitoring of all grievances is undertaken.

ANAEMIA AMONG TRIBAL WOMEN

1066. SHRIMATI PRIYANKA GANDHI VADRA:

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

(a) whether the Government is aware of the high incidence of anaemia among tribal women and children in Wayanad Lok Sabha Constituency and if so, the action taken by the Government to address the same;

- (b) the total number and percentage of adolescent girls and women of reproductive age including tribal women and adolescents covered under the Anaemia Mukht Bharat (AMB) programme in Wayanad since 2018, year-wise;
- (c) the details of the proportion of beneficiaries who completed the recommended Iron and Folic Acid (IFA) dosage as per programme guidelines;
- (d) whether an impact assessment has been conducted to identify cultural or behavioural reasons for non-compliance in tribal areas of Kerala, especially in Wayanad district; and
- (e) if so, the details thereof including the findings and corrective actions initiated to improve compliance 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): Status of anaemia prevalence among women and children in the State of Kerala and Wayanad Lok Sabha Constituency as per the National Family Health Survey- 5 (2019-21) is given in the enclosed **Statement-I**.

The Government of India implements Anemia Mukht Bharat (AMB) strategy to reduce prevalence of anaemia 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. These six interventions include Prophylactic Iron and

Folic Acid supplementation (IFA Syrup provided biweekly to Children 6-59 months, IFA Pink tablets provided to Children 5-9 years, IFA Blue tablets provided to Adolescent 10-19 years, IFA Red tablets provided weekly to Women of Reproductive age group and IFA Red tablets daily for 180 days provided to pregnant women and lactating mothers), Deworming (Pregnant women provided albendazole tablet in second trimester and all children provided albendazole tablets during National Deworming Day), Intensified Behavioural Change Communication campaign, Testing for anemia and treatment as per anemia management protocols, Mandatory provision of IFA fortified food in public health programmes and Addressing non nutritional causes of anemia especially malaria, fluorosis and hemoglobinopathies.

(b) and (c): Under Anaemia Mukh Bharat programme, the coverage of prophylactic Iron and Folic Acid supplementation among adolescent girls and women of reproductive age in the State of Kerala and Wayanad district is given in the enclosed **Statement-II**.

(d): The main reasons cited by the State of Kerala for non-compliance in tribal areas of Kerala are cultural norms and traditional practices such as tobacco chewing, frequent intake of tea and coffee which reduces iron intake and absorption.

(e): As reported by the State of Kerala, various activities are undertaken to improve compliance in the tribal areas, which include carrying out regular testing for anemia at Ayushman Arogya Mandir (AAM), health education classes using

culturally appropriate method and broadcasting jingles in tribal languages through community radio, 'Mattoli'.

Under Anemia Mukht Bharat (AMB), Intensified Behaviour Change Communication (BCC) is conducted to improve the compliance of IFA tablets and deworming, increase intake of iron-rich food, protein-rich and vitamin C-rich foods through dietary diversification and food fortification.

STATEMENT-I

Status of anaemia prevalence among women and children in Kerala

S. No.	Indicator	Wayanad District	Kozhikode District	Malappuram District	Kerala
1	Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	39.4	32.1	47.2	39.4
2	Children age 6-59 months among Scheduled Tribes who are anaemic (<11.0 g/dl) (%)	*	*	*	57.6
3	All women age 15-19 years who are anaemic (%)	27.7	32.6	38.1	32.5
4	Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) (%)	27.0	30.2	34.5	36.5
5	Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%)	23.3	23.2	41.1	31.4
6	All women age 15-49 years who are anaemic (%)	26.9	29.8	34.7	36.3
7	All women age 15-49 years among Scheduled Tribes who are anaemic (%)	*	*	*	52.9

* Not available

STATEMENT-II

A. Coverage of prophylactic IFA supplementation among adolescent girls from FY 2018-19 to FY 2024-25*

Year	Wayand District		Kerala	
	Number of Beneficiaries	Coverage (%)	Number of Beneficiaries	Coverage (%)
FY 2018-19	-	0	10,79,744	79.4
FY 2019-20	-	0	211	0
FY 2020-21	-	0	-	0
FY 2021-22	-	0	1,336	0.1
FY 2022-23	12,685	35.6	61,138	4.5
FY 2023-24	610	1.7	1,08,436	8
FY 2024-25	14,969	42.1	2,83,998	20.9
April-September 2025	49,186	95	10,84,742	79.8

B. Coverage of prophylactic IFA supplementation among Women of Reproductive Age from FY 2018-19 to FY 2024-25*

Year	Wayand District		Kerala	
	Number of Beneficiaries	Coverage (%)	Number of Beneficiaries	Coverage (%)
FY 2018-19	-	-	-	-
FY 2019-20	-	-	-	-
FY 2020-21	-	-	-	-
FY 2021-22	-	-	-	-
FY 2022-23	-	-	-	-
FY 2023-24	1206	0.6	67871	2.4
FY 2024-25	3047	1.6	95521	3.3
April-September 2025	6596	3.5	15338	5.3

*(Source: As reported by the State of Kerala in the Health Management Information System -HMIS)

IRREGULARITIES IN THE INDIAN REGISTER OF SHIPPING

1067. SHRI MADDILA GURUMOORTHY:

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

(a) the number and nature of complaints received during the last ten years regarding malpractices, irregularities, or delays in the functioning of the Indian Register of Shipping (IRS), including those received by related Ministries/Departments;

(b) the details of action taken, corrective measures adopted, and punishments awarded to responsible officials;

(c) the reasons for delays, in resolving such complaints beyond the Citizen's Charter timelines alongwith the names of officials accountable;

(d) the list of cases involving IRS pending before authorities, tribunals, or courts; and

(e) whether the Government proposes to review or restructure IRS to improve transparency, efficiency, and accountability, is so, the details thereof?

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

(a) to (e): Indian Register of Shipping (IRS) is a non-profit entity registered under the Companies Act, 2013 and is governed by applicable company law provisions and it functions under its own Memorandum of Association and internal administrative framework. IRS is one among nine Recognised Organisations authorised by the Government of India to undertake survey and certification

functions under the Merchant Shipping Act, 1958. Four recent complaints have been received against functioning of IRS, which are being examined by Ministry of Ports, Shipping and Waterways for appropriate action.

DIGITAL TECHNOLOGIES IN ICDS SCHEME

1068. SHRI SUNIL DATTATREY TATKARE:

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

- (a) the manner in which the digital technologies have been implemented in various aspects of ICDS Scheme indicating the percentage of Anganwadi's Centres (AWCs) that are using digital technologies for service delivery and the steps taken by the Government to expand adoption of digital tools in all AWCs;
- (b) whether digital technologies are helping Anganwadi workers in better service delivery, if so, the details thereof along with the steps taken to ensure that functioning and service deliveries of AWCs continues even in the absence of internet, slow internet connection, technical difficulties or software glitches;
- (c) the privacy policy regarding storage of sensitive information in the view of extensive use of Aadhar in ICDS;
- (d) whether people who do not have access to mobile phones and internet are still able to avail the full range of ICDS services, if so, the details thereof;
- (e) whether adequate steps have been taken to ensure training of Anganwadi

workers in using above said tools, if so, the details thereof; and

- (f) whether the Government has received reports on issues faced by workers, if so, the steps taken to resolve the same?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) and (b): Under Saksham Anganwadi and Mission Poshan 2.0, IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery support systems at the Anganwadi Centres (AWCs). The 'Poshan Tracker' application was rolled out on 1st March 2021 as an important governance tool under the Mission.

The Poshan Tracker facilitates monitoring and tracking of all AWCs, Anganwadi Workers (AWWs) and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, opening and closing of AWCs, daily attendance of children, growth monitoring of children, Early Childhood Care & Education (ECCE) activities, Delivery of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App 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.

Further, 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.

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. All AWWs, supervisors and block coordinators are provided with internet connectivity charges at the rate of Rs. 2000 per annum per AWC.

Block and District Coordinators provide on-ground handholding support to AWWs for effective usage of the Poshan Tracker and resolution of technical glitches. Besides this, the States/UTs have also been advised to discontinue the use of physical registers.

(c): Various Data Protection Safeguards related to privacy exist in Poshan Tracker. Some of the data protection safeguards are mentioned below:

- The Poshan Tracker application is typically used by Anganwadi Workers, and it is not open to the public or any unauthorized party. Access is role-based, logged and monitored to prevent misuse.
- Further, the application's internal database is encrypted, preventing access to sensitive information outside the app environment

- The data of the beneficiary, which is collected, is subject to all existing data protection protocols, which mandates purpose limitation, informed consent, and access restrictions.
- All requests and responses related to Face Verification are encrypted during transit, ensuring data is protected from interception or tampering.
- No images or data are stored permanently on the device. As a precautionary measure, all cached or temporary data is wiped automatically when the AWW logs out of the application.
- The private data is not publicly accessible; it is only available to authorized personnel solely for verification purposes.
- Face images are handled in encoded format within the app to ensure safe processing and transmission.

(d): Mission Saksham Anganwadi and Mission Poshan 2.0 is a Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services.

(e): The Ministry through Savitri Bai Phule National Institute of Women and Child Development has provided training to different stakeholders for using Poshan Tracker Application and Dashboard. Under the Poshan Bhi Padhai Bhi (PBPB) initiative, the Ministry is imparting training to all the officials and field functionaries in the States/ UTs through a cascading model of training, wherein

Master Trainers (namely, District Officers, Block Coordinators and Supervisors) are trained and the master trainers further train all Anganwadi Workers in the field. As on 30th November 2025, 8,95,814 AWWs have been trained across the country.

(f): Grievance Redressal Mechanism is an integral part of Poshan 2.0. Anganwadi Workers can submit their grievances on Poshan Tracker Application and Dashboard as well. Besides this, Poshan Helpline (1515), operationalized since November 2022 for registering grievances of AWWs. Through the helpline, a worker can raise the issues being faced related to the application. The helpline is available in 17 languages.

NARAYANI RIVER FRONT DEVELOPMENT

1069. DR. ALOK KUMAR SUMAN:

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

(a) whether the Government has initiated hydro graphic survey to assess the navigational depth and for providing floating jetties along the National Waterways 37 (NW-37);

(b) if so, the details of development of the Narayani River Front in District Gopalganj of Bihar during the last five years;

(c) whether the Government has started development of Narayani River Front and currently country boats are running for fishing, movement of local goods and agro products at Narayani River Front, if so, the details thereof; and

(d) whether it is fact that to facilitate the local movement, two floating jetties have been constructed for placement near Bettiah and its opposite bank in Bihar on NW-37, if so, the details thereof?

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

(a) and (b): Fairway development work including Hydrographic survey on NW-37 (River Gandak) had been carried in Financial Year 2017-18, 2018-19, 2019-20 at total cost of Rs. 5.32 crore, Rs. 7.59 crore and Rs. 8.49 crore respectively. Further, work of updating Detailed Project Report of NW-37 (River Gandak) has been entrusted to M/s Rail India Technical and Economic Service Ltd.

(c): Under the Namami Gange Programme, two Ghats were completed on the Narayani River in the district of Gopalganj, Bihar in July 2021 at a cost of Rs. 8.25 crore and handed over to the respective urban local bodies. Presently country boats are running for fishing, movement of local goods and agro products.

(d): Two jetties at a cost of Rs. 3 crore have already been placed on NW-37 (River Gandak) near Mangalpur (Nautan) and its opposite bank in Bettiah for facilitating Inland Waterways Transport.

DEFENCE PRODUCTION AND EXPORT PROMOTION POLICY

1070. SHRI RAMASAHAYAM RAGHURAM REDDY:

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

- (a) whether the Government has launched any initiatives to boost indigenous production of defence equipment under the 'Atmanirbhar Bharat' campaign;
- (b) if so, the details thereof along with the key components of the Defence Production and Export Promotion Policy (DPEPP) 2020;
- (c) whether any financial incentives or subsidies is provided to indigenous manufacturers;
- (d) if so, the details thereof and if not, the reasons therefor;
- (e) whether the Government has made any amendments to the Defence Acquisition Procedure (DAP) favouring domestic procurement; and
- (f) if so, the details thereof and if not, the reasons therefor?

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

(a) to (d): Several policy initiative and reforms have been taken by Government in the past few years to encourage indigenous design, development, R&D in manufacturing of defence equipment, thereby boosting indigenous production of defence equipment under the 'Atmanirbhar Bharat' campaign and promoting self-reliance in defence manufacturing in the country. These policy initiatives and reforms, inter-alia, include: -

- (i) According priority to procurement of capital items from domestic sources under Defence Acquisition Procedure (DAP)-2020. In order to promote Indigenous design and development of defence equipment 'Buy {Indian- IDDM (Indigenously Designed, Developed and

Manufactured}} category has been accorded top most priority in Defence Acquisition Procedures- 2020 for procurement of capital equipment.

- (ii) Notification of five 'positive Indigenization Lists' of total 509 items of Services and five 'Positive Indigenization Lists' of total 5012 items of Defence Public Sector Undertakings (DPSUs), for which there would be an embargo on the import beyond the timelines indicated against them.
- (iii) Launch of an indigenization portal namely SRIJAN to facilitate indigenisation by Indian Industry including MSMEs.
- (iv) Simplification of Industrial licensing process with longer validity period.
- (v) Liberalization of Foreign Direct Investment (FDI) policy allowing up to 74 % FDI under automatic route and upto 100% FDI under government route.
- (vi) Simplification of Make Procedure.
- (vii) Launch of Innovations for Defence Excellence (iDEX) and Acing Development of Innovative Technologies with iDEX (ADITI) schemes involving startups & Micro, Small and Medium Enterprises (MSMEs) to foster innovation & technology development in defence and aerospace.
- (viii) Reforms in Offset policy with thrust on attracting investment and Transfer of Technology for Defence manufacturing by assigning higher multipliers.
- (ix) Establishment of two Defence Industrial Corridors, one each in Uttar Pradesh and Tamil Nadu to develop domestic supply chain and strengthen defence manufacturing ecosystem in the country.

- (x) Transfer of Technology developed by DRDO to industries through Licensing Agreement for Transfer of Technology (LAToT) and Development cum Production Partner (DcPP).
- (xi) Providing Test Facility Support to Industries in DRDO labs.
- (xii) Launch of Technology Development Fund (TDF) which provides financial support to Indian industries for design and development of Innovative Defence Products.
- (xiii) Providing details of DRDO Patents available on the DRDO website for industries to use free of cost, supporting the vision of Aatmanirbhar Bharat.
- (xiv) Providing Scientific and Technological support to industries by DRDO.

2. Defence Production & Export Promotion Policy (DPEPP) 2020 was only at the draft stage and not finalised.

(e) and (f): Defence Acquisition Procedure (DAP) 2020 has been amended from time to time in order to further tilt procurement in favour of Indian industries by mandating higher Indigenous Content, prioritizing under Indian categories and streamlining acquisition procedures for MSMEs and Startups.

BUDGET ALLOCATION FOR HEALTH SECTOR

1071. SHRI VIJAY KUMAR HANSDAK:

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

- (a) the target set by the National Health Policy with regard to the allocation of

funds for health sector in the country;

(b) the details regarding Budget Estimates (BE) vis-a-vis Actual Expenditure (AE) on health sector and its utilization in percentage terms, year-wise;

(c) whether the Government has any plans to enhance resources for the health sector for improving the healthcare to global standards and in proportion to the rate of population growth; and

(d) 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 (d): As per the National Health Policy, 2017, public investment in health is envisioned to reach 2.5% of GDP by 2025. The Government initiatives in this direction are evident from the National Health Accounts Estimates in India, where there has been increase in Government spending on health as percentage of Total Health Expenditure (THE), which was 29.0% in 2014-15 and 48% in 2021-22. Correspondingly, Government Health Expenditure (GHE) as percentage of GDP has increased from 1.13% in 2014-15 to 1.84% in 2021-22. GHE as share of GDP during from FY 2019-20 to FY2021-22 is given in the following table:

FY	GHE as a % of GDP
2019-20	1.35
2020-21	1.60
2021-22	1.84

The Ministry of Health and Family Welfare (MoHFW) has taken up with States to prioritize allocation to health sector and enhance their health budgets at least by 8% of total State budget to reach the goal as envisaged.

The budget allocation for Department of Health & Family Welfare (DoHFW) has increased by 102.64%, from Rs. 47,353 crore in 2017-18 (BE) to Rs. 95,957.87 crore in 2025-26 (BE).

Further, the 15th Finance Commission, for the grant period from 2020-21 to 2025-26, has provided Rs. 70,051 crore Grants for health through the Local Governments. Government is making continuous efforts to increase allocation in health budget.

COMMERCIAL TRANS-SHIPMENT PORT AT GALATHEA BAY

1072. SHRI MANISH TEWARI:

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

- (a) whether the Government is undertaking the construction of a trans-shipment and/or commercial port at Galathea Bay on Great Nicobar Island, if so, the details thereof including economic logic, feasibility analyses and trade-related justifications supporting the project;
- (b) the total land area, in hectares, and the estimated green cover proposed to be diverted or removed for the port and its associated infrastructure, including terminals, warehouses, power facilities, etc;
- (c) the number of indigenous persons or communities, including the Shompen

and Nicobarese, who may be displaced or otherwise affected by the project and the details of any approved rehabilitation or compensation plans;

(d) whether the Government or any independent bodies have carried out cost-benefit, environmental and social impact assessments, and whether their findings are publicly available, if so, the details thereof; and

(e) whether the Government has considered sustainable development alternatives that project ecology and indigenous rights, if so, the details thereof?

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

(a): Yes sir. Government is planning to undertake the development of trans-shipment Port at Galathea Bay. The project is strategically located and would reduce India's reliance on foreign ports, capture Malacca Strait trade flows, and strengthen national economic and maritime autonomy.

(b) to (e): The matter related to the EC and CRZ for the Port site at Great Nicobar, is sub-judice. Providing a reply on the merits of the questions would not be appropriate at this stage.

STATUS OF SWADHAR GREH SCHEME

1073. SHRI GAURAV GOGOI:

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

(a) the number of Swadhar Grehs (Shelters) currently sanctioned, operational/non-operational in Assam;

- (b) the number of women beneficiaries rehabilitated under the said Scheme in the said State during the last three years;
- (c) whether any Swadhar Grehs (Shelters) in the said State have reported shortages of staff, delays in fund release and infrastructure gaps, if so, the details thereof;
- (d) the details of the funds allocated, released/utilised for said scheme in said State during the last three financial years; and
- (e) whether the Government proposes to expand/upgrade said facilities in districts with high vulnerability indicators such as trafficking, domestic violence or displacement in said State, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (e): Under the overarching 'Mission Shakti', erstwhile schemes of 'Swadhar Greh' – Home for women in difficult circumstances and 'Ujjawala'- Home for women rescued from Trafficking, have been merged and are now 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.

The Shakti Sadan Scheme is a demand driven Centrally Sponsored Scheme, under which funds are released to the States/UTs for implementation of the scheme. The States/UTs assess their requirement as per local needs and

proposals are approved every year by the Programme Approval Board (PAB) after discussion with States/UTs. Under the Scheme, financial assistance is provided for running of Shakti Sadan in rented premises. The proposal for setting up of 20 New Government run Shakti Sadans received from the State Government of Assam was approved by the PAB for FY 2025-26.

As informed by the State Government, 26 Shakti Sadans are currently functional in the State of Assam, and a total of 2,396 women have benefited during the last three years, i.e. from FY 2022-23 to FY 2024-25. Furthermore, the State Government has informed that, against the sanctioned strength of 234 staff members, 204 are presently in position across these 26 operational Shakti Sadans.

The State Govt. of Assam is onboarded on SNA Sparsh and Ministry is releasing funds Just-in-time to the State Govt. through SNA Sparsh module upon receiving of bill on PFMS from the State Govt.

Details of funds released to the State Govt. of Assam for the implementation of Shakti Sadan Scheme are as under:

Financial Year	Funds released (Rs. in Cr.)
FY 2022-23	1.39
FY 2023-24	18.52
FY 2024-25	11.72
Total	31.63

MEASURES AGAINST ILLEGAL MIGRATION AND VISA FRAUD

1074. SHRI SASIKANTH SENTHIL:

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

- (a) whether the Government has taken steps to curb illegal migration syndicates and visa fraud cases targeting Indian citizens, particularly in Southeast Asia and the Middle East, in view of recent MEA advisories on countries such as Iran;
- (b) if so, the coordination mechanisms established between the Ministry, State Governments, and law enforcement agencies to dismantle illegal recruitment networks and prevent fraudulent overseas employment practices;
- (c) the initiatives undertaken, including awareness campaigns, workshops, and digital platforms such as the e-Migrate portal, to promote safe and legal migration; and
- (d) the outcomes achieved and future measures proposed to strengthen border controls, monitor migration patterns and enhance cooperation with international agencies to protect Indian migrants abroad?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

- (a) to (d): Government accords highest priority to the safety, security and well-being of Indian nationals proceeding for employment abroad. As and when reports of illegal migration syndicates and visa fraud cases as well as complaints against illegal agents/dubious firms luring Indian youth in false recruitment offers through various channels are received, such matters 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 has taken multiple steps to prevent such incidents. It has issued regular advisories cautioning Indian nationals against fraudulent job offers and unauthorized recruiting agents and emphasized the need to verify employment credentials through Indian Missions/Posts abroad in the respective countries. Government of India has also enhanced the eMigrate platform, which brings together recruiting agents, foreign employers, and emigrants into a unified digital ecosystem. In the cyber domain, action is also taken against illegal recruiting agents in association with the Ministry of Home Affairs and State Police authorities. Requests to take down social media posts of illegal Recruiting Agents from all over India have been regularly shared with the concerned authorities.

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. A list of unregistered agents in the country has also been notified on the eMigrate portal. The 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, trainings, 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 to job seekers, and advise them to verify all antecedents of Recruiting Agents before accepting any kind of employment offer and not be enticed and entrapped in the fraudulent job offers.

डिजिटल उर्वरक वितरण प्रणाली

1075. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे:

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

- (क) महाराष्ट्र में जिला-वार डिजिटल उर्वरक वितरण प्रणाली (उर्वरक में डीबीटी-प्रत्यक्ष लाभ अंतरण) के अंतर्गत पंजीकृत लाभार्थियों की संख्या कितनी है;
- (ख) क्या सरकार इस संबंध में कोई सुधार करने की योजना बना रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या हाल ही में यूरिया, डीएपी या अन्य उर्वरकों की कीमतें बढ़ी हैं;
- (घ) यदि हां, तो किसानों को राहत प्रदान करने के लिए क्या कदम उठाए गए हैं; और
- (ड.) यदि हां, तो तत्संबंधी ब्यौरा क्या है और 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): महाराष्ट्र में उर्वरकों में डीबीटी के अंतर्गत शामिल किए गए विशिष्ट लाभार्थियों की कुल संख्या 39,85,864 है। लाभार्थियों की जिलावार संख्या संलग्न **विवरण** में दी गई है।
- (ख): महाराष्ट्र में, उर्वरकों में डीबीटी के अंतर्गत, आधार प्रमाणित पीओएस बिक्री के माध्यम से लाभार्थी

को सब्सिडी वाले उर्वरकों की बिक्री की जाती है।

(ग) से (ड.): यूरिया का अधिकतम खुदरा मूल्य (एमआरपी) सांविधिक रूप से सरकार द्वारा नियंत्रित किया जाता है। यूरिया के 45 किलोग्राम की बोरी के लिए एमआरपी जीएसटी के बिना 242 रुपये है। एनबीएस नीति के तहत, पीएंडके उर्वरकों की एमआरपी को विनियंत्रित कर दिया जाता है और कंपनियों को अपने व्यावसायिक उतार-चढ़ाव के अनुसार एमआरपी तय करनी होती है। तथापि, सरकार द्वारा तर्कसंगतता दिशा-निर्देशों के माध्यम से मूल्यों की तर्कसंगतता सुनिश्चित की जाती है। डीएपी को 1350 रुपये प्रति 50 किलोग्राम की बोरी की सस्ती कीमत पर उपलब्ध कराने के लिए रबी 2025-26 सीजन के लिए एनबीएस सब्सिडी के अलावा विशेष प्रावधान जैसे अन्य लागतों के लिए 3500 रुपये प्रति मीट्रिक टन जैसे किए गए हैं, जिनमें फैक्ट्री गेट से खेत तक की लागत, अंतरराष्ट्रीय कीमतों में वृद्धि/कमी के कारण लाभ/हानि, शामिल है को कवर करने के लिए एमआरपी में शामिल जीएसटी घटक के लिए प्रावधान और शुद्ध एमआरपी (एमआरपी-जीएसटी) के @ 4% उचित रिटर्न का प्रावधान आयातित और घरेलू डीएपी दोनों और आयातित टीएसपी के लिए बढ़ाया गया है ताकि उर्वरकों की कीमतों को स्थिर रखे जा सके।

विवरण

महाराष्ट्र में उर्वरकों में डीबीटी के अंतर्गत शामिल किए गए लाभार्थियों की कुल संख्या

1.	महाराष्ट्र	अहमदनगर	244470
2.	महाराष्ट्र	अकोला	86214
3.	महाराष्ट्र	अमरावती	116244
4.	महाराष्ट्र	औरंगाबाद	223545
5.	महाराष्ट्र	बीड	118583
6.	महाराष्ट्र	भंडारा	81256
7.	महाराष्ट्र	बुलढाणा	126073
8.	महाराष्ट्र	चंद्रपुर	122780
9.	महाराष्ट्र	धुले	89312
10.	महाराष्ट्र	गढ़चिरौली	71473
11.	महाराष्ट्र	गोंदिया	111135

12.	महाराष्ट्र	हिंगोली	58901
13.	महाराष्ट्र	जळगाव	182034
14.	महाराष्ट्र	जालना	113565
15.	महाराष्ट्र	कोल्हापूर	151163
16.	महाराष्ट्र	लातूर	81846
17.	महाराष्ट्र	नागपुर	111598
18.	महाराष्ट्र	नांदेड़	105199
19.	महाराष्ट्र	नंदुरबार	78024
20.	महाराष्ट्र	नासिक	295341
21.	महाराष्ट्र	उस्मानाबाद	87766
22.	महाराष्ट्र	पालघर	145677
23.	महाराष्ट्र	परभणी	76199
24.	महाराष्ट्र	पुणे	164670
25.	महाराष्ट्र	रायगढ़	51298
26.	महाराष्ट्र	रत्नागिरी	22660
27.	महाराष्ट्र	सांगली	157338
28.	महाराष्ट्र	सातारा	157604
29.	महाराष्ट्र	सिंधुदुर्ग	19761
30.	महाराष्ट्र	सोलापुर	178750
31.	महाराष्ट्र	ठाणे	66330
32.	महाराष्ट्र	वर्धा	73875
33.	महाराष्ट्र	वाशिम	80421
34.	महाराष्ट्र	यवतमाल	134759
		कुल	39,85,864

SEX DETERMINATION

1076. SHRI ARUP CHAKRABORTY:

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

(a) whether the Government has taken any measures to ascertain whether pre-natal sex determination is still a widely practiced technique in the country

and if so, the details thereof;

(b) whether the said technique is also a reason for abortion and if so, the details thereof; and

(c) the details of the initiatives taken by the Government to put an end to this ill practice and the punishments conferred on medical centres which continue to offer these services in the country?

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 of India has enacted the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 for awareness generation and advocacy measures to build a positive environment for the girl child through gender-sensitive policies, provisions and legislation.

Sex-selective abortions under the PC&PNDT Act, 1994, amount to cognizable, non-bailable and non-compoundable offence.

(c). The Ministry of Health & Family Welfare implements the PC&PNDT Act, 1994 across the country. Some of the key action points are provided below:

- Under the National Health Mission (NHM), the Ministry provides financial support to the States/UTs to strengthen implementation of the PC&PNDT Act.
- Nodal Agency constituted to monitor & facilitate the removal of online advertisements violating the provisions of the Act.

- Sensitization and capacity building activities of States & UTs are held regularly.
- Information, Education & Communication (IEC) and advocacy activities undertaken to promote behavioural change and gender equality.
- National Girl Child Day, International Day of the Girl Child, and International Women's Day observed every year across the country to create public awareness.
- Regular review & assessment through various institutional mechanisms like Common Review Mission visits, National Inspection & Monitoring Committee visits carried out by the Centre in coordination with States.

As per the PC&PNDT Act, 1994, the applicable penal provisions are provided below:

- Section 22(3) prohibits advertisement relating to pre-conception or pre-natal sex determination; violation attracts imprisonment up to three years & fine up to ₹10,000.
- Section 23(1) provides that any medical professional or centre contravening the Act (including conducting sex selection/sex determination) is liable for imprisonment up to three years & fine up to ₹10,000 for the first offence, with higher penalties for subsequent offences, including imprisonment up to five years & fine up to ₹50,000.
- Section 23(2) provides for reporting of the medical practitioner's name to

State Medical Council for action including suspension upon framing of charges, and on conviction, removal for five years for the first offence and permanent removal for subsequent offences.

- Section 23(3) provides for punishment for any person seeking sex selection or unauthorized use of prenatal diagnostic techniques, imprisonment up to three years & fine up to ₹50,000 for the first offence; up to five years & fine up to ₹1 lakh for subsequent offences.
- Section 25 provides for punishment for other contraventions of the Act/Rules with imprisonment up to three months and fine up to ₹1,000, with enhanced penalties for repeat offences.

NATIONAL TOTAL FERTILITY RATE

1077. SHRI BRIJMOHAN AGRAWAL:

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

- (a) the details of the current National Total Fertility Rate (TFR) as per the 2023 Sample Registration System (SRS) statistical report, in the country;
- (b) the details of the specific TFR value considered the replacement level in the country;
- (c) whether the rural or urban sector has reached this level as per last ten years data and if so, the details thereof along with data of TFR value in the country, State/UT-wise;
- (d) the details of the initiatives and policies being considered for the States that

have alarmingly low TFR for overall improvement of TFR of our country;

(e) the details of the decade in which the population of the country is expected to peak along with the expected population size thereto; and

(f) the details of the approximate year by which the proportion of India's population of seniors (over 60) is expected to surpass the number of children (under 14) in the country?

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): As per the Sample Registration System (SRS) Statistical Report 2023, the Total Fertility Rate (TFR) for India in 2023 was 1.9, with a higher TFR in rural areas (2.1) than in urban areas (1.5). The replacement level TFR, viz. 2.1, has been attained at the National level, along with Delhi (1.2), Tamil Nadu (1.3), West Bengal (1.3), Kerala (1.5), Punjab (1.5), Himachal Pradesh (1.6), Maharashtra (1.4), Andhra Pradesh (1.5), Jammu & Kashmir (1.5), Karnataka (1.5), Telangana (1.5), Odisha (1.7), Uttarakhand (1.7), Gujarat (1.8), Haryana (1.9), Assam (2.0) and Jharkhand (2.1). The details are given in the enclosed **Statement**.

In alignment with the National Population Policy 2000 and the National Health Policy 2017, the Ministry of Health and Family Welfare focuses on the voluntary adoption of family planning services, with programmatic interventions to promote healthy timing and spacing of pregnancies for the health and well-being of the

mother and child. A Continuum of Care integrated approach across maternal, child, and adolescent health is supported with various IEC and awareness activities to safeguard the health of the mother and child. State-specific budgets under the Programme Implementation Plan are being considered for approval based on proposals submitted by the States.

Ministry of Women and Child Development is implementing Pradhan Mantri Matru Vandana Yojana (PMMVY) across the country (except Telangana), w.e.f. 01.01.2017. 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.

STATEMENT

TFR (Total Fertility Rate) by Residence, India and bigger States/UTs, 2023

States/UTs	Total	Rural	Urban
India	1.9	2.1	1.5
Andhra Pradesh	1.5	1.6	1.3
Assam	2.0	2.1	1.3
Bihar	2.8	2.9	2.2
Chhattisgarh	2.2	2.5	1.6
Delhi	1.2	1.3	1.2

Gujarat	1.8	2.1	1.6
Haryana	1.9	2.1	1.7
Himachal Pradesh	1.6	1.6	1.1
Jammu & Kashmir	1.5	1.6	1.2
Jharkhand	2.1	2.3	1.7
Karnataka	1.5	1.7	1.4
Kerala	1.5	1.5	1.5
Madhya Pradesh	2.4	2.6	1.8
Maharashtra	1.4	1.6	1.3
Odisha	1.7	1.8	1.2
Punjab	1.5	1.5	1.4
Rajasthan	2.3	2.4	2.1
Tamil Nadu	1.3	1.3	1.3
Telangana	1.5	1.6	1.5
Uttar Pradesh	2.6	2.7	2.2
Uttarakhand	1.7	1.8	1.6
West Bengal	1.3	1.4	1.1

Note: Rounded off to one decimal point.

Source: SRS Statistical Report 2023 (Statement 24)

POSTING OF SPECIALIST DOCTORS TO A&N ISLANDS

1078. SHRI BISHNU PADA RAY:

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

(a) whether it is a fact that the Member of Parliament, Andaman & Nicobar (A&N) Islands, and the UT Administration have repeatedly raised concern regarding the posting/deputation of specialist doctors from the Central Health Service/Central Government Health Scheme cadre to the Union Territory of Andaman & Nicobar Islands for a period of two to three years on a rotation basis,

in view of the long-pending vacancies in District and Community Health Centres;
(b) if so, the steps taken by the Government to fulfil these demands considering the urgent healthcare requirements of the islanders; and
(c) the timeframe by which specialist doctors are expected to be deputed or posted to the UT Administration?

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): Based on the vacancies, requisitions are sent to the UPSC and UPSC conducts interviews for recruitment of specialist doctors and recommends suitable candidates for appointment against the vacant posts. Further, the Ministry of Health and Family Welfare has taken cognizance of concerns regarding vacancies of specialist doctors under A&N Islands Administration and administrative approval has been conveyed to the UT Administration of A&N Islands to make contractual appointments against the vacant posts for a period of one year or till regular recruitments are made, whichever is earlier. In addition, postings of Specialist doctors have also been made on rotational basis.

आयुष में आयुस्वास्थ्य योजना

1079. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) आयुष स्वास्थ्य योजना की वर्तमान स्थिति और उसके दो घटक-आयुष तथा सार्वजनिक

- स्वास्थ्य (पीएचआई) एवं उत्कृष्टता केंद्र (सीओई) का ब्यौरा क्या है;
- (ख) 2021-22 से आज की तिथि तक पूर्ण की गई एवं चल रही परियोजनाओं का राज्य/संघ राज्यक्षेत्र-वार एवं घटकवार ब्यौरा क्या है;
- (ग) वर्ष 2021-22 से 2025-26 तक आयुष स्वास्थ्य योजना के अंतर्गत अब तक स्वीकृत, आवंटित, जारी एवं व्यय की गई धनराशि का राज्य/संघ राज्यक्षेत्र-वार और वर्षवार ब्यौरा क्या है;
- (घ) महाराष्ट्र में पीएचआई एवं सीओई घटकों के अंतर्गत पृथक-पृथक रूप से जारी/व्यय की गई धनराशि कितनी है; और
- (ङ) क्या इन पीएचआई मॉडलों को राष्ट्रीय/राज्य कार्यक्रमों के माध्यम से विस्तारित किया जा रहा 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): आयुष मंत्रालय वर्ष 2021-22 से आयुस्वास्थ्य योजना नामक एक केंद्रीय क्षेत्र योजना लागू कर रहा है, जिसके दो घटक हैं: i) आयुष और सार्वजनिक स्वास्थ्य और ii) उत्कृष्टता केंद्र (सीओई)। यह योजना मार्च, 2026 तक वैध है। इसके अतिरिक्त, 2021-22 से 30.11.2025 तक अनुमोदित, पूर्ण की गई और चल रही परियोजनाओं का ब्यौरा संलग्न **विवरण-I** में दिया गया है।
- (ग) और (घ): आयुस्वास्थ्य योजना एक केंद्रीय क्षेत्र की योजना है, जिसे पूरे देश में लागू किया जा रहा है और इसमें राज्य/संघ राज्य क्षेत्र-वार धन आवंटन का कोई प्रावधान नहीं है। आयुस्वास्थ्य योजना के अंतर्गत 2021-22 से 2025-26 तक अब तक आवंटित और जारी की गई धनराशि (वास्तविक व्यय) का वर्ष-वार ब्यौरा संलग्न **विवरण-II** में दिया गया है।
- (ङ): राष्ट्रीय/राज्य कार्यक्रमों के माध्यम से किसी भी पीएचआई मॉडल को विस्तारित नहीं किया गया है।

विवरण-I

वर्ष 2021-22 से 30.11.2025 तक अनुमोदित, पूर्ण की गई और चल रही परियोजनाओं का ब्यौरा:

क. आयुर्वास्थ्य योजना के आयुष एवं सार्वजनिक स्वास्थ्य घटक					
क्रम सं.	वर्ष	संगठन/संस्था का नाम	राज्य/संघ राज्य क्षेत्र	परियोजना का शीर्षक	वर्तमान स्थिति
1	2021-22	अखिल भारतीय आयुर्वेद संस्थान नई दिल्ली	दिल्ली	आयुर्वेदिक उपचार से पुलिसकर्मियों में ज्ञान, दृष्टिकोण और अभ्यास के द्वारा मानसिक स्वास्थ्य स्थिति (चिंता तनाव और अवसाद) को बढ़ावा देना	चल रही है।
2	2021-22	राष्ट्रीय आयुर्वेद संस्थान, (एनआईए)	राजस्थान	राजस्थान के जयपुर जिले के चाकसू ब्लॉक में 25-70 साल के पुरुष और महिला मरीजों में प्री-डायबिटीज और टाइप 2 डायबिटीज मेलिटस का प्रबंधन आयुर्वेदिक दवाओं के साथ योग और जीवनशैली में बदलाव	पूर्ण की गई।
3	2021-22	राष्ट्रीय आयुर्वेद संस्थान, (एनआईए)	राजस्थान	जयपुर, राजस्थान जिले के जमवा रामगढ़ ब्लॉक के बच्चों में कुपोषण को कम करने और रोकथाम हेतु आयुर्वेद का उपयोग	चल रही है।
4	2021-22	राष्ट्रीय आयुर्वेद संस्थान, (एनआईए)	राजस्थान	जयपुर जिले की जमवा रामगढ़ तहसील में आयुर्वेदिक दवाओं, योग, परामर्श और जीवनशैली में बदलाव से शराब की लत (शराब के सेवन से होने वाले विकार) का प्रबंधन	पूर्ण की गई।
5	2021-22	आयुर्वेद सेवा संघ का आयुर्वेद	महाराष्ट्र	स्वस्थ गर्भावस्था में आयुर्वेद देखभाल	चल रही है।

		महाविद्यालय, नासिक, महाराष्ट्र			
6	2021-22	मॉलेक्यूलर निदान, परामर्श, देखभाल और अनुसंधान केंद्र (एमडीसीआरसी), तमिलनाडु	तमिलनाडु	ड्यूशन मस्कूलर डिस्ट्रोफी रोग ग्रस्त बच्चों में जीवन की गुणवत्ता को बेहतर बनाने के लिए आयुर्वेद आधारित तरीका	चल रही है।
7	2021-22	श्री बी. एम. कंकनवाड़ी आयुर्वेदिक महाविद्यालय, बेलगांव	कर्नाटक	ग्रामीण क्षेत्र के स्कूली बच्चों में एनीमिया की समस्या को दूर करने के लिए स्थायी समाधान (कर्नाटक के बेलगावी जिले के हुडली में प्राथमिक स्वास्थ्य केंद्र के अंतर्गत आने वाले स्कूल)	पूर्ण की गई।
8	2021-22	राष्ट्रीय सिद्ध संस्थान, चेन्नई, तमिलनाडु	तमिलनाडु	तमिलनाडु के दक्षिणी जिलों मदुरै और थेनी में किशोर उम्र (10-19) के ग्रामीण महिलाओं/पुरुषों में आयरन की कमी से होने वाले एनीमिया (पांडु) के लिए सिद्ध उपायों को बढ़ावा देना	पूर्ण की गई।
9	2022-23	श्रीनाथ मानव सेवा मंडल, परली, बीड, महाराष्ट्र	महाराष्ट्र	महाराष्ट्र के बीड जिले के परली ब्लॉक में आयुर्वेद के ज़रिए डायबिटीज़, हाइपरटेंशन, मोटापे और उसके प्रबंधन हेतु सामुदायिक स्क्रीनिंग कार्यक्रम और रेफरल अनुसंधान केंद्र की स्थापना	पूर्ण की गई।
10	2022-23	आयुष निदेशालय, महाराष्ट्र	महाराष्ट्र	आयुष तरीके से ऑस्टियोपोरोसिस स्क्रीनिंग और उपचार कार्यक्रम: महाराष्ट्र	चल रही है।

				राज्य में एक समुदाय आधारित कार्यक्रम	
11	2022-23	अखिल भारतीय आयुर्वेद संस्थान नई दिल्ली	दिल्ली	भारतीय आबादी में (एलटीबीआई) लेटेंट टीबी के प्रबंधन के लिए आयुर्वेदिक दवा और रसायन चिकित्सा को बढ़ावा देना	चल रही है।
12	2022-23	अखिल भारतीय आयुर्वेद संस्थान नई दिल्ली	दिल्ली	आयुर्वेदिक उपचार के माध्यम से बच्चों के ज्ञान, दृष्टिकोण, अभ्यास और मौखिक स्वास्थ्य की स्थिति को बढ़ावा देना	पूर्ण की गई।
13	2022-23	अखिल भारतीय आयुर्वेद संस्थान नई दिल्ली	दिल्ली	हरियाणा राज्य के फरीदाबाद जिले की बुजुर्ग आबादी में शारीरिक और मानसिक स्वास्थ्य को बढ़ावा देने के लिए समुदाय आधारित आयुर्वेद उपचार	चल रही है।
14	2022-23	गुजरात आयुर्वेद विश्वविद्यालय, जामनगर, गुजरात	गुजरात	जामनगर जिले के जामनगर तालुका में आयुर्वेदिक दवाओं से किशोरियों और प्रजनन आयु वर्ग की महिलाओं में पांडु (एनीमिया) का प्रबंधन	पूर्ण की गई।
15	2022-23	अखिल भारतीय आयुर्वेद संस्थान नई दिल्ली	दिल्ली	स्वस्थ संतान के लिए आयुर्वेद देखभाल	पूर्ण की गई।
16	2022-23	अखिल भारतीय आयुर्वेद संस्थान नई दिल्ली	दिल्ली	आयुर्वेदिक उपायों से मस्क्युलोस्केलेटल डिसऑर्डर में दर्द का प्रबंधन	पूर्ण की गई।
17	2022-23	तिलक आयुर्वेद महाविद्यालय, महाराष्ट्र	महाराष्ट्र	महाराष्ट्र के पुणे जिले के मुलाशी ब्लॉक में स्कूल जाने वाले बच्चों में आयरन की कमी से होने वाले एनीमिया के प्रबंधन	पूर्ण की गई।

				में पुनर्नवादि मंदूर और द्राक्षावलेह का उपयोग।	
18	2023-24	सरकारी होम्योपैथिक मेडिकल कॉलेज, भोपाल	मध्य प्रदेश	बुजुर्गों के डीजेनेरेटिव डिसऑर्डर में जेरियाट्रिक स्वास्थ्य देखभाल	चल रही है।
19	2023-24	उत्तर पूर्वी आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच), शिलांग	मेघालय	मेघालय के ईस्ट खासी हिल्स जिले के मावपत और माइलीम ब्लॉक में आदिवासी महिलाओं (18 से 45 साल की उम्र) में आयरन की कमी से होने वाले एनीमिया (आईडीए) के लिए आयुर्वेद उपायों को बढ़ावा देना।	चल रही है।
20	2024-25	डॉ. एम.जी.आर. चिकित्सीय विश्वविद्यालय, तमिलनाडु	तमिलनाडु	ग्रेटर चेन्नई कॉर्पोरेशन में हाई स्कूल और कॉलेज के छात्राओं में मासिक धर्म की समस्याओं में सिद्ध उपचार का मूल्यांकन और प्रभावशीलता	चल रही है।
21	2024-25	डॉ. अचंत लक्ष्मीपति क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, केंद्रीय आयुर्वेदिक विज्ञान अनुसंधान परिषद (सीसीआरएस), चेन्नई, तमिलनाडु	तमिलनाडु	तमिलनाडु के चेंगलपटूर जिले में प्रजनन आयु की महिलाओं में आयरन की कमी से होने वाले एनीमिया पर आयुर्वेदिक उपायों और जीवनशैली संबंधी सलाह की भूमिका का आकलन करने के लिए एक समुदाय आधारित अध्ययन	चल रही है।
22	2024-25	पं. खुशीलाल शर्मा शासकीय आयुर्वेद महाविद्यालय एवं संस्थान, भोपाल	मध्य प्रदेश	ग्रामीण क्षेत्र भोपाल में मधुमेह के बारे में जागरूकता और प्रबंधन	चल रही है।

23	2024-25	अमृता आयुर्वेद विद्यालय	केरल	प्री-डायबिटीज़ के प्रबंधन हेतु आयुर्वेद-आधारित आहार और व्यवहारिक जीवनशैली उपचार - एक समुदाय-आधारित अध्ययन	चल रही है।
24	2024-25	श्री धर्मस्थल मंजुनाथेश्वर आयुर्वेद महाविद्यालय और अस्पताल, हासन	कर्नाटक	कर्नाटक राज्य के हासन जिले के चन्नरायपाटन शहर में शराब के सेवन से होने वाले विकारों की सामुदायिक रोकथाम और समग्र प्रबंधन	चल रही है।
25	2024-25	अमला आयुर्वेदिक अस्पताल और अनुसंधान केंद्र, केरल	केरल	जनसंधिगत वात (घुटने का ऑस्टियोआर्थराइटिस) के लिए जन स्वास्थ्य पर आयुष उपचार	चल रही है।

ख. उत्कृष्टता का केंद्र (सीओई)					
क्र. सं.	वर्ष	संगठन/संस्था का नाम	राज्य/संघ राज्य क्षेत्र	परियोजना का शीर्षक	वर्तमान स्थिति
1.	2021-22	पतंजलि आयुर्वेद अस्पताल, हरिद्वार	उत्तराखंड	पतंजलि आयुर्वेद अस्पताल के नवीनीकरण और उन्नयन के लिए उत्कृष्टता केंद्र की स्थापना	चल रही है।
2.	2021-22	राजीव गांधी सरकारी स्नातकोत्तर आयुर्वेद कॉलेज और अस्पताल	हिमाचल प्रदेश	आयुर्वेद में वृद्धावस्था स्वास्थ्य देखभाल के लिए सीओई	पूर्ण की गई।
3.	2021-22	क्षेत्रीय यूनानी चिकित्सा अनुसंधान संस्थान (आरआरआईयूएम), श्रीनगर	जम्मू और कश्मीर	इलाज बित तदबीर (रेजिमेंटल चिकित्साविधान)	चल रही है।
4.	2021-22	दिव्यांगजनों के कल्याण के लिए	पश्चिम बंगाल	दिव्यांगता की रोकथाम के लिए होम्योपैथी में उत्कृष्टता केंद्र	पूर्ण की गई।

		संस्था, भरोसा, दुर्गापुर			
5.	2021-22	एसडीएम प्राकृतिक चिकित्सा और योग विज्ञान महाविद्यालय, उजीरे, बेंगलुरु	कर्नाटक	एसडीएम प्राकृतिक चिकित्सा और योग विज्ञान महाविद्यालय, उजीरे, आयुर्वास्थ्य योजना (पूर्व में उत्कृष्टता केंद्र (सीओई) योजना के अंतर्गत) के सेंटर ऑफ़ एक्सीलेंस (सीओई) हिस्से के अंतर्गत।	पूर्ण की गई।
6.	2021-22	सरकारी आयुर्वेदिक कॉलेज, जालुकबाड़ी	असम	पंचकर्म और फार्मोसी उन्नयन के लिए उत्कृष्टता केंद्र	चल रही है।
7.	2021-22	बनारस हिंदू विश्वविद्यालय, वाराणसी	उत्तर प्रदेश	“क्षारसूत्र पर शिक्षण, अनुसंधान, प्रशिक्षण और रेफरल मरीजों के लिए राष्ट्रीय संसाधन केंद्र”	चल रही है।
8.	2021-22	यकृत एवं पित्त विज्ञान संस्थान (आईएलबीएस) नई दिल्ली	दिल्ली	भारतीय भोजन और आयुर्वेदिक दवाओं का स्वास्थ्य और रोगी लीवर पर असर	चल रही है।
9.	2021-22	भारतीय प्रौद्योगिकी संस्थान, जोधपुर (आईआईटीजे), जोधपुर	राजस्थान	एकीकृत सटीक स्वास्थ्य और चिकित्सा के लिए आयुर्वेद में उत्कृष्टता केंद्र	चल रही है।
10.	2021-22	आर्य वैद्यशाला, कोट्टक्कल	केरल	कैंसर अनुसंधान में सीओई की स्थापना आर्य वैद्य शाला, कोट्टक्कल	चल रही है।
11.	2021-22	जामिया हमदर्द (मानित विश्वविद्यालय) हमदर्द नगर	दिल्ली	यूनानी चिकित्सा में उत्कृष्टता केंद्र (फार्माकोग्नोसी / फार्माकोलॉजी)	चल रही है।
12.	2022-23	एकीकृत चिकित्सा	दिल्ली	योग और आयुर्वेद हेतु	चल रही है।

		एवं अनुसंधान केंद्र (सीआईएमआर), (एम्स)		उत्कृष्टता केंद्र	
13.	2022-23	राष्ट्रीय मानसिक स्वास्थ्य और तंत्रिका विज्ञान संस्थान (निमहंस)	कर्नाटक	आयुर्स्वास्थ्य योजना के अंतर्गत आयुष अनुसंधान में उत्कृष्टता केंद्र	चल रही है।
14.	2022-23	केंद्रीय आयुर्वेद अनुसंधान संस्थान (सीएआरआई) बेंगलुरु	कर्नाटक	मधुमेह (डायबिटीज मेलिटस) के लिए अनुसंधान और नैदानिक सेवाएँ में उत्कृष्टता केंद्र	चल रही है।
15.	2023-24	टाटा मेमोरियल सेंटर, (टीएमसी) मुंबई	महाराष्ट्र	कैंसर देखभाल के लिए आयुष चिकित्सा की खोज और विकास के लिए उत्कृष्टता केंद्र	चल रही है।
16.	2023-24	सावित्रीबाई फूले पुणे विश्वविद्यालय (एसपीपीयू)	महाराष्ट्र	आयुष उत्कृष्टता केंद्र, पूरक और एकीकृत स्वास्थ्य केंद्र स्वास्थ्य विज्ञान विद्यालय, सावित्रीबाई फूले पुणे	चल रही है।
17.	2023-24	सीडीआरआई, लखनऊ	उत्तर प्रदेश	आयुर्वेद में मौलिक और ट्रांसलेशनल अनुसंधान के लिए उत्कृष्टता केंद्र	चल रही है।
18.	2023-24	जवाहरलाल नेहरू विश्वविद्यालय (जेएनयू), नई दिल्ली	दिल्ली	आयुर्वेद और सिस्टम मेडिसिन पर कार्यात्मक-आधारित सीओई	चल रही है।
19.	2023-24	भारतीय विज्ञान संस्थान, (आईआईएससी), बेंगलोर	कर्नाटक	मधुमेह और चयापचय विकारों में उत्कृष्टता केंद्र	चल रही है।
20.	2023-24	डिज़ाइन विभाग, भारतीय प्रौद्योगिकी संस्थान,	दिल्ली	सस्टेनेबल आयुष फॉर एडवांस्ड टेक्नोलॉजिकल सॉल्यूशन्स, स्टार्टअप सपोर्ट	चल रही है।

		(आईआईटी) दिल्ली		एंड जीरो सस्टेनेबल सॉल्यूशन्स फॉर रसौषधि समाधान के लिए उत्कृष्टता केंद्र,	
21.	2024-25	स्वामी विवेकानंद योग अनुसंधान संस्थान (एसवीवाईएसए)	कर्नाटक	स्वामी विवेकानंद योग अनुसंधान संस्थान (एसवीवाईएसए) में "योग में उत्कृष्टता केंद्र"	पूर्ण की गई
22.	2025-26	श्री धन्वंतरि आयुर्वेदिक महाविद्यालय एवं अस्पताल, श्री धन्वंतरि शैक्षिक समाज (पंजीकृत), चंडीगढ़	चंडीगढ़	क्रोनिक स्पाइन डिसऑर्डर के मरीजों की देखभाल और आयुर्वेदिक प्रबंधन के लिए उत्कृष्टता केंद्र	चल रही है।
23.	2025-26	वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद (सीएसआईआर)- जीनोमिक्स और एकीकृत जीवविज्ञान संस्थान	दिल्ली	आयुर्वेद प्रकृति और जीनोमिक्स के अनुप्रयुक्त विकास के लिए उत्कृष्टता केंद्र	चल रही है।
24.	2025-26	आयुर्वेदिक न्यास	तमिलनाडु	सीओई - रुमेटोलॉजी के लिए अनुसंधान अस्पताल	चल रही है।
25.	2025-26	राष्ट्रीय आयुर्वेद संस्थान (एनआईए), जयपुर	राजस्थान	आयुष दवाओं में उपयोग होने वाले चयनित हुए पौधों से मिलने वाले कच्चे माल की खास पहचान संबंधी विशेषताएं और प्रामाणिक और बाजार नमूनों का डीएनए बैंक निर्माण हेतु द्रव्यगुण में उत्कृष्टता केंद्र	अनुमोदित

				की स्थापना।	
26.	2025-26	राष्ट्रीय होम्योपैथी संस्थान (एनआईएच), कलकत्ता	कलकत्ता	चयापचय विकारों के प्रबंधन में होम्योपैथिक अनुसंधान को आगे बढ़ाने हेतु उत्कृष्टता केंद्र	अनुमोदित
27.	2025-26	केंद्रीय आयुर्वेद अनुसंधान संस्थान, ग्वालियर रोड, झांसी	उत्तर प्रदेश	आयुर्वेद में उपयोग होने वाली रसौषधियों के फार्मास्युटिकल विकास और मानकीकरण में उत्कृष्टता केंद्र	अनुमोदित
28.	2025-26	राष्ट्रीय भारतीय चिकित्सा विरासत संस्थान, (एनआईएमएच) हैदराबाद	हैदराबाद	चिकित्सा-ऐतिहासिक अध्ययन एवं भारतीय चिकित्सा विरासत में उत्कृष्टता केंद्र (सीओईएमएचएस एवं आईएमएच)"	अनुमोदित

विवरण-II

वर्ष 2021-22 से 2025-26 तक आयुस्वास्थ्य योजना के अंतर्गत आवंटित और जारी की गई धनराशि (वास्तविक व्यय) का वर्ष-वार ब्यौरा:

(करोड़ रुपये में)

वर्ष	आवंटित धनराशि	वास्तविक व्यय
2021-22	38.52	35.00
2022-23	11.00	10.95
2023-24	20.85	20.83

2024-25	29.00	20.62
2025-26	62.60	30.15 (30.11.2025 तक)

‘POSHAN BHI PADHAI BHI’ SCHEME

1080. SHRI SAUMITRA KHAN:

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

(a) the details of the funds allocated and utilized and steps taken to inculcate healthy nutritional habits among children in Anganwadi Centres under the

‘Poshan Bhi Padhai Bhi’ Scheme;

(b) whether any special training sessions have been organized for Anganwadi Workers for this scheme in various states including West Bengal, if so the details thereof; and

(c) whether any mechanism or body has been set up to monitor the process of overall development of children under the said scheme, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): Under Poshan Bhi Padhai Bhi (PBPB) initiative, a total of Rs. 476.05 Crore has been sanctioned for Training of State Level Master Trainers (CDPOs, Supervisors and Additional Resource Persons) and Anganwadi Workers (AWWs) under Anganwadi Services Scheme during FY 2023-24 to FY 2025-2026. Under PBPB, Anganwadi Workers (AWWs) are imparted training on

addressing malnutrition: Severely Acute Malnourished (SAM), Moderately Acute Malnourished (MAM) and micronutrient deficiencies among children. A facilitator guidebook has been developed by Savitribhai Phule National Institute of Women and Child Development (SPNIWCD) for training of Anganwadi Workers under Poshan Bhi Padhai Bhi. Special emphasis on balanced diet and inculcating healthy practices among children with increased intake of fruits & vegetables is given during the training. The training also includes sanitation and hygiene practices imparted to the children at Anganwadi Centres (AWCs). Importance of including parents and community in development of children for inculcation of good nutritional practices is also a part of the programme.

(b): Under Poshan Bhi Padhai Bhi, Early Childhood Care and Education (ECCE) Training to Anganwadi Workers is imparted through a Three-Day Programme Schedule (18 hours Duration). Special Training sessions include - “Navchetana- National Framework for Early Childhood Stimulation for Children from Birth to Three Years, 2024” and “Aadharshila- National Curriculum for Early Childhood Care and Education for Children from Three to Six Years 2024”. Main emphasis is given on Play Based Activities for ECCE in each AWC and Weekly Play Based Calendar for ECCE. Poshan Component includes Protocol for Management of Malnutrition in Children: SAM, MAM and Micronutrient Deficiencies among Children; Nutrition, Personal Hygiene and Sanitation for Children (0-6 years) & Dietary Guidelines; Growth Monitoring and Poshan Tracker and Parental Engagement and Community Mobilization for ECCE and

Poshan. Special efforts have been directed to include Divyang Children - Screening, Inclusion and Referrals. As of 1st December, 2025 a total of 41,645 State Level Master Trainers (CDPOs, Supervisors and Additional Resource Persons) and 8,99,523 Anganwadi Workers have been trained across the country under Poshan Bhi Padhai Bhi. In West Bengal 2,303 SLMTs and 102,130 AWWs have been trained under PBPB.

(c): To monitor the process of overall development of children under the said scheme, i.e. PBPB, Poshan Tracker, an important governance tool to ensure transparency in nutrition and Early Childhood Care and Education service delivery at Anganwadi Centres is used. It is available in 24 languages. For the first time in the Anganwadi eco system, baseline data on nutritional indicators is available on Poshan Tracker with monitoring of nutritional delivery (Take Home Ration/Hot Cooked Meal) and growth measurement on real time basis.

The Ministry of Women and Child Development (MWCD) has leveraged the Poshan Tracker application to empower Anganwadi Workers and provide them with continuous digital support and coaching. This initiative aims to enhance their capacity to deliver optimal early childhood care and education services to all children. As part of the digital training efforts, daily learning prompts based on Aadharshila are sent to all AWWs through the Poshan Tracker app. These include two ECCE activity videos and one voice note summarizing the day's activities for children aged 3 to 6 years at Anganwadi Centres. The content follows a structured 44-week curriculum, with 36 weeks of active learning and 8

weeks for recap and reinforcement. Over 230 unique videos, 180+ voice notes, and 1,000+ activity PDFs have been uploaded in the Poshan Tracker. Content is focused on 6 domains of development including foundational literacy, numeracy, and interactive activities.

ENSURING THE QUALITY OF NUTRACEUTICALS

1081. DR. K. SUDHAKAR:

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

- (a) whether the Government has noticed a huge raise in nutraceuticals in the country in the recent years and if so, the details thereof;
- (b) the steps taken/proposed to be taken by the Government to ensure quality of nutraceuticals in this regard;
- (c) whether it is true that a large number of health supplements including protein powders, weight loss drugs are available in plenty in the Indian market that may pose a threat to human health and if so, the details thereof along with the steps taken/proposed to be taken by the Government to regulate this sector;
- (d) whether Food Safety and Standards Authority of India is ensuring the quality of food available in roadside eateries across the country and if so, the details thereof; and
- (e) the steps taken/proposed to be taken by the Government to ensure that Indian food quality standards are in equivalence with the global standards even

for domestic consumption?

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): 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 standards for health supplements including protein powders, weight loss products are notified under the Food Safety and Standards (Health Supplements, Nutraceuticals, Food for Special Dietary Use, Food for Special Medical Purpose, Functional Food and Novel Food) Regulations, 2016, where permissible ingredients, their limits, labelling requirements and safety provisions are specified for such products.

Further, taking cognizance of the complaints, reports/issues circulated on social media and global trends/alerts, FSSAI conducts nationwide or localized / targeted special enforcement and surveillance drives on various food commodities including nutraceuticals through States/UTs and Regional Offices including extensive inspections, sampling and testing at the manufacturing units of such products manufactured for selling/distribution for consumption in the country.

As per Section 31 of Food Safety and Standards (FSS) Act, 2006, no

person shall commence or carry on any Food Business except under a license/registration, whichever is applicable. Therefore, all Food Business Operators (FBOs) including Petty Food Manufacturers and Retailers like street vendors and small retailers including caterers and restaurants have to comply with prescribed standards and the provisions of Food Safety and Standards Regulations.

Also, every FBO has to follow the Schedule 4, relating to sanitary and hygienic requirements and other requirements as prescribed under Food Safety and Standards (Licensing & Registration) Regulation 2011 based on the type and scale of the food business.

The domestic standards are harmonized with internationally accepted Codex standards after carrying out risk assessment. India, as a member country of the Codex Alimentarius Commission contributes in the development of Codex standards to facilitate international trade.

उर्वरक खरीदने के लिए दिशानिर्देश

1082. श्री कुलदीप इंदौरा:

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

(क) क्या सरकार इस तथ्य से अवगत है कि श्रीगंगानगर एवं हनुमानगढ़ जिलों में प्रत्येक आधार कार्ड पर डीएपी के तीन बैग एवं यूरिया उर्वरक के पांच बैग की खरीद सीमा किसानों की वास्तविक आवश्यकताओं के अनुरूप नहीं है, जिससे उन्हें बार-बार उर्वरक केंद्रों पर जाना पड़ता है एवं उर्वरक की कमी की समस्या का सामना करना पड़ता है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार उर्वरक खरीद पर इस सीमा को हटाने के लिए कोई दिशानिर्देश जारी करने पर विचार कर रही है ताकि किसान अपनी आवश्यकता के अनुसार उर्वरक खरीद सकें और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार को यह भी ज्ञात है कि विक्रेता अक्सर उर्वरकों को अन्य उत्पादों के साथ बेचते हैं एवं किसानों को उन्हें खरीदने के लिए बाध्य करते हैं; और

(ड.) यदि हां, तो तत्संबंधी ब्यौरा क्या है और ऐसे उर्वरक विक्रेताओं 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): जी हां, राजस्थान सरकार द्वारा दी गई सूचनानुसार, श्री गंगानगर और हनुमानगढ़ के लाइसेंसिंग प्राधिकारियों ने निर्देश जारी किए हैं कि डीएपी/यूरिया उर्वरकों को खरीदने की सीमा प्रति आधार कार्ड पर पांच बोरी है और साथ ही अन्य ज़मीन के रिकॉर्ड की सत्यापना भी की जाएगी। प्रत्येक किसान को उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित करने हेतु ऐसा किया गया है। श्री गंगानगर और हनुमानगढ़ दोनों जगहों पर उर्वरकों की पर्याप्त मात्रा में आपूर्ति की गई है। राज्य सरकार ने उर्वरकों का पारदर्शी और व्यवस्थित वितरण सुनिश्चित करने के लिए ये उपाय किए हैं। इसलिए, आज की तारीख में किसी भी ज़िले में उर्वरकों की कोई कमी नहीं है। संबंधित लाइसेंसिंग प्राधिकारियों ने उर्वरकों का पारदर्शी और व्यवस्थित वितरण सुनिश्चित करने के लिए ये उपाय किए हैं।

(घ) और (ड.): आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत उर्वरकों को आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, राज्य सरकारों को कालाबाजारी/अधिक मूल्य-निर्धारण में शामिल लोगों के खिलाफ कार्रवाई करने की शक्तियां दी गई हैं। उर्वरकों की कालाबाजारी/अधिक

मूल्य-निर्धारण के बारे में उर्वरक विभाग के स्तर पर मिली कोई भी शिकायत संबंधित राज्य सरकार को आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए भेजी जाती है। इसके अलावा, उर्वरक विभाग उर्वरकों के साथ अन्य उत्पादों को टैग/बंडल करने को हतोत्साहित करता है। तदनुसार, उर्वरक कंपनियों को ऐसी गतिविधियों में लिप्त न होने के लिए उपयुक्त निर्देश दिए गए हैं। इसके अलावा, राज्य सरकारों को भी टैगिंग को रोकने के लिए मौजूदा नियमों के अनुसार सख्त कार्रवाई करने की सलाह दी गई है।

सक्षम आंगनवाड़ी योजना के तहत स्मार्ट मॉडल केंद्र

1083. श्री मनीष जायसवाल:

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

(क) क्या सरकार का विचार सक्षम आंगनवाड़ी योजना के अंतर्गत आंगनवाड़ी केंद्रों को स्मार्ट मॉडल केंद्रों के रूप में विकसित करने का है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ख) क्या इस पहल के माध्यम से स्थानीय आंगनवाड़ी कार्यकर्ताओं और महिला कार्यकर्ताओं को अधिक नियमित और सम्मानजनक रोजगार प्रदान करने की कोई योजना है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) और (ख): 15वें वित्त आयोग की अवधि के दौरान, बेहतर पोषण प्रदायगी, प्रारंभिक बाल्यावस्था देखभाल और विकास के लिए प्रति वर्ष 40,000 आंगनवाड़ी केंद्रों की दर से 2 लाख आंगनवाड़ी केंद्रों (एडब्ल्यूसी) को मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत सक्षम आंगनवाड़ी के रूप में मजबूत और उन्नत किया जाना है। सक्षम आंगनवाड़ियों को पारंपरिक आंगनवाड़ी केंद्रों की तुलना में बेहतर बुनियादी सुविधा से सुसज्जित किया जाता है, जिसमें एलईडी स्क्रीन, वाटर प्यूरीफायर/आरओ मशीन की स्थापना, पोषण वाटिका, ईसीसीई और बाला पेंटिंग शामिल हैं। अब

तक, पूरे देश में कुल 2 लाख आंगनवाड़ी केन्द्रों को सक्षम आंगनवाड़ी केन्द्रों के रूप में उन्नयन के लिए मंजूरी दी गई है।

आंगनवाड़ी कार्यकर्त्री और आंगनवाड़ी सहायिका स्थानीय समुदाय की “मानद कार्यकत्रियां” हैं जो पोषण और बाल विकास के क्षेत्र में स्वेच्छा से अपनी सेवाएं देने के लिए आगे आती हैं। राज्य और संघ राज्य क्षेत्र आंगनवाड़ी कार्यकत्रियों और आंगनवाड़ी सहायिकाओं की सेवा शर्तें तय करने वाले प्राथमिक प्राधिकरण हैं। आंगनवाड़ी कार्यकत्रियों और आंगनवाड़ी सहायिकाओं को सरकार द्वारा समय-समय पर तय मासिक मानदेय का भुगतान किया जाता है। केंद्र सरकार मानदेय का अपना उचित अंश देती है। मानदेय का शेष अंश राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासन द्वारा दिया जाता है। भारत सरकार द्वारा दिए जाने वाले मानदेय के अलावा, अधिकांश राज्य/संघ राज्य क्षेत्र अपने संसाधनों से इन कार्यकत्रियों को अलग-अलग अतिरिक्त मौद्रिक प्रोत्साहन/टॉप-अप भी दे रहे हैं।

AYUSH MEDICAL COLLEGES

1084. SHRI SOUMENDU ADHIKARI:

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

- (a) whether the Government proposes to set up AYUSH medical colleges in various parts of the country and if so, the details thereof, State/UT-wise including at Haldia in West Bengal;
- (b) the details of the Government run AYUSH colleges in the country, State/UT-wise; and
- (c) whether the Government has any proposal to setup such institutions through Public-Private-Partnership model 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): Public Health being a State Subject, establishment of Ayush medical college in various parts of the country including Haldia in West Bengal comes under the purview of respective State/UT Governments. However, under a Centrally Sponsored Scheme namely, National Ayush Mission (NAM) there is provision for financial assistance to establishment of new Ayush colleges in the States/UTs including West Bengal where availability of Ayush teaching institutions is inadequate. The State/UT-wise including West Bengal status of Ayush Education Institutions supported under NAM is given in the enclosed **Statement-I**.

(b): The details of the Government run AYUSH colleges in the country, State/UT-wise is given in the enclosed **Statement-II**.

(c): Currently, there is no proposal to setup such institutions through Public-Private-Partnership model.

STATEMENT-I

Establishment of new Ayush Educational Institutes State /UT-wise

S. No.	Name of State / UT	Name of the Institutions
1	Andhra Pradesh	Govt. Naturopathy & Yoga Medical College, Vishakhapatnam
2	Assam	Govt. Ayurveda College, Dudhnoi

3	Chandigarh	Govt. Ayurveda college, Mani Mazra, Chandigarh
4	Gujarat	Setting up of Government Ayurveda College at Surendranagar
5	Karnataka	Govt. Naturecure & Yoga College at Mysore Men-Tsee-Khang (Sowa Rigpa) College at Dalai Lama's Institute of Higher Education, Sheshagirihalli, Bidadi Hobali, Ramanagara Distt.
6	Madhya Pradesh	Govt. Ayurveda College, Shahdol Govt. Ayurveda College, Narmadapuram Govt. Ayurveda College, Balaghat Govt. Ayurveda College, Morena Govt. Ayurveda College, Sagar
7	Manipur	Homoeopathic Medical College at Keirao, Manipur
8	Sikkim	Sowa Rigpa in Namgyal Institute of Tebetology, Deaorali, Gangtok
9	Haryana	Unani College & Hospital, Akeri, Distt. Nuh Homeopathic College & Hospital at Village Chandpura, Ambala Cantt., Ambala Distt.
10	West Bengal	Yoga and Naturopathy Degree College at Belur State General Hospital, Howrah
11	Uttar Pradesh	State Homeopathic Medical College & Hospital, Varanasi State Ayurvedic Medical College & Hospital, Ayodhya
12	Tamil Nadu	Govt. Siddha College & Hospital, Pilani
13	Jammu & Kashmir	Government Homeopathic Medical College, Rakh Hoshiyari, Kathua District
14	Uttarakhand	Homoeopathic Medical College, Hospital & Research Centre at Doiwala, Dehradun District

STATEMENT-II**The List of Government run Ayurvedic Medical Colleges in the Country,
State/UT –wise**

S. No	Name of the College	State
1	Dr. NR Shastry Govt. Ayurvedic College, M.G. Road, Vijayawada-520002, Urban Mandal, Krishna District. Andhra Pradesh	Andhra Pradesh
2	North Eastern Institute of Ayurveda and Folk Medicine Research, Opp. APST Bus Terminus, High Region, Pasighat-791102, Arunachal Pradesh	Arunachal Pradesh
3	Government Ayurvedic College, Jalukbari, Distt-Kamrup (Metro), Guwahati- 781014, Assam	Assam
4	Rajkiya Ayodhya Shivkumar Ayurved College & Hospital At Lohiyanagar, P.O.-Suhirdnagar, Dist. Begusari-851218, Bihar	Bihar
5	Government Ayurvedic College & Hospital, Kadam Kuan, Patna- 800003, Bihar	Bihar
6	Govt. Ayurved College & Hospital, Ashok Nagar, Sarkanda, Sendri, Bilaspur-495001, Chhattisgarh	Chhattisgarh
7	Shri Narayan Prasad Awasthi Government Ayurvedic College, G.E. Road, Raipur- 492001, Chhattisgarh	Chhattisgarh
8	All India Institute Of Ayurveda, North Goa, Dhargal, Pernem, Goa	Goa
9	Govt. Akhandanand Ayurved College & Hospital, SMIAS Campus, Kolavada Sonipur Road, Gandhinagar- 382028, Gujarat	Gujarat
10	Govt. Ayurved Mahavidyalaya & College, Outside Panigate, Dhanwant Marg, Ajwa Road, Waghodia Road, Vadodara- 390019, Gujarat	Gujarat

11	Govt. Ayurved College, Pancheshwar Road, Near Geeta Cinema, Dist. Junagarh- 362001, Gujarat	Gujarat
12	State Model Institute of Ayurveda Sciences, Kolavada, Gandhinagar- 382028, Gujarat	Gujarat
13	Sheth JP Govt. Ayurved College, Opp. Sardar Baug, Panvadi, Jashonath Chowk, Bhavanagar- 364001, Gujarat	Gujarat
14	Shri Gulab Kunverba Ayurved Mahavidyalaya, Dhanwantri Mandir, Jamnagar-361008, Gujarat	Gujarat
15	Institute for Post Graduate Teaching & Research in Ayurveda Office to the Director Sushruta Bhavan, Gujarat Ayurved University, G.G. Hospital Road, Jamnagar 361008, Gujarat	Gujarat
16	Shri Krishna Govt. Ayurvedic College & Hospital, Umri Road, Near DC Residence, Sec-8, Kurukshetra-136118, Haryana	Haryana
17	Shri Maru Singh Memorial Institute of Ayurveda, B.P.S. Mahila Vishwavidyalaya Khanpur Kalan, Tehsil-Gohana, Distt. Sonipat-131305, Haryana	Haryana
18	Baba Khetanath Govt. Ayurvedic College and Hospital, village-Patikara, Narnaul, Dist- Mahendragarh, Narnaul- 123001, Haryana	Haryana
19	National Institute of Ayurveda, Panchkula, Sector 5-D, Mata Mansa Devi Shrine Board Campus, Panchkula, Haryana- 134114	Haryana
20	Rajiv Gandhi Govt. Post-Graduate, Ayurvedic College, Paprola, Tehsil-Baijnath, Distt. Kangra-176115, Himachal Pradesh	Himachal Pradesh
21	Government Ayurvedic Medical College, Akhnoor, Indira Chock Jammu, Near MLA Hostel Jammu -184101, Jammu & Kashmir	Jammu & Kashmir

22	Govt. Ayurveda Medical College & Hospital, Sayyaji Rao Road, Vishweshwaraiah Circle, Distt. Mysore-570021, Karnataka	Karnataka
23	Govt. Ayurveda Medical College & Teaching Hospital, Opposite to I.B., Sagar Road, Shivamogga-577201, Karnataka	Karnataka
24	Govt. Ayurvedic Medical College, Dhanwantri Road, Bangalore-560009, Karnataka	Karnataka
25	Taranath Govt. Ayurvedic Medical College, Ananthpura Road, Bellary-583101, Karnataka	Karnataka
26	Govt. Ayurveda College, M.G Road, Taluke & District Thiruvananthapuram-695001, Kerala	Kerala
27	Government Ayurveda College, P.O Pariyaram Medical College, Kannur-670503, Kerala	Kerala
28	Government Ayurveda College, Dhanwantri Nagar, Taluk Kanayannur, Distt. Ernakulam, Tripunithura-682301, Kerala	Kerala
29	Government Autonomous Ayurved College, Gwarighat, Jabalpur- 482001, Madhya Pradesh	Madhya Pradesh
30	Shaskiya Swashasi Ashtanga Ayurved Mahavidyalaya, Lokmanay Nagar, Indore-452009, Madhya Pradesh	Madhya Pradesh
31	Pt. Khushilal Sharma Govt. (Autonomous) Ayurved College & Institute, Behind Manit, Nehru Nagar, Kolar Bypass Road, Science Hills, Bhopal-462003, Madhya Pradesh	Madhya Pradesh
32	Govt. Auto Ayurved College & Hospital, Amkho, Lashkar, Gwalior-474009, Madhya Pradesh	Madhya Pradesh
33	Government Autonomous Dhanwantri Ayurved College, Mangalnath Marg, Taluka & District Ujjain-456001, Madhya Pradesh	Madhya Pradesh

34	Pt. Shivnath Shastri Government Autonomous Ayurveda College & Hospital Shikarpura, Near Water Tank, Burhanpur-450331, Madhya Pradesh	Madhya Pradesh
35	Govt. (Auto) Ayurved College, Tamra Road, Nipaniya Dist-Rewa 484001, Madhya Pradesh	Madhya Pradesh
36	R.A. Podar Ayurved Medical College Dr. Annie Besant Road, Worli, Mumbai-400018, Maharashtra	Maharashtra
37	Government Ayurved College & Hospital, 26/1, Shri. Gilabrao Deokar Engineering Campus, Jalgaon Mohadi, Shirsoli Road 425002, Maharashtra	Maharashtra
38	Government Ayurveda College and Hospital, Baramati, at post- Medad, S.No. 414/1, Morgaon Road, Baramati, Dist. Pune-413102, Maharashtra	Maharashtra
39	Govt. Ayurvedic College, Raje Raghuji Nagar, Umrer Road, Sakkardara Chowk, Nagpur-440024, Maharashtra	Maharashtra
40	Government Ayurved College, Wazirabad, Tal. & Distt. Nanded-431601, Maharashtra	Maharashtra
41	Govt. Ayurvedic College Tulajapur Road, Osmanabad-413501, Maharashtra	Maharashtra
42	North Eastern Institute of Ayurveda & Homeopathy (NEIAH), Mawdiangdiang, Shillong-793018, Meghalaya	Meghalaya
43	Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi-110073	New Delhi
44	All India Institute of Ayurveda, Mathura Road, Gautampuri, Sarita Vihar, Gautampuri Awas, Badarpur, New Delhi, Delhi 110076	New Delhi
45	Govt. Ayurved College, AT Tulsi Nagar, Bolangir -767001, Odisha	Odisha

46	Gopabandhu Ayurveda Mahavidyalaya, VIP Road, Puri-2, Puri - 752002, Odisha	Odisha
47	Kaviraj Ananta Tripathy Sharma Ayurved College & Hospital, At/P.O Ankushpur, Via Kukudakhandi Distt. Ganjam-761100, Orissa	Odisha
48	Rajiv Gandhi Ayurveda Medical College and Hospital, Chalakkara, New Mahe. P.O, Parasinikkadavu, Kannur, Kerala Puducherry-673311	Puducherry
49	Government Ayurved College, Near Gurudwara Moti Bagh, Mandi Gobindgarh, Patiala- 147001, Punjab	Punjab
50	National Institute of Ayurveda, (Deemed to be University) Madhav Vilas Palace Amer Road, Jaipur-302002, Rajasthan	Rajasthan
51	Madan Mohan Malviya Govt. Ayurveda College, Rada ji circle, Ambamata, Udaipur-313001, Rajasthan	Rajasthan
52	University College of Ayurved, Rajasthan Ayurved University, Nagaur Road, Kadwad, Jodhpur-342037, Rajasthan	Rajasthan
53	Govt. Ayurvedic Mahavidhalaya, Pratap Nagar, Ayush Bhawan, near water tank, Sanganer, Jaipur-302033, Rajasthan	Rajasthan
54	Govt. Ayurvedic Mahavidyalaya, Govt. Zilla Chikitsalaya, Bandra Baas, Bikaner, Rajasthan-334001	Rajasthan
55	Govt. Ayurved Mahavidyalaya Evum Chikitsalaya, Rajkiya Shri Vrishbhanu Kumar (S.V.K) Opp. Girls Higher School, Atalbandh, Bharatpur-321001, Rajasthan	Rajasthan
56	Govt. Ayurved Mahavidyalaya, Dr. Rajendra Prasad Zila Ayurved Chikitsalaya, Ranisati Road, Sikar-332001, Rajasthan	Rajasthan
57	Govt. Ayurved Mahavidyalaya, Kekari, Ajmer-305404, Rajasthan	Rajasthan

58	Govt. Ayurved Mahavidyalaya, Vaid Dadudayal Joshi Rajkiya Zila Ayurved Chikitsalaya, Talvandi, Kota-324005, Rajasthan	Rajasthan
59	Government Ayurveda Medical College and Hospital, Kottar, Nagercoil – 629002, Tamil Nadu	Tamil Nadu
60	Anantha Laxmi Govt. Ayurvedic College, Post Laxmipura, Labour Colony, Tq. & Distt. Warangal-506013, Telangana	Telangana
61	Dr. BRKR Govt. Ayurvedic College, Opp. E.S.I Hospital, Erragadda, Hyderabad-500038, Telangana	Telangana
62	State Ayurvedic College & Hospital, Tulsidas Marg, Lucknow-226001, Uttar Pradesh	Uttar Pradesh
63	Faculty of Ayurveda Institute of Medical Sciences, Banaras Hindu University, Distt. Varanasi- 221005, Uttar Pradesh	Uttar Pradesh
64	Bundelkhand Govt. Ayurvedic College & Hospital, Gwalior Road, Jhansi-284001, Uttar Pradesh	Uttar Pradesh
65	Government Ayurvedic College & Hospital Atarra- 210201, Dist. Banda ,Uttar Pradesh	Uttar Pradesh
66	S.R.M. Govt. Ayurvedic College, Bansmandi, Bareilly-243005,Uttar Pradesh	Uttar Pradesh
67	Swami Kalyandev Government Ayurved College , Rampur, Muzaffarnagar-251001, Uttar Pradesh	Uttar Pradesh
68	Shri Lal Bahadur Shastri Smarak Govt. Ayurvedic College & Hospital, Handia, Allahabad-221503, Uttar Pradesh	Uttar Pradesh
69	Govt. Ayurvedic College & Hospital, Sampoornanand Sanskrit University, Varanasi- 221002, Uttar Pradesh	Uttar Pradesh
70	Lalit Hari State P.G. Ayurvedic College & Hospital, Pilibhit- 262001, Uttar Pradesh	Uttar Pradesh

71	Rishikul Govt P.G. Ayurvedic College & Hospital, Haridwar- 249401 Uttarakhand	Uttarakhand
72	Faculty of Ayurveda, Uttarakhand Ayurved University , Harrawala, Dehradun-248001, Uttarakhand	Uttarakhand
73	Govt. Gurukul Ayurved College, Gurukul Kangari, Haridwar-249404, Uttarakhand	Uttarakhand
74	JB Roy State Ayurvedic Medical College & Hospital 170-172, Raja Dinendra Street, PO- Shyambazar, Kolkata- 700004 West Bengal	West Bengal
75	Institute of Post Graduate Ayurvedic Education & Research Shyamadas Vidya Shastra, Pith. 294/3/1 Asharya Prafulla Chandra Road, Kolkata- 700009, West Bengal	West Bengal
76	Ayurved & Unani Tibbia College and Hospital, Ajmal Khan Road, Karol Bagh, New Delhi-110005	New Delhi

The List of Central Government run Yoga & Naturopathy Medical Colleges

S. No	Name of the College	State
1	Morarji Desai National Institute of Yoga 68, Ashoka Road, New Delhi - 110001	New Delhi
2	National Institute of Naturopathy (NIN) Bapu Bhavan, Tadiwala Road, behind Pune Railway Station, Pune	Maharashtra

The List of Government run Siddha Medical Colleges in the Country, State/UT –wise

S. No	Name of the College	State
1	Govt. Siddha Medical College, Palayamkottai, Tirunelveli,-627002, Tamil Nadu	Tamil Nadu

2	Govt. Siddha Medical College, Arumbakkam, Aringar Anna Hospital Campus Chennai-600106, Tamil Nadu	Tamil Nadu
3	National Institute of Siddha, Trichy Hwy, near Government Hospital, Tambaram Sanatoruim, Chennai, Tamil Nadu 600047	Tamil Nadu

**The List of Government run Unani Medical Colleges in the Country,
State/UT –wise**

S. No	Name of the College	State
1	Govt. Tibbia College and Hospital, Budh Murti, Kadam Kuan, Patna-800003, Bihar	Bihar
2	Govt. Unani Medical College and Hospital, Shalateng, Nawabagh Ganderbal, Srinagar-193501, Jammu & Kashmir	Jammu & Kashmir
3	Regional Research Institute of Unani Medicine (RRIUM), Naseem Bagh Campus, University of Kashmir, Srinagar-190006, Jammu & Kashmir	Jammu & Kashmir
4	Govt. Unani Medical College, Dr. Siddaiah Puranik Road, Basaveshwara nagar, Bangalore-560079, Karnataka	Karnataka
5	National Institute of Unani Medicine, Kottige Palaya, Magadi Main Road, Bangalore-560091, Karnataka	Karnataka
6	Hakim Syed Ziaul Hassan, Government Unani Medical College, Science Hills, Behind Manit, Ayush Parisar, Bhopal-462003, Madhya Pradesh	Madhya Pradesh
7	Ayurvda and Unani Tibbia College, Ajmal Khan Road, Karol Bagh Govt. of NCT, New Delhi-110005	New Delhi
8	Govt. University College of Unani, Viii. -Yusufpura at Charai, Tonk, Rajasthan	Rajasthan

9	Government Unani Medical College, Arignar Anna Govt. Hospital of Indian Medicine Campus, Arumbakkam, Chennai-600106, Tamil Nadu	Tamil Nadu
10	Govt. Nizamia Tibbia College, Charminar, Hyderabad-500002, Telangana	Telangana
11	Central Research Institute for Unani Medicine (CRIUM), (National Research Institute of Unani Medicine for Skin Disorders), Opp. ESI Metro Station, AG Colony Road, near Erragadda, Hyderabad, Telangana-500038	Telangana
12	State Unani Medical College & Hakim Ahmed Husain Republic Day Memorial Hospital, Old GT Road, near SBI ATM, Khuldabad, Himmatganj, Prayagraj-211001, Uttar Pradesh	Uttar Pradesh
13	State Takmeel-ut-Tib College & Hospital, Hkm. Abdul Aziz Road, Jhawai Tola Chaupatia, Lucknow- 226002 Uttar Pradesh	Uttar Pradesh
14	Ajmal Khan Tibbiya College, Near Tasveer Mahal, Civil Lines, Aligarh-202002 Uttar Pradesh	Uttar Pradesh
15	National Institute of Unani Medicine, Hapur Road, Kamal Nehru Nagar, Near CBI Academy, Ghaziabad-201002, Uttar Pradesh	Uttar Pradesh

**The List of Government run Sowa-Rigpa Medical Colleges in the Country,
State/UT –wise**

S. No	Name of the College	State
1	Central Institute of Buddhist Studies (CIBS), Choglamsar, Leh, Ladakh-194104	Ladakh
2	National Institute of Sowa-Rigpa (NISR) Behind Main Post Office, Skalzangling, Leh. Ladakh-194101	Ladakh

3	Central Institute of Higher Tibetan Studies, Sarnath, Varanasi, Uttar Pradesh-221007	Uttar Pradesh

**The list of Government run Homeopathic Medical Colleges in the Country
, State/UT-wise.**

S. No	College Name	STATE
1.	Dr. Allu Ramalingaiah Govt. Homoeopathic Medical College, 26-1-11, Y JUNCTION, RAJAMAHENDRAVARAM, East Godavari 533106. drarghmc_rjy@yahoo.com	Andhra Pradesh
2.	Dr. Gururaju Govt. Homoeopathic Medical College, Gudivada , Krishna Distt.- 521 301. gghmc_gdv@yahoo.com	Andhra Pradesh
3.	Govt. Homoeopathic Medical College, RAMA RAJU PALLI, RAVINDRA NAGAR POST, KADAPA, Cuddapah, Andhra Pradesh, 516003. ghmc_kdpap@gmail.com	Andhra Pradesh
4.	Swahid Jadav Nath Govt. Homoeopathic Medical College, Vil I. Bagharbari, P.O. Khanapara, Guwahati- 781037. sjnhmcghy@yahoo.com	Assam
5.	R.B.T.S. Govt. Homoeopathic Medical College, Ram Dayalu Nagar, P.O. Ramna, Muzaffarpur- 842 002.rbts1958@gmail. com	Bihar
6.	Nehru Homoeopathic Medical College and Hospital, B- Block , Defence Colony, New Delhi 110024. principalnhmc@gmail.com	Delhi
7.	Dr. B.R. Sur Homoeopathic Medical College and Hospital, N ear Nanakpura Gurudwara (Ring Road), Moti Bagh- II, New Delhi-110021. principal_shmc@yahoo.com	Delhi
8.	National Institute of Homoeopathy, Delhi (A Satellite Institute of NIH, KOLKATA); Sector A- 8, Chaudhary Ramdev Marg, Narela,	Delhi

	Delhi110040. admin.nih@nic.in, drsubhashmd@yahoo.com	
9.	Govt. Homoeopathic Medical College and Hospital, Dethali, Ta. Sidhdhpur, Dist. Patan (North Gujarat) 384151. govthomoeopathicdethali@gmail.com	Gujarat
10.	State Homoeopathic Medical College, Paraspani Godda - 814147 principalgmch@gmail.com	Jharkhand
11.	Government Homoeopathic Medical College & Hospital, Mah atma Gandhi Hospital, Main Bazaar ,Kathua 184101. Email id: pmcgmckathua@gmail.com , modgism786@gmail.com , Dr.BRDubb@gmail.com	Jammu & Kashmir
12.	Govt. Homoeopathic Medical College, Dr. Siddaiah Puranik Road, (Near Govt. Medical Stores) Basaveshwara- Nagar, Bangalore-560079. ghmchprincipal@gmail.com	Karnataka
13.	Govt. Homoeopathic Medical College, Irnamuttam, P.O. Manacaud, Thiruvananthapuram- 695009. pcodhme@gmail.com	Kerala
14.	Govt. Homoeopathic Medical College, Karaparamba, Kozhikode Dist. -673 010. principalghmc@gmail.com	Kerala
15.	National Homoeopathy Research Institute in Mental health, (NHRIMH) at CRI(H), Sachivothamapuram P.O., Kottayam- 686532 principal.nhrimhktm@gmail.com	Kerala
16.	Govt. Homoeopathic Medical College and Hospital, MACT HILLS, AYUSH Campus, Beside Kaliasot Dam, Chuna Bhatt i, Bhopal-462003. prighmcbho@mp.gov.in	Madhya Pradesh
17.	Govt. Homoeopathic Medical College, Chincholi, Jalgaon- 425002. ghmcjalgaon@gmail.com	Maharashtra
18.	North Eastern Institute of Ayurveda and Homoeopathy, Mawdiangdiang, Shillong-793018. dir-neiah@nic.in , neiahshillong@gmail.com	Meghalaya
19.	Dr. Abhin Chandra Homoeopathic Medical College and Hosp ital, Unit-III, Kharvela Nagar, Bhubaneswar, Distt. Puri.	Odisha

	-751 001. drachmch@gmail.com	
20.	Biju Pattnaik Homoeopathic Medical College, Berhampur-760001 Ganjam. bphmch@gmail.com	Odisha
21.	Orissa Medical College of Homoeopathy & Research, Sambalpur-768 001. principalomchr@gmail.com	Odisha
22.	Utkalmani Homoeopathic Medical College & Hospital, Naya Bazar, Rourkela-769010. pandadrratnakar@gmail.com, uhmcrkl@gmail.com	Odisha
23.	University College of Homoeopathy, Kadwad, Jodhpur. uch.jodhpur@gmail.com	Rajasthan
24.	University College of Homoeopathy, Kekari, Ajmer- 305404 . uchkekri@gmail.com	Rajasthan
25.	Govt. Homoeopathic Medical College and Hospital, At. Thirumangalam, Dist. Madurai – 626 706. ghmchtm@gmail.com	Tamil Nadu
26.	J.S.P.S. Govt. Homoeopathic Medical College, Ramanathapur, Hyderabad-500 013. jspsghmchyds@gmail.com	Telangana
27.	National Homoeopathic Medical College & Hospital, 1, Viraj Khand, Gomti Nagar, Lucknow - 226001. nhmclko@yahoo.co.in	Uttar Pradesh
28.	Pt. Jawaharlal Nehru State Homoeopathic Medical College and Hospital, Block A/1, Scheme-38, Lakhanpur, Kalyanpur, Kanpur-208024. pjlnrhmc@gmail.com	Uttar Pradesh
29.	State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Phaphamau, Allahabad 211021. drhemlata2@gmail.com	Uttar Pradesh
30.	State Dr. Brij Kishore Homoeopathic Medical College and Hospital, Deokali, Faizabad-224001. principalbkhm@gmail.com	Uttar Pradesh

31.	State Ghazipur Homoeopathic Medical College and Hospital, Rauza, Ghazipur- 233001. ghmcgzp@gmail.com	Uttar Pradesh
32.	State Homeopathic Medical College and Hospital, Gorakhpur -273402. principalshmcg@gmail.com	Uttar Pradesh
33.	State Homoeopathic Medical College & Hospital, Kasimpur Road, Chherat, Aligarh- 202122. rhmcaligarh@gmail.com	Uttar Pradesh
34.	State K.G.K. Homoeopathic Medical College and Hospital, R. Line Par, Moradabad- 001. principalkgkhamcollege@gmail.com	Uttar Pradesh
35.	State Shri Durgaji Homoeopathic Medical College and Hospital, Chandeshwar, Dist. Azamgarh-276 001. principalsdjh13@gmail.com	Uttar Pradesh
36.	D.N.De. Homoeopathic Medical College and Hospital, 12, G. K. Road, Kolkata -700 046. dndeofficial@gmail.com	West Bengal
37.	Mahesh Bhattacharya Homoeopathic Medical College and Hospital, H.I.T. Road, Ichapur, Doomurjala Howrah-711104. principalmhmch@gmail.com	West Bengal
38.	National Institute of Homoeopathy, Block- GE, Sector III, Salt Lake, Kolkata- 700 106. admin.nih@nic.in	West Bengal
39.	The Calcutta Homoeopathic Medical College and Hospital, 265/66, Acharya Prafulla Chandra Road, Kolkata- 700009. chmch_1881@rediffmail.com	West Bengal
40.	Midnapore Homoeopathic Medical College and Hospital, P. O. and Dist. Midnapore-721 104. mhmch1945@gmail.com	West Bengal

युवाओं में हृदयाघात की घटनाएँ

1085. श्री अशोक कुमार रावत:

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

(क) क्या सरकार ने इस बात पर ध्यान दिया है कि देश में विशेषकर जिम जाने वाले युवाओं में दिल का दौरा और हृदयाघात से मृत्यु की घटनाएँ बढ़ रही हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और

इस पर सरकार की क्या प्रतिक्रिया है;

(ख) क्या सरकार को यह भी जानकारी है कि निजी क्षेत्र में अत्यधिक कार्य दबाव, देर रात तक काम करने की प्रवृत्ति तथा जिम में अत्यधिक शारीरिक श्रम जैसे कारक भी देश में ऐसी घटनाओं को बढ़ावा दे रहे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या इस संबंध में सरकार के पास कोई अध्ययन/विशेषज्ञ रिपोर्ट उपलब्ध है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार का विचार कार्य और जीवन में संतुलन और सुरक्षित व्यायाम के तरीकों के बारे में कोई दिशानिर्देश जारी करने/कोई जन जागरूकता अभियान शुरू करने का है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) युवाओं में हृदय संबंधी बीमारियों और उनसे होने वाली मौतों की बढ़ती घटनाओं को रोकने के लिए सरकार द्वारा अब तक क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है?

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 दिल के दौरों के कारणों को समझने के लिए, आईसीएमआर-राष्ट्रीय महामारी विज्ञान संस्थान (आईसीएमआर-एनआईई) ने भारत के 25 अस्पतालों में एक बहु-केंद्रित मिलान केस-कंट्रोल अध्ययन किया। ये मामले अक्टूबर 2021 और जनवरी 2023 के बीच अध्ययन अस्पतालों में भर्ती 18-45 वर्ष की आयु के मरीजों के थे, जिन्हें नए निदान किए गए एक्यूट मायोकार्डियल इन्फार्क्शन (एमआई) के साथ भर्ती कराया गया था। नियंत्रण 18-45 वर्ष की आयु के मरीज थे, जिन्हें अन्य कारणों से उसी अस्पताल में भर्ती कराया गया था, जो अस्पताल में भर्ती होने के समय से मेल खाते थे। विभिन्न जोखिम कारकों के बारे में जानकारी एकत्र की गई। अध्ययन में पाया गया कि एमआई के साथ अस्पताल में भर्ती होना किसी ज्ञात सह-रुग्णता की उपस्थिति, थ्रोम्बोटिक घटना के

पारिवारिक इतिहास और कभी धूम्रपान करने से जुड़ा था।

(घ) और (ङ): स्वास्थ्य राज्य का विषय है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) राष्ट्रीय गैर-संचारी रोग रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के अंतर्गत राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। हृदय रोग एनपी-एनसीडी का एक अभिन्न अंग है। इस कार्यक्रम के अंतर्गत 770 जिला एनसीडी क्लीनिक, 6410 सामुदायिक स्वास्थ्य केंद्र एनसीडी क्लीनिक और 233 हृदय परिचर्या इकाइयाँ स्थापित की गई हैं। इसके अतिरिक्त, व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक भाग के रूप में, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत देश में मधुमेह और उच्च रक्तचाप सहित सामान्य एनसीडी की रोकथाम, नियंत्रण और जाँच हेतु जनसंख्या-आधारित पहल शुरू की गई है। इस पहल के अंतर्गत, 30 वर्ष से अधिक आयु के व्यक्तियों की जाँच की जाती है।

हृदयघात संबंधी घटनाओं के प्रबंधन के लिए हब-एंड-स्पोक मॉडल लागू किया गया है। जिला अस्पताल और सामुदायिक स्वास्थ्य केंद्र (स्पोक) प्रारंभिक थ्रोम्बोलिसिस और स्थिरीकरण प्रदान करने के लिए सुसज्जित हैं, जबकि विशिष्ट अस्पताल और मेडिकल कॉलेज (हब) उन्नत अंतःक्षेप प्रदान करते हैं। एम्बुलेंस सेवाएँ, टेलीमेडिसिन प्लेटफॉर्म और सुव्यवस्थित रेफरल मार्ग, विशेष रूप से ग्रामीण क्षेत्रों में, पहुँच को और बेहतर बनाते हैं।

भारत सरकार राज्यों और संघ राज्य क्षेत्रों द्वारा हृदय रोगों सहित गैर-संचारी रोगों (एनसीडी) के बारे में किए जाने वाले जागरूकता सृजन कार्यक्रमों के लिए भी सहायता प्रदान करती है। आयुष्मान आरोग्य मंदिर के माध्यम से व्यापक प्राथमिक स्वास्थ्य परिचर्या के अंतर्गत, सामुदायिक स्तर पर आरोग्य कार्यक्रमों और लक्षित संचार को बढ़ावा देकर, निवारक पहलू को मज़बूत किया जाता है। इसके अलावा, भारतीय खाद्य सुरक्षा और मानक प्राधिकरण के नेतृत्व में ईट राइट इंडिया अभियान, नमक, चीनी और ट्रांस-फैट के कम सेवन को बढ़ावा देता है। फिट इंडिया अभियान का क्रियान्वयन युवा कार्यक्रम और खेल मंत्रालय द्वारा किया जाता है, और आयुष मंत्रालय द्वारा योग संबंधी विभिन्न

कार्यकलाप संचालित किए जाते हैं।

प्रधानमंत्री जन आरोग्य योजना (पीएम-जेएवाई) 50 करोड़ से ज्यादा लोगों को स्वास्थ्य बीमा कवरेज प्रदान करती है, जिसमें एंजियोप्लास्टी और बाईपास सर्जरी सहित मध्यम और विशिष्ट हृदय परिचर्या शामिल है। प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) और किफायती दवाएं एवं उपचार के लिए विश्वसनीय प्रत्यारोपण (अमृत) फ़ार्मेसीज़, किफायती हृदय संबंधी दवाओं, स्टेंट और प्रत्यारोपण तक पहुँच में सुधार लाती हैं, जिससे जेब से होने वाले खर्च में कमी आती है और दीर्घकालिक उपचार के अनुपालन में सहायता मिलती है।

DISTRIBUTION OF NANO UREA AND NANO DAP

1086. SHRIMATI SANGEETA KUMARI SINGH DEO:

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

- (a) the details of Nano Urea and Nano DAP distribution during the financial year 2022–23 to 2024–25, including the specific quantity allocated to Balangir and Sonepur districts of Odisha;
- (b) whether the Government has evaluated the field-level effectiveness of Nano fertilizers in drought-prone districts such as Balangir in the State of Odisha, if so, the details thereof; and
- (c) the plans to expand training and awareness programmes for farmers regarding Nano fertilizers, especially in western Odisha where adoption remains limited?

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 Financial Year Wise distribution of Nano Urea and Nano DAP across the nation, including the State of Odisha is given in the enclosed **Statement-I and Statement-II**, respectively. Additionally, the Sales of Nano Urea and Nano DAP in Balangir and Sonepur districts of Odisha is given in the enclosed **Statement-III**.

(b): In order to evaluate field-level effectiveness of Nano fertilizers, an MoU has been signed with ICAR on 03.11.2025 for undertaking a Network Project on the evaluation of Nano Urea, at a cost of ₹21.20 crore (including GST) and funded jointly by fertilizer PSUs/cooperatives. The project is scheduled to be conducted over a period of five years. The project is conducted in several Agricultural University/Institutes, including Indian Council of Agricultural Research – Central Rice Research Institute (ICAR-CRRI), Cuttack, Odisha.

Furthermore, ICAR has also initiated a project, funded by Indian Council for Fertilizers and Fertilizer Technology Research (ICFFTR) with a total outlay of ₹160 lakh, to evaluate the impact of Nano Fertilizers on crop growth, soil health, and nutrient uptake across various agro-ecological zones, in August, 2024 for a period of 2 years.

Additionally, IFFCO has informed that they evaluated their Nano fertilisers in drought prone district like Balangir on crops like Paddy, Cotton, Brinjal through

farmer field trials and collaborative trials with Odisha University of Agriculture & Technology (OUAT), Bhubaneswar. Nano fertilizer trials conducted on Brinjal at Regional Research & Technology Transfer Station (RRTTS), OUAT, Bhawanipatna, Kalahandi and on Paddy at OUAT Seed Research Farm, Bargarh demonstrated better yield even at approximately 25-50% reduced dose of chemical fertilisers.

