

21. Uttar Pradesh	1241.5
22. West Bengal	1235.5

UNION TERRITORIES

1. Andaman & Nicobar Islands	4.1
2. Arunachal Pradesh*
3. Chandigarh	40.2
4. Dadra & Nagar Haveli*	
5. Delhi	228.1
6. Goa	31.4
7. Lakshadweep	2.6
8. Mizoram	6.0.
9. Pondicherry	20.5.

All India Total : 10,238.7(R) = 1 crore, 2 lakhs, 3 thousands and 700 approx. 8

- Note:—
1. All the job-seekers on the Live Register of Employment Exchanges are not necessarily unemployed.
 2. *No Employment Exchange is functioning in these States/Union Territories.
 3. Exclude figures in respect of University Employment Information and Guidance Bureaux except for Delhi and Maharashtra.
 4. The figures may not add-up to total due to rounding off.
 5. R: Revised.

Conditions of Service and Pay Scales of Medical Social Workers in Delhi Hospitals

1564. SHRI MUKHTIAR SINGH MALIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry has received any representations from the medical social workers in the Central Government hospitals in Delhi about their working conditions, status and emoluments;

(b) whether Government are aware that in Punjab and Haryana, the status of the medical social workers has been enhanced to help them to perform their duties efficiently; and

(c) if so, what action Government propose to take to improve conditions of service, pay scales etc. of medical social workers working in Government hospitals in Delhi?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAJ NARAIN): (a) No, but the Honorary Secretary, Association of Medical/Psychiatry Social Workers/Health Educators of Delhi Hospitals suggested the inclusion of an item regarding service conditions of Medical Workers in the Agenda for the Delhi Hospitals Board Meeting held on the 8th June, 1977. However, this item could not be included in the agenda for the afore-said meeting as the agenda for the Board meeting was already heavy.

(b) The Government have no information.

(c) At present there is no proposal for higher scale of pay for the posts of Medical Social Workers.

Demarcation of Maritime Boundaries with Indonesia

1565. SHRI D. D. DESAI: Will the Minister of EXTERNAL AFFAIRS be pleased to state:

(a) whether Government have completed demarcation of maritime boundaries between India and Indonesia; and

(b) if so, whether agreement has also been reached in regard to the trijunction between India, Indonesia and Sri Lanka on the one hand and India, Indonesia and Burma on the other?

THE MINISTER OF EXTERNAL AFFAIRS (SHRI ATAL BIHARI VAJPAYEE): (a) Under the Agreements of 8th August, 1974 and of 14th January, 1977, the Continental Shelf boundary between India and Indonesia stands demarcated from its farthest point in the Indian Ocean to a point in the Andaman Sea very close to the possible tri-junction between India, Indonesia and Thailand.

(b) Does not arise because there are no possible tri-junctions between India, Indonesia and Sri Lanka or between India, Indonesia and Burma.

Restructuring of SAIL

1566. SHRI D. D. DESAI: Will the Minister of STEEL AND MINES be pleased to state:

(a) whether there is any plan to restructure SAIL; and

(b) if so, the salient features thereof?

THE MINISTER OF STEEL AND MINES (SHRI BIJU PATNAIK): (a) and (b). The entire question of restructuring of H.S.L. is under examination of the Government. The final decision, when taken, on this question could have some effect on the structure of SAIL also.

Failure of National TB Programme.

1567. SHRI OM PRAKASH TYAGI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the TB Association of India has pointed out the failure of the National TB Programme;

(b) whether any suggestions have been made to combat this scourge in the country; and

(c) the steps being taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAJ NARAIN): (a) Yes. The TB Association of India in their memorandum to the former Union Health Minister in March, 1975 had pointed out that the status and progress of the National TB Programme was far from satisfactory and that the achievements were rather poor and below expectations.

(b) Suggestions have been made to revitalise the programme by the Expert Committee of the Indian Council of Medical Research which was constituted at the instance of the former Union Health Minister, by the Empowered Committee and also by the TB Association of India.

(c) Steps being taken under National TB Programme in this country are for—

(1) Establishment of a community-wise District TB Control Programme in each of the districts of the country.

(2) Integration of BCG vaccination with the general health service.