(c): In order to promote the use of Nano Fertilizers among farmers across the country, including in the State of Odisha, the following measures have been undertaken:

- i. Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.
- ii. Nano Fertilizers are made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- iii. Nano Fertilizers has been included under monthly supply plan issued by Department of Fertilizers regularly.
- iv. For ease in application and utilization of Nano fertilizers like Nano Urea through foliar application, initiatives such as innovative spraying options like 'Kisan Drones' and distribution of battery operated Sprayers at retail points are undertaken. For this purpose, pilot training and custom hiring spraying services through Village Level Entrepreneurs are actively promoted.

- v. DoF in collaboration with fertilizer companies has initiated a Maha Abhiyan for adoption of Nano DAP in all 15 agro-climatic zones of the country through consultations and field level demonstrations. Further, DoF in collaboration with fertilizer companies has also launched campaign for field level demonstrations and awareness programs of Nano Urea plus in 100 districts of the country.
- vi. IFFCO has informed that they are conducting regular training and awareness programs such as field demonstrations, Farmers meetings, Sale point Personnel Trainings, Drone Spraying campaigns, Road shows, Publicity Vans, Wall paintings etc. upto field level in the State of Odisha.

STATEMENT-I

<u>Nano Urea</u> (Qty in Lakh Bottles of 500ml each)				
S. No.	State Name	2022-23	2023-24	2024-25
		SALES	SALES	SALES
1	Andaman & Nicobar	0.00	0.00	0.00
2	Andhra Pradesh	4.80	3.24	3.02
3	Arunachal Pradesh	0.00	0.00	0.00
4	Assam	5.34	7.46	11.33
5	Bihar	28.56	12.82	12.15
6	Chandigarh	0.00	0.00	0.00
7	Chhattisgarh	11.02	4.33	3.56
8	Dadra and Nagar Haveli	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00
10	Delhi	0.10	0.23	0.00
11	Goa	0.00	0.00	0.00
12	Gujarat	17.60	27.47	30.12
13	Haryana	12.59	8.25	10.21
14	Himachal Pradesh	1.27	1.53	1.73

15	Jammu and kashmir	3.00	2.95	1.26
16	Jharkhand	3.66	2.22	3.94
17	Karnataka	19.64	9.59	15.57
18	Kerala	1.20	0.60	0.76
19	Lakshadweep	0.00	0.00	0.00
20	Madhya Pradesh	23.38	16.28	24.89
21	Maharashtra	25.04	14.92	35.59
22	Manipur	0.44	0.09	0.00
23	Meghalaya	0.00	0.01	0.00
24	Mizoram	0.17	0.68	0.00
25	Nagaland	0.00	0.01	0.00
26	Odisha	11.21	6.78	5.78
27	Puducherry	0.08	0.01	0.00
28	Punjab	22.71	22.79	24.79
29	Rajasthan	25.23	20.08	22.11
30	Sikkim	0.00	0.00	0.00
31	Tamil Nadu	9.94	4.62	7.19
32	Telangana	6.00	3.09	5.31
33	Tripura	0.16	0.01	0.00
34	Uttarakhand	2.34	1.68	27.94
35	Uttar Pradesh	63.52	22.59	4.59
36	West Bengal	26.36	12.42	21.79
GRAND TOTAL		325.35	206.77	273.62

STATEMENT-II

<u>Nano DAP</u>				
(Qty in Lakh Bottles of 500ml each)				
S. No.	State Name	2022-23	2023-24	2024-25
		SALES	SALES	SALES
1	Andaman & Nicobar	0.00	0.00	0.00
2	Andhra Pradesh	0.00	2.74	9.62
3	Arunachal Pradesh	0.00	0.00	0.00
4	Assam	0.00	0.46	1.63
5	Bihar	0.00	1.43	5.46

6	Chandigarh	0.00	0.00	0.00
7	Chhattisgarh	0.00	0.65	2.86
8	Dadra and Nagar Haveli	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00
10	Delhi	0.00	0.02	0.00
11	Goa	0.00	0.00	0.00
12	Gujarat	0.00	4.17	9.29
13	Haryana	0.00	1.52	1.83
14	Himachal Pradesh	0.00	0.17	0.14
15	Jammu and kashmir	0.00	0.48	0.42
16	Jharkhand	0.00	0.30	0.63
17	Karnataka	0.00	4.13	11.45
18	Kerala	0.00	0.17	0.26
19	Lakshadweep	0.00	0.00	0.00
20	Madhya Pradesh	0.00	5.22	18.03
21	Maharashtra	0.00	8.36	30.89
22	Manipur	0.00	0.00	0.00
23	Meghalaya	0.00	0.01	0.00
24	Mizoram	0.00	0.08	0.00
25	Nagaland	0.00	0.00	0.00
26	Odisha	0.00	0.99	5.55
27	Puducherry	0.00	0.02	0.07
28	Punjab	0.00	2.19	5.77
29	Rajasthan	0.00	3.96	10.04
30	Sikkim	0.00	0.00	0.00
31	Tamil Nadu	0.00	1.54	3.63
32	Telangana	0.00	1.87	6.04
33	Tripura	0.00	0.00	0.00
34	Uttarakhand	0.00	0.42	16.57
35	Uttar Pradesh	0.00	12.97	8.42
36	West Bengal	0.00	3.98	11.40
GRAND TOTAL		0.00	57.82	160.00

STATEMENT-III

Sales of Nano Urea and Nano DAP in the State of Odisha							
Qty in Lakh Bottle of 500ml each							
S.No	District Name	2022-23		2023-24		2024-25	
		Nano Urea	Nano DAP	Nano Urea	Nano DAP	Nano Urea	Nano DAP
1	Sonepur	0.185	0.000	0.269	0.014	0.081	0.168
2	Balangir	0.301	0.000	0.277	0.034	0.176	0.183

DEATHS DUE TO NON-COMMUNICABLE DISEASES**1087. SHRI SELVAGANAPATHI T. M.:****SHRIMATI KANIMOZHI KARUNANIDHI:**

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

(a) whether it is a fact that India has become a hub of non-communicable diseases as the country is witnessing a worrying rise in non-communicable diseases like cardiovascular diseases, cancers, diabetes and chronic respiratory diseases and if so, the details thereof;

(b) whether it is also a fact that 63% of deaths in the country are caused by the abovementioned non-communicable diseases and if so, the details thereof;

(c) whether it is also a fact that such cases are likely to be continue to rise in case the Government does not take decisive action on time and if so, the details thereof;

(d) whether it is also a fact that the country is witnessing a worrying rise in non-communicable diseases among young adults and the manner in which the

burden brought by the diseases has grown rapidly in just a decade and if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government to control the non-communicable diseases 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) and (b): 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.

(c) to (e): 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.

Preventive aspect of NCDs is strengthened under Comprehensive Primary Health Care through Ayushman Arogya Mandir. In addition, NP-NCD gives financial support under NHM for awareness generation (IEC) activities for common NCDs to be undertaken by the States/UTs as per their Programme Implementation Plans (PIPs).

A population-based initiative for prevention, control and screening for common NCDs, i.e. diabetes, hypertension, oral cancer, breast cancer and cervical cancer has been rolled out in the country under National Health Mission (NHM) as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening.

Food Safety and Standards Authority of India runs campaigns to promote healthy eating habits. Fit India and Khelo India movements are implemented by Ministry of Youth Affairs and Sports, and various Yoga related activities are carried out by Ministry of AYUSH.

Ministry 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) as per need and proposal from the State and Union Territories. 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.

Further, 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. The National Cancer Institute at Jhajjar

(Haryana) and the second campus of Chittaranjan National Cancer Institute, Kolkata have been set up to provide advanced diagnostic and treatment facilities. Cancer treatment facilities have also been approved in all 22 new All India Institute of Medical Science (AIIMS).

Treatment of major NCDs is available under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PMJAY). This scheme provides for Rs. 5 lakhs per family annually for secondary and tertiary care.

Under Free Drugs Service Initiative of NHM, free essential medicines for NCDs are provided. Quality generic medicines for NCDs are made available at affordable prices to all, under 'Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP). Affordable Medicines and Reliable Implants for Treatment (AMRIT) provides affordable medicines for treatment of various diseases including NCDs.

SETTING UP OF AIIMS IN BIBINAGAR

1088. SHRI ARVIND DHARMAPURI:

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

(a) the total sanctioned budget for the establishment of the All India Institute of Medical Sciences (AIIMS), Bibinagar, in the State of Telangana since its approval;

(b) the total amount of funds (in crore) released and utilised till date for construction, procurement of medical equipment and operational expenses, year-wise;

(c) the current operational status of the institution, including the number of functional hospital beds, ongoing civil works, availability of faculty and the number of active super-specialty departments; and

(d) the expected timeline for the completion of all infrastructure and facilities to make AIIMS, Bibinagar fully operational at par with other functional AIIMS across the country, along with details of any delays and their reasons, if any?

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 approved project cost for setting up of All India Institute of Medical Sciences (AIIMS) at Bibinagar is ₹1,365.95 crore. Till date, ₹939.26 crore has been released for civil construction and ₹108.01 crore for procurement of medical equipment. Till date, an amount of ₹851.85 crore has been released to AIIMS Bibinagar as Grant-in-Aid for meeting operational expenses.

(c) and (d): Currently, the institute is functional with 200 IPD beds, with an average daily footfall of 1625 patients in OPD. At present, 132 faculty is in position in 34 departments including 10 super specialty departments viz. Burns & Plastic Surgery, Neurosurgery, Cardiothoracic and Vascular Surgery, Medical Oncology/Haematology, Urology, Nephrology, Neurology, Paediatric Surgery, etc. The progress of civil works of AIIMS Bibinagar is 86%. In All India Institute of Medical Sciences (AIIMS), various departments/facilities are made functional in a phased manner.

OUTBREAKS OF WATERBORNE AND VECTOR-BORNE DISEASES**1089. SHRI AMRINDER SINGH RAJA WARRING:**

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

(a) whether the Government has assessed the public health risks arising from recent floods, including outbreaks of waterborne and vector-borne diseases in the country and if so, the details thereof;

(b) the measures taken to strengthen surveillance, early detection and emergency medical response in flood-affected districts, districts-wise;

(c) whether additional medical teams, mobile health units or stockpiles of essential medicines deployed in such districts and if so, the details thereof, districts-wise;

(d) the coordination mechanisms established with State Governments for sanitation, drinking water safety and mental health support during rehabilitation; and

(e) whether the Government proposes any long-term guidelines to improve climate-resilient public health preparedness in recurring flood zones 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): Ministry of Health & Family Welfare keeps a close watch over public health impact of all disasters including floods. The outbreak prone diseases during

floods which are being monitored includes waterborne Diseases like Acute Diarrheal Diseases, Cholera, Dysentery, Leptospirosis, Hepatitis A and Hepatitis E and Vector-borne diseases like Dengue, Malaria, Chikungunya and Japanese Encephalitis. Health being a State subject, requisite technical and logistic assistance is being provided to States/UTs to mitigate the health impact of disasters.

(b): Integrated Disease Surveillance Program (IDSP) is an important surveillance program under National Health Mission that does the disease surveillance in the country. IDSP is implemented in all 36 States/UTs. The program is responsible for the surveillance of 50 plus epidemic prone diseases including flood prone diseases in the country.

As a mandate under IDSP, surveillance, early detection of outbreaks and taking preventive actions are integral part of the programme. The gathered information helps in health preparedness of the authorities in the State for early detection and quick response in disease outbreaks through trained rapid response team (RRTs). In the year 2021, to strengthen the disease surveillance in the country, the programme has shifted from a paper-based, aggregate, weekly reporting to a paperless, case based, near real time reporting through Integrated Health Information Platform (IHIP) where all the 36 states/UTs are reporting. It provides a single operating platform of public health surveillance of the individuals at District, State and National levels.

(c): Public Health and Hospitals is a State Subject and the responsibility for

strengthening of healthcare system including Mobile Medical Unit (MMU) in remote rural areas lies with respective State/Union Territory Governments. The key objective of the Mobile Medical Units is to reach the population in remote, difficult, underserved and inaccessible areas with a set of preventive, promotive and curative services, including but not limited to Reproductive Child Health (RCH) Services. These services are free for the patient at the Point of Care. National Health Mission (NHM) provides technical and financial support to the States/Union Territories for MMUs. Ministry of Health and Family Welfare provides support to the States based on the proposal submitted by States in PIP (Program Implementation Plan) based on the respective State's requirement every year.

(d) and (e): The Government, under the National Programme on Climate Change and Human Health (NPCCHH), National Centre for Disease Control, has adopted a comprehensive framework to strengthen climate-resilient public health preparedness in flood-prone areas. The measures include:

- Guidelines and Frameworks
 - Public Health Guidelines for Flood Events issued to States, covering rapid needs assessment, epidemic-prone disease surveillance, and health system planning.
 - Guidelines for Green and Climate Resilient Healthcare Facilities (February 2023) developed by NCDC, promoting resilient infrastructure, energy efficiency, water safety, and continuity of care.

- Emergency Preparedness Checklist and Healthcare Facility Preparedness & Response Tool for Extreme Weather Events (EWE), ensuring facility-level readiness, essential supplies, referral planning, and preparedness tracking.
- Early Warning and Alerts
 - Daily weather bulletins, flood forecasts, and special tropical outlooks disseminated by IMD to State and District Nodal Officers.
- Capacity Building
 - Regular training of State and District Nodal Officers (SNO/DNO), block health officers, and medical officers on hydrometeorological events including floods.
- IEC and Community Outreach
 - Dissemination of IEC materials including posters, audio-visuals, social media campaigns, and flood safety tips.
- Resilient Infrastructure and Planning
 - Vulnerability assessments of health facilities, retrofitting for flood resilience (e.g., raised plinths, improved drainage, ramps, and additional floors).
 - Hospital safety and disaster management plans integrated into State Action Plans on Climate Change and Health (SAPCCHH).
- Intersectoral Coordination

- Formalized collaboration with State Disaster Management Authorities (SDMA), IMD, INCOIS, Geological Survey, and other agencies for disaster planning and response.
- District Task Forces constituted to review preparedness and coordinate health sector action.

Further, to address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is being provided to States/UTs through the National Health Mission.

The National Disaster Management Guidelines on Mental Health and Psychological Support Services (MHPSS) in Disasters has been updated in the year 2023, with the aim to provide concrete actions and activities to be carried out through all phases of a disaster including preparedness, mitigation, response, recovery, rehabilitation, and reconstruction.

Also, the National Disaster Management Authority, in collaboration with National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru has developed modules for Disaster Mental Health Services as ready reckoner for disaster mental health preparedness.

SCREENING OF CANCER

1090. SHRI KRISHNA PRASAD TENNETI:

SHRI PUTTA MAHESH KUMAR:

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

(a) the number of persons screened for cancer under various Government schemes such as National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), the National Health Mission, etc., during the last five years in Andhra Pradesh, especially in the Bapatla Parliamentary Constituency, year-wise, scheme-wise, State wise and district-wise;

(b) the number of cancer patients detected through such screening, along with the stage of cancer, during the last five years in Andhra Pradesh and in Bapatla Parliamentary Constituency year-wise, scheme-wise, State-wise and district-wise;

(c) the total amount of funds released and utilized for cancer screening programmes during the last five years in Andhra Pradesh and in Bapatla Parliamentary Constituency, year-wise, scheme-wise, State-wise and district-wise;

(d) the steps taken/proposed to be taken by the Government to strengthen early-stage detection methods with higher sensitivity and patient acceptability and if so, the details thereof; and

(e) the details of expenditure incurred on Information, Education and Communication (IEC) activities related to cancer screening during the last five years, year-wise, scheme-wise, State wise and district-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): Health is a State subject. As informed by Government of Andhra Pradesh, the Government is implementing population-based screening for common cancers (oral, breast and cervical) along with hypertension and diabetes under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) of the National Health Mission. Systematic population-based screening specifically for the three common cancers was initiated in the State from Financial Year 2024-25 onwards: 2nd round of population-based cancer screening is currently ongoing in 2025-26 (NCD-4 Survey). Prior to 2024-25, only limited opportunistic screening for common cancers was carried out at health facilities; large-scale population-based screening for oral, breast and cervical cancers was not undertaken.

State-wise and district-wise details of persons screened for the three common cancers during 2024-25 and 2025-26 (till date) are given in the enclosed **Statement-I**. In Bapatla district (which entirely falls in Bapatla Parliamentary Constituency), the screening details is as under:

Year	Oral Cancer Screened	Breast + Cervical Screened
2024-25	8,99,363	4,64,101
2025-26 (till date)	2,45,269	1,31,588

(b): As informed by Government of Andhra Pradesh, the number of cancer patients detected through screening in Bapatla district year-wise, are as under;

Year	Cancer Site	Persons Screened	Suspected Cases	Cases on Treatment
2024-25	Oral	8,99,363	3,168	221
	Breast	4,64,101	1,480	492
2025-26 (ongoing)	Cervical	4,64,101	1,372	371
	Oral	2,45,269	3,017	98
	Breast	1,31,588	1,285	187
	Cervical	1,31,588	2,067	151

(c): As informed by Government of Andhra Pradesh, the funds released and utilized for cancer screening programmes during the last five years in Andhra Pradesh including Bapatla district, year-wise are given in the enclosed **Statement-II**.

(d): Preventive aspect of NCDs is strengthened under Comprehensive Primary Health Care through Ayushman Arogya Mandir. In addition, NP-NCD gives financial support under NHM for awareness generation (IEC) activities for common NCDs to be undertaken by the States/UTs as per their Programme Implementation Plans (PIPs). Other initiatives for increasing public awareness about cancer and for promotion of healthy lifestyle includes observance of

national and international health days and use of print, electronic and social media for continued community awareness

A population-based initiative for prevention, control and screening for common NCDs, including oral cancer, breast cancer and cervical cancer has been rolled out in the country under National Health Mission (NHM) as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening.

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. Kurnool Medical College has been set up as State Cancer Institute in Andhra Pradesh.

(e): The details of expenditure incurred on Information, Education and Communication (IEC) activities related to cancer screening during the last five years, year-wise, State wise and district-wise is given in the enclosed **Statement-III.**

STATEMENT-I

District-wise details of screening of three common cancers of the State of Andhra Pradesh

Sl. No	District	2024-25				2025-26			
		Oral Cancer		Breast Cancer & Cervical		Oral Cancer		Breast Cancer & Cervical	
		Target Population (18+ years)	No of Persons screened	Target Population (18+ years)	No of Persons screened	Target Population (18+ years)	No of Persons screened	Target Population (18+ years)	No of Persons screened
1	ALLURI SITHARAMARAJU	786149	444225	406568	233519	786149	242314	406568	134121

2	ANAKAPALLI	1398733	957141	710431	492963	1398733	278530	710431	152142
3	ANANTHAPUR	1937800	1343228	977900	677788	1937800	308503	977900	162829
4	ANNAMAYYA	1408914	950479	710540	485925	1408914	243743	710540	128376
5	BAPATLA	1314182	899363	665482	464101	1314182	245269	665482	131588
6	CHITTOOR	1602518	1151876	816982	585153	1602518	219720	816982	118376
7	EAST GODAVARI	1566185	1110510	801332	572170	1566185	303071	801332	163011
8	ELURU	1730111	1335506	885979	683109	1730111	326949	885979	176181
9	GUNTUR	1795287	1159515	918020	606865	1795287	181799	918020	98833
10	KAKINADA	1797858	1248434	905795	637847	1797858	276484	905795	148674
11	KONASEEMA	1476514	1129445	739040	569075	1476514	326288	739040	172070
12	KRISHNA	1476279	1072165	750848	553009	1476279	240872	750848	129573
13	KURNOOL	1958827	1354824	989266	674750	1958827	262797	989266	134417
14	NANDYAL	1453472	1063409	730019	534772	1453472	253456	730019	133283
15	NTR	1825506	1272062	929581	657437	1825506	335265	929581	178759
16	PALNADU	1712235	1220763	863279	626778	1712235	230614	863279	123079
17	PARVATHIPURAM MANYAM	775148	561220	397337	290819	775148	132256	397337	72964
18	PRAKASAM	1920637	1323894	953917	668911	1920637	409361	953917	214144
19	SPSR NELLORE	2039888	1311920	1029576	677752	2039888	297763	1029576	161438
20	SRI SATHYA SAI	1603244	1095671	807499	551272	1603244	249139	807499	131213
21	SRIKAKULAM	1910753	1329581	967512	688143	1910753	326422	967512	180089
22	TIRUPATI	1783831	1250960	910534	645288	1783831	284076	910534	155636
23	VISAKHAPATNAM	1846075	1196356	937007	620400	1846075	321421	937007	173922
24	VIZIANAGARAM	1594421	1140375	805208	584542	1594421	278114	805208	154208
25	WEST GODAVARI	1511348	1094751	775534	559855	1511348	387592	775534	206783
26	YSR KADAPA	1689417	1218216	847038	623001	1689417	353091	847038	187202
Grand Total		41915332	29235889	21232224	14965244	41915332	7314909	21232224	3922911

STATEMENT-II

Funds utilized for Cancer screening programme towards procurement of consumables and logistics year wise fund utilized-district wise of Andhra Pradesh is as under:

S. No.	District Name	FY 2024-25	FY 2025-26
1	ALLURI SITHARAMARAJU	2168516.3	1362751.6
2	ANAKAPALLI	3182514.3	1723928.6

3	ANANTHAPUR	4055436.9	2291374.4
4	ANNAMAYYA	3071611.2	1695136.8
5	BAPATLA	2939066.0	1703632.6
6	CHITTOOR	3725288.9	2052993.6
7	EASTGODAVARI	3151565.5	1813838.6
8	ELURU	3826897.9	2172840
9	GUNTUR	3514998.5	2002668.4
10	KAKINADA	3796749.0	2164989
11	KONASEEMA	3159569.8	1804225
12	KRISHNA	3127596.8	1784147.4
13	KURNOOL	4124392.7	2321709.6
14	NANDYAL	3204261.4	1812252.8
15	NTR	3725882.9	2134377
16	PALNADU	3347283.7	2035454.4
17	PARVATHIPURAM MANYAM	2122063.6	1245564
18	PRAKASAM	4412800.3	2387365.2
19	SPSR NELLORE	4700898.2	2532187.2
20	SRI SATHYA SAI	3347423.9	1949024.2
21	SRIKAKULAM	4456230.1	2457823.6
22	TIRUPATI	4215535.7	2355243.8
23	VISAKHAPATNAM	3737329.1	2177045.6
24	VIZIANAGARAM	3803240.9	2163535.8
25	WEST GODAVARI	3176055.8	1868281
26	YSR KADAPA	3957385.6	2171016
Total		92050594.9	52183406.2

STATEMENT-III

District wise details of expenditure under IEC for Cancer Screening in

Andhra Pradesh is as under:

S. No.	District Name	Total Amount
1	Srikakulam	413759.64
2	Parvathipuram Manyam	179310.96

3	Vizianagaram	343320.12
4	Alluri SeethaRama Raju	195468.84
5	Visakhapatnam	361197.6
6	Anakapalli	295799.16
7	Konaseema	316683.36
8	Kakinada	382286.16
9	East Godavari	325179.36
10	Eluru	379633.56
11	West Godavari	318725.64
12	Krishna	318705.12
13	NTR	385995.6
14	Guntur	376883.28
15	Palnadu	368979.24
16	Prakasam	423319.92
17	Bapatla	280022.88
18	Annamayya	310314.24
19	Sri Satya sai	345633.24
20	Anantapur	419881.44
21	Chittoor	345061.32
22	Tirupati	390546.96
23	SPSR Nellore	434448.36
24	Kurnool	435653.4
25	YSR Kadapa	381283.8
26	Nandyala	334504.56
Total		90,62,598

RIVERINE OR INLAND PORT DEVELOPMENT IN KENDRAPARA

1091. SHRI BAIJAYANT PANDA:

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

(a) whether the Government has taken steps to establish a new riverine or inland port facility along the coastal belt of Kendrapara, Odisha under the Maritime

India Vision 2030;

(b) if so, the estimated project cost, proposed capacity, expected completion timeline and implementation model;

(c) the details of clearances, land acquisition status and infrastructure linkages (road/rail connectivity and dredging plan) already completed or underway; and

(d) whether the project is expected to generate local employment and industrial opportunities for Kendrapara district and adjoining regions and if so, the details thereof?

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

(a) to (d): No Sir. However, the Inland Waterways Authority of India (IWAI), an autonomous organisation under the Ministry of Ports, Shipping and Waterways has prepared a project report for development of National Waterway-5 (Talcher-Dhamra Stretch of Brahmani-Kharsua-Tantighai-Pandua Nala-Dudhei Nala-Kani Dhamra-river system) for evacuation of Coal through Talcher Coalfields which passes through Kendrapara District.

DEATHS CAUSED BY COVID-19 VACCINATION

1092. SHRI MOHIBBULLAH:

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

(a) the number of deaths reported as an Adverse Event Following Immunisation (AEFI) and the number of such deaths casually linked to COVID-19 vaccination

across the country;

(b) whether the Government has any plan to pay compensation for the deaths due to administration of COVID-19 vaccination in the country; and

(c) if so, the details thereof and if not, the reasons therefor, 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): Adverse Event Following Immunization (AEFI) is any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the vaccine and vaccination, are reported through the AEFI surveillance system. Adverse Event Following Immunization are monitored through a well-structured & robust AEFI surveillance system. Investigations and causality assessment help in establishing a cause and effect relationship. Against total 220.68 crore doses administered under Covid-19 vaccination program, such occurrences attributed to covid vaccination are estimated to be 0.0000015%. There is no system of compensation in such cases.

ADOPTION OF COUNSELLING SERVICES

1093. SHRI B. K. PARTHASARATHI:

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

(a) whether the Government maintains any data regarding the number of adoption counsellors empanelled in the country;

- (b) if so, the details thereof, State-wise and district-wise in Andhra Pradesh;
- (c) whether the Government is monitoring State adoption agencies providing pre/post adoption counselling services;
- (d) if so, the details thereof along with the number of such counselling services provided during the last three years, State-wise;
- (e) whether the Government is providing training assistance to counsellors to enable them in creating a child-friendly/emotionally supportive adoption ecosystem, if so, the details thereof indicating the number of counsellors trained, State-wise; and
- (f) whether the Government is providing financial assistance to State adoption agencies to strengthen their infrastructure, if so, the details of the funds allocated, disbursed/utilized, State-wise and year-wise?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (e): Section 68 of the Juvenile Justice (Care and Protection of Children) Act, 2015 designates the Central Adoption Resource Authority (CARA) as the statutory body responsible for promoting, regulating, and monitoring adoption of orphaned, abandoned, and surrendered children in India.

CARA, as the central regulatory body, oversees and monitors the functioning of all SARA and Specialised Adoption Agencies (SAAs), including the delivery of pre- and post-adoption counselling, reviews and inspections. SARAs act as the State-level nodal agencies that supervise SAAs, and ensure counsellors are in

place and functioning.

CARA conducts national-level training and capacity-building programmes for counsellors and adoption staff, while SARAs organise State-level training and ensure the implementation of CARA's guidelines to create a child-friendly and supportive adoption ecosystem.

However, CARA does not maintain any State-wise and district-wise database of empanelled adoption counsellors, number of counselling services and list of trained counsellors.

(f): This Ministry is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya', through the State and Union Territory Governments to deliver various services for Children in Need of Care and Protection (CNCP) as well as Children in Conflict with Law (CCL). These services include Institutional Care and Non-Institutional Care. 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. Under non-institutional care, support is provided to the children through Sponsorship, Foster Care, Adoption and After Care.

For improving quality of child care in Child Care Institutions (CCIs) including Specialised Adoption Agencies (SAAs), this Ministry releases funds to States and Union Territories governments under Mission Vatsalya. The State-wise details of funds released under Mission Vatsalya during FY 2024-25 are given in the enclosed **Statement**.

STATEMENT

**The details of State-wise funds released under Mission Vatsalya Scheme
for FY 2024-25**

(Rs. in crores)

S. No.	Name of the State	FY 2024-25
1	Andhra Pradesh	44.03
2	Arunachal Pradesh	5.32
3	Assam	31.39
4	Bihar	53.35
5	Chhattisgarh	39.10
6	Goa	5.14
7	Gujarat	19.50
8	Haryana	6.40
9	Himachal Pradesh	37.68
10	Jammu & Kashmir	44.75
11	Jharkhand	18.73
12	Karnataka	86.48
13	Kerala	12.03
14	Madhya Pradesh	117.24
15	Maharashtra	144.97
16	Manipur	68.15
17	Meghalaya	22.30
18	Mizoram	37.06
19	Nagaland	33.92
20	Orissa	68.83
21	Punjab	14.76
22	Rajasthan	74.98
23	Sikkim	16.21
24	Tamil Nadu	122.82

25	Telangana	36.97
26	Tripura	19.23
27	Uttar Pradesh	92.05
28	Uttarakhand	14.49
29	West Bengal	70.18
30	Andaman and Nicobar Island	3.13
31	Chandigarh	7.59
32	Dadra and Nagar Haveli and Daman and Diu	9.91
33	Delhi	7.62
34	Lakshadweep	0.00
35	Ladakh	3.81
36	Puducherry	4.17

REGULATORY ACTIONS ON CONTAMINATED MEDICINES

1094. DR. SHASHI THAROOR:

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

- (a) the immediate actions that have been taken by the Government in response to the World Health Organization's alert of 13 October 2025 regarding contaminated cough syrups manufactured in the country, which were linked to child deaths and found to contain Diethylene Glycol (DEG) far the above permissible limits;
- (b) the current status of regulatory reform for oral-liquid medicines, especially syrups for children;
- (c) whether domestic products requires the same testing standards as exported ones in the country and if so, the details thereof;

(d) whether the licences of implicated companies have been suspended and if so, the details thereof;

(e) the number of manufacturing units in India have failed to comply with revised Schedule M/Good Manufacturing Practices (GMP) standards as of October 2025; and

(f) the enforcement mechanisms like recall, licence cancellation, prosecution are being used by the Ministry and the Central Drugs Standard Control Organization (CDSCO) to prevent further public-health harm?

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): Upon receipt of reports of a cluster of child deaths from Chhindwara, Madhya Pradesh, a Central team of experts comprising an epidemiologist, a microbiologist, an entomologist, and drug inspectors from the National Centre for Disease Control (NCDC), National Institute of Virology (NIV), and Central Drugs Standard Control Organisation (CDSCO), respectively visited Chhindwara and Nagpur and undertook a detailed investigation of the reported cases and deaths in coordination with the Madhya Pradesh State Authorities. A total of 19 drug samples, reportedly consumed by the affected children, were collected from the treating private practitioners and nearby retail stores for testing. Chemical analysis of these 19 samples indicated that 15 samples were of Standard Quality, while 4 samples were declared Not of Standard Quality

(NSQ). As per the test report, the content of Diethylene Glycol (DEG) in Syrup Coldrif (B. No. SR-13) manufactured by M/s Sresan Pharmaceutical located in Kancheepuram, Tamil Nadu and consumed by the deceased children was found to be 46.28% w/v.

The premises of M/s Sresan Pharmaceuticals was inspected. Several critical and major Good Manufacturing Practices (GMP) violations including unhygienic storage conditions were observed. The matter regarding the criminal action against the manufacturer was taken up by CDSCO with the State Government of Tamil Nadu. The State Drugs Controller, Tamil Nadu cancelled the manufacturing licence. Further, following the incident, the States of Madhya Pradesh, Tamil Nadu, Odisha and the Union Territory of Puducherry to which the impugned cough syrup batches were supplied, ordered immediate ban and recall of the same. Criminal case has been registered in the matter by the State of Madhya Pradesh and strict action has been taken including the arrest of persons involved.

Further, an advisory has been issued on 03.10.2025 to all State/UT Health Departments and healthcare facilities to ensure rational use of paediatric cough syrups. Further, the Drugs Controller (India) directed all State/UT Drug Controllers on 07.10.2025 to ensure strict compliance with testing requirements under the Drugs Rules, 1945, and on 27.10.2025 instructed them to maintain heightened vigilance against spurious and substandard drugs and take prompt action under the Drugs & Cosmetics Act, 1940.

More than 700 cough syrup manufacturers have been subjected to intense audit in coordination with State authorities. Increased market surveillance sampling of syrup formulations by Central and State drugs regulators has also been done.

In addition to the existing requirements of testing the raw materials, the Indian Pharmacopoeia Commission, Ghaziabad has issued an amendment to Indian Pharmacopoeia (IP) 2022, to also mandate the testing for DEG and Ethylene Glycol (EG) in oral liquids at finished product stage before market release.

NCC UNITS IN UTTAR PRADESH

1095. SHRI RAJEEV RAI:

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

- (a) whether the Government has details of National Cadet Corps (NCC) units existing in Uttar Pradesh;
- (b) if so, the details thereof, district-wise;
- (c) whether the Government proposes to expand NCC units in Uttar Pradesh, particularly in the districts having no units;
- (d) if so, the details thereof including the Mau and Ballia districts in Uttar Pradesh; and
- (e) the details of the incentives and job opportunities provided by the Government to NCC cadets in other services, educational institutions etc.?

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

(a) to (d): Yes Sir, there are presently 110 NCC units in Uttar Pradesh located in 48 Districts including 2 units in Ballia i.e. 90 UP Battalion NCC and 93 UP Battalion NCC. These 110 NCC units are providing NCC training to various educational institutes spread across 75 Districts of Uttar Pradesh. District-wise details of 110 NCC units are given in the enclosed **Statement**. There is no proposal to establish new NCC Units in Uttar Pradesh.

(e): NCC Certificate holders are given incentives in officer entry in the Armed Forces like exemption from written examinations, bonus marks for recruitment in Central Armed Police Forces (CAPF) and Assam Rifles. NCC Cadets are given bonus marks ranging from 5 to 25 depending on the level of certification, for recruitment under Agnipath Scheme.

STATEMENT

District-wise details of 110 NCC units

S. No.	UNITS	S. No.	UNITS
1	1 UP Battalion NCC, Agra	41	15 UP (G) Battalion NCC, Gorakhpur.
2	2 UP Battalion NCC, Agra	42	102 UP Battalion NCC, Gorakhpur
3	1 UP (G) NCC, Battalion Agra.	43	49 UP Battalion NCC, Deoria.
4	1 UP Air Squadron NCC, Agra	44	52 UP Battalion NCC, Deoria.
5	3 UP Battalion NCC, Mainpuri	45	47 UP Battalion NCC, Basti.
6	4 UP Battalion NCC, Etawah.	46	48 UP Battalion NCC, Gonda.

7	5 UP Battalion NCC, Sikohabad.	47	50 UP Battalion NCC, Padrauna.
8	6 UP Battalion NCC, Firozabad.	48	51 UP Battalion NCC, Balrampur.
9	8 UP Battalion NCC, Aligarh.	49	54 Battalion, Kanpur
10	3 UP (G) Battalion NCC, Aligarh.	50	55 Battalion, Kanpur
11	1 UP Engr Company NCC, Aligarh.	51	59 Battalion, Kanpur
12	9 UP Battalion NCC, Hathras.	52	103 UP Battalion NCC, Kanpur
13	10 UP Battalion NCC, Mathura.	53	2 CTR, Kanpur
14	11 UP Battalion NCC, Mathura.	54	3 Air Sqn, Kanpur
15	1 UP R&V Sqn, NCC, Mathura	55	17 (G) Battalion, Kanpur
16	12 UP Battalion NCC, Fatehgarh.	56	56 Battalion, Jhansi
17	4 UP (G) Battalion NCC, Fatehgarh.	57	32 (G) Battalion, Jhansi
18	39 UP Battalion NCC, Khurja.	58	58 Battalion, Orai
19	8 UP (G) Battalion NCC, Bareilly.	59	57 Battalion, Unnao
20	21 UP Battalion NCC, Bareilly.	60	22 UP Battalion NCC, Sitapur.
21	9 UP (G) Battalion NCC, Moradabad.	61	26 UP Battalion NCC, Lakhimpur.
22	23 UP Battalion NCC, Moradabad.	62	66 UP Battalion NCC, Raibreli.
23	24 UP Battalion NCC, Moradabad.	63	63 UP Battalion NCC, Lucknow.
24	25 UP Battalion NCC, Shahjahanpur.	64	64 UP Battalion NCC, Lucknow.
25	30 UP Battalion NCC, Bijour.	65	67 UP Battalion NCC, Lucknow.
26	32 UP Battalion NCC, Dhampur.	66	19 UP (G) Battalion NCC, Lucknow.
27	33 UP Battalion NCC, NCC, Amroha	67	20 UP (G) Battalion NCC, Lucknow.
28	13 UP(G) Battalion NCC, Ghaziabad.	68	3 UP Naval Unit NCC, Lucknow.
29	37 UP Battalion NCC, Ghaziabad.	69	5 UP Air Squadron NCC, Lucknow
30	31 UP (G) Battalion NCC, Noida.	70	70 UP Battalion NCC, Meerut
31	35 UP Battalion NCC, Modi Nagar.	71	71 UP Battalion NCC, Meerut
32	36 UP Battalion NCC, Bulandshahar.	72	72 UP Battalion NCC, Meerut
33	41 UP Battalion NCC, Bulandshahar.	73	2 UP Armd Squadron NCC, Meerut
34	38 UP Battalion NCC, Hapur.	74	3 UP Arty Bty NCC, Meerut
35	40 UP Battalion NCC, Sikandrabad.	75	22 UP Girls Battalion NCC, Meerut
36	74 UP Battalion NCC, Baraut.	76	73 UP Battalion NCC, Mawana
37	85 UP Battalion NCC, Shamli.	77	82 UP Battalion NCC, Muzaffarnagar

38	44 UP Battalion NCC, Gorakhpur.	78	83 UP Battalion NCC, Saharanpur
39	45 UP Battalion NCC, Gorakhpur.	79	86 UP Battalion NCC, Saharanpur
40	46 UP Battalion NCC, Gorakhpur.	80	26 UP (G) Battalion NCC, Saharanpur
81	15 UP Battalion NCC, Allahabad.	96	2 UP EME Company NCC, Varanasi.
82	16 UP Battalion NCC, Allahabad.	97	7 UP Naval Unit NCC, Varanasi
83	17 UP Battalion NCC, Allahabad.	98	97 UP Battalion NCC, Varanasi.
84	1 UP CTR NCC, Allahabad.	99	100 UP Battalion NCC, Varanasi.
85	1 UP Medical Company NCC, Allahabad.	100	7 UP Air Squadron NCC, Varanasi
86	1 UP Naval Unit NCC, Allahabad	101	90 UP Battalion NCC, Ballia.
87	2 UP Arty Bty NCC, Allahabad.	102	93 UP Battalion NCC, Ballia.
88	6 UP (G) Battalion NCC, Allahabad.	103	91 UP Battalion NCC, Mughalsarai.
89	65 UP Battalion NCC, Faizabad.	104	92 UP Battalion NCC, Ghazipur.
90	1 UP (G) Company NCC, Faizabad.	105	96 UP Battalion NCC, Jaunpur.
91	18 UP Battalion NCC, Pratapgarh.	106	5 UP (I) Company NCC, Jaunpur.
92	60 UP Battalion NCC, Fatehpur.	107	98 UP Battalion NCC, Jaunpur.
93	89 UP Battalion NCC, Varanasi.	108	99 UP Battalion NCC, Azamgarh.
94	28 UP (G) Battalion NCC, Varanasi.	109	30 UP (G) Battalion NCC, Azamgarh.
95	3 UP Armd Squadron NCC, Varanasi.	110	101 UP Battalion NCC, Mirzapur.

NUTRITIONAL DEFICIENCIES

1096. SHRI EATALA RAJENDER:

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

(a) whether nutritional deficiencies below 03 years of age are impossible to reverse in some cases, if so, the details thereof;

(b) whether India has made progress in overcoming nutritional deficiencies during the last three decades, if so, the details thereof;

(c) whether with the current rate of decline, stunting prevalence (low height for

age) is likely to be 10% only by 2075, if so, the details thereof; and

(d) whether the country can achieve the target by 2047 through double pace, if so, the details thereof along with the corrective steps taken, to meet future targets and the funds sanctioned therefor?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): Evidence shows that nutritional deficiencies such as childhood stunting, wasting, underweight and anemia can be prevented by integrated interventions including appropriate IYCF practices, nutrition supplementation, improving water, sanitation, hygiene and appropriate management of infections. Nutrition Anemia and other micronutrient deficiencies can be effectively reversed by treatment with iron and multiple micronutrients.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism of nutrients. This process is influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition in a convergent manner. It is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst more than 18 Ministries/Departments.

To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years 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 is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This Mission is being implemented across the country including rural and tribal districts of Maharashtra. The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

Continuous efforts are being taken under the mission to address malnutrition in the country including:

- Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change and advocacy. It 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.
- Under this Mission, Supplementary Nutrition is provided to

Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides for quality protein, healthy fats and micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin A, Vitamin-B6 and Vitamin B-12).

- Further, Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers.
- Ministries of Women & Child Development and Health & Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.
- Under this Mission, one of the major activities undertaken 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 Maahs and Poshan Pakhwadas 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 are required to conduct two Community Based Events every month.

(b) to (d): To address the challenge of Malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0. Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93) *	52	53.4	17.5
NFHS-2 (1998-99) **	45.5	47	15.5
NFHS-3 (2005-6) ***	48.0	42.5	19.8
NFHS-4 (2015-16) ***	38.4	35.8	21.0
NFHS-5 (2019-21) ***	35.5	32.1	19.3
Poshan Tracker Data (Oct 2025) ***	33.54	14.41	5.03

* Under 4 years

** Under 3 years

*** Under 5 years

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across the country.

The 'Poshan Tracker' application was rolled out on 1st March 2021 as an important governance tool. The State/UT wise data from Poshan Tracker, on Stunting, wasting and underweight is available at the link: <https://www.poshantracker.in/statistics> .

In 2021, the World Bank conducted a survey in 11 priority states (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh) with the highest rates of anemia and stunting. 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 behaviors. 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. A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020

and in 2025 and found its relevance to be satisfactory for tackling malnutrition in the country.

Various steps have been taken up from time to time to ensure uninterrupted nutrition delivery under Poshan 2.0. Following are some of the initiatives undertaken recently:

- As on date, 2 lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments.
- Poshan Tracker an ICT tool has been implemented for 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, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, daily attendance, ECCE, Delivery of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding, and complementary feeding.
- Under the Poshan Bhi Padhai Bhi (PBPB) initiative, the Ministry is

imparting training to all the officials and field functionaries in the States/UTs through a cascading model of training, wherein Master Trainers (namely, District Officers, Block Coordinators and Supervisors) are trained, and the master trainers further train all Anganwadi Workers in the field. As on 30th November 2025, 8,95,814 AWWs have been trained across the country.

Besides these, 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 National Health Mission (NHM), which includes interventions to address malnutrition and anaemia across all States/UTs in the country. One of the interventions is Anaemia Mukht Bharat. To address nutritional deficiencies among children across the country, following interventions are implemented.

- **Mothers' Absolute Affection (MAA)** Programme is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices.
- **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 Severe Acute Malnourishment (SAM) with medical complications with special focus on improving the skills of mothers and caregivers on timely, adequate and appropriate feeding for children.

- **Under Anaemia Mukh Bharat (AMB)** strategy prophylactic Iron Folic Acid supplementation as biweekly IFA syrup is provided to children (6-59 months) across all States/UTs.
- **Lactation Management Centres:** Lactation Management Units (LMU) are facilities established to ensure the availability of Mother's Own Milk or Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Intensive Care Units.
- Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children (1-19 years).
- **Vitamin A Supplementation** programme is implemented to administer biannual Vitamin A supplementation to all children below five years of age (9-59 months).
- **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.

DEFENCE MANUFACTURING SCHEMES

1097. SHRI P. V. MIDHUN REDDY:

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

- (a) the details of centrally sponsored Defence manufacturing schemes initiated under the Aatmanirbhar programme of the Government;
- (b) the percentage of such schemes initiated in Andhra Pradesh;
- (c) whether the Government proposes to distribute fairly defence equipment manufacturing to low-development areas of the country;
- (d) if so, the details thereof along with the strategies adopted by the Government for the same; and
- (e) if not, the reasons therefor?

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

- (a) and (b): There is no centrally sponsored scheme for defence manufacturing in Ministry of Defence.
- (c) to (e): Sixteen Defence Public Sector Undertakings (DPSUs), including seven newly incorporated entities formed on 01 October 2021 from the corporatisation of the erstwhile Ordnance Factory Board and its 41 ordnance factories, are spread across various regions of the country. These Defence Public Sector Undertakings are having presence in different States/ Union Territories and collectively enabling self-reliance in defence sector.

SHORTAGE OF DOCTORS IN AIIMS BHUBANESWAR

1098. SHRI PRADEEP PUROHIT:

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

- (a) whether the Government is aware of the acute shortage of doctors and faculty in various departments of AIIMS Bhubaneswar;
- (b) if so, the details of the sanctioned posts along with the number of posts currently lying vacant, department-wise;
- (c) the reasons for delay, if any, in filling up the vacant posts;
- (d) whether this shortage is affecting patient care, teaching and research activities in the institute, if so, the details thereof;
- (e) the details of the annual budget allocated to AIIMS Bhubaneswar during the last five years, year-wise and head-wise; and
- (f) whether the Government proposes any special measures to strengthen manpower, infrastructure and service delivery at AIIMS Bhubaneswar 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): The current faculty position across 42 Specialty and Super-Specialty departments in AIIMS Bhubaneswar is as under:

Sanctioned posts	Filled positions	Vacant positions
315	240	75

Creation of posts & recruitment is a continuous process. Filling up of vacant positions is contingent on various factors including availability of eligible, qualified doctors/health professionals, reservation roster etc.

The year-wise detail of Grants-in-aid released to AIIMS Bhubaneswar during the last five years is as under:

Rs. crore

GIA Head	2020-21	2021-22	2022-23	2023-24	2024-25
General	161.00	121.50	175.00	192.53	196.77
Capital	105.00	95.00	125.00	113.02	120.00
Salaries	197.00	269.00	370.00	394.00	476.00
Total	463.00	485.50	670.00	699.55	792.77

For ensuring effective functioning of various departments, following steps have been taken in order to expeditiously fill vacant sanctioned positions in all new AIIMS, including AIIMS Bhubaneswar:

- (i) Standing Selection Committee (SSC) has been constituted as per the provision of AIIMS Act, 1956 for recruitment of faculty.
- (ii) Provision has been made for engagement of retired faculty at the level of Professor, Additional Professor and Associate Professor, on contract basis, up to the age of 70 years from Institutes of National Importance (INIs) and Government Medical Colleges (GMCs).
- (iii) The Visiting Faculty Scheme allows Professors, Additional Professors and Associate Professors from government institutions in India or academic institutions abroad to serve as visiting faculty in 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.

(v) Common Recruitment Examination (CRE) is conducted by AIIMS Delhi for recruitment to Group B and C non-faculty positions in various AIIMS.

(vi) The Institute of National Importance Combined Entrance Test (INI-CET) for selection of Junior Residents (Academic) and the Institute of National Importance Super Specialty (INI-SS) Exam for selection of Senior Residents (Academic) are conducted by AIIMS Delhi twice a year.

POLICIES FOR PORT LIMITS

1099. CAPTAIN VIRIATO FERNANDES:

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

(a) whether there is any component of Public participation/hearing/consultation before notifying port limits for minor ports handled by respective State Maritime board under Indian Ports Act 1908 and Indian Ports Act, 2025, if so, the details thereof;

(b) whether the Central Government has any policy for which Gazette Notification for Port Limits are issued by the State Government under Indian Ports Act, 1908 and Indian Ports Act 2025, if so, the details thereof; and

(c) whether the Central Government has any estimate regarding the extent of the India's coastline especially on the West Coast covered under Port Limits including the State of Gujarat, Maharashtra, Goa, Karnataka and Kerala, State-wise and if so, the details thereof?

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

(a): No Sir.

(b): Yes Sir. Both the Acts of 1908 and 2025 provide the statutory mechanism for port notification as well as for defining port limits. The State Governments are empowered to notify the port limits for port other than Major Port, under the Acts of 1908 and 2025. Under the 2025 Act, the Central Government will prescribe uniform procedure (norms, form and manner) for declaration of ports and alteration of port limits by way of Rules framed in consultation with State Governments and Union Territories.

(c): The details of major ports coastline in the states of Gujarat, Maharashtra, Goa, Karnataka and Kerala are as under :-

Sl. No.	State	Major Ports	Coastline length (in Km)
1	Gujarat	Deendayal Port	54.13
2	Maharashtra	Jawaharlal Nehru Port	37.59
		Mumbai Port	33
3	Goa	Mormugao Port	71.50
4	Karnataka	New Manglore Port	12.56
5	Kerala	Cochin Port	37.04

DRAVYA PORTAL IN MADHYA PRADESH

1100. SHRI MAHENDRA SINGH SOLANKY:

Will the Minister of AYUSH be pleased to state:

(a) whether the Government has taken any steps to ensure the effective

implementation and wider use of the DRAVYA Portal in Dewas-Shajapur Constituency, Madhya Pradesh and if so, the details thereof;

(b) whether any AYUSH hospitals, dispensaries or medical educational institutions in Dewas–Shajapur Constituency are currently using the DRAVYA Portal;

(c) if so, the details thereof; and

(d) the measures taken by the Government to promote digital knowledge systems of Ayush amongst grassroots practitioners in rural regions, particularly in Dewas–Shajapur Constituency, Madhya Pradesh?

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): Digitized Retrieval Application for Versatile Yardstick of Ayush Substances (DRAVYA) portal has been developed by Central Council for Research in Ayurvedic Sciences (CCRAS) with the objective to develop an exhaustive and reusable database of Ayush substances, encompassing both Ahara (food) and Aushadhi (medicine), by dynamically consolidating information from legacy sources and establishing interlinkages with standard online research databases. The portal has a user-friendly interface with a dedicated search box designed to facilitate easy access to the Ayush substances. The portal mainly aims to provide verified information on medicinal products, covering various domains such as Ayurveda Description, Botany, Chemistry,

Pharmacy and Pharmacology.

The DRAVYA portal was launched on the occasion of 10th Ayurveda Day held on 23rd September 2025. The portal has been made available in public domain for use by all concerned including AYUSH hospitals, dispensaries or medical educational institutions in Dewas–Shajapur Constituency.

(d): In recent years, the Government has taken several concrete measures to digitally document, standardize, and disseminate AYUSH-knowledge systems with a view to reach practitioners (including at grassroots) across rural India. Here is an overview of major measures and how they support rural/grassroots AYUSH practitioners.

The following Digital Knowledge Systems have been developed under Ayush Grid - a digital backbone for AYUSH sector:-

- i) National AYUSH Morbidity and Standardised Terminologies Electronic (NAMASTE) Portal:
 - It provides standardised terminologies and morbidity codes for diseases and conditions as understood in Ayush systems, such as Ayurveda, Unani, and Siddha. This helps bring uniformity and clarity in diagnosis, record-keeping, and reporting. Such standardisation is crucial for consistent practice, data collection, referrals, and bridging Ayush with broader health systems.
- ii) Ayush Hospital Management Information Systems (AHMIS):
 - A-HMIS replaces the old paper-based record-keeping system in Ayush

hospitals, creating a centralised digital database of patient data, morbidity, treatments, etc. This makes record-keeping more efficient, reliable, and accessible even in rural Ayush hospitals/centres.

iii) Ayusoft:

Ayusoft is a digital platform that transforms classical Ayurvedic texts into an authentic knowledge repository, offering tools like:

- Aayur Vidnyaana (an Ayurvedic encyclopedia).
- S'habdaNidhi (a glossary of Ayurvedic terms),
- Assessment Scales: Prakriti Analysis, Swasthya Assessment Scale, Mizaj, Yakkai Ilakkanam
- e-Samhita: e-Books portal

iv) Ayush Research Portal (ARP): The Ayush Research Portal serves as a one-stop resource for disseminating and accessing curated research data related to traditional Indian medicine systems, including Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy.

MARITIME TRAINING INSTITUTES IN THE COUNTRY

1101. SHRI ANURAG SINGH THAKUR:

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

(a) the total number of private Maritime Training Institutes (MTIs) in the country and courses currently approved by the Directorate General of Shipping (DGS), State-wise and course-wise along with the criteria for such approvals,

including simulators, seetime arrangements, faculty student ratios and infrastructure standards;

(b) whether the Government has noticed instances of unapproved private entities offering course completion certificates or foreign Certificates of Proficiency to Indian seafarers and if so, the details thereof and the actions taken thereon;

(c) whether DGS has issued any guidelines to tighten compliance with (STCW) requirements, if so, the details and the status of implementation thereof across private MTIs;

(d) the measures being taken to ensure that admissions to pre-sea courses in private institutes are routed through IMU-CET; and

(e) whether the Government is planning to mandate real-time digital attendance & assessment logs integrated with the DGS e-governance portal and strengthen the Comprehensive Inspection Program, create public dashboard publishing each private MTI's placement records, inspection scores akin to NIRF, if so, the details thereof?

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

(a): (i) Total number of Directorate General of Shipping (DGS) approved MTIs is 167. Out of these, 54 MTIs are conducting simulator courses. The State-wise number of MTIs and the DGS approved Course-wise number of MTIs are given in the enclosed **Statement-I** and **Statement-II** respectively.

(ii) The DGS guidelines mandate Principal, faculty and instructor to be appropriately qualified in accordance with the provision of section A-I/6 of the Standards of Training Certification and Watchkeeping for seafarers (STCW) Code for the type and level of training and/or assessment performed.

(iii) For respective courses, the minimum qualification of faculty are prescribed in the respective DGS Course Guidelines. The student to instructor ratio for practical trainings are prescribed in the respective DGS Course Guidelines.

(iv) The Directorate General of Shipping (DGS) has prescribed detailed infrastructure standards for all Maritime Training Institutes (MTIs) as part of the approval process. These standards cover 17 key areas, including land requirements, construction quality, safety systems, classrooms, laboratories, teaching aids, library, hostel facilities, fire-fighting mock-ups, simulators, faculty areas, and other academic and general infrastructure.

(v) The complete and course-specific requirements for all these infrastructure elements are provided in the Training Manuals and Approval Guidelines issued by DGS. These manuals specify the criteria for approvals, including simulator requirements, sea-time arrangements, equipment norms, and other mandatory facilities.

(vi) Individual MTIs seeking approval or renewal are required to refer the relevant Training Manuals available on the DGS website for detailed information on all 17 infrastructure standards and course-wise compliance requirements.

Sr. No.	Section	Infrastructure Requirement
1.	Land requirements for Institute	Requirements related to minimum land area and ownership/lease norms
2.	Shifting of Land / Premises	Conditions and approvals required for shifting the institute location
3.	Address for correspondence	Registered and operational address requirements
4.	Construction quality	Standards for building quality, safety, materials, and compliance
5.	General Safety	Fire safety, evacuation plans, emergency exits, safety signage
6.	Alternate source of electric supply	Backup power, generator capacity, uninterrupted learning environment
7.	Dispensary and Medical emergencies	First-aid room, medical officer availability, emergency arrangements
8.	Administrative area	Office space, administrative support rooms, record-keeping areas
9.	Faculty room	Dedicated room for faculty preparation, seating, and storage
10.	Classroom requirements	Seating capacity, ventilation, lighting, furnishing, classroom area standards
11.	Teaching aids	Projectors, boards, audio-visual equipment, training materials
12.	Library	Books, digital resources, seating, librarian, subject-specific collections
13.	General Facilities	Washrooms, drinking water, recreation, common areas
14.	Academic Facilities	Labs, workshops, simulator rooms, equipment mandated per course
15.	Fire fighting mock-up	Fire-fighting training area, mock-up structures, equipment

16.	Catering	Dining hall, kitchen hygiene standards, food safety compliance
17.	Hostel and residential facilities	Accommodation, sanitation, security, supervision, common facilities

(b): There have been reported cases of maritime training institutes which are not approved by DG Shipping and have been found to be issuing certificates without actual delivery of the training as required under the STCW convention. In all such reported cases, the DGS has communicated the details of the incident to the Chief Secretary DGP and the respective District Magistrate for their intervention and action against such entities.

The State Governments were requested to verify the allegations about institutes charging money for issuing certificates and job placement on ship, and to take action for violations for not adhering to the guidelines of DGS. Further, DGS has undertaken several social media awareness campaigns for the benefit of aspiring seafarers wishing to enroll in maritime training courses. In cases, where the same management was running two institutes one approved by DGS and another unapproved, DGS has suspended the approved MTI. In cases, where DGS-approved MTI were found issuing certificates without actually conducting the course, DGS has withdrawn approval of such MTIs.

The Directorate General of Shipping has issued DGS(NT/Eng) Circular No.31 of 2025 and the DGS Order No.08 of 2025 to ensure that the Certificate of Competency (CoC) and Certificate of Proficiency (CoP) are issued to an Indian Seafarer after following due process and in accordance to the requirements of

the STCW Convention of the IMO.

(c): The DGS has issued an updated Training Manual in the month of February 2025 to tighten the compliance with the STCW requirement.

The DGS mandate Comprehensive Inspection Programme (CIP) to be undertaken by the MTI either through the Recognized Organisation or through the Mercantile Marine Departments (MMDs). The Directorate had issued guidelines, viz.DGS Order No.23 of 2014 and DGS Order No. 04 of 2016 and DGS Training Circular No.33 of 2018 for the MTIs to comply with the CIP requirements.

(d): Admissions to pre-sea courses are required to be primarily routed through the Indian Maritime University – Common Entrance Test (IMU-CET) to insure quality and transparency in maritime education. As per DGS Training Circular No. 21/2025, MTIs must admit at least 60% of candidates from the IMU-CET merit list. To prevent under-utilization of training capacity and support MIV 2030 goals, a controlled second-phase admission pathway is proposed only for remaining vacant seats, with strict eligibility criteria (minimum 60% PCM and appearance in JEE/State Engineering Entrance). All such admissions must be recorded on the DGS e-Governance portal, ensuring full transparency, compliance, and adherence to DGS/STCW standards.

(e): Several digital reforms have been undertaken to strengthen transparency compliance and monitoring across MTIs. DGS has undertaken real-time digital attendance through Centralized Attendance System (CAS) 2.0, the Digital

Training & Assessment Record and the upgraded MTI module on the e-Governance portal for secure real time data capture and seamless integration with the DGS e-Gov. Portal for improved oversight and unified reporting. The Comprehensive Inspection Programme is also being strengthened with updated KPIs, revised grading weightages and the inclusion of faculty quality parameters.

STATEMENT-I

State-Wise number of MTIs:

State/UT	Number of MTIs
Andaman and Nicobar Islands	1
Andhra Pradesh	4
Bihar	3
Delhi	6
Goa	6
Gujarat	4
Haryana	4
Karnataka	1
Kerala	9
Maharashtra	46
Odisha	5
Punjab	1
Rajasthan	1
Sikkim	1
Tamil Nadu	37
Telangana	1
Uttar Pradesh	14
Uttarakhand	4
West Bengal	19
Total	167

STATEMENT-II**DGS approved Course-wise number of MTIs**

Name of DGS Approved Course	Number of MTIs
Advanced Training course for Ships Operating in Polar waters	2
Advanced Training for Chemical Tanker Cargo Operations	33
Advanced Training for Liquified Gas Tanker Cargo Operations	17
Advanced Training for Oil Tanker Cargo Operations	33
Advanced Training in Fire Fighting	38
Advanced Trg. for Ships using Fuels covered within IGF code	18
Assessment, Examination and Certification of Seafarers	14
Augmentation of FPFF (Practical Tanker Fire Fighting)	1
Automatic Radar Plotting Aids	27
B.Sc Nautical Science	25
Basic Safety Training	146
Basic Trainig for Ships using Fuels covered within IGF code	26
Basic Training for Liquified Gas Tanker Cargo Operations	49
Basic Training for Oil and Chemical Tanker Cargo Operations	84
Basic Training for Ships Operating in Polar water Course	2
BE / B-Tech Marine Engineering	29
Bridging Course for Existing Electrical Officers to ETO	1
Bridging Courses from MEO Class III CEO to MEO Class I NCV [upto 8000 kw other than tankers]	1
Bridging Courses from MEO Class III SEO to MEO Class II NCV SEO [upto 8000 kw other than tankers]	1
Certificate Course In Maritime Caterring	24
Chief Mate (FG) - Phase I	22
Chief Mate (FG) - Phase II	23
Company Security Officer	1
Competency Course for Chief Mate NCV Phase 2 exam	1
Crisis Management and Human Behaviour	14

Crowd Management, Passenger Safety and Safety Training	49
Diesel Engine Combustion Gas Simulator	18
Diploma In Nautical Science	31
Electro Technical Officers	22
Electronic Chart Display and Information Systems	29
Engine Room Simulator - Management level	25
Engine Room Simulator - Operational level	26
Extra Chief Engineer	1
Familiarization Course for Medical Examiner of Seafarers	1
Fast Rescue Boats	1
General Operator`s Certificate for GMDSS	23
Graduate Marine Engineering	30
High Voltage Safety and Switch Gear at Management level	20
High Voltage Safety and Switch Gear at Operational level	28
Higher National Diploma Course (Nautical Science)	1
LNG Tanker Cargo and Ballast handling Simulator	1
Indian Maritime Legislation Course	1
LPG Tanker Cargo and Ballast handling Simulator	2
Marine Bioler & Steam Engineering Course - Operational level	2
Marine Bioler & Steam Engineering. Course - Management level	1
Master (NCV) Advanced Shipboard Management	1
Master FG Advanced Shipboard Management	19
Mate of Home Trade ship - NCV	1
Medical First Aid	51
Medical Care	26
MEO (CEO-NCV)	1
MEO (NCV SEO) Part A	1
MEO (NCV SEO) Part B	1
MEO Class – I	21
MEO Class – II	37
MEO Class - IV (NCV)	1
MEO Class IV	1

Navigational Watchkeeping Officer- NCV	2
Orientation Course for Catering Personal	8
Personal Safety & Social Responsibilities	2
Port Facility Security Officer	1
Pre-sea Training for Diploma Holders	4
Proficiency In Survival Craft and Rescue Boats	41
Radar and Navigation Simulator	20
Radar Observer Simulator	27
Refresher & Updating Training Course for Engineers-Management	1
Refresher and Updating Training Course for all Engineers	28
Refresher Course for Medical Examiner of Seafarers	1
Refresher Training for Advanced Training in Fire Fighting	44
Refresher Training for Medical Care	29
Refresher Training for Medical First Aid	47
Refresher Training for Proficiency in FPFF	90
Refresher Training For Proficiency In PSCRB	43
Refresher Training for Proficiency in PST	88
Revalidation Training Course for Masters and Deck Officers	21
Second Mate (FG) Competency Course	28
Second Mate (FG) Foundation Course	3
Security Trng. for Seafarer with Designated Security Duties	143
Ship Manoeuvring Simulator	15
Ship Security Officer	38
Ship`s Cook	1
Simulator- Liquid Cargo Handling - Oil - Management level	12
Train the Simulator Trainer and Assessor Course	6
Training for General Purpose Ratings	76
Vertical Integration Course for Trainers - VICT	27

ONE STOP CENTRES UNDER NIRBHAYA FUND

1102. SHRI E. TUKARAM:

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

(a) the number of One Stop Centres (OSCs) approved/currently operational under the Nirbhaya Fund in the country, State-wise including the Bellary district of Karnataka;

(b) whether the Government has ensured full integration of OSCs with the Women's Helpline 181, if so, the details thereof and if not, the reasons therefor;

(c) the details of funds allocated, released/utilized for the OSC scheme during the last five years under the Nirbhaya Fund along with the reasons for any delays/under-utilization; and

(d) whether all OSCs are staffed, equipped/paid to run 24×7 as per scheme guidelines, if so, the details thereof and if not, the corrective actions taken/proposed to be taken to ensure round-the-clock operations in the said State and district?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d): One Stop Centre (OSC) is a component of the Sambal vertical under the umbrella Mission Shakti. It provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women with 24/7 accessibility. As on date, out of approved 1025 One Stop Centres (OSCs) in each district across the country including Karnataka, 864

OSCs are operational and 655 OSCs have been integrated with the Women Helpline. The State-wise number of OSCs approved and operationalized in the country including Bellary district of Karnataka are given in the enclosed **Statement-I**.

As per the Mission Shakti guidelines, the Central Government provides 100% financial assistance to States/ UTs for appointment/hiring 13 manpower resources including 1 Psycho-social Counsellor at each OSC. The overall implementation of the OSC scheme lies with the State Governments and 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). The State and UT wise details of the funds released/utilised under OSC during the last five years are given in the enclosed **Statement-II**.

STATEMENT-I

The details of State and UT-wise approved and operational OSCs including Karnataka:

S. No.	State /UTs	Number of Approved OSCs	Number of Operational OSCs
1	A&N Islands	3	3
2	Andhra Pradesh	36	26
3	Arunachal Pradesh	27	25
4	Assam	36	36
5	Bihar	65	39
6	Chandigarh	1	1

7	Chhattisgarh	42	34
8	DNHDD	3	3
9	Delhi	22	11
10	Goa	2	2
11	Gujarat	36	35
12	Haryana	27	22
13	Himachal Pradesh	13	13
14	Jammu & Kashmir	23	20
15	Jharkhand	37	24
16	Karnataka	44	40
17	Kerala	16	14
18	Ladakh	2	2
19	Lakshadweep	1	1
20	Madhya Pradesh	65	57
21	Maharashtra	67	55
22	Manipur	16	16
23	Meghalaya	14	12
24	Mizoram	13	13
25	Nagaland	17	17
26	Odisha	39	32
27	Puducherry	4	4
28	Punjab	23	23
29	Rajasthan	52	50
30	Sikkim	7	6
31	Tamil Nadu	59	49
32	Telangana	36	36
33	Tripura	10	9
34	Uttar Pradesh	124	96
35	Uttarakhand	19	14
36	West Bengal	24	24
	Total	1025	864

STATEMENT-II

Details of State-wise and year-wise funds released during the last five years under OSC:

(Amount in lakhs)

S. No.	State	2020-21	2021-22	2022-23	2023-24	2024-25
1	A&N Islands	38.59	58.22	15.2	135.99	0.00
2	Andhra Pradesh	205.05	249.57	72.96	605.58	189.07
3	Arunachal Pradesh	514.14	369.45	40.39	847.7	757.40
4	Assam	642.14	650.63	129.61	1755.4	282.76
5	Bihar	709.66	555.17	0	0	0.00
6	Chandigarh	33.84	15	49.22	16.8	19.04
7	Chhattisgarh	353.21	526.86	304.63	882.44	945.91
8	DNHDD	0	0	0	50.39	57.14
9	Delhi	189.05	184.69	138.56	184.78	314.29
10	Goa	30.01	30.01	0	0	54.89
11	Gujarat	875.17	997.46	386.76	1166.2	857.38
12	Haryana	398.44	385.35	186.75	594.68	419.06
13	Himachal Pradesh	204.05	180.05	18.9	403.15	47.22
14	Jammu and Kashmir	218.84	323.09	0	335.96	470.88
15	Jharkhand	697.25	506.78	0	0	0.00
16	Karnataka	729.09	513.88	130.88	1054.1	921.81
17	Kerala	243.06	234.41	139.28	0	400.01
18	Ladakh-UT	65.45	30.01	0	33.6	38.10
19	Lakshadweep	7.5	15	0	16.8	0.00
20	Madhya Pradesh	1,057.05	921.41	261.55	820.48	2225.83
21	Maharashtra	646.2	561.35	69.37	1,539.60	0.00
22	Manipur	501.94	396.59	543.29	268.77	304.77
23	Meghalaya	211.62	276.22	232.77	321.56	228.58

24	Mizoram	172.64	280.33	178.05	283.45	563.26
25	Nagaland	329.91	528.92	197.41	545.83	647.55
26	Odisha	931.55	739.31	614.67	1,084.90	818.62
27	Puducherry	72.02	67.24	18.25	0	0.00
28	Punjab	490.61	385.31	0	389.01	438.10
29	Rajasthan	566.87	941.85	129.59	883.59	752.03
30	Sikkim	66.02	80.8	77.48	126.09	114.29
31	Tamil Nadu	1,066.60	520.38	697.43	1,158.80	1059.64
32	Telangana	793.39	945.98	1,392.60	1,217.40	256.42
33	Tripura	162.04	135.75	18.21	0	0.00
34	Uttar Pradesh	2,288.33	1,396.79	347	1,812.70	1801.43
35	Uttarakhand	273.09	263.17	153.33	436.75	53.80
36	West Bengal	198.9	227.32	28.41	0	641.93

REVOCATION OF SANCTIONS WAIVER ON CHABAHAR PORT

1103. SHRI S. JAGATHRATCHAKAN:

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

- (a) whether the Government is aware of the recent revocation of waiver exemption issued earlier under the Iran Freedom and Counter-Proliferation Act by the United States of America;
- (b) if so, the economical and political implications of the revocation by the U.S.A.;
- (c) the total amount invested in the Chabahar port by India since 2018; and
- (d) whether the Government has taken any adequate measures to overcome the revocation of the waiver exemption?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (d): Yes Sir. On 4th February 2025, the U.S. Administration through its National Security Presidential Memorandum [NSPM-2] mandated the U.S. Secretary of State to modify or rescind sanctions waivers, particularly those that provide Iran any degree of economic or financial relief, including those related to Iran's Chabahar port project. As a follow up to the NSPM-2, on 16 September 2025, the U.S. State Department revoked the 2018 waiver, effective since 29 September 2025.

Government of India had invested nearly USD 120 million for the supply of equipment for the port, which was instrumental in providing humanitarian and other types of emergency assistance to Afghanistan.

Following India's representation, the U.S. Department of the Treasury on 28th October 2025 issued a Letter stating that activities at the Chabahar Port will not be exposed to U.S. sanctions till 26 April 2026.

The Government of India remains engaged with the U.S. State Department and Treasury in working out this arrangement.

मोबाइल निगरानी प्रणाली का विकास

1104. श्री वीरेन्द्र सिंह:

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

(क) क्या सरकार का विचार उर्वरकों की कालाबाजारी और जमाखोरी को रोकने के लिए मोबाइल निगरानी प्रणाली या पोर्टल विकसित करने का है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) चंदौली जिले में किसानों को खाद वितरण प्रणाली में तकनीकी खामियों या डीलरों की लापरवाही की वजह से नुकसान हुआ और यदि हां, तो इसके लिए जिम्मेदार लोगों के विरुद्ध क्या कार्रवाई की गई; और

(ग) क्या सरकार ने डीएपी और दूसरे उर्वरकों की कमी के कारण धान की पैदावार में होने वाली संभावित कमी के बारे में कोई आकलन किया है और यदि हां, तो अनुमानित कमी का ब्यौरा क्या है?

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

(क): उर्वरक विभाग ने वर्ष 2016 से एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) लागू की है। यह उत्पादन/आयात बंदरगाह से लेकर जिला गोदामों, थोक विक्रेताओं और खुदरा विक्रेताओं तक उर्वरकों के उत्पादन, प्रेषण, प्राप्ति और बिक्री की निगरानी करता है। उर्वरक आपूर्ति श्रृंखला में अधिक स्पष्टता और पारदर्शिता लाने के लिए, अंतिम बिक्री केंद्र (खुदरा केन्द्रों) पर पावती दी जाती है। स्वीकृत स्टॉक की बिक्री के आधार पर उर्वरक कंपनियों को सब्सिडी का भुगतान किया जाता है, हालांकि बिक्री केंद्र (पीओएस) की मध्यस्थता से खरीदार के आधार आधारित प्रमाणीकरण द्वारा बिक्री की जाती है। इसके अलावा, उर्वरक विभाग ने एक डैशबोर्ड भी विकसित किया है जिसे अधिकृत उपयोगकर्ताओं द्वारा <https://urvarak.nic.in> पर एक्सेस किया जा सकता है। डैशबोर्ड को राज्य कृषि विभाग, जिला कलेक्टर और राज्य विपणन संघ जैसे विभिन्न हितधारकों द्वारा सहज निगरानी की सुविधा के लिए विकसित किया गया है। राज्य सरकारें कालाबाजारी और जमाखोरी को रोकने के लिए आईएफएमएस और ई-उर्वरक डैशबोर्ड पोर्टल के माध्यम से उर्वरकों की उपलब्धता और आपूर्ति की भी निगरानी कर रही हैं।

(ख): जी, नहीं।

(ग): चल रहे रबी मौसम 2025-26 के दौरान देश में डीएपी और अन्य उर्वरकों की उपलब्धता पर्याप्त बनी रही है।

ACCIDENTS IN CHEMICAL AND FERTILIZER FACTORIES

1105. DR. THOL THIRUMAAVALAVAN:

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

- (a) whether the Government is aware of the accidents that takes place in Chemical and Fertilizer factories and godowns in the country;
- (b) if so, the number of such accidents recorded during the last three years;
- (c) whether the safety standard is much below the benchmark or the stipulated safety standard is not followed in those companies; and
- (d) if so, the action taken on such companies for the lapses and new measures being taken to contain such accidents?

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 information regarding the number of accidents which have taken place in factories and godowns including the Chemical and Fertilizer industries is maintained by Ministry of Labour and Employment. The details of fatal and non-fatal injuries in all industries, as shared by Ministry of Labour and Employment, that have occurred during the three-year period as available are

as under:

Year	2021	2022	2023	2024
Fatal Injuries	988	1062	1127	757
Non-Fatal Injuries	2803	3006	2981	2255

Data Source: DGFASLI / MoLE

(c) and (d): Details of various legislative measures that have been enacted to address the concerns relating to safety standards are as under:

(i) The Factories Act, 1948

There are elaborate provisions under the Factories Act, 1948 and the Rules framed there under pertaining to health, safety, welfare, hazardous processes, working hours, penalties and procedures etc., to ensure safety and health of the workers in registered factories.

The units which are violating the provisions of the Act and Rules are being prosecuted under the penal provisions i.e. Section 92 and 96A of the Factories Act, 1948. The said Act and the rules made thereunder are enforced by the State Governments concerned through the Chief Inspectors of Factories / Directorates of Industrial Safety and Health, who are empowered to take legal action against the occupier and manager of the factory for violations of the said Act and rules.

(ii) Occupational Safety, Health and Working Conditions Code (OSH&WC), 2020

The Central Government has enacted a comprehensive legislation i.e., the Occupational Safety, Health and Working Conditions Code (OSH&WC), 2020

for ensuring the occupational safety, health and working conditions of the persons employed in an establishment and the matters connected therewith or incidental thereto. The said Code empowers Central Government to declare occupational safety and health standards under section 18 of the OSH&WC Code, 2020 for workplaces relating to factories, mines, docks , buildings, construction sites and other establishments. Further, Section 34 of the Code provides for the appointment of Inspector-cum-Facilitator and Section 35 of the Code provides for powers of Inspector-cum-Facilitators for the effective enforcement of provisions of the OSH&WC, Code, 2020.

(iii) The Manufacturing, Storage, and Import of Hazardous Chemicals (MSIHC) Rules, 1989.

The MSIHC Rules, 1989 have also been made with the objective of preventing accidents in industrial installations and isolated storage handling the hazardous chemicals. The said rules provide for preparation of safety reports, safety audits, notification of accidents, preparation of on-site and off-site emergency plans, information sharing, etc.

(iv) The Chemical Accidents (Emergency Planning, Preparedness and Response) (CAEPPR) Rules, 1996

The CAEPPR Rules, 1996 is to prevent and respond to industrial chemical incidents. CAEPPR mandate the establishment of crisis management groups at the district level and require on-site emergency plans from chemical facilities and off-site plans from authorities.

योग एवं प्राकृतिक चिकित्सा संस्थान

1106. श्री जसवंतसिंह सुमनभाई भाभोर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) आंध्र प्रदेश में स्थापित किए जाने वाले योग एवं प्राकृतिक चिकित्सा संस्थानों का ब्यौरा क्या है;

(ख) क्या भविष्य में गुजरात में, विशेषकर दाहोद लोक सभा निर्वाचन क्षेत्र जैसे जनजाति-बहुल क्षेत्रों में ऐसे संस्थान की स्थापना का कोई प्रस्ताव है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या भूमि आवंटन के लिए गुजरात सरकार से कोई अनुरोध प्राप्त हुआ है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) योग एवं प्राकृतिक चिकित्सा के क्षेत्र में जनजातीय युवाओं के लिए उच्च शिक्षा एवं रोजगार की क्या संभावनाएँ हैं?

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

(क): आयुष मंत्रालय ने आंध्र प्रदेश सरकार द्वारा गुंटूर जिले के नादिमपालेम गांव में प्रदत्त एकड़ 15.00 सेंट भूमि पर 93.82 करोड़ रुपये की अनुमानित लागत से एक 'केंद्रीय योग और प्राकृतिक चिकित्सा अनुसंधान संस्थान (सीआरआईवाईएन)' स्थापित करने की योजना बनाई है, जिसमें उपचार ब्लॉक, प्रशासन और ओपीडी तथा आवासीय सुविधाओं के साथ 100 बिस्तरों की क्षमता वाला अस्पताल शामिल हैं।

(ख) और (ग): वर्तमान में मंत्रालय में ऐसा कोई प्रस्ताव नहीं है।

(घ): जनजाति समुदायों के छात्रों सहित विभिन्न स्तरों पर योग और प्राकृतिक चिकित्सा में उच्च शिक्षा उपलब्ध है। योग और प्राकृतिक चिकित्सा क्षेत्र चिकित्सीय प्रैक्टिस, आरोग्य, शिक्षा, अनुसंधान आदि क्षेत्रों में विभिन्न प्रकार के रोजगार के अवसर प्रदान करता है।

नई राष्ट्रीय मुकदमा नीति

1107. श्रीमती मंजू शर्मा:

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

(क) क्या सरकार एक नई राष्ट्रीय मुकदमा नीति तैयार कर रही है ;

(ख) यदि हाँ, तो प्रस्तावित नीति की रूपरेखा और उसमें किए गए प्रावधान सहित तत्संबंधी ब्यौरा क्या है ;

(ग) क्या नई नीति जारी करने के लिए कोई समय-सीमा निर्धारित की गई है. यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और

(घ) उक्त नीति को लागू करने के लिए सरकार द्वारा क्या कदम उठाए गए/उठाए जा रहे हैं?

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

(क) से (घ): मुकदमेबाजी पर नई नीति जारी करने के लिए कोई प्रस्ताव केंद्रीय सरकार के समक्ष नहीं है। भारत सरकार द्वारा मुकदमेबाजी के कुशल और असरदार प्रबंधन के लिए निदेश केंद्रीय सरकार ने 4.4.2025 को जारी किए हैं, जो विधि कार्य विभाग की वेबसाइट पर <https://legalaffairs.gov.in/act-rules-policies> लिंक के अधीन भी उपलब्ध हैं।

भारत जापान संयुक्त विजन

1108. श्री महेश कश्यप:

श्री सुकान्त कुमार पाणिग्रही:

श्री रवीन्द्र शुक्ला उर्फ रवि किशन:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) अगस्त 2025 में अंगीकृत अगले दशक हेतु भारत-जापान संयुक्त विजन के तहत, ओडिशा के

लिए विशेषकर प्रौद्योगिकी, लचीली आपूर्ति श्रृंखलाएँ, हरित ऊर्जा, डिजिटल सहयोग तथा रक्षा-औद्योगिक सहयोग जैसे क्षेत्रों में पहचाने गए साझेदारी के प्रमुख स्तंभ और रणनीतिक प्राथमिकताएँ क्या हैं;

(ख) इन पहलों से संयुक्त विकास परियोजनाओं, अवसंरचना वित्त-पोषण तथा त्रिपक्षीय सहयोग रूपरेखाओं के माध्यम से ग्लोबल साउथ के साथ भारत की आर्थिक साझेदारी को सुदृढ़ करने में किस प्रकार मदद मिलेगी;

(ग) क्षमता निर्माण, कौशल विकास, स्टार्ट-अप सहयोग तथा उद्योग-से-उद्योग साझेदारी के लिए संयुक्त दृष्टिकोण के अंतर्गत स्थापित संस्थागत तंत्र क्या हैं; और

(घ) अगले एक दशक के दौरान भारत और जापान के बीच आपसी जन संपर्क, शैक्षणिक एवं सांस्कृतिक साझेदारियों तथा राज्य-जनपद स्तर पर सहयोग बढ़ाने के लिए क्या उपाय प्रस्तावित किए गए हैं?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री (श्री कीर्ति वर्धन सिंह):

(क): दिनांक 29-30 अगस्त 2025 के दौरान टोक्यो में आयोजित 15वें भारत-जापान वार्षिक शिखर सम्मेलन के दौरान, भारत और जापान के प्रधानमंत्री ने अगले दशक के लिए संयुक्त विजन जारी किया, जिसमें दोनों देशों के बीच सहयोग बढ़ाने के लिए अर्थव्यवस्था, आर्थिक सुरक्षा, आवाजाही / अवसंरचना, पारिस्थितिक स्थिरता, प्रौद्योगिकी और नवाचार, स्वास्थ्य, लोगों के बीच आदान-प्रदान और राज्य-प्रांत साझेदारी के आठ क्षेत्रों को चिन्हित किया गया।

(ख): संयुक्त विजन का उद्देश्य द्विपक्षीय संबंधों को आगे बढ़ाना और इस प्रकार वैश्विक दक्षिण के साथ आर्थिक संबंधों को मजबूत करना है, जो भारत के "क्षेत्रों में सुरक्षा और विकास हेतु पारस्परिक एवं समग्र उन्नति" (महासागर) के विजन के अनुरूप है। इसमें भारत में निजी क्षेत्र के नेतृत्व वाले व्यवसायों और निवेशों को बढ़ावा देना और दक्षिण एशिया तथा अफ्रीका के अन्य देशों के साथ

व्यावसायिक सहयोग को बढ़ावा देने के केंद्र के रूप में भारत में जापानी कंपनियों का मज़बूत संकेन्द्रण शामिल है।

(ग): संयुक्त दृष्टिकोण में अगली पीढ़ी की जन-जन भागीदारी में भारत-जापान मानव संसाधन आदान-प्रदान एवं सहयोग हेतु कार्य योजना शामिल है, जिसका लक्ष्य अगले पाँच वर्षों में दोनों दिशाओं में 5,00,000 से अधिक कामगारों का आदान-प्रदान करना है, जिसमें भारत से जापान के लिए 50,000 कुशल कार्मिक और संभावित प्रतिभाएं शामिल हैं। क्षमता निर्माण और कौशल विकास कार्य योजना का एक महत्वपूर्ण केंद्र बिंदु है और इसे व्यावसायिक प्रशिक्षण, इंटरनशिप कार्यक्रमों, शोधकर्ताओं और छात्रों के आदान-प्रदान और भारत में जापानी भाषा शिक्षा को बढ़ावा देने में सहयोग के माध्यम से आगे बढ़ाया जाएगा।

संयुक्त दृष्टिकोण में, उद्योग सहयोग के संवर्धन के लिए कई पहल भी शामिल हैं। भारत-जापान आर्थिक सुरक्षा पहल प्रमुख वस्तुओं और सामग्रियों की आपूर्ति श्रृंखलाओं को मज़बूत करने में गति प्रदान करती है, जिससे बाजार विविधीकरण को बढ़ावा मिलता है और अत्याधुनिक तकनीकों में सहयोग को बढ़ावा मिलता है।

अगली पीढ़ी की आवाजाही साझेदारी में, अवसंरचना, संभार तंत्रीय और आवाजाही के क्षेत्र में व्यापक सहयोग की परिकल्पना की गई है और इसमें "मेक इन इंडिया फॉर वर्ल्ड" के दृष्टिकोण को साकार किया गया है। लघु एवं मध्यम उद्यमों (एसएमई) के बीच सहयोग को भारत-जापान एसएमई फोरम के माध्यम से बढ़ावा दिया जाएगा, जिसका उद्घाटन इस वर्ष 21 नवंबर को हुआ था। अंतरिक्ष, कृषि, स्वच्छ ऊर्जा, फार्मास्यूटिकल्स और जैव प्रौद्योगिकी जैसे व्यापक क्षेत्रों में स्टार्ट-अप सहित व्यवसायों के बीच सहयोग को भी अगले दशक के लिए संयुक्त दृष्टिकोण में शामिल किया गया है।

(घ): अगले दशक के लिए संयुक्त दृष्टिकोण के अंतर्गत अगली पीढ़ी की जन-से-जन भागीदारी भारत और जापान के बीच ऐतिहासिक संबंधों और सांस्कृतिक समानताओं को मान्यता दी गई है और हमारी संबंधित आर्थिक एवं जनसांख्यिकीय चुनौतियों का समाधान करने में हमारे मानव संसाधनों

की क्षमता का उपयोग करने का प्रयास किया गया है। भारत- जापान मानव संसाधन आदान-प्रदान और सहयोग कार्य योजना के माध्यम से जन-से-जन संपर्क और सहयोग को बढ़ावा दिया जाएगा, कुशल कर्मियों, शोधकर्ताओं और छात्रों के आदान-प्रदान को बढ़ावा दिया जाएगा और द्विपक्षीय पर्यटन प्रवाह को बढ़ाया जाएगा। राज्य-नेतृत्व वाले प्रतिनिधिमंडलों के माध्यम से वाणिज्यिक और व्यावसायिक साझेदारी, प्रत्यक्ष संपर्क और आधिकारिक संबंधों को बढ़ावा देकर भारतीय राज्यों और जापानी प्रान्तों के बीच इसे बढ़ावा दिया जाएगा।

DOMESTIC PRODUCTION OF CHEMICAL FERTILIZERS

1109. SHRI PARSHOTTAMBHAI RUPALA:

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

- (a) whether any steps have been taken by the Government, in view of Swadeshi Bharat, to enhance domestic production of Chemical Fertilizers, if so, the details thereof;
- (b) whether Government is aware of the recent curtailment of Di-Ammonium Phosphate (DAP) supply from China, if so, the details and impact thereof;
- (c) whether the measures have been taken by the Government to ensure timely and uninterrupted fertilizer supply to farmers, if so, the details thereof;
- (d) whether the Government intends to implement New Energy Norms and fix the revised component for Urea Manufacturing Units; if so, the details thereof; and
- (e) the timeline by which the Government will resolve the long-pending issue of Rs. 2,300 per metric tonnes towards fixed cost for certain PSU and Cooperative

Urea units pending since 2014?

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): With regard to Urea Fertilizers, it may be stated that 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) in Uttar Pradesh, Jharkhand and 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.

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 LMT per annum during 2014-15 to 306.67 LMT of Urea during 2024-25.

With regard to P&K Fertilizers, the Government has implemented Nutrient Based Subsidy Policy w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS policy, 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 boost domestic fertilizer production and make country self-reliant the following measures have been taken by the Government:

(i) 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 subsidy scheme.

(ii) The number of P&K fertilizers covered under NBS policy has increased from 22 grades in 2021 to 28 grades.

(iii) 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.

(b): In October 2021, China amended its catalogue of commodities requiring mandatory additional inspection prior to export of fertilizer-related items, including DAP. The details of production, consumption and import of DAP including import from China during last three years are given below:-

DAP		fig. in LMT		
Year	Consumption	Production	Total Import	Import from China
2022-23	105.31	43.50	68.72	12.17
2023-24	109.72	42.96	56.71	22.28
2024-25	96.29	37.72	49.72	08.47

(c): Following steps are taken by the Government every season for ensuring timely and adequate supply of 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, Department of Fertilizers allocates sufficient/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. 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 fertilizers as indicated by the State Governments.

Further, Phosphatic & Potassic (P&K) fertilizers including Di-Ammonium Phosphate (DAP) are under Open General License (OGL). The fertilizer companies are free to import / manufacture these fertilizers as per their business dynamics. However, to ensure affordability, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif 2025 season to keep the prices of fertilizers stable. The said provisions have been extended for Rabi 2025-26 season also.

(d): With regard to the implementation of new energy norms, an Expert Group under NITI Aayog was engaged to recommend the energy norms to be applicable from 1st April, 2025. The Group has submitted its report on the proposed new energy norms for Urea units. The report is presently under examination in the Department of Fertilizers.

(e): As per the observation of Expenditure Finance Committee (EFC) that the issues related to the costing of Urea units may be referred to Chief Advisor (Cost) in the Ministry of Finance for examination and recommendation, the Department of Fertilizers requested Department of Expenditure that the Chief Advisor (Cost) may examine and give recommendations on reinstating the provisions of the minimum fixed cost of Rs. 2300/MT under the Modified NPS-III with retrospective effect i.e. from 2nd April 2014. Report of the Chief Advisor (Cost) has been received in the Department, which is currently under examination.

COVERAGE UNDER THE SUPPLEMENTARY NUTRITION PROGRAMME

1110. SHRI KARTI P. CHIDAMBARAM:

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

- (a) the number of women and children covered under the Supplementary Nutrition Programme (SNP) since FY 2021-22 till 30 October, 2025, State/UT-and year-wise;
- (b) the number of children and women whose Aadhaar has been successfully verified under the SNP during the said period, State/UT and year-wise; and

- (c) whether the Ministry has identified any gap between the registered beneficiaries and Aadhaar-verified beneficiaries under the SNP, if so, the details thereof along with the corrective measures being taken to ensure that eligible beneficiaries are not excluded from receiving nutrition services?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): State/UT wise and year wise details of number of women and children who are covered as beneficiaries under Mission Saksham Anganwadi and Poshan 2.0 are available at <https://www.poshantracker.in/statistics>

(b): State/UT wise and year wise details of number of children and women whose Aadhar has been successfully verified under Mission Saksham Anganwadi and Poshan 2.0 are available at <https://www.poshantracker.in/statistics>

(c): Out of total registered beneficiaries (8,87,69,382) on the Poshan Tracker, **99.85% (8,86,33,551) beneficiaries have been Aadhar verified** under the SNP across the country. Details are available at <https://www.poshantracker.in/statistics>

To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years 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. Further, this mission is a **universal self-selecting umbrella scheme where there are no entry barriers** for any beneficiary to register and receive services.

Further for tracking of beneficiaries and the services being provided under the mission, Poshan Tracker application was rolled out on 1st March 2021 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, 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, 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.

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. Every beneficiary who is willing to undergo the eKYC procedure and FRS, is fully entitled to receive the benefits of the scheme.

ADULTERATION OF MILK AND MILK PRODUCTS

1111. SHRI GURMEET SINGH MEET HAYER:

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

- (a) whether the Government is aware that adulteration of milk and milk products has been a growing concern, posing significant health risks to consumers in the country and if so, the details thereof;
- (b) whether the Government is taking any measures to combat this issue and if so, the details thereof; and
- (c) the steps taken/proposed to be taken to strengthen monitoring, enforcement and awareness initiatives to ensure the safety and quality of milk and milk products across 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 (c): The 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.

For ensuring compliance with the prescribed standards, limits, and other statutory requirements under the FSS Act and Food Safety and Standards Regulations (FSSR), FSSAI through State/UT authorities, regional offices, and food safety departments undertakes regular localized or targeted enforcement and surveillance activities. Whenever deviations from standards or violations of FSSR are detected, appropriate regulatory and punitive actions have been taken

against the defaulting Food Business Operators (FBOs) as per the provisions of the FSS Act, 2006 and the rules made thereunder.

FSSAI has started Risk Based Inspections System (RBIS) wherein inspections planned on the risk associated with the Food Businesses. This enables the authorities to carry out inspections of high risk food categories such as milk and milk products, prepared food in more intensive manner.

FSSAI has implemented following initiatives to raise awareness about food safety among consumers, the food industry, and citizens:-

- i. **Website and Social Media:** FSSAI's website and Social Media pages provide accessible information on Standards/Regulations/Advisories related to Food Safety and on detecting food adulterants at home, offering practical tips for consumers. Social media campaign “#NoToAdulteration” is carried out to educate people about adulteration and promote food safety consciousness and healthy eating habits across citizen.
- ii. **Adulteration Videos:** FSSAI has produced a series of videos that visually demonstrate methods for identifying adulteration in commonly used foods. These are available on the FSSAI YouTube channel and promoted on various other media platforms like Instagram, Twitter, Facebook time to time and are showcased at various public events and campaigns.
- iii. Resources like the DART Book offer simple tests for detecting food adulterants at home.

- iv. **Food Safety Magic Box:** This educational toolkit is designed for school students, teachers and parents, containing easy-to-use tests for detecting food adulteration through an interactive and engaging way for students to learn about food safety.
- v. Food Safety on Wheels (FSWs) or mobile food testing laboratories are deployed to reach remote areas and for conducting food testing and raising awareness.
- vi. **Food Safety Guidebook for Teachers/Students:** The lesson plan booklet provides with the detailed information of how to conduct the different test on food adulteration. These tests are mapped across the curriculum of the particular grade.

बालिकाओं में सर्वाइकल कैंसर का पता लगाने के लिए जांच

1112. श्री हरीभाई पटेल:

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

(क) क्या सरकार पिछले तीन वर्षों के दौरान विद्यालय जाने वाली बालिकाओं में ग्रीवा (सर्वाइकल) कैंसर संबंधित समस्याओं का पता लगाने के लिए कोई जांच करवा रही है।

(ख) यदि हाँ, तो जिला-वार और राज्य-वार तत्संबंधी ब्यौरा क्या है,

(ग) क्या सरकार ग्रीवा कैंसर के लिए कोई टीकाकरण अभियान चला रही है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है।

(घ) पिछले तीन वर्षों के दौरान उक्त टीकाकरण अभियान के परिणाम क्या रहे हैं, और

(ङ) क्या सरकार का विद्यालय जाने वाली बालिकाओं में ग्रीवा कैंसर की रोकथाम के लिए मुफ्त

टीका उपलब्ध कराने का विचार है, 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): स्वास्थ्य राज्य का विषय है। तथापि, आयुष्मान आरोग्य मंदिरों (एएएम) के माध्यम से व्यापक प्राथमिक स्वास्थ्य परिचर्या के अंतर्गत, सामुदायिक स्तर पर स्वास्थ्य संबंधी कार्यकलापों को बढ़ावा देकर और लक्षित संचार के माध्यम से कैंसर के निवारक पहलू को सुदृढ़ किया जाता है। गर्भाशय-ग्रीवा कैंसर सहित गैर-संचारी रोगों (एनसीडी) के बारे में जन जागरूकता बढ़ाने और स्वस्थ जीवनशैली को बढ़ावा देने के लिए अन्य पहलों में राष्ट्रीय कैंसर जागरूकता दिवस और विश्व कैंसर दिवस मनाना और निरंतर सामुदायिक जागरूकता के लिए प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग शामिल है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, राज्यों और संघ राज्य क्षेत्रों को उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के अनुसार जागरूकता सृजन संबंधी कार्यकलापों के लिए धनराशि प्रदान की जाती है।

देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक भाग के रूप में, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत एएएम के माध्यम से, गर्भाशय-ग्रीवा कैंसर सहित सामान्य गैर-संचारी रोगों (एनसीडी) की जाँच, प्रबंधन और रोकथाम के लिए एक जनसंख्या-आधारित पहल शुरू की गई है। गर्भाशय-ग्रीवा कैंसर की जाँच 30 से 65 वर्ष की आयु की महिलाओं को लक्षित करती है, और यह मुख्य रूप से प्रशिक्षित स्वास्थ्य कार्यकर्ताओं द्वारा एएएम-उप-स्वास्थ्य केंद्रों, एएएम-प्राथमिक स्वास्थ्य केंद्रों सहित जन स्वास्थ्य सुविधा केन्द्रों पर, प्रत्येक पाँच वर्ष में एक बार एसिटिक एसिड (वीआईए) के साथ दृश्य निरीक्षण का उपयोग करके की जाती है।

(ग) से (ङ): स्वास्थ्य और परिवार कल्याण मंत्रालय ने गर्भाशय-ग्रीवा कैंसर के टीके के लिए चिकित्सा और अर्ध-चिकित्सा कर्मचारियों की क्षमता-निर्माण प्रक्रिया शुरू की है।

USE OF AI-ENABLED EARLY WARNING SYSTEM

1113. SHRI SUKANTA KUMAR PANIGRAHI:

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

- (a) whether the Government proposes to expand the use of AI-enabled early-warning systems for real-time detection of disease outbreaks, antimicrobial resistance patterns and public health emergencies across States and if so, the details thereof;
- (b) the steps taken/proposed to be taken by the Government to integrate Central, State and district-level health data platforms with the National Digital Health Mission for improved prediction, surveillance, and response mechanisms;
- (c) whether the Government plans to establish regional Public Health Intelligence Units for specialized analytics, particularly in remote, tribal and high-vulnerability zones; and
- (d) if so, the proposed framework for capacity-building, data governance, inter-agency coordination and the deployment of such systems in collaboration with public health institutions and research bodies?

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 Integrated Disease Surveillance Programme (IDSP) is mandated with surveillance & response to outbreak prone communicable diseases. IDSP uses Artificial Intelligence (AI) tools since April 2022, in Media Scanning and

Verification to detect early warning signals and generating alerts for timely management of the potential outbreaks.

The Integrated Health Information Platform (IHIP) is a paperless, case-based, near-real-time reporting system introduced in 2021 to strengthen national disease surveillance. All 36 States and Union Territories report through IHIP, which provides a unified platform for public-health monitoring at the district, state, and national levels.

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. Several national health programme platforms including Pradhan Mantri Jan Arogya Yojana (PM-JAY), Nikshay portal, Reproductive and Child Health (RCH) and Non-Communicable Diseases (NCD) are integrated with ABDM enabling public health facilities in the States/UTs to use ABDM enabled software, to create Ayushman Bharat Health Accounts (ABHAs) & digital health records for seamless interoperability across the ecosystem. These measures enable creation of digitized records, thereby making it usable for data analytics including predictive analytics, disease surveillance, and rapid response.

Establishment of Regional and State NCDC branches have been approved to support and boost States/UTs capacity for disease surveillance, outbreak investigation, referral diagnostic services and rapid response, to contain and combat outbreaks, thereby benefitting the local populace.

PROMOTION OF AYURVEDA MEDICINE

1114. SHRI AMARSING TISSO:

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

- (a) whether the Government is promoting Ayurveda and other traditional systems of medicine in Karbi Anglong and Dima Hasao districts of Assam;
- (b) if so, the details thereof along with the number of AYUSH dispensaries or centres functioning in these districts; and
- (c) the steps taken by the Government to strengthen AYUSH healthcare delivery in tribal areas of 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) and (b): The Government is promoting Ayurveda and other traditional systems of medicine in Karbi Anglong and Dima Hasao districts of Assam. Ministry of Ayush is implementing the Centrally sponsored Scheme of the National Ayush Mission (NAM) and following Ayush facilities are functioning in these two districts:

- **Karbi Anglong district:** 13 Ayushman Arogya Mandir (Ayush) at Ahutoli SC, Amlokhi SC, Bagori SC, Benglangso SC, Borlengri SC, Kaipani SC, Klurdung SC, Kuli Gaon SC, Nailalung SC, Pachim Sunpura SC, Phangcherop SC, Rongkut SC & Silimkhowa SC
- **Dima Hasao district:** 13 Ayushman Arogya Mandir (Ayush) at Borolalbong

FW SC, Digerkhro FW SC, Dimadaowapu FW SC, Disagisim SC, Khalimdisa SC, Khanglung FW SC, Khangnam FW SC, Langkula FW SC, Lobang FW SC, Pedik FW SC, Rautila SC, Riachi Bangloo FW SC & Thaijudisabra FW SC

The approval has also been accorded for a **30-bedded Integrated Ayush Hospital** at **Diphu** in Karbi Anglong district.

(c): Under the National Ayush Mission (NAM), the Government supports States/UTs, including Assam, through grant-in-aid based on their State Annual Action Plans (SAAPs) to strengthen Ayush healthcare delivery, especially in underserved and tribal areas. NAM focuses on expanding Ayush infrastructure and improving access to quality services across the country.

Key activities supported under NAM include:

- i. Operationalization of Ayush Health and Wellness Centres (Ayushman Arogya Mandir).
- ii. Co-location of Ayush facilities at PHCs, CHCs, and District Hospitals.
- iii. Upgradation of Government Ayush Hospitals and Dispensaries.
- iv. Establishment of new 10/30/50-bedded Integrated Ayush Hospitals.
- v. Implementation of Ayush public health programmes with community outreach.

The Ministry of Ayush is strengthening Ayush healthcare delivery in tribal areas through its autonomous bodies namely Central Council for Research in Unani Medicine (CCRUM) and Central Council for Research in Ayurvedic Sciences (CCRAS) under the Tribal Sub-Plan (TSP).

Central Council for Research in Unani Medicine (CCRUM) provides mobile healthcare services to Scheduled Tribe populations through its four centres at Srinagar, Bhadrak and Kurnool. Each centre identifies five tribal-dominant locations, which are regularly visited by a team of Unani physicians and staff for health screening, OPD services, health camps and Unani treatment. Awareness on preventive and promotive health is also created through lectures, group meetings, health camps and distribution of IEC material in local languages.

Similarly, Central Council for Research in Ayurvedic Sciences (CCRAS) provides Ayurveda healthcare in tribal areas through the Tribal Health Care Research Programme (THCRP) implemented via 14 institutes in 14 states (list of institutes is given in the enclosed **Statement**), offering clinical services, health surveys and documentation of local health traditions.

Furthermore, National Institute of Siddha (NIS) has opened an OP Unit at Tribal Area in Kothimangalam Village, Thirukazhukundram Taluk, Chengalpet District on 02-03-2018 for rendering healthcare service to tribal population.

These initiatives collectively aim to improve access to traditional healthcare, promote disease prevention, and enhance health awareness among tribal communities.

STATEMENT

List of the CCRAS Institutes of the THCRP Project

Sr. No.	Institutes	Name of the state
1.	Central Ayurveda Research Institute, Bhubaneshwar	Odisha
2.	M.S. Regional Ayurveda Research Institute, Jaipur	Rajasthan

3.	Regional Ayurveda Research Institute, Gwalior	Madhya Pradesh
4.	Regional Ayurveda Research Institute, Vijayawada	Andhra Pradesh
5.	Regional Ayurveda Research Institute, Nagpur	Maharashtra
6.	Central Ayurveda Research Institute, Bengaluru	Karnataka
7.	Regional Ayurveda Research Institute, Patna	Bihar
8.	Dr. Achanta Lakshmiapati Regional Ayurveda Research Institute, Chennai	Tamil Nadu
9.	Central Ayurveda Research Institute, Guwahati	Assam
10.	Regional Ayurveda Research Institute, Gangtok	Sikkim
11.	Regional Ayurveda Research Institute, Jammu	Jammu & Kashmir
12.	Regional Ayurveda Research Institute, Port Blair	Andaman and Nicobar Islands
13.	Regional Ayurveda Research Institute, Ahmedabad	Gujarat
14.	Regional Ayurveda Research Centre, Tripura	Tripura

MODERNISATION OF MUMBAI PORT

1115. SHRI SANJAY DINA PATIL:

PROF. VARSHA EKNATH GAIKWAD:

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

(a) whether the Government has formulated any comprehensive plan for the modernization and redevelopment of the Mumbai Port to enhance its cargo handling capacity and improve maritime infrastructure;

(b) if so, the details of major projects undertaken under the Sagarmala Programme or other port development initiatives;

(c) whether the Government has taken steps to redevelop underutilized port lands for tourism, logistics and coastal community development;

(d) the total investment made and the proposed timeline for completion of

ongoing projects in Mumbai Port;

(e) whether environmental and coastal regulation zone (CRZ) clearances have affected the pace of development, if so, the details thereof; and

(f) the measures being taken to improve port connectivity with the Mumbai Trans Harbour Link (MTHL), dedicated freight corridors and road-rail networks to reduce congestion and boost trade efficiency?

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

(a) and (b): Yes. The details of major project undertaken under Sagarmal Programme or other port development initiative is given in the enclosed **Statement-I**

(c): Mumbai Port Authority (MbPA) has prepared draft Master Plan for the area along the eastern waterfront of Mumbai and the areas which are not required for the port activities are proposed for tourism, logistics and community development along with water transports. The projects which are already executed are:-

- i. International Cruise Terminal
- ii. Domestic Cruise Terminal
- iii. Ro-Pax Terminal for domestic water transport

The projects which are under execution or planning are as follows :-

- i. New fish Jetty at Mallet Bunder, Mazgaon
- ii. Marina to accommodate 527 yachts

iii. International Convention Centre on an area of 14.6 hectare.

(d): Total investment made and proposed timeline for ongoing projects of Mumbai Port is given in the enclosed **Statement-II**.

(e): According to the sanctioned Coastal Zone Management Plans(CZMP), the land of MbPA along the eastern waterfront mostly falls under the Coastal Regulation Zone II. Since the eastern waterfront is treated as “SEA” a buffer of 500m is delineated as CRZ covering approximately 70% of the land. MbPA after the detailed technical study established that the eastern waterfront is not a “SEA” but a “BAY”. The artificial basins of port are also considered as “Sea”, which should be considered as tidal influenced water bodies. Accordingly, as per the provisions of CRZ Notification 2019, a buffer of 50m needs to be delineated as CRZ II. MbPA had given study conducted by Department of Oceanology, IIT Chennai and other references for the establishment of “BAY”. MbPA had also submitted its objections and suggestions at the time of publication of CZMP. However, the request of MbPA to delineate the eastern waterfront as “BAY” has not been accepted by the State Govt of Maharashtra and Ministry of Environment, Forest and Climate Change (MoEFCC). The delineation of large portion of MbPA land as CRZ II delays the project approval and implementation.

MoEFCC sanctioned the CZMP of Mumbai which includes the lands of MbPA along the eastern waterfront of Mumbai. In accordance with Clause No.10.3 of CRZ Notification 2019, No Development Zone (NDZ) area are designated on CZMP. These lands have been designated not as per the site

conditions. According to the CRZ Notification 2019, the locations of NDZ cannot be changed and no development is allowed on these plots except public utilities to the tune of 15% of the land. Around 28.62 hectare land is designated as NDZ. The said NDZ has imposed severe constraint on the development of land of Mumbai Port.

(f): Mumbai Port is well connected through an extensive railway and road network. The Atal Setu (MTHL) provides direct port connectivity at Orange Gate and the Sewri area. A 4.1 km dedicated freight corridor from Wadala to Kurla is being executed in coordination with Central Railway under the PM Gati Shakti initiative to facilitate efficient cargo movement through the Mumbai Port railway network. To support future cargo traffic, road infrastructure within the port is being upgraded with technical guidance from IIT Mumbai. Indian Port Rail Corporation Limited (IPRCL) is also undertaking detailed rail-road improvement measures in MbPA to reduce congestion and enhance cargo-handling efficiency. With support from Mumbai Port, the Mumbai Metropolitan Regional Development Authority (MMRDA) has planned Metro Line 11 through port land, which will significantly improve connectivity between the port area and the rest of the city. Additionally, MbPA, in collaboration with Central Railway, is planning to rail connectivity to strengthen overall transport integration.

STATEMENT-I

The details of major project undertaken under Sagarmala Programme or other port development initiative:

Sr. No.	Name of Project	Current Status
1	Upgrading and Modernization of International Cruise Terminal at BPX - Indira Dock – Mumbai.	Work is in progress and 96% physical progress achieved.
2	Construction of New Fish Jetty at Mallet Bunder	The work is in progress and 75% physical progress achieved.
3	Reclamation of South west Cove at Jawahar Dweep	The work is in progress and 58% physical progress achieved.
4	Interconnection of pipelines of 36" Crude & 12" bunker line between Jawahar Dweep J4 & J5 jetties.	Work is in progress, completion expected by 2026 after receiving approval from Petroleum and Explosives Safety Organization (PESO)
5	Replacement of 5 Nos. of fire fighting pumps at MOT, Jawahar Dweep.	The work is completed.
6	Supply, Installation, Testing of Ream seal Fire protection, ROSOV, New Pumps and Slop Tank related works at Tank Farm at MOT JD.	The work is completed.

STATEMENT-II

Total investment made and proposed timeline for ongoing projects of Mumbai Port:

S. N.	Name of the Project	Estimated Cost of project (Rs. In Cr)	Present status
1	Construction of Third Chemical Berth (TCB) at Pir Pau.	161	Work completed on 27.09.2024
2	Development of Mallet Bunder Fishing Harbour in Maharashtra	96.60	Work is in progress and 75% physical progress achieved.
3	Implementation of SCADA & PLC Automation system at Marine oil Terminal, MbPA	22.57	Work is completed. Project inaugurated on 23.08.2024.
4	Upgrading and Modernisation of International Cruise Terminal at BPX -Indira Dock - Mumbai	303.30	Work is in progress and 96% physical progress achieved.
5	Reclamation work for Tank Farm at Jawahar Dweep	67.24	Work in progress and 58% physical progress achieved.

मूल्य स्थिरीकरण तंत्र**1116. श्री लालजी वर्मा:**

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

- (क) आने वाली खरीफ और रबी फसलों के लिए देश में उर्वरकों की पर्याप्त और समय पर उपलब्धता सुनिश्चित करने के लिए सरकार की विस्तृत योजना क्या है;
- (ख) क्या सरकार ने उर्वरकों की बढ़ती वैश्विक कीमतों के बावजूद किसानों पर वित्तीय बोझ कम करने के लिए कोई नई सब्सिडी नीति या मूल्य स्थिरीकरण तंत्र की शुरुआत की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) देश में रासायनिक उर्वरकों पर निर्भरता कम करने और जैविक एवं प्राकृतिक खेती को बढ़ावा देने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं; और

(घ) क्या सरकार ने उर्वरकों की काला-बाजारी और जमाखोरी को रोकने के लिए कोई प्रभावी निगरानी तंत्र स्थापित किया है, यदि हां, तो तत्संबंधी ब्योरा क्या है और इस निगरानी तंत्र के तहत अब तक 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): देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाए किए जाते हैं:

(i) प्रत्येक फसल मौसम का प्रारंभ होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।

(ii) डीएएण्डएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।

(iii) देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी 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 आपूर्ति को सुव्यवस्थित करने के लिए विनिर्माताओं और आयताकों के साथ समन्वय स्थापित करें।

(v) कृषि एवं किसान कल्याण विभाग (डीएएण्डएफडब्ल्यू) और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि अधिकारियों के साथ नियमित साप्ताहिक वीडियो कान्फ्रेंस की जाती है और राज्य

सरकारों द्वारा दी गई सूचना के अनुसार उर्वरकों के प्रेषण हेतु सुधारात्मक कार्रवाई की जाती है।

(vi) राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

(ख): यूरिया सब्सिडी स्कीम के अंतर्गत, किसानों को सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर यूरिया उपलब्ध कराया जाता है। यूरिया की 45 किग्रा. बोरी का एमआरपी 242 रुपए (नीम लेपन प्रभारों और यथालागू करों को छोड़कर) है। **फार्म गेट पर यूरिया की सुपुर्दगी लागत और यूरिया इकाइयों द्वारा निवल बाजार वसूली के बीच का अंतर भारत सरकार द्वारा यूरिया विनिर्माताओं/आयातकों को सब्सिडी के रूप में दिया जाता है।** तदनुसार, सभी किसानों को उर्वरकों की आपूर्ति सब्सिडी प्राप्त दरों पर की जा रही है।

इसके अलावा, सरकार ने फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के लिए दिनांक 01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) नीति लागू की है। एनबीएस नीति के तहत, पीएंडके उर्वरक मुक्त सामान्य लाइसेंस (ओजीएल) के तहत शामिल किए जाते हैं और कंपनियां अपने व्यावसायिक उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं। किसानों को उर्वरकों की उपलब्धता सुनिश्चित करने के लिए मौसम के दौरान अधिसूचित पीएंडके उर्वरकों पर उनकी पोषकतत्वों की मात्रा के आधार पर उत्पादकों/आयातकों को उनके बिक्री केन्द्रों पर की गई बिक्री पर एनबीएस सब्सिडी दी जाती है। पीएंडके उर्वरकों के लिए एनबीएस रेट तय करते समय, प्रमुख उर्वरकों और कच्चे माल की अंतर्राष्ट्रीय कीमतों में उतार-चढ़ाव का ध्यान रखा जाता है ताकि किसानों के लिए उर्वरक वहनीय रहें।

इसके अतिरिक्त, डीएपी को ₹1350 प्रति 50 किलोग्राम बोरी की वहनीय दर पर उपलब्ध कराने के लिए, रबी मौसम 2025-26 के लिए एनबीएस सब्सिडी के अलावा विशेष प्रावधान जैसे 'अन्य लागतों', जिनमें कारखाने के गेट से फार्म गेट तक की लागत, अंतरराष्ट्रीय कीमतों में वृद्धि/कमी के कारण हुए लाभ/नुकसान शामिल हैं, को सम्मिलित करने के लिए 3500 रु प्रति मीट्रिक टन का

प्रावधान, एमआरपी में शामिल जीएसटी घटक के लिए प्रावधान और निवल एमआरपी (एमआरपी-जीएसटी) के 4% की दर से उचित रिटर्न का प्रावधान आयातित और घरेलू डीएपी दोनों तथा आयातित टीएसपी के लिए प्रदान किए गए हैं ताकि उर्वरकों की कीमत स्थिर रखी जा सके।

(ग): वर्ष 2015-16 से पूर्वोत्तर राज्यों को छोड़कर सभी राज्यों/केंद्र शासित प्रदेशों में परम्परागत कृषि विकास स्कीम (पीकेवीवाई) और पूर्वोत्तर राज्यों के लिए पूर्वोत्तर क्षेत्र मिशन ऑर्गेनिक वैल्यू चेन डेवलपमेंट फॉर नॉर्थ ईस्टर्न रीजन (एमओवीसीडीएनईआर) के माध्यम से जैविक खेती को बढ़ावा दिया जा रहा है। दोनों स्कीमें जैविक खेती में लगे किसानों को उत्पादन से लेकर प्रसंस्करण, प्रमाणीकरण और विपणन तक शुरू से अंत तक सहायता पर जोर देती हैं। स्कीमों में आपूर्ति श्रृंखला बनाने के लिए छोटे और सीमांत किसानों को प्राथमिकता देते हुए जैविक क्लस्टर बनाने पर प्रमुख बल दिया गया है। दोनों स्कीमों को राज्यों/संघ राज्यक्षेत्रों की सरकारों के माध्यम से कार्यान्वित किया जाता है। पीकेवीवाई के तहत जैविक खेती को बढ़ावा देने के लिए 3 वर्षों में प्रति हेक्टेयर 31,500 रुपये की सहायता प्रदान की जाती है, जिसमें से कृषीतर/कृषिपरक जैविक आदानों के लिए किसानों को प्रत्यक्ष लाभ अंतरण के माध्यम से प्रति हेक्टेयर 15,000 रुपये की सहायता प्रदान की जाती है। एमओवीसीडीएनईआर के तहत, किसान उत्पादक संगठन के निर्माण, जैविक आदानों के लिए किसानों को सहायता आदि के लिए 3 वर्षों में प्रति हेक्टेयर 46,500 रुपये की सहायता प्रदान की जाती है। इसमें से, स्कीम के तहत किसानों को कृषीतर/कृषिपरक जैविक आदानों के लिए प्रति हेक्टेयर 32500 रुपये की दर से सहायता प्रदान की जाती है, जिसमें किसानों को प्रत्यक्ष लाभ अंतरण के रूप में 15,000 रुपये शामिल हैं।

पीकेवीवाई स्कीम की शुरुआत के बाद से इसकी उपलब्धियां (31.10.2025 की स्थिति के अनुसार):

- 16.90 लाख हेक्टेयर भूमि को ऑर्गेनिक खेती में परिवर्तित किया गया।
- इस स्कीम से 28.35 लाख किसान लाभान्वित हुए हैं।

- 2015-16 से, पीकेवीवाई स्कीम (31.10.2025 तक) के तहत कुल ₹2535.74 करोड़ (केंद्रीय हिस्सेदारी) जारी किए गए हैं।

एमओवीसीडीएनआर स्कीम की शुरुआत के बाद से इसकी उपलब्धियां (31.10.2025 की स्थिति के अनुसार):

- 2.36 लाख हेक्टेयर भूमि ऑर्गेनिक खेती के दायरे में लाया गया.
- 2.70 लाख किसान लाभान्वित हुए।
- 2015-16 से, एमओवीसीडीएनआर स्कीम (31.10.2025 तक) के अंतर्गत कुल ₹1480.48 करोड़ (केंद्रीय हिस्सेदारी) जारी किए गए हैं।

सरकार ने 1451.84 करोड़ रुपये (वित्त वर्ष 2023-24 से 2025-26) के कुल परिव्यय के साथ गोबरधन स्कीम के तहत संयंत्रों द्वारा उत्पादित ऑर्गेनिक उर्वरकों अर्थात किण्वित ऑर्गेनिक खाद (एफओएम)/तरल किण्वित ऑर्गेनिक खाद (एलएफओएम)/फॉस्फेट समृद्ध ऑर्गेनिक खाद (पीआरओएम) जैसे मृदा में कार्बन वर्धक के संवर्धन हेतु सीबीजी संयंत्रों/बाज़ार विपणन कंपनियों को 1500 रुपये प्रति मीट्रिक टन की दर से बाज़ार विकास सहायता (एमडीए) प्रदान की जाती है जिसमें रिसर्च गैप फंडिंग आदि के लिए 360 करोड़ रुपए की कार्पस निधि भी शामिल है।

एफओएम/एलएफओएम/पीआरओएम को बढ़ावा देने के लिए निम्नलिखित उपाय किए गए हैं –

- एफओएम/एलएफओएम के बारे में किसानों की पहुंच सुनिश्चित करने और जागरूकता तथा प्रदर्शन गतिविधियों के लिए एफओएम की उपलब्धता को सुविधाजनक बनाने के लिए पास के 125 केवीके सीबीजी संयंत्रों के साथ सहयोग कर रहे हैं।
- उर्वरक विभाग ने एचयूआरएल और आरसीएफ को कृषि विस्तार अधिकारियों को सीबीजी/बीजी संयंत्रों के साथ संलग्न करने का काम सौंपा है ताकि उन्हें एफओएम/एलएफओएम/पीआरओएम को बढ़ावा देने और मुद्दों को हल करने में सुविधा हो सके।

- iii. जैविक उर्वरकों के लाभों और अनुप्रयोग विधियों पर किसान प्रशिक्षण, प्रदर्शन और जागरूकता कार्यक्रम आयोजित करना।
- iv. विपणन चैनलों और डीलर नेटवर्क के माध्यम से जैविक और अपशिष्ट-व्युत्पन्न उर्वरकों की उपलब्धता और आपूर्ति सुनिश्चित करना।
- v. सतत पोषक प्रथाओं को अपनाने के लिए किसानों को तकनीकी मार्गदर्शन प्रदान करके क्षमता निर्माण की सुविधा प्रदान करना।

सरकार की उपरोक्त पहलों से रासायनिक उर्वरकों के असंतुलित उपयोग को दूर करने की आशा है जिससे रासायनिक उर्वरकों के उपयोग में कमी आएगी।

इसके अलावा, राष्ट्रीय प्राकृतिक खेती मिशन (एनएमएनएफ) के माध्यम से प्राकृतिक खेती को बढ़ावा दिया जा रहा है। राष्ट्रीय प्राकृतिक खेती मिशन (एनएमएनएफ) को देश भर में प्राकृतिक खेती को एक जन आंदोलन के रूप में बढ़ावा देने के लिए केंद्रीय मंत्रिमंडल द्वारा 25.11.2024 को अनुमोदित किया गया था। मिशन को स्थिरता, जलवायु लचीलापन और सुरक्षित भोजन की दिशा में वैज्ञानिक रूप से समर्थित कृषि पारिस्थितिक दृष्टिकोण के साथ कृषि पद्धतियों को मजबूत करने के लिए शुरू किया गया है। मिशन का उद्देश्य किसानों के लिए उत्पादन की इनपुट लागत को कम करना और बाहरी बाजारों पर किसानों की निर्भरता को कम करना, मिट्टी के स्वास्थ्य और उर्वरता को फिर से जीवंत करना, जलवायु जोखिमों के विरुद्ध खेत और किसानों में समुत्थानशीलता का विकास करना और किसानों, उनके परिवारों और उपभोक्ताओं के लिए सुरक्षित, स्वस्थ और पौष्टिक भोजन प्रदान करना है। 15वें वित्त आयोग की अवधि (मार्च 2026) तक कुल वित्तीय परिव्यय 2481 करोड़ रुपये (1584 करोड़ रुपये का केंद्रीय हिस्सा और राज्यों का हिस्सा 897 करोड़ रुपये) है।

एनएमएनएफ को 7.5 लाख हेक्टेयर क्षेत्र में प्राकृतिक खेती शुरू करने के लिए 15,000 क्लस्टरों में लागू करने का लक्ष्य रखा गया है और 1 करोड़ किसानों को प्राकृतिक खेती के बारे में जागरूक करने की परिकल्पना की गई है। जीवामृत, बीजामृत, आदि जैसे प्राकृतिक खेती जैव-आदानों की आसान

उपलब्धता के लिए, प्राकृतिक खेती करने वाले किसानों, प्राथमिक कृषि ऋण समिति/किसान उत्पादक संगठनों, स्वयं सहायता समूहों, स्थानीय ग्रामीण उद्यमियों, कृषि विज्ञान केंद्रों आदि द्वारा 10,000 आवश्यकता-आधारित जैव-इनपुट संसाधन केंद्र स्थापित करने की परिकल्पना की गई है। प्राकृतिक खेती करने, अधिक किसानों को प्रशिक्षित करने, पशुधन का रखरखाव (अधिमानतः गाय की स्थानीय नस्ल) / मिश्रण और भंडारण कंटेनरों की खरीद सहित प्राकृतिक कृषि आदानों की तैयारी/जैव-इनपुट संसाधन केंद्रों से प्राकृतिक कृषि आदानों की खरीद के लिए किसानों को 2 वर्षों के लिए प्रति किसान प्रति वर्ष 4000/- रुपये प्रति एकड़ का उत्पादन-आधारित प्रोत्साहन प्रदान करने की परिकल्पना की गई है।

एनएमएनएफ स्कीम के उपलब्धियां:

- वित्त वर्ष 2025-26 में 616.01 करोड़ रुपये के बजट आवंटन में से 30 राज्यों/संघ राज्य क्षेत्रों और केंद्रीय एजेंसियों को 517.17 करोड़ रुपये स्वीकृत/जारी किए गए हैं।

एनएमएनएफ की कार्यान्वयन की स्थिति:

एनएमएनएफ स्कीम सभी राज्यों में लागू की गई है, जिसमें 6.35 लाख हेक्टेयर क्षेत्र को कवर करते हुए 17,639 क्लस्टर बनाए गए हैं। 32,220 सामुदायिक संसाधन व्यक्तियों (सीआरपी) को कृषि विज्ञान केंद्रों (केवीके), कृषि विश्वविद्यालयों (एयू) और स्थानीय प्राकृतिक कृषि संस्थानों (एलएनएफआई) के माध्यम से प्रशिक्षित किया गया है ताकि प्राकृतिक खेती का अभ्यास करने के लिए किसानों को निरंतर सहायता प्रदान की जा सके। इस स्कीम के अंतर्गत अब तक 15.78 लाख किसानों को नामांकित किया जा चुका है। जीवामृत, बीजामृत आदि जैसे प्राकृतिक कृषि जैव-आदानों को आसानी से प्रदान करने के लिए 3,517 बीआरसी स्थापित किए गए हैं, मिशन के तहत 4,000 से अधिक वैज्ञानिकों, किसान मास्टर ट्रेनरों (एफएमटी) और राज्य और जिला अधिकारियों को प्रशिक्षित किया गया है। इसके अलावा, क्षमता निर्माण गतिविधियों को मजबूत करने के लिए 530 केवीके, 82 एयू और 194 स्थानीय प्राकृतिक कृषि संस्थानों (एलएनएफआई) सहित 806 प्रशिक्षण

संस्थानों की पहचान की गई है। विभिन्न आउटरीच पहलों के माध्यम से कुल 28.74 लाख किसानों को प्राकृतिक खेती के बारे में जागरूक किया गया है।

प्राकृतिक कृषि प्रमाणन प्रणाली (एनएफसीएस) को प्राकृतिक कृषि मानकों के अनुसार प्राकृतिक खेती के सभी उत्पादों के प्रमाणन के लिए "पीजीएस-इंडिया नेचुरल" के रूप में शुरू किया गया है। यह एक ऑनलाइन प्रमाणन प्रणाली है और इसे राष्ट्रीय जैविक और प्राकृतिक खेती केंद्र (एनसीओएनएफ) के माध्यम से लागू किया जाता है। प्राकृतिक कृषि प्रमाणन प्रणाली के तहत अब तक 5.0 लाख से अधिक किसानों को पंजीकृत किया गया है, जिसमें 60,000 से अधिक किसानों को एनएफ प्रमाण पत्र जारी किए गए हैं। प्रमाणन किसानों को प्राकृतिक उत्पादों के लिए प्रीमियम मूल्य प्राप्त करने में सक्षम करेगा।

(घ): कालाबाजारी और जमाखोरी को रोकने के लिए, आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत उर्वरकों को आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, राज्य सरकारों को कालाबाजारी/जमाखोरी में शामिल लोगों के खिलाफ कार्रवाई करने की शक्तियां दी गई हैं। उर्वरकों की कालाबाजारी के बारे में उर्वरक विभाग के स्तर पर मिली कोई भी शिकायत संबंधित राज्य सरकार को आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए भेजी जाती है। तदनुसार, राज्यों से प्राप्त सूचनानुसार, दिनांक 01.04.2025 से दिनांक 28.11.2025 तक की अवधि हेतु कालाबाजारी, जमाखोरी और ऐसे अन्य कदाचारों के खिलाफ उनके द्वारा किए गए प्रवर्तन उपाय संलग्न **विवरण** में दिए गए हैं।

विवरण

अप्रैल 2025 से नवंबर 2025 (दिनांक 28.11.2025) तक कालाबाजारी, जमाखोरी, विपथन को रोकने और गुणवत्ता की जांच के लिए राज्य सरकार द्वारा की गई कार्रवाई का ब्यौरा:

25 अप्रैल से 25 नवंबर (28.11.2025 तक) तक संचयी ब्यौरा																	
		कालाबाजारी			जमाखोरी			घटिया गुणवत्ता				विपथन		विवरण सहित दोषसिद्धी *		कुल	
राज्य	निरीक्षणों/छापे की संख्या	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआरआई	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआरआई	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआरआई	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआरआई	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआरआई	
आंध्र प्रदेश	11181	5	3	9	10	6	3	83	0	0	7	2	3	शून्य	105	11	15
अरुणाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
असम	3820	12	4	1	59	0	0	36	0	0	27	0	0	शून्य	134	4	1
बिहार	15499	1035	607	77	7	0	0	0	0	0	0	0	0	शून्य	1042	607	77
छत्तीसगढ़	6172	294	13	4	29	1	0	136	5	0	24	0	0	शून्य	483	19	4
दादरा और नगर	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
दिल्ली	255	0	0	1	0	0	0	3	0	0	0	3	0	शून्य	3	3	1

गोवा	614	544	180	6	10	0	0	32	1	0	16	0	0	शून्य	602	181	6
गुजरात	12210	33	3	1	0	0	0	83	2	0	7	3	11	शून्य	123	8	12
हरियाणा	4693	49	5	7	18	18	4	48	10	5	13	5	6	शून्य	128	38	22
हिमाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
जम्मू और कश्मीर	3694	142	44	2	31	2	0	55	0	0	8	0	0	शून्य	236	46	2
झारखंड	759	57	20	11	32	4	0	2	0	0	1	1	0	शून्य	92	25	11
कर्नाटक	7093	365	22	0	243	5	0	221	14	2	84	6	6	शून्य	913	47	8
केरल	1299	0	0	0	0	0	0	48	0	0	4	0	3	शून्य	52	0	3
मध्य प्रदेश	5581	0	0	72	0	0	0	606	44	4	63 1	160	15	शून्य	1237	204	91
महाराष्ट्र	44059	16	0	16	0	0	0	1155	1139	37	1	73	1	शून्य	1172	1212	54
मणिपुर	3	0	0	0	0	0	0	0	0	0	1	0	0	शून्य	1	0	0
मेघालय	579	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
मिजोरम	21	1	0	0	0	0	0	0	0	0	4	0	0	शून्य	5	0	0
नागालैंड	72	14	0	14	0	0	0	101	0	0	2	64	1	शून्य	117	64	15
ओडिशा	7031	4	3	2	0	0	0	47	1	0	19 66	107	3	शून्य	2017	111	5
पुदुचेरी	39	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
पंजाब	5617	37	1	1	20	0	1	192	65	3	0	0	4	शून्य	249	66	9
राजस्थान	11505	589	76	46	45	17	30	451	1	2	15	16	25	शून्य	1100	110	103
तमिलनाडु	18805	13	0	4	6	8	0	33	25	0	11 2	17	1	शून्य	164	50	5
तेलंगाना	115321	5	9	3	4	2	0	79	0	0	4	0	5	शून्य	92	11	8
त्रिपुरा	694	0	0	0	9	0	0	0	0	0	0	0	0	शून्य	9	0	0
उत्तर प्रदेश	29401	2043	2742	165	164	139	8	141	130	12	88	7	12	3	2436	3018	197
उत्तराखंड	282	0	0	0	0	0	0	0	0	0	43	0	0	शून्य	43	0	0
पश्चिम बंगाल	33777	0	0	0	0	0	0	259	0	0	0	0	0	शून्य	259	0	0

HEALTH INFRASTRUCTURE IN RURAL PUNJAB**1117. SHRIMATI HARSIMRAT KAUR BADAL:**

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

- (a) whether the Government has taken note of the newspaper reports regarding crumbling health infrastructure in rural Punjab, if so, the details thereof;
- (b) whether the Government is aware that more than 600 rural dispensaries across the State do not have a single Medical Officer depriving rural residents without access to basic healthcare, if so, the details thereof;
- (c) whether these rural dispensaries were created as per the 73rd and 74th Constitutional Amendment under Panchayati Raj Institutions, if so, the details thereof;
- (d) whether the Government is likely to fix any responsibility and take action against the State health department for sheer negligence of rural health infrastructure, if so, the details thereof; and
- (e) the steps taken/proposed to be taken by the Government to operationalize these dispensaries in the said State?

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): Under the National Health Mission, the Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including State of Punjab to strengthen the public healthcare system including establishment/upgradation of healthcare facilities 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. The details are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=57&lid=70>

The details of healthcare facilities/ infrastructure and details of medical staff including Medical Officers in India are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

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

Under the CSS component of PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), provisions have been made for the State of Punjab for the construction and strengthening of 22 Integrated Public Health Labs (IPHLs), and 21 Critical Care Blocks (CCBs) during the scheme period from FY 2021-22 to 2025-26 with a total outlay amounting to Rs. 755.65 Crore.

The 15th Finance Commission has significantly strengthened Panchayati Raj Institutions by providing assured, formula-based grants to rural local bodies for improving basic services, health infrastructure and local governance. These grants include both tied funds—focused on sanitation, drinking water and primary health—and untied funds that allow PRIs flexibility to address local priorities. The Commission emphasizes transparency, planning and utilization of funds through GPDPs, while encouraging capacity building and accountability at

the grassroots level. This support enables PRIs to play a more effective role in decentralized planning and delivery of essential services.

Under FC XV Health Sector Grants, an amount of Rs. 2129.38 Crore has been approved against the total allocation of Rs. 2130.71 Cr for the scheme period, i.e, FY 2021-22 to 2025-26 which includes construction of 1222 building-less SHC-AAM, 54 building-less PHC-AAM, 16 building-less CHC, 120 Block Public Health Units (BPHUs) & 151 Urban-Ayushman Arogya Mandir (U-AAM).

Health is a state subject. The primary responsibility of strengthening public healthcare system, including filling up of the vacancies in in healthcare facilities 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 in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission.

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 Kerala to address the shortage of staff:

- 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.

AI BASED DIAGNOSTIC TOOLS IN HEALTHCARE

1118. SHRI DAGGUMALLA PRASADA RAO:

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

(a) the details of AI diagnostic tools and mobile screening tools developed or supported by the Government in the healthcare sector, along with the sectors in which they are deployed;

(b) the amount of funds sanctioned and disbursed for development of such tools, especially to Government medical hospitals or colleges, classified year-wise and

institute-wise;

(c) whether any assessment has been conducted to examine the productivity impact and diagnostic efficiency of deployed AI tools and if so, the details thereof;

(d) whether any private sector partnerships have been formed to ensure the development of AI diagnostic tools or mobile screening tools, especially in rural areas and in Andhra Pradesh and if so, the details thereof; and

(e) the regulatory mechanisms or guidelines developed so far by the Government to ensure safe data management by AI diagnostic tools and mobile screening tools?

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 Ministry of Health and Family Welfare is leveraging artificial intelligence (AI) to drive transformative change in public health services across India. The Ministry of Health has designated AIIMS Delhi, PGIMER Chandigarh and AIIMS Rishikesh as 'Centre of Excellence (CoE) for Artificial Intelligence' with an aim to promote development and use of AI based solutions in Health.

The Ministry has collaborated with key organizations such as the Central Tuberculosis Division, National Centre for Disease Control, CDAC-Mohali, ICMR, MeitY, Ministry of Higher Education, Indian Institute of Science (IISc) and National Health Systems Resource Centre for a variety of AI projects, besides the Ministry has also collaborated with Wadhvani AI to provide technical support

to the three COEs. The Ministry has developed AI solutions, including the Clinical Decision Support System (CDSS) in e-Sanjeevani, a Diabetic Retinopathy (DR identification solution), and the Abnormal Chest X-ray Classifier Model, among others.

MadhuNetrAI (DR identification solution) is an AI solution developed to enable non-specialist health workers to conduct screenings for Diabetic Retinopathy. It automates DR detection by analysing retinal fundus images using artificial intelligence, ensuring standardized, accessible, and efficient triage. It classifies DR across standard grades, enabling optimized resource allocation by prioritizing urgent cases for specialist referral. The solution has been implemented across 38 facilities in 11 states and provided AI assistance during screening of more than 14,000 retinal images benefiting 7100 patients.

The 'Clinical Decision Support System' (CDSS) AI solution has been integrated into the national telemedicine platform, eSanjeevani, to enhance consultation quality by streamlining patient complaints entry and providing AI-based differential diagnosis recommendations. Since CDSS integration in April 2023 till November 2025, 282 million eSanjeevani consultations have been benefited from standardized data capture, ensuring consistency across health and wellness centres.

Under the Tuberculosis elimination program, 'Cough against TB' (CATB) AI solution is used for screening for pulmonary TB in the community settings. In the deployed geographies, the solution has shown an additional yield of 12-16% in TB reported, over patients screenings using conventional methods. During

March 2023 and 30th November 2025, CATB solution has been utilized to screen more than 1.62 lakh individuals.

Strict adherence to applicable standards and government policies, including AI Governance Guidelines by MeitY, Ethical Guidelines for Application of AI in Biomedical Research and Healthcare by ICMR, Information Technology Act 2000, Digital Personal Data Protection Act 2023 and Rules framed thereunder, and Information Security Policy for Healthcare by the Department of Health and Family Welfare, ensures high operational reliability.

CASES OF SICKLE CELL ANAEMIA AND THALASSEMIA

1119. DR. BACHHAV SHOBHA DINESH:

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

- (a) the total number of registered patients of sickle cell anaemia and Thalassemia in Maharashtra particularly in districts Dhule and Nashik along with the steps taken/proposed to be taken by the Government to assess the condition, district/disease-wise;
- (b) whether medicines and facilities for treatment of sickle cell disease in Primary Health Centres of Dhule and Nashik are insufficient and if so, the details thereof;
- (c) the steps taken/proposed to be taken by the Government to ensure availability of these medicines and facilities;
- (d) whether there is any scheme to organise free camps for the treatment of sickle cell disease in rural areas and if so, the details thereof and if not, the reasons therefor;

(e) the time by which special wards and specialist doctors are likely to be appointed for same in each district/tehsil hospitals of the State; and

(f) whether the Government is contemplating to launch any financial assistance scheme for the relief of the poor patients 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): As per Sickle Cell Disease (SCD) portal, a total of 26,007 SCD patients have been identified in Maharashtra including 128 in Nashik and 762 in Dhule Districts, as on 31.10.2025. Further, a total of 344 individuals have been identified with Thalassemia in Maharashtra, including 3 cases in Dhule and none in Nashik, till 31.10.2025.

This Ministry provides technical and financial support to the States/UTs for conducting screenings, counselling & awareness camps, procurement of drugs, blood transfusion services for sickle cell anaemia, prevention and management of Thalassemia, provision of Blood Bank facilities, Day Care Centre, Medicines, Lab services, training of human resource, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission (NHM).

Under National Sickle Cell Anaemia Elimination Mission (NSCAEM), screenings are conducted at all health facilities from District Hospitals (DH) upto Ayushman Arogya Mandir (AAM) level across the country for diagnosis of Sickie Cell Disease.

Hydroxyurea has been included in NHM Essential Drugs List at Sub Health Centres (SHC), Primary Health Centres (PHCs)/ Urban PHCs, Community Health Centres (CHC) and DH to address the issue of access to medicine. To monitor the drug procurement and ensure the availability of essential medicines in public health facilities, Drugs and Vaccine Distribution Management System (DVDMS) has been launched by the Govt. of India.

Patients living with SCD are provided with the following services/ facilities for improving their quality of life through AAM- SHC and AAM- PHCs:

- Follow-up of diseased individuals at frequent intervals.
- Counseling regarding lifestyle management, pre-marriage and pre-natal decisions.
- Nutritional supplementation support through distribution of folic acid tablets.
- Conducting yoga and wellness sessions.
- Management of crisis symptoms and referral to higher facilities.

Through MoTA, awareness and counseling material have been developed and disseminated to the States & UTs. Through monthly Ayushman Arogya Shivirs, awareness is raised for various health programmes including SCD.

The Government of India has introduced a range of measures to encourage doctors and specialists to serve in rural and remote areas i.e. Hard Area Allowance, flexibility for States to offer negotiable salaries like “You Quote We Pay” etc. Further, as informed by Government of Maharashtra, Hemoglobinopathy Day care Centres are operational in all districts of

Maharashtra including Nashik and Dhule with trained medical officers deployed at these centres.

This Ministry, in association with Coal India Limited (CIL), is implementing a scheme namely Thalassemia Bal Sewa Yojana (TBSY) wherein financial assistance up to Rs.10 lakh is provided to eligible patients for Bone Marrow Transplants (BMT) from CIL Corporate Social Responsibility (CSR) funds. Further, as per Government of Maharashtra, treatment of thalassemia is also available free of cost under Rajiv Gandhi Jivandayi Yojna to the patients having annual income of Rs. 1 Lakh and BPL patients.

डीएपी उर्वरकों का स्टॉक

1120. श्री हरीश चंद्र मीना:

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

(क) क्या सरकार ने 2024-25 के रबी सीजन के लिए राष्ट्रीय स्तर पर फॉस्फेटिक उर्वरकों (विशेषकर डीएपी) की आपूर्ति और आयात एवं बफर स्टॉक की वर्तमान स्थिति की समीक्षा की है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) 2024-25 के रबी सीजन के लिए राजस्थान को आवंटित डीएपी और यूरिया की मात्रा कितनी है और नवंबर 2025 की तिथि के अनुसार राज्य में उपलब्ध स्टॉक की स्थिति क्या है;

(ग) राज्य/जिला स्तर पर बुवाई के पीक सीजन के दौरान उर्वरकों की समय पर आपूर्ति सुनिश्चित करने के लिए वितरण की निगरानी और जमाखोरी पर अंकुश लगाने के लिए क्या व्यवस्था की गई है; और

(घ) राजस्थान के टोंक और सवाई माधोपुर जिलों के लिए वर्तमान सीजन हेतु आवंटन और वास्तविक वितरण का ब्यौरा क्या है?

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

(क): चल रहे रबी मौसम 2024-25 के दौरान देश में फॉस्फेटयुक्त उर्वरकों नामतः डीएपी और एनपीकेएस की उपलब्धता पर्याप्त बनी रही है। रबी मौसम 2024-25 के दौरान देश में डीएपी और एनपीकेएस की आवश्यकता, उपलब्धता, बिक्री और शेष स्टॉक संबंधी सूचना निम्नानुसार है:

रबी मौसम 2024-25 में अखिल भारत स्तर पर उर्वरकों की स्थिति

(आंकड़े एलएमटी में)				
क्र.सं.	उत्पाद	आवश्यकता	उपलब्धता	डीबीटी बिक्री
1	डीएपी	52.05	59.18	50.17
2	एनपीकेएस	77.10	107.72	74.26

इसके अलावा, 01.04.2025 से 31.10.2025 तक डीएपी और एनपीकेएस का आयात (कंपनियों द्वारा दी गई सूचनानुसार) क्रमशः 47.09 एलएमटी और 23.12 एलएमटी है, जबकि 01.12.2025 तक देश में डीएपी और एनपीकेएस का शेष स्टॉक क्रमशः 17.37 एलएमटी और 35.54 एलएमटी है।

(ख): रबी मौसम 2024-25 के दौरान राजस्थान राज्य में यूरिया और डीएपी की आवश्यकता, उपलब्धता, बिक्री और शेष स्टॉक संबंधी सूचना निम्नानुसार है:

रबी 2024-25 में उर्वरकों की स्थिति

(आंकड़े एलएमटी में)					
क्र.सं.	उत्पाद	आवश्यकता	उपलब्धता	बिक्री	शेष स्टॉक
1	यूरिया	15.00	18.85	15.82	3.03
2	डीएपी	3.00	3.52	3.33	0.20

इसके अलावा, नवंबर 2025 तक राजस्थान में यूरिया और डीएपी का शेष स्टॉक (राज्य द्वारा दिनांक 01.11.2025 को दी गई सूचनानुसार) क्रमशः 2.71 एलएमटी और 0.70 एलएमटी था।

(ग): राजस्थान राज्य सहित देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने

के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाए किए जाते हैं:

- (i) प्रत्येक फसल मौसम का प्रारंभ होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- (ii) कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू) द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।
- (iii) देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी 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 आपूर्ति को सुव्यवस्थित करने के लिए विनिर्माताओं और आयातकों के साथ समन्वय स्थापित करें।
- (v) कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू) और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि अधिकारियों के साथ नियमित साप्ताहिक वीडियो कान्फ्रेंस की जाती है और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरकों के प्रेषण हेतु सुधारात्मक कार्रवाई की जाती है।
- (vi) राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है। इसके अलावा, आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत उर्वरकों को आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, राज्य सरकारों को कालाबाजारी/जमाखोरी में शामिल लोगों के खिलाफ कार्रवाई करने की शक्तियां दी गई हैं। उर्वरकों की कालाबाजारी/जमाखोरी के बारे में उर्वरक विभाग के स्तर पर मिली कोई भी शिकायत संबंधित राज्य सरकार को आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए भेजी जाती है। तदनुसार, **राजस्थान राज्य** सरकार से प्राप्त सूचनानुसार, दिनांक 01.04.2025 से दिनांक

28.11.2025 तक की अवधि में कालाबाजारी, जमाखोरी और ऐसे अन्य कदाचारों के खिलाफ उनके द्वारा किए गए प्रवर्तन उपायों का ब्यौरा निम्नानुसार हैं:

दिनांक 01.04.2025 से दिनांक 28.11.2025 तक प्रवर्तन आंकड़े			
राजस्थान	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए अनुज्ञप्तियों की सं.	दर्ज एफआईआर
कालाबाजारी	589	76	46
जमाखोरी	45	17	30
घटिया गुणवत्ता वाले उर्वरक	451	1	2
विपथन	15	16	25

(घ): राजस्थान राज्य सरकार से प्राप्त सूचनानुसार, 01.10.2025 से 30.11.2025 की अवधि के दौरान टोंक और सवाई माधोपुर जिलों में यूरिया और डीएपी की आवश्यकता, वास्तविक आपूर्ति और उपलब्धता का ब्यौरा निम्नानुसार है:

टोंक में उर्वरकों की स्थिति				(आंकड़े एमटी में)	
क्र.सं.	उत्पाद	आवंटन	01.10.2025 तक आरंभिक स्टॉक	आपूर्ति	कुल उपलब्धता
1	यूरिया	26,000	11,979	23,745	35,724
2	डीएपी	5,500	1,303	5,928	7,231

सवाई माधोपुर में उर्वरकों की स्थिति				(आंकड़े एमटी में)	
क्र.सं.	उत्पाद	आवंटन	01.10.2025 तक आरंभिक स्टॉक	आपूर्ति	कुल उपलब्धता
1	यूरिया	28,100	18,337	23,620	41,952
2	डीएपी	7,500	2,453	7,268	9,721

DISCREPANCIES IN SUPPLY OF FERTILIZERS IN TELANGANA

1121. DR. MALLU RAVI:

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

- (a) whether the Union Government has taken note of the formal complaint by the Government of Telangana (in August-September 2025) alleging a critical shortfall in the supply of over 3 LMT of Urea against the quota allocated to the state for the Kharif season, if so, the details thereof;
- (b) the manner in which the Government is likely to reconcile its position that adequate stocks were available with the state's data showing severe shortages at the district level, which reportedly led to distress among farmers; and
- (c) the steps being taken by the Government to conduct a joint reconciliation of supply of data with the state to ensure that the allocation of Urea is released in a timely and transparent manner for the upcoming Rabi season?

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): Following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country, including the State of Telangana:

- (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 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.

Further, the availability of Urea remained adequate in the State of Telangana during the Kharif 2025 season. From the period 01.04.2025 to 30.09.2025, 10,28,000 Metric Tons of Urea was made available against the seasonal requirement of 9,80,000 Metric Tons. The sales of Urea during the said period was 9,79,000 Metric Tons and the State had closing stock of 49,000 Metric Tons of Urea on 30.09.2025. Moreover, the State currently holds adequate closing stock of 2,29,000 Metric Tons of Urea (as on 01.12.2025) for the ongoing Rabi 2025-26 season.

आयुष को बढ़ावा

1122. डॉ. राजकुमार सांगवान:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) पिछले पाँच वर्षों के दौरान देश में आयुष (आयुर्वेद, योग और प्राकृतिक चिकित्सा, यूनानी,

सिद्ध और होम्योपैथी) के कार्य निष्पादन से संबंधित राष्ट्रीय आंकड़ों का वर्ष-वार, राज्य-वार और चिकित्सा प्रणाली-वार ब्यौरा क्या है;

- (ख) सरकार द्वारा एलोपैथी की बजाय आयुष प्रणाली के उपयोग को बढ़ावा देने और आयुष को देश में अधिक पसंदीदा स्वास्थ्य सेवा प्रणाली बनाने के लिए कौन से कदम उठाए गए हैं; और
- (ग) पिछले पाँच वर्षों के दौरान आयुष को बढ़ावा देने के लिए आवंटित और उपयोग की गई धनराशि का राज्य/संघ राज्यक्षेत्र-वार और वर्ष-वार ब्यौरा क्या है?

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

(क): आयुष पर पहला विशिष्ट अखिल भारतीय सर्वेक्षण, राष्ट्रीय नमूना सर्वेक्षण के 79वें दौर के एक भाग के रूप में जुलाई, 2022 से जून, 2023 के दौरान सांख्यिकी और कार्यक्रम कार्यान्वयन मंत्रालय (एमओएसपीआई) द्वारा आयोजित किया गया था। सर्वेक्षण में पाया गया कि आयुष चिकित्सा प्रणाली के बारे में जागरूकता ग्रामीण क्षेत्रों में 94.8% और शहरी क्षेत्रों में 96% है, जबकि पिछले 365 दिनों के दौरान 46.3% ग्रामीण लोगों और 52.9% शहरी लोगों ने बीमारियों की रोकथाम या उपचार के लिए आयुष का उपयोग करने सूचना दी है। राष्ट्रीय नमूना सर्वेक्षण के 79वें दौर के अनुसार, पिछले 365 दिनों के दौरान परिवारों द्वारा आयुष का उपयोग किए जाने के सबसे प्रमुख कारणों में निम्नलिखित को शामिल किया है:

- 10 में से 7 परिवारों का मानना है कि आयुष दवाएं प्रभावी हैं
- 10 परिवारों में से 6 को आयुष में आस्था या विश्वास है
- 10 परिवारों में से 5 का मानना है कि दुष्प्रभाव नगण्य हैं
- 10 परिवारों में से 4 परिवारों ने आयुष का उपयोग निम्नलिखित कारणों से किया
 - पिछले संतोषप्रद अनुभव के कारण।

- कच्चा माल आसानी से उपलब्ध है, या
- स्थानीय लोगों को यह अच्छी तरह से पता था
- 10 परिवारों में से 3 परिवारों ने आयुष का उपयोग निम्नलिखित कारणों से किया
 - आयुष का उपयोग करने की परंपरा या संस्कृति, या
 - यह तथ्य कि आयुष शरीर को मजबूत और पुनर्जीवित करता है, या
 - आयुष दवाएं सस्ती हैं
- 10 परिवारों में से 2 परिवारों ने आयुष का उपयोग निम्नलिखित कारणों से किया
 - आयुष में व्यक्तिगत देखभाल की उपलब्धता, या
 - समग्र स्वास्थ्य/पूर्ण देखभाल

इसके अलावा, राष्ट्रीय आयुष मिशन- आयुष मंत्रालय राज्य/संघ राज्य क्षेत्र सरकार के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को लागू कर रहा है और आयुष प्रणालियों के संवर्धन और विकास के लिए वित्तीय सहायता प्रदान करके उनका समर्थन कर रहा है।

2014-15 से 2024-25 के दौरान राष्ट्रीय आयुष मिशन के तहत समर्थित प्रमुख गतिविधियां-

- एकीकृत आयुष अस्पतालों की स्थापना के लिए 203 इकाइयों का समर्थन किया गया।
- बुनियादी ढांचे और अन्य सुविधाओं के उन्नयन के लिए 518 आयुष अस्पतालों और 6234 आयुष औषधालयों का समर्थन किया गया है।
- औसतन प्रत्येक वर्ष दवाओं और आकस्मिकता की आवर्ती सहायता के लिए सह-स्थापन के तहत 2387 पीएचसी, 746 सीएचसी और 319 डीएचएस का समर्थन किया गया है।
- औसतन प्रत्येक वर्ष आवश्यक आयुष दवाओं की आपूर्ति के लिए 1157 आयुष अस्पतालों और 12677 आयुष औषधालयों का समर्थन किया गया है।
- नए आयुष शैक्षणिक संस्थानों की स्थापना के लिए 21 इकाइयों का समर्थन किया गया।

- बुनियादी ढांचे, पुस्तकालय और अन्य चीजों के उन्नयन के लिए 78 स्नातक और 46 स्नातकोत्तर आयुष शैक्षणिक संस्थानों का समर्थन किया गया है।
- नए आयुष औषधालयों की स्थापना के लिए 383 इकाइयों का समर्थन किया गया।
- 1429 आयुष ग्रामों का समर्थन किया गया है।
- 12500 आयुष औषधालयों/स्वास्थ्य उप स्वास्थ्य केंद्रों को आयुष्मान आरोग्य मंदिर (आयुष) में अपग्रेड किया गया है। इसके अलावा, जैसा कि राज्य/संघ राज्य क्षेत्र सरकारों द्वारा सूचित किया गया है, 33.95 करोड़ लाभार्थियों ने 2022-23 से 2024-25 तक इन केंद्रों से सेवाएं प्राप्त कीं।
- विभिन्न आयुष सार्वजनिक स्वास्थ्य कार्यक्रमों के तहत 2022-23 से 2024-25 तक 39642 इकाइयों का समर्थन किया गया है। जैसा कि राज्य/संघ राज्य क्षेत्र सरकारों द्वारा रिपोर्ट किया गया है, 2024-25 के दौरान सार्वजनिक आयुष स्वास्थ्य कार्यक्रमों के तहत 18.95 लाख लाभार्थियों ने सेवाओं का लाभ उठाया।

(ख): आयुष मंत्रालय एनएएम दिशानिर्देशों में दिए गए प्रावधानों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्रस्तावित विभिन्न गतिविधियों के लिए वित्तीय सहायता प्रदान करके देश में आयुष चिकित्सा प्रणालियों के समग्र विकास और प्रोत्साहन के लिए राष्ट्रीय आयुष मिशन (एनएएम) की केंद्र प्रायोजित योजना लागू कर रहा है।

मिशन अन्य बातों के साथ-साथ निम्नलिखित गतिविधियों के लिए प्रावधान करता है:

- i. मौजूदा आयुष औषधालयों और उप स्वास्थ्य केंद्रों को अपग्रेड करके आयुष स्वास्थ्य और आरोग्य केंद्रों (एएचडब्ल्यूसी) का परिचालन, जिन्हें अब आयुष्मान आरोग्य मंदिर (आयुष) का नाम दिया गया है।
- ii. प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं का सह-स्थान

- iii. मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन
- iv. मौजूदा सरकारी/पंचायती/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा आयुष औषधालय (किराए/जीर्ण-शीर्ण आवास) के लिए भवन का निर्माण/नए आयुष औषधालय की स्थापना के लिए भवन का निर्माण।
- V. 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना
- vi. सरकारी आयुष अस्पतालों, सरकारी औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को आवश्यक दवाओं की आपूर्ति।
- vii. आयुष सार्वजनिक स्वास्थ्य कार्यक्रम।
- viii. उन राज्यों में नए आयुष कॉलेजों की स्थापना जहां सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।
- ix. आयुष स्नातक संस्थानों और आयुष स्नातकोत्तर संस्थानों का अवसंरचनात्मक विकास/पीजी/फार्मसी/पैरा-मेडिकल पाठ्यक्रमों को शामिल करना।

आयुष मंत्रालय अकादमिक गतिविधियों, प्रशिक्षण, क्षमता निर्माण आदि प्रदान करके अतिरिक्त अनुसंधान गतिविधियों और शिक्षा के माध्यम से आयुष में अनुसंधान और नवाचार का समर्थन करने के उद्देश्य से एक केंद्रीय क्षेत्र योजना अर्थात् आयुर्ज्ञान योजना लागू करता है। इस योजना के तीन घटक हैं। (i) आयुष में क्षमता निर्माण और सतत चिकित्सा शिक्षा (सीएमई) (ii) आयुष में अनुसंधान और नवाचार और (iii) आयुर्वेद जीव विज्ञान एकीकृत स्वास्थ्य अनुसंधान (एबीआईएचआर)।

आयुष मंत्रालय केंद्रीय क्षेत्र की योजना आयुर्स्वास्थ्य योजना को लागू करता है, जिसका उद्देश्य शिक्षा प्रौद्योगिकी, अनुसंधान और नवाचार और इसके घटक अर्थात् उत्कृष्टता केंद्र (सीओई) के माध्यम से राष्ट्रीय और अंतर्राष्ट्रीय स्तर पर आयुष को बढ़ावा देने के लिए आवश्यक ऐसे अन्य क्षेत्रों में आयुष पेशेवरों की दक्षताओं को मजबूत करने के लिए प्रतिष्ठित संस्थानों के कार्यों और सुविधाओं की स्थापना और उन्नयन के लिए रचनात्मक और नवीन प्रस्तावों का समर्थन करना है।

आयुष मंत्रालय आयुष चिकित्सा प्रणाली के बारे में जागरूकता पैदा करने के लिए आयुष में सूचना शिक्षा और संचार को बढ़ावा देने के लिए केंद्रीय क्षेत्र योजना (आईईसी) को भी लागू करता है। इस योजना का उद्देश्य देश भर में आबादी के सभी वर्गों तक पहुंचना है। यह राष्ट्रीय/राज्य आरोग्य मेलों, योग फेस्ट/उत्सव, आयुर्वेद पर्व आदि के आयोजन के लिए सहायता प्रदान करता है। मंत्रालय आयुष प्रणालियों के बारे में जागरूकता पैदा करने के लिए मल्टी-मीडिया, प्रिंट मीडिया अभियान भी चलाता है।

इसके अलावा, आयुष मंत्रालय के तहत, 05 अनुसंधान परिषदें, 12 राष्ट्रीय संस्थान, 02 आयोग हैं। भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम) और राष्ट्रीय होम्योपैथी आयोग (एनसीएच), भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच) (अधीनस्थ कार्यालय) और इंडियन मेडिसिन फार्मास्युटिकल कॉरपोरेशन लिमिटेड (आईएमपीसीएल) (सार्वजनिक क्षेत्र का उपक्रम)।

(ग): पिछले पांच वर्षों के दौरान देश में आयुष को बढ़ावा देने के लिए आवंटित/जारी और उपयोग की गई निधि का राज्य/संघ राज्य क्षेत्र-वार वर्ष-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है। इसके अलावा, आईईसी योजना के तहत निधियों का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

विवरण-I

पिछले पांच वर्षों के दौरान देश में आयुष के प्रचार-प्रसार के लिए आवंटित/जारी और उपयोग की गई निधि का राज्य/संघ राज्य क्षेत्र-वार वर्ष-वार ब्यौरा

लाख रुपये में													
		2020-21		2021-22		2022-23		2023-24		2024-25		कुल	
क्र.सं.	राज्य/संघ राज्य क्षेत्रों का नाम	आवंटित	उपयोग की गई	आवंटित	उपयोग की गई	आवंटित	उपयोग की गई	आवंटित	व्यय	आवंटित	उपयोग की गई	आवंटित	उपयोग की गई
		जारी केंद्रीय हिस्सा	केंद्रीय हिस्सा	जारी केंद्रीय हिस्सा	केंद्रीय हिस्सा	जारी केंद्रीय हिस्सा	केंद्रीय हिस्सा	जारी केंद्रीय हिस्सा	केंद्रीय हिस्सा	जारी केंद्रीय हिस्सा	केंद्रीय हिस्सा	केंद्रीय हिस्सा	केंद्रीय हिस्सा
1	अंडमान और निकोबार द्वीपसमूह	251.81	251.81	296.06	296.06	142.39	142.39	407.29	387.30	542.75	415.93	1640.29	1493.48
2	आंध्र प्रदेश	385.40	385.40	0.00	0.00	0.00	0.00	0.00	0.00	2497.19	874.77	2882.59	1260.17
3	अरुणाचल प्रदेश	678.09	678.09	180.85	180.85	402.04	402.04	1186.04	1186.04	1498.84	1486.76	3945.86	3933.78
4	असम	347.15	347.15	639.52	639.52	1011.77	1011.77	3471.45	3471.45	6511.87	6511.87	11981.76	11981.76
5	बिहार	516.54	290.76	1686.08	1686.08	0.00	0.00	1161.06	430.44	0.00	0.00	3363.67	2407.28
6	चंडीगढ़	195.81	195.81	94.86	94.61	189.73	166.34	226.32	199.99	447.58	273.67	1154.31	930.41
7	छत्तीसगढ़	2691.07	2405.54	841.31	800.84	0.00	0.00	2151.43	1789.95	3194.06	1826.36	8877.86	6822.69
8	दादरा और नगर हवेली और दमन व दीव	0.00	0.00	0.00	0.00	0.00	0.00	408.45	369.31	690.73	681.63	1099.18	1050.94
9	दिल्ली	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	गोवा	65.99	65.99	218.99	218.99	142.29	142.29	628.30	580.90	610.67	598.20	1666.24	1606.36
11	गुजरात	244.01	189.09	466.93	450.54	1908.62	1636.52	2961.42	1810.12	2623.10	657.98	8204.08	4744.25
12	हरियाणा	3034.42	3033.54	647.70	624.34	1219.91	1219.91	3026.59	2823.46	1371.90	1365.07	9300.52	9066.32
13	हिमाचल प्रदेश	494.94	494.94	1261.80	1261.80	3873.58	3873.58	3659.22	3552.32	2899.09	2440.16	12188.63	11622.80

14	जम्मू और कश्मीर	2285.75	2285.75	1313.11	1313.11	4895.09	4895.09	7510.36	7510.36	4361.60	4361.60	20365.91	20365.90
15	झारखंड	0.00	0.00	1309.77	1309.77	7752.57	7752.57	2390.42	2390.42	3217.06	2435.08	14669.81	13887.84
16	कर्नाटक	2184.37	2081.90	1821.46	1798.63	1714.09	1590.78	5031.54	4753.98	6067.28	3120.65	16818.74	13345.94
17	केरल	2337.59	2322.59	1153.39	1153.39	4399.83	4296.58	7989.40	7617.27	11037.96	10294.74	26918.16	25684.57
18	लद्दाख	0.00	0.00	187.45	187.45	72.27	72.27	47.32	47.32	190.29	181.94	497.32	488.98
19	लक्षद्वीप	19.61	19.61	64.26	64.26	116.32	116.32	332.01	332.01	220.48	198.15	752.67	730.35
20	मध्य प्रदेश	5608.63	5608.63	3123.20	3123.20	1716.00	1714.66	6120.00	5940.48	8169.59	6395.87	24737.42	22782.84
21	महाराष्ट्र	0.00	0.00	0.00	0.00	0.00	0.00	2235.54	1942.69	2681.16	1184.21	4916.69	3126.90
22	मणिपुर	571.72	563.04	170.04	134.99	1723.00	1663.34	0.00	0.00	1276.67	942.18	3741.43	3303.55
23	मिजोरम	657.73	657.73	259.08	259.08	117.27	117.27	1057.86	1057.86	1101.48	1101.48	3193.42	3193.42
24	मेघालय	247.97	247.97	609.78	609.78	796.84	796.84	1722.60	1684.48	1520.48	1228.88	4897.67	4567.95
25	नागालैंड	1254.89	1254.89	232.27	232.27	495.78	495.78	1016.97	1016.97	1342.11	1342.11	4342.02	4342.02
26	ओडिशा	716.64	694.82	1075.38	1069.56	0.00	0.00	0.00	0.00	2369.21	828.56	4161.23	2592.94
27	पुदुचेरी	47.67	47.66	200.27	200.19	623.95	623.51	197.08	179.21	683.40	321.66	1752.37	1372.23
28	पंजाब	89.77	89.77	527.28	527.28	0.00	0.00	109.85	77.73	1701.10	317.33	2428.00	1012.10
29	राजस्थान	2276.40	2183.86	3189.00	3014.94	0.00	0.00	3731.51	3021.79	15051.80	12584.79	24248.71	20805.39
30	सिक्किम	350.44	350.44	99.30	99.30	626.06	626.06	492.37	492.37	434.78	434.78	2002.95	2002.95
31	तमिलनाडु	616.58	616.58	2348.27	2348.27	2428.69	2125.68	6635.76	6431.24	7380.32	5551.27	19409.62	17073.04
32	तेलंगाना	0.00	0.00	3132.25	3132.25	0.00	0.00	1225.17	1225.17	2491.38	2338.68	6848.80	6696.10
33	त्रिपुरा	270.08	270.08	138.71	138.71	1030.90	1027.17	566.99	470.85	815.77	668.97	2822.45	2575.78
34	उत्तर प्रदेश	10373.86	10373.86	13809.72	13602.99	14437.60	14006.11	12418.60	11925.30	13903.18	6571.09	64942.95	56479.34
35	उत्तराखंड	656.46	656.46	2622.50	2622.50	1855.80	1855.80	3234.38	3234.38	2441.12	2441.12	10810.26	10810.26
36	पश्चिम बंगाल	247.35	247.34	2118.05	2118.05	1056.58	1030.16	3379.39	3161.91	2308.43	1093.15	9109.79	7650.59
	कुल	39718.72	38911.08	45838.63	45313.57	54748.94	53400.81	86732.67	81115.04	113654.42	83070.70	340693.38	301811.20

विवरण-II**पिछले पांच वर्ष और चालू वर्ष के आईईसी योजना के बजट का ब्यौरा**

करोड़ रुपये में			
वर्ष	बजट अनुमान (बीई)	संशोधित अनुमान (आरई)	वास्तविक व्यय (ईई)
2018-19	34	64	63.49
2019-20	52.6	44.5	43.34
2020-21	44.5	22.7	20.94
2021-22	27.5	29.54	27.21
2022-23	43.88	55.4	51.6
2023-24	41	39.85	30.47
2024-25	43.2	33.12	29.82
2025-26	43.2	73.2	31.059

पीपीपी मॉडल के तहत चिकित्सा कॉलेज की स्थापना**1123. श्री रामप्रीत मंडल:****श्री कौशलेन्द्र कुमार:**

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

(क) क्या सरकार ने राज्यों में चिकित्सा कॉलेजों की स्थापना के लिए सार्वजनिक-निजी भागीदारी (पीपीपी) मॉडल के तहत कोई योजना बनाई है;

(ख) यदि हाँ, तो उन क्षेत्रों का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा उपलब्ध कराएं जहां पीपीपी मॉडल के तहत चिकित्सा कॉलेज स्थापित करने का कार्य पहले ही शुरू हो चुका है; और

(ग) देश में चिकित्सा कॉलेज की स्थापना के लिए इस पीपीपी मॉडल की मुख्य विशेषताएँ क्या हैं?

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

(क) से (ग): स्वास्थ्य और परिवार कल्याण मंत्रालय, 'मौजूदा ज़िला/रेफ़रल अस्पतालों से संबद्ध नए

चिकित्सा कॉलेजों की स्थापना' के लिए एक केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है। जिसमें उन पिछड़े क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है जहाँ कोई सरकारी या निजी चिकित्सा कॉलेज मौजूद नहीं है। केंद्र और राज्य सरकारों के बीच निधि साझाकरण तंत्र का अनुपात पूर्वोत्तर और विशेष श्रेणी के राज्यों हेतु 90:10 है जबकि अन्य राज्यों के लिए 60:40 है। उपर्युक्त योजना के तहत, सभी प्रस्तावित 157 सरकारी चिकित्सा कॉलेजों को पहले ही मंजूरी प्रदान कर दी गई है, जिनमें से 137 चिकित्सा कॉलेज संचालन में हैं।

इसके अतिरिक्त, आर्थिक कार्य विभाग (डीईए) द्वारा दी गई सूचना के अनुसार, व्यवहार्यता अंतर वित्त-पोषण (वीजीएफ) योजना के अंतर्गत, सार्वजनिक-निजी साझेदारी (पीपीपी) के माध्यम से मौजूदा जिला अस्पतालों को उन्नत करके चिकित्सा कॉलेजों की स्थापना के लिए अनुदान प्रदान किया जाता है, बशर्ते कि (i) राज्य सरकारें संबद्ध चिकित्सा कॉलेज को अस्पताल की सुविधाओं तक पूर्ण पहुँच प्रदान करें, और (ii) इसके लिए भूमि रियायती शर्तों पर उपलब्ध कराई जाए। इस योजना में निम्नलिखित प्रावधान हैं:

(i) उप-योजना I के अंतर्गत, परियोजना लागत का 30% तक केन्द्रीय वीजीएफ समर्थन के रूप में प्रदान किया जा सकता है, जिसके बराबर का योगदान परियोजना प्रायोजक प्राधिकरण से अनुमत है।

(ii) उप-योजना II (प्रायोगिक (पायलट)/प्रदर्शन परियोजना) के अंतर्गत, परियोजना लागत के 40% तक और संचालन एवं रखरखाव (ओ एंड एम) लागत के शुद्ध वर्तमान मूल्य (एनपीवी) का पहले पाँच वर्षों के लिए 25% तक परिचालन अनुदान के रूप में प्रदान किया जाएगा, जिसके बराबर का योगदान परियोजना प्रायोजक प्राधिकरण से अनुमत है।

आर्थिक कार्य विभाग (डीईए) ने आगे यह भी बताया कि उपर्युक्त योजना के तहत ग्यारह (11) चिकित्सा कॉलेजों को सैद्धांतिक रूप से मंजूरी मिल चुकी है। ये परियोजनाएँ झारखंड (गिरिडीह, धनबाद, जामताड़ा और खूंटी), अरुणाचल प्रदेश (नामसाई) और उत्तर प्रदेश (बागपत, मैनपुरी,

हाथरस, कासगंज, महोबा और हमीरपुर) राज्यों में स्थित हैं।

बड़वानी में चिकित्सा कॉलेज

1124. श्री गजेन्द्र सिंह पटेल:

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

(क) क्या केंद्र सरकार को मध्य प्रदेश सरकार की ओर से राज्य के जनजातीय बहुल और आकांक्षी जिले, बड़वानी में पूर्णतः अनुदानित चिकित्सा कॉलेज की स्थापना के लिए कोई प्रस्ताव प्राप्त हुआ है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ग) बड़वानी में चिकित्सा कॉलेज कब तक स्थापित होने की संभावना है?

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

(क) से (ग): स्वास्थ्य और परिवार कल्याण मंत्रालय, 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए चिकित्सा कॉलेजों की स्थापना' के लिए एक केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है। जिसमें उन पिछड़े क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है जहाँ कोई सरकारी या निजी चिकित्सा कॉलेज मौजूद नहीं है। केंद्र और राज्य सरकारों के बीच निधि साझाकरण तंत्र का अनुपात पूर्वोत्तर और विशेष श्रेणी के राज्यों हेतु 90:10 है जबकि अन्य राज्यों के लिए 60:40 है। उपर्युक्त योजना के अंतर्गत, मध्य प्रदेश राज्य के 14 चिकित्सा कॉलेजों सहित 157 सरकारी चिकित्सा कॉलेजों को तीन चरणों में मंजूरी दी गई है, जिनमें से 06 चिकित्सा कॉलेजों की मंजूरी राज्य के जनजातीय जिलों, अर्थात् मंडला, शहडोल, छिंदवाड़ा, सिंगरौली, रतलाम और खंडवा (पूर्व निमाड़) हेतु दी गई है।

OBSTRUCTION IN SHIP MOVEMENT NEAR PORTS

1125. SHRI BENNY BEHANAN:

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

(a) the number of incidents in Kerala ports like Vizhinjam in the last one year where ship movements were delayed or obstructed due to fishing vessels or other small craft entering designated ship channels;

(b) the measures being taken including signage, buoys, alerts, enforcement to prevent such obstructions and protect both port operations and fishermen's livelihoods; and

(c) whether the Government has mapped the extent of restricted zones around major ports in Kerala and the warning/communication systems that are in place for small craft and fishing boats?

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

(a): Kerala Maritime Board reported two incidents in the last year in the Vizhinjam International Seaport where the ship movements were delayed due to fishing vessels entering the designated ship channels.

(b): In the Cochin Port, the shipping channels are well-marked with navigational buoys, and the routine patrols are carried out by security agencies to ensure safe and unobstructed vessel movement. In the non-major ports, the channel buoys installed and the enforcement by the coastal police is done regularly along with the sensitization programmes for the local fisher folk community. The land

side and sea side (including the basin area, approach channel, vessel anchorage points) of the port has also been declared as prohibited place. Kerala Government is considering standard operating procedure (SOP) for harmonious operations between commercial shipping and traditional fishing activities.

(c): A No-Fishing Zone, notified through the Kerala Government Gazette (G.O. (P) No. 88/2011/F&PD dated 30.09.2011), is in force around the Single point Mooring System operated by Bharat Petroleum Corporation Limited at Kochi refinery. Patrol boats provide continuous warnings and communication to ensure compliance with this restriction.

आयुर्वेद के लाभ

1126. श्रीमती रुचि वीरा:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार आयुर्वेद के मूल सिद्धांतों को वैकल्पिक चिकित्सा पद्धतियों में रुचि रखने वाले व्यक्तियों के साथ साझा करती है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) इस संबंध में सरकार द्वारा कौन-कौन से कदम प्रस्तावित हैं?

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

(क) से (ग): आयुर्वेद रोगों की रोकथाम और प्रबंधन पर जोर देता है और स्वास्थ्य तथा कल्याण के सभी पहलुओं को व्यापक रूप से समाधान करता है। इसके मौलिक सिद्धांतों का प्रसार अनुसंधान परिषदों, राष्ट्रीय संस्थानों, भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम), आयुष

मंत्रालय की विभिन्न केंद्रीय क्षेत्रीय योजनाओं और कई सोशल मीडिया प्लेटफार्मों के माध्यम से किया जाता है, जिसका उद्देश्य सार्वजनिक जागरूकता और इसके स्वास्थ्य लाभों की समझ बढ़ाना है।

स्वास्थ्य सेवा की आयुष पद्धति के प्रचार और प्रसार के अधिदेश को पूरा करने के उद्देश्य से, मंत्रालय आयुष में सूचना शिक्षा और संचार आईईसी को बढ़ावा देने के लिए एक केंद्रीय क्षेत्रीय योजना का कार्यान्वयन करता है। इस योजना के तहत, मंत्रालय राष्ट्रीय/राज्य स्तरीय आरोग्य मेले, योग फेस्ट/उत्सव, आयुर्वेद पर्व, आयुष पद्धति के महत्वपूर्ण दिनों का आयोजन करता है, स्वास्थ्य फेयर/मेलों, प्रदर्शनियों आदि में भाग लेता है, सेमिनारों, कार्यशालाओं, सम्मेलनों के आयोजन और स्वास्थ्य देखभाल और उपचार की आयुष पद्धति के बारे में नागरिकों के बीच जागरूकता पैदा उत्पन्न करने के लिए मल्टीमीडिया अभियान आदि आयोजित करने हेतु वित्तीय सहायता प्रदान करता है। इसके अलावा, मंत्रालय देश में आयुष पद्धति के विकास और संवर्धन के लिए राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना का कार्यान्वयन कर रहा है और उन्हें उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्ताव के अनुसार वित्तीय सहायता प्रदान कर रहा है। राज्य/संघ राज्य क्षेत्र सरकारें एनएएम दिशानिर्देशों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती हैं।

इसके अलावा, आयुर्वेद को बढ़ावा देने के उद्देश्य से, समग्र स्वास्थ्य सेवा के लिए आयुष मंत्रालय ने आयुर्वेद की 01 (एक) अनुसंधान परिषद और 7 (सात) राष्ट्रीय संस्थानों की स्थापना की है। ये परिषदें/ संस्थान अपने परिधीय संस्थानों/इकाइयों/केंद्रों के साथ सामान्य बाह्य रोगी विभाग (ओपीडी), प्रजनन और बाल स्वास्थ्य (आरसीएच) ओपीडी, जेरियाट्रिक ओपीडी, गैर-संचारी रोग (एनसीडी) क्लिनिक आदि के माध्यम से उपचार प्रदान कर रहे हैं और आयुर्वेद को बढ़ावा देने के लिए जागरूकता गतिविधियों में भी लगे हुए हैं।

आयुष मंत्रालय के तहत सभी राष्ट्रीय आयुर्वेद संस्थान नियमित रूप से संस्थान के अस्पतालों (ओपीडी और आईपीडी दोनों) में परामर्श देते हैं और गांवों, स्कूलों, सरकारी विभागों, सैन्य कर्मियों और सामुदायिक स्तरों पर निःशुल्क चिकित्सा और जागरूकता शिविर आयोजित करते हैं। वे आयुर्वेद चिकित्सा के लाभों के बारे में बेहतर विचार देने के लिए राष्ट्रीय संगोष्ठियों/कार्यशालाओं, पैनल चर्चाओं आदि का भी आयोजन करते हैं।

इसके अलावा, केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस) द्वारा की गई मुख्य पहलों का ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

आयुष मंत्रालय द्वारा अपनी अनुसंधान परिषद के माध्यम से उठाए जा रहे कदम

केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस) ने जवाहरलाल नेहरू विश्वविद्यालय, नई दिल्ली; इंटरनेशनल सेंटर फॉर जेनेटिक इंजीनियरिंग एंड बायोटेक्नोलॉजी, नई दिल्ली; ट्रांसडिसिप्लिनरी यूनिवर्सिटी, बेंगलुरु; आईआईटी दिल्ली; अखिल भारतीय आयुर्वेद संस्थान, नई दिल्ली; आयुर्वेद शिक्षण और अनुसंधान संस्थान, जामनगर; राष्ट्रीय आयुर्वेद संस्थान, जयपुर आदि जैसे सम्मानित संस्थानों के सहयोग से अपने संस्थानों और सहयोगी परियोजनाओं में अंतःवर्ती अनुसंधान परियोजनाओं के रूप में मौलिक अनुसंधान परियोजनाएं शुरू की हैं।

केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस) द्वारा शुरू की गई अनुसंधान परियोजनाओं की सूची:

क्र.सं.	शीर्षक
पूर्ण/समाप्त शोध परियोजनाएँ	
क. आईएमआर	
1.	आयुर्वेद के क्षेत्र में द्रव्य रस के मूल्यांकन में 'ई टंग' की व्यवहार्यता और इसके अनुप्रयोग को देखने के लिए एक पायलट परियोजना
2.	माइटोकॉन्ड्रियल एटीपी पुनर्जनन और इलेक्ट्रॉन परिवहन पर आधारित उष्ण और शिता वीर्य का

	एक खोजपूर्ण अध्ययन
3.	सीसीआरएस आयु प्रकृति वेब पोर्टल का सॉफ्टवेयर उन्नयन और रखरखाव
4.	किशोरियों के बीच आयु स्थिति और आंत सूक्ष्मजीव के साथ प्रकृति का सहसंबंध
5.	स्वास्थ्य आकलन पैमाने (एसएस) का विकास
6.	मधुमेह रेटिनोपैथी के साथ प्रकृति के संबंध का पता लगाने के लिए एक क्रॉस-सेक्शनल सर्वेक्षण
ख. सहयोगात्मक	
1.	प्रकृति मूल्यांकन के लिए "प्रकृति मूल्यांकन पैमाने" का विकास और सत्यापन तथा उपयोगकर्ता-अनुकूल वेब पोर्टल की डिजाइनिंग, अर्थात् "आयु प्रकृति वेब पोर्टल"।
2.	आयुर्वेद निदान विधियों का सत्यापन और विश्वसनीयता परीक्षण
3.	स्वचालित बस्ती यंत्र का विकास- एनिमा के प्रशासन के लिए एक व्यापक उपकरण
4.	स्वस्थ मनुष्यों में प्रकृति के आणविक हस्ताक्षरों को चित्रित करने के लिए प्रणाली जीवविज्ञान दृष्टिकोण
5.	गर्भाशय ग्रीवा और अंडाशय कैंसर वाले रोगियों की प्रकृति (आयुर्वेदिक शरीर गठन) का आकलन
चल रही परियोजनाएँ	
क. आईएमआर	
1.	केंद्रीय आयुर्वेदिक विज्ञान अनुसंधान परिषद में नैदानिक अध्ययन के लिए मानक संचालन प्रक्रिया (एसओपी) विकसित करना
ख. सहयोगात्मक	
2.	आयुर्वेदीय प्रकृति के आणविक आधार को समझने की दिशा में माइटो-परमाणु जीन विविधताओं की प्रोफाइलिंग द्वारा माइटोकॉन्ड्रियल कार्य को स्पष्ट करना: स्वास्थ्य और दीर्घायु का एक निर्धारक
3.	होस्ट-पैथोजेन इंटरैक्शन में प्रकृति की भूमिका की खोज करना
4.	एक क्षेत्रीय परिप्रेक्ष्य से स्वास्थ्य और प्रमुख रोग पूर्वाभास में प्रकृति और इसके विरासत पैटर्न को समझना - एक आनुवंशिक और एपिजेनेटिक अध्ययन

5.	प्रकृति से जुड़ाव का अध्ययन और प्रारंभिक तथा स्थानीय रूप से एडवांस्ड स्तन कैंसर के परिणाम
6.	सेल बिन्दु परीक्षा का मानकीकरण, वैज्ञानिक सत्यापन और स्वचालन-एक प्राचीन पूर्वानुमानवादी उपकरण
7.	आयुष उद्योग में उद्यमिता: आयुष उत्पाद और सेवाओं में प्रबंधन और व्यावसायीकरण का सिद्धांत
8.	ई-1 अनुसूची के नौ विषैले औषधीय पौधों के लिए शोधन की व्याख्या में यांत्रिक अध्ययन

IRREGULARITIES IN BIHAR ASSEMBLY ELECTIONS

1127. SHRI ANAND BHADAURIA:

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

- (a) the details of complaints of irregularities in Bihar Assembly elections 2025 reported to Election Commission of India;
- (b) the details of action taken by Election Commission of India thereon, complaint-wise;
- (c) whether VVPAT slips were found to be discarded/dumped in Bihar assembly election in Samastipur and Saran; and
- (d) if so, the details thereof and the details of action taken by Election Commission against erring officials?

**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 Election Commission of India has stated that scrutiny of documents was conducted smoothly in all Assembly Constituencies (ACs) by the Returning Officers in the presence of General Observers appointed by the

Commission and the candidates or their agents. After scrutiny, no discrepancy/malpractice was found at any of the polling Stations and no re-poll was requested by any of the contesting candidates or their agents. Mandatory verification of voter verifiable paper audit trails unit (VVPAT) slips was done for five randomly selected polling stations per Assembly Constituency and no discrepancy was found with the Electronic Voting Machine (EVM) count anywhere. Further, no application for checking and verification of EVMs was received from any of the losing candidates after declaration of the results.

(c) and (d): The Election Commission has informed that with regard to VVPAT slips in Samastipur, Chief Electoral Officers Bihar has reported that some shredded and some unshredded VVPAT slips related to 136-Sarairanjan AC were found discarded in the garbage near Kedar Sant Ramashray High School, Sarairanjan, Samastipur on 08.11.2025, which were related with Mock poll conducted during EVM commissioning. The concerned Assistant Returning Officers (total 3) of 136-Sarairanjan AC deputed for commissioning were suspended immediately and disciplinary proceedings initiated. However, no such incident came to the notice of the Election Commission in Saran District.

ग्रामीण स्वास्थ्य केन्द्रों की स्थिति

1128. श्रीमती कृष्णा देवी शिवशंकर पटेल:

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

(क) क्या उत्तर प्रदेश राज्य के चित्रकूट एवं बांदा जिलों में कई सामुदायिक स्वास्थ्य केंद्र (सीएचसी)

एवं प्राथमिक स्वास्थ्य केंद्र (पीएचसी) गंभीर रूप से कर्मचारियों और संसाधनों की कमी का सामना कर रहे हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) दोनों जिलों में वर्तमान में प्रचलित सीएचसी/पीएचसी की संख्या कितनी है तथा डॉक्टरों, प्रयोगशाला तकनीशियनों, नर्सों एवं दवाओं की कमी वाले सीएचसी/पीएचसी की संख्या कितनी है;

(ग) इन स्वास्थ्य केंद्रों को सुदृढ़ करने के उद्देश्य से चल रही सरकारी योजनाओं का ब्यौरा क्या है; और

(घ) क्या सरकार का विचार देश भर में ग्रामीण स्वास्थ्य सेवाओं में मोबाइल चिकित्सा इकाइयों (एमएमयू) की संख्या बढ़ाने का 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): स्वास्थ्य, राज्य का विषय है, इसलिए स्वास्थ्य सुविधाओं को बेहतर बनाने की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। उत्तर प्रदेश राज्य सरकार द्वारा प्रदान की गई जानकारी के अनुसार, राज्य के चित्रकूट और बांदा जिलों के सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) में कर्मचारियों और संसाधनों की कोई कमी नहीं है। इसके अतिरिक्त, उत्तर प्रदेश राज्य सरकार ने सूचित किया है कि सभी पीएचसी और सीएचसी में डॉक्टरों, लैब तकनीशियनों और नर्सों की पर्याप्त संख्या है तथा इन केंद्रों में पर्याप्त दवाएं उपलब्ध हैं। दोनों जिलों में वर्तमान में संचालित सीएचसी/पीएचसी की संख्या इस प्रकार है:

जिले	कार्यशील केंद्रों की संख्या	
	पीएचसी	सीएचसी
बांदा	47	8
चित्रकूट	28	7

(ग): स्वास्थ्य, राज्य का विषय होने के कारण नए स्वास्थ्य सुविधाकेंद्रों की स्थापना और मौजूदा केंद्रों को सुदृढ़ करना संबंधित राज्य सरकारों के अधिकार क्षेत्र में आता है। हालांकि, प्राथमिक

स्वास्थ्य सेवाओं को सुदृढ़ करने में राज्यों और संघ राज्य क्षेत्रों की सहायता करने के लिए निम्नलिखित योजनाएँ चलाई गई हैं:

- i. **राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) - एनएचएम के तहत, राज्यों/संघ राज्य क्षेत्रों को** उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में बताई गई आवश्यकताओं के आधार पर अपनी स्वास्थ्य परिचर्या प्रणालियों को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान की जाती है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार प्रस्ताव को कार्यवृत्त (आरओपी) के रूप में मंजूरी प्रदान करती है।
- ii. **पीएम आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) ग्रामीण** क्षेत्रों में स्वास्थ्य तक बेहतर पहुंच प्रदान करने के लिए सार्वजनिक स्वास्थ्य और अन्य स्वास्थ्य सुधारों में बढ़े हुए निवेश की परिकल्पना करता है। पीएम-एबीएचआईएम के तहत उपाय सभी स्तरों, प्राथमिक, माध्यमिक और तृतीयक, पर परिचर्या की निरंतरता में स्वास्थ्य प्रणालियों और संस्थानों की क्षमताओं को विकसित करने पर ध्यान केंद्रित करते हैं, ताकि स्वास्थ्य प्रणालियों को वर्तमान और भविष्य की महामारियों/आपदाओं का प्रभावी ढंग से सामना करने के लिए तैयार किया जा सके।
- iii. **15वां वित्त आयोग (XV-एफसी) स्वास्थ्य अनुदान मौजूदा बजटों को पूरक करते हुए,** प्राथमिक स्वास्थ्य सेवाओं को सुदृढ़ करने के लिए वर्ष 2021-26 के लिए ₹70,051 करोड़ प्रदान करता है। ये अनुदान स्थानीय सरकारों को उप-केंद्रों (एसएचसी), पीएचसी, और शहरी आयुष्मान आरोग्य मंदिर को उन्नत करने के लिए सशक्त बनाते हैं।
- iv. **भारत कोविड-19 आपातकालीन प्रतिक्रिया और स्वास्थ्य प्रणाली तैयारी पैकेज (ईसीआरपी-I और II):** महामारी के दौरान शुरू किए गए इन पैकेजों का उद्देश्य एक लचीली स्वास्थ्य प्रणाली का निर्माण करना और निःशुल्क कोविड-19 परीक्षण, उपचार और टीकाकरण प्रदान करना था। इसने महामारी से संबंधित स्वास्थ्य परिचर्या खर्चों के

लिए ओओपीई को कम कर दिया।

- v. **आयुष्मान भारत – प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई)** माध्यमिक और विशिष्ट अस्पताल में भर्ती के लिए प्रति पात्र परिवार प्रति वर्ष ₹5 लाख तक का कैशलेस स्वास्थ्य कवरेज प्रदान करती है। एबी पीएम-जेएवाई के लाभार्थी 31,466 से अधिक अस्पतालों के नेटवर्क के माध्यम से योजना के लाभ लेने के पात्र हैं, जिनमें से 14,194 निजी अस्पताल हैं।

(घ): स्वास्थ्य, एक राज्य का विषय होने के कारण, मोबाइल मेडिकल यूनिट्स (एमएमयू) की उपलब्धता और सेवा की पर्याप्तता सुनिश्चित करने की प्राथमिक जिम्मेदारी राज्य/संघ राज्य क्षेत्र सरकारों की है। हालाँकि, स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय कार्यक्रम समन्वय समिति (एनपीसीसी) द्वारा विधिवत मूल्यांकित वार्षिक राज्य कार्यक्रम कार्यान्वयन योजना (एसपीआईपी) के माध्यम से प्रत्येक वर्ष राज्यों/संघ राज्य क्षेत्रों को आवश्यकता-आधारित वित्तीय और तकनीकी सहायता प्रदान करता है। राज्यों को यह सुविधा दी गई है कि वे अपने-अपने राज्य/संघ राज्य क्षेत्र की आवश्यकता और कमियों के विश्लेषण के आधार पर, परिचालन लागत/पूर्ण परिचालन लागत सहित आवश्यक संख्या में एमएमयू का प्रस्ताव रख सकें।

REDUCTION OF US VISAS FOR INDIANS

1129. KUMARI SUDHA R.

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

- (a) whether the recent suspension or reduction in H-1B visa sponsorships by US firms is affecting Indian professionals and students seeking work and study opportunities abroad, if so, the details thereof;
- (b) whether Indian students and skilled workers face increased uncertainty or

hurdles in obtaining US student visas (F-1) or work visas (H-1B) and if so, the details thereof;

(c) whether the Government regularly monitors and publishes data on Indian nationals whose visa or work-study opportunities abroad were delayed, blocked or withdrawn, if so, the impact of it on India's talent pool; and

(d) whether the Government is reviewing diplomatic and consular responses to protect the interests of Indian students and professionals abroad in light of changing visa regimes, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (d) The U.S. Administration issued guidelines on 19 September 2025 under a "Presidential Proclamation" imposing a fee of USD 100,000 on new H-1B petitions filed by applicants applying from outside the United States and not already holding a valid H-1B visa.

Following this proclamation, the United States Immigration and Citizenship Services (USCIS) clarified that the supplemental \$100,000 payment applies to:

- H-1B petitions filed on or after September 21, 2025, for individuals who are outside the United States and do not hold a valid H-1B visa.
- A petition that requests a change of status, amendment, or extension of stay, and USCIS finds the applicant ineligible for these requests.
- The applicant departs the U.S. before the petition is adjudicated.

The fee does not apply to:

- Those who have submitted petitions prior to 12:01 a.m. eastern daylight time on September 21, 2025.
- Those who already have a H-1B visas (including those traveling internationally).
- H-1B petitions filed on or after September 21, 2025, requesting a change of status, amendment, or extension of stay for someone already in the U.S., provided USCIS approves the request. For example: F-1 students already in the U.S. and who are transitioning to H-1B status without leaving the country, such as after completing their Optional Practical Training (OPT).

Since the proclamation took effect only on 21 September 2025, there is presently no comparable data available to assess its impact on Indian professionals and students.

Separately, the U.S. Department of Homeland Security is considering a weighted selection mechanism that would prioritise higher-skilled and higher-paid applicants for H-1B visas. However, data on the actual impact is not yet available.

On the F-1 visa front, the U.S. Administration has proposed limiting the stay of foreign students and exchange visitors (J-1 visa) to the length of their programme, up to a maximum of four years. Anyone needing more time would have to apply for an extension with USCIS, and if the extension is not approved

before their visa end date, they would fall out of status even while still studying. The comment period on this proposal has closed, and no decision timeline has been announced.

The U.S. Administration is also considering changes to the Optional Practical Training (OPT) with the stated aim is to prevent misuse, increase monitoring of foreign students, protect American workers, and address concerns related to fraud and national security.

The Government regularly monitors developments relating to visa and mobility policies of partner countries, including the United States, to assess potential implications for mobility and the economy. Since the measures in the U.S. have only recently come into effect, consolidated data on delayed, blocked, or withdrawn visa or work-study opportunities for Indian nationals is not presently available. Such data rests with the visa-issuing country and becomes available only if made public by them.

The Government of India remains actively engaged on all issues concerning the mobility of Indian professionals and students. While visa issues are sovereign matters, India believes that skilled talent mobility has long contributed to innovation-led growth in both countries, and stakeholders on both sides continue discussions aimed at ensuring sustained support for innovation-driven sectors. The Government will continue to take appropriate diplomatic and consular measures to protect the interests of Indian students and professionals in light of evolving visa regimes.

ISSUANCE OF AYUSHMAN BHARAT CARDS IN BIHAR**1130. SHRI RAJIV PRATAP RUDY:**

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

(a) the number of Ayushman Bharat cards issued in the State of Bihar till date, district-wise;

(b) the total number of hospitals empanelled under AB-PMJAY in the said State, Government and private hospitals-wise;

(c) whether it is a fact that Bihar has one of the lowest hospital-to-cardholder ratio among major States in the country; and

(d) if so, the measures taken by the Government to strengthen empanelment and ensure quality healthcare access in rural and semi-urban districts of Bihar?

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): As on 31.10.2025, a total of 4.07 crore Ayushman cards are created in Bihar under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). The district-wise details of the number of Ayushman cards created in Bihar can be accessed from the following website:

<https://dashboard.nha.gov.in/public/card>

As on 31.10.2025, 433 public and 669 private hospitals are empanelled under the scheme in the State of Bihar. The detailed list of these facilities can be accessed from the following website: <https://hem.nha.gov.in/search>

Hospital empanelment is a continuous process and is undertaken based on the requirements and availability of healthcare providers (meeting PMJAY criteria) within a given State/UT. Further, AB-PMJAY ensures quality treatment for its beneficiaries by implementing various incentives for public and private healthcare providers. In this regard, an additional incentive of 5% for NABH (National Accreditation Board for Hospitals & Healthcare Providers) Bronze Quality Certification, 10% for NABH Entry Level, 15% for NABH full accreditation and 15% for National Quality Assurance Standards (NQAS), is provided over and above the package rate to empanelled hospitals. Further, empanelled hospitals of Aspirational Districts are also provided additional incentive of 10% over and above the package rate.

SKIN FREE HEALTH CAMPS

1131. SHRI K. GOPINATH:

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

(a) whether Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) has organised skin health awareness camps at various locations across the country making it largest number of skin free health camps and if so, the details thereof, location-wise;

(b) whether Government proposes to organize more such health camps in rural and far flung areas with connectivity issue to sustain and expand such community health programs to improve dermatological care across the country

and if so, the details thereof along with the steps taken by the Government in this regard; and

(c) the other steps taken/proposed to be taken by the Government to spread awareness among common people regarding dermatological care which is often not taken seriously by people?

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): Ministry of Health and Family Welfare does not maintain the details of the camps organized by Indian Association of Dermatologists, Venereologists and Leprologists (IADVL).

(b) and (c): The National Leprosy Eradication Programme (NLEP) is a centrally sponsored scheme under the overarching umbrella of National Health Mission (NHM). Funds are allocated to the programme activities under NHM on the basis of State/UT specific Programme Implementation Plans and States/UTs are required to utilize funds as per their need, priority and on the basis of their absorption capacity. Following activities are carried out for leprosy related case detection at block and district levels across all States and Union Territories:

- i. **Leprosy Case Detection Campaign (LCDC)** : House to house case detection in high-risk and inaccessible zones.
- ii. **Focused Leprosy Campaign (FLC)** : FLC are conducted to actively detect Grade 2 Disability (G2D) cases.

iii. ASHA based Surveillance in low-endemic and remote blocks.

iv. **Hard to Reach area** – Special outreach plans: Community-led case search in difficult terrains.

Under NLEP, following activities are done to generate awareness in order to reduce stigma and discrimination associated with leprosy:

a. **IEC/BCC Activities:** Regular awareness through radio, TV, newspapers, street plays, and community events in local languages.

b. **State Level Awareness Campaign (SLAC):** Annual campaigns around Anti-Leprosy Day to reduce stigma and promote early detection.

c. **ASHAs and Health workers:** Trained to identify and refer suspected leprosy skin lesions in the community.

d. **Health centres** provide education regarding identification of leprosy cases among contacts and the dermatological care needed in persons affected with leprosy.

UPGRADATION OF AYUSH CENTRES

1132. SHRIMATI MALVIKA DEVI:

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

(a) the current status of AYUSH Hospitals, Wellness centres and Dispensaries in the State of Odisha, particularly in aspirational/tribal districts Kalahandi and Nuapada of Kalahandi Lok Sabha Constituency of the State;

(b) whether there is any plans of the Government to upgrade existing AYUSH

dispensaries Kendras into 30 bed district hospitals under the National AYUSH Mission and if so, the details thereof and if not, the reasons therefor; and

(c) the steps being taken by the Government to address shortages of doctors, pharmacists and therapists in AYUSH facilities across rural and tribal areas of 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): The status of Ayush Hospitals, Wellness centers and Dispensaries in the State of Odisha, particularly in aspirational/tribal districts Kalahandi and Nuapada of Kalahandi Lok Sabha Constituency of the State as reported by the State is given in the enclosed **Statement-I (a)** and The list of AAM(Ayush) erstwhile known as Ayush Health and Wellness Centres in districts of Kalahandi district and Nuapada district and their current status is given in the enclosed **Statement-I (b)** respectively.

(b): Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission for overall development & promotion of Ayush system in the country by providing financial assistance to them for different activities proposed through State Annual Action Plans (SAAPs) submitted by them as per the existing provisions of NAM guidelines. Mission inter-alia makes provision for following activities:

(i) Operationalization of Ayushman Arogya Mandir (Ayush) by upgrading existing

Ayush dispensaries and Sub health Centres.

(ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).

(iii) Upgradation of existing standalone Government Ayush Hospitals.

(iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/ dilapidated accommodation)/ Construction of building to establish new Ayush Dispensary in the area where there are no Ayush facilities available.

(v) Setting up of 10/30/50 bedded Integrated Ayush Hospitals.

(vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals.

(vii) Ayush Public Health Programmes.

(viii) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.

(ix) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Courses.

(c): The primary responsibility to address shortages of doctors, pharmacists and therapists in Ayush facilities across rural and tribal areas of the country comes under the purview of respective State/UT Governments as Public health is a State subject. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), the components for setting up to 50/30/10 bedded integrated

Ayush Hospitals, upgradation of exclusive standalone Ayush Hospitals inter-alia are having provision for contractual deployment of Ayush Doctors, pharmacists and therapists. In this regard, State/UT Governments are required to submit their proposals through State Annual Action Plans (SAAPs) as per the guidelines of the scheme.

STATEMENT-I (a)

The status of Ayush Hospitals, Wellness centers and Dispensaries in the State of Odisha, particularly in aspirational/tribal districts Kalahandi and Nuapada of Kalahandi Lok Sabha Constituency of the State as reported by the State:

District	Hospital	Ayushman Arogya Mandir (Ayush)	Dispensary
Kalahandi	NIL	11	27
Nuapada	NIL	05	10

STATEMENT-I (b)

The list of AAM (Ayush) in districts of Kalahandi district and Nuapada district and their current status:

Sl. No.	Name of the Dist.	Name of Approved AAM-AYUSH	Status
1	Kalahandi	Utkela	Functional
2	Kalahandi	Badachergaon	Functional
3	Kalahandi	Bhairipali	Functional
4	Kalahandi	Gundri	Functional
5	Kalahandi	Laitara	Functional

6	Kalahandi	Dasigaon	Functional
7	Kalahandi	Budhidara	Functional
8	Kalahandi	Gotamunda	Functional
9	Kalahandi	Sandikuliary	Functional
10	Kalahandi	Muskuti	Functional
11	Kalahandi	Kalam	Functional
12	Nuapada	Gandabahali	Functional
13	Nuapada	Amanara	Functional
14	Nuapada	Lakhna	Functional
15	Nuapada	Motanuapada	Functional
16	Nuapada	Sialati	Functional

AUDIT ON BLOOD BANKS

1133. SHRI RAO RAJENDRA SINGH:

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

(a) whether the Government has conducted any audit on blood banks operating with various hospitals to ensure the quality of blood in the transfusion process in the country;

(b) if so, details of such audits conducted during the last five years, year-wise; and

(c) whether the Government has taken steps to promote blood donation among all sections of the populace in the country, 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): Central Drugs Standard Control Organisation at the national level

and the State Drugs Licensing Authorities at the state level enforce regulations under the Drugs & Cosmetics Act, ensuring the safety and quality of blood collection, storage, and processing. The Drugs and Cosmetics (Second Amendment) Rules, 2020, have further strengthened these regulations.

The publication of the National Standard for Blood Centres and Blood Transfusion Services (2nd edition, 2022) and the Transfusion Medicine Technical Manual (2023) provides standardized guidance for best practices. Operational guidelines for the external quality assessment (issued in 2025) promote continuous quality improvement.

The External Quality Assessment Scheme (EQAS) has been initiated in the country for Dte. GHS supported blood centres in collaboration with Christian Medical College (KMC) Vellore, Santokba Durlabhji Memorial Hospital (SDMH), Jaipur & Indian Red Cross Society (IRCS), Mumbai, ensuring adherence to high standards in blood transfusion practices.

(c): Steps have been taken to engage with different Government Departments, Public sector undertakings, States and Union Territories, international partners like WHO, voluntary organizations like the Indian Red Cross Society, blood donor associations, professional associations, and other stakeholders for creating opportunities to donate and raise public awareness on the need for safe blood donation and transfusion in the country. The Government supports various activities like conducting blood donation camps, observance of events on Voluntary Blood Donation days, and motivating youth groups in coordination with

agencies like Nehru Yuva Kendra Sangathan, National Service Scheme, Red Ribbon Clubs in various Universities and Colleges, etc.

Further to mention that a dedicated Radio Jingle and AV film campaign on voluntary blood donation is currently live (from 2nd to 31st December) on All India Radio and through Doordarshan (DD) PAN India level respectively, to motivate the population, especially youth, to be voluntary blood donors.

The e-RaktKosh web portal is earmarked to serve as the interface for Blood Centres and also for registration of Blood donation camps and voluntary blood donors. The Government has also made a provision of four special casual leaves for the Central Government employees for donating blood.

नए नर्सिंग कॉलेज

1134. श्री राजेश रंजन:

श्री दिनेश चंद्र यादव:

श्री गिरिधारी यादव:

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

(क) केंद्रीय बजट 2023-24 में घोषित एक सौ सत्तावन (157) नर्सिंग कॉलेजों की स्थापना के प्रस्ताव की वर्तमान स्थिति क्या है; और

(ख) देश में उक्त 157 नर्सिंग कॉलेजों की स्थापना का राज्य/संघ राज्यक्षेत्र-वार और स्थान-वार ब्यौरा क्या है?

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

(क) और (ख): सरकार द्वारा वर्ष 2023 में 157 नर्सिंग कॉलेज स्थापित करने के लिए केंद्र प्रायोजित योजना (सीएसएस) "नर्सिंग शिक्षा का संवर्धन - मेडिकल कॉलेजों के साथ नए नर्सिंग कॉलेजों की स्थापना" को अनुमोदन दिया गया है। अब तक, राज्यों/संघ राज्य क्षेत्रों के 113 नर्सिंग कॉलेजों के प्रस्ताव स्वास्थ्य और परिवार कल्याण मंत्रालय में प्राप्त हुए हैं और अनुमोदित किए जा चुके हैं। इनका ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

अनुमोदित किए गए 113 नर्सिंग कॉलेजों के विवरण सहित उन्हें पिछले 5 वर्षों के दौरान जारी की गई धनराशि का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा नीचे दिया गया है:

क्र. सं.	राज्य	उन जिलों के नाम जहां नर्सिंग कॉलेज स्थापित किया जाना है	जारी की गई धनराशि (करोड़ रुपए में)	धनराशि जारी करने का वर्ष
1.	अंडमान और निकोबार	पोर्ट ब्लेयर	2.50	2024-25
2.	आंध्र प्रदेश	पिडुगुराला	2.00	2023-24
		पडेरू	2.00	
		मछलीपट्टनम	2.00	
3.	असम	कोकराझार	2.00	2023-24
		धुबरी	2.00	
		नौगांव उत्तरी	2.00	
		लखीमपुर	2.00	
		दिफू	2.00	
4.	छत्तीसगढ़	कोरबा	3.00	2025-26
		महासमुंद	3.00	
		कांकेर	3.00	
5.	गुजरात	नर्मदा	4.00	2023-24
		नवसारी	4.00	
		पंचमहल	4.00	
		पोरबंदर	4.00	

		मोरबी	4.00	
6.	झारखंड	दुमका	2.00	2023-24
		हजारीबाग	2.00	
		पलामू (डाल्टनगंज)	2.00	
		कोडरमा	2.00	
		चाईबासा (सिंहभूम)	2.00	
7.	जम्मू और कश्मीर	हंदवाड़ा (जिला कुपवाड़ा)	2.00	2023-24
8.	हिमाचल प्रदेश	चंबा	9.00	2023-24 & 2025-26
		हमीरपुर	9.00	
		नाहन (सिरमौर)	9.00	
9.	हरियाणा	भिवानी	2.00	2023-24
10.	लद्दाख	लेह	2.50	2024-25
11.	मध्य प्रदेश	खंडवा	2.00	2023-24
		रतलाम	2.00	
		राजगढ़	2.00	
		शिवपुरी	2.00	
		मन्दसौर	2.00	2023-24
		दतिया	2.00	
		सतना	2.00	
		शहडोल	2.00	
		विदिशा	2.00	
		छिंदवाड़ा	2.00	
		नीमच	2.00	
		मांडला	3.00	
		सिंगरौली	2.00	
		श्योपुर	2.00	
12.	महाराष्ट्र	गोंदिया	3.00	2023-24
		नंदुरबार	2.00	2023-24
		जलगांव	3.00	2025-26
		सिंधुदुर्ग	3.00	
		यवतमाल	3.00	

		चंद्रपुर	3.00	
13.	मेघालय	वेस्ट गारो हिल्स (तुरा)	6.50	2023-24
14.	नागालैंड	कोहिमा	6.00	2023-24
		मोन	6.00	
15.	ओड़िशा	कालाहांडी	4.00	2023-24
		जाजपुर	4.00	
		बालासोर	4.00	
		बारीपदा (मयूरभंज)	4.00	
		बोलंगीर	4.00	
		कोरापुट	4.00	
		पुरी	4.00	
16.	राजस्थान	बाड़मेर	6.00	2023-24 & 2024-25
		भीलवाड़ा	6.00	
		डूंगरपुर	6.00	
		सीकर	6.00	
		धौलपुर	6.00	
		बारां	6.00	
		बांसवाड़ा	6.00	
		चित्तौड़गढ़	6.00	
		जैसलमेर	6.00	
		करौली	6.00	
		श्रीगंगानगर	6.00	
		सिरोही	6.00	
		बूंदी	6.00	
		सवाई माधोपुर	6.00	
		टोंक	6.00	
		हनुमानगढ़	6.00	
		झुंझुनूं	6.00	
		जालौर	6.00	
		प्रतापगढ़	6.00	
		राजसमंद	6.00	
		नागौर	6.00	2023-24 &

		पाली	6.00	2025-26
		मसूदा (अजमेर)	6.00	
17.	उत्तराखंड	अल्मोड़ा	2.25	2024-25
		रुद्रपुर	2.25	2024-25
		पिथौरागढ़	2.25	2024-25
		हरिद्वार	2.25	2024-25
18.	उत्तर प्रदेश	बस्ती	6.00	2023-24 & 2024-25
		फैजाबाद	6.00	
		फिरोजाबाद	6.00	
		शाहजहांपुर	6.00	
		बहराईच	6.00	
		एटा	6.00	
		हरदोई	6.00	
		प्रतापगढ़	6.00	
		सिद्धार्थनगर (डोमरियागंज)	6.00	
		गाजीपुर	6.00	
		मिर्जापुर	6.00	
		बिजनौर	6.00	
		सुल्तानपुर	6.00	
		कुशीनगर	6.00	
		ललितपुर	6.00	
		लखीमपुर खीरी	6.00	2023-24 & 2025-26
		अमेठी	6.00	
		कौशांबी	6.00	
		सोनभद्र	6.00	
		फ़तेहपुर	2.00	2023-24
		चंदौली	2.00	
		बुलन्दशहर	2.00	
		गोंडा	2.00	
		पीलीभीत	2.00	
		औरैया	2.00	

		कानपुर देहात	2.00	
		देवरिया	2.00	
19.	सिक्किम	गंगटोक	6.50	2023-24 & 2025-26

CANCER CASES

1135. SHRIMATI SAJDA AHMED:

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

- (a) whether cancer cases have increased during the last five years and, if so, the details thereof, year-wise and State-wise;
- (b) whether any survey has been conducted by the Government to identify the major causes of such rise in cancer cases and if so, the details thereof;
- (c) whether any technology-driven mechanism is in place for early detection and treatment in the country and if so, the details thereof;
- (d) whether the Government proposes to set up new research hospitals for cancer and if so, the details thereof; and
- (e) the steps taken/proposed to be taken by the Government to strengthen cancer prevention and care nationwide?

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) -National Cancer Registry Programme (NCRP), the estimated incidence of all types of cancer cases in the country for the last five years is given in the enclosed **Statement**.

(b): As informed by Indian Council of Medical Research (ICMR), the reasons for increase in number of cancer cases reported is due to access and availability of improved diagnostic techniques for detection of cancer, increased life expectancy, growing share of geriatric population, higher health consciousness and improved health seeking behaviour. Also, there has been significant increase in the classical risk factors associated with Non - Communicable Disease (NCDs) including cancer such as tobacco and alcohol consumption, insufficient physical activities, unhealthy diets, consumption of high salt, sugar and saturated fats, 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 (NPNCD), 770 District NCD Clinics, 364 District Day Care Cancer Centres (DCCC), and 6,410 NCD clinics at Community Health Centres have been set up.

Moreover, 19 State Cancer Institutes (SCIs) and 20 Tertiary Cancer Care Centers (TCCCs) have been set up in different parts of the country to provide

advanced cancer care. Also, cancer treatment facilities have been approved in all 22 new AIIMS with diagnostic, medical and surgical facilities. Under the National Programme for Palliative Care (NPPC) services like Out Patient Department (OPD), In Patient Department (IPD), referral and home based palliative care are being provided at District level.

The National Cancer Institute (NCI) at Jhajjar, with 1,460 patient care beds and advanced diagnostic and treatment facilities and the second campus of Chittaranjan National Cancer Institute in Kolkata, with 460 beds have been set up by the Government to provide superspecialty care. Further, under the Department of Atomic Energy, cancer centres have been established in Kharghar, Varanasi (two), Guwahati, Sangrur, Mullanpur, Visakhapatnam, Chandigarh and Muzaffarpur. The Tata Memorial Hospital in Mumbai is also providing services for cancer care.

As per announcement of Union Budget 2025-26, more than 200 Day Care Cancer Centers (DCCCs) have been approved for across the country.

STATEMENT

Estimated Incidence of All types of cancer cases in India by different

State/UT:

State	2020	2021	2022	2023	2024
Jammu & Kashmir UT	12726	13060	13395	13744	14112
Ladakh UT	286	294	302	309	318

Himachal pradesh	8799	8978	9164	9373	9566
Punjab	38636	39521	40435	41337	42288
Chandigarh	1024	1053	1088	1120	1152
Uttaranchal	11482	11779	12065	12348	12642
Haryana	29219	30015	30851	31679	32513
Delhi	25178	25969	26735	27561	28387
Rajasthan	70987	72825	74725	76655	78604
Uttar pradesh	201319	206088	210958	215931	221000
Bihar	103711	106435	109274	112180	115123
Sikkim	445	465	496	525	561
Arunachal pradesh	1035	1064	1087	1125	1143
Nagaland	1768	1805	1854	1890	1935
Manipur	1899	2022	2097	2169	2250
Mizoram	1837	1919	1985	2063	2114
Tripura	2574	2623	2715	2790	2871
Meghalaya	2879	2943	3025	3099	3168
Assam	37880	38834	39787	40721	41713
West bengal	108394	110972	113581	116230	118910
Jharkhand	33961	34910	35860	36840	37824
Orissa	50692	51829	52960	54136	55335
Chattisgarh	27828	28529	29253	30014	30763

Madhya pradesh	77888	79871	81901	84029	86124
Gujarat	69660	71507	73382	75290	77205
Daman	124	135	150	161	173
Dadra & Nagar Haveli	206	219	238	252	268
Maharashtra	116121	118906	121717	124584	127512
Telangana	47620	48775	49983	51145	52334
Andhra pradesh	70424	71970	73536	75086	76708
Karnataka	85968	88126	90349	92560	94832
Goa	1618	1652	1700	1735	1783
Lakshadweep	27	28	28	31	32
Kerala	57155	58139	59143	60162	61175
Tamil nadu	88866	91184	93536	95944	98386
Pondicherry	1577	1623	1679	1753	1823
Andaman & Nicobar Islands	366	380	393	401	408
Total	1392179	1426447	1461427	1496972	1533055

RIISING CANCER CASES IN INDIA

1136. SHRIMATI KANIMOZHI KARUNANIDHI:

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

(a) whether the Union Government is aware of the recent study conducted by the Global Cancer Observatory which reveals that India accounts for the third

highest number of cancer cases globally during the last ten years;

(b) if so, the details of cancer cases, State/UT-wise, year-wise;

(c) the steps taken/proposed to be taken by the Government to address cancers, including breast and cervical cancer among women, which account for fifty one per cent, the highest proportion of cancer cases in the country;

(d) the fixed timeline for introduction and implementation of the cervical cancer vaccine; and

(e) the details of the comprehensive cancer mapping and the measures taken or proposed by the Union Government to strengthen early detection, screening and provision of affordable cancer treatment facilities across the country, including under schemes such as Ayushman Bharat and Rashtriya Arogya Nidhi (RAN)?

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 informed by the Global Cancer Observatory, International Agency for Research on Cancer (IARC), the estimated incidence of cancer cases in India (14,13,316, rate of 98.5 per 100000) accounts for the third highest number of cancer cases after China (48,24,703, rate of 201.6 per 100000) and United States of America (23,80,189, rate of 367 per 100000).

As per the Indian Council of Medical Research (ICMR) -National Cancer Registry Programme (NCRP), the estimated number of incidence of all types of

cancer cases in the country for the last ten years by States and Union Territories-wise is given in the enclosed **Statement**.

(c): The Department of Health & Family Welfare, Government of India, provides technical and financial support to the States/UTs under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of National Health Mission (NHM), based on the proposals received from the States/UTs and subject to the resource envelope.

The National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) has significantly strengthened service delivery across India. A robust infrastructure has been established, comprising 36 State NCD Cells, 753 District NCD Cells, 770 District NCD Clinics, 233 Cardiac Care Units, 364 District Day Care Centres, and 6,410 NCD Clinics at Community Health Centres. A population-based initiative for prevention, control and screening for common NCDs i.e. diabetes, hypertension and common cancers (Oral, Breast and Cervical) has been rolled out as a part of Comprehensive Primary Health Care in the country under NHM. Screening of these common NCDs is an integral part of service delivery under Ayushman Arogya Mandir.

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. The National Cancer Institute at Jhajjar (Haryana) and the second campus of Chittaranjan National Cancer Institute, Kolkata have been set up to provide advanced diagnostic and treatment facilities. Cancer treatment

facilities have also been approved in all 22 new All India Institute of Medical Science (AIIMS).

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.

Fit India movement is implemented by Ministry of Youth Affairs and Sports, and various Yoga related activities are carried out by Ministry of AYUSH. 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).

(d): The Ministry of Health and Family Welfare (MoHFW) has initiated the capacity building exercise of medical and paramedical staff for the cervical cancer vaccine.

(e): National NCD Portal has been rolled out by the Government of India in 2018 under NP-NCD for NCD screening and management and ensuring continuum of care. This portal enables population enumeration, risk assessment and screening for five common NCDs (Hypertension, Diabetes, Oral, Breast & Cervical Cancer) of 30+ population.

The Ministry of Health and Family Welfare provides one-time financial assistance of up to Rs. 15 lakh under the Health Minister's Cancer Patient Fund (HMCPF), a component of the Umbrella Scheme of Rashtriya Arogya Nidhi (RAN), for the treatment of poor patients suffering from cancer at Regional

Cancer Centres (RCCs), Tertiary Care Cancer Centres (TCCCs), State Cancer Institutes (SCIs), and other Government hospitals/institutes with cancer treatment facilities.

Treatment of major NCDs including cancer is available under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PMJAY). This scheme provides for Rs. 5 lakhs per family annually for secondary and tertiary care. Quality generic medicines for NCDs are made available at affordable prices to all, under 'Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP). Affordable Medicines and Reliable Implants for Treatment (AMRIT) provides affordable medicines for treatment of various diseases including NCDs including cancer.

STATEMENT

Estimated Incidence of Cancer Cases in India (All Sites – Both Sexes)

State/UT-wise: 2015 to 2024:

State/UT	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Jammu & Kashmir	14864	15652	16480	17351	12396	12726	13060	13395	13744	14112
Ladakh	-	-	-	-	279	286	294	302	309	318
Himachal Pradesh	7722	8029	8348	8679	8589	8799	8978	9164	9373	9566
Punjab	31214	32474	33781	35137	37744	38636	39521	40435	41337	42288
Chandigarh	1217	1274	1335	1398	994	1024	1053	1088	1120	1152
Uttarakhand	11796	12381	12995	13640	11216	11482	11779	12065	12348	12642
Haryana	29240	30611	32049	33558	28453	29219	30015	30851	31679	32513
Delhi	19168	20015	20899	21821	24436	25178	25969	26735	27561	28387
Rajasthan	79160	82836	86675	90686	69156	70987	72825	74725	76655	78604
Uttar Pradesh	233659	245231	257353	270053	196652	201319	206088	210958	215931	221000
Bihar	123949	130628	137656	145051	101014	103711	106435	109274	112180	115123
Sikkim	473	479	485	490	443	445	465	496	525	561

Arunachal Pradesh	1252	1272	1292	1313	1015	1035	1064	1087	1125	1143
Nagaland	1294	1300	1309	1318	1719	1768	1805	1854	1890	1935
Manipur	2916	2998	3082	3168	1844	1899	2022	2097	2169	2250
Mizoram	1618	1652	1687	1723	1783	1837	1919	1985	2063	2114
Tripura	2169	2199	2229	2260	2507	2574	2623	2715	2790	2871
Meghalaya	3246	3311	3376	3442	2808	2879	2943	3025	3099	3168
Assam	31474	31825	32177	32530	36948	37880	38834	39787	40721	41713
West Bengal	103532	107906	112466	117220	105814	108394	110972	113581	116230	118910
Jharkhand	38947	40959	43071	45289	33045	33961	34910	35860	36840	37824
Odisha	47666	49674	51763	53936	49604	50692	51829	52960	54136	55335
Chhattisgarh	30239	31817	33477	35223	27113	27828	28529	29253	30014	30763
Madhya Pradesh	85078	89315	93754	98403	75911	77888	79871	81901	84029	86124
Gujarat	70171	73551	77097	80820	67841	69660	71507	73382	75290	77205
Daman & Diu	385	440	504	579	118	124	135	150	161	173
Dadra & Nagar Haveli	457	497	542	591	186	206	219	238	252	268
Maharashtra	127390	132726	138271	144032	113374	116121	118906	121717	124584	127512
Telangana	40177	41939	43784	45713	46464	47620	48775	49983	51145	52334
Andhra Pradesh	55776	58072	60475	62978	68883	70424	71970	73536	75086	76708
Karnataka	70302	73511	76867	80381	83824	85968	88126	90349	92560	94832
Goa	1655	1726	1801	1881	1591	1618	1652	1700	1735	1783
Lakshadweep	82	89	96	104	27	27	28	28	31	32
Kerala	39672	42004	44566	47382	56148	57155	58139	59143	60162	61175
Tamil Nadu	78512	80999	83554	86180	86596	88866	91184	93536	95944	98386
Puducherry	1510	1596	1687	1783	1523	1577	1623	1679	1753	1823
Andaman & Nicobar Islands	415	429	443	458	357	366	380	393	401	408

GROWTH OF AYUSH CENTRES IN TELANGANA

1137. SHRI MADHAVANENI RAGHUNANDAN RAO:

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

(a) whether any measures have been taken by the Government to promote the

development of Ayurveda and the manner in which it plans to supports the growth of AYUSH centres in Telangana;

(b) the number of AYUSH centres are currently operational in Telangana and plan of the Government to increase their numbers; and

(c) whether it is a fact that India is shifting its focus towards Ayurveda post-COVID- 19 and if so, the initiatives being taken by the Government to promote Ayurvedic practices and products?

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): Ministry of Ayush is supporting the efforts of State/UT Governments for overall development & promotion of Ayush system including Ayurveda system of medicine in the country by providing financial assistance to them for different activities proposed through State Annual Action Plans (SAAPs) as per the provisions of a Centrally Sponsored Scheme namely National Ayush Mission (NAM) guidelines.

The Mission inter-alia makes provision for following activities:

- (i) Operationalization of Ayush Health & Wellness Centres (AHWCs), now renamed as Ayushman Arogya Mandir (Ayush), by upgrading existing Ayush dispensaries and Sub health Centres.
- (ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs)

- (iii) Upgradation of existing standalone Government Ayush Hospitals
- (iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/dilapidated accommodation) /Construction of building to establish new Ayush Dispensary
- (v) Setting up of 10/30/50 bedded integrated Ayush Hospitals
- (vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals.
- (vii) Ayush Public Health Programs.
- (viii) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.
- (ix) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post - Graduate Institutions/add on PG/ Pharmacy/Para-Medical Courses.

Public Health being a State Subject establishment of Ayush centres comes under the purview of respective State / UT Government including Telangana. However as per the proposals submitted by them through SAAPs 421 Ayush Dispensaries have been upgraded to Ayushman Arogya Mandir (Ayush) erstwhile known as Ayush Health and Wellness Centres. Further as reported by the State Government of Telangana, all are functional.

To promote the development of Ayurveda, National Institute of Indian Medical Heritage (NIIMH), Hyderabad, a peripheral institute of the Central

Council for Research and Ayurvedic Sciences (CCRAS) in the state of Telangana has been established which provides activities clinical care and engages in awareness activities through its Information Education and Communication (IEC) Activities.

Central Council for Research in Homoeopathy, an apex body for scientific research in Homoeopathy under the Ministry of Ayush undertakes research activities such as Clinical Research, Drug Proving, Drug Verification, Drug validation, Drug Standardization, Public Health Research, Fundamental Research and Epidemic research either in intramural mode or in collaboration with different Universities/ Institutes of repute.

(c): The details of initiatives taken by the Ministry of Ayush to promote Ayurvedic practices and products are given in the enclosed **Statement**.

STATEMENT

Initiatives taken by the Ministry of Ayush to promote Ayurvedic practices and products:

Central Council for Research and Ayurvedic Sciences (CCRAS) under the aegis of Ministry of Ayush, provides clinical care and engages in awareness activities to promote Ayurveda through its Information Education and Communication (IEC) Activities through its networks of 30 peripheral Institutes. CCRAS has been engaged in popularizing the Ayurveda system among the masses through electronic and print media for common people in English, Hindi, and regional languages, which are widely distributed through National/State level Arogya

melas, Health camps, exhibitions, expos, etc., and also through CCRAS outreach programs viz. Schedule Caste Sub Plan (SCSP) Research Program, Tribal Health Care Research Program (THCRP), etc., in different states of the country. The Council website is also generally embodied with IEC materials and hyperlinked with other important websites that provide information for wider utility.

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 is also available electronically in the public domain free of cost to enable dissemination of the outcomes research among the public. The CCRAS is also publishing CCRAS Bulletin quarterly for the dissemination of Research outcomes in common languages for the general public. So far, the Council has published books, monographs, and technical reports, and they are being sold or distributed to disseminate research outcomes and merits of Ayurveda at large.

Considering the growing recognition and acceptance of Ayush systems among public, several initiatives have been undertaken by the Ministry of Ayush.

- **DGHS Ayush Vertical:** The Ayush Vertical, established under DGHS by the Ministry of Ayush and MoHFW, acts as a dedicated institutional mechanism for planning, monitoring, and supervising Ayush-specific public health programs. It provides technical support to both ministries in developing strategies for public health, healthcare delivery,

education, and training. It also functions as a repository of Ayush-based technical knowledge and oversees the management of hospitals, dispensaries, and medical education under the Ministry of Ayush.

- **Integrative Departments in Tertiary Care Hospitals:** The Ministry of Ayush and Ministry of Health & Family Welfare (MoHFW) have launched a joint initiative to establish Integrative Departments in Central Government Hospitals, promoting integrative healthcare. Accordingly, the Department of Integrative Medicine is now operational at VMMC & Safdarjung Hospital and Lady Hardinge Medical College, New Delhi, offering comprehensive services, including preventive, promotive, and therapeutic care, with a fully functional Panchakarma unit.
- **Development of Standard Treatment Guidelines:** The Ayush Vertical, DGHS, is actively developing and disseminating Standard Treatment Guidelines (STGs) for the Ayush system of medicine. Key milestones include the publication of STGs for musculoskeletal disorders (2024) and metabolic disorders (2025). To build capacity among Ayush physicians, national-level master training programs have been conducted in collaboration with CHEB, followed by state-level training programs led by trained master trainers.
- **Indian Public Health Standards for Ayush healthcare facilities:** With the active technical support from the Ayush Vertical under DGHS, MoA has successfully published and launched the Indian Public Health

Standards (IPHS) for AAMs (Ayush) and Ayush Hospitals. It is a set of uniform standards for infrastructure, human resources, medicines, and service quality. These standards enable States and UTs to deliver quality Ayush healthcare services.

- Public Health Advisories: Ministry of Ayush has released two Public Health Advisories on Heat Wave and Monkey Pox in coordination with National Centre for Disease Control (NCDC).
- One Health approach exemplifies integration, adopting a holistic perspective that encompasses human, animal and environmental health, recognizing their interconnectedness. Ayush plays an important role in the National One Health Mission initiatives.
- Ministry of Ayush has implemented a Central Sector Scheme Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY), was approved by Standing Finance Committee (SFC) on 16.03.2021. The total Budget allocation to this scheme is Rs. 122.00 crores for five years.

The objectives of the Scheme are as under;

- i. To enhance India's manufacturing capabilities and exports of traditional medicines and health promotion products under the initiative of Atmanirbhar Bharat.
- ii. To facilitate adequate infrastructural & technological upgradation and institutional activities in public and private sector for standardization, quality manufacturing and analytical testing of

Ayush drugs & materials.

- iii. To strengthen regulatory frameworks at Central and State level for effective quality control, safety monitoring and surveillance of misleading advertisements of Ayush drugs.
- iv. To encourage building up synergies, collaborations and convergent approaches for promoting standards and quality of Ayush drugs and materials.

Detailed guidelines are available at

<https://ayush.gov.in/resources/pdf/schemes/aoushdhi.pdf>

CORNEAL TRANSPLANTATION CENTRES

1138. SHRI SURESH KUMAR SHETKAR:

SHRI B. MANICKAM TAGORE:

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

- (a) whether the Government has issued any notification on November 6, 2025, to remove the mandatory requirement of clinical specular microscopes in corneal transplantation centres based on the recommendation of any expert medical committee and if so, the details thereof;
- (b) whether the Government has conducted any field study or impact assessment before amending the Transplantation of Human Organs and Tissues Rules, 2025 and if so, the details thereof;
- (c) whether this relaxation is likely to compromise the quality or safety of corneal

grafts, particularly in centres lacking advanced diagnostic facilities and if so, the details thereof;

(d) whether the Government has established alternative quality-control or monitoring mechanisms to ensure donor cornea health in the absence of specular microscopy and if so, the details thereof;

(e) whether smaller eye hospitals and rural transplant centers are being provided with financial or technical assistance under the (NOTP) following this amendment and if so, the details thereof; and

(f) whether the Government proposes to issue uniform operating guidelines to prevent misuse of donor corneas or unethical practices in unregulated centers 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 Government has issued a Gazetted notification dated 6 November, 2025 amending Form-15 under the Transplantation of Human Organs and Tissues Rules, 2014, whereby the requirement of a clinical specular microscope for registration of corneal transplantation centres has been made optional.

(b): The aforesaid amendment has been made based on the recommendations of technical experts, program experts and other stakeholders.

(c) and (d): Such relaxation is not likely to compromise the quality or safety of corneal grafts, particularly in centres lacking advanced diagnostic facilities as

the corneal tissues are first processed and evaluated by a registered eye bank, where Specular Microscope is mandatory.

(e): Under National Organ Transplant Program (NOTP), financial assistance is provided for infrastructure and equipment required for establishing biomaterial centres at the regional or state level.

(f): The cornea donation and transplantation, is regulated under the Transplantation of Human Organs and Tissues Act, 1994 (THOTA). The Act provides for one or more Appropriate Authority to be appointed by the respective State for the purposes of the Act and to investigate any breach of provisions of the Act and Rules thereunder and take appropriate action.

ENHANCEMENT OF DOMESTIC FERTILIZER PRODUCTION

1139. SHRI JAGDAMBIKA PAL:

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

(a) the specific measures undertaken by the Government to enhance domestic fertilizer production and reduce dependency on imports, particularly in the context of urea and DAP;

(b) the international partnerships or bilateral agreements entered into by the Government to secure reliable and cost-effective fertilizer imports and their role in stabilizing the domestic fertilizer supply chain;

(c) whether the Government is aware of the fact that some fertilizer companies are bundling or tagging other agricultural products with urea or DAP sales and if

so, the steps taken to regulate or prohibit such practices in the interest of farmers;

(d) the steps being taken by the Government to reduce excessive reliance on chemical fertilizers and to promote the adoption of sustainable practices under schemes like PM-PRANAM; and

(e) the details of domestic fertilizer production, availability and distribution during the last three years in Uttar Pradesh, district-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):

(a): 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) in Uttar Pradesh, Jharkhand and 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.

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 LMT per annum during 2014-15 to 306.67 LMT of Urea during 2024-25.

Further, the Government has implemented Nutrient Based Subsidy Policy w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS policy, P&K fertilizers are covered under Open General License (OGL) and companies

are free to import these fertilizers as per their business dynamics.

To boost fertilizer production and make country self-reliant the following measures have been taken by the Government:

(i) 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 subsidy scheme.

(ii) The number of P&K fertilizers covered under NBS policy has increased from 22 grades in 2021 to 28 grades.

(iii) 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.

(b): Government of India generally does not directly enter into international partnerships or agreements for securing fertilizer supplies from foreign countries. Instead, the Government facilitates Indian fertilizer companies in entering into Agreements, Memoranda of Understanding (MoUs), and Joint Ventures (JVs) with foreign suppliers to ensure a reliable supply of fertilizers and raw materials to India.

The Agreements, MoUs, and Joint Ventures entered into by Indian fertilizer companies with foreign suppliers are as follows:

- For Di-Ammonium Phosphate (DAP) and NPK fertilizers, Indian companies have established LTAs/MoUs with suppliers in Saudi Arabia, Russia, Morocco, and the UAE. For Muriate of Potash (MOP),

LTAs/MoUs are in place with suppliers from Jordan, Russia, Turkmenistan, Canada, Israel, and Belarus.

- In addition, Indian companies have secured LTAs/MoUs for key raw materials used in fertilizer production. These agreements cover Rock Phosphate from Jordan, Morocco, Togo, and Mauritania, Phosphoric Acid from Morocco, Tunisia, and Senegal, and Ammonia from Saudi Arabia, Oman, Japan, and Malaysia.
- Beyond these agreements, Indian fertilizer companies have also entered into joint ventures with foreign companies to ensure a long-term, consistent supply of both fertilizers and raw materials. For MOP, a joint venture has been established with Canada, while for Ammonia and Urea, joint venture is in place with Oman. Additionally, for Phosphoric Acid and Rock Phosphate, joint ventures have been formed with companies from Jordan, Senegal, Tunisia, Morocco, and South Africa.

(c): Fertilizers are 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 black-marketing/overpricing, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding black marketing/over-pricing of fertilizers is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985. The complaints received in DoF regarding tagging/bundling through CPGRAMS

portal, which is an online platform for grievance redressal. These complaints were sent to concerned state governments for necessary action as per FCO-1985.

Further, tagging/bundling of other products with fertilizers is not encouraged by Department of Fertilizers. Accordingly, suitable directions are issued to fertilizer companies directing them not to indulge in such practices. Further, State Governments are also advised to take strict action as per extant rules to prevent tagging.

In addition to this, Department of Agriculture and Farmers' Welfare regularly advise the State Government to prohibit forceful tagging of Nano-fertilizer/Bio-stimulant/Bio-fertilizers with conventional bags of fertilizer and immediately take strict legal action against defaulters.

(d): Organic farming is being promoted through Paramparagat Krishi Vikas Yojana (PKVY) in all the States/UTs except North Eastern States and Mission Organic Value Chain Development for North Eastern Region (MOVCDNER) for the North Eastern States since 2015-16. Both schemes stress on end-to-end support to farmers engaged in organic farming i.e. from production to processing, certification and marketing. Primary focus of the schemes is to form organic clusters, with preference to small and marginal farmers, to create a supply chain. Both the schemes are implemented through States /UT Governments. Under PKVY, assistance of Rs. 31,500 per ha in 3 years is provided for promotion of organic farming. Out of this, assistance of Rs. 15,000

per ha is provided to farmers through Direct Benefit Transfer for on- farm /off – farm organic inputs. Under MOVCDNER, assistance of Rs. 46,500/ha in 3 years is provided for creation of Farmers Producer Organization, support to farmers for organic inputs etc. Out of this, assistance @ Rs. 32500/ ha is provided to farmers for off -farm /on –farm organic inputs under the scheme including Rs. 15,000 as Direct Benefit Transfer to the farmers.

Achievements of PKVY Scheme since its inception (as on 31.10.2025):

- 16.90 lakh hectares of land converted to organic farming.
- 28.35 lakh farmers benefited from the scheme.
- Since 2015-16, a total of ₹2535.74 crore (central share) has been released under PKVY Scheme (as of 31.10.2025).

Achievements of MOVCDNER Scheme since its inception (as on 31.10.2025):

- 2.36 lakh hectares brought under organic farming.
- 2.70 lakh farmers benefited.
- Since 2015-16, a total of ₹1480.48 crore (central share) has been released under MOVCDNER scheme (as of 31.10.2025).

Further, Natural farming is being promoted through National Mission on Natural Farming (NMNF). The National Mission on Natural Farming (NMNF) was approved by the Union Cabinet on 25.11.2024 to promote Natural Farming as a mass movement across the country. The Mission has been initiated to strengthen agriculture practices with scientifically backed agro ecological approaches towards sustainability, climate resilience and safe food. The

Mission aims to reduce input cost of production to the farmers & dependence of farmers with the external markets, rejuvenate soil health & fertility, build resilience of the farm and farmers against climate risks, and provide safe, healthy & nutritious food for the farmers, their families & the consumers. The overall financial outlay is ₹2481 crore (Central share of ₹1584 crore & States' share ₹897 crore) till 15th Finance Commission period (March 2026).

The NMNF is targeted to be implemented in 15,000 clusters to initiate Natural Farming in 7.5 Lakh Ha area and envisaged to make 1 crore farmers aware of Natural Farming. For easy availability of natural farming bio-inputs like Jeevamrit, Beejamrit, etc., 10,000 need-based Bio-input Resource Centres envisaged be set up by practicing natural farming farmers, Primary Agriculture Credit Society/ Farmer Producer Organisations, Self Help Groups, local rural entrepreneurs, Krishi Vigyan Kendras, etc. An output-based incentive of ₹4000/- per acre per year per farmer for 2 years envisaged to be provided to the farmers to practice natural farming, train more farmers, upkeep of livestock (preferably local breed of cow)/ preparation of natural farming inputs including purchase of mixing & storage containers, etc./ purchase of natural farming inputs from Bio-input Resource Centres.

Achievements of NMNF Scheme:

- ₹517.17 crores have been sanctioned/ released to 30 States/UTs & Central Agencies in F.Y. 2025-26 against a Budget allocation of ₹616.01 crores.

Implementation Status of NMNF:

NMNF Scheme has been implemented in all States with 17,639 clusters have been formed covering an area of 6.35 lakh hectares. 32,220 Community Resource Persons (CRPs) have been trained through Krishi Vigyan Kendras (KVKs), Agricultural Universities (AUs), and Local Natural Farming Institutions (LNFIs) to provide continuous handholding support to farmers to practise Natural Farming. So far, 15.78 lakh farmers have been enrolled under the scheme. 3,517 BRCs have been set up to easily provide natural farming bio-inputs like Jeevamrit, Beejamrit, etc., More than 4,000 Scientists, Farmer Master Trainers (FMTs), and State & District officials have been trained under the Mission. Further, 806 training institutions, including 530 KVKs, 82 AUs, and 194 Local Natural Farming Institutions (LNFIs), have been identified to strengthen capacity-building activities. Total of 28.74 lakh farmers have been sensitized on Natural Farming through various outreach initiatives.

Natural Farming Certification System (NFCS) has been initiated as “PGS-INDIA NATURAL” for certification of all produces of natural farming in accordance with the Natural Farming Standards. It is an online certification system and implemented through National Centre for Organic and Natural Farming (NCONF). More than 5.0 lakhs farmers have been registered under the natural farming certification system till date with more than 60,000 farmers issued NF certificates. Certification will enable farmers to get premium price for natural products.

In addition to this, Kisan Sangoshthis are conducted by the fertilizer companies for extensive field interaction with farmers, local farmer cooperatives, panchayats etc.

25 Fertilizer Marketing Companies (FMCs) conducted 11,556 Camps/Kisan Sangoshthis across the Country during February 2025 to November 2025. Camps/Kian Sangoshthis are being organised for promotion of FOM/LFOM/PROM under PM-PRANAM 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. This 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. The Government is regularly coordinating with State and Union Territory Governments to support and promote their efforts under this scheme.

Further, Under Market Development Assistance (MDA) Scheme, assistance @ Rs.1500/MT is being provided to CBG plants/Fertilizer Marketing Companies for promotion of soil carbon enhancers, viz., Fermented Organic Manure

(FOM)/Liquid Fermented Organic Manure (LFOM) and organic fertilizer, viz., Phosphate Rich Organic Manure (PROM) produced at plants under GOBARdhan initiative, with total outlay of Rs.1451.84 Crore (FY 2023-24 to 2025-26), which includes, a corpus of Rs. 360 Crore for research gap funding, etc.

Following measures are taken up for promotion of FOM/LFOM/PROM:

- i. 125 KVKs collaborating with nearby CBG plants to ensure farmers' access to information about FOM/LFOM and to facilitate the availability of FOM for awareness and demonstration activities.
- ii. D/o Fertilizers entrusted HURL and RCF to attach Agriculture Extension Officers with CBG/BG Plants to facilitate them with promotion of FOM/LFOM/PROM and to resolve issues.
- iii. Conduct farmer trainings, demonstrations, and awareness programs on the benefits and application methods of organic fertilizers
- iv. Ensure availability and supply of organic & waste-derived fertilizers through marketing channels and dealer networks.
- v. Facilitate capacity building by providing technical guidance to farmers for adopting sustainable nutrient practices.

Above initiatives of the Government are expected to address the imbalanced use of chemical fertilizers thereby reducing chemical fertilizer use.

(e): Domestic Fertilizer production in Uttar Pradesh for the last three years in Uttar Pradesh is given as under:

(In LMT)

Name of the Company	Year		
	2022-23	2023-24	2024-25
IFFCO-Phulpur	6.51	7.05	7.64
IFFCO-Phulpur Expn.	12.24	12.00	10.71
IFFCO-Aonla	11.52	12.26	11.35
IFFCO-Aonla Expn.	11.92	11.36	12.44
KFCL-Kanpur	6.28	6.85	6.12
Indorama-Jagdishpur	11.17	11.38	12.18
Yara-Babrala	11.82	12.31	13.23
KFL/KSFL-Shahjahanpur	10.95	10.66	11.35
HURL: Gorakhpur	8.66	13.50	12.01
Total	91.07	97.37	97.03

The information regarding the requirement, availability and sales of fertilizers, viz. Urea, DAP, MOP and NPKS, in the State of Uttar Pradesh during the period from 2022-23 to 2025-26 (till November, 2025), year-wise, is given in the enclosed **Statement**.

However, the distribution of fertilizers within the State at district/block/village level is done by the concerned State Government.

STATEMENT

The details of requirement, availability and sales of fertilizers, viz. Urea, DAP, MOP and NPKS, in the State of Uttar Pradesh during the period from 2022-23 to 2025-26 (till November, 2025), year-wise:

Fig. in LMT														
	YEAR		UREA			DAP			MOP			NPKS		
S. No.			Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	2025-26	RABI 2025-26 (TILL NOV 25)	13.00	21.32	9.36	10.75	12.17	8.38	0.76	1.63	0.86	5.50	8.66	4.72
2		KHARIF 2025	39.92	48.93	40.24	10.00	12.45	7.70	1.25	1.64	0.65	5.00	8.36	3.64
3	2024-25		77.00	91.72	79.18	24.05	21.55	19.51	1.72	2.50	1.76	14.50	12.85	10.50
4	2023-24		76.15	91.83	74.53	24.50	25.76	21.61	2.35	1.62	1.21	9.50	10.13	7.93
5	2022-23		77.50	87.39	74.72	24.70	27.69	22.38	3.36	1.42	1.22	7.00	6.64	4.79

1. Primary Indicator of comfortable availability: Availability > Requirement

2. Secondary Indicator of comfortable availability: Availability > Sales

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत मातृ एवं नवजात संबंधी स्वास्थ्य सेवा

1140. श्री विनोद लखमशी चावड़ा:

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

(क) सरकार द्वारा देश में राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत मातृ एवं नवजात शिशु स्वास्थ्य संबंधी परिणामों में सुधार हेतु की गई कार्रवाई का ब्यौरा क्या है;

(ख) प्रमुख संक्रामक रोगों के उन्मूलन एवं नियंत्रण में देश की उपलब्धियों का ब्यौरा क्या है;

(ग) देश में सभी नागरिकों के लिए स्वास्थ्य कवरेज सुनिश्चित करने में आयुष्मान भारत योजना की प्रगति का ब्यौरा क्या है; और

(घ) देश में मातृ एवं शिशु स्वास्थ्य संबंधी परिणामों में सुधार लाने में सामुदायिक भागीदारी की भूमिका का ब्यौरा क्या है?

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

(क): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, पूरे देश में मातृ एवं नवजात शिशु स्वास्थ्य परिणामों में सुधार करने के लिए विभिन्न पहलें कार्यान्वित की हैं, जो निम्नानुसार हैं:

- **जननी सुरक्षा योजना (जेएसवाई)** संस्थागत प्रसव को बढ़ावा देने के लिए एक माँग संवर्धन और सशर्त नकद अंतरण योजना है।
- **जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके)** जन स्वास्थ्य संस्थानों में प्रसव कराने वाली सभी गर्भवती महिलाओं को सिजेरियन सहित निःशुल्क और बिना किसी व्यय के प्रसव कराने की पात्रता प्रदान करता है। इन अधिकारों में निःशुल्क औषधियां और उपभोग्य वस्तुएँ, प्रसव के दौरान निःशुल्क आहार, निःशुल्क निदान, निःशुल्क परिवहन और यदि आवश्यक हो तो निःशुल्क रक्त आधान शामिल हैं। बीमार शिशुओं के लिए भी इसी तरह की पात्रता लागू है।

- **प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए)** गर्भवती महिलाओं को प्रत्येक माह की 9 तारीख को एक विशेषज्ञ/चिकित्सा अधिकारी द्वारा एक निश्चित दिन, निःशुल्क, सुनिश्चित और गुणवत्तापूर्ण प्रसवपूर्व जाँच की सुविधा प्रदान करता है।
- **विस्तारित पीएमएसएमए कार्यनीति** गर्भवती महिलाओं, विशेष रूप से उच्च जोखिम वाली गर्भवती (एचआरपी) महिलाओं के लिए गुणवत्तापूर्ण प्रसवपूर्व परिचर्या (एएनसी) और चिन्हित की गई उच्च जोखिम वाली गर्भवती महिलाओं के लिए वित्तीय प्रोत्साहन के साथ व्यक्तिगत एचआरपी ट्रेकिंग पर ध्यान केंद्रित करती है और पीएमएसएमए दौरे के अलावा अतिरिक्त 3 दौरों के लिए मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं (आशाकर्मियों) को उनके साथ ले जाती है।
- **सुरक्षित मातृत्व आश्वासन (सुमन)** का उद्देश्य जन स्वास्थ्य सुविधा केंद्रों में आने वाली प्रत्येक महिला और नवजात शिशु को निःशुल्क, सुनिश्चित, गरिमापूर्ण, आदरपूर्ण और गुणवत्तापूर्ण स्वास्थ्य देख-रेख प्रदान करना और सेवाओं से मनाही करने के प्रति शून्य सहिष्णुता प्रदान करना है, ताकि सभी रोकी जा सकने वाली मातृ एवं नवजात मृत्यु को समाप्त किया जा सके।
- **प्रसवोत्तर परिचर्या के अनुकूलन** का उद्देश्य माताओं में जोखिम के लक्षणों का पता लगाने और प्रसवोत्तर उच्च जोखिम वाली माताओं का शीघ्र पता लगाने, रेफरल और उपचार के लिए आशा कार्यकर्ताओं को प्रोत्साहित करने पर ज़ोर देकर प्रसवोत्तर परिचर्या की गुणवत्ता को मज़बूत करना है।
- **मासिक ग्राम स्वास्थ्य, स्वच्छता और पोषण दिवस** एकीकृत बाल विकास योजना (आईसीडीएस) के साथ मिलकर पोषण सहित मातृ एवं शिशु परिचर्या के प्रावधान के लिए आंगनवाड़ी केंद्रों पर एक आउटरीच कार्यक्रम है।

- विशेष रूप से आदिवासी और दुर्गम क्षेत्रों में, स्वास्थ्य सेवाओं की पहुँच में सुधार के लिए **आउटरीच शिविरों** का प्रावधान किया जाता है। इस मंच का उपयोग मातृ एवं शिशु स्वास्थ्य सेवाओं और सामुदायिक जुटाव के बारे में जागरूकता बढ़ाने के साथ-साथ उच्च जोखिम वाले गर्भधारण पर नज़र रखने के लिए किया जाता है।
- नवजात स्वास्थ्य संबंधी जटिलताओं का समाधान करते हुए, ज़िला और उप-ज़िला स्तर पर बीमार और छोटे नवजात शिशुओं को विशेष परिचर्या प्रदान करने के लिए **सुविधा केन्द्र आधारित नवजात परिचर्या (एफबीएनसी)** कार्यक्रम के अंतर्गत विशेष नवजात परिचर्या इकाइयों (एसएनसीयू) और नवजात स्थिरीकरण इकाइयों (एनबीएसयू) की स्थापना करना।
- **माताओं का पूर्ण स्नेह (मां)** कार्यक्रम स्तनपान संबंधी परिचर्या व्यवहारों को बढ़ावा देने के लिए लागू किया गया है, जिसमें स्तनपान की प्रारंभिक शुरुआत और पहले छह महीनों तक केवल स्तनपान के महत्व पर ज़ोर दिया जाता है।
- आशा कार्यकर्ता गृह-आधारित नवजात शिशु परिचर्या (एचबीएनसी) और गृह-आधारित छोटे बच्चों की परिचर्या (एचबीवाईसी) के अंतर्गत निर्धारित घरों का दौरा करती हैं, जिससे बच्चों के पालन-पोषण संबंधी व्यवहारों में सुधार होता है और समय पर रेफरल और परिचर्या के लिए बीमार नवजात शिशुओं और छोटे बच्चों की पहचान होती है।
- **निमोनिया को सफलतापूर्वक निष्क्रिय करने के लिए सामाजिक जागरूकता और कार्य (एसएएनएस)** पहल, जागरूकता संवर्धन और शीघ्र कार्यकलापों के माध्यम से निमोनिया से संबंधित बाल रुग्णता और मृत्यु दर को कम करने पर केंद्रित है।
- **डायरिया अभियान (गहन डायरिया पखवाड़ा /डायरिया रोको अभियान)** पाँच वर्ष के अंतर्गत आने वाले बच्चों में डायरिया के कारण होने वाली रुग्णता और मृत्यु दर को कम करने के लिए ओरल रिहाइड्रेशन सोल्युशन (ओआरएस) और जिंक के उपयोग को

बढ़ावा देता है।

- **एनीमिया मुक्त भारत (एएमबी)** कार्यनीति को 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 (15-49 वर्ष) की महिलाओं में एनीमिया को कम करने के लिए कार्यान्वित किया गया है। यह कार्यनीति जीवन चक्र दृष्टिकोण में सुदृढ़ संस्थागत तंत्रों के माध्यम से छह कार्यकलापों के कार्यान्वयन के माध्यम से लागू की गई है।

(ख): भारत सरकार ने प्रमुख संक्रामक रोगों का उन्मूलन करने और उन्हें नियंत्रित करने में उल्लेखनीय उपलब्धियां प्राप्त की हैं, जिनमें से प्रमुख निम्नलिखित हैं:

- भारत में टीबी की घटना दर 2015 में प्रति लाख जनसंख्या पर 237 मामलों से 21% घटकर 2024 में प्रति लाख जनसंख्या पर 187 मामले हो गई है, जो लगातार पिछले दो वर्षों से वैश्विक कमी की दोगुनी से भी अधिक है। वर्ष 2015 में, प्रति लाख जनसंख्या पर टीबी मृत्यु दर भी 28 मौतों से 25% घटकर 2024 में प्रति लाख जनसंख्या पर 21 मौतें रह गई हैं। देश में टीबी उपचार कवरेज 2015 में 53% से बढ़कर 2024 में 92% हो गया है, जो 78% के वैश्विक कवरेज से अधिक है।
- देश में 2015 और 2024 के बीच मलेरिया रुग्णता में 78.1 % और मलेरिया मृत्यु दर में 77.6% की कमी आई है, वार्षिक परजीविता घटना (एपीआई) 2015 में 0.92 की तुलना में 2024 में घटकर 0.18 हो गई है।
- वर्ष 2023 तक स्थानिकमारी वाले राज्यों के 54 जिलों के 633 ब्लॉकों में प्रति 10,000 जनसंख्या पर एक से भी कम काला-अजार उन्मूलन लक्ष्य प्राप्त कर लिया गया है, जो वर्ष 2030 के वैश्विक सतत विकास लक्ष्य (एसडीजी) से काफी आगे है और यह स्थिति आज तक बनी हुई है।
- जापानी इंसेफेलाइटिस की मामला मृत्यु दर का मामला (सीएफआर) वर्ष 2014 में 17.6%

से घटकर वर्ष 2024 में 7.1% हो गया है।

- डेंगू के लिए मृत्यु दर का मामला (प्रति 100 मामलों में मृत्यु) वर्ष 2008 (2024 में 0.13%) से 1% से नीचे बना हुआ है।

- राष्ट्रीय स्वास्थ्य मिशन के तहत वर्ष 2018 में राष्ट्रीय वायरल हेपेटाइटिस नियंत्रण कार्यक्रम शुरू किया गया था, जिसका उद्देश्य वर्ष 2030 तक हेपेटाइटिस से लड़ना और हेपेटाइटिस सी को जड़ से खत्म करना और अन्य प्रकार के वायरल हेपेटाइटिस के कारण होने वाली रुग्णता और मृत्यु दर को कम करना है। इसकी शुरुआत से लेकर सितंबर 2025 तक, लगभग 6.47 करोड़ गर्भवती महिलाओं की एचबीएसएजी के लिए जांच की जा चुकी है, और हेपेटाइटिस बी पॉजिटिव गर्भवती महिलाओं से पैदा हुए लगभग 2 लाख नवजात शिशुओं को एचबीआईजी दिया गया है।

- एचआईवी और सिफलिस के ऊर्ध्वाधर संचरण के उन्मूलन (ईवीटीएचएस) के तहत, 2010 और 2024 के बीच ऊर्ध्वाधर संचरण दर में लगभग 74.5% की गिरावट आई है, जबकि इसी अवधि के दौरान वैश्विक स्तर पर यह लगभग 56.5% थी। इसके अतिरिक्त, 2010 और 2024 के बीच भारत में वार्षिक नए एचआईवी संक्रमण में 48.7% और एड्स से संबंधित मौतों में 81.4% की गिरावट आई है।

(ग): आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) भारत की आबादी के निम्नतम तबके के 40% हिस्से, यानी 12 करोड़ परिवारों के 60 करोड़ लाभार्थियों को मध्यम और विशिष्ट परिचर्या के लिए अस्पताल में भर्ती होने हेतु प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। मार्च 2024 में, आशाकर्मियों, आंगनवाड़ी कार्यकर्ताओं (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) के लगभग 37 लाख परिवारों को इस योजना के अंतर्गत शामिल किया गया था।

इस योजना का विस्तार अब 4.5 करोड़ परिवारों के 70 वर्ष और उससे अधिक आयु के 6 करोड़

वरिष्ठ नागरिकों को, चाहे उनकी सामाजिक-आर्थिक स्थिति कैसी भी हो, वय वंदना कार्ड के साथ एबी-पीएमजेएवाई के अंतर्गत शामिल करने के लिए किया गया है। 31 अक्टूबर 2025 तक की स्थिति के अनुसार, इस योजना के तहत 42.31 करोड़ से अधिक आयुष्मान कार्ड बनाए जा चुके हैं। 1.56 लाख करोड़ रुपये की कुल 10.76 करोड़ अस्पतालों में भर्ती को अधिकृत किया गया है। इसके अतिरिक्त, वरिष्ठ नागरिकों के लिए आयुष्मान वय वंदना श्रेणी के अंतर्गत 89.51 लाख कार्ड जारी किए गए हैं, आशाकर्मी/आंगनवाड़ी कार्यकर्ता/सहायिका श्रेणियों के लिए 41.34 लाख से अधिक आयुष्मान कार्ड बनाए गए हैं और इस योजना के तहत 32,403 अस्पतालों को सूचीबद्ध किया गया है।

आयुष्मान आरोग्य मंदिर (एएएम) में प्राथमिक स्वास्थ्य सेवा दल, जिसमें अग्रिम पंक्ति के कार्यकर्ता (आशा और एएनएम) शामिल हैं, सेवाओं के 12 पैकेजों के माध्यम से व्यापक प्राथमिक स्वास्थ्य सेवा प्रदान करते हैं। इन सेवाओं में गर्भावस्था और प्रसव में देखभाल, नवजात और शिशु स्वास्थ्य देखभाल सेवाएँ, और सामुदायिक स्तर पर बाल और किशोर स्वास्थ्य परिचर्या सेवाएँ शामिल हैं। सामुदायिक स्तर पर, आशा कार्यकर्ता प्रसवपूर्व जाँच, संस्थागत प्रसव और प्रसवोत्तर परिचर्या के लिए महिलाओं को जुटाकर मातृ एवं शिशु स्वास्थ्य सेवाओं तक पहुँच बढ़ाकर समुदायों और जन स्वास्थ्य प्रणाली के बीच महत्वपूर्ण कड़ी के रूप में कार्य करती हैं, जिससे मातृ एवं शिशु स्वास्थ्य परिणामों में सुधार होता है। आशा कार्यकर्ता जोखिम के संकेतों की पहचान के लिए घर का दौरा भी करती हैं, गृह-आधारित नवजात परिचर्या (एचबीएनसी) और छोटे बच्चों की गृह-आधारित परिचर्या (एचबीवाईसी) कार्यक्रमों के तहत माताओं को इष्टतम आहार व्यवहारों आदि पर परामर्श देती हैं।

(घ): सामुदायिक भागीदारी और सहभागिता को सुगम बनाने और बेहतर बनाने के लिए ग्राम स्वास्थ्य स्वच्छता एवं पोषण समिति (वीएचएसएनसी), जन आरोग्य समिति (जेएस) और एमएस (महिला आरोग्य समिति) जैसे समुदाय-आधारित मंचों का उपयोग किया जाता है। ग्राम स्वास्थ्य स्वच्छता एवं पोषण दिवस (वीएचएसएनडी) मंच का उपयोग सामुदायिक स्तर पर मातृ एवं शिशु स्वास्थ्य

सेवाएँ प्रदान करने के लिए भी किया जाता है।

CRUISE BHARAT MISSION

1141. SHRI BIPLAB KUMAR DEB:

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

(a) the effectiveness of the Cruise Bharat Mission in boosting cruise passenger traffic;

(b) the strategies being employed to integrate sea, river and island cruise circuits under a unified national plan; and

(c) the manner in which the Government is planning to measure the long- term impact of the Cruise Bharat Mission on employment and the economy of coastal States?

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

(a): The Cruise Bharat Mission (CBM) was launched on September 30, 2024, to provide a framework for inter-ministerial approach for crafting interventions along policy, regulatory, and other aspects governing cruise sector and enable responsible involvement of all regulatory agencies, such as Customs, Immigration, CISF, State Tourism Departments, State Maritime Agencies, District Administrations, and local police. CBM has been effectively coordinating with various agencies to promote Cruise Tourism. Some of the outcomes are as follows:

- (i) Ocean cruise footfall has been recorded as 4.92 lakh passengers with 272 calls in FY 2024–25 as compared to 4.71 lakh passengers with 253 calls in FY 2023–24.
- (ii) River cruise circuits recorded 4.33 lakh passengers in FY 2024–25.
- (iii) Puducherry Port operationalized for cruise services, with *Empress of Cordelia Cruises* making its inaugural call on 4th July 2025. New circuits connecting Vizag-Puducherry-Chennai-Sri Lanka have been operationalized.
- (iv) Standard Operating Procedure (SOP) - 3 for Cruise vessels at Indian Ports has been issued by Ministry of Tourism on 19th June 2025.

(b): Development of all segments of Cruise i.e Sea, River and Island has been undertaken:

- (i) Fifteen (15) river cruise circuits operational on 13 National Waterways across 9 states.
- (ii) 9 cruise destinations including six Major Ports (Mumbai, Mormugao, Kochi, New Mangalore, Chennai, and Vishakhapatnam), Puducherry and Andaman & Nicobar, and Lakshadweep Islands are operational.
- (iii) MoT has informed that local culture and handicrafts is being showcased to Cruise Passengers at Cruise destinations. In addition, local tourist guides are being provided to visiting cruise passengers.
- (iv) Destination Task Forces have been formed at all 9 cruise destinations and at Gujarat Maritime Board to facilitate coordination between stakeholders

to provide seamless cruise experience.

(c): As per a Key Performance Indicator of CBM, the aim is to generate 0.4 million employment by 2029.

INCIDENCE OF FOOD ADULTERATION

1142. SHRI YADUVEER WADIYAR:

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

(a) whether the Government has taken note of the growing instances of food adulteration and deceptive use of palm oil in the manufacturing of edible products such as ghee, bakery items and confectionery, often without clear labelling or disclosure to consumers and if so, the details thereof;

(b) whether the Food Safety and Standards Authority of India (FSSAI) has conducted any recent nationwide survey or inspection drive to identify the extent of such adulteration and misleading practices in the edible oil and processed food sectors;

(c) if so, the details thereof including the number of violations detected, enforcement actions taken and penalties imposed during the last three years; and

(d) whether the Government proposes to introduce stricter labelling norms, traceability mechanisms and consumer awareness campaigns to prevent deceptive blending and misbranding of palm oil-based food products 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): 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. FSSAI is fully committed to ensure the availability of safe food products including refined oils to the consumers across the country.

Palm oil is a standardized product under Sub-regulation 2.2.1(19) of Food Safety and Standards (Food Products Standards and Food Additives) Regulation, 2011 notified by FSSAI.

Regular surveillance drives, monitoring, regulatory inspection and random sampling of various food products including checks for use of artificial fruit ripening agents are conducted throughout the year by the officials of Food Safety Departments of the respective States/ UTs and Regional offices of FSSAI to check compliance with the quality and safety parameters including testing for unapproved artificial fruit ripening agents in food products as laid down under Food Safety and Standards Act, 2006 and Regulations made thereunder.

In the event of any violations, strict regulatory actions are enforced against the offenders in accordance with the provisions of the Act. Details of enforcement actions & penalties raised are as follows:-

Financial Year	No of samples analysed	No of Samples found non-conforming	No of cases launched
2022-23	18597	4628	3382
2023-24	13819	1952	1653
2024-25	13772	1840	1544

(d): Food Safety and Standards (Labelling and Display) Regulations, 2020 contains labelling provisions relating to false, misleading or deceptive labelling or labelling is likely to create an erroneous impression, covering all the food products including Palm oil. It is mandatory to provide the 'Class title' as name of the specific edible oil such as mustard oil, groundnut oil, etc., where 'Edible vegetable oil' is added as ingredients in the food products. Further, every package containing an admixture of edible oils shall carry a label declaration in bold capital letter immediately below its brand name or trade name on the front of pack and also provide the format, font size of the label declaration.

In addition, the Food Safety and Standards (Prohibition and Restrictions on sales) Regulations, 2011 prohibits the sale of any Multi source edible vegetable oil containing Mustard Oil.

FSSAI has implemented following initiatives to raise awareness about food safety among consumers, the food industry, and citizens:-

- i. **Website and Social Media:** FSSAI's website and Social Media pages provide accessible information on Standards/Regulations/Advisories related to Food Safety and on detecting food adulterants at home, offering

practical tips for consumers. Social media campaign “#NoToAdulteration” is carried out to educate people about adulteration and promote food safety consciousness and healthy eating habits across citizen.

- ii. **Adulteration Videos:** FSSAI has produced a series of videos that visually demonstrate methods for identifying adulteration in commonly used foods. These are available on the FSSAI YouTube channel and promoted on various other media platforms like Instagram, Twitter, Facebook time to time and are showcased at various public events and campaigns.
- iii. Resources like the DART Book offer simple tests for detecting food adulterants at home.
- iv. **Food Safety Magic Box:** This educational toolkit is designed for school students, teachers and parents, containing easy-to-use tests for detecting food adulteration through an interactive and engaging way for students to learn about food safety.
- v. Food Safety on Wheels (FSWs) or mobile food testing laboratories are deployed to reach remote areas and for conducting food testing and raising awareness.
- vi. **Food Safety Guidebook for Teachers/Students:** The lesson plan booklet provides with the detailed information of how to conduct the different test on food adulteration. These tests are mapped across the curriculum of the particular grade.

**ESTABLISHMENT OF CONSTITUTIONAL / REGIONAL
BENCHES OF SUPREME COURT**

1143. SHRI KALYAN BANERJEE:

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

- (a) whether the Government proposes to establish permanent Constitution/Regional Benches of the Supreme Court to improve access to justice, if so, the details thereof;
- (b) the reasons for non-implementation and/or delaying of setting up such benches, if any, and proposal to establish a National Court of Appeal (NCA) as recommend by Law Commission; and
- (c) the number of cases involving constitutional interpretation pending for more than five years 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): Article 130 of the Constitution of India provides that the Supreme Court shall sit in Delhi or in such other place or places as the Chief Justice of India may, with the approval of the President, from time to time, appoint.

2. Representations have been received from time to time from various quarters for establishment of Benches of Supreme Court in various parts of the Country. The Eleventh Law Commission in its 125th Report titled “The Supreme Court - A Fresh Look”, submitted in 1988, reiterated the recommendations made

by Tenth Law Commission in its 95th Report for splitting the Supreme Court into two namely (i) Constitutional Court at Delhi and (ii) Court of Appeal or Federal Court sitting in North, South, East, West and Central India. The Eighteenth Law Commission in its 229th Report submitted in 2009 had also suggested that a Constitutional Bench be set up at Delhi and four Cassation Benches be set up in the Northern region at Delhi, Southern region at Chennai/Hyderabad, Eastern region at Kolkata and Western region at Mumbai.

3. The matter was referred to the Chief Justice of India, who informed that after consideration of the matter, the Full Court in its meeting held on 18th February, 2010, found no justification for setting up of benches of the Supreme Court outside Delhi. The Chief Justice of India had earlier conveyed similar views in August, 2007.

4. In Writ Petition WP(C) No. 36/2016 on establishment of National Court of Appeal, the Supreme Court vide its judgment dated 13.07.2016 deemed it proper to refer the aforementioned issue to Constitutional Bench for authoritative pronouncement. The matter is currently sub-judice in the Supreme Court.

(c): As per the information received from the Supreme Court of India, the number of cases involving constitutional interpretation pending for more than five years, as on 26.11.2025, are as follows:

(i) Five-Judge Bench: 10

(ii) Seven-Judge Bench: 03

(ii) Nine-Judge Bench: 02

आयुष संस्थानों और अस्पतालों में भर्ती

1144. श्री धर्मेन्द्र यादव:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) वर्ष 2014 से अब तक सरकारी आयुष संस्थानों/अस्पतालों में सहायक प्रोफेसर, एसोसिएट प्रोफेसर, प्रोफेसर और समूह 'ए' अधिकारियों के श्रेणी-वार कुल कितने नियमित पद सृजित किए गए हैं और नियमित आधार पर कितनी भर्ती की गई है;
- (ख) अनुबंध आधार पर कार्यरत कर्मचारियों का संस्थान-वार और अस्पताल-वार ब्यौरा क्या है तथा उनकी अनुबंध अवधि क्या है;
- (ग) कुल स्वीकृत पदों के सापेक्ष श्रेणी और पदानुक्रम-वार कितने प्रतिशत संविदा कर्मचारी नियुक्त किए गए हैं; और
- (घ) आरक्षित श्रेणी के लिए कुल पदों के सापेक्ष नियमित, तदर्थ और संविदा पर काम करने वाले सामान्य श्रेणी के कर्मचारियों की पद-वार संख्या कितनी है?

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

(क) से (घ): आयुष मंत्रालय के अंतर्गत संस्थानों/अस्पतालों में सहायक प्रोफेसर, एसोसिएट प्रोफेसर, प्रोफेसर और ग्रुप 'ए' अधिकारियों के सृजित पदों और की गई भर्ती, अनुबंध के आधार पर काम करने वाले कर्मचारियों का विवरण, नियमित/तदर्थ/अनुबंध के तौर पर काम करने वाले सामान्य श्रेणी के अनुबंधित कर्मचारियों का प्रतिशत क्रमशः **विवरण-I से IV** में दिया गया है।

विवरण-I**आयुष मंत्रालय के तहत राष्ट्रीय संस्थानों में सहायक प्रोफेसर का ब्यौरा**

क्र. सं.	राष्ट्रीय संस्थान/शासी निकायों के नाम	अनारक्षित	सामाजिक और शैक्षणिक रूप से पिछड़े	एससी	एसटी	अनुबंध आधार पर काम करने वाले कर्मचारियों की संख्या	अनुबंध अवधि	कुल स्वीकृत पदों की तुलना में अनुबंध पर काम करने वाले कर्मचारियों का प्रतिशत	सामान्य श्रेणी (नियमित/तदर्थ / अनुबंध) के कर्मचारियों की संख्या
1.	आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए)	18	5	2	2	13	18.11.2024 से 31.03.2026	32.50%	26
2.	पूर्वोत्तर आयुर्वेद एवं लोक चिकित्सा अनुसंधान संस्थान (एनईआईएफएमआर)	8	3	2	1	1	1 वर्ष	6.66%	7
3.	पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच)	16	0	4	3	1	1 वर्ष	0.36%	8
4.	राष्ट्रीय आयुर्वेद संस्थान (एनआईए)	28	14	7	3	0	0	0	28
5.	राष्ट्रीय सोवा रिग्पा संस्थान (एनआईएसआर)	8	1 (ओबीसी)	1	0	0	0	0	0
6.	राष्ट्रीय आयुर्वेद विद्यापीठ (आरएवी)	0	0	0	0	0	0	0	0
7.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए)	38	11	6	3	14		24.13%	0
8.	राष्ट्रीय सिद्ध संस्थान (एनआईएस)	18	9	5	1	3	31.03.2026 तक	8.33%	20
9.	राष्ट्रीय यूनानी चिकित्सा संस्थान (एनआईयूएम)	28	0	0	0		1 वर्ष 2 माह	14.28%	22
10.	मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई)	55	28		0	22	0	0	55
11.	राष्ट्रीय प्राकृतिक चिकित्सा संस्थान (एनआईएन)	5	0	0	0	0	0	0	0
12.	राष्ट्रीय होम्योपैथी संस्थान (एनआईएच) कोलकाता	4	3	1	0	0	0	0	4

नई दिल्ली	2	2	1	1	6	1 वर्ष	42.8%	6

विवरण-II

आयुष मंत्रालय के तहत राष्ट्रीय संस्थानों में प्रोफेसर का ब्यौरा

क्र.सं.	राष्ट्रीय संस्थान/शासी निकायों के नाम	अनारक्षित	सामाजिक और शैक्षणिक रूप से पिछड़े	एससी	एसटी	अनुबंध आधार पर काम करने वाले कर्मचारियों की संख्या	अनुबंध अवधि	कुल स्वीकृत पदों की तुलना में अनुबंध पर काम करने वाले कर्मचारियों का प्रतिशत	सामान्य श्रेणी (नियमित / तदर्थ / अनुबंध) के कर्मचारियों की संख्या
1.	आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए)	28	2	0	0	0	0	0	28
2.	पूर्वोत्तर आयुर्वेद एवं लोक चिकित्सा अनुसंधान संस्थान (एनआईआईएफएमआर)	7	3	2	1	0	0	0	0
3.	पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनआईआईएच)	7	0	0	0	7	1 वर्ष	78%	3
4.	राष्ट्रीय आयुर्वेद संस्थान (एनआईए)	16	7	4	2	0	0	0	16
5.	राष्ट्रीय सोवा रिप्पा संस्थान (एनआईएसआर)	2	0	0	0	0	0	0	0
6.	राष्ट्रीय आयुर्वेद विद्यापीठ (आरएवी)	0	0	0	0	0	0	0	0
7.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए)	18	7	4	2	0		0%	0
8.	राष्ट्रीय सिद्ध संस्थान (एनआईएस)	4	1	1	0	1	31.3.2026 तक	33.33%	5
9.	राष्ट्रीय यूनानी चिकित्सा संस्थान (एनआईयूएम)	10	0	0	0	0	0	0	9
10.	मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई)	0	0	0	0	0	0	0	0
11.	राष्ट्रीय प्राकृतिक चिकित्सा संस्थान (एनआईएन)	3	0	0	0	0	0	0	0
12.	राष्ट्रीय होम्योपैथी संस्थान (एनआईएच) कोलकाता	4	5	1	0	1	1 वर्ष	12%	5
	नई दिल्ली	0	0	0	0	0	0	0	0

विवरण-III**आयुष मंत्रालय के तहत राष्ट्रीय संस्थानों में प्रोफेसर का ब्यौरा**

क्र.सं.	राष्ट्रीय संस्थान/शासी निकायों के नाम	अनारक्षित	सामाजिक और शैक्षणिक रूप से पिछड़े	एससी	एसटी	अनुबंध आधार पर काम करने वाले कर्मचारियों की संख्या	अनुबंध अवधि	कुल स्वीकृत पदों की तुलना में अनुबंध पर काम करने वाले कर्मचारियों का प्रतिशत	सामान्य श्रेणी (नियमित/ तदर्थ/ अनुबंध) के कर्मचारियों की संख्या
1.	आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए)	6	0	0	0	0	0	0	6
2.	पूर्वोत्तर आयुर्वेद एवं लोक चिकित्सा अनुसंधान संस्थान (एनईआईएफएमआर)	1	0	0	0	0	0	0	0
3.	पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच)	7	0	0	0	7	1 वर्ष	78%	2
4.	राष्ट्रीय आयुर्वेद संस्थान (एनआईए)	9	3	1	1	0	0	0	9
5.	राष्ट्रीय सोबा रिग्पा संस्थान (एनआईएसआर)	2	0	0	0	0	0	0	0
6.	राष्ट्रीय आयुर्वेद विद्यापीठ (आरएवी)	0	0	0	0	0	0	0	0
7.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए)	17	7	4	2	6		20%	0
8.	राष्ट्रीय सिद्ध संस्थान (एनआईएस)	0	1	0	0	2	31.3. 2026	66.66%	2
9.	राष्ट्रीय यूनानी चिकित्सा संस्थान (एनआईयूएम)	10	0	0	0	1	2 वर्ष 6 माह	10%	7
10.	मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई)	0	0	0	0	0	0	0	0
11.	राष्ट्रीय प्राकृतिक चिकित्सा संस्थान (एनआईएन)	3	0	0	0	0	0	0	0
12.	राष्ट्रीय होम्योपैथी संस्थान (एनआईएच) कोलकाता नई दिल्ली	5	2	1	0	1	1 वर्ष	9.09%	6
		0	0	0	0	0	0	0	0

विवरण-IV**आयुष मंत्रालय के तहत राष्ट्रीय संस्थानों में प्रोफेसर का ब्यौरा**

क्र. सं.	राष्ट्रीय संस्थान/ शासी निकायों के नाम	अनारक्षित	सामाजिक और शैक्षणिक रूप से पिछड़े	एससी	एसटी	अनुबंध आधार पर काम करने वाले कर्मचारियों की संख्या	अनुबंध अवधि	कुल स्वीकृत पदों की तुलना में अनुबंध पर काम करने वाले कर्मचारियों का प्रतिशत	सामान्य श्रेणी (नियमित / तदर्थ/अनुबंध) के कर्मचारियों की संख्या
1.	आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए)	23	0	0	0	0	0	0	6
2.	पूर्वोत्तर आयुर्वेद एवं लोक चिकित्सा अनुसंधान संस्थान (एनईआईएफएमआर)	26	0	0	0	2	1	7.69%	0
3.	पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच)	15	0	0	0	0	0	0	2
4.	राष्ट्रीय आयुर्वेद संस्थान (एनआईए)	17	0	0	0	0	0	0	15
5.	राष्ट्रीय सोवा रिग्पा संस्थान (एनआईएसआर)	9	1 (ओबीसी)	0	0	0	31.03.2026 तक	0	0
6.	राष्ट्रीय आयुर्वेद विद्यापीठ (आरएवी)	0	0	0	0	0	0	0	0
7.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए)	29	1	0	0	2		6.67%	0
8.	राष्ट्रीय सिद्ध संस्थान (एनआईएस)	3	0	0	0	1	31.3.2026 तक	16.66%	4
9.	राष्ट्रीय यूनानी चिकित्सा संस्थान (एनआईयूएम)	17	0	1	1	0	0	0	15
10.	मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई)	37	11	7	0	0	0	0	37
11.	राष्ट्रीय प्राकृतिक चिकित्सा संस्थान (एनआईएन)	15	0	0	0	0	0	0	0
12.	राष्ट्रीय होम्योपैथी संस्थान (एनआईएच) कोलकाता नई दिल्ली	4	1	1	0	0	0	0	4
		2	0	0	0	0	0	0	2

SHORTAGE OF MEDICAL STAFF IN BODOLAND TERRITORIAL REGION**1145. SHRI JOYANTA BASUMATARY:**

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

(a) the total number of Public Health Centres (PHCs) operational in Bodoland Territorial Region under National Health Mission;

(b) the number of medical officers, nurses and paramedics currently posted in different PHCs and CHCs available in these centres;

(c) whether it is a fact that there is shortage of medical staff in the region and large number of doctors and nurses are needed to be posted, if so, the details thereof; and

(d) the total number of sanctioned and vacant posts available in these facilities?

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 informed by State Government of Assam there are total 1 Medical College & Hospital, 3 District Hospitals, 3 Sub Divisional Hospitals, 28 Community Health Centres (including Model Hospitals), 126 Primary Health Centres and 566 Sub Centres operational in Bodoland Territorial Region. The number of medical officers, nurses and paramedics currently posted in different PHCs and CHCs available in these centres is given in the enclosed **Statement**.

(c) and (d): National Health Mission (NHM) envisages achievement of universal access to equitable, affordable & quality health care services that are

accountable and responsive to people's needs. 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. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

As per per Health Dynamics of India (HDI) 2022-23, there is no gap in the availability of medical staff, except for Lab Technicians, against the requirement at the PHC and CHC level in the state of Assam including Bodoland Territorial region.

Further, States/UTs are advised to put in place transparent policies of posting and transfer, and ensure rational deployment of health professionals. As the posts required for health facilities are filled up by respective State/UT Governments, they are impressed upon to fill up the vacant posts.

STATEMENT

Number of medical officers, nurses and paramedics currently posted in different PHCs and CHCs in Bodoland Territorial Region:

District Name		Districts				Total
		Baksa/ Tamulpur	Chirang	Kokrajhar	Udalguri	
Specialist Doctor	NHM	15	6	8	8	37
	Regular	17	15	20	16	68
	Total	32	21	28	24	105
MO (MBBS)	NHM	55	28	53	46	182

	Regular	53	38	65	35	191
	Total	108	66	118	81	373
MO (AYUR)	NHM	18	9	21	11	59
	Regular	20	6	25	15	66
	Total	38	15	46	26	125
MO (HOMOEOPATHY)	NHM	8	3	4	4	19
	Regular	2	0	0	2	4
	Total	10	3	4	6	23
Dental Surgeon	NHM	7	3	7	4	21
	Regular	1	0	1	2	4
	Total	8	3	8	6	25
CHO	NHM	22	19	33	8	82
	Regular	76	39	77	95	287
	Total	98	58	110	103	369
ANM	NHM	135	76	85	95	391
	Regular	150	54	171	163	538
	Total	285	130	256	258	929
Staff Nurse	NHM	120	88	237	149	594
	Regular	46	32	109	54	241
	Total	166	120	346	203	835
Lab Tech	NHM	37	20	13	21	91
	Regular	27	8	32	18	85
	Total	64	28	45	39	176
Pharmacist	NHM	26	11	11	13	61
	Regular	47	28	58	39	172
	Total	73	39	69	52	233
Other Service Delivery Staff [Para Medical]	NHM	4	2	2	3	11
	Regular	8	1	2	9	20
	Total	12	3	4	12	31
Radiographer	NHM	1	0	2	2	5
	Regular	5	4	5	4	18
	Total	6	4	7	6	23

MPW	NHM	48	23	59	46	176
Other Nurses	Regular	0	1	0	0	1
	Total	6	8	5	15	34
	NHM	6	9	5	15	35
Prog.Mgt/ Admin/ Non-Medical	Regular	0	0	0	0	0
	Total	114	57	96	73	340
	NHM	260	160	348	271	1039
	Regular	21	20	12	44	97
	Total	394	237	456	388	1476
Lumpsum	NHM	21	24	29	15	89
	Regular	0	0	0	0	0
	Total	21	24	29	15	89
Grand Total		1369	783	1590	1281	5024

दवाओं की नियमित आपूर्ति

1146. श्री बृजेन्द्र सिंह ओला:

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

- (क) क्या यह सच है कि जन औषधि केन्द्रों पर कई आवश्यक जीवन रक्षक दवाएं अक्सर उपलब्ध नहीं होती हैं;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इन केन्द्रों पर दवाओं की प्रभावी और नियमित आपूर्ति सुनिश्चित करने के लिए क्या ठोस कदम उठाए गए हैं और इसके क्या परिणाम रहे हैं;
- (ग) क्या विशेषज्ञों, उपभोक्ताओं और चिकित्सकों ने इन जन औषधि केन्द्रों पर उपलब्ध दवाओं की गुणवत्ता के बारे में प्रश्न उठाए हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) यदि हां, तो क्या इन दवाओं की गुणवत्ता में सुधार लाने के लिए निरंतर निरीक्षण, परीक्षण और मानकीकरण सुनिश्चित करने के लिए कोई आवश्यक ठोस तंत्र स्थापित किया

गया है; और

(ड) यदि हां, तो जांच के निष्कर्ष रहे हैं और यदि नहीं, तो क्या यह स्वास्थ्य के साथ समझौता नहीं है?

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

(क) और (ख): प्रधानमंत्री भारतीय जनऔषधि योजना के अंतर्गत उत्पाद बास्केट में 2,110 दवाएं और 315 सर्जिकल, चिकित्सा उपभोज्य वस्तुएं और उपकरण शामिल हैं, जो सभी प्रमुख चिकित्सीय समूह जैसे कि कार्डियोवस्कुलर, एंटी-कैंसर, एंटी-डायबिटिक, एंटी-इन्फेक्टिव, एंटी-एलर्जिक और गैस्ट्रो-इंटेस्टाइनल दवाएं और न्यूट्रास्यूटिकल्स आदि को कवर करते हैं। लैब रिएजेंट और वैक्सीन को छोड़कर, राष्ट्रीय आवश्यक औषधि सूची में शामिल लगभग सभी जेनेरिक दवाएं इस उत्पाद बास्केट का हिस्सा हैं।

जन औषधि केंद्रों (जेएके) में दवाओं की प्रभावी और नियमित आपूर्ति सुनिश्चित करने के लिए कई कदम उठाए गए हैं, जिनमें निम्नलिखित शामिल हैं:

- (i) सितंबर 2024 से, जेएके द्वारा सामान्यतः उपयोग की जाने वाली 200 दवाओं, जिनमें योजना उत्पाद बास्केट में शामिल बाजार में सर्वाधिक बिक्री होने वाली 100 दवाएं और तेजी से बिकने वाली 100 दवाएं शामिल हैं, का स्टॉक बनाए रखने के लिए प्रोत्साहन दिया गया है, जिसके रखे जाने पर जेएके मालिक इन दवाओं के स्टॉक के आधार पर मासिक प्रोत्साहन के लिए पात्र हैं।
- (ii) एक सुदृढ़ आपूर्ति श्रृंखला प्रणाली स्थापित करने के लिए एक परिपूर्ण सूचना प्रौद्योगिकी सक्षम आपूर्ति श्रृंखला प्रणाली स्थापित की गई है जिसमें एक केन्द्रीय मालगोदाम, चार क्षेत्रीय मालगोदाम और देश भर में वितरकों का एक बढ़ता हुआ नेटवर्क शामिल है, जिनकी वर्तमान संख्या 39 है।

(iii) इसके अलावा, सामान्यतः उपयोग किए जाने वाले उत्पादों की उपलब्धता सुनिश्चित करने की दृष्टि से, योजना कार्यान्वयन एजेंसी {भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई)} द्वारा 400 तेज़ी से बिकने वाले उत्पादों की नियमित रूप से निगरानी की जाती है और इसकी मांग का निरंतर आधार पर पूर्वानुमान लगाया जाता है। इसके अतिरिक्त, स्वचालन के माध्यम से खरीद प्रक्रिया को संवर्धित करने के लिए पूर्वानुमान पद्धति के डिजिटलीकरण के लिए कदम उठाए गए हैं।

इसके परिणामस्वरूप, जेएके से दवाओं की बिक्री वित्तीय वर्ष 2023-24 में ₹1,470 करोड़ के मूल्य के अधिकतम खुदरा मूल्य की तुलना में वित्तीय वर्ष 2024-25 में बढ़कर ₹2,022.47 करोड़ हो गई है।

(ग) से (ङ): विशेषज्ञों, उपभोक्ताओं और डॉक्टरों सहित कोई भी व्यक्ति, भारत सरकार के केंद्रीकृत लोक शिकायत निवारण और निगरानी प्रणाली (सीपीजीआरएएमएस) पोर्टल का उपयोग करके या complaints@janaushadhi.gov.in पर ईमेल करके या योजना हेल्पलाइन नंबर 1800 180 8080 पर कॉल करके जेएके के संबंध में अपनी शिकायतें दर्ज कर सकता है, जिसमें उनके माध्यम से उपलब्ध कराई गई दवाओं की गुणवत्ता संबंधी शिकायतें भी शामिल हैं। तथापि, देश भर में प्रतिदिन लगभग 15 लाख उपभोक्ता जनऔषधियों की खरीद करते हैं, वित्त वर्ष 2024-25 में पूरे वर्ष में दर्ज शिकायतों की संख्या 2,102 थी, जिसका आशय है कि शिकायत रजिस्ट्रेशन दर 0.0004% से भी कम है।

जेएके में उपलब्ध दवाओं की गुणवत्ता सुनिश्चित करने के उद्देश्य से, जिससे रोगियों 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:

- (i) केवल विश्व स्वास्थ्य संगठन-उत्तम विनिर्माण पद्धति (डब्ल्यूएचओ-जीएमपी) प्रमाणित संयंत्रों से आपूर्ति: केवल वे संयंत्र आपूर्ति के लिए पात्र हैं जिन्हें प्रत्यक्ष निरीक्षण के बाद केंद्रीय

औषधि मानक नियंत्रण संगठन (सीडीएससीओ) द्वारा डब्ल्यूएचओ-जीएमपी अनुपालक 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 प्रयोगशालाओं का जीएलपी अनुपालन के लिए पीएमबीआई द्वारा मूल्यांकन किया जाता है।

RISE IN MENTAL HEALTH CASES

1147. DR. RAJ KUMAR CHABBEWAL:

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

- (a) whether it is a fact that there has been a significant rise in the mental health cases and anxiety disorders among children and adolescents in the country;
- (b) if so, the details along with the reasons therefor;
- (c) whether the Government is taking any measures to prevent this alarming rise of mental health cases among the younger population in the country; and
- (d) 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 (d): As per the National Mental Health Survey (NMHS), 2015-16 of India conducted by the Government through the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru in 12 States of the country, the prevalence of mental health disorders in the age group 13-17 years is about 7.3%.

To address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre (CHC) and Primary Health Centre (PHC) levels for all including elderly, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the District level. The objectives of DMHP are:

- i. to provide suicide prevention services, work place stress management, life skills training and counselling in schools and colleges.

- ii. to provide mental health services including prevention, promotion and long-term continuing care at different levels of district healthcare delivery system.
- iii. to augment institutional capacity in terms of infrastructure, equipment and human resource for mental healthcare.
- iv. to promote community awareness and participation in the delivery of mental healthcare services.

Under the tertiary care component of NMHP, 25 Centres of Excellence have been sanctioned to increase the intake of students in PG departments in mental health specialties 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.

There are 47 Government run mental hospitals in the country, including 3 Central Mental Health Institutions, viz. National Institute of Mental Health and Neuro Sciences, Bengaluru, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam and Central Institute of Psychiatry, Ranchi. Mental Health Services are also provisioned in all AIIMS.

The Government is also taking steps to strengthen mental healthcare services at primary healthcare level. The Government has upgraded more than 1.81 lakh Sub Health Centres (SHCs) and Primary Health Centres (PHCs) to Ayushman Arogya Mandirs. Mental health services have been added in the packages of

services under Comprehensive Primary Health Care provided at these Ayushman Arogya Mandirs. Operational guidelines and training manuals for various cadres on Mental, Neurological, and Substance Use Disorders (MNS) at Ayushman Arogya Mandirs have been released under the ambit of Ayushman Bharat.

“Emotional Wellbeing and Mental Health” is incorporated as a dedicated module under Ayushman Bharat School Health & Wellness Programme. Health and Wellness Ambassadors (Teachers) are trained on mental health along with other thematic areas of the programme, take interactive sessions with the students and percolate the messages through weekly sessions promoting joyful learning. Under Rashtriya Bal Swasthya Karyakram (RBSK) Mobile Hut Teams (MHT) conduct health screening of children from birth to 18 years of age for the four Ds-Defects at birth, Diseases, Deficiencies, and Development delays, spanning 32 common health conditions for early detection and treatment and management, including surgeries at the tertiary level. The RBSK focuses on improving the quality of life of children and providing comprehensive care to them in the community.

The Rashtriya Kishor Swasthya Karyakram (RKSK) of the Ministry of Health & Family Welfare through its interventions viz. Adolescent Friendly Health Clinics (AFHC), Peer Education Programme and Adolescent Health and Wellness Days (AH&WD) creates awareness on mental health issues and provides counselling services. Peer Educators form groups of 15-20 boys and girls in the community

and conduct weekly one to two hour participatory sessions on adolescent health including mental health and wellbeing.

Ministry of Education (MoE), has launched an initiative, Manodarpan, with the aim to provide psychosocial support to students, their families and teachers across the country, for mental health and well-being . All activities undertaken under the Manodarpan initiative are aimed towards supporting the mental health and well-being of students from schools, colleges and universities, including those students who are preparing for competitive examinations.

University Grants Commission (UGC) has issued Guidelines for Promotion of Physical Fitness, Sports, Student's Health, Welfare, Psychological and Emotional Well-being at Higher Education Institutions (HEIs) on 13.04.2023, which provides for promotion of physical fitness and sports activities for students; creation of safeguards against academic pressure, peer pressure, behavioral issues, stress, career concerns, depression and other issues on the mental health of students; to teach positive thinking and emotions in the student community; and to promote a positive and supportive network for students.

Besides the above, the Government has launched a "National Tele Mental Health Programme" on 10th October, 2022, to further improve access to quality mental health counselling and care services in the country. As on 27.11.2025, 36 States/ UTs have set up 53 Tele MANAS Cells and have started tele mental health services. More than 29,82,000 calls have been handled on the helpline number.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well being to mental disorders. The Government has also launched the video consultation facility under Tele-MANAS, as another upgrade to the already existing audio calling facility.

ASSESSMENT OF WOMEN AND CHILD WELFARE INDICATORS

1148. SHRI NAGESH BAPURAO AASHTIKAR PATIL:

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

- (a) the details of the challenges faced by women and children in the Hingoli district of Maharashtra, particularly in the areas of malnutrition among children and adolescent girls, limited availability of functioning Anganwadi centres in remote and tribal pockets, inadequate access to maternal healthcare and nutritional support for pregnant and lactating women and rising cases of child marriage and school dropouts among girls in certain rural blocks;
- (b) whether the Government proposes to conduct a comprehensive assessment of women and child welfare indicators in said district to identify gaps in service delivery under Integrated Child Development Service (ICDS), Poshan Abhiyaan and other central schemes; and

(c) the details of the steps taken/proposed to be taken by the Government to strengthen Anganwadi infrastructure, improve nutritional services/enhance outreach activities for women and children in the said region?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years 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 is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This Mission is being implemented across the country including rural and tribal districts of Maharashtra. The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

The status of malnutrition among children and other information related to Anganwadi services in Hingoli district and other tribal districts of Maharashtra is available at the link: <https://www.poshantracker.in/statistics> .

Since, the enactment of The Prohibition of Child Marriage Act (PCMA) 2006, the prevalence of child marriage in the country has reduced to almost half from 47 % in National Family Health Survey (NFHS)- 3 (2005- 06) to 23.3% in NFHS- 5 (2019-21). This shows that the law has a strong effect in prevention of child marriages in the country. Ministry of Women and Child Development (MWCD) implements the Beti Bachao Beti Padhao (BBBP) component under the umbrella scheme of 'Mission Shakti', wherein creation of awareness on matters pertaining to gender equality and discouraging child marriage is an important focus area. The National Commission for Protection of Child Rights (NCPCR) under the Ministry also undertakes awareness programs and consultations with stakeholders from time to time in this regard. The National Legal Services Authority with its States and District arms also creates awareness about the ill-effects of child marriage. NALSA has issued a Standard Operating Procedure (SOP) to its functionaries for effective prevention of child marriages in coordination with the statutory officers and other authorities. It also has a dedicated helpline 15100 which provides free legal aid to the specified sections of citizens including women and children. The Central Government launched 'Bal Vivah Mukht Bharat' campaign on 27th November 2024 which focuses on making India child marriage free. In addition, the Ministry has introduced Child Helpline with short code 1098, a toll-free 24*7*365 telephone emergency outreach service for children in crisis.

Further, the key reasons for Out-of-School Children (OoSc) dropping out as

identified by States/UTs include migration, socio economic condition of families, domestic responsibilities on children, poor health of children etc. Various efforts have been made to reduce school dropout by the Department of School Education and Literacy as below:

Samagra Shiksha, an integrated scheme for school education is being implemented since 2018-19 covering the entire gamut from pre-school to class XII. The scheme has also been aligned with the recommendations of NEP 2020 to ensure that all children have access to quality education with an equitable and inclusive classroom environment which should take care of their diverse background, multilingual needs, different academic abilities and make them active participants in the learning process. In order to reduce dropout, the scheme includes the provision of opening and strengthening of new schools up to senior secondary level; construction of school buildings and additional classrooms; setting up, up-gradation and running of Kasturba Gandhi Balika Vidyalayas; setting up of Netaji Subhash Chandra Bose Avasiya Vidyalayas; free uniforms, free text books, transport allowance and undertaking enrolment & retention drives, construction of hostels under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan for unsaturated ST population, reimbursement under RTE Act, various qualitative components, strengthening of teacher education and strengthening of DIETs/BRCs/CRCs, provision of ICT and digital interventions. Government has also taken initiatives such as Vidya Samiksha Kendra (VSK) and implementation of Automated Permanent Academic Account Registry

(APAAR) ID to monitor the drop out and other education indicators.

In addition, support is provided through special training for age-appropriate admission of Out of School Children and for the training of residential as well as non-residential older children. The provision of seasonal hostels or residential camps, special training centres at worksites, transport/ escort facility are also available for bringing Out of School Children to the formal schooling structure. Financial assistance upto ₹ 2000 per annum is being provided for Out of School Children of age group of 16-19 years, belonging to socio economically disadvantaged groups, for completing their education through NIOS/SIOS, for accessing course materials and certification. Under the student-oriented component for the children with special needs of the scheme, financial assistance is provided for identification and assessment of children with special needs, aids and appliances, braille kits and books, appropriate teaching learning material and stipend to girl students with disability etc. All States/UTs including Maharashtra have been directed to reduce the dropout rate and number of Out of School Children (OoSC). States/UTs have also been requested to participate in “Bringing Children Back to School” campaign with the full and active engagement of School Management Committees and community involvement through Panchayati Raj Institutions.

(b): The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India. It provides report on fertility, infant and child mortality, the practice of family

planning, maternal and child health, reproductive health, nutrition, anaemia, utilization and quality of health and family planning services. Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators from NFHS-1 to NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93) *	52	53.4	17.5
NFHS-2 (1998-99) **	45.5	47	15.5
NFHS-3 (2005-6) ***	48.0	42.5	19.8
NFHS-4 (2015-16) ***	38.4	35.8	21.0
NFHS-5 (2019-21) ***	35.5	32.1	19.3
Poshan Tracker (October 2025) ***	33.54	14.41	5.03

* Under 4 years

** Under 3 years

*** Under 5 years

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across the country including Maharashtra.

In 2021, the World Bank conducted a survey in 11 priority states (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh) with the highest rates of anemia and stunting. 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 behaviors. 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. A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and in 2025 and found its relevance to be satisfactory for tackling malnutrition in the country.

(c): Various steps have been taken up from time to time to improve infrastructure and ensure uninterrupted nutrition delivery under Mission Poshan 2.0. Following are some of the initiatives undertaken:

The Ministry of Women and Child Development has taken various steps to address the challenges related to malnutrition which are being implemented in all States and UTs including Hingoli and other districts of Maharashtra:

- Under this Mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to address the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food

Security Act, 2013. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides for quality protein, healthy fats and micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin A, Vitamin-B6 and Vitamin B-12).

- Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi centres.
- Ministries of Women & Child Development and Health & Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.
- The Ministry has issued Integrated Nutrition Support Programme-Saksham Anganwadi and Poshan (2.0), Rules, 2022 on 12th September 2022 to regulate the entitlements specified under the provisions of National Food Security Act, 2013 for every pregnant woman and lactating mother, till six months after child birth and every child in the age group of six months to six years.
- 2 lakh Anganwadi Centres have been approved to be upgraded as

Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments. A total of 14,745 Anganwadis have been approved for upgradation to Saksham Anganwadis in the State of Maharashtra.

- The Government has taken a policy decision to upgrade each Mini AWCs to a full-fledged Anganwadi Centre with one worker and one helper to help in carrying out the various responsibilities under the Mission Poshan 2.0 including responsibilities related to Early Childhood Care & Education. Out of 1,16,852 Mini-AWCs in 23 States/UTs, sanction for upgradation of 1,11,363 Mini-AWCs in 21 States/UTs has been issued till date.
- Poshan Tracker an ICT tool has been implemented for 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, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, opening and closing of AWCs, daily attendance of children, ECCE activities, Delivery of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help

disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding, and complementary feeding.

- The PM JANMAN Mission launched by Ministry of Tribal Affairs aims for targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) residing in 18 States and a UT. This Mission focuses on 11 critical interventions related to 9 key Ministries including Ministry of Women and Child Development. As on date, a total of 2500 AWCs have been approved for construction under PM JANMAN across the country. A total of 178 number of AWCs have been approved for construction under PM JANMAN in the State of Maharashtra.
- Ministry of Tribal Affairs has launched Dharti Aaba Janjati Gram Unnat Abhiyan (DAJGUA) aimed at improving the socio-economic condition of tribal communities by adopting saturation coverage of tribal families in tribal majority areas and aspirational block ST villages.
- Under the Poshan Bhi Padhai Bhi (PBPB) initiative, the Ministry is imparting training to all the officials and field functionaries in the States/ UTs through a cascading model of training, wherein Master Trainers (namely, District Officers, Block Coordinators and Supervisors) are trained, and the master trainers further train all Anganwadi Workers in the field. As on 30th November 2025, 8,95,814 AWWs have been trained across the country. A total of 88,652 number of Anganwadis have been trained under the initiative in the State of Maharashtra.

- Community Based Events (CBEs), held twice a month at each Anganwadi Centre, strengthen community engagement and promote better nutrition practices. These events celebrate key milestones for pregnant women and young children and spread awareness on complementary feeding, diet diversity, anaemia, WASH and public health. Since 2018, 8.82 crore CBEs have been conducted.
- Jan Andolans, through Poshan Maah (September) and Poshan Pakhwada (March/April), have driven mass nutrition awareness with over 150 crore activities since 2018. The 8th Rashtriya Poshan Maah (2025), launched by the Hon'ble Prime Minister in Madhya Pradesh, focused on themes such as obesity, ECCE, IYCF, men's involvement, vocal-for-local foods and digital convergence. This edition alone saw 14.33 crore activities across all States/UTs in partnership with more than 18 Ministries.
- Village Health Sanitation and Nutrition Days (VHSNDs) are observed by Ministry of Health and Family Welfare in convergence with Ministry of Women and Child Development for creating mass awareness on maternal and child health services including nutrition. It's a community platform, connecting the community and health systems and facilitating convergent actions. It attempts to bring health, early childhood development, nutrition and sanitation services to the doorstep and promote community engagement for improved health and wellbeing.

पर्वतीय क्षेत्रों में औषधीय पौधों का संरक्षण

1149. श्री दर्शन सिंह चौधरी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार होशंगाबाद लोक सभा क्षेत्र की सतपुड़ा पर्वत श्रृंखला, विशेषकर पातालकोट, पचमढ़ी और मटकुली क्षेत्रों में प्राकृतिक औषधीय पौधों के संरक्षण हेतु कोई योजना क्रियान्वित कर रही है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या इन दुर्लभ औषधीय पौधों की प्रजातियों की पहचान, सर्वेक्षण और संरक्षित क्षेत्रों की घोषणा हेतु कोई विशेष कार्यक्रम प्रस्तावित है;
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) पचमढ़ी और मटकुली में औषधीय अनुसंधान केंद्र स्थापित करने की सरकार की योजनाओं 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): सरकार होशंगाबाद लोकसभा निर्वाचन क्षेत्र के सतपुड़ा पर्वत श्रृंखला, विशेषकर पातालकोट, पचमढ़ी और मटकुली क्षेत्रों में औषधीय पौधों के संरक्षण के लिए कोई योजना क्रियान्वित नहीं कर रही है।

तथापि, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी), आयुष मंत्रालय की "औषधीय पौधों के संरक्षण, विकास और सतत प्रबंधन के लिए केंद्रीय क्षेत्र योजना" के अंतर्गत दुर्लभ प्रजातियों सहित औषधीय पौधों के संरक्षण/सुरक्षा के लिए उनके प्राकृतिक स्थानों में औषधीय पादप संरक्षण विकास क्षेत्र (एमपीसीडीए) स्थापित करने का प्रावधान है। एमपीसीडीए की स्थापना के लिए, योजना दिशानिर्देशों के प्रावधान के अनुसार, राज्य वन विभागों को रु. 20,000/- प्रति हेक्टेयर की दर से

परियोजना आधारित वित्तीय सहायता प्रदान की जाती है। मध्य प्रदेश राज्य में उपर्युक्त योजना के अंतर्गत समर्थित एमपीसीडीए का विवरण नीचे दिया गया है:

क्र.सं.	एमपीसीडीए का नाम	समर्थित क्षेत्र (हेक्टेयर में)
1.	अमरकंटक	200
2.	बरमान	200
3.	पूर्वी बटकाखापा	200
4.	पूर्वी छिंदवाड़ा	200
5.	तामिया	200
6.	पांदूरुना	200
7.	डिंडोरी	200
8.	भोरीबंध	200
9.	मवई	200
10.	कट्टीवाड़ा	200
11.	कराहल	200

(ग) और (घ): वर्तमान में, पातालकोट, पचमढ़ी एवं मटकुली क्षेत्रों में इन दुर्लभ औषधीय पादप प्रजातियों की पहचान, सर्वेक्षण एवं संरक्षित क्षेत्रों की घोषणा हेतु कोई विशेष कार्यक्रम प्रस्तावित नहीं है।

(ङ): वर्तमान में, सरकार की पचमढ़ी और मटकुली में औषधीय अनुसंधान केंद्र स्थापित करने की कोई योजना नहीं है।

पीएम-एबीएचआईएम के तहत ग्रामीण स्वास्थ्य बुनियादी ढांचे को सुदृढ़ बनाना

1150. श्रीमती हेमा मालिनी:

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

(क) क्या सरकार ने प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत देश में ग्रामीण स्वास्थ्य अवसंरचना को सुदृढ़ करने के लिए कोई प्रावधान किया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार ने उक्त मिशन के अंतर्गत देश भर के ग्रामीण स्वास्थ्य संस्थानों में पर्याप्त स्वास्थ्य देखभाल पेशेवरों, उपकरणों और डिजिटल स्वास्थ्य सुविधाओं की उपलब्धता सुनिश्चित करने के लिए भी प्रावधान किया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) मिशन के अंतर्गत उत्तर प्रदेश राज्य के मथुरा जिले में ग्रामीण स्वास्थ्य अवसंरचना को सुदृढ़ करने के लिए अब तक उठाए गए कदमों, किए गए व्यय और उपलब्धियों का ब्यौरा क्या है;

(घ) क्या केंद्र सरकार का ग्रामीण स्वास्थ्य अवसंरचना को सुदृढ़ करने के लिए उक्त मिशन के अंतर्गत राज्यों और संघ राज्यक्षेत्र को धनराशि का आवंटन बढ़ाने का विचार है; और

(ङ) 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 (ङ): प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) कुछ केंद्रीय क्षेत्र घटकों (सीएस) के साथ एक केंद्र प्रायोजित योजना (सीएसएस) है, जिसकी योजना अवधि (2021-22 से 2025-26) के लिए परिव्यय 64,180 करोड़ रुपये है। पीएम-एबीएचआईएम के अंतर्गत उपाय, सभी स्तरों प्राथमिक, मध्यम और विशिष्ट स्तर पर परिचर्या की निरंतरता में स्वास्थ्य प्रणालियों और संस्थानों की क्षमता विकसित करने पर ध्यान केंद्रित करते हैं, ताकि वर्तमान और भविष्य की महामारियों/आपदाओं का प्रभावी ढंग से उत्तर देने के लिए स्वास्थ्य प्रणालियों को

तैयार किया जा सके।

योजना के सीएसएस घटकों के अंतर्गत, निम्नलिखित पाँच कार्यक्रमलाप हैं जिनके लिए योजना अवधि (2021-2026) के दौरान राज्य/संघ राज्य क्षेत्रों को सहायता प्रदान की जाती है:

- i. आयुष्मान भारत-स्वास्थ्य और आरोग्य केंद्रों के रूप में 17,788 भवन रहित उप-केंद्रों का निर्माण, जिन्हें अब आयुष्मान आरोग्य मंदिर (एएएम) के रूप में जाना जाता है।
- ii. शहरी क्षेत्रों में 11,024 स्वास्थ्य और आरोग्य केंद्रों (यू-एएम) की स्थापना की परिकल्पना की गई है, जिसमें झुग्गी-झोपड़ियों और झुग्गी-झोपड़ियों जैसे क्षेत्रों पर विशेष ध्यान दिया जाएगा।
- iii. ब्लॉक स्तर पर 3382 ब्लॉक जन स्वास्थ्य इकाइयों (बीपीएचयू) की स्थापना करना,
- iv. देश में 730 जिला एकीकृत जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) की स्थापना, जिसमें प्रत्येक जिले में एक ऐसी प्रयोगशाला होगी।
- v. 5 लाख से अधिक जनसंख्या वाले सभी जिलों में 602 क्रिटिकल केयर हॉस्पिटल ब्लॉक (सीसीबी) स्थापित करना।

पीएम-एबीएचआईएम राज्यों/संघ राज्य क्षेत्रों को आवश्यक मानव संसाधनों को नियोजित करने और वेतन, उपभोग्य सामग्रियों, निदान और उपकरण रखरखाव जैसी आवर्ती लागतों को पूरा करने में सक्षम बनाकर ग्रामीण स्वास्थ्य संस्थानों को व्यापक सहायता प्रदान करता है। यह गहन परिचर्या अवसंरचना, ऑक्सीजन प्रणाली, निदान और प्रयोगशाला उपकरणों के माध्यम से सुविधा केंद्रों को मजबूत करता है। बेहतर निगरानी और सेवा प्रदायगी के लिए आईटी अवसंरचना और एकीकृत स्वास्थ्य सूचना मंच (आईएचआईपी) और राष्ट्रीय डिजिटल स्वास्थ्य पारितंत्र (एनडीएचई) जैसे राष्ट्रीय प्लेटफार्मों के माध्यम से डिजिटल स्वास्थ्य प्रणालियों को बढ़ाया जाता है। ये उपाय यह सुनिश्चित करते हैं कि ग्रामीण स्वास्थ्य संस्थानों में पर्याप्त स्टाफ, उपकरण और डिजिटल क्षमता हो ताकि वे व्यापक और उत्तरदायी स्वास्थ्य सेवा प्रदान कर सकें। परिचालन संबंधी दिशा-निर्देश

निम्नलिखित लिंक के माध्यम से देखे जा सकते हैं:

https://nhsrcindia.org/sites/default/files/FINAL%20PM-ABHIM_15-12-21.pdf

पीएम-एबीएचआईएम के सीएसएस घटक के तहत, उत्तर प्रदेश राज्य के लिए वित्तीय वर्ष 2021-22 से 2025-26 तक योजना अवधि के दौरान 1,670 भवन-रहित आयुष्मान आरोग्य मंदिर-उप स्वास्थ्य केंद्र (एसएचसी-एएम), 674 शहरी- आयुष्मान आरोग्य मंदिर (यू-एएम), 515 ब्लॉक जन स्वास्थ्य इकाइयों (बीपीएचयू), 75 एकीकृत जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) और 74 क्रिटिकल केयर ब्लॉक (सीसीबी) के निर्माण और सुदृढीकरण के लिए कुल वित्तीय परिव्यय **5,084.07 करोड़ रुपये** के प्रावधान किए गए हैं।

पीएम-एबीएचआईएम के अंतर्गत मथुरा जिले के लिए स्वीकृतियां निम्नानुसार हैं:

जिले का नाम	भवन-रहित एसएचसी एएम	शहरी-एएम	बीपीएचयू	आईपी एचएल	सीसीबी
मथुरा	20	8	8	1	1

मथुरा जिले में 19 भवन रहित एसएचसी-एएम, 3 शहरी-एएम, 8 बीपीएचयू, 1 आईपीएचएल का कार्य पूरा हो चुका है।

उत्तर प्रदेश राज्य को पीएम-अभियान के अंतर्गत प्रारंभ से लेकर वित्तीय वर्ष 2024-25 तक केंद्रीय निर्गत का विवरण निम्नानुसार है:

(करोड़ रु में)

क्र. सं.	वित्तीय वर्ष	केंद्रीय निर्गत	व्यय
1.	2021-22	124.63	0.00
2.	2022-23	173.71	254.04
3.	2023-24	247.96	252.69

4.	2024-25	400.95	544.74

नोट: उपरोक्त निर्गत केंद्र सरकार के अनुदानों से संबंधित हैं और इसमें राज्य का अंशदान शामिल नहीं है। वित्तीय वर्ष 2025-26 के लिए केंद्रीय निर्गत

08.07.2025 तक अद्यतन है और अनंतिम है।

जैसा कि उपर्युक्त तालिका से स्पष्ट है, ग्रामीण स्वास्थ्य अवसंरचना को मजबूत करने के लिए उक्त मिशन के अंतर्गत राज्यों/संघ राज्य क्षेत्रों को केंद्रीय निधियों की जारी की गई राशि में वर्ष दर वर्ष लगातार वृद्धि हुई है।

माननीय अध्यक्ष : सभा बारह बजे तक के लिए स्थगित की जाती है।

11.31 hrs

The Lok Sabha then adjourned till Twelve of the Clock.

12.00 hrs

The Lok Sabha re-assembled at Twelve of the Clock.

(Shri Krishna Prasad Tenneti in the Chair)

माननीय सभापति : माननीय सदस्यगण, कुछ विषयों पर स्थगन प्रस्ताव के नोटिस प्राप्त हुए हैं।

माननीय अध्यक्ष जी ने किसी भी स्थगन प्रस्ताव के नोटिस को अनुमति नहीं दी है।

... (व्यवधान)

12.01 hrs**PAPERS LAID ON THE TABLE**

माननीय सभापति : अब पत्र सभा पटल पर रखे जाएंगे।

आइटम नंबर 2, श्रीमती अनुप्रिया पटेल।

... (व्यवधान)

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): Sir, on behalf of Shri Prataprao Ganpatrao Jadhav, I rise to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-
 - (i) Review by the Government of the working of the HLL Medipark Limited, Thiruvananthapuram, for the year 2023-2024.
 - (ii) Annual Report of the HLL Medipark Limited, Thiruvananthapuram, for the year 2023-2024 alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

- (2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned (1) above.

[Placed in Library, See No. LT5215/18/25]

... (*Interruptions*)

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): Sir, I rise to lay on the Table:-

- (1) A copy each of the following notifications (Hindi and English versions) under Section 53 of the Clinical Establishments (Registration and Regulation) Act, 2010:-
- (i) The Clinical Establishments (Central Government) Amendment Rules, 2020 published in Notification No. G.S.R.115(E) in Gazette of India dated 14th February, 2020.
 - (ii) The Clinical Establishments (Central Government) Amendment Rules, 2018 published in Notification No. G.S.R.468(E) in Gazette of India dated 21st May, 2018.
- (2) Two statements (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT5216/18/25]

- (3) A copy of the Drugs (2nd Amendment) Rules, 2025 (Hindi and English versions) published in Notification No. G.S.R.554(E) in

Gazette of India dated 18th August, 2025 under Section 38 of the Drugs and Cosmetics Act, 1940.

[Placed in Library, See No. LT5217/18/25]

- (4) (i) A copy of the Annual Accounts (Hindi and English versions) of the Indian Farmers Fertiliser Cooperative Limited, New Delhi, for the year 2024-2025, together with Audit Report thereon.
- (ii) Statement regarding Review (Hindi and English versions) by the Government on the Audited Accounts of the Indian Farmers Fertiliser Cooperative Limited, New Delhi, for the year 2024-2025.

[Placed in Library, See No. LT5218/18/25]

- (5) (i) A copy of the Annual Report (Hindi and English versions) of the Krishak Bharati Cooperative Limited, Noida, for the year 2024-2025, alongwith Audited Accounts.
- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the Krishak Bharati Cooperative Limited, Noida, for the year 2024-2025.

[Placed in Library, See No. LT5219/18/25]

- (6) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-
- (a) (i) Statement regarding Review by the Government of the working of the Rashtriya Chemicals and Fertilizers Limited, Mumbai, for the

year 2024-2025.

- (ii) Annual Report of the Rashtriya Chemicals and Fertilizers Limited, Mumbai, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5220/18/25]

- (b) (i) Statement regarding Review by the Government of the working of the FCI Aravali Gypsum and Minerals India Limited, Jodhpur, for the year 2024-2025.

- (ii) Annual Report of the FCI Aravali Gypsum and Minerals India Limited, Jodhpur, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5221/18/25]

- (c) (i) Statement regarding Review by the Government of the working of the Fertilizers and Chemicals Travancore Limited, Kochi, for the year 2024- 2025.

- (ii) Annual Report of the Fertilizers and Chemicals Travancore Limited, Kochi, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5222/18/25]

- (d) (i) Statement regarding Review by the Government of the working of

the National Fertilizers Limited, New Delhi, for the year 2024-2025.

- (ii) Annual Report of the National Fertilizers Limited, New Delhi, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5223/18/25]

... (*Interruptions*)

THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND WATERWAYS (SHRI SHANTANU THAKUR): Sir, I rise to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-
 - (a) (i) Review by the Government of the working of the Sethusamudram Corporation Limited, Chennai, for the year 2024-2025.
 - (ii) Annual Report of the Sethusamudram Corporation Limited, Chennai, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5224/18/25]

- (b) (i) Review by the Government of the working of the Cochin Shipyard Limited, Kochi, for the year 2024-2025.
- (ii) Annual Report of the Cochin Shipyard Limited, Kochi, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5225/18/25]

- (c) (i) Review by the Government of the working of the Hooghly Cochin Shipyard Limited, Howrah, for the year 2024-2025.
- (ii) Annual Report of the Hooghly Cochin Shipyard Limited, Howrah, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5226/18/25]

- (d) (i) Review by the Government of the working of the Udipi Cochin Shipyard Limited, Kancheepuram, for the year 2024-2025.
- (ii) Annual Report of the Udipi Cochin Shipyard Limited, Kancheepuram, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5227/18/25]

- (2) A copy of the Notification No. S.O.4082(E) (Hindi and English versions) published in Gazette of India dated 9th September, 2025, appointing the 10th day of September, 2025 as the date on which the Carriage of Goods by Sea Act, 2025, shall come into force, issued under sub-section (2) of the Section 1 of the said Act.

[Placed in Library, See No. LT5228/18/25]

- (3) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Chennai Port Authority, Chennai, for the year 2024-2025, alongwith Audited Accounts.

- (ii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the Chennai Port Authority, Chennai, for the year 2024-2025.
- (iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Chennai Port Authority, Chennai, for the year 2024-2025.

[Placed in Library, See No. LT5229/18/25]

- (4) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Mormugao Port Authority, Mormugao, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Mormugao Port Authority, Mormugao, for the year 2024-2025, together with Audit Report thereon.
- (iii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the Mormugao Port Authority, Mormugao, for the year 2024-2025.
- (iv) A copy of the Review (Hindi and English versions) by the Government of the working of the Mormugao Port Authority, Mormugao, for the year 2024-2025.

[Placed in Library, See No. LT5230/18/25]

- (5) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Mumbai Port Authority, Mumbai, for the year 2024-

2025.

- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Mumbai Port Authority, Mumbai, for the year 2024-2025, together with Audit Report thereon.
- (iii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the Mumbai Port Authority, Mumbai, for the year 2024-2025.
- (iv) A copy of the Review (Hindi and English versions) by the Government of the working of the Mumbai Port Authority, Mumbai, for the year 2024-2025.

[Placed in Library, See No. LT5231/18/25]

- (6) (i) A copy of the Annual Accounts (Hindi and English versions) of the Tariff Authority for Major Ports, Mumbai, for the year 2024-2025, together with Audit Report thereon.
- (ii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the Tariff Authority for Major Ports, Mumbai, for the year 2024-2025.

[Placed in Library, See No. LT5232/18/25]

- (7) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Syama Prasad Mookerjee Port, Kolkata, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the

Syama Prasad Mookerjee Port, Kolkata, for the year 2024-2025, together with Audit Report thereon.

- (iii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the Syama Prasad Mookerjee Port, Kolkata, for the year 2024-2025.
- (iv) A copy of the Review (Hindi and English versions) by the Government of the working of the Syama Prasad Mookerjee Port, Kolkata, for the year 2024-2025.

[Placed in Library, See No. LT5233/18/25]

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH): Sir, I rise to lay on the Table:-

- (1) A copy each of the following notifications (Hindi and English versions) under article 309 of the Constitution:-
 - (i) The Defence Research and Development Service (Amendment) Rules, 2025 published in Notification No. S.R.O. 34 in weekly Gazette of India dated 27th September, 2025.
 - (ii) The Ministry of Defence, Defence Research and Development Organisation, Junior Translation Officer (Group 'B' post) Recruitment Rules, 2025 published in Notification No. S.R.O. 35 in weekly Gazette of India dated 27th September, 2025.
 - (iii) The Ministry of Defence, Defence Research and Development Organisation, Vehicle Operator 'E' Group 'B' Post, Recruitment

Rules, 2025 published in Notification No. S.R.O. 21 in weekly Gazette of India dated 26th July, 2025.

- (2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at item No. (iii) of (1) above.

[Placed in Library, See No. LT5234/18/25]

- (3) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-

- (a) (i) Review by the Government of the working of the Yantra India Limited, Nagpur, for the year 2024-2025
- (ii) Annual Report of the Yantra India Limited, Nagpur, for the year 2024-2025 alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5235/18/25]

- (b) (i) Review by the Government of the working of the Bharat Dynamics Limited, Hyderabad, for the year 2024-2025.
- (ii) Annual Report of the Bharat Dynamics Limited, Hyderabad, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5236/18/25]

- (c) (i) Review by the Government of the working of the BEL Optronics Devices Limited, Pune, for the year 2024-2025.
- (ii) Annual Report of the BEL Optronics Devices Limited, Pune, for the

year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5237/18/25]

- (d) (i) Review by the Government of the working of the Hindustan Shipyard Limited, Visakhapatnam, for the year 2024-2025.
- (ii) Annual Report of the Hindustan Shipyard Limited, Visakhapatnam, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5238/18/25]

- (e) (i) Review by the Government of the working of the Garden Reach Shipbuilders & Engineers Limited, Kolkata, for the year 2024-2025.
- (ii) Annual Report of the Garden Reach Shipbuilders & Engineers Limited, Kolkata, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5239/18/25]

- (f) (i) Review by the Government of the working of the Mazagon Dock Shipbuilders Limited, Mumbai, for the year 2024-2025
- (ii) Annual Report of the Mazagon Dock Shipbuilders Limited, Mumbai, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5240/18/25]

(g) (i) Review by the Government of the working of the Gliders India Limited, Kanpur, for the year 2024-2025.

(ii) Annual Report of the Gliders India Limited, Kanpur, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5241/18/25]

(h) (i) Review by the Government of the working of the Troop Comforts Limited, Kanpur, for the year 2024-2025.

(ii) Annual Report of the Troop Comforts Limited, Kanpur, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5242/18/25]

(i) (i) Review by the Government of the working of the Advanced Weapons and Equipment India Limited, Kanpur, for the year 2024-2025.

(ii) Annual Report of the Advanced Weapons and Equipment India Limited, Kanpur, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5243/18/25]

(j) (i) Review by the Government of the working of Armoured Vehicles Nigam Limited, Chennai, for the year 2024-2025.

- (ii) Annual Report of the Armoured Vehicles Nigam Limited, Chennai, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5244/18/25]

- (k) (i) Review by the Government of the working of Munitions India Limited, Pune, for the year 2024-2025.
- (ii) Annual Report of the Munitions India Limited, Pune, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5245/18/25]

- (l) (i) Review by the Government of the working of the Goa Shipyard Limited, Goa, for the year 2024-2025.
- (ii) Annual Report of the Goa Shipyard Limited, Goa, for the year 2024- 2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5246/18/25]

- (m) (i) Review by the Government of the working of the Bharat Electronics Limited, Bengaluru, for the year 2024-2025.
- (ii) Annual Report of the Bharat Electronics Limited, Bengaluru, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5247/18/25]

(4) A copy each of the following papers (Hindi and English versions): -

- (i) Memorandum of Understanding between Mazagon Dock Shipbuilders Limited and the Department of Defence Production, Ministry of Defence, for the year 2025-2026.

[Placed in Library, See No. LT5248/18/25]

- (ii) Memorandum of Understanding between Mishra Dhatu Nigam Limited and the Department of Defence Production, Ministry of Defence, for the year 2025-2026.

[Placed in Library, See No. LT5249/18/25]

- (iii) Memorandum of Understanding between Goa Shipyard Limited and the Department of Defence Production, Ministry of Defence, for the year 2025-2026.

[Placed in Library, See No. LT5250/18/25]

- (iv) Memorandum of Understanding between Hindustan Shipyard Limited and the Department of Defence Production, Ministry of Defence, for the year 2025-2026.

[Placed in Library, See No. LT5251/18/25]

- (v) Memorandum of Understanding between Garden Reach Shipbuilders & Engineers Limited and the Department of Defence Production, Ministry of Defence, for the year 2025-2026.

[Placed in Library, See No. LT5252/18/25]

- (vi) Memorandum of Understanding between Bharat Dynamics

Limited and the Department of Defence Production, Ministry of Defence, for the year 2025-2026.

[Placed in Library, See No. LT5253/18/25]

- (vii) Memorandum of Understanding between Bharat Electronics Limited and the Department of Defence Production, Ministry of Defence, for the year 2025-2026.

[Placed in Library, See No. LT5254/18/25]

- (5) (i) A copy of the Annual Report (Hindi and English versions) of the Jawahar Institute of Mountaineering and Winter Sports, Pahalgam, 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 Jawahar Institute of Mountaineering and Winter Sports, Pahalgam, for the year 2024-2025.

[Placed in Library, See No. LT5255/18/25]

- (6) (i) A copy of the Annual Report (Hindi and English versions) of the Nehru Institute of Mountaineering, Uttarkashi, 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 Nehru Institute of Mountaineering, Uttarkashi, for the year 2024-2025.

[Placed in Library, See No. LT5256/18/25]

- (7) (i) A copy of the Annual Report (Hindi and English versions) of the Himalayan Mountaineering Institute, Darjeeling, 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 Himalayan Mountaineering Institute, Darjeeling, for the year 2024-2025

[Placed in Library, See No. LT5257/18/25]

- (8) (i) A copy of the Annual Report (Hindi and English versions) of the National Institute of Mountaineering and Adventure Sports, Dirang,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 National Institute of Mountaineering and Adventure Sports, Dirang, for the year 2024-2025.

[Placed in Library, See No. LT5258/18/25]

- (9) A copy of the Notification No. S.R.O.20(E) (Hindi and English versions) published in Gazette of India dated 14th November, 2025, notifying that the Defence Research and Development Organisation to perform Aadhaar authentication on voluntary basis, for verifying the identity of candidates at the time of registration and various stages of examination or recruitment test conducted by Defence Research and Development

Organisation under Article 309 of the Constitution.

[Placed in Library, See No. LT5259/18/25]

12.02 hrs

MESSAGE FROM RAJYA SABHA

SECRETARY-GENERAL: Sir, I have to report the following message received from the Secretary General of Rajya Sabha:-

“In accordance with the provisions of sub-rule (6) of rule 186 of the Rules of Procedure and Conduct of Business in the Rajya Sabha, I am directed to return herewith the Central Excise (Amendment) Bill, 2025 which was passed by the Lok Sabha at its sitting held on the 3rd December, 2025 and transmitted to the Rajya Sabha for its recommendations and to state that this House has no recommendations to make to the Lok Sabha in regard to the said Bill.”

12.02½ hrs

STANDING COMMITTEE ON COAL, MINES AND STEEL

12th to 14th Reports

SHRI ANURAG SINGH THAKUR (HAMIRPUR): Sir, I rise to present the following Reports (Hindi and English versions) of the Standing Committee on Coal, Mines and Steel:-

- (1) Twelfth Report on Action Taken by the Government on the observations/recommendations contained in the 04th Report (Eighteenth Lok Sabha) on Demands for Grants (2025-2026) relating to the Ministry of Coal.
- (2) Thirteenth Report on Action Taken by the Government on the observations/recommendations contained in the 05th Report (Eighteenth Lok Sabha) on Demands for Grants (2025-2026) relating to the Ministry of Mines.
- (3) Fourteenth Report on Action Taken by the Government on the observations/recommendations contained in the 06th Report (Eighteenth Lok Sabha) on Demands for Grants (2025-2026) relating to the Ministry of Steel.

12.03 hrs

STATEMENTS BY MINISTER

(i)(a) Status of implementation of the recommendations contained in the 1st Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2024-25) 'General Defence Budget, Border Roads Organization, Indian Coast Guard, Defence Estates Organization, Defence Public Sector Undertakings, Welfare of Ex-Servicemen and Defence Pension' (Demand Nos. 19 and 22) pertaining to the Ministry of Defence*

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH): Sir, I rise to lay a statement regarding the status of

* Laid on the Table and also placed in Library, See No. LT5211/18/25 .

implementation of the recommendations contained in the 1st Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2024-25) 'General Defence Budget, Border Roads Organization, Indian Coast Guard, Defence Estates Organization, Defence Public Sector Undertakings, Welfare of Ex- Servicemen and Defence Pension' (Demand Nos. 19 and 22) pertaining to the Ministry of Defence

(b) Status of implementation of the recommendations contained in the 2nd Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2024-25) 'Army, Navy, Air Force, Joint Staff and Ex-Servicemen Contributory Health Scheme' (Demand Nos. 20 and 21) pertaining to the Ministry of Defence*

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH): Sir, I rise to lay a statement regarding the status of implementation of the recommendations contained in the 2nd Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2024-25) 'Army, Navy, Air Force, Joint Staff and Ex-Servicemen Contributory Health Scheme' (Demand Nos. 20 and 21) pertaining to the Ministry of Defence

(c) Status of implementation of the recommendations contained in the 3rd Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2024-25) 'Capital Outlay On Defence Services, Procurement Policy and Defence Planning' (Demand No. 21) pertaining to the Ministry of Defence*

* Laid on the Table and also placed in Library, See No. LT5212/18/25 and 5213/18/25 respectively.

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY

SETH): Sir, I rise to lay a statement regarding the status of implementation of the recommendations contained in the 3rd Report of the Standing Committee on Defence (2024-25) on Demands For Grants (2024-25) 'Capital Outlay On Defence Services, Procurement Policy and Defence Planning' (Demand No. 21) pertaining to the Ministry of Defence

(d) Status of implementation of the recommendations contained in the 4th Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2024-25) 'Directorate of Ordnance (Coordination and Services)- New DPSUs and Defence Research and Development Organisation' (Demand Nos. 20 and 21) pertaining to the Ministry of Defence*

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY

SETH): Sir, I rise to lay a statement regarding the status of implementation of the recommendations contained in the 4th Report of the Standing Committee on Defence (2024-25) on Demands For Grants (2024-25) 'Directorate of Ordnance (Coordination and Services)- New DPSUs and Defence Research and Development Organisation' (Demand Nos. 20 and 21) pertaining to the Ministry of Defence

* Laid on the Table and also placed in Library, See No. LT5214/18/25 .

12.04 hrs

BUSINESS OF THE HOUSE

THE MINISTER OF PARLIAMENTARY AFFAIRS; AND MINISTER OF MINORITY AFFAIRS (SHRI KIREN RIJJU): Sir, with your permission, I rise to announce that the Government Business during the week commencing Monday, the 8th of December, 2025 will consist of:-

1. Consideration of any items of the Government Business carried over from today's order paper - it contains Further consideration and passing of the Health Security Se National Security Cess Bill, 2025.
 2. Discussion on the 150th Anniversary of the National Song "Vande Mataram".
 3. Discussion and voting on the First Batch of Supplementary Demands for Grants for the year 2025-26.
 4. Introduction, consideration and passing of the Appropriation (No.4) Bill, 2025.
 5. Consideration of the Resolution on the adoption of "Water (Prevention and Control of Pollution) Amendment Act 2024 in the State of Manipur".
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HON. CHAIRPERSON: Hon. Members, we will now commence the 'Zero Hour'.

Shri T.R. Baalu ji. Please be brief, so that we can give a chance to others to speak.

12.05 hrs

SUBMISSION BY MEMBER

Re : Alleged communal clash by vested interests at Thiruparankundram temple in Tamil Nadu

SHRI T. R. BAALU (SRIPERUMBUDUR): Sir, it is a matter of great concern. The Government of Tamil Nadu, along with other law abiding citizens, is very much worried about the incidents that have taken place some two days ago. The issue is who was to light the Karthigai Deepam atop the Subramaniya Swamy Temple in Thiruparankundram near Madurai. Who was to light the Deepam, whether they recognized official Hindu Religious Endowment Board's representatives or some miscreants? Just now, they wanted to create some problem. They went to the court and got a judgement from the ... * ...
(Interruptions) The Judge himself has said ... (Interruptions)

THE MINISTER OF PARLIAMENTARY AFFAIRS; AND MINISTER OF MINORITY AFFAIRS (SHRI KIREN RIJJU): This amounts to casting aspersion on the Judiciary. ... (Interruptions) Hon. Member, T.R. Baalu ji is a senior Member of the House. ... (Interruptions) He cannot cast aspersion on the Judiciary. ... (Interruptions) And he has named an ...* ... (Interruptions) I am

* Expunged as ordered by the Chair.

sorry to hear that. ... (*Interruptions*) In the history of our Parliamentary democracy, we have maintained decorum and rules. ... (*Interruptions*) Prevention of usage of unparliamentary words is in record. ... (*Interruptions*)

HON. CHAIRPERSON: Let him speak. Kindly be seated.

... (*Interruptions*)

HON. CHAIRPERSON: Kindly be seated.

... (*Interruptions*)

SHRI KIREN RIJJU: To oppose something, he can speak. ... (*Interruptions*) but he cannot speak unparliamentary words. ... (*Interruptions*) He has cast an aspersion on Judiciary. ... (*Interruptions*) How can he cast an aspersion on a Judge? ... (*Interruptions*) It is a very serious matter. ... (*Interruptions*)

Baalu ji, this will lead to unnecessary trouble, not only for you, but for your Party also. ... (*Interruptions*) This is absolutely wrong on the part of the hon. Member, Shri Baalu ji. ... (*Interruptions*) You make a point. ... (*Interruptions*) Hon. Chair has given you an opportunity to speak. ... (*Interruptions*) How can you cast an aspersion on a Judge of a High Court? ... (*Interruptions*)

HON. CHAIRPERSON: Hon. Member, Shri Baalu ji, your point has been taken.

... (*Interruptions*)

HON. CHAIRPERSON: Rest of the Members, please be seated.

... (*Interruptions*)

HON. CHAIRPERSON: If you want a discussion, let him speak.

... (*Interruptions*)

HON. CHAIRPERSON: No, I will not allow that.

... (*Interruptions*)

HON. CHAIRPERSON: No, please sit down.

SHRI KIREN RIJJU: This House runs with Rules of Procedure. ...
(*Interruptions*) Did you hear what he said? ... (*Interruptions*) We are ready to
listen. ... (*Interruptions*)

HON. CHAIRPERSON: Please be seated.

... (*Interruptions*)

HON. CHAIRPERSON: I will let you know.

... (*Interruptions*)

SHRI KIREN RIJJU: We cannot agree to the statement made by hon. Member,
T.R. Baalu ji. ... (*Interruptions*) We take serious objection to it and this is a wrong
precedent. ... (*Interruptions*) If a Member is allowed to speak anything he
wishes, this House cannot run like this. ... (*Interruptions*)

HON. CHAIRPERSON: I am now going to talk. I am going to speak. All of you,
please be seated.

... (*Interruptions*)

HON. CHAIRPERSON: I am going to speak. All of you, please be seated.

... (*Interruptions*)

HON. CHAIRPERSON: I will decide. I will let you know.

... (*Interruptions*)

HON. CHAIRPERSON: Hon. Member, Baalu ji, you are a very senior Member.

You know that the matter is *sub judice*.

... (*Interruptions*)

HON. CHAIRPERSON: The Chair is speaking. Please listen to me.

... (*Interruptions*)

SHRI KIREN RIJJU: He made accusations. I will request hon. Member, who is also an hon. Minister, who belongs to Tamil Nadu, also be allowed to speak ...

(*Interruptions*)

HON. CHAIRPERSON: I will allow.

The second thing, you have spoken against an hon. Judge and you referred to him as an ... *. This remark is withdrawn. This remark is deleted and this is objectionable. This is deleted.

... (*Interruptions*)

HON. CHAIRPERSON: We cannot label any hon. Judge of the country in any form.

... (*Interruptions*)

HON. CHAIRPERSON: He is senior to you. Let him speak.

... (*Interruptions*)

SHRI T. R. BAALU: The hon. judge has himself conceded that he belongs to a particular ... (*Interruptions*)

HON. CHAIRPERSON: Thank you, Sir. Your point is made. But you allow him to speak.

* Not recorded.

... (*Interruptions*)

HON. CHAIRPERSON: Mr. Baalu, you have another one minute. Please submit your point.

... (*Interruptions*)

SHRI T. R. BAALU: Sir, there is a judgement regarding the Deepathoon, which is on the hill, to the extent indicated in the above-said decree that they alone shall light the deepam in Thirupparankundram hill and we alone shall light the deepam primarily in the traditional place of *mandapam* at Subramania Swamy temple near Uchipillaiyar. There is a judgement made by Justice Kanagaraj in 1996. There is one more judgement of 2017. ... (*Interruptions*)

HON. CHAIRPERSON: What is your demand?

... (*Interruptions*)

HON. CHAIRPERSON: You are informing the House.

SHRI T. R. BAALU: I informed the House. The House has to take cognizance of the matter which has been in public for so many days. Actually, people who belong to a particular party ... (*Interruptions*)

HON. CHAIRPERSON: Your point is heard.

... (*Interruptions*).

HON. CHAIRPERSON: Hon. Minister, Dr. L. Murugan.

... (*Interruptions*)

HON. CHAIRPERSON: I gave you time.

SHRI KIREN RIJJU : Sir, he has made his point. ... (*Interruptions*)

HON. CHAIRPERSON: I am giving you another one minute because of your seniority.

... (*Interruptions*)

HON. CHAIRPERSON: Please raise your demand.

... (*Interruptions*)

SHRI T. R. BAALU: Sir, they are creating a communal clash. Communal clash is being ignited by a particular party which is ruling this Government of Indians....
(*Interruptions*)

HON. CHAIRPERSON: Your point is heard. Hon. Minister, Dr. L. Murugan.

... (*Interruptions*)

SHRI KIREN RIJJU: Sir, my simple submission is that the hon. Chair has allowed hon. Member Shri T.R. Baalu to make his point.

Normally, in Zero Hour, you do not argue; you make your point. That is fine. My only request is that since you made certain remarks about a judge, I would like to request the hon. Chair to delete that portion because that is an unpalatable remark and it is not the tradition of this House. ... (*Interruptions*)
Secondly, since the hon. Member has raised an issue here and the matter is going on, I would request the Minister of State for Parliamentary Affairs to make a clarificatory remark on his demand. ... (*Interruptions*)

***THE MINISTER OF STATE IN THE MINISTRY OF INFORMATION AND BROADCASTING; AND MINISTER OF STATE IN THE MINISTRY OF**

* English translation of the speech originally delivered in Tamil.

PARLIAMENTARY AFFAIRS (DR. L. MURUGAN): The DMK Government of Tamil Nadu has stopped and blocked the people who went to worship at Tirupparankunram temple of Madurai in Tamil Nadu. As against the orders of Madurai Bench of Hon. High Court of Madras, the Government of Tamil Nadu and the State Police have stopped the worshippers. The right of worship of these devotees is denied. As per the orders of the Madurai Bench of Hon. High Court of Madras, it was advised to go with 50 CISF personnel and to light the lamp at the top of this hill temple. But the State Government along with their Police Force denied entry to all those who went to the temple for lighting the lamp. Whoever went there were arrested by using force. This is atrocity on the side of the State Government.

Every devotee is going there to worship in this temple with the sloganeering of 'Vetrivel' and 'Veeravel'. This worship right has been with the people for time immemorial. In order to appease a particular religious community and for vote bank politics, this DMK Government of Tamil Nadu is blocking entry of the Hindus and snatching away their worshipping rights. There is complete failure of law and order situation in this area. The State Police Department has taken charge of law and order of this area. Instead of maintaining law and order in this area, the Police Force of Tamil Nadu has staged a big attack on the people who went to worship at this temple.

The State BJP Head who went to that place was arrested yesterday. Shri Kadeswara Subramaniam, the State President of Hindu Munnani and others

were also arrested. Whoever went there was arrested. This is an attack on democracy and democratic ideals. This is an attack on worshipping right of the people. In the name of politics, the DMK government of Tamil Nadu is doing all this.

I urge that everything should be as per the orders of the Hon. High Court Bench in Madurai. They should be ready to implement the orders of High Court. Don't you have belief in Judiciary? As per law, the orders were issued by two Judges of the Madurai Bench of Hon. High Court of Madras. Even then, the people were not allowed to worship at this temple.

12.14 hrs

At this stage, Shri D. M. Kathir Anand, Dr. Kalanidhi Veeraswamy and some other hon. Members came and stood on the floor near the Table.

This is highly condemnable. Police Department is in total control of the DMK Government which is in power in the State of Tamil Nadu. Article 25 of the Indian Constitution provides for the right of worship for every citizen of this country and it is a Fundamental Right as well. Every citizen can worship with freedom. But the DMK Government is blocking the citizens from exercising the right of worship which is a Fundamental Right. This should be discussed in the State of Tamil Nadu. Instead of doing that, they have come here to disrupt the proceedings of this House. I state that as per law, the State Government of Tamil Nadu should uphold and implement the orders of the High Court of Madras. Thank you.

12.15 hrs

MATTERS OF PUBLIC IMPORTANCE

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): Thank you very much hon. Chairperson, Sir. ... (*Interruptions*)

I wish to draw the attention of the hon. Minister for Road, Transport and Highways to the persistent delays and alarming safety lapses in the National Highway 66 construction work across Kerala, particularly, the Aroor–Thuravoor Elevated corridor which has led to multiple accidents, environmental degradation and tragic loss of life. At least, 40 such accidents have been reported from 80 tonne concrete girders collapsing on vehicles in Arumaloor. Beam collapses on the Aroor–Thuravoor service road to a section of the entire NH 66 collapsing in particular the 12.75 kilometre long Aroor–Thuravoor 6-lane Elevated Highway, which is one of the longest flyover in India, is, plagued by poor planning, inadequate lighting and unsafe diversions. These repeated delays and failures suggest that there is something fundamentally wrong with the way the project implementation units in Kerala function and how they are supervised. The PIOs, under the purview of the National Highways Authority of India, must be held accountable for structural failure and negligence. Moreover, a revised completion timeline should be publicly announced along with updates and quartely progress.

Sir, I urge the hon. Minister to intervene and order a safety audit of all the ongoing NH construction zones in Kerala and to suspend high risk construction,

until safety clearances are obtained, and to expedite the process of compensation disbursement for the many victims of these 80 accidents. There is also a need for a systemic review at the Ministry-level, of all actions of these projects implementation units, including increased accountability of the parties responsible for all these accidents in Kerala, to alleviate the public distress, which is widespread, and ensure the safe and timely completion of these highway projects. Thank you.

श्री गौरव गोगोई (जोरहाट) : धन्यवाद सभापति जी । एक सपना था कि हर घर में जल पहुंचना चाहिए, लेकिन वर्तमान असम में जल जीवन जो स्कीम है, इतनी विफल हो चुकी है कि हर घर जल पहुंचने के स्थान पर आज घर उजड़ रहे हैं । उन कॉन्ट्रैक्टर्स, जल कर्मियों, उन लगभग एक लाख फील्ड वर्कर्स के घर उजड़ रहे हैं, जिनको समय से पेमेंट नहीं मिल रही है । जुलाई, 2024 तक उनको पेमेंट मिल रहा था, लेकिन वर्ष 2024 के बाद अब ऐसी स्थिति हो गई है कि बहुत सारे कॉन्ट्रैक्टर्स आज सड़क पर आ गए हैं, जल मित्र सड़क पर आ गए हैं, क्योंकि उनके पेंडिंग बिल्स क्लीयर नहीं हो रहे हैं । दुख की बात यह है कि बहुत कम लोगों के बिल्स ही क्लीयर हो रहे हैं, जिनके संपर्क वहां की वर्तमान सरकार के साथ है ।

लगभग 8 हजार कॉन्ट्रैक्टर्स, 30 हजार इंजीनियर्स की स्थिति आज बहुत खराब है । लगभग 3 हजार 500 करोड़ रुपये का बिल अभी तक पेंडिंग है । इसका नुकसान उन नौजवानों को हो रहा है, जो कर्ज लेकर जल जीवन मिशन में सरकार की मदद के लिए आए । उन्होंने अपना घर गिरवी रखा, अपने पैसे लगाए, लेकिन आज इतनी खराब स्थिति है । दुख की बात है कि पूरे भारत में यदि कोई ऐसा राज्य है, जहां यह स्कीम विफल हो गई है, वह असम है । हमें दुख है कि असम के बारे में इस प्रकार की खबरें आज आ रही हैं । मैं चाहता हूं कि राज्य सरकार, केंद्र सरकार मिलकर काम करें । डबल इंजन होने का वे प्रमाण दें और जल जीवन के जो पेंडिंग बिल्स हैं, उन्हें जल्द से जल्द

क्लीयर करें। धन्यवाद।

श्री रुद्र नारायण पाणी (धेन्कानल) : धन्यवाद सभापति जी। एक सेंसिटिव इश्यू आ गया, इसलिए बालू साहब को आपने मौका दे दिया। बाद में शशि थरूर जी और गौरव गोगोई जी को भी मौका दिया। आज की पब्लिशड लिस्ट में मेरा नाम एक नंबर पर है। मैं तैयार बैठा था। यह ठीक है कि अपोजीशन हंगामा करता है। यह सब हम कर चुके हैं। मैं वर्ष 2004 में राज्य सभा का मेंबर था। हंगामा दो बार किया, तीन बार सरकार बनी। तीन बार फेल होकर भी ये हंगामा करते हैं, ये कितनी बार फेल होंगे?

माननीय सभापति : आप कृपया अपनी बात रखें।

श्री रुद्र नारायण पाणी : सर, संयोग की बात करें। मद्रास फर्टिलाइजर लिमिटेड के बारे में एक दिन राज्य सभा में डिस्कशन हो रहा था। मैंने उसी दिन तलचर फर्टिलाइजर लिमिटेड के लिए मुद्दा उठाया था। तलचर, ओडिशा में फर्टिलाइजर कॉरपोरेशन ऑफ इंडिया नामक खाद का एक यूनिट था। 70 के दशक में इंदिरा जी के टाइम में यह शुरू हुआ था। गलत परिचालन के कारण एफसीआई बंद हो गया। मैंने बार-बार इस मुद्दे को उठाया, जब मैं अपोजीशन में था। मोदी सरकार आने के बाद वर्ष 2014 को ज्वाइंट वेंचर का चिन्तन किया गया। तलचर फर्टिलाइजर लिमिटेड नाम से खाद का कारखाना निर्माणाधीन है। उस काम के पूर्ण होने में विलंब हो रहा है, जो मेरा मुद्दा है। 22 सितम्बर, 2018 को माननीय प्रधान मंत्री, मोदी जी वहां गए थे। तब अनंत कुमार खाद मंत्री थे। श्री धर्मेन्द्र प्रधान जी के गांव के पास वह यूनिट है। वर्ष 2021-22 तक काम पूरा होने के लिए कहा गया था। भिन्न-भिन्न कारणों से काम में देरी हो रहा है। इस बार लोक सभा आने के बाद मैंने दो-तीन बार इस मुद्दे को उठाया है। श्री जेपी नड्डा जी ने भी इसे संज्ञान में लिया है। मेरा निवेदन है कि साल भर के भीतर तलचर फर्टिलाइजर यूनिट को तेजी से पूरा किया जाए।

दूसरा, फर्टिलाइजर कॉरपोरेशन ऑफ इंडिया के समय जितने भी कर्मचारी थे, उनके परिवारजन को यदि नौकरी में थोड़ा अग्रधिकार दिया जाए और ग्रामीण व स्थानीय लोग, जिन्होंने

अपनी जमीनें दी हैं, उनको वर्तमान नियुक्ति प्रक्रिया में थोड़ा अग्राधिकार दिया जाए। इसके लिए संवेदनशील मोदी सरकार विचार करेगी, ऐसी मेरी प्रार्थना है। धन्यवाद।

श्री बंटी विवेक साहू (छिन्दवाड़ा) : महोदय, मैं एक बहुत ही संवेदनशील विषय पर चर्चा कर रहा हूँ। मैं आज दुखी मन से मेरे संसदीय क्षेत्र छिन्दवाड़ा के परासिया में पिछले दिनों अमानक कफ सिरप से जान गंवाने वाले बच्चों तथा उनके परिवारों के प्रति अपनी गहन संवेदना व्यक्त करते हुए व्यवस्था बनाने का अनुरोध करना चाहता हूँ। यह घटना मेरे लिए अत्यंत पीड़ादायक है। इस घटना ने हम सभी को स्तब्ध किया है।

महोदय, मैं आपके माध्यम से सरकार का ध्यान दवाइयों के निर्माण की प्रक्रिया की ओर आकर्षित करना चाहता हूँ। भोपाल राज्य फोरेंसिक साइंस लैबोरेटरी द्वारा किए गए परीक्षण के अनुसार जानलेवा कोल्ड्रफ कफ सिरप में डायथीलीन ग्लाइकोल निर्धारित मात्रा से 400 प्रतिशत अधिक मात्रा में पाया गया और यह कैमिकल बच्चों के लिए घातक साबित हुआ और इसके सेवन से कई बच्चों की मौत हुई।

महोदय, इस मामले में तमिलनाडु की दवाई बनाने वाली श्रीसन फार्मास्यूटिकल्स कंपनी दोषी है, जिसने इस कफ सिरप को बनाया। प्रयोगशाला विश्लेषण में पता चला कि कफ सिरप के बैच में डायथीलीन ग्लाइकोल था, जो अनुमत सीमा से लगभग कई गुना अधिक था। इससे स्पष्ट होता है कि परीक्षण, विक्रय प्रक्रियाओं में और अधिक समीक्षा और सुधार की आवश्यकता है।

इस दवाई का बिना जांच बाजार में आना और एक ही चिकित्सक द्वारा लिखना, एक ही विक्रेता एवं एक ही वितरक द्वारा बेचना संदेहास्पद है। यह अत्यंत चिंता का विषय है कि इतनी खतरनाक और निम्न गुणवत्ता वाली दवाई का निर्माण, पैकेजिंग और वितरण बिना किसी पहचान के हो सका।

यह तमिलनाडु के राज्य स्तर की दवा नियंत्रण प्रणालियों में गंभीर विफलताओं, अपर्याप्त परीक्षण और निरीक्षण तथा फार्मास्यूटिकल विनियामन में राज्यों के बीच समन्वय की कमी की ओर

इशारा करता है। इन परिस्थितियों को ध्यान में रखते हुए हमारी दवा नियामक प्रणाली को सुदृढ़ करने और यह सुनिश्चित करने की अत्यंत आवश्यकता है। दवा के प्रत्येक बैच को बाजार में जारी करने से पहले अनिवार्य गुणवत्ता परीक्षण से गुजरना चाहिए और परीक्षण परिणामों और सामग्री की जानकारी में वास्तविक समय की पारदर्शिता सुनिश्चित की जानी चाहिए।

महोदय, मैं यह कहना चाहूंगा कि फार्मास्यूटिकल कंपनियों को जवाबदेह ठहराने के लिए कड़े कानूनों और सख्त प्रवर्तन की आवश्यकता है। मिलावटी या विषैली दवाएं बनाने में दोषी पाए जाने वाले निर्माता को सख्त दंड और फार्मास्यूटिकल क्षेत्र में स्थायी प्रतिबंध की आवश्यकता है। राज्य स्तर की दवा नियामक प्राधिकरणों को एक एकीकृत राष्ट्रीय निगरानी तंत्र के अंतर्गत लाया जाना चाहिए ताकि पूरे देश में प्रवर्तन में निरंतरता और पारदर्शिता सुनिश्चित की जा सके।

महोदय, निर्दोष बच्चों की मृत्यु केवल एक दुखद घटना नहीं है, यह पूरी नियामक प्रणाली के लिए एक चेतावनी है। यह लापरवाही, लाभार्जन और प्रणालीगत उदासीनता से सार्वजनिक स्वास्थ्य की सुरक्षा के लिए तात्कालिक कार्रवाई की आवश्यकता को उजागर करती है।

इसलिए मैं सरकार से विनम्रतापूर्वक अनुरोध करता हूँ कि दवा निर्माण और परीक्षण के लिए कानूनी और नियामक ढांचे को सुदृढ़ करने हेतु तत्काल और निर्णायक कदम उठाए जाएं। धन्यवाद।

श्री तनुज पुनिया (बाराबंकी) : महोदय, आपने मुझे शून्य काल में बोलने का मौका दिया, इसके लिए आपका बहुत-बहुत धन्यवाद।

मैं आज आपके माध्यम से राष्ट्रीय राजमार्ग मंत्री जी का ध्यान आकर्षित करना चाहूंगा। एक नया राष्ट्रीय राजमार्ग हमारे उत्तर प्रदेश में आपने दिया है, इसके लिए माननीय मंत्री जी का बहुत-बहुत धन्यवाद। मैं बांदा-बहराइच राष्ट्रीय राजमार्ग की बात कर रहा हूँ। इसमें बांदा से लालगंज एवं बाराबंकी से बहराइच तक का प्रस्तावित है। इसमें आपका प्रस्ताव सम्मिलित हो चुका है और इसकी डीपीआर भी बनवायी जा रही है। इसमें लालगंज और बाराबंकी के बीच का 110 किलोमीटर का जो

खण्ड है, उस पर कोई कार्रवाई अभी तक नहीं हुई है। उसका कोई प्रस्ताव अभी तक नहीं दिया गया है। इस खण्ड पर बहुत ट्रैफिक भी रहता है, औद्योगिक और कृषि ट्रैफिक भी इस खण्ड पर बहुत देखा गया है, इस पर काफी भीड़ रहती है और इसी को सम्मिलित नहीं किया गया है। हमारे बाराबंकी विशेषकर हैदरगढ़ क्षेत्र का जो ट्रैफिक है, वह बहुत प्रभावित हो रहा है। मेरा आपके माध्यम से माननीय मंत्री जी से निवेदन है कि लालगंज से बाराबंकी का जो 110 किलोमीटर का खण्ड है, इसको भी प्रस्ताव में सम्मिलित किया जाए और जल्द से जल्द इस पर कार्रवाई हो। आपने मुझे बोलने का मौका दिया, इसके लिए आपका बहुत-बहुत धन्यवाद।

श्री मनीश तिवारी (चंडीगढ़) : महोदय, धन्यवाद।

महोदय, चंडीगढ़ शहर पूरे विश्व में अपनी सुन्दरता के लिए जाना जाता है। It is called 'The City Beautiful'. पिछले कुछ वर्षों में चंडीगढ़ की सुन्दरता धूमिल होती जा रही है। चंडीगढ़ में तीन छोटी-छोटी नदियां बहती हैं। उसके पूर्व में सुखना नदी है, जिसे पंजाबी में हम चोई कहते हैं। शहर के बीच में से एक उत्तरी चोई नदी बहती है और शहर के पश्चिमी तट के ऊपर पटियाला की राव नदी है।

ये तीनों चोई इतने ज्यादा प्रदूषित हो गए हैं कि वहां पर श्वास लेना भी मुश्किल हो गया है। मैंने एक तारे वाला प्रश्न भी लगाया था, जिसे अंग्रेजी में स्टार्ड क्वेश्चन कहते हैं, लेकिन सरकार की तरफ से कोई संतोषजनक जवाब नहीं आया कि वे इस प्रदूषण का किस तरह से समाधान करेंगे। इसके अलावा चंडीगढ़ के डड्डू माजरा में एक बहुत बड़ा गार्बेज डंप है। वहां पर कूड़े के पहाड़ बनते जा रहे हैं। सरकार ने पहले एनजीटी को कहा, हाईकोर्ट को कहा, पार्लियामेंट्री कमेटी को कहा कि हम नवम्बर, 2024 तक उसे पूरी तरह से साफ कर देंगे। फिर उसकी अवधि बढ़ाकर मार्च 2025 हो गई। फिर उसकी अवधि बढ़ाकर जुलाई 2025 हो गई। उसके बाद अब उसकी अवधि बढ़ाकर 30 नवम्बर, 2025 कर दी, लेकिन कोई सफाई नहीं हुई।

महोदय, मैं सरकार से आग्रह करना चाहता हूं कि चंडीगढ़ पहला ऐसा शहर है, जो भारत की

स्वाधीनता के बाद एक नया शहर बसाया गया। पंडित जवाहरलाल नेहरू ने उस शहर को बसाया था। उस शहर को अगर आप केंद्र शासित प्रदेश के तौर पर रखना चाहते हैं, तो उसकी देखरेख करना भी आपकी जिम्मेदारी है। माननीय संसदीय कार्य मंत्री जी यहां बैठे हैं। मैं इनसे कहना चाहता हूं कि जो एनवायरनमेंट मंत्री हैं, गृह मंत्री हैं, इस बात को उनके संज्ञान में लेकर आएं, ताकि जो चंडीगढ़ की यह विश्व प्रसिद्ध सुन्दरता है, खूबसूरती है, वह बनी रह सके।

SHRI SRIBHARAT MATHUKUMILLI (VISAKHAPATNAM): Thank you, Chairman Sir. I have been meaning to bring this issue to the attention of the House for some time now. This is regarding the silent and growing health crisis of Type 1 diabetes, which is particularly affecting lakhs of children in India.

Type 1 diabetes is an autoimmune condition that often begins in early childhood and is not related to lifestyle. These children cannot survive without daily insulin and continuous glucose monitoring every day for the rest of their lives.

Unfortunately, India has the highest number of children with Type 1 diabetes in the world, with over 23 lakh children under the age of 19 living with this condition. Almost 16,000–20,000 new cases are reported every year. In my own parliamentary constituency of Visakhapatnam, we have thousands of affected children and the annual cost of managing Type 1 diabetes is significant - about Rs. 50,000 a year, which seriously impacts many middle-class families. The Government is providing insulin in hospitals, but the challenge is that supplies are irregular, there is insufficient trained staff, and there is very little outpatient care for this condition.

Currently, the Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) covers only inpatient care for Type 1 diabetes, but does not cover the daily outpatient care that is essential for managing this condition. Across many cities in my constituency, there are voluntary organisations - in my case, the Diabetic Child Society, through which around 200 children receive dietary support and other assistance.

However, civil society alone cannot manage this; the Government has to be an active partner. We need to train and educate parents and children on how to manage this disease very carefully. This is important because people with this condition can lead a very normal and healthy life if it is managed well. Since it is not being managed properly, we are seeing many children suffer from entirely preventable complications such as kidney damage, vision loss, disability, and in extreme cases, even death.

The State of Rajasthan has taken the lead by allocating funds to establish Type 1 diabetes clinics. In fact, our hon. Speaker himself inaugurated such a clinic in his constituency.

Therefore, I urge the Government to include outpatient Type 1 diabetes care under AB-PMJAY, especially for children, and to ensure uninterrupted insulin and glucose supplies across all Jan Aushadhi Kendras and Public Health Centres.

The Government may also consider launching a national programme for Type 1 diabetes care or incentivising States to establish dedicated clinics to

manage this condition. A vial of insulin is often the difference between life and death. I do not want any child to be denied a healthy life because of its scarcity.

Thank you for giving me this opportunity to speak on this important topic.

श्री आनंद भदौरिया (धौरहरा) : सभापति जी, मैं आपके माध्यम से देश की सबसे पुरानी सड़क, देश की दोनों राजधानियों को जोड़ने वाली सड़क, उत्तर प्रदेश की राजधानी लखनऊ और देश की राजधानी दिल्ली को जोड़ने वाली सड़क, देश का सबसे पुराना राजमार्ग जो अब एनएच-30 के नाम से जाना जाता है, मैं उस सड़क के चौड़ीकरण की मांग को लेकर आपके सामने खड़ा हुआ हूँ।

सभापति महोदय, यह सड़क ऐतिहासिक जिलों से होकर गुजरती है, चाहे बरेली हो, रामपुर हो, शाहजहांपुर हो, सीतापुर हो, लखीमपुर हो या लखनऊ हो। काफी मांग के बाद इस सड़क को फोर लेन करने का काम शुरू हुआ, लेकिन बीच में ही ठेकेदारों की उदासीनता के कारण यह सड़क ऐसी ही पड़ी रही। विगत 10-15 सालों में बहुत सारे एक्सीडेंट्स हुए हैं, जिसमें कई लाख परिवार उजड़ गए।

सभापति जी, मैं माननीय मंत्री जी का धन्यवाद करूंगा कि उन्होंने प्राथमिकता पर लेकर इस सड़क को फोर लेन करने का काम किया। आज उस सड़क पर ट्रैफिक काफी बढ़ा है और उससे अब कहीं न कहीं फोर लेन से भी काम नहीं चल रहा है।

सभापति जी, यह सबसे कम दूरी की सड़क है, जो उत्तर प्रदेश की राजधानी लखनऊ और देश की राजधानी दिल्ली को जोड़ने का काम करेगी। इस हेतु हमारी आपसे मांग है। इसमें हमारा जो क्षेत्र पड़ता है, उसमें उचौलिया, जेबीगंज, मैगलगंज, महोली, उरदौली, कार्टरगंज है। यहां लगातार एक्सीडेंट्स हो रहे हैं। इसलिए, हमारी आपके माध्यम से मांग है, जैसे उत्तर प्रदेश में समाजवादी पार्टी की हुकूमत थी, हमारे नेता माननीय अखिलेश यादव जी ने आगरा-लखनऊ एक्सप्रेस-वे बना कर बहुत शानदार एक्सप्रेस-वे बनाया था। हम चाहते हैं कि उसी तर्ज पर इस सड़क को सिक्स लेन बनाने का काम भारत सरकार करे।

सभापति महोदय, आपने मुझे अपना विषय रखने का समय दिया, इसके लिए आपका बहुत-बहुत धन्यवाद।

डॉ. निशिकान्त दुबे (गोड्डा) : सभापति महोदय, आज मैं इस देश के सामने बड़ा इम्पोर्टेंट प्रश्न लेकर आपके सामने खड़ा हुआ हूँ।

सर, यह संविधान है। जो विपक्ष है, वह लगातार संविधान बचाने की बात कर रहा है। संविधान के आर्टिकल 14, 15 और 16 कहता है कि धार्मिक आधार पर किसी प्रकार का कोई डिस्क्रिमिनेशन स्टेट नहीं करेगा।

सभापति महोदय, जब कंस्टीट्यूएन्ट असेम्बली बन रहा था, तब तज़ीमुल हसन साहब मुस्लिम लीग के एक एमपी थे। वह एक संशोधन लेकर आए कि मुसलमानों के लिए अलग लोक सभा और विधान सभा होनी चाहिए तथा उनके लिए अलग से रिजर्वेशन होना चाहिए। सरदार वल्लभ भाई पटेल ने आर्टिकल 6 के माध्यम से उसको गिराया और कहा कि पूरे भारत के जो नागरिक हैं, वे एक हैं। संविधान में जो आर्टिकल 14, 15 और 16 हैं, उसमें धर्म के आधार पर किसी को भी रिजर्वेशन नहीं दिया जा सकता है। उसके बाद कांग्रेस का हाथ, मुसलमानों के साथ और मुसलमान की राजनीति के साथ हुआ। ... (व्यवधान) आर्टिकल 370 के माध्यम से जम्मू-कश्मीर में शेड्यूल कास्ट, शेड्यूल ट्राइब्स और ओबीसी का रिजर्वेशन खत्म कर दिया। जब तक हमने आर्टिकल 370 खत्म नहीं किया, तक तक जम्मू-कश्मीर में शेड्यूल कास्ट, शेड्यूल ट्राइब्स और ओबीसी को रिजर्वेशन नहीं मिला।

सर, आज जो स्थिति है, वर्ष 2004 में एक अलग स्थिति पैदा की गई। आंध्र प्रदेश में पहली बार मुसलमान के नाम पर कांग्रेस ने चार प्रतिशत आरक्षण दिया। सुप्रीम कोर्ट ने उसको एबॉलिश किया। आज उसी को आगे बढ़ाते हुए तेलंगाना में, उसी को बढ़ाते हुए कर्नाटक में मुसलमान को अलग से रिजर्वेशन देने की बात हो रही है।

सर, वर्ष 2011 में यूपीए की सरकार ने, जो केंद्र सरकार और राज्य सरकार यूनिवर्सिटी

चलाती हैं, चाहे अलीगढ़ मुस्लिम यूनिवर्सिटी है, चाहे जामिया मिलिया यूनिवर्सिटी है, उसमें शेड्यूल कास्ट, शेड्यूल ट्राइब्स और ओबीसी के रिजर्वेशन को नौकरी और एडमिशन में पूरा का पूरा खत्म कर दिया। वर्ष 2012 में जब यूपी में चुनाव हो रहा था तो एक नोटिफिकेशन जारी करके तत्कालीन मनमोहन सिंह जी की सरकार ने 4.5 परसेंट ओबीसी का रिजर्वेशन खत्म कर दिया। यह वही कांग्रेस है, जिसने मंडल कमीशन का विरोध किया। यह वही कांग्रेस है, जिसने वर्ष 2018 में ईडब्ल्यूएस रिजर्वेशन का विरोध किया।

आज शेड्यूल कास्ट्स, शेड्यूल ट्राइब्स, ओबीसी को अलग से जो रिजर्वेशन दे रहे हैं, जिसे काटकर मुसलमानों को देने की बात कर रहे हैं, ओबीसी को देने की बात कर रहे हैं। ... (व्यवधान)

माननीय सभापति : आपकी डिमांड क्या है?

... (व्यवधान)

डॉ. निशिकान्त दुबे : सभापति महोदय, आपके माध्यम से मेरा भारत सरकार से आग्रह है कि जिन राज्य सरकारों ने वोट बैंक की राजनीति, जिन केन्द्र सरकार के लोगों ने वोट बैंक की राजनीति में इस संविधान की ... * की है। ... (व्यवधान) राहुल गांधी जी की पार्टी ने आर्टिकल-14, 15 और 16 की ...* की है। ... (व्यवधान) इन सभी को जेल भेजना चाहिए।... (व्यवधान) एक कमेटी बनानी चाहिए और इनके रिजर्वेशन को बचाना चाहिए। जय हिंद, जय भारत। ... (व्यवधान)

माननीय सभापति : डॉ. ईशा खान चौधरी।

... (व्यवधान)

HON. CHAIRPERSON: Hon. Members, I will check the records. Whatever will be the fact, only that fact will go in record, not other things.

... (Interruptions)

SHRI ISHA KHAN CHOUDHURY (MALDAHA DAKSHIN): Sir, I would like to

* Not recorded as ordered by the Chair.

bring your kind notice to a matter of great concern of lack of availability of arsenic-free drinking water in my Maldaha Dakshin Lok Sabha Constituency of West Bengal.

This crisis has developed in my Lok Sabha Constituency during the last 15 years due to the fact that new drinking water connections have been allowed to all village homes, and also because the population has increased since the original mega water supply plants were built many decades ago. In many villages across several blocks, many PHE pipelines are fully dry or supply an insufficient amount of water. The lack of availability of arsenic-free drinking water has caused great hardship to lakhs of people in my constituency who are forced to suffer either with negative health side effects of drinking arsenic water or are forced to buy water from private owners.

A new Public Health Engineering Arsenic-Free Drinking Water plant in Maldaha Dakshin was originally planned in 2017, and finally received administrative approval in 2023 for an amount of Rs. 804 crore to be jointly borne by the Central and State Governments on a 50-50 cost-sharing basis under JJM. This project is designed to provide arsenic-free drinking water to an additional 2,77,000 households in Kaliachak-I, Kaliachak-II, Kaliachak-III, English Bazaar, and Manikchak Blocks. The construction of the water supply plant was started in 2023 at Manikchak Block. However, the project is stalled due to lack of funding from the Central Government.

Since August 2024, only 60 per cent of this arsenic-free water supply plant

has been constructed. The project completion date, which was earlier announced as December 2025, has no completion date now. The payments of the contractor in this project are pending. The public of Maldaha Dakshin have been suffering, and demanding a solution for the past many decades.

So, I believe it is the moral responsibility of the Central Government to take immediate action. Therefore, I request the Jal Shakti Minister to immediately intervene in order to expedite the release of Central funds under JJM for the arsenic-free drinking water plant project in Maldaha.

Thank you, Sir.

माननीय सभापति : माननीय श्री अभय कुमार सिन्हा जी ।

श्री अभय कुमार सिन्हा (औरंगाबाद) : धन्यवाद सभापति महोदय, मैं आपके माध्यम से सरकार का ध्यान हर घर नल जल योजना के क्रियान्वयन में हो रही गड़बड़ियों और भारी कमियों की ओर आकर्षित करना चाहता हूँ। सरकार ने हर घर नल जल योजना को एक महत्वाकांक्षी और ऐतिहासिक पहल बताया है, लेकिन जमीन पर इसकी हकीकत कुछ और ही है। मैं औरंगाबाद लोक सभा क्षेत्र और गया जिले की बात कर रहा हूँ। प्रत्येक दिन लगभग दो, चार-पांच शिकायतें आती रहती हैं। यह शिकायतें आती रहती हैं कि महीनों से कहीं पर मोटर जली हुई है, जिसके कारण नल-जल योजना बंद है। कहीं पर कई महीनों से स्टार्टर जला हुआ है, जिसके कारण नल-जल योजना बंद है। कहीं पाइप लाइन फट गई है, तो कहीं पानी की टंकी गिर कर फूट चुकी है, जिस कारण नल-जल योजना बंद है।

महोदय, योजना में खराब गुणवत्ता की सामग्री लगाई गई है, जिससे कुछ ही महीनों में लीकेज या टूट-फूट हो रही है और हरेक वार्डों में यह समस्या है। हम आग्रह करना चाहेंगे कि कई गांवों में महीनों से एक बूंद भी पानी उस वार्ड में नहीं पहुंच रहा है, फिर भी सरकार रिकार्ड में दिखाती है कि

हर घर जल पहुंच चुका है। जिन घरों को हर घर नल से जल दिखाया गया है, वहां वास्तव में जल सप्लाई हफ्ते में एक-दो बार ही हो पाती है।

महोदय, यह योजना माननीय प्रधान मंत्री जी के द्वारा घोषित एक महत्वाकांक्षी योजना है। जिसका उद्देश्य था कि हर घर तक स्वच्छ पेय जल पहुंचे। लेकिन ज़मीनी हकीकत कुछ और ही है।

महोदय, मैं आपके माध्यम से सरकार से मांग करना चाहता हूँ कि मेरे संसदीय क्षेत्र सहित देश भर में इस योजना का स्वतंत्र ऑडिट कराया जाए। जिन क्षेत्रों में कार्य अधूरा या खराब तरीके से हुआ है, वहां पर दोषियों के विरुद्ध कार्रवाई की जाए और यह सुनिश्चित किया जाए कि हर घर को नियमित रूप से पर्याप्त पीने का पानी कम से कम सरकार उपब्ध कराए।

धन्यवाद।

***SHRI BALWANT BASWANT WANKHADE (AMRAVATI):** Honorable Chairperson Sir, the issue of the railway flyover in my city of Amravati has become a matter of great concern and is being discussed widely among the public.

This bridge was a British-era bridge and over the time it got deteriorated. Instructions were given to demolish it, but instead of demolishing the bridge, some people are trying to shift the railway station itself. This is being done through the land mafia or other people who have their own interests. In this regard, I informed Hon'ble Shri. Gadkari ji and Hon'ble Shri. Vaishnav ji, and accordingly, they ordered the state government to complete the work.

I request the Union Government through you that the bridge be

* English translation of the speech originally delivered in Marathi.

constructed as soon as possible and the railway station be kept there without changing the location.

Thank you.

श्री रामवीर सिंह बिधूड़ी (दक्षिण दिल्ली) : सभापति महोदय, मैं आपका ध्यान दिल्ली की महत्वपूर्ण समस्या की तरफ दिलाना चाहता हूँ। दिल्ली का मौजूदा मास्टर प्लान यह कहता है कि दिल्ली में जिन सड़कों पर 70 परसेंट से ज्यादा दुकानें चल रही हैं, उनको कमर्शियल रोड डिक्लेयर किया जाए और जिन सड़कों पर 50 परसेंट या उससे ज्यादा दुकानें चल रही हैं, उनको मिक्स लैंड यूज की सड़क घोषित किया जाए।

दिल्ली नगर निगम ने 351 सड़कों को कमर्शियल रोड और मिक्स लैंड यूज की रोड घोषित करने के लिए सरकार को सिफारिश की है। मैं आपके माध्यम से सरकार से आग्रह करना चाहता हूँ कि दिल्ली नगर निगम की सिफारिश को स्वीकार किया जाए, जिससे दिल्ली के व्यापारियों को राहत मिल सके और दिल्ली के व्यापारी सम्मान के साथ अपना कारोबार कर सकें। इससे दिल्ली सरकार को सैकड़ों-करोड़ों रुपये का कन्वर्जन चार्ज के रूप में रेवेन्यू मिलेगा। इसके साथ-साथ जिन दुकानों का सर्वे होना बाकी है और जिन सड़कों पर 70 परसेंट से ज्यादा दुकानें चल रही हैं, उनका भी सर्वे करवाकर, उनको कमर्शियल रोड डिक्लेयर किया जाए।

दिल्ली में लगभग 13 हजार दुकानें सील पड़ी हैं। इन दुकानों में डिफेंस कॉलोनी की मार्केट भी है तो ऐसे दुकानदारों से कन्वर्जन चार्जेस लेकर, उनको भी डिसील किया जाना चाहिए, जिससे दिल्ली के व्यापारियों को सरकार की ओर से राहत मिल सके। दिल्ली के व्यापारी लगातार यह मांग सरकार से करते रहे हैं।

सभापति महोदय, मैं आपके माध्यम से सरकार से आग्रह करना चाहता हूँ कि दिल्ली के व्यापारियों के हित में सरकार को तुरंत यह कदम उठाना चाहिए और दिल्ली की जिन सड़कों पर 70 परसेंट से ज्यादा दुकानें हैं, 50 परसेंट से ज्यादा दुकानें हैं, उन रोड्स को कमर्शियल रोड डिक्लेयर

किया जाए या मिक्स लैंड यूज की रोड डिकलेयर किया जाए।

श्री राहुल सिंह लोधी (दमोह) : सभापति महोदय, मैं आपके माध्यम से सड़क परिवहन मंत्री, नितिन गडकरी जी को धन्यवाद देना चाहता हूँ कि उन्होंने मेरे लोकसभा क्षेत्र में दो राष्ट्रीय राजमार्ग दिए हैं। एक ओरछा-गुलगंज-बक्सवाहा होते हुए दमोह और दूसरा दमोह से अभाना और जबेरा होते हुए जबलपुर राष्ट्रीय राजमार्ग घोषित किया गया है। साथ ही साथ हमारा जो दमोह जिला है, तकरीबन पांच जिलों से जुड़ा हुआ है। एक जबलपुर से दमोह, दूसरा सागर से दमोह, तीसरा छतरपुर से दमोह, चौथा पन्ना से दमोह और पांचवां कटनी से दमोह जुड़ा हुआ है। वर्तमान में दमोह शहर में इमलाई बायपास से लेकर, अभाना बायपास से लेकर समन्ना और हटा नाका तक एक रिंग रोड का तकरीबन 20 किलोमीटर का पूरा रोड बनकर तैयार है।

माननीय सभापति महोदय, मेरा आपके माध्यम से माननीय मंत्री जी से आग्रह है कि यदि समन्ना बायपास से लेकर हटा नाका तक यदि चार किलोमीटर का यह रोड बन जाता है तो यह पूरा रिंग रोड बनकर तैयार हो जाएगा और जब वह रिंग रोड बनकर तैयार होगा तो इन पांचों जिलों से जो भारी वाहन आ रहे हैं, जिनको दमोह से जबलपुर जाना है या जिसको जबलपुर से कटनी जाना है, उनको बीच शहर में नहीं जाना पड़ेगा। वे रिंग रोड के माध्यम से बाहर के बाहर चले जाएंगे। जब यह व्यवस्था लागू हो जाएगी, तो हमें पूरा विश्वास है कि दमोह शहर के भीतर अभी जो जाम लगता है, उससे हमें निजात मिलेगी। इसलिए मैं यह आग्रह करना चाहता हूँ कि समन्ना बायपास से लेकर हटा नाका तक चार किलोमीटर का एनएच रिंग रोड को जोड़ता है तो यह दमोह की कनेक्टिविटी के लिए और दमोह के लिए एक बेहतर काम होगा।

सभापति महोदय, आपने मुझे बोलने का अवसर दिया, उसके लिए मैं आपको धन्यवाद देता हूँ।

श्रीमती संध्या राय (भिण्ड) : सभापति महोदय, मैं एक बहुत महत्वपूर्ण विषय पर माननीय रेल मंत्री जी का ध्यान आकर्षित करना चाहती हूँ। यह बहुत गंभीर विषय है। मेरा लोक सभा क्षेत्र भिण्ड, मैं

समझती हूँ कि यह बहुत पिछड़ा क्षेत्र है। वर्तमान में भिण्ड न तो देश की राजधानी से जुड़ा हुआ है और न भोपाल की राजधानी मध्य प्रदेश से जुड़ा हुआ है। इसलिए मैं आपके माध्यम से माननीय रेल मंत्री जी से निवेदन करना चाहती हूँ कि हमारे भिण्ड क्षेत्र में लाखों किसान हैं, व्यापारी हैं, मातृ शक्ति हैं, युवा हैं और कई श्रमिक भाई हैं, जो अन्य जगहों पर काम के सिलसिले में बाहर जाते हैं। इसलिए मैं आग्रह करना चाहती हूँ कि एक स्पेशल ट्रेन दिल्ली से इटावा होते हुए चलाई जाए, जिससे इटावा क्षेत्र भी जुड़े और वह भिण्ड तक आए तथा भिण्ड से ग्वालियर, गुना और शिवपुरी होते हुए भोपाल जाए। इससे मेरा क्षेत्र दोनों राजधानियों से कनेक्ट हो जाएगा। जब भी मुझे दिल्ली आना होता है या भोपाल जाना होता है तो मुझे भी ग्वालियर आकर ट्रेन पकड़नी पड़ती है। इससे मेरे दो से ढाई घंटे खराब होते हैं और आम जनता भी परेशान रहती है। इसलिए मैं आपके माध्यम से माननीय मंत्री जी से आग्रह करती हूँ कि दोनों राजधानियों को जोड़ने का जो विषय है, उनको चाहे तो वंदे भारत ट्रेन से जोड़ा जाए, चाहे वंदे भारत स्लीपर ट्रेन से जोड़ा जाए या फिर कोई स्पेशल ट्रेन चलाकर इटावा, भिण्ड और भोपाल तक उन्हें जोड़ा जाए।

***SHRIMATI SATABDI ROY BANERJEE (BIRBHUM):** Hon. Chairperson Sir, I wish to draw the attention of the House to a deeply concerning matter. This year, 444 Bengali-speaking migrant workers have been illegally detained in Odisha on the allegation of being Bangladeshis. A majority of them are residents of Murshidabad, Malda, South 24 Parganas, and some are even from my own district of Birbhum. Disturbingly, a pregnant woman has also been deported to Bangladesh. What is even more alarming is that several individuals possessing valid Aadhaar cards and voter identity cards have been subjected to the same treatment. Similarly. In Maharashtra, a Bengali migrant worker has been

* English translation of the speech originally delivered in Bengali.

detained from a tea stall. Labourers and masons working there are being detained as Bangladeshis for speaking Bengali. The Hon'ble Supreme Court has categorically held that no person can be identified, detained, or deported on the basis of language alone.

माननीय सभापति : माननीय सदस्य श्री जुगल किशोर जी ।

... (व्यवधान)

श्री जुगल किशोर (जम्मू) : सभापति जी, आपका बहुत-बहुत धन्यवाद । ... (व्यवधान) आपने मुझे अपने संसदीय क्षेत्र की बात रखने का मौका दिया । ... (व्यवधान) मैं आपके माध्यम से सरकार का ध्यान जम्मू संभाग की ओर दिलाना चाहता हूँ । ... (व्यवधान) मैं जम्मू संभाग में टूरिज्म को बढ़ावा देने का आग्रह करता हूँ । ... (व्यवधान)

टूरिज्म के माध्यम से रोजगार को बढ़ावा मिले, इसके लिए मैं अपनी बात यहां पर रखना चाहता हूँ ।

... (व्यवधान)

HON. CHAIRPERSON: Kindly go back to your seats.

... (*Interruptions*)

HON. CHAIRPERSON: Please go back to your seats.

... (*Interruptions*)

HON. CHAIRPERSON: Madam Satabdi Roy, please go back to your seat. That is not your seat.

... (*Interruptions*)

HON. CHAIRPERSON: Please go back to your seat.

... (*Interruptions*)

HON. CHAIRPERSON: Madam Satabdi Roy, that is not your seat. Please go

back to your seat.

... (*Interruptions*)

HON. CHAIRPERSON: Please go back to your seat.

... (*Interruptions*)

HON. CHAIRPERSON: Madam Satabdi Roy, I am taking your name. Please go back to your seat.

... (*Interruptions*)

HON. CHAIRPERSON: Please go back to your seat. You cannot go to his seat.

... (*Interruptions*)

HON. CHAIRPERSON: Please go back to your seat.

... (*Interruptions*)

माननीय सभापति : जुगल किशोर जी आप बोलिए ।

... (व्यवधान)

श्री जुगल किशोर : मैं आपके माध्यम से जम्मू संभाग में टूरिज्म को बढ़ावा देने के लिए और टूरिज्म के माध्यम से रोजगार को बढ़ाने की बात कर रहा हूं। ... (व्यवधान) मेरे संसदीय क्षेत्र जम्मू में टूरिज्म को बढ़ावा देने के लिए अति आवश्यक है कि सांबा जिले में पवित्र तीर्थ-स्थल - पुरमण्डल और उत्तरवाहनी है, जो कि छोटी काशी के नाम से भी जानी जाती है। इसके विकास के लिए प्रसाद योजना के माध्यम से यूटी और जम्मू कश्मीर राज्य द्वारा एक डीपीआर केन्द्र को भेजी गयी है।... (व्यवधान) मैं आपके माध्यम से अपने पर्यटन विभाग से यह प्रार्थना करता हूं कि इसे स्वीकृत करें और फंड रिलीज करें, ताकि पुरमण्डल और उत्तरवाहिनी का विकास हो सके। इसके साथ ही रियासी जिले में शिव खोड़ी व अन्य पर्यटन स्थल, चाहे वह संरुईसर हो, मानसर हो, बाबा गोरन हो या बाबा चामलियाल हो, या जितने भी पर्यटन स्थल हैं, इनके विकास कार्यों के लिए टूरिज्म

डिपार्टमेंट की ओर से फंड रिलीज किया जाए, ताकि वहां का टूरिज्म बढ़े, टूरिस्ट बढ़ें, लोगों को रोजगार मिले और उन्हें शांति मिल सके।... (व्यवधान) मेरी आपसे प्रार्थना है कि टूरिज्म डिपार्टमेंट को एक निर्देश दें कि जम्मू-कश्मीर और विशेषकर जम्मू संभाग में टूरिज्म को बढ़ावा देने के लिए ध्यान दें और फंड रिलीज करें। धन्यवाद। ... (व्यवधान)

माननीय सभापति : मैं इससे पहले जितेन्द्र कुमार दोहरे जी को बुलाऊं, उससे पहले मैं शताब्दी राय जी को अपनी बात रखने के लिए एक मिनट का समय देता हूँ।

... (व्यवधान)

माननीय सभापति : आप अपनी बात रखें।

... (व्यवधान)

13.00 hrs

माननीय सभापति : जितेन्द्र कुमार दोहरे जी को बुलाने से पहले...

... (व्यवधान)

माननीय सभापति : कृपया आप लोग मेरी बात सुनिए।

... (व्यवधान)

माननीय सभापति : जितेन्द्र कुमार दोहरे जी को अपनी बात कहने के लिए बुलाने से पहले मैं शताब्दी राय जी को एक मिनट का समय अपनी बात रखने के लिए देता हूँ।

... (व्यवधान)

माननीय सभापति : कृपया आप अपनी डिमांड रखिए।

... (व्यवधान)

HON. CHAIRPERSON: Madam, please place your demand.

... (Interruptions)

श्रीमती शताब्दी राय बनर्जी : सर, मुझे यही बोलना है कि आप किसी को बांग्ला लैंग्वेज बोलने की

वजह से बांग्लादेश नहीं भेज सकते हैं। ... (व्यवधान) अब सुप्रीम कोर्ट ने बोल दिया है। ... (व्यवधान)
अगर इस लॉजिक पर, बांग्ला बोलने पर ... (व्यवधान)

HON. CHAIRPERSON: What is your demand? Please place your demand.

... (व्यवधान)

श्रीमती शताब्दी राय बनर्जी : सर, मेरी डिमांड है कि अगर बांग्ला बोलने पर किसी को बांग्लादेशी प्रूव करके बांग्लादेश भेजना चाहते हैं तो ... * ... (व्यवधान)

HON. CHAIRPERSON: You have placed your demand. Thank you.

Shri Jitendra Kumar.

श्री जितेंद्र कुमार दोहरे (इटवा) : माननीय सभापति जी, मैं आपके माध्यम से यह कहना चाहता हूँ कि आपने प्राइमरी स्कूल्स को बंद कराने की कोशिश की। आपने शिक्षकों की पेंशन बंद कर दी। अब शिक्षकों की नौकरी लेने के लिए टीईटी के द्वारा शुरुआत कर दी।

मैं आपके माध्यम से कहना चाहता हूँ कि इस समय बेसिक शिक्षा विभाग के शिक्षक दिनांक-01.09.2025 को माननीय सर्वोच्च न्यायालय द्वारा टीईटी के संबंध में दिये गये निर्णय के कारण अत्यन्त ही विकट परिस्थिति से गुजर रहे हैं, क्योंकि उच्चतम न्यायालय के निर्णय में ये उल्लिखित किया गया है कि टीईटी उनके लिए भी अनिवार्य है जो टीईटी लागू होने (केन्द्र में 23.08.2010 और उत्तर प्रदेश में 29.07.2011) के पूर्व से कार्यरत हैं और यदि दो वर्ष में टीईटी उत्तीर्ण नहीं करते हैं तो उनको अनिवार्य सेवानिवृत्ति दे दी जायेगी। सम्भवतः आप संज्ञानित भी हों, आज से 25-30 वर्ष पूर्व हुई भर्तियों में योग्यता के जो भी मापदंड निर्धारित किए गए थे, उस समय उन मापदंडों को पूर्ण करते हुए शिक्षक भर्ती हुए थे। जिन शिक्षकों ने अपनी निष्ठा अपने कुशल शिक्षण कौशलों और अनुभव के दम पर तमाम योग्य एवं सुसभ्य, संस्कारित नागरिकों के निर्माण में अहम योगदान दिया, उन शिक्षकों को आज एक लम्बे अरसे के बाद नव निर्धारित पात्रता परीक्षा (शिक्षक पात्रता परीक्षा - TET)

* Not recorded as ordered by the Chair.

को पास करने के लिए अनावश्यक रूप से बाध्य किया जा रहा है। मैं आपके माध्यम से कहना चाहता हूँ कि शिक्षक किसी गरीब घर से नहीं आते हैं, ये शिक्षक गरीब भी होते हैं, ये किसान के बच्चे भी होते हैं। ये भाजपा या कांग्रेस के बच्चे नहीं होते हैं, ये सर्वसमाज के लोगों को पढ़ाते हैं। इनकी नौकरियों पर खतरा पैदा न किया जाए। यह डबल इंजन की सरकार रोजगार छीनना चाहती है। नौकरी छीनना चाहती है। हम लोग चाहते हैं कि आप लोग नौकरी छीनने की कोशिश न करें।

***SHRI OMPRAKASH BHUPALSINH ALIAS PAVAN RAJENIMBALKAR**

(OSMANABAD): Hon. Chairperson, Sir, I would like to draw the attention of the Minister of Rural Development through you. The farmers whose land falls in the two areas of the municipality and the nagar panchayat cannot take the benefit of the Mahatma Gandhi Employment Guarantee Scheme, whether it is digging a well, planting an orchard or building farm roads. Many farmers in my Dharashiv Lok Sabha constituency whose land falls within the limits of the municipality and the nagar panchayat cannot take the benefit of the MNREGA scheme. I request the Ministry of Rural Development through you to amend the rule of the MNREGA scheme and provide the benefit of the farm land falling within the limits of the nagar panchayat and the municipality to the farmers.

Thank you.

एडवोकेट गोवाल कागडा पाडवी (नन्दुरबार) : माननीय सभापति महोदय, मैं इस सदन का ध्यान एक अत्यंत महत्वपूर्ण सार्वजनिक विषय की ओर आकर्षित करना चाहता हूँ, जो प्रधानमंत्री ग्राम सड़क योजना (PMGSY) के क्रियान्वयन तथा मेरे नन्दुरबार लोकसभा क्षेत्र, जो अनुसूचित क्षेत्र, आदिवासी बहुल, भौगोलिक रूप से दुर्गम, आर्थिक रूप से पिछड़ा और अत्यंत कमजोर संपर्क वाला

* English translation of the speech originally delivered in Marathi.

जिला है। मैं ग्रामीण सड़कों की स्थिति से संबंधित विषय पर बात करना चाहता हूँ।

अतः मैं आपके माध्यम से माननीय ग्रामीण विकास मंत्री जी से निम्नलिखित प्रश्न पूछना चाहता हूँ:-

क्या सरकार नन्दुरबार लोकसभा क्षेत्र के लिए एक विशेष पीएमजीएसवाई ग्रिड पैकेज को तात्कालिक रूप से स्वीकृत करेगी, ताकि सभी पहाड़ों को अनुसूचित क्षेत्र की भौगोलिक परिस्थितियों को ध्यान में रखते हुए एक समग्र ग्रिड-आधारित सड़क नेटवर्क से जोड़ा जा सके? I am including for new roads and bridges as well as special repair programmes in PMGSY.

क्या सरकार अनुसूचित क्षेत्र के लिए पीएमजीएसवाई के जनसंख्या मानदंड को 250 से घटाकर 100 करने पर विचार करेगी?

क्या सरकार पीएमजीएसवाई की सामग्री मानकों को उन्नत करेगी? विशेषकर, आदिवासी और पहाड़ी क्षेत्रों में तथा SS1, RS1 इमल्शन के स्थान पर B2N, VG-30, VG-40 अथवा PMB का उपयोग अनिवार्य करेगी?

क्या मंत्रालय बिटुमिनस परतों के लिए हॉट मिक्स तकनीक को अनिवार्य करेगी, ताकि ग्रामीण सड़कों की समयपूर्व खराबी रोकी जा सके? विशेषकर, उन इलाकों में जहाँ ग्रामीण सड़कें भारी यातायात वहन करती हैं?

क्या सरकार मैकेनिक एम्पिरिकल डिजाइन, अनिवार्य सीबीआर परीक्षण, सॉयल स्टैबलाइजेशन, बेहतर ड्रेनेज और प्रदर्शन-आधारित रख-रखाव अनुबंधों को लागू करेगी?

क्या सरकार उन घने जंगलों और पहाड़ी क्षेत्रों जैसे नन्दुरबार में डिजिटल प्रणालियों के साथ अनिवार्य भौतिक निरीक्षण को लागू करेगी? There are forest clearances in my Shirpur *tehsil*, that is Batwapada area, pending for a very long time. I think that needs to be cleared.

सभापति महोदय, मेरा लास्ट पॉइंट यह है, चूंकि ग्रामीण क्षेत्रों के लिए सड़कें विकास की रीढ़

होती हैं, लेकिन नन्दुरबार जैसे आदिवासी, पहाड़ी और बिखरे हुए जिले में सड़कें जीवन और मृत्यु, अवसर और उपेक्षा, पहुँच और वंचना के बीच का अंतर निर्धारित करती हैं। बिना सड़कों के कोई भी सरकारी योजना, न स्वास्थ्य, न शिक्षा, न रोजगार, न डिजिटल कनेक्टिविटी जनता तक नहीं पहुँच सकती।

सभापति महोदय, अभी महाराष्ट्र में पीएमजीएसवाई फेज-4 चल रहा है और मध्य प्रदेश में पीएमजीएसवाई फेज-8 तक पहुँच गया है। महाराष्ट्र में भी पीएमजीएसवाई के फेज को बढ़ा दिया जाए। यह मैं विनती करता हूँ। धन्यवाद।

SHRIMATI RACHNA BANERJEE (HOOGHLY): Good afternoon, Sir. Thank you for the opportunity. On behalf of the people of my constituency, Hooghly, I want to draw the attention of the Government towards the stoppage at Bandel Junction for the Sealdah - Ajmer Express (12987/12988). This is a matter that I have raised multiple times before. However, it is extremely saddening that over one year has passed, neither have I received any response from the Government nor the demand for a simple stoppage at Bandel Junction has been met.

The Bandel Junction is a key transit point for nearby localities such as Bansberia, Pandua, Champadani, Rishra, Shrirampur, and Chuchura. There is a growing need for improved connectivity to major religious destinations like Parasnath, Prayagraj, and Ajmer, as well as tourist centres such as Agra, Bharatpur, and Jaipur. A large number of people along with their families and many devotees from the region regularly travel to Ajmer to visit the sacred Dargah of Khwaja Garib Nawaz (Ajmer Sharif) and other Hindu holy cities on the

route as I mentioned before.

The Sealdah-Ajmer Express passes through these religious towns and tourist destinations. A little route diversion of this train with a stoppage at Bandel Junction would make it much easier for the devotees to travel to Ajmer and other holy cities. This change would have saved valuable time and effort for commuters, who otherwise need to travel for more than one-and-a-half hours to reach Bardhaman or Sealdah to board the train.

I, therefore, urge upon the hon. Minister of Railways to consider this long pending demand. This step would greatly help the people by saving their valuable time and significantly improving the convenience and connectivity to the region. Thank you, Sir.

SHRIMATI HARSIMRAT KAUR BADAL (BATHINDA): Sir, I would like to bring to the notice of this House a very serious issue of a viral audio of a police officer of Patiala, Punjab where he is instructing all his DSPs, all his SSPs, and all his SHOs about the elections of the Zila Parishad which are taking place. जो धक्का-मुक्की होनी है, वह तो होती ही है और अगर किसी के कागज फाड़ने हैं, रद्द करना है, रोकना है, तो उनको उनके घर पर, सड़क पर या उनके गांव में रोको, यह इलेक्शन के परिसर में न किया जाए, जैसा लोकल बॉडीज़ के इलेक्शन में हुआ था। This is an elected officer in uniform जो लोग संविधान की धज्जियां उड़ा रहे हैं। जो लोग संविधान के बारे में बात करते हैं, उनकी ही अलाय और इंडिया एलायंस की आम आदमी पार्टी की सरकार ऐसी धज्जियां उड़ा रही है। A man is using the Government and the police, who are supposed to ensure free and fair elections. बाबा साहब अंबेडकर के संविधान ने सभी को एक राइट दिया है कि सभी पार्टियां चुनाव

लड़ सकती हैं, प्रत्येक वोटर वोट कर सकता है, लेकिन जब सरकारी प्रशासन लोगों को वोट देने से और कागज जमा करने से रोक रहा है, तो इनके पूर्व मंत्री ... * पंजाब में जाकर कहते हैं कि शाम, दाम, दण्ड, भेद, झूठ, सच । This is what the police is doing under them. This conspiracy by the Aam Aadmi Government to derail the constitutional rights of a free and fair election at the highest level should be investigated. मैं होम मिनिस्ट्री से मांग करती हूँ कि वह जितने एसएसपी, डीसी, एसएचओ जिन्होंने कहा कि हम अपने एमएलए से पूछकर, जैसा वे कह रहे हैं हम वैसा ही कर रहे हैं । They are very satisfied with us. The SSP is telling them: "Take whatever action. I will cover up for you all and give you a clean chit. Make sure you are not in uniform. Otherwise, I cannot help you".

सर, आम आदमी पार्टी ने जो पंजाब में किया है, मैं उसके लिए मांग करती हूँ कि उस ऑडियो क्लिप को, जिसको वे क्लीन चिट दे रहे हैं, उसकी केंद्र सरकार की जो एफएसएल एजेंसी है, उससे उसकी फॉरेंसिक जांच कराई जाए । The Home Ministry must take strict against these people and I demand a CBI inquiry on what this Government is doing. The Election Commission must delist such parties. आम आदमी पार्टी को चुनाव लड़ने से डी-लिस्ट किया जाए, जो अपने राज्य में फ्री एंड फेयर इलेक्शंस को वायलेट कर रहे हैं, ऐसी पार्टीज़ को डी-लिस्ट करना चाहिए । जो सरकारें अपनी सरकार का इस्तेमाल लोगों के हक मारने के लिए और कुचलने के लिए करती हैं, उनको डी-लिस्ट किया जाए । अभी तरनतारन के उपचुनाव में इलेक्शन कमीशन ने वहां के एसएसपी का ट्रांसफर नहीं किया, सस्पेंड कर दिया, क्योंकि यह पुलिस स्टेट बनाकर इलेक्शन जीतना चाहते हैं । I demand through this House that an inquiry

* Not recored as ordered by the Chair.

be done on that audio clip and action be taken by Home Ministry on all those officers who are toeing the line of this Aam Aadmi Government. इन्होंने शाम, दाम, दण्ड, भेद, झूठ, सच के जरिये पंजाब का बेड़ागर्क कर दिया है। They have sold our State. ...

(Interruptions)

HON. CHAIRPERSON : Madam, you have placed your point.

... (Interruptions)

कुमारी सैलजा (सिरसा) : सर, मैं आपके माध्यम से सरकार का ध्यान घग्गर नदी के बढ़ते प्रदूषण और इससे प्रभावित हरियाणा के सिरसा, फतेहाबाद, कैथल और अंबाला जिलों के लाखों लोगों के सामने खड़ी गम्भीर स्वास्थ्य आपदा की ओर आकर्षित करना चाहती हूँ। घग्गर नदी में जल प्रदूषण खतरनाक स्तर पर पहुँच चुका है और सीपीसीबी के मापदंड के मुताबिक भी यह कई गुना ज्यादा हो चुका है। इन प्रभावित जिलों के गांवों में कैंसर और हेपेटाइटिस – सी का तेजी से बढ़ना गम्भीर चिंता का विषय है। घग्गर नदी के किनारे बसे कई गांवों में कैंसर, हेपेटाइटिस – सी, त्वचा रोग, किडनी रोग और पाचन संबंधी गम्भीर बीमारियों में चिंताजनक वृद्धि दर्ज की जा रही है। मैं हर महीने 20 से अधिक पत्र माननीय प्रधान मंत्री जी को रिलीफ फंड से सहायता के लिए लिखती हूँ।

सिरसा जिले में घग्गर नदी 169 किलोमीटर बहती है। इन गांवों में कैंसर के मामलों में लगातार बढ़ोतरी दर्ज हो रही है। ओट्टू, रोड़ी कुत्ताबढ़ और ऐलनाबाद क्षेत्र के कई गांव इसमें शामिल हैं। प्रदूषित घग्गर का पानी न तो पीने योग्य है और न ही इसे सिंचाई योग्य माना जाता है, क्योंकि भाखड़ा नहर का पेयजल आज तक उपलब्ध नहीं हो पाया है। ग्रामीणों को भूजल या नदी के आसपास के प्रदूषित जल स्रोतों पर निर्भर रहना पड़ता है। भूजल में भारी धातुएं और रसायन पाए जाने के कारण कैंसर व लीवर रोगों में लगातार वृद्धि हो रही है। घग्गर नदी में प्रदूषण नियंत्रण करने वाली सरकारी योजनाएं केवल कागजों तक सीमित रह गई हैं। पंजाब और हरियाणा सरकार द्वारा स्थापित अधिकांश एसटीपी या तो बंद पड़े हैं या क्षमता अनुसार काम नहीं कर रहे हैं। नदी संरक्षण योजना का अधिकतर

कार्य सिर्फ फाइलों में है।

मैं सरकार से आग्रह करती हूँ कि वह तुरन्त हस्तक्षेप करे और घग्गर नदी में प्रदूषण रोकने के लिए आपातकालीन कार्यवाही शुरू करे। सिरसा, फतेहाबाद, कैथल और अंबाला जिलों के प्रभावित गांवों में व्यापक जल गुणवत्ता सर्वे कराया जाए। पंजाब और हरियाणा के सभी एसटीपी की केंद्रीय एजेंसी द्वारा सीधे मॉनीटरिंग कराई जाए। नेशनल रिवर कंजर्वेशन प्लान के तहत विशेष वित्तीय व तकनीकी पैकेज जारी किया जाए। सिरसा जिले के घग्गर किनारे के गांवों को तुरन्त भाखड़ा नहर का पेयजल उपलब्ध कराया जाए, ताकि कैंसर और गम्भीर बीमारियों को रोका जा सके।

श्री अनुराग सिंह ठाकुर (हमीरपुर) : सभापति महोदय, मैं आपका आभार प्रकट करता हूँ कि आपने एक बहुत महत्वपूर्ण विषय उठाने का अवसर मुझे दिया है। मैं देव भूमि हिमाचल प्रदेश से आता हूँ। हम पहाड़ के लोगों ने अपनी जवानी, कुर्बानी और पानी देश के लिए देने में कहीं कमी नहीं छोड़ी। इस बात को 50 साल से ज्यादा हो गए। पोंग डैम को बनाने के लिए उस समय की कांग्रेस सरकार ने कहा था। उस समय 339 गांवों से 20,772 परिवारों को खाली करा दिया गया। उनको राजस्थान में जमीन देने का वायदा किया गया। उनको वहां से विस्थापित किया गया और राजस्थान में स्थापित करने की बात कही गई। उनकी जमीन पानी में डूब गई। वे घर से बेघर हो गए। बाकी राज्यों में बिजली पहुंच गई, लेकिन उनके घरों में अंधेरा छाया रहा। हिमाचल प्रदेश के सबसे बड़े जिला कांगड़ा के लोगों का क्या कसूर था? वे अपने घर-परिवार से बिछड़ गए और उनकी जमीनें चली गईं। राजस्थान में उनको जमीन देने का वायदा किया गया था, वह जमीन उन्हें नहीं मिल पाई, न उनके घर बस पाए, न उनको पैसा मिल पाया। आज भी 6,700 से ज्यादा परिवार जमीन मिलने का, स्थापित होने का इंतजार कर रहे हैं। उनकी दो पीढ़ियां चली गईं, लेकिन वे स्थापित नहीं हो पाए। क्या देश में यह सही हो रहा है? कितनी सरकारें आकर चली गईं, मैं भाजपा या कांग्रेस की बात नहीं कर रहा हूँ, चाहे उस समय कांग्रेस का निर्णय रहा होगा, लेकिन राजस्थान में एक के बाद

दूसरी सरकारें आकर चली गईं। राजस्थान जाकर अपनी जमीन को ढूँढने के लिए लोग अपनी जेब से पैसे खर्च करते हैं। उनकी जमीनों पर कब्जा कर लिया गया है। ये लोग अधिकारियों के चक्कर काटते हैं, वे उनको अगली डेट डाल देते हैं। कितनी पीढ़ियों को और इंतजार करना पड़ेगा, कितने वर्ष और इंतजार करना पड़ेगा?

मेरे साथ कांगड़ा के सांसद राजीव भारद्वाज जी भी यहां पर हैं। सुप्रीम कोर्ट ने कई बार इंटरवेंशन कर दी। वर्ष 1996 की जजमेंट जो प्रदेश पोंगवाद वाद विस्थापित समिति का था, उसमें भी रीहैबिलिटेशन इनकंप्लीट रही। आज तक 6,700 लोगों को अपनी जमीनें नहीं मिल पाई हैं, इन्फ्रास्ट्रक्चर वहां पर नहीं मिला। इसमें ब्यूरोक्रेटिक आब्स्टेकल्स हैं। हिमाचल प्रदेश आफिसर्स ने एक इन्स्पेक्शन रिपोर्ट दिसम्बर, 2024 में दी। इसमें उन्होंने इसको जल्द से इंप्लीमेंटेशन करने की बात कही। पेंडिंग एलॉटमेंट की जाए, इन्फ्रास्ट्रक्चर डेवलप किया जाए और प्रोसीजर को स्ट्रीमलाइन किया जाए। जल शक्ति मंत्रालय और गृह मंत्रालय इसमें इंटर मिनिस्टीरियल रिव्यू करे, सेंट्रल हाई पॉवर कमेटी स्थापित की जाए, जॉइंट टास्क फोर्स राजस्थान और हिमाचल प्रदेश सरकार की बनाई जाए, ताकि हिमाचल प्रदेश के विस्थापित परिवारों को जमीन मिल सके। उनको उनका हक मिले। अगर सदन को लगता है कि विस्थापितों को उनका हक मिलना चाहिए, तो मैं चाहता हूं कि आप भी मेरे साथ संबद्ध होकर कहें, क्योंकि कांगड़ा के सांसद माननीय राजीव भारद्वाज जी हमारे साथ हैं। हम आपके माध्यम से इस मांग को रखते हैं।

माननीय सभापति : माननीय सदस्यगण, अब मैं केवल उन्हीं सदस्यों को बोलने का मौका दे रहा हूं, जिन्हें इस सप्ताह अभी तक मौका नहीं मिला है।

कृपया केवल एक ही मिनट में अपनी बात रखें ताकि सबको बोलने का अवसर मिल सके।

***DR. ANGOMCHA BIMOL AKOIJAM (INNER MANIPUR):** Thank you Chairperson Sir, from May 3, 2023 the crisis started and people who had fled

*..... * English translation of this part of speech was originally delivered in Manipuri.

their homes, they were in thousands. Now, they want to go back to their respective homes. Instead of allowing them to go back to their respective habitation, the Government is firing tear-gas upon them and they are also being beaten up. This is the prevailing situation in Manipur. This is rather in support of the misguided people particularly some Kuki groups who want these people not to go back to their original homes. What we should not forget is that, it is now more than 2 years these unfortunate people who had fled from their homes are still suffering. This situation happened because of the failure of the Government to perform its duty. In addition, instead of rehabilitating them to their original places, they are being disallowed to return to their homes. This is very unfortunate.*

So, I would like to draw the attention of this House to the fact that there are more than thousands and thousands of people who are still languishing in relief camps. I appeal to the Government of India that they should draw up a concrete, honest and transparent plan to ensure that these people go back to their homes before we mark the third anniversary of the crisis that began on 3rd May, 2023. Thank you, Chairperson.

HON. CHAIRPERSON: Thank you for restricting to the time limit.

डॉ. आनन्द कुमार गोंड (बहराइच) : माननीय सभापति जी, सर्वप्रथम, मैं आपके माध्यम से यशस्वी प्रधानमंत्री श्री नरेंद्र मोदी जी, माननीय वाणिज्य और उद्योग मंत्री जी और उत्तर प्रदेश के माननीय मुख्यमंत्री जी का हृदय से आभार व्यक्त करना चाहता हूँ कि बहराइच की अनूठी गेहूँ के डंठल की हस्तकला को 'एक जिला एक उत्पाद' (ODOP) योजना के तहत चयनित कर उसे नई पहचान और

राष्ट्रीय स्तर पर प्रतिष्ठा प्रदान करने का कार्य किया गया है। ओडीओपी के माध्यम से बहराइच की यह विशिष्ट कला न केवल राष्ट्रीय स्तर पर पुनर्जीवित हुई है बल्कि इस निर्णय से स्थानीय कारीगरों का मनोबल बढ़ा है। विशेष रूप से महिला कारीगरों और पिछड़े वर्ग की महिलाओं के लिए सम्मानजनक आजीविका के नए अवसर भी खुले हैं।

महोदय, अब आवश्यकता है कि इस परंपरागत कला को वैश्विक स्तर पर भी स्थापित किया जाए। अतः मेरा विनम्र अनुरोध है कि बहराइच के गेहूं डंठल हस्तशिल्प को शीघ्रातिशीघ्र जीआई टैग प्रदान करने की प्रक्रिया प्रारंभ की जाए ताकि इसे वैश्विक स्तर पर विशिष्ट पहचान मिल सके। इसके साथ ही उक्त उत्पाद के लिए विशेष निर्यात प्रोत्साहन, अंतर्राष्ट्रीय ब्रांडिंग और ई-कॉमर्स प्लेटफॉर्म से जोड़ने की ठोस पहल की जाए ताकि यह लोककला 'लोकल से ग्लोबल' की प्रधानमंत्री जी की परिकल्पना का सशक्त उदाहरण बन सके और बहराइच को एक विशिष्ट पहचान मिल सके। इससे इस हस्तकला से जुड़े कारीगरों की आमदनी तथा सम्मान दोनों में स्थायी वृद्धि होगी।

SHRI NILESH DNYANDEV LANKE (AHMEDNAGAR): Hon. Chairperson, I would like to draw your attention to a very important issue. The god of a united India and the king who led all the people, our idol king Shri. Chhatrapati Shivaji Maharaj, who is known for his commendable work all over the world.

He had built many forts, in Maharashtra but today they are in a very bad condition. I request the Union Government to provide funds for the conservation and restoration of these forts.

Thank you.

माननीय सभापति : श्री अनिल फिरोजिया – उपस्थित नहीं।

श्री दिलीप शङ्कीया जी।

श्री दिलीप शङ्कीया (दारंग-उदालगुड़ी) : सभापति महोदय, जैसा कि इस सदन को मालूम है कि

देश के पूर्वोत्तर क्षेत्रों में शांति स्थापित करने और विकास कार्यों को गति देने हेतु आदरणीय प्रधानमंत्री श्री नरेन्द्र मोदी जी और गृह मंत्री श्री अमित शाह जी के नेतृत्व में वहां अभी तक 12 शांति समझौते और संधियां हुई हैं। वहां के 11,000 युवा मेनस्ट्रीम में आए हैं। ऐसे 12 शांति समझौते और संधियां हुई हैं तथा वहां जो भी अन्य विषय हैं, उनको वहां शत-प्रतिशत लागू किया जाए। मैं ऐसी मांग करता हूँ।

दूसरा, मेरे संसदीय क्षेत्र के तहत रंगिया जंक्शन है। रंगिया में मेरा डिविजन ऑफिस भी है। उस जंक्शन पर राजधानी एक्सप्रेस ट्रेन का स्टॉपेज नहीं है। उस जंक्शन पर हर राजधानी एक्सप्रेस ट्रेन का ठहराव कराया जाए। कोविड महामारी के समय जिन रेलवे स्टेशनों में विभिन्न ट्रेनों का ठहराव बंद कर दिया गया था, उसको फिर से शुरू किया जाए।

श्री किशोरी लाल (अमेठी) : सभापति महोदय, आपने मुझे शून्य काल में बोलने का मौका दिया है, उसके लिए मैं आपको धन्यवाद देता हूँ।

महोदय, मैं अपने संसदीय क्षेत्र अमेठी और रायबरेली की तरफ आपका ध्यान आकर्षित कराना चाहता हूँ। बनारस-प्रतापगढ़ पैसेंजर ट्रेन (ट्रेन संख्या 55141) है, जो कि बनारस रेलवे स्टेशन से सुबह छः बजे चलती है और वह नौ बजकर पन्द्रह मिनट पर प्रतापगढ़ पहुंचकर टर्मिनेट हो जाती है। यह ट्रेन वहां पर आठ घंटों तक खड़ी रहती है।

महोदय, मेरी इस सदन के माध्यम से यह मांग है कि इस ट्रेन को रायबरेली जंक्शन तक चलाया जाए। कोरोना काल में बहुत सारी पैसेंजर ट्रेन्स बंद कर दी गई थीं। अगर इस ट्रेन का ठहराव वहां तक बढ़ा दिया जाएगा, तो इन जंक्शनों के बीच जो छोटे-छोटे अन्य रेलवे स्टेशन्स हैं, वहां के यात्रियों को इसका लाभ मिलेगा।

SHRIMATI PRATIMA MONDAL (JAYNAGAR): Sir, on behalf of my Party, All India Trinamool Congress and on behalf of my living God, the people of my constituency, I wish to raise an urgent issue of the Central Government reduction

and delayed release of funds under the Jal Jeevan Mission to West Bengal.

The State has consistently met utilization norms and fulfilled required reforms, yet allocations for the current year have been sharply curtailed, disrupting ongoing drinking water projects. This sudden cut has stalled pipeline work, delayed new connections, and affected payments to implementing agencies. Districts facing water scarcity, including Sundarbans, and arsenic contamination are particularly impacted, putting lakhs of rural households at risk and threatening progress made under the Mission.

महोदय, जल का एक और नाम जीवन है। यह सरकार उस जीवन को छीनने का प्रयास कर रही है। वर्ष 2026 में इसकी हालत और भी बुरी हो जाएगी।

HON. CHAIRPERSON: Please place your demand.

SHRIMATI PRATIMA MONDAL: Sir, I urge upon the Central Government to restore full funding and ensure timely disbursement, so that Jal Jeevan Mission objectives are achieved and rural communities do not suffer due to financial constraints.

श्री आशीष दुबे (जबलपुर) : सभापति महोदय, आपने प्रजातंत्र के इस मंदिर में मुझे अपनी बात कहने का अवसर दिया है, उसके लिए मैं आपको धन्यवाद देता हूँ। मेरा संसदीय क्षेत्र जबलपुर है, जिसका अपना गौरवशाली, वैभवशाली और समृद्धशाली इतिहास है। वह कृषि, रक्षा, शिक्षा और इसके साथ ही साथ पर्यटन जगत में अपना एक विशेष महत्व रखता है।

13.29 hrs

(Shri Dilip Saikia in the Chair)

महोदय, मैं आज आपके माध्यम से रक्षा के क्षेत्र में अपनी एक मांग रखना चाहता हूँ। मैं आपके माध्यम से जबलपुर में एक डिफेंस क्लस्टर बनाए जाने की मांग करता हूँ।

इसके पीछे का कारण यह है कि जबलपुर में हमारे तीन रक्षा संस्थान हैं। वहां पर हमारी व्हीकल फैक्ट्री है, गन कैरिज फैक्ट्री है और हमारी ऑर्डिनेंस फैक्ट्री है। इस वजह से मुझे लगता है कि औद्योगिक क्षेत्र में एक ठोस कदम उठाने के लिए हमारे जबलपुर में डिफेंस क्लस्टर की अनुकूलता है, जिसकी मांग मैं आपके माध्यम से रखना चाहता हूँ। इसके साथ ही साथ मैं इसके पीछे का एक और कारण आपको बताना चाहता हूँ।

जबलपुर में पांच-पांच विश्वविद्यालय हैं। वहां के युवाओं में प्रतिभा है, वहां हर विधा का युवा है। इससे उन युवाओं को रोजगार के अवसर मिलेंगे और हमें हर विधा में पारंगत युवा मिलेगा। इसलिए आपके माध्यम से मैं पुनः अपने जबलपुर संसदीय क्षेत्र के लिए वहां पर डिफेंस क्लस्टर की जो अनुकूलता है, उसकी मांग आपके सम्मुख रखता हूँ। बहुत-बहुत धन्यवाद।

***SHRI MURASOLI S. (THANJAVUR):** Hon. Chairman Sir, Vanakkam. In Tamil Nadu particularly in the delta districts, there has been record production of paddy during this Kuruvai season. Procurement of paddy stood at 4.81 lakh metric tonnes during the year 2024-25 and this has increased to a record level of 16.11 lakh metric tonnes this year. This is record level of paddy procurement in Tamil Nadu during this Kuruvai season. There is a demand from the farmers of Cauvery delta region of Tamil Nadu. Their important demand is to increase the permissible level of moisture content from 17 percent to 22 per cent while procuring paddy. This year also, the same demand has been put forth by the State government of Tamil Nadu. After receiving such a demand, the Union government had sent a team of Officials to the State of Tamil Nadu. But even after the visit of central team to our State, our demand was not acceded to. I

* English translation of the speech originally delivered in Tamil.

urge that the State government of Tamil Nadu should be allowed to increase the permissible level of moisture content of paddy at the time of procurement, as per the requirement. Hon. Chief Minister of Tamil Nadu has also requested to increase the permissible level of moisture content of paddy meant for procurement and I urge that this demand should be fulfilled.

SHRI G. M. HARISH BALAYOGI (AMALAPURAM): Sir, coconut is the backbone of Andhra Pradesh horticulture economy with my State having the highest coconut productivity in India and contributing over 10 per cent of our country's gross value output. At the centre of this stands my Dr. B. R. Ambedkar Konaseema District which alone produces 50 per cent of Andhra Pradesh coconut. In Dr. B. R. Ambedkar Konaseema District, coconut is a cultural and economic lifeline sustaining families, cottage industries, and traditional livelihood. However, this vital coconut belt is now under severe distress. Dr. B. R. Ambedkar Konaseema District's deltaic, geographic, high-salinity and shifting groundwater tables have cost widespread osmotic stress, resulting in premature fall and weakened trees. During the dry months, salt water enters the coconut groves due to the inadequate drainage. Since 2019, the groves have remained under sustained saline stress.

HON. CHAIRPERSON: Please raise your demand.

SHRI G. M. HARISH BALAYOGI: I am coming to that, Sir. Recently, the NDA State Government has sanctioned the balance revetment works worth Rs.22 crore but the delay has caused significant soil degradation. The land will take

another two to three years to recover fertility after which replanting must begin, resulting in substantial losses to farmers.

Sir, I request that these can be really avoided if there is a local Coconut Development Board office in Dr. B. R. Ambedkar Konaseema District. This kind of an office will help us to resolve these issues in scenarios mentioned earlier. Therefore, I request the hon. Agriculture Minister to establish a dedicated Coconut Development Board regional office or a State centre in Dr. B. R. Ambedkar Konaseema District to enable faster response to the coconut farmers.

श्री धवल लक्ष्मणभाई पटेल (वलसाड) : सभापति महोदय, आपका बहुत-बहुत धन्यवाद। आपने मुझे शून्य काल में प्रश्न पूछने का मौका दिया है।

मैं वलसाड लोकसभा क्षेत्र, गुजरात से आता हूँ। वह आदिवासी बाहुल्य क्षेत्र है, लेकिन साथ ही वलसाड जिले के अंदर वलसाड से लेकर उमरगाम तक का लगभग पूरा क्षेत्र इंडस्ट्रियल पार्क है। खासकर, गुंडलाव, पारडी, वापी, सरीगाम और उमरगाम ऐसी प्रमुख जीआईडीसीज़ हैं, जो हमारे विस्तार के लिए, गुजरात और भारत के विकास में अहम योगदान दे रही हैं।

इसमें हमारे आदिवासी बाहुल्य क्षेत्र के वर्कर्स हैं, महाराष्ट्र के वर्कर्स हैं और पूरे भारत से आए वर्कर्स काम कर रहे हैं। इस विस्तार के अंदर वापी में सिर्फ एक ही ईएसआईसी का हॉस्पिटल है, बाकी डिस्पेंसरीज हैं। वहां पर जो फैसिलिटीज हैं, वे कम पड़ रही हैं। मैं आपके माध्यम से डॉ. मनसुख मंडाविया जी से मांग करता हूँ कि वापी में 500 बेड का एडवांस स्टेट ऑफ आर्ट हॉस्पिटल बनाया जाए। मैं इसके साथ ही यह मांग करता हूँ कि सरीगाम और उमरगाम में भी ध्यान देकर वहां भी ईएसआईसी के हॉस्पिटल्स बनाए जाएं।

*** SUSHRI PRANITI SUSHILKUMAR SHINDE (SOLAPUR):** I wanted to talk

* English translation of the speech originally delivered in Marathi.

about flood like situation due to heavy rains in the month of September in my state Maharashtra. It harmed both farmers as well as citizens. The farms, houses, crops, everything got washed away due to the flood. The relief declared by Government of Maharashtra is very less. We haven't received relief from centre because Government of Maharashtra still not able to send the proposal to centre. Yesterday, Home Affairs ministry confirmed that there is no proposal received from NDRF, Maharashtra. This is injustice to farmers of my constituency, Solapur & Usmanabad districts in Maharashtra. We have demanded there should be an announcement of wet drought, and loan waiver to farmers as well as students must be declared. Central and state governments are busy in the election campaigns only and not concerned about the pitiable conditions of farmers in Maharashtra.

वहां पर साल में चार बार केवाईसी की जाती है। अब उसकी कोई जरूरत नहीं है। वह क्राइटेरिया रद्द कर केन्द्र सरकार से हमारे किसानों को तुरंत मदद मिलनी चाहिए।

डॉ. संजय जायसवाल (पश्चिम चम्पारण) : सभापति महोदय, बहुत-बहुत धन्यवाद। गण्डक नदी चम्पारण और बिहार की लाइफ लाइन है, लेकिन जब बाढ़ का समय आता है, तो चम्पारण कटिबंध पर हर बार हम लोग बुरी तरह से फंस जाते हैं। 60 सालों में चम्पारण कटिबंध का मजबूतीकरण नहीं हुआ है। हम लोगों को 5-6 रातें जागकर बितानी पड़ती हैं कि कहीं वह चम्पारण तटबंध टूट न जाए। इसके टूटने से न केवल वाल्मिकी नगर टाइनगर रिजर्व को नुकसान होगा, बल्कि लाखों की आबादी भी उसमें बर्बाद हो जाएगी।

मेरा आपके माध्यम से माननीय जल शक्ति मंत्री सीआर पाटिल जी से अनुरोध होगा कि बॉर्डर एरिया रिवर मैनेजमेंट के तहत चम्पारण तटबंध का न केवल मजबूतीकरण किया जाए, बल्कि इस

पर डबल लेन सड़क बनाई जाए। इसके अलावा गण्डक नदी से सिल्ट निकलवाने का काम किया जाए, जिससे उसकी जो गहराई समाप्त हो गई है, वह ठीक हो जाए। चम्पारण तटबंध के रहने से वाल्मिकी नगर टाइगर रिज़र्व सहित चम्पारण और गोपालगंज के सभी लोगों की रक्षा हो सकेगी।

*** SHRI RAJABHAU PARAG PRAKASH WAJE (NASHIK) :** There is a discussion as well as debate going on of cutting down 1800 trees at Tapovan to construct Sadhugram for upcoming Kumbhamela at Nashik. This area is important for Nashikkars and an important centre for biodiversity, birds and animals. The citizens, environmentalists started protesting against this decision. Tapovan is chosen for Sadhugram when there are much better locations available in the city. It seems like the decision made by local authorities is not transparent and taken without prior consultations with experts and environmentalist. Trees are necessary for future. The decision needs to be revoked on immediate basis. I urge upon central government to intervene in this matter.

Thank you.

श्री लुम्बाराम चौधरी (जालौर) : सभापति महोदय, मेरे लोक सभा क्षेत्र राजस्थान के सिरोंही जिले में मानपुर हवाई पट्टी को एयरपोर्ट की तर्ज पर विकसित करने का निवेदन है। आबू रोड सबसे बड़ा औद्योगिक क्षेत्र है। यहां उत्पादित माल का विदेशों में निर्यात होता है। आबू रोड के निकट, राजस्थान का मुख्य पर्वतीय पर्यटन स्थल माउंट आबू, गुजरात का प्रसिद्ध अंबाजीधाम, सबसे बड़ा ब्रह्मकुमारी ईश्वरीय विश्वविद्यालय व जैन धर्म का विश्व प्रसिद्ध दिलवाड़ा का प्रमुख तीर्थ स्थल होने के कारण पूरे साल बड़ी संख्या में देश-विदेश के पर्यटक एवं तीर्थ यात्री बस या ट्रेन के रास्ते आबू रोड आते हैं,

* English translation of the speech originally delivered in Marathi.

जिसमें उनका कीमती समय व्यर्थ जाता है। यह हवाई पट्टी उड़ान योजना में भी शामिल है।

सार्वजनिक निर्माण विभाग ने आबूरोड स्थित मानपुर हवाई पट्टी को एयरपोर्ट का आकार देने के लिए करीब 100 करोड़ रुपए का प्रस्ताव भेजा हुआ है। मानपुर हवाई पट्टी को एयरपोर्ट में बदलने की आवश्यकता है, जहां पर जमीन भी उपलब्ध है। यही नहीं ब्रह्मकुमारी संस्थान, उद्योगपतियों व माउंट आबू पर्यटन स्थल के व्यावसायियों एवं तीर्थयात्रियों की काफी लम्बे समय से मानपुर हवाई पट्टी को एयरपोर्ट में बदलने एवं यहां से देश के विभिन्न भागों के लिए हवाई यात्रा उपलब्ध कराने की मांग लम्बे समय से लम्बित है।

सभापति महोदय, आपसे निवेदन है कि आबू रोड स्थित मानपुर हवाई पट्टी को एयरपोर्ट के रूप में विकसित करने हेतु अतिशीघ्र आवश्यक कार्रवाई करें। धन्यवाद।

एडवोकेट चन्द्र शेखर (नगीना) : सभापति जी, भारत सरकार के राजपत्र संख्या 39, दिनांक 27 अगस्त, 2009 के द्वारा निःशुल्क और अनिवार्य बाल शिक्षा का अधिकार अधिनियम, 2009 प्रभावी किया गया था। इस अधिनियम की धारा 23 के अन्तर्गत अधिनियम के प्रभाव में आने की तिथि एवं उसके पश्चात नियुक्त शिक्षक भर्ती नियुक्ति हेतु न्यूनतम अहर्ताएं निर्धारित की गयी थीं। जिसके द्वारा कक्षा 1 से कक्षा 8 तक के अध्यापक की नियुक्ति हेतु टेट की अनिवार्यता की गयी थी, परन्तु इस अधिसूचना की तिथि से पूर्व नियुक्त कक्षा 1 से कक्षा 8 तक के अध्यापकों को टेट से मुक्त की अभिधारणा थी।

भारत के राजपत्र संख्या 34, दिनांक, 10 अगस्त, 2017 के द्वारा निःशुल्क और अनिवार्य बाल शिक्षा का अधिकार अधिनियम, 2009 की धारा-23 की उप-धारा (2) के परंतुक में संशोधन किया गया कि जो अप्रशिक्षित अध्यापकों के लिए था, परंतु NCTE के माननीय उच्चतम न्यायालय में दिये गये भ्रामक शपथ पत्र दिये जाने के कारण न्यायालय द्वारा भ्रमित आदेश पारित हो गया। NCTE द्वारा प्रेषित शपथ-पत्र को निरस्त कर संशोधन करने का कानून पारित किया जाये।

परन्तु माननीय उच्चतम न्यायालय द्वारा दिनांक 1 सितंबर, 2025 को दिये गये एक निर्णय के

आलोक में समाचार पत्रों एव सोशल मीडिया द्वारा प्रसारित, प्रचारित समाचार से ... (व्यवधान)

माननीय सभापति : आप अपनी मांग बोलिए।

एडवोकेट चन्द्र शेखर : सर, मैं मांग ही कर रहा हूँ। देश के शिक्षकों में भ्रम की स्थिति उत्पन्न हो गयी है। अतः भारत सरकार के अधीन 25 अगस्त, 2010 से पूर्व तथा उत्तर प्रदेश सरकार के अधीन 29 जुलाई, 2011 से पूर्व नियुक्त शिक्षकों को सेवारत रहने एवं पदोन्नति हेतु टेट उत्तीर्ण करना अनिवार्य नहीं है। अतः उक्त अध्यापकों को टेट मुक्त किया जाये। माननीय सभापति जी, उत्तर प्रदेश में दो लाख और देशभर में 25 लाख से ज्यादा ... (व्यवधान)

माननीय सभापति : ठीक है। माननीय सदस्य, श्री जयन्त बसुमतारी जी।

एडवोकेट चन्द्र शेखर : सभापति जी, मांग नहीं आई है।

माननीय सभापति : आपने मांग तो कर दी है।

एडवोकेट चन्द्र शेखर : सभापति जी, मांग नहीं आई है। मांग यह है कि उनके अधिकारों की रक्षा की जाए। वे देश का भविष्य बनाते हैं। वे सुरक्षित रहेंगे, तभी देश का भविष्य सुरक्षित रहेगा। धन्यवाद।

माननीय सभापति : माननीय सदस्य, श्री जयन्त बसुमतारी जी।

श्री जयन्त बसुमतारी (कोकराझार) : *Thank you, Honourable Chairperson. Sir, I would like to speak in Bodo language.*

@ Honourable Chairperson Sir, Recently in Assam, the proposal to grant Scheduled Tribe (ST) status to six communities, that are already relatively developed and demographically large, has sparked widespread protests across the state. Organisations representing these six communities are demonstrating

..... English translation of this part of speech was originally delivered in Assamese.

@.....@English translation of this part of speech was originally delivered in Bodo

in support of the proposal, while various other groups, including student bodies, college and university students, and organisations of the existing ST communities, along with the general public, are protesting against it.

On 29 November 2025, the group of ministers appointed by the Government of Assam presented a recommendation in the State Legislative Assembly to include these six new communities under the ST category. This move has created an atmosphere of apprehension and uncertainty among the existing ST communities. It has, in fact, added fuel to an already escalating situation. In response to this, the current ST communities have delivered a strong and unequivocal message to both the State and Central governments that they will not accept any decision that undermines the rights and protections they are constitutionally entitled to as Scheduled Tribes.

It is undeniable that the six communities also have the constitutional right to advocate for their development and long-standing demands. However, in the process of addressing their concerns, if the rights and privileges of the existing ST communities are compromised, the situation could deteriorate further and potentially spiral out of control.

As a member of an existing ST community myself, I earnestly appeal to the Government of Assam, the Ministry of Tribal Affairs, the ST/SC Commission, and the Registrar General of India to resolve this issue amicably.

Thank you. @

श्री गजेन्द्र सिंह पटेल (खरगौन) : माननीय सभापति जी, मैं मध्य प्रदेश के खरगौन-बड़वानी लोक

सभा क्षेत्र से आता हूँ। मैं एक महत्वपूर्ण मुद्दा उठाना चाहता हूँ। मेरे लोक सभा क्षेत्र में रेल लाइन बिल्कुल नहीं है। मैं आदरणीय रेल मंत्री अश्विनी कुमार जी से पूर्व में मिला था। उन्होंने नए सर्वे के लिए स्वीकृति प्रदान की थी, जिसके लिए मैं उनको हृदय से धन्यवाद देता हूँ।

मैं रेल मंत्री जी का ध्यान अलीराजपुर खरगौन-खंडवा नई ब्रॉड गेज रेल लाइन के विषय पर आकर्षित करता हूँ। 6.25 करोड़ रुपये की लागत से शुरू किए गए इस रेल मार्ग का अंतिम स्थान सर्वेक्षण (एफएलएस) वर्तमान में जारी है। इसमें फुट-टू-फुट सर्वे तथा ड्रोन मैपिंग शामिल है। यह परियोजना पूर्वी और पश्चिमी निमाड़ के 5 जिलों खंडवा, खरगौन, बड़वानी, धार, अलीराजपुर को जोड़कर विकास की दिशा में मार्ग देगी। चूंकि सर्वे में पहाड़ी क्षेत्र, नदी, नाले, नर्मदा नदी की सहायक नदियाँ हैं और कृषि भूमि भी शामिल है।

मेरा रेल मंत्रालय से अनुरोध है कि वह राज्य सरकार के साथ समन्वय स्थापित कर सर्वे के दौरान चिन्हित किए गए नदी-पहाड़ी क्षेत्रों के लिए इंजीनियरिंग डिजाइन को जल्द अंतिम रूप दे। परियोजना की मंजूरी से पहले ही भूमि अधिग्रहण के लिए आवश्यक धारा 20ए और अन्य अधिसूचनाएँ जारी करने की प्रक्रिया शुरू कर दे, ताकि बाद में परियोजना में विलंब न हो। सरकार से अनुरोध है कि इस परियोजना को मिशन मोड में पूरा करने के लिए त्वरित कार्रवाई सुनिश्चित करें।

मैं पुनः इसके लिए माननीय रेल मंत्री जी से आग्रह करता हूँ। धन्यवाद।

श्री लक्ष्मीकान्त पप्पू निषाद (संत कबीर नगर) : माननीय सभापति महोदय, आपने मुझे बोलने का मौका दिया, उसके लिए मैं आपको बहुत-बहुत धन्यवाद देता हूँ।

मैं उत्तर प्रदेश से आता हूँ। उत्तर प्रदेश और देश भर में तमाम निगम के कर्मचारियों को जो पेंशन दी जाती है, वह 2 हजार, 3 हजार रुपये प्रति महीना दी जाती है। उत्तर प्रदेश में वे भूखमरी के कगार पर हैं। परिवहन निगम की जो रोडवेज की बसें चलती हैं, उन कर्मचारियों को आज तक पेंशन नहीं दी गई है। मैं आपके माध्यम से उत्तर प्रदेश सरकार और केन्द्र की सरकार से इस बाबत

निवेदन करना चाहता हूँ। लोगों ने जंतर-मंतर पर भी कई बार धरना-प्रदर्शन किया है। निगम के जो कर्मचारी हैं, उनको पेंशन सभी विभागों की तरह से दी जाए। धन्यवाद। जय हिंद, जय समाजवाद।

श्रीमती गनीबेन नागाजी ठाकोर (बनासकांठा) : महोदय, आपने मुझे बोलने का मौका दिया, उसके लिए मैं आपको धन्यवाद देती हूँ। गुजरात में शराब और ड्रग्स होम डिलिवरी से मिल रहा है, लेकिन किसानों को यूरिया नहीं मिल रहा है। यह गुजरात मॉडल है।

मैं आपके माध्यम से सदन का ध्यान मेरे संसदीय क्षेत्र बनासकांठा तथा गुजरात के कई जिलों में जारी यूरिया की गंभीर कमी की ओर आकर्षित करना चाहती हूँ। रबी सीजन होने की वजह से किसानों को यूरिया के लिए कतार में खड़ा रहना पड़ता है। कई दिनों से किसान डिमांड कर रहे हैं, लेकिन गुजरात सरकार और सेंट्रल गवर्नमेंट से जो यूरिया मिलना चाहिए, वह नहीं मिल रहा है। मैं केन्द्र सरकार से गुजारिश करती हूँ कि जो लोग मार्केट में ब्लैक में बेचते हैं, उन पर कार्रवाई होनी चाहिए। किसानों को अच्छी तरह से यूरिया, खाद मिलनी चाहिए। धन्यवाद।

श्री अनिल बलूनी (गढ़वाल) : माननीय सभापति जी, मैं आपके माध्यम से सरकार और मंत्री जी से एक निवेदन करना चाहता हूँ। हमारे वन मंत्री आदरणीय भूपेन्द्र यादव जी यहां बैठे हुए हैं। मेरा उनसे भी आग्रह है कि उत्तराखंड के पर्वतीय क्षेत्रों में विशेषकर जो गढ़वाल लोक सभा क्षेत्र है, उसमें पिछले कई दिनों से मैन-एनिमल कॉन्फ्लिक्ट अपने चरम पर है। माननीय सभापति जी, पिछले तीन हफ्ते के अंदर तेंदुए के हमले से चार लोगों की मौत हो गई है। पिछले कुछ दिनों से इसमें अचानक वृद्धि आई है। पिछले तीन हफ्ते में 15 से अधिक लोग घायल हुए हैं। भालू के हमले अचानक बढ़े हैं। इस मौसम में आम तौर पर भालू के हमले नहीं होते थे, लेकिन वे हमले भी तेजी के साथ हो रहे हैं।

मानवयर, लोग पहाड़ी इलाकों में बच्चों को स्कूल भेजना बंद कर रहे हैं, क्योंकि बच्चों के ऊपर बहुत तेजी से हमले हो रहे हैं। वहां अंधेरा होते ही कफर्यू जैसी हालत हो रही है। वहां बहुत ज्यादा मैन-एनिमल्स कॉन्फ्लिक्ट्स बढ़े हैं। भूपेन्द्र यादव जी यहां बैठे हैं। मेरा उनसे आग्रह है कि इसमें राज्य की मदद करनी चाहिए। वहां बहुत बड़ी मात्रा में संसाधनों की आवश्यकता है। हम लोगों

को आधुनिक पिंजरों, ट्रैक्विलाइजिंग इक्विप्मेंट्स, फौक्स गन्स जैसी बहुत सारी चीजों की आवश्यकता है। मेरा माननीय भूपेन्द्र यादव जी से आग्रह है कि डबल्यूआईआई की एक टीम तुरंत उत्तराखंड भेजी जाए। आखिर, वहां हमलों में इतनी तेजी क्यों आई है? ये सब जांच की जानी चाहिए। राज्य प्रशासन को बहुत सारे संसाधनों की आवश्यकता है, उसमें उसे मदद की जानी चाहिए।

मान्यवर, जो लोग अपने परिजनों को खो रहे हैं, उनकी भारत सरकार या वन विभाग के द्वारा और क्या-क्या मदद हो सकती है, उसका ध्यान रखा जाना चाहिए। धन्यवाद।

श्री सागर ईश्वर खंडे (बीदर) : सभापति महोदय, इस साल हमारे क्षेत्र में अतिवृष्टि के कारण खेती और फसलों को बहुत नुकसान हुआ है। इस संदर्भ में केन्द्र सरकार के नियम के द्वारा जो नुकसान की भरपाई की जा रही है, वह बहुत कम है।

*As per the guidelines of the existing rules of the Central Government, a compensation of Rs. 7,500 per acre for irrigated land, and Rs. 3,500 per acre for dry land will be given to the farmers, who suffered losses of the standing crops due to devastating floods caused by heavy rains.

However, the compensation amount which is being provided to the farmers is very meagre and is inadequate to meet even the basic expenditure of the farmers.

Hence, my humble submission before the Central Government is to kindly reconsider the rules pertaining to compensation and enhance the amount of compensation given to the affected farmers in the wake of heavy rains and floods.

*English translation of this part of speech was originally delivered in Kannada.

In addition to this, I would also like to state that the State Government has already provided a special package to such farmers. I also request the Central Government to enhance the relief package for natural calamities.

Our farmers are paying a premium for their crops under Pradhan Mantri Fasal Bima Yojana (PMFBY) every year.

However, they are not getting the insurance amount in return. So, I urge upon the central government to conduct a survey to verify the facts and ensure the timely payment of insurance amount is deposited in the bank account of the farmers without any delay.

Thank you.

श्री इटैला राजेंदर (मल्काजगिरि) : सभापति महोदय, मैं मल्काजगिरि संसदीय क्षेत्र से चुन कर यहां आया हूं, which is not Hyderabad. वहां की जनसंख्या 70 लाख है। वहां पर 40 साल पहले एक डम्पिंग यार्ड शुरू किया गया था। वहां पर एक-दो गाड़ियां आती थीं, लेकिन आज वहां 10 हजार टन वेस्ट इकट्ठा हो रहा है। इससे वहां तीस किलोमीटर की रेडियस में गंदी हवा फैलती है। वहां के कीड़े से लोगों के हेल्थ पर बुरा प्रभाव पड़ रहा है। वर्ष 2017 में मद्रास ट्रिब्यूनल ने जजमेंट दिया था कि इसको शिफ्ट करना बहुत जरूरी है। हैदराबाद की जनसंख्या 1.5 करोड़ है। ऐसा डम्प यार्ड एक ही जगह पर नहीं रखना चाहिए। इसके लिए चारो तरफ अरेंजमेंट करना चाहिए, ऐसा जजमेंट दिया गया था। आज तक वह इम्प्लिमेंट नहीं हुआ है।

हमारे पर्यावरण मंत्री जी यहां बैठे हैं। मैं आपके माध्यम से मंत्री जी से मांग करता हूं कि जजमेंट पर अमल किया जाए ताकि हमारे लोगों का स्वास्थ्य ठीक रहे। मैं रिक्वेस्ट करता हूं कि मंत्री जी इसका ध्यान रखें।

SHRI SALENG A. SANGMA (TURA): Chairman Sir, as you know, life is very

precious, but it becomes a burden to society and even to the family when it is not taken care of.

More than three lakh youths between the age of 15 and 29 years are drug addicts, and thousands and thousands of youths are already infected with HIV. The fact is that in the State there is not even a single de-addiction centre or rehabilitation centre. Even in the hospitals, doctors treat our youths who are infected with HIV in the same room. There is no systematic procedure to ensure proper care for the patients.

Therefore, I would like to request you, Chairman Sir, that in every district there should be at least two to three rehabilitation centres provided by the Government.

Now, when we are talking about drug addicts, in the last few months itself drugs from the Golden Triangle have entered through the border areas. That is why, apart from drugs, cattle smuggling is also taking place.

Therefore, we need a proper security system in the border areas.

Thank you.

डॉ. हेमांग जोशी (बडोदरा) : माननीय सभापति महोदय, सबसे पहले मैं आपके माध्यम से माननीय प्रधानमंत्री श्री नरेन्द्र भाई मोदी जी के नेतृत्व में सड़क परिवहन मंत्री श्री नितिन गडकरी जी और उनके विभाग के प्रति आभार प्रकट करना चाहूंगा। बडोदरा हाईवे पर चार नैरो ब्रिज है, जिसकी वजह से कई बार ट्रैफिक जाम होता है। इस समस्या का हल हो रहा है लेकिन अभी वह निर्माणाधीन है। परंतु उसके साथ-साथ एक और बात है, दिशा कमेटी की बैठक और जिला संकलन समिति की बैठक में सभी विधायक और लोगों की बातें बाहर आयी हैं। बारिश के दिनों में हाईवे पर कहीं मरम्मत

की जरूरत होती है लेकिन वहां पर चार-पांच घंटे तक ट्रैफिक जाम हो जाता है जिसकी वजह से रैपिड एक्शन लेने के लिए नेशनल हाईवे की टीम वहां नहीं पहुंच सकती। जब इसकी तह में गए तब पता चला कि हमारे सेंट्रल रीजन नेशनल हाईवे का ऑफिस राजपिपला में स्थित है। वह बहुत ही अनवाइबल और अन स्ट्रेटिजिक डिसेजिन है। इसकी लोकेशन राजपिपला में है, इसकी वजह से वडोदरा में तुरंत नहीं पहुंच सकते हैं, बड़ोदरा का स्थानीय प्रशासन, पुलिस विभाग और म्युनिसिपल कॉर्पोरेशन साथ मिल कर पूरा काम करते हैं। इससे 2500 से ज्यादा इंडस्ट्री भी अफेक्ट होती है।

मेरी माननीय नितिन गडकरी जी से मांग है कि नेशनल हाईवे का सेंट्रल गुजरात का रीजनल ऑफिस राजपिपला में न होकर बड़ोदरा के अंदर होगा तो इसका सोल्यूशन हो जाएगा और नेशनल हाईवे की सुविधा में सुधार होगा।

श्री आगा सैय्यद रूहुल्लाह मेहदी (श्रीनगर) : माननीय सभापति महोदय, मैं सबसे पहले जम्मू के कुलदीप शर्मा जी का शुक्रिया अदा करना चाहूंगा, जिनके मुस्लिम हमसाया अरफाज अहमद का घर गिराया गया, नाजायज तरीके से गिराया गया। कुलदीप शर्मा जी ने नुकसान को कम्पनसेट करने के लिए अपनी मिल्कियत में से जमीन डोनेट की, मैं उनका तहेदिल से शुक्रिया अदा करना चाहता हूं। उन्होंने दिखाया कि कितना भी यहां जहर घोला जाए, हम अभी भी एक हैं और हमेशा एक रहेंगे।

माननीय सभापति : किसका घर गिराया है?

श्री आगा सैय्यद रूहुल्लाह मेहदी : सभापति महोदय, अरफाज अहमद नाम के जनर्लिस्ट का घर बिना प्रोसिजर, बिना नोटिस और बिना किसी कानूनी कार्रवाई के गिराया गया। एक मुसलमान हमसाया का घर गिराया गया, एक जनर्लिस्ट का घर गिराया गया। मैं यही सवाल करना चाहता हूं कि किस कानून और प्रोसिजर से घर गिराया गया? ... *

माननीय सभापति: आप सीएम और गवर्नर का नाम नहीं ले सकते हैं।

SHRIMATI BIJULI KALITA MEDHI (GUWAHATI): Thank you Chairman Sir for

* Expunged as ordered by the Chair.

giving me an opportunity to draw the attention of the Government to the recurring problem of artificial flood and severe water logging in Guwahati city. Every year, even within few hours of rainfall, major roads, residential areas, hospitals, schools and market places get submerged. This is not a natural flood. It is a result of inadequate drainage, heavy siltation, blockage of natural water channels and unplanned urban growth.

Water coming from nearby State Meghalaya also creates a great problem. Natural water bodies like Bharalu, Mora Bharalu and Bahini channels are congested and closed. Our State Government under the leadership of Chief Minister Dr. Hemanta Biswa Sarma has done several interventions to solve this problem and my special thanks to the Central Government for sanctioning Rs. 200 hundred crore to develop the drainage system for the people of Guwahati so that they will get relief from the flood.

I urge the Central Government for special assistance for comprehensive, scientific and long term flood and drainage management plan for Guwahati city.

Thank you, Sir.

माननीय सभापति: आप पन्द्रह सेंकड में अपनी बात कम्प्लीट कीजिए।

श्री आगा सैय्यद रूहुल्लाह मेहदी : सभापति महोदय, मैं सिर्फ इतना पूछना चाहता था कि मुल्क कानून से चलेगा या... *

माननीय सभापति: यह गलत है, It should be expunged from the proceedings.

* Expunged as ordered by the Chair.

14.00 hrs

HON. CHAIRPERSON: Shri Aga Syed Ruhullah, please complete your rest of the speech within 15 seconds.

श्री आगा सैय्यद रूहुल्लाह मेहदी : महोदय, मैं केवल इतना पूछना चाहता था कि क्या यह मुल्क कानून से चलेगा या ... *

माननीय सभापति: नहीं, यह गलत है। This should be expunged from the proceedings.

... (Interruptions) ... **

DR. MALLU RAVI (NAGARKURNOOL): Thank you very much, Chairman, Sir. I rise to draw the attention of the Government of India through this august House towards the urgent need to strengthen and expedite the implementation of the Rights of Persons with Disabilities Act, 2016.

I urge the Government to take immediate steps, including filling up the vacant statutory positions under the RPWD Act. I also request the Government to ensure time-bound implementation of accessibility provisions under the Accessible India Campaign. Thirdly, I request the Government for enforcing compliance with the mandated four per cent reservation in employment, five per cent reservation in welfare scheme for PWD, and strengthening national rehabilitation and skill development institutions to enhance economic and social inclusion of PWD. The Government is also requested to introduce additional welfare measures, including increasing the disability pension and improving

* Not recorded as ordered by the Chair.

** Not recorded.

support system for their independent living.

These issues will fall under the jurisdiction of the Ministry of Social Justice and Empowerment, and require urgent action in the interest of millions of PWDS.

Thank you, Sir.

माननीय सभापति: अब मैं केवल उन्हीं माननीय सदस्यों को मौका दे रहा हूं, जिन्हें इस सप्ताह अभी तक मौका नहीं मिला है। Please raise your demand within one minute.

Captain Brijesh Chowta ji.

CAPTAIN BRIJESH CHOWTA (DAKSHINA KANNADA): Thank you, Sir. I rise to raise a very important issue concerning coastal Karnataka especially.

There is a banned organization called the Popular Front of India. There is a serious concern that the former members are regrouping under the banner of SDPI, which is its political front. Recently, the Enforcement Directorate in its press release dated 8th November 2025 stated that the SDPI functioned as a political front of PFI. They are involved in controlling, funding and supervising its activities. This is a credible and significant development which is endorsing our claims. Given that the PFI is a banned organization, its backdoor involvement undermines national security and integrity. Our region has had to pay a huge price for the presence of PFI and its organizational nexus. The most recent being Suhas Shetty murder case, which was handed over to NIA by the timely intervention of our hon. Home Minister.

So, I raise the urgent attention, especially since the local elections are around the corner in Karnataka. In recent years, the SDPI has got an alliance

with the ruling party in Karnataka, especially in the recent president election of the Bantwal town panchayat.

Hence, I demand the hon. Home Minister, through this august House, to consider the recent ED findings and take necessary steps to stop banned groups from reappearing under new identities or using political parties as fronts to contest elections and harm our democracy, especially considering the ruling party having a tacit understanding with the SDPI.

Thank you, Sir.

SHRI M. MALLESH BABU (KOLAR): Sir, every day, around 25,000 to 30,000 people are travelling daily from KGF, Bangarpet and Malur taluks of my constituency, Kolar, to Bangalore for work and to colleges. The trains which are serving these people are running with 12 bogies, which are very crowded and passengers cannot travel comfortably even in standing position. This problem has been raised to the concerned officials at Bangalore, but no action has been taken.

I request the Minister to increase the number of bogies to 18 to make the journey of the commuters hassle-free.

There is one more issue. Kolar, being the district headquarters of my constituency, is not connected to Bangalore by a direct rail line. People have to travel to Bangarpet and catch a connecting train to Bangalore, which is time-consuming and hectic.

14.05 hrs

(Shri Krishna Prasad Tenneti *in the Chair*)

In this regard a project was sanctioned and a survey was done in 2012 for laying a new railway line from Kolar to Whitefield Junction *via* Narsapur and Hoskote, which is a stretch of 52.9 kilometres. I urge the Ministry to expedite the implementation of the approved project, which is pending for the past 13 years.

श्रीमती स्मिता उदय वाघ (जलगांव) : माननीय सभापति महोदय, मैं आपके माध्यम से केंद्र सरकार का ध्यान जलगांव लोकसभा क्षेत्र की एक अत्यंत महत्वपूर्ण एवं लंबे समय से लंबित विकासात्मक आवश्यकता की और आकृष्ट करना चाहती हूँ। मेरे जलगांव लोकसभा क्षेत्र में जनगणना 2011 के अनुसार कुल 34 ऐसे ग्राम हैं, जहाँ अनुसूचित जनजाति की आबादी 50 प्रतिशत से भी अधिक है। अमलनेर, भडगांव, चालीसगांव, धरणगांव, एरंडोल, पारोला, जलगांव एवं पाचोरा-इन सभी तहसीलों में जनजातीय बहुल आबादी रहने के बावजूद इन्हें अभी तक केंद्र सरकार की महत्वाकांक्षी योजना "धरती आबा जनजातीय ग्राम उत्थान अभियान" में शामिल नहीं किया गया है।

महोदय, यह अभियान हमारे आदिवासी समाज को शिक्षा, स्वास्थ्य, आजीविका, पेयजल, सड़क, डिजिटल कनेक्टिविटी जैसे मूलभूत अधिकारों से संपन्न करने का एक ऐतिहासिक प्रयास है। यदि इन 34 ग्रामों को इससे वंचित रखा गया, तो विकास की एक गंभीर असमानता उत्पन्न होगी, जो इन क्षेत्रों की प्रगति को बाधित करेगी।

अतः मैं केंद्र सरकार से विनम्र आग्रह करती हूँ कि जलगांव लोकसभा क्षेत्र के सभी 34 जनजातीय बहुल ग्रामों को तत्काल "धरती आबा जनजातीय ग्राम उत्थान अभियान" में सम्मिलित किया जाए तथा इनके लिए विशेष विकास पैकेज, आधारभूत सुविधाएँ और प्रगति की निगरानी हेतु एक सशक्त तंत्र स्थापित किया जाए। यह कदम हमारे आदिवासी भाइयों-बहनों के जीवन स्तर को ऊँचा उठाने और उनके सर्वांगीण विकास की दिशा में अत्यंत निर्णायक सिद्ध होगा। धन्यवाद।

श्री मनोज कुमार (सासाराम) : सभापति जी, आपने मुझे समय दिया, इसके लिए धन्यवाद। बिहार

में एक अति महत्वपूर्ण विषय हेतु आपके माध्यम से मैं केंद्र सरकार और राज्य सरकार से निवेदन करना चाहूंगा। आपने देखा होगा कि बिहार में बिना किसी पूर्व सूचना के लाखों लोगों का घर अतिक्रमण के नाम पर ढहा दिया गया। उनमें सबसे अधिक संख्या में अनुसूचित जाति, जनजाति, अति पिछड़ा वर्ग, पिछड़ा वर्ग, अल्पसंख्यक व कुछ सामान्य वर्ग के गरीब लोग हैं। बिना सूचना के उनके घरों को बुलडोजर से ढहा दिया गया। लोग रोते रहे कि उन्हें कम से कम 10 दिनों का समय दे दें ताकि वे अपना टूटा-फूटा बिस्तर, सामान घर से बाहर निकाल लें, लेकिन उन्होंने नहीं सुना और घर पर बुलडोजर चलाकर लाखों गरीबों का घर ढहा दिया गया।

महोदय, आपको पता होना चाहिए कि जितने भी रिक्शा चालक, दिहाड़ी मजदूर हैं, वे बड़ी संख्या में बिहार में रहते हैं। आपको पता ही है कि 3 से 4 करोड़ लोग बिहार छोड़ चुके हैं, लेकिन बिहार में जो रह रहे हैं, उनमें से भी लाखों लोगों को बेघर कर दिया गया है। सरकार की तरफ से यह प्रावधान है कि जिनका घर ढहाया गया है, उनको जमीन व घर मुहैया कराया जाए। पहले से ही मेरे संसदीय क्षेत्र सासाराम में रोहतास, नौहट्टा, तिलौथू के लोग पानी के लिए तरस रहे हैं। अधौरा, कैमूर पहाड़ी पर हजारों लोग अभी भी नदी का गंदा पानी पीने के लिए मजबूर हैं। ऐसे गरीब लोग, जो स्वास्थ्य, शिक्षा से वंचित हैं, उनका घर ढहाकर एक और मुसीबत देना ठीक नहीं है। वे आसमान के नीचे रहे हैं। उन पर तरस खाया जाए। धन्यवाद।

श्री देवेश शाक्य (एटा) : धन्यवाद सभापति जी। मेरे लोक सभा क्षेत्र एटा के कासगंज में डॉक्टर्स की कमी के कारण मरीजों को काफी कठिनाई का सामना करना पड़ रहा है। दोनों ही जिलों में जनरल सर्जन, ईएनटी, कार्डियो, गाइनी, एमडी, न्यूरो, कैंसर, ऑर्थो का कोई भी स्पेशलिस्ट डॉक्टर नहीं है। मैं आपके माध्यम से मंत्री जी से मांग करता हूं कि यहां डॉक्टर्स की कमी की भरपाई की जाए। इसके साथ ही जनपद-एटा में एक और ट्रॉमा सेंटर बनवाने की मांग इस आशय करता हूं कि हाथरस, फर्रुखाबाद, मैनपुरी और कासगंज में दुर्घटनाओं के कारण तमाम मरीजों को जहां दिल्ली व लखनऊ जाना पड़ता है, क्योंकि उनको वहां उचित व्यवस्था नहीं मिल पाती है। अंतः एटा में ट्रॉमा सेंटर की

मांग के साथ-साथ कासगंज जनपद का मेडिकल कॉलेज, जो पीपीपी मोड पर बनाया जाना सुनिश्चित हुआ है, जिसे जमीन अधिग्रहण किए 8 महीने हो गए हैं। इसका काम राजर्षि मेडिकल कॉलेज, बरेली को मिला है। कार्य अभी तक शुरू नहीं हो पाया है। मेरा माननीय स्वास्थ्य मंत्री जी से विनम्र निवेदन है कि स्वास्थ्य सेवाओं को अच्छा बनाने के लिए इन तीनों कामों को जल्द से जल्द पूर्ण कराया जाए। धन्यवाद।

श्री अशोक कुमार रावत (मिश्रिख) : महोदय, मैं आपके माध्यम से केन्द्र सरकार का ध्यान इस ओर आकर्षित करना चाहता हूँ कि पासी समाज के राजा-महाराजाओं का इतिहास अत्यंत समृद्ध, प्रभावशाली और जनकल्याणकारी रहा है। महाराजा बिजली पासी, महाराजा लाखन पासी, महाराजा सातन पासी, महाराजा सुहेलदेव पासी और कई अन्य शासकों ने अपने-अपने क्षेत्रों में शासन व्यवस्था, सामाजिक संगठन और जनहित के कार्यों की सुदृढ़ परम्परा स्थापित की है। महाराजा समसा पासी के दो पुत्र सलीहा पासी और मलीहा पासी ने क्रमशः सलीहा पासी ने संडीला बसाया तथा मलीहा पासी ने मलिहाबाद बसाया।

इन शासकों के योगदान और उनकी गौरवशाली विरासत को आज भी इतिहास के पाठ्यक्रम में स्थान प्राप्त नहीं हुआ है। अतः मैं केन्द्र सरकार से आग्रह करना चाहता हूँ कि पासी समाज के राजा-महाराजाओं के इतिहास को विद्यालयों के इतिहास पाठ्यक्रम में शामिल करने हेतु आवश्यक निर्णय लिया जाए ताकि उनकी ऐतिहासिक पहचान को संरक्षित रखते हुए उसे युवा पीढ़ी तक सही रूप से पहुँचाया जा सके। धन्यवाद।

SHRI KALIPADA SAREN KHERWAL (JHARGRAM): Sir, according to the last Census, over 70 lakh people in India speak Santhali, making the Santhal community the third-largest tribal group in the country. The community is predominantly concentrated across seven States, including West Bengal.

To protect the rich linguistic and cultural heritage of the community and to

expand access to higher education, it is essential to establish a Central University with Santhali as a primary medium of learning and research. Such an initiative would uphold Constitutional principles of equality, cultural preservation, and the safeguarding of minority languages. Establishing a Central University in West Bengal would significantly benefit the Santhali-speaking population, given the community's dense concentration in the State. It would promote and develop Santhali language and literature, create opportunities for higher studies for youth in their own language, encourage research on Santhali culture and history, and support the socio-economic upliftment of the community. This step would not only honour the legacy of the Santhal community but also reinforce India's commitment to celebrating its linguistic and cultural diversity.

Therefore, I respectfully urge the Union Government to establish a Central University with Santhali as the medium of instruction in the Jangalmahal region of West Bengal.

श्री संतोष पांडेय (राजनंदगाँव) : महोदय, आपने मुझे एक अति लोक महत्व के मुद्दे पर बोलने का अवसर दिया, इसके लिए मैं आपका आभारी हूँ।

महोदय, आदि शंकराचार्य जी से उनके शिष्यों ने पूछा था कि वास्तव में असली बहरा और असली गूँगा कौन होता है, तो उन्होंने संस्कृत में एक शब्द में उसका उत्तर दिया कि 'मूकोष्टिकोवा बधिरश्चकोवा'। उत्तर है: वक्रतुण्ड युक्तम् समये समर्थाः, जो समय पर न सुने और समय पर सही बातों को न बोले, वही असली गूँगा और बहरा है।

महोदय, मैं छत्तीसगढ़ की ओर से सरगुजा से लेकर पूरे बस्तर, सम्पूर्ण छत्तीसगढ़ की ओर से मैं माननीय देश के प्रधानमंत्री जी नरेन्द्र मोदी जी, देश के गृह मंत्री माननीय अमित शाह जी के

प्रति कृतज्ञता ज्ञापित करने के लिए खड़ा हुआ हूँ कि भारत के इतिहास में आन्तरिक सुरक्षा, इंटरनल सिक्योरिटी के ऊपर जब लिखा जायेगा, जब उसे ऊपर शोध किया जायेगा तो देश के वर्तमान प्रधानमंत्री, गृह मंत्री का नाम स्वर्ण अक्षरों में लिखा जायेगा। उन्होंने टाइमलाइन, समयबद्ध मोटिव के तहत लक्ष्य निर्धारित करके माओवाद, लाल आतंक के समापन की उन्होंने शुरुआत की है।

महोदय, वे पंक्तियां याद आती हैं कि 'निसिचर हीन करउँ महि भुज उठाइ पन कीन्ह' यह वही दण्ड का रण है, जिसमें फिर से माननीय अमित शाह जी ने और वह समापन की ओर है। नक्सलवाद, अर्बन नक्सवाद, पत्थरबाज, आतंकवाद आदि दृढ़ संकल्प से समाप्त होता है। जब ऑपरेशन सिंदूर चल रहा था, सबकी नजर जब बॉर्डर पर थी, तब पूरी तन्मयता के साथ हमारी फोर्सें, माननीय अमित जी छत्तीसगढ़ के जंगल में एक पहाड़ी को तीन दिन से घेरकर आपरेशन को अंजाम दे रहे थे।... (व्यवधान)

माननीय सभापति : माननीय श्री रबीन्द्र नारायण बेहरा।

... (व्यवधान)

DR. RABINDRA NARAYAN BEHERA (JAJPUR): Thank you, hon. Chairperson

Sir, for giving me an opportunity to put forth my views in the 'Zero Hour'. ...

(Interruptions)

माननीय सभापति : आपने अपनी बात रख दी है, अब आप बैठिए। रबीन्द्र नारायण बेहरा जी, आप बोलिए।

... (व्यवधान)

DR. RABINDRA NARAYAN BEHERA (JAJPUR): Sir, in 1963, the Parliament of India, through an amendment to the All-India Services Act 1951, *inter-alia* established the Indian Service of Engineers (Irrigation, Power, Buildings and Roads) and the Indian Medical and Health Service as the All-India Services

(AIS) to be effective upon notification by the Central Government. This notification has been pending for last 60 years. In this regard, will the hon. Minister for Personnel, Public Grievances and Pensions be pleased to state the details regarding efforts made by the Central Government to notify the above services as All India Services? Also, please provide details regarding the issues faced in doing the same. When is the Central Government planning to notify the Indian Service Engineers and the Indian Health and Medical Services as the AIS? Thank you.

SHRI SURESH KUMAR SHETKAR (ZAHIRABAD): Hon. Chairperson Sir, I rise to draw the urgent attention of this august House and the Union Government to the pressing need for comprehensive national policies on cancer screening in India.

Prostate cancer stands as the second most common cancer in men globally, and its incidence is regrettably rising in Indian cities. Similarly, breast and colorectal cancers are significant public health burdens, while cervical cancer remains a major concern that is largely preventable through screening.

Currently, due to the absence of Government-mandated population-based screening programmes, many individuals remain undiagnosed until the diseases have reached advanced stages, severely impacting survival rates. Evidence robustly demonstrates that early detection through simple screening methods can significantly reduce mortality for these cancers.

I request the Union Government to mandate and regulate affordable

screening for prostate cancer (PSA testing), colorectal cancer, breast cancer, and cervical cancer across all the public and private laboratories, with a special focus on individuals aged 40 and above.

Furthermore, the Ministry of Health must launch widespread, targeted awareness campaigns utilizing rural primary healthcare networks to educate the public extensively about the risks, symptoms, and benefits of early screening for all these types of cancers.

Thank you.

डॉ. संबित पात्रा (पुरी) : महोदय, आज ओडिशा के सारे सांसद यहां बैठे हुए हैं। मुझे बड़े दुख के साथ कहना पड़ रहा है कि हमारी एक माननीय सांसद बहन जो टीएमसी से हैं, उन्होंने आज शून्य काल में ओडिशा सरकार के ऊपर जो प्रश्न उठाया कि ओडिशा की सरकार ओडिशा से बांग्ला बोलने वाले श्रमिकों को बांग्लादेशी कहकर ओडिशा से बाहर खदेड़ रही है। यह तथ्यों पर आधारित नहीं है। यह झूठ है, यह मिथ्या है।

This is absolutely untrue. My state Odisha is the land of Lord Jagannatha. Anga ,Banga, kalinga has a common past. We never disrespect any other state or language.

ओडिशा अनादिकाल से सभी राज्यों को साथ में लेकर चलता है। बांग्ला बोलने वाले हमारे बंधु हैं और जो बंगाली बोलते हैं, महाप्रभु जगन्नाथ जी उनके भी इष्ट देव हैं। हम उनको बहुत मानते हैं। मगर एक बात मैं यहां स्पष्ट कर देना चाहूंगा कि जहां सभी भाषा-भाषी लोगों के लिए ओडिशा और ओडिशा अस्मिता के हृदय में स्थान है, वहीं ओडिशा की सरकार में और ओडिशा के किसी भी विधायक और सांसद के हृदय में घुसपेठियों के लिए, बांग्लादेशियों के लिए और रोहिंग्याओं को

..... English translation of this part of speech was originally delivered in Odia.

ओडिशा में स्थान मिले, इसके लिए कोई स्थान नहीं है।

महोदय, मैं टीएमसी की सांसद महोदया से कहना चाहूंगा कि यहां देश का संविधान सबसे ऊंचा है। आज उन्होंने कहा कि जो ... * ... (व्यवधान)

महोदय, आज ओडिशा के माननीय मुख्यमंत्री यहां नहीं हैं, क्योंकि वह इस सदन के सदस्य नहीं हैं। उनके लिए जिस प्रकार की भाषा का यहां प्रयोग किया गया, उसके लिए मैं आपके संरक्षण की डिमांड करता हूं। मैं कहना चाहता हूं कि हमारे माननीय मुख्यमंत्री सबका साथ, सबका विश्वास, सबका विकास और सबका प्रयास में विश्वास करते हैं। हाँ, बंगाली हमारे भाई हैं, ओडिशा अस्मिता हमारी पहचान है, मगर बांग्लादेशी और रोहिंग्याओं का ओडिशा में कोई स्थान नहीं है।

माननीय सभापति : आपने जिस बात का जिक्र किया, उसका हम रेकॉर्ड चेक करेंगे और आगे कार्रवाई करेंगे।

श्री आदित्य यादव (बदायूं) : सभापति महोदय, मैं अपने लोक सभा क्षेत्र बदायूं के एक गंभीर विषय की तरफ सरकार का ध्यान आकर्षित करना चाहूंगा। बदायूं और दातागंज मार्ग के रेलवे फाटक पर एक ओवरब्रिज के निर्माण को लेकर मैं आपका ध्यान आकर्षित करना चाहता हूं। वहां किसानों का एक बड़ा समूह गन्ने की खेती से सीधे जुड़ा हुआ है। मंडियों तक जाने के लिए एकमात्र रास्ता किसानों के पास सिर्फ दातागंज से बदायूं आने का होता है। वहीं पर एक फाटक पड़ता है। इस समय वहां पर भारत सरकार द्वारा एक अण्डरपास स्वीकृत किया गया है। उस क्षेत्र में गन्ना फसल के साथ ही दूसरी फसलें भी होती हैं। उस अण्डरपास से जाने में किसानों को ख़ासा दिक्कत होती है।

महोदय, आपके माध्यम से सरकार से मेरा सिर्फ इतना ही अनुरोध होगा कि अभी जो अण्डरपास स्वीकृत किया गया है, लेकिन उसका निर्माण शुरू नहीं हुआ है। रेलवे मंत्रालय इसके लिए तत्काल संज्ञान ले। अगर उस अण्डरपास को परिवर्तित करके एक ओवरब्रिज बनाया जाए तो मैं समझता हूं कि इससे किसानों को ज्यादा सहूलियत होगी।

* Not recored as ordered by the Chair.

महोदय, इसके साथ ही हमें यह भी देखना होगा, क्योंकि कई जगहों पर जहां अण्डरपास बने हैं, वहां पानी भराव की भी समस्या होती है और इससे लोगों की आवाजाही में दिक्कत होती है। इसका एकमात्र सॉल्यूशन ओवरब्रिज का निर्माण होगा। इस विषय की तरफ मैं आपके माध्यम से सरकार का ध्यान दिलाना चाहता हूँ।

DR. RICKY A. J. SYNGKON, (SHILLONG): Thank you, Mr. Chairperson, for allowing me to raise a very important issue concerning the road construction that is currently taking place from Shillong to Dawki and the western bypass under the NHIDCL.

Mr. Chairperson, through you, I would like to request the concerned Minister to consider paying compensation to the farmers, homestay operators, and tour operators whose livelihood has been greatly affected due to the unmindful dumping of debris along the streams. It has affected the paddy fields. It has affected the water and other natural resources, on which many people depend.

Therefore, I would request the concerned Minister to consider some kind of compensation to these people and, at the same time, take stern action against contractors and others involved in such unmindful and selfish acts in the name of development. Thank you, Mr. Chairperson.

डॉ. हेमंत विष्णु सवरा (पालघर) : सभापति महोदय, मैं चर्चगेट-विरार-दहानू खंड पर 15 कोच लोकल सेवा की शीघ्रतम प्रारंभ करने की मांग करता हूँ। विरार-दहानू खंड पर बढ़ती भीड़ की वजह से यात्रियों को बहुत असुविधा हो रही है। पालघर लोक सभा क्षेत्र से करीब ढाई लाख यात्री इसकी सेवा लेते हैं।

महोदय, मैं मांग करता हूँ कि दहानू रोड से 15 कोच लोकल सेवा की यथाशीघ्र अनुमति दी जाए। अभी पहली बार 15 कोच हाई कैपेसिटी लोकल ट्रेनों को शुरू करने की योजना तैयार की गई है। मैं समझता हूँ कि उसका संचालन तुरंत प्रारंभ किया जाए। इसके साथ ही दहानू रोड से सुबह चर्चगेट की तरफ चार बजे नई लोकल सेवा शुरू की जाए। ऐसी लोकल सेवा जो चर्चगेट से विरार तक सीमित है, उसे दहानू तक चलाई जाए। पीक ऑवर्स यानी छह से सात बजे के बीच दो एक्स्ट्रा लोकल सेवा दहानू-विरार और विरार-दहानू तक शुरू की जाए। ऐसी मैं मांग करता हूँ, बहुत-बहुत धन्यवाद।

डॉ. शिवाजी बंडाप्पा कालगे (लातूर) : थैंक्यू सभापति जी, मैं महाराष्ट्र सरकार की गंभीर लापरवाही को लेकर अत्यंत महत्वपूर्ण मुद्दा इस सदन के समक्ष रखना चाहता हूँ।

महोदय, महाराष्ट्र पशु एवं मत्स्य विज्ञान विश्वविद्यालय के अधीन पशु चिकित्सा और दुग्ध प्रौद्योगिकी महाविद्यालयों में लगभग 65 प्रतिशत पद खाली पड़े हैं। प्रोफेसर के पद उससे ज्यादा खाली हैं। यह किसी एक विभाग का नहीं, बल्कि पूरे पशुपालन विभाग की तबाही का संकेत है। वर्ष 2018 के बाद कोई भर्तियां नहीं हुई हैं, लगातार सेवानिवृत्तियां हो रही हैं और आज हाल यह है कि सिर्फ 40 प्रतिशत स्टाफ पूरे राज्य के पशु चिकित्सा शिक्षा को संभाल रहा है।

महोदय, यह शैक्षणिक ढांचे का पतन है। इसका परिणाम मेरे चुनाव क्षेत्र के उदगीर कॉलेज पर भी पड़ा है। अतः मैं आपके माध्यम से माननीय पशुपालन एवं डेयरी केन्द्रीय मंत्री से यह मांग करता हूँ कि महाराष्ट्र में पशु चिकित्सा महाविद्यालयों की 100 प्रतिशत फैकल्टी की भर्ती तुरंत शुरू की जाए। बीसीआई और आईसीएआर के सभी मानकों का तत्काल अनुपालन किया जाए।

महोदय, यह मुद्दा सिर्फ शिक्षण संस्थानों का नहीं, बल्कि पशुधन, किसानों और ग्रामीण अर्थव्यवस्था का भविष्य तय करता है। धन्यवाद।

श्री मोहम्मद हनीफ़ा (लद्दाख) : शुक्रिया ऑनरेबल सर, पिछले कई सालों से लद्दाख की अवाम यूटी सेट अप से नाखुश होकर अपने मुस्तकबिल को महफूज बनाने के लिए जम्हूरी सेट-अप और

कांस्टीट्यूशनल सेफगार्ड्स की मांग पुरअमन तरीके से की जा रही है। सर, 26 अक्टूबर को जो वाकया वहाँ पर हुआ, वह इसी बेचैनी का नतीजा है। लद्दाख की तारीख में पहली बार ऐसा वाकया हुआ है। बदकिस्मती से लद्दाख की अवाम को इस वाकये को बेरुनी अनासिर जोड़ने की कोशिश की गई है। हालांकि लद्दाख के लोग हमेशा से अमन पसंद और पुरखुलूस समझे जाते हैं। लद्दाख के लोग बिलखुसूस, हुब्बुलवतनी और देशभक्त हैं और उन्होंने मुल्क के लिए बेशुमार कुर्बानियां दी हैं। पिछले कई सालों से लद्दाख के जो नौजवान तबके हैं, खुसूसन तालीमयाफता नौजवान जिन्होंने अपनी आधी जिंदगी पढ़ने में लगा दी है। हालिया सालों में पिछली बेरोजगारी और बेकारी से बहुत मायूस थे। आज लद्दाख में ग्रेजुएट बेरोजगार पूरे मुल्क में सबसे ज्यादा हैं।

सर, 26 अक्टूबर को लद्दाख में जो वाकया हुआ, वह हमारे लिए भी एक अल्मनाक सानिहा था। वह बस नौजवानों की जो झुंझलाहट थी, उनकी परेशानी थी, इसके पीछे किसी किस्म का गलत इरादा नहीं था, बल्कि बहुत से नौजवान, बहुत से लोग जो अनजाने में या जज़्बात में आकर इस हुजूम का हिस्सा बन गए। इन पर मुख्तलिफ सैक्शंस में मुकदमें दर्ज किए गए हैं। बहुत से लोग आज भी जेलों में बंद हैं, कुछ जमानत पर बाहर हैं, लेकिन थानों के चक्कर काट रहे हैं। मैं ऑनरेबल होम मिनिस्टर साहब से अपील करता हूँ कि जिन लोगों पर मुकदमा दर्ज किए गए हैं, जो लोग जेल में हैं और जमानत पर बाहर हैं, इन्हें भी एक हीलिंग टच की तरह, जैसे कि दूसरी कई रियासतों में इससे भी संगीन हालात में रियायत दी गई है, इस तरह इन मुकदमात को भी एक बार के खुसूसी इकदाम के तहत खत्म किया जाए। सोनम वांगचुक एक अमन पसंद और..... (व्यवधान)

[جناب محمد حنیفہ لداخ ، شکریہ آنریبل سر ، پچھلے کئی سالوں سے لداخ کی عوام یوٹی سیٹ اپ سے ناخوش ہو کر اپنے مستقبل کو محفوظ بنانے کے لئے جمہوری سیٹ سیٹ اپ اور کانسٹیٹیوشنل سیف گارڈس کی مانگ پر امن طریقے سے کی جا رہی ہے۔ سر 26 اوب رپ ابو معق او وج وکربوتکا یک خادل - ے ب جیتناکی نیچے بسا دو ا رابی لہیں یم خیر اتیسا واقعہ ہوا ہے۔ بد قسمتی سے لداخ

کی عوام کو اس واقعہ کو بیرونی عناصر سے جوڑنے کی کوشش کی گئی ہے۔ حالانکہ لداخ کے لوگ ہمیشہ سے امن پسند اور پر خلوص سمجھے جاتے ہیں۔ لداخ کے لوگ بالخصوص حب الوطن اور دیش بھکت ہوتے ہیں انہوں نے ملک کے لئے بے شمار قربانیاں دیں ہیں۔ پچھلے کئی سالوں سے لداخ کے جو نوجوان طبقے ہیں خصوصاً تعلیم یافتہ نوجوان جنہوں نے اپنی اپنی آدھی زندگی پڑھنے میں لگا دی ہے۔ حالیہ سالوں میں پھیلی بی روزگاری اور بے کاری سے بہت مایوس تھے۔ آج لداخ میں گریجویٹ بے روزگار پورے ملک میں سب سے زیادہ ہیں۔

جناب 26 اکتوبر کو لداخ میں جو واقعہ ہوا وہ ہمارے لئے بھی ایک المناک سانحہ تھا۔ وہ بس نوجوانوں کی جھنجھلاہٹ تھی ، ان کی پریشانی تھی ، اس کے پیچھے کسی قسم کا غلط ارادہ نہیں تھا ، بلکہ بہت سے نوجوان بہت سے لوگ جو انجانے میں یا جذبات میں آکر اس ہجوم کا حصہ بن گئے۔ ان پر بہت سے سیکشن میں مقدمات درج کیے گئے ہیں ، بہت سے لوگ آج بھی جیلوں میں بند ہیں ، کچھ لوگ ضمانت پر باہر ہیں ، لیکن تھانوں کے چکر کاٹ رہے ہیں۔ میں آنریبل ہوم منسٹر صاحب سے اپیل کرتا ہوں کہ جن لوگوں پر مقدمات درج کئے گئے ہیں ، جو لوگ جیل میں ہیں اور ضمانت پر باہر ہیں ، انہیں بھی **Healing Touch** جیسے کی دوسری کئی ریاستوں اس سے بھی سنگین حالات میں رعایت دی گئی ہیں ، اس طرح ان مقدمات کو بھی ایک بار کے خصوصی اقدام کے تحت ختم کیا جائے سوئم وانگ چک ایک امن پسند اور (مداخلت)....]

श्री अरुण कुमार सागर (शाहजहाँपुर) : चेयरमैन सर, मैं आपका धन्यवाद करता चाहता हूँ कि आपने मुझे शून्यकाल में बोलने का अवसर दिया। मैं शहीदों की नगरी जनपद शाहजहाँपुर से आता हूँ और हमारा क्षेत्र अनुसूचित जाति बाहुल्य है। ... (व्यवधान) मैं सबसे पहले हमारे लोकप्रिय प्रधान मंत्री श्री नरेन्द्र मोदी जी का हृदय से आभार व्यक्त करता हूँ कि उनकी दूरदर्शी सोच से वंदे भारत ट्रेन देश की रफ्तार बढ़ा रही हैं। ये ट्रेनें न केवल यात्रियों को तेज और आरामदायक सफर दे रही हैं, बल्कि ग्रामीण अर्थव्यवस्था को भी मजबूत कर रही हैं। इसी तरह हमारे संबंधित रेल मंत्री जी के कुशल नेतृत्व में रेलवे विभाग निरंतर प्रगति की राह पर अग्रसर है। उनकी मेहनत से लाखों यात्रियों का जीवन आसान हो रहा है।

मैं अपने लोक सभा क्षेत्र जनपद शाहजहाँपुर के निवासियों की ओर से एक छोटी सी मांग सदन में उठाना चाहता हूँ कि लखनऊ से दिल्ली के बीच वंदे भारत एक्सप्रेस का संचालन शाहजहाँपुर से होते हुए शुरू हो और इस ट्रेन का ठहराव जनपद शाहजहाँपुर स्टेशन पर सुनिश्चित किया जाए। मैंने एक जुलाई 2025 को रेल मंत्री जी को एक पत्र लिखा था, जिस पर उन्होंने 22 जुलाई को जांच के निर्देश दिए। मेरा निवेदन है कि इस संबंध में शीघ्र ही कार्रवाई की जाए। मान्यवर, बहुत-बहुत धन्यवाद। ... (व्यवधान)

माननीय सभापति : आप मेरी बात सुनिए, मैं हनीफा जी को फिर मौका दे रहा हूँ।

श्री मोहम्मद हनीफ़ा : सर, मेरी मांग है यह है कि एक तो जो नौजवान तबके हैं, जिनको जेलों में बंद किया गया है, उनको रिहा किया गया है, उनके मकदमों को खत्म किया जाए। सर, 24 तारीख की उस घटना में चार नौजवानों की जानें चली गई हैं। वे बहुत ही गरीब तबके के लोग हैं। उनके घर आज बिल्कुल सदमें में हैं। उनके घरों को कंपनसेट किया जाए। ... (व्यवधान)

جناب محمد حنیفہ (لذاخ) : جناب میری مانگ یہ ہے کہ ایک تو جو نوجوان طبقے ہیں، جنکو جیلوں میں بند کیا گیا ہے، ان کو رہا کیا جائے ان کو مقدمے کو ختم کیا جائے۔ سر، 24 تاریخ کی اس گھٹنا میں 4 نوجوانوں کی جانیں چلی گئیں ہیں۔ وہ بہت ہی غریب طبقے کے لوگ ہیں۔ ان کے گھر آج بالکل صدمے میں ہیں۔ ان کے گھروں کو کمپنسیٹ کیا جائے۔

माननीय सभापति : धन्यवाद, अब आपने अपनी बात रख ली है।

श्री संजय देशमुख जी।

श्री संजय उत्तमराव देशमुख (यवतमाल-वाशिम) : माननीय सभापति महोदय, आज मैं इस सदन में देश के लाखों शिक्षकों के भविष्य, उनके परिवारों की सुरक्षा और करोड़ों विद्यार्थियों की शिक्षा की गुणवत्ता से जुड़े अत्यंत गंभीर विषय पर बोलने के लिए खड़ा हुआ हुआ हूँ।

महोदय, हमारे देश में बड़ी संख्या में शिक्षक सरकार द्वारा नियुक्ति के समय लागू नियमों, पात्रताओं और प्रशिक्षण के आधार पर पूरी तरह वैधानिक प्रक्रिया से चयनित हुए थे। उनकी नियुक्ति में कोई त्रुटि नहीं थी, कोई अनियमितता नहीं थी। वे वर्षों से ईमानदारी और निष्ठा से शिक्षण कार्य कर रहे हैं। लेकिन आज उनकी नौकरियाँ केवल एक कारण से खतरे में हैं, वह टीईटी परीक्षा को अचानक और पूर्वलक्षी प्रभाव से अनिवार्य कर देने के कारण से है।

महोदय, जब ये शिक्षक नियुक्त हुए थे, तब टीईटी जैसी कोई शर्त मौजूद ही नहीं थी। अब इतने वर्षों बाद यह कहना कि नौकरी बनाए रखनी है तो टीईटी पास करो, यह सरासर अन्याय है। यह प्रशासनिक गलती का भार शिक्षकों पर थोपना है और उनके साथ गंभीर अन्याय है।

महोदय, देश के ग्रामीण, आदिवासी और दूरदराज क्षेत्रों में शिक्षा पूरी तरह इन्हीं शिक्षकों के भरोसे चलती है। यदि टीईटी की अनिवार्यता के कारण लाखों शिक्षक असुरक्षित हो गए या नौकरी से बाहर हुए, तो उन स्कूलों का क्या होगा? उन बच्चों का क्या होगा? शिक्षा व्यवस्था पर भारी संकट

खड़ा हो जाएगा। आरटीई – शिक्षा के अधिकार का उद्देश्य बच्चों को शिक्षा का अधिकार देना है, शिक्षकों को हटाना नहीं।

महोदय, शिक्षक की योग्यता केवल एक लिखित परीक्षा से नहीं आँकी जा सकती। उसका असली मूल्य उसके अनुभव, उसकी समझ और विद्यार्थियों पर पड़े सकारात्मक प्रभाव से तय होता है। कई वर्षों तक सेवा देने वाले शिक्षकों को अचानक एक परीक्षा के आधार पर अयोग्य ठहराना उनके सम्मान को ठेस पहुँचाने जैसा है। सेवा के वर्षों बाद नियम बदलकर उन्हें पीछे से लागू करना किसी भी लोकतंत्र में न्यायसंगत नहीं हो सकता। इसलिए, माननीय अध्यक्ष महोदय, मैं इस सदन के माध्यम से केंद्र सरकार से आग्रह करता हूँ कि टीईटी की अनिवार्यता तुरंत समाप्त की जाए। ... (व्यवधान)

SHRI SASIKANTH SENTHIL (TIRUVALLUR): Thank you, Chairperson Sir, for giving me this opportunity. I would like to make a very important demand for my constituency. It is a very simple demand but it is a very long-pending demand.

Tiruvallur is a very important place near Chennai. It is just 42 kilometres from Chennai. Most of the workforce comes from Tiruvallur to Chennai. They travel through a particular train. Now, the problem is that the population has increased so much that there is a constant demand for additional express and super-fast trains to stop at Tiruvallur. I have made this demand consistently with the Railway Minister to consider this fact because Tiruvallur is now the hub of work. Sriperumbudur is also nearby. I urge the Railway Minister to consider this stoppage for all the additional express and super-fast trains at Tiruvallur.

श्रीमती कमलजीत सहरावत (पश्चिम दिल्ली) : सर, मैं आपके माध्यम से इस सदन का ध्यान अपनी पश्चिमी दिल्ली लोक सभा के द्वारका की एक समस्या की तरफ दिलाना चाहती हूँ। द्वारका

आज, इस समय आदरणीय प्रधान मंत्री जी के विज्ञान को स्थापित करने वाली नगरी है, जहां यशोभूमि, एयरपोर्ट से जुड़ने वाली रोड, द्वारका एक्सप्रेस-वे, यूईआर जैसे रोड्स हैं। लेकिन यहां पर लगने वाला भीषण जाम आज पूरे द्वारका की बहुत बड़ी समस्या बन चुका है। लाखों लोग इस रोड से गुजरते हैं, लेकिन यहां पर लगने वाले जाम से बहुत लोगों की फ्लाइटें छूट रही हैं। यशोभूमि और पालम एयरपोर्ट नजदीक होने से हमारे वीआईपी रूट्स बहुत से लगते हैं तो ये भीषण जाम आज हम सबकी बहुत बड़ी दिक्कत बन गया है।

मैं आपके माध्यम से सड़क एवं परिवहन मंत्रालय और शहरी कार्य मंत्रालय से निवेदन करती हूँ कि वे दिल्ली सरकार के साथ एक जॉइंट कमिटी बना कर द्वारका की इस समस्या का टैक्नीकल असेसमेंट कर के ऑल्टरनेट रूट्स, एक्सटेंशन ऑफ रोड्स, फ्लाईओवर्स और अण्डरब्रिज बनाने पर जल्दी से विचार करें। आपने मुझे समय दिया, आपका बहुत-बहुत धन्यवाद।

माननीय सभापति : श्री उत्कर्ष वर्मा जी।

अभी हमें बिल पर भी चर्चा करनी है। इसलिए मेरी सभी सदस्यों से रिक्वेस्ट है कि आप अपनी-अपनी बात कम समय में रखें।

श्री उत्कर्ष वर्मा मधुर (खीरी) : सभापति महोदय, मैं आपका ध्यान एक महत्वपूर्ण विषय की ओर दिलाना चाहता हूँ। खीरी जनपद में मैलानी से भीरा, पलिया, तिकुनिया होते हुए नानपारा तक छोटी रेल लाइन जाती है। वहां पर लोगों में असमंजस की स्थिति है कि यह रेल लाइन बंद कर दी जाएगी।

सभापति महोदय, मेरी आपके माध्यम से रेल मंत्री जी से मांग है कि यात्रियों, व्यापारियों और पर्यटकों की सुविधा के लिए इस रेल लाइन को बंद न किया जाए तथा इसका आमान परिवर्तन कर इसे बड़ी रेल लाइन कर दी जाए तथा इस लाइन के द्वारा दिल्ली तथा अन्य राज्यों के प्रमुख शहरों तक एक एक्सप्रेस ट्रेन का संचालन किया जाए। इसके अलावा लखीमपुर-गोला होते हुए दिल्ली तक ट्रेन चलाई जाए।

SHRI BIBHU PRASAD TARAI (JAGATSINGHPUR): Thank you, Ho. Chairperson Sir. Through you, Sir, I would like to draw the attention of the hon. External Affairs Minister towards a sensitive issue. In my Constituency, that is, Jagatsinghpur of Odisha, one person namely Adarsha Behera had gone to Sudan in December, 2022. He was working as a labourer in Sukarati Plastic Factory. Due to class war in Sudan, he had been stopped there. There is no chance of him coming to India. In this regard, I had informed the Embassy of Sudan but till today, he has not been rescued as he has been stuck in Sudan. So, I would like to request the hon. Foreign Minister to intervene in this matter and to bring him back to India with the help of the Government of India. Thank You, Sir.

श्री सुदामा प्रसाद (आरा) : सभापति महोदय, हमारे भोजपुर जिले में सोन नदी के किनारे, हालांकि सिर्फ हमारे जिले में ही नहीं, बल्कि मध्य बिहार के पांच-छह जिलों में दोनों तरफ का जन-जीवन अस्त-व्यस्त हो गया है। अवैध खनन से नदी का मूल स्वरूप बिगड़ गया है और पर्यावरण के लिए खतरा पैदा हो गया है। नदी के किनारे के गांवों के लिए पीने का पानी खत्म हो गया है। हमारे मजदूर भाई वहां पर काम करते थे, उन्होंने अपनी मजदूरी बढ़ाने के लिए वहां पर आंदोलन भी किया था कि उनकी प्रति ट्रक मजदूरी 500 रुपये की जाए।

सभापति महोदय, मैं आपको बताना चाहता हूँ कि उनकी मांग मानने की बजाय उन पर केस कर दिया गया इसलिए मेरी मांग है कि 22 लोगों पर जो केस हुआ है, वह वापस लिया जाए और उनकी मजदूरी प्रति ट्रक 500 रुपये की जाए। इसके साथ ही अवैध बालू खनन पर रोक लगे।

सभापति महोदय, इसके अलावा मेरी एक और मांग है कि बालू खनन के राजस्व से डीएम फंड में जो पैसा जमा होता है, उस पैसे को स्थानीय लोगों के विकास में खर्च किया जाए।

श्रीमती लवली आनंद (शिवहर) : सभापति महोदय, मैं सबसे पहले रेल मंत्री जी का आभार व्यक्त करती हूँ कि वे बिहार में 'अमृत भारत योजना' के तहत 98 विश्व स्तरीय स्टेशन्स का निर्माण कर रहे हैं और 12 जोड़ी वंदे भारत ट्रेन्स चल रही हैं। आगे पूरे देश में 200 नई वंदे भारत और 100 नई अमृत भारत ट्रेन्स चलेंगी। मेरा संसदीय क्षेत्र शिवहर है और मैंने बार-बार एक ही मांग की है। इसलिए मैं अपनी उसी मांग को पुरजोर तरीके से वापस दोहराती हूँ कि इसी वित्तीय वर्ष में वहां पर रेल परिचालन शुरू हो, क्योंकि भूमि अधिग्रहण का काम बहुत धीरे चल रहा है।

सभापति महोदय, मैं माननीय रेल मंत्री जी से आग्रह करती हूँ कि मेरे संसदीय क्षेत्र शिवहर के रीगा, मोहिनी मंडल, बैरगनिया, कुंडवा चैनपुर, घोड़ासहन, इन सभी स्टेशन्स को अमृत भारत परियोजना में शामिल किया जाए और उनका सौन्दर्यीकरण किया जाए। उनका आधुनिकीकरण करते हुए वहां पर आरक्षण काउंटर, शुलभ शौचालय और एसी विश्रामालय की भी सुविधा प्रदान की जाए।

डॉ. मोहम्मद जावेद (किशनगंज) : सभापति महोदय, वक्फ प्रॉपर्टीज, जो 9 से 10 लाख के करीब हैं, उनको उम्मीद पोर्टल पर डालने का आज आखिरी दिन है। इसके लिए सिर्फ छह महीने ही दिए गए थे। हमने जेपीसी कमेटी में भी बार-बार कहा था कि यह पॉसिबल नहीं है।

सभापति महोदय, मुझे आपको बताते हुए अफसोस हो रहा है कि अभी तक 30 परसेंट प्रॉपर्टीज भी रजिस्टर्ड नहीं हो पाई हैं। पश्चिम बंगाल में 12 परसेंट, यूपी में 30 परसेंट, कर्नाटक और तमिलनाडु, जो कम्प्यूटरसेवी है, वहां पर 10 परसेंट भी रजिस्टर्ड नहीं हो पाई हैं।

माननीय सभापति : माननीय सदस्य, आप अपनी डिमांड रखिए।

डॉ. मोहम्मद जावेद : सर, मेरी डिमांड यह है कि इस अवधि को कम से कम छह महीने तक बढ़ाया जाए और उसकी जिम्मेवारी सरकार ले कि एक भी प्रॉपर्टी न छूटे। यह राष्ट्रीय हित में है।

श्री धर्मेन्द्र यादव (आज़मगढ़) : सभापति जी, मैं आपके माध्यम से उत्तर प्रदेश के 18 लाख से ज्यादा और देश के कई करोड़ संविदा-कर्मियों की समस्याओं को सदन के बीच रखना चाहता हूँ।

संविदा-कर्मों की नौकरी की असुरक्षा, वेतन की कमी व नियमित लाभ न मिलने से ये लोग समाज में परेशान, उपेक्षित और निरीह हैं। आशा बहुओं को केवल दो हजार रुपए मिल रहे हैं, रोजगार सेवकों को केवल 8850 रुपए, शिक्षा-मित्रों को केवल दस हजार, आंगनबाड़ी कर्मियों को केवल पांच हजार, सहायकों को केवल 2700, अनुदेशकों को केवल 8700, पंचायत सहायकों को केवल पांच हजार और रसोईयों को केवल दो हजार मिल रहे हैं। यह उनका मानदेय है। इस मानदेय के साथ उनके ठेकेदार और नियुक्तिकर्ताओं ने जो संविदा की है, उसमें बुरी तरह से शोषण हो रहा है।

सभापति जी, यह बहुत ही गंभीर मामला है। देश के अंदर ये लोग सेवाओं में सबसे आगे हैं। अभी एसआईआर में सबसे ज्यादा यही लोग लगे हुए हैं। कई लोगों ने आत्महत्या कर ली है, कई लोगों को हार्ट अटैक हो चुका है। मेरी सीधी मांग है कि केन्द्र सरकार, जो 5 ट्रिलियन इकोनॉमी की बात करती है, दुनिया की तीसरी और चौथी अर्थव्यवस्था की बात करती है।

माननीय सभापति : आप अपनी मांग रखिए।

श्री धर्मेन्द्र यादव : इन कर्मचारियों को स्थायी किया जाए। स्थायी कर्मियों की जो सुविधाएं और सेवाएं हैं, स्वास्थ्य लाभ है, बीमा है, वह उन्हें दिया जाए। ... (व्यवधान)

माननीय सभापति : धर्मेन्द्र जी, मैं आपको मौका दूंगा। आप 30 सेकेंड में अपना डिमांड रखें।

श्री धर्मेन्द्र यादव : एक महीने में आप उनसे एसआईआर करवायेंगे और उन्हें कोई सुविधा नहीं देंगे। यह बर्दाश्त नहीं हो पायेगा। उनको स्थायी कीजिए, उनकी जो सेवा-शर्तें हैं, वह उन्हें दी जानी चाहिए।

श्री जगदम्बिका पाल (डुमरियागंज) : सभापति जी, मैं आपके माध्यम से कहना चाहता हूं कि सरकार आज तत्काल हस्तक्षेप करें। जब लोक सभा का सत्र होता है, तब सभी पार्लियामेंट के मंत्री सोमवार से शुक्रवार तक सदन में रहते हैं। शनिवार और रविवार को सबके क्षेत्रों में कार्यक्रम लगे रहते हैं। कल हमारे यहां भी दिव्यांग शिविर लगा हुआ है। किसी को बंगलुरु जाना है, किसी को चेन्नई, किसी को कोलकाता जाना है। इंडिगो की चार सौ फ्लाइट्स कैंसिल हो गयी हैं। मेरी शाम

की फ्लाइट थी, वह भी कैंसिल हो गयी। कल सुबह की फ्लाइट कैंसिल हो गयी। अगर डीजीसीए ने फ्लाइट ड्यूटी टाइम लिमिटेशन लगाया है, तो यात्रियों की सुरक्षा, उनकी विश्वसनीयता किसकी रहेगी? हम पांच मिनट लेट हो जाते हैं, तो हमारी एयरलाइन्स चली जाती है। आज अगर डीजीसीए ने निगरानी करने के लिए कहा है, तो इंडिगो उसका पालन नहीं कर रही है। पूरे देश में आज चार सौ फ्लाइटें कैंसिल हुई हैं। हम सब लोग कैसे अपने राज्यों में और राज्यों से कॉन्स्टीट्यूएन्सी में जा पायेंगे? फिर सोमवार को दिल्ली कैसे लौटेंगे? इस स्थिति को सामान्य किया जाए। मैं आपके माध्यम से सरकार से मांग करता हूँ कि इसमें इस्तक्षेप करके तत्काल जो डीजीसीए ने या नागरिक उड्डयन मंत्रालय ने किया है, उसे रियल टाइम किया जाए और पैसेंजर फर्स्ट प्रेमवर्क हो। जो टिकट कैंसिल हुए हैं, उसका अल्टरनेट अरेन्जमेंट हो या उसका रिफंड हो। यह गंभीर समस्या सिर्फ जगदम्बिका पाल की नहीं, पूरे सदन की है।

श्री अब्दुल रशीद शेख (बारामूला) : जगदम्बिका पाल जी को इतना कहना चाहता हूँ कि जैसे मैं तिहाड़ जेल से कॉन्स्टीट्यूएन्सी बचाता हूँ, वैसे ही आप भी बचाइए। मेरी यह गुजारिश है कि जम्मू-कश्मीर में हजारों ट्रक ड्राइवर, ट्रैक्टर वाले, मजदूर, माइनिंग में काम करते हैं। चाहे हमारे नदी-नाले हैं या क्वारीज़ हैं, स्टोन मिल्स हैं।

लेकिन बदकिस्मती से पिछले कुछ टाइम से उसको आउटसोर्स किया गया है। राज्य सरकार से कहते हैं तो वह कहते हैं कि हमारी पास कुछ नहीं है, एलजी साहब के पास है। मेरी आपसे गुजारिश है कि मेहरबानी करके इस विषय को देखें। वहां सरकारी नौकरियां नहीं हैं और हजारों लोगों का रोजगार नदी-नालों पर है, माइंस पर है। जम्मू-कश्मीर के लोकल लोगों को प्रेफरेंस दिया जाए, उसको आउटसोर्स न किया जाए ताकि वहां के पढ़े-लिखे बेरोजगार लोग, जो नदी-नालों में काम करते हैं, जो क्वैरीज़ में काम करते हैं, उनको रोजगार मिले। इस वक्त वहां हाहाकार मची है। उनकी कोई सुनवाई नहीं है। Please, for god sake convey this to the Government.

श्री जनार्दन सिंह सीग्रीवाल (महाराजगंज) : आपके माध्यम से एक महत्वपूर्ण विषय भारत सरकार

के स्वास्थ्य मंत्री के सामने रखना चाहता हूँ कि मेरे लोक सभा क्षेत्र महाराजगंज, बिहार से दो राष्ट्रीय राजमार्ग 331 और 531 गुजरते हैं। दोनों की चौड़ाई, लंबाई और अच्छाई इतनी है कि गाड़ियां रफ्तार से चलती हैं और आए दिन एक्सीडेंट होते हैं। मैं आपके माध्यम से मांग करता हूँ कि 331 और 531 पर इकमा में और दूसरा भगवानपुर हाट में ट्रॉमा सेंटर स्थापित किया जाए और सभी सुविधाओं से सुसज्जित एंबुलेंस तत्काल लगायी जाए ताकि इमरजेंसी सेवाएं लोगों को मिल सकें। मैं आपके माध्यम से भारत सरकार के स्वास्थ्य मंत्री से मांग करता हूँ कि इन दोनों जगहों पर ट्रॉमा सेंटर स्थापित किया जाए।

श्री नारायणदास अहिरवार (जालौन) : आज पूरे देश, प्रदेश और मेरे लोक सभा क्षेत्र जालौन-गरौठा-भोगिनीपुर में अध्यापन कार्य कर रहे शिक्षक व शिक्षिकाएं माननीय उच्चतम न्यायालय के आदेश से अत्यंत भयभीत हैं। जबकि भारत सरकार द्वारा कक्षा एक से आठ तक पढ़ाने वाले शिक्षकों के शैक्षिक योग्यता भर्ती के लिए निर्धारित किया गया जिसमें अन्य योग्यताओं के साथ-साथ शिक्षक पात्रता परीक्षा टीईटी पास करना अनिवार्य किया गया है। यह योग्यता वर्ष 2010 के बाद भर्ती पर लागू होना था, पहले से नियुक्त शिक्षक पर यह लागू नहीं होना था। परंतु, उच्चतम न्यायालय के निर्णय के पहले से नियुक्त शिक्षकों पर भी यह लागू हो गया है, जबकि जब नियुक्ति हुई थी तो उस समय जो योग्यता निर्धारित थी उसे पूर्ण करने के बाद ही उनकी नियुक्ति हुई थी। शिक्षक 20-25 वर्ष से ज्यादा समय से कार्य कर रहे हैं। ऐसे शिक्षक जो वर्ष 2010 के पूर्व नियुक्त हुए हैं, उन्हें शिक्षक पात्रता परीक्षा से मुक्त करने हेतु कानून बनाए जाने की सरकार से मैं मांग करता हूँ।

SHRI LAVU SRIKRISHNA DEVARAYALU (NARASARAOPET): Sir, I run educational institutions. My family runs schools as well. Fortunately, I have been raised in a teacher's house when I was a kid. So, I understand the pains and the efforts teachers put in not only building the person, but building the nation as well. But recently, there is a Supreme Court judgment which has mandated that

all in-service teachers must clear the Teacher Eligibility Test (TET) within two years. It has created fear and uncertainty among lakhs of teachers across the country and also in my own State of Andhra Pradesh.

When the rules for Right to Education Act were framed, teachers appointed prior to 23rd August, 2010 were clearly exempted from the requirement of passing TET. Since then, our teachers, some with 15 years to 30 years of experience, have become the backbone of our schooling system, especially in rural and tribal regions. However, the new judicial direction has reopened a settled issue. In my own State alone, almost one lakh teachers may have to take this test. The consequence of this judgment will extend far beyond teachers. If even a fraction of them are unable to clear the examination within the stipulated time, we may see thousands of classrooms become teacherless, especially in rural and remote areas where teacher shortage already exists.

I request two things from the Government of India. One is, consider suitable amendments to Right to Education Act and NCTE Act, 1993 to ensure that teachers who have already been in service on 23rd August 2010 are duly protected.

My second request is to hold immediate meeting with teachers' association to take proper action in order to safeguard the interest of these long-serving teachers. Our teachers deserve respect, stability and security. I humbly request the Government to act urgently and uphold the justice for those who have dedicated their lives for nation-building.

***SHRI TAMILSELVAN THANGA (THENI):** There is a long pending demand pertaining to construction of a new bitumen road between Devaram and Saakaloothu Mettu in my Theni parliamentary constituency. This is a demand which is spending for the last 50 years. To reach Saakaloothu Mettu from Devalam, there is a circular route of 100 kms. With due permission from the Department of Forests, if a road is constructed after survey, more than 50000 farm labourers and daily wage workers of this area would be benefitted as this 100 km stretch would be reduced to just 6 kms. I therefore urge this Union Government, through Hon. Chairman that a new bitumen road should be constructed between Devaram and Saakaloothu Mettu in Theni constituency with due clearance from Department of Forests. Thank you.

SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT): Hon. Chairperson, Sir, I come from Koraput which is one of the most beautiful places with landscapes, rolling hills, deep valleys, dense forests, spectacular waterfalls and serene reservoirs. The Koraput coffee is also world-famous and one of its kind. I would request the Government to develop Koraput as a dedicated tourism and ecotourism circuit linking Deomali, Balda, Duduma, Kolab, Gupteshwar and key tribal cultural hubs under a single circuit, provide targeted support for last-mile roads, basic amenities, safety infrastructure and digital connectivity at major sites, launch special schemes to train and finance local SHGs and youth for homestays, guiding, transport, food services, and craft marketing.

* English translation of the speech originally delivered in Tamil.

Lastly, I would urge the Government to undertake strong branding and promotion campaign for Koraput at national and international levels as an offbeat hill and tribal heritage destination.

श्री अनूप प्रधान वाल्मीकि (हाथरस) : माननीय सभापति महोदय, आपने मुझे सदन में इस लोक महत्व के महत्वपूर्ण विषय पर अपनी बात रखने का अवसर दिया, इसके लिए मैं आपका हृदय से बहुत-बहुत आभार व्यक्त करता हूँ।

सभापति महोदय, मेरे लोक सभा क्षेत्र हाथरस में दाऊ जी महाराज जी का पवित्र मंदिर लगभग 250 वर्ष पुराना स्थित है। वहां लगभग 150 वर्षों से लक्खी मेले का आयोजन किया जाता रहा है। बताया जाता है कि अंग्रेजों द्वारा इस मंदिर पर तोप द्वारा हमला किया था तो उस मंदिर को किसी भी तरह की कोई क्षति नहीं हुई थी।

सभापति महोदय, मेरी आपके माध्यम से सरकार से मांग है कि इस पवित्र मंदिर का जीर्णोद्धार करने की कृपा करें। बहुत-बहुत धन्यवाद।

SHRI ANUP SANJAY DHOTRE (AKOLA): Hon. Chairperson, Sir, I would like to express my gratitude to hon. Prime Minister Shri Narendra Modi for launching MSME Samadhan Portal introduced in 2014. This Portal is online delayed payment monitoring system which was launched by Ministry of MSME. It enables micro and small enterprises to file online applications concerning delayed payments for buyers and goods and services. This initiative has been instrumental in ensuring quick and affordable resolution of delayed payment disputes, all within the mandated 90 days. This transparent and technology-driven mechanism has significantly boosted the confidence among lakhs of entrepreneurs. India's current GDP growth rate stands at 8.2 per cent.

Maharashtra being the largest contributor to national GDP and home of highly concentrated MSMEs, सर, मेरी डिमांड है कि जो एमएसएमई समाधान पोर्टल है, ऑफिशियल वेबसाइट के हिसाब से एक लाख पांच हजार केसेज रजिस्टर्ड हुए हैं, जिनमें से 47,000 केसेज का अनुग्रहण किया गया है। केसेज की पेंडेंसी काफी है। इसके लिए डिस्ट्रिक्ट लेवल पर पोर्टल के माध्यम से इसे स्थापित किया जाए। धन्यवाद।

श्रीमती रूपकुमारी चौधरी (महासमुन्द) : मैं इस सदन के माध्यम से देश के यशस्वी प्रधान मंत्री जी की बहुत महत्वपूर्ण परियोजना 'भारतनेट - 2.0' की छत्तीसगढ़ में दुर्दशा की ओर आपका ध्यान आकर्षित करना चाहती हूँ। यह योजना हम सबके लिए बहुत ही आवश्यक है। जीवन में जिस तरह से रोटी, कपड़ा और मकान आवश्यक है, उसी तरह से आज हम लोगों के लिए डिजिटल नेटवर्क बहुत आवश्यक हो गया है। यह योजना डिजिटल इंडिया की रीढ़ थी, जिससे ग्रामीण भारत को सशक्त किया जाना था। परंतु छत्तीसगढ़ में तात्कालिक सरकार की लापरवाही और भ्रष्टाचार के कारण इसे बर्बाद कर दिया गया। पूरे राज्य में ऑप्टिकल फाइबर केबल अधूरी बिछी पड़ी हुई हैं, खुदाई अधूरी छोड़ दी गई है। उसमें बहुत सारे पैसे खर्च हो गए हैं और जहां पर कनेक्शन दिए भी गए हैं, वहां पर उपकरण धूल खा रहे हैं। पंचायतें, शासकीय महाविद्यालय, स्वास्थ्य केंद्र सभी डिजिटल सेवाएं निजी सेवा प्रदाता पर आश्रित हैं या सेवा से वंचित हैं।

माननीय सभापति : माननीय सदस्या आप अपनी मांग रखिए।

श्रीमती रूपकुमारी चौधरी : माननीय सभापति जी, मैं आपके माध्यम से यह निवेदन करती हूँ कि केंद्र सरकार इस पर पुनः समीक्षा कर निष्पक्ष क्रियान्वयन सुनिश्चित करे, ताकि ग्रामीण भारत डिजिटल विकास से वंचित न रहे और जिन्होंने भी लापरवाही बरती है या निष्क्रियता दिखायी है, उनके ऊपर उच्च स्तरीय जांच करायी जाए, जिससे पूरे मामले की पारदर्शिता सामने आ सके।

धन्यवाद सभापति जी।

**LIST OF MEMBERS WHO HAVE ASSOCIATED THEMSELVES WITH THE
ISSUES RAISED UNDER MATTERS OF PUBLIC IMPORTANCE**

सदस्य, जिनके द्वारा लोक महत्व के विषय उठाये गये।	सदस्य, जिन्होंने उठाए गए विषयों के साथ स्वयं को सम्बद्ध किया।
Shri Omprakash Bhupalsinh <i>Alias</i> Pavan Rajenimbalkar	Shri Arvind Ganpat Sawant
Shrimati Sandhya Ray	Shri Dharmendra Yadav

4.56 hrs**MATTERS UNDER RULE 377***

माननीय सभापति : जिन माननीय सदस्यों को आज नियम 377 के अधीन मामलों को उठाने की अनुमति प्रदान की गई है, वे अपने मामलों के अनुमोदित पाठ को तुरंत व्यक्तिगत रूप से सभा पटल पर रख दें।

(i) Regarding establishment of a medical college and expansion of medical facilities in Nathdwara in Rajsamand Parliamentary Constituency, Rajasthan

श्रीमती महिमा कुमारी मेवाड़ (राजसमन्द) : मैं सरकार का ध्यान मेरे राजसमन्द लोकसभा में और अधिक स्वास्थ्य सेवाओं और सुविधाओं के विकास और विस्तार की आवश्यकता के प्रति आकर्षित कराना चाहती हूँ। पूर्व की राजस्थान सरकार द्वारा नाथद्वारा विधानसभा के गुन्जेल राजस्व ग्राम में मेडिकल कालेज की स्थापना के लिए भूमि आवंटन किया गया था परन्तु भवन निर्माण कतिपय प्रशासनिक कारणों से प्रारम्भ नहीं हो सका है। वर्तमान में मुझे अवगत कराया गया है कि कतिपय कारणों से राज्य सरकार द्वारा अब इस हेतु वित्तीय उपायों को भी नहीं उपलब्ध कराया जा सकेगा जिस कारण मेडिकल कालेज का निर्माण पूर्ण नहीं हो पायेगा। आर्थिक रूप से पिछड़े नाथद्वारा में जो राजसमन्द लोकसभा के अंतर्गत आता है, वहाँ तो मेडिकल सेवाओं के विकास और विस्तार में सरकार का सक्रिय सहयोग और भी अपरिहार्य हो जाता है। इस मेडिकल कालेज के बन जाने से आमजन को अच्छी और सस्ती मेडिकल सेवाएं उपलब्ध हो सकेगी जिससे बच्चों और महिलाओं को विशेष रूप से लाभ मिल सकेगा अतः मेरा सरकार से अनुरोध है कि राज्य सरकार के साथ मिलकर राजसमन्द लोकसभा में मेडिकल सेवाओं का विस्तार किया जाये और नाथद्वारा के गुन्जेल ग्राम में मेडिकल कालेज को बंद न किया जाये।

* Treated as laid on the Table.

(ii) Need to construct a flyover at Lilor Level Crossing on Ranchi-Rajganj

Road in Dhanbad, Jharkhand

श्री दुलू महतो (धनबाद) : मैं सरकार का ध्यान धनबाद संसदीय क्षेत्र (झारखण्ड) अन्तर्गत रांची-राजगंज रोड पर स्थित लिलोरी रेलवे क्रॉसिंग की ओर दिलाना चाहता हूँ, जहाँ प्रतिदिन कई बार गंभीर ट्रैफिक जाम की समस्या रहती है। यह मार्ग रांची को राजगंज तथा आसपास के क्षेत्रों से जोड़ने वाला अत्यंत महत्वपूर्ण संपर्क मार्ग है। औद्योगिक गतिविधियों के कारण इस मार्ग से हेवी ट्रेलर्स, कोल हाइवा (Coal Hyvas) एवं अन्य भारी वाहनों का निरंतर आवागमन होता है। रेलवे फाटक के बार-बार बंद होने, संकरी सड़क तथा भारी वाहनों की कतार लगने से क्रॉसिंग पर कई-कई घंटों तक जाम रहता है। एम्बुलेंस, स्कूल बसें, ऑफिस जाने वाले कर्मचारी और दैनिक यात्रियों को अत्यधिक परेशानी का सामना करना पड़ता है। कई बार जाम इतना लंबा हो जाता है कि आपातकालीन सेवाएँ भी प्रभावित होती हैं, जिससे नागरिकों में गहरा रोष है। अतः मैं सरकार से लिलोरी रेलवे क्रॉसिंग पर तत्काल फ्लाईओवर निर्माण की स्वीकृति और शीघ्र कार्यारंभ सुनिश्चित किए जाने का अनुरोध करता हूँ, ताकि जनता को राहत मिल सके और दुर्घटनाओं की संभावनाएँ कम हों।

(iii) Need to provide financial assistance to farmers who lost their crops due to heavy rain in Bihar particularly in Maharajganj Parliamentary Constituency

श्री जनार्दन सिंह सीग्रीवाल (महाराजगंज) : जलवायु परिवर्तन के कारण विगत महीनों में मानसून काल समाप्त होने के बाद भी, बिहार विशेषकर सारण प्रमंडल, जिसमें मेरा संसदीय क्षेत्र महाराजगंज भी आता है, में लगातार कई दिनों तक हुई भारी जलवृष्टि से किसानों को बड़े पैमाने पर हुए नुकसान की ओर आपका ध्यान दिलाना चाहता हूँ। बिहार राज्य में लगभग 56.03 लाख हेक्टेयर कृषि योग्य भूमि है। इसमें लगभग 05 लाख हेक्टेयर में सारण प्रमंडल के किसान अपनी खेती-बाड़ी करते हैं। भारी जलवृष्टि से किसानों की खरीफ की फसल लगभग पूर्ण रूप से बर्बाद हो गई है और रबी फसल

की बुआई भी बड़े स्तर पर प्रभावित हो रही है। ऐसे में किसानों की स्थिति काफी दयनीय हो गयी है। किसानों के लिए धन का स्रोत एक मात्र कृषि ही हैं। अतः सरकार से मेरा अनुरोध है कि केन्द्र के स्तर से एक टीम भेजकर अति जलवृष्टि से मेरे संसदीय क्षेत्र महाराजगंज सहित बिहार के किसानों को हुए भारी क्षति/नुकसान का आकलन कराया जाये और प्रभावित किसानों को राष्ट्रीय आपदा के तहत आर्थिक सहयोग प्रदान किया जाए।

(iv) Need to construct a new multi-lane bridge parallel to existing bridge at Palasani on NH-16 between Cuttack and Bhubaneswar in Odisha

SHRI BHARTRUHARI MAHTAB (CUTTACK): The NH-16 corridor between Cuttack and Bhubaneswar is a lifeline for thousands of daily commuters, yet it faces chronic traffic congestion at the Palasuni Bridge due to its single-lane bottleneck. This narrow passage is grossly inadequate for the volume of vehicles traversing this vital stretch, resulting in prolonged jams, delays, and mounting frustration among the public. The situation has worsened over time, with peak hours witnessing gridlocks that disrupts not only personal travel but also emergency services, logistics, and economic activity. The lack of alternate routes or structural expansion has made Palasuni a choke point, undermining the efficiency of this national highway. In view of the persistent hardship faced by commuters and the strategic importance of this route, I would urge upon the Union Government to take immediate steps to construct a new multi-lane bridge parallel to the existing one. This will significantly ease traffic flow, enhance safety, and ensure smoother connectivity between the twin cities.

(v) Need to undertake repair of the old and dilapidated bridge on Girna

River in Jalgaon Parliamentary Constituency, Rajasthan

श्रीमती स्मिता उदय वाघ (जलगांव) : जलगाँव लोकसभा क्षेत्र के एक अत्यंत महत्वपूर्ण अवसंरचना मुद्दे की ओर सदन का गम्भीर ध्यान आकर्षित करना चाहती हूँ। गिरणा नदी पर स्थित पुल, जिसका निर्माण वर्ष 1972 में हुआ था, पिछले पचास वर्षों से अधिक समय से हमारे क्षेत्र की जीवनरेखा के रूप में सेवा दे रहा है। आज यह पुल स्पष्ट रूप से जर्जरता और संरचनात्मक थकावट के चिन्ह दिखा रहा है, जिसके कारण इसका त्वरित निरीक्षण, सुदृढ़ीकरण और समग्र मरम्मत अत्यंत अनिवार्य हो गया है। प्रतिदिन लाखों नागरिक परिवहन कार्य हेतु इसी पुल पर निर्भर करते हैं। यदि इस पुल में कोई भी बाधा आती है, तो पूरे क्षेत्र की आवाजाही, व्यापार गतिविधियाँ गंभीर रूप से प्रभावित होंगी। बीते वर्षों में बढ़ी हुई जनसंख्या, औद्योगिक वृद्धि और यातायात दबाव के कारण यह एकल पुल अब बिल्कुल अपर्याप्त हो चुका है, निरंतर जाम, विलंब और दुर्घटना का जोखिम बढ़ रहा है। प्रधानमंत्री जी के नेतृत्व में पिछले 11 वर्षों में देश की अवसंरचना में अभूतपूर्व विकास हुआ है। इसी विकास-गति से प्रेरित होकर मैं विनम्रतापूर्वक आग्रह करती हूँ कि जलगाँव की इस दीर्घकालिक माँग को प्राथमिकता पर पूरा किया जाए—पुराने पुल की त्वरित मरम्मत और इसके समानांतर एक नए बड़े पुल का त्वरित अनुमोदन अविलंब दिया जाए।

(vi) Need to re-develop water bodies and community centres in

North- West Delhi

श्री योगेन्द्र चांदोलिया (उत्तर-पश्चिम दिल्ली) : मैं आज अपने संसदीय क्षेत्र उत्तर पश्चिम दिल्ली में जल निकायों एवं समुदाय केंद्रों के विकास के बारे में इस सदन का ध्यान आकर्षित करना चाहता हूँ। मेरे निर्वाचन क्षेत्र में समुदाय केंद्र और जल निकाय दिल्ली विकास प्राधिकरण (डीडीए), राजस्व विभाग और बाढ़ और सिंचाई विभाग सहित कई एजेंसियों के अधिकार क्षेत्र में हैं। मैं सरकार से

अनुरोध करता हूँ कि उत्तर पश्चिम दिल्ली में सभी समुदाय केंद्रों एवं जल निकायों की पहचान करें, जल निकायों के संरक्षण और सौंदर्यीकरण के लिए एक व्यापक योजना विकसित करें और इन समुदाय केंद्रों एवं जल निकायों के रखरखाव के लिए जिम्मेदार एजेंसियों के बीच समन्वय सुनिश्चित कर सभी समुदाय केंद्रों एवं जल निकायों को पुनः विकसित किया जाए।

(vii) Regarding rising levels of Uranium in ground water posing a serious health hazard to new born babies consuming Uranium contaminated breast milk

SHRI RAO RAJENDRA SINGH (JAIPUR RURAL): Breastfeeding is a gold standard of neonatal nutrition as human milk consists of essential compounds crucial for proper development of a child. A recent scientific study published in Scientific Reports has documented the presence of uranium in breastmilk samples across six districts of Bihar-Bhojpur, Samastipur, Begusarai, Khagaria, Katihar, and Nalanda. The study analysed samples from 40 lactating mothers aged 17-35 years and reported detectable uranium in 100% of the samples, with concentrations ranging up to 5.25 pg/L. District-wise analysis showed the highest mean levels in Khagaria (4.035 pg/L) and the lowest in Nalanda (2.354 ug/L). The study found that approximately 70% of exclusively breastfed infants may face non-carcinogenic health risks due to uranium intake relative to body weight and physiological capacity. The study attributes the likely source of contamination to groundwater, referencing earlier investigations that detected uranium concentrations exceeding WHO's 30 ug/L limit in multiple districts of Bihar. Independent investigations conducted in the state of Rajasthan have also

recorded elevated arsenic levels in breastmilk and biological samples of women and infants exceeding prescribed limits. These studies identify groundwater and staple food consumption as probable exposure pathways. The matter requires coordinated monitoring and technical assessment.

(viii) Need to upgrade trauma centres in Chhattisgarh

श्री चिन्तामणि महाराज (सरगुजा) : छत्तीसगढ़ में 6 ट्रौमा सेन्टर्स हैं जिनमें बिलासपुर रायपुर जगदलपुर लेवल 2 के और अम्बिकापुर, रायगढ़, कांकेर लेवल 3 के ट्रौमा सेन्टर्स हैं। यदि छत्तीसगढ़ में ट्रौमा सेन्टर्स की ट्रेंच को देखा जाए तो पहली ट्रेंच में जगदलपुर से अम्बिकापुर की दूरी 678 किलोमीटर है और दूरी दूसरी ट्रेंच में जगदलपुर से रायगढ़ 480 किलोमीटर है इस पूरी लाईन में लेवल 1 ट्रौमा सेन्टर नहीं हैं। अम्बिकापुर से पहले रायपुर में ट्रौमा सेन्टर आता है और यहाँ एम्स भी है, जो 341 किलोमीटर की दूरी पर है और अम्बिकापुर के आगे रांची स्थित ट्रौमा सेंटर की दूरी 290 किलोमीटर और देवघर एम्स की दूरी 560 किलोमीटर तथा पटना एम्स की दूरी 400 किलोमीटर हैं। वर्तमान में आवश्यकता है कि छत्तीसगढ़ में ट्रौमा सेन्टर्स के ट्रेंच में कम से कम एक ट्रौमा सेन्टर लेवल 1 और 2 ट्रौमा सेन्टर लेवल 2 या लेवल 3 के बनाए जाएं। अतः मेरा सुझाव है कि अम्बिकापुर स्थित लेवल 3 ट्रौमा सेन्टर को प्रोन्नत करके लेवल 1 ट्रौमा सेन्टर बनाया जाए तथा इसके अतिरिक्त अम्बिकापुर के आगे दो ट्रेंच जिला बलरामपुर और औरंगाबाद, महाराष्ट्र की तरफ तथा जिला जशपुर, रांची झारखण्ड की तरफ बनाकर लेवल 2 या लेवल 3 के ट्रौमा सेन्टर्स बनाए जाएं।

(ix) Need to expedite construction of Alirajpur-Khargone- Khandwah New Broad-gauge Railway Line

श्री गजेन्द्र सिंह पटेल (खरगौन) : मैं माननीय रेल मंत्री जी का ध्यान अलीराजपुर -खरगोन-खंडवा

नई ब्रॉड गेज रेल लाइन के विषय पर आकर्षित करता हूँ। ₹6.25 करोड़ की लागत से शुरू किए गए इस रेल मार्ग का अंतिम स्थान सर्वेक्षण (FLS) वर्तमान में जारी है और इसमें फुट-टू-फुट सर्वे तथा ड्रोन मैपिंग शामिल है। यह परियोजना पूर्वी और पश्चिमी निमाड़ के 5 जिलों (खंडवा, खरगोन, बड़वानी, धार, अलीराजपुर) को जोड़कर विकास की नई दिशा देगी। चूंकि सर्वे में पहाड़ी क्षेत्र, नदी नाले (नर्मदा की सहायक नदियाँ) और कृषि भूमि शामिल है, मेरा रेल मंत्रालय से अनुरोध है कि वह राज्य सरकार के साथ समन्वय स्थापित कर सर्वे के दौरान चिन्हित किए गए नदी-पहाड़ी क्षेत्रों के लिए इंजीनियरिंग डिजाइन को जल्द अंतिम रूप दे। परियोजना की मंजूरी से पहले ही भूमि अधिग्रहण के लिए आवश्यक धारा 20A और अन्य अधिसूचनाएँ जारी करने की प्रक्रिया शुरू कर दे, ताकि बाद में परियोजना में विलंब न हो। सरकार से अनुरोध है कि इस परियोजना को मिशन मोड में पूरा करने के लिए त्वरित कार्रवाई सुनिश्चित करे।

(x) Need to frame a policy for overall development of villages falling under forest area in the country particularly in Bahraich, Uttar Pradesh

डॉ. आनन्द कुमार गोंड (बहराइच) : मैं सरकार का ध्यान उत्तर प्रदेश के बहराइच सहित देश के अनेक राज्यों के उन ग्रामीण इलाकों की ओर आकर्षित करना चाहता हूँ, जो पूर्णतः या आंशिक रूप से वन क्षेत्र के भीतर अथवा वन सीमा के समीप स्थित हैं। इन क्षेत्रों में रहने वाली जनसंख्या आज भी शिक्षा, स्वास्थ्य, सड़क संपर्क, पेयजल तथा विद्युत जैसी मूलभूत सुविधाओं से वंचित है। स्थानीय प्रशासन एवं पंचायतों द्वारा विकास कार्य आरंभ किए जाने पर कई बार स्थानीय वन विभाग की ओर से आपत्तियाँ, देरी अथवा कार्य रोकने जैसी परिस्थितियाँ उत्पन्न होती हैं, जिससे जनजीवन अत्यंत प्रभावित होता है। वन क्षेत्र की भौगोलिक कठिनाइयों, प्रशासनिक स्पष्टता के अभाव तथा विभागीय समन्वय की कमी के कारण इन गाँवों में विकास वर्षों से ठहर सा गया है। आदिवासी, वन निवासी, गरीब तथा पिछड़े वर्गों के हजारों परिवार अब भी आवश्यक सेवाओं से वंचित हैं, जिससे

रोजगार, शिक्षा, स्वास्थ्य और जीवन- स्तर पर गहरा प्रतिकूल प्रभाव पड़ रहा है। अतः मेरा आग्रह है कि वन क्षेत्रों से जुड़े इन ग्रामीण इलाकों के समग्र विकास हेतु केंद्र सरकार द्वारा एक विशेष नीति/शासनादेश शीघ्र जारी किया जाए, जिससे इन गांवों में आवश्यक बुनियादी सुविधाएँ बिना किसी बाधा के उपलब्ध कराई जा सके।

(xi) Need to provide Ex-Servicemen status to former Military Nursing

Service (MNS) Officers

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): I wish to draw the attention of the Government to the denial of Ex-Servicemen (ESM) status to former Military Nursing Service (MNS) Officers, which has severely affected their post-service employment prospects and may deter youth from joining the MNS. MNS, the only all-women service in the Indian Army, had been granted ESM status since its inception. However, in 2019, the Kendriya Sainik Board withdrew this recognition, jeopardising officers' access to age-relaxation measures, job reservations and other benefits available to ex-military personnel, thereby creating social and financial vulnerabilities. This has recently impacted officers seeking re-employment in civil services after the Short Service Commission, with candidatures being rejected due to the non-recognition of their ESM status. In April 2025, the Supreme Court upheld the inclusion of MNS Officers in the ESM category, yet no substantive action has been taken to enforce this ruling. This inaction undermines the dignity and welfare of MNS Officers and risks discouraging future recruitment. I urge the Hon'ble Minister of Defence to take

immediate steps to implement the Supreme Court's directive and restore the rightful benefits of these officers.

(xii) Need to establish SAI training centers in Nashik and Dhule districts of Maharashtra

डॉ. बच्छाव शोभा दिनेश (धुले) : मैं माननीय खेल मंत्री जी का ध्यान महाराष्ट्र में SAI (भारतीय खेल प्राधिकरण) के प्रशिक्षण केंद्रों की स्थापना की आवश्यकता की ओर आकर्षित करना चाहती हूँ। महाराष्ट्र ने हमेशा देश के खेल व्यवस्था/ संस्कृति में महत्वपूर्ण योगदान दिया है। महाराष्ट्र के खिलाड़ियों ने राष्ट्रीय खेल पुरस्कार 2024 में शीर्ष सम्मान प्राप्त किए हैं। महाराष्ट्र की राज्य सरकारों ने खेलों के प्रोत्साहन में सदैव सक्रिय भूमिका निभाई है, परंतु यह कार्य केंद्र सरकार के सहयोग के बिना अधूरा है। वर्तमान में देशभर में 69 SAI प्रशिक्षण केंद्र (STCs) कार्यरत हैं। मुंबई सर्कल के अंतर्गत 2 केंद्र हैं, लेकिन ये दोनों गोवा में स्थित हैं। इस प्रकार, महाराष्ट्र राज्य में एक भी SAI प्रशिक्षण केंद्र नहीं है। खेल समुदाय को समुचित रूप से विकसित करने के लिए योजनाबद्ध प्रोत्साहन, विशेषकर वित्तीय और आधारभूत ढांचे का सहयोग आवश्यक है। मंत्रालय की योजनाओं के अंतर्गत स्थापित SAI प्रशिक्षण केंद्र वैज्ञानिक प्रशिक्षण व उपकरण सहायता, बोर्डिंग- लॉजिंग, वजीफा, प्रतियोगिता exposure, और बीमा व्यय जैसी सुविधाएं प्रदान करेंगे। इसके अतिरिक्त, यह रोजगार और सामाजिक-आर्थिक विकास में सहायक सिद्ध होंगे। अतः मैं भारत सरकार से अनुरोध करती हूँ कि महाराष्ट्र के नासिक और धुले जिलों में SAI स्पोर्ट्स प्रमोशनल योजनाओं के अंतर्गत प्रशिक्षण केंद्र स्थापित किए जाएं।

(xiii) Need for environmental clearance on construction work in Aligarh Muslim University Centre at Kishanganj, Bihar including filling up of sanctioned posts in the institute through SAMARTH Portal

DR. MOHAMMAD JAWED (KISHANGANJ): I wish to highlight the decade-long delay in fully operationalising the Aligarh Muslim University (AMU) Centre at Kishanganj, Bihar. Construction remains stalled since the beginning due to an NGT stay, even though Bihar Government's Flood Control Division report (03.10.2019) confirms the site is outside the river bed and active flood plain. The State amended its Building Bylaws in 2022; construction of the adjoining Police Lines has since resumed under the same norms. Yet, as informed by the Ministry in September 2025, no environmental clearance application has reached State Environment Impact Assessment Authority (SEIAA) Bihar on the Parivesh Portal. Furthermore, though the Centre was notified functional in 2014 and classes continue in temporary buildings, the Ministry of Education has repeatedly directed AMU to fill more than 120 sanctioned teaching and non-teaching posts exclusively through the SAMARTH Portal. Till date, these posts remain vacant and the Kishanganj Centre is not integrated with the SAMARTH Portal, causing persistent hardship to students and existing staff. I urge the Hon'ble Ministers of Environment, Forest & Climate Change and Minister of Education to kindly inform the House about the definite timeline for environmental clearance and removal of NGT stay; and immediate action to ensure filling of all sanctioned posts through SAMARTH Portal.

(xiv) Need to provide stoppage of various express trains at Gudiyattam**Town Railway Station in Tamil Nadu**

SHRI D. M. KATHIR ANAND (VELLORE): I wish to draw the attention of the Government to the Gudiyattam Town Railway station which is one of the prominent Hubs and spoke node model Railway station for daily train travel passengers and is being under capacity utilized in last 70+years. For their daily train travel, passengers in and around Gudiyattam Town and villages (350 village peripherals) struggle to go to board the train from nearby stations. Large number of industrial, labour, workers from Gudiyattam Town and its surroundings are working in Chennai, Kanchipuram, Bengaluru and Coimbatore regions. I on behalf of the people of my Vellore Parliamentary constituency request the Honorable Minister to facilitate and make arrangements for trains viz. 1. Lalbagh Express - 12607/12608 2. Trivandrum Express - 12695/12696 3. Kovai Express 12675/12676 4. Brindavan Express - 12639/12640 to stop and halt at Gudiyattam Town Railway station. Both onward and downward journey platform tracks are located in main line only. I request the Hon'ble Minister to consider the proposal of new Express trains, daily between Salem Junction and Chennai Central via Vellore, Gudiyattam, Ambur, Vaniyambadi, Jolarpet. Express starts at 4.30 am from Salem to reach Chennai at 9.50 am and starts at 4.30 pm from Chennai and reach Salem at 9.50 pm. This daily Express train would serve the people of Tamil Nadu in the best possible manner.

(xv) Need to develop Kondapalli Railway Station in Vijayawada, Andhra**Pradesh under Amrit Bharat Station Scheme**

SHRI KESINENI SIVANATH (VIJAYAWADA): I would like to acknowledge the Government's commendable initiative in modernizing railway infrastructure through the Amrit Bharat Station Scheme. In this context, I wish to draw the attention of the Hon'ble Minister of Railways to Kondapalli railway station, located in my Parliamentary Constituency of Vijayawada. Kondapalli is one of the oldest operational stations, established during the British era, and is strategically located near the developing capital city of Amaravati. Despite its historical and logistical importance, the station remains severely underdeveloped, with partially constructed platforms and dilapidated infrastructure, adversely impacting both passenger and freight movement. Its upgradation will significantly ease the burden on Vijayawada Junction—one of the busiest stations in the country—by serving as an auxiliary node for rail traffic. As the station holds considerable local significance, which is one of the key criteria under the Amrit Bharat Station Scheme, I earnestly request the Hon'ble Minister to consider Kondapalli station for development under this visionary initiative.

**(xvi) Need to rename the Old Delhi Railway Station as Sis Ganj Sahib
Railway Station and New Delhi Railway Station as Guru Tegh Bahadur
Railway Station**

SHRI ARVIND GANPAT SAWANT (MUMBAI SOUTH): I wish to draw the attention of the Govt. to the upcoming 350th Martyrdom Year of the Ninth Sikh Guru, Sri Guru Tegh Bahadur Ji. In 1675, Guru Sahib made the supreme sacrifice in Chandni Chowk to protect the religious freedom of the people of India and Sanatana Dharma, earning the title "Hind Di Chaadar" (The Shield of India). It is a matter of historical significance that Old Delhi Railway Station (Delhi Junction) is located just a few hundred meters from Gurudwara Sis Ganj Sahib, the exact hallowed ground where Guru Sahib was beheaded for refusing to renounce his faith. Similarly, the New Delhi Railway Station is situated near Gurudwara Rakab Ganj Sahib, where his body was cremated. Despite this deep historical connection, there is no major railway landmark in the Capital named in his honor. As the nation observes this historic 350th anniversary, I urge the Union Government to rename Old Delhi Railway Station as "Sis Ganj Sahib Railway Station" or rename New Delhi Railway Station as "Guru Tegh Bahadur Railway Station." This would be a befitting tribute to the Guardian of Human Rights who gave his life for the nation's conscience.

(xvii) Need to empower Bodoland Territorial Region and other Autonomous District Councils under Sixth Schedule to the Constitution

SHRI JOYANTA BASUMATARY (KOKRAJHAR): The Constituent Assembly and the recommendations of the Bordoloi Committee, the Government recognises that the primary purpose of the Sixth Schedule was to address regional aspirations, protect the identity, culture, customs and traditional institutions of tribal communities, and reduce socio-economic disparities in the hill and tribal areas of the North Eastern region. But despite successive peace accords and constitutional and statutory arrangements, there continues a significant gap in socio-economic development indicators between many Sixth Schedule areas like Bodoland Territorial Region and the others of their parent States. It is high time for the Government to take steps to create a clear, transparent and non-ad-hoc framework for Finance Commission-linked transfers and other grants-in-aid to Sixth Schedule Councils, so that grants under Article 275(1) and take steps to amend Article 280 and make provisions to send fund direct to the Autonomous District Councils. The other devolution mechanisms are not subject to temporary freezes or discretionary, piecemeal packages. I demand from the Government to provide additional powers to the Bodoland Territorial Region and other Autonomous District Councils under paragraph 3B of the Sixth Schedule.

(xviii) Need to frame a special policy for conservation of Aravalli region

श्री हनुमान बेनीवाल (नागौर) : मैं वन और पर्यावरण मंत्री जी का ध्यान भारत की सबसे पुरानी पर्वत श्रृंखलाओं में से एक अरावली के अस्तित्व को बचाने की मांग से अवगत करवाते हुए बताना चाहता हूँ कि दिल्ली-एनसीआर से लेकर राजस्थान के एक दर्जन से अधिक जिलों में फैली अरावली पर्वतमाला पर अतिक्रमण, शहरीकरण, अनाधिकृत विकासात्मक गतिविधियाँ और पर्यावरणीय उल्लंघन अरावली की पहाड़ियों में नाज़ुक पारिस्थितिकीय संतुलन को प्रभावित कर रहे हैं और अवैध खनन इसके अस्तित्व के लिए बड़ा खतरा बन चुका है ,राजस्थान राज्य में अरावली में बीते पाँच वर्षों में 27,000 से अधिक अवैध खनन, परिवहन व भंडारण के मामले दर्ज किए गए, जिनमें से मात्र 13% मामलों में ही एफआईआर दर्ज की गई। इस अवधि में 244 करोड़ रुपए का जुर्माना वसूला गया है, लेकिन क्या इस जुर्माने से अरावली के अस्तित्व को बचाया जा सकेगा यह बड़ा सवाल सरकार की नीतियों पर है। एनजीटी द्वारा अरावली में खुदाई को जघन्य अपराध घोषित करने और पर्यावरण संरक्षण को लेकर सख्त दिशा-निर्देश देने के बावजूद सरकार खामोश है ,मेरी माँग है की केंद्र सरकार अरावली क्षेत्र के संरक्षण के लिए विशेष नीति लाए और राजस्थान तथा हरियाणा सरकार को भी इस सन्दर्भ मे निर्देशित करे।

14.57 hrs

HEALTH SECURITY SE NATIONAL SECURITY CESS BILL, 2025 — Contd.

माननीय सभापति : मेरी आपसे प्रार्थना है कि समय कम है, जिन-जिन माननीय सदस्यों को बात रखने के लिए बुलाया जाता है, वे अपनी बात 5 मिनट में रखें।

श्री धवल लक्ष्मणभाई पटेल।

श्री धवल लक्ष्मणभाई पटेल (वलसाड) : माननीय सभापति जी, मैं आपको बहुत-बहुत धन्यवाद देता हूँ कि आपने मुझे इतने महत्वपूर्ण बिल 'स्वास्थ्य सुरक्षा से राष्ट्रीय सुरक्षा उपकर विधेयक, 2025' पर बोलने का मौका दिया, इसके लिए बहुत-बहुत धन्यवाद। मैं इसके साथ हमारे प्रधान मंत्री नरेन्द्र मोदी जी और हमारी वित्त मंत्री निर्मला सीतारमण जी को भी बहुत-बहुत धन्यवाद देना चाहता हूँ कि इतना विजनरी बिल जो हमारी भारत की सुरक्षा और स्वास्थ्य को मजबूत करेगा, ऐसा बिल लेकर आए, तो मैं उनको भी बहुत-बहुत धन्यवाद देना चाहता हूँ।

सभापति जी, हमारा भारत देश वर्ष 2014 तक विश्व की 11वीं सबसे बड़ी अर्थव्यवस्था था, लेकिन हमारे प्रधान मंत्री नरेन्द्र मोदी जी ने 11 साल में ही भारत की अर्थव्यवस्था 11वीं से 4वीं नम्बर की बना दी है। हमारा वर्ष 2047 में विकसित भारत का संकल्प है। विकसित भारत के लिए सबसे महत्वपूर्ण दो चीजें हैं, वह हैं स्वास्थ्य और सुरक्षा। यह बिल इसको सुनिश्चित करेगा। यह जो नया कानून देश के लिए आ रहा है, यह सुरक्षा और हमारी सेहत के लिए पैसे इकट्ठा करने का इंतजाम करता है। अभी तक जब कोई मुसीबत आती थी, तब हमारी सरकार पैसे खोजने जाती थी, लेकिन इस बिल के जरिये एक परमानेंट फंड बनेगा, जिससे जब कोई भी विपत्ति आएगी या कोई भी इमरजेंसी आएगी, तो स्वास्थ्य के लिए और हमारी सुरक्षा के लिए हमेशा के लिए यह फंड रहेगा। यह बिल एक ऐसा फंड बनाएगा, जो हमेशा इमरजेंसी के लिए तैयार रहेगा। पहले की यूपीए सरकार में जब कोई भी इमरजेंसी आती थी, तब वह पैसे खोजने जाती थी, लेकिन यह जो बिल आया है, इसमें ये जो

संकट थे, वे सारे संकट यह बिल मिटाएगा।

सभापति जी, हमारे देश में कैंसर की वजह से लाखों लोगों की मृत्यु हो जाती है, उसके लिए हमारे प्रधान मंत्री नरेन्द्र मोदी जी बहुत चिंतित थे, इसीलिए परसो जो सेंट्रल एक्साइज अमेंडमेंट बिल आया है, उसमें सिगरेट पर ज्यादा टैक्स लगाया गया है और यह जो बिल आया है, वह विशेषकर जो पान, मसाला, गुटखा है उस पर सेस लगाने का पूरा बंदोबस्त किया गया है, जिसके जरिये हमारी देश की सुरक्षा और हेल्थ पर तो हम लोग पैसे खर्च करेंगे ही, लेकिन हम हमारे देश की सुरक्षा के लिए भी एक मजबूत कदम उठा रहे हैं।

15.00 hrs

एक दुष्प्रचार भारत भर में चल रहा है कि यह बिल आम लोगों पर बोझ बनने वाला है। यह बिल आम लोगों पर बोझ बनने वाला नहीं है। सिर्फ और सिर्फ जो सिन गुड्स हैं, जैसे पान मसाला पर ज्यादा एक्साइज लगाने का इसमें प्रावधान किया गया है। अभी तक जो सेस लगता था, एक्साइज लगता था, टैक्स लगता था, वह बिक्री पर लगता था। बिक्री में अंडर रिपोर्टिंग होती थी, इसलिए टैक्स चोरी बहुत बड़े पैमाने पर होती थी। हम जो नया कानून ला रहे हैं, उसमें मशीन की क्या कैपेसिटी है, मशीन कितना उत्पादन कर रही है, उस पर टैक्स लगेगा। हम लोग इंस्पेक्टर राज से हटकर एकदम अच्छे से टैक्स कलेक्ट पाएंगे। इसका प्रावधान इस बिल में है।

पहलगांम और दिल्ली जैसी जब घटनाएं हुईं, तब पता चलता है कि खतरे बदल रहे हैं। जो हमारे विरोधी देश हैं, वे भी अलग-अलग तरह से खतरे पैदा कर रहे हैं। आपरेशन सिंदूर में हमने देखा कि भारत देश के सुरक्षा बलों ने एडवांस्ड टेक्नोलॉजी से मुकाबला किया। यह बिल सुरक्षित करेगा, सुनिश्चित करेगा कि बिल के जरिए जितना भी पैसा आएगा, वह हमारे देश की सुरक्षा में लगेगा। जो पुरानी सरकार में कमियां थीं, इस बिल ने उसे ठीक करने का काम किया है।

मोदी जी जब प्रधान मंत्री बने, उसके बाद वे आयुष्मान भारत स्कीम लाए। इसके अंतर्गत पांच लाख रुपये तक का मुफ्त इलाज होने लगा है। अपोजीशन से सुप्रिया सुले जी ने बोला कि

दवाइयों के दाम बढ़ गए हैं। मैं कहना चाहूंगा कि दवाइयों के दाम बढ़े नहीं हैं, बल्कि कम हुए हैं। मोदी जी के प्रधान मंत्री बनने के बाद खोले गए जनऔषधि केंद्रों में रियायती दामों पर दवाइयां मिल रही हैं, इसलिए यह पूरा दुष्प्रचार है। हमारे जो बुजुर्ग हैं, उनके लिए पीएमजेवाई में चालीस लाख बुजुर्गों को जोड़कर स्कीम का लाभ दिया गया है। हमारे देश में इससे 8.25 लाख करोड़ रुपये की बचत लोगों को हुई है। आयुष्मान आरोग्य मंदिर गांवों और शहरों में खोले गए हैं। हमारे हेल्थ बजट में वृद्धि हुई है। यह वर्ष 2014 तक सिर्फ 1.15 पर्सेंट था, वह बढ़कर 1.84 पर्सेंट हो गया है। पूरे भारत देश के अंदर अस्पतालों का नेटवर्क बढ़ाया गया है और ज्यादा एम्स हॉस्पिटल्स खोले गए हैं। सबसे महत्वपूर्ण है कि साइंस कॉलेजेज़ और मेडिकल कॉलेजेज़ में बड़ी मात्रा में वृद्धि हुई है।

वर्ष 2014 के बाद प्रधान मंत्री मोदी जी ने हमारे देश की आंतरिक सुरक्षा, बार्डर सुरक्षा पर बहुत ज्यादा फोकस किया, बजट दिया, बल दिया। इसके कारण ही मोदी सरकार ने रक्षा बजट 6.81 लाख करोड़ रुपये कर दिया। यह काम हमारे मां-देदी जी ने किया है। यह जो बिल आएगा, उसका बड़ा हिस्सा हथियार और नई टेक्नोलॉजी खरीदने में जाएगा। हम लोग बार्डर पर जो सड़क और सुरंगें बना रहे हैं, उसमें भी तेजी आएगी। यूपीए सरकार के डिफेंस मिनिस्टर एंटोनी जी ने बताया था कि हमने देश के बार्डर पर सुरक्षा बढ़ाने का कोई प्रावधान नहीं किया, कोई बजट नहीं दिया। यह जो बिल है, इसमें हमारे बार्डर की सिक्योरिटी है। यह इसको सशक्त करने का काम करेगा। यह टैक्स चोरी रोकने का पक्का इलाज है। यह बिल उद्योगों को ठीक तो करेगा, साथ ही जो टैक्स चोरी कर रहे थे, उनको भी पकड़ेगा। अधिकारी की मर्जी से नहीं, कंपनी की मर्जी से नहीं, बल्कि कंपनी की कैपेसिटी, मशीन की कैपेसिटी और स्पीड के हिसाब से टैक्स लगेगा।

यह बिल लांग टर्म प्लानिंग के लिए है। यह स्थायी समाधान देगा। हमारा मिशन सुदर्शन चक्र है, आत्मनिर्भर भारत है, ऐसे बड़े मिशन की तरह यह खास काम करेगा। धारा 5 में यह टैक्स का आधार होगा कि मशीन कितनी तेजी से काम करती है। ... (व्यवधान)

श्री उमेशभाई बाबूभाई पटेल (दमन और दीव) : माननीय सभापति जी, मैं धन्यवाद देता हूँ कि

आपने मुझे "स्वास्थ्य सुरक्षा से राष्ट्रीय सुरक्षा उपकर विधेयक, 2025 पर अपनी बात रखने का अवसर दिया।

आज अमेरिका, चीन, रूस जैसे सभी विकसित दृष्टि से मजबूत देशों ने अपनी राष्ट्रीय सुरक्षा रणनीति में हेल्थ सिक्योरिटी को सर्वोच्च प्राथमिकता दी जा रही है इसलिए सरकार का यह कदम सैद्धांतिक रूप से स्वागत योग्य है। हमें सरकार की मंशा पर कोई संदेह नहीं है, किंतु मंशा से ज्यादा जरूरी है कि सही नीति और उसका प्रभावी इम्प्लीमेंटेशन हो।

भारत में हर साल तंबाकू एवं संबंधित उत्पादों से लगभग 13 से 14 लाख लोगों की असमय अकाल मृत्यु हो रही हैं। डब्ल्यूएचओ की रिपोर्ट बताती है कि मुंह के कैंसर के 90 प्रतिशत से अधिक मामले स्मोकलेस तंबाकू, गुटखा, पान मसाला, खैनी आदि के सेवन से होते हैं। केवल वर्ष 2022 में ही स्मोकलेस तंबाकू से लगभग 80,000-85,000 मुंह के कैंसर के नए मामले सामने आए थे। तंबाकू केवल कैंसर ही नहीं, हृदय रोग, सीओपीडी, क्षय रोग और अनेक संक्रामक रोगों को भी बढ़ावा देता है। यह केवल व्यक्तिगत स्वास्थ्य का नहीं बल्कि भारतीय लोगों एवं आर्थिक सुरक्षा का भी प्रश्न है। क्या केवल कीमत बढ़ा देने से यह महामारी रुकेगी? हम सब जानते हैं कि नशा शौक नहीं है बल्कि एक लत है। अगर इसकी लत लग जाए तो आदमी पेट्रोल की गंध सूंघ लेता है, आयोडेक्स मल लेता है और कफ सिरप भी पी लेता है। दवा की दुकान पर कौरेक्स खरीदने के लिए आधार कार्ड माँगे जाने के बावजूद भी लोग जुगाड़ कर लेते हैं। गुटखा, पान मसाला पर सेस या जीएसटी बढ़ाने मात्र से क्या हम यह उम्मीद कैसे कर सकते हैं कि लोग इस का सेवन करना छोड़ देंगे?

महोदय, हमने देखा है कि नशे की तलब इंसान को इंसानियत से दूर कर देती है। इस लत के कारण बच्चे की दूध की बोतल के पैसे, पत्नी के गहने, घर का राशन- सब बिक जाता है। क्या हम इतने भोले हैं कि यह मान लें कि महंगा होने से नशा करने वाले लोग नशे का सेवन करना छोड़ देंगे? सबसे बड़ा सवाल यह है कि क्या यह जन-स्वास्थ्य को बचाने का एकमात्र रास्ता है कि हम

जहर बेचने की इजाजत दे दें, उस पर टैक्स लगा कर राजस्व कमाएँ और फिर उसी राजस्व से उसी जहर से हुई बीमारी का इलाज करें? क्या यह स्वास्थ्य सुरक्षा है या स्वास्थ्य सुरक्षा के नाम पर एक क्रूर मजाक है ?

महोदय, हमारी सरकार का सिद्धांत कभी भी राजस्व के लिए जीवन से समझौता करना नहीं है। मैं सरकार से विनम्र निवेदन करता हूँ कि इस सेस बिल को वापस लिया जाए और इसके स्थान पर एक व्यापक, सख्त और वैज्ञानिक कॉम्प्रिहेन्सिव तम्बाकू और गुटखा कंट्रोल बिल लाया जाए जिसमें ये प्रावधान अनिवार्य होने चाहिए, जैसे - सभी तंबाकू उत्पादों (स्मोकिंग एवं स्मोकलेस दोनों) कंपनियों के विज्ञापन, प्रयोजन एवं प्रचार पर पूर्ण प्रतिबंध लगाया जाए ताकि कोई इलायची तथा अन्य पदार्थों के नाम पर पान मसाला जैसे जहरीले पदार्थ न बेच सके। पैकेट के आगे और पी 90 प्रतिशत हिस्से पर ग्राफिक हैल्थ वॉर्निंग अनिवार्य हो। सभी शिक्षण संस्थानों के 500 मीटर के दायरे में तंबाकू उत्पादों की बिक्री पर पूर्ण प्रतिबंध हो। 21 वर्ष से कम आयु के व्यक्तियों को तंबाकू बेचने पर कड़ी सजा हो एवं दुकान का लाइसेंस रद्द हो। तंबाकू कंपनियों पर "सुपर प्रॉफिट टैक्स" या "विंडफॉल हैल्थ सेस" लगाया जाए और आम उपभोक्ता पर बोझ न डाला जाए। राजस्व की जरूरत है तो अवैध तंबाकू कारोबार पर कड़ी कार्यवाही कर छिपे हुए हजारों करोड़ रुपये वसूल किए जाएँ।

महोदय, केवल प्रतिबंध से ही काम नहीं चलेगा। हम सब जानते हैं कि आज भी गली-गली में ड्रग्स, हेरोइन, चरस और गांजा मिलने की बात होती है। हमारे पड़ोस में गुजरात में शराबबंदी है फिर भी शराब आसानी से हर गली और हर मोहल्ले में मिल जाती है। मजे की बात है कि गुजरात में शराब के सेवन के लिए कानूनी परमिट मिल जाता है और अभी 77 होटलों को शराब परोसने के लाइसेंस भी दिए गए हैं। गुजरात की गिफ्ट सिटी में शराब सेवन की छूट दी जाती है। यह कैसा प्रतिबन्ध है? वहां दारू बिकती है, परमिट मिलता है लेकिन वहां फिर भी दारूबंदी है। आज गुजरात में शराब के रेवेन्यू का 25,000-30,000 हजार करोड़ रुपये का काला कारोबार फलफूल रहा है।

इससे अच्छा है कि गुजरात में नियंत्रित बिक्री को वैध कर राजस्व लिया जाए, कम से कम वह पैसा भ्रष्ट तंत्र की तिजोरी में जाने के बजाय सरकारी तिजोरी में आएगा। जब सरकार ने नशे से राजस्व कमाने की ठान ही ली है तो गुजरात सहित देश के बाकी राज्यों में, जहाँ शराब पर पाबंदी लगाई गई है, पूरी तरह से हटा दिया जाये ताकि शराब का काला कारोबार खत्म हो और सरकार को रेवेन्यू मिल सके।

माननीय सभापति: अब आप अपनी बात समाप्त करें।

... (व्यवधान)

श्री उमेशभाई बाबूभाई पटेल: सभापति जी, मानसून सत्र में एक भी बिल पर चर्चा नहीं हुई थी।

कृपया आप मुझे कम से कम 30 सेकेंड का समय तो दीजिए। ... (व्यवधान)

महोदय, वैसे भी जब ऐसे जहरीले नशीले पदार्थों पर सम्पूर्ण प्रतिबन्ध नहीं है तो शराब पर क्यों रहे? जब हम विकसित राष्ट्र बनाने की बात करते हैं तो हमें विकसित राष्ट्र की तरह सोचना भी होगा। मेरा मानना है की केवल प्रतिबन्ध से ही कुछ नहीं होगा क्योंकि प्रतिबन्ध कभी-कभी भ्रष्टाचार का बड़ा दरवाजा खोल देता है और काले कारोबार, काले धन का साम्राज्य खड़ा कर देता है।

सेस से नहीं, संकल्प से स्वस्थ बनेगा भारत।

टैक्स से नहीं, तत्परता से सशक्त बनेगा भारत।

सभापति जी, मेरा सरकार से अनुरोध है कि इस बिल को वापस लेकर एक मजबूत, बहुआयामी तंबाकू नियंत्रण कानून लाए ताकि हमारी आने वाली पीढ़ी को यह कहना न पड़े कि उनकी सेहत के साथ खिलवाड़ हो रहा है।

श्री हनुमान बेनीवाल (नागौर) : सभापति महोदय, आपने मुझे गुटखा और पान-मसाला उद्योग की सख्त निगरानी के लिए इस क्षेत्र में स्वास्थ्य सुरक्षा से राष्ट्रीय सुरक्षा उपकर विधेयक, 2025 पर बोलने का अवसर प्रदान किया है, उसके लिए मैं आपको धन्यवाद देता हूँ।

सभापति महोदय, हमने बहुत से माननीय सदस्यों की बात सुनी है। इस बिल पर दो दिन से

लगातार चर्चा हो रही है। निश्चित रूप से सरकार कोई भी बिल लाती है, लेकिन कानून बनने के बाद सरकार उस कानून की कितनी पालना करवा सकती है, यह महत्वपूर्ण है। मुझसे पूर्व सांसद ने अपने भाषण के दौरान बताया है कि कई राज्यों में शराबबंदी है, फिर भी वहां शराब बिक रही है। कई राज्यों ने गुटखे पर प्रतिबंध लगाया है, लेकिन फिर भी वहां गुटखा बिक रहा है। सिगरेट के पैकेट पर लिखा होता है कि सिगरेट पीना हानिकारक है, इसको पीने से कैंसर हो सकता है। दुर्भाग्य से कानून बनने के बाद भी धरातल पर उन कानूनों की पालना नहीं होती है।

महोदय, मेरा एक आग्रह है। मीडिया ने एक रिपोर्ट जारी की है। इस बिल का मकसद स्वास्थ्य नुकसान और राष्ट्रीय सुरक्षा से जुड़ी चुनौतियों के लिए अतिरिक्त संसाधन जुटाना है। सरकार ऐसा कह रही है। सेस उत्पादन क्षमता का विकास किया जाएगा और कानून के उल्लंघन पर पांच साल की कैद की सजा का प्रावधान होगा। मैं चाहता हूं कि आप पांच साल की कैद की सजा को बढ़ाकर सात साल कर दें। जब मैं इस विधेयक को पढ़ रहा था, इसमें सरकार ने यह कहा है कि पान-मसाला उत्पादन में मशीनरी और प्रक्रियाओं के उपकरण के माध्यम से राष्ट्रीय सुरक्षा और सार्वजनिक स्वास्थ्य के लिए और राष्ट्रीय सुरक्षा के वित्त पोषण को बढ़ाने के लिए सरकार यह बिल लेकर आई है।

सभापति महोदय, चूंकि यह बिल वित्त मंत्रालय से जुड़ा हुआ है, मगर जब बात गुटखे और पान मसालों की हो रही है, तो लोक स्वास्थ्य के संदर्भ में भी इस सदन को गहनता से विचार करने की आवश्यकता है। पान-मसाला जैसी हानिकारक वस्तुओं के उपयोग से लाखों लोग कैंसर सहित कई बीमारियों की चपेट में आ जाते हैं। 'कोटपा' जैसे कानून में लिखा है कि सार्वजनिक स्थलों पर इनका उपयोग नहीं किया जा सकता है। आप सरकारी दफ्तरों के हालात देखिए। बस स्टेशस, रेलवे स्टेशस, आप जहां कहीं भी जाएं, वहां की दीवारें पान-मसालों की थूक से रंगी हुई हैं। जितने भी विश्वविद्यालय, कॉलेजेज़ और स्कूल्स हैं, उनके 500 मीटर के दायरे के भीतर अवैध तरीके से दुकानें और ढाबे खुले हुए हैं।

माननीय वित्त मंत्री महोदया ने इस सदन के समक्ष एक सकारात्मक दृष्टिकोण से यह बिल प्रस्तुत किया होगा। मैं उनका ध्यान एक विषय की ओर दिलाना चाहूंगा। आज इस सदन में पान-मसालों से होने वाले नुकसान पर तो चर्चा हो रही है, हमारे देश में जो लोग पान-मसालों का प्रचार कर रहे हैं, आपने उन लोगों को राष्ट्रीय पुरस्कार दिया है। फिल्म अभिनेता शाहरूख खान, अजय देवगन, सलमान खान जैसे कई लोग पान-मसालों का प्रचार करते हैं। ठीक है, प्रचार करना उनका काम है। मगर मैं सरकार से यह कहना चाहता हूं कि चाहे कोई भी अभिनेता या प्रसिद्ध व्यक्ति हो, अगर सरकार ने उसको राष्ट्रीय पुरस्कार दिया है, तो सरकार उन अभिनेताओं से राष्ट्रीय पुरस्कार वापस ले। एक राष्ट्रीय पुरस्कार पाने वाला अभिनेता गुटखे और पान-मसाले का प्रचार कर रहा है। आपको इस बात का विशेष रूप से ध्यान रखना चाहिए। उसको राष्ट्रीय पुरस्कार मिला है, अगर वह गुटखे और पान-मसाले का प्रचार करेगा, तो उससे राष्ट्रीय पुरस्कार वापस लिया जाए।

महोदय, भ्रामक विज्ञापनों से जुड़े ऐसे मामलों के संबंध में राजस्थान राज्य उपभोक्ता आयोग, जयपुर और जोधपुर कंज्यूमर कोर्ट में इन अभिनेताओं के खिलाफ ऐसे मामले लंबित हैं। मेरे संज्ञान में यह जानकारी मीडिया के माध्यम से आई है। मैं राजस्थान की बात करूं या देश के अन्य राज्यों की बात करूं, धड़ल्ले से अवैध गुटखों की फैक्ट्रियों का संचालन सरकारी तंत्र की मिलीभगत से हो रहा है। कहीं पर भी मानकों का पालन नहीं किया जा रहा है, इसलिए इस विधेयक में आपने सजा का जो प्रावधान रखा है, उसको बढ़ाया जाए। मसाला कंपनियों के मालिकों को कैसे दंडित किया जाए, इस विधेयक में उसका भी प्रावधान किया जाए। देश में कैंसर जैसी घातक बीमारी का बहुत बड़ा कारण गुटखा और पान-मसाला है। इसलिए सरकार को सख्त निगरानी के लिए कोई तंत्र बनाना चाहिए।

महोदय, मैं एक निवेदन करना चाहता हूं। आज देश में इस बात की चिंता की जाती है कि कृषि के क्षेत्र में जो कंपनियां कार्यरत हैं, जैसे उर्वरक और कीटनाशक बनाने वाली कंपनियों की सीएसआर की राशि को कृषि के क्षेत्र में किसानों के भले के लिए व्यय नहीं की जाती है। यह कहा

जाता है कि सीएसआर फंड से खर्च किय जाएगा। मंत्री जी, इस बिल से जो राजस्व प्राप्त होगा, क्या सरकार उस राजस्व का इस्तेमाल राष्ट्रीय सुरक्षा के लिए करेगी? आप विशेष रूप से इस बात का ध्यान रखें।

मंत्री महोदया, मैं आपसे यह कहना चाहता हूं कि इस बिल के पारित होने के बाद गुटखा और पान-मसाला के उत्पाद की दरों में बढ़ोतरी होगी। ऐसे में पान-मसालों के उत्पाद में ब्लैकमेलिंग बढ़ेगी और नकली उत्पादों की भी बढ़ोतरी होगी। आज भी हजारों फैक्ट्रियां नियम और कानून का पालन नहीं कर रही हैं। आप उन पर सख्ती करिए और इस बात को सुनिश्चित करिए कि इस बिल के लागू होने के बाद पान-मसालों की बिक्री में ब्लैकमेलिंग नहीं होगी।

श्री किशोरी लाल (अमेठी) : माननीय सभापति महोदय, मैं इस सदन के माध्यम से सरकार द्वारा प्रस्तुत स्वास्थ्य सुरक्षा से राष्ट्रीय सुरक्षा उपकर विधेयक, 2025 के विरोध में बोलने के लिए खड़ा हुआ हूं। सरकार इससे स्वास्थ्य और राष्ट्रीय सुरक्षा को मजबूत करने वाला एक कदम बता रही है, लेकिन वास्तविकता यह है कि यह बिल न तो स्वास्थ्य में सुधार की गारंटी देता है और न ही राष्ट्रीय सुरक्षा को कोई प्रत्यक्ष बल प्रदान करता है। इसका मूल उद्देश्य सिर्फ केन्द्र सरकार को एक विशाल राष्ट्रीय संग्रह का तंत्र देना है।

महोदय, मैं इस सदन के माध्यम से यह पूछना चाहता हूं कि पहले से जो सेस लगे हुए हैं, उनका सही तरीके से इस्तेमाल नहीं किया गया है। जैसे सीएंडएजी की रिपोर्ट में यह कहा गया है कि हजारों-करोड़ रुपयों के सेस अपने निर्धारित फंड में कभी ट्रांसफर ही नहीं हुए हैं।

सेंकेड्री एंड हायर एजुकेशन सेस के 94.36 करोड़ रुपए कंसोलिडेटेड फंड ऑफ इंडिया में ही पड़े रहे। उसे आपने सही खाते में कभी नहीं पहुंचाया। विभिन्न सेस और सरचार्ज के 3.69 लाख करोड़ रुपए ऐसे हैं, जिनका कोई भी उचित हिसाब नहीं है। जब पुराना पैसा ही खर्च नहीं हो रहा है, तो जनता पर एक नया सेस लगाने की क्या जरूरत है? उसके बाद वास्तविक चिंता यह है कि भारत का सार्वजनिक स्वास्थ्य व्यय आज भी जीडीपी के 1.1 से 1.5 प्रतिशत के बीच ही हो रहा है, जबकि

वास्तविक लक्ष्य 2.5 प्रतिशत था। सरकार इनके उपायों के बजाय इस सेस को ही समाधान मान रही है, जबकि अभी अस्पतालों की जरूरत है और एम्स की जरूरत है। वहां स्टाफ नहीं हैं और संसाधन भी कम हैं।

माननीय सभापति : कृपया आप अपनी बात को कन्क्लूड कीजिए।

... (व्यवधान)

श्री किशोरी लाल : महोदय, मैं अंत में इस सदन में साफ तौर पर कहना चाहता हूं कि यह बिल राज्यों की वित्तीय आज़ादी को खत्म करता है, उद्योगों और रोज़गार पर हमला करता है, पारदर्शिता को कम करता है, पहले के सेसेज़ की गड़बड़ियों को ढकने का प्रयास करता है, जनता पर महंगाई का बोझ बढ़ाता है और केन्द्र को असीमित शक्तियां देकर लोकतांत्रिक संतुलन को कमजोर करता है। अंत में मेरा यही कहना है कि इस बिल को तुरंत वापस लिया जाए।

SHRI SASIKANTH SENTHIL (TIRUVALLUR): Hon. Chairman Sir, the Health Security Se National Security Cess Bill is named in such a way that nobody can object to it as there can be no objection to health security or national security. But the devil lies in the details. We also had a lot of discussions and many of us were discussing about this Bill and it is going to serve its purpose. When we read this Bill, I was very curious to see what kind of national security and health security mentioned in the Bill and it is given in sub-clause (7) of Section 3 in which the purpose is completely delegated.

The Central Government may specify such activities, schemes and programmes for national security or as the case may be for public health as may be prescribed. So, there is no clarity about what national security scheme is and what health security sheme is. This has to come through delegated legislation.

Secondly, if we see what kind of items the cess is laid on there is a provision in Clause 34. In Schedule 1, there is pan masala. Along with that, there is also a provision for the Government to add any more goods and that 'any more goods' is through a notification. That is not going to come under Parliamentary control. In Clause 34(2), it says that every notification issued under this sub-section shall come to the Parliament as soon as possible. Now, what is this 'as soon as possible'?

Sir, the point I am trying to make in this Bill is the cess, which is a complete blank cheque being asked from the Parliament. There is no clarity in this Bill. There is so much of delegated legislation. Any product could be added through a notification and any changes could be through subsequent delegated legislations.

I also want to seek one clarification. In the last Bill, when I was talking about the Bill, I think, in the reply, hon. Finance Minister has taken my name multiple times regarding my statement on the floor of the House about the compensation cess being extended for three years due to Central Government owned loans.

My intention was very clear. There is a context to this. When there was a shortfall, the Centre asked the State to take a loan. Non-BJP States said 'we will not take the loan' and for that, the Centre had to take a loan. So, it is Centre's own loan. It is a fact stated by hon. Finance Minister. I again reiterate the fact if there is any change in that. So, I was not mentioning any unrelated loans. It will

be very childish for me to say such things. So, I want to reiterate this fact also.

In this entire Bill, there are sections which are so harsh. If you see the penalties and criminalization, they are five years and after that, there is a presumption of culpability and culpable mental state. Previously I saw this clause in PMLA. Why such harsh penalties are there in this Bill? Is this the 'Ease of Doing Business'? This cess is also on the machines. It is not on the production. Anybody who owns the machine will automatically be a taxable person. It is the capacity to tax which is a bad thing.

THE MINISTER OF FINANCE; AND MINISTER OF CORPORATE AFFAIRS
(SHRIMATI NIRMALA SITHARAMAN): Thank you very much, Sir.

There were 35 hon. Members who spoke on this Bill. I think, 30 of them spoke yesterday and five of them have spoken now. Sir, by normal course I would have gone back to say a few words about how we have introduced this Bill and so on. But, I understand from Members that there is Private Members' Bill time, and as much as possible, if I can reduce my response, I will try to do it. I will, therefore, avoid going back to talking about what exactly I said yesterday at the time of introduction, and give more importance to responding to the hon. Members. It may appear as if I am abruptly beginning my reply but in order to accommodate the request for Private Members' Bill time, I will start with the responses. I do not want to do injustice to any Member who has raised any issue, and, therefore, I will focus on that rather than going back to talking about the Bill and its objective and purpose. Some of the questions, which hon.

Members have raised, I will try to address them as well in my reply.

So, I am not going back and talk about the purpose of the Bill; it is a cess and not a duty; I am not going into that. But, I will have to, of course, speak on the aims of the Bill. The cess, which gets collected, a part of it will be spent on public health, and the other part of it will go for defence related purposes. Of course, there are Members who have spoken about it as well. So, I am giving a clarification.

The issue of public health is a State subject whereas national defence is a Central subject. It is very clearly defined in the Seventh Schedule of the Constitution. So, in this day and age, where credible defence capabilities are absolutely critical for national defence, we need to raise resources to buffer the defence requirements. Also, the modern conflicts are dominated by precision weapons, autonomous systems, space assets and cyber operations. They are becoming capital intensive. They are becoming such in nature that unless you periodically update the technology, they are not even ready for a modern-day warfare.

From the ramparts of the Red Fort, hon. Prime Minister had said about Mission Sudarshan Chakra, which means, building a wall of security around the country's key locations. So, now the warfare is not just in the borders, but key locations will also have to be protected. Industrial and public sector undertakings are all heavily invested in, and we need to protect them. The enemy should not be given any chance to penetrate. If the enemy does, our Sudarshan Chakra will

destroy them. That is the capability we want to bring in.

Sir, you must be aware that during Operation Sindoor, how our three Forces worked together using signals, drones and all kinds of digital technological advances that we have. We had neutralised the targets without our troops even crossing the border.

With our active role, there was no civilian casualty here and across the border. The humanitarian line was also very clear. This is actually the reality of modern warfare. Technology is so advanced that you need to constantly keep updating it. Tech-driven precision was displayed during Operation Sindoor. 'Precision' is the key word in which we need to invest, for which we need resources and we need to understand that it does not come cheap. Therefore, more resources towards specific objective of strengthening defence will have to be made and cesses are normally those taxes which come with specific objectives stated upfront. That is why, cess is being levied. Therefore, this offers us a feasible mechanism to strengthen both citizen's health and military preparedness.

Now, what is citizen's health? Public health is the State subject, and if money is being provided for public health, it obviously goes to the States in order that they are able to help people stop using these harmful demerit goods or building awareness or supplementing their medical requirement and so on. That is the purpose, intent and also the way in which this cess is being levied and will be used. We are only taxing the demerit goods. This cess is not for anything

else. The incidence of this tax is going to remain the same, largely as it is prevailing now.

When I explained the point about excise duty earlier, I explained as to what is the World Health Organisation's affordability index in using items like cigarettes. They are far below the global benchmark, and therefore, we have to increase it so that it does not become affordable for people who are using these demerit goods.

Sir, I want to have a word on the scale of the tax reform. Now, I heard the hon. Members saying that this Government has become so desperate that it wants to raise taxes through such cesses and levy a tax on pan masala, and that too levy tax on pan masala for defence. Have you become so desperate? I just want to respond to them. It is the duty of any Finance Minister to raise revenue so that various competing demands are met. But, here is the Government which has already given away its fiscal space in very many ways within one year of coming in power. Sir, I do not want to do any comparison, particularly, having achieved this kind of a level with the hon. Prime Minister's guidance. Absurd levels of income tax prevailed in this country. There was 95 per cent tax on income. My comparison with that will be absurd. It is because within one year, we gave a huge reduction in income tax. The previous number was Rs. 7 lakh and probably with all the other deductions, it would have come to Rs. 7.76 lakh. The people earning up to Rs. 7.76 lakh had nothing to pay as income tax. There were a lot of speculations, saying we will probably go up to

Rs. 8 lakh or Rs. 10 lakh. We went up to Rs. 12 lakh. Today, people probably do not have to pay tax on income of Rs. 12.26 lakh. That is on the one hand.

On the other hand, in the same year, with the approval of the GST Council, I am grateful and I will never miss an opportunity to thank all the members of the GST Council, which agreed for a sweeping change in the GST, we could make items meant for common man cheaper. No item was excused across the board. Every Member in the GST Council came together to agree for it.

So, that income tax, with no tax till Rs. 12 lakh income, actually has left Rs. 1 lakh crore in the hands of our people. That is a fiscal space I had. I could have made sure that taxes were collected even to that extent. No! That Rs. 1 lakh crore is now in people's hands.

So, at no point in India's history, 1947 onwards, within one year, both direct and indirect taxes have been reduced at this substantial level. I am happy to stand here to say that I had the fullest guidance and support of the hon. Prime Minister that we were able to do it. Now, at this time, when we are bringing a cess on a demerit good, after having given income tax reduction and after having reduced the GST, we are bringing tax on a demerit good but some Members are saying that the Government is so desperate for revenue. I need to give money for Defence. Am I taxing essential commodities of the common people? No. It is only on the demerit goods.

माननीय सभापति: मैडम, एक मिनट रुकिये । माननीय सदस्यगण, अगर सभा की सहमति हो तो प्राइवेट मैम्बर्स बिल इस विधेयक पर सभा के निर्णय के पश्चात् लिया जाए?

अनेक माननीय सदस्य : जी हां ।

SHRIMATI NIRMALA SITHARAMAN: I am sure that not even one Member of this House is suggesting that pan masala must be made affordable....
(Interruptions) वह अलग बात है, अच्छी बात है ।... (व्यवधान) So, they should not enjoy normal tax and no serious argument exists to defend that kind of a thing. So, the money being collected from pan masala is going for defence. Money is fungible. I will collect it, I will use it for Defence, I will use it for road building, I will use it for infrastructure.

SHRI RAJEEV RAI (GHOSI): Please give us the details of where the funds are being used.

SHRIMATI NIRMALA SITHARAMAN: I will give you the number wise-details, please wait patiently. I will give you every number on every cess collected and where it has gone. नंबर नहीं होगा, क्योंकि प्राइवेट मैम्बर्स बिल लगा हुआ है, लेकिन उसका जवाब तो मिलेगा ।... (व्यवधान) Sir, therefore, collecting revenue and making sure your nation is well defended, is a right duty of every Government and that is what we are doing here.

I just want to just flag how for want of resources our soldiers were left in the Himalayan cold without boots, without woollens; and without even food sometimes, our soldiers had to stay at the border. We do not want that situation. We could not even procure artillery guns for a period of 30 years after that episode of Bofors. Nobody had the courage to go and buy anymore because they thought because of that scandal, anybody will mock them and accuse them.

So, everybody stayed back, we did not even procure. For 30 years, no artillery gun was procured. And the fear of that image – Defence means kickbacks – made many Ministers not to do anything and not to take any decision. Why? I do not want to get into that vicious environment of defence procurement. Everybody stayed back. But in the process, our Armed Forces were left without defence for themselves. They did not have the guns, they did not have the boots, they did not have the artillery and even for that matter, they did not even have enough ammunition.

So, that was the state. I can go to every detail of who said what at that time. “For reasons that we do not have money, we are not able to procure”, the hon. Minister had given that statement in this House. He had said, “I am not able to procure because I do not have money”. I am not going into the details. But everybody knows the moment I say this as to who I am referring to.

So, the capability gap that the Defence suffered from took a long time for restoring that kind of a preparedness of our Armed Forces. The Kargil conflict suffered because of that. Retired Army Generals have said how the Army followed a bottomline approach due to budgetary constraints from the early 1990s. As a result, the Army was holding only 70 to 80 per cent of authorized weapons, ammunition, and equipment. We do not want that stage ever in India back again.

Sir, there are many instances. For the sake of the hon. Members who wanted to quickly finish this and concentrate on the Private Members’ Business,

I will only quote one C&AG Report. The Report came out in 2015, but it pertains to the year 2013. The Army's ammunition reserves were at a crisis level. Against the official requirement of stocking 40 days of war reserves, 125 of 170 ammunition types fell below the 20-day supply. Shockingly, half of all the ammunition types had stocks for less than 10 days of intensive warfare, as of March 2013.

So, that is the level to which our Armed Forces were depleted of their resources. We cannot afford that. Therefore, we want to ensure a consistent, regular, and steady flow of income so that we are able to allocate that for Defence purposes.

There is one other example that always makes me feel very depressed. The 2011 Report by the C&AG painted a very dismal picture of our coastal defence, citing *ad hoc* planning and a huge shortfall in manpower and equipment. The Indian Coast Guard, entrusted with much of the coastal security, was operating at barely half its required strength. Only 65 per cent of the needed patrol vessels were available, and 48 per cent of the required aircraft were in service. So, that is the kind of lacuna we faced. We do not want that situation. We should be able to provide for our Defence far more efficiently and steadily.

Sir, now, I will go over to talking about particular Members' concerns. Shri D. Prasada Rao, Shrimati Supriya Sule, and also Dr. Prabha Mallikarjun raised an issue stating that there are no details about the schemes for which the cess will be levied. I think, many others have also spoken in a similar vein, mentioning

that there is no clarity on the distribution of the cess among the two objectives stated. I want to clarify that Section 7 (1) of the Bill makes it very clear that the proceeds of the cess are to be used only for two purposes, that are, strengthening India's national security and supporting public health. This actually creates a complete ring-fence framework; and that will actually be implemented for these two purposes.

The Central Government will specifically prescribe the activities, schemes, and programmes – whether in the area of national security or public health – for which the cess is being utilized. I want to underline the fact that how funds are going to be allocated across objectives will be laid out through the rules, about which Supriya ji specifically had a question. I will explain that.

Several hon. Members like Dr. T. Sumathy, who's here, Dr. Alok Kumar Suman and even hon. Member Supriya Sule had raised this issue. Does the Centre have the right to even impose cess? Where does it come from?

The constitutional power of levying a cess rests entirely in Article 270, Entry 97 of List-1, which authorizes the Parliament, not the Government of the day, to levy a cess for a specific purpose. This is at. The residual entry empowers Parliament to legislate on matters and taxes mentioned elsewhere.

Now, taking it further, the Supreme Court in one of the judgments on Mohit Minerals case passed in 2019 has reinforced that the Centre can levy a cess through the Parliament. But then, the final point was also further raised, saying, “You are going to do it all through notification.” Will there be a CAG because this

money will go into the public fund, the consolidated fund? So, what happens?

Sir, I must humbly submit that a notification in order to levy a certain cess, the rate particularly, is tabled in the Parliament. When the Parliament is in session, we come and say it. When it is not in session, it is laid there for 30 days. It waits for the Members of Parliament to look at it, and they can raise any objection or question or not speak about it. Nothing goes beyond the Parliament on this.

I was even surprised to hear, "Will the CAG audit or not?" Nothing can happen without the CAG looking at the financial matters. For a cess that is levied through a notification, where the rate is mentioned, approval of Parliament is taken through this Act. The notification comes out separately. But it comes to the Parliament. It gets laid here. There are Parliamentary Standing Committees, Finance, the PAC, the Estimates, internal audit mechanisms, everything exists. So, where is this fear that CAG will not be looking into it? CAG also produces its report. Yes, I have heard Members say it. So, please, utilisation from the Consolidated Fund of India is subject to the highest level of oversight under the Constitution through the Parliament, through the CAG, through the PAC, through the Estimates, and through the internal audits. Nothing escapes from this Parliament when question of the cess happens. So, I want Members to be assured on that. There should not be any doubts in the minds of any Member about, "Oh, this is a cess, it is a private domain of the Government." No way. It is a complete domain of the Parliament, and I am answerable here to pass it,

get one rate and within that notify it. All expenditures from the CFI, not only collection, are also subject to the CAG.

Then, I move to Dr. Alok Kumar Suman, Dr. Prabha Mallikarjun and D. Prasada Rao, who said the structure and certain provisions like fixed cess, a cess on production capacity rather than actual production, may open up a Pandora's box and be detrimental to the sector. The sector is highly evasion prone. It is already taxed at the highest rate by the GST at the consumption level. But that highest rate is not good enough. It is 40 per cent, and GST has a cap. No item can be taxed beyond 40 per cent. That is one thing.

The other is, what is being produced is far higher than what comes out or capacities exist, whether they come out or not, that is where the question of evasion comes. That is why this is an evasion prone sector. Therefore, we did not come out with production capacity as a new parameter based on which the cess can be levied. Even the Central Excise tax gets levied on the production capacity.

It has been existing for a very long time. Excise law in this country is old, since 1944. So, the capacity based taxation is not new. Courts have also recognised that this is an evasion prone area — machine driven sectors such as chewing tobacco, pan masala. Actual production was difficult to measure and therefore, capacity linked levy as an administratively sound and legally valid method for collecting duty, has been established even in the courts. So, this machine based duty is not new but rather an established mechanism previously

applied for tobacco and pan masala sector also.

Sir, then Dr. Sumathy had raised this issue that the situation under which tax can be doubled needs to be clarified upfront and the provision mandating no requirement to come to the Parliament seems arbitrary. No requirement to come to the Parliament does not exist, Madam. We have to come to the Parliament. We have to lay the notification. ... (*Interruptions*) पहले सेस की एप्लीकेशन के लिए परमिशन लेते हैं, फिर रेट तय करने के समय नोटीफिकेशन होता है। I am sorry. My Hindi is very lay. ... (*Interruptions*) भाई साहब, ऐसे होता है, मैंने ऐसा नहीं कहा, लेकिन सॉरी...(व्यवधान) मैं डांट नहीं रही हूँ। मेरी हिंदी कमजोर है। 'ऐसा नहीं होता है' - यह मैंने कह दिया। फिर मैं सोचने लगी, शायद लैंग्वेज की मर्यादा। Alright. That is okay. So, the power to double the tax rate is only for emergency doubling. Accordingly, the provision has been incorporated in the Act for prior sanction of the Parliament. Similar powers exist in other taxation laws also. And what we are doing now is nothing new or nothing unique. Moreover, this Section mandates that we can do it in public interest only. So, we cannot be doing it just for some frivolous reason.

Sir, again Dr. Prabha Mallikarjun, Supriya Sule Ji, and Shri Prasada Rao from TDP said the power to add new goods to the Schedule without requiring to come to the Parliament seems arbitrary and appears to be undermining the parliamentary processes. We are seeking the approval of the Parliament for notifying more goods to the Schedule. That is a power which we are seeking and this will be done through notification.

Again, the notification comes, places itself, we place it in the Parliament

and the Members are given at least 30 days to have a look at it, and so on. Now, what are these goods? Now, what are these goods which will be added in the future, if at all? For example, Sir, pan masala that is currently covered is the one with tariff classification 21069020. That is the HSN code number for pan masala. There may be many different variants which may come up in the future due to ingenuity of the industry. This should also be brought within the ambit of the levy. This would be notified by the Central Government without the requirement of coming to Parliament every time, each time. We notify that this seems to be very close to this 21069020.

Therefore, this should also be covered under the cess, the intent of which is already mentioned. It is a demerit good. I cannot bring, let us say shampoo into this. I cannot bring *besan* or *atta* into this. Demerit good which has probably some semblance with pan masala or is a pan masala becomes evolved, it becomes something else. There is a metamorphosis. ... (*Interruptions*)

The objective itself says it is only a demerit on pan masala. You want the word 'demerit' put onto it. This would be notified by the Central Government without the requirement of coming to Parliament. That is one thing I want to explain even as I am responding to Dr. D. Prasada Rao. Metamorphosis is a product of ingenuity. What appears today as pan masala can appear differently tomorrow, with a different name – but am I then not going to be able to collect tax on it? I need to.

On this issue of demerit, the Statement of Objects and Reasons makes it

clear that the proposed cess is carefully confined to the production capacity of a specific demerit good, namely pan masala. The intent is unambiguous. The cess is limited to demerit goods such as pan masala and is being applied only where there is a clear fiscal space to do so. ... (*Interruptions*)

SHRI SASIKANTH SENTHIL : Madam, where is this word 'demerit' added? The word 'demerit' is not there. ... (*Interruptions*)

SHRIMATI NIRMALA SITHARAMAN: I have heard you. Would you want to listen to me for a minute? I have heard you. In fact, just as you responded when you were speaking as I came in, for every issue you have raised – even the previous one, because you mentioned the previous – I have responded. And even now on this Bill, I am sorry to say you have misled the House, and I am answering. There is absolutely no intention to step into the domain of GST taxation, which remains exclusively with the GST Council. The design of the levy fully respects the constitutional scheme while enabling the Government to mobilize resources for priority national objectives.

Dr. Alok Kumar – I am not sure if he is here – asked whether the cess could be imposed on advertising of specified goods. Advertising is a service and is subject to GST. It is already subjected to GST. There is no proposal to include advertising in this cess. How will there be a reduction in the consumption of the commodity?

Again, Dr. Sumathy, Dr. Alok Kumar, and Dr. Prabha Mallikarjun raised this. Once the GST compensation cess comes to an end, the effective tax

incidence on pan masala – which is currently about 88 per cent, comprising 28 per cent GST and 60 per cent compensation cess – will change. The 60 per cent compensation cess will end. The 28 per cent GST does not exist. It will have to move to 40 per cent, which is the tax for demerit goods. So, it goes to 40 per cent. From 88 per cent, it will come down to 40 per cent. It falls sharply.

The GST Council approved the proposal to increase the GST rate to 40 per cent, which will be effective on a date in the near future, once the compensation cess ends. If the tax incidence comes down, it will have the unintended consequence of making pan masala considerably more affordable. We cannot afford to leave it there. There was a genuine concern that this unintended outcome – greater affordability of pan masala, which is a highly addictive, low-cost demerit good – would not only compromise public health objectives, but also result in loss of Government revenue. So, we have a fiscal space, and therefore we cannot allow it to become cheaper and yet lose revenue. We want it not to become cheaper, but also to ensure the revenue space is filled. The name of the cess was a matter which was also raised.

A question was raised about whether the pan masala consumers are going to finance the national defence. It is neither in the design nor in the intent. As I said, tax can be collected, it will be used, money is fungible.

Sir, there was also this observation which I think is very important and for which I will respond: “The officers have been provided sweeping discretionary powers like inspection and abatement. This will increase Inspector Raj.” It was

a very legitimate question that many hon. members had. I want to respond, Sir.

Pan masala has long been one of the most evasion prone sectors. Even genuine manufacturers repeatedly express concern about spurious and illegitimate supplies that distort the market.

15.56 hrs

(Hon. Speaker *in the Chair*)

In such a situation, it becomes essential to equip the administration with adequate tools so that fair and uniform standard of compliance is maintained across the sectors. So, this protects revenue and also ensures a level playing field. Let me expand on how this is going to work. Machine capacity based system will be implemented through a modern technology enabled and non-intrusive oversight mechanism. It will focus on transparency, objective parameters, minimal disruption to manufacturing activity, and so on. So, there are three clear layers.

First, it will be on a self-declaration. The manufacturer himself or herself says what is the capacity and speed at which their machine is running. They will also be allowed that if they need to change anything in the first declaration that they give, they will be in a position to change any addition or correction that they have to do. It is at that stage, it will be very quickly verified if their statements are all tallying and everything else.

The second stage would be technology supported and a continuous oversight. The third stage would be risk based enforcement checks. So, after the initial verification, the system moves away from physical supervision towards

technology driven monitoring using tools such as CCTV coverage, tamper proof sealing and other automated safeguards. Further to strengthen automation and reduce discretion even further, the design also anticipates phased adoption of motion sensors and integration with BIS standards in the future.

Beyond this, there are also elaborate appellate provisions with judicial oversight enshrined in the proposed legislation where the original orders can be first reviewed or revised and then appeals would lie with the appellate authority and then the appellate tribunal and then finally the High Court and if necessary the Supreme Court. So, every layer of appeal is respected and no denial of natural justice is even thought through.

Sir, all these proposed levies are after a detailed study of the entire manufacturing process because there were concerns voiced by many hon. Members saying a fixed levy on machine irrespective of the produced quantity will be detrimental for the small manufacturers. I want to address that concern of hon. Members about the small manufacturers. We did a detailed study on the ground.

Sir, The levy is designed based on the machine capacity taking into account the speed of production and the weight of the individual packing that is produced by the said machine.

16.00 hrs

Therefore, each owner of the machine will be charged based on the size and quality of the machine. However, first of all, in the GST itself, small units

come under composition. So, they do not have taxes levied on them if they are below a certain number. We have a progressive structure here.

If I were to take an example, for a machine producing up to 500 pouches per minute with each pouch having a certain grammage, they will have to pay a certain amount. So, like that in graded fashion we have assessed each of the machine, their speed and the total grammage that will go into each of the pouches and then decided on the tax. However, I need to underline the fact that there is a separate category for manual processing. So, the small units come under it.

What special steps have been taken for those taxpayers who are into manual production? I will just take a minute to explain this point. Based on a detailed study of the sector, the amount of cess for a unit which is engaged in wholly manually processed pan masala, hand-made has to be kept at Rs. 11 lakh per factory. This is only 10 per cent of the lowest cess amount applicable on the machine-based process. So, the wholly man-made items are being given a very concessional treatment so that they are not affected. We are not encouraging people to shift into manual process and still be producing pan masala. So, there is an element of deterrent. This will ensure that a unit engaged in handmade processes is not discouraged, but at the same time, they shall not be incentivised.

The final bit is very important on the cess collection till now. It was said that: "You are bringing one more cess. What happens to the cesses that were

collected earlier? Did you distribute it? You are sitting with a lot of collected cess which is not given". I will give the details.

First of all, cesses are not new. Article 270, I said, gives the Union the power to levy cesses. But cess is always collected for a specific purpose. Normally, cesses are not devolved to the States, but in this one I clearly have said that there will be a portion of it being spent on public health, and since public health is a State subject, the money will go to the States.

Let us look at the pre-2014 cesses just to set the context. There were at least four cesses collected during pre-2014. So, it is not as if in 2014 we came into power, and Prime Minister Modi thought that do not give money to the States and collect cess. No, cesses existed even before. Cess on crude oil had been imposed under the Oil Industry Development Act, 1974. This cess has been prevalent since 1970s. The Oil Industry Development Fund (OIDF) was not created until 2023-2024. So, the Government of India created the OIDF and an amount of Rs. 17,730 crore and Rs. 19,376.03 crore was provided for transfer to the OIDF in RE of 2024-2025 and BE of 2025-2026.

The National Calamity Contingent Duty has been levied from 2001 and this is for financing disaster-related expenditure. I do not have the total that was collected at that time. I am sure that we will be able to gather it and leave it at the Table here. The Road and Infrastructure Cess has been levied since the year 2000.

This cess has been collected on imported manufactured motor spirit, commonly known as petrol and high-speed diesel under Central Road Fund and later that was called Central Road and Infrastructure Fund Act. An amount of Rs. 11,34,764 crore during 2014-15 to 2025-26 has been transferred under this cess, while the collection was only Rs. 11,11,692 crore during the same period. The amount of collection is Rs. 11,11,000 crore, whereas Rs. 11,34,000 crore has been distributed.

There has been an evolution in health and education cess. Primary education cess has been there since 2004-05, which later on became Secondary and higher education cess. That was added on the top of the existing cess in 2007-08. Merging the above two cesses, new health and education cesses, four per cent on income tax was introduced in 2018-19. I will read the numbers which are of interest for hon. Members. The Government has transferred an amount of Rs. 6,49,459 crore during 2014-15 to 2025-26 against a collection of Rs. 6,07,573 crore, much more than what was collected. These are the cesses which existed before 2014. I would like to give you a picture of the cess post 2014-15. I will come to the GST compensation cess a bit later.

Agriculture Infrastructure and Development Fund was introduced in 2021-22. The Government has so far transferred Rs. 3,77,214 crore against the collection of Rs. 3,87,226 crore. So, if the feeling is, more cess are being brought now, more cess are being collected now, less is being given to the States, I want to underline the fact.

I want to now come to cess as a percentage of Gross Tax Revenue (GTR), without the compensation cess. Why will I not include compensation cess? It is because the compensation cess completely went to the State, Centre could not even take one penny out of it. So, I am not even including that. Without including that, 6.1 per cent was the cess as a percentage of Gross Tax Revenue, and that is stated in BE of 2025-26, the current year's Budget. This is far lower than the cess as a percentage of GTR. If I take 2010-14, during those years, how much was cess to GTR? At that time, from 2010-2014, it was seven per cent, whereas what we are doing now is 6.1 per cent. हमारे ऊपर गाली-गलौज होता है कि उन्होंने सात परसेंट कलेक्ट किया, लेकिन आप 6.1 परसेंट कलेक्ट कर रही हैं। आप सेस कलेक्ट कर रही हैं और इसे आप ही रख रही हैं। यहां बात करने से पहले इनको डेटा देखना चाहिए। आपने सेस के ऊपर प्रश्न उठाया है, इसलिए मैं इस विषय पर बोल रही हूँ।

I mentioned about OI DF. I just want to highlight the fact. हमारा जवाब आपको कड़वा और खट्टा लग रहा है, इसलिए आप कह रहे हैं कि इसे शॉर्ट कर लीजिए। मैं इसे शॉर्ट कर लेती हूँ, क्योंकि मेरी बात आपको कड़वी लग रही है। प्राइवेट मेम्बर्स बिल सहित सभी बातें सामने ही हुई हैं। आपको सडेन्ली ही प्राइवेट मेम्बर्स बिल के ऊपर इतना ध्यान कैसे आ रहा है, क्योंकि डेटा कड़वा है।

Sir, I just want to add the last one thing which I said, I have not given the number.

Now, I come to the National Calamity Contingent Fund (NCCD), which is also a cess. It is a kind of a duty which is collected. How much was collected under it? It was Rs. 68,656 crore. How much was transferred under the NCCD?

It was Rs. 72,993 crore.

हमने भी सेस कलेक्ट किया, ज्यादा दिया है, हम रख नहीं रहे हैं। Final compensation cess collected is Rs.9,45,237 crore. पूरा का पूरा स्टेट को जाता है, केन्द्र में कुछ भी नहीं रहता है, बचा हुआ पैसा भी। How much has been paid to the States? Rs. 9,33,920 crore, lesser than Rs. 9,45,237 crore because there are two States which have not given us the AG certificate yet. Which are those States? Arunachal Pradesh and Manipur. If they come, the leftover compensation cess also will go to them. I will not have one penny kept under the compensation cess. मंत्री जी आपके स्टेट का बताइए। I just want to highlight that every cess collected has gone back. We have given much more than what we have collected. We have not kept and so would be the case with this cess also. We have already very clearly said that it will go for public health considerations. Public health is a State subject. The money will go to the State Governments. If hon. Members have a doubt that we are bypassing the Parliament, that is not at all the case. The notification will come here for rates and it is a law which will be clearly scrutinized. The revenue collected and the revenue spent will all be scrutinized by the C&AG. Thank you.

माननीय अध्यक्ष : अभी क्या और सुनना चाहते हैं। आप बताइए। मनीश जी, क्या आप और सुनना चाहते हैं?

... (व्यवधान)

माननीय अध्यक्ष : प्रश्न यह है :

“कि राष्ट्रीय सुरक्षा और लोक स्वास्थ्य पर होने वाले व्यय को पूर्ण करने के लिए संसाधनों के संवर्धन और मशीनों के संस्थापन या अन्य प्रक्रियाओं पर, जिन्हें

विनिर्दिष्ट माल विनिर्मित या उत्पादित किए जाते हैं, उक्त प्रयोजनों के लिए उपकरण के उद्ग्रहण और उससे संसक्त या उससे आनुषंगिक विषयों का उपबंध करने वाले विधेयक पर विचार किया जाए।”

प्रस्ताव स्वीकृत हुआ।

माननीय अध्यक्ष : अब सभा विधेयक पर खंडवार विचार करेगी।

CLAUSE 2

Definitions

माननीय अध्यक्ष : श्री विशालदादा प्रकाशबापू पाटील जी, क्या आप संशोधन संख्या 1 प्रस्तुत करना चाहते हैं?

SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI): Sir, I beg to move:

Page 3, for lines 2 to 4,-

substitute ‘(p) “specified goods” means the goods as specified in Schedule I to this Act, and such other goods as Parliament by a law, specify;’. (1)

माननीय अध्यक्ष : अब मैं श्री विशालदादा प्रकाशबापू पाटील द्वारा खंड 2 में प्रस्तुत संशोधन संख्या 1 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रो. सौगत राय - उपस्थित नहीं।

प्रश्न यह है :

“कि खंड 2 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 2 विधेयक में जोड़ दिया गया।

खंड 3 और 4 विधेयक में जोड़ दिए गए।

CLAUSE 5

Member of computation of cess

माननीय अध्यक्ष : डॉ. टी. सुमति उर्फ तामिझाची थंगापंडियन जी, क्या आप संशोधन संख्या 2 प्रस्तुत करना चाहती हैं?

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN (CHENNAI SOUTH): Sir, I beg to move:

Page 4, for lines 21 to 25,-

substitute

“(4) Where the specified goods are manufactured or produced by a taxable person wholly by manual process without the aid of a machine, the cess levied and collected for each factory shall be at the monthly amount specified in column (4) of Table 2 of Schedule II:

Provided that where the taxable person employs fewer than twenty persons in such manual process, the cess levied and collected from such factory shall be reduced by seventy-five *per cent.*; and where the number of persons employed are between twenty and fifty, the cess levied and collected shall be reduced by fifty *per*

cent.”.

(2)

माननीय अध्यक्ष : अब मैं डॉ. टी. सुमति उर्फ तामिझाची थंगापंडियन जी द्वारा खंड 5 में प्रस्तुत संशोधन संख्या 2 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 5 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 5 विधेयक में जोड़ दिया गया।

CLAUSE 6

Power of Central Government to increase amount of cess in special circumstances

माननीय अध्यक्ष : डॉ.टी.सुमति उर्फ तामिझाची थंगापंडियन जी, क्या आप संशोधन संख्या 3 प्रस्तुत करना चाहती हैं?

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN (CHENNAI

SOUTH): Sir, I beg to move:

Page 4, line 38,-

after

“Central Government”

insert

“, after due consultation with the States or the Union Territories, as the case may be,”. (3)

माननीय अध्यक्ष : अब मैं डॉ. टी. सुमति उर्फ तामिझाची थंगापंडियन जी द्वारा खंड 6 में प्रस्तुत संशोधन संख्या 3 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : श्री डी. एम. कथीर आनंद - उपस्थित नहीं।

प्रश्न यह है :

“कि खंड 6 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 6 विधेयक में जोड़ दिया गया।

CLAUSE 7 Purpose of levy of cess.

माननीय अध्यक्ष : डॉ. टी. सुमति उर्फ तामिझाची थंगापंडियन जी, क्या आप संशोधन संख्या 5 और 6 प्रस्तुत करना चाहती हैं?

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN (CHENNAI SOUTH): Sir, I beg to move:

Page 4, line 50,-

after “law in this behalf,”

insert “shall be shared with the States and Union Territories and”. (5)

Page 5, line 1,-

after “Central Government”

insert “, after due consultations with the States/Union Territories,”. (6)

माननीय अध्यक्ष : अब मैं डॉ. टी. सुमति उर्फ तामिझाची थंगापंडियन जी द्वारा खंड 7 में प्रस्तुत संशोधन संख्या 5 और 6 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखे गए तथा अस्वीकृत हुए।

माननीय अध्यक्ष : श्री ससिकांत सेंथिल जी, क्या आप संशोधन संख्या 23 प्रस्तुत करना चाहते हैं?

SHRI SASIKANTH SENTHIL (TIRUVALLUR): Sir, I beg to move:

Page 4, *after* line 51,-

insert “(2A) Notwithstanding anything contained in this Act,
fifty per cent. Of the net proceeds of the cess
shall be distributed between the Union and the
States in accordance with the provisions of Article
270 of the Constitution of India.”.

(23)

माननीय अध्यक्ष : अब मैं श्री ससिकांत सेंथिल जी द्वारा खंड 7 में प्रस्तुत संशोधन संख्या 23 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 7 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 7 विधेयक में जोड़ दिया गया।

खंड 8 विधेयक में जोड़ दिया गया।

CLAUSE 9

Declaration to be filled by
taxable Person.

माननीय अध्यक्ष : श्री विशालदादा प्रकाशबापू पाटील जी, क्या आप संशोधन संख्या 7 प्रस्तुत करना चाहते हैं?

श्री विशालदादा प्रकाशबापू पाटील (सांगली) : सर, मैं सिर्फ रिक्वेस्ट कर रहा हूँ, क्योंकि खुद मैडम ने कहा है कि राज्यों के साथ रेवन्यू शेयर करेंगे। इसलिए मैं चाहता हूँ कि वह एक्ट का हिस्सा बने। So I am moving it, Sir.

Sir, I beg to move:

Page 6, line 6,-

after "Joint Commissioner"

insert ", who shall record in writing the reasons for
such verification,". (7)

माननीय अध्यक्ष : अब मैं श्री विशालदादा प्रकाशबापू पाटील जी द्वारा खंड 9 में प्रस्तुत संशोधन संख्या 7 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 9 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 9 विधेयक में जोड़ दिया गया।

CLAUSE 10 Payment of cess and returns.

माननीय अध्यक्ष : श्री विशालदादा प्रकाशबापू पाटील जी, क्या आप संशोधन संख्या 8 प्रस्तुत करना चाहते हैं?

SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI): Sir, I beg to move:

Page 6, line 22,-

after “prescribed”

insert “and the self-assessment made shall be final unless

the proper officer issues a notice under

section 16 within two years from the end of the

relevant month.”.

(8)

माननीय अध्यक्ष : अब मैं श्री विशालदादा प्रकाशबापू पाटील जी द्वारा खंड 10 में प्रस्तुत संशोधन संख्या 8 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 10 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 10 विधेयक में जोड़ दिया गया।

खंड 11 से 13 विधेयक में जोड़ दिए गए।

CLAUSE 14 Access to business
Premises.

माननीय अध्यक्ष : श्री विशालदादा प्रकाशबापू पाटील जी, क्या आप संशोधन संख्या 9 प्रस्तुत करना चाहते हैं?

SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI): Sir, I am not moving the amendment.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 14 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 14 विधेयक में जोड़ दिया गया।

खंड 15 विधेयक में जोड़ दिया गया।

CLAUSE 16 Determination of cess not
Paid or Short Paid or
erroneously refunded.

माननीय अध्यक्ष : श्री विशालदादा प्रकाशबापू पाटील जी, क्या आप संशोधन संख्या 10 प्रस्तुत करना चाहते हैं?

SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI): Sir, I am not moving the amendment.

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 16 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 16 विधेयक में जोड़ दिया गया।

खंड 17 से 19 विधेयक में जोड़ दिए गए।

CLAUSE 20

Offences by companies.

माननीय अध्यक्ष : डॉ. टी. सुमति उर्फ तामिझाची थंगापंडियन जी, क्या आप संशोधन संख्या 11 प्रस्तुत करना चाहती हैं?

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN (CHENNAI SOUTH): Sir, I beg to move:

Page 11, line 49,-

for "karta"

substitute "manager of a Hindu Undivided Family". (11)

माननीय अध्यक्ष : अब मैं डॉ. टी. सुमति उर्फ तामिझाची थंगापंडियन जी द्वारा खंड 20 में प्रस्तुत संशोधन संख्या 11 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 20 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 20 विधेयक में जोड़ दिया गया।

खंड 21 से 23 विधेयक में जोड़ दिए गए।

खंड 24 विधेयक में जोड़ दिया गया।

CLAUSE 25

Confiscation of Specified goods or machines.

माननीय अध्यक्ष : श्री ससिकांत सेंथिल जी, क्या आप संशोधन संख्या 24 प्रस्तुत करना चाहते हैं?

SHRI SASIKANTH SENTHIL (TIRUVALLUR): Sir, I beg to move:

Page 14, *after* line 43,-

insert “Provided that no final confiscation of goods
or machines shall take effect unless the
person concerned is convicted by a competent
court.”. (24)

माननीय अध्यक्ष : अब मैं श्री ससिकांत सेंथिल जी द्वारा खंड 25 में प्रस्तुत संशोधन संख्या 24 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष : प्रश्न यह है :

“कि खंड 25 विधेयक का अंग बने।”

प्रस्ताव स्वीकृत हुआ।

खंड 25 विधेयक में जोड़ दिया गया।

CLAUSE 26

Power to arrest.

माननीय अध्यक्ष: श्री ससिकांत सेंथिल, क्या आप संशोधन संख्या 25 प्रस्तुत करना चाहते हैं?

SHRI SASIKANTH SENTHIL (TIRUVALLUR): Sir, I beg to move:

Page 15, lines 9 and 10,-

for “may,by order, authorise”

substitute “may, with the prior sanction of a Judicial
Magistrate Of the First Class, by order,
authorise”. (25)

माननीय अध्यक्ष: अब मैं श्री ससिकांत सेंथिल द्वारा खंड 26 में प्रस्तुत संशोधन संख्या 25 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष: प्रश्न यह है:

‘कि खंड 26 विधेयक का अंग बने।’

प्रस्ताव स्वीकृत हुआ।

खंड 26 विधेयक में जोड़ दिया गया।

खंड 27 और 28 विधेयक में जोड़ दिए गए।

CLAUSE 29 Appeals to appellate authority.

माननीय अध्यक्ष: श्री विशालदादा प्रकाशबापू पाटील, क्या आप संशोधन संख्या 17 प्रस्तुत करना चाहते हैं?

श्री विशालदादा प्रकाशबापू पाटील (सांगली) : सर, विनती यह है कि अपील का पीरियड थोड़ा बढ़ाया जाए। I am moving it.

Sir, I beg to move:

Page 16, *after* line 34,-

Insert

“Provided that the period of appeal may be extended by the appellate authority by a further period of three months for sufficient reasons recorded in writing”. (17)

माननीय अध्यक्ष: अब मैं श्री विशालदादा प्रकाशबापू पाटील द्वारा खंड 29 में प्रस्तुत संशोधन संख्या 17 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष: डॉ. टी. सुमति उर्फ तामिझाची थंगापंडियन, क्या आप संशोधन संख्या 18 प्रस्तुत करना चाहती हैं?

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN (CHENNAI SOUTH): Sir, I am not moving it.

माननीय अध्यक्ष: प्रश्न यह है:

‘कि खंड 29 विधेयक का अंग बने।’

प्रस्ताव स्वीकृत हुआ।

खंड 29 विधेयक में जोड़ दिया गया।

खंड 30 से 33 विधेयक में जोड़ दिए गए।

CLAUSE 34 Power of Central
Government to amend
schedule I.

माननीय अध्यक्ष: श्री ससिकांत सेंथिल, क्या आप संशोधन संख्या 26 प्रस्तुत करना चाहते हैं?

SHRI SASIKANTH SENTHIL (TIRUVALLUR): Sir, I am moving the amendment. I beg to move:

Page 19, lines 29 and 30,-

for

“, as soon as possible after it is issued, be laid

before each House of Parliament”

substitute

“ not take effect unless approved by a resolution

passed by both the Houses of Parliament.”(26)

माननीय अध्यक्ष: अब मैं श्री ससिकांत सेंथिल द्वारा खंड 34 में प्रस्तुत संशोधन संख्या 26 को सभा के समक्ष मतदान के लिए रखता हूँ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ।

माननीय अध्यक्ष: प्रश्न यह है:

‘कि खंड 34 विधेयक का अंग बने।’

प्रस्ताव स्वीकृत हुआ।

खंड 34 विधेयक में जोड़ दिया गया।

खंड 35 से 39 विधेयक में जोड़ दिए गए।

पहली अनुसूची

माननीय अध्यक्ष: प्रश्न यह है:

‘कि पहली अनुसूची विधेयक का अंग बने।’

प्रस्ताव स्वीकृत हुआ।

पहली अनुसूची विधेयक में जोड़ दी गई।

दूसरी अनुसूची विधेयक में जोड़ दी गई।

खंड 1, अधिनियमन सूत्र और विधेयक का पूरा नाम विधेयक में जोड़ दिए गए।

माननीय अध्यक्ष : माननीय मंत्री जी, अब प्रस्ताव करें कि विधेयक को पारित किया जाए।

SHRIMATI NIRMALA SITHARAMAN: Sir, I rise to move:

“That the Bill be passed.”

माननीय अध्यक्ष: प्रश्न यह है :

“कि विधेयक पारित किया जाए।”

प्रस्ताव स्वीकृत हुआ।

16.24 hrs

PRIVATE MEMBERS' BILLS – INTRODUCED

माननीय अध्यक्ष : अब गैर-सरकारी सदस्यों का कार्य लिया जाएगा ।

आइटम नम्बर – 186. श्री कृष्ण प्रसाद टेन्नेटी ।

(i) RIGHT OF CHILDREN TO FREE AND COMPULSORY EDUCATION

(AMENDMENT) BILL, 2025*

(Amendment of Section 2, etc.)

SHRI KRISHNA PRASAD TENNETI (BAPATLA): Hon. Speaker, Sir, I beg to move for leave to introduce a Bill further to amend the Right of Children to Free and Compulsory Education Act, 2009. I also to introduce the Bill.

माननीय अध्यक्ष : प्रश्न यह है :

“कि निःशुल्क एवं अनिवार्य बाल शिक्षा अधिकार अधिनियम, 2009 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए ।”

प्रस्ताव स्वीकृत हुआ ।

SHRI KRISHNA PRASAD TENNETI (BAPATLA): I introduce the Bill.

16.25 hrs

(ii) CONSTITUTION (AMENDMENT) BILL, 2025*

(Insertion of New Article 21B)

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

SHRI KRISHNA PRASAD TENNETI: Hon. Speaker, Sir, I beg to move for leave to introduce a Bill further to amend the Constitution of India.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI KRISHNA PRASAD TENNETI (BAPATLA): I introduce the Bill.

16.25½ hrs

(iii) CONSTITUTION (AMENDMENT) BILL, 2025*

(Amendment of Article 243G, etc.)

डॉ. बच्छाव शोभा दिनेश (धुले) : अध्यक्ष महोदय, मैं प्रस्ताव करती हूँ कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

डॉ. बच्छाव शोभा दिनेश: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करती हूँ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

16.26 hrs**(iv) HEALTHCARE PROFESSIONALS AND CLINICAL****ESTABLISHMENTS (PREVENTION OF VIOLENCE) BILL, 2025***

डॉ. बच्छाव शोभा दिनेश (धुले) : महोदय, मैं प्रस्ताव करती हूँ कि स्वास्थ्य परिचर्या वृत्तिकों और नैदानिक स्थापन को उनके कर्तव्य के दौरान हिंसा, उत्पीड़न और संपत्ति की क्षति या हानि से सुरक्षा प्रदान करने और उससे संसक्त या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि स्वास्थ्य परिचर्या वृत्तिकों और नैदानिक स्थापन को उनके कर्तव्य के दौरान हिंसा, उत्पीड़न और संपत्ति की क्षति या हानि से सुरक्षा प्रदान करने और तथा उससे संसक्त या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

डॉ. बच्छाव शोभा दिनेश: महोदय, मैं विधेयक को पुरःस्थापित करती हूँ।

16.26½ hrs**(v) COW PROTECTION BILL, 2025***

डॉ. निशिकान्त दुबे (गोड्डा) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि गौ (बॉस इंडिकस) की संख्या का स्थिरीकरण सुनिश्चित करने और गौ-हत्या पर प्रतिबंध लगाने के लिए संविधान के अनुच्छेद 37 और 48 का अनुपालन करने हेतु उपाय सुझाने के लिए एक प्राधिकरण गठित करने और गौ-हत्या करने पर रोक लगाने और उससे संसक्त या उसके आनुषंगिक विषयों का उपबंध करने वाले

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विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि गौ (बॉस इंडिकस) की संख्या का स्थिरीकरण सुनिश्चित करने और गौ-हत्या पर प्रतिबंध लगाने के लिए संविधान के अनुच्छेद 37 और 48 का अनुपालन करने हेतु उपाय सुझाने के लिए एक प्राधिकरण गठित करने और गौ-हत्या करने पर रोक लगाने और उससे संसक्त या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

डॉ. निशिकान्त दुबे: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

16.27 hrs

**(vi) HOLY CITY OF DEOGHAR (PRESERVATION OF CULTURAL
HERITAGE) BILL, 2025 ***

डॉ. निशिकान्त दुबे (गोड्डा) : महोदय, मैं प्रस्ताव करता हूँ कि देवघर शहर को सर्वाधिक राष्ट्रीय महत्व का प्राचीनतम जीवित शहर घोषित करने तथा देवघर की सांस्कृतिक और प्राकृतिक विरासत, धरोहर के संरक्षण, परिरक्षण और रखरखाव तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि देवघर शहर को सर्वाधिक राष्ट्रीय महत्व का प्राचीनतम जीवित शहर घोषित करने

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तथा देवघर की सांस्कृतिक और प्राकृतिक विरासत, धरोहर के संरक्षण, परिरक्षण और रखरखाव तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

डॉ. निशिकान्त दुबे: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

16.27½ hrs

(vii) COMPULSORY PERIODICAL DESILTATION OF DAMS,

RESERVOIRS AND RIVERS BILL, 2025*

डॉ. निशिकान्त दुबे (गोड्डा) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि बांधों, जलाशयों, नदियों और ऐसे अन्य जल निकायों के अनिवार्य आवधिक गाद निष्कासन और जल निकायों की जल धारण क्षमता को बढ़ाने तथा जल के सुप्रवाह को सुनिश्चित करने, जिससे बाढ़ की घटनाओं में कमी आएगी, के लिए देश में ऐसे जल निकायों का समयोचित और आवधिक गाद निष्कासन सुनिश्चित करने के लिए एक राष्ट्रीय प्राधिकरण की स्थापना द्वारा एक संस्थागत व्यवस्था और उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि बांधों, जलाशयों, नदियों और ऐसे अन्य जल निकायों के अनिवार्य आवधिक गाद निष्कासन और जल निकायों की जल धारण क्षमता को बढ़ाने तथा जल के सुप्रवाह को सुनिश्चित करने, जिससे बाढ़ की घटनाओं में कमी आएगी, के लिए देश में ऐसे जल निकायों का समयोचित और आवधिक गाद निष्कासन सुनिश्चित करने के लिए एक राष्ट्रीय प्राधिकरण की स्थापना द्वारा एक संस्थागत व्यवस्था और

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उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए”

प्रस्ताव स्वीकृत हुआ।

डॉ. निशिकान्त दुबे (गोड्डा) : महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

माननीय अध्यक्ष : सभी माननीय सदस्य कहते हैं कि मेरी फ्लाइट जानी है।

... (व्यवधान)

माननीय अध्यक्ष : चूंकि अभी रिजर्वेशन नहीं हुआ है, इसलिए महिलाओं को प्राथमिकता दे देते हैं।

आइटम नम्बर- 231, श्रीमती स्मिता उदय वाघ।

16.28 hrs

(viii) ORPHAN CHILDREN (SOCIAL SECURITY AND WELFARE) BILL,

2025*

श्रीमती स्मिता उदय वाघ (जलगांव) : अध्यक्ष महोदय, मैं प्रस्ताव करती हूँ कि अनाथ बच्चों के लिए सामाजिक सुरक्षा और कल्याणकारी उपायों तथा उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि अनाथ बच्चों के लिए सामाजिक सुरक्षा और कल्याणकारी उपायों तथा उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

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श्रीमती स्मिता उदय वाघ: महोदय, मैं विधेयक को पुरःस्थापित करती हूँ।

16.28½ hrs

(ix) PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE

(AMENDMENT) BILL, 2025*

(Amendment of Sections 5 and 9)

श्रीमती स्मिता उदय वाघ (जलगांव) : अध्यक्ष महोदय, मैं प्रस्ताव करती हूँ कि घरेलू हिंसा से महिला संरक्षण अधिनियम, 2005 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है

“कि घरेलू हिंसा से महिला संरक्षण अधिनियम, 2005 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ

श्रीमती स्मिता उदय वाघ : महोदय, मैं विधेयक को पुरःस्थापित करती हूँ।

16.29 hrs

(x) WOMEN WORKFORCE (SUPPORT AND WELFARE) BILL, 2025*

श्रीमती स्मिता उदय वाघ (जलगांव) : अध्यक्ष महोदय, मैं प्रस्ताव करती हूँ कि कामकाजी महिलाओं को भेदभाव के विरुद्ध संरक्षण प्रदान करने तथा यह सुनिश्चित करने के लिए कि कामकाजी महिलाओं को क्रेच सेवा, मनोरंजन सुविधाएं, मातृत्व लाभ, छात्रावास और परिवहन सहायता जैसी आवश्यक सुविधाएं उपलब्ध हों, तथा सरकारी प्रतिष्ठानों, बैंकों और पत्तनों सहित

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सार्वजनिक क्षेत्र के उपक्रमों, विश्वविद्यालयों, महाविद्यालयों और विद्यालयों सहित शैक्षणिक संस्थानों, साथ ही कारखानों, खानों, बागानों, कृषि भूमि, फलोद्यानों और ऐसे अन्य कार्य स्थलों में कार्यरत महिला कर्मचारियों की स्थिति में सुधार करने हेतु नियोक्ताओं द्वारा कल्याणकारी उपायों को अधिदेशित करना; तथा उससे संबंधित और उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि कामकाजी महिलाओं को भेदभाव के विरुद्ध संरक्षण प्रदान करने तथा यह सुनिश्चित करने के लिए कि कामकाजी महिलाओं को क्रेच सेवा, मनोरंजन सुविधाएं, मातृत्व लाभ, छात्रावास और परिवहन सहायता जैसी आवश्यक सुविधाएं उपलब्ध हों, तथा सरकारी प्रतिष्ठानों, बैंकों और पत्तनों सहित सार्वजनिक क्षेत्र के उपक्रमों, विश्वविद्यालयों, महाविद्यालयों और विद्यालयों सहित शैक्षणिक संस्थानों, साथ ही कारखानों, खानों, बागानों, कृषि भूमि, फलोद्यानों और ऐसे अन्य कार्य स्थलों में कार्यरत महिला कर्मचारियों की स्थिति में सुधार करने हेतु नियोक्ताओं द्वारा कल्याणकारी उपायों को अधिदेशित करना; तथा उससे संबंधित और उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्रीमती स्मिता उदय वाघ: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करती हूं।

16.29½ hrs

(xi) PATERNITY AND PATERNAL BENEFIT BILL, 2025*

SHRIMATI SUPRIYA SULE (BARAMATI): I beg to move for leave to introduce the Bill to regulate the employment of persons in certain establishments for certain periods before and after becoming a parent and to provide for paternity and parental benefit and certain other benefits.

माननीय अध्यक्ष : प्रश्न यह है :

“कि कतिपय प्रतिष्ठानों में कतिपय अवधि के लिए माता-पिता बनने से पहले और बाद में व्यक्तियों के रोजगार को विनियमित करने तथा पितृत्व और माता-पिता हित लाभ और कतिपय अन्य लाभों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRIMATI SUPRIYA SULE: Sir, I introduce the Bill.

16.30 hrs

(xii) RIGHT TO DISCONNECT BILL, 2025*

(Amendment of Article 43A)

SHRIMATI SUPRIYA SULE (BARAMATI): I beg to move for leave to introduce a Bill to establish an Employees' Welfare Authority to confer the right on every employee to disconnect from work related telephone calls and emails beyond work hours and on holidays and right to refuse to answer calls and emails

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outside work hours and for all matters connected therewith and incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि प्रत्येक कर्मचारी को कार्य-समय से परे और छुट्टियों में कार्य से संबंधित टेलीफोन कॉल तथा ई-मेल से संपर्क-विच्छेद तथा कार्य-समय से परे कॉल उठाने और ई-मेल का जवाब देने से इंकार करने हेतु अधिकार प्रदान करने के लिए कर्मचारी कल्याण प्राधिकरण की स्थापना करने तथा उससे संसक्त या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRIMATI SUPRIYA SULE : Sir, I introduce the Bill.

16.30½ hrs

(xiii) CODE ON SOCIAL SECURITY (AMENDMENT) BILL, 2025*

(Amendment of Section 2, etc.)

SHRIMATI SUPRIYA SULE (BARAMATI): I beg to move for leave to introduce a Bill to amend the Code on Social Security (Amendment) Bill, 2020.

माननीय अध्यक्ष : प्रश्न यह है :

“कि सामाजिक सुरक्षा संहिता, 2020 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

प्रस्ताव स्वीकृत हुआ ।

SHRIMATI SUPRIYA SULE: Sir, I introduce the Bill.

16.31 hrs

(xiv) FOREIGN EXCHANGE MANAGEMENT (AMENDMENT) BILL, 2025*

(Amendment of Section 36, etc.)

SHRI ARVIND GANPAT SAWANT (MUMBAI SOUTH): Sir, I beg to move for leave to introduce a Bill further to amend the Foreign Exchange Management Act, 1999.

माननीय अध्यक्ष : प्रश्न यह है :

“कि विदेशी मुद्रा प्रबंध अधिनियम, 1999 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए ।”

प्रस्ताव स्वीकृत हुआ ।

SHRI ARVIND GANPAT SAWANT: Sir, I introduce the Bill.

16.31½ hrs

(xv) PREVENTION OF MONEY LAUNDERING (AMENDMENT) BILL, 2025*

(Amendment of Section 49, etc.)

SHRI ARVIND GANPAT SAWANT (MUMBAI SOUTH): Sir, I beg to move for leave to introduce a Bill further to amend the Prevention of Money Laundering Act,

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

2002.

माननीय अध्यक्ष : प्रश्न यह है :

“कि धन-शोधन निवारण अधिनियम, 2002 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI ARVIND GANPAT SAWANT: Sir, I introduce the Bill.

16.32 hrs

(xvi) RIGHT OF CHILDREN TO FREE AND COMPULSORY EDUCATION

(AMENDMENT) BILL, 2025*

(Amendment of Section 2, etc.)

SHRI ARVIND GANPAT SAWANT (MUMBAI SOUTH): Sir, I beg to move for leave to introduce a Bill further to amend the Right of Children to Free and Compulsory Education Act, 2009.

माननीय सभापति: प्रश्न यह है :

“कि निःशुल्क और अनिवार्य बाल शिक्षा का अधिकार अधिनियम, 2009 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI ARVIND GANPAT SAWANT: Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

16.32½ hrs

(xvii) MENTAL HEALTHCARE (AMENDMENT) BILL, 2024*

(Amendment of Section 2, etc.)

SHRI RAJIV PRATAP RUDY (SARAN): Sir, I beg to move for leave to introduce a Bill to amend the Mental Healthcare Act, 2017.

माननीय सभापति: प्रश्न यह है :

“कि मानसिक स्वास्थ्य देखरेख अधिनियम, 2017 का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI RAJIV PRATAP RUDY: Sir, I introduce the Bill.

16.33 hrs

(xviii) REPTILE BITE(PREVENTION AND TREATMENT) AND

REPTILE CONSERVATION BILL, 2025*

SHRI RAJIV PRATAP RUDY (SARAN): Sir, i beg to move for leave to introduce a Bill to provide for the prevention of reptile bite incidents, improvement of treatment facilities for victims of reptile bites, effective treatment, social security benefits and awarenss towards reptiles and for matters connected therewith or incidental thereto.

माननीय सभापति: प्रश्न यह है :

“कि सरीसृप द्वारा काटे जाने की घटनाओं की रोकथाम, सरीसृप दंश के पीड़ितों के

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

लिए उपचार सुविधाओं में सुधार, प्रभावी उपचार, सामाजिक सुरक्षा लाभ और सरीसृप प्रजातियों के संरक्षण और सरीसृपों के प्रति जागरूकता तथा उससे संसक्त या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI RAJIV PRATAP RUDY: Sir, I introduce the Bill.

सर, सांप काटने से बचाया जाए और सांप को भी बचाया जाए। ये दोनों के लिए हम कानून लाए हैं। यह बहुत राष्ट्रिहत का विषय है।

माननीय अध्यक्ष: आइटम नम्बर-13, डॉ. डी. रवि कुमार - उपस्थित नहीं।

आइटम नम्बर-14, डॉ. डी. रवि कुमार - उपस्थित नहीं।

आइटम नम्बर-15, डॉ. डी. रवि कुमार - उपस्थित नहीं।

आइटम नम्बर-16, एडवोकेट डीन कुरियाकोस - उपस्थित नहीं।

आइटम नम्बर-17, एडवोकेट चन्द्र शेखर जी।

16.34 hrs

(xix) ALL INDIA INSTITUTES OF MEDICAL SCIENCES

(AMENDMENT) BILL, 2024*

(Insertion of New Section 3A)

एडवोकेट चन्द्र शेखर (नगीना) : सर, आज की कार्यसूची में मेरे तीन विधेयक हैं, अगर आप एक बार में अलाऊ कर देंगे तो अच्छा रहेगा।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

मैं प्रस्ताव करता हूँ कि अखिल भारतीय आयुर्विज्ञान संस्थान अधिनियम, 1956 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय सभापति: प्रश्न यह है :

“कि अखिल भारतीय आयुर्विज्ञान संस्थान अधिनियम, 1956 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

एडवोकेट चन्द्र शेखर: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

16.34½ hrs

**(xx) FARMERS RIGHT TO MINIMUM SUPPORT PRICE REALIZATION OF
AGRICULTURAL PRODUCE BILL, 2024***

एडवोकेट चन्द्र शेखर (नगीना) : महोदय, मैं प्रस्ताव करता हूँ कि प्रत्येक किसान को अपनी कृषि उपज के लिए न्यूनतम मूल्य प्राप्त करने और उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय सभापति: प्रश्न यह है :

“कि प्रत्येक किसान को अपनी कृषि उपज के लिए न्यूनतम मूल्य प्राप्त करने और उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

एडवोकेट चन्द्र शेखर: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

16.35 hrs

**(xxi) NATIONAL COMMISSION FOR DETECTION AND REPORTING OF
CASES OF ATROCITIES AND CASTE DISCRIMINATION AGAINST
SCHEDULED CASTES AND SCHEDULED TRIBES BILL, 2024***

एडवोकेट चन्द्र शेखर (नगीना) : महोदय, मैं प्रस्ताव करता हूँ कि अनुसूचित जातियों और अनुसूचित जनजातियों के व्यक्तियों के प्रति अत्याचार और जातिगत भेदभाव के मामलों का पता लगाने व रिपोर्ट करने के लिए राष्ट्रीय आयोग का गठन करने तथा उससे संसक्त अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय सभापति: प्रश्न यह है :

“कि अनुसूचित जातियों और अनुसूचित जनजातियों के व्यक्तियों के प्रति अत्याचार और जातिगत भेदभाव के मामलों का पता लगाने व रिपोर्ट करने के लिए राष्ट्रीय आयोग का गठन करने तथा उससे संसक्त अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

एडवोकेट चन्द्र शेखर (नगीना) : महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

माननीय अध्यक्ष : श्री के. सुधाकरन – उपस्थित नहीं।

श्री श्रीरंग आप्पा चंदू बारणे – उपस्थित नहीं।

श्री विजयकुमार उर्फ विजय वसंत – उपस्थित नहीं।

- आइटम नम्बर 27 श्री बी. मणिकम टैगोर।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

16.36 hrs

(xxii) ESTABLISHMENT OF SPORTS INFRASTRUCTURE IN

VIRUDHUNAGAR BILL, 2024*

SHRI B. MANICKAM TAGORE (VIRUDHUNAGAR): Sir, I rise to move for leave to introduce a Bill to provide for establishment of a modern sports infrastructure with state of the art facilities for various sports disciplines, training Centres and recreational amenities in the Virudhunagar in the State of Tamil Nadu and for matters connected therewith.

माननीय अध्यक्ष : प्रश्न यह है :

“कि तमिलनाडु राज्य के विरुधुनगर में विभिन्न खेल विधाओं, प्रशिक्षण केंद्रों और मनोरंजक सुविधाओं के लिए अत्याधुनिक सुविधाओं के साथ एक आधुनिक खेल अवसंरचना संस्थापन और उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI B. MANICKAM TAGORE: Sir, I introduce the Bill.

16.37 hrs

(xxiii) SPECIAL ECONOMIC ZONES (AMENDMENT) BILL, 2024*

(Amendment of Section 2, etc.)

SHRI B. MANICKAM TAGORE (VIRUDHUNAGAR): Sir, I rise to move for leave to introduce a Bill further to amend the Special Economic Zones Act, 2005.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

माननीय अध्यक्ष : प्रश्न यह है :

“कि विशेष आर्थिक ज़ोन अधिनियम, 2005 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI B. MANICKAM TAGORE: Sir, I introduce the Bill.

16.37½ hrs

(xxiv) NATIONAL ELIGIBILITY CUM ENTRANCE TEST (NEET)

EXEMPTION FOR THE STATE OF TAMIL NADU BILL, 2024*

SHRI B. MANICKAM TAGORE (VIRUDHUNAGAR): Sir, I rise to move for leave to introduce a Bill to exempt the State of Tamil Nadu from the National Eligibility cum Entrance Test (NEET) for admission to undergraduate medical courses and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि तमिलनाडु राज्य को स्नातक चिकित्सा पाठ्यक्रमों में प्रवेश के लिए राष्ट्रीय पात्रता सह प्रवेश परीक्षा (एनईईटी) से छूट देने तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI B. MANICKAM TAGORE : Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

16.38½ hrs

(xxv) CONSTITUTION (AMENDMENT) BILL, 2024*

(Amendment of the Eighth Schedule)

DR. JAYANTA KUMAR ROY (JALPAIGURI): Sir, I rise to move for leave to introduce a Bill further to amend the Constitution of India.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. JAYANTA KUMAR ROY: Sir, I introduce the Bill.

16.39 hrs

(xxvi) SPECIAL FINANCIAL ASSISTANCE TO KBK REGION OF

STATE OF ODISHA BILL, 2024*

SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT): Sir, I rise to move for leave to introduce a Bill to provide for special financial assistance to KBK region comprising the districts of Koraput, Rayagada, Malkangiri, Nabarangpur, Balangir, Subarnapur, Kalahandi, Nuapada of the State of Odisha for the purpose of promoting the welfare of Scheduled Tribes, Scheduled Castes and Other Backward Sections of the people and for the development, exploitation and proper utilization of its resources.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

माननीय अध्यक्ष : प्रश्न यह है :

“कि अनुसूचित जनजातियों, अनुसूचित जातियों और अन्य पिछड़े वर्गों के लोगों के कल्याण को बढ़ावा देने और संसाधनों के विकास, दोहन और उचित उपयोग के उद्देश्य से ओडिशा राज्य के कोरापुट, रायगढ़ा, मलकानगिरी, नबरंगपुर, बलांगीर, सुबर्णपुर, कालाहांडी, और नुआपाड़ा जिलों के केबीके क्षेत्र को विशेष वित्तीय सहायता प्रदान करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI SAPTAGIRI SANKAR ULAKA: Sir, I introduce the Bill.

16.40 hrs

(xxvii) CONSTITUTION (SCHEDULED TRIBES) ORDER (AMENDMENT)

BILL, 2024*

(Amendment of the Schedule)

SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT): Sir, I rise to move for leave to introduce a Bill further to amend the Constitution (Scheduled Tribes) Order, 1950.

माननीय अध्यक्ष : प्रश्न यह है :

“कि संविधान (अनुसूचित जनजाति) आदेश, 1950 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

SHRI SAPTAGIRI SANKAR ULAKA: Sir, I introduce the Bill.

16.41 hrs

(xxviii) CONSTITUTION (AMENDMENT) BILL, 2025*

(Amendment of the Eighth Schedule)

SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT): Sir, I rise to move for leave to introduce a Bill further to amend the Constitution of India.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI SAPTAGIRI SANKAR ULAKA: Sir, I introduce the Bill.

16.42 hrs

(xxix) PUNJAB MUNICIPAL CORPORATION LAW

(EXTENSION TO CHANDIGARH) AMENDMENT Bill, 2025*

(Amendment of the Schedule)

SHRI MANISH TEWARI (CHANDIGARH): Sir, I rise to move for leave to introduce a Bill further to amend the Punjab Municipal Corporation Law (Extension to Chandigarh) Act, 1994.

माननीय अध्यक्ष : प्रश्न यह है :

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

“कि पंजाब नगर निगम कानून (चंडीगढ़ तक विस्तार) अधिनियम, 1994 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI MANISH TEWARI: Sir, I introduce the Bill.

16.43 hrs

(xxx) CONSTITUTION (AMENDMENT) BILL, 2025*

(Amendment of the Tenth Schedule)

SHRI MANISH TEWARI (CHANDIGARH): Sir, with your permission, I seek to move for leave to introduce a Bill to further amend the Constitution of India, the Tenth Schedule or the Anti-Defection Law.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI MANISH TEWARI : Sir, I introduce the Bill.

माननीय अध्यक्ष : टेंथ शेड्यूल पर लागू कर दो।

श्री मनीश तिवारी: यह तीसरी बार है। पहली बार 2010 में किया था, उसके बाद 2020 में किया था और अब 2025 में किया है। टेंथ शेड्यूल को अगर अमेंड नहीं किया गया, तो कांशियंस, कांस्टीच्युएंसी, कॉमन सेंस और जो लोकतांत्रिक संस्थाएँ हैं, वे पूरी तरह समाप्त हो जाएंगी।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

16.44 hrs

(xxxi) HINDU MARRIAGE (AMENDMENT) BILL, 2025*

(Amendment of Section 13)

SHRI MANISH TEWARI (CHANDIGARH): Hon. Speaker, Sir, with your permission, I move for leave to introduce a Bill to further amend the Hindu Marriage Act, 1955.

माननीय अध्यक्ष : प्रश्न यह है :

“कि हिन्दू विवाह अधिनियम, 1955 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI MANISH TEWARI Sir, I introduce the Bill.

16.45 hrs

(xxxii) STATES AND UNION TERRITORIES REORGANIZATION

COMMISSION BILL, 2024*

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): Hon. Speaker, Sir, I would like to move for leave to introduce the Bill to provide for the establishment of State and Union Territories Reorganization Commission to recommend the reorganization of States and Union Territories to the Central Government through periodic review of demands of new States or Union Territories on the basis of administrative efficacy and related grounds and for

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि प्रशासनिक प्रभावकारिता और इससे संबंधित आधारों पर नए राज्यों अथवा संघ राज्यक्षेत्रों की मांगों की आवधिक समीक्षा के माध्यम से केन्द्रीय सरकार को राज्यों और संघ राज्यक्षेत्रों के पुनर्गठन की सिफारिश करने के लिए राज्य और संघ राज्यक्षेत्र पुनर्गठन आयोग की स्थापना तथा तत्संसक्त अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. SHASHI THAROOR: Sir, I introduce the Bill.

16.46 hrs

(xxxiii) BHARATIYA NYAYA SANHITA (AMENDMENT) BILL, 2024*

(Amendment of Section 63)

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): Sir, I would like to move for leave to introduce a Bill to amend the Bharatiya Nyaya Sanhita, 2023.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारतीय न्याय संहिता, 2023 का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

DR. SHASHI THAROOR : Sir, I introduce the Bill.

16.47 hrs

(xxxiv) OCCUPATIONAL SAFETY, HEALTH AND WORKING

CONDITIONS CODE (AMENDMENT) BILL, 2025*

(Amendment of Section 2, etc.)

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): Sir, I move for leave to introduce a Bill to amend the Occupational Safety, Health and Working Conditions Code, 2020.

माननीय अध्यक्ष : प्रश्न यह है :

“कि उपजीविकाजन्य सुरक्षा, स्वास्थ्य और कार्यदशा संहिता 2020 का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. SHASHI THAROOR: Sir, I introduce the Bill.

It goes a little further than my colleague, Shrimati Supriya Sule ji's Bill which has other provisions including the right to disconnect.

HON. SPEAKER: Shri Kodikunnil Suresh – Not present.

Dr. Alok Kumar Suman.

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16.48 hrs

(xxxv) RAILWAYS (AMENDMENT) BILL, 2024 *

(Insertion of New Section 24A)

DR. ALOK KUMAR SUMAN (GOPALGANJ): Sir, I rise to move for leave to introduce a Bill further to amend the Railways (Amendment) Act, 1989.

माननीय अध्यक्ष : प्रश्न यह है :

“कि रेल अधिनियम, 1989 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. ALOK KUMAR SUMAN: Sir, I introduce the Bill.

16.49 hrs

(xxxvi) RAILWAYS (AMENDMENT) BILL, 2024 *

(Insertion of New Section 24A)

DR. ALOK KUMAR SUMAN (GOPALGANJ): Sir, I rise to move for leave to introduce a Bill further to amend the Railways Act, 1989.

माननीय अध्यक्ष : प्रश्न यह है :

“कि रेल अधिनियम, 1989 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

DR. ALOK KUMAR SUMAN : Sir, I introduce the Bill.

16.50 hrs

(xxxvii) CRIMINAL LAWS (AMENDMENT) BILL, 2024*

(Insertion of New Section 106A, etc.)

DR. ALOK KUMAR SUMAN (GOPALGANJ): Sir, I beg to move for leave to introduce a Bill to amend the Bharatiya Nyaya Sanhita, 2023 and the Bharatiya Nagarik Suraksha Sanhita, 2023.

माननीय अध्यक्ष: प्रश्न यह है:

“कि भारतीय न्याय संहिता, 2023 तथा भारतीय नागरिक सुरक्षा संहिता, 2023 का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. ALOK KUMAR SUMAN: Sir, I introduce the Bill.

16.51 hrs

(xxxviii) MAHARASHTRA CENTRAL SPORTS UNIVERSITY BILL, 2024*

DR. HEMANT VISHNU SAVARA (PALGHAR): Sir, I beg to move for leave to introduce a Bill to establish and incorporate a Sports University in the State of Maharashtra, a specialized University first of its kind, to promote sports education in the areas of sports sciences, sports technology, sports

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management and sports coaching besides functioning as the national training centre for select sports disciplines by adopting best international practices and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष: प्रश्न यह है:

“कि सर्वोत्तम अंतर्राष्ट्रीय प्रथाओं को अपनाकर चुनिंदा खेल विषयों के लिए राष्ट्रीय प्रशिक्षण केंद्र के रूप में कार्य करने के अतिरिक्त खेल विज्ञान, खेल प्रौद्योगिकी, खेल प्रबंधन और खेल प्रशिक्षण के क्षेत्रों में खेल शिक्षा को बढ़ावा देने के प्रयोजनार्थ महाराष्ट्र राज्य में खेल विश्वविद्यालय, जो कि अपनी तरह का एक प्रथम विशिष्ट विश्वविद्यालय होगा, की स्थापना एवं समावेशन तथा इससे संसक्त अथवा इसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।

प्रस्ताव स्वीकृत हुआ।

DR. HEMANT VISHNU SAVARA: Sir, I introduce the Bill.

16.52 hrs

(xxxix) COASTAL TOURISM DEVELOPMENT BOARD BILL, 2024*

DR. HEMANT VISHNU SAVARA (PALGHAR): Sir, I beg to move for leave to introduce a Bill to provide for establishment of Coastal Tourism Development Board for the Development of coastal tourism in the country and for matters connected therewith.

माननीय अध्यक्ष: प्रश्न यह है:

“कि देश में तटीय पर्यटन के विकास के लिए तटीय पर्यटन विकास बोर्ड की स्थापना

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और उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. HEMANT VISHNU SAVARA : Sir, I introduce the Bill.

16.52½ hrs

**(xI) SPECIAL FINANCIAL ASSISTANCE FOR DEVELOPMENT AND
CONSERVATION OF WATER BODIES IN THE STATE OF MAHARASHTRA
BILL, 2024***

DR. HEMANT VISHNU SAVARA (PALGHAR): Sir, I beg to move for leave to introduce a Bill to provide special financial assistance to the State Government of Maharashtra to develop and conserve the water bodies in the State of Maharashtra.

मानननीय अध्यक्ष: प्रश्न यह है:

“कि महाराष्ट्र राज्य में जल निकायों के विकास और संरक्षण के लिए महाराष्ट्र सरकार को विशेष वित्तीय सहायता प्रदान करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. HEMANT VISHNU SAVARA : Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

16.53 hrs

(xli) DEATH PENALTY (ABOLITION) BILL, 2025*

SHRIMATI KANIMOZHI KARUNANIDHI (THOOTHUKKUDI): Sir, I beg to move for leave to introduce a Bill to abolish death penalty in the country.

माननीय अध्यक्ष: प्रश्न यह है:

“कि देश में मृत्युदंड को समाप्त करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRIMATI KANIMOZHI KARUNANIDHI: Sir, I introduce the Bill.

16.53½ hrs

(xlii) CLIMATE CHANGE (MITIGATION AND ADAPTATION) BILL, 2025 *

SHRIMATI KANIMOZHI KARUNANIDHI (THOOTHUKKUDI): Sir, I beg to move for leave to introduce a Bill to provide for the establishment of a National Climate Change Authority for an efficient mechanism to plan, monitor and achieve the net zero emission targets by the year 2070 and for the effective mitigation and adaptation of Climate Change and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष: प्रश्न यह है:

“कि वर्ष 2070 तक शत-प्रतिशत शून्य उत्सर्जन लक्ष्यों की योजना बनाने, निगरानी करने और उन्हें प्राप्त करने हेतु एक कुशल तंत्र के प्रयोजनार्थ राष्ट्रीय जलवायु परिवर्तन

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प्राधिकरण की स्थापना तथा जलवायु परिवर्तन के प्रभावी शमन और अनुकूलन तथा उससे संबंधित अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRIMATI KANIMOZHI KARUNANIDHI: Sir, I introduce the Bill.

16.54 hrs

(xliii) SALT WORKERS (WELFARE) BILL, 2025*

SHRIMATI KANIMOZHI KARUNANIDHI (THOOTHUKKUDI): Sir, I beg to move for leave to introduce a Bill to ensure protection, fair livelihood and access to essential services for salt workers across the country, including healthcare, old age support, maternity benefits and education for their children and for all matters connected therewith and incidental thereto.

माननीय अध्यक्ष: प्रश्न यह है:

“कि देश भर में नमक कामगारों के लिए सुरक्षा, समुचित आजीविका व स्वास्थ्य सेवा, वृद्धावस्था सहायता, मातृत्व लाभ एवं उनके बच्चों की शिक्षा सहित आवश्यक सेवाओं तक पहुंच सुनिश्चित करने तथा इससे संसक्त व इसके आनुषंगिक सभी विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRIMATI KANIMOZHI KARUNANIDHI: Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

16.55 hrs**(xlv) BREAST CANCER (AWARENESS) BILL, 2024*****DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN (CHENNAI**

SOUTH): Hon. Speaker Sir, I rise to move for leave to introduce a Bill to create mass awareness among the people of all walks of life to prevent breast cancer among females, provide access to free screening and mammography for the women across the country and provide the advanced state of art treatment for those diagnosed with breast cancer and for matters connected therewith.

माननीय अध्यक्ष : प्रश्न यह है :

“कि महिलाओं में स्तन कैंसर के निवारण, देश भर में महिलाओं के लिए निःशुल्क स्क्रीनिंग और मैमोग्राफी की सुविधा तक पहुंच प्रदान करने और नैदानिक जांच में स्तन कैंसर से पीड़ित पाई गई महिलाओं के लिए अत्याधुनिक उपचार प्रदान करने के लिए समाज के प्रत्येक वर्ग के लोगों में जागरूकता के सृजन और तत्संबंधी विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN: Sir, I introduce the Bill.

16.56 hrs

**(xlv) DIGITAL PERSONAL DATA PROTECTION (AMENDMENT) BILL,
2024*
(Amendment of Section 2, etc.).**

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN (CHENNAI SOUTH): Sir, I rise to move for leave to introduce a Bill to amend the Digital Personal Data Protection Act, 2023.

माननीय अध्यक्ष : प्रश्न यह है :

“कि डिजिटल वैयक्तिक डाटा संरक्षण अधिनियम, 2023 का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN: Sir, I introduce the Bill.

16.56½ hrs

(xlv) DOMESTIC WORKERS (REGULATION OF EMPLOYMENT AND CONDITIONS AT WORK) BILL, 2024*

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN (CHENNAI SOUTH): Sir, I rise to move for leave to introduce a Bill to provide for the welfare, protection and security of domestic workers and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि घरेलू कर्मकारों के कल्याण, संरक्षण और सुरक्षा के लिए तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

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प्रस्ताव स्वीकृत हुआ।

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN : Sir, I introduce the Bill.

16.57 hrs

(xlvi) INDIGENOUS COW AND COW PROGENY PROTECTION BOARD

BILL, 2024*

श्री लुम्बाराम चौधरी (जालौर) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि स्वदेशी गौ और गौ-संतति के संरक्षण के लिए एक बोर्ड के गठन और उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि स्वदेशी गौ और गौ-संतति के संरक्षण के लिए एक बोर्ड के गठन और उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री लुम्बाराम चौधरी: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

16.58 hrs

(xlviii) FODDER WAREHOUSE BOARD BILL, 2025 *

श्री लुम्बाराम चौधरी (जालौर) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि प्राकृतिक आपदाओं जैसे अकाल, सूखा या बाढ़ से प्रभावित स्थानों पर पशुओं को चारा और पानी उपब्ध कराने के लिए चारा

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भांडागार बोर्ड की स्थापना करने और उससे संबंधित अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि प्राकृतिक आपदाओं जैसे अकाल, सूखा या बाढ़ से प्रभावित स्थानों पर पशुओं को चारा और पानी उपब्ध कराने के लिए चारा भांडागार बोर्ड की स्थापना करने और उससे संबंधित अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री लुम्बाराम चौधरी: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

16.59 hrs

(xlix) MILK AND MILK PRODUCTS (REMUNERATIVE SUPPORT PRICE)

BILL, 2025*

श्री लुम्बाराम चौधरी (जालौर) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि दुग्ध एवं दुग्ध उत्पादों का न्यूनतम लाभकारी समर्थन मूल्य निर्धारित करने तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि दुग्ध एवं दुग्ध उत्पादों का न्यूनतम लाभकारी समर्थन मूल्य निर्धारित करने तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री लुम्बाराम चौधरी: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.00 hrs

(I) CONSTITUTION (AMENDMENT) BILL, 2025*

(Amendment of Articles 15 and 16)

SUSHRI S. JOTHIMANI (KARUR): Sir, I beg to move for leave to introduce a Bill further to amend Constitution of India.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SUSHRI S. JOTHIMANI: Sir, I introduce the Bill.

17.01 hrs

(II) CONSTITUTION (AMENDMENT) BILL, 2025*

(Amendment of Article 15, etc.)

SUSHRI S. JOTHIMANI (KARUR): Sir, I beg to move for leave to introduce a Bill further to amend Constitution of India.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SUSHRI S. JOTHIMANI : Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.02 hrs

(Iii) NATIONAL MEDICAL COMMISSION (AMENDMENT) BILL, 2024 *

(Amendment of Section 14, etc.)

SUSHRI S. JOTHIMANI (KARUR): Sir, I beg to move for leave to introduce a Bill to amend the National Medical Commission Act, 2019.

माननीय अध्यक्ष : प्रश्न यह है :

“कि राष्ट्रीय आयुर्विज्ञान आयोग, 2019 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SUSHRI S. JOTHIMANI: Sir, I introduce the Bill.

17.02½ hrs

(Iiii) CENTRAL INSTITUTE FOR CANCER DETECTION

AND PREVENTION BILL, 2024 *

DR. BYREDDY SHABARI (NANDYAL): Sir, I beg to move for leave to introduce a Bill to provide for the establishment of Central Institute of Cancer Detection and Prevention (CICDP) with headquarters at Nandyal in the State of Andhra Pradesh and with centres at all districts across India and to create and spread awareness for early detection of cancer and to make cancer screening, detection and prevention at affordable costs and for matters connected therewith.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

माननीय अध्यक्ष : प्रश्न यह है :

“आंध्र प्रदेश राज्य के नांदयाल में मुख्यालय और भारत भर के सभी जिलों में केंद्रों के साथ केंद्रीय कैंसर जांच एवं रोकथाम संस्थान (सीआईसीडीपी) की स्थापना करने और कैंसर का शीघ्र पता लगाने के लिए जागरूकता पैदा करने और फैलाने और सस्ती लागत पर कैंसर की जांच, पता लगाने और रोकथाम करने और उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. BYREDDY SHABARI : Sir, I introduce the Bill.

17.03½ hrs

(liv) CONSTITUTION (SCHEDULED TRIBES) ORDER (AMENDMENT)

BILL, 2025 *

(Amendment of the Schedule)

DR. BYREDDY SHABARI (NANDYAL): Sir, I beg to move for leave to introduce a Bill further to amend the Constitution (Scheduled Tribes) Order, 1950.

माननीय अध्यक्ष : प्रश्न यह है :

“कि संविधान (अनुसूचित जनजातियाँ) आदेश, 1950 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. BYREDDY SHABARI: Sir, I introduce the Bill.

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17.04 hrs

(Iv) SIKH MARRIAGE BILL, 2024*

DR. DHARAMVIRA GANDHI (PATIALA): Sir, I beg to move for leave to introduce a Bill to amend and codify the law relating to marriage among Sikhs.

माननीय अध्यक्ष : प्रश्न यह है :

“कि सिख विवाह संबंधी विधि के संशोधन और संहिताबद्धकरण करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. DHARAMVIRA GANDHI: Sir, I introduce the Bill.

17.04½ hrs

**(Ivi) NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES
(AMENDMENT) BILL, 2024*
(Amendment of Section 1, etc.)**

DR. DHARAMVIRA GANDHI (PATIALA): Sir, I beg to move for leave to introduce a Bill further to amend the Narcotic Drugs and Psychotropic Substances Act, 1985.

माननीय अध्यक्ष : प्रश्न यह है :

“कि स्वापक औषधि और मनःप्रभावी पदार्थ अधिनियम का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. DHARAMVIRA GANDHI: Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

माननीय अध्यक्ष : श्री शेर सिंह घुबाया - उपस्थित नहीं ।

श्री अजय भट्ट - उपस्थित नहीं ।

17.05 hrs

(Ivii) SPECIAL FINANCIAL ASSISTANCE FOR GEO-MAPPING OF TREES

IN THE STATE OF RAJASTHAN BILL, 2024*

श्री दामोदर अग्रवाल (भीलवाड़ा) : अध्यक्ष महोदय, मैं यह प्रस्ताव करता हूँ कि राजस्थान राज्य में वृक्षारोपण के दौरान वृक्ष और पौधे लगाने के भू-मानचित्रण के व्यय को पूरा करने के लिए राजस्थान राज्य को विशेष वित्तीय सहायता प्रदान करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए ।

माननीय अध्यक्ष : प्रश्न यह है :

“राजस्थान राज्य में वृक्षारोपण के दौरान वृक्ष और पौधे लगाने के भू-मानचित्रण के व्यय को पूरा करने के लिए राजस्थान राज्य को विशेष वित्तीय सहायता प्रदान करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए ।”

प्रस्ताव स्वीकृत हुआ ।

श्री दामोदर अग्रवाल: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ ।

17.06 hrs

(Iviii) HINDU RELIGIOUS PLACES OF WORSHIP (PROHIBITION OF MARKETING, SLAUGHTERING, TRADING, COOKING, SERVING AND CONSUMPTION OF MEAT AND OTHER NON - VEGETARIAN FOOD) BILL, 2024*

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

श्री दामोदर अग्रवाल (भीलवाड़ा) : मैं प्रस्ताव करता हूँ कि हिंदू धार्मिक उपासना स्थलों से 100 वर्ग मीटर क्षेत्र के भीतर पशुवध करने, मांस और अन्य मांसाहारी खाद्य के विपणन, व्यापार, पकाने, परोसने और उपभोग का प्रतिषेध करने तथा उससे संसक्त या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है:

“कि हिंदू धार्मिक उपासना स्थलों से 100 वर्ग मीटर क्षेत्र के भीतर पशुवध करने, मांस और अन्य मांसाहारी खाद्य के विपणन, व्यापार, पकाने, परोसने और उपभोग का प्रतिषेध करने तथा उससे संसक्त या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री दामोदर अग्रवाल: मैं विधेयक को पुरःस्थापित करता हूँ।

17.07 hrs

**(lix) SPECIAL FINANCIAL ASSISTANCE FOR ANCIENT MONUMENTS
AND ARCHAEOLOGICAL SITES AND REMAINS IN THE STATE OF**

RAJASTHAN BILL, 2024*

श्री दामोदर अग्रवाल (भीलवाड़ा) : मैं प्रस्ताव करता हूँ कि राजस्थान राज्य में स्थित नए पुरातत्वीय स्थलों और अवशेषों के उत्खनन सहित प्राचीन और ऐतिहासिक स्मारकों तथा पुरातत्वीय स्थलों और अवशेषों की मरम्मत, नवीकरण और परिरक्षण की लागत को पूरा करने के लिए राजस्थान राज्य को विशेष वित्तीय सहायता का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी

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जाए।

माननीय अध्यक्ष : प्रश्न यह है:

“कि राजस्थान राज्य में स्थित नए पुरातत्वीय स्थलों और अवशेषों के उत्खनन सहित प्राचीन और ऐतिहासिक स्मारकों तथा पुरातत्वीय स्थलों और अवशेषों की मरम्मत, नवीकरण और परिरक्षण की लागत को पूरा करने के लिए राजस्थान राज्य को विशेष वित्तीय सहायता का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री दामोदर अग्रवाल : मैं विधेयक को पुरःस्थापित करता हूँ।

17.08 hrs

(ix) LEGITIMATE ASYLUM TO REFUGEES BILL, 2024 *

SHRI BHARTRUHARI MAHTAB (CUTTACK): Sir, I rise to move for leave to introduce a Bill to provide for, in the interest of upholding the values of international human rights, an appropriate legal framework to process matters relating to forced migration in respect of determination of refugee status, protection from refoulement and treatment during stay and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है:

“कि अंतरराष्ट्रीय मानवाधिकारों के मूल्यों को बनाए रखने के हित में, शरणार्थी की स्थिति के निर्धारण, प्रवास के दौरान उपचार और प्रत्यावर्तन से सुरक्षा तथा उससे

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

संबंधित या उसके आनुषंगिक मामलों के संबंध में जबरन प्रवास से संबंधित मामलों पर कार्रवाई करने के लिए एक उपयुक्त कानूनी ढांचे का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI BHARTRUHARI MAHTAB : Sir, I introduce the Bill.

17.08½ hrs

**(Ixi) PREVENTION OF SLAUGHTER AND PRESERVATION OF CATTLE
BILL, 2024***

SHRI BHARTRUHARI MAHTAB (CUTTACK): Sir, I rise to move for leave to introduce a Bill to prohibit the slaughter of cattle and for the preservation of improvement of the breeds of cattle and to endeavour to organize agriculture and animal husbandry in terms of article 48 of the Constitution of India by enacting a comprehensive legislation.

माननीय अध्यक्ष : प्रश्न यह है:

“कि मवेशियों के वध पर रोक लगाने तथा मवेशियों की नस्लों के सुधार व संरक्षण एवं विस्तृत विधेयन के माध्यम से भारत के संविधान के अनुच्छेद 48 के अनुरूप कृषि व पशुपालन क्षेत्र को संगठित करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI BHARTRUHARI MAHTAB Sir, I introduce the Bill.

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17.09 hrs

(Ixii) SPECIALLY ABLED CHILDREN (WELFARE) BILL, 2024*

SHRI BHARTRUHARI MAHTAB (CUTTACK): Sir, I rise to move for leave to introduce a Bill to provide for certain measures to be undertaken by the Central and the State Governments for the welfare of specially abled children and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है:

“कि केन्द्रीय और राज्य सरकारों द्वारा दिव्यांग बालकों के कल्याण हेतु किए जाने वाले कतिपय उपायों तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI BHARTRUHARI MAHTAB: Sir, I introduce the Bill.

17.09½ hrs

(Ixiii) REGULATION OF DEEPFAKE BILL, 2024*

DR. SHRIKANT EKNATH SHINDE (KALYAN): Sir, I rise to move for leave to introduce a Bill to regulate the creation and use of deepfake technology, ensuring legal boundaries for its application and for matters connected therewith.

माननीय अध्यक्ष : प्रश्न यह है:

“कि डीपफेक प्रौद्योगिकी के सृजन और उपयोग को विनियमित करने, इसके

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

अनुप्रयोग के लिए विधिक सीमाएं सुनिश्चित करने तथा उससे संसक्त एवं उसके आनुषांगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. SHRIKANT EKNATH SHINDE: Sir, I introduce the Bill.

17.10 hrs

**(Ixiv) NATIONAL BOARD FOR COMBATING NATURAL CALAMITY AND
WELFARE OF NATURAL CALAMITY VICTIMS BILL, 2024 ***

DR. SHRIKANT EKNATH SHINDE (KALYAN): Sir, I rise to move for leave to introduce a Bill to provide for constitution of a National Board the rehabilitation and financial assistance to the victims of natural calamities and for matters connected therewith.

माननीय अध्यक्ष: प्रश्न यह है:

“कि प्राकृतिक आपदाओं से पीड़ितों के पुनर्वास और उन्हें वित्तीय सहायता प्रदान करने के लिए एक राष्ट्रीय बोर्ड का गठन करने तथा तत्संबंधी मामलों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. SHRIKANT EKNATH SHINDE: Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.11 hrs**(I xv) WELFARE AND PROTECTION OF COW BILL, 2024***

DR. SHRIKANT EKNATH SHINDE (KALYAN): Sir, I rise to move for leave to introduce a Bill to protect cows and their progeny, promote indigenous cow breeds and establish a framework for their care and welfare and for matters connected therewith.

माननीय अध्यक्ष: प्रश्न यह है:

“कि गाय एवं उसकी संतति के संरक्षण, देशी गौ की नस्लों को बढ़ावा देने तथा उनकी देखभाल और कल्याण तथा उससे संबंधित मामलों के लिए एक ढांचा स्थापित करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. SHRIKANT EKNATH SHINDE: Sir, I introduce the Bill.

माननीय अध्यक्ष : आइटम नंबर-54, श्री सुधीर गुप्ता - उपस्थित नहीं।

17.11½ hrs**(I xvi) MENSTRUAL BENEFITS BILL, 2024 ***

DR. KADIYAM KAVYA (WARANGAL): Sir, I rise to move for leave to introduce a Bill to provide certain facilities at work place to female employees during

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menstruation and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष: प्रश्न यह है:

“कि ऋतुस्त्राव के दौरान महिला कर्मचारियों को कार्यस्थल पर कतिपय सुविधाएं प्रदान करने तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. KADIYAM KAVYA: Sir, I introduce the Bill.

17.12 hrs

(Ixxvii) ABANDONED WIDOWS AND SINGLE WOMEN (PROTECTION, REHABILITATION AND WELFARE) BILL, 2025*

DR. KADIYAM KAVYA (WARANGAL): Sir, I rise to move for leave to introduce a Bill to provide for the need based rehabilitation, protective and welfare measures by the Government for the abandoned, distressed, neglected, infirm and disowned widows and single women by providing financial assistance, pension, medical care, housing and other facilities through a Welfare Board to such widows and single women and for matters connected therewith and incidental thereto.

माननीय अध्यक्ष: प्रश्न यह है:

“कि परित्यक्त, व्यथित, उपेक्षित, अशक्त और अन्-अंगीकृत विधवाओं और एकल महिलाओं के लिए कल्याण बोर्ड के माध्यम से वित्तीय सहायता, पेंशन, चिकित्सा देखरेख, आवास

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

और अन्य सुविधाएं प्रदान करके ऐसी विधवाओं और एकल महिलाओं के लिए सरकार द्वारा किए जाने वाले आवश्यकता आधारित पुनर्वासन और कल्याण सहित संरक्षणकारी उपायों तथा तत्संबंधी या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. KADIYAM KAVYA: Sir, I introduce the Bill.

17.13 hrs

(Ixxviii) NARCOTIC DRUGS AND PSYCHOTROPIC

SUBSTANCES (AMENDMENT) BILL, 2024 *

(Amendment of Section 31A)

SHRI VISHNU DAYAL RAM (PALAMU): Sir, I beg to move for leave to introduce a Bill further to amend the Narcotic Drugs and Psychotropic Substances Act, 1985.

माननीय अध्यक्ष: प्रश्न यह है:

“कि स्वापक औषधि और मनःप्रभावी पदार्थ अधिनियम, 1985 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI VISHNU DAYAL RAM : Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.13½ hrs

(Ixi) SCHEDULED CASTES AND THE SCHEDULED TRIBES

(PREVENTION OF ATROCITIES) AMENDMENT BILL, 2024*

(Amendment of Sections 2 and 3)

SHRI VISHNU DAYAL RAM (PALAMU): Sir, I beg to move for leave to introduce a Bill further to amend the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989.

माननीय अध्यक्ष: प्रश्न यह है:

“कि अनुसूचित जाति और अनुसूचित जनजाति (अत्याचार निवारण) अधिनियम, 1989 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI VISHNU DAYAL RAM : Sir, I introduce the Bill.

17.14 hrs

(Ixx) SCHEDULED TRIBES AND OTHER TRADITIONAL FOREST DWELLERS (RECOGNITION OF FOREST RIGHTS) (AMENDMENT)

BILL, 2025*

(Amendment of Section 3)

SHRI VISHNU DAYAL RAM (PALAMU): Sir, I beg to move for leave to introduce a Bill further to amend the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006.

माननीय अध्यक्ष: प्रश्न यह है:

“कि अनुसूचित जनजाति और अन्य परंपरागत वन निवासी (वन अधिकारों की मान्यता)

अधिनियम, 2006 का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI VISHNU DAYAL RAM: Sir, I introduce the Bill.

माननीय सभापति : श्री सी.एन. अन्नादुरई - उपस्थित नहीं।

17.15 hrs

(lxxi) ALIGARH MUSLIM UNIVERSITY (AMENDMENT) BILL, 2024*

(Amendment of Section 12)

SHRI E. T. MOHAMMED BASHEER (MALAPPURAM): Sir, I rise to move for leave to introduce a Bill further to amend the Aligarh Muslim University Act, 1920.

माननीय अध्यक्ष : प्रश्न यह है:

“कि अलीगढ़ मुस्लिम विश्वविद्यालय अधिनियम, 1920 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI E. T. MOHAMMED BASHEER : Sir, I introduce the Bill.

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17.15½ hrs

(Ixxii) PREVENTION OF TORTURE BILL, 2024*

SHRI E. T. MOHAMMED BASHEER (MALAPPURAM): Sir, I rise to move for leave to introduce a Bill to prevent the custodial torture, ensure award of compensation to the victims and making the erring public officials liable for the punishment and for matters connected therewith.

माननीय अध्यक्ष : प्रश्न यह है:

“कि अभिरक्षा में यातना को रोकने, पीड़ितों को प्रतिकर प्रदान करने और चूककर्ता लोक सेवकों को दंड का भागी बनाने और उससे संबद्ध विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI E. T. MOHAMMED BASHEER: Sir, I introduce the Bill.

17.16 hrs

(Ixxiii) NATIONAL GREEN TRIBUNAL (AMENDMENT) BILL, 2024*

(Amendment of Section 15, etc.)

SHRI E. T. MOHAMMED BASHEER (MALAPPURAM): Sir, I rise to move for leave to introduce a Bill further to amend the National Green Tribunal Act, 2010.

माननीय अध्यक्ष : प्रश्न यह है:

“कि राष्ट्रीय हरित अधिकरण अधिनियम, 2010 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

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प्रस्ताव स्वीकृत हुआ।

SHRI E. T. MOHAMMED BASHEER: Sir, I introduce the Bill.

17.16½ hrs

(lxxiv) STRAY ANIMALS CONTROL BILL, 2024*

श्री आनंद भदौरिया (धौरहरा) : आदरणीय अध्यक्ष जी, मैं प्रस्ताव करता हूँ कि देश में आवारा पशुओं के नियंत्रण के प्रयोजनार्थ बोर्ड के गठन तथा उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है:

“कि देश में आवारा पशुओं के नियंत्रण के प्रयोजनार्थ बोर्ड के गठन तथा उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री आनंद भदौरिया : अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

17.17 hrs

(lxxv) UNEMPLOYMENT ALLOWANCE BILL, 2025*

श्री आनंद भदौरिया (धौरहरा) : आदरणीय अध्यक्ष जी, मैं प्रस्ताव करता हूँ कि सभी बेरोजगार व्यक्तियों के लिए बेरोजगारी भत्ता तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है:

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“कि सभी बेरोजगार व्यक्तियों के लिए बेरोजगारी भत्ता तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री आनंद भदौरिया : अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

माननीय अध्यक्ष : श्री शफी परम्बिल जी – उपस्थित नहीं।

डॉ. के. सुधाकर जी।

17.18 hrs

(lxxvi) NATIONAL FLORICULTURE BOARD BILL, 2024 *

DR. K. SUDHAKAR (CHIKKBALLAPUR): Hon. Speaker, Sir, I rise to move for leave to introduce a Bill to provide for the constitution of a Board for the development of floriculture in India and for the promotion of floriculture farming across the country and for matters connected therewith.

माननीय अध्यक्ष : प्रश्न यह है:

“कि भारत में पुष्पकृषि को विकसित करने और देश भर में पुष्पकृषि को बढ़ावा देने हेतु एक बोर्ड के गठन और उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. K. SUDHAKAR : Hon. Speaker, Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.19 hrs

(lxxvii) DAIRY FARMERS (WELFARE) BILL, 2024*

DR. K. SUDHAKAR (CHIKKBALLAPUR): Hon. Speaker, Sir, I rise to move for leave to introduce a Bill to provide for the welfare of dairy farmers in the country and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है:

“कि देश में डेयरी किसानों के कल्याण तथा तत्संसक्त अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. K. SUDHAKAR: Hon. Speaker, Sir, I introduce the Bill.

17.20 hrs

**(lxxviii) PROHIBITION OF CHILD MARRIAGE (AMENDMENT)
BILL, 2025*
(Amendment of Section 2, etc.)**

SHRI LAVU SRIKRISHNA DEVARAYALU (NARASARAOPET): Sir, I rise to move for leave to introduce a Bill further to amend the Prohibition of Child Marriage Act, 2006.

माननीय अध्यक्ष : प्रश्न यह है :

“कि बाल-विवाह प्रतिषेध अधिनियम, 2006 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

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SHRI LAVU SRIKRISHNA DEVARAYALU: Sir, I introduce the Bill.

17.20½ hrs

(lxxix) RIGHTS OF TENANT FARMERS BILL, 2025*

SHRI LAVU SRIKRISHNA DEVARAYALU (NARASARAOPET): Sir, I rise to move for leave to introduce a Bill to confer certain rights on every tenant farmer without affecting the rights of title holders and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि प्रत्येक काश्तकार को हकधारकों के अधिकारों को प्रभावित किए बिना कुछ अधिकार प्रदान करने तथा तत्संबंधी और उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI LAVU SRIKRISHNA DEVARAYALU: Sir, I introduce the Bill.

17.21 hrs

(lxxx) VEGETABLE PRODUCTS (REMUNERATIVE SUPPORT PRICE AND INSURANCE) BILL, 2024*

श्री बिद्युत बरन महतो (जमशेदपुर) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूं कि सब्जी उत्पादों के न्यूनतम लाभकारी समर्थन मूल्य का नियतन और बीमा करने तथा उससे संसक्त विषयों का उपबंध

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करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि सब्जी उत्पादों के न्यूनतम लाभकारी समर्थन मूल्य का नियतन और बीमा करने तथा उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री बिद्युत बरन महतो : अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

17.21½ hrs

(lxxxi)

BHAGWAN BIRSA MUNDA BIRTHPLACE ULIHATU

NATIONAL MEMORIAL BILL, 2024*

श्री बिद्युत बरन महतो (जमशेदपुर) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि महान स्वतंत्रता सेनानी बिरसा मुंडा जिन्हें 'धरतीआबा' के नाम से भी जाना जाता है और जिनका जन्म झारखंड राज्य के खूंटी जिले के उलिहातु में 15 नवंबर, 1875 को हुआ था, की स्मृति में एक राष्ट्रीय स्मारक के निर्माण और प्रबंधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि महान स्वतंत्रता सेनानी बिरसा मुंडा जिन्हें 'धरतीआबा' के नाम से भी जाना जाता है और जिनका जन्म झारखंड राज्य के खूंटी जिले के उलिहातु में 15 नवंबर, 1875 को हुआ था, की स्मृति में एक राष्ट्रीय स्मारक के निर्माण और प्रबंधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

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श्री बिद्युत बरन महतो : अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूं।

17.22 hrs

(lxxxii) CONSTITUTION (AMENDMENT) BILL, 2025*

(Amendment Of The Eighth Schedule)

श्री बिद्युत बरन महतो (जमशेदपुर) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूं कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री बिद्युत बरन महतो: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूं।

माननीय अध्यक्ष : सुश्री प्रणिती शिंदे - उपस्थित नहीं।

श्री दिलीप शङ्कीया - उपस्थित नहीं।

श्री जगदम्बिका पाल।

... (व्यवधान)

माननीय अध्यक्ष : पाल साहब संसद में न हों यह कैसे हो सकता है?

17.23 hrs

**(lxxxiii) INFRASTRUCTURE PROJECT (MONITORING AND
MANAGEMENT) BOARD BILL, 2024***

SHRI JAGDAMBIKA PAL (DOMARIYAGANJ): Sir, I rise to move for leave to

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

introduce a Bill to establish an Infrastructure Project (Monitoring and Management) Board for the monitoring, management and oversight of large infrastructure projects in India to ensure timely execution, cost control and quality assurance and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत में विशाल अवसंरचना परियोजनाओं की निगरानी, प्रबंधन और निरीक्षण के लिए अवसंरचना परियोजना (निगरानी एवं प्रबंधन) बोर्ड की स्थापना करने तथा समय पर क्रियान्वयन, लागत नियंत्रण और गुणवत्ता आश्वासन सुनिश्चित करने तथा उससे संसक्त या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI JAGDAMBIKA PAL : Sir, I introduce the Bill.

17.24 hrs

(lxxxiv) **DIGITAL PERSONAL DATA PROTECTION (AMENDMENT)**

BILL, 2024*

(Amendment of Section 9, etc.)

SHRI JAGDAMBIKA PAL (DOMARIYAGANJ): Sir, I rise to move for leave to introduce a Bill to amend the Digital Personal Data Protection Act, 2023.

माननीय अध्यक्ष : प्रश्न यह है :

“कि डिजिटल वैयक्तिक डाटा संरक्षण अधिनियम, 2023 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

SHRI JAGDAMBIKA PAL : Sir, I introduce the Bill.

17.25 hrs

(lxxxv) **CONSTITUTION (AMENDMENT) BILL, 2025***

(Amendment of Eighth Schedule)

SHRI JAGDAMBIKA PAL (DOMARIYAGANJ): Sir, I beg to move for leave to introduce a Bill further to amend the Constitution of India.

माननीय अध्यक्ष: प्रश्न यह है:

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI JAGDAMBIKA PAL: Sir, I introduce the Bill.

17.25½ hrs

ADVOCATES (AMENDMENT) BILL, 2024*

(Amendment of Section 2, etc.)

श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर (उस्मानाबाद) : महोदय, मैं प्रस्ताव करता हूं कि अधिवक्ता अधिनियम, 1961 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

माननीय अध्यक्ष: प्रश्न यह है:

“कि अधिवक्ता अधिनियम, 1961 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

17.26 hrs

**(lxxxvii) CHIEF ELECTION COMMISSIONER AND OTHER
ELECTION COMMISSIONERS (APPOINTMENT, CONDITIONS OF SERVICE
AND TERM OF OFFICE) AMENDMENT BILL, 2024***

(Amendment of Section 5, etc.)

SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI): Sir, I beg to move for leave to introduce a Bill to amend the Chief Election Commissioner and other Election Commissioners (Appointment, conditions of service and term of office) Act, 2023.

माननीय अध्यक्ष: प्रश्न यह है:

“कि मुख्य निर्वाचन आयुक्त और अन्य निर्वाचन आयुक्त (नियुक्ति, सेवा की शर्तें और पदावधि) अधिनियम, 2023 का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

SHRI VISHALDADA PRAKASHBAPU PATIL: Sir, I introduce the Bill.

17.27 hrs

**(lxxxviii) JOURNALIST (PREVENTION OF VIOLENCE AND
PROTECTION) BILL, 2024***

SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI): Sir, I beg to move for leave to introduce a Bill to provide for prevention of violence against journalists and protection of journalists, their properties and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष: प्रश्न यह है:

“कि पत्रकारों के विरुद्ध हिंसा की रोकथाम तथा पत्रकारों, उनकी संपत्तियों की सुरक्षा और उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI VISHALDADA PRAKASHBAPU PATIL: Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.27½ hrs

(lxxxix) WILDLIFE (PROTECTION) AMENDMENT BILL, 2024*
(Amendment of Section 2, etc.)

SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI): Sir, I beg to move for leave to introduce a Bill further to amend the Wild Life (Protection) Act, 1972.

माननीय अध्यक्ष: प्रश्न यह है:

“कि वन्यजीव (संरक्षण) अधिनियम, 1972 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI VISHALDADA PRAKASHBAPU PATIL: Sir, I introduce the Bill.

17.28 hrs

**(xc) HIGHER EDUCATION SCHOOL, GRADUATE SCHOOL
AND UNIVERSITY (FREEDOM OF SPEECH) BILL, 2024***

ADV. GOWAAL KAGADA PADAVI (NANDURBAR): Sir, I beg to move for leave to introduce a Bill to make provision in relation to freedom of speech and academic freedom in higher Education School, Graduate School, Universities, other educational institutions and in students' unions and for matters connected therewith.

माननीय अध्यक्ष: प्रश्न यह है:

“कि उच्चशिक्षा विद्यालयों, स्नातक स्कूल, विश्वविद्यालयों, अन्य शिक्षा संस्थाओं और छात्र

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

संघों में अभिव्यक्ति की स्वतंत्रता और शैक्षिक स्वतंत्रता के संबंध में तथा उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

ADV. GOWAAL KAGADA PADAVI : Sir, I introduce the Bill.

17.29 hrs

(xci) SCHEDULED TRIBE COMPONENT (PLANNING, ALLOCATION AND UTILIZATION OF FINANCIAL RESOURCES) BILL, 2024*

ADV. GOWAAL KAGADA PADAVI (NANDURBAR): Sir, I beg to move for leave to introduce a Bill to provide for the proper and adequate allocation of central funds in the tribal Component in proportion to the location, population and problems of the Scheduled Tribes spread across the country and to overcome the fluctuations, the variations, to keep track of receipts and expenditures and to seek maximum utilization of funds that has been laid down in the Scheduled Tribe Component outlay over the year.

माननीय अध्यक्ष: प्रश्न यह है:

“कि देश भर में फैले अनुसूचित जनजातियों के स्थान, जनसंख्या और समस्याओं के अनुपात में जनजातीय घटक में केंद्रीय निधियों के उचित और पर्याप्त आवंटन की व्यवस्था करने, पिछले वर्षों में अनुसूचित जनजाति घटक परिव्यय में उतार-चढ़ाव और विविधताओं पर काबू पाने, प्राप्ति और व्ययों पर नजर रखने और निर्धारित निधियों का अधिकतम उपयोग

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

सुनिश्चित करने का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

ADV. GOWAAL KAGADA PADAVI: Sir, I introduce the Bill.

17.30 hrs

**(xcii) ENROLMENT OF THE CHILDREN OF GOVERNMENT EMPLOYEES
IN GOVERNMENT SCHOOLS (PROMOTION) BILL, 2024***

SUSHRI IQRA CHOUDHARY (KAIRANA): I rise to move for leave to introduce a Bill to improve the quality of government schools by incentivizing government employees to enroll their students in such schools and for matters connected therewith and incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि सरकारी कर्मचारियों को अपने विद्यार्थियों को ऐसे विद्यालयों में नामांकन करवाने के लिए प्रोत्साहित करके सरकारी विद्यालयों की गुणवत्ता में सुधार करने तथा तत्संबंधी और उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SUSHRI IQRA CHOUDHARY: I introduce the Bill.

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माननीय अध्यक्ष : श्री जनार्दन सिंह सीग्रीवाल – उपस्थित नहीं ।

श्री सुनील दत्तात्रेय तटकरे – उपस्थित नहीं ।

श्री अरुण नेहरू – उपस्थित नहीं ।

श्री प्रद्युत बोरदोलोई – उपस्थित नहीं ।

श्री राव राजेन्द्र सिंह जी ।

17.31 hrs

(xciii) NATIONAL COMMISSION FOR ECONOMICALLY WEAKER

SECTIONS OF CITIZENS BILL, 2025*

SHRI RAO RAJENDRA SINGH (JAIPUR RURAL): I rise to move for leave to introduce a Bill to constitute a National Commission for Economically Weaker Sections of Citizens other than the Scheduled Castes, Scheduled Tribes and Other Backward Classes and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों से भिन्न नागरिकों के आर्थिक रूप से दुर्बल वर्गों के लिए एक राष्ट्रीय आयोग गठित करने तथा उससे संसक्त अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ ।

SHRI RAO RAJENDRA SINGH : I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.32 hrs**(xciv) CONSTITUTION (AMENDMENT) BILL, 2025*****(Amendment of Preamble, etc.)**

SHRI RAO RAJENDRA SINGH (JAIPUR RURAL): I rise to move for leave to introduce a Bill further to amend the Constitution of India.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI RAO RAJENDRA SINGH: I introduce the Bill.

17.32½ hrs**(xcv) CONSTITUTION (AMENDMENT) BILL, 2025*****(Amendment of Article 51A)**

SHRI P. P. CHAUDHARY (PALI): I rise to move for leave to introduce a Bill further to amend the Constitution of India.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI P. P. CHAUDHARY: I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.33 hrs

(xcvi) CONSTITUTION (AMENDMENT) BILL, 2025*

(Amendment of Article 124)

SHRI P. P. CHAUDHARY (PALI): I rise to move for leave to introduce a Bill further to amend the Constitution of India.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI P. P. CHAUDHARY: I introduce the Bill.

17.33½ hrs

(xcvii) CONSTITUTION (AMENDMENT) BILL, 2025*

(Amendment of the Seventh Schedule)

SHRI P. P. CHAUDHARY (PALI): I rise to move for leave to introduce a Bill further to amend the Constitution of India.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI P. P. CHAUDHARY: I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.34 hrs

(xcviii) MISSING INDIVIDUALS BUREAU BILL, 2025*

SHRI PUTTA MAHESH KUMAR (ELURU): I rise to move for leave to introduce a Bill to provide for the establishment of a Missing Individuals Bureau to track down missing individuals and carry out investigations into persons deemed missing.

माननीय अध्यक्ष : प्रश्न यह है :

“कि गुमशुदा व्यक्तियों का पता लगाने तथा गुमशुदा माने गए व्यक्तियों के संबंध में जांच करने के लिए गुमशुदा व्यक्ति ब्यूरो के गठन का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI PUTTA MAHESH KUMAR: I introduce the Bill.

17.34½ hrs

(xcix) CULTURAL MAPPING BILL, 2024*

श्री मनोज तिवारी (उत्तर-पूर्व दिल्ली) : अध्यक्ष जी, मैं प्रस्ताव करता हूं कि देश की सांस्कृतिक विरासत के मानचित्रण जिसमें लुप्तप्राय कला, परंपराओं और शिल्पों का संरक्षण भी शामिल है, के लिए एक बोर्ड का गठन करने तथा तत्संबंधी या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

“कि देश की सांस्कृतिक विरासत के मानचित्रण जिसमें लुप्तप्राय कला, परंपराओं और शिल्पों का संरक्षण भी शामिल है, के लिए एक बोर्ड का गठन करने तथा तत्संबंधी या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ

श्री मनोज तिवारी: महोदय, मैं विधेयक को पुरःस्थापित करता हूं।

17.35 hrs

(c) JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN)

AMENDMENT BILL, 2025*

(Amendment of Section 14, etc.)

श्री मनोज तिवारी (उत्तर-पूर्व दिल्ली) : अध्यक्ष जी, मैं प्रस्ताव करता हूं कि किशोर न्याय (बच्चों की देखभाल और संरक्षण) अधिनियम, 2015 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि किशोर न्याय (बच्चों की देखभाल और संरक्षण) अधिनियम, 2015 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ

श्री मनोज तिवारी: महोदय, मैं विधेयक को पुरःस्थापित करता हूं।

17.35½ hrs

(ci) COMPULSORY YOGA PRACTICE IN SCHOOLS BILL, 2025*

श्री मनोज तिवारी (उत्तर-पूर्व दिल्ली) : अध्यक्ष जी, मैं प्रस्ताव करता हूँ कि विद्यार्थियों का अच्छा और उत्तम स्वास्थ्य सुनिश्चित करने हेतु देश भर के सभी विद्यालयों में प्राथमिक से वरिष्ठ माध्यमिक स्तर तक अनिवार्य योग अभ्यास का उपबंध करने व उक्त प्रयोजनार्थ केन्द्रीय और राज्य सरकारों द्वारा आवश्यक अवसंरचना प्रदान करना अनिवार्य बनाने तथा उससे संसक्त व उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि विद्यार्थियों का अच्छा और उत्तम स्वास्थ्य सुनिश्चित करने हेतु देश भर के सभी विद्यालयों में प्राथमिक से वरिष्ठ माध्यमिक स्तर तक अनिवार्य योग अभ्यास का उपबंध करने व उक्त प्रयोजनार्थ केन्द्रीय और राज्य सरकारों द्वारा आवश्यक अवसंरचना प्रदान करना अनिवार्य बनाने तथा उससे संसक्त व उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ

श्री मनोज तिवारी: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

17.36 hrs

(cii) SPECIAL FINANCIAL ASSISTANCE FOR DEVELOPMENT AND REJUVENATION OF WATER BODIES IN THE STATE OF MAHARASHTRA

BILL, 2024 *

SHRI RAVINDRA DATTARAM WAIKAR (MUMBAI NORTH-WEST): Sir, I beg

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

to move for leave to introduce a Bill to provide special financial assistance to the State Government of Maharashtra to meet the expense of development and rejuvenation of water bodies and for matters connected therewith in the State of Maharashtra.

माननीय अध्यक्ष: प्रश्न यह है:

“कि महाराष्ट्र राज्य में जल निकायों के विकास और पुनरुद्धार के कार्यों को पूरा करने के लिए महाराष्ट्र राज्य सरकार को विशेष वित्तीय सहायता देने और महाराष्ट्र राज्य में तत्संबंधी विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI RAVINDRA DATTARAM WAIKAR : Sir, I introduce the Bill.

17.37 hrs

(ciii) NATIONAL WATER UNIVERSITY BILL, 2024*

SHRI RAVINDRA DATTARAM WAIKAR (MUMBAI NORTH-WEST): Sir, I beg to for leave to introduce a Bill to establish and incorporate a National Water University in the State of Maharashtra, a specialized University first of its kind, to promote water education in the areas of water resource management, water conservation technology, equitable and sustainable development and ground water resources management besides functioning as the national centre for select water disciplines by adopting best international practices and for matters

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

connected therewith.

माननीय अध्यक्ष: प्रश्न यह है:

“कि सर्वोत्तम अंतर्राष्ट्रीय पद्धतियों को अपनाते हुए चुनिंदा जल विषयों के लिए राष्ट्रीय केंद्र के रूप में कार्य करने के साथ-साथ जल संसाधन प्रबंधन, जल संरक्षण प्रौद्योगिकी, साम्यपूर्ण और सतत विकास और भूजल संसाधन प्रबंधन के क्षेत्रों में जल शिक्षा को बढ़ावा देने के लिए महाराष्ट्र राज्य में एक राष्ट्रीय जल विश्वविद्यालय, जो अपने प्रकार का प्रथम विशिष्ट विश्वविद्यालय है, की स्थापना और निगमन के लिए तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI RAVINDRA DATTARAM WAIKAR: Sir, I introduce the Bill.

17.38 hrs

(civ) PROTECTION AND WELFARE OF SANITATION

WORKERS BILL, 2024*

SHRI RAVINDRA DATTARAM WAIKAR (MUMBAI NORTH-WEST): Sir, I beg to move for leave to introduce a Bill to provide regulations for the protection, welfare and rehabilitation of sanitation workers engaged in the maintenance of public and private spaces including waste management disinfection and sanitization and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष: प्रश्न यह है:

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

“कि अपशिष्ट प्रबंधन, कीटाणु शोधन और स्वच्छता सहित सार्वजनिक और निजी स्थानों के रखरखाव में लगे सफाई कर्मचारियों की सुरक्षा, कल्याण और पुनर्वास के लिए विनियमन प्रदान करने और उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI RAVINDRA DATTARAM WAIKAR: Sir, I introduce the Bill.

17.39 hrs

(cv) TRADITIONAL WEAVERS (PROTECTION AND WELFARE)

BILL, 2024*

श्री राजीव राय (घोसी) : महोदय, मैं प्रस्ताव करता हूँ कि देश में विशेष रूप से मऊ और उत्तर प्रदेश राज्य के पूर्वी भाग के आसपास के क्षेत्रों में पारंपरिक बुनकरों की सुरक्षा और जीवन बीमा कवरेज, ब्याज मुक्त कार्यशील पूंजी और उपभोग ऋण, स्वास्थ्य देखभाल, बच्चों को शिक्षा, सस्ती कच्चे माल की उपलब्धता, करघों का आधुनिकीकरण, आवास, प्रशिक्षण, बिजली सब्सिडी और सरकार द्वारा तैयार उत्पाद की अनिवार्य खरीद सहित कल्याणकारी उपायों के लिए और एक प्राधिकरण और कल्याण निधि की स्थापना और उससे संबंधित और उसके आनुषंगिक मामलों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि देश में विशेष रूप से मऊ और उत्तर प्रदेश राज्य के पूर्वी भाग के आसपास के क्षेत्रों में पारंपरिक बुनकरों की सुरक्षा और जीवन बीमा कवरेज, ब्याज मुक्त कार्यशील पूंजी और उपभोग ऋण, स्वास्थ्य देखभाल, बच्चों को शिक्षा, सस्ती कच्चे माल की

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उपलब्धता, करघों का आधुनिकीकरण, आवास, प्रशिक्षण, बिजली सब्सिडी और सरकार द्वारा तैयार उत्पाद की अनिवार्य खरीद सहित कल्याणकारी उपायों के लिए और एक प्राधिकरण और कल्याण निधि की स्थापना और उससे संबंधित और उसके आनुषंगिक मामलों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री राजीव राय : महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

17.40 hrs

(cvi) ALL INDIA INSTITUTES OF MEDICAL SCIENCES

(AMENDMENT) BILL, 2024*

(Insertion of New Section 3A)

श्री राजीव राय (घोसी) : महोदय, मैं प्रस्ताव करता हूँ कि अखिल भारतीय आयुर्विज्ञान संस्थान अधिनियम, 1956 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि अखिल भारतीय आयुर्विज्ञान संस्थान अधिनियम, 1956 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री राजीव राय: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.40½ hrs

(cvii) CONSTITUTION (AMENDMENT) BILL, 2025*

(Amendment of Eighth Schedule)

श्री राजीव राय (घोसी) : महोदय, मैं प्रस्ताव करता हूँ कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री राजीव राय: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

माननीय अध्यक्ष : श्री योगेन्द्र चांदोलिया - उपस्थित नहीं।

श्री राजेश वर्मा - उपस्थित नहीं।

प्रो. वर्षा एकनाथ गायकवाड़ - उपस्थित नहीं।

17.41½ hrs

(cviii) MENSTRUAL LEAVE AND HYGIENE BILL, 2024*

SHRIMATI SHAMBHAVI (SAMASTIPUR): I rise to move for leave to introduce a bill to make provisions for securing the right to paid menstrual leave for working women and female students and also to provide the access to menstrual hygiene facilities and other health benefits during the period of menstruation and

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

for matters connected therewith.

माननीय अध्यक्ष : प्रश्न यह है :

“कि कार्यशील महिलाओं व छात्राओं हेतु सवैतनिक माहवारी अवकाश का अधिकार सुनिश्चित करने के प्रयोजनार्थ उपबंध करने तथा माहवारी के दौरान माहवारी स्वच्छता सुविधाओं और अन्य स्वास्थ्य लाभों तक उन्हें पहुंच प्रदान करने एवं उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRIMATI SHAMBHAVI: Sir, I introduce the Bill.

17.42½ hrs

(cix) PREVENTION OF CRUELTY TO ANIMALS (AMENDMENT)

BILL, 2024*

(Amendment of Section 11, etc.)

SHRIMATI SHAMBHAVI (SAMASTIPUR): I rise to move for leave to introduce a Bill further to amend the Prevention of Cruelty to Animals Act, 1960.

माननीय अध्यक्ष : प्रश्न यह है :

“कि पशुओं के प्रति क्रूरता का निवारण अधिनियम, 1960 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRIMATI SHAMBHAVI : Sir, I introduce the Bill.

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17.43 hrs

(cx) NATIONAL COMMISSION FOR WOMEN (AMENDMENT) BILL, 2024*

(Amendment of Section 10)

SHRIMATI SHAMBHAVI (SAMASTIPUR): I rise to move for leave to introduce a Bill further to amend the National Commission for Women Act, 1990.

माननीय अध्यक्ष : प्रश्न यह है :

“कि राष्ट्रीय महिला आयोग अधिनियम, 1990 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRIMATI SHAMBHAVI: Sir, I introduce the Bill.

17.43½ hrs

(cxi) RESERVATION FOR THE SCHEDULED CASTES, THE SCHEDULED TRIBES, THE OTHER BACKWARD CLASSES, DE-NOTIFIED TRIBES AND SEMI-NOMADIC COMMUNITIES IN PRIVATE SECTOR BILL, 2024 *

श्री गणेश सिंह (सतना) : महोदय, मैं प्रस्ताव करता हूँ कि निजी क्षेत्र में अनुसूचित जातियों, अनुसूचित जनजातियों, अन्य पिछड़ा वर्गों, विमुक्त जनजातियों और अर्ध-घुमंतू समुदायों के लिए आरक्षण और उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि निजी क्षेत्र में अनुसूचित जातियों, अनुसूचित जनजातियों, अन्य पिछड़ा वर्गों,

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

विमुक्त जनजातियों और अर्ध-घुमंतू समुदायों के लिए आरक्षण और उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री गणेश सिंह: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

17.44 hrs

(cxii) SUPREME COURT (USE OF HINDI IN PROCEEDINGS AND OTHER PROVISIONS) BILL, 2024*

श्री गणेश सिंह (सतना) : महोदय, मैं प्रस्ताव करता हूँ कि सर्वोच्च न्यायालय की कार्यवाहियों में हिंदी भाषा के प्रयोग तथा कतिपय अन्य उपबंधों तथा उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि सर्वोच्च न्यायालय की कार्यवाहियों में हिंदी भाषा के प्रयोग तथा कतिपय अन्य उपबंधों तथा उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री गणेश सिंह: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

माननीय अध्यक्ष : श्री नरेण गणपत म्हरके - उपस्थित नहीं।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.45 hrs

**(cxiii) SCHEDULED CASTES AND SCHEDULED TRIBES
(RESERVATION IN POSTS AND SERVICES AND FILLING UP OF
VACANCIES IN A TIME BOUND MANNER) BILL, 2024 ***

SHRI ARUN BHARTI (JAMUI): Hon. Speaker, Sir, I rise to move for leave to introduce a Bill to provide for reservation in posts and services under the Central Government and private sector for persons belonging to the Scheduled Castes and Scheduled Tribes and timely filling up of vacancies meant for Scheduled Castes and Scheduled Tribes to ensure their equal representation for matters connected therewith or incidental thereto.

माननीय अध्यक्ष: प्रश्न यह है:

“कि अनुसूचित जातियों और अनुसूचित जनजातियों के व्यक्तियों के लिए केन्द्रीय सरकार और निजी क्षेत्र के अधीन पदों और सेवाओं में आरक्षण का उपबंध करने तथा अनुसूचित जातियों और अनुसूचित जनजातियों के लिए रिक्तियों को समय पर भरने, ताकि उनका समान प्रतिनिधित्व सुनिश्चित हो सके तथा तत्संसक्त या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ

SHRI ARUN BHARTI: Sir, I introduce the Bill.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.46 hrs

(cxiv) ENVIRONMENT (PROTECTION) AMENDMENT BILL, 2024*

(Amendment of Section 2, etc.)

SHRI ARUN BHARTI (JAMUI): Hon. Speaker, Sir, I rise to move for leave to introduce a Bill further to amend the Environment (Protection) Act, 1986.

माननीय अध्यक्ष: प्रश्न यह है:

“कि पर्यावरण (संरक्षण) अधिनियम, 1986 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ

SHRI ARUN BHARTI: Sir, I introduce the Bill.

17.46½ hrs

(cxv) CONSTITUTION (AMENDMENT) BILL, 2025*

(Insertion of New Article 338C)

SHRI ARUN BHARTI (JAMUI): Hon. Speaker, Sir, I rise to move for leave to introduce a Bill further to amend the Constitution of India.

माननीय अध्यक्ष: प्रश्न यह है:

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

SHRI ARUN BHARTI: Sir, I introduce the Bill.

माननीय अध्यक्ष: श्री मन्ना लाल रावत - उपस्थित नहीं।

श्री डी. एम. कथीर आनंद - उपस्थित नहीं।

श्री हंसमुखभाई सोमाभाई पटेल - उपस्थित नहीं।

डॉ. फगन सिंह कुलस्ते - उपस्थित नहीं।

श्री शंकर लालवानी - उपस्थित नहीं।

17.47 hrs

(cxvi) INFORMATION TECHNOLOGY (AMENDMENT) BILL, 2025*

(Amendment of Section 2, etc.)

श्रीमती भारती पारधी (बालाघाट) : अध्यक्ष महोदय, मैं प्रस्ताव करती हूँ कि सूचना प्रौद्योगिकी अधिनियम, 2000 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष: प्रश्न यह है:

“कि सूचना प्रौद्योगिकी अधिनियम, 2000 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ

श्रीमती भारती पारधी: महोदय, मैं विधेयक को पुरःस्थापित करती हूँ।

17.47½ hrs

(cxvii) INSURANCE (AMENDMENT) BILL, 2025*

(Amendment of Section 2, etc.)

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

श्रीमती भारती पारधी (बालाघाट) : अध्यक्ष महोदय, मैं प्रस्ताव करती हूँ कि बीमा अधिनियम, 1938 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए

माननीय अध्यक्ष: प्रश्न यह है:

“कि बीमा अधिनियम, 1938 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ

श्रीमती भारती पारधी: महोदय, मैं विधेयक को पुरःस्थापित करती हूँ।

17.48 hrs

(cxviii) ARTIFICIAL INTELLIGENCE (ETHICS AND ACCOUNTABILITY)

BILL, 2025*

श्रीमती भारती पारधी (बालाघाट) : अध्यक्ष महोदय, मैं प्रस्ताव करती हूँ कि निर्णय लेने, निगरानी और एल्गोरिदम प्रणालियों में कृत्रिम बुद्धिमत्ता (एआई) प्रौद्योगिकियों के उपयोग के प्रयोजनार्थ नैतिकता एवं उत्तरदायित्व ढांचे की स्थापना करने, दुरुपयोग को रोकने एवं निष्पक्षता, पारदर्शिता व उत्तरदायित्व सुनिश्चित करने तथा उससे संसक्त अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष: प्रश्न यह है:

“कि निर्णय लेने, निगरानी और एल्गोरिदम प्रणालियों में कृत्रिम बुद्धिमत्ता (एआई) प्रौद्योगिकियों के उपयोग के प्रयोजनार्थ नैतिकता एवं उत्तरदायित्व ढांचे की स्थापना करने, दुरुपयोग को रोकने एवं निष्पक्षता, पारदर्शिता व उत्तरदायित्व सुनिश्चित करने तथा उससे संसक्त अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।।”

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

प्रस्ताव स्वीकृत हुआ

श्रीमती भारती पारधी: महोदय, मैं विधेयक को पुरःस्थापित करती हूँ।

17.49 hrs

(cxix) CONSTITUTION (SCHEDULED CASTES) ORDER (AMENDMENT)

BILL, 2025*

(Amendment of the Schedule)

श्री रमाशंकर विद्यार्थी राजभर (सलेमपुर) : अध्यक्ष महोदय, आप प्रशंसनीय हैं, अनुकरणीय हैं। आपने जीरो ओवर में समय देकर सांसदों का बहुत सम्मान बढ़ाया है। यह प्राइवेट मेंबर बिल भी उनकी ही आवाज है। महोदय, इसी कार्यकाल में कम से कम एक-एक सांसद का एक-एक प्राइवेट मेंबर बिल जरूर बहस में ला देते तो बड़ी कृपा होगी।

महोदय, मैं प्रस्ताव करता हूँ कि संविधान (अनुसूचित जातियां) आदेश, 1950 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष: प्रश्न यह है:

“संविधान (अनुसूचित जातियां) आदेश, 1950 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ

श्री रमाशंकर विद्यार्थी राजभर: महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

माननीय अध्यक्ष: श्री चंदन चौहान - उपस्थित नहीं।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.50 hrs

(cxx) CITIZENSHIP (AMENDMENT) BILL, 2025*

(Amendment of Section 2, etc.).

DR. KALANIDHI VEERASWAMY (CHENNAI NORTH): Sir, I beg to move for leave to introduce a Bill further to amend the Citizenship Act, 1955.

माननीय अध्यक्ष : प्रश्न यह है :

“कि नागरिकता अधिनियम, 1955 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

DR. KALANIDHI VEERASWAMY: Sir, I introduce the Bill.

17.50½ hrs

(cxxi) CONSTITUTION (AMENDMENT) BILL, 2025*

(Amendment of Eighth Schedule)

श्री राजकुमार रोट (बांसवाड़ा) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

श्री राजकुमार रोटः अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

17.51 hrs

(cxxii) CONSUMER PROTECTION (AMENDMENT) BILL, 2025*

(Amendment of Section 2).

SHRI MADDILA GURUMOORTHY (TIRUPATI): Sir, I beg to move for leave to introduce a Bill further to amend the Consumer Protection Act, 2019.

माननीय अध्यक्ष : प्रश्न यह है :

“कि उपभोक्ता संरक्षण अधिनियम, 2019 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI MADDILA GURUMOORTHY : Sir, I introduce the Bill.

17.51½ hrs

(cxxiii) MAINTENANCE AND WELFARE OF PARENTS AND SENIOR

CITIZENS (AMENDMENT) BILL, 2025*

(Amendment of Section 2, etc.).

SHRI MADDILA GURUMOORTHY (TIRUPATI): Sir, I beg to move for leave to introduce a Bill further to amend the Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

माननीय अध्यक्ष : प्रश्न यह है :

“कि माता-पिता और वरिष्ठ नागरिकों के भरण-पोषण तथा कल्याण अधिनियम, 2007 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI MADDILA GURUMOORTHY: Sir, I introduce the Bill.

17.52 hrs

(cxxiv) ELECTRICITY (AMENDMENT) BILL, 2025*

(Insertion of New Section 126A)

श्री हनुमान बेनीवाल (नागौर) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि विद्युत अधिनियम, 2003 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि विद्युत अधिनियम, 2003 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री हनुमान बेनीवाल: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

माननीय अध्यक्ष: श्री अनुराग शर्मा - उपस्थित नहीं।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.53 hrs

**(cxxv) RESERVATION FOR THE OTHER BACKWARD CLASSES, THE
SCHEDULED CASTES AND THE SCHEDULED TRIBES IN PRIVATE
SECTOR SERVICES AND APPOINTMENTS BILL, 2025***

श्री धर्मेन्द्र यादव (आज़मगढ़) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि निजी क्षेत्र की सेवाओं, नियुक्तियों में अन्य पिछड़े वर्गों, अनुसूचित जाति और अनुसूचित जनजाति के व्यक्तियों के पक्ष में आरक्षण का प्रावधान करने और उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि निजी क्षेत्र की सेवाओं, नियुक्तियों में अन्य पिछड़े वर्गों, अनुसूचित जाति और अनुसूचित जनजाति के व्यक्तियों के पक्ष में आरक्षण का प्रावधान करने और उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री धर्मेन्द्र यादव : अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

17.54 hrs

**(cxxvi) Reservation for the Other Backward Classes, the Scheduled
Castes and the Scheduled Tribes in Admission in Private Educational
Institutions (Aided and Un-Aided) Bill, 2025***

श्री धर्मेन्द्र यादव (आज़मगढ़) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि निजी क्षेत्र की सेवाओं,

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

नियुक्तियों में अन्य पिछड़ा वर्ग, अनुसूचित जाति और अनुसूचित जनजाति के व्यक्तियों के पक्ष में आरक्षण का प्रावधान करने और उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“निजी क्षेत्र की सेवाओं, नियुक्तियों में अन्य पिछड़ा वर्ग, अनुसूचित जाति और अनुसूचित जनजाति के व्यक्तियों के पक्ष में आरक्षण का प्रावधान करने और उससे संबंधित विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री धर्मेन्द्र यादव: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

माननीय अध्यक्ष : श्रीमती मंजू शर्मा - उपस्थित नहीं।

कैप्टन विरयाटो फर्नांडीस, आइटम नंबर 230

17.55 hrs

(cxxvii) CONSTITUTION (AMENDMENT) BILL, 2025*

(Insertion of New Article 371IA)

CAPTAIN VIRIATO FERNANDES (SOUTH GOA): Sir, I beg to to move for leave to introduce a Bill further to amend the Constitution of India.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत के संविधान का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।”

प्रस्ताव स्वीकृत हुआ।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

CAPTAIN VIRIATO FERNANDES: Sir, I introduce the Bill.

17.55½ hrs

(cxxviii) ECO-TOURISM PROMOTION BILL, 2025*

SHRI RAJU BISTA (DARJEELING): Sir, I beg to move for leave to introduce a Bill to provide for the promotion, regulation and development of eco-tourism in India through sustainable and inclusive practices, the constitution of institutional mechanism for planning and implementation, protection of fragile ecosystems, empowerment of local communities, and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत में सतत एवं समावेशी प्रथाओं के माध्यम से पारिस्थितिकी पर्यटन के संवर्धन, विनियमन और विकास, योजना और कार्यान्वयन के लिए संस्थागत तंत्रों के गठन, नाजुक पारिस्थितिकी प्रणालियों के संरक्षण, स्थानीय समुदायों के सशक्तीकरण और उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI RAJU BISTA: Sir, I introduce the Bill.

17.56½ hrs

**(cxxix) SUPPRESSION OF UNLAWFUL ACTS AGAINST SAFETY
OF AVIATION (AMENDMENT) BILL, 2025*
(Amendment of Section 2, etc.)**

SHRI RAJU BISTA (DARJEELING): Sir, I beg to move for leave to introduce a

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

Bill further to amend the Supression of Unlawful Acts against Safety of Civil Aviation Act, 1982.

माननीय अध्यक्ष : प्रश्न यह है :

“कि सिविल विमानन सुरक्षा विधिविरुद्ध कार्य दमन अधिनियम, 1982 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए। ”

प्रस्ताव स्वीकृत हुआ।

SHRI RAJU BISTA : Sir, I introduce the Bill.

17.57 hrs

(cxxx) NATIONAL BLOOD TRANSFUSION BILL, 2025*

SHRI PARSHOTTAMBHAI RUPALA (RAJKOT): Sir, I beg to move for leave to introduce a Bill to regulate, collection testing, processing, storage, distribution, issuance, transfusion of human blood, blood components, ensuring health protection and prevention of transfusion, transmissible diseases and establishing national standards for safe blood collection, transfusion and management, and imposing penalties for non-compliance and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि मानव रक्त, रक्त घटकों के संग्रहण, परीक्षण, प्रसंस्करण, भंडारण, वितरण, निर्गमन, आधान विनियमितिकरण, स्वास्थ्य सुरक्षा व आधान से होने वाले संक्रामक रोगों की रोकथाम एवं सुरक्षित रक्त संग्रहण सुनिश्चित करने, आधान एवं प्रबंधन संबंधी

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

राष्ट्रीय संस्थापन व गैर-अनुपालन हेतु दंड अध्यारोपण तथा उससे संबंधित अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए। “

प्रस्ताव स्वीकृत हुआ।

SHRI PARSHOTTAMBHAI RUPALA: Sir, I introduce the Bill.

17.58 hrs

(cxxxix) MOTOR VEHICLES (AMENDMENT) BILL, 2025*

(Amendment of Section 134A, etc.).

SHRI G. M. HARISH BALAYOGI (AMALAPURAM): Sir, I beg to move for leave to introduce a Bill further to amend the Motor Vehicles Act, 1988.

माननीय अध्यक्ष : प्रश्न यह है :

“कि मोटर वाहन अधिनियम, 1988 का और संशोधनकरने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए। “

प्रस्ताव स्वीकृत हुआ।

SHRI G. M. HARISH BALAYOGI : Sir, I introduce the Bill.

माननीय अध्यक्ष : सभा का समय बिल इंट्रोड्यूस होने तक बढ़ाया जाता है।

आइटम नंबर 244 - श्री दर्शन सिंह चौधरी।

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

17.59 hrs**(cxxxii) PROMOTION OF NATURAL AGRICULTURE BILL, 2025***

श्री दर्शन सिंह चौधरी (होशंगाबाद) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि किसानों द्वारा रासायनिक उर्वरक व कीटनाशक मुक्त प्राकृतिक कृषि को बढ़ावा देने तथा उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि किसानों द्वारा रासायनिक उर्वरक व कीटनाशक मुक्त प्राकृतिक कृषि को बढ़ावा देने तथा उससे संसक्त विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री दर्शन सिंह चौधरी: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

18.00 hrs**(cxxxiii) ENVIRONMENT (PROTECTION) AMENDMENT BILL, 2025***

(Amendment of Section 2, etc.)

SHRI DARSHAN SINGH CHOUDHARY (HOSHANGABAD): Sir, I rise to move for leave to introduce a Bill further to amend the Environment (Protection) Act, 1986.

माननीय अध्यक्ष : प्रश्न यह है :

“कि पर्यावरण (संरक्षण) अधिनियम, 1986 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

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प्रस्ताव स्वीकृत हुआ।

SHRI DARSHAN SINGH CHOUDHARY : Sir, I introduce the Bill.

18.01 hrs

**(cxxxiv) PROTECTION OF MEDICAL AND HEALTH SERVICE
PROFESSIONALS FROM ASSAULT, CRIMINAL FORCE AND
INTIMIDATION BILL, 2025***

डॉ. प्रशांत यादवराव पडोले (भन्डारा-गोंदिया) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि चिकित्सा एवं स्वास्थ्य सेवा पेशेवरों को हमले, आपराधिक बल के प्रयोग और धमकी के विरुद्ध सुरक्षा प्रदान करने तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि चिकित्सा एवं स्वास्थ्य सेवा पेशेवरों को हमले, आपराधिक बल के प्रयोग और धमकी के विरुद्ध सुरक्षा प्रदान करने तथा उससे संबंधित या उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

डॉ. प्रशांत यादवराव पडोले : अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

18.02 hrs

(cxxxv) MENTAL HEALTHCARE (AMENDMENT) BILL, 2025*
(Insertion of New Section 31A, etc.)

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

श्री बलवंत बसवंत वानखडे (अमरावती) : अध्यक्ष महोदय, मैं प्रस्ताव करता हूँ कि मानसिक स्वास्थ्य देखभाल अधिनियम, 2017 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति दी जाए।

माननीय अध्यक्ष : प्रश्न यह है :

“कि मानसिक स्वास्थ्य देखभाल अधिनियम, 2017 का और संशोधन करने वाले विधेयक को पुरःस्थापित करने की प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

श्री बलवंत बसवंत वानखडे: अध्यक्ष महोदय, मैं विधेयक को पुरःस्थापित करता हूँ।

माननीय अध्यक्ष : श्री मनीष जायसवाल – उपस्थित नहीं।

श्री अमरसिंग टिस्सो।

18.03 hrs

(cxxxvi) **ASSAM REORGANISATION (KARBI DIMANCHAL)**

BILL, 2025*

SHRI AMARSING TISSO (DIPHU): Sir, I beg to move for leave to introduce a Bill to provide for the formation within the State of Assam of an autonomous State to be known as Karbi Dimanchal and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है:

“कि असम राज्य में कार्बी दिमांचल नामक एक स्वायत्त राज्य बनाने और तत्संबद्ध विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की

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जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI AMARSING TISSO : Sir, I introduce the Bill.

माननीय अध्यक्ष : श्री राहुल कस्वां जी – उपस्थित नहीं।

श्री अनूप संजय धोत्रे जी।

18.04 hrs

(cxxxvii) **PROMOTION OF THE USE OF NATURAL FIBRES BILL, 2025***

SHRI ANUP SANJAY DHOTRE (AKOLA): Sir, I rise to move for leave to introduce a Bill to promote the processing and usage of natural fibres in India; to support farmers, artisans and industries associated with natural fibre production; to encourage environmentally sustainable alternatives to synthetic materials; and for matters connected therewith or incidental thereto.

माननीय अध्यक्ष : प्रश्न यह है :

“कि भारत में प्राकृतिक रेशों के प्रसंस्करण व उपयोग को बढ़ावा देने; प्राकृतिक रेशा उत्पादन से जुड़े किसानों, कारीगरों और उद्योगों की सहायता; सिंथेटिक सामग्रियों के पर्यावरणीय रूप से संधारणीय विकल्पों को प्रोत्साहित करने; तथा उससे संसक्त अथवा उसके आनुषंगिक विषयों का उपबंध करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 05.12.2025.

प्रस्ताव स्वीकृत हुआ।

SHRI ANUP SANJAY DHOTRE: Sir, I introduce the Bill.

माननीय अध्यक्ष : श्री चन्द्र प्रकाश जोशी – उपस्थित नहीं।

डॉ. शिव पाल सिंह पटेल – उपस्थित नहीं।

श्री सुखजिंदर सिंह रंधावा – उपस्थित नहीं।

... (व्यवधान)

माननीय अध्यक्ष : सभा की कार्यवाही सोमवार, दिनांक 8 दिसंबर, 2025 को प्रातः 11 बजे तक के लिए स्थगित की जाती है।

18.06 hrs

*The Lok Sabha then adjourned till Eleven of the Clock
on Monday, December 8, 2025/Agrahayana 17, 1947 (Saka).*

ANNEXURE-I**(i) Member-wise Index to Starred Questions**

SI No.	Member's Name	Question Number
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3	Dr. Prabha Mallikarjun	84
4	Shri Anil Firojiya	97
5	Shri Anup Sanjay Dhotre	100
6	Shri Bhajan Lal Jatav	81
7	Shri Bibhu Prasad Tarai	85
8	Shri Buntty Vivek Sahu	82
9	Shri Captain Brijesh Chowta	85
10	Shri Deepender Singh Hooda	83
11	Shri Godam Nagesh	98
12	Shri Gurjeet Singh Aujla	86
13	Shri Gurmeet Singh Meet Hayer	95
14	Shri Khagen Murmu	87
15	Shri Matheswaran V S	92
16	Shri Mukeshkumar Chandrakaant Dalal	82
17	Shri N K Premachandran	90
18	Shri Nalin Soren	94
19	Shri Naresh Ganpat Mhaske	91
20	Shri Ramvir Singh Bidhuri	88
21	Shri Ravindra Shukla Alias Ravi Kishan	87
22	Shri Satpal Brahamchari	96
23	Shri Vamsi Krishna Gaddam	93

24	Shri Vijay Kumar Dubey	94
25	Smt. Bharti Pardhi	91
26	Smt. Lovely Anand	97
27	Smt. Satabdi Roy	99
28	Smt. Smita Uday Wagh	100

(ii) Member-wise Index to Unstarred Questions

SI No.	Member's Name	Question Number
1	Adv Dean Kuriakose	1025, 983, 989
2	Adv Gowaal Kagada Padavi	973
3	Adv. Adoor Prakash	946, 983
4	Adv. Chandra Shekhar	924
5	Com. Selvaraj V	1013
6	Dr. Alok Kumar Suman	1069
7	Dr. Amar Singh	1060
8	Dr. Amol Ramsing Kolhe	936
9	Dr. Anand Kumar	976
10	Dr. Angomcha Bimol Akoijam	925
11	Dr. Bachhav Shobha Dinesh	1119
12	Dr. Bhola Singh	962, 955, 939
13	Dr. C M Ramesh	932
14	Dr. D. Purandeswari	1048
15	Dr. Ganapathy Rajkumar P	923, 961
16	Dr. Hemang Joshi	1005, 939
17	Dr. Hemant Vishnu Savara	939
18	Dr. K Sudhakar	1081, 921
19	Dr. Kadiyam Kavya	1026
20	Dr. Kalanidhi Veeraswamy	937
21	Dr. Kirsan Namdeo	1001, 1025
22	Dr. Lata Wankhede	1048, 956
23	Dr. M K Vishnu Prasad	1057
24	Dr. Mallu Ravi	1121
25	Dr. Manna Lal Rawat	1038
26	Dr. Mohammad Jawed	975
27	Dr. Nishikant Dubey	952

28	Dr. Prashant Yadaorao Padole	973
29	Dr. Raj Kumar Chabbewal	1147
30	Dr. Rajesh Mishra	939
31	Dr. Rajkumar Sangwan	1122, 1005
32	Dr. Sambit Patra	978
33	Dr. Sharmila Sarkar	969
34	Dr. Shashi Tharoor	1094
35	Dr. Shivaji Bandappa Kalge	964
36	Dr. Shrikant Eknath Shinde	940
37	Dr. T Sumathy Alias Thamizhachi Thangapandian	1002, 961
38	Dr. Thirumaavalavan Tholkappiyan	1105
39	Km. Sudha R	1129, 961
40	Md Abu Taher Khan	930
41	Md. Rakibul Hussain	1014
42	Mr Pathan Yusuf	1033
43	Mrs Ruchi Vira	1126
44	Ms Iqra Choudhary	966, 982
45	Ms Kangna Ranaut	1018, 955
46	Ms Sayani Ghosh	1027
47	Ms. Mahua Moitra	937
48	Ms. Praniti Sushilkumar Shinde	985
49	Ms. S Jothimani	994
50	Prof. Sougata Ray	1012
51	Prof. Varsha Eknath Gaikwad	1115, 936
52	Shri Chhotelal	1063
53	Shri Radhakrishna	965
54	Shri Selvaganapathi T.M.	1087, 961
55	Shri Aashtikar Patil Nagesh Bapurao	1148
56	Shri Abhishek Banerjee	1003

57	Shri Adhikari Deepak Dev	929
58	Shri Adhikari Soumendu	1084
59	Shri Aditya Yadav	1023
60	Shri Ajay Bhatt	1111
61	Shri Ajay Kumar Mandal	1036
62	Shri Amarsing Tisso	1114
63	Shri Amra Ram	1051
64	Shri Amrinder Singh Raja Warring	1089
65	Shri Anand Bhadauria	1127
66	Shri Anil Firojiya	939
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70	Shri Anurag Singh Thakur	1101
71	Shri Arun Bharti	1056
72	Shri Arun Govil	1024
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74	Shri Arup Chakraborty	1076
75	Shri Arvind Dharmapuri	1088
76	Shri Arvind Ganpat Sawant	1016
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78	Shri Ashish Dubey	921
79	Shri Ashok Kumar Rawat	1085
80	Shri Atul Garg	956, 1048
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82	Shri B K Parthasarathi	1093
83	Shri B Y Raghavendra	947
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85	Shri Baijayant Panda	1091

86	Shri Bajrang Manohar Sonwane	1037
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90	Shri Balwant Baswant Wankhade	1047
91	Shri Balya Mama Suresh Gopinath Mhatre	1075
92	Shri Bapi Haldar	1062
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95	Shri Bhartruhari Mahtab	955
96	Shri Bhaskar Murlidhar Bhagare	936, 1050
97	Shri Bhausahab Rajaram Wakchaure	1034
98	Shri Bhojraj Nag	1005, 972
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100	Shri Bibhu Prasad Tarai	1005, 955
101	Shri Bidyut Baran Mahato	952
102	Shri Biplab Kumar Deb	1141
103	Shri Bishnu Pada Ray	1078
104	Shri Brijendra Singh Ola	1146
105	Shri Brijmohan Agrawal	1077, 936
106	Shri C N Annadurai	954
107	Shri Captain Viriato Fernandes	1099
108	Shri Chamala Kiran Kumar Reddy	980
109	Shri Chandra Prakash Choudhary	982
110	Shri Chandra Prakash Joshi	1005, 972
111	Shri Chavan Ravindra Vasantrya	945, 1009
112	Shri Chavda Vinod Lakhamshi	1140, 939, 972
113	Shri Daggumalla Prasada Rao	1118
114	Shri Damodar Agrawal	1018, 955

115	Shri Darshan Singh Choudhary	1149
116	Shri Devesh Shakya	1021, 987
117	Shri Dhairyasheel Sambhajirao Mane	1009, 945
118	Shri Dharmendra Yadav	1144
119	Shri Dileshwar Kamait	1053, 921
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122	Shri Dineshbhai Makwana	952
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124	Shri Dushyant Singh	998
125	Shri E Tukaram	1102
126	Shri Eatala Rajender	1096
127	Shri Eswarasamy K	926
128	Shri G Lakshminarayana	991
129	Shri G M Harish Balayogi	941
130	Shri Gajendra Singh Patel	1124
131	Shri Ganesh Singh	955
132	Shri Gaurav Gogoi	1073
133	Shri Giridhari Yadav	1134
134	Shri Godam Nagesh	982
135	Shri Gyaneshwar Patil	964
136	Shri Haribhai Patel	1112
137	Shri Hibi Eden	950
138	Shri Imran Masood	1020, 949
139	Shri Jagadish Chandra Barma Basunia	957
140	Shri Jagannath Sarkar	933
141	Shri Jagdambika Pal	1139
142	Shri Jai Parkash	1015
143	Shri Janardan Singh Sigrwal	1010

144	Shri Jashubhai Bhilubhai Rathva	955, 939
145	Shri Jaswantsinh Sumanbhai Bhabhor	1106
146	Shri Joyanta Basumatary	1145
147	Shri Jugal Kishore	972
148	Shri K C Venugopal	989, 983
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